# ATTESTATION PAPER.

No. 1099

Folio. 768

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Wm William Ebenezer Watts
2. In what Town, Township or Parish, and in what Country were you born? Reading in the County Berks England
3. What is the name of your next-of-kin? Miss E. Cosc
4. What is the address of your next-of-kin? 32 Chatham St Hamilton Ont
5. What is the date of your birth? 18th Jan 1880
6. What is your Trade or Calling? Labourer
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? If so, state particulars of former Service. 7 years Berkshire Regt and 7th Dgn Gds
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? Yes

William Ebenezer Watts (Signature of Man).

D E Cameron (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, W E Watts, 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.

William Ebenezer Watts (Signature of Recruit)

Date Aug 25 1914. D E Cameron (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W E Watts, 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.

William Ebenezer Watts (Signature of Recruit)

Date Aug 25 1914. D E Cameron (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 Ottawa this 25 day of Aug 1914.

E Lavoie J.P. (Signature of Justice)

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

.....(Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

Corded 26-8-14 F.E.

Duplicate 1099

# Description of William E. Watts on Enlistment.

Apparent Age 34 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Gray

Hair Brown

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).

Scar on L. F. A.

## 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 Aug 21 1914.

Place Ottawa

[signature]
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 Watts 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.

F. Farquhar (Signature of Officer)

Date 1st oct. 1914.

Lieut, Colonel.
Comd'g. P. P. C. L. I.

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Watts, William Eli,

Regt. No. 1099 Rank Pte.

Corps P.P.C.L.I.

Medically unfit.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1 .....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet ..... 1 .....

Compulsory Stoppages.....

Casualty Forms..... 2 .....

Proceedings on discharge..... 1 .....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1 .....

Medical Report for Invalids.....

Medical History Sheet..... 4 .....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1 .....

Clothing Transfer Certificate.....

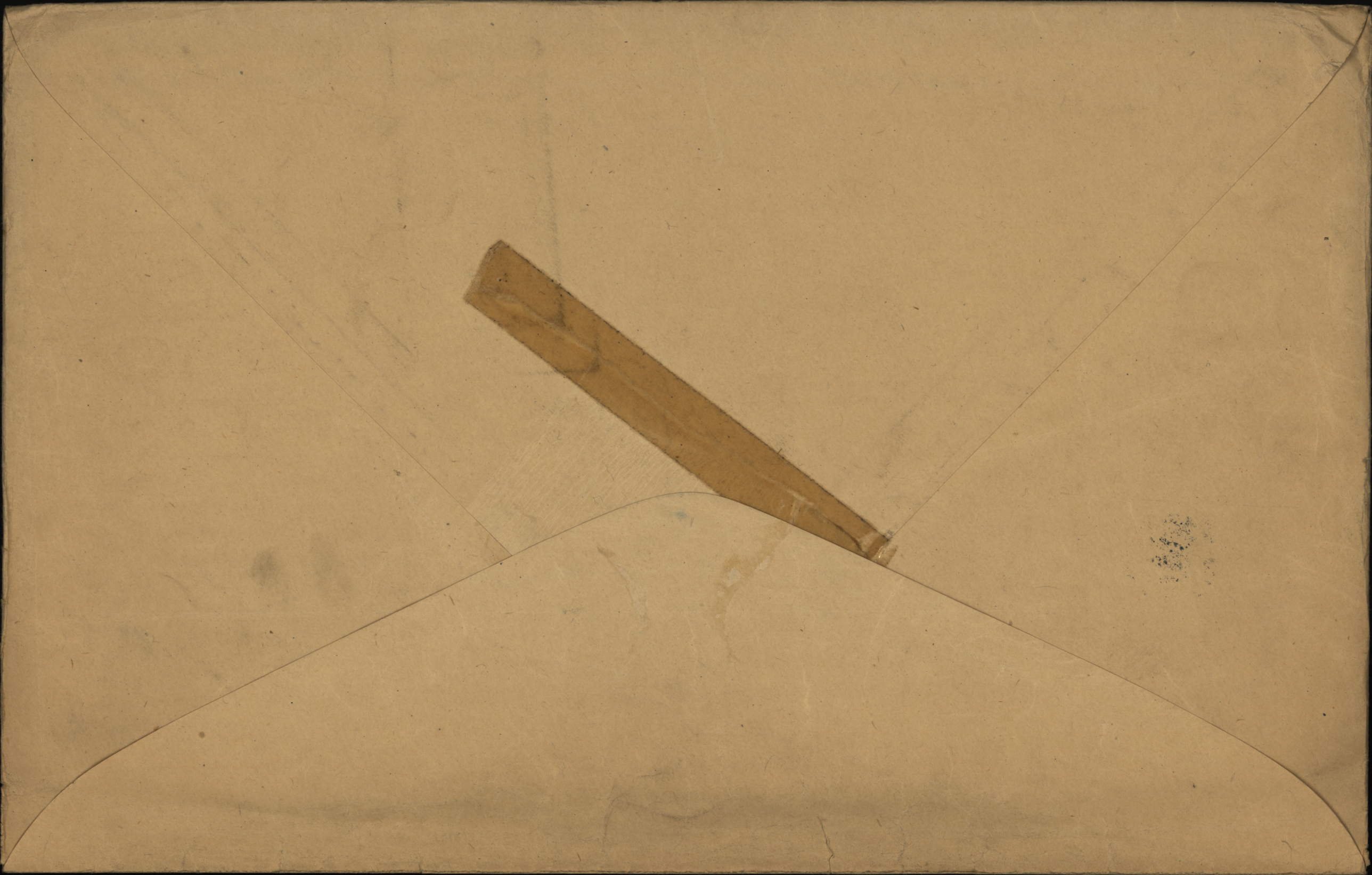
Inventory of Kit.....

Last Pay Certificate.....

10213

24 - 13
14 - 13
1 13
1

M. F. W. 62.
25m.—11-15.
H. Q. 1772-39—935.



Number 1099 Rank Pte

Surname WATTS

Christian Names William

Unit P.P.C.L.I. Theatre of War France

Dates of Service 20-12-14

Remarks

Latest Address ~~Post Office~~
~~Dunville Ont~~

Gen. Del., Moose Jaw, Sask.

Roll No. B. Page 1300

H. a 943.7 Desp

MAY 21 1921

BW 7h. Retd - 23/0/21

OCT 7 1921

GV 5945-2 - Redesp

SURNAME. Watts 16-1-25

CARD NO.

CHRISTIAN NAMES William Elie

SO.S. dis 23/4/15
F-6 med Unfit omp.

REGL. No. 1099 RANK Pte.

UNIT P. P. C. L. I. (No. 3, Co.)

FORMER CORPS Berks. Regt. (7 yrs) 7th Drags. Gds

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cox, Mrs. E.

RELATIONSHIP TO SOLDIER Not Stated

ADDRESS - 32 Chatham St., Hamilton, Ont.

COUNTRY OF BIRTH England, Reading, Berks DATE Jan. 18th 1880.

PLACE OF ATTESTATION Ottawa, Ont. DATE Aug 25th 1914.

O/S. 7-10-14 26/17

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Quebec per S.S. "Royal George" 4/10/14

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Labourer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 34 YEARS 4 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Grey HAIR Brown

DISTINGUISHING MARKS Scar on left forearm.

MEDICAL EXAMINATION. PLACE Ottawa Ont. DATE Aug 21st 1914

Present Address - Not Stated

Returned to Canada for Discharge. HQ (-16-1-25) Med infib.) Soldiers address on discharge Dunville, Ont

NAME Watts. W. E.

RANK AND CORPS Pte P.P.C.L.I.

H. Q. FILE No. 649-

REGT'L. No. 1099.

NO. 738

FFOLL.

| CABLE | |
|---|---|
| NO. | DATE |
| | |

NATURE OF CASUALTY

L. L. Job 83225 —M. & D. 5812.

M. F. W. 12—50m 7-15.
H. Q. 1772—39-593.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 15. | No. 8. Gen. Rouen | 5-3-15. | N. Y. D. ✓ |
| 22. | Royal Vic. Netley | 10-3-15. | V. D. H. ✓ |
| 23. | Trans. to Hosp. Train towards Eng. | 9-3-15. | V. D. H. ✓ |

No. 1099 RANK Pte NAME Watts W. E.

T. O. S. UNIT Discharge Depot. Halifax.

M. D. 6.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 Apr. 1 | 1915 Apr. 29 | ✓ | Paid from England for Dischgd | May paylist. |

No. 1099 RANK Pte NAME Watts H. C.

T. O. S. UNIT P. P. C. L. I.

M. D. Various

| PAID FROM | PAID TO | SIG. OR REC'T |
|---|---|---|
| 1914 Aug. 12 | 1914 Aug. 31 | V |
| Sept | | V |
| Oct | | V |
| Nov. | | V |
| Dec. | | M. |
| 1915 Jan | 1915 | M |
| Feb | | M |
| Mar | | M |

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

| PARTICULARS | AUTHORITY |
|---|---|
| | UNIT SAILED OCT 3 1914 |

Surname: Watts. W.
Christian Name or Names: E.
Reg. No.: 1099.
Rank: Pte.
Unit: P.P.C.L.I.
Co.
Troop
Batty.

Hospital: 8 Gen. Rouen.
Date of Admission: 5. 3. 15.
Transferred: Hosp. train to England — Hosp. 9. 3. 15.
Royal Victoria Netley — Hosp. 10. 3. 15
Hosp.
Hosp.

Diagnosis: V.D.N. N.Y.D.
(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnoses, if more than one state present

DISPOSITION — Date

6 L. 12. 3. 15 15
C. L. 17. 3. 15 23.

REMARKS

A.M.D. 2 Dept.
Boh. of D.G.M.S. O.M.F.C. London

# EPITOME OF HOSPITAL TREATMENT.

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

## MEDICAL BOARD

Netley 30.3.15

Emphyseina lungs. Weak Heart.

Discharge Canada

Approved Netley 30.3.15

| Surname | Christian Name | Reg. No. |
|---|---|---|
| Watts. | W.H. | 1099. |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Pte. | P.P.C.L.I. | | | |

| MEDICAL BOARD held at | Date | Serial No. |
|---|---|---|
| (1) Netley. | 30.3.15. | |

| Other Medical Boards at | Date | Serial No. |
|---|---|---|
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |

Condition found by Board: Emphysema lungs. Weak heart.

Disposition Recommended

(1) Discharge Canada.

(2)

(3)

(4)

(5)

CASUALTY BOARD held at ..... Date.....

Disposition

Remarks: Approved. Netley. 30.3.15.

Indicate by a P.T.O. if continued on other side.

Shannon 8678-15

Army Form B. 2079.

**WARNING.**—*If you lose this Certificate a duplicate cannot be issued.*

Certificate of discharge of No. 1099 (Rank) Pte

(Name) Watts Wm Eli

(Regiment) P.P.C.L.I.

who was enlisted at Hamilton

on the 12th August 1914.

He is discharged in consequence of Medically unfit

after serving _____ years 7 mos ~~days~~ with the Colours, and _____ years _____ days in the Army Reserve.

(Place) Shorncliffe

(Date) Apl 8/15

Signature of Commanding Officer: [signature] Lt Col P.P.C.L.I. Depot

*Description of the above-named man on 8/4/15 when he left the colours.

Age 35 yrs 3 mos

Height 5 ft 9 in.

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars, whether on face or other parts of body.

Scar index finger left hand.

* *Should agree with the description on Character Certificate, Army Form B. 2067.*

*N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.*

(7 22 12) W 6538—936 120,000 10/14 H W V Forms/B. 2079/21

# Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

"Any man, whether Soldier or Civilian, who brings a Recruit to "a Recruiter, or to a Military Barrack, is a Recruiting Agent, "and it is not necessary that he should have been formally "appointed as such."

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

(*a*) Boys under 17 years of age.

(*b*) Re-enlisted Pensioners.

(*c*) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.

(*d*) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

**5s. to 2s. 6d. Regular Army.**

**1s. 6d. Special Reserve.**

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depôt nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

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

Army Form B. 103.

Original not available

# Casualty Form—Active Service.

Regiment or Corps P. P. C. L. I.

Regimental No. 1099 Rank Pte Name Watts. W. G

Enlisted (a) 12/8/14 Terms of Service (a) duration of war Service reckons from (a) 12/8/14

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) _____

| 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 | | | | |
| | | | | | |

(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 | | | | |
| | | | | | |

BPCL I
N.E.

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

Army Form B. 103.

# Casualty Form—Active Service.

Regiment or Corps P.P.C.L.I.

Regimental No. 1099 Rank Pte Name Watts W. E.

Enlisted (a) Aug 12/14 Terms of Service (a) 1 yr or duration of War Service reckons from (a) Aug 12/14

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) _____

| 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. |
|---|---|---|---|---|---|
| | | Embarked | S'ton | 20 12/14 | |
| | 8. Gen Hpl | Adm. (N.Y.D.) | | 5 3/15 | 06696 |
| | -"- | To Hosp. Train towards England (Y.D.H.) | | 9 3/15 | 07144 |
| 10.3.15 | -"- | To England (N.Y.D.) | | 9.3.15 | 0.7144. |
| | | ? | England | | |
| 23.4.15 | | Discharged "Mil" | Halifax | 23 4/15 | AFB 268. |

[signature] CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

[signature] LIEUT.
FOR LT: COL: I/C RECORDS, C.O.M.F.

(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 | | | | |
| | | | | | |

# CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1099 (Rank) Private

Name (in full) Watts, William Eli enlisted in

the Princess Patricia's Canadian Light Infantry

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 12th

day of August 19 14

HE served in Canada, England and France

and is now discharged from the service by reason of his having been found medically unfit for further service.

Demobilization.

Medical Unfitness.

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

| | | | |
|---|---|---|---|
| Age | 36 Years 3 Months | Marks or Scars | Scar index finger left hand. |
| Height | 5 feet 9 Inches | | |
| Complexion | Fair | | |
| Eyes | Blue | | |
| Hair | Fair | | |

Signature of Soldier

Halifax, N.S.

Date of Discharge

April 23rd, 1915.

Lieutenant

Issuing Officer

for Director of Records.

Ottawa, Ontario 3rd March 20

Headquarters

Rank

60-W-210

Date 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. W. 39a.
100M-3-19.
H.Q. 1772-39-882.

1099 Private Watts, William Elie

Princess Patricia's Canadian Light Infantry.

Very Good

Labourer

Ottawa, Ontario 3rd March 20

Lieutenant

for Director of Records.

2160

Rank and Name: WATTS, William E.

Regimental No.: 1099

Unit: P.P.C.L.I.

Date of enlistment: Aug. 25th, 1914

Place of birth: England

Married (Yes or No): No

If in Permanent Force: ✓

Promotions or appointments

Name and Address of Next-of-kin:
Mrs. E. Cox
32 Chatham St.,
Hamilton, Ont.

N/E. R.B. No. 4
File R.L.
Category Can M D

Date and place of discharge: Halifax 23/4/15

Reason for discharge: Med. unfit

Character on discharge: Very Good.

N.E. R.B No 4 X

| 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 |
|---|---|---|---|---|---|
| 20/12/14 | WO. | Embarked | Southampton | | |
| 5-3-15 | | Adm. 8 Genl. Hosp. | Rouen. | 12-3-15 | Gas. List No 15 |
| 9-3-15 | | Trans. H Tram for Eng. (N. Y. D) | | 17-3-15 | " " 23. |
| 10-3-15 | | adm. Royal Victoria Hosp. (V.D.H.) | Netley | 17-3-15 | " " 22 |
| 9-4-15 | | Rets to Canada. M.L. | Stonecliffe | 9-4-15 | |
| 23/4/15 | | per S.S. Grosvenor Dis. M.D. | Halifax | 23/4/15 | A.F.B. 268. |

| 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 | | | | |

W 2160

Assistant
Director, Medical Services
24 APR. 1915
CANADIAN HEADQUARTERS

OFFICER I.C. RECORDS,

34, VICTORIA STREET,

LONDON, S.W.

No. 1099.
Pte W. ~~H~~ Watts.
P.P.C.L.I.

Herewith the Proceedings of a Medical Board held on the man marginally named, who has been found medically unfit, and at his own request has been returned to Canada for discharge there.

F. L. Lamy Lt.-Col.

A.D.M.S. Canadians.

FILE IN ENVELOPE.

1099

ORIGINAL 768

# MEDICAL HISTORY SHEET.

*Surname* Watts *Christian Name* William E.

Examined { on 21 day of Aug 1914.
at Ottawa.

Birthplace { City or Town Reading. Berks
County England.

Apparent age 34 yrs.

Trade or occupation Labourer.

Height 5 Feet 9 Inches.

Weight ..... Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical Development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right Left.
Number

When Vaccinated last 1900

*(a)* Marks indicating congenital peculiarities or previous disease

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

Approved by C Kenna

Rank Maj. M.O.

| Date | Fit or Unfit | Examined for Re-engagement |
|---|---|---|
| | | M. O. |
| | | M. O. |
| | | M. O. |
| | | M. O. |
| | | M. O. |
| | | M. O. |
| | | M. O. |

| Date | Result | Vaccinations. |
|---|---|---|
| | | M. O. |
| | | M. O. |
| | | M. O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| / | | M. O. |
| | | M. O. |
| | | M. O. |

*Enlisted on* 21 *day of* August 191 4 *at* Ottawa.

| | Corps. | Regt'l Number | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment. | P.P.C.L.I | 1099. | | |
| Transferred to..... | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| | | | |

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

M. F. B. 313.

5M—8-14.
H. Q. 1772-39-439.

1099.

Surname Watts Christian Name William E.

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital | | | Dates of Discharge from Hospital. | | | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied, Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |

PARTICULARS OF SERVICE.

Date of Enlistment 12/8/14

Proceeded on Furlough pending transfer to the Army Reserve, or Discharge on

**Passed medically fit** for the Army Reserve on

Due for Transfer to the Army Reserve on

Due for final Discharge on

Cause of Transfer or Discharge

Campaigns Medals and Decorations

Educational and other Certificates, and dates

(4 27 1) W 6538—936 100,000 10/14 H W V
Forms/B. 2067/1

Army Form B. 2067.

Serial No. 1

CHARACTER CERTIFICATE OF No. 1099

Rank Ote Name Watts Wm Eli

P.P.C.L.I Regiment,

Born in the Parish of

near the Town of Reading in the

County of Berks on the

date 18/1/80

Trade as stated by him on enlistment Labourer

* DESCRIPTION ON LEAVING THE COLOURS.

Height 5 ft. 9 in.

Complexion Fair

Eyes Blue

Hair Fair

Identification Marks :--

Scar index finger Left hand

Signature of Soldier

William E Eli Watts

* To prevent impersonation.

In the event of any doubt arising as to the *bona fides* of the bearer, the above description and signature should be carefully compared with present appearance and handwriting.

**The Character here given is based on continuous records of the holder's conduct and employment throughout his military career.**

THIS IS TO CERTIFY that No. 1099 Rank Pte Name Watts Wm Eli

has served with the Colours in the P.P.C.L.I. for 7 mos years.

Very Good

Signature A Duncan Lt Col

Date Apl 8/15 Commanding P.P.C.L.I. Depot

If further particulars as to his character and record of service are required within three years of above date, apply to

* _____ where he is registered for civil employment,

afterwards to the Officer in Charge of Records, _____

* This space is intended to be filled in by any organization which has registered the man's name and is prepared to supply further information.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 7099 Army Rank Gle.

Name Watts William Eli

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps P.P.C.L.I.

Battalion, Battery, Company, Depôt, &c. Depot

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 23-4-15.

Place of discharge Canada - Halifax N.S.

1. *Description at the time of discharge.*

Age 35 years 3 months

Height 5 feet 9 inches

Chest measurement { girth when fully expanded 40 ins. / range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Fair

Trade Labourer

Intended place of residence (To be given as fully as practicable) Post Office Dunville Ont.

Descriptive marks.

Scar inside of finger left hand

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Medically unfit

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Very Good

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

N.D.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

1145 Wt. W. 6538/936 125,000 10/14 D. D. & L. Sch. 11* Forms B. 268 39

* Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... ... ... ... Class _____

6. Campaigns, Medals and Decorations

Queens S.A. 1900/2

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Shorncliffe

(Date) Apl 8/15

A D Delmage Lt Col

Commanding Depot Battn. PPCLI Regiment.

8. *Certificate to be signed by the soldier on discharge.*

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Shorncliffe

(Date) Apl 8/15

William G. Watts (Signature of Soldier.)

F. Fowler (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) Halifax N.S.

(Date) 23-4-15.

Signature [signature] Capt.

O.C. Discharge Depot

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

---

Nil.

William Shilvatto

R.O. Feb. 24/16

## LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge)
18. Descriptive return (Army Form D. 400), where required

    See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

---

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B. 178)

# Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Army Form B. 179.

Co. W. 210

# Medical Report on an Invalid.

DEPT. MILITIA & DEFENCE
MAR -6 1916
CANADA

Station Red Cross Hospital Netley

Date March 23rd. 1915.

1. Unit P. P. C. L. I.
2. Regimental No. 1099.
3. Rank Pte.
4. Name Watts. William H.
5. Age last birthday 35.
6. Enlisted { on 12. 8. 14 / at Hamilton. ont. Canada
7. Former Trade or Occupation { Labourer but only when light work.

8. **Disability.**

Emphysema of lungs and weakness of Heart action.

## 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. Thirteen or possibly more years ago after S. African war.
10. Place of origin of disability. Was invalided at R. C. Hospital Netley 13 years ago while serving in Regular Army after Boer war.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Discharged from Reg. Army thirteen years ago as medically unfit. Was suffering from breathlessness and exertion and inability to carry weights. Since that time has suffered from same symptons in his Civil employment.

12. (*a*) Give your opinion as to the causation of the disability. Heart strain while on active service.
(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page* 3). Active Service. The strain of bandolier and weight carried.

I

7

Carded 26-2-16 T.E.

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.*

He suffered from pain in the Cardiac region always increased by any severe exertion and sometimes simply in walking.
The pulse rate is generally above 90. The 1st sound of heart somewhat feeble. No murmur. The Cardiac dullness is diminished and the percussion note over front of Chest and at base behind somewhat boxy in character. He complains of weakness and facial expression is anxious and depressed.

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

(*a*) In action? —

(*b*) On field service? —

(*c*) On duty? —

(*d*) Off duty? —

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

Did he serve with the Expeditionary Force 1914?
Yes.

or disease, directly attributable to active service?

19. Do you recommend

(*a*) Discharged as permanently unfit, or

(*b*) Change to England?

Discharge as permanently unfit for war service.
Capable of light duties at home.

John A Hayward Capt. R.A.M.C.
Officer in medical charge of case. (Signed)

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

Station Red Cross Hospital Netley. W. R. le. Lawless (Signed)
Officer in charge of Hospital.

Date 25. 3. 15

* 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.

13. What is his present condition?

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

He suffered
always increased
- times simply in
The pulse r
of heart somewh
dullness is dimis
over front of ch
boscy in charac
and facial expres

14. If the disability is an injury,
caused

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

15. Was a Court of Inquiry held
injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

. Was an operation performed?
what?

. If not, was an operation advis
declined?

8. *In case of loss or decay of teeth.*
loss of teeth the result of wounds
or disease, directly* attributable t
service?

19. Do you recommend

(*a*) Discharged as permanent
or
(*b*) Change to England?

I have satisfied myself o
*except*†

Station Red Cross Hosp

Date 25. 3. 15

*Loss of teeth on, or immediately after,

† Delete this word if no exceptions are to be

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.*

He suffered from pain in the Cardiac region always increased by any severe exertion and sometimes simply in walking.
The pulse rate is generally above 90. The 1st sound of heart somewhat feeble. No murmur. The Cardiac dullness is diminished and the percussion note over front of Chest and at base behind somewhat boxy in character. He complains of weakness and facial expression is anxious and depressed.

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

(*a*) In action? —

(*b*) On field service? —

(*c*) On duty? —

(*d*) Off duty? —

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

. Was an operation performed? If so, what? —

. If not, was an operation advised and declined? —

3. *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?

19. Do you recommend

(*a*) Discharged as permanently unfit, or

(*b*) Change to England?

Discharge as permanently unfit for war service.
Capable of light duties at home.

John A Hayward Capt. R.A.M.C.
Officer in medical charge of case. (Signed)

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

Station Red Cross Hospital Netley. Lt. R. C. Lawless (Signed)
Officer in charge of Hospital.

Date 25. 3. 15

*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.

## 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, in the

Is he fit for Employment in Civil Life?
yes.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

no.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?

—

21. Has the disability been aggravated by

(*a*) Intemperance? no.

(*b*) Misconduct? no.

22. Is the disability permanent? yes.

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.*

1/2.

24A. Is the man suffering from a disability which would *obviously*, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act?

yes.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable.

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England?

Permanently unfit for war service or service at home

Signatures:—

H.N. Dunn Lt. Col. A.A.M.S. President. (Signed)

Station R.V. Hospital Netley

Date 30. 3. 15

A.R. Chamas Lt. R.A.M.C. } Members. (Signed)

**Approved.**

Station R.V. Hospital Netley.

Date 30. 3. 15

H.N. Dunn Lt Col. R.A.M.C.
Administrative Medical Officer. (signed)

NOTES.—(i.) Cle
event of the man bei
reliable information to

(ii.) Expressions

(iii.) The rates
or (*c*) ordinary military
(*see* Articles 1162 and 1

(iv.) In answerin
and disease to which th

(v.) A disability
special liability to contr

20. (*a*) State wh
the result of
climate, or
service.

(*b*) If due
to what spe
Board attribu

21. Has the disabil

(*a*) Intemper

(*b*) Miscondu

22. Is the disability

23. If not permane
minimum dura

*To be stated in mont*

24. To what exte
earning a full
labour market

*In defining the exte*
*a livelihood, es*
*total incapacity.*

24A. Is the man su
which would *ob*
judge, cause hi
Approved Soci
Health Insuran

25. If an operatio
clined, was the

26. Do the Board re

(*a*) Discharge

or

(*b*) Change to

Sig

Station R. V. H

Date 30.

Approve

Station R. V. H

Date 30. 3

# 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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital 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 pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(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.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service. — no.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — —

21. Has the disability been aggravated by

(*a*) Intemperance? — no.

(*b*) Misconduct? — no.

22. Is the disability permanent? — yes.

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.* — 1/2.

24A. Is the man suffering from a disability which would *obviously*, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act? — yes.

25. If an operation was advised and declined, was the refusal unreasonable? — not applicable.

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England? — Permanently unfit for war service or service at home

Signatures:—

H.N. Dunn Lt. Col. R.A.M.C. President. (Signed)

Station R.V. Hospital Netley

Date 30. 3. 15 — A.R. Chanax Lt. R.A.M.C. (Signed) } Members.

**Approved.**

Station R.V. Hospital Netley. — H.N. Dunn Lt Col. R.A.M.C. Administrative Medical Officer. (signed)

Date 30. 3. 15

6

*(On leaving Corps or Station where invalided.)*

Transfer { Date _____ / Station _____ } or Embark-ation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

---

*(At Station or Hospital where finally disposed of.)*

Station and Hospital _____

Arrived from _____ Date _____

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Date | From | To | | | |
| | | | | | |

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

---

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

_____

Station

Corps

Regimental No.

Rank

Name

Disability

Date

_____

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

_____

The original Report is invariably to accompany the discharge documents of Invalids.

(8) (88534) Wt. 10047/1884 200,000 1-15 W B & L

Forms B. 179 35.

Ex 16[illegible]5

RED CROSS HOSPITAL 840/14 NETLEY.

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* Watts *Christian Name* W. E.

## TABLE I.—GENERAL TABLE.

Birthplace .. Parish _____ County _____

Examined .. .. .. on _____ day of _____ 191 .
at _____

Declared Age .. .. _____ years _____ days.

Trade or Occupation .. _____

Height .. .. .. _____ feet, _____ inches.

Weight .. .. .. _____ lbs.

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

Physical Development .. _____

Vaccination Marks { Arm .. Right _____ Left _____
Number _____

When Vaccinated .. .. _____

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*) F. L. Vaux
(*Rank*) L'Col for Medical Officer.

Enlisted .. .. .. at _____
on _____ day of _____ 191 .

Joined on Enlistment .. Transferred to .. ..

| Corps. | Regtl. No. |
|---|---|
| 2 P. P. Can L Ify. | 1099 |

Became non-effective by .. Medically unfit

on _____ day of April 1915.

(*Signature*) G Doulsher Lt
(*Rank*) for O.C. Pac L.I.

W. P. GRIFFITH & SONS LTD., Printers, Old Bailey, E.C.
[291] W8437/625 250m 11/14sv 45 59

Forms B. 178. 38

P.T.O.

## Table II.—Only for Admissions to Hospital or to the Sick List in t

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number of days in Hospital | Remarks bearing on In cases of sy progress, inclu special syphilis |
|---|---|---|---|---|---|---|---|---|---|
| | Day | Month | Year | Day | Month | Year | | | |
| Netley | 10 | 3 | 15 | 6 - APR 1915 | | | Debility | | |
| | | | | | | | Emphysema of lungs. | | Invalided |
| | | | | | | | Weak action of Heart. | 28. | heavy exe |
| | | | | | | | | | 13. years |
| | | | | | | | | | - was |
| | | | | | | | | | Chests Hea |
| | | | | | | | | | 1st-tom |
| | | | | | | | | | Percuss |
| | | | | | | | | | Pulse rate |
| | | | | | | | | | Complains |
| | | | | | | | | | especially |

r to the Sick List in the case of Warrant Officers treated in quarters.

| | 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 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 |
|---|---|---|---|
| | 28. | Invalided for "Shortness of Breath" & inability for heavy exertion, a carrying weights<br><br>13. years ago in Army, and discharged as unfit - was in R.V. Hospital Netley<br><br>Chest Heart - area of normal dulness diminished<br>1st sound feeble - no murmur.<br>Percussion note over base somewhat "boxy"<br>Pulse rate generally over 90.<br>Complains of weakness, and pains over heart area. especially on exertion. | J. C. Hayward.<br>Capt. R.A.M.C. |

## 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 |
|---|---|
| Netley March 25/1915 | Brought forward for medical Board this date & recommended for return to Canada and discharge there. |
| Salesbury 8 4 15 | Proceedings of medical Board approved. This date. Disease Lungs & Heart. F. L. Faunt Lt. Col A.D.M.S. |

## 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 |
|---|---|---|---|---|---|
| | | | | | |