

412648

ORIGINAL.

ATTESTATION PAPER.

259

A

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?.....
- 2. In what Town, Township or Parish, and in what Country were you born?.....
- 3. What is the name of your next-of-kin?.....
- 4. What is the address of your next-of-kin?.....
- 5. What is the date of your birth?.....
- 6. What is your Trade or Calling?.....
- 7. Are you married?.....
- 8. Are you willing to be vaccinated or re-vaccinated?.....
- 9. Do you now belong to the Active Militia?.....
- 10. Have you ever served in any Military Force?..  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?.....
- 12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE?]

*John Thomas Wheatley*  
*Derlington England*  
*Glouce Emble Wheatley (wife)*  
*Sorset St East Pat Hope*  
*Aug 15th 1881 (ant)*  
*Butcher*  
*yes*  
*yes*  
*no*  
*The Battalion Royal Fusiliers England*  
*yes*  
*yes*

*John Thomas Wheatley* (Signature of Man).  
*L.T. McLaughlin Maj* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Thomas Wheatley*, 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.

*John Thomas Wheatley* (Signature of Recruit)  
 Date *19/2* 1915 *L.T. McLaughlin Maj* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Thomas Wheatley*, 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.

*John Thomas Wheatley* (Signature of Recruit)  
 Date *19/2* 1915 *L.T. McLaughlin Maj* (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 *Pat Hope* this *27th* day of *Feb* 1915.

*T. Black J.P.* (Signature of Justice)

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

*Attestation* (Approving Officer)

257

A

Description of John Thomas Wheatley Enlistment.

Apparent Age 34 years ..... 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. 4 ins.

Chest measurement { Girth when fully expanded ..... 34 ins.  
 Range of expansion ..... 1 1/2 ins.

Complexion ..... Light

Eyes ..... Blue

Hair ..... Dark Brown

Religious denominations. { Church of England ..... Yes  
 Presbyterian .....  
 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 ..... Jan 19 ..... 191 5

Place ..... Paul Hope

R. H. Shields  
 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.

..... John Thomas Wheatley ..... 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.

[Signature] Lt.-Col. (Signature of Officer)  
 Commanding 89th Battalion, C. E. F.

Date ..... MAR 6 ..... 191 5

(S)

**WHEATLEY**

John Thomas

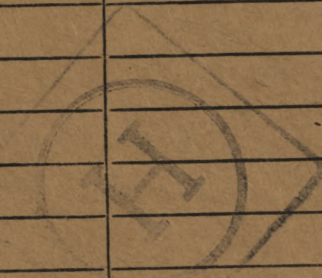
**REGIMENTAL DOCUMENTS**

REGT. No. **412648** UNIT **C.A.S.C.** H. Q. FILE No. \_\_\_\_\_

(H)

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					<b>DEATH</b>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
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)					<b>DISCHARGE</b>
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					CATEGORY
DENTAL HISTORY SHEET (M.F.B. 465)					<i>Med. unfit</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		(M)			
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				<b>15862</b>	
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

10264





412648.

SIN/NAS

Wheatley

Surname/Nom

John Thomas

Given names/Prénoms

**CANADIAN FORCES  
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

10264

**"CONTENTS CONFIDENTIAL"  
"CONTENU CONFIDENTIEL"**

CF 478 (10/74)  
7530-21-870-6931

**COMPONENT  
ÉLÉMENT**

CEF



SURNAME.

Wheatley

CHRISTIAN NAMES

John Thomas

REGL. NO.

4 12648

RANK

Pte.

UNIT

39th.  
Territorials

FORMER CORPS

CARD NO.

S.O. S.V. 4.19. M.H.  
W.O. 9484.4.19 #120.  
FOLL. Lub  
Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wheatley, Mrs Florence E.

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~131 1/2 Duchess Ave~~

33 Teresa St

London S.W.

~~23-1-19~~  
S. A. A. P. 19-12-19 47

Ont.

COUNTRY OF BIRTH

England, Kensington

DATE

Aug. 15th. 1881

PLACE OF ATTESTATION

Port Hope, Ont.

DATE

Feb. 23rd. 1915

0/5 17-6-15 .128

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

W/O 25-2-19 270 1 / (Dover)

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

From Montreal per. S.S. Mississauga 17/6/15.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Butcher

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

34

YEARS

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Light

EYES

Blue

HAIR

Bl. Brown

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Port Hope Ont.

DATE

Jan. 19th. 1915

Present address, not stated.







LEDGER No. 832

SERIAL No. 23836 //

REG. No. H/2648 NAME Wheatley, J.T.

RANK POW CORPS #100

AGE 42 SERVICE 6/12/12-10/2/12-12-1/12

HOSPITALS

DATE OF ADMISSION

1

T Bhop Isolation London

14. 3. 19

2

3

DIAGNOSIS Scabies

TRANSFERRED TO \_\_\_\_\_

DISPOSITION 3-4-19

CATEGORY C.

M.F.W. 2553.  
1126-D.P.-50M-12-18.  
1772-39-1332.

P.T.O.

REMARKS:

Number

412648

Rank

Dr. ~~PE~~ B

Surname

WHEATHEY

Christian Name

John Thomas

Units

C.A.S.C.

Theatre of War

France

Date of Service

27-1-16

Remarks

Latest Address

~~33 Teesa St-~~

~~London South Ont.~~

Roll No.

*Page 13326*

200m.-2-21.M.

229 Emery St., London, Middlesex Co.,  
Ont.

DESP. MAY 26 1922

REGN. NO. 35725

John Thomas.

257

I

Name Wheatley Rank Drm.

Reg. No. 412648.

Unit C.A.S.C. Pool att'd 2<sup>nd</sup> Teamways Coy. G.E.

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List 2.10.18
28 <sup>th</sup> 9	Julham Trily <sup>St. Dunstan's Road</sup>	Hammer Smith	Bail's knee	B324		27663
15 10	Trily (Con) Hosp.	Epsom	do	B337		29113
16 10	The Franor County of London	Ham Epsom	do	B339		29369
27 10	mil Coy 24 70 <sup>th</sup> A	Epsom	do	B346		30158
10.1.19	Discharged.			B402		982
20.1.19	to a/c to Res Dep.	Bordon				3022

Date

Movement

Place

Casualty

List  
No.

Notified  
N/K O.

W.O. List

1153

1154

1155



NAME

Wheatley J. J.

H. Q. FILE No. 649-

REGT'L No.

412648

RANK AND CORPS

Pvt J. C. A. S. C.

CABLE

NATURE OF CASUALTY

NO.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

257

REMARKS

H

A315	No 1 Can Fld. Amb.	19-8-16	Scabies
A317	Mohow Indian, C. F. Amb.	31-8-16	"
A318	No 1 Can Cav. Bde. Supply Col.	31-8-16	"
A215	8 gen Rowen Rejoined Unit from Hoosp.	9-5-18	J & W.
A217	Discharged	12-5-18	"
B324	Fulham Inl. Denmark St. Hammersmith	28-9-18	Boils Knee
B337	Inl Conv Epsom	15-10-18	"
B339	Manor Co of Lon War Epsom	16-10-18	"
B346	Inl Conv Epsom	27-10-18	"
B405	Discharged	10-1-19	"

No.

RANK

Cpl.

NAME

Wheatley John Thomas

T. O. S.

UNIT 46th Newham Regt  
3rd D/S Contingent

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Dec 28 1915 Feb 1 Mar 1	1915 Jan 31 Feb 28 Mar 24	✓ ✓ ✓	39th Bn Leuta trans to 39th Bn.	Mar. Paylist



No. 12648

RANK

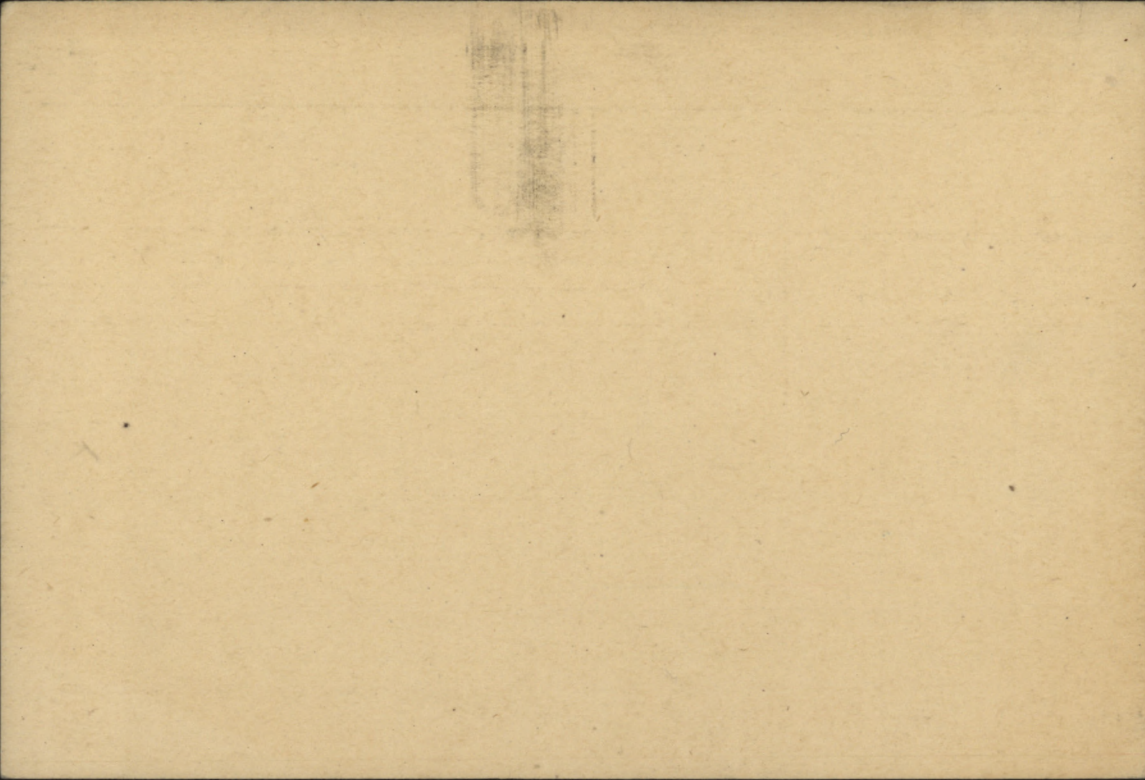
*pte*

NAME

*Wheatley J. J.*T. O. S. *25/8/15 (200.25.26/3/15)* UNIT *39th Battalion*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915-</i> <i>Mar. 25</i> <i>Apr 1</i>	<i>1915-</i> <i>Mar. 31</i> <i>Apr 30</i>	<i>v</i> <i>v</i> <i>v</i>		
<i>May</i> <i>June</i> <i>July</i>		<i>v</i> <i>v</i> <i>n</i>	<i>Forfeit 5 days pay 25/7/15</i>	<i>July pay list</i>

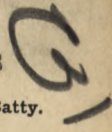
**UNIT SAILED**  
**JUN 24 1915**



257

Surname **Wheatley** Christian Name or Names **J.T.** Reg. No. **412648**

Rank **Pte** Unit **C.A.S.C.L. of C. Pool** Co. Troop Batty.



Hospital **1 Can. Fld. Amb.** Date of Admission **19.8.16**

Transferred **How Indian & Amb** Hosp. **31.8.16**  
**8 Gw. Rouen** Hosp. **9.5.18**

**Fulham Mil St. Austen Hospital** Hosp. with **28.9.18**  
**Mil Conv St. Epsom** Hosp. **15.10.18**

Diagnosis **Scabies**

(1) Later Diagnosis (if changed) **P.V.O.R.**  
 (2) **Boils**  
 (3) **Strep**

Additional Diagnosis: if more than one state present

DISPOSITION

Date	Remarks
C. L. 12.9.16	A315
14.9.16	A317
15.9.16	A318
17.5.18	A215
20-5-18	A217
2.10.18	B324
19.10.18	B337
22-10-18	B339
30.10.18	B340
14.1.19	D405

Rej. Unit 31.8.16  
 Dis. 12-5-18  
 REMARKS  
 " 10.1-19

A.M.D. 2 DEPT.

Beh. of D.M.S. O.M.F.C. London.

Rw

257

G1

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. Manor. War. Epsom.  
Woodcote Park. Epsom

16.10.18  
27.10.18

2.

3.

4.

5.

6.

7.



\*Name WHEATLEY, John Thomas Rank Dvr. Regtl. No. 412648  
 Original unit 39th Bn. Present unit C.A.S.C. M. or S. M. Fyle Depot 1DD 10-W-460  
 Age 37 Religion C. E. Ref. H.Q. 1-D-30-W-1235  
 Port, ship, and date of arrival Halifax, Empress of Britain, 25-2-19.  
 Next of kin Wife, Mrs. Florence Emily Wheatley, Dorset St., E., Port Hope Ont.

Address on leave .....  
 Address on discharge 33 Tresa St., London, Ont.

Transportation issued  Yes  No Date ..... Character on discharge .....

Previous occupation Butcher. Date and place of enlistment Port Hope, 19-2-15.

Diagnosis Synovitis right knee. Date of Medical Boards 27-3-19, London, Ont.

Date. TOS.	Remarks	Pt. 2 Order No.
17-2-19.	No. 1 D. D.	
28-2-19.	Posted to Cas. Coy. and granted furlough with Subsistence to 14-3-19.	65
14-3-19.	Posted to Hospital Section <i>C. H. M. H.</i>	74 77 cc 71

\*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

APR 2 - 1919

*Posted to Casualty Coy.*

93, 93

5-4-19

Discharged from H. M. S. Medically unfit. (P.D.P.)

94

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Rank \_\_\_\_\_ Name **WHEATLEY John Thomas** Reg'l No **412648**

Unit **39th BN.** If in perm. Corps, Married or Single **Married**  
 What Unit? \_\_\_\_\_

Place and Date of Enlistment **Port Hope. Ont. 19th Feb. 1915.** Place of Birth **England.**

Name and Address, Next-of-Kin **Florence Emily Wheatley, Dorset St, East Port Hope. Ont.**

Relationship **Wife.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

N/F R B No **4374**  
 File No \_\_\_\_\_  
 Category **R CANADA**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character **4**

**A.F.B. 103 CHECKED (N.R)**  
**20 DEC 1916**  
 REMARKS  
 Taken from Official Documents **HW**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date
Date	From whom received			
23 <sup>4</sup> / <sub>15</sub>	Pl. 39th Bn	Forfeits 5 Days Pay	Shorncliffe	23 <sup>4</sup> / <sub>15</sub>
13 <sup>9</sup> / <sub>15</sub>	Gen. MacDonnell	Transfd. to CASC I.D.	Do.	11 <sup>9</sup> / <sub>15</sub>
14. 9. 15	of I.D.	Taken on Strength ID	Do	12. 9. 15
28. 12. 15	of I.D.	Struck off Strength ID	Do	27. 12. 15
		Trans to 1 <sup>st</sup> Can Cav Bde Supbol		
29. 1. 16	of No 1 Coy Combat Depot	Embarked for Overseas.	Southampton	29. 1. 16
21. 7. 16	of CCB Sup. Co	Taken on Strength Sup. Co.	S'cliffe	28. 12. 15
12. 9. 16	Lt Col. C.L. CASC	Adm No 1 Can. Field Ambulance		19. 8. 16
14. 9. 16	"	Trans. In how Ind. Car Fld	"	31. 8. 16
15. 9. 16	"	Rejoined Unit from Hpt.	"	31. 8. 16

Part II D.O. No 123.  
 Routine Order No. 2401.

Pl II O 84.

148.

Nominal Roll.

Pl II 49.

CLH 315 Scabies. 8

" A 317.

" A 318.

48  
41224 - Wheatley J.J.

257

C

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place	Date	Part II order No.	REMARKS Taken from Official Documents
Date	From whom received						
25-10-16	<del>CCA. Sup. Bd.</del>	<del>Attached H.Q. Can. Cav. Bde</del>	<del>Field</del>	<del>21.9.16</del>	<del>PT II 75</del>	<del>Cancelled</del> See P. 20 #15	
24/2/17	2 <sup>nd</sup> (now called 5 <sup>th</sup> Cav. Supt)	Attached to H.Q. Can. Cav. Bde	"	17/2/17	PT II 15		
20.2.17	5 <sup>th</sup> Cav. Supt	the 1 <sup>st</sup> Bde BSC to be 5 <sup>th</sup> Cav. Supt	Field	20.2.17	" "	14 change of name	
12-3-17	5 <sup>th</sup> Cav. Supt	Trans to 6 ASC Pool	"	9-2-17	" "	19.	
12-3-17	"	now ceases to be att to Hdqrs	"	9-3-17	" "	19.	
14-3-17	6 ASC Pool	Y.O.S. on reporting from 5 <sup>th</sup> Cav. Supt	"	10-3-17	" "	16	
14-3-17	"	att to Hdqrs Can. Cav. Bde.	"	10-3-17	" "	16 <sup>amend</sup> As in their <del>order</del> mt	
19-10-17	Hq. C.C.B.	att. Hq. Can. Cav. Bde	Bde	"	"	R.L.3-28-28	
23-5-18	"	S.O.S. on reporting to base	"	6-5-18	"	PT II 17 (Casc. Pool PT II 69 dt. 29.5.18)	
28-5-18	Casc. Pool	Referred in P. 16 dt. 14-3-17	"	"	"	PT II 68	
29-7-18	"	att. to Hq. Can. Cav. Bde as in W.E. 10-3-17	"	14-7-18	"	116	
8.10.18	CASCOD	TOS from Casc. Pool on adm. to hosp in England	Schiff	28.9.18	"	257. <sup>Base. Pool. PT II 198 dt. 13-11-18</sup>	
13/11/18	CASCOD	base att. to 2 <sup>nd</sup> Iramway Coy C.F. SOS.	Field	28 <sup>9</sup> / <sub>18</sub>	"	198 <sup>Comp. prop. 1918</sup>	
25-1-19.	CASCOD	On Com to No' M&CW. Rhyt.	"	Borden 23-1-19	2022.	X <sup>amended by 6071 dt. 24/3/19</sup> CASCOD Mitty	
17-2-19.	No' M&CW.	Tospon case 24-1-19 & SOS to C.C.S. Canada.	"	Rhyt. 17-2-19	5041.		

3

257

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

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

500M.—9-16

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

**Casualty Form—Active Service.**

D

Unit, Regiment or Corps. C A S CRegimental No. 412648 Rank pte Name Wheatley J. T.Enlisted (a) 19-2-15 Terms of Service (a) 2 years Service reckons from (a) 19-2-15

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				
			LONDON, ONT.	DISCHARGED	MEDICALLY UNFIT
				APR 5 1919	
				<i>J. G. Beak</i>	
				O. C. Discharge Section, No. 1 D. D.	

(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.]

Casualty Form—Active Service.

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

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# DENTAL HISTORY SHEET

DISTRICT.....

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER W. H. EATLEY *John Thomas*

REGIMENT 39th

RANK Cor

No. A. 12648

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	1919 Mar. 14										20											Ex. 10, 19, 30, Li. Rest
																				<i>R. M. McLean</i> Capt		



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

THE UNIVERSITY OF CHICAGO  
LIBRARY

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LIBRARY  
DENNY HISTORICAL SHEET

UNIVERSITY OF CHICAGO



257

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

M

This is to Certify that No. 412648 (Rank) DRIVER

Name (in full) WHEATLEY, John, Thomas enlisted in

the CANADIAN ARMY SERVICE CORPS C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at PORT HOPE ONTARIO on the NINETEENTH

day of FEBRUARY 19 15.

HE served in FRANCE (WITH THE CANADIAN ARMY SERVICE CORPS)

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 37 YEARS

Height 5' 4"

Complexion LIGHT

Eyes BLUE

Hair DARK BROWN

Marks or Scars

TWO SCARS RIGHT LEG.

Signature of Soldier

DISCHARGE SECTION  
APR 5 1919  
No. 1 District Depot

Date of Discharge

*John Thomas Wheatley*  
Issuing Officer  
CAPTAIN  
Rank

O.C. DISCHARGE SECTION NO. 1, D.D.  
Appointment

Signed at LONDON ONTARIO this FIFTH day of APRIL 19 19

in Military District No. (ONE)

File Reference No. 1, D. 30-W-1238  
1, D.D. 10-W-360.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

1 P.M.

10-Wh-57

ORIGINAL

LAST PAY CERTIFICATE

Regt. No. 412648 Rank Pte Name Wheatley John  
Corps Cavalry who was Discharged Thomas  
on 1919 to

The following is a statement of the account of the above named from to

Bal Dr from mon. of Mar 24 10 from mon. of  
from L.P.C. Bal Cr from L.P.C.  
ASSIGNED PAY: 3 5 } 8 Regt. Pay 5 dys. @ \$ 1.10 5.50  
P'd All. 5 dys. @ \$ 5.50  
SEPARATION ALLOWANCE: OTHER CREDITS:  
Clothing Allowance 35.00  
OTHER CHARGES: Subistence @ 80¢ per day  
PAYMENTS: 35

Bal. Credit (to be pd.) Bal. Dr. (to be deducted) 31.60  
77.10 (from soldier \$ 31.60 )  
(from Dependent \$ ) 77.10

SEPARATION ALLOWANCE ASSIGNED PAY VICTORY BND  
at \$ 30 per month 30 at \$ 20 per month 5 4/19 Subscribed \$  
has been paid to 5 19 has been paid to 5 4/19 Pa. by \$  
by this Unit by this Unit other Units  
pd. by this \$  
Unit

Dependent or Beneficiary: Mrs J E Wheatley  
Address: 33 Theresa St, London South, Ont.

REMARKS: D.C. 94 Discharged on Demobilization. M.C. 5 4/19  
Date of Enlistment: 19-2-15  
If married and if Separation Allowance card submitted. yes yes

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Paymaster,  
Date: District Depot  
London, Ontario J D Patterson Captain,  
Paymaster, No. 1 District Depot.

APR 5 - 1919  
No. 1  
LONDON, ONT.

# TRAINING-HISTORY SHEET

DEPOT BATTALION, CANADIAN EXPEDITIONARY FORCE

191.....

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

WEEK OF TRAINING	FIT FOR TRANSFER TO HIGHER WEEK	DATE	FIT FOR TRANSFER TO HIGHER PERIOD	DATE	(Information to assist in carrying on training from point left off in Canada, i.e. aptitude of man, results of standard tests, range practices fired, bayonet training, etc.)
PERIOD I, 1st Week					
2nd "					
PERIOD II, 3rd "					
4th "					
5th "					
6th "					
PERIOD III, 7th "					
8th "					
9th "					
10th "					
PERIOD IV, 11th "					
12th "					
13th "					
14th "					

\*Initials of officer in charge of week or period of training.

M. F. W. 113.

200M.-5-13.  
1772-39-11-0.

(O. C. .... Depot Battalion, ... Regiment.)

257

(SERVICE AND CASUALTY FORM Part II).

D

Regiment or Corps C.A.S.C. Regimental Number 42648

\*Substantive Rank Pte Surname Wheatley Christian Names J.J.

\*Acting Rank \_\_\_\_\_

(\* To be entered in pencil to facilitate alteration.)

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

5-11-18	O/c Records.		ceases to be attached as in W.C. to 2 <sup>nd</sup> Tramway Coy C.C. on being admitted to Hospital while on leave to U.K. Leave expired 1-11-18		28-9-18	RL 5-40-303 over RB-51118 REF FILE K G 17/2417 Pt II C 198 9/1918.
dc.	dc.		Adm. to Fulham Military Hosps. whilst on leave and posted to CASC. Corps Depot. Shorncliffe. J.M. Davis		28/9/18	RL 5-40-303 over RB-51118 1617/2417. Pt II D. 148 d/1918

Lieut. for Lt.-Col., A. A. G.  
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

8.10.18	CASC	Pf 257.	TOS from case pool Seiffie ( Hosp. Pat. )		28/9/18	Pf 257
---------	------	---------	--	--	---------	--------

P. Aardent Lieut  
for Major i/c Records, C.M.P.F.

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

257

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

27-1-19

Cwac

O.C. to Rhyl for R.T.C

Bandon 24-1-19 RTJ 22

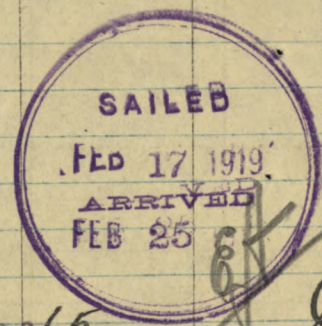
J. J. D. *[Signature]* LT

for O.C. BRDC

*yes*  
 Attached C.O.C. Kinmel Park for  
 return to Canada. Part II Orders  
 No. ~~3041~~ *3041* ~~Seamus D. O. S.~~  
 C.O.C. Kinmel Park on embark-  
 ing for Canada, Part II Order  
 No. ~~3041~~ *3041* ~~J. E. Avery. Lt~~  
*J. E. Avery. Lt*  
 Major Commanding *BrW.* Wing,  
 Kinmel Park Camp.

~~#219~~ L. O. P. II # 30  
17/2/19

EMPERESS OF BRITAIN



Nothing to be written in this margin.

FEB 17 1919 *From [Signature]*

Taken on strength No. 1 District Depot *London D. 065*

*[Signature]*  
for O.C. NO. 1 DISTRICT DEPOT

Original Not Available

Casualty Form—Active Service.

*Ltd.* Regiment or Corps *C.A.S.B.C.*

Regimental No *412648* Rank *Pte.* Name *Wheatley J.T.*

Enlisted (a) *1/2/15* Terms of Service (a) *DofW* Service reckons from (a) *257*

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				

<i>29.12.15</i>		<i>Transferred to</i>	<i>1st CANADIAN CAVALRY BRIGADE SUPPLY COLUMN.</i>		<i>Part II Orders No: -49</i> <i>dt-21-7-16</i>
		<i>(Routine Order #296.)</i>			
		<i>Disembarked at</i>	<i>Rouen</i>	<i>29/1/16</i>	<i>LR 4559.</i>
<i>26-8-16</i>	<i>MADON I.C.F.A</i>	<i>Scabies adm</i>	<i>Field</i>	<i>19/8/16.</i>	<i>A36. OBS 39.</i>
<i>2-9-16.</i>	<i>O.C. Unit</i>	<i>Rejoined from Hospital</i>	<i>do.</i>	<i>31-8-16</i>	<i>B213. OBS. 40 dt/10/9/16</i>
<i>2-9-16.</i>	<i>mhuw I.C.F.A.</i>	<i>Scabies Disch'd</i>	<i>do.</i>	<i>31-8-16.</i>	<i>A36. OBS No 40. 10/9/16</i>
<i>25-10-16</i>	<i>O.C. Unit</i>	<i>Attached to Hqs Can Cav</i>	<i>do</i>	<i>21-9-16</i>	<i>B213a. Pt II Orders No 75 dt. 25/10/16</i>
		<i>Bde C Cancelled</i>			<i>Pt II Ord. 15 of 24-2-17.</i>
<i>28-2-17</i>	<i>Ed. Hdqs Can Cav Bde</i>	<i>Attached to Hdqs Can. Cav. Bde.</i>	<i>Field</i>	<i>6 17-2-17</i>	<i>B213 Pt II Ord. No 15 of 24-2-17</i>
<i>9-2-17</i>	<i>a.a.s.</i>	<i>Scabies to be attached only</i>	<i>do</i>	<i>9-2-17</i>	<i>dt 9476. Pt II Orders No 19 of 12-2-17.</i>
<i>14-12-16</i>	<i>a.a.s.</i>	<i>Designation changed to Can. Cav. Bde. Civ. Supp. Column</i>			<i>Pt II Orders 14 of 20-2-17.</i>

(a) In the case of a man who has been engaged for or enlisted into Section B. 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.]

D

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, 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				
9-3-17	Can Sec 3rd Lt	Trans to case Pool	Field.	9-3-17	# de 9476. P.I. Order no 19 of 12-3-17
	Asst Can Sec	Taken on strength of CASE Pool on transfer from. can Sect 5th Cav Div S. Col. and attached as in W.E. to H.Q.s Can Cav Bde.		10/3/17.	- File 9476. P.I.O No 16 of 14/3/17
				10/3/17.	
12-8-17	H.Q.s C.C.B. Bde	Granted leave of A.		11-8-17	B213. P.I.O 55. 1917.
25-8-17	do.	Returned from leave		21-8-17	
7-5-18	J.C.C.F.A.	P.I.O.	Job. Jamb,	22-8-16	B213 P.2 O. 58. 4-9-17
9-5-18	8 Genl	"	adun 8 Genl	7-5-18	F-561
16-5-18	C.G.B.D	J.O.S from 8 Genl.		9-5-18	W/F6891
12/5/18	8 Genl.	P.I.O.	To Rein Dep.	15-5-18	NR/817.
11-5-18	H.C.C.S		To R.A.T. 15.	12/5/18	F. 1158
19-5-18	20 C.C.R.L.			7-5-18	F. 1156.
				19-5-18	KR 1228.
		Repts. in P.2 O. 16, 14/3/17 as att'd. to H.Q. C. Car. Bde. as in W.E. now included to read "posted to H.Q. Cdu. Car. Bde.		10/3/17.	Authy. KA 15662. P.2 O. 68 of 28/5/18. CASE Pool.
11-5-18	H.Q. Cdu. Car. Bde	Taken on strength of CASE Pool on reporting from H.Q. C. Car. Bde.		7-5-18	B213. P.2 O. 69 of -
19-5-18	CCRC	arrived		19-5-18	NR/699
14-7-18	Do	To 2 Dragoon Coy C.E.		14-7-18	KR 440 NR 1247
20-7-18	21. Coy	Attached to 2 Dragoon Coy as in W.E.		14-7-18	" B213 P.I. 116 of
21-9-18	Do	Granted 14 days leave to U.K.		16-9-18	AFB213 of P2 O 63 of 14/18
19-10-18	Do	Adm to Sulham Military Hosp. while on leave to U.K.		28-9-18	AFB213 of



CASE HISTORY SHEET.

259

F

Isolation WomH Hospital. London Ont Station.  
 No. 412648 Rank Dr. Name Wheatley J Age 42  
 Unit # 1010 Completed years of service Where and how long } Can 1 1/2 E 2 1/2 France 2 1/2  
 Date of admission 14 - 3 - 19 Date of discharge ~~21 - 3 - 19~~  
 Diagnosis Scabies. Place of origin Overseas

CONDITION ON ADMISSION AND PROGRESS OF CASE. Admitted on the rash over upper part of chest - collar about neck and down spine to 6th dorsal vertebrae. History began in December 1915 when overworked - similar disease developed in same place - Was sent to Hospital - Has been in Hosp 6 times since with same complaint. Disappears in two weeks - occurs at irregular periods of months. Present rash has been on body for two months but not spread over body. Rash has circular reddish base with silvery scales. Scales increasing after superficial irritation.

18-3-19 - Slight improvement. - D.V.  
 20-3-19 - Improved - Not infectious. Transfer Ward E. - After order - D.V.

FAMILY HISTORY by  
 (Tuberculosis, mental or nervous diseases.)

TREATMENT. Especially any specific or special form )  
 Calomel 50 ii. P.M.  
 Ipecac 3i. P.M.  
 Open roof tops -  
 Bu chloride Baths daily  
 Sclerol - daily

CONDITION ON DISCHARGE. Completely recovered from scabies (and disposal made of case.) admitted to Ward G. for disposal on 227 for old disability. (Synovitis. Rt. Knee). Boarded on 227. Approved. Discharged fit for light duty in Canada.  
 Date Apr 1/19 Cate.  
 Medical Officer i/c case.

UNIVERSITY OF CHICAGO

1918

1918

Very truly yours,  
[Signature]

Rank

Name **WHEATLEY John Thomas**

Reg'l No. **12648**

Unit **39th BN.**

If in perm. Corps,  
What Unit?

Married or Single **Married**

Place and Date of Enlistment **Port Hope, Ont. 19th Feb. 1915.** Place of Birth **England.**

Name and Address, Next-of-Kin **Florence Emily Wheatley, Dorset St, East Port Hope, Ont.**

Relationship **Wife.**

Assigned Pay Monthly \$ **20<sup>7</sup>/<sub>100</sub>** Payable to **Next of kin**

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						
July 1	July 31	31	1	3100	31	10	310	3410	31	756.2000	51	3250	160	for 5 days pay.	
Aug 1	Aug 31	31	1	3100	31	10	310	20 3430	65 106	486 855.20		3341	249 89	adj of cash	
Sept 1	Sept 30	30	1	30	30	10	300	33		20		50.2050	1499	for 5 days July 2nd day	
Oct 1	Oct 31	31	1	31	31	10	310	3410		20		20	2909	Disca. S.A. B.O. 195	
Nov 1	Nov 30	30	1 <sup>00</sup>	30	30	"	30	2909	6209	1704	20	37	0485	trans to C.O.C.	
Dec 1	Dec 31	31	"	31	31	"	310	2500	5915	1460	20	3460	2455		
Jan 1	Jan 31	31	"	31	31	"	310	2455	5865	729	20	2729	3136		
Feb 1	Feb 29	29	"	29	29	"	290	3136	6326	3009	20	5009	1317	R. R. no 2. 26 76	
Mar 1	Mar 31	31	"	31	31	"	310	1317	4727	699	20	2699	2028		
								2028							
				24500			2450	2030270		9692180		550292	422028		



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

To Whom *Mrs A. E. Wheatley* By Whom Assigned *Wheatley J. T*  
Address *Douset St.* Regtl. No. *412648*  
*Port Hope* Rank *Plb*  
*Ont.* Corps *1st Can Cav Bde. Supp Col*  
Rate *\$ 20 00*

SPECIAL PERMITTANCE

*Sched # 37. 9. 3. 16*

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	<i>1916</i> 1914			
<del>Sept.</del> <i>March</i>		<i>6 19314</i>	<i>20 -</i>	
Oct.				
Nov.				
Dec.				
Jan.	<i>1917</i> 1915			
Feb.				
March				
April				
May				
June				
July		<i>A 15347</i>	<i>40 -</i>	<i>Sched # 386. 26. 6. 17</i>
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1917

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## MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

28/12/14

Name *Mrs Florence Wheatley* Name of Soldier *Wheatley Jno. Thomas*  
 Address ~~*Post Hope*~~ Regtl. No.  
*13 1/2 Duchess Ave Ont* Rank *Corpl*  
*London* Corps *39th Batt.*  
 Relation to Soldier *Wife* To what Corps belonging  
 wife, child or mother } when called out } ✓ ✓

## PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March		<i>478</i>	<i>-62</i>	<i>-62</i>	
Apl.		<i>7720</i>	<i>20</i>	<i>20</i>	
May		<i>10208</i>	<i>20</i>	<i>20</i>	
June		<i>7666</i>	<i>20</i>	<i>20</i>	
July		<i>12350</i>	<i>20</i>	<i>20</i>	
Aug.		<i>13885</i>	<i>20</i>	<i>20</i>	
Sept.		<i>77436</i>	<i>20</i>	<i>20</i>	
Oct.		<i>17281</i>	<i>20</i>	<i>20</i>	
Nov.		<i>210818</i>	<i>20</i>	<i>20</i>	
Dec.		<i>20701</i>	<i>20</i>	<i>20</i>	
Jan.	1916	<i>22386</i>	<i>20</i>	<i>20</i>	
Feb.		<i>22670</i>	<i>20</i>	<i>20</i>	
March		<i>22824</i>	<i>20</i>	<i>20</i>	



RECEIVED  
GENERAL INVESTIGATIVE  
DIVISION  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

NOV 20 1964

25

10

108547



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier

*Florence Wheatley (wife)**Wheatley Jno. Thos.*

PAYMENTS.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 4217	20	20
May		T 4664	20	20
June		W 7917	20	20
July		R 11735	20	20
Aug.		W 14524	20	20
Sept.		H 17873	20	20
Oct.		W 21240	20	20
Nov.		S 23287	20	20
Dec.		H 27533	20	20
Jan.	1917	M 29313	20	20
Feb.		J 34033	20	20
March		H 36725	20	20
April		K 3098	20	20
May		H 6180	20	20
June		H 9489	20	20
July		H 12709	20	20
Aug.		T 16280	20	20
Sept.		V 19758	20	20
Oct.	15 9/11	J 22004	20	20
Nov.		T 24591	20	20
Dec.		N 27811	20	20
Jan.	1918			
Feb.			722	
March				
April				
May				
June				
July				

*131 1/2 Duchess ave London Ont*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

*(Wife)*MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTSM. F. W. 12.  
20m.—5-15.  
H. Q. 1772-59-819.To Whom *Mrs F. E. Wheatley*  
Address ~~*Dorset St. E.*~~ *w.g.b.*  
~~*Post Office*~~ *16/10/17*  
*131 1/2 Duchess Ave,*  
*London Ont*  
Rate *\$20<sup>00</sup>*By Whom Assigned *Wheatley F. E. 8.*  
Regtl. No. *12648, (412645)*  
Rank *Pte*  
Corps *39<sup>th</sup> Batt. B Coy.*

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>Q 3842</i>	<i>20 00</i>	
Aug.		<i>R 4739</i>	<i>20 —</i>	
Sept.		<i>Q 4056</i>	<i>20 —</i>	
Oct.		<i>V 6182</i>	<i>20 —</i>	
Nov.		<i>Q 2984</i>	<i>20 —</i>	
Dec.		<i>Y 7186</i>	<i>20</i>	
Jan.	1916	<i>Z 9806</i>	<i>20</i>	
Feb.		<i>K 12837</i>	<i>20</i>	
March		<i>N 1590</i>	<i>20</i>	



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MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. 2. Mrs F. E. Wheatley

OVERSEAS CONTINGENTS  
*wife*  
 PAYMENTS.

Name of Soldier Wheatley J. J.  
B. Co. 39th Batt

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				#2000
April	1916	J 9433	20	
May		S 4736	20	
June		M 9339	20	
July		B 8687	20	
Aug.		Q 16169	20	
Sept.		X 20110	20	
Oct.		X 25280	20	
Nov.		O 28356	20	
Dec.		L 35944	20	
Jan.	1917	G 4293	20	
Feb.		J 48256	20	
March		J 53670	20	
April		L 5773	20	
May		L 12563	20	
June		K 4628	20	s
July		E 26390	20	
Aug.		T 33489	20	
Sept.		J 41009	20	
Oct.		R 46192	20	131 1/2 Duchess St., London Ont 10/1/17
Nov.		V 52552	20	
Dec.		O 62667	20	
Jan.	1918			
Feb.			600	
March				
April				
May				
June				
July				

*Handwritten initials*

*Handwritten initials*

*Handwritten mark*

*W. T. C.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-		EFFECTIVE DATE:-					
AMOUNT:- 20 <sup>00</sup> / <sub>100</sub>		AMOUNT:-					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		PARTICULARS OF RANK OR APPOINTMENT					
Florence E. Wheatley # 1001 St. J. Port Hope, Ont.		NAME: <b>WHEATLEY, John</b> NUMBER: <b>2112628</b>					
		AUTHORITY: _____ DATE EFFECTIVE: _____ RANK OR APPOINTMENT: <b>Regt</b>					
		UNIT AND TRANSFERS ORIGINAL UNIT:- <b>1st B.B.S.S.</b> DATE ACCOUNT FIRST OPENED:- _____					
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
10/1/19	980	Eferon	24 33				
23/1/19	696	Bdow	14 60				
PARTICULARS OF RENDERING NON-EFFECTIVE:		Trans to Canada & Fee 1/2/19. Ref NR. 439. Rordon 14/1/19. WD. 1 Debit \$13.70.					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									89 27		
Mar	P.P.										
Apr	P.P.	33		278 9/8/17 \$ 3 28	7 14						
				565 11/1/17 do	7 14						
				112 10/5/17 do	10 70						
				161 25/5/17 do	3 57						
				252 27/5/17 do	3 57						
				119 15/11/17 Ban do	12 28						
				115 29/12/17 do	2 68						
				1002 12/3 Ban do	3 57			20			
				314. ROAD. 7-657 Bank	3 57						
				9 7/21 R.S.P.	3 57				22 68		
May	P.P.	33		Ban do	59 79			20			
		32 10		1054 27/3 \$ 3 28	3 57						
				82 27/21 do	3 57				49 61		
		32 10			7 12			20			
June	P.P.	33		Ban do				20			
				525 17/6 1st P.T.	2 26						
				395 1/6 1st P.T.	3 57				54 61		
		33			8 03			20	88 71		
July	P.P.	33		Ban do				20			
				479 1/3 do	4 26						
				857 1/7 Tramway	3 57				60 68		
		32 10			8 03			20			
Aug		34 10		ap				20			
				994 2/9/18 Tramway Cabo	3 57						
				1097 16/8 "	3 57				67 61		
		34 10			7 12			20	100 61		
SEP 1918		33		C.A.P.				20			
				2202 29 4/9/18 Tramway	3 57						
				A.R. 793 11/9/18 2nd	73 -						
				P.T.O.	16						

NUMBER *H12648*

RANK

Pte.

NAME

*WHEATLEY. J. T.*CAP. 20<sup>00</sup>

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				<i>AR. 65. 16/9/18. Framway</i>	<i>535-</i>			<i>20</i>	<i>106.38</i>		
				<i>AR. 2937. 19/9/18. S.B.D.</i>	<i>446</i>				<i>574</i>		<i>87</i>
		<i>33</i>			<i>8638</i>			<i>20</i>			
<i>OCT</i>	<i>P.P.</i>	<i>34 10</i>		<i>C.A.P.</i>				<i>20</i>			
				<i>AR. 6380. 25/10/18. Epsom</i>	<i>973-</i>				<i>137</i>		
		<i>34 10</i>			<i>973</i>			<i>20</i>			
<i>NOV</i>	<i>918</i>	<i>13 -</i>		<i>C.A.P.</i>				<i>20 -</i>			
<i>Dec/18</i>		<i>34 10</i>		<i>AR. 7765 25/11/18. Epsom</i>	<i>487-</i>						
<i>Jan/19</i>		<i>34 10</i>		<i>4526 20/12/18 - "</i>	<i>973-</i>						
				<i>C.A.P.</i>				<i>20 -</i>			
				<i>"</i>				<i>20 -</i>	<i>25 23</i>		
		<i>101 20</i>			<i>1460</i>			<i>60 -</i>			
				<i>AR. 786 10/1/19 Epsom</i>	<i>2433</i>						
				<i>" " 1/1/19 Kin Ph</i>	<i>243</i>	<i>con 196</i>					
				<i>" 2676 23/1/19 Bordon</i>	<i>1460</i>				<i>16 13</i>		
					<i>4136</i>						
				<i>Sailing list 24 W.O.S. to 6da 17<sup>th</sup> 19.</i>							



MARRIED OR SINGLE *M.*  
PLACE OF BIRTH *England.*  
NAME AND ADDRESS OF NEXT OF KIN *Sturace E. Wheatley*  
*Dorset-st-East-Port-Hope-Ont.*  
RELATIONSHIP OF NEXT OF KIN *Wife*  
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.

REG'L. NO. *412648* RANK *Plt* NAME *Wheatley John Thomas*  
IF IN PERMT. CORPS } WHAT UNIT } *166 B. Suppl* TRANSFERRED TO *L.S.H.* DATE *21/7/17* AUTHORITY *L.S.H.*  
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
PLACE OF ATTESTATION *Port Hope Ont.* TRANSFERRED TO DATE AUTHORITY  
DATE OF ATTESTATION *19th July 1918.* TRANSFERRED TO DATE AUTHORITY  
ASSIGNED PAY MONTHLY \$ *44.44* DATE EFFECTIVE  
PAYABLE TO *Hosp.* RELATIONSHIP  
ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE  
PAYABLE TO *Flourace E. Wheatley, Dorset St. Port Hope Ont.* RELATIONSHIP *Wife.*  
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)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	NO. OF DAYS	RATE	NO. OF DAYS	RATE				1	2	3	4	1	2	3	4				CREDIT	DEBIT						
<i>1916</i>																												
<i>March 31</i>		<i>275</i>			<i>2750</i>			<i>20</i>	<i>30270</i>							<i>9692</i>		<i>180</i>	<i>550</i>	<i>28242</i>	<i>2028</i>							
<i>April 30</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>20</i>	<i>310</i>				<i>33</i>	<i>39570</i>	<i>5729%</i>					<i>262</i>	<i>262</i>	<i>20</i>		<i>2786</i>	<i>2542</i>							
<i>May 31</i>	<i>31</i>		<i>31</i>		<i>310</i>				<i>3410</i>	<i>6513</i>	<i>7629</i>					<i>255</i>	<i>256</i>	<i>20</i>		<i>2511</i>	<i>3441</i>							
<i>June 30</i>	<i>30</i>		<i>30</i>		<i>310</i>				<i>33</i>	<i>8610</i>						<i>256</i>		<i>20</i>		<i>2256</i>	<i>4485</i>							
<i>July 31</i>	<i>31</i>		<i>31</i>		<i>310</i>				<i>3410</i>	<i>974416</i>	<i>1077416</i>					<i>255</i>	<i>262</i>	<i>20</i>		<i>3517</i>	<i>5848</i>							
<i>Aug 31</i>			<i>31</i>		<i>310</i>				<i>3410</i>	<i>119</i>	<i>13519</i>					<i>262</i>	<i>262</i>	<i>20</i>		<i>2785</i>	<i>6003</i>							
<i>Sept 30</i>	<i>30</i>		<i>30</i>		<i>310</i>				<i>33</i>	<i>148476</i>						<i>262</i>		<i>20</i>		<i>2262</i>	<i>7041</i>							
<i>Oct 31</i>	<i>31</i>		<i>31</i>		<i>310</i>				<i>3410</i>	<i>1584916</i>						<i>261</i>		<i>20</i>		<i>2261</i>	<i>8190</i>							
<i>Nov 30</i>	<i>30</i>		<i>30</i>		<i>310</i>				<i>33</i>									<i>20</i>		<i>2349</i>	<i>9141</i>							
<i>Dec 31</i>	<i>31</i>		<i>31</i>		<i>310</i>				<i>3410</i>									<i>20</i>		<i>20</i>	<i>10557</i>							
<i>1917</i>									<i>3410</i>									<i>20</i>			<i>10551</i>							
<i>Jan 31</i>	<i>31</i>	<i>5500</i>							<i>3410</i>									<i>20</i>		<i>2349</i>	<i>11612</i>							
<i>Feb 28</i>					<i>3080</i>				<i>3080</i>									<i>20</i>		<i>2522</i>	<i>12170</i>							
<i>March 31</i>					<i>3410</i>				<i>3410</i>									<i>20</i>		<i>5314</i>	<i>10266</i>							
		<i>704</i>							<i>20</i>	<i>70420</i>						<i>1813</i>	<i>1565</i>	<i>13615</i>	<i>611</i>	<i>420</i>	<i>550</i>	<i>60154</i>	<i>10266</i>					

4 12648 Pte Wheatley, J. J.

\$ 20

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT					
			\$	c.						\$	c.																	NO.	DATE	NO.	DATE	NO.
Forward			704	-														20	704	20	704	20										
April 30	1 <sup>00</sup>	33																														
May 31		34	10																													
June 30		33																														
July 20		22																														
July 10		8	10																													
Aug 31		34	10																													
Sept 30		33																														

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.
Oct									124 77														
	Pto Pay	34 10		64 12/6 5 <sup>th</sup> D.S.C.	17 85																		
		34 10		287 10/7 L.S.H.	3 57				137 45														
Nov		33 -		Can a P			20 <sup>00</sup>																
Dec		34 10		" " " O & T			20 <sup>00</sup>																
				339 28/7 L.S.H.	3 56																		
				Can a P			20 <sup>00</sup>																
				107 <sup>5</sup> L.S.H. 10/8/17.	58 40																		
				406 2 <sup>5</sup> / <sub>8</sub> L.S.H.	3 57				79 02														
1918		67 10		Can a P			20 <sup>00</sup>																
Jan		34 10		47 <sup>2</sup> D.N.A.R. 8/9 L.S.H.	3 57				89 55														
Feb		30 80		Can a P			20		100 35														
Mar		30 80					20																
		32 10					20																
				652 1 <sup>3</sup> / <sub>2</sub> R&B	7 12																		
				102 1/2 G.S. and B.C.	17 82				89 27														
					24 92																		

Paid stub: da. adj in August P.D.

REC. 11/13/15

War Service Badge  
 This space to be for numbers  
 Class **A** No. 84237 Issued

War Service Badge.  
 Class **B** No. 52807 Issued.

**Proceedings on Discharge.**

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(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	412648
Rank	DRIVER
Surname	WHEATLEY
Christian name	JOHN THOMAS
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	CANADIAN ARMY SERVICE CORPS C.O.M.F.
Date of discharge	APR 5 1919 <i>1919 4/4/14</i>
Place of discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	37 years..... months
Height.....	5 feet 4 inches.
Complexion	LIGHT
Eyes	BLUE
Hair	DARK BROWN
Trade	BUTCHER
Intended place of residence	33 THESSA STREET LONDON SOUTH ONTARIO.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
<b>MEDICALLY UNFIT</b>	
Authority for discharge.....	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<i>Deceased 17-12-40 649-W-12584</i>	

M. F. B. 218.  
 200M.—5-18.  
 H. Q. 1772-39-113.

*N.C.D  
 27. 10. 19  
 J mds*

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... LONDON, ONT. *J. J. Wheatley* (Signature of Soldier.)

(Date)..... APR 5 1919 (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 on 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 toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... LONDON, ONT.

(Signature)..... *Johnnie Wheatley*

(Date)..... APR 5 1919

C. C. Discharge Section, No. 1 D. D.

**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.)

*J. J. Wheaton*

*Done*

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }                    or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."          ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23                            or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
--	--

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

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THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

ID 29-3-1919

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 London Ont. DATE March 26th. 1919

1. 1 (a) Unit D D N O I. (b) Regimental No. 412648 (c) Rank Driver  
 (d) Surname Wheatley (e) Christian name John Thomas  
 (f) Home address 33 Teresa st. London Ont.  
 (g) Next of Kin Florence Emily Wheatley (h) Relationship Wife  
 (i) Address of Next of Kin 33 t eresa St. London Ont.
2. Age last birthday 41 Date of birth August 15th. 1877
3. Enlistment, or Appointment (if an Officer) (a) Place Port Hope Ont. (b) Date 28-12-15
4. Personal description:  
 (a) Height 5' 4 1/2" (b) Weight 121 (c) Complexion Medium  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Large ~~ir~~ irregular scar extending anterior surface of right leg from lower border of patella 5" x 2" another scar 2" on inner surface of right leg above knee
5. Former trade or occupation Metal worker

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
	4	102

	PERIODS	
	From	To
Canada	28-12-15	23-6-15
England	15-2-19	26-3-19
	23-6-15	3-1-16
France or other theatres of War	14-9-18	15-2-19
	3-2-16	14-9-18

7. Original disease, or injury Synovitis right knee
- (a) Date of origin Oct. 20th. 1917 (b) Place of origin France  
 (c) Cause Fall from a horse.

K

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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.)

Slight loss of function of right knee.

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.)

Weakness of right knee on walking and disturbance of sensation in right knee and leg. Knee is slightly swollen and small excess of synovial fluid. Scars on anterior surface of leg from previous abscesses. Movements of knee normal and proved good. There is a large healed scar over skin and one on inner side of right knee. These are old scars prior to enlistment with no disability resulting. No external evidence of weakness of ankle.

SUBJECTIVE. Complains that when walking for 1/2 hour at slow gait leg becomes painful and also knee joint. The leg feels numb over upper half on anterior surface ankle is weak and pains after walking half a mile.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System..... NO Cardio-Vascular System..... NO Genito-Urinary System..... NO  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... NO Respiratory System..... NO Integumentary System..... NO
- Disturbances of Mentality..... NO Digestive System..... NO Muscular System..... NO
- Osseous and Joint Systems..... NO Any other general condition..... NO

10. (a) History (of the condition referred to in Section 9 (a).)

He states that on 20-10-17 he fell from a horse ( in France ) the knee was swollen, but he carried on for 3 weeks when it became worse, was excused duty for few days. While on leave in England it became swollen and was admitted to Fulham Mil. Hospital 26-9-18. There was no necrosis of bone. Sent to Epsom 14-10-18 and next day to Manor War Hospital with knee badly inflamed and swollen and discharging. Sent back to Epsom and from there invalided to Canada. Admitted to L.M.C.H.



257

K

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).)

In 1902 had operation for right inguinal hernia and right testicle removed. Complete recovery. When six months old was in hospital with abscesses on right leg in two years was cured no disability followed. No other severe illness.

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

Scar 3" in length from operation for hernia. Two scars on right leg as described in 9.

11.—(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable

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

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? one year.

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

Had electricity and massage at Epsom. With no marked improvement he states

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)

NO

16. Can the former trade or occupation be resumed? NO

(If not, briefly state why)

17. Recommendations Duty in Canada.

*[Signature]*  
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, J. T. Wheatley, 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

*[Signature]*  
John Thomas Wheatley Rank. Driver  
Signature of invalid examined.

257  
4  
K  
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.

Agree except in 17. Should be fit for light duty in Canada

19. Is the invalid fit for

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

Fit for light duty in Canada.

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..... London Ont.

*[Signature]* Capt. C.A.M.C. President.  
*[Signature]* Capt. C.A.M.C. } Members  
 Capt. C.A.M.C. }

DATE..... March 27th. 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....  
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

APPROVED BY

*[Signature]* Major D.A.M.C.  
for Assistant Director of Medical Services.

DATE..... 29 3 19

APPROVED BY

Director-General of Medical Services.

DATE.....

Overseas

2 Divison  
257

Forms  
I. 1237  
12

Army Form I. 1237.

MEDICAL CASE SHEET.\*

E

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

H12648 Ser W Healey J T

Unit.

Age.

Service.

base

Year

1918

Station  
and Date.

Disease

O.C.D. right knee

Large circular scar 5" over front  
right leg. Skin contracted. Some loss  
of bony tissue ant surface tibia. Smaller  
scar inner side of knee. Limit of  
movement of knee. L 2 & Mass.

H. Pettman  
Maj.

Convalescent Hospital,  
No. ....  
Date .....  
Woodcote Park, Epsom.

27 OCT 1918

30 OCT 1918

6 NOV 1918

Disc Mass. Hunt's wound. R.G.

8 NOV 1918

b.o.

15.11.18.

O.C.

22 NOV 1918

b.o.

29.11.18

Board - "Tab 1-2 - off R.G.

10.12.18

Boarded B II by S.M.B.

17.12.18

Approved by A.D.M.S.

W. ... Capt

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.


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

REGT. No. 412648 RANK Pte NAME (IN FULL) WHEATLEY John Thomas

M. OR S. M

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. Cavalry	IF IN P. F. WHAT UNIT? as below.	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO #128	DATE 17-2-19 AUTHORITY Do. 65
					DATE OF ATTESTATION 19-2-15	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? 30 <sup>00</sup> Pdto	DATE EFFECTIVE 28-2-19				ASSIGNED PAY. \$ 20 <sup>00</sup> Pdto	DATE EFFECTIVE 28-2-19	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO Mrs. J. E. Wheatley	RELATIONSHIP (W)	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS 33 Theresa St. London South Out		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED London	DATE 5-4-19	REASON Med. unfit AUTHORITY Do. 94 IF ENTITLED TO POST DISCHARGE PAY Yes

Same as a/p.

MONTH	NO. OF DAYS	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
Balance from previous account	31-1-19																	Kimmel Cheque Boat Train
1-2-19	28	1 <sup>10</sup>	30 80		30 80													
1-3-19	31	1 <sup>10</sup>	34 10	12	46 10													Do. 65 Subo # 28 7/9 to 14 3/9
5 1/4 19	5	1 <sup>10</sup>	5 50	35	40 50													Do. 74 to H.S. from 66. 14-3-19
<b>WAR SERVICE GRATUITY</b>																		
183 Days			420	180	600													
									70	30					100	350	150	5-4-19 867855-6
									70	30						280	120	5/5/19-77160-1
									70	30						210	90	5/6/19 888258-9
																178	do	
																3160		
									38	do	30					100	60	4/7/19 102028-9
									70	30						70	30	4/8/19 114064-5
									70	00	30	00						SEP 2 1919 1163758-9
			420	180	600				388	40	180					31 60	600	11/19/19 Capt.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

28-12-14

# Separation and Assigned Pay Branch

Jul 1-15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30.	
	1-12-17		

# W

RATE OF ASSIGNMENT

20			
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P.C. 3257  
1-9-18  
pl. 2753  
no. 39830

4972

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

wife

No. 12648 (412648)  
 Rank *plc* Promoted Reverted Discharge  
 Soldier's Name *J. J. Wheatley*  
 Battalion *39th Batta B. Co*  
 Beneficiary *Mrs Florence Wheatley*  
 Relationship *wife*  
 Address

Name *Mrs J. E. Wheatley*  
 Address *Dorset St E. Port Hope. Ont*  
 Change of Address  
 1 *131 1/2 Duchess Ave London Ont*  
 2 *33 Teresa St. London South.*  
 3  
 4

M.F.W. 2554-30.7.15 OK 22/19

Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31	-	722	600	1322
Jan 18	Y 70569	30	20	50
Feb	H 65142	25	20	45
March	X 92475	25	20	45
April	W 14623	25	20	45
May	N 20500	25	20	45
June	J 72416	25	20	45
July	B 23565	25	20	45
Aug	V 37717	25	20	45
Sept	V 48012	25	20	45
Oct	K 51843	25	20	45
Nov	Q 57810	25	20	45
Dec 1919	P 63012	45	20	65
Jan	N 74472	30	20	50
Feb	V 79535	30	20	50
March		30	20	50
		1107	880	1987

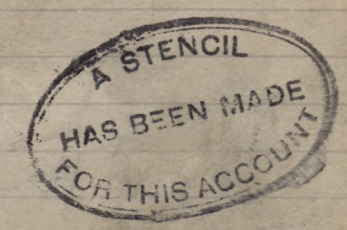
19216-11

REMARKS

MR. O. 48069. Ab. Rent. 8-1-19.  
 See also acct in Spec Recd Ledger  
 C of A envelope. 16-1-19. OK 17-1-19 W.H.

M. F. W. 128.  
 40MC. 6-17-172-38-1141  
 L. L. 22320-M. & D. 1993.

A/c Closed 28-2-19  
 Ret'd per "Empress of Britain"  
 Date 25-2-19 M.F.W. 187 to #1  
 Clerk B.R. Leforth.  
 MR. O. 59333 Sect. 13-19



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

## PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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

M. F. W. 126.  
 40M. 6-7-1-72-89-1141  
 L. L. 22240-M. & D. 1993.



Reserved for M.H.C.

Regt. No. 412648 Rank DVR Surname WHEATLEY Christian Name THOS. JOHN  
 Unit or Corps—(a) Overseas from United Kingdom C.A.S.C. (b) in United Kingdom C.A.S.C. DEPT  
 Born at—Town PADDINGTON County or Province MIDDLESEX Country ENGLAND  
 Date of Birth—Day 15<sup>TH</sup> Month AUGUST Year 1876 Age 42 yrs. 3 months.  
 Joined at PORT HOPE ONT. Date 19<sup>TH</sup> JANY 1915  
 Former trade or occupation BUTCHER  
 Permanent Marks or any peculiarity that will serve for future identification :—  
LARGE SCAR R. SHIN

Height—feet 5 inches 4 Colour of eyes BLUE  
 Signature of Soldier (for identification purposes) Thomas John Wheatley

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a) CHRONIC SYNOVITIS RIGHT KNEE  
 Disabilities Group (b) NIL  
 Disabilities Group (c) NIL

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>FALL FROM HORSE</u>	<u>FRANCE</u>	<u>20/10/17</u>
(ii.) As to Group (b) above.	<u>NA</u>	<u>NA</u>	<u>NA</u>
(iii.) As to Group (c) above.	<u>NA</u>	<u>NA</u>	<u>NA</u>

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? NO If yes, has Active Service aggravated it ? NA  
 (ii.) As to Group (b) above ? NA If yes, has Active Service aggravated it ? NA  
 (iii.) As to Group (c) above ? NA If yes, has Active Service aggravated it ? NA

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? YES  
 (ii.) As to Group (b) above ? NA  
 (iii.) As to Group (c) above ? NA

5. MEDICAL HISTORY.

He states that he fell from a horse in France 20/10/17. Knee was swollen but he received treatment and carried on for three weeks when it again became swollen and he was off duty for a few days. He was in England on leave. Knee became swollen and he was admitted to Fulham Mil. Hosp. (From M.H.C.) 28/9/18. Knee swollen and painful. Suppuration around knee. - No necrosis of bone. M.C.H. Exam 14/10/18 to 15/10/18 when he was sent to Manor War Hosp. Knee inflamed and discharging. M.C.H. Exam 26/10/18 - date

Previous illnesses nil.

6. PRESENT CONDITION.

Subjective - weakness of knee on walking and disturbance of sensation in the knee.  
 Objective - The right knee is slightly swollen, and shows excess of synovial fluid. A few scars on anterior surface, of previous abscesses. He states that he can walk two miles with out a cane but cannot go further on account of weakness of leg and some pain in the knee. Movement at the knee is normal and power good. He complains of disturbed sensation in the knee. There is no surface anaesthesia or hyperaesthesia. There is a large healed scar right knee and one minor side of right knee - old injuries prior to enlistment, no disability. Heart and lungs normal. Urinalysis nil. Other systems normal.

7. OPERATION. (i.) Was one performed? **No** (ii.) If so, state what. **NA**  
 (iii.) Was one advised and declined? **No**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? **Yes**  
 (ii.) If so, describe. **Two teeth decayed - Filings at public expense**

9. DO YOU RECOMMEND:—  
 (a) Fit for duty? (state category) **Bii**  
 (b) Invalid to Canada? **No**  
 (c) Discharge from the Service as permanently unfit? **No**

Date of Report... **Dec 10 1918** Station... **M.C.H. Exman**  
 Signed... **H.W. Smith**  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except  
 Dated at... **M.C.H. Exman** Station, on... **10.10.18** 191...  
 \*Delete if inapplicable.

10. Is the disability... If not, describe...

11. From the nature of the disability... now add... ability can... by:—

13. THE ENTIRETY OF THE DISABILITY... present for... (Estimate)

14. THE DISABILITY... previous... What part... (Estimate)

15. Permanency of disability... (i.) Is it... (ii.) If not...

16. If an operation... consider...

17. Can the force of the disability...

18. REMARKS... which were obtained from the...

19. RECOMMENDATION... (a) Fit for duty... (state category)

Date of Board... of M.O.

Station... **M.**

Approved

Dated at

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? *Yes*  
If not, describe it.

the cause of the disability fully described in Part I. (2)? *Yes.*  
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:—  
(a) Negligence of the Soldier { Caused? *No*  
Aggravated? *No* }  
(b) Misconduct of the Soldier { Caused? *No*  
Aggravated? *No* }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.) *Fifteen percent*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)  
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *all.*

15. Permanency of the Disability due to Service estimated next above in (14).  
(i.) Is it permanent? *No*  
(ii.) If not permanent, what is its probable minimum duration (in months)? *Three*

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *N.A.*

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

18. REMARKS:—

*Authority to Telegraph 9893*

19. RECOMMENDATION:—  
(a) Fit for duty? *BII* (state category)  
(b) Invalid to Canada? *No*  
(c) Discharge from Service as permanently unfit? *No*

Date of Board *Dec. 10 1918*

Station *M. G. V. Epsom*  
Signatures of the Board: *W. G. ...* (President), *W. G. ...*  
Approved: *A. D. M. S.*  
Dated at: *London*



*Handwritten notes on the left margin:*  
... but he  
... three  
... England  
... he was  
... 28/9/18  
... 14/10/18  
... Epsom  
... being and  
... ill, and  
... scars in  
... He states  
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... the killed  
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... well and  
... s prior  
... A  
... evidence to the contrary.  
... public  
... } No  
... n medical charge of case.  
... Hospital) Strike out one  
... Brigade) of these  
... 18 (ii) 191  
... (iii)

Proceedings of a Medical Board  
Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)  
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned..... Thomas John Heatty..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

Thomas John Heatty  
Signature of Soldier examined.

Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

Regt. No. 412648 Ra  
Unit or Corps—(a) Overseas  
Born at—Town PADU  
Date of Birth—Day 15  
Joined at PORT  
Former trade or occupation  
Permanent Marks or any pec

Height—feet 5 inches  
Signature of Soldier (for iden

Read carefully the instr  
1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a)
- Disabilities Group (b)
- Disabilities Group (c)

2. CAUSE OF DISAB

(i.) As to Group (a) above. FAU

(ii.) As to Group (b) above.

(iii.) As to Group (c) above.

3. Is the disability due to d

(i.) As to Group

(ii.) As to Group

(iii.) As to Group

4. Is the disability due to d

(i.) As to Group

(ii.) As to Group

(iii.) As to Group