

"H Q"

ORIGINAL

ATTESTATION PAPER.

No. 730587

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Laschinger*
- 1a. What are your Christian names?..... *Wilfrid Cecil*
- 1b. What is your present address?..... *New Hamburg. Ont. Can.*
2. In what Town, Township or Parish, and in what Country were you born?..... *New Hamburg. Ont. Can.*
3. What is the name of your next-of kin?..... *Mrs. Elizabeth Laschinger*
4. What is the address of your next-of-kin?..... *New Hamburg. Ont. Can.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *March 17th 1897*
6. What is your Trade or Calling?..... *Student*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *No.*
10. Have you ever served in any Military Force?..... *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wilfrid Cecil Laschinger*, 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.

Wilfrid C Laschinger

(Signature of Recruit)

Date *March 6th* 1916. *W. C. Adams* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wilfrid Cecil Laschinger*, 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.

Wilfrid C Laschinger

(Signature of Recruit)

Date *March 6th* 1916. *W. C. Adams* (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 *Galt. Ont.* this *6th* day of *March* 1916.

James Clarke

(Signature of Justice)

Lieut. Colonel,

O.C. 11th (South Waterloo) O.S. Battalion, C. E. F.

Description of Laschinger, Wilfred Cecil on Enlistment.

Apparent Age 19 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 ins.

Chest measurement. { Girth when fully expanded 36 ins.
Range of expansion 2 3/4 ins.

Complexion Reddy

Eyes Brown

Hair Black

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

Hair lip

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 6th 1916.

Place Galt

W. J. Dahlen
Recruit
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.

Wilfred Cecil Laschinger having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date March 8th 1916 W. J. Dahlen (Signature of Officer)
Lieut.-Colonel,
C. E. F.

C. E. F. 11th (South Waterloo) O. S. Battalion, C. E. F.

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

LASCHINGER WILFRED CECIL

730587

111 BN

10811

MED. UNFIT.

PERSONNEL
RECORDS CENTRE

CENTRE DES
DOCUMENTS DU PERSONNEL



5418

STANDARD DOCUMENTS

1917-1918

730587
I.D. number
No. d'identification

LASCHINGER
Surname
Nom de famille

Wilfred Cecil
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box: 5418

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



REGT'L. No. 730 587

NAME

Laschinger Wilfrid Cecil

H. Q. FILE No. 649

RANK AND CORPS

Rte 4th Bn. (Norm 111th Bn)

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

C

M 4622

16-5-17.

Adm. to No 13 Gen. Hosp. Boulogne
May 10th 1917. (Wounds multiple.) V

M 5534

wsm.
14-6-171st. South General Hospital
progressing satisfactorily.
Sailed from Liverpool per H.M.H.S.
Glenart. Castle Nov. 15th 1917. "Amp.
L. thigh" (M.D. # 2.) (1st. C.O.)

8 MS 2

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 651	No. 18. Gen. Dames Camille	10-5-17.	G.S.W. Multi. Sev.
B349-4	1st Southern Gen. Edgbaston, Birmingham	16-5-17	SSW Leg, Arm Amp Leg sev
B376	Grand Can. Sp. Ramsgate	27-6-17	SSW L. arm, amp L. Leg
B.3-4	Lord Derby War. Warrington	31-8-17	SSW L. Arm. 1st C. Ont. Reg
B23-2.	Lord Derby War. Warrington	29-9-17	SSW Amp. L. Thigh
B.77-4	Ex-# 5. Can. Gen. Hosp. (Kirkdale) invalided to Canada	15-11-17.	SSW Amp. L. Thigh
342-5	M. H. C. C. Toronto	4-12-17	Adm H. Toronto.
342-9.	M. H. C. C. Toronto	4-12-17	D.P. with Subs. H. Toronto.
359	" " " "	13/12/17	to Inpts. H. Toronto
361	" " " "	23/12/17	" Outpts. " "
			(E. Subts.)

No. 730587 RANK *Plt.*

NAME *Laschinger W. C.*
Wilfred Cecil

T. O. S. 6-3-16,
20,5594-3-16.

UNIT *111th Battalion*

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar 6</i>	<i>1916,</i> <i>Mar 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		

UNIT SAILED
SEP 25 1916



Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
10-5	No 13 Gen H's	Boulogne	GSW.Mult.Sev	A651	M4622	16-5
16-5	1st S. G Hosp	Birmingham	do	B349		
27-6-17	Granville Hosp.	Ramsgate. SW	L. Arm.	L. Leg	Amp.	B376.
31-8	Lord Desbry W.	do. Warrington	do.	B. 3. 5-9-14		1491
24-9	Gen. Mil. Hosp.	Kirkdale	GSW. Amp.	L. High	B323	2441
15-11	Invalided to	Canada		B317		1781

[illegible]

1859-30m-27/11/16.

Granville Can. Spl. Hospital,

Ramsgate. HOSPITAL.

A. & D. No. 16793 Ward 4th Bn.Unit 4th Bn. Sick or Wounded.Regtl. No. 730587 Pl. of Act'nRank Pte. Name Laschinger W.Age 20 Religion Meth.Service Compl'd 15/12 Time with Field Force 6/12Diagnosis S. W. St. arm leg. amp.Admitted 26 JUN 1917 Discharged 6/12Transferred 2nd War Hosp Warrington

RECORD FURTHER REMARKS ON BACK.

1000

AD

B

Number. 730587 Rank. Ple-
Surname. LASCHINGER V
Christian Name. Wilfred Cecil
Unit. 4th Bu Can Inf Theatre of war. France
Date of Service. 14-11-16
Remarks. Mother Mrs Elizabeth Lashinger
Latest Address. New Hamburg, Ont 29¹/₂

Roll No. B. Page 4633

DESP. JAN 30 1924

REGN. NO.

1311

LASCHINGER, W.C. (Pte) #730587, 4th Bn.

649-L-7202.

MEDALS & DECORATIONS. (Mother) Mrs. Elizabeth Laschinger,
New Hamburg,
Ont.

PLAQUES & SCROLLS.

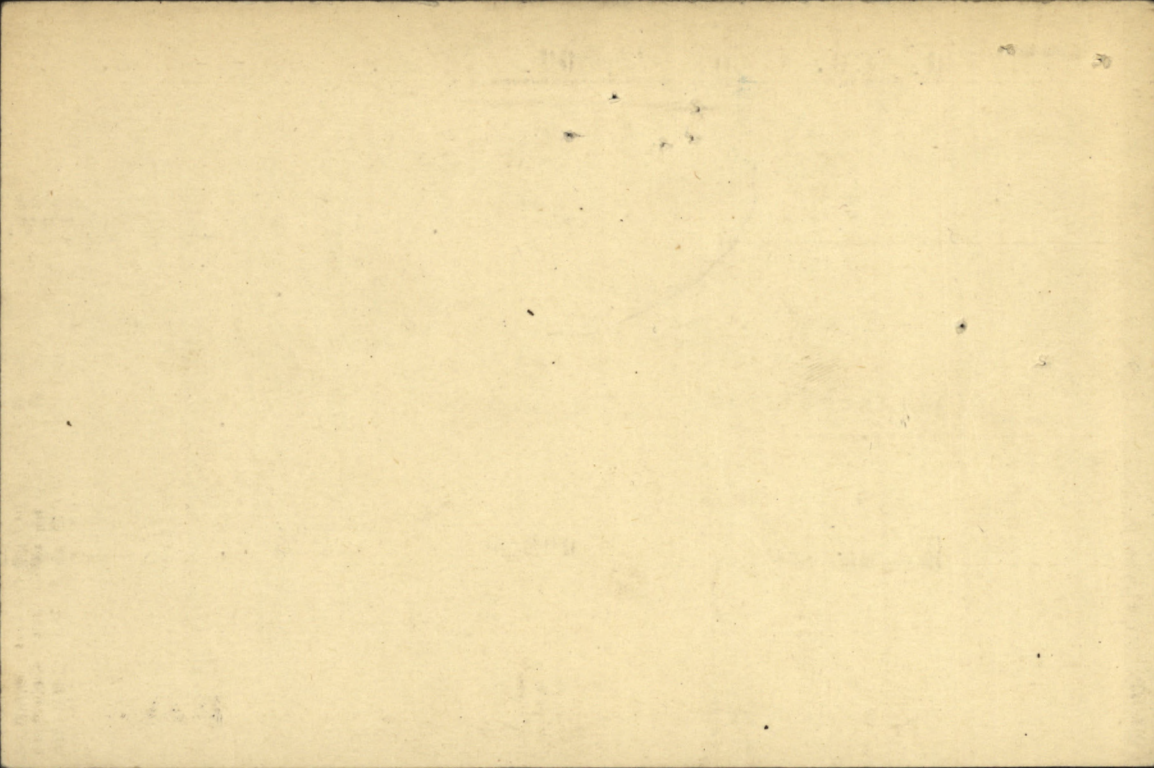
Death not due to service.

MEMORIAL CROSS.

Death not due to service.

*Not eligible for star.
Elig. " V.M.
Elig. " R.W.M.*

57630



Surname **Laschinger.** Christian Name or Names **W. C.** Reg. No. **730587.**

Rank **Pte.** Unit **4th. Bn. 1 C. Ent.** Co. Troop Batty.

Hospital **13. Gen. Boulogne.** Date of Admission **10-5-17.**

Transferred **1st S. G. H. Birmingham** Hosp. **16.5.17**

Granville Spec Ramsgate Hosp. **27.6.17.**

Lord Derby. Warrington Hosp. **31.8.17.**

San Mil Kirkdale - Hosp. **27.9.17.**

Diagnosis **GSW mult. s. v. 14p**

(1) Later Diagnosis (if changed)

(2)

(3)

S. S. W. Leg. Arm. Amp. Leg. "R"

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

C.L. 17-5-17. A.651. **Invalided to Canada**
 " 24.5.17 B.349. **15.11.17.**
 3.7.17 B376.
 6.9.17 B344
 - 29.9.17 B23.(2)
 1.18.17 B77-4.

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name. LASCHINGER W. Rank. Pte. Regt. No. 730587 Unit. D
 Battn. 4th Camp or O. S. 0 File M. H. C. C. H. Q. File.
 Next of kin. Mrs. Elizabeth Laschinger, New Hamburg, Ont.
 Discharged to Class. D. of D. 75% DDS 75% Conduct. Good.
 Pension awarded. 390.00 Permanent. Date of first payment. 13-3-18
 Address on discharge. New Hamburg, Ont.
 Diagnosis. G.S.W. Left leg. G.S.W. Left arm. Date boarded. 28-11-17

DATE	CLASS	REMARKS	Part 2 Order
3-12-17	2	N. Toronto Outpatient	#342
13-12-17	2	N. Toronto.	#352
23-12-17	2	N. Toronto Outpatient	#361
3-1-18	2	N. Toronto	#7
12-3-18		DISCHARGED.	#72.

[illegible]

CANADIAN CONTINGENT EXPEDITIONARY FORCE
COMMAND "D" UNIT

LAST PAY CERTIFICATE

WMV.

M. D. 2
No. 7

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 157/54, C.E.F., 1916).

Regimental No. 730587. Rank Pte. Name LASCHINGER, W.C. (111Bn).Corps M.H.C.C. "D" Unit who was* DischargedOn March 12, 1918, to Physical Unfitness.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1, 1918,
to March 12, 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay..... <u>12</u> days at \$ <u>1</u> c.....	<u>12</u>	<u>00</u>
Cheques } No.....			Field Allow. <u>12</u> days at \$ <u>10</u> c.....	<u>1</u>	<u>20</u>
Assigned Pay and Sep'n Allee. No <u>62236</u>	<u>10</u>	<u>00</u>	Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No <u>62237</u>	<u>16</u>	<u>20</u>	Other Credits* <u>Clothing</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>26</u>	<u>20</u>	Total.....	<u>26</u>	<u>20</u>

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of Assigned
{ Pay for the month of March 1918 }
{ and Sep'n Allee. for month of 191..... } (to) Assignee Mrs. J. Laschinger,
(Address) New Hamburg, Ont.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted No. Single
- (3) cause of discharge A.A.G. 8/3/18. authority D.O.
- (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 12-3-18.Place Toronto, Ont.Malcolm J. Coellum CAPTAIN.
PAYMASTER, M.H.C.C. "D" UNIT, 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.

LTR

Rank _____ Name **LASCHINGER, Wilfred Cecil** - Reg'l No. **730587** -
 Unit **111th, Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** -
 Place and Date of Enlistment **Galt, Ont, March 6th, 1916.** - Place of Birth **New Hamburg, Ont. Can.**
 Name and Address, Next-of-Kin **Mrs Elizabeth Laschinger.** -
New Hamburg, mOnt. Can. - Relationship **Mother.** -

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. No.	10.033
File R.L.	
Category	Can m

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND S.S. TUSCANIA. 6.10.16					
13 10 16 11th BN TR'FD TO 35th BN W. SANDLING 13 10 16 D.O. 255					
14 10-16	0635d.	Taken on strength. of 35th	"	13-10-16	Pt II 246 RSCm.
13-11-16	" "	S.O.S to 4th Bn W. Sandling	"	12-11-16	" " 271
25.11.16	4th.	Taken on Strength	Field,	14 NOV. 1916	Pt, 2-O, 69
17 5 17	"	To No 13 Gen Hosp	Boulogne	10 5 17	CHAB 51 88w multi Ser
24-5-17	"	To 1st Southern Gen Hospital	Birmingham	16-5-17	Ch. # B349
26-5-17	1st BORD	TOS from 4th Bn	W. Sandling	16-5-17	Pt II D.O. 78. 4th Bn D.O. 60 d/- 9 17
3-7-17	4th Bn	Trans to Granville base Spec H.	Ramsgate	27-6-17	62 B 376.
5-9-17	"	To 1st Derby War Hosp.	Warrington	31-8-17	62 B 376. 62 B 376. 62 B 376.

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.				
28-9-17	1 st BOR.	To ban Mil Hosp	Kirkdale	27-9-17	62 B 23.
30-11-17	✓	Inw to Canada x Above Hosp	✓	15-11-17	— B 77.
4-12-17	1 st CORD.	S.O.S. to Canada. KR 40392 Sect 16.	Pte W Sking	15-11-17	Pt 20270.
Dis Rept. To Convalescent Home			24 D. 2 Toronto	26/11/17	NR 412.

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 111th O. S. Battn.

Regimental No. 730587 Rank Private Name LASCHINGER, Wilfred Cecil
C. E. F.

Enlisted (a) 6.3.16 Terms of Service (a) D. O. W Service reckons from (a) 6.3.16

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

Extended. Re-engaged. Qualification (b) Student

Corps trade Stretcher Bearer Sec.

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	Halifax, Can.	26.9.16	{ S.S. Tuscania
		Disembarked	Liverpool, Eng.	6.10.16	
8.10.16	C. 111th Battn.	Transferred to 17th Reserve Battn.	E. Sandling	8.10.16	Part 11 O. #252 Capt. Adjutant, 111th S.W. Overs. Bn. C.E.F.
9.10.16	O.C. 17 Bn	Taken on Strength 17 Bn	E. Sandling	8.10.16	Part 11 O. #273
18.10.16	O.C. 17 Bn	Re-transferred to 111th Battn.	E. Sandling	13.10.16	Part 11 O. #282 Lieut. A/Adjut. 17th Reserve Battn. C.E.F.
13.10.16	O.C. 111 Bn	Taken on Strength 111 Bn	E. Sandling	13.10.16	Part 11 O. #255
13.10.16	O.C. 111 Bn	Transferred to 35th Reserve Battn.	W. Sandling	13.10.16	Part 11 O. #255 Capt. Adjutant, 111th S.W. Overs. Battn. C.E.F.
13.10.16	O.C. 35 Bn	Taken on Strength 35 Bn	W. Sandling	13.10.16	Part 11 O. #246
12.11.16	O.C. 35th	Transf'd to 4th., Bn.	France	12.11.16	Pt. 2. Ord. 271 A/Adjt 35th., Bn. CEF

(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.

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				
14-11-16	C. B. D.	ARRIVED C. B. D.	FRANCE	14-11-16	N. R. D. PART II ORDERS No. 89 D 25-11-16
14-11-16	C. B. D.	LEFT C. B. D. FOR	Unit	30-11-16	N. R. D.
10-12-16	C. B. D.	ARRIVED BN.	FIELD	8-12-16	B. 213 D. 399.
3-5-15	No 4 C & A	SW St Sq Rt Hand Multiple Adm	No 4 C & A	3-5-17	A 36
do	do	do	No 12 C & A	do	"
16-5-17	St Patrick	do Posted to 1st Central Ontario Regtl Depot	Shorncliffe	16-5-17	W.3083 No. A.4603 Pt 2 O. No.60 d/ 9-6-17
					Lieutenant For Lt-Col. A.A.G. Can. Section.
26-5-17	186 BORD	T O S from 4th Bn	W Sandling	16-5-17	W. 3083 No. 48 W. 3083
4-12-17	1st C.O.R.D.	S.O.S. on Dis. to Canada	West Sandling	15-11-17	Pt. II D.O. No. 270
					Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.

DUPLICATE

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.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- (1) Name of Overseas Unit which Soldier joins..... 111th (South Waterloo) Overseas Battalion, C. E. F.
- (2) Regimental Number..... 730,587 *bevil* *(can)*
- (3) Full Name of Soldier..... Wilfred Laschinger
- (4) Place of Birth..... New Hamburg, Ont.
- (5) Are you married, or not? no
- (6) If married, state,
(a) Full name of your wife.....
(b) Present Postal Address.....
- (7) Are you a widower? no
- (8) Have you any children? no
If so, give number of boys and girls.....
Also their names and ages.....

M. F. W. 67.

200M.-3-16.
1772 39-954.

(SEE OTHER SIDE.)

DUPLICATE

(9) Is your Father alive?.....yes.....

If so, state name and addressJacob Laschinger, New Hamburg, Ont.....

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

If so, state name and address.....Elizabeth Laschinger, New Hamburg, Ont.....

(11) If your Mother is a widow.....no.....

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.

no

(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.

no

(15) Are you insured?.....no.....

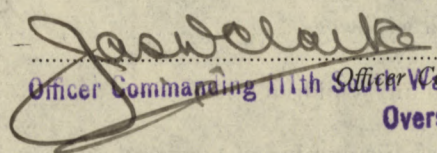
If so, in what Company?.....-

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.

JUL 6 1916

Date.....

 Lieut. Colonel
Officer Commanding 11th Overseas Battalion, C. E. F.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

W. Laehner

REGIMENT

4th Bn.

RANK

J. Gle.

No. 730587



INSTRUCTIONS

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

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

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

Date	Amalgam Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
										U	L	P			Gold	Porcelain				
Condition on first Examination																				
Dec 14/17																				Exam & gft.
Dec 9/18																				5 Amalgam fillings #26D. M25. D25. D24. D23
" 18 "																				6 amalgam fillings #2. 2m20/18. M-20-M-21 D22 M-29
" 25 "																				1 amalgam of Extracting Feb 2/18 Impression for bridge
Feb 6/19																				Preparation for bridge
" 19 "																				Bridge. 1 Gold shell crown #12. 1 Porcelain facing #11 (with steel backing).
All Dental Work Completed																				
J.H. Thomson, Capt.																				

W. Laehner 730587

Banded

1875

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

730587 Pte Laschinger Wilfred 4th B. V.

Previous civilian occupation:- Student.

Is he able to resume previous civilian occupation:- no

Cause of disability:- (a) L. S. W. left leg, amputation of thigh
(b) L. S. W. left arm.

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

General condition good left leg amputated about 2" above knee by long anterior & short posterior flaps. There is little tissue covering bone scar is not adherent or tender. tender. large scar 5" by 1" inch front of thigh. smaller scar post thigh. Hip movements normal. 6 scars upper left arm 2 scar hand. Wounded May 3rd 1917 at first states that ~~he~~ could not move wrist at all. no bones of hand or arm involved but some weakness yet of nerve supply of muscles

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) spinal. supination & pronate weak about normal as to extent wrist &

Disability due to Service:- 75% finger movements weak normal and rapidly improving

Probable duration of incapacity:- (a) permanent (b) 6 mos decreasing

Does it render him permanently unfit for Military Service:- yes.

Would operation, special treatment or the use of appliances etc., lessen incapacity:- yes that he be sent to the

Recommendation of Medical Board:- Orthopaedic Hosp Toronto

Station:- Halifax, N. S.

Category:- D III

Date 28/11/17

J. A. Proudfoot President
D. J. Macdonald Member
F. W. Adams C.S. Member

APPROVED

Date 28-11-17

Asst. Director Medical Services.

Date

Director General Medical Services.

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE REPORT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

Previous civilian occupation:-

Is he able to resume previous civilian occupation:-

Cause of disability:-

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions)

Disability due to service:-

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service:-

Would operation, special treatment or the use of appliances etc., lessen incapacity:-

Recommendation of Medical Board:-

Station:- Halifax, N. S. President

Category:- Member

Date Member

APPROVED

Date Asst. Director Medical Services.

Date Director General Medical Services.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	730587	Pte	Laschinger	W.
Year 1917	Unit.		Age.	Service.
	4th Bn		20	7/12
Station and Date.	Disease			
	S. V. Left Arm - L. Leg (amp)			
CANADIAN MILITARY HOSPITAL LIVERPOOL.	Student, enlisted 6-3-16. Eng. 4-10-16. France. 14-11-16			
	Wounded at Lens 3-5-17. Shattered left leg below knee left arm hit above elbow			
	No 6 C.C.S. 1 WK. Amputation done 3-5-17 just above knee			
	No 13 G. Boulogne 6 days.			
	Southern Gen Birmingham 6 wks.			
	Amp L. Leg Drop Wrist L. Disuse atrophy muscles L. arm			
Southern Gen'l	Amp wd not quite healed. Also unhealed wound 4" above stump Scars of entrance of F. B's above & below left elbow on outer side. 7 small scars all healed			
	Wrist is dropped, muscles atrophied. Unable to dorsiflex wrist. Slight movements fingers chiefly flexion. Unable to extend elbow more than 45° short of full. Sensation hand good. Rt Index Finger Healed. In very thin & goes about in chair. Transferred to Granville			
J.C.S. H. Ramsgate	179 made out. Movements leg free. Amp middle 1/3 of thigh			
26-6-17	Electrical - Sup Longus reacts to Far & Galv. Extensors of fingers react not to Far & slowly to Galv. Condensed current Ex Comm. Dig reacts to 1 Microfarad @ 100 volts			
	To have long cork up splint with thumb extension. Galvanism & gentle massage			
16-7-17	Good stump are healed. MusculoSpiral nix just below elbow Some power in Sup Longus & ext Carp. Rad Longus			
30-7-17	No change in Electrical reactions			
2-8-17	Feels better but no change in M.S. nerve cond.			
8-8-17	Can now extend wrist well, middle & Ring fingers, Also index & little fingers to less extent			
Admitted	Liverpool. 26-9-17 - Cond as above. Given massage & Pass mts			
10-11-17	Transferred to H. S. W. T. Lynn. R. H. C. Capt. C. M. S.			

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Unit.

Age.

Service.

Station
and Date

Disease



4.9.17. Sheet 1
Y.A. 7/13
61-299

30587 Pte Laschinger W.
1.6793 Year
4th B'n 20 15/12/12
Previous muscles spiral nerves.
S.W. Lt. arms & Lt. Leg (amp.)
Occupation - Student
Enlisted - March 4/1916 Loyalt bat
Arrived in England Oct 4/1916
" France Nov 14/1916
Wounded - May 3/1917 Lens
Hospitals - No 6 C.C.S. 1st Lt
" No 13 Gen Boloung 6 days
W.R. " 1 South. Gen Birmingham
Complaints Amp. left leg, drop wrist.
History Wounded at Lens on May 3rd 1917
by shrapnel; shattered left leg below knee,
amputated same night at C.C.S. finished off
stump; stump not quite healed, no pain
Left arm hit below & above elbow, maiming
bones, & no operations; wounds healed,
has left a drop wrist. Index finger right hand
amputated.
Present Condition: Left leg amputated just above
knee; anterior flap; stump not yet healed,
some discharge, no tenderness; Scar adherent,
skin tight over stump; unhealed wound
about 4 in. higher up leg.
Left arm Scars of entrance of F.B. above &
below left elbow on outer side. small scars
& in number all healed; wrist is dropped;
muscles atrophied; unable to dors. flex wrist
slight movement of fingers, chiefly flexion.

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

Station
and Date.

Unable to ^{extend} flex elbow more than about 45° short
of full extension

Sensation in hand unimpaired.

Index finger right hand amputated at proximal
interphalangeal joint, stump healed.

General condition only fair, does not do more
than go round in a chair, patient very thin;

has ^{low} low lip & cleft palate

Robt. Capt
Caul.

Lo. Rave. Sgs. Easton.

28/6/17

Unrepaired

lot: show
React acid
sply 10/10

alt +

veg

Pos. test
Hyaline
Bacter

5/7/17.

10 JUL 1917

Transfer to Granville.

Robt. Capt
Caul.

A.F.B. 179 In. to Canada delay until

U.S.T.

Movements free in hip joint. now agitated

Amput. middle 1/3 left thigh.

E.C. Batts L. hand.

Massage

Electrical diagnosis:

Supinator longus reacts smartly to Faradic
and Galv.

Extensors of wrist and fingers do not
react to Faradic and only slowly
to Galvanism.

To Condensed current Ex. Commis.
digitorum reacts to 1. microfarads at
100 Volts (Unable to get accurately at other
extensors with condensed current).

To have long look up sphinct with thumb
extension.

Treatment

Galvanism and gentle massage to
extensors of wrist and fingers.

Return in one week.

Wheel chair case.

Hand

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	730287	1st Lt.	Laschinger	W.
Year	Unit.	Age.	Service.	
	1st Bn			
Station and Date.	Disease			
16 JUL 1917	Has good stump all healed. all movements of hip free - Has muscles spinal injury just above elbow. Some power in Supinator longus. & Ext. Carpi radialis longus. Carry on for another ten days to see if any improvement in power. C.B.			
28 VIII/17	The reaction to Galvanism is very much smothered in all extensors of wrist and fingers. Still ^{definitely} no reaction to Faradism. However there seems to be a suspicion of reaction ^{to Faradism} in Ext. Communis Dig. and Ext. Carpi Ulnaris. Electrical diagnosis? I. P. Hand			
30 JUL 1917	No change to note in elec. reactions. To condensed current, extensors react to .5 microfarads at 100 Volts. He has no sensory changes to cotton wool or pin (nat. stand). He has got voluntary power in Ext. Carpi Radialis but it is weak. no voluntary power in Ext Commun. Ulnaris. Recommend transfer to 2nd floor and continue treatment of galvanism and massage. Return in 2 weeks. J. W. Meyer Capt			
2/III/17	Sub much better. No change in M.S. nerve condition. A.T.			
8/III/17	Can now extend wrist well, middle ring fingers also, index and little finger less so. General condition much improved. A.T.			
18 AUG 1917	No change to note in elec. reactions. A. J. B. 179. J. H. C. C.B.			

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

Station
and Date.

Aug 14/17 AFB-179-completed.

74B

EXAM. MED. BOARD

17 AUG. 1917

G. C. S. H.

DATE.

286.

Liverpool-

-11-17.

Transferred to H. S.

W. H. H. H.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Laschinger, W.C.
Surname

Christian Name

10699-W-1

Regimental Number 730587

Rank Pte.

Address (in full) New Hamburg, Ont.

Unit 4th Bn.

Original Unit

District where paid M.D.2.

Date of Discharge 12-3-18.

P. D. P. Filing Number 6-373-2.

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

L. L. 22373—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	6239	14-3-18	33 00	6104	13-4-18	33 00	5852	13-5-18	34 10		100 10

Pay No Wtg in this case.
Soldier deceased. & no. S.A.
in force. at date of discharge
Auth. Folio 12 on file

Remarks:

10699-W-5. PARB. Ruling.
Hut. 17-7-19.

M. F. W. 127.
60M - 617.
1772 33-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No.

Name.....

Address.....

Pay Soldier \$.....

Clerk.....

Dependent.....

Address.....

Pay Dependent \$.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.....

or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

Date.....

Name

H. Laschinger W.C.

M. F. W. 41
1 OM-7-16
1772-39 889.

Regimental No.

730587

Name and address of next-of-kin

Unit

111 Bn

Date of enlistment

Place of

Married (yes or no)

No.

Date and place discharged 12.3.18.

Amount of pay assigned monthly \$20⁰⁰ from 1.1.18

Reason for discharge a.a.g. 8.3.18. D.O. 72

To whom payable

Mrs J.

Character on discharge Physical Unfitness

New Hamburg, Ont.

Ob 5351-M. & D. 6880.

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date					
Dec									4912	30				30	Out 23.12.17 D.O. 361
									50698	10				40	
Dec	Jan 31	62	1	62	62	10	620	6205							Out 3.12.17 - 13.12.17
								1680	53241		20				D.O. 342 & 352
								14705	55416	8705				14705	In 3.1.18 D.O. 7
Feb.	1	28	28	1	28	28	10	280	57971		20				
								3080	60191	1080				3080	
Mar	12	12	1	12	12	10	120	2620	62236		10				
								13	2620	62237	1620			2620	

Name and address of next-of-kin

Date of enlistment

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

Pte. Name *Laschinger Hilfred Bebie*
 Home *New Hamburg*
 Name and address of next of kin *New Hamburg*
 Unit *111 Bn*
 Date of enlistment *6-3-16*
 Place of " *Galt*
 Married (yes or no) *No*
 Date and place discharged *MB 28/11/17 Conostome*
 Amount of pay assigned monthly *\$20.00 1/10/16 to 31/12/17*
 Reason for discharge *\$300.00*
 To whom payable *Mrs J. Laschinger*
 Character on discharge *Discharged 12/3/18*
Genart 620/1/17 New Hamburg Cvt. Gate D 289 649.4-7202.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
	29/9/17						63.85							Eng SPL
30/9/17	30/11/17		62.10	62.00	62	10	620					10.00		CR STEF
							132.05							Oct. Nov + Dec 1917
							132.05							62.05 LPL pend on 28/12/17
														Showing paid to 30/11/17
														And 3/4 to Danit

500P
 26/12/17

Eng ap. Chgo Fr 1/10/16 to 30/9/17 - \$240.00

3-1-18.
 S.A.A. re. app. 20.00 per mo. Oct. Nov. + Dec 1917

M. F. W 41
TOM-7.16
1772.39 889.

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

347

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

To Whom *Mrs J Laschinger*
Address *New Hamburg*
Ont.

By Whom Assigned *Laschinger W.C.*
Regtl. No. *730587*
Rank *Pk*
Corps *111th Battrn*

Rate *20.*

OCT - 1916

184

PAYMENTS

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



1. 2. 3. 4. 5.

8.

1. 2. 3. 4. 5.



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2 *Mrs J. Laschinger*
 (Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

Laschinger W.C.
730587 Rk IIIth Battn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i># 2000 - 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>H 24509</i>	<i>20</i>	
Nov.		<i>U 29372</i>	<i>20</i>	
Dec.		<i>M 35548</i>	<i>20</i>	<i>Cancelled 12/14/16 Cmtt Receipts ch</i>
Jan.	1917	<i>M 39272</i>	<i>20</i>	
Feb.		<i>U 41148</i>	<i>20</i>	
March		<i>M 52049</i>	<i>20</i>	<i>20 M</i>
April		<i>L 3169</i>	<i>20</i>	<i>20 CH</i>
May		<i>L 9592</i>	<i>20</i>	
June		<i>J 15979</i>	<i>20</i>	<i>D</i>
July		<i>L 23632</i>	<i>20</i>	<i>B</i>
Aug.		<i>V 29475</i>	<i>20</i>	
Sept.		<i>O 37591</i>	<i>20</i>	<i>D</i>
Oct.		<i>Y 42923</i>	<i>20</i>	
Nov.		<i>Z 48588</i>	<i>20</i>	
Dec.		<i>T 69740</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

NS.

B

\$2000

..... A/c Closed *31-12-17*
 Ret'd per *Glenart Castle*
 Date *5-11-17* F. X. *10-12-17*
 Clerk *J M A P*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Single

PLACE OF BIRTH

New Hamburg, Ont.

NAME AND ADDRESS OF NEXT OF KIN

Mrs. J. Laschinger

RELATIONSHIP OF NEXT OF KIN

Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIV

AUTHORITY

REG'L. No.

130587.

IF IN PERMT. CORPS }
WHAT UNIT }

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION _____

ASSIGNED PAY MONTHLY \$ 2

PAYABLE TO *Chs. L. & Co.*

ASSIGNED PAY MONTHLY \$

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED)

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO NON-

ACCOUNT TRANSFERRED TO OFFICE

APPROVED

191

...are only Equivalents in lieu of Oats if demanded by Units.

DRAFT, RIDING HORSES AND MULES.

HEAVY DRAFT HORSES.

[illegible]

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

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

REG'L. No.

RANK

NAME

IF IN PERMT. CORPS
WHAT UNIT

UNIT

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO. OF DAYS	RATE	AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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A. F. 200

3.3M. FORM RENO *Sepd* EFFECT *1/10/7*
DISCHARGED TO *ban* DATE *29/9/7*
PATYARD VERIFIED *bx*
64 BAL *63-85* L.P.C. RENO *10/10/7*
AUTHY *Kirkland* 21 *1/6* 4/10/7

Invoice

Checked *Kyle L.P.C.*

This space to be left blank
for the Chelsea Number.

D GLENART CASTLE
November 20th

Army Form B. 268.

1917
Proceedings on Discharge.

DEFENCE
MILITIA DEFENCE

APR -3 1918

649-5-7202.

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

No. 730587

Army Rank Private

Name

Laschinger Wilfred

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

Corps

4th Battalion Enlisted 11th Battalion

Battalion, Battery, Company, Depot, &c.

6-3-16

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

Date of discharge

Place of discharge

Canada

MAR 12 1918
Unit M.H.C.C.

1.

Description at the time of discharge.

Age 20 years months

Height 5 feet 6 inches

Chest { girth when fully expanded ins.
measure- { range of expansion ins.
ment

Complexion Ruddy

Eyes Brown

Hair Black

Trade Student

Intended place of
residence
(To be given as fully
as practicable)

Descriptive marks.

Left leg amputated
about 2" above knee



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

2. The above-named man is discharged in consequence of

Becoming no
longer physically fit for war service

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

3. Military character:—

Good.

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

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

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

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

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

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) "D" Unit M.H.C.C.

(Date) MAR 15 1918

OC Commanding "D" Unit M.H.C.C. Battn. Regiment.

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

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

(Place) "D" Unit M.H.C.C.

(Date) MAR 12 1918

W.C. Laschinger (Signature of Soldier.)

Signature of Witness.

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

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

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

(Signature of Soldier.)

10. MAR 12 1918 Statement of service.

Service towards engagement to (the date to which the record of service is completed) 2 years 6 days.

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

Total

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for MAR 12 1918 (date)

(Place) "D" Unit M.H.C.C.

(Date) MAR 15 1918

Signature

Signature

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

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.)

W.C. Laschinger

W.C.

t before me

for
Regiment.

ce), and all

of Soldier.)

f Witness.)

signature, a

Soldier.)

days.

"

"

W.C.

claim to
Board,
ecretary,

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section II on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

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

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

NEXT OF KIN

ADDRESS

HOME ADDRESS

MEDICAL OFFICER

Mother Mrs. E. Laschinger
New Hamburg Ont

(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

Capt. K. G. McKenzie,
C.A.M.C.

MEDICAL HISTORY OF AN INVALID

D unit

STATION

M.O.H. Works

DATE

Feb 23rd

1. (a) Unit M.H.C.C. (b) Regimental No. 730587 (c) Rank Plt.

(d) Surname LASCHINGER (e) Christian name Wilfred

2. Age last birthday 20 Date of birth 17 Mch 1897

3. Enlisted at Galt on 6th Mch 1916

4. Personal description:-

(a) Height 5'6" (b) Weight 135 (c) Complexion ruddy

(d) Colour of hair black (e) Colour of eyes Brown (f) Identification marks

Have Lip.

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

New Hamburg Ont

6. Former trade or occupation Student.

7. (a) Service 1 Years 387 Days

PERIODS

From

To

6th Mch 1916	Canada 27 Nov/17
27 Nov/17	Present time

(b) Has he been Overseas? Yes

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

(a) Date of origin Plus 3rd May/17 (b) Place of origin Plus Bone of right

(c) Cause* Phell. (Here include original disease or injury) Under finger

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

Objective 1) Ampt of left thigh through lower third 13" stump, good movement, wearing a satisfactory artificial leg all day.

Subjective None

2) Objective - Flexion at the left metacarpal phalangeal joints is limited to 1/2 the preventing the patient making a fist, but there is an excellent grip for large objects. This limitation of flexion is due to

[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.

15 M - 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

There is a history of an injured left 4th spinal nerve, this has completely recovered, but being kept up in a long cock up spent account for the capsular shortening of the meta-carpal phalangeal joints

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.

(1) 60% (2) 10% (3) 2% Total 72%

12. Did the disability arise on or off duty?

1,2+3 on duty

13. Was a Court of Inquiry held?

1,2+3 not applicable

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

1,2+3 no 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?

1,2+3 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?

1 permanent 2 1 year 3 permanent

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

in hospital Canada 3 mo England 6 mo France 2 weeks

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

1,2+3 no

19. Can the former trade or occupation be resumed?

no

20. Recommendations

discharge from the army as unfit for further service

K.G. McKenzie

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, 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.C. Loecherer

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.

We concur

22. Is the soldier fit for

- | | | |
|---|--------------------------|------------|
| (a) General service, | (Category A) (Yes or No) | <i>no</i> |
| (b) Service abroad, not general service, | (" B) (Yes or No) | <i>no</i> |
| (c) Home service, (Canada only), | (" C) (Yes or No) | <i>no</i> |
| (d) Temporarily unfit, | (" D) (Yes or No) | <i>no</i> |
| (e) Unfit for service in Categories A, B and C, | (" E) (Yes or No) | <i>yes</i> |

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).

We recommend

*That he be discharged as
physically unfit*

C. H. M. M. President.

J. D. London, Lt Members.

STATION Military Orthopaedic Hospital,

DATE Feb. 27th, 1918.

APPROVED BY

DATE 6/3/18

APPROVED BY

DATE

C. H. M. M.
Assistant Director of Medical Services.

Director-General of Medical Services.

1. (a)
- (d)
2. Age
3. Enlistment
4. Personal History
(a) Present
(d) Previous
5. Address
6. Form
7. (a) Service

- (b) Present
8. Present Condition
(a) Present
(c) Previous
9. Present Condition

Objective

Subjective
1) Objective
the
the

[After]

(See See 10 for History)
4
Capsular shortening & in addition the
2nd joint is slightly eroded & due
to inflammation following a
slight shrapnel injury. This limitation
of movement will improve to practically normal.
Subjective — none

3/ Objective — The right index finger
has been amputated through
the middle of the 2nd phalanx bone
Subjective — none

There are several shrapnel scars about the
left elbow causing no disability
The patient has a cleft palate which
he has had since childhood
There is a piece of shrapnel the size
of a pea over the knuckle of the
second left finger, this causes no
disability

All other systems are
apparently normal

Incapacity is due (1) Loss of left leg.
(2) Loss of function of left hand
(3) Loss of right index finger
TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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.

Examined { on 6th day of March 1916
at Galt. Ont.

Birthplace { City or Town Man
County _____

Apparent age 19

Trade or occupation Student

Height 5 Feet 6 Inches

Weight 135 Lbs.

Chest measurement { Minimum 33 1/2 inches
Maximum expansion 36 inches

Physical development Very Good

Small-Pox Marks none

Vaccination Marks { Arm _____ Right _____ Left 1
Number one Childhood

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Approved by Wm. J. Dallen
Rank Lieut M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>21 MAY 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>12.7.16</u>		<u>W. J. Gould</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/3/16</u>		<u>W. Salakin</u> M.O.
<u>15/5/16</u>		<u>W. Salakin</u> M.O.
		M.O.

Enlisted on 6th day of March 1916 at Galt. Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>111th O. S. Battn.</u>	<u>730587</u>		<u>March 6-1916</u>
Transferred to.. ..	<u>35th Can. Res. Bn.</u> <u>4th Bn.</u>	<u>730, 587</u>		<u>3rd 4th 10-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Granville Can. Spl. Hospital,</u> <u>Ramegate.</u>	<u>17 AUG. 1917</u> <u>22 AUG 1917</u>	<u>Amph. of L. Thigh</u> <u>impulsio spinal lesion</u> <u>of left.</u> <u>Approved</u>	<u>2to. C.</u> <u>W. J. Dallen</u> PRESIDENT, STANDING MEDICAL BOARD

FOR A.D.M.S. CANADIANS, SHOWNCLIFFE

CAPT.

CANADIAN

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 *Lacshinger* Christian Name *Wilfred Cecil*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
SOUTHERN GEN. HOSP. HEADQUARTERS Date 27 6 17 No 553 EGBASTON, BIRMINGHAM		16	5	17	26	6	17	G. S. W. left arm. N. lesion. Rt forefinger Amp. left thigh.	42	Amputation just above left knee. Femoral vein ligatured. Metal removed. Transferred to Ramsgate.	W. J. H. M. CAPTAIN R.A.M.O.T. FOR ADMINISTRATOR, 1ST. SOUTHERN GENERAL HOSP.
GCSH Ramsgate	Leut	26	6	17	23	8	17	do	37	amp. right leg, wrist drop left, Urinalysis alt +, Pus, hyaline casts. - Galvanism & massage to extensors of left arm & much improvement in musculospiral nerve	Robt Capt. Camel.
DERBY WAR HOSPITAL 20 SEP 1917 BRINGTON.		31	8	17	26	9	17	Amputation Left thigh	24	Transferred to Kinsdale, Liverpool	Dr. Cleaver
CANADIAN MILITARY HOSPITAL LIVERPOOL		26	9	17				G.S.W. Amp. L thigh		Amp middle L thigh. Left drop wrists loss of movements L. wrist Amp R. index finger loss of movements other fingers. Musc spiral lesion left hand.	P. H. du Cap Camel

CLINICAL CHART.

Army Form B. 181

Corps 4th Canadians

(To be attached to Case Sheet.)

Ward B 2
Military Hospital

No. 730587

Rank and Name Pte. W. Laschinger

Age 30

Service 1 3/12

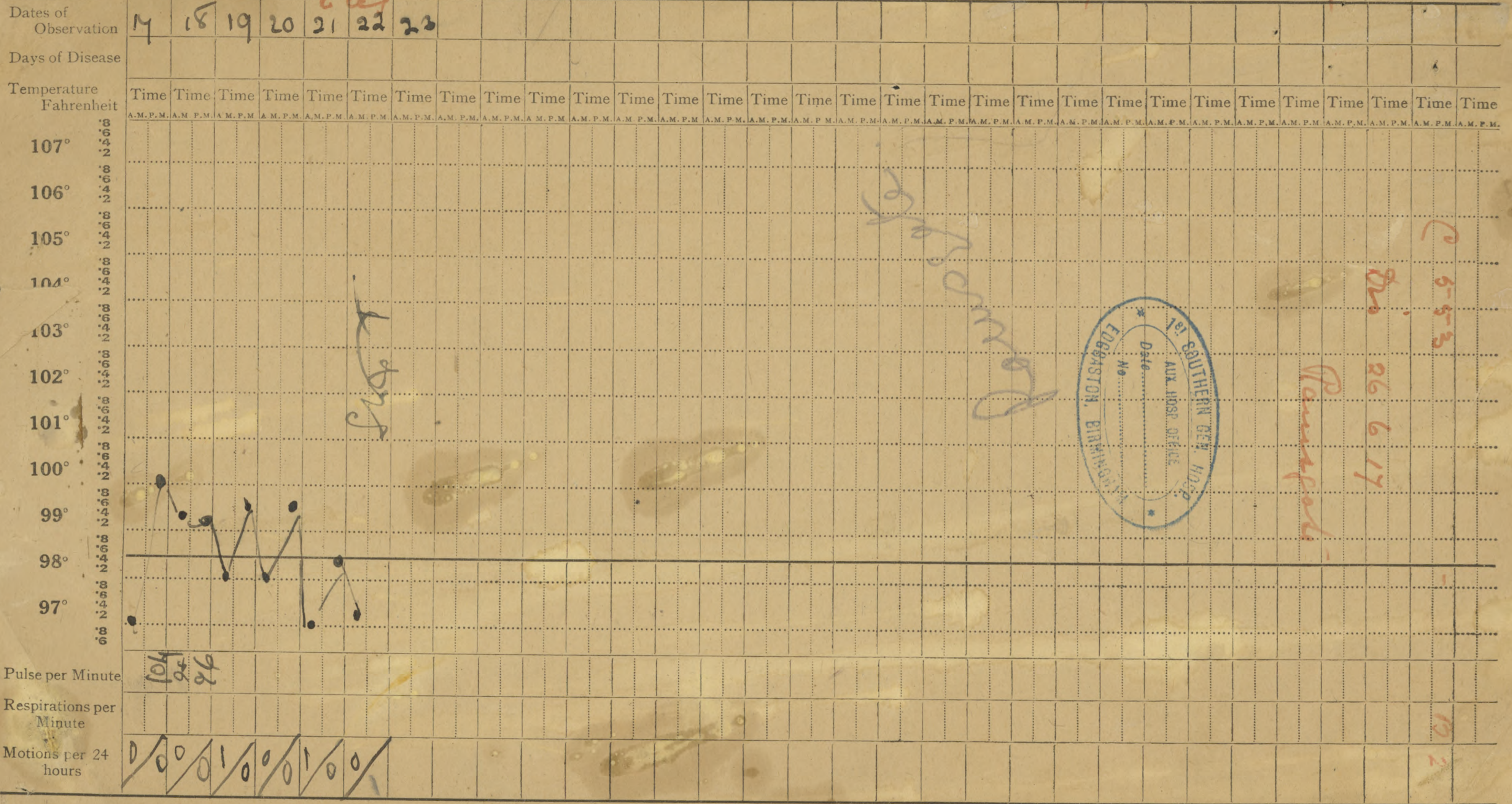
Edgastor

Disease Str. Arm. Amp

Date of admission 16 5 17

Date of discharge 26 6 17

Result Painful



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
553	730587	Pte.	Laschinger	W.
Year	Unit.	Age.	Service.	
1917	4th Canadians	20	1 3/12	
Station and Date.	Disease			
	SSW. L Arm N lesion Prob. Intermittent. R frepign			
	Amput. L thigh.			
	Wounded 3 May 17	Leas.		
	Operation 3 May 17	W.C.C.S.		
	amput ² just above L knee			
	Femoral vein ligatured. Metal removed			
31-8-17	Reamplified Feml.			

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

Station
and Date.

1. 1237

12

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

467831

Year

31-8-17

Regimental No.

430587

Rank.

Pte

Surname.

LaSchinger

Christian Name.

W. C.

Unit.

4th Batt. Canadian

Age.

20

Service.

Total 1 $\frac{6}{12}$

In fd:

6 mb

Station
and Date.

Disease Amputation Left Thigh

Slight

Severe

Dangerous.

The

Lord Derby
War Hospital,
Warrington.NEXT OF
KINMrs. J. LaSchinger
New Hamburg,

Ontario

Canada.

INOCULATION
AGAINST ENTERICTV
1TV
2TV
Nil.

Date

31/8/17

Admitted from Romazote -
Left thigh amputationCross out that which
does not apply.new middle. Thigh healed but very
concrete - no painful.

Warrant to

Station.

RECOMMENDED FOR

Discharge

On

To

Duty

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

Station
and Date.

CANADIAN
MILITARY HOSPITAL
LIVERPOOL

Admitted 26-9-17 With Condition as described is
Healed bump inside left thigh. Lesion MusculoSpiral nerve
Left elbow leaning. Drop wrist
Cock up Splint - massage - Pass movements

Pth McCue Capt Maine

15/11/17 Transferred to H S
W. L. L. L.

Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Oct. 1916

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 730587
 Rank *pte* Promoted Reverted Discharge
 Soldier's Name *W. C. Laschinger.*
 Battalion *111th Bn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. J. Laschinger*
 Address *New Hamburg Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Dec. 31</i>	<i>—</i>		<i>300</i>	<i>— 300 —</i>	

A.P. — a/c closed 3/12/17 Bal'd per General Ledger 5/4/17 FX. 10/12/17
FX. E. H. 20-12-17

\$60⁰⁰ overpayment for Oct, Nov & Dec 1917
recovered by bas. authority H.O 649-L-
7202 on file 10699-34-5 *11-1-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
400M-6-17-1772-39-141
L. L. 22320-M. & D. 7533.