

ATTESTATION PAPER.

No. 736712

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

Triplicate

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Whitlock
- 1a. What are your Christian names?..... Hercy
- 1b. What is your present address?..... Huxley P.O., Alberta, Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Sidney, Australia
- 3. What is the name of your next-of kin?..... Wilfred L. Whitlock
- 4. What is the address of your next-of-kin?..... 531 Fulham Rd., London, England
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... May 1st., 1897
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hercy Whitlock, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Hercy Whitlock (Signature of Recruit)

Date 20th March 1916 J. M. Gantley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hercy Whitlock, 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.

Hercy Whitlock (Signature of Recruit)

Date 20th March 1916 J. M. Gantley (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 Calgary, Alta. this 20th day of March 1916.

A. Dennis Edwards (Signature of Justice)

Description of Whitlock Hercy on Enlistment.

Apparent Age 18 years 10 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. 7 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 5 ins.

Complexion Ruddy

Eyes Brown

Hair Dark Brown

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

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 20th March 1916

Place Calgary, Alta.

J.C. Grayth
Capt. C.M.C.

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.

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

A. S. Poyser-Jones

(Signature of Officer)

Date 20th March 1916

i. Col

REGIMENTAL DOCUMENTS

ARM 7

NAME

14
Whitlock M. Percy

REGT. NO.

736712

UNIT

H. Q. FILE NO.

H

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

5

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

4 *misc*
med. case sheets

M

H

19223

DEATH

Category

DISCHARGE

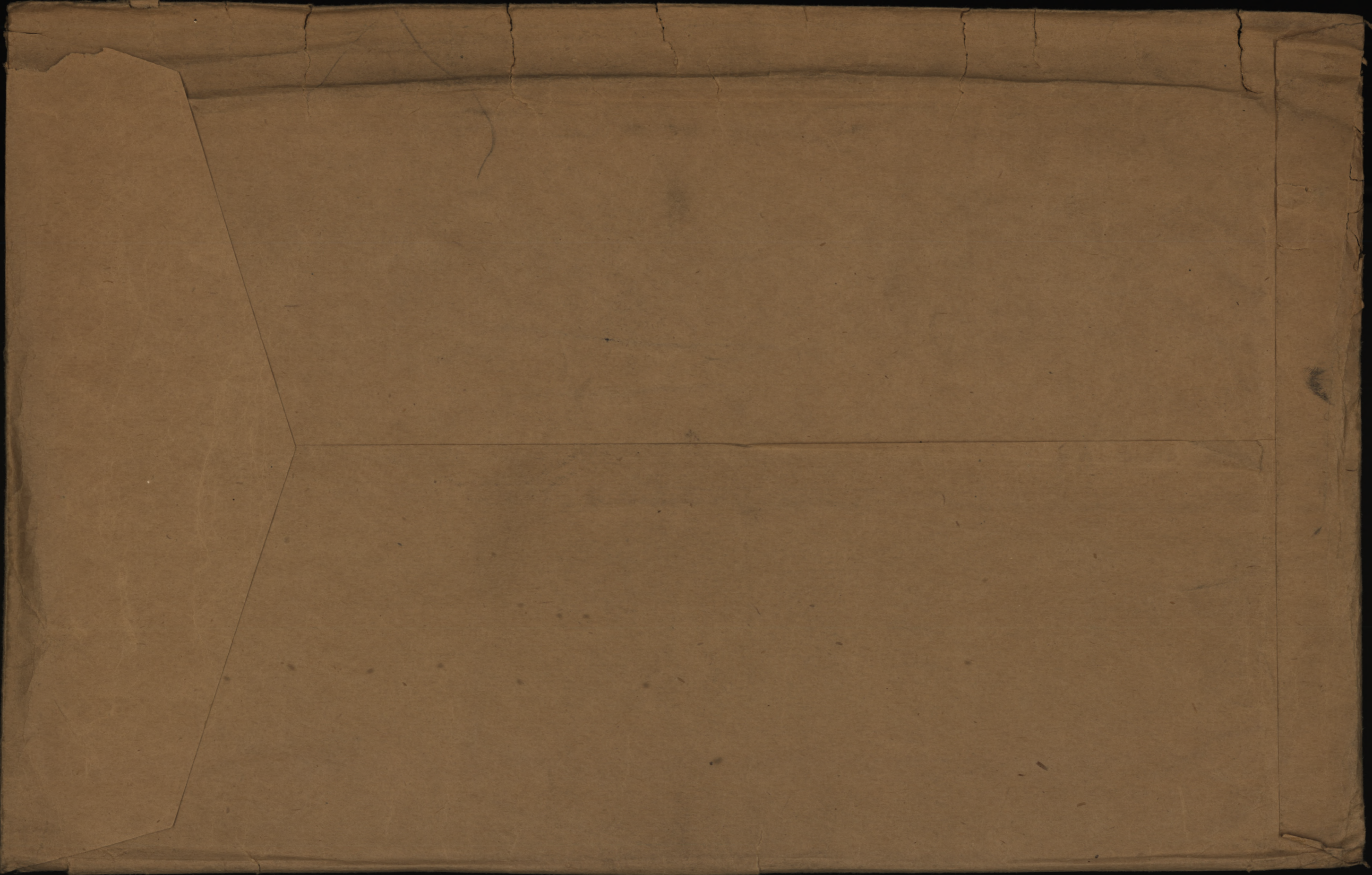
Category

Remol

DESERTION

43 - 24
15 - 24
11 - 25

4



SURNAME.

C
Whitlock

"B" 6 CARD NO.

CHRISTIAN NAMES

Hervey

608 Dis. 8-6-1916
00.168 of 17-6-19-600
FOLL.

REGL. NO.

736912

RANK

Pte.

UNIT

113th.

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Whitlock, Wilfred L.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*501 Fulham Rd.,
London, S.W. Eng.*

L.W.

542130-12-5-19.

COUNTRY OF BIRTH

Australia Sydney.

DATE

May 1st, 1891.

PLACE OF ATTESTATION

Calgary, Alta.

DATE

Mar 20th, 1916

Sailed from Halifax per.

S.S. "Yuscarica" 25-9-16⁵⁴

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Fanner

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

18 YEARS

10 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

5 INCHES

COMPLEXION

Ruddy

EYES

Brown

HAIR

Dk. Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Calgary, Alta.

DATE

Mar. 20th, 1916

Present address.

Huxley P. O., Alta.

NAME *Whitlock Mercy*

REGT'L. No. *736712*

RANK AND CORPS *plc - 85th Baal form 113th Bn*

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

E

27-3
6523

13-9-18

Adm 18 Gen A Dannes Camiers
Sept-3rd 1918 G.S.W. R Shldr

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 315	18 Gen carriers	3-9-18	\$320	7	Shldr
a 357	6 Conv Depot 8 Staples	24 10 18	"	"	"
a 368	Discharged	3 11-18	"	"	"

Name WHITLOCK Hercy Rank Pte.

Reg. No. 736712

Unit CASCTD . (113th. BN.)

Wilfred Whitlock

Next of Kin 531 Fulham Rd. London

Eng.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Mar. 16	M.B.C.H.S'cliffe	Frac. Outer				
		3rd. Clavicle		437		
	<i>(Cas. now rep. Dislocation Clavicle Outer 2nd)</i>			26.		
" " " 31	C.C.H. Bromley Kent	do		31		
Apr. 3	CDCH. W/cote Pk. Epsom.	do		32		
<i>11.5.17</i>	<i>discharged</i>			<i>94</i>		

REGT'L No 736712

H. Q. FILE No. 649-

NAME Whitlock Henry.

RANK AND CORPS pfc

(C.A.S.C.) 17th Res Bn 113th Bn

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

E.

M5498

31-5-17

Adm. to Moore Barracks Hosp May
25th 1917 Shrapnel Head. ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
437	Moore Bks. Can. Shorn a per H.L. no. 26	6-3-17 15	N.S. Reg. Frac. Outer 3rd clas. Dislo. Clavicle Outer end.
31 To	Can. Conv. Bramley Kent	31-3-17	" " " " R.
32 To	Can. Div. Conv. Wdcote Pk. Epsom	3-4-17	" " " " "
97	Discharged	17-5-17	" " " " "
58	Moore Bks. Can. Shorneliff Kent	25-5-17	S. H. Head.
69 To	Can. Conv. Wdcote Park Epsom	6-17	S. H. Head
C21	Discharged	4-7-17	S. H. Head

No. 736712 RANK *Pvt.*

NAME *Whitlock Percy*

T.O.S. *20-3-16* UNIT *113 th. B attalion C.E. 8.*
N.O. 73 of 25-3-16

M. D. *13*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar. 20</i>	<i>1916</i> <i>Mar. 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct 1</i>	<i>Oct. 7</i>	<i>n.</i>	<i>Trans. to 17th Bn -</i>	<i>Oct. Paylist</i>

UNIT SAILED

SEP 25 1916



Henry

Name *Whitlock* Rank *Pte*

Reg. No. *736712*

Unit *17th Bde Bn*

Wilfred Whitlock
501 Fulham Rd.
London SW

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>25-5-17</i>	<i>Morse Bde. Tan St.</i>	<i>S. Cliffs</i>	<i>S.W. Head</i>	<i>58</i>		
<i>16-6-17</i>	<i>CCH Woodcote Pk.</i>		<i>GSW Head</i>	<i>69</i>		
<i>4-7-17</i>	<i>Discharged</i>		<i>50</i>	<i>621</i>		
	<i>(HL-23-9-17)</i>					

HERCYName WhitlockRank PltReg. No. 736712Unit 754 BnNext of Kin WILFRED Whitlock
501. Fulham. Rd. LONDON. S.W. 6

Date	Movement	Place	Casualty	List No.	Notified N/K/O	W.O. List
1918 3-9	18 G. H. Cameron	G.S.W. Shlds. R	A 315	114	2523	3880-13
24-10-18	6. b. D. Staples.	do.	A 357	114		5172-15
3 11	Base Camp		A. 368			5226/2

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

Idc

649-W-27008

PL
Number

736712

Rank

Pvt.

Surname

WHITLOCK

Christian Name

Hercy ~~*Alfred Hercy*~~

Units

85th Bn Can Inf

Theatre of War

France

Date of Service

11-11-17

Remarks

*c/o M.K. Few, Capt., Can. Legion B.C.S.L.,
217 La Canada Bldg., Santa Barbara, Calif., U.S.A.*

Latest Address

~~*827-5th Ave. St. H. 12/20*~~
Calgary - Alta

Roll No.

Page 20977

200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

address.....

(Street)

(City or Town)

(Province)

e person to be notified of arrival.....

ation in Military District to which a furlough warrant is required.....

Railway.....

is your wife on board..... Number of children on board.....

ation.....

DEC 11 1930

4342

(Sgd.).....

HOSPITAL.

A. & D. No. _____ Ward BUnit C.A.S.C. Sick or Wounded.Regtl. No. 736712 Pl. of Act'n _____Rank Pte Name Whitlock W. H.Age 19 Religion BaptService Compl'd 1 yr Time with Field Force 6/12 EngDiagnosis Dis. Rt clavicleAdmitted Bromley Discharged A.M. 11/2/17Transferred 17 Kes Bramshott

4/4/17 had injury to rt ~~at~~ shldr
still pain. no fracture - no duty.

10/3/17 continue.

17/4/17 Spl &c

17/4/17 movt. of shldr free - no pain
in limb but arm is weak.
Spl SC & R.D.

30/4/17 much improvement by P.T.

6/5/17 Recovered A.III

R. Anderson
Capt.

HOSPITAL.

A. & D. No.

Ward

Unit

Sick or Wounded.

Regtl. No.

Pl. of Act'n

Rank

Name

Age

Religion

Service Compl'd

Time with Field Force

Diagnosis

Admitted

Discharged

Transferred

RECORD FURTHER REMARKS ON BACK.

15 JUN 1917

16/6. Headaches, dizziness following
E SW top of head - A.R.A.

25/6 A.M.

T. A. Carpenter
Capt.

Surname

Christian Name or Names

Reg. No.

Whitlock.

H

736712.

Rank

Unit

Co.

Troop

Batty.

Pte.
Hospital

CASC Training depot. *W.S. (17R.)*
NJ 85.

Date of Admission

Moore Barracks.

16.3.17.

Transferred

Camp Hosp Bromley.

Hosp. 31. 3. 17.

Camp Woodgate 24 Epsom
Moore Bks Shorecliffe

Hosp. 3. 4. 17

Hosp. 25. 5. 17

Conv. Epsom.

Hosp. 16.6.17

Diagnosis

Fr outer third clav. *Now changed to*

(1)
Later Diagnosis (if changed)

Dislocation Clavicle

(2)

Lw. Head R

(3)

PS. 4 R. Shldr R

Additional Diagnosis: if more than one state present

DISPOSITION

Date

24.3.17. No.437.

Dis 11.5.17.
Dis. 4-7-17
REMARKS

31. 3. 17 No 26

Dis. 3.11.18.

10.4.17. 31

11.4.17 32

31.5.17 58.

10.7.17 69

11.7.17 97

27-9-17 C 21

11.9.18. 23107 F

30.10.18. 2857.2

12.11.18 @ 368 @

A.M.D. 2 DEPT.

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

R
JL

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

18 Gen. Cassis

3.9.18

2.

6. Bow. Dep Staples

24.10.18

3.

4.

5.

6.

7.

2nd sheet of Record

Rank _____ Name *Whitlock Henry* Reg'l No. *736712*
 Unit *113 Battalion* If in perm. Corps, }
 What Unit? }
 Married or Single *Single*
 Place and Date of Enlistment *Calgary, 20th March 1916* Place of Birth *Sydney Australia*
 Name and Address, Next-of-Kin *Wilfred Whitlock*
501 Fulham Rd. Relationship *Father*
 Assigned Pay Monthly \$ _____ Payable to *London S.W.6.*

Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____
 Discharge, Date and Place _____ Reason *1st sheet filed in envelope* Character _____

N/E. R.B. NO *11256*
 File R.L. _____
 Category **OR CAN**

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.				
		<i>perm. Grade pte</i>	<i>Acting Rank-N/Lt.</i>		
<i>C.</i>	<i>On strength of 85th Bn. S. Wing</i>				
<i>30-4-19.</i>	<i>C.C.C.</i>	<i>T.O.S. from 85th Bn</i>	<i>plc Bshott</i>	<i>30-4-19</i>	<i>100#17</i>
<i>10-6-19</i>	<i>-11-</i>	<i>S.O.S to Canada</i>	<i>-11-</i>	<i>31-5-19</i>	<i>23</i>

Serial 78-B-50 of 31.5.19

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

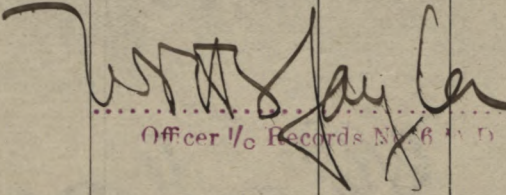
Unit, Regiment or Corps. 113th Batten

Regimental No. 736712 Rank Plt Name Whitlock, Percy
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
31-5-19		T. O. S. No. 6 D. 11. from	O/S		
15-6-19		S. U. S. on discharge			and posted. Sup. Sta. B. 7442. S. U. 168 168
		 Officer i/c Records No. 6 11 D) Lieut.			

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

ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL
12

Surname Whitlock Christian Name Hercy

Examined { on 20th day of March 1916
at Dalgary, Alta.

Approved by J.C. Foyette
Rank Capt C.M.C. M.O.

Birthplace { City or Town Sidney
County Australia

Apparent age 18 yrs 10 mos.

Trade or occupation Farmer

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 5 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm X Right. Left X
Number One

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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.
<u>25/5/16</u>	<u>Pos</u>	<u>W. Beeman</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/3/16</u>	<u>Recd</u>	<u>W. Beeman</u> M.O.
<u>4/3/16</u>	<u>do</u>	<u>J. Leech</u> M.O.
<u>14 Sept 1916</u>	<u>do</u>	<u>W.B.</u> M.O.
<u>5/11/17</u>	<u>TAB</u>	<u>F. B. K.R.M.</u>

Enlisted on 20th day of March 1916 at Calgary, Alta.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>O.B.C.E.F.</u>	<u>736 712</u>		<u>20-3-16</u>
	<u>17th Bn</u>	<u>736 712</u>		<u>8-10-16</u>
	<u>ccac and att</u>	<u>736 712</u>		<u>1-11-16</u>
Transferred to	<u>17th Bn</u>	<u>736 712</u>		<u>1-12-16</u>
	<u>C.A.S.C.</u>	<u>736 712</u>		<u>7-8-17</u>
	<u>N.S.R.D.</u>			<u>13-8-17</u>
	<u>17th Bn</u>			<u>10-11-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Camp Dandini</u>	<u>10/1/16</u>	<u>choma</u>	<u>P.O. det W. Beeman</u>
<u>Maple Bn.</u>	<u>6 Aug 1917</u>	<u>(Recovered)</u>	<u>Att (Hopper for Flept)</u>
<u>Prism St</u>	<u>19.5.19</u>	<u>old injury scap</u> <u>Headaches</u>	<u>Col A</u> <u>W. Beeman</u>

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

J.M.C.

Surname *W. A. Wallace* Christian Name *Henry*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>1st Bn</i>	<i>20/3/16</i>	<i>5</i>	<i>5</i>	<i>16</i>	<i>22</i>	<i>5</i>	<i>16</i>	<i>Rheumatism</i>	<i>19</i>	<i>Mild - Complete recovery</i>	<i>W. A. Wallace</i>
<i>Moore Barracks (Pl. Sherborne)</i>	<i>AD 25817</i>	<i>15</i>	<i>3</i>	<i>17</i>				<i>Dislocation of outer end of clavicle left</i>		<i>Outer third clavicle dislocated. Set by adhesive plaster & bandages. Treatment: to be kept in place for 3 wks. from date of transfer.</i>	<i>W. A. Wallace</i>
<i>CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.</i>		<i>30</i>	<i>3</i>	<i>17</i>	<i>24</i>	<i>17</i>		<i>Do</i>	<i>4</i>	<i>Shoulder in case from some trouble</i>	<i>W. A. Wallace</i>
<i>M. C. H. Epsom</i>		<i>2</i>	<i>4</i>	<i>17</i>				<i>do</i>		<i>Movement of Shoulder free no pain in limb but arm is weak much improved - Recovered A.M.</i>	<i>R. Brodie Anderson Capt. C.M.D.</i>

Temporary

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

MEDICAL HISTORY OF

Surname Whitlock Christian Name W. H.

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—

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

Approved by Rank Medical Officer.

TABLE III.—Boards; Courts of Enquiry, 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.

Table with 2 columns: Date, Brief Details and Signature.

TABLE IV.—Service Table.

Enlisted { at on day of 191...

Joined on enlistment Corps. 113 Bn Regtl. No. 736712

Transferred to 85th Bn.

Became non-effective by

on day of 191...

(Signature)

(Rank)

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation.

ORIGINAL

Handwritten initials in a circle.

Handwritten signature.

Handwritten initials J.M.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital 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
	Day	Month	Year	Day	Month	Year				
Moore Barracks Hpl, Shorncliffe 27908	28	5	17	15	6	17		22	g.s. w head healed	H. Hayslett
McEpsom	15	6	17	4	JUL 1917			20	Headaches & dizziness wound healed D.I.D. fit dis to Res. Unit	L.A. Carpenter Capt

Memo 2017

Duplicate Medical History Sheet posted to here. 7-5

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **113th. O.B.C.E.F.**

(2) Regimental Number **736712**

(3) Full Name of Soldier..... **Whitlock, Heroy**

(4) Place of Birth..... **Sidney, Australia.**

(5) Are you married, or not? *No*

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? *No*

(8) Have you any children?

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *Yes* *Wilfred L. Whitlock*
If so, state name and address *531 Fulham Rd London Eng*

(10) Is your Mother alive? *No*
If so, state name and address.....

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
.....

(15) Are you insured? *No*
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *Sep 12th 1916*

A. H. Ryan Jones

Officer Commanding.

12

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WHITLOCK, W. H.
 REGIMENT 85 Can Bde RANK Cpl. No. 736712
 Date of Examination in England 6-5-19 Date of Examination in France _____

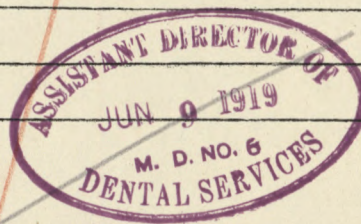
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



12-B

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

- (a) In Canada
- (b) In England
- (c) In France

yes

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer C. Crabtree, Capt.

82 Can 10 1/2
W.H. LOCKMAN
1882



Name Whitlock Enl. 20-3-16.

Date of Embarkation for England 26-9-16.

Proceeded to France. 10-11-17. Returned to England. 29-4-19

demob.

Date returned to Canada. 31-5-19

P.R. 2855.

6th Feb 26
11-6-26
(over)

Cas. Shier

2-9-18 - Y. S. W. R. Shoulder, Neck & face
- To duty 4-11-18

MILITIA AND DEFENCE

ASSIGNED PAY.

39179

To whom Wilfred Whitlock,
Address 531 Fulham Road,
London, S. W.

By whom assigned Whitlock, H.

Regtl. No. 736712

Rank Pte.

Corps, &c. 113th Battalion.

Rate \$15.00

Date to Commence Oct. 1st, 1916

PAYMENTS.

app. checked by W.A. Thompson

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		222986	15	X	
Dec.		262199	15	X	
Jan.	1917	302010	15	X	
Feb.		341960	15	X	
March		386096	15	X	
April		434588	15	X	
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned *Whitlock H.*
 Regtl. No. *736712* *113^{1/2}B^m*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **WHITLOCK, Percy**

EFFECTIVE DATE: **April 1st 1917**

EFFECTIVE DATE: -

NUMBER: **736712**

AMOUNT: **20 00**

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Mrs N. Whitlock, Mother
501 Fulham Rd, London SW
Eng.

Plt

Stop effed. 1.7.19.

UNIT AND TRANSFERS

ORIGINAL UNIT: **113th Batt.**
DATE ACCOUNT FIRST OPENED: **Oct. 1917**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

B0131 21/1/17 1/1/18 85. B

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
25	2153	Wing	487				
75	220		4867			Lead Battery	4521
			5354			SPB BN	3839

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE
1 00 10

PARTICULARS OF RENDERING NON-EFFECTIVE: *Desch to loan 1/1/19 (EPB 19 1/1/19 from to from M.D.13) L.P.C. Ledger*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	Mar Balance forward								48 43		
	Apr p pay	33		A 35306 L4.2.2			20				
				AR 54 6.4.85B	146						
				No. 31x. 9 exp. 808.6.10.10.10		990					
				AR 11.6.27.4 85B	146				4261		
		33			892	990	20				
		34 10		ap. a. 79097			20				
				AR. 181 8/5 85Bm	357						
				" 241 18/5 "	446				48 68		
		34 10			803		20				
June	1	33		AR 58492 R4.2.2			20				
				309 3/6 85Bm	357				63 68		
				36.8 19/6 "	446						
		33			803		20		59 42		
JUL	"	34 10		B. 18688 R. 2.2			20				
				AR 429 7/4 85	357						
				" 493 15/4 "	446				59 42		
		34 10			803		20		66 68		
Aug	"	34 10		C22290 R2.2.			20				
				551 4/8 85	357						
				609 16/8 "	357				66 68		
		34 10			414		20		48 68		
sep	"	33		D24769 R22			20		79 68		
		33					20				

COMPILED BY *W. J. [unclear]*
CHECKED BY *[unclear]*

MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1.	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct											79 68		
				3410		D 66600. 4. 2. 2.			20.				
						2246. 27. 10. 6582.	933				84 45		
				3410			933		20.				
Nov				33.		E 10444			20				
Dec				3410		3446. 15. 11. C.C. 49	379						
Jan				3410		1057. 20. 11. R.R. 1306	1306						
						644932 4-2-2.			20.				
						1153. 3. 12. 12 Pd.	373						
						152. 2. 12. ✓	7787						
						E 93567. 4-2-2			20 -		2726		
				10120.			9839		60 -				
Feb				3080.		2982. 14. 1. ✓	1866						
Mar				3410		555144. 4. 2. 2			20.				
						1668. 4. 2. ✓	746						
						815652. 4. 2. 2.			20.				
						198. 12. ✓	730						
						2035. 18. 2. ✓	365				1509		
				6490			3707		40.				
Apr				33.		H. 37457. 4. 2. 2.			20.				
May				3410		54. 3. 1. ✓	349						
						172. 15. 1. ✓	349						
						Ear. May A65074 4-2-2	698		20 -				
						" June A65075 4-2-2.	698		20 -		1521		
				6710					60				
						F 3833 22. 5. Endorsed. C.C.	7460						
						2820. 7. 5. F. C.C.	4867						
						2463. 29. 5. 12 ✓	487				5293		
							8814						

P.O.P. 31.5.19 5/178. 85-R

P. 559
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Laney, Australia

NAME AND ADDRESS OF NEXT OF KIN

Wife Whitlock

RELATIONSHIP OF NEXT OF KIN

Father

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

REG'L No. 736712

RANK Pte

NAME

Whitlock

Nancy

IF IN PERM. CORPS
WHAT UNIT

UNIT 13th Bn

TRANSFERRED TO

17th Res

DATE 8-10-16

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

Case 50

DATE 1/2/17

AUTHORITY

PLACE OF ATTESTATION

Calgary, Alta Can

TRANSFERRED TO

Case 10

DATE 1/6/17

AUTHORITY

DATE OF ATTESTATION

20-3-1916

TRANSFERRED TO

85. Bn.

DATE 1.1.18

AUTHORITY

ASSIGNED PAY MONTHLY \$

15 00 20 00

DATE EFFECTIVE

1-10-1916

PAYABLE TO

Mrs. W. Whitlock, 531 Fulham Rd London Eng

RELATIONSHIP

Father

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ap checked for W. Thompson

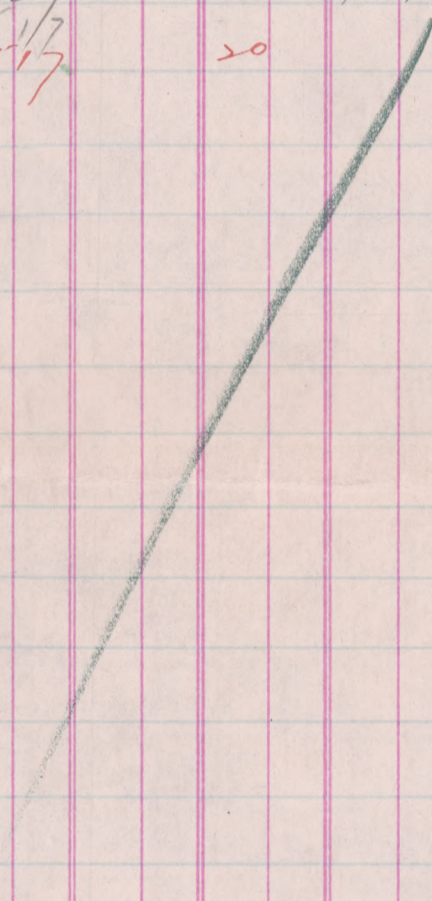
DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE
1916																																			
Jul 7	7	1.00	7.00		7	1.00	7.00																												
Aug 31	24		24		24		24.00																												
Nov 30	30		30		30		3.00																												
Dec 31	31		31		31		3.10																												
1917																																			
Jan 31	31		9.20				9.20																												
Feb 28	28		30.80																																
Mar 31	31		34.10																																
Apr 30	30		33																																
May 31	31		34.10																																
June 30	30		33																																
July 31	31		34.10																																
Aug 31	31		34.10																																

S.F. 11-20-77. D.O. 66 7/7

736.912

Whitlock H.

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					CREDIT	DEBIT
			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE				No.	DATE					
Sep 30	33								33	267	277	139	137	47	201982	487	487	487	20		3461	6811					
1917																											
Oct	Att. pay	3410			B3914	Pay.			20																		
					428	817	17	Rev.	730																		
					455	917	17	Rev.	1460																		
					685	17	M Bla	Rev.	146																		
Nov	P.P.	3410			B2914	4-2-2			20																		
Dec	P.P.	3410			C3064	2-2-2	Die		20																		
					4m. 1537	25.6	CCH	epo.	486																		
					✓ 408	14.8	17	Rev.	487																		
					✓ 638	7.11	✓		487																		
					✓ 508	27.9	✓		487																		
					✓ 622	31.10	✓		730																		
					✓ 538	11.10	✓		730																		
									3407																		
JAN 31	Do	3410			C 29592				20																		
					Cur. 618	22	Whitlock		892																		
					Qtr. 005	4287	11		10																		
					Cur. 1068	7/12	85		357																		
					" 1129	18/12	"		446																		
					Jay's 2 day	pay	60 1/4		220																		
FEB 28	Do	3080			6/46999				20																		
					a.R. 1191	3.1	85	Rev.	357																		
					- 1255	23.1	✓		146																		
									803																		
					a.p. 0379	83			20																		
					a.R. 1317	12.20	✓		357																		
					" 1383	22.2	✓		146																		



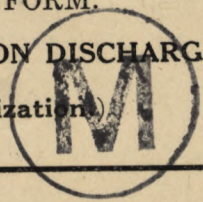
DA B

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

Occupational Group No. 73

(Demobilization)



1. No. 136712

2. Rank. Pte

3. Name. Whitlock Wipkes

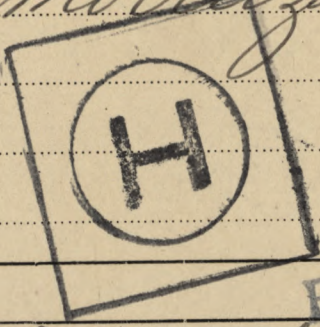
4. Unit. 85th Bn.

5. Date of Discharge JUN 15 1919 Place Halifax B.

6. Reason for Discharge Demobilization

7. Authority. R.O. 1420

8. Proposed Residence after Discharge 827-5th Av. West
Calgary Alta.



9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

W Whitlock

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. JUN 9 1919

Date

ERD

Signature

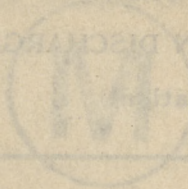
[Handwritten Signature]

Major

(O.C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

SHORT FORM



1. Name	[Handwritten Name]	
2. Unit	[Handwritten Unit]	
3. Date of Discharge	Place	[Handwritten Date and Place]
4. Reason for Discharge	[Handwritten Reason]	
5. Authority	[Handwritten Authority]	
6. Proposed Residence after Discharge	[Handwritten Residence]	

CERTIFICATE TO BE SIGNED BY SOLDIER

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

M. B. W. T.

Signature of Soldier

CONCOMITANT

The discharge of the above named man is hereby confirmed.

1418

Place

Date

Signature

[Handwritten signature and notes]

LIST OF DISCHARGE DOCUMENTS

Medical History Sheet	Medical Form H 512 or A.T.L. 512
Proceedings of Medical Board	M.P.B. 207 A.F.B. 129 or A.T.L. 129
Medical History Sheet	Medical Form H 460
Medical Report	M.P. W. 129 or P. 24 S. 129
Post-Discharge Conduct Sheet	Medical Form B 264
Company Conduct Sheet	Medical Form H 205a
Last Pay Certificate	Medical Form W. 10
Company Form	Medical Form W. 10 or A.F.B. 10
First Discharge Sheet	Medical Form W. 129 or A.F.B. 129
or Particulars of Receipt	Medical Form W. 129
Attention Paper, Trifurcate	Medical Form W. 129



[Faint, illegible handwritten text or signature]

[Faint, illegible handwritten text]

[Faint, illegible handwritten text]

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M).)
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (B. 64).
14. War Service Gratitude (Form M.F.W. 2505).
15. Sundry Documents.

Group.....

Checked by No. *[Signature]*

Date ~~18 APR 1918~~ 30 MAY 1919

Moore Barracks Canadian Hospital,
Shorncliffe, Kent.

7-6-17-

236712
Pte Whitlock

113th Bn.

I hereby certify that I have this date examined the marginally named Soldier, and found him free from Infectious, Contagious, Venereal and Skin Diseases, and also free from Vermin.

W. Hayne

Capt., C.A.M.C.

1-2-15

M. H. ...

1881
The White ...
No. 9

A.G.R. Rank Name **WHITLOCK, Hercy** Reg'l No. **736712**
 Unit **113th Bn.** If in perm. Corps, What Unit? **Registered Voters - Fulham East Poll. Dist. Letter E.** Married or Single **Single.**
 Place and Date of Enlistment **Calgary, 20th March, 1916.** Place of Birth **Sidney, Australia.**
 Name and Address, Next-of-Kin **Wilfred Whitlock,** Relationship **Father.**
~~531 Fulham Rd., London, Eng.~~ **501 Fulham Rd.**
 Assigned Pay Monthly \$ Payable to **London, S.W. 6.** Relationship
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character
 H. W. & V., Ld.-7165-16. **LCR 133A157**

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.				
		Arrived in England S.S. Tuscania		6-10-16	
9-OCT.1916	113th Bn	SOS Trans	17th Res. Bn	E. Sandling	8-10-16 DO Pt ii 249
9-10-16	17 Bn	Taken on strength.	do	8-10-16	Att D.O. 273
18-11-16	do	Proc. CCAC & att for P.B. Dub.	do	1-11-16	512
10-11-16	B.B.A.B.	TOS + on Com 17th PRD	Shoebam	1-11-16	PT 20495
11-12-16	Pl. 17 Bn	On command to Capt. S. Giliff	E. Sandling	11-12-16	332
9-1-17	do	cases to be acted to 17th Bn on being att to CCAC from CCAC.	do	24-12-16	8
4-1-17	CCAC	Proc. on Command to Capt for P.B. N. Shoebam		24-12-16	583
22-12-16	unrecd	TOS from 17 Res Bn	S. Cliff	22-12-16	357
9-1-17		Repts 357 read attached from CCAC via 17 Bn		22-12-16	9

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.					
12-7-17	Novascotia Reg. Dep.	T.O.S. on furlough from CCAC, on Compounded at CASC.	Braunschott.	10-3-17	Pte: Part II No 123, C.L. 437 10-1-17 233 12-7-17 Trac out	
16-3-17	CASCTD	Idm to Hpt	1d/16	15-3-17	1/10 75 3rd. Clar.	
25-5-17	17th Res	Moors Bks Hospit	Schliff Kent	25-5-17	bL 58 SVV. Head	
14-5-17	CASC RD	S.O.S. to CASC	Res Dept	Schliff	14-5-17	Part II No 134 err. DC 508. 15-5-17
10-4-17	bL	b.l.H.	Bromley	31-3-17	bL No 31.	
21-4-17	—	Candid: Conval: H. W. PK.	Epsom	3-4-17	— 32.	
14-5-17	CASCTD	Reports from H.	Schliff	11-5-17	Part II: 134. C.L. No 97 11-7-17	
14-5-17	—	Att ⁿ to CASC. Res. Depot	—	14-5-17	Part II No 134. Part II: 134 ASC RD.	
10-7-17	bL 17 th Res. Batt.	H. dets. Conval: H. W. PK.	Epsom	16-6-17	Pte C.L. No 69. G.S.W. Head.	
10-7-17	NRD.	TS from CCAC & on Comm CASC Res Dep.	B/shot	10-3-17	Part II 123.	
7-8-17	b.a.s.b	crosses attach b.l.s.c	Schliff	7-8-17	P 100 85	
8-8-17	N.S. RD	crosses on Comm case Hated to dept Coy	Bshot	7-8-17	P 100 152.	
15-8-17	17th Res	T.O.S. on posting from N.S. RD	—	13-8-17	P 100 193.	
13-8-17	N.S. RD	S.O.S. on posting to 17 Res	—	13-8-17	P 100 157	
26-9-17	N.S. Regt	Disch Mil Genl	Epsom	4-9-17	bL 6 21	
10-11-17	17th Res	Doc to 85th on seas	Bshot	10-11-17	Pro. 269 (85 th on Pro 131 2/12/17)	
11-9-18	85th Bn	Wounded	Hild	3-9-18	bL A 315	
6-5-19	85th Bn	proc. to England	pte Salhouse	29-4-19	-32	

MEDICAL CASE SHEET.*

112

No. in Admission and Discharge Book. 25817 Year 15-3-17	Regimental No.	Rank.	Surname.	Christian Name.
	736712	Pte	Wentlock	Wilfred H
Station and Date.	Unit.	Age.	Service.	
	C. A. S. Co.	19	12/12	

Disease Fracture of the outer clavicle

Present Complaint:-

(Right Side) Fracture of acromion end of clavicle.

Family History:- Good. M. T. B.

Past History:- Six yrs ago had tonsils removed
Some Catarrhal Condition
of throat.

Present History:-

14-3-17 at night in running
catch stumbled and fell injuring
right shoulder against the
corner of a building -

Was painful at first but
not so bad now.

M. V. W.

Physical Exam:-

Acromial end of r. clavicle

fractured. Distortion

marked

16-3-17

Set. with adhesive plaster
and bandages. M. V. W.

12

Position good

X-Ray: no evidence of fracture of clavicle etc.

26-3-17

Transferred M. V. W.

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

Station
and Date.

MEDICAL CASE SHEET. *not over 100 lines

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
27908	36712	Pte	Whitlock	Tr. D.
Year	Unit.		Age.	Service.
1917	113 th Res. Batta -		19 yrs	$\frac{14}{12}$
Station and Date.	Disease			
R. BCHA	G.S. H. head			
May 28	Complaints: - pain & discharge from head			
P.A.	Duration: 2 days.			
21.	Had fracture clavicle March 1917. Has: R BCHA never ill before.			
A.P.D.	Negative.			
Physicist	Examined	Tras struck by piece of shrapnel in the upper head.		
2-6-17.	X-ray exam. ordered:-	Wound looks well, very little discharge. General condition good.		
7/6/17.	Stitches removed, wound looks well.	Wound healed		
		Tras Con Home		
		H. H. G. Capt.		

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

Station
and Date.

C.A.S.C.

736712 Pte Whitlock W.H. C.A.S.C. R.D.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 736712

Name Whitlock, W.H.

Unit C.A.S.C. R.D.

Military Will.

I hereby bequeath
all my belongings
money and personal
property to my
Father.

Mrs. L. Whitlock
501 Fulham Rd,
London, P.W.

Signature Whitlock W.H.

Rank and Regt Private.

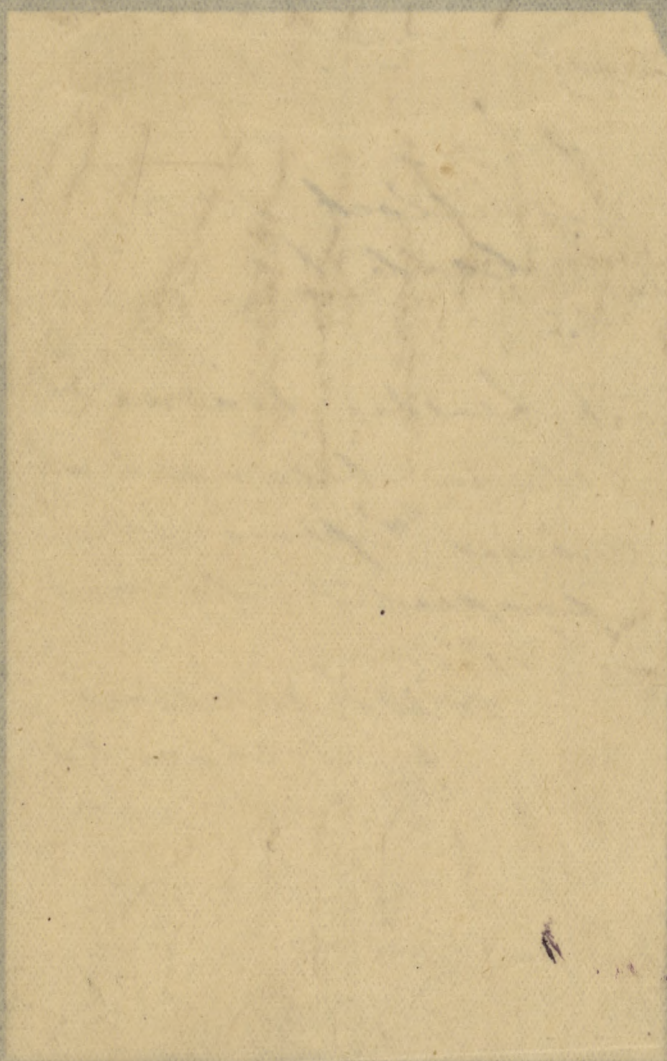
Date 9-7-1917

SHORNCLIFFE

AUG 23 1917

Ptd. undelivered.
New Vol 74.

736712
of which look to be
299202



12

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION. Bramshott DATE 17/5/19

1. 1 (a) Unit 83rd Batta (b) Regimental No. 736 712 (c) Rank Plt.
(d) Surname Whitlock (e) Christian name W. Herey
(f) Home address 827 52 Ave West Calgary Alberta
(g) Next of Kin Mr. W L Whitlock (h) Relationship Father
(i) Address of Next of Kin 531 Fulham Rd London Eng

2. Age last birthday 22 Date of birth May 1 1917

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary (b) Date 20-3-16

4. Personal description:
(a) Height 5 ft 9 in (b) Weight 160 lbs est (c) Complexion Swarthy
(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar left side Head above frontal region

5. Former trade or occupation Farmer

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
	3	148

	PERIODS	
	From	To
Canada	20-3-16	26-9-16
England	26-9-16	10-11-17
France or other theatres of War	11-11-17	29-4-19

7. Original disease, or injury Lacerated wound ~~head~~ scalp.

(a) Date of origin 25-5-17 (b) Place of origin England (Shorncliffe)
(c) Cause Air Raid (Shrapnel wd)

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.)

Headaches

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.)

Objective - Scar about 1 in long on left side of head near mid line anteriorly - healed and somewhat adherent

Subjective - Scar tender and throbs at times - Has headaches the most of the time and spells of dizziness occasionally - never had fits.

(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).)

Wounded in scalp in air raid at Shorncliffe England 25-5-17

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).)

Rheumatism 5-5-16
Diarr. Clavicle 15-3-17 } Recovered.
G.S.W. Rt Shoulder 7-9-18 }

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

Scar left side Head above frontal region

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.)

n.a.

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

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

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

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

Treated at Moor's Barracks Hospital ✓

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

n.a.

16. Can the former trade or occupation be resumed? *no - says he cannot do such hard work owing to headaches*
(If not, briefly state why)

17. Recommendations

J. J. O'Connell Capt Baul
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 *Henry Whitlock* 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 *not*

22
H. W. Whitlock Rank. *Pte*
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

yes

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (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.)

Amputation D.G. 9083 of 11.11.18

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

PLACE *Bransholt* *L. A. Richmond Major* President.
 DATE *19.5.19* *J. J. Minin Capt* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....President
 PLACE.....
 DATE.....Members

APPROVED BY *James B. Sheehan* Assistant Director of Medical Services. DATE *19.5.19.*
 APPROVED BY Director-General of Medical Services. DATE.....

CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE

Class "A" N

254531

THIS IS TO CERTIFY that No. 736712 (Rank) Pte.

Name (in full) Whitlock, Wilfred Hercy enlisted in
the 113th Bn.

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the 20th
day of March 19 16.

HE served in 85th Bn. in France

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

~~Medical Unfitness.~~

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

Age 22

Marks or Scars

Height 5 ft. 7 inches

Complexion Ruddy

Eyes Brown

Hair Dark Brown

W Whitlock

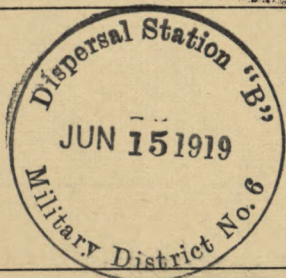
Signature of Soldier

[Signature]

O. C. Dispersal Station "B"
Issuing Officer

Major

Date of Discharge



Rank

Date JUN 9 1919 19

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

AUTHORIZED TO WEAR

One WOUNDED STRIPES

W. R. Taylor

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

CLINICAL CHART.

Army Form B. 181.
MOORE BARRACKS.

CANADIAN HOSPITAL,
SHORNCLIFFE

Corps

C.A.S.C.

(To be attached to Case Sheet.)

Military Hospital

No. *736712*

Rank and Name *Pte Whitlock*

Age *19*

Service

Disease

Date of admission

25-5-17

Date of discharge

13-6-17

Result

Improved

Dates of Observation

May 26 27 28 29 30 31 1917

Days of Disease

26 27 28 29 30 31

Temperature Fahrenheit

Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time Time

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per minute

72 64 68 64 64 72 64 62 66 68 62 60

Respirations per Minute

20 20 18 30 18 18 18 18 18 18 19 20

Motions per 24 Hours

27908

Signature *J. G. Conway Capt*

In charge of case.

admiral 8.6.19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

M. OR S. _____ REGT. No. *X736712* RANK *Pte.* NAME (IN FULL) *Whitlock Wilfred*

NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT *86 Bn* PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ADDRESS _____ EFFECTIVE DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? *MP* DATE EFFECTIVE _____ ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1.7.19* STOPPED BY *England*

TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO *Mrs. W. Whitlock* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OF ADDRESS _____

ADDRESS _____ ADDRESS *501 Trullham Rd. London S.W.* BANK OF COMMERCE, *Calgary, Alta.*

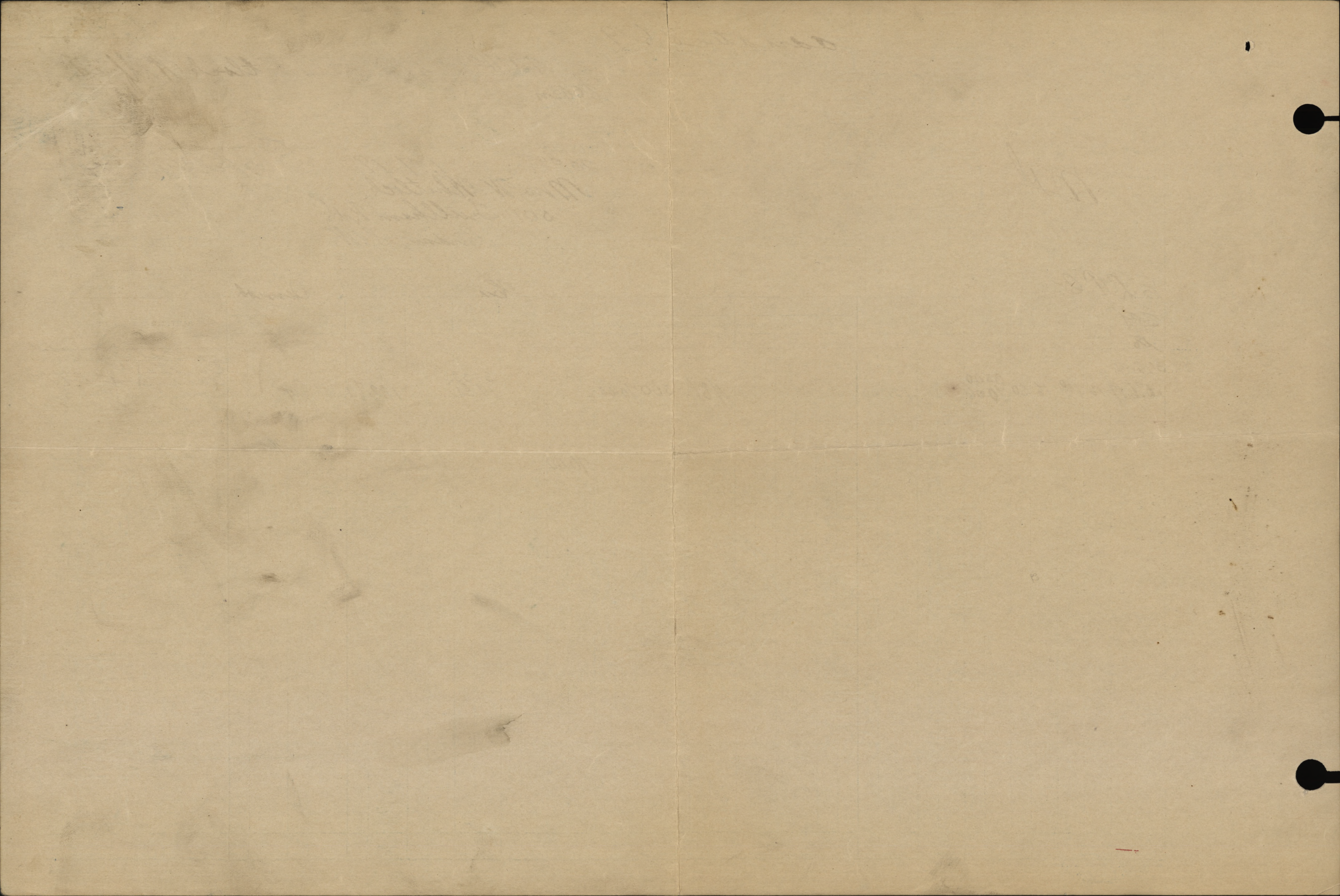
DISCHARGED *Ha* PLACE _____ DATE *JUN 15 1919* REASON *Demob* AUTHORITY *Leo. 191* IF ENTITLED TO POST DISCHARGE PAY _____

E.L.P.B.

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	
<i>31.5.19</i>																							<i>Bal Brd [Signature]</i>
<i>15.6.19</i>	<i>15</i>	<i>16.50</i>	<i>247.50</i>								<i>487</i>	<i>500</i>	<i>70.00</i>			<i>38.33</i>	<i>14.60</i>		<i>132.80</i>	<i>11.30</i>			<i>Brd Dis Col 3</i>
				<i>3500</i>																			<i>Dr Brd adv Eng</i>
				<i>40.00</i>		<i>121.50</i>																	
				<i>W.S.G. S.A.</i>																			<i>WAR SERVICE GRATUITY. W.S.G. S.A.</i>
<i>18.3 days</i>	<i>1</i>			<i>420.00</i>		<i>420.00</i>								<i>70.00</i>					<i>11.30</i>		<i>380.00</i>		<i>1st Pam't W.P.S.</i>
														<i>58.70</i>							<i>280.00</i>		<i>25-7-19 # 892028</i>
														<i>70.00</i>							<i>210.00</i>		<i>8-8-19 # 1116827</i>
														<i>70.00</i>							<i>140.00</i>		<i>8-9-19 # 1137267</i>
														<i>70.00</i>							<i>70.00</i>		<i>8-10-19 # 1501985</i>
						<i>420.00</i>								<i>70.00</i>						<i>420</i>	<i>nil</i>		<i>10-11-19 # 1772111</i>
				<i>420.00</i>		<i>420.00</i>								<i>408.70</i>					<i>11.30</i>	<i>420.00</i>			

[Signature]

JUL 18 1919



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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 112th O Bath, C. E. F.
 Regimental No. 736712 Rank Private Name Whitlock, Percy
 C. E. F.
 Enlisted (a) Mar. 20, '16 Terms of Service (a) Period of 5 years Service reckons from (a) 20.3.16
 Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }
 Extended _____ Re-engaged _____ Qualification (b) Scout.
W. S. B. CLASS A CBM

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				
		Embarked, Halifax, 26/3/16. per Tuscania.			
		Disembarked, Liverpool, 6/10/16.			
		15th Bn. Trans. to 17th Bn. E. Sandling. 8/11/16. Part II. A249.			
		O.C. Taken on strength, 17th Bn. E. Sandling. 2/10/16. Part II. 273.			
18/11/16	O.C. 17th	Transferred to B.C.A.C. and attached to 17th for P.B.D.	Sandling.	1/11/16	Part II 312.
9/1/17	O.C. 17th	B'n Attachment struck off Sandling to B.C.A.C. from B.C.A.C.		24/12/16	Part II Order "8"
					Lieut. & Adjutant. 17th Can. Reserve Battalion.
22/12/16	O.C. C.A.S.C.-T.D.	20 S, from 17th Res Bn	SHORNCLIFFE.	22/12/16	Part II order 357

(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.

Rank.....
 Religion.....
 Enlisted.....
 Date of.....

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				
9/1/17	O.C. C.D.S.B.C.S.D.	Errata Order No. 9 amending entry referring to J.O.S. to read: "Attached from 6646, via 17th Reg. for P.B.D."	Shorncliffe	22/2/16	Part II 9
14/5/17	of case 38	Case to be attached on posting to case R.D.	Shorncliffe	14/5/17	Part II Order 2
14/5/17	of case RD	Attached from case 38	Shorncliffe	14/5/17	Part II Order 2
7/8/17	of case RD	Case to be attached on return to N.S.R. Depot	Shorncliffe	7/8/17	PART II ORDER No. 80 <i>[Signature]</i> for D.O., C.A.S.O.C.B. NOVA SCOTIA REGTL. DEPO
12-7-17	N.S.R.D.	J.O.S. from C.A.C.	Bramshott	10/3/17	D.O. 123
12-8-17	"	on comd C.A.S.C. Shorn.	"	10/3/17	Part II D.O. 123
8-8-17	"	comd the comd	"	7/8/17	" " 152 <i>[Signature]</i> LIEUT.
13-8-17	"	S.O.S. to 17 Reg	"	8-8-17	" " 157 OFFICER in RECORDS, NOVA SCOTIA REGTL. DEPO
15-8-17	OC 17th	J.O.S. from N.S.R.D.	Bramshott	13-8-17	Part II Order 193
11-11-17	O.C. 17th	PROCEEDED OVERSEAS FOR SERVICE WITH 85th BATTN.	Bramshott	10-11-17	Part II Order 269 Lieut., Asst. Adjt., 17th Canadian Res. Batt.

Sheet II

Casualty Form - Active Service.

Regiment or Corps... 85th Cav Battalion

Rank... Pte Surname... Whitlock Christian Name... Henry

Religion..... Age on Enlistment..... years..... months

Enlisted (a)... 20/3/16 Terms of Service (a)... 2 of 4 Service reckons from (a)... 20/3/16

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

W. S. B. CLASS A

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<u>19/11/16</u>	<u>C C A C</u>	<u>J. O. S & on Com 17th</u>	<u>Shorcham</u>	<u>1/11/16</u>	<u>PCT 495</u>
<u>11/12/16</u>	<u>17th Bn</u>	<u>On Com C A S C J Cliffe</u>	<u>Shorcham</u>	<u>11/12/16</u>	<u>332</u>
<u>4/1/17</u>	<u>C. C. A. C.</u>	<u>for P. B.</u>	<u>Shorcham</u>	<u>24/12/16</u>	<u>583</u>
<u>14/5/17</u>	<u>C A S C T D</u>	<u>Att c a s c Res Depot</u>	<u>J. Cliffe</u>	<u>14/5/17</u>	<u>134</u>
<u>O. C.</u>	<u>4 CIBD</u>	<u>Landed in France.</u>	<u>Taken on</u>	<u>Nom. Rol d/</u>	<u>4. 11. 17.</u>
		<u>Strength 85 th Bn.</u>		<u>Pl. II D.</u>	<u>O. 131 of 31. 11. 17</u>
		<u>Left for -do-</u>		<u>N. R. d/</u>	<u>14. 11. 17</u>
<u>2-4/11/17</u>	<u>G, 85 th Bn.</u>	<u>Arrived -do-</u>		<u>Field</u>	<u>23/11/17 B213</u>

CERTIFIED CORRECT.
 20 NOV 1917
 CAN. RECORDS

..... LIEUT
 FOR LT: COL: WO RECORDS, C.O.M.I.

436712

Whitlock H.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
10-1-18	Ob. 85th Bn.	Forfeits 2 days pay for unshaven on 10. am parade		2-1-18	B209 Part of b.d 14-1-18
3-9-18	18 Gen Hos.	G.S.W(R) Sleds serv. adm	18 Gen Hos	3-9-18	W 2807
2-9-18	12 G. F. Amb	do adm of 6 b.s.	Field	2-9-18	A 9023
1-9-18	Ob. 85th Bn.	Wounded in Action	Field	2-9-18	B213
8-9-18	23 b.s.	G.S.W(R) Sleds neck & face adm of 15 b.s.	Field	2-9-18	A 9147
25-10-18	18 Gen. Hos	do do	6/ on depot	24-10-18	W/13/18 R.D. 14/16 W9679
24-10-18	6/ on depot.	do adm	do	24-10-18	W 9788
4-11-18	C. I. B. D.	T. O. S. "a"	Camp	4-11-18	N.R. 498
3-11-18	6/ on depot.	Active	Base	3-11-18	W 1911
4-11-18	C. I. B. D.	S. O. S. to C.I.B.	Field	8/11-18	N.R.
10/11-18	6 b.s.	Arrived do	"	10/11-18	A. 1992
5-12-18	Ob 85 Bn	Joined Unit	"	5-12-18	B213
7-12-18	"	Granted 14 days leave to U.K.	Field	2-12-18	" TT00146/18
27-11-18	corp	Sos to Unit.	Field	30-11-18	N.R. 2048
28/12-18	Ob. 95 Bn.	Rejoined of leave	"	24-12-18	B213
25-1-19	do	Serv at - Y.M.C.A.	Rein part	21-1-19	"
15-3-19	do	Rejoined	Unit -	13/3-19	"
		Proceeded to England.		20 AVR 19	

31-5-19

SOS on FC
PROCEEDED TO CANADA

for Lt-Col., A. A. G.
Canadian Section G. H. O. 3rd Echelon B. E. F.
Adjutant, 85th O.I. Bn. B.E.F.