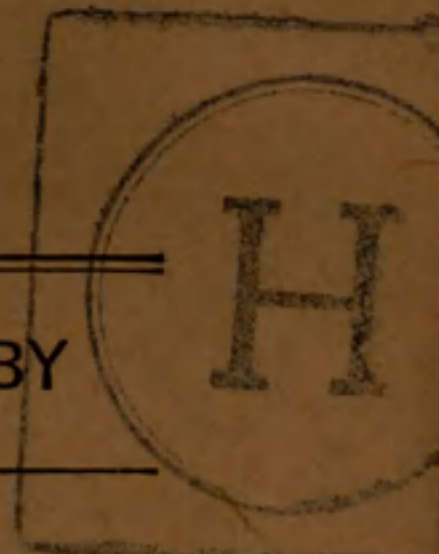
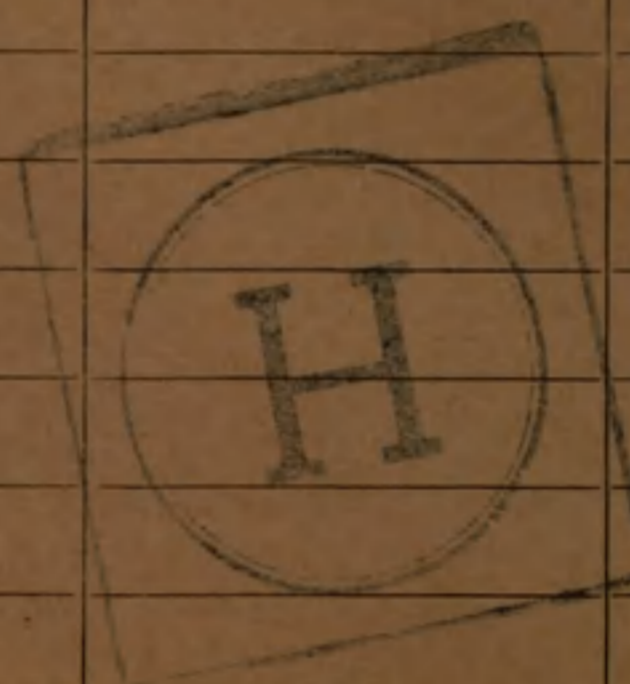


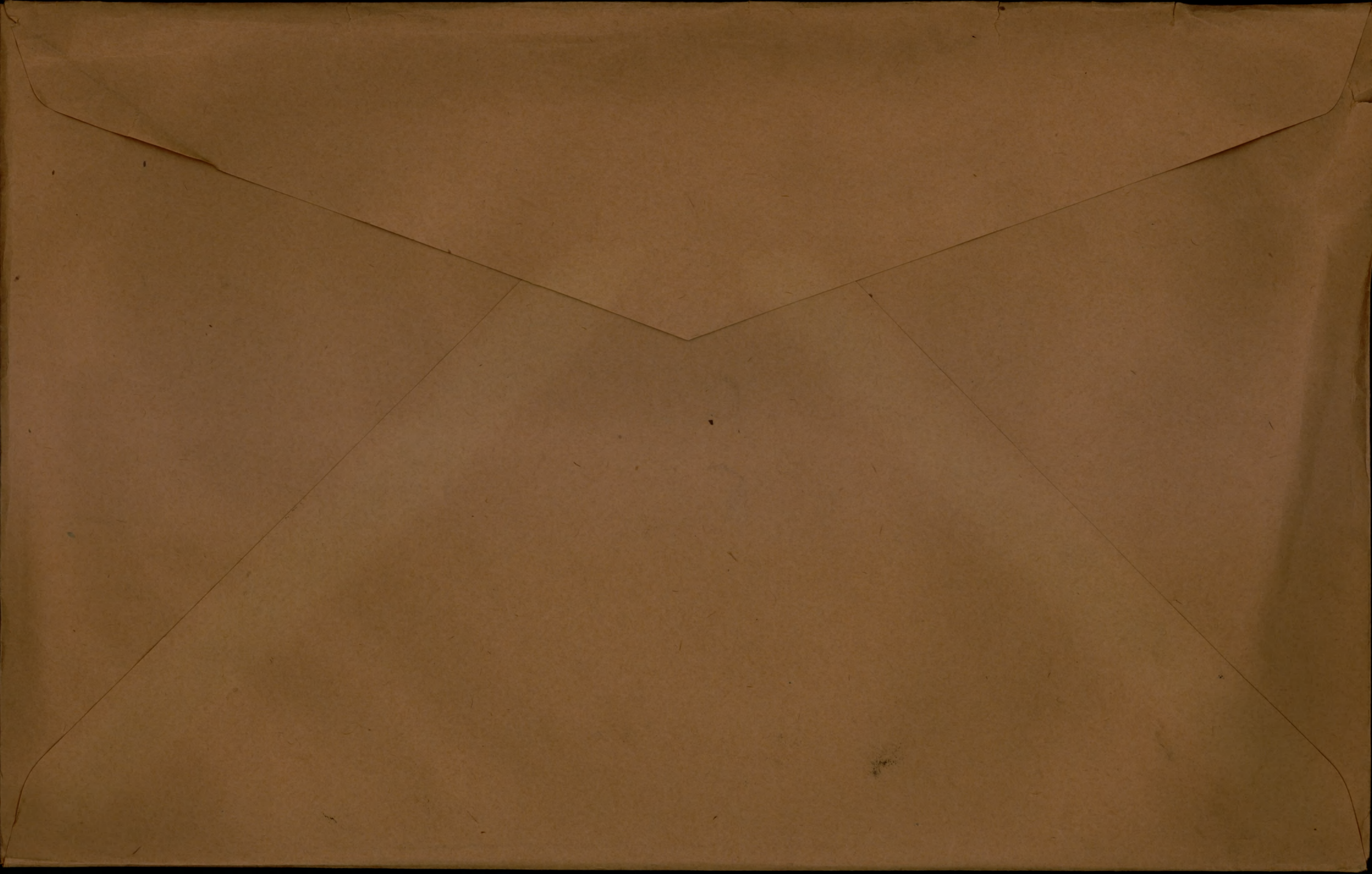
C.E.F. REGIMENTAL DOCUMENTS

NAME COURT WILLIAM REGT. No. 102360 UNIT 12 BN H. Q. FILE No. 39773



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					





102360

TRIPPLICATE

ATTESTATION PAPER.

No.

Folio.

26

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *William Court*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Birmingham England*
 3. What is the name of your next-of-kin?..... *Mrs A Court*
 4. What is the address of your next-of-kin?..... *Raytown, Crystal Stn, James Island B.C.*
 5. What is the date of your birth?..... *24-10-1897*
 6. What is your Trade or Calling?..... *Cowboy Farming*
 7. Are you married?..... *no*
 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
 9. Do you now belong to the Active Militia?..... *51st G. H. & B. 1 week*
 10. Have you ever served in any Military Force?..... *no*
 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*
- W Court* (Signature of Man).
H. S. Poole (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Court*, 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.

W Court (Signature of Recruit)
Date *Sept 3* 1915 *H. S. Poole* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Court*, 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.

W Court (Signature of Recruit)
Date *Sept 3* 1915 *H. S. Poole* (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 *VICTORIA* this *3rd* day of *Sept* 1915.

C. Sommeau (Signature of Justice)
in and for the Province of British Columbia

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

C. Sommeau (Approving Officer)
Whitely MAJOR.
For Officer Commanding (Incapacitated)

Description of William Court on Enlistment.

Apparent Age 18 years — months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 1/2 ins.

4 vac's on left arm

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes hazel

Hair light

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Sept 3rd 1915

J. M. Bryant

Place Electra Bldg

Lt Col. W. E.

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.

William Court 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. M. Bryant MAJOR.
 (Signature of Officer)
 For Officer Commanding (Incapacitated)

Date SEP 27 1915 191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 048741

THIS IS TO CERTIFY that No. 102360 (Rank) Sapper

Name (in full) William Court enlisted in

the 67th Battalion

CANADIAN EXPEDITIONARY FORCE at Victoria on the 3rd

day of September 1915

HE served in France with 12th Canadian Eng.

and is now discharged from the service by reason of

Demobilization.

~~Medical Unfitness.~~

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

Age 22

Height 5' 9"

Complexion Fair

Eyes Blue

Hair Light

W Court
Signature of Soldier

Marks or Scars Five

Vaccination

Marks left arm

Date of Discharge

October 14, 1919

Halifax, N.S.

Issuing Officer

Captain
Rank

Date October 9th 1919

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.

ORIGINAL

102360 ORIGINAL.

26

MEDICAL HISTORY SHEET.

Surname Court Christian Name William

Examined on 27th day of Sept 1915 at Victoria B.C.

Approved by [Signature]

Birthplace City or Town Birmingham County England

Rank M.O.

Apparent age 18

Trade or occupation Poultry Farming

Height 5 Feet 6 1/2 Inches

Weight 135 Lbs.

Chest measurement Minimum 34 inches Maximum expansion 37 inches

Physical development Good

Small-Pox Marks No

Vaccination Marks Arm Right Left Number 4

When Vaccinated last Infancy

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes handwritten entries: 2/3/16 Fit for Overseas, M.O.

Table with columns: Date, Result, VACCINATIONS. Includes handwritten entry: 2/5/16 G.S. No, M.O.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries: 19/11/15 OK, 22/11/15 OK, 8/12/15 OK, M.O.

Enlisted on 3rd day of Sept 1915 at Victoria B.C.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entries: 67th Batt C.E.F., 102360, 3rd Sept 1915.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry: 27 AUG 1919, I.T.S. O.D.G., [Signature], CAPT. C.A.M.C.

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.

Surname *Court* Christian Name *William*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Ho-pital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No.3 Con. Stat.		2	12	16	3	1	17	I.C.T. Toe		Dis. Ex above	A 80
Donlleus Dis. Ex above		3	1	17	4	1	17	"		Rep. from Base Rejoined Unit	A 106-109
CANADIAN SPECIAL HOSPITAL, REDLBY, SURREY.		2	6	19	15	8	19	Gonorrhoea Gytherux	75	Transferred to Moore Barracks for further treatment - V.P.G. Treatment for Gytherux completed Stopping at "pudub"	<i>J. Pauline</i> CAPT. REGISTRAR.
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SPORNCLIFFE.		15	8	19	11	9	19	Gonorrhoea	27	Adults. with free parent dish. Smear G.C. x x. Treatment, irrig. of acriflavine & prostatic massage. Smear G.C. x. J.T.B.	<i>W. W. Jones</i> Capt.

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

MEDICAL HISTORY OF

Surname Court Christian Name William

TABLE I.—General Table.

Birthplace { Parish..... County
Examined { on..... day of..... 191
at
Declared Age years..... days.
Trade or Occupation.....
Height..... feet..... inches
Weight lbs.
Chest Measurement { Girth when fully Expanded inches
Range of Expansion inches
Physical Development
Vaccination Marks { Arm..... RIGHT | LEFT
Number
When Vaccinated
Vision { R.E.—V =
L.E.—V =
(a) Marks indicating congenital peculiarities or previous disease—
(b) Slight defects but not sufficient to cause rejection—

Approved by
Rank
Medical Officer.

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief Details and Signature. Multiple rows for recording medical events.

TABLE IV.—Service Table.

Enlisted { at.....
on..... day of..... 191...
Joined on enlistment Corps Regtl. No.
Transferred to
Became non-effective by
on..... day of..... 191...
(Signature).....
(Rank).....

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. Multiple rows for recording service details.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hmat. Araguary	11	9	19	20	9	19	V.D.G.	9	Condition unchanged.	W. Jones Capt.
Rockland Hosp N.Y.	19	9	19	7	10	19	V.D.G.	18	Left without discharge for gonococci smear. Discharged under R.O. 1564 circular letter 25—	E. Russell Capt. com

2384

WAR SERVICE GRATUITY.

2700

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *William* 2. Surname *Court*
3. Rank *Spr* 4. Original Unit *67th Bn.* 5. Reg. No. *102360*
6. Address, in full, to which future payments of gratuity are to be forwarded
25th St #3, Victoria,
7. Date of enlistment in the C.E.F. *3.8.15.*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
9. Relationship of such dependent *not applicable.*
10. Present address, in full, of such dependent *"*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not app.*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
France 67th, 124th & 12th Bn Engls. from 13.7.16 to 2.5.19.
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *From 3.8.15. with 67th Bn, 124 Bn, 12 Bn Engls. in France to*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units
- *MD*
-
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
-
20. Have you been issued with a War Service Badge? If so, what class? *A. 147840*
21. Have you, during the present war, served in the Imperial Forces?
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
- *not app*
- 23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England
- *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
- *not app*
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge
- *14. 10. 19.* (b) Reason for discharge
- *Demobilization*
-
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
- *MD*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
- *Yes France, same*
- *was question '19,*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....
- (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *W. Hunt.*

Place of Residence: *R. M. D. #3, Victoria, B.C.*

Declared before me at: *Halifax, N.S.*

This day of 19....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>183 by</i>	<i>420</i>
.....	<i>Gen</i>	<i>70</i>
.....	<i>apl.</i>	<i>350</i>

Certified Correct.

District Paymaster.

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

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

No. 102360 Rank Supper Surname Court
(Given name in full)
William
 Unit or Corps 6000 Birthplace Birmingham England

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

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5-8 ft. Colour of Eyes hazel
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 25 ft.
 Left 25 ft.

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

none

Opinion as to general health and physical condition fair

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

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

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

V.D. in England. Venereal discharge still present & positive gonococci. Discharged under R.O. 15-64 arular letter 25
E. Rummell
Capt Lane

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date *71 Nov 19* Signed *E R Russell* M.O.
Capt

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

Signature *W Court*

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

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

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

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

No. 02360 Rank Apr Surname COURT
(Given name in full)
William
 Unit or Corps 12th CF Birthplace Birmingham

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

I. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 4 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 40 Reg
 Condition of arteries Soft
 Vision Rt. 9/12 Left 6/12
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System yes Respiratory System no
 Disturbance of Mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

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

2:12:16 J.C.F. Goes

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Willy (Overseas)

Date 1951 Signed J. M. Belarke M.O.

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

Signature X W Court

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

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

Signature

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

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

[OVER]

Group 26

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

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters)

COURT Williams

REGIMENT

66

RANK

Supper

No.

102360

Date of Examination in England

MAY 21 1919

Date of Examination in France

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3.

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

Signature of Dental Officer

J. S. Simmons
Capt.

DEPARTMENT OF THE ARMY
GENERAL CERTIFICATE FOR DRIBBLE

MAY 21 1919

RECEIVED
GENERAL CERTIFICATE FOR DRIBBLE
MAY 21 1919

[Handwritten signature]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) COURT, W.
 REGIMENT CE RANK Sgt. No 107360
 Date of Examination in England 8/9/19 Date of Examination in France ✓

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

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

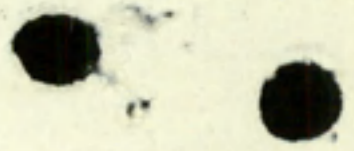
HAS HE EVER REFUSED DENTAL TREATMENT? no

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 ✓

Signature of Dental Officer

E. Kelly Capt.



THE UNIVERSITY OF CHICAGO

GEORGE W. BROWN
1914

PHYSICS DEPARTMENT
55 EAST 57TH STREET
CHICAGO, ILL.

TO THE HONORABLE CHAIRMAN
OF THE BOARD OF TRUSTEES

DEAR SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

Amey

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname <i>Court</i> (5) Christian Names <i>William</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps <div style="font-size: 2em; text-align: center;"><i>67th Battalion</i></div>	(3) Regtl. No. <div style="font-size: 2em; text-align: center;"><i>102360</i></div>
--	---	--

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
(Authority)	(date)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single <i>Single</i> Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin *Mrs J. Court Royston Str. Vancouver Island B.C. Canada*

(18) Demobilizer (f) _____ (Place)

(19) Pivotal-man (f) _____ (Date)

(20) Qualifications (g) _____ or (21) Corps trade and rate

(22) Extended { _____ (23) Re-engaged { _____

(24) Miscellaneous entries:—

(Signature of Posting Officer)

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

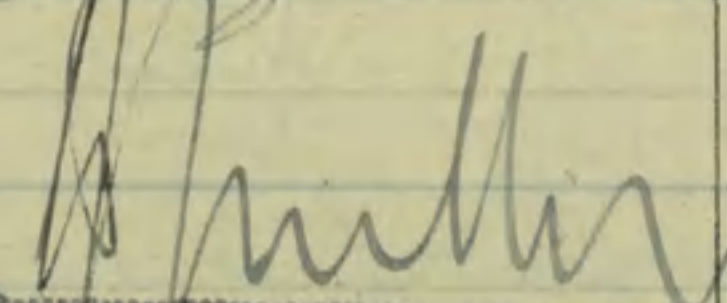
Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/8
HWV(R1460)
3/19
100,000
P2151
W10416

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

	C		Arrived England s/s Olympic		12-4-16	
12-8-16	67 Bn	At 2 D.O. 75	Proceeded s/s		13-8-16	
11-12-16	---	C.L.A. 80	Adm No 3 Can staty hosp	Doullens	2-12-16	
13-1-17	---	C.L.A. 106	Discharged from hosp	---	3-1-17	
19-1-17	---	C.L.A. 109	Reported rejoined Unit	Field	11-1-17	
28-5-17	---	D.O. 65	S.O.S to 124 Bn Pioneer	---	1-5-17	
1-5-17	124 Bn	-- 101	T.O.S	---	28-5-17	
7-5-18	---	-- 30	Awarded 1 good conduct Bd	---	3-9-17	
2-7-18	12 Bn C.E	-- 1	T.O.S. from 124 Bn	---	30-5-18	
30-5-18	---	-- 42	S.O.S	---	2-7-18	
31-5-19	Pibing	-- 24	T.O.S from 12 Bn	Witley	7-5-19	
10-6-19	Puringee	-- 46	S.O.S to C.E.R.D	---	6-6-19	

Certified Correct

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

Nothing to be written in this margin.

24-9-19 *U.S. No. 6 D.D. from 11-9-19 and posted.* *H.A. 19 9.19 20267*

7-10-19 *HS Trans to Gas Coy*

U.S. No. 6 D.D. 7-10-19 20281
 R.R. Houghton
 CAPTAIN,
 DISCHARGE SECTION No. 6 DISTRICT DEPOT.

14/1/19 *DISCHARGED at Halifax No. 20282* DISCHARGE SECTION No. 6 DISTRICT DEPOT.

WSB class a

✓ 13.1.17

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

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

CERTIFIED CORRECT

Casualty Form—Active Service.

31 AUG 1916
CAN RECORDED LONDON

Unit, Regiment or Corps **67th BATTALION C.E.F.**

Regimental No. **2023** Rank **Private** Name **William Court**

Enlisted (a) **3/9/15** Terms of Service (a) **duration of war** Service reckons from (a) **3/9/15**

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

Extended **1.1.16** Re-engaged **1.1.16** Qualification (b) **1915 B.O.B. (Poultry Farmer)**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	
Date	From whom received					
		Embarked Canada	Halifax	1/4/16		
		Debarked England	Liverpool	1/4/16		
		PROCEEDED OVERSEAS WITH 67th PIONEER BATT.			AUG 10 1916	<i>Althuishe</i>
				13	MAJOR AND ADJUTANT.	
		Disembarked.	Havre.	16.9.16.	N.R.	
2.12.16	no 3.c.sly.	cut. "J.C.T. Toes." S.	Field	2.12.16	W.3034.	
"	no 12.c.f.a.	" " " " }	"	"	A36. W.C.S. 82. 18.12.16 (E1810)	
3.1.17	no 3.sly	Remaining "	"	3.1.17	W.3034	
6.1.17	213.	To W.D. 5	"	4.1.17	C.S. 102. 15.1.17	
17.1.17	A.W.M.S	To C.B.W. 1st for sig. in B. 2nd	Dunions "	17.1.17	Amk W.C.M.S. 445/1. 10.9.15	
20.1.17	213.	Left for Base	"	18.1.17	W.C.S. 111. 29.1.17	
21.1.17	6.c.B	Taken on Strength. T.B.	Havre	22.1.17	N.R.	
6.1.17	" "	Left to join unit	Field	6.2.17	"	
2.2.17	" "	Class A	"	2.2.17	"	

(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				
10.2.17	213.	Joined unit. Quarantined.	Field	9.2.17.	D.C.S. 119, 20.2.17.
3.3.17	"	From Quarantine to Unit.	"	2.3.17	" 125
		Transferred 124th Bn.	Field	1-5-17	At II O. 65, d/28-5-17
		OC 124 Bn. T.O.S. 124th. Bn.	do.	2.5.17.	DO.Pt.2, 101, d/28.5.17
1.12.17	do.	Granted 14 days Leave to	England	26.11.17	B.213 D.O.152 d. 13.12.17
15.12.17	do.	Returned from leave.	Field	13.12.17	B.213.
27.4.18	do.	Granted one good cond. <i>Rank</i>	Kd.	3.9.17	B213; D.O. 30 d/17.5.18
	W.O.	SOS. 124 BN TO, 124 BN C.E.		29.5.18	DO. 42 d. 2.7.18.
	do.	TOS 124BN C'E FROM 124 BN		30.5.18	D.O. 1 d. 2.7.18.
16.11.18	12 Bn. S.C.	Granted 14 days leave to U.K.	U.K.	12.11.18	B.213 D.O. 33 d. 30.11.18
7.12.18	do.	Rejoined Unit	Field	3.12.18	B.213
	Emb. Camp.	Proceeded to England.	6 M/ 18		Pt. 2 O. 107 d/27.18
		<i>Johnston Capt</i> for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.			
		S.C.G. O.M.F.C. TO C.E.F. PT. II ORDER No. _____ DATED _____			
					<i>W. J. Witley</i> OFFICER I/O RECORDS, "P" WING C. C. C. WITLEY.

A.G.R. Rank Name COURT, William. Reg'l No. 102360.
 Unit 67th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Victoria, B.C., Canada, }
 3rd September, 1915. } Place of Birth Birmingham, }
 England. }
 Name and Address, Next-of-Kin Mrs. F. Court, }
~~Roystoke~~ ^{Royston} Stn., Vancouver Island, B.C., Canada Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

C. E. P. W.

W.E. R.S. No. 26438
 FILE NO. 26438
 BAN/MU

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<i>9</i>		<i>Arrived in England</i>	<i>S.S. Olympic</i>	<i>12 APR 1916</i>	<i>A.F.B. 103 CHECKED 22 AUG. 1916</i>
<i>12.8.16</i>		<i>Proceeded Overseas</i>		<i>13-8-16</i>	<i>Pt. 2 D.O. 75</i>
<i>11-12-16</i>	<i>67th Bn</i>	<i>Adm No 3 Law Staty Hosp</i>	<i>Doullens</i>	<i>2-12-16</i>	<i>Ch# A80 J.C.I. Jones</i>
<i>13-1-17</i>	"	<i>Discharged from Hosp.</i>	"	<i>3-1-17</i>	<i>Ch# A106</i>
<i>19-1-17</i>	"	<i>Reported rejoined Unit</i>	<i>In the Field</i>	<i>4-1-17</i>	<i>Ch# A109</i>
<i>28.5.17</i>	"	<i>S.O.S to 124th Pioneer Bn</i>	"	<i>1.5.17</i>	<i>Pte D.O. 65. 124th Pn. 28-5-17</i>
		<i>Now known as 124th Pnr</i>			
<i>7.5.18</i>	<i>124th Pn.</i>	<i>1 tr Can-ENG</i>	<i>Field</i>	<i>3.9.17</i>	<i>D.O. 30</i>
<i>2.7.18</i>	<i>124th Pn. C.E.</i>	<i>T.O.S from 124th Pn.</i>	"	<i>30.5.18</i>	<i>D.O. 1. Y 124/P. #2/28</i>
<i>8.5.19</i>	<i>P Wing</i>	<i>T.O.S from 124th Bn</i>	<i>Witley</i>	<i>7.5.19</i>	<i>D.O. 24</i>

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.				
10.6.19	P. King Co	S.O.S to C.R.S.	Stutley	6.6.19	Do #68 B.E.R.D.D. 178/276.19.
22.9.19	CRO	Invalided to Canada SL 510 MD 3	PW	11.9.19	CLC 27
8 10 19	RECORDS	SOS TO CANADA	LDN	11.9.19	A0-4

NAME *Court W.*
RANK AND CORPS *Pte. 67th Par Bn*

REGT'L NO 102360
H. Q. FILE NO. 649-

FOLLOWS
No.
FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
Q 80	No. 3. Can Stat Doullens	2-12-16	J. C. J. l Groin.
a106	kisch.	3-1-17	J. C. J. Toes.
a109.	Rep. from base - Rej. unit	4-1-17	J. C. J. Toes.
6532	band spec. Witley	31-5-19	20
6586-1	1 C. G. Sh.cliffe	16-8-19	20 & Erythema
627 ^{1/2}	Invalided band (25107703)	11-9-19	" "

SURNAME.

Court.

476
CARD No.
San Diego Kennel
FOLL 14-10-19
20282 of 9-10-19
0 6 AN

CHRISTIAN NAMES

William.

REGL. No.

102360

RANK

Pte.

UNIT

67th.

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Court, Mrs. J.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Vancouver Island.
B.C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Birmingham

DATE

Oct: 24, 1897

PLACE OF ATTESTATION

Victoria, B.C.

DATE

Sept. 3, 1915.

0181-4-16 374
10

R/C 19-9-19 412
13. Apr

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Poultry Farming.

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Hazel

HAIR

Light

DISTINGUISHING MARKS

4 vaccs. on left forearm.

MEDICAL EXAMINATION.

PLACE

Victoria, B.C

DATE

Sept. 1, 1915.

Number

102360

Rank

Surname

COURT

Christian Name

William

Units

by the Canadian Theatre of War France

Date of Service

13-8-16

Remarks

Latest Address

R.M.D. No 3

Victoria, B.C.

Roll No.

200m.-6-21

Page 19421

TOTAL SERVICE WHERE..... DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CAT

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

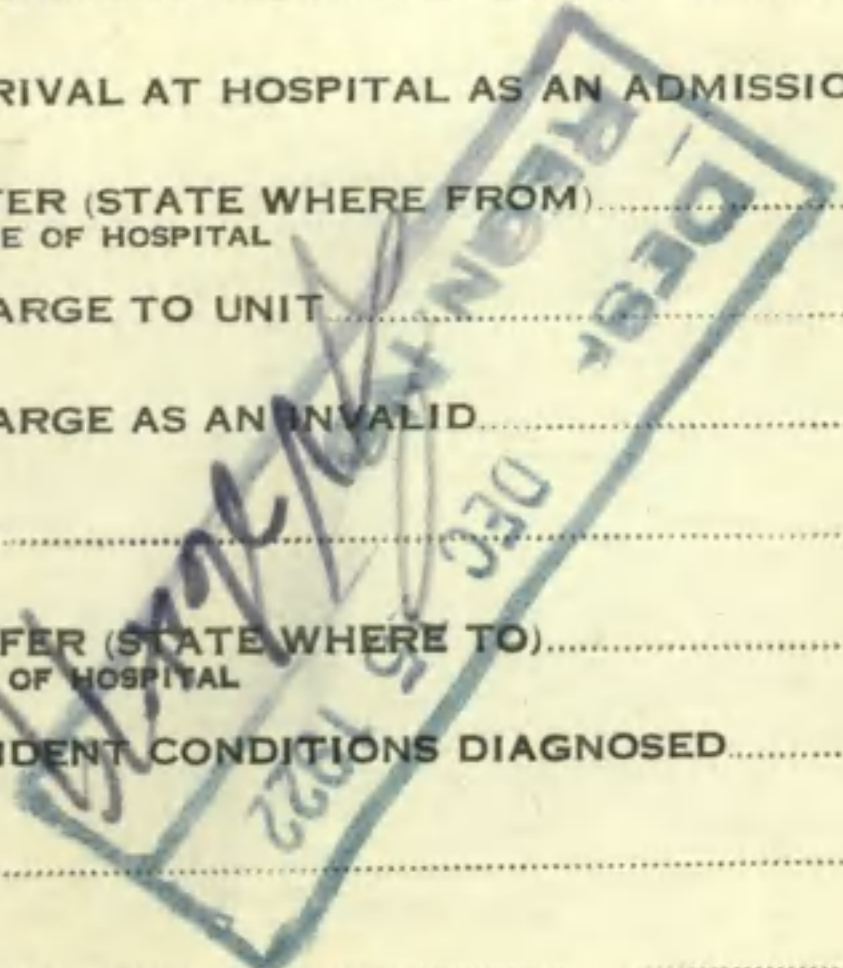
DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

..... HOSPITAL.....

* CROSS OU



M. F. W. 142.

1772-39-1171.

50m.-2-19.

No. 102360 RANK

Plt

NAME Court, W

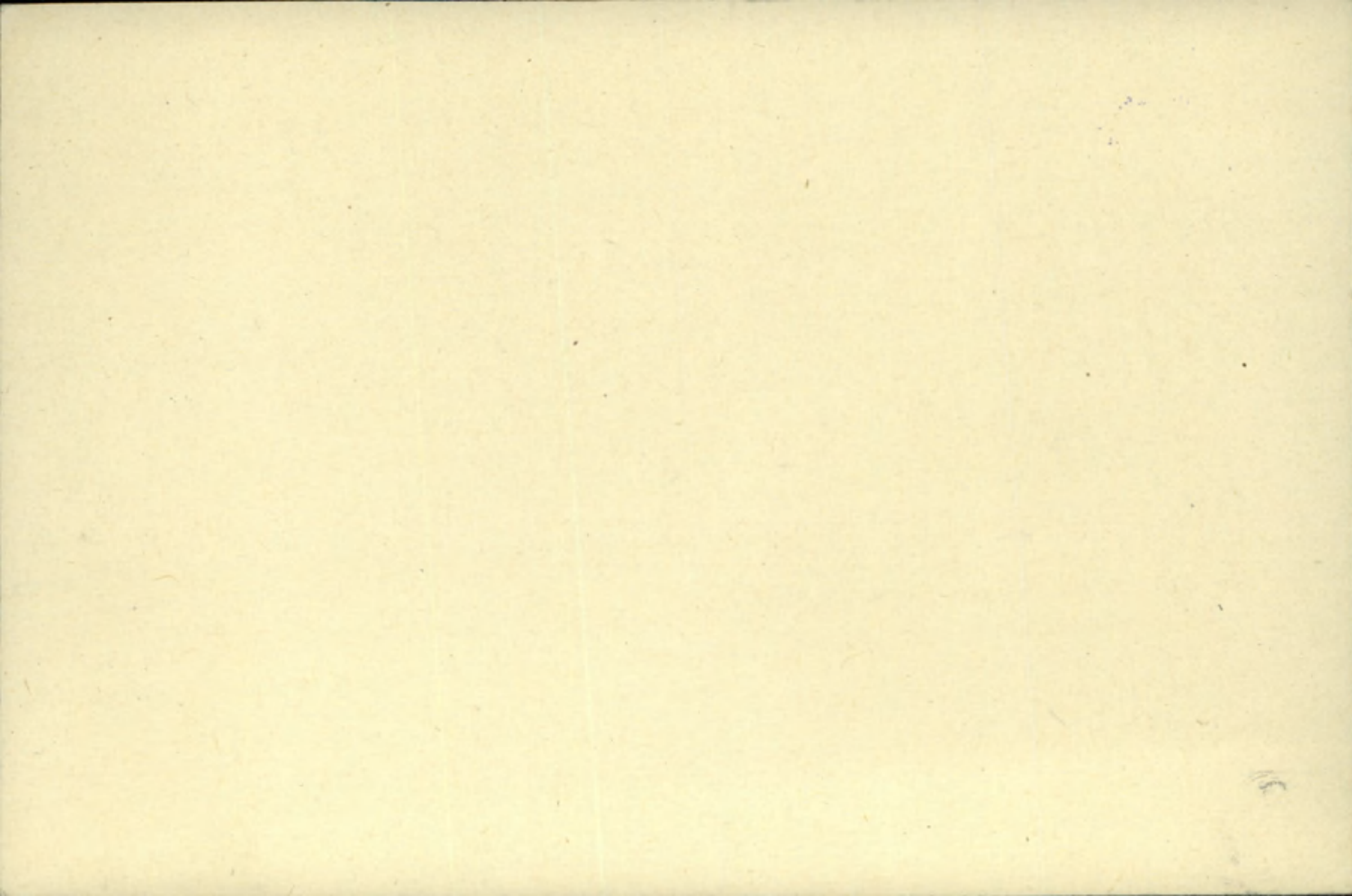
T. O. S. 4-9-15
Du 50 sept-1915

UNIT 67th Battalion

M. D. //

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 sept-4	1915 sept-30	✓		
	Oct	✓		
	Nov	✓		
	Dec	✓		
1916	1916 Jan	✓		
	Feb	✓		
	Mar	✓		
	April	✓		

UNIT SAILED
APR 21 1916



Name **COURT, William** Rank **Sapper** Reg. No. **102360**
 Unit **12th Bn. C.E. (attached P Wg. C.C.C.)**
 Next of Kin **(Mother) Mrs F. Court,**
Royston Sta. Vancouver Island, B.C., Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-6-19	Loan Spec. W. J. H. W. J. H.			C 532		11088
	Ref. C.L. C 532 report	" 20 " changed				
		" 20 & Erythema		C 579		9555.
16.8.19	No. 11. Loan G. H. Thorne			C 586		11848.
11.9.	Invalidated to Canada		do	C 27		9655.
		510-4.				

Surname **Court,** Christian Name or Names **W.** Reg. No. **102,360,**

Rank **Pte.** Unit **67th Pion.** Co. **12** Troop **CEB.** Batty

Hospital **#3 Can Stat. Doulton's** Date of Admission **2.12.16-**
Transferred Hosp.

C.S. Witley Hosp. **2.6.19.**
11 Can. Gen. Shorncliffe Hosp. **16-8-19.**

Diagnosis **2 B.T. Tox.** **V. D. G. H.**

(1) Later Diagnosis (if changed) **+ Erythema**
(2)
(3)

Additional Diagnosis: if more than one state present

INV. TO CANADA 11-9-19

DISPOSITION

Date

11.12.16 A 80
13.1.17 a 106
19.1.14 a 109
6.6.19. C 532
7-8-19 6579 Ref 6532 change of Diag.
~~10.8.19~~ **19-8-19 C586.**

Ref 3. 1. 17

REMARKS

Ref. Unit: 4. 1. 17

A.M.D. 2 Dept.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

CASE HISTORY SHEET.

4245
22/10/19

Rockhead Hospital. Halifax Station.
No. 102316 Rank. Sp4 Name. Comd. W. Age 21
Unit. 6th L.S.P. Completed years of service } C. 7 1/2 E 5 7/12 Y 33/12.
Date of admission. 19. 9. 19. Date of discharge. 7. 10. 19
Diagnosis. V.D.G. Place of origin. England

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints

Slight watery discharge from urethra in morning

History Contacted V.D.G. London

3. 6. 19

Present Condition

Still slight watery discharge from urethra. Pro. Gmucose. No complications

FAMILY HISTORY

nil

(Tuberculosis, mental or nervous diseases.)

TREATMENT

Chem. Irrigation / dilation. Regular routine treatment

(Especially any specific or special form.)

CONDITION ON DISCHARGE

Discharged under Routine order 15-69 Circular letter 25-

(and disposal made of case.)

Date. 7. 10. 19

E. Rommell Capt Comd Medical Officer i/c case.

A-36092

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *2 dup*
13. Pay Book (C.D. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 20
 Date 4-6-19

Group 26 64th Bn.
 C. E. R. S.

M. 2. 4
 Mother. D. A. I
O. G. L.

WAR SERVICE BADGE.

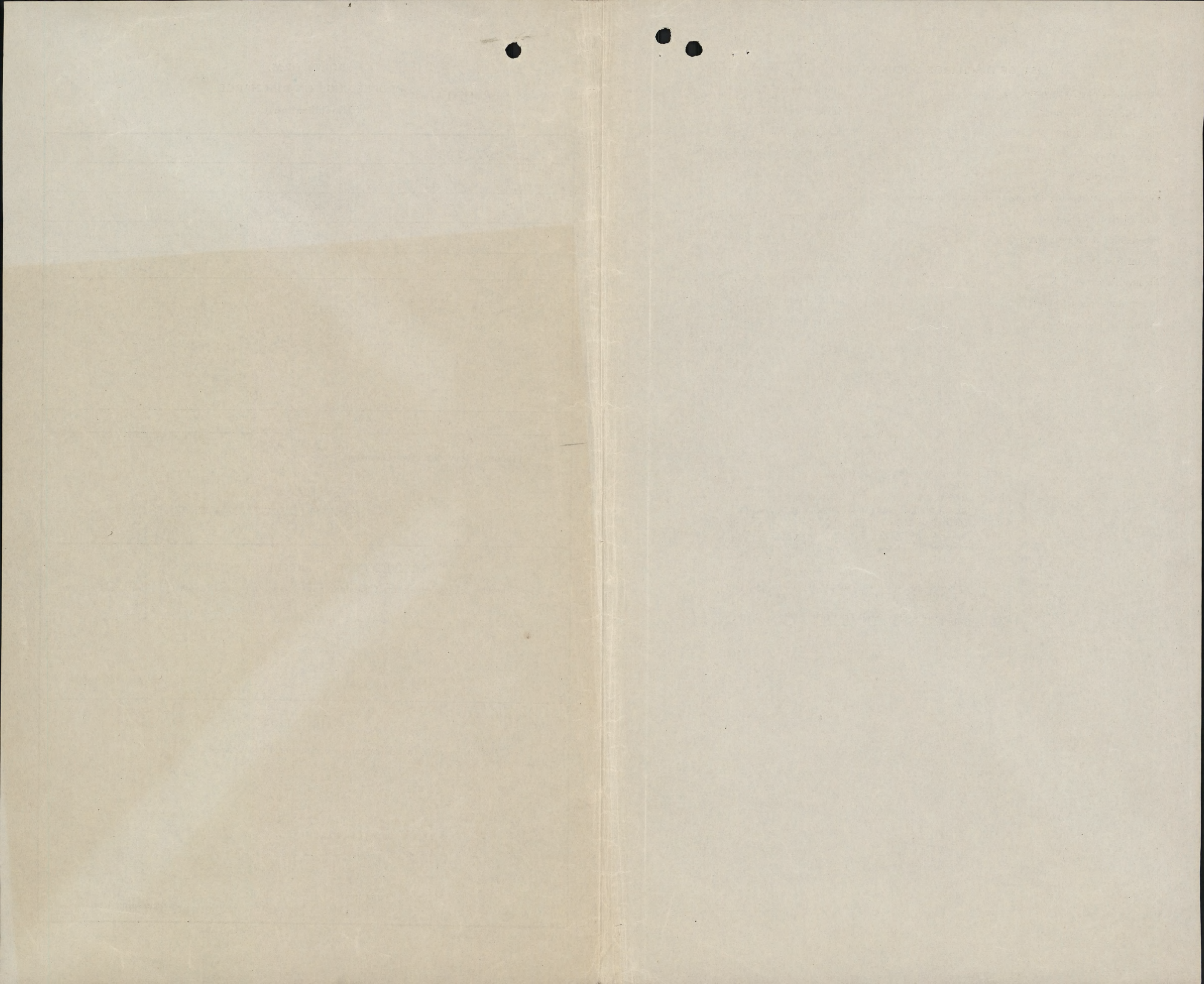
CLASS "A" No 147840

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	<u>102360</u>
2. Rank.	<u>Sapper</u>
3. Name.	<u>COURT William</u>
4. Unit.	<u>12 Batta C. E.</u>
5. Date of Discharge	<u>14.10.19</u>
Place	<u>Halifax, n.s.</u>
6. Reason for Discharge	<u>Demobilization</u>
7. Authority.	<u>R.O. 1420.</u>
8. Proposed Residence after Discharge	<u>R. M. D. No 3</u> <u>Victoria B. E.</u>
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? <u>39</u></p> <p><u>W Court</u></p> <p>Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... <u>Halifax, n.s.</u></p> <p>Date..... <u>Oct. 14th 1919</u></p> <p>Signature..... <u>Dan...</u></p> <p>LIEUT. COL. DISTRICT DEPOT. COMDG Discharging Unit.)</p>	



OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.) (Category B) (Yes or No.) (Category C) (Yes or No.) (Category D) (Yes or No.) (Category E) (Yes or No.)

I.to.C.

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.)

Yes. one month special treatment.

- (b) Does not require treatment. (c) Should pass under his own control. (d) Should not pass under his own control. (Strike out condition not applicable.)

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

Invalid to Canada.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement.

J.P. SWENEY, CAPT. President.

PLACE NO. XI. CGH. Moore Bks. Shorncliffe.

B. R. AIMQUEST, MAJOR.

Members

DATE 27th Aug. 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President

PLACE CERTIFIED TRUE COPY Members

DATE APPROVED BY APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 30 AUG 1919

DATE

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. 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. 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 initialed 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 NO. XI. CGH. Shorncliffe. 26.8.1919.

1 (a) Unit C.E.R.B. (b) Regimental No. 102350 (c) Rank Spr.

(d) Surname COURT. (e) Christian name WILLIAM.

(f) Home address R.M.D. No. 3. Victoria, BC.

(g) Next of Kin Mrs. Court. (h) Relationship Mother.

(i) Address of Next of Kin Royston P.O. Vancouver. Island island.

2. Age last birthday 21 Date of birth 24.10.1898.

3. Enlistment, or Appointment (if an Officer) (a) Place VICTORIA. (b) Date 3.9.1915.

4. Personal description:

(a) Height 5ft 8" (b) Weight 135 est. (c) Complexion fair.

(d) Colour of hair Brown. (e) Colour of eyes Brown. (f) Identification marks, Scars, etc. None

5. Former trade or occupation Poultry farmer.

Table with 2 columns: Years, Days. Row 1: 3, 358

Table with 2 columns: From, To. Rows: Canada (3.9.1915 to 1.4.1916), England (11.4.1916 to 13.8.1916), France or other theatres of War (4.5.1919 to date), (13.8.1916 to 4.5.1919)

7. Original disease, or injury V.D.G.

(a) Date of origin 3. 6. 1919 (b) Place of origin London.

(c) Cause Infection.

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.)

V.D.G. ANTERIOR URETHRITIS.

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.)

V.D.G. Anterior urethritis. Sero-purulent (gonorrhoeal) discharge containing GC. and pus.

There have been no complications.

No subjective symptoms.

(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
Special Senses...no Respiratory System...no Integumentary System...no
Disturbances of Mentality...no Digestive System...no Muscular System...no
Osseous and Joint Systems...no Any other general condition...no

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

Exposure 30.5.19. at London.

Received treatment at Witley. 2.6.19. until 15.8.19. when he was transferred to this Hospital and treated here since.

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.)

n.a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a.yes. 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? one month.

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

routine treatment for V.D.G.

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)

yes. specific treatment for V.D.G.

16. Can the former trade or occupation be resumed? No. In Hospital. (If not, briefly state why)

-no-i

17. Recommendations Invalid to Canada.

G. E. DUN CAN. 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 Spr. W. Court. 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

G.E.D.

J.P.S.

W.Court. Spr. Rank. Signature of invalid examined.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- COURT William		
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 102360		
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT		
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
						<i>Private</i>
				UNIT AND TRANSFERS		
				ORIGINAL UNIT:- <i>67th Batta</i>		
				DATE ACCOUNT FIRST OPENED:- <i>1-4-16</i>		
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D
						UNIT TRANSFERRED TO
						<i>124 Batta</i>
<i>New Pay Book #109898 issued 15/11/18</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.	AMOUNT
<i>15/4</i>	<i>80</i>	<i>12 Bn</i>	<i>49919</i>	<i>Leage Balance</i>		<i>49919</i>
<i>26/4</i>	<i>153</i>	<i>✓</i>	<i>502</i>	<i>L.P.C. Balance</i>		<i>41719</i>
<i>9/5</i>	<i>2015</i>	<i>P.Wing</i>	<i>78</i>	<i>Ledge Bal. Cr.</i>		<i>71239</i>
			<i>9688</i>	<i>L.P.C. Bal. Cr.</i>		<i>68419</i>
		<i>HSY 15/19 to 30/19</i>	<i>2890</i>			

Debit

PARTICULARS OF RENDERING NON-EFFECTIVE:-											
MONTH	PARTICULARS	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	DR 5	DR 6	DR 7	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Bal Forwd</i>										<i>49224 360-</i>
<i>Apr</i>	<i>P.P.</i>	<i>33</i>	<i>Apr 38 5/4</i>								
			<i>102 16/4</i>								<i>51721 375</i>
		<i>33</i>									<i>8 03</i>
<i>May</i>	<i>P.P.</i>	<i>34 10</i>	<i>194 5/5</i>								
			<i>244 17/5</i>								<i>54328 390</i>
		<i>34 10</i>									<i>8 03</i>
<i>June</i>		<i>33</i>	<i>92278 4.6.18 12 Bn. Co.</i>								<i>4446</i>
			<i>" 332 20.6.18 12 "</i>								<i>357</i>
		<i>33</i>									<i>8 03</i>
<i>July</i>		<i>34 10</i>	<i>" 396 2.7.18 12 "</i>								<i>4446</i>
			<i>" 494 18.7.18 12 "</i>								<i>357</i>
		<i>34 10</i>									<i>8 03</i>
<i>Aug</i>	<i>S.P.</i>	<i>34 10</i>	<i>Apr P. 560 12 B.C. 18/18</i>								<i>4446</i>
			<i>" 622 " 15/18</i>								<i>357</i>
		<i>34 10</i>									<i>8 03</i>
<i>Sept</i>	<i>S.P.</i>	<i>33</i>	<i>" 730 " 8 9/18</i>								<i>357</i>
			<i>" 803 " 17 9/18</i>								<i>357</i>
		<i>33</i>									<i>714</i>
<i>OCT</i>	<i>"</i>	<i>34 10</i>	<i>" 880 " 7 10/18</i>								<i>373</i>
			<i>" 1008 " 14 10/18</i>								<i>373</i>
		<i>34 10</i>									<i>746</i>
	<i>P.P.</i>	<i>33</i>	<i>1110 " 3 7/18</i>								<i>373</i>
			<i>63903 London 15 1/18</i>								<i>9733</i>
			<i>L-8-87 12 6-6 12 1/18</i>								<i>9733</i>
			<i>1244 " 12 11/18</i>								<i>373</i>
											<i>53787</i>
	<i>"</i>	<i>34 10</i>									
	<i>"</i>	<i>34 10</i>									<i>57197</i>
			<i>10120</i>								

COMPILED BY *WRP*

CHECKED BY *AS*

COMPILED BY *W. S. Laidler*

CHECKED BY *Jan*

20212

NUMBER 102634 RANK

360

Pte

NAME COURT W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/19 FEB	Balance								57197		
		3080		1436. 1268.	7 ¹² / ₁₈	373			6490		
	" Mar.	3410		1463 "	24 ¹² / ₁₈	560			63687		
				1535 "	7 ¹⁹ / ₁₉	373					
				1690.	7 ¹⁹ / ₁₉	746					
				1971 "	19 ¹⁹ / ₁₉	373			61262		
				1858 "	7 ¹⁹ / ₁₉	365			60897		
				1920 "	16 ³ / ₁₉	1278			59619		
		6490			14068						
Apr	"	33		7 12 CE 9/4/19	1040						
	Int def pay	4630 4343								555	
	May	3410							69913	570	
				80 12 CE 19/4/19	872				8695		
				153 " 27/4/19	523						
					73				61218		
		11340			9141				67028		
June		33		Int on def pay cancelled				4030	7550		
July		3410		3546. CCC 23/5/19	2433						
				2007 C.H. Wulley 19/6/19	487				60378		
		6710			2920	4630					
				3748 " 17/7/19	487				59891		
					487						
Aug		3410		26/4/88 18 ⁸ x1 Clk	484						
Sept		33									
	Int on def pay	5125							41239		
		11835			484						
				4342 9/9 m Bks End	973				40266		
					973						
16/10				Ad. 15/8 - 30/9/19		2820			67446		

LOP loan 10.9. 5/14510

Arquiza 19-9-19

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

M. OR S. _____ REGT. NO. 102360 RANK Pte NAME (IN FULL) Court W

ORIGINAL UNIT C.E.F. 124 Bu PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED W. S. 14-10-19 REASON Demob. AUTHORITY Do. 282 IF ENTITLED TO POST DISCHARGE PAY _____

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
		RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1				COL. NO. 2	COL. NO. 3	\$	C.		\$	C.	\$	C.
30-9-19	10		684 19			684 19																Bal Cr			
Oct-14	15	1.10	15 40	35 00	70 00	619 46	739 86						739 86			64 73		64 73	739 86	619 46		W. S. 9. & clothing			
WAR SERVICE GRATUITY, W.S.G. \$																									
	183		420			420							70 -									1st pay w. S.G.			
			6 60x			426 60							59 20		10 80			280				NO Charge 9-10-19			
													70 00					210				1765952 9-11-19			
													76 60					140				1777939 9-12-19			
													70					70				x overcharged U. D. 20/9/20 8-1-20			
													70					File				1915389 10-2-20			
			426 60			426 60							415 80		10 80		426 60					1916963 9-3-20			

Certified that all payments due on this account have been paid.
[Signature]
 CAPT.
 For Senior Officer Pay Services, M. D. 6

200M-3-19-L. 58783-1-1. & D. 9985. M. F. W. 2-96. 1772-39-1299.

