6. ATTESTATION PAPER.
Divivional Signallers.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

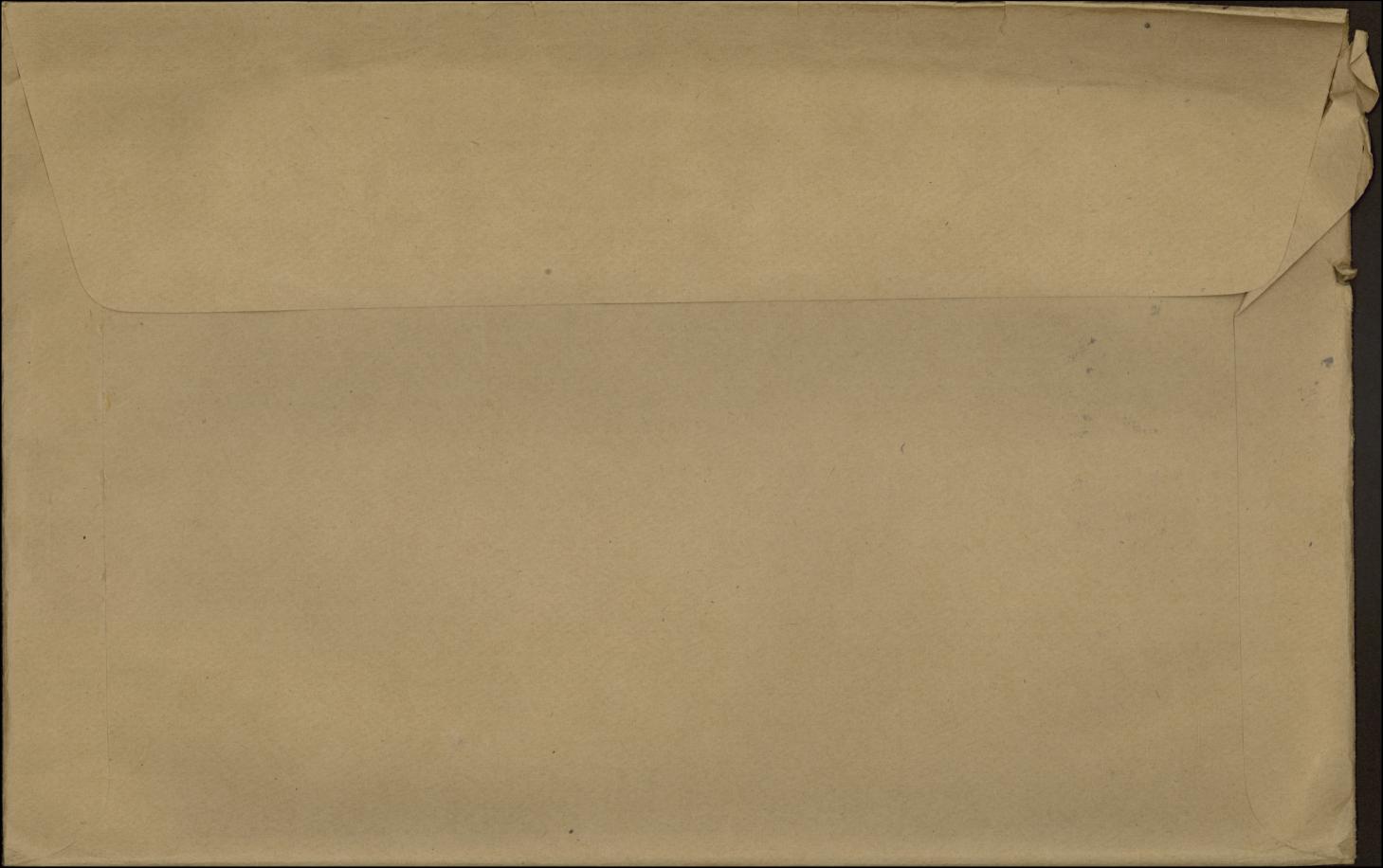
QUESTIONS	TO	BE	PUT	BEFORE	ATTESTATION.

	(ANSWERS.)	
1. What is your surname?	NORVAL.	
1a. What are your Christian names?	THOMAS.HOWARD.	
1b. What is your present address?	Central. Y.M.C.A College St. Toronto	On
2. In what Town, Township or Parish, and in what Country were you born?	Brampton Ont.	
3. What is the name of your next-of kin?	Eliza Norvel.	
4. What is the address of your next-of-kin?	Brampton Ont.	
4a. What is the relationship of your next-of-kin?.	Mother.	
5. What is the date of your birth?	12th Feb. 1895.	
6. What is your Trade or Calling?	Student.	
7. Are you married?	Single.	
8. Are you willing to be vaccinated or re-		
vaccinated and inoculated?	Yes.	
9. Do you now belong to the Active Militia?	No.	
If so, state particulars of former Service.	Yes. C.O.T.C 7 mos Private.	
11. Do you understand the nature and terms of your engagement?	Yes.	
12. Are you willing to be attested to serve in the )	Yes.	
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?		
by me now made, and I hereby engage and agree Force, and to be attached to any arm of the service existing between Great Britain and Germany shoul	to serve in the Canadian Over-Seas Expeditionary e therein, for the term of one year, or during the war now ld that war last longer than one year, and for six months electry should so long require my services, or until legally  (Signature of Recruit)	
OATH TO BE TAKEN B	Y MAN ON ATTESTATION.	
bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His M	the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, to help me God.  (Signature of Recruit)	
Date March 20th 1916.	MEdunation (Signature of Witness)	
CERTIFICATE	OF MAGISTRATE.	
questions he would be liable to be punished as prov The above questions were then read to the R I have taken care that he understands each		
before me, at	20th day of March 191 6.	
The state of the s	(Signature of Justice)	
M. F. W. 23. 600M.—2-16. H. Q. 1772-39-841.	4 -9 -6	

10000000	rent Age	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).
	Girth when fully expanded.  5 ft 92 ins.  35 ins.	mole rightthigh front.
Chest measure- ment.	Range of expansion	mole right shoulder.
	plexion Fair. Blue.	
Eyes	Brown.	The state of the s
Hair	Brown.	The property of the property o
	Church of England	Electric Comment and France touch he
	Presbyterian	
s ons.	MethodistMeth.	Control of the State of the Sta
Religious denominations	Baptist or Congregationalist.	
Reli	Roman Catholic	The same of the sa
der	Jewish	
	Other denominations. (Denomination to be stated.)	
free Date	He can see at the required distance with eit use of his joints and limbs, and he declares that  I consider him*  Fit. for the Ca  March 3	her eye; his heart and lungs are healthy; he has the
Place	*Insert here 'fit' or "unfit.'	Toronto Recruiting Medical Officer.
been a		he will fill in the foregoing Certificate only in the case of those who have
	CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
	Themas Howard Norval.	having been finally approved and
1000		of Attestation, and every prescribed particular having
	7. h.	O. C. Engineer Training Depot.

REGIMENTAL DOCUMENTS

NAME NORVAL, 1	HOMAS, HOWA	BD REGT. NO. 5'0 4420	UNIT 6-6	H. Q. FILE NO.	
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		031.	7/5/20	Spec-61	DEATH DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		n o A	mon	April 61	Category
TRAINING HISTORY SHEET (M.F.W. 113)		100	1/		Category
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 1	122)				
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 1	(20)				The second secon
COMPANY CONDUCT SHEET (M.F.B. 263A or A.I	F.B. 121)				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B.	. 178)				DISCUADOR
DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		CONTRACTOR OF THE PARTY OF THE			Odlegory A
MEDICAL EXAMINATION (M.F.W. 129)					memoc.
TRANSFER CLOTHING STATEMENT (M.F.W. 97	or D.O.S. 2)				
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 o	or A.F.A. 2)	THE STATE OF THE S			
DECLARATION, COURT OF INQUIRY (M.F.B. 259	or A.F.B. 115)	CHARLES OF THE PARTY OF THE PAR			DECEDION
LAST PAY CERTIFICATE (M.F.W. 44)				C8851	DESERTION
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A	A.F.B. 268)				
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICAT	E (M.F.W. 39A)	**************************************			1
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HILLER & OUL	My and the second			1	
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XIII					
W. 2589 100M-11-19 1772-39-1377	<b>可以为了,不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>				



H. Q. Reference		
No. 50 4420		Unit 3td DIV. Sigs
Surname MORE	ral	
Christian names T	homas Ho	ward
A CONTRACTOR OF THE PARTY OF TH		I am entitled by reason of my
service in	rance	on of War)
with 3 rd	Care DIV.	Signals.
No.		
Street CHur	CHST.	
Town Bran	npton	1 4119
County Pec/	County Or	it J. H. nowal
	WRITE IN BLOCK LETTE	(Signature)

O. H. M. S.



### SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

Suma Remarks .... Latest Addres Roll No

Next of kin		
Address on leave		
Address on discha		
Yes	Character on discharge	
2 / 20	Date and place of enlistment	
Diagnosis	Date of Med Boards	ical
Die S	Remarks	order extra
18/3/		A CONTRACTOR OF THE PARTY OF TH
1000		
TE STATE OF THE ST		
	3	

<sup>\*—</sup>Name will be given in full; surname first.

Co SARD NO. SURNAME. Varval. CHRISTIAN NAMES thomas Howard. UNIT Segnal training Cepat. 6th. 7. FORMER CORPS 7 Mas. C. O. J. C. CHANGE OF ADDRESS RELATIONSHIP TO SOLDIER Mother. ADDRESS Bramfeton Out. COUNTRY OF BIRTH ayada Brampton Chite Febs 12 th 1895 PLACE OF ATTESTATION Jacouto ofs. 19-6-16. 450 M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339. 1. L. 94504. M. & D. 6512.

MARRIED SINGLE YES. WIDOWER TRADE OR CALLING Student RELIGION Methodist. 21. YEARS U, MONTHS APPARENT AGE HEIGHT 5, FEET 9/2 INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 3. INCHES COMPLEXION Flair. EYES Blug, HAIR Brown, on Pt. shoulder MEDICAL EXAMINATION. PLACE Jarouto Out. DATE Mar. 3 rd 1916. Present address Central Y. M.C. a. Callege St, Garonto Ont.

NAME	now	al T.	H.		REGT. No.	504420	Section 1
RANK AI	ND UNIT		(3	Sig.			Section Section
NEXT OF	KIN						
CA	BLE		5	NATURE OF	CACHALTY		
No.	DATE			NATURE OF	CASUALIT		
		*					
	1.					М. F. W. 42—100м.—8-18. H.Q. 1772 39-893.	

DATE OF ADMISSION LIST No. HOSPITAL REMARKS 4 Gen. Basingstoke 18 12-18 Frac. B. Tibis acc. Discharged 1-5-19 " " B 402. B513

HOSPITAL

A. & D. CARD

AT Stor & Canadian Sen, Journal
A. & D. No M4T6408 PL. OF ACTION Trance
RANK Shr. REG. 504420 UNIT 3rd. Candro. Sigo SICK OR WOUNDED
NAME horval, JH AGE 23 RELIGION Meth.
PLACE IN HOSPITAL L
PLACE IN HOSPITAL L.  DIAGNOSIS acc. Wh trac Tilea R.
ADMITTED 12.18 FROM St.S. OF andrew
DISCHARGED TO C. M. Neafora
TRANSFERRED
SERVICE AT HOME 21 mol IN FIELD 9 mol
RESULTS
(See Document Card for M.H. Sheet and other Documents.)
[вта

# .... ..... ..... ..... ..... .....

FORM R. 149: THOMAS Reg. No. 504420 Name NORVAL. Rank Unit 3rd Canhow Lig lear & Next of Kin Casualty Place Movement .... .... .... 

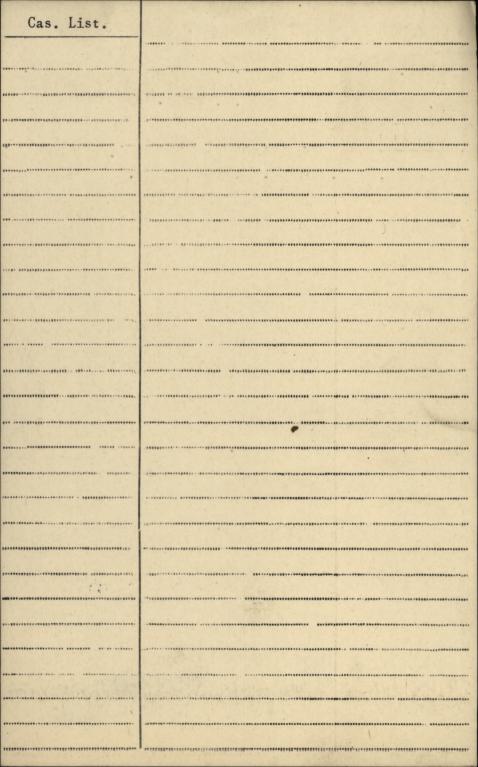
Name
Unit
Next of Kin

Rank

Reg. No.

-						
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	- 4	•				
				-		
		•••••••••••				
***************	***************************************					

Surname Christian Name or Names Reg. No. T.H. 504420. NORVAI. Rank Unit C.E. 3SIG. Spr. Cas. List. 4.C.G.H. Basingstoke. 18-12-18. Fract. R. Tibia Acc. %. 20-12-18.B402 D.M.S. 1300. 50M-30-8-18.



### MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Thomas Norval
Address Brampton,
Ont

Rate 1600

JUL 1 = 1916

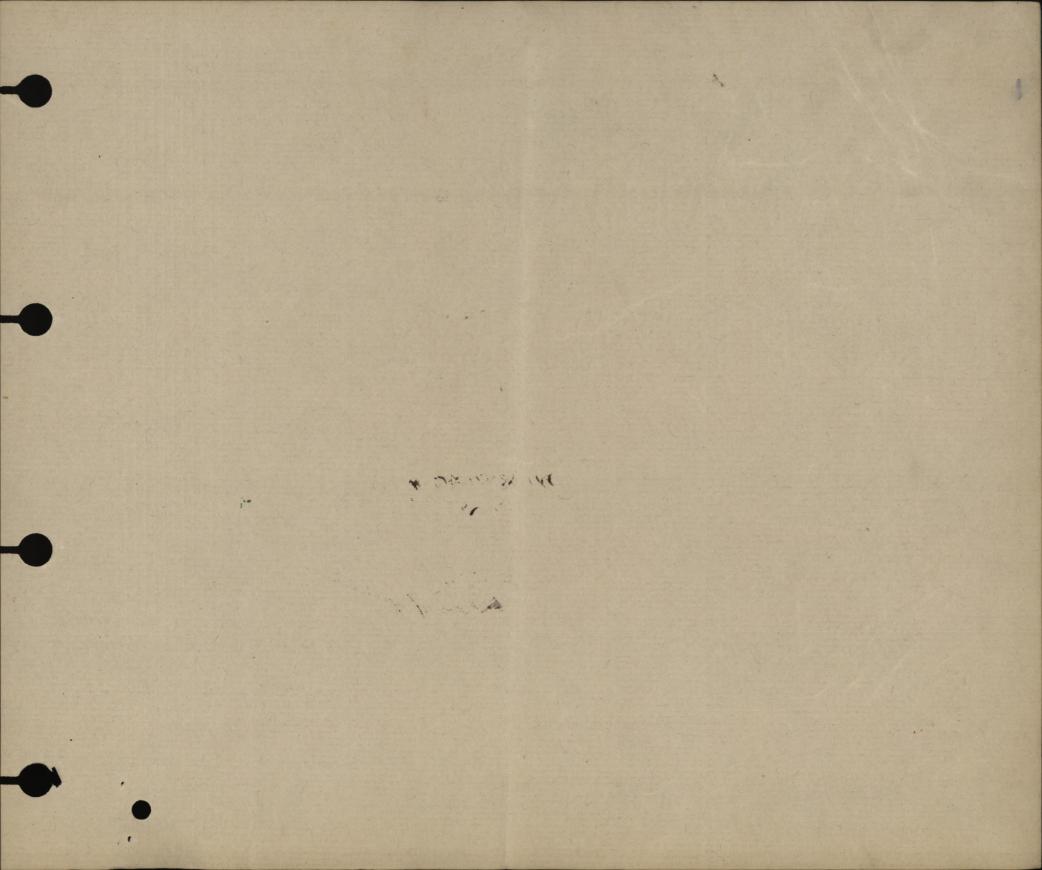
By Whom Assigned Norval T. H.

Regtl. No. 504420

Rank Spr.
Corps Sig Sraft

### **PAYMENTS**

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			NSOL
	Feb.				O RE
	March				
	April				OUNT
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.			Count	
	Dec.				· · · · · · · · · · · · · · · · · · ·
	Jan.	1916			
	Feb.				
	March				
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# ASSIGNED PAY

Sheet No. 2. Thos. Norval
PAYMENTS. # 504420 Name of Soldier Norval L. L. Job 310.-Reg. 6574,

La Li o co o zot zvode corm					~	04420	-
	Month.	Year.	Cheque No.	Amt.		/6 00 Remarks.	
	April	1916					
	May						
	June						
	July	1	9304	16			
	Aug.		211228	16			
	Sept	. 0	4 17970	16			
	Oct.	7 3	22703	16			
(Proj C	Nov.	6	27542	16			
9	Dec.	×	2875.8				
	Jan.	1917	39797	16			
	Feb.	4	5-05-40	16		11 6	
	March	W	5-05-40	16		16 60	
	April	7	10733	16		16_Ch	
NO SECURITION OF THE PARTY OF T	May	7	10733	16		16 Dw	
	June	. S	17169	16		Bu .	
	July	I	24993	16			
	Aug.	T	31371	16			
	Sept.	K	38567	16			
Control of the Contro	Oct.	D	45511	16			
	Nov.	- S	45924	16			
	Dec.	y	58098	16			
	Jan.	1918	1000	18	8	03	
	Feb.			20			
	March						
	April						
	May						
	June						
	July						

### MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

NECESSARIA (SECOND	E MANAGEMENT			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.		A STEEL STEEL							
March									
April									
May									
June									
July									
Aug.									
Sept.									
Oct.									
Nev.									
1404.									

Forms I. 1237 14

## MEDICAL CASE SHEET.\*

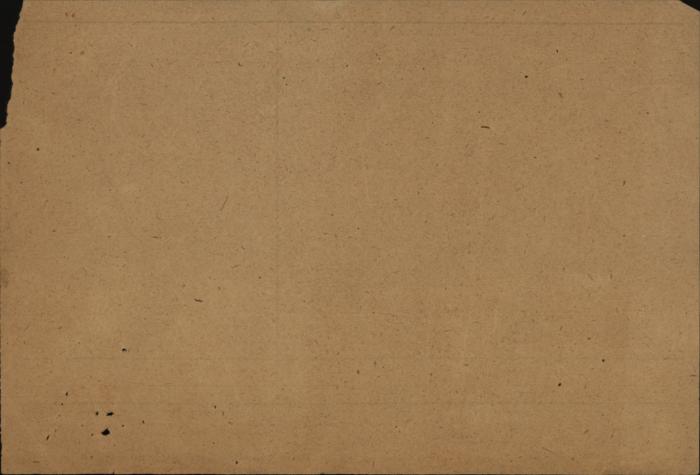
No. in	Regimental No.	Rank.	Surname.	Christ	ian Name.
Admission and Discharge	504420		Norval	.J.H.	
Book.		Unit.		Age.	Service.
Year.	•				
Station and Date.	Disease PLa	rynge	Zi		
	Nose.	Septer	u des	acted	to right
			e, beer		
	Larymo		edly -	injecte	2
	Ears.	clean		2	
	· Ke	ann	g - NO	Comp	Hauh
			7	plane	~'
	<b>y</b>			•	
	•			1	

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

(A 1014) W3031/P/206 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

Station and Date. E.

880. CS 186. W.503/I	P.36. 20,000 Pads. 10/17. N.P.A. Ltd.			Army Form	W. 3172.
		Vox Catto H	ospital.	(In pads o	f 50)
Ward 1	Kuin	No. of Bed	Date Sec	18.	
Regl. No	Rank and Name.	Corps.	Par	t to be X-Rayed.	
504420	Sm. Norva L	3rd Can. Dev. Sgril;	Right Lag	hicable.	than time
	HISTORY OF CASE.	REPORT ON RES	SULT OF X-RAY		N.
huber lega	have in right	No. of Plate #871.			
ly I wan		R. Tibia	fractu	red in	ost
Evenue 1	Hade 1 R. Tile	nil. Fibre	a intaé	$\tau$ .	
	middle Com				
have .					
	is IRM . Iso				
Signature of M.	o. Masurezan	Signature of Radiograph	er Q.74:	Roeps	Capr.
Date	18.18.	Date 19. 12.18			
				Jan San San	A STATE OF THE PARTY OF



# 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.

823	
N	504420 Rank Surname NORVAL
	the town name in full)
TI	hit or Corps 3 CHB Birthplace Bramkton Out.
7	
/.	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)  GENERAL DESCRIPTION:
ı.	1 1 1 1
	Nutrition Identification marks, scars, or deformities.  Pulse
	Condition of arteries normal male right
	Vision Rt. 20 Left 20 Shoulder
	Hearing (conversational voice) Rt. Sft.
	Left2
Op	pinion as to general health and physical condition
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.)
No. of the last of	Nervous System
San	Special Senses
	Disturbance of MentalityMuscular System
	Osseous and Joint System? Any other general condition
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.
/	g. Desimstate 17-12-18=1-5-19. accord
40	frat al
	Fract of R. Talua
	( ) Clica
	good recovery.

# **EXAMINATIONS**

THIS SECTION FOR		
Examined at Seafer.  Date		Signed M.O. Signed M.O.
I hereby certify that I h condition; that I find it corre ing any other affections from	ave read, or have heactly stated; and that a which I suffered, e	rd read, the above description of my present I have not withheld any information concern- ther prior to or during service. gnature completed by Medical Board.)
THIS SECTION FOR	USE IN CA	NADA—
Examined at	(Canad	2)
Date		Signed
condition; that I find it corre ing any other affections from	ctly stated; and that which I suffered, eit Sig	rd read, the above description of my present I have not withheld any information concern- her prior to or during service.  gnature  completed by a Medical Board.)
		rection with Section a grantest culture

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

# REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

* To be rendered in accordance	e with instructions on the back of this form.
1. Number, Rank, Name, and Unit of injured man.	Date of Casualty.  504420 Sapper  RVAL, T.H.
2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)	Cap t. Canc. Medical Officer.
3. Short statement of the circumtstances of the case. (Signed statements of witnesses to be attached to this form.)	ieut. W. D. Burden, was O. i/c. of exercis ide on this date, and is convinced that he evidence as shown in the statement of Sapper Gedge, is quite correct.
(Statement of wi 4. Commanding officer's opinion as to whether the man was:—  (a) In the performance of military duty.  (b) To blame.  (c) Whether any other per- son was to blame.  Date 10-12-18.	tness attached)  Statement of Condense Lieut.  for O. Cmdg.  A.G's. BRANCH.  G.H.Q., SRD ECHELON.  YES  Date 1 9 DEC 1918  No E4  NO. CASUALTIES.  We was any Lieut  For O. Commanding 3rd Cdn. Div. Sig.
5. (a) Opinion of G.O.C. Brigade. (b) Disciplinary action taken or proposed, whether against injured man or another.	Commanding Brigade

[Continued Overleaf.

Forwarded with reference to my Casualty Wire No. dated  Old Selection  Brig-General.  Date 14-12-18. Commanding ord Canadian Division.	To G.H.Q., Army	" A."	
	Forwarded with reference to	my Casualty Wire Nodate	ed
		Inhalpelant	00/3 (200
	Date14-12-18.		

G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as \_\_\_\_\_\_\_\_ NJURED (ACC.)

Date 28/13/18

INSTRUCTIONS.

- 1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a compare, or to other extraneous circumstances.
- 2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.
- 3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.
- 4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

### Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

- 5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was alterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).
- 6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maining.

STATEMENT OF NO. 766578 Sapper Gedge, G.H., who witnessed the accidental injury of 504420 Sapper Norval, T.H., December 10th, 1918.

Sapper Norval was riding in an exercise ride to-day, when his horse crowded too closely to the horse in front which suddenly lashed out and kicked him very severely on the right shin about 4 inches above the in-step.

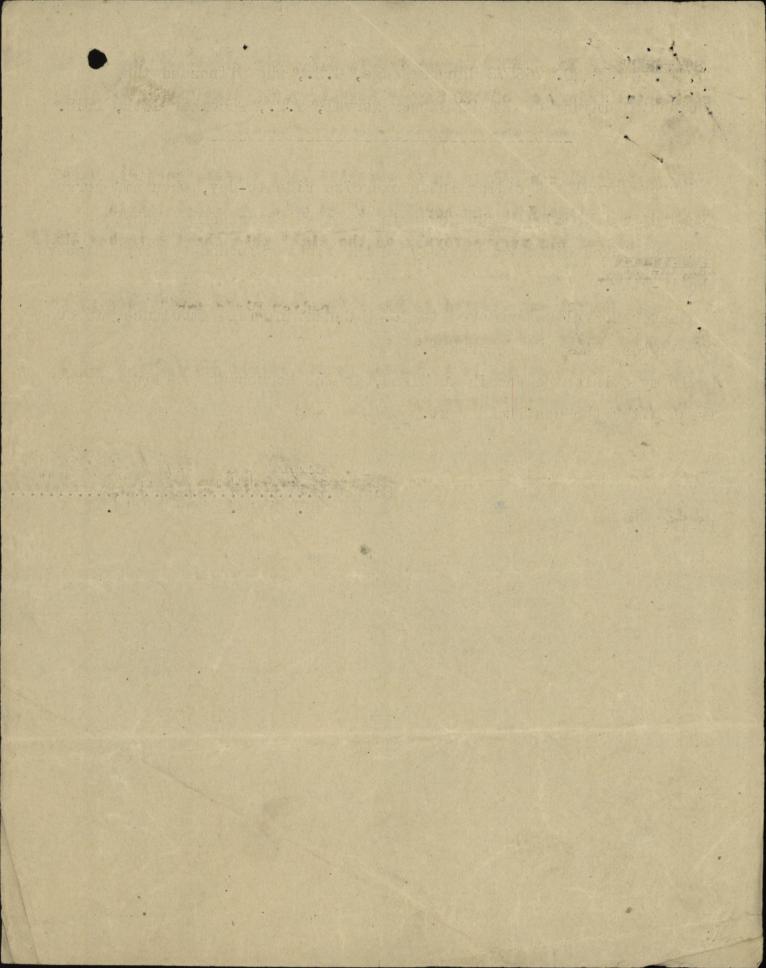
Sapper Norval was removed to No. 8 Canadian Field Ambulance, 15 or 20 minutes after the occurence.

In my opinion no one is to blame, as the horses are feeling quite fresh after the continued rest.

Signed Heledge 766578 3rd Cdn. Div'l. Signal Co'y.

10-12-18.





### 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. Braff. th. DIVISONAL SIGNAL COMPANY
	Regimental Number 504420. Full Name of Soldier Thomas Howard Torval
(4)	Place of Birth Brampton Ont.
(5)	Are you married, or not?
(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?	
If so, state name and address Thomas	Mordal Brampson Onlario Ca
(10) Is your Mother alive? Yes	
If so, state name and address blesabeth	Morral Maria
Same	Address
(11) If your Mother is a widow	Markey.
Are you her sole support, or not?	* Complete the com
(12) If sole support of widowed mother, state what amyour enlistment, also reason she has no other su	ount you have given her per month prior to apport than yourself.
(13) If you have no wife, father, mother or children, sta address of your next of kin, to whom you we concerning you.	te the name and relationship with full postal rould desire any communication to be sent
(14) If you have a wife, or children, or a widowed moth have you applied to the Paymaster of your u must be done.	ner who depends on you as her sole support, nit for Separation Allowance? If not, this
(15) Are you insured? Yes	P
If so, in what Company? Mutual A	ife
Have you made arrangements for payment of y	your Insurance premium yes
If not, and it is a monthly premium, you can assignment you wish to make.	assign the amount in addition to any other
Le la	Glearty St & aust
MAY 81 1916	Signal Training Denot

A.D.C. 5009A

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME	OF	SOLDIER (Block Letters)	NO	RV	AL.	T.H.

REGIMENT 3rd CERB.

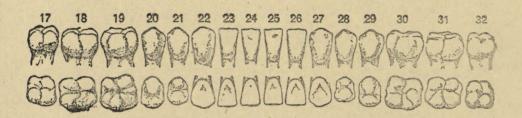
RANK

Sapper

No. 504420

Date of Examination in England 19/5/19.

Date of Examination in France\_



DIRECTIONS TO DENTAL OFFICERS

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

### PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS

NIL

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

Has he ever refused Dental Treatment?

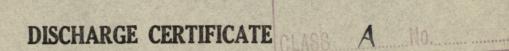
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

NO

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer Signature of Dental Officer Calt.

# CANADIAN EXPEDITIONARY FORCEVICE BADGE.



THIS IS TO CERTIFY that No. 5040  Name (in full) NORUAL — To the CANADIAN ENG.	THOMPS - HOW ARD enlisted in
CANADIAN EXPEDITIONARY FORCE at 76	
day of 17 ARCH 19 16	
HE served in FRANCE -	3DIV-51QS.
and is now discharged from the service by reason	Demobilization
THE DESCRIPTION OF THIS SOLDIER on the	DATE below is as follows:
Age 27	Marks or Scars
Height 5-9	mole Rx Shoulder
Complexion FAIR	
Eyes Eyes	
ARNWN	
Hair // 7	n. A
Hair  J. H. Nowal  Signature of Soldier	Mhy Co
Signature of Soldier	For Issuing Officer
Date of Discharge No. 2 DISTRICT DEPOT	O.C. No. 2 District Depot.
HOLZ DIGITIEST DELOT	
JUN 2 3 1919	Rank
	JUN 2 31919
TORONTO	Dave19

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.

CAMADIAN EXPEDITIONARY RORCE

DISCHARGE CERTIFICATE

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OR TOTAL TOTAL COMPANY

MEDICAL HISTORY SHEET.

	97H
urname_	Borval

Christian Name Thomas oboward

on 3d day of March	191 6. App	roved by	_	
Examined at Toronto Ont.			Ind	in Algland
Birthplace { City or Town Brampton Or County		oronte		ting Depot. M.O.
Apparent age 21 yrs.	Trace.	Fit or Unfit.		ED FOR RE-ENGAGEMENT.
Trade or occupation Student.	74.1	g a	uese	200 DEC 1918
Height, 5 Feet $9\frac{1}{2}$ .				M.O.
Weight 136.				M.Ö.
. ( Minimum 33				M.O.
Chest measurement {				M.O.
Physical development Good.				M.O.
Small-Pox Marks Nil.				
Vaccination Marks { A r m Right. Left 1.	Date.	Result.	0	Vaccinations.
When Vaccinated last Childhood.	106/16	/	276.	M.O.
(a) Marks indicating congenital peculiar N11.				
(b) Slight defects but not sufficient to cause Nil.	3416	Result.	ANTI-TY	PHOID INOCULATIONS, ETC.  M.O.
708 28 MAR 1918 4	rac. 16/2/	1776	0 66	Berkler Copple.
Enlisted on 20th day of March	1	916 at	Toront	o Ont.
Corps.	REGT'L NUMBER.	н	ABITS.	DATE.
Joined on enlistment  Div. Siggal  Transferred to Sig Pool	ers. 504420			20. 3.16
Transferred to Sig Pool				
EXAMINED OR DISC	HARGED BY	Y A MI	EDICAL B	OARD.
STATION. DATE.	D	ISEASE.		RESULT

STATION.	DATE.	DISEASE.	RESULT.	
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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.

Мэ F. В. 313... 400м.—1-16. Н. Q. 1772-39-439.

TLH. Rank Name NORVAL, Thomas Howard, Reg'l No. 504420 Unit Dft. Divl. Signal Coy. What Unit? Married or Single Single! Place and Date of Enlistment Toronto, Ont. March 20th. 1916. Place of Birth Brampton, Ont. Name and Address, Next-of-Kin Eliza Norval, Box 208, Brampton, Ontario. Mother. Relationship Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Character Discharge, Date and Place Reason H. W. & V., Ld.-7165-16. Report. Record of promotions, reductions, transfers, REMARKS. casualties, etc., during active service. Place. Date. Taken from Official Documents. From whom The authority to be quoted in each case. Date. received. Anived in England S.S. Newsanaber 2 8 JUN 1916 29.1.17 do S.O.S. to 5th Disco. TO S From CETD. Willey. 29-1-17 Pr. 2.DO. 1 28.3-18 ..

504420 Norval J. H.

SAPETE LA						
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Date.	From whom received.	casualties, etc., during active service.  The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.	1
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13.7.18	Can Sig Port	S. O. S to 3rd law Wis Sig boy	Spr. Fuld	3.7.18	D.O. 34/ 29.15.7.18	
26.12.18	CER.D.	T.O.S from 3 Wir Sig Go	ry Spr. Seaford	18.12.18	128 128 130 Den Sy to. 1802	
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		Marie Landon	100			
		Barrier Lines		Killing		傳

(b) Signaller, Shoeing-Smith, &c.

<sup>(</sup>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.

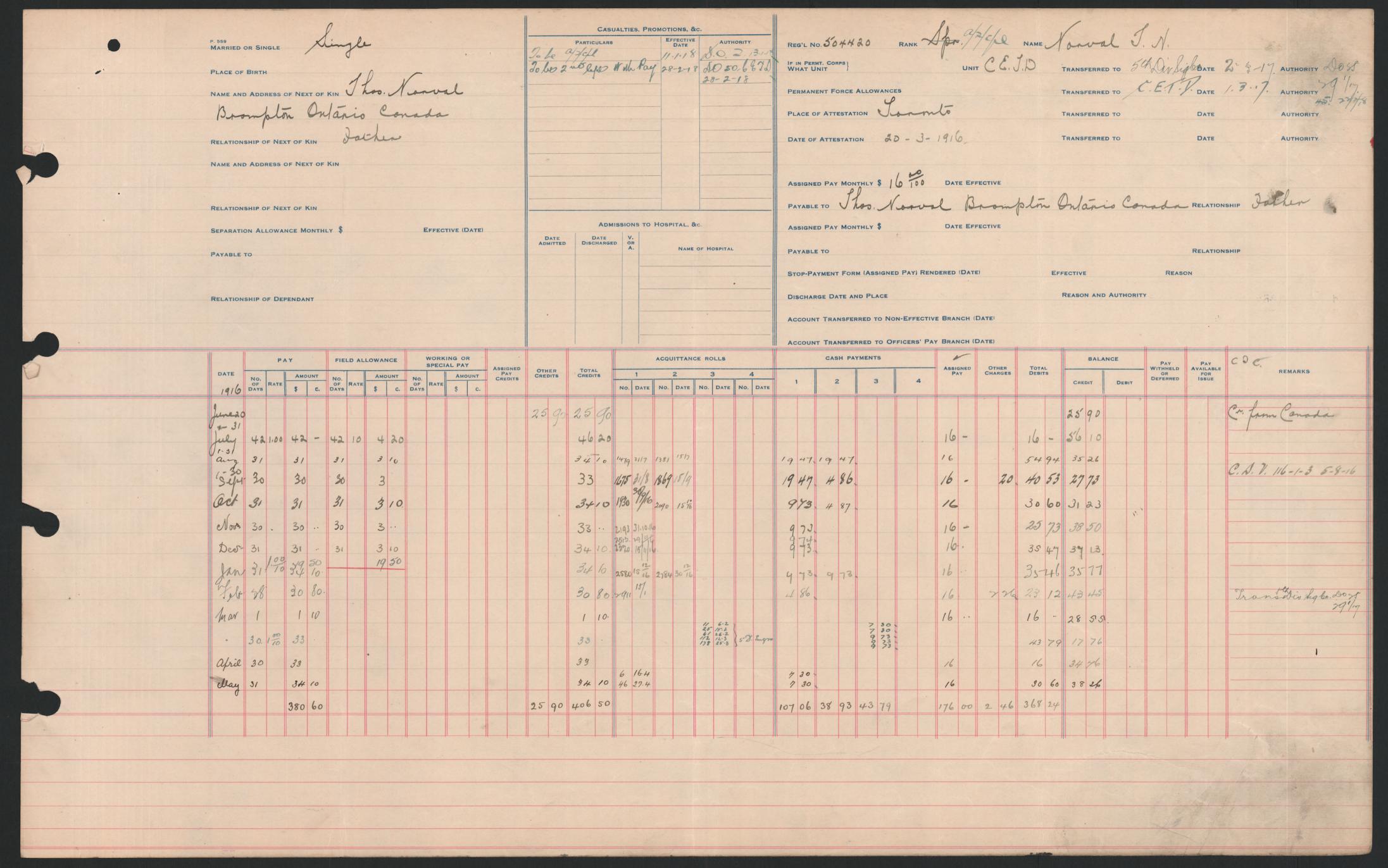
				47.	
	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official
Date	From whom received	The authority to be quoted in each case.		Casualty	or other official documents
22 FEB 191	e . C. E. T. D.	T.O.S. from sit Die Sig Co.	Deaford	21.2.1.8	Art II Order No. 45
28 MAR 1918	O.E. T.D.	Granted 1 9. Conduct balge	Seaford	21.3.18	art II Order No
28.2.18	(. 8.7. )	To be af Gol with pay	Skaford	28.2.18	Part II Order No. 50
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### (SERVICE AND CASUALTY FORM Part II).

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SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.) 504420 1. No. Rank. Name. 3 C. E.R.B. Unit. Place Date of Discharge 6. Reason for Discharge CF55 ATION OF HOSTILITIES -No.2, D.D., Part II. Authority. 8. Proposed Residence after Discharge ..... BRAMPTON-ONT. CERTIFICATE TO BE SIGNED BY SOLDIER. 9. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? .... Signature of Soldier. CONFIRMATION. 10. The discharge of the above named man is hereby confirmed. No. 2 DISTRICT DEPOT

Date ..

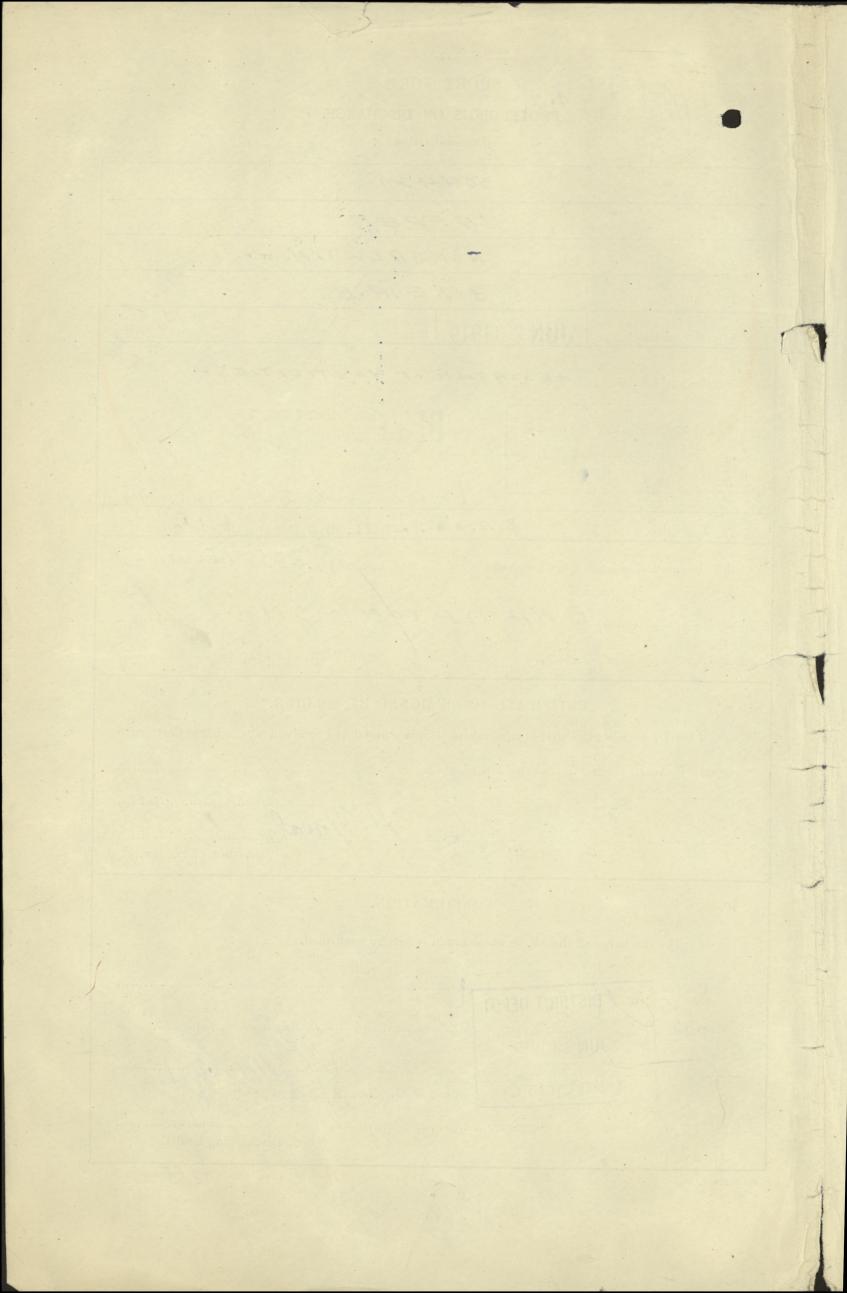
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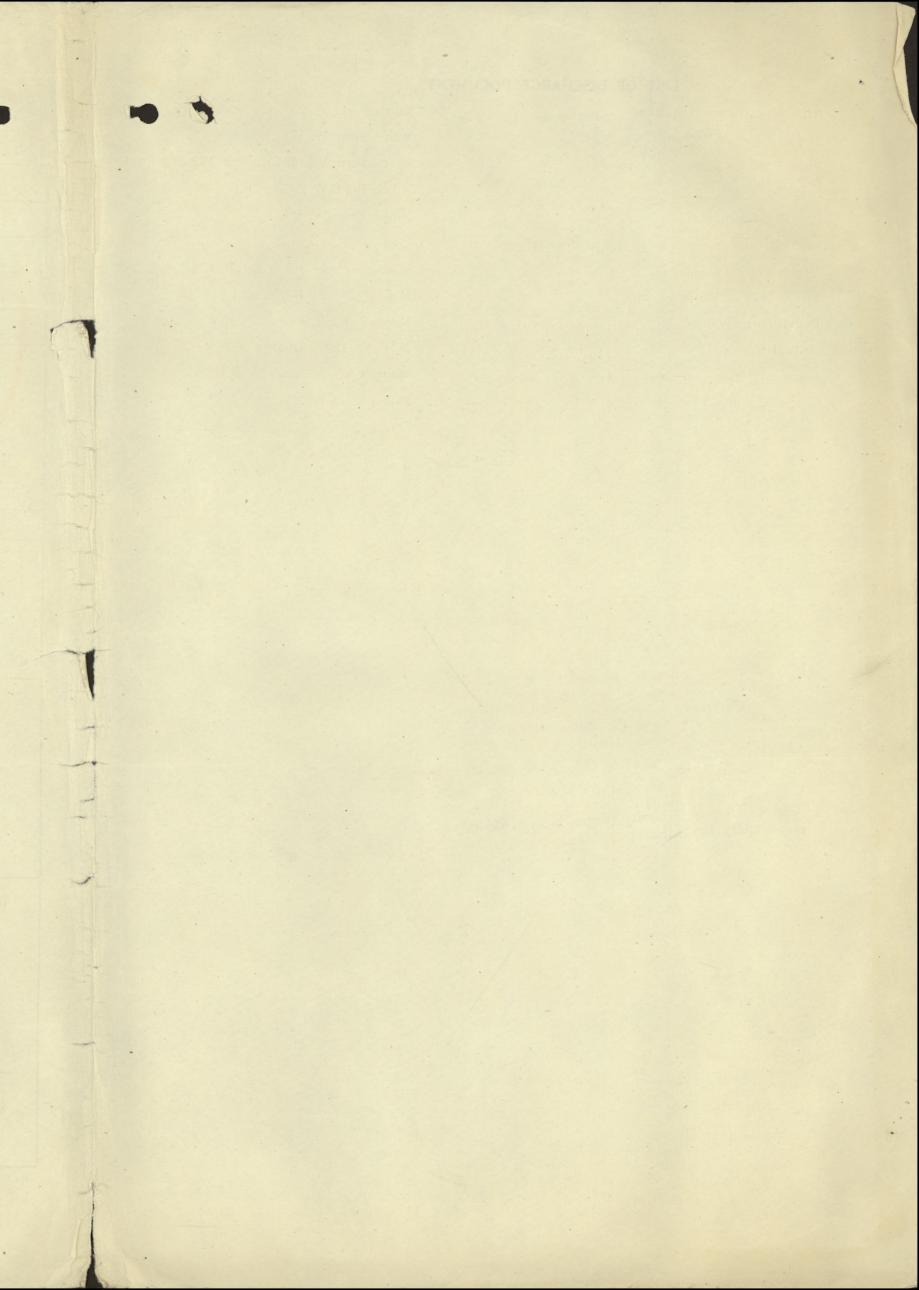
TORONTO

O.C. No. 2 District Depo

Signature.....(O. C. Discharging Unit.)

A





#### 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	
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. 29), or Particulars of Recmit (M.F.W. 133).

2. Casualty Form (A.F.B. 103).

3. Medical Elistory 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. Diental Conduct Sheet (A.F.B. 122.).

7. Proceedings on Discharge (M.F.B. 218a).

(Euclosed in special envelope (260M)),

10. Dispersal Certificate (M.F.W. 39).

11. Equipment Statement Q.M.G. Form (D.O.S. 2),

12. Last Pay Certificate (P.851).

12. Last Pay Certificate (P. 851),
18. Pay Book (A.B.64),
14. War Service Gratuity (Form M.F.W, 2595),

15, Sundry Documents.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING 20.6.19 0(1038) RANK Spr NAME (IN FULL) NORVAL. T.H.

IF IN P.F.
WHAT UNIT?

Clercharts Bank of Canada

TRANSFERRED TO

DATE

WHORITY

TRANSFERRED TO

DATE

AUTHORITY

AUTHORITY REGT. No. 504420
ORIGINAL UNIT DAILY RATE OF PAY AND ALLOWANCES M. OR S. RELATIONSHIP NEXT OF KIN EFFECTIVE AUTHORITY PARTICULARS ADDRESS DATE OF ATTESTATION / 7. 3-1916. ASSIGNED PAY \$

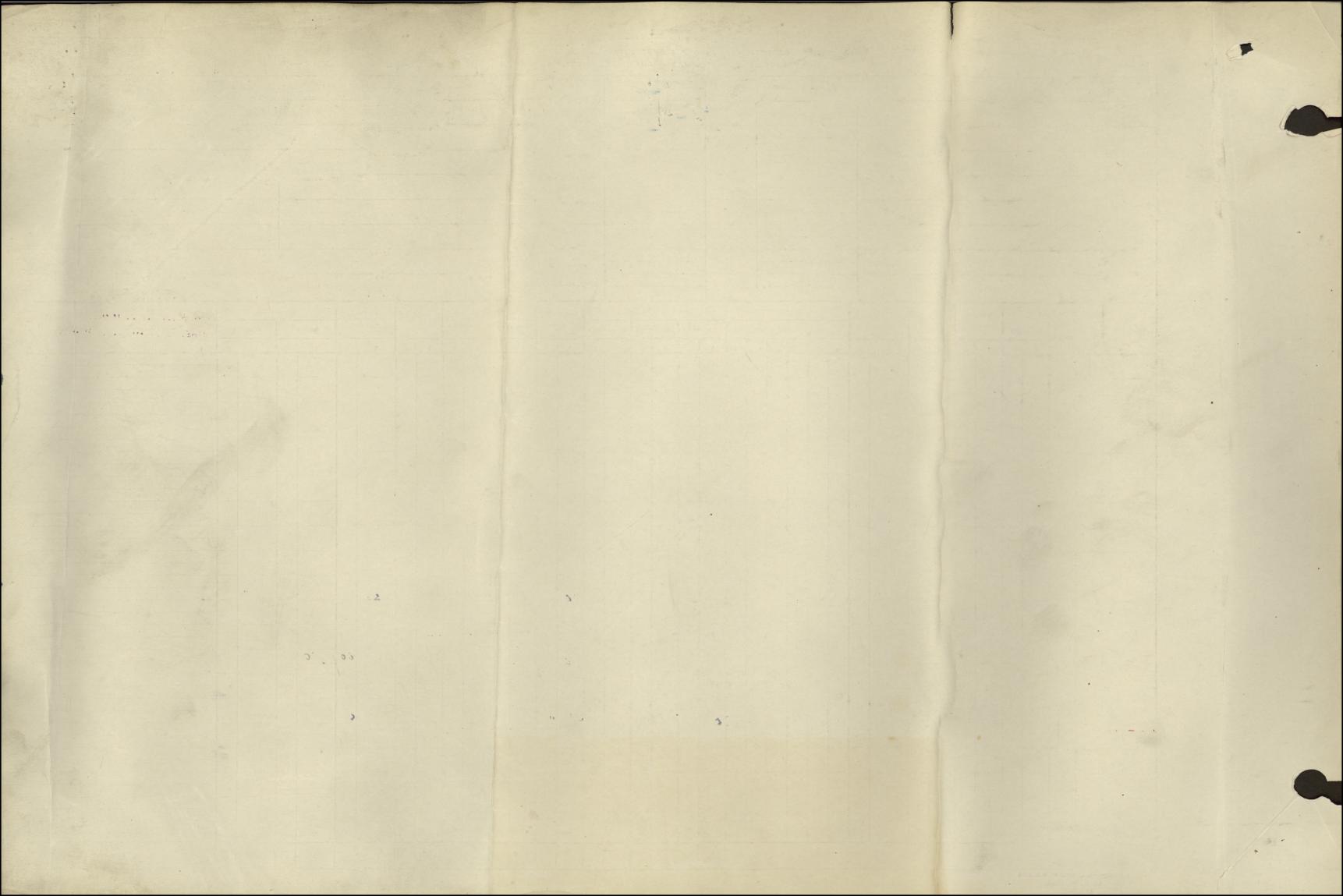
DATE EFFECTIVE

16 COSCA SULTAN 30-6-19

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Brampta on DATE EFFECTIVE IS SEPARATION ALLOWANCE PAID? RELATIONSHIP TO WHOM PAID ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE IF ENTITLED TO POST DISCHARGE PTCS AUTHORITY DISCHARGED 23.6.19 Toronto Demob. D.0.176 T.O. 5 14 6 18 D.O. 146. BALANCE CASH PAYMENTS ACQUITTANCE ROLLS PAY AND F.A. ASSIGNED OTHER TOTAL TOTAL OTHER MENTAL PAY CHARGES DEBITS CREDITS CREDIT CREDITS CHARGES DEBIT OL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 MONTH NO. OF RATE AMOUNT PREVIOUS ACCOUNT 8043 80 43 29.6-19 29110 31 40 35001 7000 4871500 1600V 19146 136 90 W.S.U. SOLDIER DEPENDENT W. S. G. 20001 660 34340 420001 420 00 183 days 210 luy 19 103 4709 AM 140 280 40. 350 70 420 343 40 76 60 420 420 120 100M-1-19.-L. L. 53962-M. & D. 9723.

M. F. W. 2596.



RATE OF SEPARATION ALLOWANCE

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

PARTICULARS OF ASSIGNMENT PARTICULARS OF SEPARATION ALLOWANCE Show Promoted Reverted Discharge Change of Address Soldier's Name Battalion Beneficiary Relationship Address

	Date	Cheque No.	Amount S/A	Amount A/P		Total			13>39. T- S. REMARKS
	Die 31	*		288	10	288	V		
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	Feb	Q 74944		16		16			
	Meh	P 91284		16		16			
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									AMERICAN COLORS
									Clerk L. J. L. Selso

#### MILITIA AND DEFENCE

#### Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	E OF SE	PARATIO	N ALLC	WANCE	

RATE OF ASSIGNMENT							
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		4					

#### PARTICULARS OF SEPARATION ALLOWANCE

PARTICULAR	S OF A	SSIGNN	IENT
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No.				Name	
Rank	Promoted	Reverted	Discharge	Address	
Soldier's Name				Change of Address	
Battalion				1	
Beneficiary	8.			2	
Relationship				3	
Address				4	

	Address						4
				1			
	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
M. F. W. 128 400M.—6-17—1772-39-141 I. L. 22330—M. & D. 7893.							
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Li A							
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1 - MAY 1919 Army Form I. 1237.

33

### MEDICAL CASE SHEET.\*

No. in	Regimental No. Rank. Surname. Christian Name.
Admission and	3044203Fr Groval T.H.
Discharge Book.	
M476408 Year	Ollie.
I car	3rd Can Div Sigs, 23 7/2 9/12
	8
Station and Date.	Disease are and Frank Tubia.
17.12.18	
1113118	
	Occupation Student.
-	Next Of Kin
,	Enlisted Town to hunch 16. 1916.
	Ingland Time 1916
	France april 1918.
- 4	Mounded Die 10. 1918
	Hospitals 16 47 ces. 10.12.18.
	Kog General . 12-12-18
5-3	
	Operations
	Remarks
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	Money Ces. Splines applied By din good.
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A STATE OF THE STA	Present Condition General Condition - Excess t.
	Fresent Wodical Officer to another attested by their signatures.



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XF				
4th C	an. C	len.	Hosp	
Case	4871			
Date _	Die	19	18	

504420 Se hayval L. 4 871 RLig.



X RAY DEPT. 4th Can. Gert Hosp. Case 4871 Date Dec 19/18. 3-04420 Spr Roysal L. R. Lig.

Corps. Rank and Name No. Date of admission Disease Dates of Observation Days of Disease Time | Time Temperature, A.M.P.M. A.M Fahrenheit 107° 106° 105° 104° 8642 103° 102° 8642 101° 8642 100° 8642 99° 8642 8648 98° 97° 8.6 Pulse per Minute Respirations per Minute \_

Motions per 24 Hours

in the same of the

Army Form B. 181. to Case Sheet.) Military Hospital Age\_\_\_\_ Service Result\_ Date of discharge 

In charge of case.

Signature\_