Original 6440 Duplicate

ATTESTATION PAPER.

No. 193392

92nd. O.S. BATTALION (HIGHLANDERS) C.E.F.

Folio. A

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Herbert Stan. Wilson
2. In what Town, Township or Parish, and in what Country were you born? — Toronto Ont.
3. What is the name of your next-of-kin? — (Mother) Mrs. Alice Wilson
4. What is the address of your next-of-kin? — 46 Herbert Ave Toronto
5. What is the date of your birth? — 25th Aug. 1895
6. What is your Trade or Calling? — Textile Manager
7. Are you married? — ~~Married~~ Single
8. Are you willing to be vaccinated or re-vaccinated? — as unvaccinated — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 48th Highlanders
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.

H. S. Wilson (Signature of Man).

R. S. Dobson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Herbert Stan Wilson, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

H. S. Wilson (Signature of Recruit)

Date August 31 1915 R. S. Dobson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert Stan. Wilson, 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.

H. S. Wilson (Signature of Recruit)

Date August 31 1915 R. S. Dobson (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 Toronto this 1 day of Sept 1915

Thos Mulock (Signature of Justice)

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

J. M. Skaife (Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-89-841.

6440

A

Description of Herbert Stein Wilson on Enlistment.

Apparent Age 20 years ..... months.

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

Height ..... 5 ft. 8½ ins.

Chest measurement: Girth when fully expanded ..... 33½ ins.

Range of expansion ..... ins.

Complexion Fair

Eyes Light Blue

Hair Fair

Religious denominations:

- Church of England Jes
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

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 August 31 1915

Place Toronto

Lieut

M. Lougheed

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.

Herbert Stein Wilson 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.

S. T. Chisholm Lt. Col (Signature of Officer)

Date Aug 31st 1915

aB 6-2-19

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

Attestation Papers..... 1 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

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

Disch

Parchment Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

a LW 3994 - 1
a LB 122 - 1
I S.C. 132 - 1
m LW 192 - 1
Cascard - 1
R 149 - 1
R 122 - 1

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

S

DISCHARGE DOCUMENTS

Name WILSON HERBERT, S.

Regt. No. 193392 Rank Pte

Corps 92nd Bn

Med unfit

M

27113

H

R. O. No.....

H. Q. No.....

Proc. on Dis. Desp to B.P.Con
M.F.W. 2505
Ref. B.P.C. 959 of 1-2-1926

1

6
41 6
10
5 6
1

To be made out in duplicate. H.Q. 54-21-23-53

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 92nd. OVERSEAS BATTALION (HIGHLANDERS) C. E. F.

(2) Regimental Number 193392

(3) Full Name of Soldier Herbert Starr Wilson,

(4) Place of Birth Toronto, Ontario, Canada.

(5) Are you married, or not ? no

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

(b) Present Postal Address

(7) Are you a widower ? no

(8) Have you any children ? no

If so, give number of boys and girls

Also their names and ages

C COMPANY 92nd. Bn. C.E.F. HIGH...

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....yes.....C.J.Wilson,.....

If so, state name and address .....12 Wheeler Ave., Toronto, Ont., Can.

(10) Is your Mother alive ?.....yes.....

If so, state name and address.....Alice Wilson,.....

.....12 Wheeler Ave., Toronto, Ontario, Canada.....

(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 ?.....yes.....$1,000 TORONTO CIVIC INSURANCE.....

If so, in what Company ?.....Great West Life Insurance Coy.,.....

Have you made arrangements for payment of your Insurance premium.....yes.....

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.....APR 25 1916.....

LT. COL.
O. C. 92nd. OVERSEAS BATTALION
(48th HIGHLANDERS) C.E.F.

No. 193392 RANK Pte. NAME Wilson H S

T. O. S. UNIT 92nd Battalion London Ontario 48th Highlanders

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Aug 31	Aug 31	C		
	Sept	"	apptd L/cpl Sept 1st	D.O. 36a of 30-9-15
	Oct	"		
	Nov	"		
	Dec	"		
	1916			
	Jan	"	shown as Pte.	Jan pay list.
	Feb	"		
	Mar	"		
	Apr.	"		
	May.	"		

UNIT SAILED
MAY 20 1916

Form R. 149.

Herbert Stanley

Name WILSON Rank Pte. Reg. No. 193392

Unit 15th Bn.

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10	8	6 G.H. Rouen.	G.S.W.	Thigh L.	A296	H262	3292/10
14	8	2 Sth Gen. H. Bristol		do.	B298		24208
6	9	Mil Con Epsom		do.	B314		25910
25	9	Discharged:—		do.	B332		8240.
Furlough	25-9-18-8-10-18-12" Res Willey						

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

REGT'L No. 193392

NAME Wilson Herbert Stanley

H. Q. FILE No. 649.

RANK AND CORPS Pte 15th Bn from 92nd Bn

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
Hosp		Mrs Alice Wilson (Mother) Carnaroon Ont-
21-4 H262	20818	adm 6 Gen Hosp Rouen Aug 10th 1918 G.S.W. Thigh.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 296	6 Gen Rouen	10-8-18	GSW L Thigh
B 298	2 Southern Gen Bristol	14 8-18	" " "
B 314	Brit Convlsd Colchill.	6-9 18	" " "
B 332	Discharged	25-9-18	" " "

C

SURNAME. Wilson

CHRISTIAN NAMES Herbert Stan

REGL. No. 193392 RANK Pte.

UNIT 92nd

FORMER CORPS 48th Highlanders

CARD NO.

S.O.S. Med. Unfit. 26/12/18.

auth. 248. 21/12/18. D.O.2.

FOLL.

Bw.

NEXT OF KIN.

NAMES IN FULL Wilson, Mrs. Alice

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~46 Herbert Ave. Toronto, Ont~~

Carnarvon, Ont. s.o.a.p. 23-8-17 RC

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE Aug. 26th. 1896.

PLACE OF ATTESTATION Toronto, Ont. DATE Sept. 1st. 1915.

Sailed from Halifax per S.S. Empress of Britain

20/5/16. 424/44

R/c. 19.12.18. 242/39. F

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

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Textile Manager RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS — MONTHS

HEIGHT 5 FEET 8 1/2 INCHES

CHEST MEASUREMENT 33 1/2 INCHES EXPANSION — INCHES

COMPLEXION Fair EYES Lt. Blue HAIR Fair

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Aug. 31st 1915.

Present address Not stated

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number. 19339 Rank. L/Cpl.

Surname. WILSON

Christian Name. Herbert Starr

Unit. 15th Bn. Can. Inf. Theatre of War. France

Date of Service. 27-8-16

~~Remarks~~. Whitton Court Hotel

Latest Address. ~~197 Crawford St.~~ 2/2 Dundas Cres. Toronto Ont.

Roll No. Page 3593

NAME

REGT. No.

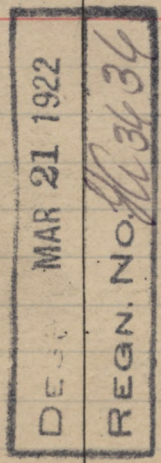
RANK AND UNIT

NEXT OF KIN

CABLE

No.	DATE

NATURE OF CASUALTY



M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

*Name L WILSON, Herbert Stanley Rank Pte Regtl. No 193392

Original unit Present unit 12th Res. -M- or S. Age 23 Religion CE Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Melita, St. John N.B. 18-12-18

Next of kin Mother, Mrs Alice Wilson, 46 Herbert Ave., Toronto

Address on leave same

Address on discharge 197 Crawford St., Toronto

Transportation issued Yes No Date Character on discharge

Previous occupation Textile Manager Date and place of enlistment Toronto 1-9-15

Diagnosis GSW Left Knee, Date of Medical Boards 15-1-19

Date.	Remarks	Pt. 2 Order No.
~~T.O.S.~~		
10-12-18	Posted to Cas Co Ex Camp 18-12-18	
	Leave from 21-12-18 to 4-1-19	
	Subs. " " "	250
22-1-19	SOS DISCHARGED "MED UNFIT" 91 das.P.D. P&C.A.	18

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

(over)

Date.	Remarks.	Pt. [redacted]rder No.

M.F.W. 192
150M—6-18.
1772-39-1243.

6440 D.M.S. 1300 50M-21-'17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
WILSON	H S	193392

RANK	UNIT	CO.	TROOP	BATTY.
Pte	1st C O 15			

HOSPITAL — DATE OF ADMISSION

1. No 6 C G H Rouen — Hosp. 10-8-18
   2nd S. G. Bristol — 14-8-18
2. Woodcote Pk Epsom — Hosp. 6-9-18
3. — Hosp.
4. — Hosp.

DIAGNOSIS GSW Left Thigh

1.

2.

3.

DISPOSITION — DATE

REMARKS Dis 25-9-18

CL 19-8-18 A 296-4
21-6-18 B 296-2
9-9-18 B 314-5
30/9.18 B 331-2.

A.M.D. 2 DEPT.
Sch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Sheet I

6440

CERTIFIED CORRECT
5 SEP 1916
CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

D

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

V.B.L.

Unit, Regiment or Corps 92nd Battalion, C.E.F.

Regimental No. 193392 Rank Private Name Wilson, Herbert Stanley

Enlisted (a) 31/8/15 Terms of Service (a) D. of W. C.E.F. Service reckons from (a) 31/8/15

Date of promotion to present rank. 1/9/15 Date of appointment to lance rank 1/9/15 Numerical position on roll of N. C. Os.

Extended ✓ Re-engaged ✓ Qualification (b) Textile Manager

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada per SS Empress of Britain			20/5/16
		Disembarked England Empress of Britain			29/5/16
30/12/15	C.Q.	Appointed A/Lance Corp. from 1/9/15	Toronto	30/12/15	B.Q. 26 A.
27-8-16	O.C.	Reverts to ranks	E Sandling	27-8-16	B/O. 213
27-8-16	2 Bde	Trans. to 15th Bn.	"	27-8-16	B/O. 213
28/8/16	CBD	Arr & on strength	15 Bn	28/8/16	I.R. 37. 6/9/16
22/9/16	"	Left for 1st C E Bn		22/9/16	I.R.
23/9/16	1st C E Bn	Joiner		23/9/16	I.R.
2/10/16	"	Left to join 15th		2/10/16	I.R.
6/10/16	15 Bn	Joined 15th		"	B213 DCS. 340 14/10/16

Lieut.
Asst. Adjutant 92nd. Overseas Battalion
(48th Highlanders) C.E.F.

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

[P.T.O.

193392 Pte H. S. Wilson D

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
4/8/17	15 Dm	To 3rd Bde Hdqrs	Field	2/8/17	B213.
11/8/17	"	From " " To Unit		9/8/17	"
"	"	Granted 10 days leave	Paris	11/8/17	" Pt II 098 18/8/17
25/8/17	"	Rtd from leave		22/8/17	"
11.8.18	"	TO HOSPITAL. wded		9.8.18	"
9.8.18.	1 C.F.A.	S.W. St. Singh adm. & to CCS		9.8.18.	9/36-6869.
10.8.18.	6 Genl	" adm 6 Genl.		10.8.18.	G. 8982
13-8-18.	-do-	Invalided Wd. & posted to 1st C.O.R.D. Witley, per HS. "ST. PATRICK".		13-8-18.	AFW.3083-5749. Pt.II.0.68 of 1918.
		J. Knowlton			LIEUT. FOR LT-COL. A.A.G.
26.8.18	1 CORD.	T.O.S from 15th Bn	Witley	13.8.18	236 C.
					Rd & Clown LIEUT: FOR LT-COL: I/C RECORDS, C.O.M.F.
30.9.18	12th Res.	T.O.S 12th Res Batt.	Witley	25.9.18	part II 232
~~2.12.18~~	~~do.~~	~~S.O.S to 1st CORD~~	~~do.~~	~~30.11.18~~	~~Pt II 286.~~
~~1.12.18~~	~~1st CORD~~	~~T.O.S. on posting to from 12th Res Bn~~	~~do.~~	~~30.11.18~~	~~Pt II 333.~~ H W Pamebury
~~1.12.18~~	~~do.~~	~~S.O.S on transfer to Canada~~	~~do.~~	~~30.11.18~~	~~Pt II 333~~
					P. M. Jackson Lieut i/c Records 1 CORD

Lieut. i/c Records 12th Res. Bn. C.E.F.

(2) 6440

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

D

Unit, Regiment or Corps .....

Regimental No. 193392. Rank Pte. C. E. F. Name Wilson, Herbert Stanley.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
DEC 10 1918	O/S.	T.O.S. No.2 District Depot, Part II, D.O. No. 250.			

C. O. Robert, Lieut.
For O.C. No. 2 District Depot

Dis #2 D.D. Jan 22nd 1919 Pt 11 #18.

L. Johnston Capt.
O. C. Discharge Sections, No. 2 District Depot

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

[P.T.O.

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

C.A.D.C.5009. 50M-3-5-18.

6440

J

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

m

REGTL. No. 193392* 193292 NAME WILSON. H.S. RANK PTE UNIT 12 RES

Date of Examination	28-11-18
Present Dental Condition	Fit
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	
Recommendation	

Date 28-11-18

Station Witley

Signature of Examining Officer D D McDonnell ...Capt. C.A.D.C.

* Name should be entered in block letters.

6440 D.M.S.-1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

H

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name Wilson Surname Herbert Stan

Unit or Corps 12th Can Res Bath (If a soldier) Regtl. No. 193292

Born at Toronto on, date 25th Aug 1896

Signature (for identification) H S Wilson

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 155 lbs. good.

Height 5 ft. 9 ins.

2. NUTRITION AND DIATHESIS? good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? ~~go~~ neg.

4. RESPIRATORY SYSTEM. neg

5. HEART? neg

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? neg

7. DIGESTIVE SYSTEM? neg

8. GENITO-URINARY SYSTEM? neg

Urinalysis—S.G.? 1018 Reaction? alk. Albumen? neg Sugar? neg

9. SKIN, MIDDLE EAR, EYE or any other part? skin neg

V. R. E. 6/6 Ears & hearing normal V Chalmer Capt Canc

V. L. E. 6/6

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

D.M.S.-HEADQUARTERS CANADIAN TROOPS, 29 NOV. 1918 WITLEY, SURREY.

11. Opinion as to the health and physical condition of the one examined? good

Examined at Witley Signed McCabell capt Canc M.O.

Date 28 Nov 1918. Signed M W Rogers Capt M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

C.A.D.C. 5009 A

6440 K

CANADIAN ARMY DENTAL CORPS, O.M.F.C. M02

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Wilson H S

REGIMENT 15 Bn RANK Pte No 193372

Date of Examination in England 6/12/18 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Kinmel Park
N. Wales

Signature of Dental Officer H W Reed
Capt CADC

6440

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Wilson, Herbert S.

DISTRICT 2

REGIMENT

RANK Pte

No. 193392

L

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

DISCHARGE EXAM.
CASUALTY Co. # 2 D.D.
Date JAN 15 1919

Certificate issued for

Fit.

Wcanning Capt

M.F.E. 5.
200M.-8.
1772-39-950.

181

6440

E

URINALYSIS REPORT
(for Board)

Regtl. No. 193292 Rank. Dr

Rank. Name. Wilson AS

Unit. 12th Res Bn

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

Sp. Gravity 1018

Reaction. Alkaline

Albumen. Neg

Sugar. Neg

Microscopic.

Canadian General Laboratory
27 NOV. 1918
WITLEY

Captain, C. [illegible] C.,
for Major, C. [illegible] C.,
O.C., Can. Gen. Laboratory

6440

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

M

This is to Certify that No. 193392 (Rank) Pte.

Name (in full) WILSON HERBERT SEARS. enlisted in

the 92nd Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 31st.

day of Aug. 1915.

HE served in England and France.

and is now discharged from the service by reason of "Medically Unfit".

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

Age 23.

Height 5' 9".

Complexion Fair.

Eyes Blue.

Hair L. Brown.

Marks or Scars

Vacc. scars on left arm.

G.S.W. left thigh 9-8-18

H S Wilson

Signature of Soldier

Issuing Officer

O.C. No. 2 District Depot.

Rank

Appointment

Date of Discharge Jan 22nd 1919.

Signed at TORONTO Ont. this 22nd day of Jan. 19 19

in Military District No. 2.

File Reference No.

M.B

JAN 22 1919

DISTRICT DEPOT

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

6440

R—122

A.C. Rank Name WILSON, Herbert Stanley. C Reg'l No. 193392

Unit 92ND BN If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Toronto. 31st Aug. 1915 Place of Birth Toronto. Ont.

Name and Address, Next-of-Kin Mrs Alice Wilson,

46. Herbert Ave, Toronto Ont Canada Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 16508
File R.L.
Category CAN.OR

Discharge, Date and Place Reason Character O'seas Cas

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
C		Arrived in England. Empress of Britain.	29 MAY 1916		
18/8/16	O.C. 92nd	Appt. L/Cpl with pay	E Sandling	1/8/16	Pt. II W.O. 203.
28/8/16	" "	Reverts to ranks to proceed to France	" "	28/8/16	. . . . 212a
28/8/16	" "	S.O.S. to 15th Bn. O'seas	" "	27/8/16	. . . . 213. App. B.
6.9.16	oc 15	Taken on Strength	France	28.8.16	Pt-2-O 37
19.8.18	1COR/15	wounded	Pte.	10.8.18	C.L.A 296
22.8.18	15th Btn	Inv. W.T posted 1st CORD	" "	13.8.18	-68 1CORD as 236 of 26.8.18 OC
30.9.18	12th Res.	T.O.S from 1CORD	" witley	25.9.18	-232 1CORD 30 241 of 30.9.18
3-1-19	12 Res	S.O.S to C.E.F Canada	" "	10.12.18	Pt. 2 MD 2

A.F.B. 103 CHECKED 4 SEP 1916

62

6440

C

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
3 12 18	12 Res	Att'd Kimel Park	Wetley	5 12 18	Pr 287 / Pr 16 3/12/18 2 MDC
31-12-18	2 MDC	Clase Att'd	Rhyl	10 12 18	Pr 16 / Pr 2 3/1/19 12 Res

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—818.

L. L. Job 310.—Req. 6574.

Sheet No. 2. Mrs Alice Wilson

Name of Soldier Wilson E S

193392

2000

JUN 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		G 5679	20	
July		F 12585	20	
Aug.		Q 5971	20	
Sept.		D 19322	20	
Oct.		D 24068	20	
Nov.		B 29689	20	
Dec.		R 33915	20	
Jan.	1917	T 42397	20	
Feb.		T 48350	20	—
March		G 53730	20	
April		Q 5556	20	20 Bo
May		U 12287	20	
June		T 19939	20	S
July		D 26382	20	
Aug.		H 33459	20	Carnarvon P.O. Ont 21/8/17 Rm.
Sept.		V 39706	20	
Oct.		A 23079	20	
Nov.		K 54636	20	
Dec.		L 60962	20	380.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.

Name Pte Wilson N.S.

Regt'l No. 197392 Rank File Numbers

Former Units Original Unit

Date of arrival in Canada Boat Port of Disembarkation

Rates of Pay:—Regt'l. Field Date of arrival in M.D.

Separation Allowance. Date paid to Rate If continued by Chief Paymaster, England

Assigned Pay. Date paid to Rate If continued by Chief Paymaster, England

Name and address of Beneficiary

Pay claimed on English L.P.C. to to be paid by new Unit from

Name of new Unit Date L.P.C. forwarded to new Unit

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out: On Boat		At Cl. Depot &c.		OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT: Credit		Debit		REMARKS
$	c.	$ 1/2	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	2 O.S. leave 28/11 - 4/1 DO 250

TRANSFER

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers {.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Name and address of Beneficiary {.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs Alice Wilson

Address ~~128 Kenilworth Ave~~ Carnarvon P.O. ~~Toronto~~ Ont. ~~Ont~~

Rate 20 00

JUN 1 1916

By Whom Assigned Wilson N.S.S.

Regtl. No. 193392

Rank Pte

Corps 92 Batt

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				

CONSOLIDATED 7 ACCOUNT

P. 559.
MARRIED OR SINGLE Single.
PLACE OF BIRTH Toronto, Ont, Canada.
NAME AND ADDRESS OF NEXT OF KIN Alice Wilson
46 Herbert Ave, Toronto, Ont.
RELATIONSHIP OF NEXT OF KIN Mother
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)
PAYABLE TO
RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To be L/Cpl.	1-8-16	pt. 27203.
Reverts to Ranks	26-8-16	pt. 27212A.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 193392 RANK Pte. NAME Wilson, H. S. Herbert Stanley
IF IN PERMT. CORPS / WHAT UNIT UNIT 92 Bn. TRANSFERRED TO 15th Bn. DATE 1-9-16 AUTHORITY 92nd B.O. 213 of 28-8-16
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION Toronto. TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION 1/11/15. TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1/6/16.
PAYABLE TO Alice Wilson, 128 Kenilworth Ave., Toronto, Ont. RELATIONSHIP Mother
ASSIGNED PAY MONTHLY $ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked W Kingsley

DATE 1916.	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														28 60	28 60																28 60				Balance from Canada.
June	30	1.00	30	00	30	.10	3	00						33 00	✓10	7th	85	15th	141	30th			973	973	973		20	00	49 19	✓12	41			
July	31	1.00	31	00	31	.10	3	10						34 10	✓197	8th							243				20	00	22 43	24	08			
Aug.	25	1.00	26	25	25	.10	2	50						28 75	✓330	31st/16							730				20	00	27 30	25	53			
"	26-31	6	1.00	6	00	6	.10		60					6 60	✓																	32	13		
Sept. 1-30	30			30		30		3	—					33 —													20	—	20	—	45	13		
Oct. 1-31				31				3	10					34 10			1656	13/10	6063	CA 2/9				3 49	4 36									
																	1643	7/10	6497	" 16/9				2 61	4 36									
																			142-15B	25/9					2 62									
																			392-92nd	16/9					4 87									
																			442-"	26/9					4 87									
Nov 1-30				30				3	—					33 —			1697	7/11	1731	17/11								20	✓	26 11	38	94		
Dec. 1-31				31				3	10					34 10			1790	4th																
1917 Jan.				21	40			21	40								1857																	
1-31	31	1.10	34	10										24 10	1860	20th			1964	1st								20	—	21 34	47	09			
Feb	28	1.10	30	80										30 80	2000	27th							262					20		22 62	55	27		
			301	55										28 60	330 15								41 26	22 81	30 81		180	—	274 88					

4 Corpl 1/9/16.
Reverts to Ranks 26-8-16.
pt 27212A
Trans to 15th Bn 92nd B.O. 213

193392 Pte Wilson, A. S.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
			301	55										28 60	330 15
March															
1-31	31	1.00/10	34	10											34 10
April 1-30	30	1.00/10	33	—											33 —
May 1-31	31	"	34	10											34 10
June 1-30	30	—	33	—											33 —
July 1-31	31	—	34	10											34 10
Aug 1-31	31	—	34	10											34 10
Sept 1-30	30	—	33	—											33 —
			336	95										28 60	565 55

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
March							
1-31		Sick List	21/60				
April 1-30			21/107				
May 1-31		54	2/11.				
June 1-30		90	16/11				
July 1-31		127	16/11	166	6/12		
Aug 1-31		357	29/12				
Sept 1-30		229	15/5.				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
41 26	22 81	30 81		180 —		274 88	55 27			
3 29	3 29			30 —		29 60	59 77			
2 61				20		22 61	70 16			
3 48										
8 72	2 68			20		31 88	69 38			
2 67										
3 57				20		26 24	76 14			
				20		20	90 24			
	2 68			20		22 68	101 66			
5 35	2 67									
2 67	53 53			20		84 22				
73 87	90 48	30 81		320		575 44	504 44			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.
1917 Sept. 30		~~30 44~~							50 44		
Oct	31 days @ 1/- Pay	34 10							20 84 54		
Nov	Pay	34 10							20		
		33 —		QR 926 15th Bn	16/10/17	357					
				QR 875 " "	1/10/17	446					
				QR 879 " "	25/9/17	357					
Dec	" "	34 10		. 100% "	3/11/17	44 46			20		
				. 1047 "	11/11/17	8 92					
		67 10				24 98			40	66 66	
1918 Jany	" "	34 10		QR 1134 15 Bn.	6/12	3 57			20		
				" 1186 "	25/12	803					
				DN92773							
				AR 3284 C.R. Bn.	14/8	1338				55 78	
		34 10				24 98			20		
Feb	" "	30 80							20		
				AR 58A 15 Bn	8/1/18	803					
				" 1377 "	29/1	44 6				54 09	
		30 80				1249			20		
Mar	Pay	34 10							20		
				" 1421 "	17/3/18	357					
				" 1525 "	15/3	714				57 48	
		34 10				10 71			20		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.

REMARKS

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/6/16	EFFECTIVE DATE:-
AMOUNT:- ~~20~~ 00	AMOUNT:-

NAME:- WILSON Herbert Stanley
NUMBER:- 193392

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

Mrs Alice Wilson
128 Kenilworth ~~Rd~~ Ave
Toronto Ont. (Mother)

Stopped 1/12/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 92
DATE ACCOUNT FIRST OPENED:- 1-6-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			15
	1/9/18		1st CORPS

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
14/11/18	3181	12 Res	~~9 73~~				
27/11/18	3369	"	~~1 4 60~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred to Canada 1/12/18 Auth 473. 26/11/18 Cr. Bal. $28.24

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Forward.								57 48		
April	P.P.	33.		Can. A.P				20			
				AR 72 15 Bn 15/4	8 99				61 56		
		33.			8 92			20			
May	P.P.	34 10		Can. A.P.				20			
				121 - 15 Bn 8/5	4 46						
				177 " 16/5	3 57				67 63		
		34 10			8 03			20			
June	P.P.	33.		Can. A.P.				20			
				223 " 1/6	4 46						
				291 " 15/6	3 57				12 60		
		33			8 03			20			
July		34 10		Can. A.P				20			
				23 3 Bde 1/7	4 46						
				136 " 15/7	3 57				78 67		
		34 10			8 03			20			
August		34 10		Can A.P.				20	92 47		
		34 10						20			
Sept.	Pay.	33.		Can A.P.				20			
	S.F. 25/9/18 - 7 Rm 5/10/18 - P II 232. 30/9/18 12 Res.	4 30		AR 5666. 25/9/18. Woodcote Pk.	48 67						
				AR 1039. 6/9/18. do.	9 73						
		40 30			58 40			20	54 67		a/c agreed 25/11/18
OCT	Pay	34 10		Can A.P				20			
				AR 2638 - 11/10/18 - 12 Res	29 20				39 87		
		34 10			29 20			20			
Nov	PP	33 00		CAP				20			
				AR 3181 - 15/11/18 - 12 Res	9 73						
				- 3369 - 27/11/18 - "	1 4 60				28 24		
		33			24 33			20			

NUMBER 193392 RANK Pte NAME WILSON, H.S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

M.B.

(Demobilization.)

1. No.	193392
2 Rank.	Pte.
3. Name.	WILSON HERBERT STARR
4. Unit.	92nd Bn. (#2 D.D.)
5 Date of Discharge	Jan 22nd 1919. Place TORONTO, ONT.
6 Reason for Discharge	HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.
7. Authority.	D.O. D.D. #2 Pt 11 #18.
8. Proposed Residence after Discharge	197 Crawford St. Toronto Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

Herbert Starr Wilson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date JAN 22 1919

Signature L Johnston Capt.

(O. C. Discharging Unit.)

For O.C. No. 2 District Depot.

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

6440

I

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Ex. Camp., Toronto. DATE Jan. 15, 1919.

1. 1 (a) Unit 42 D. Depot (b) Regimental No. 183892 (c) Rank Pte.

(d) Surname Wilson (e) Christian name Herbert Starr.

(f) Home address 197 Crawford St., Toronto.

(g) Next of Kin Mrs. Alice Wilson (h) Relationship Mother.

(i) Address of Next of Kin Carnarvon, Ont.

2. Age last birthday 23 Date of birth Aug. 25th, 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto. (b) Date Aug. 3rd, 1915

4. Personal description:

(a) Height 5' 9" (b) Weight 152 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar cross sole of left foot.

5. Former trade or occupation Clerk.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	165

	Periods	
	From	To
Canada	3-8-1915	17-5-1916
England	29-5-1916	26-8-1916
France or other theatres of War	28-8-1916	12-8-1918
England and Canada	12-8-1918	to dat.

7. Original disease, or injury G.S.W. left knee

A.M.S. states G.S.W. L. thigh.

(a) Date of origin 9-8-1918 (b) Place of origin France (Amiens)

(c) Cause Shrapnel splinter.

M. F. B. 227.

400M.—11-18.
1772-39-117.

6440 2 I.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function of the osseous and joint system of left knee

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Object. Small G.S.W. scar just above patella of left leg. No impairment of function of joint movements or anything to be made out at time of examination. X-ray report of English Board at R.C. Hosp. Gloucester, states small F.B. visible in infra patellar pouche. This was not removed at anytime according to M.H. sheets.

Subjective. When man exercises strenuously or runs, sometimes the knee joint feels weak. This seldom troubles him; may be once in 3 weeks time. He has sensation of knee "giving a jump" as he describes, when in a few seconds it is all right again.

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

Nervous System.....no.....Cardio-Vascular System.....no.....Genito-Urinary System.....no. Alb. Sug.
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....yes.....Respiratory System.....no.....Integumentary System.....no

Disturbances of Mentality.....no.....Digestive System.....no.....Muscular System.....no

Osseous and Joint Systems.....no.....Any other general condition.....no

Myopia prior to enlistment and No disability from service.
No hernia, varicocele, varicose veins or haemorrhoids.

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

G.S.W. from Shrapnel splinter at Amiens, France, Aug. 9th, 1918

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10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

nil

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

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

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

not applicable.

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

The regimental documents will be referred to.

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

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

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

~~Rxxxx~~ Red X Hospital Gloucester 14/8/18 to 5/19/18

M. C.H. Epsom 5/9/18 to 25/9/18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

That he be placed in Category "A2"

J. Knudsen, Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H.S. Wilson Pte 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

H.S. Wilson Rank.

Signature of invalid examined.

6440

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OPINION OF THE MEDICAL BOARD

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

We concur except sec. 17, consider man fit for category "B2" only

19. Is the invalid 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 invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) ~~Should not pass under his own control.~~ OK

(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

That he be placed in Category "B2"

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

[signature] President.

PLACE Ex. Camp, Toronto.

DATE Jan. 15, 1919

[signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....President

PLACE.....

DATE.....

Members

APPROVED BY [signature] Capt

Assistant Director of Medical Services.

DATE 16/1/19

APPROVED BY

Director-General of Medical Services.

DATE.....

M. D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE No. 56

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

...mental No. 193392 Rank Pte Name Wilson AS

...rps 2 DD who was* Discharged

On Jan 22 1919, to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec 1 1918

to Jan 22 1919, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	26	63	Balance Cr. from prev. month	1	53
Advances by Cheques No. 88640	15		Regt'l. Pay 53 days at $ 1 c.	53	
Advances by Cheques No.			Field Allow. 53 days at $ c. 10	5	30
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges			Other Allowances* Cloth	35	
Payment on transfer or discharge No. 86778	63	67	Other Credits* Info	12	
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	105	30	Total	105	30

*Give particulars.

A monthly stoppage of $ 20 00 (†) has (‡) been paid paid on account of Assigned

Pay for the month of Dec 1918

and Sep'n Allce. for month of .....191...

(to) Assignee Mrs A Wilson

(Address) Carnarvon P.O

Ont

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge .....authority Do 18

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 20/1/19

Place Toronto

CAPT.
Paymaster.

PAYMASTER, No. 2 DISTRICT DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

No. 65

6440 4. Sub. D.

Forms I. 1237 / 12

Army Form I. 1237.

F

MEDICAL CASE SHEET.*

85.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	193392	Pte	Wilson	H.S.

Year	Unit.	Age.	Service.
1918	15th Can Batter	22	3 yrs

mCH Epsom

Station and Date.	Disease G.S.W. Lt Thigh (flesh)
6-9-18	Wound healed. PT FVIII BCH.
9-9-18	Co.
16-9-18	Healed feels fit A.

FURLOUGH ADDRESS IN FULL.

41 Warner St
Hornsey
N. London

T.A.B
11-1-18 a B64
10-9-18 m.H.S

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	

ORIGINAL 6440 B TCF275

MEDICAL HISTORY SHEET.

Surname Wilson Christian Name Hibert Stan

Examined on ~~12~~ 31 day of Aug 1915 at Toronto

Birthplace City or Town Toronto County Ontario Can.

Apparent age 20

Trade or occupation Leptite Manager

Height 5 Feet 8½ Inches.

Weight 180 Lbs.

Chest measurement Minimum 33½ inches. Maximum expansion 36 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by Mohoughed

Rank Lieut. M.O.

Date	Fit or Unfit	Examined for Re-engagement.
16/9/18	A	B.C.H 17 AUG 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
18/10/15	+	M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
28/9/15	+	M.O.
12/10/15	+	M.O.
19/10/15	+	11-1-18 a 1864 10-9-18 B.C.H M.O.

Enlisted on ~~12th~~ August 31 day of ~~Aug~~ Sept 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		193392		12th. Aug. 1915
Transferred to..	92... (HIGHLANDERS) C.E.F.			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ex. Camp. Tor.	Jan 15/19	G.S.W. left knee.	Bii Pm. 1 Sheard Capt

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439.

B

6440

Surname Milton Christian Name Herbert Harry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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
RED CROSS HOSPITAL GLOUCESTER		14	8	18	5 SEP 1918			Gsw R. thigh	23	Can. Hosp. Healed wd. Small F.B. visible on X ray in supra patellar pouch Woodcote Park Epsom	A. Alcock
M.C.H. Epsom.		5	9	18	25 SEP 1918 25 SEP 1918			G.S.W. Lt thigh (flesh)	20	Feeling fit Heart & Lungs normal discharged to Reserve. Unit. Cat. A	B.E. Hunter Capt. R.A.M.C.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

W 7617

Date of Assignment

Jun. 1-16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 193397

Rank Pte Promoted Reverted Discharge

Soldier's Name Pte. S. Wilson

Battalion 92 Batt

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Alice Wilson

Address Carnarvon P.O. Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						019465--H-223
Dec 31			380	380		
Jan 18	K 70022		20	20		
Feb 18	P 73354		20	20		
Mar	X 95602		20	20		
Apr	X 7845		20	20		
May	X 17901		20	20		
June	T 26655		20	20		
July	B 26805		20	20		
Aug	V 41012		20	20		
Sept	W 42233		20	20		
Oct	K 55206		20	20		
Nov	P 61137		20	20		
Dec	W 67269		20	20		

A/c Closed 31-12-18

Ret'd per Melita

Date 17/12/18 M.F.W.187 23/12/18.

Clerk W. M. Phillips

M.D. 2. M.R.O. 47020

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

No. 2 DISTRICT DEPOT

EXHIBITION

W.830

AUDITOR FSM | PAYMASTER

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

M. OR S.

REGT. No. 193392 RANK Pte NAME (IN FULL) WILSON H.S. D.C. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

no L.P.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
W.S.G. Complete 19-2-19		

ORIGINAL UNIT C.E.F. 1 C.O.R.H. 92 Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 31-8-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1/1/19

PAYABLE TO Mrs. Alice Wilson | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS 197 Crawford St. Toronto

ADDRESS Carnarvon P.O. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 22/1/19 | REASON MU | AUTHORITY Do 18 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. No. of Days	Rate	Amount $	C.	Other Credits $	C.	$	C.	Total Credits $	C.	Acquittance Rolls Col. No. 1 No.	Date	Col. No. 2 No.	Date	Col. No. 3 No.	Date	Cash Payments Col. No. 1 $	C.	Col. No. 2 $	C.	Col. No. 3 $	C.	Assigned Pay $	C.	Regimental Charges $	C.	Other Charges $	C.	$	C.	Total Debits $	C.	Balance Debit $	C.	Credit $	C.	Particulars or Remarks
Dec 1	31	1.10	34	10			12	-			85	640					15										26	63									Cr Dec P.S. FSM
Jan 1	22	1.10	24	20	35				105	30					867	78					63	67									105	30					
3 years									420								Jan 21	E 6 14					70	00							70	00			350	00	FSM
																	Feb 20	220 714					70	00							140	00			280	00	
																	Mar 21	223067					70	00							210	00			210	00	
																	Apr 17	282719					70	00							280	00			140	00	W.S.G. PAID IN FULL
																	May 15	288646					70	00							350	00			70	00	
																	13/6/19	380884					70	00							420				Closed		FOR PAYMASTER WAR SERVICE GRATUITY
									420	-													420	-							420	-	FSM				

BALANCE FROM PREVIOUS ACCOUNT

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	