

Unit 109th Bn CEF Rank Lieut Name A. Wood

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Original

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Wood
- (b) What are your Christian Names? Albert
2. (a) Where were you born? (State place and country) Delph Yorkshire England
- (b) What is your present address? 9 Glenelg St Lindsay Ont
3. What is the date of your birth? Oct-7-1891
4. What is (a) the name of your next-of-kin? Mrs James Wood
- (b) the address of your next-of-kin? 9 Glenelg St Lindsay Ont
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Policeman
6. What is your religion? Anglican
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? 45 Reg
9. State particulars of any former Military Service. 3 Dragoons
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.

Albert Wood (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 July 13th 1916

Place Barnfield


H. O. Boyd
Medical Officer.

*Insert here "fit" or "unfit".

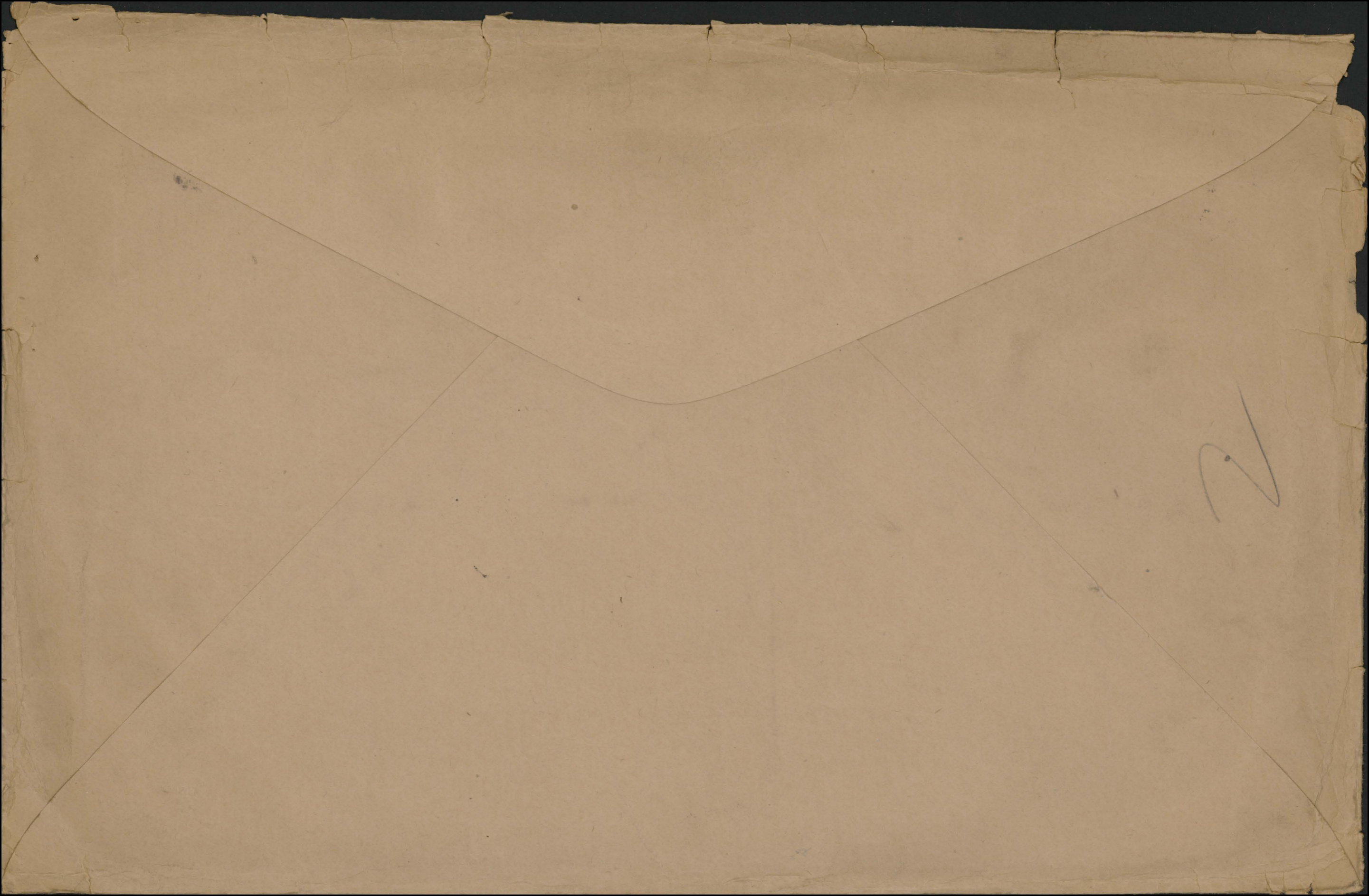
REGIMENTAL DOCUMENTS

NAME **WOOD ALBERT**

REGT. NO. *Lieut* UNIT *Cove Eng* H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Pres</i>	<i>19-6-19</i>	<i>Pres-7232med</i>	DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>Ret 5-7-19</i>			Category
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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
7 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			31014		
1 M. P. #2591					
1 Disp. Cert.					
1 M. P. #67					
1 M. P. #127					
					3 2-16 2-16
				<i>484265</i>	

St Olympia d-6-6-19



To be made out in duplicate.

DUPLICATE
I.C. 11-23-53

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.....

(3) Full Name of Soldier..... *Albert Wood Jewell*

(4) Place of Birth..... *Delph Yorkshire England*

(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

James Wood 709 Glencliff Lindsay

(10) Is your Mother alive?.....

yes

If so, state name and address

James Wood 709 Glencliff Lindsay

(11) If your Mother is a widow.....

Yes

Are you her sole support, or not?.....

Yes

(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?.....

Yes

If so, in what Company?.....

Brotherhood of L. Y. & C.

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.....

July 13 1916

[Signature]

Lt. Col.

O.C. 109th Overseas Battalion, U. S. A.

Name **WOOD** Rank **Lieut.** Reg. No.
 Unit **Albert**
124th. Bn.
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19.10.17.	50 C.C.S.	Scabies		814		
24-12-17	12 ben Aldamb	(12818)	Pub	892		
8-1-18	Dress to duty	N/A		1035		

J.H.E.

Name WOOD

Rank

Lieut.

Reg. No.

Unit

A *Albert*

Next of Kin 10th Bn. C.E.

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List	
1918							
6-9	Reptd. G.H.Q. (1467)						
	WOUNDED						
8-9	1/2 Cen to Wimerex	(WO) Esplanade		1082	01760	11/9	
		R. farm		1083	01768		
		R. farm, 10 Reg ser					
	Cancel above entries as these refer to Lieut. James Alonzo Wood 10th Battalion, Engineers (Auth KG 201)						01317
21-11-18	33 <i>presby</i> 39745			nys	1150		
29-11	21 Cen to Staples (Auth 6027)			436	1154		
14-1-19	Desch to duty (Auth 6887)			42	1193		

C
SURNAME.

Wood

1912
CARD NO. ✓
SOS. 17-6-1912
R. 20/10; M. 2.

CHRISTIAN NAMES

Albert.

FOLL.

REGL. No.

RANK Lieut.

UNIT

109th.

Bn.

FORMER CORPS

3rd. Dragoons.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wood James

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

9 Glenelg St. Lindsay. Ont.

COUNTRY OF BIRTH

England. Welph. York

DATE

Oct. 7th. 1891.

PLACE OF ATTESTATION

DATE

Sailed from Halifax 23/7/16 per S.S. "Olympic"
R/C. 13-6-1912 Lieut

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Poliseman

RELIGION

Anglican.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Bairrefield. Ont.

DATE

July 13th. 1916

Present Address.

9 Glenelg St. Lindsay. Ont.

NAME *Wood Albert*

REGT'L. No. *Lieut*

RANK AND CORPS *Lieut 10th Bn Eng form 109th Bn*

H. Q. FILE No. 649

FOLLOWS
No. _____
FOLLOWS

CABLE	
NO.	DATE
<i>2074</i>	
<i>4-4</i>	
<i>01268</i>	<i>139-18</i>
<i>1-4</i>	
<i>01317</i>	<i>189-18</i>

NATURE OF CASUALTY

*James Wood (Father)
9 Glenelg St Lindsay Ont-
Adm 14 Gen & Lomereux Sept 8th
1918 GSW^s Head & Forearm Frac.
L Arm & Leg Severe This information
~~should~~ be for Lt James Alonso Wood*

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1082	Keplid from Gen Adger	6-9-18	Wadd
1083	14 Gen Wimmerick	8-9-18	53 W Head
1150 ¹	33 Gas bl. Station	21-11-18	N. Y. N. Cancelled as per 102 1088 Farm trace- L arm & leg serv
1154	51 Gen Chaples	29-11-18	436
1193	Disch to Dury	14-1-19	42

8

B
T

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number.....

LIEUT

Surname.....

WOOD

Christian Name.....

ALBERT

Unit.....

Theatre of War

FRANCE

Date of Service.....

23.7.16.

20.4.17.

6.6.19

Remarks.....

bc.

Latest Address.....

~~39 Williams St~~

4 King St

Lindsay Ont

Roll No.

B Page 5221

NAME

REGT. NO.

BANK AND UNIT

5 NEXT OF KIN

CABLE

AUG 30

DATE

NATURE OF CASUALTY

AUG 30
No.

9047715-2em

Surname.

Christian Name.

WOOD

A.

Rank.

Unit.

Lieut.

124th. Batt'n.

Date of admission.

No. 50 Cas. Clg. Station.

19-10-17.

Hospital Canadian Field Ambulance.

24-12-17

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis.

Scabies *R*

P.U.O. *Rw*

Later diagnosis.

.....
.....
.....

Disch. to Duty: -8-1-18.

Disposition.

Date.

26-10-17 814-2.

5-1-18 872.

13-7-18 1032.

C.L. Remarks.

C.L.

C.L.

C.L.

C.L.

C.L.

C.L.

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

Surname

Christian Name

Reg. N. .

Rank

Unit

MEDICAL BOARD held at

Date

Serial No:

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname. Christian Name.
 WOOD Albert
 Rank. Unit.
 Lieut. 10th.C. E. Bn.

Date of admission.

~~No. 14 General Hospital, Wimereux~~ ~~8-9-18.~~
 Hospital
 No. 55 Casualty Clearing Station 21-11-18.
 No. 51 General Hospital, Etaples 29-11-18.
 Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Reported from G.H.Q., Wounded: -6-9-18.

~~G.S.W. Head, rt. F. arm., Frac. lt.~~

Diagnosis ~~Arm, rt. Leg severe.~~ Cancelled.

~~N.Y.D. V.D.S.C.~~ ^{at}

Later diagnosis. ~~V. D. S.~~

Disch. to Duty: -14-1-19.

Disposition.

Date.

~~10-9-18~~ ~~1082~~

~~11-9-18~~ ~~1083~~

17-9-18 1088-3.note.

28-11-18 1150.

3-12-18 1154.

C.L. ~~21-1-19~~ 1199. 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

Christain Name

Reg. No.

WOOD

A.

Rank

Unit

Lieut.

10th.C.E.

MEDICAL BOARD held at

Date

Serial No.

Witley Area.

26-5-19.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

V.D.S.

Disposition Recommended

Fit for General service.

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date

Disposition

Remarks

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File

Attention of

P.A.

Ottawa, Ont.
Date Dec. 13, 1965

NAME WOOD, Albert

SERVICE LIEUT. WW1
NUMBER

C.P.C. No. 139409
W.V.A. No.

NAVY
ARMY ~~XXX~~
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Toronto, Ont. Tele-Memo d/Dec. 7, 1965

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death November 18, 1965

Cause of Death

Place of Death Sunnybrook Hospital, Toronto, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOX~~
H.O.

Destroy form if advice of death already received.

C.C. Richards
for
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

Office of the
Director, VA Medical Center
Washington, D.C. 20301

Mr. Albert J. ...



Dear Mr. Albert J. ...

The Director of the Department of Veterans Affairs is pleased to inform you that your application for ...

has been reviewed and your request is being processed. We will contact you again when a decision has been reached.

Sincerely,
Director, VA Medical Center

Enclosed for you are two copies of the information regarding your application.

Very truly yours,
Director, VA Medical Center

CANADIAN GENERAL LABORATORY

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished, the test will not be carried out.

Name, *Wood, Albert* Res't'l. No. Rank, *Lt*

Unit, *10th Bn. C.E.* Date of First Sore, *17/11/18* If T. Pallidum

found, *Yes* Secondaries, if any, *None* Other Symptoms, *None*

Treatment, if any Arsenical, *Given*

Mercury, *Given* Previous Wassermann, date,

Result Station and Date,

J. Garfield
Capt. C.M.S.
10th Bn. C.E.

RESULT OF WASSERMANN (ORIGINAL) QUARTER SYSTEM

Date Serial No. Result,

WASSERMANN
NEGATIVE

W. Garfield
W. Garfield Major,
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey,

.....191.....



WASSERMANN
NEGATIVE
8

Faint header text at the top of the page.

Large handwritten mark, possibly initials or a signature, in blue ink.

Handwritten text in blue ink, possibly a name or address, located on the left side.

Handwritten text in blue ink, possibly a date or a note, located in the lower middle section.

A circular stamp or seal impression, partially legible, located in the lower middle section.

Group 2 P Wing

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) *WOOD Albert*
REGIMENT *10th Batt C.F.* RANK *Lieut* No. _____

Date of Examination in England *26.5.19.* Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

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 *6.7.8.9.31.*
2. EXTRACTIONS *14.*
3. CROWNS *—*
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper *—*
 - (c) Full Lower
 - (d) Part Lower

prophy.

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 *—*
- (c) In France *yes*

Signature of Dental Officer *M. R. Thomas Capt*

ORIGINAL MEDICAL HISTORY SHEET.

Original

Surname Woods Christian Name Albert

Examined { on 13 day of July 1916.
 at Barnfield

Birthplace { City or Town Delph
 County Yorkshire England

Approved by H. O. Boyd Capt.
 Rank 109th Overseas Battalion, C. E. F.

Apparent age 24 years
 Trade or occupation Policeman
 Height 6 Feet 1/2 Inches.
 Weight 222 Lbs.
 Chest measurement { Minimum 43 inches.
 Maximum expansion 46 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 None
 Number None

When Vaccinated last July 13th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>13.7.16</u>	<u>Good</u>	<u>H. O. Boyd</u>
		M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27.4.16</u>	<u>Good</u>	<u>H. O. Boyd</u>
<u>5.5.16</u>	<u>"</u>	<u>H. O. Boyd</u>
<u>15.5.16</u>	<u>"</u>	<u>H. O. Boyd</u>
		M.O.
		M.O.
		M.O.

Enlisted on 13th day of July 1916 at Barnfield

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. 687.</u>	<u>Leunt</u>		
Transferred to	<u>12th Bn.</u>			
	<u>124th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Delph</u>	<u>26.5.19</u>	<u>V.D.S</u>	<u>H. J. Gifford</u>

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

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 10th Bn

Regimental No. Rank Private Name Woods a
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

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

Extended Re-engaged Qualification (b)

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				
<u>18/6/19</u>	<u>M.H.Q. Ottawa</u>	<u>T.O.S. C.E.F. in Canada on General Demobilization</u>	<u>M.D. No. 2</u>	<u>6/19</u>	<u>C.E.F. R.O. No. 2034-19</u>
<u>25-6-19</u>	<u>M.H.Q. Ottawa</u>	<u>S.O.S. C.E.F. in Canada on General Demobilization</u>	<u>M.D. No. 2</u>	<u>17-6-19</u>	<u>C.E.F. R.O. No. 2045-19</u>

W. Hunter. Capt
for Director Personal Services

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

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Casualty Form - Active Service.

Regiment or Corps 124th G.G.B.C. (Pioneers) Canadians

Rank Lieut. Surname Wood Christian Name Albert

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.....

Date	Report From whom received	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.
12.1.18	O.C. 124 Bn.	Rejoined Unit	Field	8.1.18	B.213
26.1.18	do.	Granted 14 day leave	England	22.1.18	B.213 D.O. d. 13/2/18
9.2.18	do.	Rejoined Unit	Field	8.2.18	B.213
16.3.18	do.	Duty with Canadian Tunnel		9.3.18	B.213
23.3.18	do.	Rejoined Unit	Field	19.3.18	B.213
25.8.18	A.C. & R.	Pos. 124 Bn. on trans. to 10 th Bn. Can Engrs		24.5.18	List 202 D.O. 51 d. 5/9/18
24/5/18		T.O. S. 10 Bn. C.E.	Field	24/5/18	
11/9/18	1st Army.	Wounded	Field	6/9/18	List No 1467 d. 18/9/18
13/9/18	do.	Entry Cancelled (not wounded)		14/9/18	List No 1468
19/10/18	O.C.	Granted 14 Day L.O.A. to G.K.		26/10/18	List No d. 31-10-18

(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) Signaller, Shoeing Smith, &c.

Lt. J. Wood

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				
19/10/18	OC.	Rejoined from L.O.A.		18/10/18	B213
23/11/18	do	Admitted Fed. Amb.		21/11/18	B213
22/11/18	8 C.F. A.	N.Y.S. Ven. Sore Adm	8 C.F. A.	21/11/18	} a2541
		to C.C.S.		21/11/18	
27/11/18	33 C.C.S.	do do adm	33 C.C.S.	21/11/18	} a2507
7		to J.T. 35		26/11/18	
28/11/18	51 Gen.	V.D.S.L.	Adm. 51 Gen.	28/11/18	W3712
20/11/18	O. G.	J.W.L. from 12-10-18 to 18-10-18. censured			G.R. 35253
14/1/19	C.F.B.D.	T.O.S. from 51 General		18/10/18	14/1/19 B.E. 4011
4/2/19	C.F.B.D.	T.O.S. from C.I.B.D.		4/2/19	B.E. 4320
19/2/19	do	Left for Jounai		19/2/19	B.E. 4526
5/4/19	O.B. 10 Bn	Rejoined		2/4/19	B213
	Bob Camp	Proceeded to England.		9/5/19	N.R. PLY 013

J. Skelton
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

S.O.S. O.M.F.O. TO G.E.F.

ORDER No. 44 DATED 6/6/19

OFFICER i/o RECORDS,
"W" WING C.C.O. WITLEY.

CERTIFIED CORRECT
2.8 APR. 1917
CANADIAN RECORD OFFICE

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

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

Casualty Form—Active Service.

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

Regimental No. _____ Rank Lieut Name Albert Wood
C. E. F.

Enlisted (a) 13/7/16 Terms of Service (a) Duration of War Service reckons from (a) 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) Civil: Policeman

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				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16.</u>	
	<u>Disembarked England.</u>		<u>Liverpool</u>	<u>31.7.16.</u>	
<u>22-12-16</u>	<u>O.C. 109th.</u>	<u>Attached to 134th. Btn.</u>	<u>Witley</u>	<u>22-12-16</u>	<u>D.O. Pt. 11 348</u> <u>Adjutant Capt.</u> <u>ADJUTANT</u> <u>109th Overseas Battalion, G. E. F.</u>
<u>21-12-16</u>	<u>Ob. 134th</u>	<u>Attached from 109th Bn</u>	<u>Witley</u>	<u>20-12-16</u>	<u>Pt II D.O. # 297</u>
<u>10-3-17</u>	<u>Ob. 134th Bn</u>	<u>Leases to be attached to 134th Bn</u>	<u>Witley</u>	<u>10-3-17.</u>	<u>Pt II D.O. # 69</u>
<u>14.3.17</u>	<u>12</u>	<u>D.O.S. 12th Res B³</u>	<u>Egg Sandling</u>	<u>10.3.17.</u>	<u>B O Pt II 67</u>
<u>20.4.17.</u>	<u>C. C. 12th Res. Bn.</u>	<u>C. E. F. Transferred to 124th Pioneer Bn.</u>	<u>EAST SANDLING</u>	<u>20.4.17.</u>	<u>Part II 100</u> <u>J. Jamieson</u> <u>Lieut i/c Records</u> <u>12th Res. Bn C.E.F.</u>

(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.

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				
22/4/17	O.C. C.B.I.	Arrived from England and taken on strength of 124 th BN.	Field	22/4/17	Auth: (W.O. Letter No. 121/drafts/5771 (F.C. a.) d. 13/4/17 and G.A.G. Can. Sec. file N.R. 11050) D.O. Pr. 11 No. 88 d. 27/4/17.
29/4/17	do	Left C. B. I.	Have	23/4/17	N.R.
29/4/17	O.C. 3 E.T. BN	Arrived 3 rd Ent. BN. (Can) and T.O.S.	Field	26/4/17	N.R./36
5/5/17	do	Left for Unit	do	5/5/17	Letter N.R.
12/5/17	O.C. 124 th BN.	Arrived Unit for Duty	do	6/5/17	B. 213 D.C.O. 16 d. 21/5/17
12/5/17	do	Attached to 33 (L) BN. Royal Fusiliers	Field	12/5/17	B. 213 D.C.O. 16 d. 21/5/17
4.8.17	O.C. 100 Lab. Coy. Lab. Supt	Attach. to 100 Labour Coy Labour Corps (12 th Ind Co. for duty).	do.	12.5.17	B. 213 D.O. Pr. 11 No. 122 d. 14.8.17 Auth. 4 Can. Div. H.Q. Sig. Mes. F. B. 34 d. 9.5.17. A. 36/A. 6968
6/6	do	do	do.	12.5.17	B. 213 D.O. 140 d. 26.10.17
19.10.17	50 C.C.D.	Scabies adm.	50 C.C.D. Str.	19.10.17	B. 213
20.10.17	O.C. 124 th BN.	Rejoined Unit	Field	16.10.16	B. 213
20.10.17	do	Sick (Scabies) To	F. A.	19.10.17	A. 36/A. 8152
21.10.17	do	Scabies adm. To	10 A.F.A. C.C.D.	19.10.17	A. 36/A. 36/B. 2471
4.11.17	do	do. to	Duty	5.11.17	B. 213
17.11.17	O.C. 124 th BN.	Rejoined Unit	Field	5.11.17	B. 213
1.12.17	do	To Course C.C. Gas School	do.	25.11.17	B. 213 D.O. 153 d. 20.12.17
8.12.17	do	Rejoined Unit	do.	1.12.17	B. 213
8.12.17	do	Detch. Duty C.E. Sewing Co.	do.	3.12.17	B. 213
12/12/17.	do	Rejoined Unit	do.	19/12/17.	B. 213
23/12/17.	112 C.F.A.	"	12 C.F.A.	24/12/17.	A. 36/A. 4207
25/12/17.	112 C.F.A.	"	11 C.F.A.	24/12/17.	A. 36/A. 4156
		10.	12 C.F.A.		

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

S.M. 2-34

ISSUED TO OFFICERS AND NURSING SISTERS

D.M.

This is to Certify that (Rank)..... *lieutenant*

(Name in full)..... *Albert Wood*

Enlisted in..... *The 109th Battalion*

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... *1919* AND WAS APPOINTED to COMMISSIONED RANK

in..... *the 109th Battalion*

CANADIAN EXPEDITIONARY FORCE on the..... *thirteenth* day

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

He SERVED in CANADA, *England and France with the 109th Battn.,
Att'd 134th Battalion., 18th Reserve Battalion., 124 Pioneer
Battalion., Att'd 100th Labour Co., Labour Corps., 10th Battn.,
Canadian Engineers.*

and was STRUCK OFF THE STRENGTH on the..... *seventeenth* day

of..... *June*..... *1919* by reason of..... *General Demobilization*

Dated at Ottawa, this..... *eleventh* day

of..... *December*..... *1919*

A. G. J. J. J.
A. G. J.

For

Director of Personal Services.

lieut

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

(Name in full)

Enlisted in

CANADIAN EXPEDITIONARY FORCE on the

day of AND WAS APPOINTED in COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

day of

Dated at Ottawa this

day of

Director of Personnel Services

M.T. 10 1918
200-4-11
117-2-12

AD PAY.	UNIT.	RANK.	NAME.
ary	109 th Bn.	Lieut.	Woods, A.
DATE	NAME OF	DATE	INITIALS
31-7-16		From Canada	
		W.R.O. #1225 C.J.D.	
		2/7-8-16	Bank of Montreal
ation Allowance issued. Yes or No.....			

1916-17

DATE	PARTICULARS	CK. NO.	GR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
9-16	Bank. Credit balance forward 3/7/16			35 60				
21	Cr. bal. fwd. from Canada			35 60				
21	August pay & housing 3/7/16			112 60				
	Bank.	1408		112 60				
27	Sep pay R.			108				
	Bank.			108				
27	Oct. Pay			111 60				
	Bank			111 60				
27	Nov Pay.			108				
	Bank			108				
25	Dec Pay			111 60				
	Bank			111 60				
15	1917							
15	Jan pay R			111 60				
	Bank	19283		111 60				
15	Feb pay R			100 80				
	Bank	21903		100 80				
12	March Pay R			111 60				
	Bank	24837		111 60				

NAME

BANK

UNIT

DATE

AUTHORITY

DATE

AUTHORITY

DATE

NAME

Name

Initials

Bank

tion Allowance issued. Yes or No

INITIALS

SPECIAL AUTHORITIES
To be indicated by 'X' in every cell.

BALANCE

ASSIGNED
PAY TABLE
CANADA

DR

CR

OK NO

PARTICULARS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	109 Bu	Pay \$2.00	Lieut	31-7-16	Fr Ban. D.R.O. 1225	Name Wood
Address	12 Res Bu	F.A. .60		24-7-18	CT.D. 7-8-16 a.c.l. 2024/5/8 11028	Initials A.
Amount. \$	10 Res Banking	Messing 1.00				Bank of Montreal
Separation Allowance issued. Yes or No.....		3.60			Incharged keep 14 th 7/19 No. 42 b21193 Admitted 29 th 7/18	

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								
Apr 17	Apr Pay R.		108					
28	Bank	1094		108				
May 13	May Pay R.		111 60					
23	Bank			111 60				
June 10	June Pay R.		108					
29	Bank	4047		108				
July 18	Pay R.		111 60					
24	Bank			111 60				
Aug 10	Pay R.		111 60					
24	Bank	7142		111 60				
Sept 10	Pay R.		108					
24	Bank	9127		108			Hold for Ls 15/18	
Oct 9	To P.M.G. to cover R/D Ch L 875214 \$10-00/28/18	9813		48 67				
15	Pay R.		111 60					
22	Bank	10430		62 93			Hold for Ls 15/18	
29	Add. Outfit Allev. 1918.		100			100	Hold for Ls 15/18	
Nov 25	Nov Pay R. adpt 12/18		140			61 240	Hold for Ls 15/18	
Dec 5	Dec Pay R.		124					
	Bank	13036		240				
	Bank	13791		124				
23	Profiteers of P.A. a.w.l. 12-18 ¹⁸ = 7 days @ 4 th Auth File PL 9. W. 804		28			28	Hold for Ls 15/18	
1911	Jan Jan Pay R.		124					
	Bank	15660		31		65		
Feb 12	Deductions on 42 nd fr 29 th 18-14 th 19			94				
	Auth C.L. 11547 1193 To 1214							
	Feb. Pay R.		112					
24	Bank	17077		83				

Wood
A.
Bank of Montreal

Hold for Ls 15/18
Hold for Ls 15/18
Hold for Ls 15/18
Hold for Ls 15/18
Hold for Ls 15/18

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

C. C.

Pay *2⁰⁰*

Lieut

Name

Wood

Address

F.A. *1⁰⁰*

Initials

A

Amount. \$

Messing *1⁰⁰*

Bank

of Montreal

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

4⁰⁰

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1919</i>	<i>Mar. Pay R</i>		<i>124</i>					
<i>Mar 25</i>	<i>Bank</i>			<i>124</i>		<i>0</i>		
<i>Apl. 26</i>	<i>Pay R.</i>		<i>120</i>			<i>0</i>		
<i>26</i>	<i>Bank</i>			<i>120</i>		<i>0</i>		
<i>May</i>	<i>Adv May's June Pa</i>	<i>2217</i>		<i>244</i>			<i>Ret'd to ban</i>	
<i>"</i>	<i>Pay R</i>		<i>124</i>			<i>D120</i>	<i>L P to 30⁶/19 (Bohott)</i>	
<i>June 21</i>	<i>Pay R</i>		<i>120</i>			<i>0</i>	<i>Dr to W. Hedges 12</i>	
							<i>W 10 14 19</i>	

1919

Mar. Pay R

124

Bank

124

Mar 25

Apl. 26 Pay R.

120

26

Bank

120

May Adv May's June Pa

Bank

2217

244

124

June 21 Pay R

120

Ret'd to ban
L P to 30⁶/19 (Bohott)
Dr to W. Hedges 12
W 10 14 19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

9 W 804

Beneficiary

109 bn

*Maj 2nd Lt 60 Lieut
Mast # 369*

31.7.16

From Canada

Name *Woods*

Address

12 Res.,

580 1225 C.T.D.

Initials *A.*

Amount. \$

d/y. 8.16

Bank *of Montreal*

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

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>1917</i>								
<i>Mar 31</i>	<i>Balance Forward:-</i>					<i>0</i>		
<i>Apr 23</i>	<i>Pay R. Apr.</i>		<i>108</i>					
<i>24</i>	<i>Bank</i>	<i>3017</i>		<i>108</i>				
<i>May 23</i>	<i>Pay R. May</i>		<i>111 60</i>					
<i>25</i>	<i>Bank</i>	<i>6049</i>		<i>111 60</i>				
<i>June 20</i>	<i>Pay R. June</i>		<i>108</i>					
<i>22</i>	<i>Bank</i>	<i>9004</i>		<i>108</i>				
<i>July 24</i>	<i>Pay R. July</i>		<i>111 60</i>					
<i>27</i>	<i>Bank</i>	<i>13082</i>		<i>111 60</i>				
<i>Aug 10</i>	<i>Pay R. Aug.</i>		<i>111 60</i>					
<i>24</i>	<i>Bank</i>	<i>14394</i>		<i>111 60</i>				
<i>Sept 14</i>	<i>Pay R. Sept.</i>		<i>108</i>					
<i>" 21</i>	<i>Bank</i>	<i>21905</i>		<i>108</i>				
<i>Oct 13</i>	<i>Pay R. Oct</i>		<i>111 60</i>					
<i>" 22</i>	<i>Bank</i>	<i>26193</i>		<i>111 60</i>				
<i>Nov 16</i>	<i>Pay R.</i>		<i>108</i>					
<i>" 21</i>	<i>Bank</i>	<i>30733</i>		<i>108</i>				
<i>Dec 11</i>	<i>Pay R.</i>		<i>111 60</i>					
<i>" 13</i>	<i>Bank</i>	<i>32995</i>		<i>111 60</i>				
<i>Jan 18</i>	<i>Pay R.</i>		<i>111 60</i>					
<i>" 21</i>	<i>Bank</i>	<i>39336</i>		<i>111 60</i>				
<i>Feb 18</i>	<i>Pay R.</i>		<i>100 80</i>					
<i>" 21</i>	<i>Bank</i>	<i>40995</i>		<i>100 80</i>				
<i>Mar 18</i>	<i>Pay R.</i>		<i>111 60</i>					
<i>" 25</i>	<i>Bank</i>	<i>42637</i>		<i>111 60</i>				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Name

Address

Initials

Amount. \$

Bank

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

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
------	-------------	---------	-----	-----	-----------------------------------	---------	--	----------

ET

Rank and Name WOOD, Albert

Lieut.

Regimental No.

Name and Address of Next-of-Kin

Father

Unit 109th Battn.

Mr James Wood.

Date of enlistment

9, Glenely St, Lindsay Ontario

Place of birth Delph Yorkshire, England.

Canada.

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 23-7-18

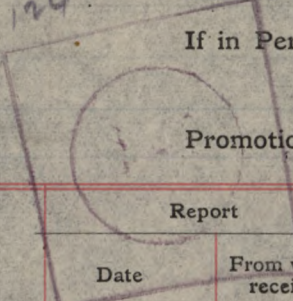
M

☆ 1ST, C, O. R.

REMARKS
Taken from Official Documents

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS
Date	From whom received				
			20-4-17	A	
28-8-16	109 th Bn	proceeded to Aldershot to attend course in Range finding		28-8-16	Pt II ord 241
21-12-16	134 th Bn	Attached for duty to 134 th Bn		20-12-16	Pt II ord 297 Pt II 348 (109 th Bn) D.O. 992 (5th Gen) D.O. 1393 (7th Gen)
10-3-17	"	ceased to be att ^d 134 th Bn. on 1 st fer to 12 th Res Bn		10-3-17	Pt II ord 69. Pt II 0/65 (12 th Res) D.O. 225 Selye
20-4-17	12 th Res Bn	S.O.S. on proceeding overseas to 124 th Battn.		20-4-17	Pt II O. 100, Pt II ord 88 (124 th Bn TOS)
14-8-17	124 th Bn	Attached 100 labor Coy. Labor Corps		12-5-17	Pt II ord 122
25-8-17	CHO	Adm 50 C. C. S.		16-10-17	Pt II ord 140 124 th Bn
1-1-18	CHO	Adm 12 Canadian Field Ambulance		19-10-17	Ch 814 Labors
13-2-18	124 th Bn	Discharged to Duty. Granted 14 days leave		24-12-17	Ch 872 P.O.
25-8-18	a.c.R.	Transf from 124 th Bn to 10 th Eng Bn.		8-1-18	Ch 1032
16-9-18	W.O.	Robert Temp Lieut C.F. from C.O. Regt		22-1-18	Ch 1038
10-9-18	F.A.S.	Report from Lt. G. Wounded		24-5-18	Post 202 T.O.S. 05/21 ✓
11-9-18	do	Adm 14 Gen Hosp Birmingham		24-5-18	Ch 3092
31-10-18	10 th Bn C.F.	Granted 14 days L.O.A. to U.K.		6-9-18	Ch 1082 Refer to Lt. J. Wood Ch 1085
				8-9-18	Ch 1083 5516 7 th R for arm trac
				26-9-18	Pt II 0. 40

from 12 Res
to 124 Battn



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				
25.11.18	AMS	Adm. 33	C. C. Stu.	21.11.18	Ch. 1150. N.Y.D.
3.12.18	"	Adm 51. Genl. Hays	to tapes	14.1.19	Ch. 1193
				29.11.18	Ch. 1153. 736
12.5.19	10 Bn. Ck.	Proceeded to England		9.5.19	Pt. II of 299.
do	P. Wing	- 105 pending R.T.C.		10.5.19	Pt. II of 27.
6.6.19	P. Wing C.C.C.	S.O.S. on proceeding to Canada		6.6.19	Pt. II of 44.
		Sailed for Canada		6.6.19	Sailing list 83.

18763

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

O.G. 23
D.A.T.

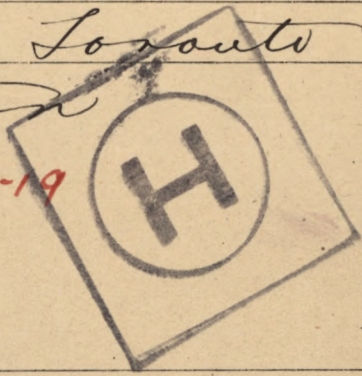


H M T OLYMPIC
sailed Sthampton 6 6 19
Aria Halifax 6 12 9

1. RANK *Lieutenant*
2. NAME *Wood Albert*
3. UNIT

4. DATE STRUCK OFF STRENGTH _____ PLACE *Toronto*

5. REASON *Demobilization*
80517-6-19 RO 2045-19



6. AUTHORITY

7. PROPOSED RESIDENCE *39 William St
Lindsay, 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.

Group..... *B*
Checked by No..... *18 GJS*
Date..... *4/5/19*

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on striking off strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

Proceedings of an Officer or Nursing Sister

Struck off strength

OF THE

Canadian Expeditionary Force.



H. M. T. OLYVIO

ATTC
Heldiss & H. S.

1. RANK

2. NAME

3. UNIT

4. DATE STRUCK OFF STRENGTH

5. REASON

PLACE



6. AUTHORITY

7. PROPOSED RESIDENCE

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Abandonment Paper, M. F. W. 23

2. Casualty Form, A. F. B. 109 or M. F. W. 51

3. Medical History Sheet, M. F. B. 315 or A. F. B. 178

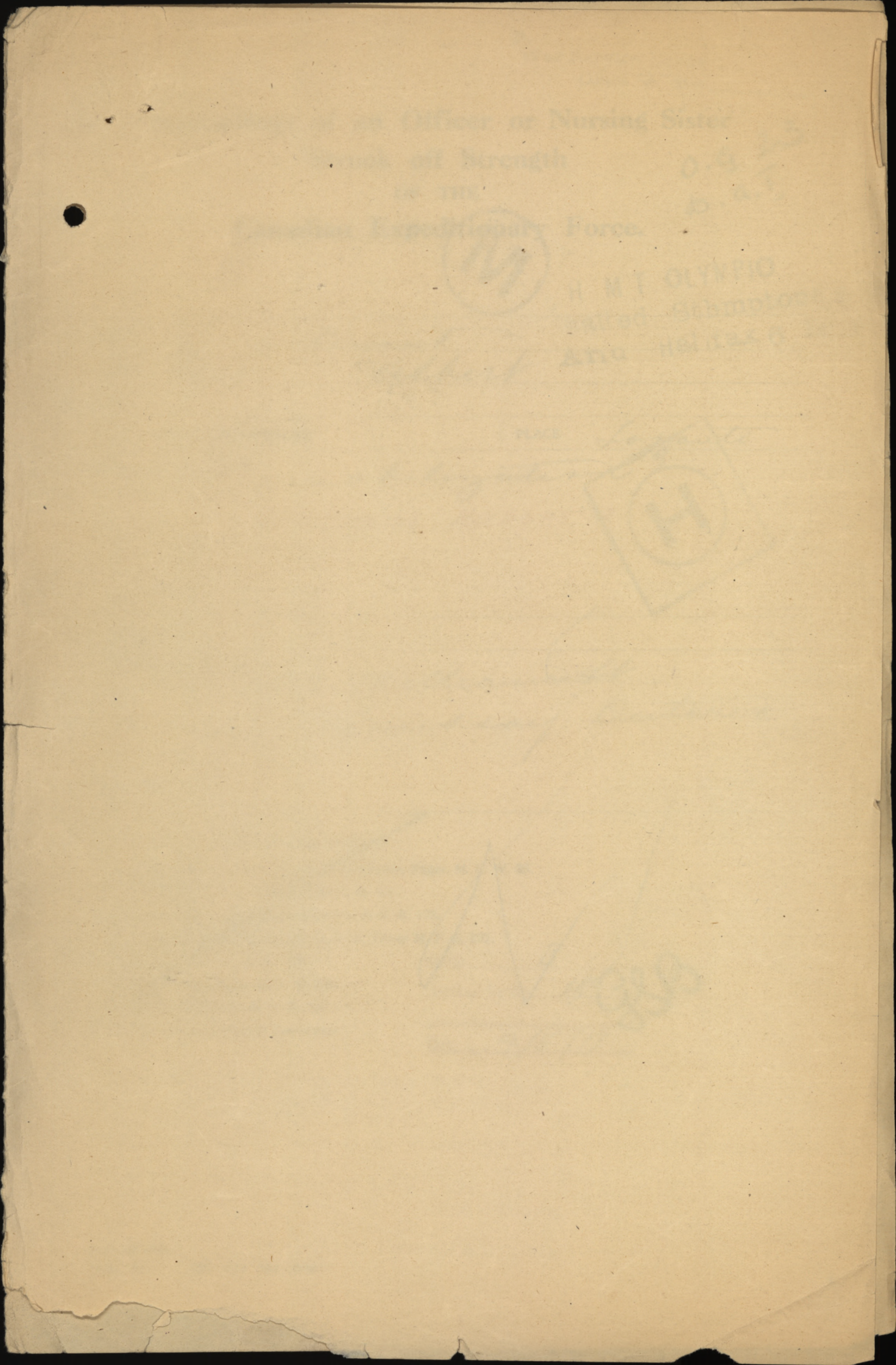
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227

5. Medical Report, M. F. W. 129

6. Dental History Sheet, M. F. B. 485

7. Last Pay Certificate, M. F. W. 44

8. Certificate as to Missing Documents





505 17-6-19 Ro 2045-19
Group 24 P Wing Bugner

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 Witley DATE 26 May 1919

1. 1 (a) Unit 10th Batt CF (b) Regimental No. _____ (c) Rank Serjeant

(d) Surname Wood WOOD (e) Christian name Albert

(f) Home address 39 Wilham St Lindsay Ont

(g) Next of Kin Mrs James Wood (h) Relationship Mother

(i) Address of Next of Kin 39 Wilham St Lindsay Ont

2. Age last birthday 27 Date of birth 7-10-1892

3. Enlistment or Appointment (if an Officer) (a) Place Lindsay Ont (b) Date July 3, 1916

4. Personal description: 1 1/2" Est.

(a) Height 6 1/2 (b) Weight 222 (c) Complexion medium
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. mole on right arm

5. Former trade or occupation police man

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>Two</u> <u>2</u>	<u>298</u>

	PERIODS	
	From	To
Canada	<u>July 13 1916</u>	<u>July 23, 1916</u>
England	<u>July 23, 1916</u>	<u>20-4-17</u>
France or other theatres of War	<u>20-4-17</u>	<u>26-5-19</u>

7. Original disease, or injury Syphilis

(a) Date of origin Nov. 1918 (b) Place of origin France

(c) Cause infection

8. 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.)

V.D.S. - no disability
m.m.

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.)

Polio - no new or infectious lesions at present.
W. A. Sherman Reg. 14-5-19
Sgd. P. A. Williams Capt. U.S.A.

Sublymptoms - nil

(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).)

States he contracted sore throat 1918 in France
He has had full course of treatment.
CC sheet states 20-11-18. V.D.S.P

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).)

Scabies 19-10-17
P.U.O 23-12-17

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

see 4 F

11. (a) Did the disabling condition have its origin before enlistment? *no*

(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.)

na

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) yes (b) no*

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? *6 mos.*

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

has had full course of treatment.

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

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

suggested that he be dealt with in Canada in accordance CP Co 47 20-1-19

16. Can the former trade or occupation be resumed? *yes*

(If not, briefly state why)

17. Recommendations

W. J. Taylor Capt MC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

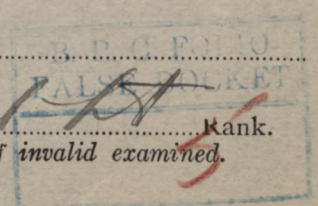
(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *A. Woods* 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

A.

A. Woods 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 the number of the answer criticised.

Concur.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) *yes 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. *It is suggested that he be dealt with on arrival in Canada in accordance with P.C. 47 of 20-1-19.* (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.)

R.T.C. under auth. A.G. 1A/8-1-155 of 4-1-19

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

Willy

DATE

26-5-19

[Signature] President.

[Signature] Members

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.

DATE

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

DATE recorded

[Signature]
Captain, D.A.D.M.S.
for D.M.S.
Canadians.

mb

Olympic 12/14/19

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

RANK LIEUT. NAME (IN FULL) WOODS ALBERT

18

M. OR S. _____

REGT. No. _____

IF IN P.F. WHAT UNIT? _____

PLACE OF ATTESTATION _____

DATE OF ATTESTATION _____

ASSIGNED PAY \$ _____

PAYABLE TO _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____

DISCHARGED _____

PLACE _____

DATE _____

REASON _____

AUTHORITY _____

IF ENTITLED TO POST DISCHARGE PAY _____

39 William St. Lindsay, Ont

23/12/16 - see remarks

17-6-19

Dem.

Do-184

yes

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
30.6.19																	ad P.M. boat 1 st 10/19 ✓ Redressing 6-30/19 ✓	
July		3 ⁰⁰															T.O.S. D.O. 175 ✓	
15.3 days	3		459	459													1/2 P.Y.A. 18-30-6-19 ✓	
			459	459													W.S.G. ✓	
			90	90													July 19 751590 ✓ 90 Aug 19 1048715 ✓ 118 Sept 19 1028161 ✓ 142 Oct 16 11464599 ✓	
30 days	3 ⁰⁰		90	90													W.S.G. PAID IN FULL ✓	
			90	90													273 March 19 1866563 ✓	

