

ATTESTATION PAPER.

No. 72111

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *William John Walker*
2. In what Town, Township or Parish, and in what Country were you born?..... *Five Mile Town - Tyrone - Ireland*
3. What is the name of your next-of-kin?..... *Mother - Mrs. M. Walker*
4. What is the address of your next-of-kin?..... *Five Mile Town - Tyrone - Ireland*
5. What is the date of your birth?..... *June 30th 1886*
6. What is your Trade or Calling?..... *Lab. Engineer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?.. *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }



William John Walker..... (Signature of Man).
[Signature]..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William John Walker*, 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.

Date *Oct 22nd* 1914. *William John Walker*..... (Signature of Recruit)
[Signature]..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William John Walker*, 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.

Date *Oct 22nd* 1914. *William John Walker*..... (Signature of Recruit)
[Signature]..... (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 *Benone* on this *22nd* day of *October* 1914.

[Signature]..... (Signature of Justice)

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

[Signature]..... (Approving Officer)
 LIEUT. COL. (Approving Officer)
 COMMANDING, 27th BATTN.
 CAN. EXPD'TY. FORCE.

Description of William, John, Walker on Enlistment

Apparent Age 28 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 9 1/4 ins.

Chest measurement { Girth when fully expanded 39 1/2 ins.
 Range of expansion 3 ins.

Complexion Medium

Eyes Grey

Hair Dark Brown

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



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 Dec 27th 1914.

Dr. J. G. ... M.D.

Place Kenora

Kenora
 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.

William, John, Walker 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.

A. J. ... (Signature of Officer)

Date Dec 27th 1914.

Capt "B" Company
98th Regiment
Kenora

REGIMENTAL DOCUMENTS

NAME **WALKER**

William John REGT. NO. *72111*

UNIT

H. Q. FILE NO.

T

S

M

Box
#10,026

H

02906

Handpaid

SNX 17/6/20

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

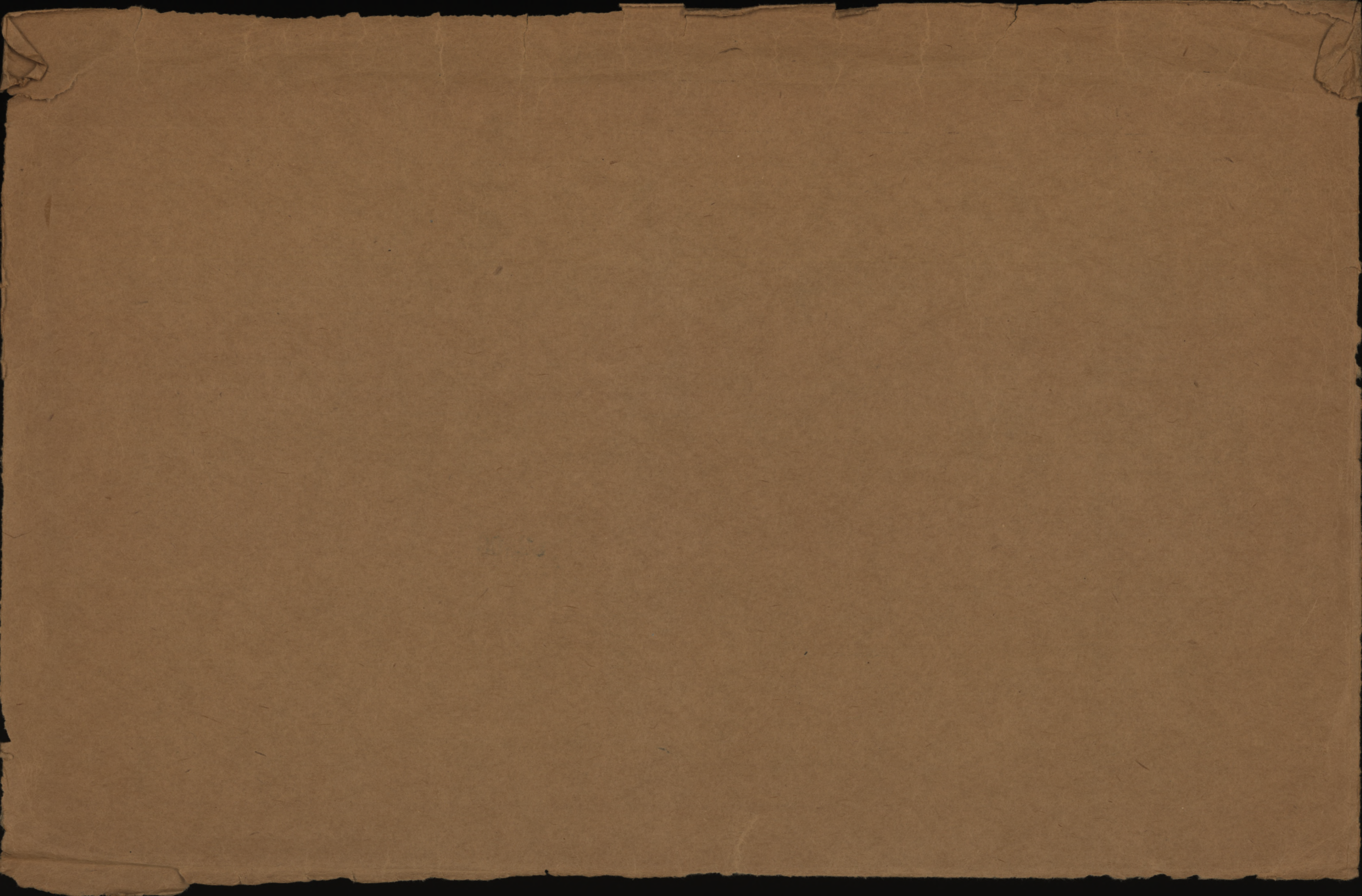
Category

DISCHARGE

Category

DESSERTION

3
28-31
16-31
3-31
3



72111

I.D. number
No. d'identification

WALKER

Surname
Nom de famille

WILLIAM JOHN

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

10026

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



A-11.

RS



Number 72111 Rank ~~Pte~~

Surname WALKER

Christian Name William John

Units 27th Bn Can Inf Theatre of War France

Date of Service 18-9-15

Remarks Mother

Latest Address Mrs. Mary Walker
O'Brien Fivemiletown

Roll No. B. Page 13678 - Co. Tyrone (Ireland)

200m-2-21.M.

DESP. MAY 26 1922

REGN. NO. 17412



NAME

Walker, William John

H. Q. FILE No. 649-

REGT'L. No.

72111

RANK AND CORPS

Plt-Sgt

27th Batt

CA

NO.

DATE

NATURE OF CASUALTY

M5962 27-8-17
24The.
Died of wds. St. John's Amb. Brigade
Hosp. Etaples aug 25 1917. Gun Shoulder
& spine47B2090a Rouen 31-8-17
(noted 25-10-17)Died of wounds rec'd in action
25-8-17

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 189	708 St. Wm. Mercy	3-4-16	Para-Phimosis.
a 198.	Duse. to Base Dpt.	14-4-16	Para-phimosis
A 214	Can. Base Dep. Left to Regina	26-4-16	Paraphimosis
A 300	No 4 Can. Hd. Amb. ^{unit}	11-8-16.	P.O. U. O.
A 300.	No 6 Can. Hd. Amb.	11-8-16	P.O. U. O.
A. 310	20 No. 5. Can. - Fld. Amb	16-8-16	P. O. U. O.
A 325 ⁽¹⁾	To. no. 12 Can. Fld. Amb	22-8-16	Influenza
A 325 ⁽²⁾	Eg. " " " " "	7-9-16	" Disch
A 66	St. Johns. Amb. Brigade Chaplain	25-8-17.	(killed of wounds) 1st Lt. spine

No. 1077
72111

RANK

Pte

NAME

Walker. W


J

T. O. S.

UNIT

27th Bn.

M. D. 10

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1914 Nos. 9	1914 Nos. 30.	✓		UNIT SAILED MAY 17 1915
1915 Dec.	1915	✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		



Elig - for 1914-15 Star *27th Bn.*
649-W-11081. *H.A.G.*

✓
WALKER *W.J.*

✓
Pte. 72111

✓
27th Bn.

Medals and Decs:- Mother

Mrs. Mary Walker,
Cleen, Fivemiletown,
Co. Tyrone, Ireland.

12884
m



P. & S.

As above.

See # 797972

APR 8 - 1921
Scroll Desp. Regn. No 2-34189

NOV 25 1921

Memorial Cross

As above Regn. No P18041.

Desp JUN 26 1920 *MI 613495.*
613491

msl.

M.

113

Name WALKER, W. J. Rank Pte. Reg. No. 72111.

(William, John)

Unit 27th. Battalion, 2nd. Can. Division. 25-W-2858

Next of Kin Mrs. M. Walker, Fivemiletown, Tyrone, Ireland.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. L
1916				A		
3-4	No. 8 Staty Hosp.	Wimereux	Paraphimos	189		
14-4.	Discharged to Base Depot	do	do	A198		
26-4	LEFT TO REJOIN UNIT.			A214		
11-8.	4.C.F.Amb.		P.O.U.O.	A300.		
11-8.	6.C.F.Amb.		P.O.U.O.	A300.		
16-8.	No. 5. Can. F. Amb.		do	A318.		
22-8.	No. 12. C. F. Amb.		Influenza.	A326		
7-9.	To Duty.		do	A326.		
25-8-17	St Johns Ambulance Brig. Hosp. Reports			A606/5962/28-8		
	DIED OF WOUNDS GSW SHLDR. SPINE.					

Surname *Walker* Christian Name or Names *W. J.*
Rank *Pte.* Unit *27th Batt.* Co. *4th Batt.*

Reg. No. *72111*
Troop Batty.

Date of Admission

Transferred *#8 Stet. Winerens* Hosp. *3.4.16*
4 Can. fld. Amb. Hosp. *11-8-16.*
6 " " " Hosp. *11-8-16*
5 - - - - Hosp. *16-8-16*

Diagnosis

Para-phimosis



(1) *P.O.U.O.*
(2)
(3)

Influenza
R.W. Shoulder & spine

Additional Diagnoses: If more than one state present

Died of Wounds. 25-8-17 RW.

DISPOSITION

Dis to base depot

Date

C.L. 11.4.16 A189

14.4.16

REMARKS

C.L. 22.4.16 #0/198
A. 11.5.16 #0/214

Left to reform unit
26.4.16

C.L. 24-8-16 A 300
- 14.9.16 2318

To depot 7.9.16

23.9.16 P 325
28.8.17 H 606

A.M.D. 2 DEPT.

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

3 for 10.11. RW.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 126 7th Ave

22-8-16

2. St. John's Amb. Bldg stop. Cataplas

25-8-17

3.

4.



5.

6.

7.

Casualty Form—Active Service.

Regiment or Corps 27th Battalion

Regimental No. 72111 Rank Pte Name Walker N. J.

Enlisted (a) 22 Oct/14 Terms of Service (a) Duration of War 6 mos Service reckons from (a) 22 Oct/14

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) _____

UNRECORDED
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

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				
		Disembarked Boulogne		18/9/15	
24.3.16	OC 27 Bn	ad - Dis MT. D.	Fices	20.3.16	96. B213.
3.4.16	OC 8 Coy	Para Phimosia adn	8 Coy	3.4.16	213034 - 353.
6.4.16	OC 8 Coy	" " N.V. adn	8 Coy	7.4.16	A 36. 102
6.4.16	"	" " Fraud	5. AT.	3.4.16	" "
7.4.16	OC 27 Bn	Recd from 7th 22 Unit		1.4.16	B 213. 106
22.4.16	Re 6th	Para Phimosia adn	CB Coy	14.4.16	Lt. A 198. "A"
26.4.16	OC CB Coy	Casual left Base for Unit		26.4.16	107 / B 213 3 1797. 115.
23.4.16	"	208. CB Coy A.	CB Coy	23.4.16	1293. 117.
5.5.16	" 27 Bn	Recd from 27 Bn	Unit	28.4.16	B 213. 123A.
5.5.16	"	adn New Green Sch,	Field	15.5.16	" "
17.5.16	"	from	Unit	5.5.16	" 128 F
30.6.16	"	Unit the side where 2nd Coy	Party	30.6.16	" 151 A - 62 1/2
12.8.16	" 4 Coy	P. H. O.	4 Coy	11.8.16	436. 170. 19 E

COPIED
Active
COPIE

(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, Shoening 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				
12 ⁸ / ₁₆	6 CFA	P. U. O.	6 CFA	11 ⁸ / ₁₆	Asst. 171. 24 ⁸ / ₁₆
19 ⁸ / ₁₆	"	"	7 CFA	15 ⁸ / ₁₆	" " "
18 ⁸ / ₁₆	27 Bn	From Wire Surging	Unit.	16 ⁸ / ₁₆	Bvt3. 173. 27 ⁸ / ₁₆
14 ⁸ / ₁₆	5 CFA	P. U. O. French, Adv.	5 CFA	16 ⁸ / ₁₆	Asst. 175. 7 ⁹ / ₁₆
9 ⁹ / ₁₆	12 CFA	Influenza	12 CFA	22 ⁸ / ₁₆	" 178. 18 ⁹ / ₁₆
26 ⁸ / ₁₆	5 CFA	"	Duty	8 ⁹ / ₁₆	" 180. 23 ⁸ / ₁₆
15 ⁹ / ₁₆	27 Bn	Retn from Herb.	Unit.	20 ⁸ / ₁₆	"
1 ¹¹ / ₁₆	"	Gravely 10 days leave	"	12 ⁹ / ₁₆	Bvt3. "
15/12/16.	"	Awarded Good Conduct Badge.	Field.	1 ¹¹ / ₁₆	Bvt3 P II ord 63 d/19 ¹¹ / ₁₆
25 ⁸ / ₁₇	24 GABA	From Shldr n spine Died of wounds.	24 GABA	22/10/16.	P. U. O. 7. d/2/2/17.
		Whogan		25 ⁸ / ₁₇	D/15/17 - K. 16 + 1955 Det 254 n P II 150. 21 ⁸ / ₁₇
					Major for Lt.-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon B. E. F.



MEDICAL HISTORY SHEET.

Surname Walker Christian Name William John

Examined { on 22 day of Oct. 1914
at Kenora

Approved by W.J. Gunn
Rank _____ M.O.

Birthplace { City or Town Fremiletown
County Tyrone Ireland.

Apparent age 28

Trade or occupation Engineer (Loco)

Height 5 Feet 9 1/4 Inches.

Weight 149 Lbs.

Chest measurement { Minimum 37 1/2 inches.
Maximum expansion 3 inches.

Physical development Good.

Small-Pox Marks No.

Vaccination Marks { Arm Right Yes
Number 3

When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease None

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

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

Date	Result	VACCINATIONS.
<u>1914</u>	<u>Mar</u>	<u>Calabaragas</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec.</u>		<u>500,000,000</u> <u>St. Pierce</u> M.O. <u>PHM</u>
<u>"</u>		<u>1,000,000,000</u> " " M.O. <u>Call</u>
<u>"</u>		<u>1,000,000,000</u> " " M.O.

Enlisted on 22 day of Oct. 1914 at Kenora

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>27 Battery</u>	<u>72111</u>		
Transferred to.. ..		<u>D</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Rank _____ Name **WALKER, William John**
 Unit **27th Bn.** If in perm. Corps, }
 What Unit? }

Reg'l No. **72III**

Married or Single **Single**

Place and Date of Enlistment **Kenora Ont. 22nd Oct. 1914**

Place of Birth **Tyrone, Ireland.**

Name and Address, Next-of-Kin **Mrs M. Walker,
 Fivemiletown, Tyrone, Ireland.**

Relationship **Mother**

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

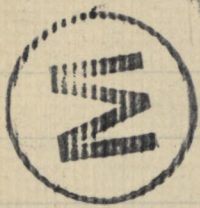
Relationship _____

N/E. R.B. No. **7235**
 File R.L. **25-W-2858**
 Category **DW**

Discharge, Date and Place _____

Reason _____

Character _____



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				
5-6-15	<i>do</i> 27 Bn.	<i>Embarked for Eng. I.S. Carpathian</i>		17-5-15	
		<i>Transf. to D Coy</i>	<i>Shoncliffe</i>	1-6-15	<i>D.O.P. II 135</i>
		<i>Embarked for France.</i>		17-9-15	<i>Home Roll 17-9-15</i>
11-4-16	27 Bn	<i>Adm'd nos staty Hosp?</i>	<i>Wimereux</i>	3-4-16	<i>C.R. A189 "Para-phimosis"</i>
22-4-16	<i>do.</i>	<i>Discharged to Base Depot</i>	<i>France</i>	14-4-16	<i>C.R. A198 " do "</i>
11-5-16	<i>do.</i>	<i>Left to rejoin unit</i>	<i>do.</i>	26-4-16	<i>C.R. A214 do.</i>
24-8-16	<i>do</i>	<i>Adm. no. 4. Can. 3rd. Amb.</i>	<i>do</i>	11-8-16	<i>L.T. 300 P.D. U.O.</i>
<i>do</i>	<i>do</i>	<i>" no. 6. Can. 3rd. Amb.</i>	<i>do</i>	11-8-16	<i>do do</i>
14-9-16	<i>do</i>	<i>" no. 5. Can. 3rd. Amb.</i>	<i>do.</i>	16-8-16	<i>P.L. A315 do.</i>
23-9-16	<i>do</i>	<i>Adm. no 12 Can 3rd Amb.</i>	<i>do.</i>	22-8-16	<i>C. List A326 Influenza</i>

17

72111 Walker H. J.

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
23.9.16.	27 th Bn	Assigned to Duty (En. C.C. Sta)	Field	7.9.16.	P. List A 326. Influenza
2.2.17	do	Awarded G. C. Badge	"	22.10.16	A 326.7
28.8.17	27 th Bn	St Johns Amb Bde Hosp.	Etaples		
		Died of Wounds.	Pte	25-8-17	C 2 A. 606.
31.8.17	27 th Bn.	Died of Wounds received in action	Pte. Field	25.8.17.	Pte D.O. 50.



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

LL 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks:

Walker

Register No. *D 15957*

WAR SERVICE GRATUITY

A.P. File No. *018699-W-45*

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *72/111* Name *William John Walker*
(Christian Name) (Surname)
 Unit *27th Bn* Rank *Ote* Date of enlistment.....
 Date of casualty *25-8-1917* B.P.C. File No. *97560*
 Was service performed overseas? *yes*

DEPENDENT

Name *Mrs M Walker* Relationship *W Mother*
 Address *Green Givemiletown*
Co. Tyrone
Ireland
 Amount of Special Pension Bonus \$ *MB nil* Abstracted by *J Maher*

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

Eligible for Gratuity \$ *Nil*
 Less amount of Special Pension Bonus paid..... \$
 Less Debit Balance of S. A. or A.P. \$
 Total deductions \$ *Nil*
 Balance due \$ *Nil*

Cheque No. Date issued.....

REMARKS : *Not Eligible*
noth paid.

Clerk *A Sanderson*

Audited by
 Date

Noted 25/8/20
DG/18

WILL.

In the event of my death
I give the whole of my
Property and effects to
Mrs Mary Walker. (mother)

Corcreevey
Fivemiletown
Co Tyrone
Ireland

William John Walker

Private No 72111

Date 18th September 1915

27th City of Winnipeg Battalion
Second Canadians

NOTE. Extracted from Pay Book page 14
Died of Wounds 25-8-17.
Transferred 27-3-17.

No. 72111 Pte. Walker, W.J. 27th Battn.

M.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname WALKER Christian Name WILLIAM JOHN

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Fivemiletown County Tyrone, Ireland

Examined ... { on 22nd day of Octr. 1914,
 at Kenora

Declared Age ... 28 years 9½ days.

Trade or Occupation ... Engineer (Loco)

Height ... 5 feet 9½ inches.

Weight ... 149 lbs.

Chest Measurement { Girth when fully Expanded 40½ inches.
 Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
 Number 3

When Vaccinated ... 1914

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

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

Approved by (Signature) W.J. GUNN,
 (Rank) _____
 Medical Officer.

Enlisted ... { at Kenora
 on 22nd day of Octr. 1914.

Joined on Enlistment	Corps.	Regtl. No.
	<u>27th Battn.</u>	<u>7 2 1 1 1 D.</u>
Transferred to		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and errors made in red have been taken from the Attestation Paper. On _____ day of _____ 191 .

(Signature) _____
 (Rank) _____

List in the case of Warrant Officers treated in quarters.

Records 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 will 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

A 300 . A 318

To duty 7/9/16

A 326

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
March 1915	Vaccination C. A. BARAGAR
Dec. -15	Anti-typhoid inoculations - 500.000.000 1000.000.000 1000.000.000 Dr PIERCE.
<i>June 1917</i>	<i>WCB R. 6. 42. 18</i>

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

I certify the foregoing to be a true copy of an original entry on a Medical Register of this man.
 C. A. M. O.
 for the Officer in Charge of Records
 Canadian Contingents.