

ORIGINAL

1EN

Original



ATTESTATION PAPER.

No. 910936

Folio.



CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Willing
- 1a. What are your Christian names? Victor
- 1b. What is your present address? 417 Clarence Ave., Saskatoon, Sask.
- 2. In what Town, Township or Parish, and in what Country were you born? Olds, Alberta
- 3. What is the name of your next-of kin? T. N. Willing
- 4. What is the address of your next-of-kin? 417 Clarence Ave., Saskatoon, Sask.
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? July 14th, 1897
- 6. What is your Trade or Calling? Student
- 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? 5 months, 105th Saskatoon Fusil.
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, Victor Willing, 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.

..... Victor Willing (Signature of Recruit)
 Date March 25th 1916. W. Murray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Victor Willing, 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.

..... Victor Willing (Signature of Recruit)
 Date March 25th 1916. W. Murray (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 Saskatoon this 25th day of March 1916.

My Commission expires December 31st 1917
 J. Neilson (Signature of Justice)
 Commissioner for Oaths

Description of Victor Willing

on Enlistment.



Apparent Age 18 years 8 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 8 1/4 ins.

None

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 1/2 ins.

Complexion Fair

Eyes Blue

Hair Ginger

None

Religious denominations { Church of England
 Presbyterian Yes
 Methodist
 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 Mar 11th 1916

Place Saskatoon, Sask.

D. G. Cameron
 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.

Victor Willing 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.

J. P. Oliver Capt. (Signature of Officer)

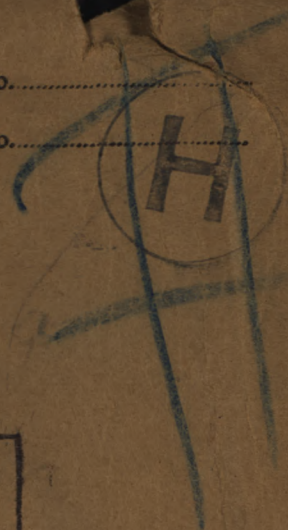
Date 5th May 1916

"B" COY. 196th OVERSEAS BATTALION C.E.F.

28-8-18

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.



S
g

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

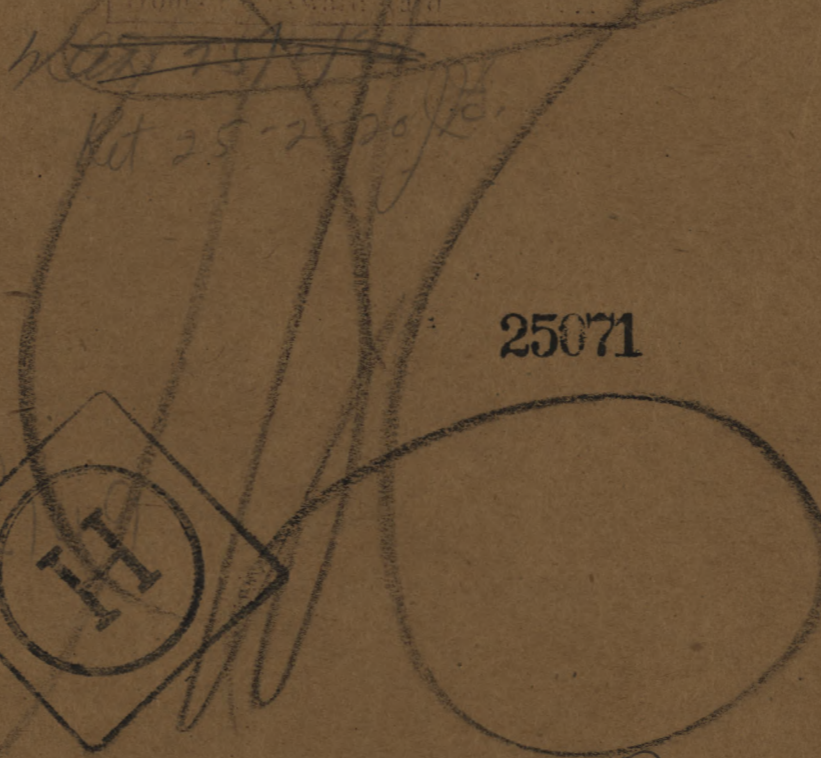
* Feb

1
2

4
2

Name **WILLING VICTOR**
 Regt, No. **910936** Rank, **Plt.**
1916 1/4 **Bn C Co 4**
 Corps, **Infantry**
Physically unfit

- Casualty Card.....
- Non-Effective Card.....
- Part II Order Card.....
- Change of Address Card.....
- Home Award Card.....



25071

M. F. W. 39-a-1
 a F B 122-1
 M. F. W. 192-1
 a F B 179-1

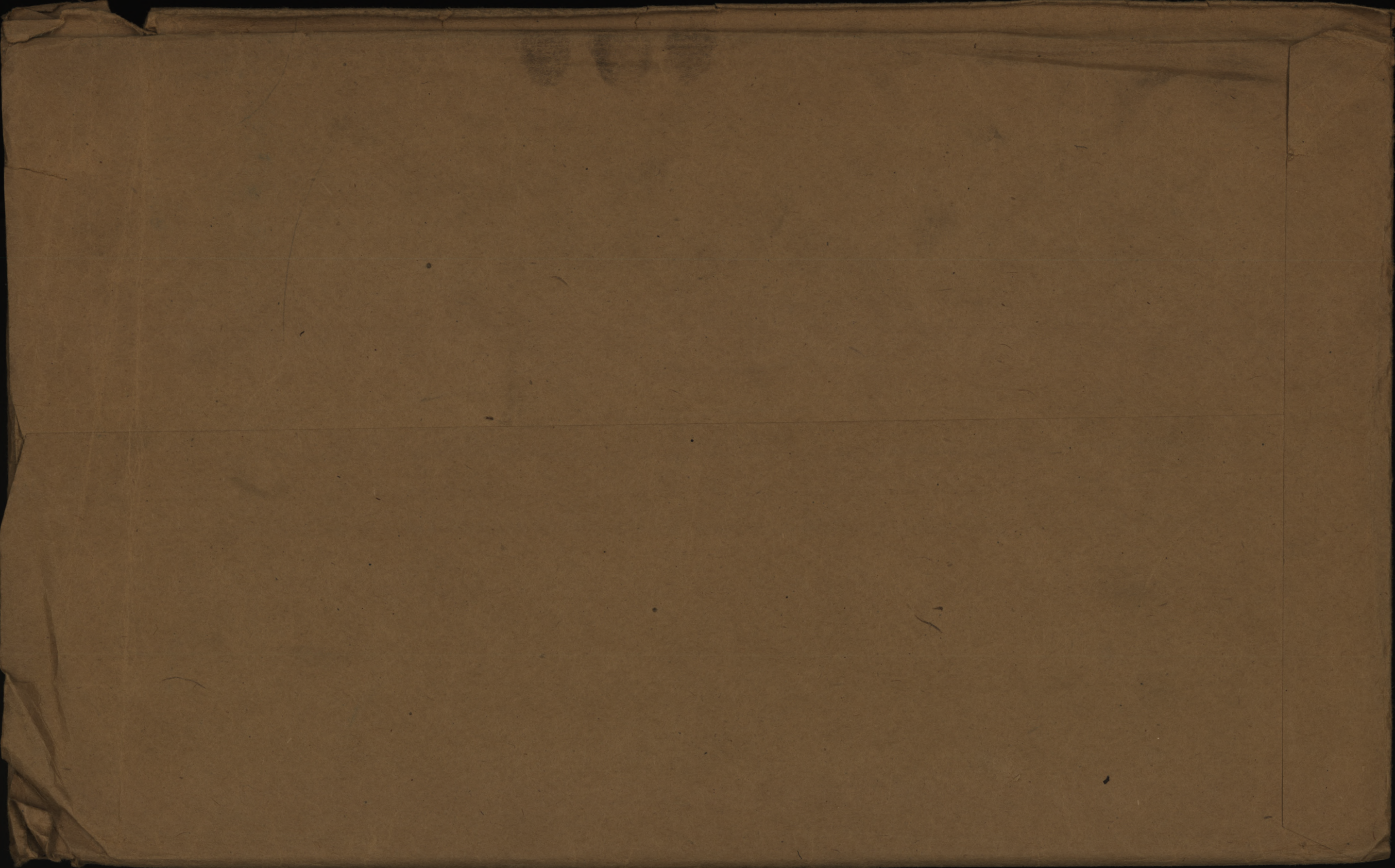
M. F. W. 62.
50M-9-16.
H. Q. 1772-39-935.

PUBLIC ARCHIVES
RECORDS CENTRE

3
2-2
2-2
1-2
3

484153

1 Center board



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B
V

7m
P

Number. 910936 Rank. Pte

Surname. WILKINSON

Christian Name. Victor

Unit. 46th Bn Can Inf Theatre of War. France

Date of Service. 1-2-17

Remarks.

Latest Address. 417 Clarence Ave

Lashburn Sask

Roll No. B. Page 3805

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

MAY 1 3 1926

CABLE

NO.

DATE

NATURE OF CASUALTY

Allyp

6719

G.A.

NAME

Willing Victor

1EN



REGT'L No.

910936

H. Q. FILE No. 649.

RANK AND CORPS

Pte 46th Bn. (form 196th Bn)

FOLLOWS
No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

M 6307
60-5

7-11-17

Adm. to 18 Gen. Hospt. Camiers Oct
26th 1917 (PSW left leg. knee severed)



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 254	No 11 Can Field Amb	6-6-17	Erythema Nodosum
A. 257.	12 Can. Field Amb.	15-6-17.	" "
A. 257.	Ref. Unit.	21-6-17.	" "
a 55 ⁽⁴⁾	No 18 Gen Hosp Danvers Camer	10-17	G.S.W R knee L Leg Sev.
B 60 ⁽²⁾	Horlow Co of London War Hosp Epsom	8-11-17 8-12-17
B 136 ⁽²⁾	Mil Conv Hosp Exeter Pt Epsom	8-2-18	G.S.W. Multiple Comp Fractibia 4-3-18
B 232	Invalided to Canada	3-6-18

Name

WILLING ^{Victor} Rank

Unit

46TH Batten Pfc

Next of Kin

Canada

Reg. No. 910936
#

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
26-10	No 18: S.H. Dannes	Camier	HA:157012		6307	
	P.S.W. Fless R. Reg. L. Per			A.58		
8-11	Horton (Co Bdn) W.H. Eason	(5411)		B.60		
8-2-18	in 46. Eason	W. 67. Silva		B.136		12218
3-6-18	Inval. to Canada			B.232		9571
			8.6.18			
			8.6.18			

649-W-12931

CARD NO.

SURNAME. *Willing*

CHRISTIAN NAMES *Victor*

REGL. NO. *910936*

RANK *Pte.*

UNIT *196th*

B.O.B. Dis 20-7-18 12 m.u.
FOUL.
Pt. II 93 of 19-7-18 #12 D.D.

FORMER CORPS *5 mths. 105th Saskatoon Fusiliers*

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Willing, J. N.*
RELATIONSHIP TO SOLDIER *Father*

ADDRESS *417 Clarence ave, Saskatoon, Sask.*

COUNTRY OF BIRTH *Canada, Olds, Alta.*

DATE *July 14th 1897*

PLACE OF ATTESTATION *Saskatoon, Sask.*

DATE *Mar. 25th 1916*

Sailed from Halifax per.

S.S. "Southland" 31-10-16

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Student

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18

YEARS

8

MONTHS

HEIGHT

5

FEET

8 1/4

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Singer

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Saskatoon, Sask.

DATE

Mar. 11th 1916

Present Address, 417 Clarence Ave, Saskatoon, Sask.

No. 910936 RANK Pte

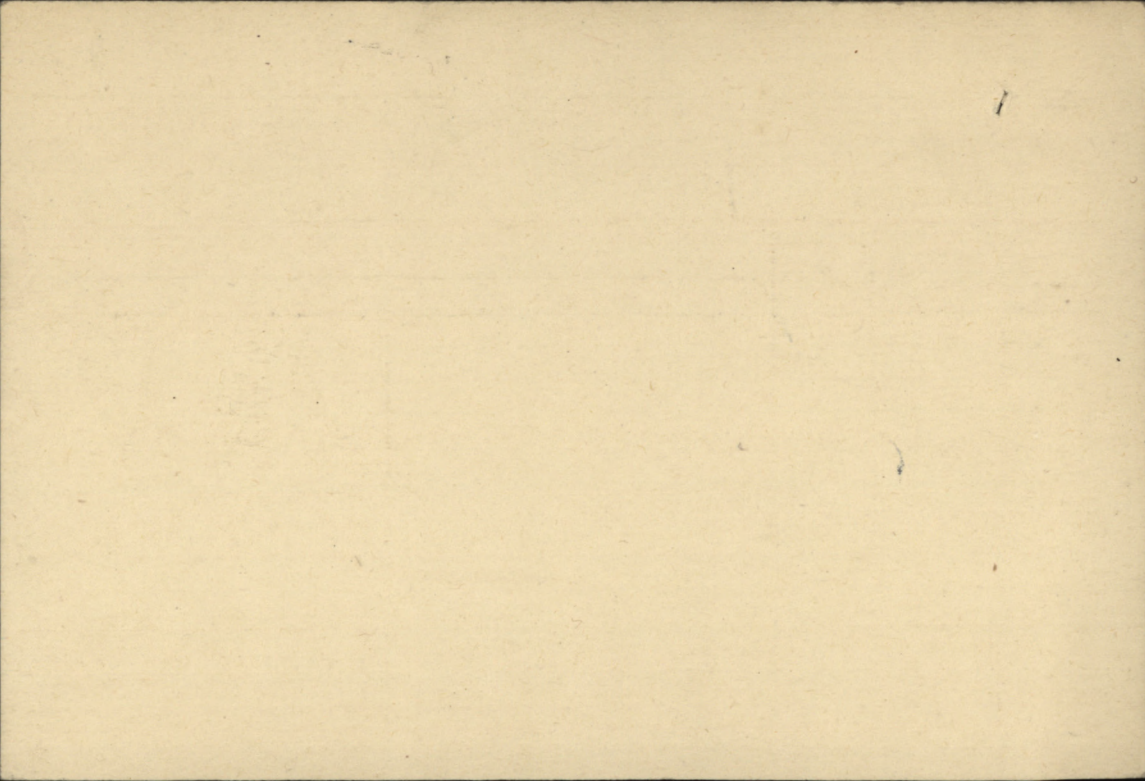
NAME *Killing Victor*

T.O.S. 25-3-16 UNIT 196th Battalion

D.O. 24, 27-3-16.

M. D. 10.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 mar. 25	1916 mar. 31	m.		
<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>Sep.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		



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FORM D.M.S. 1300.
8137-50m-28/2/17.

Surname **Willing** Christian Name or Names **V.** Reg. No. **910936**
 Rank **Pte** Unit **46th Bn** Co. **Sack.** Troop Batty.
 Hospital **11.C.F.Amb. 6-6-17** Date of Admission

Transferred **12 - - -** Hosp. **15-6-17**
18 gen cameras Hosp. **26. 10. 17.**
Horton Co. of London Warrington Hosp. **8-11-17**
Mil. Con. Epsom Hosp. **8-2-18**

Diagnosis **Erythema Nodosum**

- (1) Later Diagnosis (if changed) **lysw^{RW} knee L leg sev.**
 (2) **G.S.W. Mult. Comp. Frac. Tibia**
 (3) **and H&A**

Additional Diagnosis: if more than one state present

DISPOSITION

Kyot Unit - 21-6-17 Date

C.L. 3-7-17 A254
- 6-7-17 @ 257
- 6-7-17 @ 257
6.11.17. ASS (4)
12-11-17 1360-2.

REMARKS

Invalided to Canada - 3.6.18.

A.M.D. 2 DEPT.

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

12-2-18 B136 (2)
6.6.18 B. 232 @

D. TO C. PER HS. NEURALGIA SAILING NO. 58 FROM A VONMOUTH 3-6-18.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name WILLING, Victor Rank Pte. Regtl. No. 910936

Original unit 196th Present unit 46th AK or S. Age 20 Religion Pres. Ref. H.Q. Fyle Depot

Port, ship, and date of arrival Halifax. "Neuralgia", 14-6-18, FRANCE 10.

Next of kin Father. T.N. Willing. Saskatoon, Sask.

Address on leave 417 Clarence Ave. Saskatoon, Sask.

Address on discharge

Transportation issued Yes No Date Character on discharge Very Good.

Previous occupation Student. Date and place of enlistment 25-3-16. Saskatoon.

Diagnosis G.S.W. Left knee and Frac. R. Tibia. Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
<u>3-6-18.</u>	<u>T.O.S. District Depot. No.12.</u>	<u>DDO .66/300</u>
<u>18-6-18.</u>	<u>Posted to Moos e Jaw Hosp. with leave to 3-7-18.</u>	<u>do do</u>
<u>16-7-18.</u>	<u>Posted to Cas.Coy. (Auth.D.D.O.90 /418)</u>	<u>HSC.68/234</u> <u>HSC.91/316.</u>
<u>20-7-18</u>	<u>Transferred to Discharge Section.</u>	<u>DO 93-434</u>

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

Date.

Remarks.

Pt. 2 Order No.

20-7-18

Discharged, M.U. "Wounds."

DDO 93-433.

LAST PAY CERTIFICATE.

PARTICULARS.

- 1. L.P.C. Issued, date 31-5-18
- 2. Authority Epsom Pa 85
- 3. Discharged to Canada
- 4. Pay Book Verified 175718
- 5. Balance shown on L.P.A. \$ 45⁰⁰
- 6. Balc. shown on Ledger Sheet \$ 45⁰⁰
- 7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
<i>Em Pag</i>				
<i>16/18</i>				

- 8. Ass'd Pay Cancelled A3M forms rendered
or
- 9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

R. Wheldon Capt
Officer i/c Group "7"

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.....196th WESTERN UNIVERSITIES
OVERSEAS BATTALION. C.E.F.....

(2) Regimental Number.....910936.....

(3) Full Name of Soldier.....Victor Willing.....

(4) Place of Birth.....Olds, Alberta.....

(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.....

) Have you any children?.....No.....
 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 Nathaniel Willing, Saskatoon, Sask.**

(10) Is your Mother alive?.....**Yes**.....
If so, state name and address.....**Maude E. Willing**
.....**417 Clarence Avenue, Saskatoon, Sask.**

(11) If your Mother is a widow.....**No**.....
Are you her sole support, or not?.....**No**.....

(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.

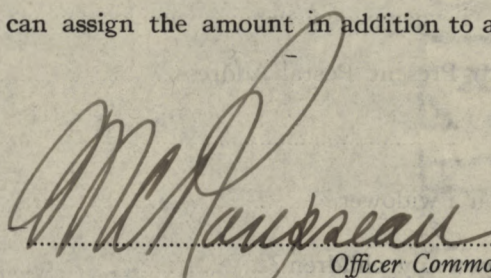
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(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.


.....
Officer Commanding.

Date.....**September 25th. 1916.**

MAJOR & ADJUTANT
196 O/S BATTALION C E F

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 910936 (Rank) Private.

Name (in full) Willing, Victor, enlisted in
the 196th. Battalion,

CANADIAN EXPEDITIONARY FORCE at Saskatoon, on the 11th.
day of March 1916.

HE served in France Eleven (11) Months with the 46th. Bn. & 4th. Ent. Bn
and is now discharged from the service by reason of being physically unfit;-
"Wounds."

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

Age 21 years.
Height 5 feet 8 1/2 inches.
Complexion Fair.
Eyes Blue.
Hair Ginger

Marks or Scars
Wound scars Rt. Leg & Knee.

Victor Willing
Signature of Soldier

Estrope Major
Issuing Officer
1st Lt.-Col.,
Rank

Date of Discharge 20-7-18.

C. S. 12 District Depot.
Appointment

Signed at Regina, this 20th. day of July 1918.

in Military District No. 12.

File Reference No. 101-7-11.

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. 910936 (Rank) Private Name WILLING, Victor.

Unit No. 12 District Depot.

Address on Discharge 417 Clarence Ave., Saskatoon, Sask.

Character and Conduct Very Good.

Former Occupation Student.

Special Qualifications of Value in Civil Life None.

Medals and Decorations None.

Remarks Entitled to wear one (1) Gold Casualty Stripe :- 25-10-17.

Signed at Regina, this 20th. day of July 19 18

Ed Stone
Name of Officer

for Lt-Col.
Rank

C.C.#12 District Depot.
Appointment

Discharge Section
JUL 20 1918
NO. 12 DISTRICT DEPOT

1 EN
CASE HISTORY SHEET.



Ross Kublay Hospital. Morse Jaw Station.
No. 910936 Rank Pte Name Kelling V Age 20
Unit 12 W D Completed years of service 6 7 2 5 10 7 10
Where and how long }
Date of admission 18-6-18 Date of discharge 18-7-18
Diagnosis GSW. 2. Knee & leg Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Former occ. Student
wounded 4 yrs Oct 1917
complaints of weakness of both legs
upon exertion.
Complaint of wheeziness when the
weather is damp.
Scars on left knee & right
leg.
Left knee stiff flexion 50%
extension normal
right leg weak.
Lungs free from rales
sympa & wall
Heart normal
General condition fair

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

neg

TREATMENT

(Especially any specific or special form.)

med

CONDITION ON DISCHARGE

(and disposal made of case.)

fair

Date

July 8/18

W. H. Beaumont
Medical Officer i/c case.

2-7174

1

11
12
13
14
15

15N



PATHOLOGICAL LABORATORY; (B 8)
Military Convalescent Hospital;
Woodcote Park, Epsom., Surrey.

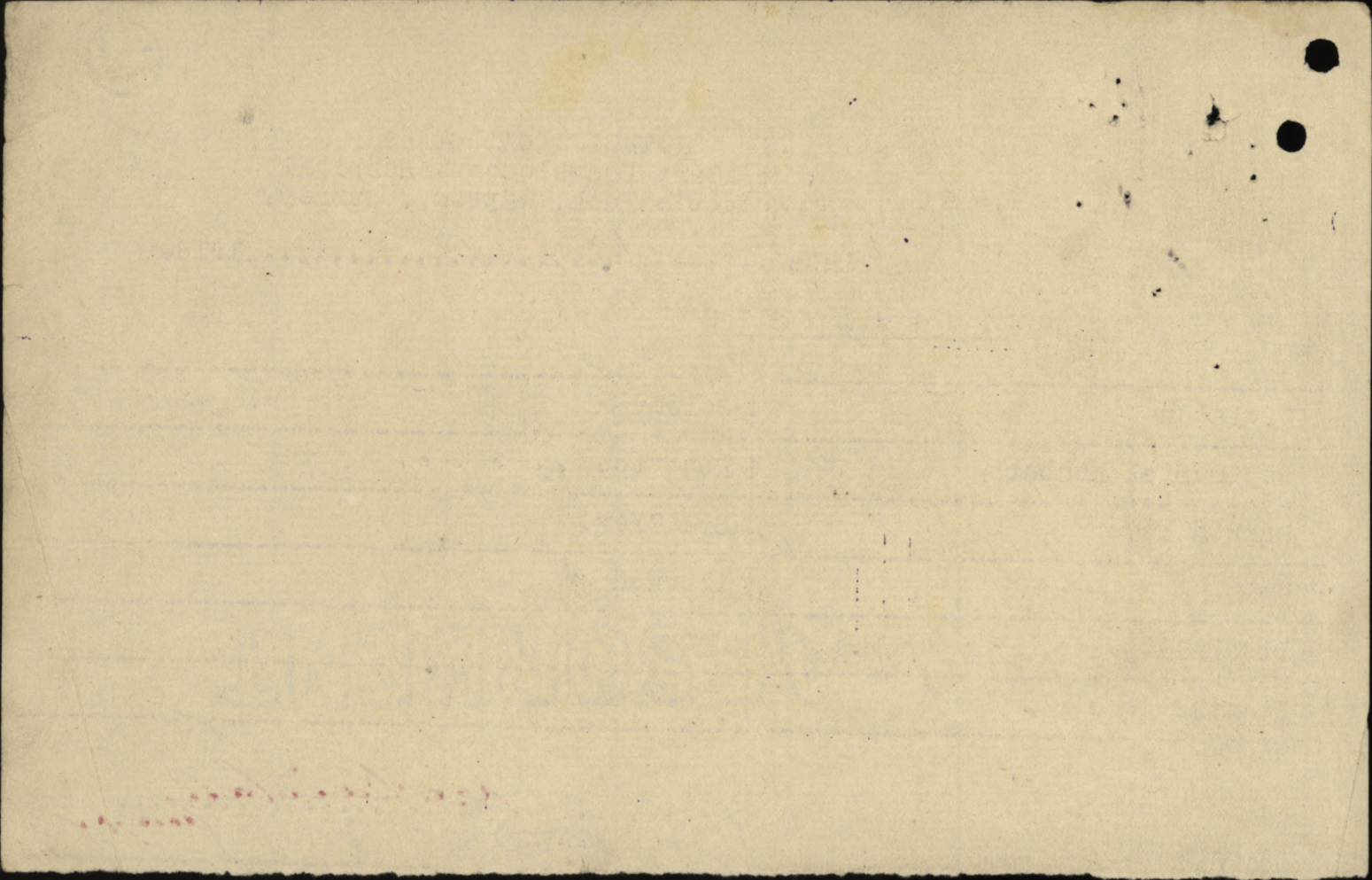
Date.....10/11.....1918.

URINALYSIS

Division A 1 9
Regimental Number 910936
Rank & Name Platoon
Unit Willing
Disability wound R Leg
Remarks

Colour Amber
Reaction acid
Sp. Grav. 1026
Albumen None
Sugar None
Microscopic

.....
Richardson
Pathologist



1EN

10,000 bks.—John Rissen, Ltd.—8067/2/17—Forms W 3172/3.



Army Form W. 3172.
(In pads of 50.)

Ward Re-ds Hospital. No. of Bed _____ Date _____

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
910936	Pte WILLING ✓	46 Gen Bn	

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

H. P. & R. H. Rice
SS

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate _____

Examination shows no F.B. in either leg

Signature of M.O. _____

Date _____

Signature of Radiographer _____

Date _____

1840

1E/A



Horton War Hospital.

Ward 3 No. of Bed _____ Date 8-11-17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
910936	<i>Pte Willing, V.</i>	<i>46th Con</i>	<i>Knee(s) Leg(s)</i>

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

L. humer. No. of Plate *10/8 (11247) AP*

No evidence of injury

Rt. leg. *8 1/2 / 6 1/2 (11248) A.P.*

fracture of tibia

Signature of M.O. *W. A. ...*

Signature of Radiographer *[Signature]*

Date *8-11-17*

Date *9/11/17*





Victor.

Christian Name

Willing.

Surname

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					
Camp Hughes ^{Map}	June 5 th 1916	16	June	1916					Bronchitis	Complete Recovery	J.W.	
Horden War Hosp: 2 p 8 on		7	Nov	1917	7	FEB	1918		S.W (L) Knee & (R) Leg	R leg Wounds severe on admission Patient had fracture of tibia. The wounds have healed. Patient is having massage able to get about. (2) wound of left knee slight no disability - wound healed.	W.B. B. French L.H. R. W.	
Mc Elr Epsom		7	2	18					do	Swelling & weakness of rt leg with pain & tenderness in region of wd worse on walking. Large irregular adherent Scar over Tibia Rt Leg lower 1/3 inner side healed. Considerable destruction of underlying tissues Swelling from wd to ankle. Irregular small wd Rt knee just above patella now adherent healed & healing slight swelling present joint little stiff. Other Systems normal		
NMHS Arundel		3	6	18	13	6	18		..	10	Immature Go Canada	Capt. C.A.M.C., No. 1 Division G. B. Hatley
		18	6	18					do -	Slightly improved	W. Trace Capt. Case	

M. H. G. Moose Jaw
HOSPITAL

LEN



Handwritten initials: AS

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 196th OVERSEAS BATTALION, C. E. F.

Regimental No. 910936 Rank Pte Name Willing, victor

Enlisted (a) March 25/16 Terms of Service (a) 6 mos after end of war Service reckons from (a) March 25/16

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) Student. 5 mths. 105th Fusiliers

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				

CERTIFIED CORRECT.
 8 FEB. 1917
 CAN. RECORDS DEPT.

		Embarked Halifax	Canada	11/1/16	
		Arrived Liverpool	England	11/11/16	
		196 th Bn absorbed by 19 th Res Bn	Seaford	27/12/16	Part of Order # 184 <i>McRae</i>
		19 th Res Bn taken on strength	Seaford	1/1/17	Part of Order # 1
		4 th Res. Bn Drafted 46 th Bn. Overseas	Seaford	1.2.17	Part. 280 #32 <i>McRae</i>
2-2-17	CBD	Arrived 20 th 46 th Bn	Haute	2-2-17	HR 25 a/6 2 17
9/3/17	DO	To H Entbn		9/3/17	nd
17/3/17	ob 46	joined		12/3/17	B213 #133
9.6.17	11. b. TA	Erythema Nodosum	adm	6-6-17	#36 DBS 175 d/ 29 6-17
16.6.17	12. C. TA	Erythema nodosum	adm	15.6.17	#36 DBS 179
23.6.17	2. C. 46 Bn	Sick	to 7a	6.6.17	B213 " 177
23.6.17	- do -	rejoined	to 2a	21.6.17	B213 DBS 177
16.6.17	11. b. TA	Erythema	to 12 b TA	15.6.17	A 36 " 179

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

P.T.O.



910936 The Willing V

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				
25-10-17	O.C. 46	Wounded		25-10-17	Can Rpt. K.I. 16/28767
30-10-17	O.C. 46th	Wounded.		25-10-17	Cas. Rpt. K.I. 16/28767.
26-10-17	18 Gen.	G.S.W. knee R. leg	adm	26-10-17	Ex. A8538
26-10-17	13 C 274	Invalidated wounded & posted to } Sack Regt Depo Bramshott }	709 668	25-10-17	A36/8853
7-11-17	H.M.A. (Brighton)			7-11-17	W3083/4265 Lt II OIA 6
14-11-17	S.R.D.	Job as posted from 46 to B	Behett	8-11-17	Plto 259 L. Col. A.A.S. Can Sect Lieut for D/S 5/8 L. Lundy LIEUT. FOR LT; COL; I/C RECORDS, C.O.M.E.
22/6/18	D.D.O. Part II 66/300	T.O.S. No. 12 DISTRICT DEPOT From... Clearing Depot	REGINA	22/6/18	Major O.C. Hospital Section, No. 12 District Depot
20-7-18	Cas Coy	Discharged M.H. Wounds	Regina	20-7-18	DDO 93-433
<p><i>[Signature]</i> Capt & Adj No. 12 District Depot.</p>					

JEN



R-122
8,401-50,000-21-10-16.
910936

JM.

Rank Name WILLING, Victor. ✓

Reg'l No.

Unit 196th Bn. If in perm. Corps, }
What Unit? }

Married or Single Single. ✓

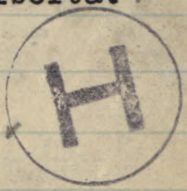
Place and Date of Enlistment Saskatoon. 25th March 1916. ✓

Place of Birth Olds, Alberta. ✓

Name and Address, Next-of-Kin T. N. Willing. ✓
r

417 Clarence Ave, Saskatoon, Sask. ✓

Relationship Father. ✓



Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 6314
File R.L.
Category Grace

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England.		11-11-16	per S.S. Southland
31-12-16	196th Bn.	S.O.S. To 19th Res. Bn.	Seaford	31-12-16	Pt, 2 D.O.
1-1-17	19 Res	T.O.S FROM 196th Bn.	Seaford	1-1-17	Pt, 2 D.O. 1
1-2-17	"	S.O.S. to Hq #12 France.	"	1-2-17	PO #32
6-2-17	Hq Bn	Pos. from 19. Res Bn	Field.	2-2-17	25.
3-7-17	"	Adm. No 11. Bdn. Field Amb		6-6-17	C.H.A. 254 Erythema Nodosum
6-7-17	"	Trans No 12. " " "		15-6-17	C.H.A 257. " "
6-7-17	"	Rejoined Unit		21-6-17	C.H.A 257. " "
5-11-17	Sask. R.	Adm. No. 10 Gen. Hosp.	Dannes Camiers	26-10-17	CLA. 55. G.S.H. R/Knee, L/leg. Sev
10-11-17	"	Adm. Horton Co. of Can. War. H.	Epsom	8-11-17	G.L.B 60 " " "

ATB. 103
6 FEB 1918
FILED



910936 Willing J

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.				
14. 11. 17	S. R. Depot	To S from 46 th Bn Invalided Home	B'shott	8. 11. 17	Pt II 259 (46 th Pt II 146/14117)
6-6-18	Sash.	Invalided to Canada		3-6-18	CLB 232.
10-6-18	S R &	SOS on Pro to Canada ✓ for further med treatment under K R & O Para 392 <u>Sec XVI</u>	B'shott	do	Pt II. 0. 155

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Jhos. W. Willing* By Whom Assigned *Willing V.*
 Address *417 Clarence Ave.* Regtl. No. *910936.*
Roskaton Rank *Pl.*
Rosk. Corps *D. R. D.*
 Rate *\$ 50.00*

SPECIAL REMITTANCE

P523 D 86. 9/3/18. PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		<i>U 51719</i>	<i>50 -</i>	<i>Mailed 2-4-18.</i>
April		<i>3 380</i>	<i>50 -</i>	<i>P523 D 101 23.3.18 APR 16 1918</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March		<i>U 51719</i>	<i>50</i>	<i>APR 2 1918</i>




MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

Mrs.
 To Whom *M. E. Willing.* By Whom Assigned *Willing, V.*
 Address *417 Clarence Ave* Regtl. No. *910936*
Saskatoon, Sask. Rank *Pte*
Can. Corps *196th Bn.*
 Rate *15.⁰²* NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

1940

1941

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

Mrs. M.E. Willing

PAYMENTS.

Name of Soldier

*Willing, V.
 910 936 - Pte - 1196th Bn*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15.00</i>	<i>NOV 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>C 32499</i>	<i>15</i>	
Dec.		<i>E 36539</i>	<i>15</i>	
Jan.	1917	<i>Q 41149</i>	<i>15</i>	
Feb.		<i>Q 47449</i>	<i>15</i>	
March		<i>R 52192</i>	<i>15</i>	
April		<i>S 5651</i>	<i>15</i>	<i>15 W</i>
May		<i>J 12325</i>	<i>15</i>	
June		<i>R 19054</i>	<i>15</i>	<i>s</i>
July		<i>O 26622</i>	<i>15</i>	
Aug.		<i>F 37816</i>	<i>15</i>	
Sept.		<i>T 40751</i>	<i>15</i>	
Oct.		<i>A 22814</i>	<i>15</i>	
Nov.		<i>J 54184</i>	<i>15</i>	
Dec.		<i>X 61358</i>	<i>15</i>	<i>210⁰⁰ grc</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

SW

6

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

12724/253

Name **Willing V..**
Surname Christian Name

Regimental Number **910936** Rank **Pte..**

Address (in full) **417 Clarence Ave.**

Unit **196th Bn.**

Saskatoon Sask.

Original Unit

District where paid **M.D. 12**

Date of Discharge

P. D. P. Filing Number **8-170-12**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2047	20-8-18	33 00	1950	20-9-18	34 10				33 00	67 10

M. F. W. 127.
60M-617.
1772-39-1160.

Remarks:

Dec'n No 12724/253 P. O. Q. File No 19448-01
Award 153 days at \$ 70 per day \$ 350.00
S. A. months at \$ per mo. \$ \$ 100.10
Less P. D. P. Credited \$249.90
Less further debit balance \$
Net due paid as below \$249.90

TO SOLDIER			TO DEPENDENT		
Ac. No	Ch No	Amount	Ac. No	Ch No	Amount
0 <u>23103</u>					
1 <u>2277</u>	<u>476277</u>	<u>249.90</u>			
2					
3					
4					
5					
C					
Total			Total		

22028103
 Nov 2-7-19

J. P.

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 7-1-6-19

*417 Clarence Ave.
 Saskatoon*

No entries on Journal Sheet.

M. U.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <i>WILLING Victor</i>
EFFECTIVE DATE:- <i>1/1/16</i>	<i>1/5/18</i>	EFFECTIVE DATE:-		NUMBER:- <i>910936</i>
AMOUNT:- <i>15⁰⁰ 20⁰⁰ Mopped 16/18</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY. <small>WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.</small>				AUTHORITY
<i>Mrs M.E. Willing Mother</i>				DATE EFFECTIVE
<i>417 Clarence Ave, Saskatoon Sask.</i>				RANK OR APPOINTMENT
				<i>76</i>
				<i>SEP 23 1918</i>
UNIT AND TRANSFERS				
ORIGINAL UNIT:- <i>196 Bn</i>				
DATE ACCOUNT FIRST OPENED:- <i>1-11-16</i>				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T 57 D	UNIT TRANSFERRED TO
				<i>S.R.D.</i>

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
-----------------	----------------	--------------	--------	-----------------	----------------	--------------	--------

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *3/15/18 Disch aspd to Canada, Epsom 12 a 85*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Balance for d.								<i>5918</i>		<input checked="" type="checkbox"/>
April	<i>P.P.</i>	<i>33 00</i>		<i>a.r.</i>				<i>15</i>			
				<i>a.r. 3914 8/4/18 Epsom</i>	<i>487</i>				<i>2364</i>		
				<i>2911 25/4</i>	<i>4867</i>						
		<i>33</i>			<i>5354</i>			<i>15</i>			
May	<i>P.P.</i>	<i>21 10</i>		<i>a.r.</i>				<i>20</i>	<i>3774</i>		
	<i>A. Quilo 26-4 6.5.18</i>	<i>7 30</i>							<i>4504</i>		
	<i>15 Dec B.O. 133-15 1/18</i>			<i>a.r. 1572 24/5/18 Epsom</i>	<i>1460</i>				<i>3044</i>		
		<i>difo</i>			<i>1460</i>			<i>20</i>	<i>5194</i>		
Aug				<i>In Sailing #58 3/6/18</i>	<i>3044</i>				<i>3044</i>		

910936 Ste. Willing. V

AP 15⁰⁰

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.
Sep 30 1933															33	582	419	646	2619	2585	15/7	COBB	267	2	68	535	15	2570	103	49				
	PARTICULARS	CR.	CA.	PARTICULARS	DR.	DR.	DR.	DR.	BALANCE	DEFER. PAY.	SEP. REED. ALLGE. PAY. ENG.	MONTH	PARTICULARS	CR.	CR.	PARTICULARS	DR.	DR.	DR.	DR.	BALANCE	DEFER. PAY.	SEP. REED. ALLGE. PAY. ENG.											
	Bal B.D.								103 49																									
Oct.	P.P.T.A.								15 ⁰⁰																									
Nov.									15 ⁰⁰																									
									119 91																									
									357																									
									973																									
									446																									
Dec 1918									1776																									
Jan	P. Pay								15 ⁰⁰																									
									13925																									
									30																									
									15 ⁰⁰																									
Feb.									14275																									
									15																									
									14495																									
									3410																									
									1460																									
Mar	P. Pay								15																									
									14905																									
									1987																									
									14918																									
									5918																									
									5000																									
									5000																									
									10487																									

Remind 7/3/18 5000
Paid 50 30/3/18

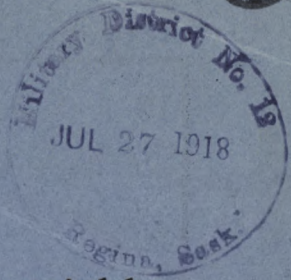
2000 AP
paid May 18

Carried forward to
Large Ledger sheet

MAR 8 1948

1EN

15-W-50



This space to be for numbers.

Proceedings on Discharge.

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

No. 910936.	
Rank Pt.	
Name Willing Victor <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) Hrd Ent. Bn.	
Date of Discharge 20/7/18.	
Place of Discharge Regina, Sask.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 21 years..... 0 months. Height..... 5 feet..... 8 1/2 inches. Complexion Fair Eyes Blue Hair ginger. Trade Student. Intended place of residence 417. Clarence Ave <small>(To be given as fully as practicable.)</small> Saskatoon, Sask.	Descriptive Marks Wd. scars. Rt Leg & knee
2. The above-named man is discharged in consequence of being physically unfit. Wounds: L.S.B 93-433	
<small>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.</small>	
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. Very Good. JES
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

Handwritten: xled. 25/2/20.

Handwritten: W.S.G. comp. 4/2/19 EB

(OVER)

Handwritten: 21 13/16

Handwritten: HW

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

One

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

6. Medals and Decorations.....

Eleven months in France

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) Regina Sask.

Elstone Major for Lt. Col

(Date) 20/7/18.

Commanding #12 District Depot.

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.

(Place) Regina Sask. Victor Willing (Signature of Soldier.)

(Date) 20/7/18. J. Mathew (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) 2 years 118 days.

Total 2 years 118 days.

11. Confirmation of Discharge.

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

(Place) Regina Sask.

(Signature) Elstone Major for Lt. Col

(Date) 20/7/18.

O/c #12 District Depot.

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.)

I hereby certify that there are
no reservations.

Victor Willing

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	---

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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>£5</i>	<i>20⁰⁰</i>		
-----------	------------------------	--	--

1-5-18

ANOTHER ACCOUNT IN

Spec. Remitt. Ledger

.....Ledger

.....Ledger

.....Ledger

PARTICULARS OF SEPARATION ALLOWANCE.....Ledger

PARTICULARS OF ASSIGNMENT

No. *910936*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *V. Willing*

Battalion *196th Batta*

Beneficiary

Relationship

Address

Name *Mrs M. E. Willing*

Address *417 Clarence Ave*

1

2

3

4

REMARKS *19449-V-1*

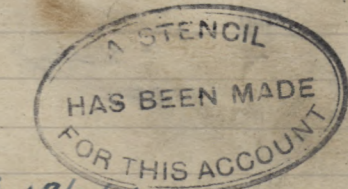
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Dec 31</i>			<i>210</i>	<i>210</i>	
<i>1918 Jan</i>	<i>67336 I</i>		<i>15</i>	<i>15</i>	<i>A</i>
<i>Feb</i>	<i>67432 F</i>		<i>15</i>	<i>15</i>	<i>D</i>
<i>Mar</i>	<i>95027 X</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>7256 X</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>17277 X</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>26049 T</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>6294 J</i>		<i>5</i>	<i>5</i>	<i>14/18</i>
<i>June</i>	<i>61 J</i>		<i>5</i>	<i>5</i>	<i>x</i>
			<i>310</i>	<i>310</i>	

AP. 20⁰⁰ 2 M 26-3-18 Demoucel 17/4/18
o LP 8466 to adjust increase for May rendered 13/6/18
x " 8652 " " " June " 18/6/18 *(mailed 19/6/18)*

310⁰⁰ AP A/c Closed 30-6-18
 Ret'd per *Neuralgia*
 Date *17-6-18*
19-6-18 Clerk *Demoucel*
Ind #12

4 L12 W36
MD

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 7983.



MD 213 19/6/18



MEDICAL CASE SHEET.*

I

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

910936

Pte

Willing

V

Unit.

Age.

Service.

46 Can Bn

Year

1918

Station and Date.

8 FEB 1918

Disease

Sharp. Wd. Lf. Knee. + Rt. Leg fact. ⁸¹⁰¹Tibia

Wound with comp. fract. tibia. Ret. lower third, left knee healed. Ret. leg is very stiff. Manage R.G.

General Hospital,
Woodcote Park, Epsom.

12.2.18 Continue

18.2.18 Continue

25.2.18 Continue

4.2.18 Continue

12.3.18 Continue

19.3.18 Continue

26.3.18 Continue

30.3.18. Does not make much improvement & will not be well in 6 months Rec Hot

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

Station
and Date.

23 APR 1918

Reserved for M.H.C. Copied for VB

1514
 Regt. No. 410936 Rank Pfc Surname Willing Christian Name Victor
 Unit or Corps—(a) Overseas from United Kingdom 46 Cati (b) In United Kingdom 15th Reg. Brann
 Born at—Town Olds County or Province Alberta Country Canada
 Date of Birth—Day 14 Month July Year 1897 Age 20 yrs. 9 months.
 Joined at Saskatoon Date 11th March 1916
 Former Trade or Occupation Student

Permanent marks or peculiarities that will serve for future identification :

Small. Scar. Index Finger
left hand

Height—feet 5 inches 8 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) Victor Willing

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

- Disabilities Group (a) IMPAIRED USE OF RIGHT LEG.
- Disabilities Group (b) IMPAIRED USE OF LEFT LEG.
- Disabilities Group (c) N.A.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Sec. of Right leg - cont fracture of tibia</u>	<u>Ypres</u>	<u>25-10-17</u>
(ii.) As to Group (b) above.	<u>Sec. of leg - penetrating - flesh.</u>	<u>"</u>	<u>"</u>
(iii.) As to Group (c) above.	<u>no</u>	<u>"</u>	<u>"</u>

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

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



5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? *Yes*
- (ii.) While off duty? *No*
- (iii.) Was a Court of Inquiry held? *No*
- (iv.) Where? *No*
- (v.) When? *No*
- (vi.) Opinion of the Court? *No*

6. HISTORY OF THE CASE. (State briefly the essential points of the history, noting the entries made on the Medical History Sheet and other records).

*Severely wounded in rt. leg. also hit in left-
 knee was unable to march. Passed through usual medical
 channels - transferred to Epsom. 7-2-18. In splint for 2 1/2 mo.
 "Pt. leg. this side" wd. with incomplete fracture of tibia.
 track layed open - R.S.P. - Right knee - this side' wd not
 penetrating joint. track layed open"
 Horton - 3-20 "Wd severe on admission - to having "massage"
 X. Ray. Rt. knee - soft no evidence of injury
 Rt. leg. - fracture of tibia*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*subject. Supt. swelling & tenderness rt. leg. with pain & tenderness
 in region of wd - worse on walking
 " tenderness - l. knee - with pain & tenderness about injury
 object. Supt. large irregular adherent scar over tibia rt. leg. lower
 third inner side. Healed. Considerable destruction of
 underlying tissue - swelling from wound to ankle -
 with numbness inner side. lower third of leg -
 foot cold & clammy. exposed leg. impaired flex. ankle - also
 " Irregular small scar l. knee - just above patella - non
 adherent. healed & healthy. slight swelling present. joints
 little stiff. other systems normal*

8. OPERATION. (i.) Was one performed?

- (i.) Was one performed? *Yes*
- (ii.) If so, state what. *Fusion drainage*
- (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.

9. (i.) Is there loss or decay of teeth attributable to Active Service? *Yes*

(ii.) If so, describe. *one upper decayed*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *No*
- (b) Fit for base duty? *No*
- (c) Invalid to Canada? *Yes*
- (d) Discharge from the Service as permanently unfit? *No*

Date of Report *17-4* 191*8*

Signed *C. Matthews Capt*
Officer in medical charge of case.

Station *Epsom*

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Dated *Military, Genl. Hooper* Station, on *Epsom* 191*8*
 (Officer i/c Hospital) Strike out one
 (S.M.O. Brigade) of these.

* Delete if inapplicable.

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



Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *yes*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *yes*
If not, indicate it.

13. 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*

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

eighty percent

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/8, 2/8, 3/8, 4/8, or all.)

all

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? *no*

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *no*

18. Remarks.
The scar on the lower third of the leg is very deep and there has been rather more destruction of tissue than indicated in Ques seven

19. Recommendation :—(a) Fit for duty? *no*
(b) Fit for base duty? *no*
(c) Invalid to Canada? *yes*
(d) Discharge from service as permanently unfit? *no*

Classification for the Military Hospitals Commission.

9

Date of Board *23/4/18*

Station *Spoom*

Signatures of the Board.

W. Cameron Smith President.

Newallace

A.D.M.S. CANAD
LONDON AREA,
LONDON.

Approved *[Signature]* A.D.M.S.
MAJOR, U.A.M.C.
Station

Dated at *for A.D.M.S., Canadians, London Area.*

3 MAY 1918

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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 soldier 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."
- In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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..... **Moose Jaw.** DATE..... **July 7/18.**

1. 1 (a) Unit..... **12D.D.** (b) Regimental No. **910936** (c) Rank..... **Pte.**
 (d) Surname..... **Willing.** (e) Christian name..... **Victor**

2. Age last birthday..... **20 - 9 months.** Date of birth..... **July 14th, 1897**

3. Enlisted at..... **Saskatoon, Sask.** on..... **March 11th, 1916.**

4. Personal description:—

(a) Height..... **5' 8½"** (b) Weight..... **138** (c) Complexion..... **Fair**
(stripped)
 (d) Colour of hair..... **sandy** (e) Colour of eyes..... **blue** (f) Identification marks.....
Small scar index finger left hand.

5. Address after discharge (for the use of the Board of Pension Commissioners).....

417 - 11th Ave. Saskatoon, Sask.

6. Former trade or occupation..... **Student.**

7. (a) Service..... **1 3/12.** Years..... Days.....

PERIODS	
From	To
Mar. 11/16.	to date.

(b) Has he been overseas?..... **Yes.** 8. Original disease or disability.....

1. G.S.W.

2. Chronic Bronchitis

(a) Date of origin..... **25/10/17.** (b) Place of origin..... **Tyres.**

(c) Cause*..... **G.S.W.**

(d) Present disease or disability..... **1. Rheumism 2. Bronchitis**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Well nourished and well developed man, good mentality, On the right leg inner side 4 inches above internal malleolus is a scar 5" long in places 1" wide. Fixed to the tibia but in good condition. There has been considerable loss of soft tissue.

9. Present condition.—(Continued.)

Cannot support himself on toes. Foot is synotic but no swelling quite cold, ankle and other joints normal. Left Knee: Scar just above internal patella. Scar 2" x 1", scar non adherent and in good condition. Knee can be flexed to 90 degrees. Greater motion causes pain but can be flexed to 120 deg. (passive) extension normal. Walks with a limp on the right side because of muscular weakness. Complains of pain in both scars right foot cold and both legs tire easily. Can walk 1/2 mile slowly. Must rest before continuing journey. The circulation except for capillary congestion right foot is good. The bones of right leg have been fractured but are in good condition. 1 1/2" shortening right leg. Claims to have had bronchitis pre-existing enlistment, but aggravated by service. Some evidence at present but he claims

(b) Here follow a statement of normal conditions, briefly state abnormality.

Nervous... Yes. Digestive... Yes. Respiratory... Yes. Cardiac... Yes. Genito-Urinary... Yes. Skin, Middle Ear, Eye or any other part... Yes.

10. History: (a) of Condition referred to in "a" section 9.

Injured Passchendale October 25th, 1917. Hospital England 8 months. Hospital Canada 2 weeks.

2. Preexisting

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Bronchitis Probably 50%

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

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

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

right leg permanent, left leg 12 months. Bronchitis possibly permanent.

14. Treatment (Case reports, general or special, should be secured and attached to these pages)

General Surgical, electricity massage and passive movement.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

No.

16. Can the former trade or occupation be resumed?

(If not, briefly state why.)

17. Recommendations

Category "E"

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned... 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...

Victor Willing

Signature of soldier 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 criticized.

19. Is the soldier fit for

- (a) General service, (Category A) Yes or No.
(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 soldier

(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).

OPINION OF THE MEDICAL BOARD—(Continued).

1. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

yes.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE *Moose Jaw.*
DATE *7-7-18.*

L. P. Smith Capt. President.
W. L. Old Cpt.
J. Gray Members.

APPROVED BY *[Signature]*
Assistant Director of Medical Services.

APPROVED BY
Director-General of Medical Services.

DATE *July 10/18*

DATE

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE
DATE
President.
Members.

Station
and Date.

This space to be left blank for the Chelsea Number.

[Empty box for Chelsea Number]

Neuralgia

Failed June 3rd

Proceedings on Discharge

Army Form B. 268.

12

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

No. 910936 Army Rank PLC

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

Corps Saskatchewan

Battalion, Battery, Company, Depot, &c. 196th
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age _____ years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measurement { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence (To be given as fully as practicable) { <u>Saskatoon</u>	

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

2. The above-named man is discharged in consequence of being no longer physically fit for War service X R0392/16

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

3. Military character:— Good

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

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to*

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

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

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

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

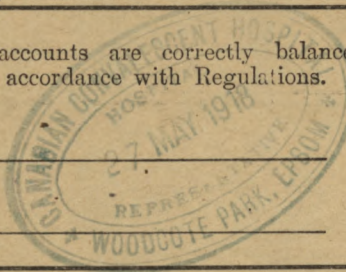
6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____



[Handwritten Signature]

CAPTAIN

HOSPITAL REPRESENTATIVE,

Commanding _____ Battalion _____ Regiment.

WOODCOTE PARK, EPSOM.

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

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

(Place) _____

(Signature of Soldier.)

(Date) _____

(Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of service.

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

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

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

(Place) _____

Signature _____

(Date) _____

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