

ATTESTATION PAPER.

No. 523861

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Lyon.
1a. What are your Christian names? Victor Wynn
1b. What is your present address? Normal School Saskatoon Sask. Canada
2. In what Town, Township or Parish, and in what Country were you born? Springfield Ont. Canada
3. What is the name of your next-of-kin? Mrs. Jean E. Carth.
4. What is the address of your next-of-kin? Pipestone Minn. U.S.A.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? March 25th 1896.
6. What is your Trade or Calling? Teacher
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.
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, Victor Wynn Lyon, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Victor A. Lyon (Signature of Recruit)

Date March 24th 1916 S. K. Watten (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Victor Wynn Lyon, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Victor W. Lyon (Signature of Recruit)

Date March 24th 1916 S. K. Watten (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 Winnipeg, this 24th day of March 1916.

W. J. ... Captain (Signature of Justice)

Commissioner of Oaths.

Handwritten notes: boarded 28 13 19

See over

Description of Victor Wynn Lyon. on Enlistment.

Apparent Age 20 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. 9 1/2 ins.

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

Complexion Medium

Eyes Blue

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 24th 1916

A. B. Swires

Place Winnipeg.

Capt Aull
 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:—

Discharged May 29 - 1916
Reason for discharge
Minor American citizen

CERTIFICATE OF OFFICER COMMANDING UNIT.

Victor Wynn Lyon. 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.

A. B. Swires Captain
 (Signature of Officer)
 O.C. "A" Sec No 1. F.A.D. C.E.F.

Date March 24th 1916.

30.000
14-9-19.

CLASS

A-2 Duplicate

ATTESTATION PAPER.

No. 2115489

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... LYON.
- 1a. What are your Christian names?..... VICTOR W.
- 1b. What is your present address?..... Mound. Minn. U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?..... Springfield. Ont. Can.
3. What is the name of your next-of-kin?..... Irene Woodruff. (Grand)
4. What is the address of your next-of-kin?..... Mound. Minn. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Irene Woodruff. (No Relatives.)
5. What is the date of your birth?..... 25th March. 1896.
6. What is your Trade or Calling?..... Electrician.
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?..... Yes. No. 1 Field Ambulance. Discharged.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes. (Under Age.)
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
16. If so, what was the reason? ..

2nd
2nd

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Victor W. Lyon (Signature of Recruit)

Date Aug. 21st. 191 7. D. F. Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, VICTOR W. LYON., do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Victor W. Lyon (Signature of Recruit)

Date Aug. 21st. 191 7. D. F. Smith (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.

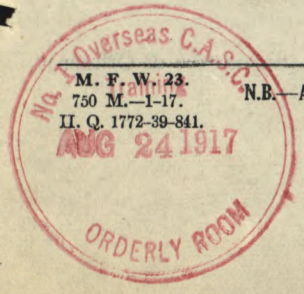
The above questions were then read to the Recruit in my presence.

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 Winnipeg. this 21st. day of Aug. 191 7.

[Signature] (Signature of Justice)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.



Description of **VICTOR W. LYON.** on Enlistment.

Apparent Age..... **21** years **6** months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... **5** ft. **8** ins.

Chest measurement. { Girth when fully expanded..... ~~32~~ **34** ins.
 Range of expansion... **3** ins.

Complexion..... **Dark.**

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).

Vision R. Eye..... **20/20**
 " L. Eye..... **20/20**
 Hearing R. Ear..... **4**
 " L. Ear..... **4**

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..... **Aug. 31st.** 191 **7**

Place..... **Winnipeg. Man.**

P. B. Grant
C. J. P. P. P.
 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:—

MEDICAL BOARD APPROVED FIT AUG 22 1917
R. J. ... PRESIDENT
J. ... MEMBER
J. ... MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

VICTOR W. LYON.

..... 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.

M. ... Captain (Signature of Officer)
 D. C. No. 1 OVERSEAS C. A. S. C. Training Depot

Date..... **Aug. 31st.** 191 **7**

LYON, VOCTOR W.

2115489
523861

1 C.E.R.D.

35952

C.E.R.D. DOCUMENTS
WAR SERVICE RECORDS & D.V.A.

DEMOB





Lyons.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Lyons

V.W.

2115489.

RANK

UNIT

Co.

TROOP

BATTY.

Spr.

1. Inf. C.E. (6888)

HOSPITAL

DATE OF ADMISSION

1. 1/3. Lowlands. Inlet amb. 24.5.18
HOSP.

76.6.8. 23.5.18

2. 22 Gen. Camiers. HOSP. 29.5.18

Abund. Depot Staples 4.8.18.

3. 5.6.7. amb. HOSP. 22.10.18.1

5.9. Rousey 26.10.18

4. Royal Herbert Metley HOSP. 30.10.18

amb albuminuria "q"

DIAGNOSIS

1.

albuminuria S.P.H.D.

2.

Debility as

3.

DISPOSITION

DATE

Ch 28.5.18 Arrvs (2)

Des. 153 m. B of. 30.6.18.

31.5.18 A 228.1.

REMARKS

Diso 27.11.18

4-6-18 A 221.2

12.6.18 A 238.3

10.7.18 A 261.1.1

30.10.18 A 358.

3.11.18 A 361-2.

6.11.18 B 364 0

15.11.18 B 372-3.

29.11.18 1884. π

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

Woodstock Sp., Pharm.

ADM.

9-11-18.

1.

2.

3.

4.

5.

6.

7.

Date	Movement	Place	Casualty	List No.	Notified N/K \emptyset .	W.O. List
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3
 110

Name LYONS Rank Spr

523861

Reg. No. 2115489Unit 6th Bu CoNext of Kin USA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
22 10	56 FA	Delaware	do	3358		3868
26 10	56 FA	Rouen	do	3361		5245/5
30 10	Royal Vic A. Nelson		do	3364		230
9 11	66 A Woodgate PA		do	3372		866
27-11	Buch.		do	3384		9867

REG'T'L. No. 2115489
H. Q. FILE NO 649

NAME Syon, W.

RANK AND CORPS Pte. Cav. Engs

FOLLOWS
NO. _____
FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 225-2	1/3 Seward & d. Bmb	24-5-18	Albuminuria "Q"
A-228-1	7. Cas, Cl. Stru.	25-5-18	"
A-231 ⁽²⁾	No. 22 lym. carriers	29-5-18	Albuminuria & P.U.B.
A. 235 ⁸	6 Comd. Ops Etaple	4-6-18	" " " "
A. 261 ⁵	Dise. to 3 Medical Board Ops.	30/6/18.	" P.U.B.

NAME

Lyons V. W.

REGT. No.

2115-489

RANK AND UNIT

Spr. (6 T.E. B)

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS <i>Can. Fps.</i>
Q 358	5 Con. Fed. Amb.	25-10-18	Stability
Q 361 ²	39th. Raven.	26-10-18	"
B 364 ¹	Royal Victoria E+ netley "	30-10-18	"
B. 372 ³	10 Mil. Cond. W. det. p. R. Epsom.	9-11-18	"
B 384 ²	Dise	27-11-18	"

SURNAME.

Lyon.

CARD NO. ✓

CHRISTIAN NAMES

Victor Wynn.

FOLL.

S.O.S. h. No. 29/5/11 - 10 g.c.

REGL. NO.

523861.

RANK

Pte.

UNIT

"A" Sect. No 1 Fld. Amb. Depot

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Carth. Mrs. Jean E.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Pipestone. Minn. U.S.A.

COUNTRY OF BIRTH

Canada, Springfield, Ont.

DATE

Mar. 25th 1896.

PLACE OF ATTESTATION

Saskatoon, Sask.

DATE

Mar. 24th 1916.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Teacher

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

20 YEARS

MONTHS

HEIGHT

5 FEET

9½ INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Saskatoon, Sask.

DATE

Mar. 24th 1916.

Present address.

Normal School, Saskatoon, Sask.

SURNAME.

Lyon

4. CARD NO. ✓

808-02-24/3/19 Demob

CHRISTIAN NAMES

Victor, W.

00-91 of 1-4-19

FOLL.

40 AD

5-23861

REG. No.

2115489

RANK

Pte.

UNIT

No 1 C. A. S. C. (J. D.) (14th R. D.)

FORMER CORPS

No 1 Field Amb.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Woodruff, Miss Irene

RELATIONSHIP TO SOLDIER

Friend

ADDRESS

~~Mound, Minn., U.S.A.~~

405 E. Pasadena Ave., Pomona, Cal.

U.S.A.

COUNTRY OF BIRTH

Canada Springfield, Ont.

DATE

May 25th 1896

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Aug 21st 1917

R/C. 18-3-19 284 53 Spr.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Electrician

RELIGION

Yes
Church of England

DESCRIPTION.

APPARENT AGE

21 YEARS

5 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

D. Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Aug 21st 1917

Present Address

Mound, Minn., U.S.A.

No. 2115489 RANK Pte.

NAME Lyon Victor W.

T. O. S. 21. 8. 17. UNIT Can. Army Service Corps. #1 Training Depot.

(50.201 of 24. 8. 17.)

M. D. 10.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917. Aug. 21.	1917. Aug. 31.	n.		



Red influenced on payment

Q gm

Number. 523861 Rank. ✓ Spv

Surname. LYON

Christian Name. Victor Wynne

Units L.E. Theatre of War. France

Date of Service. 27-3-18

Remarks. 7720 Austin St. Forest Hills N.Y. U.S.A.

35/12/31

Latest Address. 90 University of Saskatchewan

Saskatoon Sask

Roll No. "B" Page 4993.

B
V

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM

PAID TO

SIG. OR REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

PARTICULARS

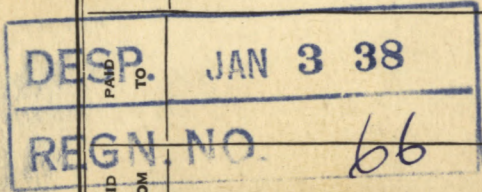
REGN. NO.

JAN 3 38

66

96 - 21233 Dents.

JUL 8 1938



MEDICAL HISTORY SHEET.

Surname Lyon Christian Name Victor Wynn.

Examined { on 24th day of March 1916.
 { at Winnipeg, Man.

Approved by A. B. Siurs
 Rank Capt All M.O.

Birthplace { City or Town Springfield
 { County Ont. Canada

Apparent age 20 Yrs - Mths.

Trade or occupation Teacher.

Height 5 Feet 9½ Inches.

Weight 142½ Lbs.

Chest measurement { Minimum 32 inches.
 { Maximum expansion 36 inches.

Physical development Norman

Small-Pox Marks 5 yrs old. (a few)

Vaccination Marks { Arm Right Left.
 { Number 1

When Vaccinated last 1902

(a) Marks indicating congenital peculiarities of previous disease None

(b) Slight defects but not sufficient to cause rejection None.

Date.	Fit or Unit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
		M.O.
<u>20/5/16</u>	<u>OK</u>	<u>C. J. Whelan. Ceph. C. Aus.</u> M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
<u>8/14/16</u>	<u>OK</u>	<u>C. J. Whelan. Ceph. C. Aus.</u> M.O.
<u>13/4/16</u>	<u>OK</u>	<u>C. J. Whelan. Ceph. C. Aus.</u> M.O.
<u>14/5/16</u>	<u>OK</u>	<u>C. J. Whelan. Ceph. C. Aus.</u> M.O.

Enlisted on 24th day of March 1916 at Winnipeg Man.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>"A" Sec.</u>	<u>5238</u>		<u>24-3-16</u>
Transferred to	<u>No. 1. F.A.D.</u>			<u>29-5-16</u>
Discharged	<u>NO. 4 CASUALTY CLEARING STATION C.E.F.</u>			<u>29-5-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

6554

ORIGINAL ORIGINALS A II
MEDICAL HISTORY SHEET

523861

Surname Lyon Christian Name Victor W. Lyedala

Examined on 22nd day of Aug. 1917
at Winnipeg, Man.

Approved by [Signature]
Rank Capt M.O.

Birthplace { City or Town Springfield.
County Ontario, Can.

MOBILIZATION MEDICAL BOARD APPROVED FIT
Date 22/11/17 EXAMINED FOR RE-ENGAGEMENT AUG 22 1917

Apparent age 21yrs. 5 mths.

Trade or occupation Electrician.

Height 5 feet 8 Inches

Weight 125 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number

When Vaccinated last 29/7/16

(a) Marks indicating congenital peculiarities or previous disease None

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

EXAMINED FOR RE-ENGAGEMENT
PRESIDENT [Signature] M.O.
MEMBER [Signature] M.O.
MEMBER [Signature] M.O.
MEMBER [Signature] M.O.
Vision R. Eye 20/20 M.O.
" L. Eye 20/20 M.O.
Hearing R. Ear normal M.O.
" L. Ear normal M.O.
Date 9.10.17 Aii BM 29/7/16 M.O.
19/1/17 A yc M.O.

Date	Result	VACCINATIONS
<u>29/7/16</u>	<u>P.B.C.</u>	M.O.
<u>6.3.18</u>	<u>wt</u>	M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>AUG 25 1917</u>	<u>[Signature]</u>	M.O.
<u>3/9/17</u>	<u>[Signature]</u>	M.O.
<u>10/9/17</u>	<u>[Signature]</u>	M.O.

Enlisted on 21st day of August. 1917 at Winnipeg, Man.

CORPS	REG'L NUMBER	HABITS	DATE
<u>No. 1 Overseas C.A.S.C. Training Depot</u>	<u>2115489</u> <u>523861</u>		<u>AUG 21 1917</u>
Transferred to <u>1 Innis Co</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Epsom</u>	<u>22.11.18.</u>		<u>Cat A. Hwt</u>

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 *Lyon* Christian Name *Victor*

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				
<i>Nesley</i>		<i>30</i>	<i>10</i>	<i>18</i>	<i>8</i>	<i>11</i>	<i>18</i>	<i>Debility</i>	<i>10</i>	<i>Reported sick 25x18c. pain in L. arm + shoulder. Lt. marked Anaemic, Debility pain in Lt. shoulder on admission Temp normal pale teeth good shoulder nil Rt. arm hypertrophied Heart lump nil. Urine no albumen. Improving. Trans. to Camp H.</i>	<i>certified thru. copy T. M. H. S. HWS</i>
<i>McHosp Epsom.</i>		<i>8</i>	<i>11</i>	<i>18</i>	<i>27</i>	<i>NOV</i>	<i>1918</i>	<i>Debility (Cont.)</i>	<i>20</i>	<i>States had pain in Lt. shoulder some swelling of left side neck last month arm still weak Heart pulse 108. 22.11.18. Feels fit for food. Cat A.</i>	

HWS ... CAPT. O.A.F.
"11" DIVISION.

FORM OF WILL.

I, VICTOR W. LYON. (Name in full)

Regimental Number 2115489 serving in No. 1 Overseas C.A.S.C. Training Depot

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Miss Irene Woodruff of Mound, Minn.

U. S. A.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

said Miss Irene Woodruff.

Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 22nd day of August A. D. 1917

Victor W. Lyon Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J. H. [Signature]

Address of Witness Fort Osborne Barracks. Winnipeg. Man.

Occupation of Witness Soldier, No. 1 Overseas C.A.S.C. T.D.

THE TWO
WITNESSES
MUST
SIGN HERE

Signature of Second Witness D. J. Smith

Address of Witness Fort Osborne Barracks. Winnipeg. Man.

Occupation of Witness Soldier. No. 1 Overseas C.A.S.C. T.D.

FORM OF WILL

VICTOR W. LYON

years in 1911

I hereby declare that I am of sound mind and memory and being free of all legal disabilities I hereby make, publish and declare this to be my last will

I bequeath all my real estate unto

Miss Irene Woodruff of Iowa, I leave

and I bequeath all my personal estate I bequeath to said Miss Irene Woodruff

IMPORTANT NOTE The must be signed and attested by the witness hereafter

Witness my hand and seal this 1st day of July 1911

Witness my hand and seal this 1st day of July 1911

Witness my hand and seal this 1st day of July 1911

Witness my hand and seal this 1st day of July 1911

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....
 **No. 1 Overseas C.A.S.C. Training Depot**

(2) Regimental Number **2115489 523861**

(3) Full Name of Soldier..... **Lyon, Victor Wynne.**

(4) Place of Birth **Springfield, 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? **---**

(8) Have you any children?..... **---**

If so, give number of boys and girls..... **---**

Also their names and ages..... **---**

..... **---**

..... **---**

..... **---**

..... **---**

(9) Is your Father alive?..... **No.**.....

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

(10) Is your Mother alive?..... **Yes.**..... **Jean Eliz. Carth.**.....

If so, state name and address..... **Curtis Court,**.....

..... **Winneapolis, Minn., U.S.A.**.....

(11) If your Mother is a widow..... **No.**.....

Are you her sole support, or not?..... **No.**.....

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

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

..... **MISS. Irene Woodruff (Friend)**.....

..... **Mound, Minn., U.S.A.**.....

(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.

W. S. Legrum

Office Commanding..... **Capt.**

O. C. No. 1 Overseas C. A. S. C. Training Depot

Date..... **'AUG 3 0 1917**.....

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

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

No. 52861 Rank S.P.R. Surname L. YON
(Given name in full)

Unit or Corps 1st C.E.R.B. Birthplace VICTOR WYNNIE Springfield, Ont. Can

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

1. GENERAL DESCRIPTION:

Physique Good Weight 144^{Est} lbs. Height 5 ft. 8 1/2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 76
 Condition of arteries Palpable
 Vision Rt. has Left has
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Two moles left cheek.
Birth mark end of penis.

Opinion as to general health and physical condition Good

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

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

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

Admitted to Y.C.C.S. Abuminaria 28-5-18
.. 22nd Gen. P.U.O 29-5-18
.. 5th C.F.A. Debility 22-10-18
.. Netley .. 30-10-18
.. Epam .. 8-11-18

no disability found at present.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date 11-2-19

Signed D.P. Byers Capt M.O.

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

Signature Victor W. Lyons

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

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

Signature

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

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

[OVER]

Canadian Division,
Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

11.11.1918.

Division..... Hut.....
D. Hut. 71

CASES FOR EXAMINATION AND REPORT BY:

(OPHTHALMIC SURGEON.)

~~(AURAL SURGEON.)~~

Eye Report

CC.E.

AT COUNTY OF LONDON WAR HOSPITAL, HORTON, EPSOM.

Reg. No. *2115489* Rank & Name *Spr. Lyon V.W.*

22

Complains of... *Pain behind eyes & blurring of vision -*

after reading.

157/11 *Capt. R.*
C. A. M. C.

QUESTIONS.

ANSWERS BY (OPHTHALMIC SURGEON.)

~~(AURAL SURGEON.)~~

(1) Does he need Hospital Treatment ?

No

(1)

No

(2) Will he be fit for Overseas

No

(2)

No

(a) With Glasses.

(a)

No

(b) With Treatment.

No

(c) Is any prescription given for glasses ?

No

Meibomitis in many.

Ret. nearly 6/6 + .50/6

cc.

REMARKS.

*condita due to gen. eye disease
no eye case need; treated*

157/11 JRM ason

Capt. R. A. M. C.

Signature of M.O., examining Case.

Horton (County of London) War Hospital, Epsom.

1/10
1/10
1/10

1/10

21.0000
Gain Annual
1/10

1/10

1/10

1/10

1/10

1/10

1/10

1/10
1/10
1/10
1/10
1/10

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name Sgt. Lyon

Age _____

Military Hospital R.V. Kelley

Service _____

Disease _____ Date of admission 30/8/18

Date of discharge _____

Result _____



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

Signature _____ In charge of case.

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps "A" Sec. No. 1.F.A.D.

Regimental No. 523861. Rank Pte Name Lyon Victor Wynn

C. E. F.

Enlisted (a) 24/3/16 Terms of Service (a) Service reckons from (a)

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

Extended Re-engaged Qualification (b)

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

4th A.C.S. S. O. S. "Underage" Camp 29.5.16 Auth. Dros on file.
Hughes

[Handwritten signature]
[Handwritten signature]

(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				

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—1,
Part I.

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

Nothing to be written in this margin.

W 1889—PP 1150 1M 5/18 G.W.P.Co (34)0

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) _____ (date) _____	Initials and Rank of an Officer.
--	---	-------------------------------------

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

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

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

523861 Ote. Lyon, Victor Wynne

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

15-2-19	ICERB	S.O.S to M D Wing No 4 Kimmel Park pending Canada			15-2-19	Ot 2-19
---------	-------	---	--	--	---------	---------

W. W. W. W.
 Lieut. C.E.
 for Lieut. Colonel, C.E.
 Commanding 1st Canadian Engineers Reserve B.

15/2/19 T.O.S G.O.C. Kimmel Park for return to Canada
 Part II Order No.

10/3/19 *W. W. W. W.*

S.O.S. G.O.C. Kimmel Park on
 Embarking for Canada Part II Order No.

CELTIC
(EMBKO. LVR L MAR. 10. 1919)

J. Leach
 Lieut.
 Officer i/c Records
 No. 4 M.D. Concentration Wing.

Nothing to be written in this margin.

1-4-19	O/S	T.O.S. DD#4	Montreal	10-3-19	D.O. Pt.2-91
1-4-19		S.O.S. DD#4			
		Demobilization		20-3-19	D.O. Pt.2-91

Chas. H. H. H.
 Lieutenant
 Assistant Adjutant
 District Depot No. 4. 1420

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.

313.
12

No. 114 Whimpeg Det Case Base Depot.

No. 1 Overseas C.A.S.C. Training Depot

52386 Unit, Regiment or Corps.

Regimental No. 9115499 Rank Private Name LYON, Victor W. June

C. E. F.

Enlisted (a) Aug. 21/17 Terms of Service (a) C.E.F. Dofw. Service reckons from (a) Aug. 21, 1917.

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

Extended..... Re-engaged..... Qualification (b) No. 1 Field Ambulance, Discharged

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 H.M.S. Megantic	Halifax	5/9/17.	
		Disembarked	Liverpool	15/9/17.	
20-9-17	O.C., C.A.S.C.B.D.	Taken on strength of C.A.S.C.B.D.	Shorncliffe	15-4-17	PART II. ORDER No. <u>18</u>
NOV 9 - 1917	O.C., C.A.S.C.B.D.	Trsd: <u>C.E.T.D.</u>	Shorncliffe.	NOV 6 - 1917	PART II. ORDER No. <u>61</u> <u>W. W. Barry Lieut.</u>
6.11.17	C.E.T.D.	TOS of C.E.T.D. from CASE	Seaford	6.11.17	Part II. Ord. <u>259</u>
27 MAR 1918	O.E.T.D.	Struck off strength of C.E.T.D. To <u>No. 1 Jun. Co. France</u>	Seaford	27.3.18	Part II Order No. <u>73</u> <u>Lieut. C.E.</u> <u>Adjutant, C.E.T.D.</u>

(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				
5 ⁴ / ₁₈	64BD	SOS Amponat	64BD	5 ⁴ / ₁₈	780
15 ⁴ / ₁₈	do	SOS to	Unit-	15 ⁴ / ₁₈	1165
20 ⁴ / ₁₈	OC	Reg Unit-	Field	17 ⁴ / ₁₈	B213.
25 ⁵ / ₁₈	7CES	allowances	ad 7CES	25 ⁵ / ₁₈	73970
24 ⁵ / ₁₈	1/3 Lt. Fa.	do	ad 1/3 Lt. Fa.	24 ⁵ / ₁₈	3865
25 ⁵ / ₁₈	do	do	ad 7 CES	25 ⁵ / ₁₈	3207
29 ⁵ / ₁₈	22 sent	P.M.O.	ad 22 sent	29 ⁵ / ₁₈	4745
27 ⁵ / ₁₈	7CES	do	ad 14 a.s.	29 ⁵ / ₁₈	4688
4 ⁶ / ₁₈	22 sent	do	ad 6 Depot	4 ⁶ / ₁₈	5559
4 ⁶ / ₁₈	6 Depot	do	ad do	4 ⁶ / ₁₈	8685
70 ⁶ / ₁₈	64BD	SOS A.	64BD	30 ⁶ / ₁₈	947.
30 ⁶ / ₁₈	6 Depot	P.M.O.	ad 3 n B Dept	30 ⁶ / ₁₈	8202
23 ⁷ / ₁₈	64BD	SOS	to CERC	23 ⁷ / ₁₈	1321
23 ⁷ / ₁₈	64BD	SOS	64BD	23 ⁷ / ₁₈	1129
	WO	SOS I TUN COL TO 6 BATTN CE	Field	11 ⁷ / ₁₈	963
	"	T.O.S. 6 Bn. b. E.	"	12.7.18.	P.O. No. 23 of 23.9.18.
5.9.18.	b. b. R. b.	left for. 9 Bn. b. E.	"	5.9.18.	N.R. (I) 1553.
7.9.18.	9 Bn b E.	arrived 9 Bn. b. E.	"	6.9.18.	B213.
23.9.18.	"	left for. 6. Bn. b. E.	"	25.9.18.	K.C. 17. 2060. 1
27.9.18.	6. Bn. b. E.	Rejoined Unit	"	25.9.18.	B213.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 523861 (Rank) Sgt

Name (in full) LYON, VICTOR W. enlisted in

the No 1. C.A.S.C Training Depot.

CANADIAN EXPEDITIONARY FORCE at Winnipeg Man on the 21st

day of August 1917

HE served in France

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 23 2/12

Height 5 ft. 8 in.

Complexion Dark

Eyes Blue

Hair Dark Brown

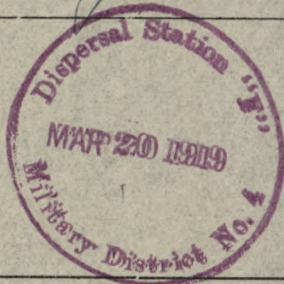
Marks or Scars

Nil.

Victor W. Lyon
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge



Lieutenant
Officer in Charge, Section, Dispersal Station.
Rank

Date Mar 20 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1000 (Rank) Private W. J. ... enlisted in the Canadian Expeditionary Force at ... on the ... day of ... 19... HE served in ... and is now discharged from the service by reason of Demobilization Medical Unsound

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

Age	<u>...</u>
Height	<u>...</u>
Complexion	<u>...</u>
Eyes	<u>...</u>
Hair	<u>...</u>
Signature of Soldier	<u>...</u>
Date of Discharge	<u>...</u>
Rank	<u>...</u>
Leaving Officer	<u>...</u>
Date	<u>...</u>
Mark or Scars	<u>...</u>



Note: As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to the undersigned envelope to the Secretary, Military Council, Ottawa, Canada.

M. C. H. 1000
1010 D. 1. 2000-11-12
H. 1. 1772 30 222

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1/18	1/19	EFFECTIVE DATE: 1/18	
AMOUNT: 15 ⁰⁰	15 ⁰⁰	AMOUNT: 15 ⁰⁰	

NAME: L YON. Victor Wayne
 NUMBER: 2115489 523861
 D.O.B. 13/1/18

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

~~Miss J. Woodruff, Friend,
 Curtis Court, Minneapolis,
 Minn. U.S.A.~~

~~Mrs. Elsie (wife)
 119, Pennock St.,
 Minneapolis, Minn. U.S.A.~~

Miss J. Woodruff (friend)
 Curtis Court,
 Minneapolis, Minn. U.S.A.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
17/12		3191	4847				
11/1		3419	487				
16/1		3492	2950				
5/2		3525	1460				
			9734				

UNIT AND TRANSFERS

ORIGINAL UNIT: 6620

DATE ACCOUNT FIRST OPENED: 1/19

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
259-7/14	1-1-18		6620
20-4/18	1-4-18		1st Innalco

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Jan	Pay	33		C.A.P.				15	61.82	60	
Apr				678 G.A.D. 14/4/18	4.46						
				148 17th Co. 22/4/18	4.46						
		33			8.92			15	40.90		
May	Pay	34	10	342 17th Co. 6/5/18	3.54						
				449 17th Co. 18/5/18	4.46						
				C.A.P.				15			
		34	10		8.03			15	81.94		
June	Pay	33		C.A.P.				15	99.97		
		33						15			
June	P.P.	34	10	C.A.P.				15			
				OR. 5659 Ban Base Depot. 7/7/18	8.92						
				OR. 6687 Ban Base Depot. 21/7/18	4.46						
		34	10		13.38			15	105.69		
AUG 1918		34	10	1583 48 core	3.57			15			
				1807 17/8	3.57						
		34	10		7.14			15	717.65		
SEP 1918		33		460 2/9 900	3.57			15	132.08		
		33			3.57			15			
OCT		34	10	516 4/10 8	3.73			15	1474.00		
		34	10		3.73			15	1474.00		
Nov		33		HR 2-5-18	9.73			15	1499.07		
Dec		34	10	27/11 epm. 25	24.33						
				6976 2/11 Eps.	24.33			30	1540.2		
Jan		34	10		58.39			45	1500.60		
					48						
Feb	Pay	30	80	Cap (Orn)				15			
Mar	Pay	33						15			

W
 Str. out
 mil

Company
 Service

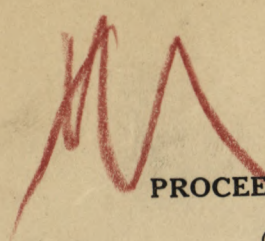
NUMBER

RANK

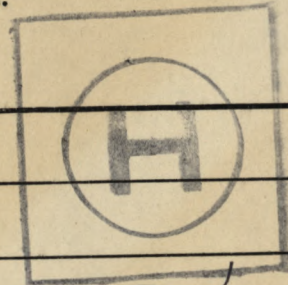
NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
		30	43					15	154 02		
				3191 $\frac{17}{12}$	4867	✓					
				3525 5 $\frac{2}{19}$	1460						
				M.O. 4 1394 19/19 K.P.K.	973	✓					
				PEM. 10.22 31/19 1 C.F.R.B. *	5840	✓					
				9801 M.O. 4 6/19 K.P.K.	973	✓					
					11112						
				3492 10/19 2 C.F.R.B.	2920						
				3419 11/19	487						
				N.E. SECT. ADVISED 26/19 *					4 45		
		31	43		14520			15			
				S.O. 1 to Bureau							
				J.L. #26 Unit 6 & R.B.							
				10 $\frac{3}{19}$ in D # 4							

10/2/19



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



3

1. No. 0523861

2. Rank. Sgt

3. Name. LYON Victor W.

4. Unit. 1st C.E.R. Co.

5. Date of Discharge 20.3.19 1-4-19 Place Montreal

6. Reason for Discharge Demobilization

WAR SERVICE BADGE, CLASS "A" No. Group No 50

7. Authority. R.O. 1420 DD#4 D.O. Pt.2-91

8. Proposed Residence after Discharge Saskatoon
90 University of Saskatchewan, Sask.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. B. 39 Montreal
Mar 20 1919
Victor W Lyon (Signature of Soldier.)

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Emb'dk Lvp!-Cetic Mar 10/19 Montreal
Deb'kd Halifax MAR.18.19

Date Mar 20. 19

RECEIVED RECORD OFFICE
APR 11 1919

Signature [Signature] (O. C. Discharging Unit.)
Officer in Charge, Discharge Section, Dispersal Station "F"

SHORT FORM

PROCEEDINGS ON DISCHARGE

(Continuation)

1. Name	
2. Grade	
3. Unit	
4. Date of Discharge	Place
5. Reason for Discharge	
6. Authority	
7. Proposed Residence after Discharge	
8. Signature of Soldier	
9. Signature of Discharge Clerk	
10. CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Place	Date
Signature	

LIST OF DISCHARGE DOCUMENTS

1. Discharge Paper, Hospital	1. Discharge Paper, Hospital
2. Certificate of Discharge	2. Certificate of Discharge
3. Medical History Sheet	3. Medical History Sheet
4. Laboratory Report	4. Laboratory Report
5. X-ray Film	5. X-ray Film
6. Pathology Report	6. Pathology Report
7. Dental History Sheet	7. Dental History Sheet
8. Medical Report	8. Medical Report
9. Hospital Contract Book	9. Hospital Contract Book
10. Company Contract Book	10. Company Contract Book

LIST OF DISCHARGE DOCUMENTS.

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

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

esw

Group..... *A*

Checked by No. *232*

Date *3/19*

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2115489	Spr	Lyon	Geoffrey V.N.
Year	523861	Unit.	Age.	Service.
	6 th	6 th		

Station and Date. Disease Debility Conv.

Convalescent Hospital,
No.
Date.
Woodcote Park, Epsom.

States had pain in left shoulder & some swelling of left side neck last month arm still weak. Heart fast. 108.
L.D. 5 & R.Ls.
F. Pepperidge

14/11/18 Complains of pain tearing eyes and blurring of vision
To see eye specialist
off R.S.

Feels much better and quite fit for discharge & A.
Hed Street

Station
and Date.

*Auth. R.L. 4-94-62. R. 1144.4506
266RB. No. 176d/13/12 523861
18-1115489*

Rank _____ Name LYON, Victor Wynne
 Unit _____ If in perm. Corps, }
 What Unit? }
 No 14 Winnipeg Dft CASC Base Depot
 Married or Single Single.
 Place and Date of Enlistment Winnipeg, August 21st, 1917. Place of Birth Springfield, Ont. Can
 Name and Address, Next-of-Kin Irene Woodruff.
 Mound, Minn, U.S.A. Relationship Friend

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

7052
 N/E. R.B. No. _____
 F.No R.L. _____
 Category **CAN. CR**

Discharge, Date and Place _____ Reason *Active* Character *Very Satisfactory*

H. W. & V., Ltd.,—9546-16.

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.				
	<i>e/</i>	Arrived in England		<i>9 APR 1918</i>	S/S Megantic
20-9-17	<i>Care B.D.</i>	<i>S.O.S. from Canada</i>	<i>S. d'Arce</i>	<i>15-9-17</i>	<i>RAIT 15</i>
7. 11. 17	<i>CETD</i>	<i>T.O.S. from CASC Dept</i>	<i>Seaford</i>	<i>6. 11. 17</i>	<i>259</i> <i>CASC R. 10. 61</i> <i>d/9. 11. 17</i> <i>O.C.</i>
27. 3. 18	"	<i>S.O.S. to 1st T.N.C. Overseas</i>	"	<i>Apr 27-3-18</i>	<i>73. 1st T.N.C. # 204 4. 4. 18</i>
23. 9. 18	<i>6th B.C.B.</i>	<i>T.O.S. from 1st T.N.C.</i>	<i>Julia</i>	<i>12. 7. 18</i>	<i>23 163 9 21 9/18 1st T.N.C.</i>
11. 11. 18	<i>6th B.C.B.</i>	<i>S.O.S. from 6th B.C.B. Seaford</i>	"	<i>30. 10. 18</i>	<i>2954 41 9 15 1/8 6th B.C.</i>
2-12-18	---	<i>S.O.S. to 266RB</i>	"	<i>27-11-18</i>	<i>313 416 9 d/5 1/8 266RB</i>
14. 1. 19	<i>266RB</i>	<i>Granted permission to marry</i>	"	<i>14-1-19</i>	<i>PII 14</i>
29. 1. 19	<i>I.C.E.R.B.</i>	<i>T.O.S. from 2 C.E.R.B.</i>	"	<i>28-1-19</i>	<i>84 2nd C.E.R.B. 23 d. 28/19</i>
17-2-19	<i>425 MD Phy</i>	<i>S.O.S. from 6th B.C.B. Hyge</i>	"	<i>15-2-19</i>	<i>42 168 RB 39 d/15 19</i>

2115489

Lynn V.W. 2115489

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.				
17-3-19	H M.D. Rhyll	S.O. S. to Can. M.D. Rhyll		26.F. 103,9. Apr. 10. 3/19 No. 66.	

Casualty Form—Active Service.

Regiment or Corps *6th Bn. Can. Engrs.*

Rank *Spr* Surname *Hyon* Christian Name *V. W.*

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<i>22.10.18.</i>	<i>5 b.F.amb.</i>	<i>Debility</i>	<i>adm. to 5 b.F.amb.</i>	<i>22.10.18</i>	<i>A1289 In 147</i>
<i>26.10.18.</i>	<i>5 Gen.</i>	<i>do</i>	<i>adm 5 Gen.</i>	<i>26.10.18</i>	<i>W.9798. In 147</i>
<i>25.10.18.</i>	<i>5 b.F.amb.</i>	<i>do</i>	<i>to b.b.S.</i>	<i>25.10.18.</i>	<i>A1415 In 823</i>
<i>26.10.18.</i>	<i>22 b.b.S.</i>	<i>do</i>	<i>adm. 22 b.b.S.</i>	<i>25.10.18.</i>	<i>A1485 In 868</i>
<i>25.10.18.</i>	<i>6 Bn. b.E.</i>	<i>To hospital</i>	<i>Field</i>	<i>21.10.18</i>	<i>B213</i>
<i>29.10.18.</i>	<i>5 Gen.</i>	<i>Debility</i>	<i>to England.</i>	<i>29/10.18.</i>	<i>W.158. In 2118.</i>
<i>29-10-18.</i>	<i>O.C.-H.S. Guildford Castle.</i>	<i>Invalided (SICK) and Posted to Canadian Engineers Regimental Depot. Seaford</i>		<i>29-10-18</i>	<i>A.F.W-3083-6427 Pt-11-41. 12-11-18</i>
					<i>Lieut. G.H.Q. 3rd Echelon.</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) **[P.T.O.]**

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
11-11-18	C.E.R.D.	IOS from 6 th Bn C Co	Seaford	30-10-18	Do 295
					W. Lundy FOR LT: COL: I/C RECORDS, C.O.M.F.
2-12-18	C.E.R.D.	S.O.S. posted 2 nd C.E.R.B	Seaford	27-11-18	Do 313
					Lieut FOR O.C GER
5-12-18	2 C.E.R.B	IOS from C.E.R.D	Seaford	27-11-18	Ph 1006 169
13-12-18	2 C.E.R.B.	Regimental number of this to be changed to 523861 Authy R.L. 4-94-62 over R 2 A4 - 4506	Seaford	13-12-18	Part II ord 176
14-1-19	2 C.E.R.B.	Granted permission to marry	Seaford	14-1-19	(H. Ord)
28-1-19	2nd C.R.B	S.O.S. to 1st C.R.B.	Seaford	28-1-19	Part 2 Order 4.25.
					Lieut for Lieut-Col. Commandin, 2nd C.R.B. nos. attn.
29-1-19	1st C.R.B	U.C.S. from 2nd C.R.B.	Seaford	28-1-19	Part II: B. 10.24.

DUPLICATE

AUDITOR [Signature] PAYMASTER [Signature]

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

M. OR S. *Y* REGT. No. *523861* RANK *Sp* NAME (IN FULL) *LYON, V. W*

ORIGINAL UNIT C.E.F. *C.A.D.C.* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

ADDRESS *105* EFFECTIVE DATE *10-3-19* AUTHORITY *2091 Sep 2 P.F.B.*

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *11-5-19* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY *15.00* DATE EFFECTIVE *1-3-19* *60 M. into 31-5-19*

PAYABLE TO *Mrs. Elsie Phoebe Lyon* RELATIONSHIP *wife* ANY CHANGE IN ASSIGNEE OR ADDRESS *W-56 Royal Bank (S.C.)*

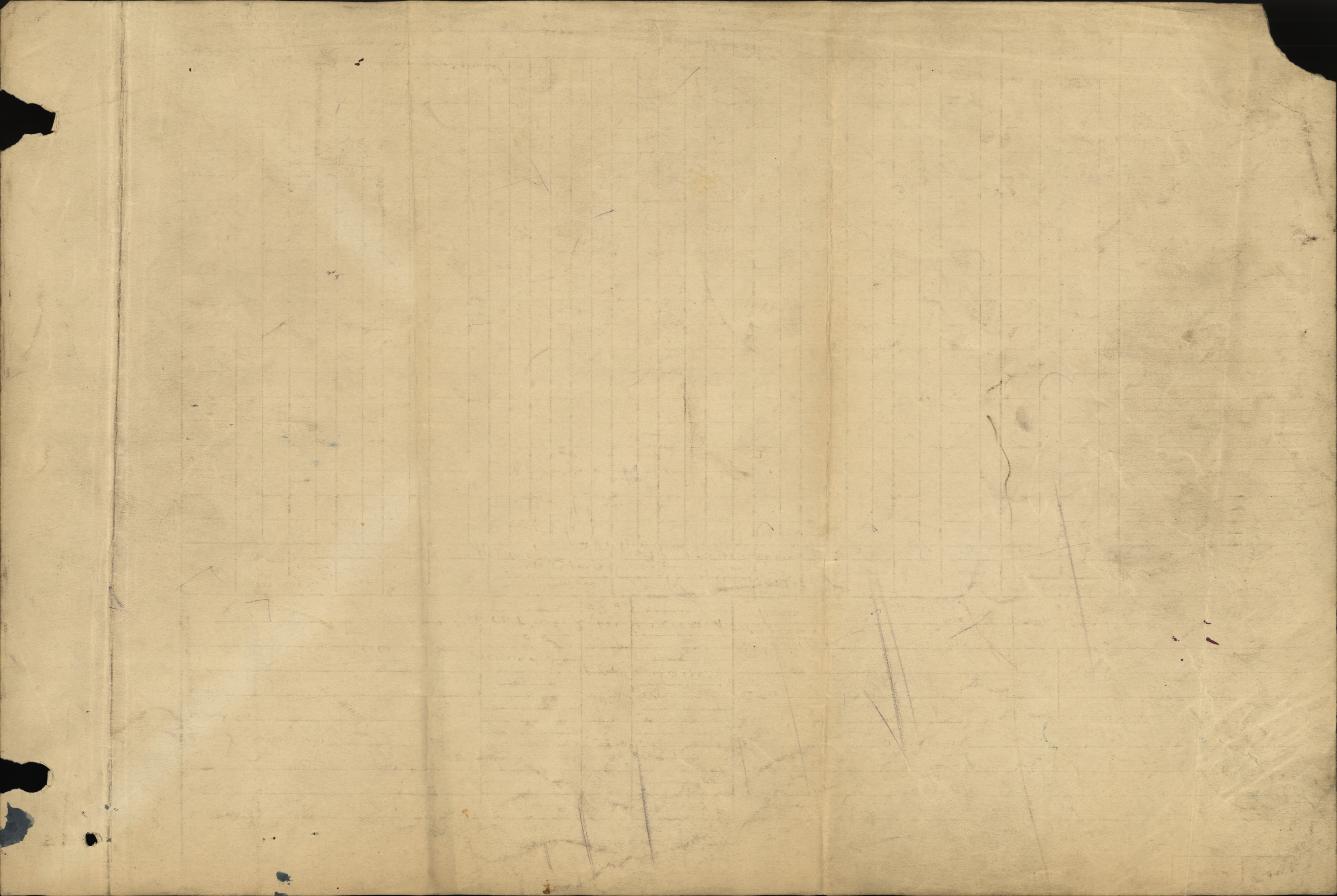
ADDRESS *119 Jamaica Road, Plymourey London S.E.16* *9 Norway St Boston Mass.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *Montreal* DATE *20-3-19* REASON *Demol.* AUTHORITY *2091 Sep 2 Capt. C.B.* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
				53.65													<i>Blk Ca 8206 53.65</i>
<i>1-3-19</i>	<i>30</i>	<i>1.50</i>	<i>4.50</i>														<i>Can Cdn 35.00 11.50 70.00</i>
<i>15-1-19</i>			<i>70.00</i>														<i>C.P. Mend. 15.00</i>
				<i>138.10</i>													<i>P.A. apd 21-5-19 to 30-5-19 - 10 day.</i>
			<i>Other Credits</i>	<i>19165</i>	<i>War Service Gratuity</i>												<i>Commanded refund Pay 100</i>
			<i>W.S.G. S.A.</i>	<i>280.00</i>													<i>58.40 Remittance No 22 31/1/19</i>
				<i>250.00</i>													<i>AP 11519-V-3 22/6/19</i>
<i>20-4-19</i>																	<i>190595</i>
<i>23-4-19</i>																	<i>291815</i>
<i>25/5/19</i>																	<i>505563</i>
<i>20-6-19</i>																	<i>912896</i>
<i>11-7-19</i>																	
																	<i>100 = emp's p. 21-5-19 to 31-5-19</i>
<i>20-2-20</i>				<i>120.00</i>													<i>over P.A. 100</i>
				<i>400</i>													<i>100</i>
																	<i>1804629</i>
																	<i>700</i>
																	<i>300</i>
																	<i>100</i>

This is a Duplicate Sheet Watch for Original before making payment



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

L 8404

Jan 1/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 2115489 - 523861
 Rank Spr Promoted _____ Reverted _____ Discharge _____
 Soldier's Name Victor Wynne Lyon
 Battalion C.A.T.C.
 Beneficiary _____
 Relationship Friend
 Address _____

PARTICULARS OF ASSIGNMENT

Name Miss Irene Woodruff
 Address Curtis Court Minneapolis
 Change of Address Minn. U.S.A.
 1 Mount. Minn. U.S.A. M.S. 9418
 2 405 E Pasadena Ave Pomona
 3 California USA. MPO 17457-1878
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					11519-1-1-
Jan	2 70807		15	15	B 20K 23/18 mailed 28-1-18
Feb	11 74128		15	15	
Mar	2 90723		15	15	✓
Apr	0 3409		15	15	✓
May	N 13048		15	15	✓
June	Z 12654		15	15	✓
July	3 23900		15	15	✓
Aug	3 36307		15	15	✓
Sept	3 50052		15	15	
Oct	3 64829		15	15	
Nov	3 79395		15	15	
Dec	3 97578		15	15	✓ Jan. Z 110067 retur. + Rem. 13 ³ / ₄ 19 orb.
Jan	3 110067		15	15	
Feb	2 123396		15	15	✓ c.c.o. 10727 to Z 135460 orb. 17 ³ / ₄ 19. C. 20 ³ / ₄ 19
Mar	2 135460		15	15	✓ Pass sheet to Mr Bell - arny advised all requested. Z 123396 returns + cancelled 7 ⁴ / ₄ orb.

.....A/c Closed 28⁷/₄ 19
 Ret'd per celtic
 Date 18³/₄ 19 F.X. 27319
 Clerk Leasault



M. F. W. 128.
 400M. 5-17-1772 39-1141
 L. L. 22320-M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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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
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M. F. W. 128
400M-417-1773-38-1141
L. L. 23220-M. & D. 7983

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to *Mrs Elsie Lyon*
 Address *119 Jamaica Rd
 Bernonsey St 16*

Name *LYON. V. W.*
 From Canada: No. *523861* Rank *Spe* Unit *2CE
 Re Bn*
 Rank Authority Unit

ASSIGNED PAY

Authority Dol. Effect

*cancelable
 2243A 3/16/19*

ASSIGNED PAY	SEPARATION ALLOWANCE	"	"
<i>15</i>	<i>30⁰⁰</i>	"	"
<i>1-3-19</i>	<i>18-1-19</i>	"	"

ASSIGNED PAY AND SEPARATION ALLOWANCE
 BEING PAID IN ENGLAND UNTIL ADVICE
 FROM OTTAWA OF DISCHARGE OF SOLDIER
 NAMED HEREIN.

Month	Cheque No.	Assigned Pay	Amount Separation Allice.	Total A.P. and S.A.	REMARKS
DEC. 1919					DISCHARGED TO CANADA. <i>SA granted effect 30-1-19 Auth. and Gen (see file) Final Payment.</i>
JAN.					
FEB.	<i>Supplem F97450</i>		<i>43 55</i>	<i>£8-15-11</i>	<i>SA found } 18-1-19 to } 25-2-19 } Final payment = 18-9-10</i>
MARCH	<i>APR. SUP A43792</i>	<i>15</i>	<i>30</i>		
APRIL					
MAY	<i>A 79957</i>	<i>30</i>	<i>60</i>		
JUNE					
JULY					
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

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ASSIGNED PAY

ASSIGNED PAY and SEPARATION ALLOWANCE