

Unit 1st Depot Bn. C.F.R. Rank Lieut. Name Wilfrid Arthur Raglan Mark

OFFICERS' DECLARATION PAPER **DUPLICATE**

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Mark
- (b) What are your Christian Names? Wilfrid Arthur Raglan
2. (a) Where were you born? (State place and country) Toronto, Canada
- (b) What is your present address? Kimmount, Ontario
3. What is the date of your birth? Aug. 13th 1892
4. What is (a) the name of your next-of-kin? James Raglan Mark
- (b) the address of your next-of-kin? Kimmount, Ont.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Merchant
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 Regt
9. State particulars of any former Military Service. 3 yrs militia 3 yrs in C.E.F.
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.

W. A. Mark Lieut. (Signature of Officer)

Taken on strength (place) Kimmount Ont.

(date) 7th Nov 1917

R. W. Smart
(Signature of Commanding Officer.)

1st Depot Bn., F. O. Regt., C. E. F.

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 Aug 5th 1918

Place Kimmington Ont. J. C. Greenleese
Medical Officer.

*Insert here "fit" or "unfit"

OFFICIAL OF MEDICAL EXAMINATION

OFFICIAL OF MEDICAL EXAMINATION

1. Name of patient: *John Doe*

2. Age: *35*

3. Sex: *Male*

4. Date of birth: *12/15/1900*

5. Address: *123 Main St, New York, NY*

6. Occupation: *Teacher*

7. History of present illness: *Onset of chest pain 2 weeks ago, radiating to left arm and jaw. Associated with exertion and stress. No history of trauma or surgery.*

8. Past medical history: *None.*

9. Family history: *None.*

10. Social history: *Smokes 1 pack of cigarettes daily for 15 years. Alcohol consumption is moderate.*

11. Physical examination: *General: Well-appearing. Vital signs: BP 130/80, HR 90, RR 18, SpO2 98%. Heart: Regular rhythm, no murmurs. Lungs: Clear to auscultation. Abdomen: Soft, no tenderness. Extremities: No edema.*

12. Diagnostic tests: *ECG: Sinus rhythm, ST-T changes consistent with myocardial ischemia. Chest X-ray: No acute abnormalities.*

13. Impression: *Myocardial infarction.*

14. Recommendations: *Admission to hospital for further evaluation and treatment.*

OFFICIAL TO BE SIGNED BY OFFICER

OFFICIAL OF MEDICAL EXAMINATION

OFFICER OF MEDICAL EXAMINATION

Can. H.A.M.
25-5-16

Unit 109th Bn C.E.F. Rank Lieut Name W. P. Mark

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DUPLICATE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Mark
- (b) What are your Christian Names? Wilfred, Arthur, Ragland
2. (a) Where were you born? (State place and country) Toronto, Ontario Canada
- (b) What is your present address? Kinnisnook Ont
3. What is the date of your birth? August 13, 1892
4. What is (a) the name of your next-of-kin? James R. Mark
- (b) the address of your next-of-kin? Kinnisnook Ont
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Salesman
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 Reg
9. State particulars of any former Military Service. none
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.

W. P. Mark 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 7-15-16 1916

Place Lindsay

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

*Insert here "fit" or "unfit".

OFFICE OF DELEGATION PAPER

CANADIAN OVERSEAS EXPEDITIOUS FORCE

EXHIBIT

QUESTIONS TO BE ANSWERED BY DELEGATE

ANSWERS

CERTIFICATE OF MEDICAL EXAMINATION

CERTIFICATE OF MEDICAL EXAMINATION

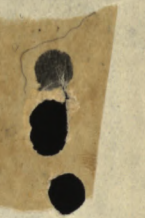
The undersigned hereby certifies that the above named party is fit for service in the Canadian Overseas Expeditionary Force.

Given at the City of Ottawa, this _____ day of _____, 194____.

Signature of Medical Officer: _____

Signature of Delegate: _____

Signature of Officer in Charge: _____



NAME **MARK:** *Wilfred Arthur Paglin*

REGIMENTAL No.

RANK *Lieut:* *1st. Depo. Bn. E. O. R.*
UNIT OF ENLISTMENT

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

(5)

REGIMENTAL DOCUMENTS

NON-EFFECTIVE BY

NON-EFFECTIVE BY

COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M. 1 & 1A) OR (M.F.M.2 & 2A)

DISCHARGE

DISCHARGE

SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B 103)

DATE

DATE

06444

PARTICULARS OF FAMILY (M.F.M.5)

REASON

REASON

FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)

AUTHORITY

AUTHORITY

(M)

Demobilization

CERTIFICATE OF SERVICE (M.F.M. 8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF.

FORM OF WILL (M.F.M.10 OR M.F.M.10A)

DISCHARGE

DISCHARGE

DENTAL RECORD (M.F.B. 465)

DATE

DATE

MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P.&N.H.100)

REASON

REASON

MEDICAL BOARD PROCEEDINGS (M.F.B. 227)

AUTHORITY

AUTHORITY

TRANSFER CLOTHING STATEMENT (M.F.C. 800)

LAST PAY CERTIFICATE (M.F.D.930A)

PROCEEDINGS ON DISCHARGE (M.F.M. 23)

PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)

DESERTION

DEATH

DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)

DATE

DATE

PAY SHEETS

AUTHORITY

CAUSE

CARDS

DESERTION

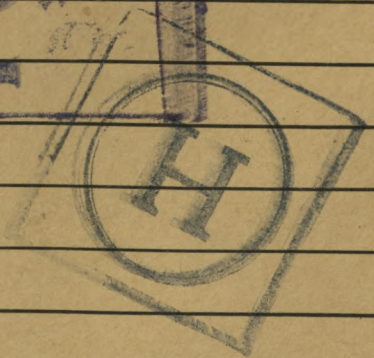
AUTHORITY

SUNDRY

DATE

AUTHORITY

407856





ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

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

NAME OF DATE AUTHORITY

mess. DATE AUTHORITY

109th Bn.

Lieut.

31-7-16.

From Canada

Name

Mark W.A.R.
of Montreal.

Initials

Bank

D.P.O. #1225 C.T.D.

2/7-8-16.

Iss. all. 6.7 (b. 2) 225-12/17

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			40 60				
18	P. & A. messg. fr. 31 ⁷ / ₁₆		112 60					
	by Bal. fr. Canada.		40 60					
26	Bank	7462		112 60				
Apr 20	Pay Sect		108					
26	Bank			108				
Oct 20	Pay Sect		111 60					
25	Bank			111 60				
Nov 21	Pay Sect		108					
24	Bank			108				
Dec 11	Pay Sect		111 60					
16	Bank			111 60				
1917								
Jan 11	Adv. in Field 125 fics.			21 80				
	gen. a/c. 16494.							
20	Pay Sect		111 60					
24	Bank	19286		89 80				
							Add to Bank 26/17 R.P. to 21/17 Tr. to 16 Ledger Transferred from Ledger 20 to Ledger 12. 15/17	

RECEIVED BY
DATE
NAME
ADDRESS
CITY
STATE
ZIP
NAME OF
DATE
NAME

ASSIGNED PAY.

UNIT.

NAME OF RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

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

1st Lt. Col.

Pay

F.A.

Messing

Lieut

Name *Mark*

Initials *H. a. R*

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

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

INITIALS

1918

Aug 14 Advance of P.S.A £5- Direct 6432 24 33

24 Adv £18. Pay Direct 7134 87.60

Sept 7 Adv £15. Direct 7924 73 -

16 Adv £5. Direct 8361 24 33

Oct 31 St. Paul chgd. to ban. No. 491 209 26

209 26 recovered by Ottawa See file 79-17

111.93 Ret'd to loan

L. H. G. to 3 payments Oct. 209 26

209 26 Transfd to L12 for L11

ac to be 1918.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Pay

Name

Address

F.A.

Initials

Messing

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

Replacement
on
payment

LSM. Amst capt Sic @ Hal. Regt.
O. Dec. " capt. " " "
Rev. medals.

Number..... Rank.....

Surname..... MARK.....

Christian Name .. Alfred Arthur Raglin ..

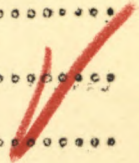
Units..... Theatre of War.....

Date of Service

Remarks.....

Latest Address..... District Officer's Room
M. D. 3.
.....

Roll No. 7/742



Kempston
out

DESP. AUG 12 1942

REGN No. //

pat replaced on paymaster
Rank LIEUT

B
V

Number Rank

Surname MARK

Christian Name WILFRID ARTHUR RAGLAND

Unit Theatre of War FRANCE

Date of Service 23/4/16 13/8/16 26/1/17

Remarks

Latest Address ~~263 1/2 King St~~

Doc M A 3, Kingston Ont

Roll No. "B" Page 4735

2
42

58 B2

Q 21804 leaf

MAY 2 1 1920

DESP. AUG 12 1942

REGN NO. //

No.

RANK

Lieut.

NAME

Mark W. a. R.

T. O. S.

UNIT

109th. Battalion

Transferred from 59th Bn.
24-11-15. D.O. 4. 24-11-15.

M. D. 3

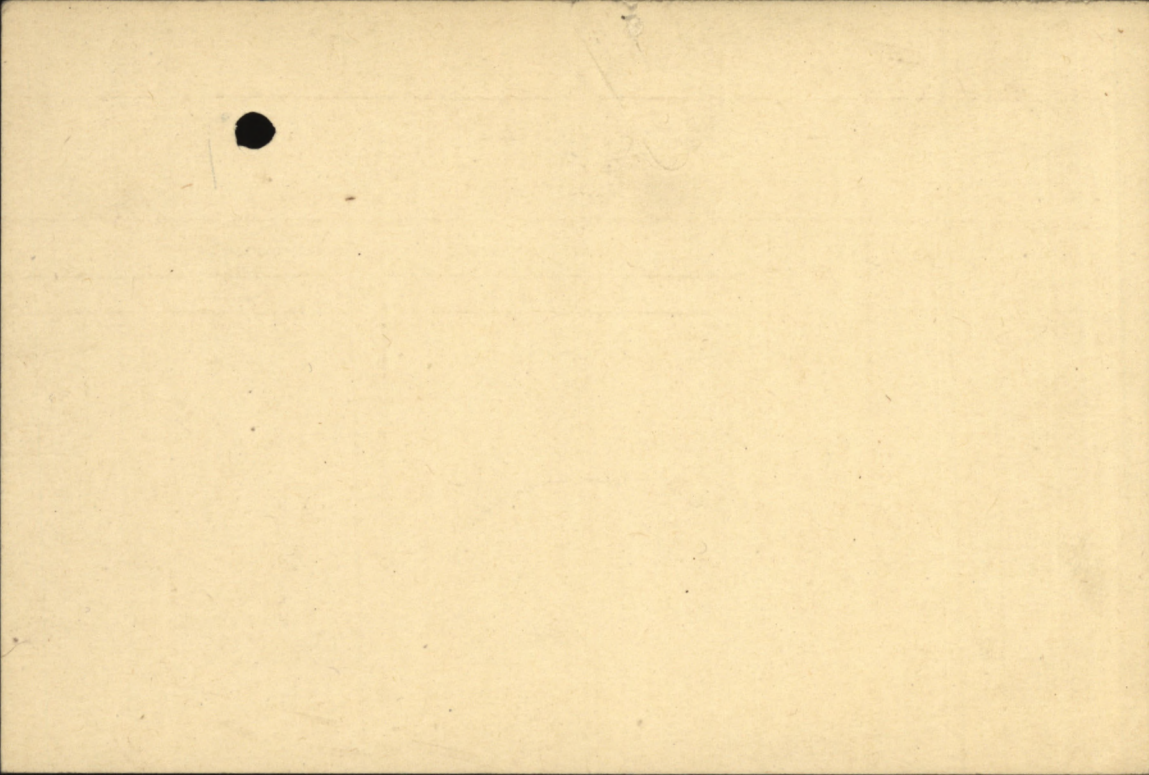
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Nov 24	1915. Nov 30	✓		
	Dec.	✓		
1916	Jan 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		
			Prov. app. Lieut.	

S.O. 171 of 4-6-16.
UNIT SAILED
JUL 23 1916



Name MARK Rank Lieut.
 Wilfrid Arthur Ragland
 Unit 38th Bn.

Reg. No. 971434

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-11-16	Rep. from GHQ		WOUNDED	528	05214	22-11
20.11.16	8 Lt Raven	9 sw chest alt		530		
22.11.16	4 Lt SE		-	532		
25-1-17	<u>Dusid</u>		-	587		

REGT'L NO

NAME

Mark Wilfred Arthur Ragland

H. Q. FILE NO. 649-

RANK AND CORPS

Lieut. 38th Bn

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

05214 22/1/16 Reported wounded. Nov. 18th 1916

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
5281	Rep. from Central Headquarters	18-11-16	Wounded
5304	No 8 Men. Rouen.	20-11-16	Gsw. Chest - Slt.
532 ²	4 th London Gen. Denmark Hill S.F.	22-11-16	Gsw Chest Slt
587	Discharged.	25-1-17	Gsw. Chest.
3	M.A.C.C. Kingston	7-11-17	trans. from C Unit - to 9 Depot Bn. E. O. R

CARD NO.

SURNAME.

Mark.

CHRISTIAN NAMES

Wilfrid, Arthur, Ragland.

S.O.S. Demob. 30.11.18 B.O.

1390 L FOLL.

3

REGL. NO.

RANK

Lieut.

UNIT ~~109th.~~ 38th.

Bn.

FORMER CORPS

45th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mark, James, R.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Kinmount, Ont.

COUNTRY OF BIRTH

Canada, Toronto, Ont.

DATE

Aug. 13th. 1892.

PLACE OF ATTESTATION

DATE

L. L. 94504. M. & D. 6512.

O/S. 7/4/18 1308
1 O/S 23-7-16 488
Auth for Trans-052174 - 22-11-16.

R/C. 26/4/14

R/C 7-10-18 - 210
2

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

Returned to Canada per. S.S. "Scotian" Jan'y 26th 1917.
Further Medical Treatment Auth. G. 8/2

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Salesman.

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

Feb. 15th. 1916.

Present Address: Kinnmount, Ont.

No.

RANK

Lieut.

NAME

Mark. W. A. R.

T. O. S.

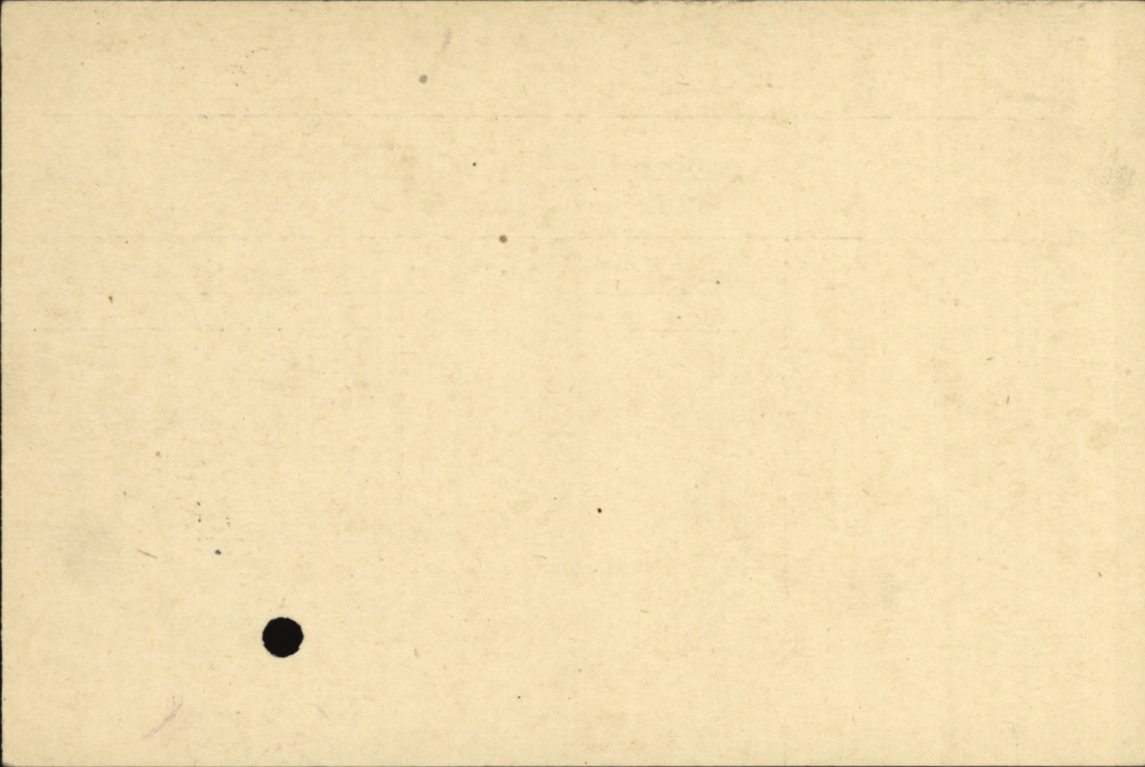
UNIT

1st. Depot. Battalion E. O. Regt -

M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 8	1917 - Nov 30	n		
1918 Jan 1	Dec Jan 9	n		
Jan 10	Jan 31	n.		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June		✓		



No.

RANK

Lieut

NAME

Mark W a

T. O. S. 16-7-15

204215-7-15

UNIT

59th Battalion

M. D. 3

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915

1915

✓

✓

✓

✓

✓

✓

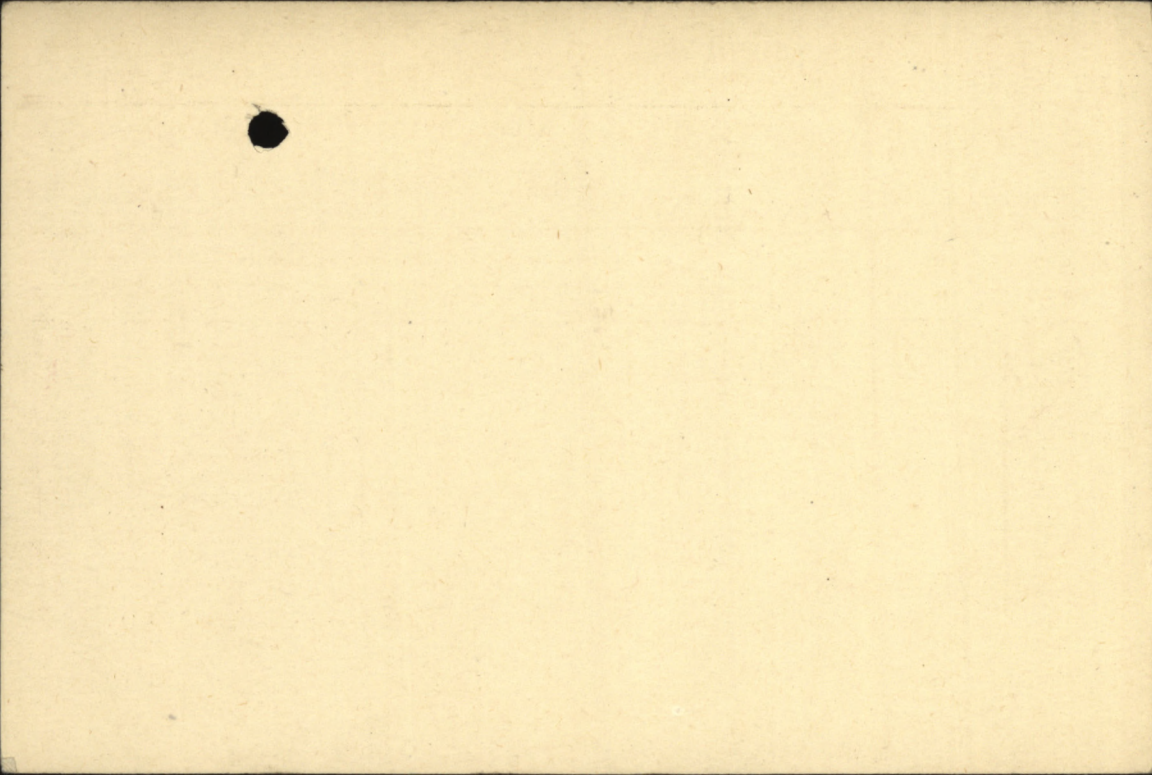
app from Lieut 16-7-15

to S/O 16-7-15

July 16	July 31	✓
Aug		✓
Sept		✓
Nov 1	Nov 23	✓
Dec	no a/c	✓

UNIT SAILED

APR 21 1916



Mark. W. A. R.

Lieut. 38th. Battn.

No. 8. Gen. Hosp. Rouen. 20-11-16.

4th. London Gen. Denmark Hill. 22-11-16.

Reported. Wounded. 18-11-16.

G.S.W. Chest. slt.

Discharged:-. 25-1-17.

do.

do.

C.L. 23-11-16. 528.

24-11-16. 530-4.

27-11-16. 532-2.

Hosp. Report.

31-1-17. 587-4.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

Surname

Christain Name

Reg. No.

MARK.

W. A. R.

Rank

Unit

Lieut.

38th. Bn.

MEDICAL BOARD held at

Date

Serial No.

(1)

London Area.

22-1-17.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

Unfit any ser. 3 mths.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

CERTIFIED CORRECT
12 DEC. 1915
CANADIAN RECORD OFFICE

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

M. F. W. 54. (A. F. B. 103.)
 250M.—1-16.
 H. Q. 1772-39-020.

Casualty Form—Active Service.

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

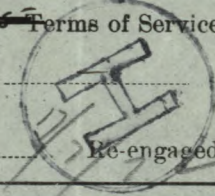
Rayland

Regimental No. 15715 Rank Lieut Name Mark Wilfrid Arthur Reginald
 C. E. F.

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

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. } 23/7/16.

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



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.
		Embarked Halifax A. M. T. 2810 Disembarked Liverpool Transferred to 38 th Battalion 4.8.16.	⁴⁰ 24-7/16 31-7/16.		<i>A. W. Aslett</i> ADJUTANT 109th Overseas Battalion, C. E. F.
11/8/16	38 th Bn	Proceeded overseas		13/8/16	Placed 167.
	M. L. O.	Disembarked	Haarlem	14-8-16	L. R. 6297 R. 1. MAJOR, FOR DOL, 1/c RECORDS, C. E. F.
30.11.16	G. H. Q.	Wounded	Field	18.11.16	G. H. Q. L. R. 810-DCD 41. d/22/11/16
24.11.16	G. H. Q.	" ttd to	England	21.11.16	casualties hr. Currier's list 592.
18.11.16	G. C. C. S.	G. S. O. chest (R.) adm	G. C. C. S.	18.11.16	2836/81555-DCO 47-28.11.16.
21.11.16	G. H. Q.	G. S. O. chest ttd to H. S. Carisbrook Cle.	England	21.11.16	W 3083/2337. P. 20. 231 d 24.11.16.

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

Sergeant MAAN, Wilfred Arthur Regland

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				
13-12-16	A.G. Can. B.I.	Taken on strength and posted to General list.		7-12-16	A.G.O. 1.
1-2-17		Struck off strength General list on proceeding to Canada for further medical treatment	Canada	26-1-17	A.G.O. 235.
		<i>W. J. Macmillan, Capt.</i>		<i>Director of Personal Services C.E.F.</i>	
<i>S.D.S. on Demobilization 30/1/18</i>					
<i>Auth District Order 1712 of 7/12/18 & RD 1390</i>					

ET.

lsh
ng

Rank and Name MARK, Wilfrid Arthur Ragland. v Lieut.
Regimental No. Unit 109th Battn Name and Address of Next-of-Kin Father. James R. Mark.
Date of enlistment P.O. Kimmount, Ontario. Canada
Place of birth Toronto. Ontario. Canada.

38th Bn. 1.9.16
do 1.10.16
do 1.11.16

ROP

Married (Yes or No) No.
If in Permanent Force
Date and place of discharge
Reason for discharge
Character on discharge
PROMOTIONS OR APPOINTMENTS LEFT CANADA 23-7-16

A.F.B. 103
21-2-16

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				
7-8-16	O.C. 4th Div.	Transferred to 38th Bn.		7-8-16	P. H. Ord 219. 109. Bn R.O. 806. P. H. Ord 164 (38th Bn)
11-8-16	38th Bn	proceeded ops		13-8-16	P. H. Ord 167
22.11.16	Gen. H.Q.	Wounded.		18.11.16	C/L 528.
24.11.16	W.O.	admn No 8. Gen. H.Q. Rouen.		20.11.16	C/L 530 G.S. chest Ser
27.11.16	admn.	admn 4th Gen. H.Q. Denmark		22.11.16	C/L 532
29.11.16	38 Bn.	Wounded. 2nd Hq. C.I.D. S' cliffs.		25.1.17	C/L 587
13.12.16	A.G.	TAKEN ON STRENGTH & POSTED TO GEN. LIST		21.11.16	P. H. Ord. 231
1.2.17	A.G.	S.O.S. to Can for further Med. Treatment		22.11.16	R.O. 1.
				26.1.17	RO 235.

22/9/16
A.F.B. 103 2/2

do
A.F.B. 103
do
12 DEC. 1916

A.F.B. 103
do
15 FEB. 1917

4028

CANADIAN EXPEDITIONARY FORCE

D.V. 3-13.
R.A.S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

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

(Name in full)..... Wilfred Arthur Haglan MARK,

Enlisted in..... 59th Battalion.

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... 59th Battalion.

CANADIAN EXPEDITIONARY FORCE on the..... Fifteenth..... day

of..... July..... 191⁵.....

He SERVED in CANADA, England and France with the 59th Battalion,

109th Battalion, 28th Battalion, General List, .CNP., and 1st Depot Battalion,
E.O.R.,

and was STRUCK OFF THE STRENGTH on the..... Thirtieth..... day

of..... November..... 191⁸..... by reason of General Demobilization

Dated at Ottawa, this..... Seventeenth..... day

of..... September..... 191⁹.....

Wounded 18/11/16.

for

Director of Personal Services.

Capt.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NON-COMMISSIONED OFFICERS

This is to certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of

191

AND WAS APPOINTED TO COMMISSIONED RANK

in

191

HE SERVED IN CANADA

AND WAS STRUCK OFF THE STRENGTH ON THE

day of

191

Dated at Ottawa, this

day

Director of Personnel Services

Lieut.
38 Batt
ORIGINAL Original
MEDICAL HISTORY SHEET.

Surname Mark Christian Name William Arthur Ragland

Examined { on 15 day of Feb. 1916
at Lindsay
Birthplace { City or Town Toronto
County Ontario

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

Apparent age 28 years
Trade or occupation Salesman
Height 5 Feet 5 1/2 Inches.
Weight 117 Lbs.
Chest measurement { Minimum 31 inches.
Maximum expansion 35 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>27 NOV 1916</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

The Medical History Sheets of all men proceeding overseas must be returned by the Officer commanding their unit to the Record Office when they leave England.
W. H. B. B. B. B.
Lieut. Col.
In Charge of Records,
Canadian Contingent

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

Date.	Result.	VACCINATIONS.
<u>15-2-16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Feb. 15th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2-5-16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>26-5-16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>4-6-16</u>	<u>"</u>	<u>J McCulloch</u> M.O.

Enlisted on 15 day of Feb. 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>59th Bn C.E.F.</u>	<u>Lieut.</u>		<u>15-2-16</u>
Transferred to	<u>109th Bn. C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.
M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname *Mark* Christian Name *Alfred Arthur England*

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				
4 th London General Denmark Hill..		22	11	16	25	1	17	Cp. S.W. Chest	64	<p>Pt. had G.S.W. Chest near shoulder There are two small, septic wounds, on inner side near 1st shoulder. Fracture of 7th Rib. Loss of sensations of hand & arm. Massage treatment. - Sensation returning Discharged 25/1/17</p>	<p><i>W. C. G. T.</i> Capt. W. C. G. T., R.A.M.C. (T.) Casualty Registrar, 4th London General Hospital</p>

Duplicate Medical History Sheet
Noted to here

MEDICAL CASE SHEET

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		<i>Lt.</i>	<i>Mark</i>	<i>W. A. R.</i>
Year	Unit.	Age.	Service.	
<i>22-11-16</i>	<i>38 Canadian</i>	<i>24</i>	<i>1 ³/₁₂</i>	
Station and Date.	Disease <i>G. S. U. Chest-</i>			
	Place of Injury <i>from Concussion</i>	Date of Injury		<i>18th of April 16</i>
	G.S.W. <i>front of chest</i>	Shell Shock or		
	Nature of Injury <i>Two small</i>	Neurasthenia		
	Burial		<i>Septic wound. Entrance in front to inner side of right shoulder</i>	
	Tremor		<i>Exit wound posterior in relation to 7th rib.</i>	
	X-Ray Report	Reflexes		
	Fracture <i>Fracture of 7th rib probably</i>	Insomnia.		
	Foreign Bodies <i>nil</i>	Dreams		
	Probable date of leaving Hospital. <i>See also to cover end of case to have. Loss of consciousness</i>			
<i>7-12-16</i>	<i>By order of returning. Sensation extra returning</i>			<i>J.A. Johnson</i>
<i>23-1-17</i>	<i>Discharged</i>			<i>J.M.</i>

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

Name Lieut. W. A. R. Mark

C. R. Mark

Regimental No. _____ Name and address of next-of-kin 332-45-24
 Unit 38 Batt Keimount, Ont
 Date of enlistment _____
 Place of " Can { at. nie / S.A. nie }
 Married (yes or no) _____ Date and place discharged Further Medical Treat
 Amount of pay assigned monthly \$ nie } Eng Reason for discharge _____
 To whom payable _____ Character on discharge _____

Scotian 26, 1, 17 - 5²/₁₇ Pub: Expense L.P.C Clear 31-1-17

Job 2376 - M. & D. 6692

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			No.	Date					
1-2-17	31-3-17	59	2 ⁰⁰	118 00	59	.60	35 40	81 00	234 40	4357	26 ² / ₁₇	228 40	✓	6 00	234 40	* 6 ² / ₁₇ to 31 ³ / ₁₇ Subs C 1.50
1-4-17	30-4-17	30	2 ⁰⁰	60 00	30	.60	18 00	45 00	123 00	174	20 ⁴ / ₁₇	123 00	✓	123 00	* 26 ¹ / ₁₇ - 31 ¹ / ₁₇ of mess C 1 ⁰⁰ / ₁₇	
1-5-17	31-5-17	31	2 ⁰⁰	62 00	31	.60	18 60	46 50	127 10	678	21 ¹ / ₁₇	127 10	✓	127 10		
1-6-17	30-6-17	30	2 ⁰⁰	60 00	30	.60	18 00	45 00	123 00	126	25 ⁶ / ₁₇	123 00	✓	123 00		

Transferred - to m.d. 3-17 17

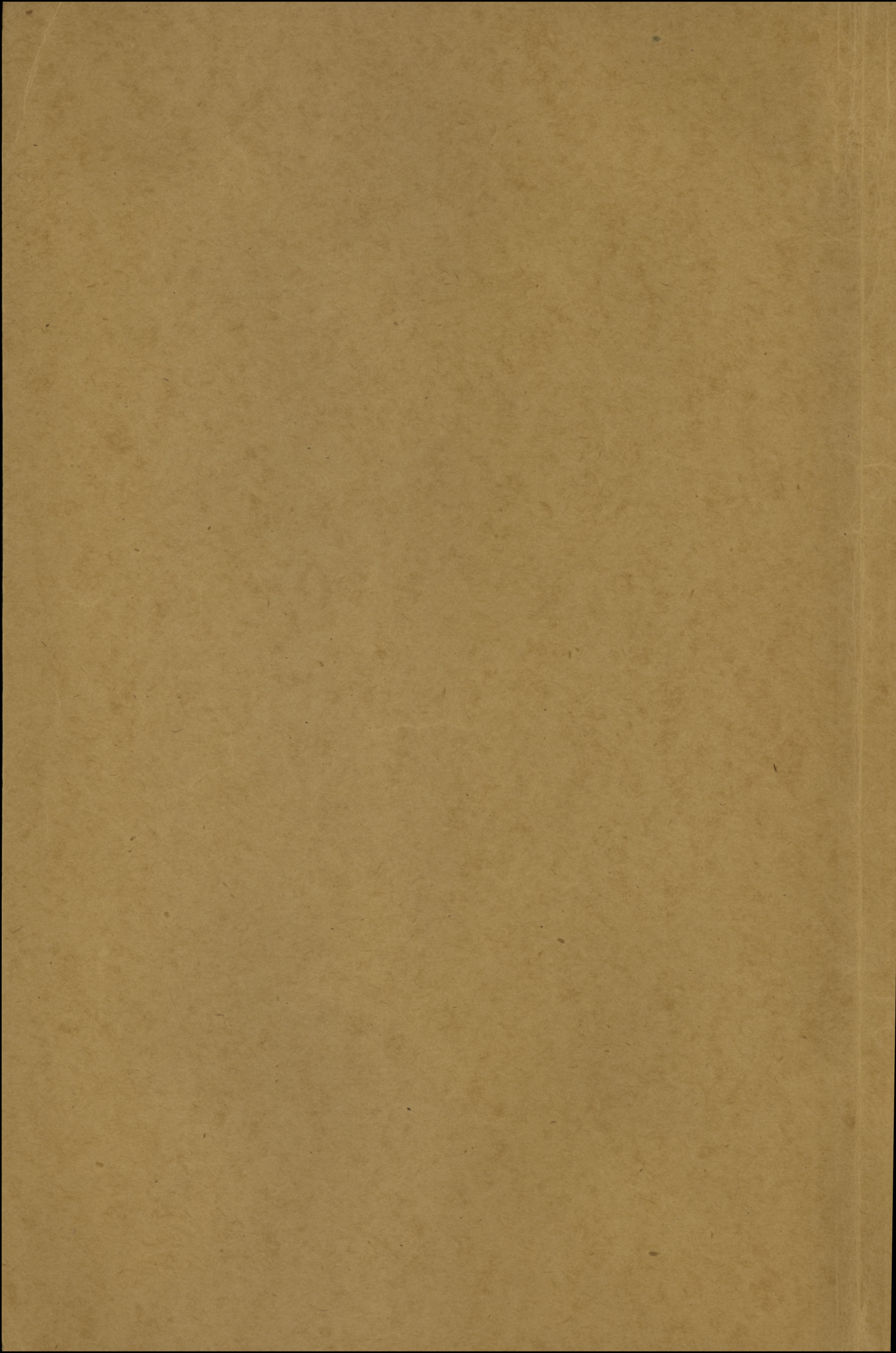
L.P.C Clear 31-1-17
1 copy L.P.C
1 from officer
26, 1, 20

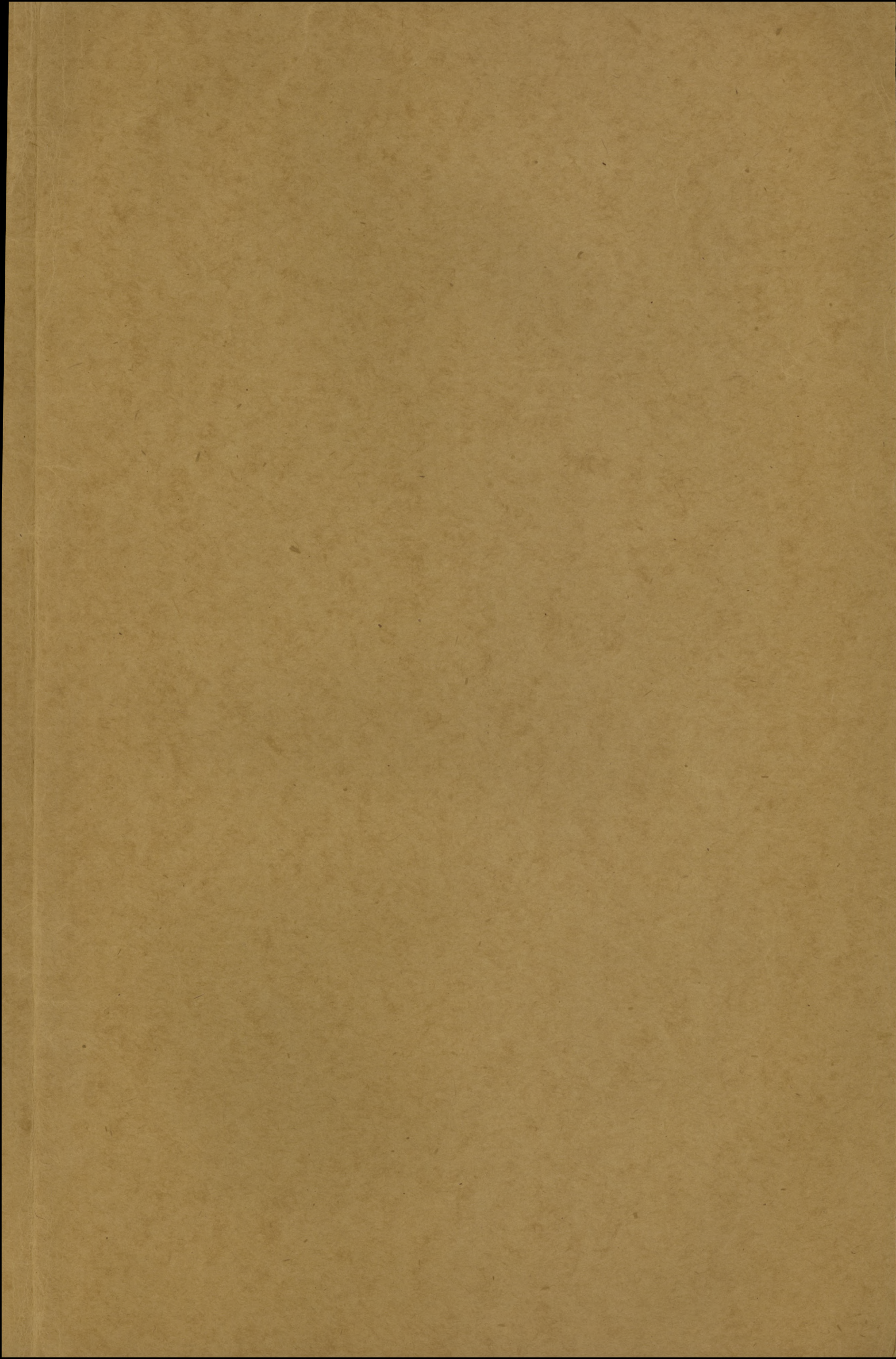
Lieut.

MARK: Wilfred Arthur Raglin

28-86
JB

PT
1





CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Nov. "A"
F. 2 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 Lieut. Name Mark, W.A.R.
 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>5728</u>	<u>60.00</u>		Reg'tl. Pay <u>30</u> days at \$ <u>2.00</u>	<u>60.00</u>	
by } No. <u>5894</u>	<u>50.00</u>		Field Allow. <u>50</u> days at \$ <u>1.00</u>	<u>50.00</u>	
Cheques }			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.			Other Allowances* <u>Subsistence</u>	<u>51.00</u>	
Other charges			Other Credits*		
Payment on transfer or discharge No. <u>6055</u>	<u>51.00</u>		Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	<u>141.00</u>		Total	<u>141.00</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.

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 No
- (3) cause of discharge authority R.O. 1590
- (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.

AMERICAN NATIONAL BANK

NEW YORK

THIS CHECK IS PAY TO THE ORDER OF

100.00

ONE HUNDRED

THE FIRST OF MARCH

1900

PAID

1900

1900

M 94
clde
MEDICAL CASE SHEET.*
OFFICERS

No. in Admission and Discharge Book. <i>Case 198</i> Year <i>1916</i>	Regimental No. Unit. <i>386 Canadian</i>	Rank. <i>Lt.</i> 	Surname. <i>Mark</i>	Christian Name. <i>W. A. R.</i> Age. <i>24</i> Service. <i>1 3/4</i>
Station and Date.	Disease <i>G. I. W. Chest</i>			
	Place of Injury <i>Near Bonville</i> G.S.W. <i>Front of chest - near shoulder.</i>	Date of Injury <i>18 Nov. 16</i> Shell Shock or		
	Nature of Injury <i>Two small superficial wounds (in front) extending to inner side of right shoulder by a wound posterior in relation to 7th rib. Neurasthenia partial Tremor</i>			
	X-Ray Report	Reflexes		
	Fracture <i>of 7th rib posteriorly</i>	Insomnia		
	Foreign Bodies <i>nil.</i>	Dreams		
	Probable date of leaving Hospital.			
<p><i>Limited movements of arm & hand with loss of sensation over posterior surface of forearm. Hand grip poor. Has had for over a month breathing exercises & massage. Persistence & reaction to over-exertion of shoulder, wrist & shoulder.</i></p>				
	<i>20 JAN 1917</i>	<i>Deochop</i>	<i>25 JAN 1917</i>	<i>J. M. Johnson</i>

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

Station
and Date.

MEDICAL CASE SHEET

Rank

Regiment No.

Company

Line

State

Regiment

Name

No.

of Injury

Diagnosis

History

Physical

PUBLIC ARCHIVES RECORDS CENTRE
War Veterans Allowance District Authority

Address To.

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: MARK, Wilfred Arthur (Surname) Leut (Christian Names) Service No. WWI

Veteran is stated to have served during 38 Bn (State War or Wars)

in the following Units _____

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War

Date and port of embarkation for S.A. _____

Date and port of disembarkation in S.A. _____

(2) World War I -- (If Canada only, state if with territorial limitations).

Canada - Britain - France

Date(s) embarked for U.K. _____

If Canada and U.K. Only Date(s) disembarked in Canada _____

Period(s) of desertion in U.K. _____

(3) World War II -- (If Canada only, state if with territorial limitations).

Date of embarkation _____

2. Date and place of all enlistments. 15 July - 1915 - Brockville, Ont.

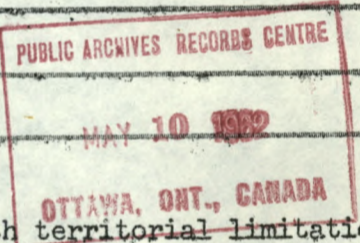
3. Date of all discharges and reason. 30 Nov - 1918 - Demob

4. Date and place of birth as per attestation paper. 13 Aug - 1892 - Toronto, Ont.

5. Marital status; if married, name in full of wife. Single

6. Any other military service. Militia

7. Decorations, if any. nil



PUBLIC ARCHIVES RECORDS CENTRE
War Veterans Allowance District Authority

Address

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa, Ontario.

For: (Surname) (Christian Name) Service No. _____
Veteran is stated to have served during (State War or Wars)

In the following units -
to establish WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine
the eligibility of the above named, will you kindly furnish the following particulars
concerning his services:

1. DETAILS OF SERVICE

(1) South African War

Date and part of embarkation for S.A.W.

Date and part of disembarkation in S.A.W.

(2) World War I - (If Canada only, state it with territorial limitations).

Date(s) embarked for U.K.

If Canada

Date(s) disembarked in Canada

and

U.K. Only

Period(s) of service in U.S.A.

(3) World War II - (If Canada only, state it with territorial limitations).

Date of embarkation

2. Date and place of all illnesses.

3. Date of all disabilities and reason.

4. Date and place of birth as on
attestation paper.

5. Married status; if married,
name in full of wife.

6. Any other military service.

7. Remarks, if any.

Head, Reference Section.

AW-94 (WVA-18)

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

29817-595

Emp.

Name *Mark* Surname *Wilfred Arthur Raglan* Christian Name

am

Regimental Number *38th Div* Rank *Serjeant*

Address (in full) *16 Mount St*

Unit *38th Div*

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L. L. 40088—M. & D. 9245.

May 31/19

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		

M. F. W. 127.
25M-8-18.
1772-38-1140.

Remarks: *In PDP paid under check made from USG Decoration*

Dec'n No 29817/595 W. S. G. File No 11849-W-16
 Award / 83 days at \$ 3.00 per day \$ 549.00
 S. A. months at \$ per mo. \$
 Less P, D. P. Credited \$
 Less further debit balance \$
 Not due paid as below 549.00

*D.A.R. Mark.
 Amount - Out -*

12/4/19
 30/5/19
 9.7-19
 OK. N.Y.
 11/8/19

TO SOLDIER		TO DEPENDENT		Ac. No	Ch No	Amount
12/4/19	2843	48978927900	✓			
30/5/19	176c	473800	9000 ✓			
9.7-19	26293	503880	9000 ✓			
OK. N.Y.	5444	498043	9000 ✓			
11/8/19						
Total						

GEN'L AUDITOR
 Posting checked by
Krennan
 Date 8/7/19

(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 Belle ville, Ont.

Date 21-11-18.

DEPT. MILITIA & DEFENCE
JAN 24 1919
H.Q. CANADA

1. (a) Unit 1st. Depot Bn. E.O. Reg't.

(b) Rank Lieutenant.

(c) Surname Mark,

(d) Christian name Wilfred, A.R.

2. Age last birthday 26

Date of birth Aug. 13th. 1892.

3. Date of appointment to the C. E. F. (for officers of the C. E. F.) June 4th, 1915.

Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) July 16th, 1915.

4. Personal description: 58 5' 5"

(a) Height 5' 5"

(b) Weight 125

(c) Complexion Fair

(d) Colour of hair Light Brown,

(e) Colour of eyes Blue.

(f) Scars or tattoo marks Old G.S.W. Entry front

of right shoulder, and exit left border right scapula.

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) Kinmount, 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. E.O.R. Belleville, Ont.

6. Former trade or occupation Clerk,

7. Service

Years

Days

PERIODS

From

To

59th. Bn. C.E.F.

July 15th, 1915

Nov. 24th, 1915.

109th. Bn. C.E.F.

Nov. 25th, 1915

August 27th, 1916,

38th. Bn. C.E.F.

Aug. 7th, 1916

Nov. 8th, 1916.

1st. Depot Bn. E.O.R.

Jan. 18th, 1918

Date.

8. Disease or disability (use authorized nomenclature) Old G.S.W. right shoulder, and upper border right lung.

(a) Date of origin Nov. 18/16

(b) Place of origin FRANCE

(c) Cause Gun Shot.

9. Present condition: (Important, to be a full description of the present condition or conditions.)

Subjective Negative - Officer says he feels fit.

Objective - Officer has scar of old wound in region of right shoulder - small scar anterior part right shoulder, about size of end of leadpencil. which was point of entry. Point of Exit about size of 25¢ piece in diameter to left of lower left border of right scapula. Wound well healed. Good

[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.]

recovery. No evidence of disability. Heart Normal. Genito Urinary-Normal. Lungs - Normal. Nervous - Normal.

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.]

MEDICAL HISTORY OF AN INVALID

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? **Nil.**

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

Hospitals in France and England. On leave for convalescence from February, 1917 until, January, 1918.

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

No.

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

20. Recommendations. **Fit A-1. No Disability due to service.**

M. B. S. C. A.
Medical Officer by whom the case is brought forward.

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

I, the undersigned, **W. A. R. Mark** 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. A. R. Mark
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.) **A-1.**
- (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.~~)

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 A-1. No Disability due to service.**

Station Bellefleur, Ont.
Date 21-11-18.

E. D. Swell President.
Capt. A.M.C.

W. Blakely } Members.
Capt. A.M.C.

APPROVED BY

Date NOV 26 1918

A. H. Amundell Major, A.M.C.
For A.D.M.S. M.I. District No. 3
Assistant Director of Medical Services.
For A.D.M.S. M.I. District No. 3

APPROVED BY

Date

Director General of Medical Services.

JAN 24 1914

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 in the (a) General service (b) Service abroad (not general service) (c) Home service (Canada only) (d) Temporarily null (e) Unfit for service (Canada, U.S. & C.)

(Year No.) (Category A) (Year No.) (B) (Year No.) (C) (Year No.) (D) (Year No.) (E)

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 (e) Strike out condition not applicable

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