C.E.F. REGIMENTAL DOCUMENTS

NAME BAIN, WILLIAM CECIL REGT. No. 10546 UNIT 4 C.I.BN H. Q. FILE No. 1851

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133 or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
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	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)				
	CARDS				
	PAY-SHEETS				

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY

DEMOB.

DESERTION

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

1st Line Transport C Co

660

ATTESTATION PAPER.

No. 10546

Folio. 34

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... William Cecil Bain
2. In what Town, Township or Parish, and in what Country were you born? ..... in Balmind County Ontario Canada
3. What is the name of your next-of-kin? ..... Name of parent Mr James Bain
4. What is the address of your next-of-kin? ..... Port Barwell Ont
5. What is the date of your birth? ..... 23 July 1895
6. What is your Trade or Calling? ..... fireman or oiling on steam boat or locomotive
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yess
9. Do you now belong to the Active Militia? ..... yess
10. Have you ever served in any Military Force? ..... nv
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yess
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... yess

W C Bain ..... (Signature of Man).

John Horan ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, W Cecil Bain, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

W Cecil Bain ..... (Signature of Recruit)

Date Sept 23 1914. John Horan ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W Cecil Bain, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

W Cecil Bain ..... (Signature of Recruit)

Date Sept 23 1914. John Horan ..... (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Valcartier this 27 day of Sept 1914.

W.S. Buell ..... (Signature of Justice)

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

Lt Col R.H. Labatt ..... (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

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Description of Wm Bain on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6 ins.

Chest measurement { Girth when fully expanded ..... 36 ins.
Range of expansion ..... 3 ins.

Complexion Dark

Eyes Dark

Hair Black

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

1 Vacc. Mark on left arm: Mole on Back

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date Sept 23 1914. ..... R Rutherford Capt.

Place Valcartier P.Q. ..... Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Wm Bain .....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... R St Labatt Lt (Signature of Officer)

Date 22 Sept 1914.

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CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. ~~Revoked~~

THIS IS TO CERTIFY that No. 10546 (Rank) Private

Name (in full) William Cecil Bain enlisted in

the 4th. Bn. C.E.F.

CANADIAN EXPEDITIONARY FORCE at Valcartier on the 23rd.

day of September 1914.

HE served in 4th Can. Inf. Battalion

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~.

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

Age 24.

Height 5'. 6"

Complexion Dark.

Eyes Brown

Hair Black.

Marks or Scars Scar on left shoulder. mole on back.

W C Bain
Signature of Soldier

Date of Discharge

No. 2 District Depot
Toronto, Ont.
APR 23 1919

Issuing Officer
For
O.C. No. 2 District Depot.
Rank

Date APR 23 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

660

33434

Rank and Name: BAIN Willia m Cecil

Regimental No.: 10546

Unit: 4th Battalion

Date of enlistment: September 22,1914.

Place of birth: 23.7.95 Haldimand Co, Ont.

Married (Yes or No): No.

If in Permanent Force

Name and Address of Next-of-kin: James Bain
Port Burwell, Ont.

Date and place of discharge

Reason for discharge

Character on discharge

N/E. R.B. No. 22586
File R.L.
Category CAN.OR

Promotions or appointments

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
26. 7. 15.	C.D.116. 4.	Gen. Disability.	#3 Can Field Ambulance.	13.7.15.	
9. 8. 15.	C.D.128. 4.	Influenza. Disc. 6 Duty.	—— ——	23.7.15.	
22.7.16	4th Bn.	Adm.t 30 Gen. Hosp.	Calais	10.7.16	G.S.W. L. Shoulder Slt 6b. A 416
24.7.16	" "	To 2nd Northern Gen. Hosp	Leeds	16.7.16	—— " — 6.b.B 123
15-8 16	" "	Admit to Kings Can Red+ Con Hosp	Bushey Park.	11 8 16	6 R B. 140 Gun shot wounds
26 7 16	66 a 6	6 Taken on strength	Folkestone	16 7 16	P H 0294
31 7 16	4th Bn	Inv + Trans to 66 a 6	In the Field	16 7 16	P H 630
26 9 16	—	Jfd to 66 H woodcote Park	Epsom	21.9.16.	C.C.B. 173. Gsw L Shldr
21-12-16	—	Dis. from " "	—— " —	1-11-16	— 242 Do.
2-11-16	66 a 6	From Woodcote Park Epsom	Shoreham	1-11-16	P H 0481-B

REPORTED TO C.C.A.C.

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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				
6-11-16	66th C.	Posted to Garrison Duty Depot for P.B.D.	Shorham	4-11-16	Pt II 487 D.
13-3-17	C.C.A.C.	S.O.S. on transfer to Regiment	Hastings	10.3.17	Pt. II D.O 119
		I ben ont			
19-2-17	Pte. [illegible]	To L. from 6.6.a.b.s	Sandling	10.3.17	Pt. III. 6.10
		and attch to 4th Bn			
3-6-17	ICCRD	cease to be Attch to 4th D on Com to Glynn Gap works	do	23-3-17	-55
14-5-17	ICCD	Ret from on Com to 4th D.	St Leonard	13-5-17	-71
25-5-17	ICCRD	ceases to be on Com Glyn Gap works ashewise Com to ICCD	Sandling	17-5-17	-77
					Pt II 0 243
18-11-17	"	ceases to be att; ICCD	"	17-11-17	Pt II 0 254 d/ 17-11-17 I.CCD
23-11-17	"	S.O.S. & C.A.M.C.	Sandling	22-11-17	~~Pt II~~ Pt II 0 35 d/ 23-11-17 Cam Dep.
1-12-18	S.O.E. Hdq	SOS from Cam Depot	Pte London	30-11-18	—129 Camp Depot Pt II 0 336 d/ 2-12-18
11-12-18	Petrograd Hdq	SOS from S.O.E. Hdq London	Pte "	30-11-18	—1. S.O.E. Hdq Pt II 0 1344 d/ 11-12-18
1-4-19	—" —	SOS to 4th Batt	Pte London	1-4-19	—— 71
14-4-19	C. Wing CCC	Sail to Canada	" Bushott	14-4-19	—12

49-1-175
14/4/19

TOTAL SERVICE WHERE ..... DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....

DESP. JUL 23 1925
REGN. NO. 13-164

DESP. NOV 29 1922
REGN. NO.

* CROSS O

M. F. W. 142.

1772—39—1171.
50m.—2-19.

com.

Number 10546. Rank ~~Gnr.~~ No.

Surname BAIN.

Christian Name William Cecil.

Units ~~C.F.A.~~ 4th Bde Can Inf. Theatre of War ~~France~~

Date of Service 11.2.15

Remarks

Latest Address Ingersoll Ont.

Roll No. Blage 18864

200m.-6-21.M.

No. 105-46 RANK Pte. NAME Bain W. C.

T. O. S. UNIT 13th Royal Regiment (O/S. Contingent)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 12 (& subsequent days)	1914 Aug. 23	✓		
Aug. 24 Sept. 22	Sept. 21 Oct. 31	✓	On 4th Bn. payist.	

UNIT SAILED OCT 3 1914

SURNAME. Bain

CHRISTIAN NAMES William Cecil

REGL. No. 185746 RANK

UNIT 4th Batt.

FORMER CORPS Canadian Militia

CARD No.

30 S 23/4/19 Demob

FOLL. 2

DO 118 - 28/4/19

E.C

NAME

REL

ADD

Bain, James.
R. N. S.
Ingersoll, Ont.

S.9.9.P. 12-12-19.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ont. DATE July 28th 1895

PLACE OF ATTESTATION Valcartier DATE Sept 22/1915

R/C. 21/4/19. 399/158. Gpl. 2½

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-18. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
10546	Pte.	Christian Names (1) William (2) Cecil (3)	Date A	

Place of Enlistment:	Date of	Taken on strength from	Religion	Inoculations 19-9-17	Company
Province: Que	Age on 20	Date 30-11-18	Bapt	Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
Date Proceeding	Date Admitted	Date taken on	

Record of Overseas Service: France 11.2.15 to 16.7.16

Profession or Trade (Civil) Loco Fireman

Reason for Return: Wounded

Transferred or Posted to Unit 15.4.19 Date

Married or Single Mrs. J Bain

Address of Next of Kin Port Barwell Ont

Country Canada

LEAVE.			
No. of Pass Issued	From	To	Free Transportation
	17.9.18	29.9.18	1½

A.G. 10435

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
179	1.12.18	S9			
184	11.12.18	S10			
bill	Hosp.				
1	11.12.18	S11			
71	[illegible]	[illegible]			

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LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
116.	No 3. Can. Fd. Ambulance.	13/7/15.	Gen: Disability
128.	No 3. Can Fd. Amb. Dis to Duty.	23/7/15.	Influenza
A416	#3 Gen, Calais	10-7-16	G.S.W. L. Shoulder
B123	2nd North. Gen., Leeds	16-7-16	" " " " "
B.140	King's Can. + Conv. Buskey Pk.	11-8-16	G.S.W. L. shoulder
~~B147~~	To Conv. Woodcot Pk. Epsom	21-9-16	" " " " " " 21-10-16 (Can. Div)
B 124	Discharged	1-11-16	" " " " " " Sick
B 242			

H. Q. FILE No. 649- 660

NAME Bain William Cecil

REGT'L. NO. 10546

RANK AND CORPS Pte. 4th Battalion

CABLE NO.	CABLE DATE	C. NATURE OF CASUALTY
M10110	21-7-16	Adm. to #30 Gen. Hosp. Calais July 10th (wounded slightly shoulder)
O8115 W.S.M.	27-1-17.	Discharged from Hosp. Nov. 1st attached Garrison duty depot permanent base

NO. 118.

FOLL. X

L. L. Job 83225 —M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

Name Bain, W.C. *Rank* Pte 660 *Reg. No.* 10546

Unit 4th VBatt

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
				116		
13-7-15	3 Can. Fd. Amb.		Gen. Disability			
23-7	—do—	Disc. to Duty		128		
10-7-16	No. 30 Gen Hos.	Calais	GSW L Shldr	A416	M10110	
16-7-16	2nd. Nrthrn Gen	Leeds	do	B123		24-7-16
11-8	King's Can Red X H.	BusheyPk	do	B140		
21-9	Conv. Hos. W.P.	Epsom	do	B173		
1-11	Discharged		do	B242		

Date	Movement	Place	Casualty	List No.	Notified N/K	O.	W.O. List

660 7 D.M.S. 1300.

Surname	Christian Name or Names		Reg. No.
Baun	W	C.	10346
Rank	**Unit**	**Co.**	**Troop** **Batty**
Pte	4 Batt		
Hospital			**Date of Admission**

Transferred 3 b F Amb Hosp. 13.7.15
30 Gen Calais Hosp. 10 7 16
Bearwood Pk Conv. Hosp. 20 7 16
Epsom Conv. Hosp. 24.7.16.

Diagnosis

(1) Gen Debility
Later Diagnosis (if changed) G S W L shldr Slt
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION **Date**

Da. 1-11-16

REMARKS

Bn 26.7.15 116
22.7.16 D4 16
23.7.16 B123
24.7.16 B124
15.8.16 B140
26.9.16 B173
" 21.12.16 B242

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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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				
26-7-16		Taken on strength C.C.A.C. Pt. II D.O. No. 294			
4-11-16		ATTACHED TRANSFERRED FROM C.C.A.C. TO 9 W.D. Shoreham PART II D.O. No.			G. C. Eldridge Lt. Adjt. C.C.A.C.
20/3/17	C.C.A.C.	Trans to 1st Can Ont Reg Depot	Shornecliffe	20.3.17	A.A./II 0075 A. D. Harris Lt. O. i/c Records & Dispatch, For Lt. Col. Commanding, Canadian Garrison Duty Depôt.
10-5-17		Despatched to 1st C.C.D.	St Leonards	10-5-17	Auth. Lst. O.C. Tps. Hast. Ref. 22-20 L. Eldridge Lt & Adjutant C.G.D. Coy Hastings

Leaves to be attached on proceeding to 1st Res Bn. Part II D.O. No. 3-17-11-17
Charabaz
Adjutant,
1st Canadian Command Depôt,

W.L.B. Class A. 660 C. Inf. 22011

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

187 262

Casualty Form—Active Service.

Regiment or Corps 4th Batt 1st Brigade C.E.F.

Regimental No. 10546 Rank Pte Name William Cecil Bain

Enlisted (a) 22.9.14 Terms of Service (a) 1yr. & for War Service reckons from (a) 22 Sept 1914

Date of promotion to present rank } ____ Date of appointment to lance rank } ____ Numerical position on roll of N.C.Os. } ____ C Inf 22011

Extended ____ Re-engaged ____ Qualification (b) ____

Report: Date	Report: 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.
	O.C. 4th Batt	Arrived in France	St. Nazaire	11-2-15	NR
18-7-15	OC. 2. C.F.A.	Gen Disability Trans	3 Can. F. Amb.	13-4-15	A-36.
25-7-15	OC. 1 Con Camp.	Influenza	Returned to Duty 4th Batt'n	23-7-15	A-36
13-9-15	OC 4th Bn.	Rejoined Unit from Hospital		24-7-15	43-7-4.
10-7-16	OC 30 Gen H	G.S.W. L. Shoulder. adm.	30. Gen. Hosp	10-7-16	W 3034.
16-7-16	Newhaven	do Trans	to England	16-7-16	W 3083. Part 2 Orders No 30 d/-31/7/16
16-7-16	OC CCCS	G.S.W. L. Forearm Adm	No 3 CCCS.	10-7-16	A 36 D & R 340
16-7-16	do	do Trans.	A T No 18	do	A 36 " 340
16-7-16	OC. 2 C F A	do Adm	No 2 C F A	10-7-16	A 36 " 340
16-7-16	do	do Trans	3. C C C S	10-7-16	A 36 " 340

17 AUG 1916

LIEUT.
FOR LT COL.
A.A.G.

(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.

3

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M. F. W. 54. (A. [redacted]. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 10346 Rank Pte. Name William Cecil Bain
C. E. F.

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

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*) .....

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				
APR 15 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919			PART II D. O. 118
APR 23 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 113

W C Cohen Lieut.
For O. C. No. 2 District Depot

(*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.

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				

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Army Form W. 3172.
(In pads of 50.)

Hospital

Ward Jellicoe No. of Bed 34 Date

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
10546	Bain W.C	4th Canadian	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

G.S.W. left shoulder
? fracture

Signature of M.O. [illegible]
Date July 23/16

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate
X Ray Thursday Aug 3/16 Cab 9 45 a

No evidence of injury to bone or joint.

Signature of Radiographer F. J. Stansfield
Date Aug 7/16. CAPT. R.A.M.C. (T)

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

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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				
1.12.18	Lond. Lon. Hosp.	2.O.S. from Camb Res. Training Sqn.	London	30.11.18	Ct. to Do 12.9.
11.12.18	Lond. Hosp	Lost to Can. Red. Cross officers Hospital Petrograd Hotel	London	30.11.18	Ct. to Do 13 "
11.12.18	CRCoSS. Petrograd Hotel	Lost from Lond. Hospital	London	30.11.18	Ct. to Do 1
1-4-19	CRCoSS. S.O.S	Lost to 4th Batt. PROCEEDED TO CANADA Part II orders.	London	1.4.19	Ct. to Do 7/ 12/12/1919 12/4/19
					A.C.G. Bennett Lt-Col. Came
		OLYMPIC SOUTHAMPTON 15/4/19 W. P. Sully CAPT. ADJUTANT R.M.T.	B.B. Dalwood Lt		Lt VEUT. COL. COMMANDING 4TH CANADIAN BATTALION.

Army Form B. 103. 660 Regimental Number 10546

Casualty Form—Active Service.

Regiment or Corps

Rank Pte. Surname Bain Christian Name W. C.

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

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
19/3/17	1st C.O.R.D.	T.O.S. 1st C.O.R.D.	West Sandling	19/3/17	Pt. II D.O. No. 10
31/5/17	-do-	attd to 1st C.O.R.D.	-do-	23/3/17	-do- 55
25/5/17	-do-	Cease to be attd to C.O.R.D	-do-	17/5/17	-do- 77
22/11/17	1st C.O.R.D.	S.O.S. on transfer to C.A.M.C.	West Sandling	22/11/17	Pt. II D.O. No. 357
			H. Clowes Lieut. & Adjt. for O. C. 1st C. O. R. D.		
23-11-17	C.A.M.C. Depot	20th from P.B.O.R.S.	Shoreham	23/11/17	A.2.D.O. 327
2/12/18	O.C. C.A.M.C. H.Q. 1st Depot, C.O.R.D.	16 D.E. Hosp. London	do	30/11/18	A.2.D.O. 336
			A. Stewart Capt. Adjutant For O.C. C.A.M.C. Reserve Depot		

(*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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

C.A.D.C. 5009A

660

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

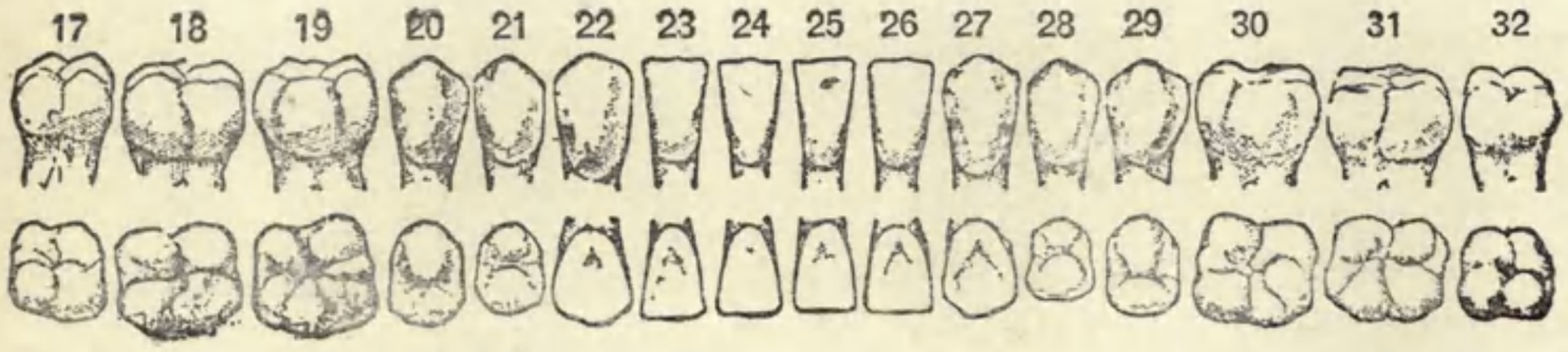
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BAIN, W.S.

REGIMENT C. A.M.S. RANK Pte No. 10546

Date of Examination in England Mch. 17th 1919 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 —
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (*a*) Full Upper —
   - (*b*) Part Upper —
   - (*c*) Full Lower —
   - (*d*) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (*a*) In Canada —
- (*b*) In England yes
- (*c*) In France —

Signature of Dental Officer E. J. Kelly. Capt. C.A.D.S.

Certified this document checked with Regimental documents

P. 380.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names William Cecil 2. Surname Bain

3. Rank Pte. 4. Original Unit 4th Bn 5. Reg. No. 1054 6.

6. Address, in full, to which future payments of gratuity are to be forwarded Canadian Bank of Commerce Ingersoll. ont.

7. Date of enlistment in the C.E.F. 23rd. September 1914.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None

9. Relationship of such dependent Not applicable

10. Address, in full, of such dependent Not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable

12. ~~Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—~~ A.E.W.

13. ~~Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?~~ A.E.W.

14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service~~ A.E.W.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served (5½ months) 4th Bn. 1st. B.D.R. Depot. Can. Depot. C.R.C. & Hosp. London.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department .. No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5431. Wt. /30P. 150,0.0(8). 2/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No.

20. ~~Have you been issued with a War Service Badge? If so what class?~~ A.E.W.B.

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. ~~Are you now serving in the C.E.F.?~~ ~~If not, give: (a) Date of discharge~~ APR 23 1919 1919 ~~(b) Reason for discharge~~ DEMOBILIZATION A.E.W.B.

25. ~~Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit~~ A.E.W.B.

26. ~~Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit~~ A.E.W.B.

27. ~~(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~ A.E.W.B.

~~(b) If so, are you in receipt of full pay and allowances from that Department?~~

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: W C Bain

Place of Residence: Ingersoll. Ont.

Declared before me at: London

This 27th day of March 1919

A.E.W. Bennett

Lt.-Col Cmdg

17 N. Andles St. London

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct

District Paymaster.

660

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	10546	Pte	Bain	W.C.
	Unit. 4th Batt		Age. 22	Service. 3/ 17/12

Station and Date.

Disease G.S.W. L. Shoulder

On July 9th at Ypres was hit by shrap. which entered the L. shoulder over the L. scapula. no complecations. Sent to No 30 Gen. Hosp. Calais where operation was performed and Shrap. removed. On July 16th sent to 2nd Northern Gen. Hosp. Leeds. Dressings applied. Sent to K. C. R. C. C. Hosp. Bushy Park. Aug. 10th 1916.

THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL
BUSHY PARK
10 AUG 1916
HAMPTON HILL
ORDERLY ROOM

Born at

Hagerville Ont.

~~Married or~~

Single

Occupation

Farmer.

Enlisted at

Hamilton.

On

Aug. 9th/14

T. Inoc.

4

S.V.F.

1

Treatment

Disposal

Reason

Present Condition

Considerable discharge from flat granulating wound.

Dressed one wk J.B.A

Aug 22 Wound not healed.

Dressed One Wk. J.B.A

Aug 29 Wound healing. cannot abduct arm. Much wasting in deltoid

Dressed One Wk

Sept 5 Wound almost healed.

Dressed One Wk

J.B.A

Sept 12 Wd nearly healed Epsom 2 wks. J.B.A

Movement much improved

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

660

Station and Date.	
	Sept. 19. Much improved Wounds healed. Epsom Station. J.D.A.
20.9.16	Transd Epsom W.D. Lyn Captain.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
17732-39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mrs James Bain

Name of Soldier Bain Wm Cecil ~~Basil~~

10546 Pte. Staff 4th Bn

20.00 June 16 Remarks.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		B 6245	20	
July		M 11301	20	
Aug.		B 11658	20	
Sept.		K 15796	20	
Oct.		K 20180	20	
Nov.		K 24773	20	
Dec.		C 33575	20	
Jan.	1917	T 37006	20	
Feb.		T 42934	20	20 R
March		V 44364	20	20 R
April		J 48 1	20	20 R
May		T 6373	20	
June		U 13027	20	20.
July		Z 19706	20	
Aug.		V 26596	20	
Sept.		U 32863	20	
Oct.		F 46645	20	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

a/c.

MILITIA AND DEFENCE

ASSIGNED PAY

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.				

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs James Bain,
Address Port. Burrell
Out

By Whom Assigned Bain Wm Cecil
Regtl. No. 105-46
Rank Pte.
Corps Staff 4th Bn

Rate 20.00 June 1/16 2 m 22 5/16 A&R

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME BAIN, William Cecil

Regimental No. 10546

Unit 4th Battalion

Date of enlistment Sept. 22, 1914

Place of birth: Haldimand Co., Ont.

Married (yes or no) No

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

James Bain

Port Burwell, Ont.

Date and place discharged

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914																
22. 9	31-10	40	1	40	40	10	4		44			44			44	✓
1. 11	30. 11	30	1	30	30	10	3.		33			30			30	
1. 12	31-12	31	1	31	31	10	3 10	3.	37 10			25			25.	
1. 1	31 1	31	1	31	31	10	3 10	12 10	46 20			45 25			45 25	
1. 2	28. 1	28	1	28	28	10	2 80	95	31 75							
1. 3	31. 3	31	1	31	31	10	3 10	31 75	65 85			9			9	
1. 4	30. 4	30	1	30	30	10	3 ·	56 ~~85~~	89 85			3			3	
1. 5	31. 5	31	1	31	31	10	3 10	86 85	120 95			3			3	
1. 6	30. 6	30	1	30	30	10	3	117 95	150 95			5			5	
1. 7	31. 7	31	1	31	31	10	3 10	145 95	180 05			7			7	
								173 05								
		Adjustment of exchange						4 57								
1. 8	31. 8	31	1	31	31	10	3 10	177 62	211 72			2 74			2 74	
1. 9	30. 9	30	1	30	30	10	3 ·	208 98	241 98			8 10			8 10	
1. 10	31. 10	31	1	31	31	10	3 10	233 88	267 98							
1. 11	30. 11	30	1	30	30	10	3 ·	267 98	300 98							
1-12	31-12	31	1	31	31	10	3 10	300 98	~~342 8~~ 335 08							
1/1/16	31/1/16	31		31	31		3 10	335 08	369 18			2 68			2 68	
1. 2	29. 2	29.		29.	29.		2 90	366 50	398 40			109 09			109 09	
				526			52	02 89 31				293 86			293 86	✓

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					
				526			52 60					293 86			293 86	
Mar 1/31		31	1	31	31	10	310	78931	323 41			1308			1308	
								310 33								
				557			55 70	457	61727			30694			30694	
				557	✓		55 70	457	61727 ✓			30694			30694	310. 33. Balance

BALANCE TRANSFERRED TO NEW LEDGER.

Checked E Palmer

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

529 Date of Assignment June 1. 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

1-6-1-B-1.

8

PARTICULARS OF SEPARATION ALLOWANCE

No. 10546

Rank Pte Promoted Reverted Discharge

Soldier's Name Drillagn Cecil Bain

Battalion 4th Battn Staff

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. James Bain

Address ~~P.O. Box~~ Burrell Ont.

Change of Address 10/12/17 HB

1 Ingersoll Ont

2

3

4

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total	
Sept.			320	320	
Oct.	F 66645		20	20	
Nov	C 53561		20	20	
Dec	D 57079		20	20	M
Jan	a 55666		20	20	M
Feb	B 95505		20	20	
Mar.	A 91843		20	20	
April	I 8575		20	20	R
May	c 9973		20	20	D.
June	B 18324		20	20	
July	y 31248		20	20	
Aug	G 23943		20	20	
SEP	a 40817		20	20	
OCT	G 47438		20	20	
NOV	a 55527		20	20	
DEC	B 66181		20	20	
Jan/19.	B 74557		20	20	
	A 81281		20	20	
MAR	D 86767		20	20	
APR	L 3783.		20	20	
MAY			700	700	

REMARKS 749-W-26

AUDITED.

A/c Closed 30-4-19

Ret'd per Olympic

Date 21-4-19 M.F.W.187 29-4-19 (2nd)

Clerk H Lachter

M.R.O. 98505 send to dis 30/4/19

CONSOLIDATED ACCOUNTANCY

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7883.

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at I9.9.I7. 1917

No I0546. Rank Pte. Name Bain. W.C.

Local Unit Ist C.C.D.(3rd Res Battn) Overseas Unit 4th Battn. Age 23.

Examination held at East Sandling.

DISABILITY.
Overseas ~~Local~~
(scratch one out).

G.S.W.LEFT SHOULDER.

PRESENT CONDITION.

Has been in Garrison,Duty Co and C.C.D. since Oct. I9I6. Is now fit except that he has a somewhat tender scar on top of left shoulder, sixe 2 inches in diameter. Cannot carry pack without pain.

BOARD RECOMMENDS :— B.II.

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge .....

Signatures :—

T. Members { L.Hyttenrauch. Capt. President
H.A.Mitchell. Lt.
.....

APPROVED

Dated 20 SEP 1917 1917.

L Hyttenrauch CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

For A.D.M.S.

Form D.M.S. 1394.
7004.—100M—12/17.

B x 2

660

PROCEEDINGS OF A MEDICAL BOARD.

Dated at East Sandling Sep 19 1917.

No 10546 Rank Pte. Name BAIN W.C.

Local Unit 1st CCH (3rd Res Bn) Overseas Unit 4th Bn. Age 23

Examination held at E. Sandling

DISABILITY.
Overseas—Local
(scratch one out).

q S.W. left shoulder.

PRESENT CONDITION.

Has been in Garrison duty to and C C D since Oct 1916. Is now fit except that he has a somewhat tender scar on top of left shoulder size 4" x 2" in diameter. Cannot carry pack without pain.

BOARD RECOMMENDS :—

B 2

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge .....

Signatures :—

Members { Hytenrauch Capt Camb. ..... President.
Hamilton Lt. .....
.....

APPROVED 20 SEP 1917

Dated.....1917.

Hytenrauch CAPT
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

For A.D.M.S.

PRESENT CONDITION

1515

660

B/1515

Form R & O 6045
1238-130M-29/11/16

PROCEEDINGS OF A MEDICAL BOARD.

Dated at St Leonards 19-5-17 1916.

No. 105746 Rank Pte Name Bains, Wm. C.

Local Unit ..... Overseas Unit 4th Bn. Age 21

1st CANADIAN COMMAND DEPOT.

Examination held at .....

DISABILITY.
Overseas—Local.
(scratch one out)

G.S.W. Shoulder

PRESENT CONDITION.

Recovered.

M.I. Class II

BOARD RECOMMENDS:—

1. Fit for Duty ..... Yes

2. Fit for duty after .....weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

Members { Elgin Capt ..... President.
....
....

APPROVED

Dated at .....1916. .....

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19 6.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Over-seas - Local.
(Scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS :-

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures :-

..... President.

..... Members

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

"OLYMPIC" 21-4-19

DISPLEASAL P B4343

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. 10546 | RANK Pte. | NAME (IN FULL) BAIN T.W.C.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Red X Hosp. Lab. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Can. Bk of Commerce, Ingersoll, ONT. | DATE | AUTHORITY

DATE OF ATTESTATION 23/9/14. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 30.4.19 Closed by Ottawa (England)

PAYABLE TO Mrs J. Bain | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Ingersoll Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto. | DATE 23-4-19 | REASON Demob. | AUTHORITY D.O. 118 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							99	91	99	91																								99	91	Bal. Ex. 2 P.C.
					35	00																													Clothing allowance
					70	00																													1st Payment W.S.G.
																	487	5 00																	Boat & train charges
									105	00					CR.		195	04													204	91				
																							70	00												W.S.G. Paid as above
	W.S.G.																Date.										7	70								
183 days	420						420		420								23/4/19.														77	10	342	30			Due Soldiers
																	Aug 16	344488					70								143	20	533	50			
																	Jan 17	661949					63	30							310		310				
																	AR 89 July 14	475233					70								280		140				
																	AR. 118 Aug 14	1340063					70								350		70				
																	AR 88 Feb 15	1310889					71								420		—				
									420														412	30				7	70		420		832				

T.O.S. 15/4/19 D.O. 118

SUBS. TO D.O.

W.S.G. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1.6.16	EFFECTIVE DATE:-	
AMOUNT:-	2 00	AMOUNT:-	

NAME:- BAIN Wm. Cecil

NUMBER:- 10546

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Mrs. James Bain Port Burwell Ont.	
Re. wife A.C. of 31/4/19. 6 Blue. 99 Embkd Canada Auth. AR. 5785. London 3/5/19 Boarstaff	

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
~~308 82 24/11/18~~ 205 129 1/12/18	~~25-11-18~~ 30-11-18	~~Pte~~ R Pte
505 2071 16/1/19	7-11-19	

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
327: 23/11/17		1.1.18	Canada Dept.
AR 1.1.19		1.2.19	2 a 0 Rx. Hqs
R	1-4-19	15/4/19	NE "N"

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
26/3.		London £6	~~29 10~~				
31/3.		" £1.	~~4 87~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
~~129 82 26-12-18~~	1	10		
2071 1-4-19	1	10		1 —

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH ~~1917~~ 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR 4.	BALANCE	DEFERRED	SEPARATION
Jan. 31									243 15	75	
Apr.	P.P.	33.							276 15		
				AR 64: 12/4/18 Canada A/6	9 13				266 42		
				AR 323: 28/4/18 Canada A/9	9 13			20	246 42		
				2292 26/4/18 " "	18				236 69		
		33			19 64			20	236 51		
May	P.P.	34 10							270 61		
				AR 465: 13/5/18 Canada A/3	9 13			20	250 61		
				" 915 29/5/18 " A/6	14				240 88		
				" 697 " " "	4 87				240 74		
		34 10			14 74			20	235 87: 75		
June	P.P.	33							268 87		
				AR 1133: 14/6/18 Canada A/3	9 87			20	248 87		
				1249 28/6/18 do A/11	9 73				239		
		33			19 60			20	229 27 75		
July	P.P.	34 10									
				AR 1426: 15/7/18 Canada A/3	7 42			20	243 37		
				1524 26/7/18 " A/10	7 30				235 95		
		34 10			14 72			20	228 65		
Aug	P.P.	34 10									
								20	242 75		
				AR 1644: 13/8/18 Canada A/3	7 42				235 33		
				1767 29/8 " A/10	9 73				225 60		
				2400 5.67: 19/8 " A/10a	1 32				224 28		
	Fwd	34 10			18 47			20			

NUMBER 10546 RANK A/B NAME BAIN. Wm. Cecil

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
May	Bal								224 28		
Sep	PP	33									
								20	237 28		
				MR 1816 12/9 Camed C 3	38 9 3				198 25		agmd 8.11.18
				2041 27/9 " a 14	7 3 6				191 05 75		
		33			4 6 23			20			
Nov	PP	34 10									
								20	205 15		
				MR 2199 14/10 Camed C 32	7 42				197 73		
				2374 29/10 " 38	7 30				190 43		
		34 10			14 72			20			
Dec	PP	33									
								20	203 43		
				MR 2530 15/11 " 8	7 36				196 07		
				CP 73962 30/11 32	4 87				191 20		
				MR 2662 29/11 Camed 32	7 30				183 90		
				CP 75879 3/12 42	73				110 90		
	Dec	34 10									
								20	125		
Jan		34 10						20	139 10		
				15-0-0 3/12/18							
				MR 88544 18/12 Law by CORTH 83	29 20				109 90		
				" 82261 12/12 Law 086	9 23				100 17 75		
		101 20			131 46			60			
Feb	Can Subst 30 11/1/16 31/12/16 31 days @ 1.50 11/1/16 31/1/19 31 days 1.50	78 50		Forfeits 1 day pd to awd 15/12/18 5 PM to 4 PM 16/12/18		2 10			176 57		
				MR 2055 Law 9/1/19 —	19 47				157 10		
				- 15747 — 22/1/19	24 33				132 77		
	8th	72 80		Can AR				20	185 57 75		
				AR 34376 Law 3/2/19	53 53				132 04		
				- 34288 — 12/2/19	29 20				102 84 75		
				AR 4469 46-2-19	29 20				73 64		
Mch		80 60		Can AR				20	134 24 75		
				AR 48823 Law 12/3	29 20				105 04		
		33		Canadian Apl.	184 93			20	118 04		
Apl	30.								119 54		
	1 day Subsistence	1 50							133 98		
	Intent det pay	14 44									
		500 84		AR 53844 Law 26/3	29 20				104 78 75		
				CP 50191 — 31/3	214 13 4 87				99 91		
		280 84		Total	219 00	2 10		60			75

Left

S.O.S TO CANADA 14.4.19
S LIST No 49

MARRIED OR SINGLE S.

PLACE OF BIRTH Haldimand Co. Ont.

NAME AND ADDRESS OF NEXT OF KIN James Bain Port Burwell, Ont.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 10546 RANK Pte NAME Bain William Cecil

IF IN PERMT. CORPS WHAT UNIT UNIT 4th

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION Sept. 22 1914.

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1st June 1916.

PAYABLE TO Mrs James Bain, Port Burwell, Ont. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

1st C. Dn. 10

TRANSFERRED TO C.C.A.C. DATE 1.8.16 AUTHORITY 60.30

TRANSFERRED TO 2nd CCD. DATE AUTHORITY

TRANSFERRED TO 1st C.C.S. DATE 11.8.17 AUTHORITY "

TRANSFERRED TO 1st C.D.R.D. DATE 1-11-17 AUTHORITY "

" Camp Dept 1-1-18 " 327 23/4/17

C.9.

DATE 1916.	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C.	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			55				55	70						457	617	24											306	94								
Apr 1/30	30	1	30		30	10	3								33											96				306	94	310	33			
May 1/31	31	"	31		31	"	3	10							34	10	1st C. Div.	980	8 1/16							261						343	33			
June 1/30	30	"	30		30	"	3								33		" "	1088	8 3/16							261						822	37	21		
July 1/31	31	"	31		31	"	3	10							34	10	1046	36 1/16		7096	C.R.O. 15.16					255						385	21		
8 31/8/16	31		31		31		3	10							34	10				7343	C.R.O. 15.16					255						391	66		
9 30/9/16	30		30		30		3								33											243						405	76		
10 31/10/16	31		31		31		3	10							34	10										244						400	14		
11 30/11/16	30		30		30		3								33											267						380	62		
																										243									
																										244									
																										243									
																										267									
																										243									
																										267									
12 31/12/16	31		31		31		3	10							34	10										487						399	63		
1 30/1/16	30		30		30		3								33		1011	2/11	37	9/11	3001	24/10	29/11/16	243	487	487	97	33	20	1295	0	300	13	95	228	13
2 31/1/16	31		31		31		3	10							34	10								973	243					396	46	294	44		
Jan.			837	20			83	20																	730										
1917 1-31	31	1/3	34	10											34	10								487	730				20	321	70	249	70		
28	28	1/10	30	80											30	80								486					20	248	60	205	60		
			980	10										457	984	67								2444	2190	4842	4042	7180		6790	3				

Checked. [illegible]

10546 Pte Bain W. C. — A. P. $ 28.00

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
			980	10										4 57	984 67	1076	31/12/17	1400					
Mch	31	10%	34	10											34 10	1005	1/1/17	1400	1/3/17	1139	KRX 31/12/17		
Apl	30		33	.											33 .								
May	30		33	.											33 .								
May	1		1	10											1 10					16	1/4		
June	30	1st	33	—											33 —					169 1st 66D	31/8/17.		
July	31		34	10											34 10								
Aug	10		11	—											11 —								
	11/31		23	10.											23 10.								
Sept	30		33												33 —	333	17/5	955	38/7				
																523	16/6	745	18/7				
																		666	27/6				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
24 44	21 90	48 42	4 04 27	180 —		679 03	305 64				
4 87											
4 86	9 74	3 43		50 —		4 90	3 47 84				
				20		20 .	3 10 84				
				20		20	323 84				6 2nd CCD 31/5/17.
		9 74				9 74	315 20				
		7 67		20 —		27 67	320 53				
				20		20	334 63				
											2 1 CCD 31-8-17
				20		20	325 63				
							348 73				
4 99	9 76										
9 85	9 73			20		64 04	317 69				
	9 74										

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENS.
		317 69							317 69		
Oct 31	Bal. pay	34 10					20		322 06		
		34 10		1319 1 CCD 12.9.17.		9 73					
Nov	P.P.	33 —		@ A.P.			20				
Dec	P.P.	34 10		A/R 1340. 31.10.17							
				DN A/R 1345 31/9/17 1 CCD.		9 73					
				DN 858 48 AR 1034 12/11/17.		9 74					
				D.& A.R. 982 28/10/17 Cancelled		4 87					
				C.A.P.		2134					
1918		6 10					20		32 82		
Jan 1	Pay	34 10					40				
							20				
				A/R 1038 17/12 Cancd.		1460					
				DN A/R 1175 28/8. 1 CCD.		9 73			358 92		
				" 1546 16/10 do.		9 73			735		
				" 1755 14/11 do		9 73					
				" 1592 26/10 do		9 73			285 40		
		34 10				5352	20				
Feb.		30 80		" 1198 16/1 Cancd		9 73			316 20		
				" 1364 30/1 "		1 30			37 03		
				A/P			20		279 17		
		30 80				1703	20				

1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENS.
Feb	Balance								297 17		
Mch	P.P.	34 10					20				
				A/R 13/2 Cancd (2/1)		3893					
				DN A/R 4/23 1 CCD 21		486					
				A/R 27/2 Cancd 25		973			331 27		
				1992 5/3 do 28.		1460			88 20		
				2703 10/4 W'cliffe. 31		682			242 15		75 02
		34 10				6812	20				

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PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this day

of , 191 .

President.

ST. C.P., KINGSWAY, W.C.
30,000—27/4/16—10533.

660 B-1-54

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Epsom

Date Oct 23rd 1916

1. Unit 4th Bn
2. Regimental No. 10546
3. Rank Pte
4. Name Bain W.C.
5. Age last birthday 22
6. Enlisted { on Aug 16th 1914 / at Hamilton Ont.
7. Former Trade or Occupation } M/Fireman

8. **Disability.**

Gsw left shoulder.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. July 9th/16
10. Place of origin of disability. Ypres
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. On July 9 a piece of shrapnel struck him on left shoulder just below the left ~~scapula~~ clavicle. He was taken to Calais where he was operated on & shrapnel removed. he was here 7 days. Then to Leeds 3rd Gen Hosp. 3 weeks. To Bushy Park 6 weeks then Epsom.
12. (*a*) Give your opinion as to the causation of the disability. Gsw left shoulder
(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3.*) I— yes
To being wounded

* 660

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Top of left shoulder tender especially the rear which is such a position as to interfere with carrying packs. I consider it will take 4 or 5 months before all the tenderness has gone from this rear.

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy? Yes

(*b*) On active service? yes

(*c*) On duty? yes

(*d*) Off duty? no

15. Was a Court of Inquiry held on the injury? Not at this date

If so—(*a*) When? do

(*b*) Where? do

(*c*) Opinion? do.

16. Was an operation performed? If so, what? Not at this date Yes & removal of shell

17. If not, was an operation advised and declined? Not at this date

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not at this date

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION.

19. Do you recommend

(*a*) Fit for duty? yes

(*b*) Fit for base duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit?

10 OCT 1916

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

W. E. Brun Capt CAMC

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Epsom

Date Oct. 15, 16.

W. Boyce Capt. CAMC

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

* 660

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.		
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?		
21. Has the disability been caused or aggravated by		
(*a*) Intemperance?		
(*b*) Misconduct?		
22. Is the disability permanent?		
23. If not permanent, what is its probable minimum duration? *To be stated in months.*		
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? *In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.*		
25. If an operation was advised and declined, was the refusal unreasonable?		
26. Do the Board recommend		
(*a*) Fit for duty?		
(*b*) Fit for base duty?		
(*c*) Invalided to Canada?		
(*d*) Discharge as permanently unfit?		
27. Remarks.		

Signatures:—

_____ President.

Station _____ _____ Members.

Date _____ _____

Approved.

Station _____ _____

Administrative Medical Officer.

Date _____

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4

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.

Yes we concur but consider award disability (flat feet) is permanent.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Boarded for return to Canada Asst. A.S.T.C. 9083 11-11-18

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

PLACE 13 Berners St London — H.C. Hadaman Capt CAMC — President.

DATE 19/3/19 — Maj Capt CAMC — 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.

.....President.

PLACE..... — Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE..... Major, C.A.M.C. for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE MAR 19 1919

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS LONDON AREA. 13, BERNERS ST. LONDON, W.1

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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 3 Southampton St Strand London. DATE 13.3.19

1. 1 (a) Unit 1st Can Batt'n (b) Regimental No. 10546 (c) Rank Pte.

(d) Surname BAIN (e) Christian name William Cecil

(f) Home address Ingersoll Elgin Co. Ont. Canada

(g) Next of Kin James Bain (h) Relationship Father

(i) Address of Next of Kin As above.

2. Age last birthday 24 yrs. Date of birth 23rd July 1896.

3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton. Ont. (b) Date 22nd Sept. 1914

4. Personal description:

(a) Height 5 ft 6 in (b) Weight Estimated 160 lbs (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar on left shoulder. Mole on back

5. Former trade or occupation Fireman

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	Periods From	Periods To
	Four	One hundred and seventy three days. (173)		
Canada			Sept. 22nd 1914	26th Sept 1914 (man's statement)
England			Sept 26th 1914 July 16th 1916	Feb 16th 1915 statement (man) Aug 13th 1919 (man's statement) July 16th 1916 statement
France or other theatres of War			Feb 16th 1915	

7. Original disease, or injury I Laceration Shoulder (left).
II Flat feet (R + L)

(a) Date of origin I July 9th 1916 (man's statement) II Jan 1915 (statement) (b) Place of origin I France II Canada.

(c) Cause I Shell Wound. High Explosive.
II Unknown.

M. F. B. 227.

300M.—8-18.
1772-89-117.

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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.)

(ADHERENT TAB)

~~Moderate~~ I Partial loss function shoulder joint (left)

— II (Flat feet) Slight weakness of plantar arch (R & L)

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.)

I. (Objective. Elliptical scar over supra spinatus muscle outer aspect. about 3" by 1½". Some loss of tissue beneath scar. Slight loss of function in hyperextension of left arm.

II Subjective. Some stiffness and pain in hyperextension of left arm. more marked in damp cold weather

I. (Objective. Both feet (R & L) flattened. Flaccid type.

II Subjective Complains of pain in both feet after walking some distance. Has never fallen out on a route march.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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).)

I. Man enlisted in the Army July 1916 and was hit by high explosive in left shoulder on July 9th A.F.B 178 states man treated at C.S.H Epsom for G.S.W. L. shoulder from 20/9/16 to — Given board Shoreham 31/10/16 Fit for base duty.

II. Man states he had flat feet prior to enlistment and states that they became gradually worse since

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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).)

Suffered from sore throat prior to enlistment 1912. Man states he had fainting fits in June 1915 and was treated at No I. C.C.S. (Cdn) Bailleul. (No documentary evidence).

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

Mole on back about ¼ in in diameter

11.—(a) Did the disabling condition have its origin before enlistment? I No. II Yes.

(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.)

I N.A.

II Yes.

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

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? I. Six months. II. Six months.

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

AF, B, 178 I. C.C.S. Epsom 20/9/16. Given P.T. in this hospital, Improving Discharged to C.S.A.C.

II No treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations

C. Cavanagh Major. C.A.M.C.
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 W. C. Bain Pte 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 B & H

W. C. Bain Rank.
Signature of invalid examined.

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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.
Shorncliffe 31st Oct/16	Fit for Base duty J Magee Captain C.A.M.C. for A.D.M.S., Canadians, London Area
May 18/17	1st CANADIAN COMMAND DEPOT. [illegible] D.T. [illegible]
	T.A.B. Flynn Capt. C.A.M.C.
	Date 10 MAY 1917 C.C.D.
19.4.17.	Sanitine. B2 Hytterauel Cpl CAMC
29-4-18	Aii H Fleming Capt
T.A.B. 2	Middle Hyn v. 19.18 Hyn.
Lawson	Bii (T.A.B.) B.C. Halifax Expressed

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

2nd ORIGINAL Cont. 22011 Bx 2 660

Temporary ORIGINAL Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Bain Christian Name W. C.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Halimand. County Ontario

Examined ... ... on 23rd day of Sept 191 4
at Valcartier.

Declared Age ... ... 20 years days.

Trade or Occupation ... Fireman or Oiling on Steam Boat or Locomotive

Height ... ... 5 feet, 6 inches.

Weight ... ... lbs.

Chest Measurement — Girth when fully Expanded. 36 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks — Arm ... Right Left ✓
Number 1

When Vaccinated ... ...

Vision ... ... R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) Mole on back

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) Sgd. R. Raikes
(*Rank*) Major
Medical Officer.

Enlisted ... ... at Valcartier
on 22nd day of Sept 191 4

Corps.	Regtl. No.
Joined on Enlistment ...	
Transferred to ... ... 4th Can Inf Bn	10546

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L.

[P.T.O.

Referred but passed as being in order
E Macnaie Lieut Army

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Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
C.C.H. Epsom	20	9	16				G.S.W. L/F Shoulder		Under treatment for	M.O. Senr Capt
							Abdo.		over	
									first & middle thirds of Clavicle	
									interfering with pack straps.	
									Has been in P.T. in this Hospital	
									Improving	
									Discharge Sd to CCAC 179.	

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. ~~Triplicate~~ Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. ~~Last Pay Certificate (P. 851).~~ & duplicate
13. [illegible] (A.F.B. 178).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 1 [illegible]

[illegible]

Date 9-4-19

War Service Badge Class "A" No. A 78216

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O.C. 21 Dec. 28/11/33

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M H

1. No. 10546
2. Rank. Private
3. Name. BAIN William Cecil
4. Unit. 4th Can. Inf. Battalion
5. Date of Discharge APR 23 1919 Place Toronto Ont
6. Reason for Discharge Demobalization
7. Authority. No. 2 District Depot, Part II. D.O. No. 16
8. Proposed Residence after Discharge Ingersoll Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

William Cecil Bain
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date APR 23 1919

[illegible]
For
O.C. No. 2 District Depot.

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

K. C. D
SR 21-3-20

C