

REINFORCEMENTS C. E. F.
ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Wilkinson*
- 1a. What are your Christian names? *Ernest William*
- 1b. What is your present address? *Kelowna*
- 2. In what Town, Township or Parish, and in what Country were you born? *Ashford, Kent, England*
- 3. What is the name of your next-of-kin? *Francis Thomas Wilkinson*
- 4. What is the address of your next-of-kin? *8 Park Road, Ashford, Kent, England*
- 4a. What is the relationship of your next-of-kin? *Brother*
- 5. What is the date of your birth? *January 6th 1875*
- 6. What is your Trade or Calling? *Commercial*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *No*
- 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 }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? *No*

14. If so what was the nature of the disability? *No*

15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *No*

16. If so, what was the reason? *No*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Ernest William Wilkinson*, 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.

Date *March 5th* 191*7*. *Ernest W. Wilkinson* (Signature of Recruit)
J. H. Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *March 5th* 191*7*. *Ernest W. Wilkinson* (Signature of Recruit)
J. H. Smith (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 *Kelowna* this *5th* day of *March* 191*7*.
J. H. Smith (Signature of Justice)

Description of Ernest William Wickinson on Enlistment.

Apparent Age 42 years months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
Range of expansion 34 1/2 ins.

Complexion Clear

Eyes Golden Brown

Hair Iron Gray

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

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).

Brown birth mark on left breast

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 March 5th 1917

Place Kernan Bld.

Vernon Indycator Medical Board
Lieut. Col. F. Boyce Pres.
Edward Duncan M.D.
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.

Ernest William Wickinson 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.

Date March 6th 1917

J. Perry (Signature of Officer)
Kernan Bld.

WILKINSON ERNEST WILLIAM

2142338

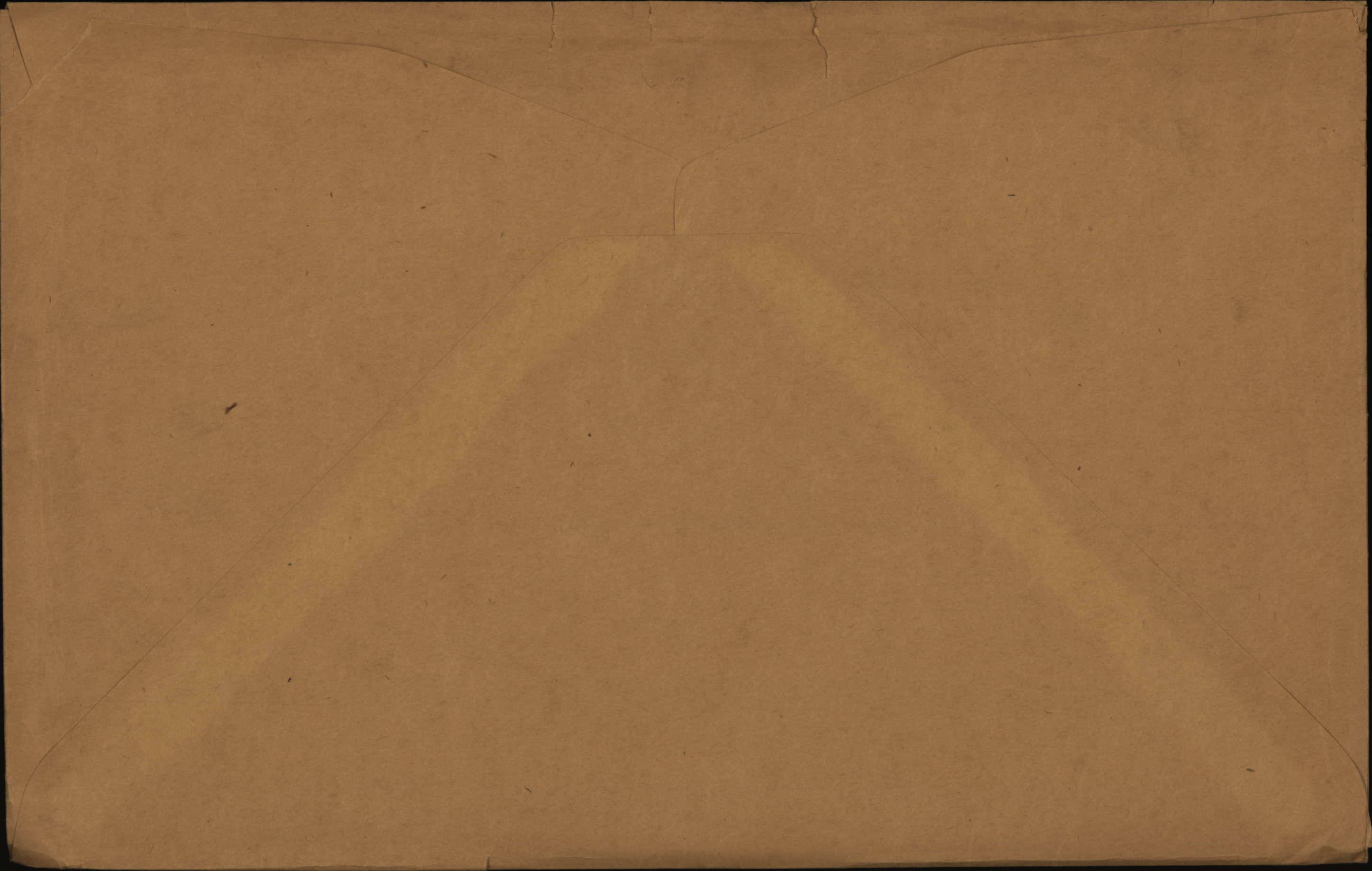
30TH BN

21898

DEMOB

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.





Number *2142338* Rank *C/Lt*

Surname *WILKINSON*



Christia.. Name *Ernest William*

Units *2nd C.M.P.* Theatre of War *France* *B*

Date of Service *14.2.18*

Remarks

Latest Address *Kelowna, B.C.*

Roll No. *Blage 22603*

2m-10 21.M.243.

DESP NOV 14 1922
REGN. NO. *2086*

LEDGER No. 100

SERIAL No. ~~748463~~ 15

REG. No. 2149338 NAME Wilkinson E W

RANK Pte CORPS 5811 AGE 44 SERVICE C³/₁₂ E¹¹/₁₂ F¹⁰/₁₂

HOSPITALS

DATE OF ADMISSION

1 Vernon Hill Vernon B C

25-2-19

2

3

DIAGNOSIS Conjunctivitis

TRANSFERRED TO

DISPOSITION 5-3-19

CATEGORY

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

Ernest, William.

Name **WILKINSON,**Rank *Pte*

Reg. No. 2142338.

Unit *7th Bn.*Next of Kin *Francis Thomas Wilkinson . 8 Park Rd . Ashford . Kent .*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
2-5	7. Cpl.		P.O.	A206		17577
4-5	17. C. H.	Caniers.	Trench Fener	A211		1161/18
12-5	6. Con. Dep.	Etaples	do.	A216		1257-8
14-5	14. Con. Dep.	Trouville	do.	A221		1367/15
27-6	Do F.O.S. Etaples		-DO-	A255		2286/2
12-7	4 Con S.H. Etaples		P.O.	A 968		2614/5
11-8	6 Con Dep Etaples		DO	A 293		3236/4
14-8	5 Con Dep Cayeux		DO	A 299		3383-6
13-10	Do Base Dep Etaples		DO	A 336		5084/1

NAME

Wilkinson Co. EW.

RANK AND CORPS

SE

REG'T'L. No. *2142338*

H. Q. FILE NO 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 171	No 1 Can Fed Ame.	17-3-18	J. U. O.
A 175	Disch to Dubij	23-3-18	" " "
A 206	7 Cas clg slat	1-5-18	" " "
A 211	18 Gen Carriers	4-5-18	Trench Fever
A 216	No 6 Conv Depot - Elaples	12-5-18	" "
A 221	14 Conv Depot - Province	17-5-18	" "
A 255	Disch to Base Details	2-7-18	" "
A 268	7 Can Gen Elaples	12-7-18	J. U. O.
A 293	6 conv Depot - Elaples	11-8-18	" " "
A 209	5 " " Cayeux	14-8-18	" " "
A 356	Disch to Base Details Elaples	13-10-18	" " "

*Name Wilkinson, G.W. Rank Pte. Regtl. No. 214 2338
 Original unit 80th Bn Present unit with hon Fyle Depot 8317
 M. of S. Age 43 Religion C of E Ref. H.Q. Princess Juliana
 Port, ship, and date of arrival Halfax 17-2-19
 Next of kin Brother, Francis T. Wilkinson, 8 Park Rd., Ashford, Kent, England.
 Address on leave 8 Melowna Rd
 Address on discharge 8 Melowna Rd
 Transportation issued Yes 31 No 8th Date 31/8/19 Character on discharge Fit
 Previous occupation Commercial Date and place of enlistment Vernon, March 5th., 1917.
 Diagnosis Fit Date of Medical Boards 19/3/19

Date.	Remarks	Pt. 2 Order No.
<u>25.2.19</u>	<u>T.O.S. from O seas 8.2.19 Posted to Cas. Coy. 23²/₁₉ Leave 12³/₁₉</u>	<u>56-5^a</u>
<u>26/2/19</u>	<u>Posted to Hosp. Sec. from Cas. Co. "While on leave, Vernon, "Ail. Hosp." "Congruntivitis"</u>	<u>62 3/3/19</u>
<u>28.2.19</u>	<u>To Vernon Hosp.</u>	<u>NSD 57/350</u>
<u>3.3.19</u>	<u>To Casualty Coy</u>	<u>NSD 57/346</u>

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

WAR SERVICE BADGE CLASS "A"
 No 64015 ISSUED P.T.O. (over)

Date.

Remarks.

Pt. 2 Order No.

Discharge Section 24/3/19 844/30

SURNAME CHRISTIAN NAME OR NAMES REG. NO.

WILKINSON

E.W.

2142338.

RANK Pte. UNIT BC. 7. Co. TROOP BATTY.

HOSPITAL DATE OF ADMISSION

1 C.F.A. 17-3-18.

1. *J. C. C. Martin* HOSP. 2.5.18

2. *18 Gen. Cameron* OSP. 4-5-18

3. *6 Comd. P. Staples* 12-5-18
14 " " Howville HOSP. 17-5-18

4. *J. C. Y. Staples* HOSP. 12-7-18.

PUO. *b*

DIAGNOSIS

1. *Typhoid Fever.*
2. *P.U.O., etc.*
- 3.

DISPOSITION

CL. 25-3-18. A171.

Dis. to Duty 23.3.18 DATE
Dis. to B Det. Staples. 29-6-18

REMARKS

Dis to Base Details
Staples 13.10.18

30.3.18 A175-1

7.5.18 A206.2.

13-5-18 @ 211-3

18-5-18 @ 216(3)

24-5-18 @ 221(3)

4-7-18 @ 255-3.

19-7-18 @ 268(3)

" 17-9-18 @ 293(3)

" 23-8-18 @ 299(3)

29.10.18 A356-4.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

6 *Com. Dep. Etaples.* _____

11-8-18

1. 5 *Com. Dep. Cayeux* _____

14-8-18

2.

3.

4.

5.

6.

7.

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

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

FORM.—1-18.
H. Q. 1772-39-920.

Casualty Form Active Service.

50th B. C. HORSE

Unit, Regiment or Corps (REINFORCEMENTS C.E.F.)

Regimental No. 2142338 Rank Private Name Wilkinson, Ernest William

Enlisted (a) 5-3-17 Terms of Service (a) 50th Service reckons from (a) 5-3-17

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) Pto civil life Commercial

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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. 33, or other official documents.
		Embarked H.M.T. 2810. Disembarked ditto	Halifax Liverpool	28 th 9 th	May 1917. June 1917.
14/6/17	16th Res. Bn.	Taken on Strength	Seaford.	9/6/17	Part II. D.O. No 156
15/2/18	16 Res Bn	Transferred for Overseas Service with 17th 2 nd B. Lt. Seaford	Seaford	14/2/18	Pt 2 DO, Lt. Asst. Adjt. 16th. Canadian Reserve Batta. <i>W. C. L.</i>
16-2-18.	3 CIBD	T.O.S. 2nd C.M.R. Battn.	Field.	15-2-18.	N.R. Pt. II 17.
18-2-18.	"	Left to Join C.C.R.C.	"	18-2-18.	N.R. 974.
18-2-18.	C.C.R.C.	Joined from Base Depot	"	18-2-18.	N.R. 115.
5.3.18.	ad. Lt.	Transfd to 7 th Canadian Infantry Battalion	"	5.3.18	K.R. 11647 Pt II 25 10/1/18
9.3.18	Unit	ON STRENGTH 7 th BATTN CAN BASE DEPOT JOINED UNIT		6.3.18	9010.31. B213.

CERTIFIED CORRECT.
 15/2/18
 19 FEB 1918
 CAN. REG. OFF. LONDON.

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
17.3.18	1 C7A	P. No.	1 C7A	17.3.18	D 8302
23.3.18	1 C7A	Do Duty	1 C7A	23.3.18	D 0952
"	OC 7A	Do Hospital		18.3.18	B213
30.3.18	"	Rejoined unit		23.3.18	B213
2.5.18	1 C7A	P. No.	Jo 7 CCS	2.5.18	E 9754
"	7 CCS	"	Ad "	"	E 9990
4.5.18	"	"	Jo " a T.	4.5.18	E 10,000
"	18 USA Gen	"	Ad 18 USA Gen	"	7116
12.5.18	"	"	Jo 6 Con sepor	12.5.18	71283
"	6 Con sepor	"	Ad "	"	71493
16.5.18	"	"	Jo 14 Con sepor	16.5.18	71981
17.5.18	14 Con sepor	"	Ad "	17.5.18	72788
22.6.18	"	Still a Patient		22.6.18	17/261
30.6.18	C 9 B D	For Board		30.6.18	B 81850
27.6.18	14 Con sepor	Do Base		27.6.18	C 37
2.7.18	ARR CANO	Class T.B.		3.7.18	3339/597
12.7.18	7 Can Gen	P. No.	Ad 7 Can Gen	12.7.18	G 1515
"	C 7 B D	Jo 7 Can Gen		"	NR
11.8.18	7 Can Gen	P. No.	Jo 6 Con sepor	11.8.18	G 8938
"	6 Con Wpe	"	Ad "	"	G 9851
15.8.18	"	"	Jo 5 Con sepor	17.8.18	H 104
14.8.18	5 Con Wpe	"	Ad "	"	H 1177
14.10.18	C 9 B D	For Board	ad C 9 B D	14.10.18	NR 477
17.10.18	B 213 D	classified "B.1."	"	17.10.18	NR 526
16.10.18	A. J. D. Cdno.	Classified "B.1." and transferred to Canadian Labor Pool	7th Arm	16.10.18	A 4 W 3339/776.

adg. J. J. C. Poolman 7th Cdn Bde 17.10.18 PV 173. 26.10.18
 Part 2 of 135 of 25.10.18

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Canadian Labour Pool Regimental Number 214.2338

*Substantive Rank Pte Surname Wilkinson Christian Names E. W.

*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.					

23-11-18	O.C.	Transferred to England and posted to British Columbia Regtl Depot, Seaford			23-11-18	Letter C.S. 8/266 d/23-11-18 Ref file KA 25006-V-4 KR 36279-1 PE II do 190 d/23-11-18
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E. W. Wilkinson
 Captain for Lieut - Col, G.A.G.
 Edn Sect, G.R.Q. 3rd Echelon.

26-11-18	BCRO	TOS from 1st Pool -		Seaford	23-11-18	19-283
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R. Anderson
 for Lt Col i/c Records, C.E.F. Lieut.

CC.C. Kinmel Park for Canada. Part II Orders
 Ceases to be attached
 Kinmel Park on embark-
 Canada, Part II Order

4219

Commanding
 Kinmel Park Camp

HMT-PRINSES JULIANA

8 2 19 Sailing 5-17. V.19

To be folded on this line.

Nothing to be written in this margin.

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

44-5-338

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
25.2.19	Overseas.	T.O.S. DISTRICT DEPOT XI	HASTINGS PARK VANCOUVER, B.C.	8.2.19	D. O. Pr. II 56/5.1919.	
	DISCHARGED	DEMOBILIZATION	VANCOUVER, B.C.	24/3/19	D.O. 84/4d	

J. Maclean
for O.C. District Depot XI

Cap

Nothing to be written in this margin.

Rec'd

C.R. Rank **Rein. 30th B.C. Horse** Name **WILKINSON. Ernest William.** Reg'l No. **2142338.**
 Unit **to B.C. Regt.** If in perm. Corps, What Unit? **Single.** Married or Single
 Place and Date of Enlistment **Vernon. Mar. 5th, 1917.** Place of Birth **Ashford, Kent, England.**
 Name and Address, Next-of-Kin **Francis Thomas Wilkinson.** Relationship **Brother.**
8 Park Road, Ashford, Kent, England.

Assigned Pay Monthly \$ Payable to

Relationship
 N/E. R.B. No. **14980**
 File R.L.
 Relationship Category **Can OA**

Separation Allowance \$ Payable to

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

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 9 6 17 S/S OLYMPICK					
<i>14-6-17</i>	<i>16th Res.</i>	<i>TOS as reinforcing draft from 30th B.C. Horse,</i>		<i>10-6-17</i>	<i>Pt II 156.</i>
<i>15.2.18</i>		<i>SOS to 2nd C.M.R.</i>	<i>The Seaford</i>	<i>14.2.18</i>	<i>4642 C.M.R. Pt II 174/18</i>
<i>16-3-18</i>	<i>2nd C.M.R.</i>	<i>SOS to 7th Bn</i>	<i>Field</i>	<i>5-3-18</i>	<i>Pt II 25. + 7th Bn Pt II 314/18 3/8</i>
<i>25-10-18</i>	<i>7th Bn</i>	<i>Bliss Bldg trans to C.M.R. Pool etc</i>		<i>16-10-18</i>	<i>Pt II 125 & 10173 126/18. Lab. Pool</i>
<i>28-11-18</i>	<i>Lab. Pool</i>	<i>Trans. to England & posted to B.C. Regt. Depot, Seaford</i>	<i>Field</i>	<i>23-11-18</i>	<i>Pt II 190. + B.C.R.D. Pt II 283 4/26-11-18</i>
<i>15-1-19</i>	<i>B.C.R.D.</i>	<i>on loan to R.A.R. Dept</i>	<i>Seaford</i>	<i>15-1-19</i>	<i>- 124 M.D. R.A.R. (Trans. 30 d/16/19)</i>
<i>4-3-19</i>		<i>SOS to C.E.F. Can. Hdq.</i>		<i>8-2-19</i>	<i>- 63</i>

BC

Bl

R149.

Lab

F. 103 CHECKED

R. 103 1918

CANADIAN ARMY DENTAL CORPS, O.M.F.C. *2nd 11* DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WILKINSON EW
REGIMENT 7 BN RANK PTE No. 2142338

Date of Examination in England 20-1-19 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.



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES

Fit

- (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 *Yes*
- (c) In France *Yes*

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer *A. La Roche*

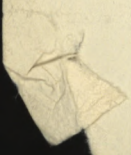


11. 11. 11

11. 11. 11
11. 11. 11

11. 11. 11

11. 11. 11



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) WILKINSON E.W. MD11
 REGIMENT 7th RANK Pte No. 2142038
 Date of Examination in England 22/1/19 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.



PRESENT DENTAL REQUIREMENTS

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

Fit

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

no

KINMEL PARK,
NORTH WALES

Signature of Dental Officer

W Kennedy

DENTAL X-RAY RECORD FOR DENTIFICATION

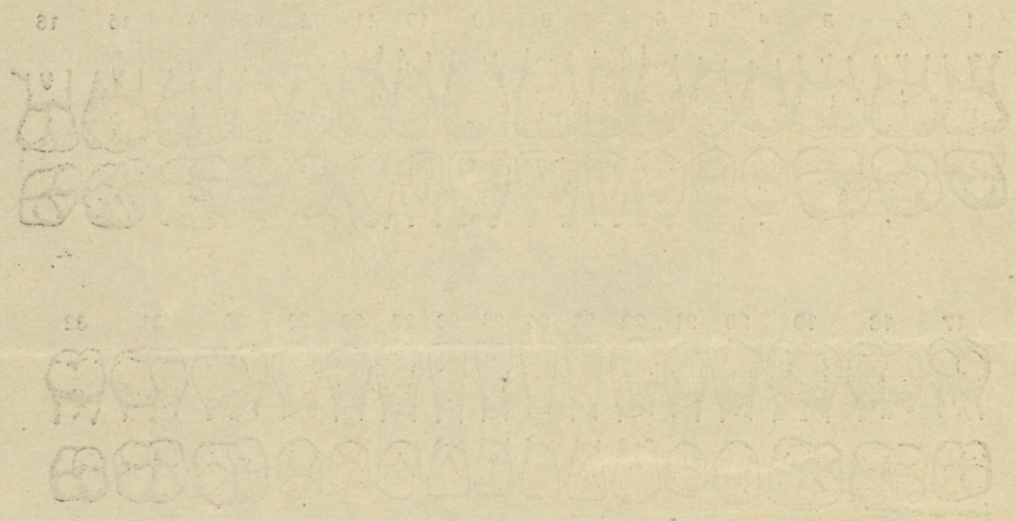
DIRECTIONS TO
DENTAL OFFICERS

1. This form is to be filled out by the dental officer in charge of the dental unit. It is to be used for the identification of dental X-rays taken in the field. It is to be filled out for each X-ray taken.
2. Entries on this form will be used to identify X-rays to dentists in contact.
3. In reference to dental X-rays, the numbers 1 through 32 are used to identify the teeth.

Name of Officer: _____

Rank: _____

Date: _____



OTHER DENTAL CURRENTS

1. _____

2. _____

3. _____

4. _____

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

Print name and rank of dental officer

INSTRUCTIONS

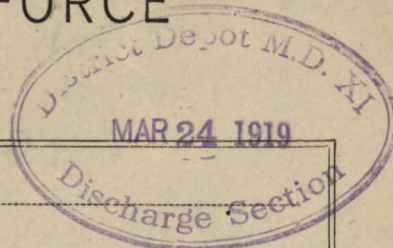
FOR THE USE OF THE
OFFICE OF THE SECRETARY OF THE ARMY

AND THE OFFICE OF THE
CHIEF OF BUREAU OF MILITARY HISTORY

DEPARTMENT OF THE ARMY
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 2142338 (Rank) Pte

Name (in full) Ernest William Wilkinson enlisted in

the 30th B.C. H. Reinf

CANADIAN EXPEDITIONARY FORCE at Vernon B.C. on the 5th

day of March 1917

HE served in France with the 7th Bn

and is now discharged from the service by reason of

DEMOBILIZATION

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

Age 44 years

Height 5' 4 3/4

Complexion clear

Eyes brown

Hair grey

Ernest W. Wilkinson

Signature of Soldier

Marks or Scars birth mark on chest

H. B. Andrew
Issuing Officer

Date of Discharge 24-3-19

Rank Capt.
Appointment For O.C. District Depot, XI

Signed at Vancouver B.C. this 24th day of March 1919

in Military District No. XI

File Reference No. DD. W 8317

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 certificate will not be completed.

WAR SERVICE BADGE CLASS " "
 No. 64015 ISSUED

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 88th Hospital Station Vernon
 No. 2142338 Rank and Name Plt. Wilkinson E.W. Age 44 Service C 7/12 E 1/12 F 1/2
 Disease Conjunctivitis Date of Admission 25/4/19 Date of Discharge 3/3/19 Result Improved Case Book Folio

Dates of Observation																													
	Days of Disease																												
Temperature Fahrenheit	TIME																												
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
106°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
105°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
104°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
103°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
102°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
101°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
100°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
99°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
98°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
97°	.8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
per Minute	80																												
Respirations per Minute	18	18	18	18																									
Motions																													

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps

No. 117

Rank and Name

Disease

Date of Admission

Date of Discharge

Result

Case Book

Folio

Hospital Station

Service

Age

Days of Observation

Days of Disease

Temperature (Fahrenheit)

107°
108°
108°
104°
103°
102°
101°
100°
99°
98°

Large grid area for recording clinical data, including temperature and other observations over time.

Signature

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... 30th B.C Horse Regt Reimber 7

(2) Regimental Number 2142338

(3) Full Name of Soldier... Ernest William Wilkinsons

(4) Place of Birth... Ashford Kent England

(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? ✓

(8) Have you any children? ✓

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

Also their names and ages..... ✓

(9) Is your Father alive?..... *Yes*

If so, state name and address *Thomas Wilkinson 8 Park Road
Ashford. Kent. England.*

(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..... *15/5/07*

J. Perry *Lieut.-Col.*
Officer Commanding.

O. C. 30th Regt. B. C. Horse

Brother, Mr. Francis T. Wilkinson, 8 Park Road Ashford Kent, Eng.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

X1 C/C

8317
Poa
L

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2142338 Rank Pte Surname Wilkinson
(Give name in full)
Ernest William
Unit or Corps 7th Br. Birthplace England

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 132 lbs. Height 5 ft. 4 1/2 in. Colour of Eyes brown
Nutrition good
Pulse 72 good
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Brown birth mark on chest near left shoulder.

Opinion as to general health and physical condition Fit

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses Yes Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition as noted

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

M.H.S. states 25-2-19 to 3-3-19 Inflammation and swelling right eye. Complete recovery - no disability.
O.S.B. states "17-3-18 to 30-3-18 P.U.O. 2-5-18 to 30-6-18 ditto. 12-7-18 to 14-8-18 ditto". No disability at present. also 18-12-18 Debility. - recovery. No disability

EIT

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)
New Westminster, B.C.

Date Mar. 19, 1919 SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *Ernest W. Wilkinson*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

SPECIAL EYE REPORT

Scaford.....1917

No. 214 2338 R. 6/9 With Glasses

Rank. Pte

Name. Milkison L. 6/6 With Glasses

Unit. 16th Res. Bn

Complaint. Conjunctivitis

This condition was.....present before enlistment and

has.....not.....been caused by service.

Glasses have.....not been.....ordered.

Treatment:-

Category A.

V E Hatcher

Captain. C.A.M.C.

Para. J.
contd.

(a) Pages 1 and 2 of A.F.B. 179 will be completed in quintuplicate by the Medical Officer of the Unit and will be countersigned by the Senior Medical Officer of the Brigade in the space provided for signature of "Officer i/c Hospital."

(b) At least one copy of this form must be wholly in the handwriting of the Medical Officer presenting the case.

(c) CLAUSE 8. The disability stated must be in accordance with "Official List of Diseases" published by the War Office.

(d) CLAUSES 11 & 13. It is imperative that both these questions are answered most carefully.

(10) When applying for re-examination of a soldier by a Medical Board, the necessity for same should be stated in a covering letter and procedure laid down in Para. J. (1) should be followed.

(11) Medical Officers are to be present when men of their Units are being Boarded.

(12) SPECIAL CASES IN HOSPITAL. Canadian soldiers

30th C. HORSE
MEDICAL HISTORY SHEET

2142338

Original

Surname William Christian Name Ernest William

Examined { on 5th day of March 1917
 at Vernon Bz
 Birthplace { City or Town Ashford
 County Kent England

Approved by Personnel Investigation Medical Board
Lieut. B. F. Boyce Pres.
 Rank Private

Apparent age 42
 Trade or occupation Commercial
 Height 5 feet 4 3/4 Inches
 Weight 172 lbs.
 Chest measurement { Minimum 34 1/2 inches
 Maximum expansion 38 1/2 inches
 Physical development Good
 Small-pox Marks None

Date	Fitter or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>5 DEC. 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left 2
 Number 2

Date	Result	VACCINATIONS
<u>14/6/17</u>	<u>RHW</u>	M.O.
		M.O.
		M.O.

When Vaccinated last childhood
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1917</u>	<u>good</u>	<u>B. F. Boyce</u> M.O.
<u>1917</u>	<u>good</u>	<u>B. F. Boyce</u> M.O.
<u>1917</u>	<u>good</u>	<u>B. F. Boyce</u> M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 5 day of March 1917 at Vernon Bz.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>30th C.H.</u> <u>G.E.F.</u>	<u>2102338</u>		<u>5. 3. 17</u>
Transferred to	<u>16th. C.R. Bat.</u> <u>2nd C.M.R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Seaford</u>	<u>18/12/15</u>	<u>Debility</u>	<u>B III</u> - not likely to be found
<u>Seaford</u>	<u>18-12-15</u>	<u>Ch. Bron</u>	<u>III</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.

CANADIAN

Surname *Wilkinson* Christian Name *Ernest William*

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>Vernon Mil Hosp</i>		<i>25</i>	<i>2</i>	<i>19</i>	<i>3</i>	<i>3</i>	<i>19</i>	<i>Inflammation + Swelling of Rt Eye (Conjunctivitis)</i>	<i>6</i>	<i>Reported at Vernon Mil Hosp while on 14 days leave much better, supplied with medicine + allowed to proceed home.</i>	<i>B. F. Boyce Capt.</i>

CASE HISTORY SHEET.

Vernon Hill Hospital. 15 Vernon BC Station.

No. 2142338 Rank PE Name Wilkison Age 44

Unit 88*11 Completed years of service Where and how long } C 3/12 E 1/12 F 10/12

Date of admission 25-2-19 Date of discharge 3-3-19

Diagnosis Conjunctivitis Place of origin England. Nov 1917

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaints Pain across eyes for over year, & inflamed a lot, cant read on account of eyes, very painful

History of present illness

Condition on admission Right eye inflamed, lids very swollen & painful

Progress of case Favorable

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT.

Hot fomentations & instillations of zinc sulphide and Boracic acid

CONDITION ON DISCHARGE.

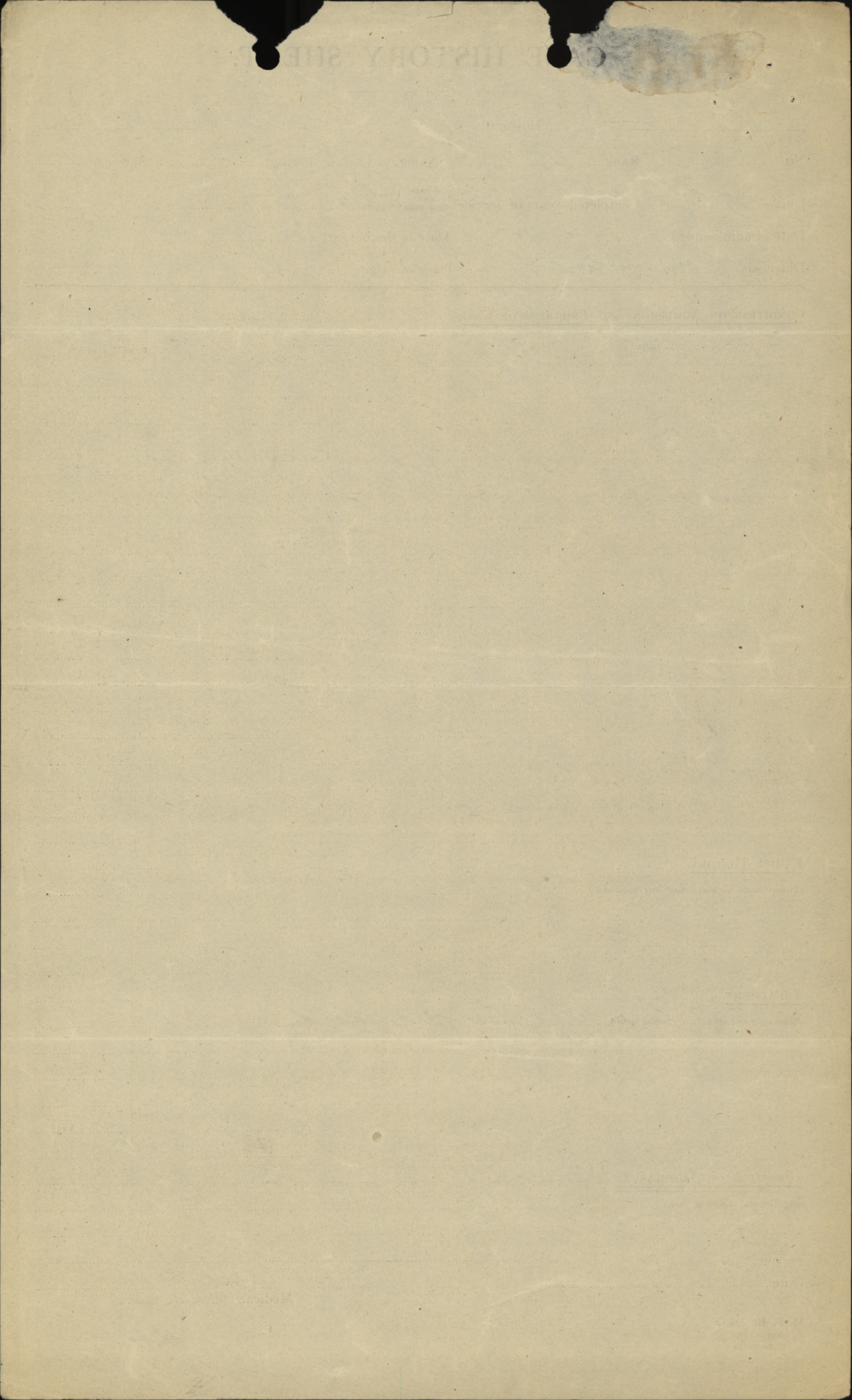
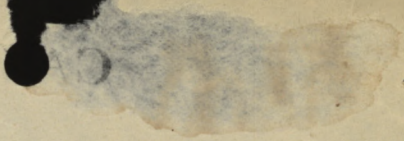
(and disposal made of case.) Much better

Date 3-3-19

B. F. Boyle Capt Medical Officer i/c case.

Handwritten red stamp: A 404603

COPY HISTORY SHEET



NUMBER

2142338

RANK

Oke

NAME

Wilkinson Ed

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	B. Y.	101	20		90				367		
	Int on Def Pay 31/1/19	13	15						380	73	300
		114	35		90				38		
Feb				af. 1949 10.1.19 R.D.G.	14	60			366		
				DNaf 1133 18.12.18 "	24	33			341		
					98						

As a result of 8/2/19 SL b2 BLEN

L.P.C.

WAR SERVICE BADGE CLASS " " A

This space to be for numbers.

No. 64015 ISSUED



Proceedings on Discharge.

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

No.	<u>2142338</u>
Rank	<u>Pte</u>
Surname	<u>Wilkinson</u>
Christian name	<u>Ernest William</u>
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	<u>30th Bb H. Reinf</u>
Date of discharge	<u>24-3-19</u>
Place of discharge	<u>Nancouver Bb</u>

1. DESCRIPTION AT THE TIME OF DISCHARGE.

<p>Age <u>44</u> years..... months.</p> <p>Height <u>5</u> feet <u>4 3/4</u> inches.</p> <p>Complexion <u>clear</u></p> <p>Eyes <u>brown</u></p> <p>Hair <u>grey</u></p> <p>Trade</p> <p>Intended place of residence <u>Kelowna</u></p> <p>(To be given as fully as practicable.) <u>B.C.</u></p>	<p style="text-align: center;">Descriptive marks</p> <p><u>birth mark on chest</u></p>
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2. The above-named man is discharged in consequence of

Authority for discharge A.O. 1420 (C) 12-12-18

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.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(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)..... *Ernest W. Wilkinson* (Signature of Soldier.)

(Date)..... *A. J. Hayes* (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).....

(Date).....

(Signature)..... *M. A. Andrewes* Capt.

For O.C. District Depot, XI

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.)

List of Discharge Documents

None

August W. Wilkinson

Medical Report for the year	W 37
Medical Report for the year	W 38
Medical Report for the year	W 39
Medical Report for the year	W 40
Medical Report for the year	W 41
Medical Report for the year	W 42
Medical Report for the year	W 43
Medical Report for the year	W 44
Medical Report for the year	W 45
Medical Report for the year	W 46
Medical Report for the year	W 47
Medical Report for the year	W 48
Medical Report for the year	W 49
Medical Report for the year	W 50
Medical Report for the year	W 51
Medical Report for the year	W 52
Medical Report for the year	W 53
Medical Report for the year	W 54
Medical Report for the year	W 55
Medical Report for the year	W 56
Medical Report for the year	W 57
Medical Report for the year	W 58
Medical Report for the year	W 59
Medical Report for the year	W 60
Medical Report for the year	W 61
Medical Report for the year	W 62
Medical Report for the year	W 63
Medical Report for the year	W 64
Medical Report for the year	W 65
Medical Report for the year	W 66
Medical Report for the year	W 67
Medical Report for the year	W 68
Medical Report for the year	W 69
Medical Report for the year	W 70
Medical Report for the year	W 71
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Medical Report for the year	W 88
Medical Report for the year	W 89
Medical Report for the year	W 90
Medical Report for the year	W 91
Medical Report for the year	W 92
Medical Report for the year	W 93
Medical Report for the year	W 94
Medical Report for the year	W 95
Medical Report for the year	W 96
Medical Report for the year	W 97
Medical Report for the year	W 98
Medical Report for the year	W 99
Medical Report for the year	W 100

I hereby certify that the following documents are available

Officer Commanding

N.B. - In the case of a man discharged in discharge the date and number of latest receipt with amount of same to be noted herein

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
 Battery } Conduct Sheet, " B. 263a
 Company }

or
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
 Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

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.

Name Wilkinson Eml. 5-3-17.

Date of Embarkation for England 28-5-17.

Proceeded to France. 14-2-18 Returned to England. 23-11-18
transy.

Date returned to Canada.

8-2-19

P.R. 2855.

6th Kid
7-7-28
(over)

Cas. Files.

17-3-18 - P. U. O. - To duty 23-3-18

2-5-18 - P. U. O. - To duty 27-6-18.

12-7-18 - P. U. O. - To duty 13-10-18.

16-10-18 - Clamped, B1.

Juliana 17 2-19

6546

AUDITOR PAYMASTER

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

REGT. No. 2142338

RANK *Plt*

NAME (IN FULL) WILKINSON, ERNEST W.

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN							
ADDRESS		<i>Eng. HPG adpt</i>	<i>31-1-19</i>		PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE		<i>1-2-19 60.70</i>		ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

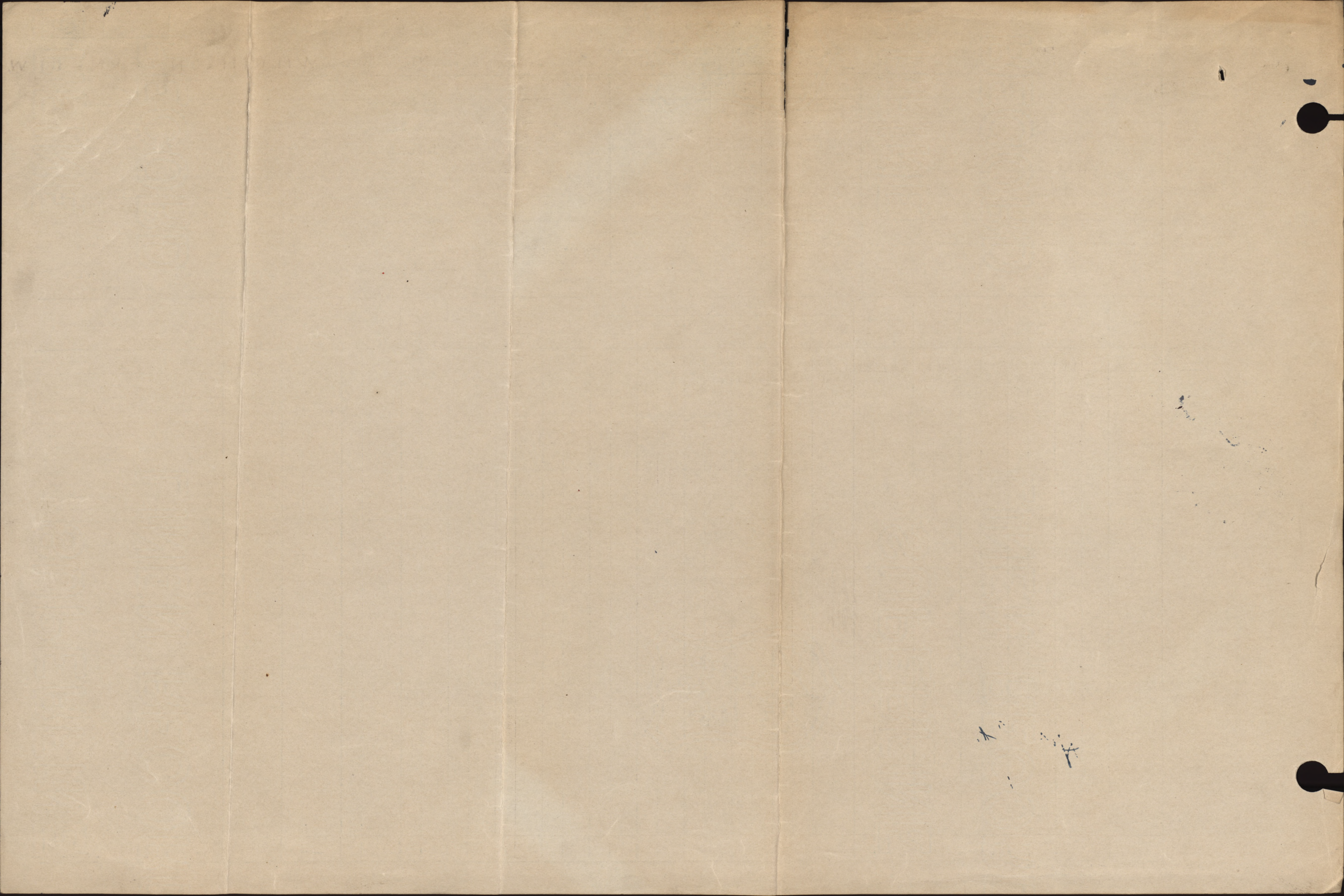
MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBITS	CREDIT	DEBIT		CREDIT
<i>31-1-19</i>	<i>10</i>			<i>341.80</i>													<i>341.80</i>	
<i>1-2-19</i>			<i>11.20</i>					<i>4.87</i>	<i>5.00</i>	<i>50.00</i>								
<i>24-3-19</i>	<i>22</i>		<i>57.20</i>	<i>35</i>	<i>445.20</i>			<i>384.05</i>	<i>443.92</i>			<i>1.28</i>		<i>445.20</i>				
WAR SERVICE GRATUITY																		
Service <i>2</i> years <i>9</i> months																		
	<i>153 days</i>		<i>350</i>	<i>350</i>										<i>70</i>	<i>280</i>			
								<i>Apr 29</i>	<i>162774</i>	<i>70</i>				<i>70</i>	<i>510</i>			
								<i>May 24</i>	<i>183215</i>	<i>70</i>				<i>70</i>	<i>140</i>			
								<i>June 24</i>	<i>80916</i>	<i>70</i>				<i>70</i>	<i>70</i>			
								<i>July 24</i>	<i>827361</i>	<i>40</i>				<i>40</i>	<i>40</i>			
				<i>350</i>										<i>350</i>				

Certified that all payments have been made on this account for which covering authority has been received to date.

Ernest W. Wilkinson
 Paymaster, Demobilization
 M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2000 received.

Ernest W. Wilkinson
 Officer in Charge War Service Gratuity
 M.D. No. 11



Reserved for M.H.C.

Regt. No. *11555* Rank *PTE* Surname *WILKINSON* Christian Name *FRANK*
 Unit or Corps—(a) Overseas from United Kingdom *17 BATT. (2RD) I* (b) in United Kingdom
 Born at—Town *ASHFORD* County or Province *KENT* Country *ENGLAND*
 Date of Birth—Day *2* Month *JAN* Year *1914* Age *4* yrs. *11* months.
 Joined at *VERNON B.C.* Date *5 MARCH 1917*
 Former trade or occupation *C. L. F. P. K.*

Permanent Marks or any peculiarity that will serve for future identification:—
BROWN BIRTH MARK ON CHEST JUST ANTERIOR TO LEFT SHOULDER.

Height—feet *5* inches *6*. Colour of eyes *HAZEL*
 Signature of Soldier (for identification purposes) *Frank Wilkinson*

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) *GENERAL DEBILITY.*
- Disabilities Group (b)
- Disabilities Group (c)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above. <i>J. S. Conditions</i>	<i>FRANCE.</i>	<i>MARCH 1918.</i>
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

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? *no*
- (ii.) As to Group (b) above? *no* If yes, has Active Service aggravated it? *no*
- (iii.) As to Group (c) above? *no* If yes, has Active Service aggravated it? *no*

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? *no*
- (iii.) As to Group (c) above? *no*

5. MEDICAL HISTORY. In France 10 mos. In Hospital France from 17-3-18 until 30-3-18 marked P.U.O. In Hospital France again 2-5-18 to 30-6-18 marked P.U.O. back again to hospital 12-7-18 until 14-8-18. P.U.O. Boarded in France 17-10-18 classified Bii. Returned to England 25-11-18.

Man's statement

When went to France in Feb 1918, was in good condition. About March 13-18 began to be troubled with Weakness, Breathlessness on exercise, also some headaches over eyes. Reported sick and sent to Rest Camp but to unit still suffering from Weakness, Breathlessness and Headaches with rest a month and had to report sick again as couldn't carry on. at present suffer from chronic constant headache above the eyes. Breathlessness on exertion, Pains along Tibia especially at night and sleeplessness.

6. PRESENT CONDITION.

Subjective

Breathless on slight exertion and profusely easily.

Objective

General condition fair

Pulse regular, volume fair, tension fair, temperature high.

88 sitting, 100 on exercise, 92 after 3 minutes rest.

Heart sounds normal

Area of Percussion dullness to left slightly more than normal.

Lungs - apparently normal.

Other systems apparently normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what.

(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? no

(ii.) If so, describe.

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 18 1918

Signed... J. M. Donald Officer in medical charge of case.

Station... Seaford Sussex

NOT IN HOSPITAL
I have satisfied myself of the general accuracy of the above Report, and concur therein *except

(Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Station, on 1918

*Delete if inapplicable.

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

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

Yes

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

no
Civil life - aggravated by G. Service

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.)

10% temporary

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.)

two tenths

15. Permanency of the Disability due to Service estimated next above in (14).

(i) Is it permanent?

yes

(ii) If not permanent, what is its probable minimum duration (in months)?

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
Feb. 29. 20 83. 11/11/18

19. RECOMMENDATION:—

(a) Fit for duty? (state category)

yes

(b) Invalid to Canada?

no

(c) Discharge from Service as permanently unfit?

no

Date of Board

18/11/18

Signature of M.O.

Station

Signatures of the Board

President.
J. P. Pouchel, Capt.
S. W. Manning, Apt.

Station

Seaford.

Approved



Dated at

A.D.M.S.

Station

W. W. ...
C. W. ...
J. B. M. S., Canadians.

