Original ORIGINAL

ATTESTATION PAPER.

No. 1087054

Folio. ~~1087055~~

252d ~~O.S. Bn C.E.F.~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Hewitt
1a. What are your Christian names? William George.
1b. What is your present address? Boskung
2. In what Town, Township or Parish, and in what Country were you born? Stanhope, Hal. Co. Canada.
3. What is the name of your next-of kin? (Father) Thomas John Hewitt.
4. What is the address of your next-of-kin? Boskung, Ontario.
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? March 7th/1896
6. What is your Trade or Calling? Farmer.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Wm George Hewitt (Signature of Recruit)

Date Dec 1st 1916. (Sergt) Arthur R. Olivier (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William George Hewitt, 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.

Wm George Hewitt (Signature of Recruit)

Date Dec 1st 1916. (Sergt) Arthur R. Olivier (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 Boskung this first day of December 1916.

W. G. Hewitt (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of William George Hewitt on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5' 11 1/2 ins.

Chest measurement.
- Girth when fully expanded 39 1/2 ins.
- Range of expansion 3 5 ins.

Complexion Fair

Eyes Blue

Hair dark brown

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

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

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

none

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 Dec 2 1916

Place Munden Ont

R Ohrest
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 Geo Hewitt 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 J Gleeson Lt Col (Signature of Officer)

Date Dec 1st 1916.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Hewitt, Wm George

Regt. No. 1087054 Rank Pte

Corps 252nd Bn.

Medical Unfit for Further Service

22930

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	1
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	2
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	3
Medical History Sheet	1
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1

A.F.B. 122 — 1

Pay C 1

Form 1050 — Music 2

2 Capcard

M.F.W. 67 — Rifle 2

2 A.V.D.

A.F.B. 237-2

Overall 21-1-45

644-21-14

2 : 15

21 : 17

33 - 17

2

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

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.

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(1) Name of Overseas Unit which Soldier joins 252nd Battalion C.E.F.

(2) Regimental Number 1087054.

(3) Full Name of Soldier HEWITT William George.

(4) Place of Birth Stanhope. Ontario.

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

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

(b) Present Postal Address -

(7) Are you a widower? -

(8) Have you any children? -

If so, give number of boys and girls -

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Thomas John Hewitt. Boskung.P.O.Ont.

(10) Is your Mother alive? No.

If so, state name and address -

(11) If your Mother is a widow -

Are you her sole support, or not?

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

-

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

-

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

-

15) Are you insured? No.

If so, in what Company? -

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

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Officer Commanding.

Date May 26th 1917. Major. Acting O.C. 252nd Battalion C.E.F.

Hewitt, W.G. 1087504 Pte. 6th Res. Bn. 163462

Will with

M.D.No.3.,

Canada.

Rec'd from P.M. 14th C.G.H. 27-9-17.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 252nd O. S. BATTALION, C. E. F.

Regimental No. 1087054 Rank Pte Name William George Hewitt

Enlisted (a) 1/12/16 Terms of Service (a) C. E. F. War ~~4 months~~ Service reckons from (a) 1/12/16

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

Extended Re-engaged Qualification (b) 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 at Halifax N.S. May 29th 1917.			
		Disembarked Liverpool England. June 10th 1917			
		Transferred to 6th Res. Bn. 10/8/17			PART II No. 136
					[illegible] Major
12-6-17	O.C. 6TH CAN. RES. BN.	TAKEN ON STRENGTH 6TH CAN. RES. BN.	Seaford	10-6-17	PART II No. 136
27-8-17	O.C. 6th Res	A.E.F. 6th Res Bn on posting to E.O.R.D.	Seaford.	24-8-17	Pt II No. 191. Geo Thos Goodfellow
25-8-17.	O.C. E.O.R.D.	T.O.S. of East. Ont. Regtl. Depot	Seaford	25-8-17	OFFICER I/c RECORDS 6th CAN. RES. BN. Pt. II No. 166
30/9/17.	O.C. E.O.R.D.	~~S.O.S. of E.O.R.D. on proceeding overseas to 3rd Labour Battn France~~ Admitted Hospital	Seaford	30/9/17.	Pt. II No. 282. E B Osborne Lt Lieut + adjt. for O.C., E.O.R.D.

(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				

Original 1087054

MEDICAL HISTORY SHEET

Surname Hewitt Christian Name Geo William Geo

Examined on 2nd day of Dec 1916 at Munden

Approved by R D Frost

Rank M.O.

Birthplace City or Town Stanhope Tp County Haliburton

Apparent age 20

Trade or occupation Farmer

Height 5 feet 11½ Inches

Weight 160 lbs.

Chest measurement Minimum 35 inches Maximum expansion 39½ inches

Physical development good

Small-pox Marks no

Vaccination Marks Arm Right Left Number 0

When Vaccinated last —

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

This man had an attack of catharal appendicitis in June & is still tender over McBurney point. Otherwise O.K.

Date	Fit or Unfit	Examined for Re-Engagement
23-8-17 Board B		MAJOR C.A.M.C. FOR LT.-COL. I/C HOSPITAL. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 1st day of Mar 1916 at Barking Cut

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		1087054		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Casthourne	24-11-17	DAH + Bronchitis	Invalided to Canada J Gillies capt PRESIDENT, STANDING MEDICAL BOARD.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Stancliff Christian Name Van George

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
CANADIAN MILITARY HOSPITAL, EASTBOURNE.		4	7	17	25	8	17	Appendicitis	53	Recovered from attack. Refuses operation. Discharged	A. Turner capt
CANADIAN MILITARY HOSPITAL, EASTBOURNE.		29	9	17	29	11	17	Bronchitis	62	Boarded 24.11.17. Invaliding to Canada. Trans. to 5 C.G.H. Kirkdale.	Jonathan capt Cure
No. 3 CANADIAN GENERAL HOSPITAL LIVERPOOL		29	NOV	1917				Do.		Complains of cough palpitation smothering sensation when lying down or walking. Poor appetite. Slight dullness left chest. Lower lobe.	J. A. Blezard
"ARAGUAYA."		29	12	17	9	1	18	Do	12	No change	Arthur Cupidane

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Q.M.H. Kingston. DATE 26 March 1918.

1. (a) Unit 252 Bn. C.E.F. (b) Regimental No. 1087054 (c) Rank Pte.

(d) Surname Hewitt (e) Christian name Wm. Geo.

2. Age last birthday 23 Date of birth 7th March 1895

3. Enlisted at Minden, Ont. on 25th Nov. 1916.

4. Personal description :—

(a) Height 5' 11½" (b) Weight 150 (stripped) (c) Complexion Fair

(d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks Scar on radial surface lower left forearm.

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

Minden, Ont.

6. Former trade or occupation Farmer.

7. (a) Service — Years 1 — Days 4 months.

	Periods From	Periods To
252 Bn. C.E.F.	25 Nov. 1916.	Date.

(b) Has he been Overseas? Yes. Never in France.

8. Present disease or disability (use authorized nomenclature if possible). Chronic bronchitis.

(a) Date of origin April 1917. (b) Place of origin Canada.

(c) Cause* Following double Lobar Pneumonia.
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Man joined the Army 25th Nov. 1916, in good health and weighed 179 lbs. Was ill in Hospital April 1917 with double Pneumonia for 9 weeks, was discharged from Hospital in Lindsay to proceed Overseas. Since that time man has spent most of his time in Hospital, and has been unable to do duty on account of shortness of breath and persistent cough, accompanied by praecordial pain. Man states that during his illness he has lost weight, and at present weighs 150 lbs. Man coughs and expectorates freely each morning but English papers state that several sputum examinations for T.B. were negative. (P.T.O.)

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

M. F. B. 227.

150M.-6-17.
1772-39-117.

10. History ;

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

Vac scar left arm.

Transverse scar radial side lower left forearm.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

60% D.D.S.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

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

Yes..... No..... Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months decreasing, then re-examination.

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

Hospital in Lindsay. Hospitals in England.

Q.M.H. Kingston, since 15th Jan. 1918.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes, but lighter work only.

20. Recommendations That man be discharged from the Service.

L. N. Armstrong Captain C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned W.G. Hewitt. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W G Hewitt

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require 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).

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

Disability due to service MC

Wm Gibson Capt AMC President.
E E D MacCallum Capt AMC
Members.

STATION Kingston.

DATE March 28/1918.

APPROVED BY

DATE APR 3 1918

M Craig Captain A.M.C.
For A.D.M.S. Mil District No 2
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

Obj. Man is below his usual weight and appetite is only fair, some days eating well, at other times not hungry. Man feels some improvement since coming to Canada, and can walk two miles or more without having to rest. When he walks fast, he begins to cough and feels his heart beating rapidly, but after a short ~~time~~ rest he can proceed. Lungs a few crepitations heard along base, and an occasional one ~~hard~~ heard throughout left chest. Expansion fair. Chest slightly flattened. Slight depression over each supraclavicular area. Heart - regular and pulse rate is 92 per minute standing. Pulmonic 2nd sound, slightly accentuated. After ascending stairs, has slight dysponea, respiration 24 per minute. Pulse 106 per minute, returning to 90 in 3 minutes. Sputum Exam. for T.B. negative. Urine - 1029 - acid. Alb-none. Sugar-none.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

PART I. 12/

Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

1087054

Regt. No. Rank Pte Surname Hewitt Christian Name William George

Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom E.O.R.D

Born at—Town BUSKONG County or Province Haliburton Ont Country Canada

Date of Birth—Day 7 Month March Year 1895 Age 22 yrs. 8 months.

Joined at Minden Ont Date Nov 25 1916

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification :—

Height—feet 5 inches 11½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*) William George Hewitt

Medical Report.

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

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

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

Disabilities Group (*a*) D. A. H

Disabilities Group (*b*) Bronchitis

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Congestion of Lung	Lindsay Ont	Apr 1917
(*ii.*) As to Group (*b*) above.	SEQUENCE of ABOVE	do	do
(*iii.*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service ? no.

(*i.*) As to Group (*a*) above ? no If yes, has Active Service aggravated it ? —

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

(*iii.*) As to Group (*c*) above ? — If yes, has Active Service aggravated it ? —

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? YES

(*ii.*) As to Group (*b*) above ? YES

(*iii.*) As to Group (*c*) above ? —

PART I. *(continued).*

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

(i.) While on duty? Yes (ii.) While off duty? —

(iii.) Was a Court of Inquiry held? — (iv.) Where? — (v.) When? —

(vi.) Opinion of the Court?

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

Patient joined the Forces Nov 25 1916 at Montreal but, health good. Developed double lobar pneumonia apr 1917, was in hospital at Lindsay ont for 7 weeks. The day following discharge from hospital proceeded overseas. Was sick during voyage and he arrived in England was sent directly to hospital (June 1917) 14 Cmly H. Spent eleven weeks in hospital. Diagnosis Bronchitis. Was discharged from Hospital but was unable to carry on, on account of D.A.H. and Bronchitis. Returned to Hospital. Sept 29/17. Diagnosis Bronchitis, with frequent night sweats. Cough persistent and aggravating.
(Third time in hospital (Eastbourne) developed appendicitis. Reports operation.) Sputum examination never revealed T.B.

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

Patient feels weak and lazy constantly. Has lost weight. Former weight 179, present 158. Has constant cough, worse at night. Chest flat, sternum retracted, dullness in both apices slightly bronchial breathing left apex, some fine rales left base, breathing rapid and shallow, somewhat abdominal in type 38-40 per minute. Heart action rapid 110 standing or slight exercise 150. slightly irregular, pulse small.
Nervous System - apprehensive. Digestive System - appetite poor. Circulatory - above. Respiratory - above.

8. OPERATION. (i.) Was one performed? no

(ii.) If so, state what. not appl.

(iii.) Was one advised and declined? not appl.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. Not appl.

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalid to Canada? yes

(d) Discharge from the Service as permanently unfit? no

Date of Report 21st Nov. 1917 Signed J. Brake Capt C.A.M.C.
Officer in medical charge of case.

Station 14 Can Gen Hosp Eastbourne

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

MAJOR, C.A.M.C. (Officer i/c Hospital / ~~Base~~ / ~~Base~~ de) Strike out one of these.
FOR LT. COL. I/C HOSPITAL.

No. 14 CANADIAN GENERAL HOSPITAL MEADS, EASTBOURNE, SUSSEX

Dated at ..... Station, on ..... 191.....

* Delete if inapplicable.

PART II.

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

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

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

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

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? no / Aggravated? no } (*b*) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? not applicable
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable

18. Remarks.

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

Classification for the Military Hospitals Commission.

Date of Board 24-11-17

Station Eastbourne

Signatures of the Board. H. Cavaccee Capt. *President.*
J. McKee Capt
E. Gillies capt

Approved 25 NOV 1917

Dated at Seaford - Sussex

A.D.M.S. T. J. Graham
Captain, C.A.M.C.
Station for A.D.M.S. Canadians, 191

APPROVED

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Not applicable

Not applicable

Not applicable

Not applicable

Dated at this day of 191

24-11-17

Signatures of the Board

President.

Forms
I. 1237
11

Admitted 4 - JUL 1917

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
2142	1087054	Pte	Hewitt	W G
Year	Unit.		Age.	Service.
4 - JUL 1917	6th Reed		22	7/12

CANADIAN MILITARY HOSPITAL, EASTBOURNE.

Section and Date

Disease Appendicitis

Occupation Farmer

Enlisted 25 Nov 1916 Munden

Arrived in Eng. June 10/1917

Took ill July 4th - 4 P.M.

arrived at Hosp. 11 P.M. June 4th -

Complaints

First felt bloated then a pain started over appendix +

He gives a history of an attack May 1st to May 24th -

" " " " " " " June 1916

" " " " " " " Jan 1916

No history indigestion or constipation -

pneumonia twice -

Present condition -

He coughs & spits up blood -

Muscles of abdomen rigid. And tenderness over the appendix - Also distention - Bowels have not moved for about 48 hrs

Blood count ordered at once

A Turner

July 18 Very good condition - Should be operated upon after quarantine A Turner

Patient Medical Kit Shown for Hewitt Booking P.O. E.L.

2142

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station and Date.	
Aug 1st	Trok Bronchitis A Turner
Aug 9.	Bronchitis better but still coughs A Turner capt
Aug 20	Short Board A Turner

Forms
I. 1237
11

ADMITTED 29 SEP 1917

5 CAN. GEN. M. H.
LIVERPOOL

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
3201	1087054	Pte	Hewitt	W. G.
Year	Unit.		Age.	Service.
29 SEP 1917	C. O. R. D.		22	12/12

Station and Date. CANADIAN MILITARY HOSPITAL EASTBOURNE.

Disease Bronchitis

Family History
Mother & 2 aunts died from tuberculosis. Father is still alive

Condition on Admission
Patient complains that he is losing weight sweats profusely at night
He had pneumonia last ~~January~~ April & has had a cough ever since. was in hospital on August 22 for appendicitis but refused operation. Ht
Heart sounds normal, cardiac dulness normal
Respy System
There is prolongation of expiratory sounds, (in fact the breathing is bronchial in character) over upper 2-3 lobs both sides. There are numerous rales throughout the lungs. The chest expansion does not appear to be good. Sputum has been examined for Tubercle Bacilli. R. D. Henderson Capt RAMC
Other Systems normal. Pulse is 88 Resp 18 R. D. Henderson

Oct 14.17 Patients sputum was examined for T.B. bacilli found negative R. D. Henderson Capt

Oct 8.17 Patient improving R. D. Henderson Capt

Oct 15 17 " improving R. D. Henderson Capt

Oct 16 17 Patient had another injection treatment done under local anaesthesia R. D. Henderson Capt

Patient to be discharged

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station and Date.	
Oct 23	For quinsy. Rot Sterdum capt
Oct 28	Patient complains of palpitation and cough. Rot Sterdum capt
Oct 29	Cough improving. Rot Sterdum capt
Nov 3rd	Cough better. Rot Sterdum capt
Nov 13	Cough improving. Rot Sterdum capt
Nov 15/17	Chest flat. Sulnar ~~[illegible]~~ clavicle & both axillæ (slight). Bronchial breathing left apex. Some fine rales left base. Breathing rapid 38 per minute, and somewhat abdominal in type. Heart – Tachycardia 110 standing, slight pressure 150. slightly irregular. Pulse small. J B Baker
29/11/17 No 5. C.G.H.	Complains of cough palpitation smothering sensation when lying down or walking. Appetite poor. Slight dullness left chest lower lobe. Heart rate rapid. Capt C.A. Mc J A B Gyall

CASE HISTORY SHEET.

No. 1087054 Rank Pte. Name W.G. Hewitt Age 23

Unit 252 Bn. C.E.F. Completed yrs. of Service

Date of admission Jan 18 - Date of discharge Apl 16

Diagnosis. Chronic Bronchitis. Place of origin Canada.

Condition on admission and progress of case.

Man is below usual weight and appetitie is only fair, some days eating well, at other times not hungry. Man feels some improvement since coming to Canada, and can walk two miles or more without having to rest. When he walks fast he begins to cough and feels his heart beating rapidly, but after a short time rest, he can proceed. Lungs - a few crepitations heard along base and an occasional one heard throughout left chest. Expansion fair. Chest slightly flattened. Slight depression over each supraclavicular area. Heart regular, and pulse rate is 92 per minute standing. Pulmonic 2nd sound, slightly accentuated. After ascending stairs has slight dysponea, respiration 24 per minute. Pulse - 106 per minute, returning to 90 in 3 minutes. Sputum exam. for T.B. negative Urine - 1029 - acid. Alb-none. Sugar-none.

Family History. Negative -

Treatment; Pectoral mixture - Tonics

Condition on discharge.

Discharged from H. R. S. Apl. 26th/18.

L.N. Armstrong. Capt.A.M.C.

M.O. i/c of case.

2.M. 12/ A.38756.

CONFIDENTIAL INFORMATION

Report No. 14925 "C"

Category D or E D

Hewitt, William G.
Bashing, P.O.,
Haliburton Co. Ont.

No. of M. H. C. File	No. of Local File	No. of H. Q. File

No. 108705 4 Rank Private Original Unit 252 Present Unit S.O.R.I

Age 22 Height 5 ft. 11½ ins. Complexion No records Eyes Hair Character

Date of enlistment 1-12-16 Where enlisted Bosking, Ont Where seen service England.

Ship returned by HSH2. Date of arrival Jan. 10/18 Port of arrival Halifax, N. S.

Birthplace Canada Religion C of E.

Name and address next of kin (father) J. Hewitt, same address.

Notification of return to be sent to

Cause of disability Eng. Board d/ 24-11-17. DAH & Bronchitis.

Condition in detail which prevents the soldier from earning a full livelihood

Subjective,- Complains of Praecardial pains, dizziness and weakness on slight exertion.

Objective,- Pulse at rest 140 on exertion 160. Pulse thin but regular no heart murmers. Bronchitis dating back to last spring following Pneumonia coughs constantly especially at night. Expectoration in morning. Suffers from Dysponea. Breathing shallow, rapid about 50 per minute. Chest flat, sternum retraced. Breath sounds harsh and bronchial in type, no rales at present. Lost 25 lbs weight in year. Trifle neurasthenic. Appetite not good.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 20%

Probable duration of incapacity 6 mos.

Does it render him permanently unfit for Military Service? yes

Would operation, Special treatment, or use of appliances etc., lessen incapacity? Hos. Treatment.

Destination to which transportation issued Kingston.

Members of Board B. Vrooman, J.F.Ryan, M. F. Coglan, Capts. C.A.M.C.

Kingston 15-1-18

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Farming

Regular trade or profession Farming

Average earnings previous to enlistment Variable Any other income?

Name and address of last employer Father's Farm

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference after improvement

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References not necessary.

Witness J.McDonnell, I declare that the above statement is correct.

Date Quebec 12-1-18. Signature W. G. Hewitt, Pte.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5a.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

CONFIDENTIAL INFORMATION

Report No. _____ | Category D or E. _____ | No. of M. R. C. File | No. of Local File | No. of M. C. File

No. _____ Rank _____ Original Unit _____ Present Unit _____

Age _____ Height _____ Complexion _____ Eyes _____ Hair _____ Character _____

Date of enlistment _____ Where enlisted _____ Where seen service _____

Ship returned by _____ Date of arrival _____ Port of arrival _____

Birthplace _____ Religion _____

Name and address next of kin _____

Notification of return to be sent to _____

Cause of disability _____

Condition in detail which prevents the soldier from earning a full livelihood _____

Degree of incapacity (Please state in fractions) Ent. Board _____ Canadian Board _____

Probable duration of incapacity _____

Does it render him permanently unfit for Military Service? _____

Would operation, Special treatment, or use of appliances etc., lessen incapacity? _____

Destination to which transportation issued _____

Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment _____

Regular trade or profession _____

Average earnings previous to enlistment _____ Any other income? _____

Name and address of last employer _____

Rent per month _____ If purchasing property amount due and annual payment, $ _____

Taxes _____ If Homestead, when is patent due? _____

If carrying life or accident insurance, annual premium _____

If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. $ _____

If unable to follow previous occupation, name preference _____

At what age soldier left school? _____ What grade, standard, &c., was he in? _____

Has he taken any Technical or Continuation Classes, if so where? _____

Whether given Vocational Training while in Hospital in England. If so, what subjects? _____

References _____

Witness _____ I declare that the above statement is correct _____

Date _____ Signature _____

Recommendation by Interviewer as to classes likely to be of use, and general remarks: _____

Last Pay Cert. Cr. $ _____ Dr. $ _____ Amount paid at Depot H. Q. $ _____ L. P. C. leaving Depot $ _____

Amount forwarded to H. Q. Unit $ _____ Credit Clothing allowance, $ _____

Transf'd to _____ Unit—Date _____ Transf'd Class 1—Date _____ Transf'd Class 3—Date _____

PENSION—Class _____ Amount per year $ _____ Period granted for _____ Dating from _____

First payment date _____

Form No. 5a.

19-11-45

This space to be for numbers

Proceedings on Discharge.

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

No. 1084054

Rank Pte.

Surname Hewitt

Christian Name W.G.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 152nd Batt.

Date of Discharge Apr. 16/18

Place of Discharge Kingston Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years months.

Height 5 feet 11 inches.

Complexion Fair.

Eyes Blue.

Hair Fair.

Trade Farmer.

Intended place of residence (To be given as fully as practicable.) Bolsing P.O. Ont.

Descriptive Marks

Scar on left wrist and first finger same hand.

2. The above-named man is discharged in consequence of medically unfit. for further service.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

3. Conduct and character while in the service have been, according to the records, etc.

— Very Good —

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston ..... CAPT. & ADJT.

"C" Unit, M. H. C. C.

(Date) 16-4-18 ..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston Ont. W G Hewitt ..... (*Signature of Soldier.*)

(Date) April 8/18 H G Suffin ..... (*Signature of Witness.*)

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)..1..years..35..days.

Total 1 years 35 days.

11. **Confirmation of Discharge.**

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

(Place) Kingston .....

(Signature) ..... CAPT. & ADJT.

(Date) 16-4-18 .....

"C" Unit, M. H. C. C.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Paid up to date March 31st/18.

W G Hewitt

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form	B. 313
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

QUADRUPLICATE

LAST PAY CERTIFICATE

CASUALTIES C.E.F.

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

Regimental No. 1087054 Rank Pte. Name Hewitt, W. G.

Corps 252 nd Bn. who was* discharged

On April 16th 191..., to Cause 3 Medically unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1 191 8, to April 16th 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 16 days at $ 1 c	16	
Advances by Cheques No.			Field Allow. 16 days at $ c 10	1	60
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 575	25	60	Other Credits* Clothing	8	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	25	60	Total	25	60

*Give particulars.

POST DISCHARGE PAY MILITARY DISTRICT No. 3

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of ... 191... and Sep'n Allce. for month of ... 191... (to) Assignee ...

(Address) ...

(†) 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

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

REMARKS:—

State (1) date of enlistment December 1, 1916

(2) if married and if a Separation Allowance Card has been submitted No3 M.D. 3 - H - 282

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

(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 April 13, 1918

Place Kingston, Ontario

W Peters Capt.
Paymaster, "C" Unit M. H. C. C.
Paymaster.

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.

Check No. 575 attached

M. F. W. 44.

100M.—1-18.
H. Q. 1772-39-903.

Fmr

Number 1087054 Rank Pte

Surname HEWITT

Christian Name William George

Units E.O.R. Theatre of War England

Date of Service 9-6-17

Remarks

Latest Address ~~Thunder~~ C 35-999
Ont. Fraserville
Renfrew Co.

Roll No. 25/3

.-2-1. .

449-H-16884

CARD NO. 4

305 D 16/4/18 3 PC-2168 H
18/4/18 Admitted. Sick

FOLL.

SURNAME. Hewitt

CHRISTIAN NAMES William George

REGL. No. 1087054 RANK Pte

UNIT 252nd

FORMER CORPS Nil

Bn

NEXT OF KIN.

NAMES IN FULL Hewitt, Thomas John

RELATIONSHIP TO SOLDIER Father

ADDRESS Boskung, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Stanhope, Ont. DATE Mar 7th 1896

PLACE OF ATTESTATION Boskung, Ont. DATE Dec 1st 1916

R.C. 10.1.18

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

FROM HALIFAX PER

S.S. OLYMPIC 2-6-17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS MONTHS

HEIGHT 5 FEET 11 1/2 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Fair EYES Blue HAIR Dark Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Minden, Ont. DATE Dec 2nd 1916

Present Address. Bockung. Ont.

REGT'L No. 1087054

H. Q. FILE No. 649.

NAME Hewitt H. G.

RANK AND CORPS Pte 6th Can Res Bn

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

Returned to Canada per H.M.H.S. Aragnay arrived Halifax 9-1-18. D.A.H. & Bronchitis.

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
92	Can Mil Eastbourne	5-7-17	Appendicitis
123	" " "	24-8-17	Disc "
C 79	#5 Can Gen. Kirkdale	30-11-17	Bronchitis
C101	Invalided to Canada	29-12-17	Bronchitis

FORM R. 149.
7106—250m—7/2/17.

Name Hewitt William George Rank P/6 Reg. No 1087054

Unit 6th Co

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5.7.17	Can Militia	Eastbourne	Appendicitis	92		
24-8	Discharged		"	128		
30-9-17	C.M.H. Eastbourne		Bronchitis	C26		2972
30-11	5 C. G.H. L'pool.		"	C79		2933
28-12	Invalided to	Canada	Do	C107		2942

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

Form D.M.S. 1313.
7065 20m 6/2/17.

ADMITTING CARD.

CASUALTY U.K.

Regt. No. 108/054 A. & D. No. 3201

Rank Pte

Name Hewitt. W.G. OPERATION 16/10/17

Corps 20 R.D.

Religion C of E. Age 22

M. H. Rec'd M. H. Requested M. H. Ret'd

Disease Bronchitis

Admitted 29/9/17 Pt

Boarded for Invaliding 24-11-17

Discharged

Place in Hospital 1/10 5th C.G.H. Kirkdale 29/11/17.

Transferred

Results

13/12

P.T.O.

REMARKS: Temp Mbd from EORD 29/9/17

MEDICAL HISTORY SHEET

Requested From	Date	Reply	Date
1			
2			
3			
4			

Orig. Dup. Recd. from EORD 29/9/1917

Orig. Dup. Sent to 5 LGH Kirkdale 20/11/1917

Recd. from Regr. this Orig. Dup. / /19

Ward

FORM D.M.S. 1313.
7065 20m 6/2/17.

ek

ADMITTING CARD.

Regt. No. 1087054 A. & D. No. 2142

Rank Pte

Name Nesquitt W. G.

Corps 6th Res Bn

Religion C of E Age 22

M. H. Rec'd M. H. Requested M. H. Ret'd

Disease Appendicitis

Admitted 4 JUL 1917 Am

Discharged 24 AUG 1917 Bt C. ORD

Place in Hospital 26

Transferred

Results

7/12

No

REMARKS: Dept. M. H. S. Recd from 6th Res Bn 11/7/17

MEDICAL HISTORY SHEET.

	Requested From	Date	Reply	Date
1	6th Res Bn	6/7/17	forwarding Orig M.H.S.	10/7/17
2				
3				
4				

Orig. M.H.S. Recd. from 6th Res Bn 11/7/1917

Orig. Dup. Sent to HR 24/8/1917

Recd. from Regr. this Orig. Dup. / /19

Ward

2.4 AUG 1917.

Orig Dup Sent to R.A. Army

A.38756

REG. No. 1087054 NAME (SURNAME FIRST) Hewitt W.G.

RANK Pte CORPS 252 Bn. 21

AGE 23 SERVICE — C 8/12 E 8/12

NAME OF HOSPITAL Queens Military PLACE Kingston

DATE OF ADMISSION 15-1-18

DISEASE Chronic Bronchitis + Tachycardia

DISCHARGE

OPERATION

DISCHARGED ~~TO DUTY~~ From H.M.S.

TRANSFERRED TO April 26-18

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

Form DMS 1402.
8289 100M 9/3/17.

CANADIAN MILITARY HOSPITAL, LIVERPOOL.

DOCUMENT CARD

L

HOSPITAL.

A. & D. No. 1589 AT

ADMITTED 29 NOV 1917 DISCHARGED INV. TO CANADA 29 DEC 1917 WARD NO. 8

REGTL. No. 1087054 RANK Pte NAME Hewitt W G

UNIT E & D bRes TRANSF'D FROM 14 Gen E'Bourne

DIAGNOSIS Bronchitis DIAGNOSIS CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT
		29.11.17.	O.D.	4/12/17	H.R.

M.H.S. IN HOSPITAL.

SENT TO M.O. i/c _____ FLOOR _____ WARD 8 ON 30.11.17 191

RECEIVED FROM M.O. COMPLETE _____ 191

(P.T.O.)

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

J.C.S.

M.C.S.

Lab Rat.

Form DMS 1401.
8289 100M 9/3/17.

CANADIAN MILITARY HOSPITAL, LIVERPOOL. HOSPITAL.

A. & D. CARD

L

AT

A. & D. No. T589. PL. OF ACTION

RANK Pte. 1087054 UNIT E.O.R.D. 6 Res SICK OR WOUNDED

NAME Hewitt W.G. AGE 22. RELIGION C.E.

PLACE IN HOSPITAL S.

DIAGNOSIS Bronchitis

ADMITTED 29 NOV 1917 FROM 14 GGH E'bourne.

DISCHARGED 29 DEC 1917 TO INV. TO CANADA.

TRANSFERRED

SERVICE AT HOME 1 yr. IN FIELD –

RESULTS

(See Document Card for M.H. Sheet and other Documents.)
(P.T.O.)

Sept/1917.

No F.

REMARKS.

No 108705 H RANK Pte NAME Hewitt, W J.

T. O. S. 1-12-16 UNIT 252nd Battalion.
Dl 20 of 3-12-16

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916			
Dec 1	Dec 31	✓		
1917.	1917.			
Jan 1	Jan 31	✓		
~~Feb.~~		✓		
mar		✓		
apl		✓		
may		✓		

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Hewitt	W.G.	1087054

Rank	Unit	Co.	Troop	Batty.
Pte	6th Res Bn (E. Ont.)			

Hospital: Eastbourne Mil — Date of Admission: 5-7-17

Transferred: Eastbourne Mil. — Hosp. 30-9-17

5 Gen Gen Kirkdale — Hosp. 30.11.17

Hosp.

Hosp.

Diagnosis: Appendicitis RW

(1) Later Diagnosis (if changed): Bronchitis AW

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

C.L. 12-7-17 92 — Dis. 24-8-17 — Inv. to Canada. 29.12.17

REMARKS

29-8-17. 123.

4-10-17 C.26

5.12.17 C.79

5-1.18 C.101.

Dis. to Canada per HS. ARAGUAYA from Liverpool 29-12-17.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

8059-W-4.

Name Hewitt, W.G.
Surname Christian Name

Regimental Number 1087054 Rank Pte.

Address (in full) Boskung P.O.
Ont.

Unit E. O. R. D.

Original Unit

District where paid M.D.3.

Date of Discharge 16-4-18.

P. D. P. Filing Number 4-105-3.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	2064	16-4-18	33 00	2009	16-5-18	33 00	1840	15-6-18	33 30	80	99 30

Remarks: Overpaid 1 days subsistence in March.

M. F. W. 127.
60M—6 17.
1772-39-1140.

File No. 85-5-9-W-32.

WAR SERVICE GRATUITY.

Register No. H-1811.

Reg. No. 108705 F. Pte.

Name Hewitt, William George.

Address Kendal Co. Pol. Co. Ont.

Dec'n No. ... W. S. G. File No. ...
Award ... days at $ ... per day $ ...
... months at $ 70 per mo. $ ...
Less P. D. P. Credited $ ...
$ ...
Less further debit balance $ ...
Net due paid Cash now
TO ... DEPENDENT
Pay Soldier $ 179 90 Pay Dependent $

Raymond Haydon

Clerk Cunneyworth

16-10-19

Dependent

Address

RW104
12 1/20

Days 122 Rate 70 00 Due 280.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 179.90

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 16/19	36820		179.90		1			
2 2 1/20	50071	546956	179.90	5 1/20	2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
Date

2 1/20

Form R 122.
2353—100M—9-1 -16

C.R. Rank Name HEWITT. William George. Reg'l No. 1087054.

Unit 252nd Bn. to East. Ont. Regt. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Boskung. Dec. 1st, 1916. Place of Birth Stanhope, Canada.

Name and Address, Next-of-Kin Thomas John Hewitt. Boskung, Ont., Canada Relationship Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place C1300 Reason Character

N/. R B. No. 6049
File R.L.
Category M.U. Can.

H. W. & V., Ld.—9546-16.

Report. Date.	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.
		ARRIVED IN ENGLAND 9 6 17 S/S OLYMPIC.			
12.6.17	6th Res. Bn.	Taken on Strength	Seaford	10.6.17	Pt. II D.O. 136.
12/7/17	"	Adm. Mil. Hosp.	Eastbourne.	5/7/17	C.L. 92. Appendicitis.
25/8/17	R.O.R.D.	T.O.S. from 6th Res on being dis. Hosp.	Seaford.	24/8/17.	Pt. II. D/o. 166 + 6th Res 201/24/8/17.
29/8/17.	6th Res. Bn.	Dis. Mil. Hosp.	Eastbourne.	24/8/17	C.L. 123. Appendicitis.
3/10/17.	R.O.R.	Adm. " "	"	30/9/17.	— C. 26. Bronchitis.
14/12/17.	"	Trans to:- No. 5. Can. Gen. Hosp.	Kirkdale.	30/11/17.	— 79. "
C. 5/1/18.	"	Pt. " " " " + Invalided to Canada.	"	29/12/17.	— 101. "
12/1/18.	R.O.R.D.	T.O.S. on being invalided to Canada.	Seaford.	29/12/17.	Pt. II D/o. 12.
	DDO Depot.	For further treatment	MD No 3 Kingston	9/1/18	MR 425.

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.				

L. L. 28912. M. & D. 8363.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs Thos Redmor

Address Maple Lake P.O. Ont.

By Whom Assigned Hewett W G.

Regtl. No. 1087054

Rank pte

Corps 6 Res Bn.

Rate $ 14.60

SPECIAL REMITTANCE

Sched 462 20.11.17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		947799	14 60	
Jan.	1916			
Feb.				
March				

P. 55

Married or Single: Single.

Place of Birth: Buskong. Ont. Canada.

Name and Address of Next of Kin: T. G. Hewitt. Buskong. Ont. Canada.

Relationship of Next of Kin: Father.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Regl No. 1087054. Rank: Pte. Name: Hewitt. William. George.

If in Permt. Corps What Unit: Unit 252nd Bn. Transferred to: 6th Res. Date: 1/6-17. Authority: B.O. 136.

Permanent Force Allowances — Transferred to: — Date: — Authority:

Place of Attestation: Lindsay. Ont. Canada. Transferred to: — Date: — Authority:

Date of Attestation: 1-12-16. Transferred to: — Date: — Authority:

Assigned Pay Monthly $: Nil. Date Effective:

Payable to: — Relationship: 30 SEP 1918

Assigned Pay Monthly $: Date Effective:

Payable to: — Relationship:

Stop-Payment Form (Assigned Pay) Rendered (Date): — Effective: — Reason:

Discharge Date and Place: Canada 3-12-17. Reason and Authority: Eastbourne, 9 a/39 27/11/17. Invalided

Account Transferred to Non-Effective Branch (Date):

Account Transferred to Officers' Pay Branch (Date): C.J.

Date	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
June 1														32 10	32 10																32 10		15		Balance from Canada
July 31	61	1.10/70	67 10												67 10																99 20		30		
Aug 1-31	31	"	34 10												34 10	512 17 6								4 87						4 87	128 43		45		
Sept 1-30	30	"	33 00												33 00	413 30 6								4 87		2 43				9 74	151 69		60		10 Stat Hol. 16.75 16.07 18.23 24/7
			134 20											32 10	166 30									9 74		4 87				14 61					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Sep. 30	Balance	~~151 69~~							151 69	60	
Oct	31 1st	34 10									
				AR 2149 20/8/17 #10 Can Stat Hol.	2 44						
				AR 147 29/8/17 —	14 60						
				AR 177 15/9/17 Corp'l	14 60				154 15	75	
		34 10			31 64						
Nov.	30 P.P.	33							187 15	90	
Dec	31 Sep. P.P.	3 30							190 45	91 50	
	Deferred Pay Int. 31.10.17	93							191 38		
		37 23									

A.M. Form Rec'd ✓ Effec. ✓
Discharged to Canada Date 3.12.17
Paybook Verified Extract from
Ct. 66.21 Date 3.12.17
Authy. E'bourne 9 a/39 27.11.17
Invalided
Checked Eastbourne
L.P.C.

Ex 3 Nov 14/1/17

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT $ c.	No. OF DAYS	RATE	AMOUNT $ c.	No. OF DAYS	RATE	AMOUNT $ c.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT			
MONTH	PARTICULARS			CR. 1	CR. 2		PARTICULARS				DR. 1	DR. 2	DR. 3	DEFER. PAY	DR. 4	SER. RED. ALLCE. ENG.	BALANCE															
				37	23																											
							R 7851.			20/11/17	14	60																				
							CR 2791.	14 Lyn Hosp.		27/10/17.	2	43																				
							BN. CR 2045.	10 Ad Hosp		13/11.	2	44																				
							CR 2958.	14 C&H.		26/11/17.	2	43																				
							" 2959	"		26/11/17.	48	67																				
							" 2675.	10 Dear H.		15/10/17.	2	43					11838															
				37	23						73	00																				
Jany/18							CR. 8962	22/10/11	5 C&H.		2	43					11595															
							Dr				2	43																				
Mar							CR 195.	30/9/17.	E&ORs		9	73					10622															
											9	73																				
May							CR P1273	7/12/17	5694	Ewd	48	67					5755															
											48	67																				
June							Sulden.				55	11																				
							Dr/CR 2894	15/11/17	14694		2	43					01															
											57	54																				
July							Supp D.R.					01					Nil															
												01																				