Triplicate TRIPLICATE

ATTESTATION PAPER.

No. 745161.

~~116th OVERSEAS BATTALION C. E. F.~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Parrett
1a. What are your Christian names?	Hector Lawrence Stewart
1b. What is your present address?	Shirley, Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	London, Eng.
3. What is the name of your next-of-kin?	Mrs Geo. Staples
4. What is the address of your next-of-kin?	Calgary Alta. 1818, 16th St West
4a. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	Nov. 17th 1897.
6. What is your Trade or Calling?	Farming
7. Are you married ?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hector L. Parrett, 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.

H L Parrett (Signature of Recruit)

Date November 22nd 1915. Rosalie Cockburn (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hector L. Parrett, 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.

H L Parrett (Signature of Recruit)

Date November 22nd 1915. Rosalie Cockburn (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 Port Perry this 23rd day of February 1916

E H Purdy Police Magistrate (Signature of Justice)

Port Perry

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Hector L. Parrett on Enlistment.

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

Height ..... 5 ft. 3½ ins.

Chest measurement.
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 5 ins.

Complexion Fresh

Eyes Blue

Hair Light Brown

Religious denominations
- Church of England .....
- Presbyterian X
- 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.)

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 declares that he is not subject to fits of any description.

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

Date Nov. 22nd 1915. James Moore Capt.

Place Port Perry - Ont. Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Hector L. Parrett 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.

..... (Signature of Officer)
Lieut. Col.

Date Nov. 22nd 1915

PARRETT HECTOR LAWRENCE STEWART 745161 W.O.R.D. 116TH BN

DEMOB

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

H

WAR SERVICE

Eng
RS

B

P

Number ... 745161. Rank ... A/L/Cpl.

Surname ... PARRETT

Christian Name ... Hector Lawrence Stewart

Units ... 18th Bn. Can. Inf. Theatre of War ... France

Date of Service ... 5-10-16

Remarks ...

Latest Address ... G.P.O. Toronto Ont

Roll No. Page 6877

Next of kin

Address on leave

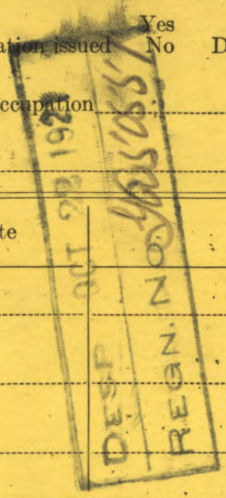
Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks



*—Name will be given in full; surname first.

6. Deceased - 29-4-25

SURNAME. Parrett auth. S.B.R. 27-8-25

CHRISTIAN NAMES Hector Laurence DSM. 31-8-25

REGL. NO. 745161 RANK Pte

UNIT 116th Bn

FORMER CORPS nil

J'2" CARD NO. 4

SOS Dis 2-4-19
Do 105 Fold 14-19
Demob 4 2 20 2 20

NEXT OF KIN.

NAMES IN FULL Staples, Mrs. Geo.

RELATIONSHIP TO SOLDIER Sister

ADD Gen. Del. Missoula, Mont, U.S.A.

E. 9-7-18

CHANGE OF ADDRESS

COUNTRY OF BIRTH England London DATE Nov 14th 1894

PLACE OF ATTESTATION Port Perry Ont. DATE Feb 23rd 1916

Sailed from Halifax pass Olympic 23-7-16 491

L. L. 94501. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-839.

R/C 1-4-19 293/32 2/cpl

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 3 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 5 INCHES

COMPLEXION Fresh EYES Blue HAIR Light Brown

DISTINGUISHING MARKS nil

MEDICAL EXAMINATION. PLACE Port Perry, Ont. DATE Nov. 22nd, 1915

Present Address Shirley, Ont.

No. 743761 RANK Ste NAME Parrett H. L. S.

T. O. S. 22-11-15
(D.O. 22 of 20-1-16) UNIT 116th Battalion

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov	1915			
22 Nov	30 Dec	✓		
1916 Jan	1916	✓		
Feb		✓		
Mar		✓		
Apr		✓		
May		✓		
June		✓		

UNIT SAILED
JUL 23 1916

REGT'L. No. 74-5-161

NAME Parrett. Hector Laurence

H. Q. FILE No. 649

RANK AND CORPS ~~Private~~ Sgt/1/Cpl. 18th Bn. (from 11th Bn)

FOLLOWS No. 11th Bn

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
		U.S.A.
		A.D.H. Mrs Lyda Staples, (sister) Lyon. Wel. Missoula, Mont. U. S. A.
H 125 9-H	5-5-18	Dang ill Admn #3 Stat. Hosp. Rouen. Apr. 30-1918 ly. S.W. legs.
Q 235 6-3.	13-5-18.	Remvd. from Dang. Ill. List: #3. Stat. Hosp. Rouen, May 10th, 1918.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	W. O. R. REMARKS
a-204.	#3. Stat Rouen	30-4-18	Dang. ill. GSW Legs.
a-212.	Rems. from Dang. ill list	10-5-18	" "
B-213	#4. Con Gen. Bishopstoke	13-5-18.	" "
B407	Disch	6-1-19.	GSW Legs.

Form R. 149.

Hector Lawrence Stewart

Name PARRETT Rank ~~Capt.~~ Pte Reg. No. 745161.

Unit 18th Bn.

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-4	3 Sty H Rouen.					
	DANGEROUSLY ill		GSW legs	H204	H17	116597
~~10-5-18~~	~~Discharged to duty from 3rd Ent.~~					116597
10-5	Recd from Base 3rd Ent.			H212	P235	
13-5	& Convalescent		do	B2213		17954
	Ref to entry B2213 Rank should read Pte			B2221		
6-1-19	Discharged.		do	B3407		869

Pte 1/19 SRC-16 report to WORD Willy

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

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

9-25-1

No. 4 Canadian Gen. Hospital, Basingstoke. HOSPITAL.

A. & D. CARD

AT

A. & D. No. M2 130553 PL. OF ACTION France

RANK L/Cpl. 745161 UNIT 18 Bn Can A SICK OR WOUNDED

NAME Parrette. H.E. AGE 19 RELIGION Prest.

PLACE IN HOSPITAL Fl. C.

DIAGNOSIS G.S.W. Legs. Multiple

ADMITTED 12-5-18 FROM H.S. Aberdonian

DISCHARGED 6.1.19. TO W.O.R.D. Witley

TRANSFERRED

SERVICE AT HOME 10/12 IN FIELD 19/12

RESULTS B3.

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

(P.T.O.)

REMARKS.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
PARRETT.	H.L.	745161.

RANK	UNIT	CO.	TROOP	BATTY
~~A/L/Cpl.~~ Pte		W.O. 18.		

HOSPITAL	DATE OF ADMISSION
3. Staty. Rouen.	30-4-18.
4. G. G. Basingstoke.	13. 5. 18.
1.	HOSP.
2.	HOSP.
3.	HOSP.
4.	HOSP.

DIAGNOSIS

1. G.S.W. Legs. Rt

2.

3.

DISPOSITION	DATE
C.L. 3-5-18. A204. Dang. Ill.	30-4-18.
13-5-18 A.212	Rem. from Dang. ill list 10.5.18
15.5.18. B213.	
27.5.18 B221-I.	NOTE. De entry on A.B213
2.1.19 B407	correct Rank should read Pte
	Disch 6-1-19

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 116th OVERSEAS BATTALION C. E. F.

(2) Regimental Number 745161

(3) Full Name of Soldier Hector. Lawrence. Stewart. Parett.

(4) Place of Birth Greenwich. Kent. England.

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

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

(b) Present Postal Address R. R. #2 Port. Perry.

(7) Are you a widower ? NO.

(8) Have you any children ? Nil.

If so, give number of boys and girls Nil.

Also their names and ages

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... NO. .....

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

(10) Is your Mother alive ?..... NO. .....

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

.....

(11) If your Mother is a widow.. .....

Are you her sole support, or not ?.....

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

.....

.....

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

Mrs. M. Stapbes. Calgary. Alberta. .....

.....

.....

(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 ?..... NO. .....

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.

B Leith Major
Officer Commanding.
116TH OVERSEAS BATTALION C.E.F.

Date..... June 28/16. .....

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.2.

NAME OF SOLDIER (Block Letters) PARRETT. H.L.

REGIMENT 18th Btn RANK L/C No. 745160

Date of Examination in England 27/4/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer Wm Sinclair Capt

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
Part I.

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(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*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(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*) (Place)
(19) Pivotal-man (*f*) (Date)
(20) Qualifications (*g*) *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, Shoeing-smith, &c.

(A) Report: Date.	(A) Report: From whom received	(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
			Attached C.C.C. Kinmel Park for return to Canada Part II Orders No. _____. Ceases to be attached C,C,C, Kinmel Park on embarking for Canada, Part II Order No: 74 Commanding 2 Wing, Kinmel Park Camp. 28/3/19		25 JAN 1919	

W.S. Leader
Lt

H.M.T.S. Canada
Emb. Liverpool. 3PM
24-3-19

MAR 24 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO. 1919 PART II D.O. 105
APR 3 1919 S.O.S. (DISCHARGED FROM H.M.S.) No. 2 DIS. DEPOT, PART II D.O. 105

W C Rohde Lieut.
For O.C. No. 2 District Depot.

Nothing to be written in this margin.

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET.

116th OVERSEAS BATTALION C.E.F. 745161

Surname Barrett Christian Name Hector L.

Examined { on 22 day of Nov 1915 / at Uxbridge

Birthplace { City or Town Greenwich / County London Eng

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 3½ Inches.

Weight 132 Lbs.

Chest measurement { Minimum 31 inches. / Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks { Arm Right. Left. / Number 5

When Vaccinated last 1909

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by A Bascom

Rank A Cole. M.O.

Date	Fit or Unfit	Examined for Re-engagement.
		16 MAY 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
20/6/16		James Moore M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
13/4/16	OK	James Moore M.O.
29/4/16	OK	James Moore M.O.
29/8/16	OK	James Moore M.O.

Nov 1916 T.A.B. Feb 6-42-18 Vol 3 Folio 457

Enlisted on 22nd day of Nov 1915 at Uxbridge Ont. Can.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	116th. Batt. C.E.F.	745161		22nd. Nov. 1915
Transferred to.....	18th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No 4694 Basingstoke	28-11-16	Contraction of Fascia left leg	Unfit likely to remain in category with in six months C.R.E. wes Base Camp

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Parnell Christian Name Hector A. S.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Frenchand	Kiel	1	8	16	12	8	16	Abscess foot	12	Invalided. Embryo Hosp	Sgt. Barnes Capt RAMC
No. 4 Canadian Gen. Hospital, Basingstoke.		12	5	18.	6	1	19	Lost both legs	239	He has a very large wound over third posterior surface of left leg. There is a large amount of loss of tissue Massage daily 11-10-18 plaster of Paris to overcome equinus deformity 1-11-18 - Skin graft. 27-11-18 - No deformity - ambulant can walk without a stick Bm	Sinclair Lawson Capt RAMC Robert A Graham Capt RAMC

R—122

LTR

Rank

Name PARRETT, Hector Lawrence. Stewart

Reg'l No. 745161

Unit 116th, Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Port Perry, 22nd, Nov, 1915.

Place of Birth London, England.

Name and Address, Next-of-Kin Mrs Geo Staples.

1818-16th, St. West, Calgary, Alberta, Canada.

Relationship Sister.

Assigned Pay Monthly $

Payable to

Relationship

N/E. R.B. No. 8799

Fils R.L.

CAN. CK

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character R 139-1-1

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arr. in ENGLAND	H.M.T. 2810. S.S. OLYMPIC	31-7-16	
3.8.'16	O/S 116th Bn	Admitted Hospital 1.8.'16	Borden	1.8.'16	Pt II D.O. # 194
14.8.'16	O/S 116th Bn. O/S.	Returned from Hospital	Borden	12.8.'16	Pt II D.O. # 203.
6-10-16	116th	S.O.S. on Tfr. to 18th Bn.	B'shott	5-10-16	Pt II D.O. 254.
6.11.16	18th Bn	Taken on strength.	Field	6.10.16	Pt II 0.52
20.3.18	"	appointed a/L/Cpl with Pay	Field	3/2/18	Pt D.O. 21
3.5.18	"	WOUNDED	"	a/4630 4/18	CLA 204
18.5.18	WORD	T.O.S from 18th Bn	Witley	L/Cpl 13 5/18	amended by D.O. 125 dy 29.5.18. D.O. 118
17.5.18	18th Bn	Relinquishes appt of a/4 upon admit to Hosp	field	" 27 4/18	" 43. Ceased to belong to WORD

A.F.B. 103 CHECKED 14 OCT. 1916

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
20.5.18	18th Bn	SOS W^dto WORD	field Fte	11.5.18	D044.
24.1.19	WORD	SOS to N^o 2 MD KP. 31-1-25-	Witley	24.1.19 ~~24-3-19.~~	~20 of K.P. 25 d/39 1/19
18-3-19	2 MD CW	SOS to Can Sl. 31	Rhyl "	24-3-19	" 744

O. H. M. S.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 116th Overseas Battalion. C. E. F. Lawrence Stewart.

Regimental No. 745161. Rank Private. Name Parrett, Hector L. S. ~~Lawrence Stewart~~

C. E. F.

Enlisted (a) 22/11/15 Terms of Service (a) Won't 6 months Service reckons from (a) 22/11/15

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)

CERTIFIED CORRECT. 18 OCT. 19 O.C. RECORDS

Report: Date	Report: From whom received	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.
		Embarked, Canada,	Halifax	23/7/16.	
		Arrived. England.	Liverpool	31/7/16.	
		Transferred for overseas service with 18th Battn.			for O.C. 116th. Batt.
			OCT 5 1916		
6-10-16	Can Base Depot	Arr from 116 Can Res Bn England & taken on strength of, 18 Can Bn.	Can Base Depot	6.10.16	Nom Roll Pt II Ord 52 d-6.11.16
28-10-16	18 BN	Joined unit	In the Fld	22.10.16	B.213
24-11-17	18th Bn.	Granted 14 days leave to England		19-11-17	B.213. Pt. II Ord. 91, 11/12/17.
9.3.18	18th Bn	Apptd. Acting Lance-Corporal, with pay, vice 402774, L.Cpl. P. Kelleher, appointed Acting Corporal.	In the Fld	9.2.18	Letter, 9/3/18. Pt II Ord. 21, 20/3/18.

(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.

OVER

Report Date	Report From whom received	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.
29-4-18	18th Bn.	Wounded.	In the Fld.	27-4-18	Letter 29/4/18. (Can. Sect. No. KI. P/1402)
27-4-18	29 C.C.S.	GSW. legs, multiple. Trans.	to 20 Amb. Train	28-4-18	A.36. (Ext. E.8095)
29-4-18	3 Stat.	GSW. legs. Adm.	3 Stat.	29-4-18	W.3034 (Ext. E.8512)
5-5-18	do	do Dangerously ill		5-5-18	do (Ext. E.9779)
	Relinquishes the acting rank of Lance-Corporal, with Pay, on being evacuated wounded.		In the Fld.	27-4-18	Pt. II Ord. 43, 17/5/18.
11-5-18	3 Stat.	GSW. legs. Trans.	to England	11-5-18	W.3034 (Ext. F.1603)
do	A.T. Aberdonian	do Adm.	A.T. Aberdonian	11-5-18	W.3083 (Can. Sect. No. 5389) Pt. II Ord. 44, 20/5/18.
	Posted to Western Ontario Regtl. Depot, Witley.				

for Major
Major for Lt.-Col., A.A.G.
Canadian Section, G.H.Q. 3rd Echelon B.E.F.

18.5.18	WORD	TOS from 18 Bn	Witley	13.5.18	Pt II O 118
25/5/19	W.O.R.D.	ON COMMAND TO C.C.C. KINMEL	Witley	24/5/19	W.O. 21

FOR LT.-COL. I/C RECORDS C.E.F.

OFFICER I/C RECORDS,

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 745161 (Rank) Pte.

Name (in full) Hector Lawrence Stewart Parrette enlisted in

the 116th Cdn Batt

CANADIAN EXPEDITIONARY FORCE at Port Perry on the 23rd

day of February 1916

HE served in 18th Cdn Batt

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 21 years

Height 5' 4"

Complexion Fresh

Eyes Blue

Hair Lt Brown

Marks or Scars

Nil.

H L Parrette
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
APR 3 1919
TORONTO

Issuing Officer

For
O.C. No. 2 District Depot.
Rank

Date APR 3 - 1919 19

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Geo Greenway.
Address 295 George St.
Toronto, Ont

By Whom Assigned Parrett H. L. S.
Regtl. No. 745161
Rank Pte.
Corps A. Co. 116 Bn.

Rate $20.00 AUG 1 1916

PAYMENTS

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

CONSOLIDATED ACCOUNTS 6

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Geo. Greenway PAYMENTS.

L. L. Job 310.—Req. 6574.

Name of Soldier Parrett. H L S.
7#5161 Pte — 116 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
			$20	AUG 1 1916
April	1915			
May				
June				
July				
Aug.		21/5453	20	
Sept.		M17917	20	
Oct.		M22676	20	
Nov.		K07965	20	
Dec.		F33889	20	
Jan.	1917	F39712	20	
Feb.		P46511	20	
March		F52189	20	20 Ch
April		W3469	20	20 B.
May		10650	20	20 Bn
June		C16636	20	Ch
July		D24588	20	Bn
Aug.		R30691	20	
Sept.		T38980	20	03
Oct.		O45015	20	
Nov.		Q50831	20	
Dec.		R60644	20	
Jan.	1918			
Feb.			340	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

MARRIED OR SINGLE Single

PLACE OF BIRTH London, England.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Geo Staples
1818-16th St. N. Calgary, Alta

RELATIONSHIP OF NEXT OF KIN Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
App'd Pte	9.2.18	18th Bn 21.703.18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 74516 RANK ~~Private~~ 4/2/19 NAME Parrett, Hector, Lawrence, Stewart

IF IN PERMT. CORPS } WHAT UNIT UNIT 116th Batt TRANSFERRED TO 18th Bn DATE ~~16.10.16~~ 11.11.16 AUTHORITY D0257 6.10.16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Port Perry, Ontario TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Nov. 22 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Aug 7 1916.

PAYABLE TO Geo Greenway 295 George St. Toronto Ont. Canada RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.1.

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
July 31														860	860									Balance from Canada						860					
Aug 31	31	1	31		31	10	3	10							34 10													20		20	2270				
Sept 30	30		30		30		3								33	50	328.16	103 160	3/8/16 15/9/16					973	730 487			40		190	1780				
Oct 15	15		15		15		150								1650													20		20	1030				
" 31	16		16		16		160								1780					1993	9.11.16					243				243	2547				
Nov 10	10		10		10		1								11													20		20	1647				
11-30	20		20		20		2								1280			1494	7/11	9324	17/10	Brussels			87	436		20		1823	3324				
Dec 31	31		31		31		310								34 10			1501	26/11					1134				20		3134	36				
			15 30				15 30																												
Jan 31	31	1.10	34	10											34 10			1556	30/12					2 61				20		2261	4749				
Feby 28	28	1.10	30	80											30 80			1622	12/1					2 61				20		2523	5306				
																		1670	24/1					2 61											
March 31	31	1.10	34	10											34 10			1721	9/2	1885	17/3			2 61	262 523			20		3047	5669				
																				1987	7/3														
April 30			33	00											33 00					11	4/4				261			20		2261	6708				
			300	30										860	308 90									31 53	2250	679		180		24183					
			300	30										860	308 90									31 53	2250	679		180		24183					

Checked

Trans. 18th Bn. D.R. 257 6/10

4/2/21

7485161 Pte. Parrett N. L. S.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			300	30										860	308 90								31 22	23 50	6 79		180 -		241 82	67 08				
May	31	1/-	34	10											34 10	64 7/12							2 61				20 -		7761	78 57				
June	30		33	-											33 -	115	14/5	170	5/6				2 68	5 36			20		28 04	83 53				
July	31		34	10											34 10												20		20 -	97 63				
Aug	31		34	10											34 10								2 67				20		22 67	109 06				
Sept	30		33	-											33 -	299	8/7	482	24/8				2 68 / 2 68 / 5 03	2 68			20		38 75	103 31				
																362	24/7																	
																458	4/8	529	6/9															

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLOE.	ENG.
1917												
Oct.		~~103 31~~							103 31			
Oct.	31 days @ Rte 1/10	34 10		Can Ad.				20				
				ak. 605 23/9 18 Bn	2 68				114 73			
		34 10			2 68			20				
Nov	30 ✓	33 -						20				
				.666 7/10 ✓	4 46							
				G.R. 12363 20/11	14 60							
					19 06							
				" 729 28/10 ✓	3 57							
					22 63							
Dec	31 ✓	34 10						20	119 20			
1918		67 10			22 63			40				
Jan	✓	34 10		C.A.P.				20				
				A.C. 2								
				AR 1743 18.11.17	18½ Bn	82 73						
				✓ 763 17.11.17	✓	4 46						
				✓ 913 24.12.17	✓	8 92						
				✓ 929 28.12.17	✓	3 57						
				✓ 871 21.12.17	✓	4 46			29 16			
		34 10			104 14			20				
Feb.	✓	30 80		C.A.P.				20				
				AR 1015 25-1-18	✓	8 03			21 93			
		30 80			8 03			20				
Mch	✓	34 10		C.A.P.				20				
	Underpaid 9.2.18 31.3.18 51 days @ 5d diff in Satt	255		AR 1125 21.2.18	✓	3 57						
				✓ 1176 7.3.18	✓	4 46						
				✓ 1231 18.3.18	✓	3 57			36 98			
		3665			11 60			20				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-8-16	EFFECTIVE DATE:-
AMOUNT:- 20⁰⁰	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mr. Geo Greenway
395 George St. Toronto Ont.
STOPPED EFF 1-4-19

NAME:- PARRETT Hector Lawrence Stewart

NUMBER:- 745161

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private
18th Bn RO. 21 20.3.18	9.2.18	Act L. Corpl
" " 43 17.5.18	27.4.18	Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 116th Bn

DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			18th Bn
RO. 118 18.5.18	1-6-18	19-6-18	WORD

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
App. a/Rlcpl. 18th Bn Bo. 21	1 05	10		
B/O. 43 17.5.18 18th Bn	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 8/ff 1-4-19 with N.R. 27/2. Rhyl 16 Rhyl. M.D 2. L&C Bal. 130⁰⁰

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Balance Bro' Ford.								36 98		
April	L Pay a/Rlc. pay	34 50 / 33 00		C.A.P.				20			
				AR 13 7.4.18 18th Bn ✓	4 46						
				✓ 67 17.4.18 ✓	3 57				43 45		
May	Gr note 3009 Cash Credit Serial 1009	34 50		C.A.P.	8 05			20 / 20			
	Amt derived from Estate of late			Over Gr. 27.4.18 to 31.5.18							
	No 9091 Pte F. Parratt, 1st R.I.R. Kent		5 17 5	35 days @ 5d diff in rate		1 75					
	L/C. pay	35 65									
	Gr note 3861 Cash in effects		93						110 03		
June		35 65	52 68	C.A.P.		1 75		20 / 20			
	P.P	33		AR. 2633 18/6/18. Basingstoke (7)	4 87						
		33			4 87			20	11 81 6		
July	P.P	34 10		Can A.P.				20			
				AR 2976. 3/7/18. Bstoke (1)	4 87						
		34 10			4 87			20	12 73 9		
Aug	P.P.	34 10		C.A.P.				20			
				AR. 4117. 6/8/18 B'Stoke (2)	4 87						
		34 10			4 87			20	136 62		
Sept	PP	33		C.A.P.				20			
				AR 5859. 10/9/18. B'Stoke (2)	4 87				144 75		
		33			4 87			20			A 8 50
Oct		34 10		C.A.P.				20	158 85		5/11/18
Nov.		34 10 / 33		✓	—			20 / 20			
Dec		34 10		AR 9255. 14/11/18. #4699 (1)	4 87			20			
				10219. 6/12/18 ✓ (4)	9 73				17 13 5		
				11332 ✓ 22/12 ✓ (13)	14 60				156 75		
Jan		34 10		C.A.P.	—			20	170 85		
		1012 0			29 20			60			

NUMBER 745,161 RANK NAME PARRETT H.L.S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Rae Ford								170 85		
Feby		30 80		Bal				20			
	S.F. 6-1-19. to 16-1-19. =10d.	7 30		ak 11867 6/1 #4 Gdh	1 4867						
	Do 6. 8-1-19. work.										
Mar		34 10		17096 21/1 Gdh	6 1460			20			
				✓ 1874. mdr - 7/2/19 - K.P.K.	6 30 15	9 73			130 05		
				✓ 2444. r - 27-2-19 - ✓ End. 23		9 73			120 32		
				NE Sick admitted 1/3/19		82 73					
				✓ 4408 - r K.P.K. End. 30		9 73			110 59		
						92 46					
		72 20			92 46			40 -			
				ak. 10006 - 22.3.19. K.P.K. End 1		9 73			100 86		
						9 73					

Checked by W Swanney 11-3-19.

Sol 24/3/19 Lt. 31.

W.S.B Class A.

M.D.2

Toronto
SISTER
FARMER

SERVICE GROUP 25

OCCUPATIONAL GROUP 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge. Class A No. 12751 issued. B iii

1. No. 745161

2 Rank. L/CPL.

3. Name. PARRETTE Hector Stewart Lawrence

4. Unit. WORD 116 Bn.

5 Date of Discharge APR 3 - 1919 Place TORONTO, ONT.

6 Reason for Discharge DEMOBILIZATION

7. Authority. P.C. D.D., Part II, D.O.No. 191

8. Proposed Residence after Discharge TORONTO

16 Ozark Cres.
Toronto Ont
(11-10-21)

H.M.T.S. Canada
Emb. Liverpool 5PM
24-3-19

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.?

H. S. Parrette
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date APR 3 1919

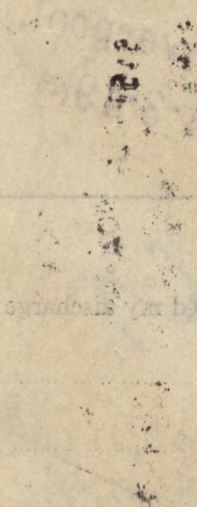
TORONTO

H.C.2 15.4.21

For

Signature O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.



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

Group A
Checked by No. 20
23 MAR 1919
Date

15 74

PART I. A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 745161 Rank L/CPL. Surname PARETTE Christian Name HECTOR. L.

Unit or Corps—(a) Overseas from United Kingdom 18TH CDN.S. (b) in United Kingdom 4th Reserve Bn.

Born at—Town GREENWICH. County or Province MIDDLESEX Country ENGLAND

Date of Birth—Day 24 Month Nov. Year 1898 Age 20 yrs. — months.

Joined at UXBRIDGE-ONT-CANADA Date 22/11/15

Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification :—

SCAR. OF. OPERATION - L. LEG.

Height—feet 5 inches 3½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*) H. Parrette

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) CONTRACTION - OF - FASCIA - L - LEG

Disabilities Group (*b*) NIL

Disabilities Group (*c*) NIL

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W	FRANCE	27/4/18
(*ii.*) As to Group (*b*) above.	N.A.	/	/
(*iii.*) As to Group (*c*) above.	N.A.	/	/

3. Is the disability due to disease contracted or injuries received prior to Active Service?

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

(*ii.*) As to Group (*b*) above? n.a. If yes, has Active Service aggravated it? n.a.

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

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

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

(*ii.*) As to Group (*b*) above? n.a.

(*iii.*) As to Group (*c*) above? n.a.

PART I. (continued).

5. MEDICAL HISTORY.

Documentary - On 27/4/18 this man suffered from multiple shell wounds of both legs. at 74 C.C.S. the wounds were excised including comminuted fracture of Calf Left leg. admitted #4 C.G.H. 12-5-18.

On admission ① wd in Rt popliteal space "x 2" centre.
② " over ant Border C. Tibia superficial
③ very large & deep wd Calf of upper 1/3 L. leg.
all wounds treated with Carrel-Dakin technique General Condition good, no other lesion found. Membs all kept to Stretcher
11.10.18 - Preliminary plastic Operation on L. Calf to diminish scarring and contracture with resultant equinus
1.11.18 - Skin graft - to raw area -
20-11-18 - all healed & WD motion

6. PRESENT CONDITION.

General condition excellent
apart from lesion on L. calf this man has no other lesion to be found in any other system
Wd of L. Calf - There is a large stellate scar on posterior-internal aspect of L. Calf - firmly healed - There is no difficulty in hyperextending the foot to less than a right angle and he can walk without a stick The scar is however adherent to underlying structures and will now improve with use -

7. OPERATION. (i.) Was one performed? Yes - (ii.) If so, state what: ① Amputation ② plastic Op ③ Skin Graft
(iii.) Was one advised and declined? No

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? No.
(ii.) If so, describe. N. A.

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) B III
(b) Invalid to Canada? No
(c) Discharge from the Service as permanently unfit? No

Date of Report 27-11-18 191...
Station #4 C.G.H. Basingstoke.
Signed. Roscoe R. Graham
Officer in medical charge of case.
Capt. C.A.M.C.

I have satisfied myself of the general accuracy of the above Report, and concur therein.
N.C. Harperman for (Officer i/c Hospital / S.M.O. Brigade) Strike out one of these

No. 4 CANADIAN GENERAL HOSPITAL REGISTRAR'S NOV 27 1918 OFFICE BASINGSTOKE

Dated ..... Station, on ..... 191.....
*Delete if inapplicable.

PART II.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes. Not offlicable

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes Not offlicable

12. From the medical information now adduced, was the disability caused or aggravated by :— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 5%, 10%, 15%, 20%, etc.)* Twenty five per cent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)* all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No
(ii.) If not permanent, what is its probable minimum duration *(in months)*? Six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No Offlicable

17. Can the former trade or occupation be resumed? No - not for months

18. REMARKS :—

For return to Canada on Authority A.G. 9003 of 11-11-18
Category confirmed E.P. Lewis Capt. C.A.M.C. Pres. Med. Board.

19. RECOMMENDATION :— (b) Invalid to Canada? No

(a) Fit for duty? *(state category)* Yes B III likely to be raised in Category within six months (c) Discharge from Service as permanently unfit? No

Date of Board 28-11-18

Signatures of the Board { E.P. Lewis Capt. C.A.M.C. President. / Wm Goldie Capt. C.A.M.C. }

Station No 4 G.H. Basingstoke

Approved E.P. Lewis Capt. C.A.M.C. for A.D.M.S.

Dated at Basingstoke 28-11-18 Station 191

.....Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 30 1918 13, BERNERS ST. LONDON, W.1

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 445166 H L Parrette have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Nil

H L Parrette
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	745161	L'Cpl.	Parrette	H. L.
	Unit.		Age.	Service.
	18th		19	2y 12

Station and Date. Disease

June 16/18 Muscle tissue very healing but skin edges are 3" apart and wound is healing by granulation General condition good

June 23/18. Muscle tissue healed. Granulation filling in between skin edges Massage.
General condition better

July 10/18 Healthy Granulations Healing rapidly wound clean

July 20/18 wound healing rapidly General Condition good.

Aug 8/18. Wound healing rapidly Massage daily

Aug 23/18. Movement of leg in healing wound almost healed.
General Condition good.

Sept 19. Electrical Reactions Left leg. Faradism Galvanism

Tibialis Anticus	++	KCC > ACC	
Extensor Longus ~~Digitorum~~	++	Do	Brisk
Peroneii	++	Do	Reaction
Extensor Brevis digitorum	++	Do	
Extensor Hallucis Longus	++	Do	
Gastrocnemius	Probably react to Faradism. Difficult to state owing to position of wound.		
Soleus			

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

E. P. Lewis Capt R.A.M.C.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (H239)

Station and Date.	
9-10-18	Lud on calf almost healed but the scar appears very unstable and will probably breakdown. seen by Col Stewart & Lt-col Mallock who advised skeleton dressing.
10-10-18	A.T.S. 2000 c.c. given
11-10-18	Wound scar & cut upper flap removing a portion of its edges - Lud flaps after undermining, united with silk worm gut sutures. Some parts had commenced to granulate flaps secured to place by dressing R.R. Graham Capt. C.A.M.C.
20-10-18	Most of sutures had given small area in centre will soon be ready for skin graft
1-11-18	Skin Graft - Thigh - One square inch which shows no organisms on smear
30-11-18	- all healed no epithelium -
31-11-18	- Bonded by Mr - adherent scar. no other lesion in any system. no other disability. R.R. Graham Capt

Form
I. 1237
. 12

C 4 6/12.

Army Form I. 1237.

MEDICAL CASE SHEET.* B14

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M2 J 3055	745161	Sgt	Parsette H. L.	
Year 1918	Unit. 18th Batt.		Age. 19	Service. 2y 1m / 12 12

Station and Date. May. 12.

Disease G.S.W. Legs (Multiple)

OCCUPATION Teamster

ENLISTED Nov 22/15.

ENGLAND Jany. /16.

FRANCE Aug 6/16.

WOUNDED April 27/18.

HOSPITALS 29 C.C.S. 3rd State. Hosp.

May 12/18 4th Can. Gen. Hosp.

No. 4 Canadian Gen. Hospital, Basingstoke.

OPERATIONS

Wounds incised and drains F.B. sinus for rig to Popliteal space

REMARKS Multiple Flesh wounds (Severe) no X Ray

SUMMARY OF F.M.C.&.M.H.S.

Wounds incised and drained.

PRESENT CONDITION. He is a well developed and well nourished young man

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	
	age: 19.
	He has a wound abvis 2" x 2" on right popliteal space which is discharging a small amount of pus. Dakin's solution.
	"
	He has a very small superficial abrasion over left tibia wound is clean and healing.
	"'
	He has a very large and deep wound in calf & upper third of left leg involving Soleus Popliteus and Gastrocnemius muscle quite part of them are severed. The wound is 4" x 3" x 3" Wound looks clean
May 13/18.	Carrel's tube and Dakin's dressing. Circular wound. Respiratory wound.
May. 18th	He was taken to operating room and wound sutured a small rubber drain was left in wound.
May 19th	Feet swollen and painful. Wound dressed and tube removed. He complains of a great deal of pain in wound.
May 24/18.	Foot very much better. Wound pussy but cleaner not with Carrel tube
June 2/18.	Skin edges have all given away his sutures in muscle held but there is much destruction of muscle. Wound is clean. Granulations
June 28/18.	covered it is now healing rapidly.

G P O Toronto

FORM OF WILL.

I, Hector Stewart Laurence Parrett (Name in full)

Regimental Number 745161 ~~serving in~~ 116th O.S. C.E.F.

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

Mrs Mable Staples
1818 16th St West
Calgary Alta

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

absolutely, and my personal estate I bequeath to

Mrs Mable Stables
1818 16th St West
Calgary Alta

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 30th day of June A. D. 191

H L S Parrett 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H J Grant

Address of Witness 267 Crawford St Toronto.

Occupation of Witness "Clerk"

Signature of Second Witness W. L. Cassingham

Address of Witness 534 Perth Ave Toronto

Occupation of Witness Iron Moulder

F. W. 82
200M-5-16.
1772-39-983.

Hector Lawrence Stewart Arrett.

J. G. Capt.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

P

Date of Assignment

Aug 1—16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

1318

PARTICULARS OF SEPARATION ALLOWANCE

No. 745161

Rank Pte Promoted Reverted Discharge

Soldier's Name H. Co. S. Parrett

Battalion "A" Co 116th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Geo. Greenway

Address 295 George St. Toronto Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31	—		340	340
Jan 18	H 64488		20	20
Feb 18	J 73328		20	20
Mar	P 94561		20 ✓	20 ✓
apr	[illegible]0195		20 ✓	20 ✓
May	W 13009		20	20 ✓
June	O 25945		20	20 ✓
July	J 27964		20	20 ✓
Aug	Q 34756		20	20 ✓
Sept	E 36055		20	20 ✓
Oct	C 42811		20	20 ✓
Nov	G 57945		20	20 ✓
Dec	G 62945		20	20 ✓
Jan	A 70357		20	20 ✓
Feb	C 77493		20	20 ✓
Mar	Q 83247		20	20 ✓
Apr	A 1170		20	20 ✓
			660	660

REMARKS

14216-98-3-(72)

A/c Closed 30/4/19

Ret'd per Canada

Date 1/4/19 M.F.W.187 Rnd

Clerk [illegible] 8/4/19

M.R.O. H.P. 69958 Derby and M.L.O.

M42

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22220—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 443 R

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—177-39-141
L. L. 22320—M. & D. 1193.

"CANADA" 2-4-19

DISPERSAL "I" P 1714

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 745161 | RANK ~~L/Cpl~~ Pte | NAME (IN FULL) PARRETT, H.S.L.S.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
✓		

ORIGINAL UNIT C.E.F. 116th Bn ✓

PLACE OF ATTESTATION ✓ | TRANSFERRED TO ~~Toronto Ont.~~ | DATE 22 ~~Nov 15~~ | AUTHORITY Crescent Toronto Ont. 22/5/19.

DATE OF ATTESTATION 22-11-15 ✓ | TRANSFERRED TO | DATE | AUTHORITY

IF IN P.F. WHAT UNIT? ~~G.P.O. Toronto Ont.~~ (BLOCK LETTERS SURNAME FIRST)

ASSIGNED PAY $ 20 ✓ | DATE EFFECTIVE 30.4.19 Closed by Ottawa

PAYABLE TO Geo Gunnway ✓ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 296 George St. Toronto ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 3-4-19 ✓ | REASON Demob | AUTHORITY DO 105 | IF ENTITLED TO POST DISCHARGE PAY Yes.

T. O. S. 24/3/19 D. O. 105

SUBS. ..... TO ..... D. O. .....

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			130	05	Bal from Epc
31.3.19 ✓							130	05	130	05																											
8.4.19 ✓	8 ✓	1/- ✓	8	80 ✓																	38	92 ✓	End on Epc													
					33/70 ✓																																	
																							20 - ✓														Capt
																	4	87	15 ✓																	Boat Transallan ✓
							113	80 ✓									175	06													243	85 ✓					
																							70 - ✓														WSG. Pte as above Lce corporal Pte ~~Sapr~~ Sapr as pay
																											5 50 ✓										
																																					Blue.
	W.S.G. ✓																																				Soldier. ✓
183 dys. ✓		420 - ✓					420	00 ✓																							75	50	344	50			1st W. S. G. paid by #2 D.B. 7.19
																	May	2	278834		64	50 ✓									140	00 ✓	280	00 ✓			
																	June	3	716346		70 - ✓										210	- ✓	210	- ✓			
																	July	2	728270		70 ✓										280 ✓		140 ✓				Cl 70 270 Ref. cheque to man 10/7/19
																AR 77	July	2	728270		70 ✓										280 ✓		140 ✓				
																AR 99	July	29	1027410		70 ✓										350 ✓		70 ✓				
																AR 126	Aug	30	1435947		70 ✓										420 ✓		0				W. S. G. PAID IN FULL
							420 ✓														344	50	70 - ✓				5 50 ✓				420 - ✓						

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Toronto DATE June 2 / 19

1. 1 (a) Unit 15th Bn H. (b) Regimental No. 745161 (c) Rank .....

(d) Surname PARRETTE (e) Christian name Hector Stewart Lawrence

(f) Home address 22 Ozark Cres. Toronto

(g) Next of Kin Mrs Raymond Neumann (h) Relationship Sister

(i) Address of Next of Kin 612 Locust St. Anaconda Mont.

2. Age last birthday 21 Date of birth Nov 24 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Uxbridge (b) Date Nov 22 / 15

4. Personal description:

(a) Height 5.6 (b) Weight 147 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. .....

.....

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
	From	To
Canada		
England		
France or other theatres of War		

7. Original disease, or injury G.S. Wound left leg

.....

.....

(a) Date of origin April 27 / 16 (b) Place of origin France

(c) Cause Shrapnel.

.....

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Difficulty in walking.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj. Large irregular scar H shaped on posteriro external aspect left leg upper and middle third. Scar well healed, firmly adherent in transverse portion of scar to underlying structures. Considerable evidence of loss of muscle noted. Limitation movement at knee joint, and ankle. Knee. A.G. 7. 90° A.G.E. 170° Range 80°. Ankle A.G. dorsi flex 85° A.G. Plantar flexion 135° Range 50°. Walks without cane with no noticeable limp. Outer side of leg, and foot including 4th & 5th toes show complete loss of sensation to touch light & deep heat & cold.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

Sub. Dull aching pain on outer side of leg and over patella aggravated by exercise or weather. Can walk at moderate pace ½ mile without resting.

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

Wounded April /18. Large wound upper third left leg. Considerable resulting loss of tissue. Plastic Operation Oct /18. to overcome Equinus deformity.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

April/18: G.S.W. Popliteal space r. leg. No disability

(*c*) (Here give a description of wounds, scar. and deformities.

Healed scar upper third lt. leg. 5" x 3"
Semewhere linear scar r. Popliteal space 2½"

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent. Unimproved in 6 months

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

Hospital Treatment 10 months

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? No. Can not walk farther than ½ mile.
(If not, briefly state why)

17. Recommendations Cat E. Medically unfit

W. H. Patterson Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of .....

W.A.R.

H. L. Parrette ..... Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

.....

.....

.....

.....

.....

.....

.....

.....

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

.....

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

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

.....

.....

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

.....

.....

.....*President.*

PLACE..... .....

} Members

DATE..... .....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....

.....

.....

.....*President.*

PLACE..... .....

} Members

DATE..... .....

APPROVED BY

.....

Assistant Director of Medical Services.

DATE.....

APPROVED BY

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Director-General of Medical Services.

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