

ATTESTATION PAPER.

Canadian Engineers. C.E.P.

No. 2007889

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **PLATT.**
- 1a. What are your Christian names?..... **William John.**
- 1b. What is your present address?..... **107 Walnut St. Batavia N.Y. U.S.A.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Shettleton, Scotland.**
- 3. What is the name of your next-of-kin?..... **May Platt.**
- 4. What is the address of your next-of-kin?..... **107 Walnut St. Batavia N.Y. U.S.A.**
- 4a. What is the relationship of your next-of-kin?..... **Wife.**
- 5. What is the date of your birth?..... **March 28th 1882.**
- 6. What is your Trade or Calling?..... **Railroad section foreman.**
- 7. Are you married?..... **Married.**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes.**
- 9. Do you now belong to the Active Militia?..... **No.**
- 10. Have you ever served in any Military Force?..... **No.**
Naval or Air Force
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes.**
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes.**
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No.**
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? **No.**
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **William John Platt.**, 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.

William J. Platt (Signature of Recruit)

Date **March 30th 1918** 191 . *W. Wood* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **William John Platt.**, 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.

William J. Platt (Signature of Recruit)

Date **March 30th 1918** 191 . *W. Wood* (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 **Toronto, Canada** this **30th** day of **March 1918** 191 .

[Signature] (Signature of Justice)

Description of William John Platt on Enlistment.

Apparent Age 36 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 1/2 ins.

Chest measurement { Girth when fully expanded..... 34 1/2 ins.
 Range of expansion..... 4 1/2 ins.

Complexion Medium

Eyes Grey

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian..... Pres
 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).

Discolored skin lower right leg, sear left hand.

Hearing O.K. Nose & throat O.K.
 Ears R.D. 20 L.D. 30 Diseased tonsils

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 30th 1918 191

Place Toronto, Canada

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE
A. Mulholland M.O. PRESIDENT
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

A. Mulholland Lt. Colonel C. E.
 (Signature of Officer)
 C. C. Engineer Training Depot.

Date APR 15 1918 191

REGIMENTAL DOCUMENTS

23.4.19
f.w.

NAME

PLATT, WILLIAM J

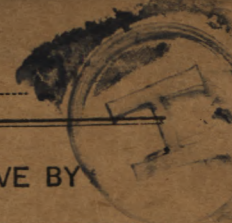
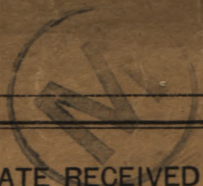
REGT. NO.

2007889

UNIT

1st. e. e. R. B.

FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

3
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

7 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 Inc.

7 rec. card

DEATH

Category

DISCHARGE

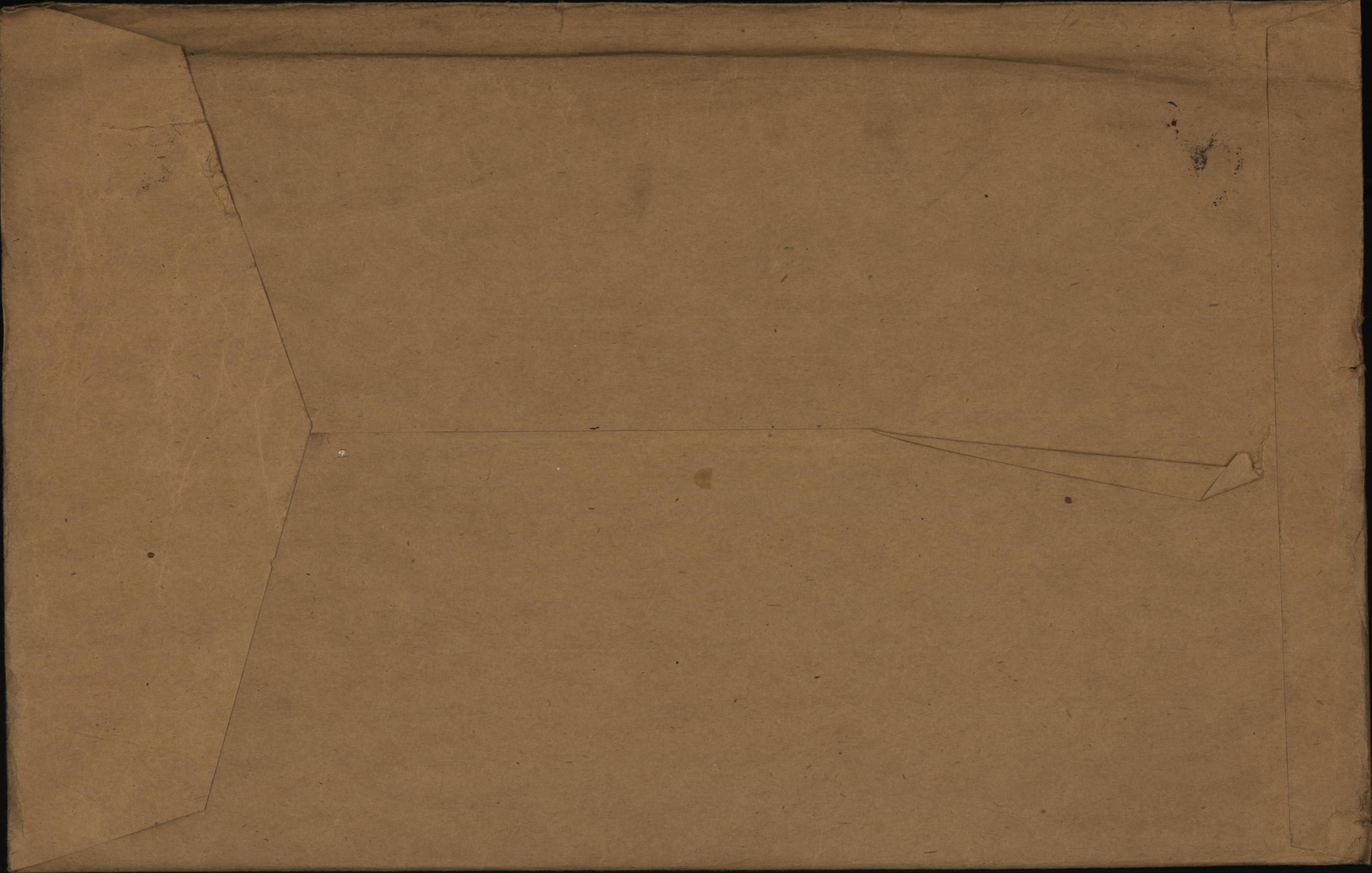
Category

Demob

592

DESERTION





ma
34011
Number.....2007889.....rank..... *cp2*

Surname.....PLATT.....

Christian Name.....William John.....

Units.....*C. E.*.....Theatre of War.....*France*

Date of Service.....17-9-18.....

Remarks.....

Latest Address.....~~Kingston P.O.~~
.....107 Walnut St. *Out.*.....

Roll No.Batavia

NY USA.

"B" Page 8082

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 _____

DESP. FEB 22 1922
REGON. NO. 70436

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

SURNAME.

Platt

CHRISTIAN NAMES

William John

No. 2007889

RANK

Spr.

Casualty, Eng. Br. Sps.

FULLY TRAINED CORPS

nil

4 "H" 3

CARD NO.

BOSALIS 8-4-19

Demob. # 300
NO 100 FOLL 10-4-19

T. O. S.

April 10, 1918

D.O. Part II No

100

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Platt Mrs May,

RELATIONSHIP TO SOLDIER

Wife,

ADDRESS

107 Walnut St., Batavia, N.Y.
U.S.A.

COUNTRY OF BIRTH

Scotland, Shettleston

DATE

Mar 28th 1882

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Mar 30th 1918

15-5-18 1257

R/c 5-4-19 298/101 Spr.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Let 9 P. 25637

Auth letter HQ file 2 2/22
CHANGE OF ADDRESS.

No. 2007889 Rank _____ Surname Platt Christian Names Wm J.

Address

107 Walnut St.
Batavia N.Y.
USA

X
P. 19.
EBM.

Section Awards

1917

1917

1917

1917

1917

1917

1917

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

7056

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

350M.—5-16

H. Q. 1723-39-920.

Canadian Engineers.

Casualty Form—Active Service.

27th Inf. Can **ENGINEER TRAINING DEPOT**
Unit, Regiment or Corps.....

Regimental No. 2007889 Rank Ser Name PLATT William John

Enlisted (a) 30-3-18 Terms of Service (a) C.E.F. Prof. W. Service reckons from (a) 30-3-18

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

Extended Re-engaged **W.S.B. CLASS "A"** Qualification (b) Railroad but foreman

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

Embarked Canada..... 13/3/18
Disembarked England..... 5/6/18

CERTIFIED CORRECT
25 SEP 1918
CAN. RECORDS, LONDON.

7/6/18 C.E.F. S.D.S. of 2nd CERB for Canada Deafna 5/6/18 P. 2. Ord 102
18 2nd CERB S.D.S. of 2nd C.E.F. B. Seaforth 17-9-18 Part II. Order No. 102.

A. Love

Lieut. C.E.
for Lieut-Colonel, C.E.
Commanding, 2nd Canadian Engineers Reg. Batta.

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(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

7056

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19. 9.18	69130	T O S CER POOL		19.9.18	R&R 765 PART 2 NO 104
21. 9. 18	CCFC	JOINED BOMBAS		21.9.18	R&R 1483
28. 9. 18	CCRC.	S. O. S to 11 th Batta ⁿ Co		28.9.18	RoR 1730. P/106.
do.	do.	T O S AI-BN O E	Field	29-9-18	do. P.O. 28 d/19-10-18
5-10-18	11 Bn CE.	JOINED DO	do.	28-9-18	B 213.
18-11-18	C.G.B.D.	T.O.S. class T.B.	C.G.B.D.	14-11-18	N.R. 1414.
23-11-18	11 Bn CE.	Proceeded to	C.G.B.D.	15-11-18	B 213.
21-11-18	C.G.B.D.	Myalgia Back & Frey Urine	CLASS B.1.	21-11-18	W 3339-838
8/12/18	C.E.M.D.	T.O.S from France and is detailed to Depot Coy.	Seaford	7/12/18.	pt II No. 319
22/3/19		S. O. S. to Kimmel Park, Seaford Mgt, N.D. 3. Wing			Part II. D. O. 80

J. T. Bush
Lieut
of O.C. GENO

7056

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

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

No. 2007889 Rank Spr. Surname PLATT
(Given name in full)

WILLIAM JAMES
Unit or Corps C. 8. B. 10. Birthplace Chelston - Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 ft. 7 in. Colour of Eyes Hazel
Nutrition Good
Pulse 84
Condition of arteries Palpable
Vision Rt. hor. Left hor.
Hearing (conversational voice) Rt. 2 1/2 ft.
Left 2 1/2 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Psoriasis over whole of body & limbs.

Opinion as to general health and physical condition. Healthy

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

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

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.

Myalgia & freq. Urination - 21-11-18.
Psoriasis (General over body & limbs)
Lasts about six months every year during winter season.
no disability.

7056

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)
 Date 8-3-19 Signed D. P. Gyeen capt M.O.

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

Signature Wm D. Platt

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)
 Date SignedM.O.

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

Signature

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

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

[OVER]

7056

G.H. Rank Name **PLATT, William John.** Reg'l No. 2007889.
 Unit **27th Dft C.E.T.C** If in perm. Corps, }
 What Unit? }
 Married or Single **Married.**
 Place and Date of Enlistment **Toronto. March 30th 1918.** Place of Birth **Shettleton. Scotland.**
 Name and Address, Next-of-Kin **May Platt,**
107, Walnut St. Batavia. N.Y. U.S.A. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **10503**
 File R.I.
 Category **CAN. OR**

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
7-6-18	2. CERB. TOS on-ARRIVAL From CANADA,	5-6-18 S/S CITY of MARYLAND	Seaford	5-6-18	2015
18-9-18	" S.V.S. to CERB	"	"	17-9-18	2012
19-10-18	11 B.C. TOS from CERB	"	Field	29-9-18	284 CERB 100/21/18
9-12-18	C.E.R.D TOS from 11 B.C.E.	"	Seaford	7-12-18	III 319
27.3.19	M.D.S TOS from Res.	"	Rhyl	22.3.19	" 74 + CERB 97 74/19
31.3.19	- " - TOS from Canada	"	"	29.3.19	" 7)

7058

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

PLATT W.

REGIMENT

C. E. R. D.

RANK

SPR

No.

2007889
Regimental Depots,
SEAFORD.



Date of Examination in England

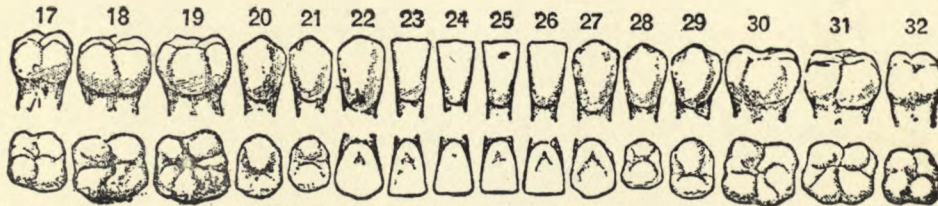
12 MAR 1919

Date of Examination in France

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

2. EXTRACTIONS

3. CROWNS

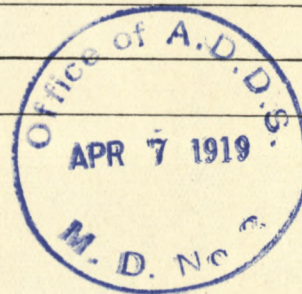
4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT?

NO

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

Signature of Dental Officer

B. B. Beaton

THE AMERICAN
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CANADIAN EXPEDITIONARY FORCE

7056 A

War Service Badge Class... A...

DISCHARGE CERTIFICATE

246108 Issued

THIS IS TO CERTIFY that No. 2007989 (Rank) S pr.

Name (in full) Platt, Wm. John. enlisted in the Canadian Expeditionary Force at Buffalo, N.Y. on the 28th day of March 1918.

HE served in France

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

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

Age 41

Marks or Scars

Height 5.7

Complexion Dark

Eyes Grey

Hair Black

Wm J. Platt Signature of Soldier

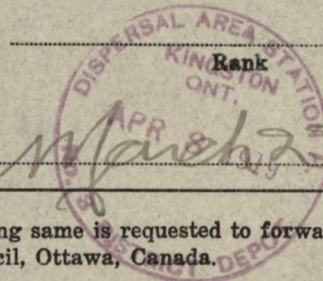
[Handwritten mark or scar]

Date of Discharge



J. J. Money, Captain Issuing Officer Station H

Date March 23 1919



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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

1000

THIS IS TO CERTIFY that No. 5007800 (Rank) *Private*
 Name in full *John William ...*
 of the *1st Canadian Trench Battalion*
 CANADIAN EXPEDITIONARY FORCE at *Ypres*
 day of *10* *October* 1918
 The soldier was discharged from the service by reason of *Medical Reasons*
 and is now *fit for service*

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

Age	<i>25</i>
Height	<i>5 ft 6 in</i>
Complexion	<i>Fair</i>
Hair	<i>Dark</i>
Build	<i>Slender</i>
Particulars of Remarks	<i>None</i>
Medical Certificate	<i>None</i>
Date	<i>10 October 1918</i>

1000

This certificate will be issued only to those soldiers who have been discharged from the service by reason of medical reasons and who are fit for service. It is not to be issued to those who have been discharged for other reasons. It is the property of the Government and must be returned to the nearest Military General Hospital when required.

CASUALTY FORM.

ACTIVE SERVICE.

A.F.B. 108.

NUMBER 2007889 RANK Spr NAME Blatt M0

22/3/19 T.O.S. WING 3. KINLE PARK. PART 2 D.O. 74 27/3/19

24/3/19 S.O.S. On transfer to G.C.F. On proceeding to
CANADA. PART 2 D.O. 72 31/3/19

29/3/19 ~~Discharged~~ 3 M 4 Discharged 8/4/19 Kingston Out Pt. 2 Order N9100

J. J. Money Capt.
Major
O.C. Dispersal Area Station 11.

SLI-1111
APR 1 X
MIR 20/19
APL 5
#CARRON 1A#

A. C. [unclear] Lieut.
Ofn. i/c RECORDS, L.D. No. 2.

H
21

705

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

271
M. D. 3
War Service Badge Class...
No. 246108... Issued

1. No. 20078.89

2. Rank. *Spr*

3. Name. PLATT *Wm J.*

4. Unit. *1st CBR*

5. Date of Discharge 8/14/19 Place *Kingston*

6. Reason for Discharge *Demot* *Wife*

W. S. B. CLASS "A" *Pro*
Hill
1891

7. Authority. *RD 1420.*

8. Proposed Residence after Discharge *Kingston*

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. ? *B39*

SLI - 1111 MAR 29/19
ARR HIX APL 5
*H M T *CARONTA**

Wm J. Platt
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *Kingston Ont.*

Date *APR 8 1919*

Deceased
July 22 32
CG 5637

Signature *[Signature]* Captain
(O. C. Discharging Unit.)

7052

PROCEEDINGS ON DISCHARGE
(Application)

1	Name	PLATT
2	Rank	Private
3	Company	1st Regt. U.S. Cavalry
4	Regiment	1st Regt. U.S. Cavalry
5	Service No.	10000
6	Place	Washington, D.C.
7	Reason for Discharge	Discharged
8	Approved by	[Signature]
9	Approved by	[Signature]
10	CONFIRMATION	The discharge of the above named man is hereby confirmed.
	Place	Washington, D.C.
	Date	10/10/1910
	Signature	[Signature]
	Signature of Soldier	[Signature]

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Medical Form W-53
or Particulars of Report	Medical Form W-133
Field Contact Sheet	Medical Form W-133 or A.F.R. 12
Casualty Form	Medical Form W-51 or A.F.R. 103
Last Day Certificate	Medical Form W-44
Certificates that indicate documents are waivable	
Medical History Sheet	Medical Form B-212 or A.F.R. 117
Proceedings of Medical Board	M.A.B. 201, A.M.B. 117 or A.F.R. 117
Dental History Sheet	Medical Form B-100
Medical Report	M.S.W. 120 or M.S.W. 120A
Regimental Contact Sheet	Medical Form B-100
Company Contact Sheet	Medical Form B-200

1. Triplicate Discharge Book (M.F. 7/28) or
2. Particulars of Discharge (M.F. 133)
3. Casualty Form (M.F. 103)
4. Medical History Sheet (M.F. 133 or A.F.R. 12)
5. Proceedings of Medical Board (M.A.B. 201, A.M.B. 117)
6. Dental History Sheet (M.F. 100)
7. Medical Report (M.S.W. 120 or M.S.W. 120A)
8. Regimental Contact Sheet (M.F. 100)
9. Company Contact Sheet (M.F. 200)
10. Last Day Certificate (M.F. 44)
11. Field Contact Sheet (M.F. 133 or A.F.R. 12)
12. Attestation Paper, Triplicate (M.F. 53)
13. Particulars of Report (M.F. 133)
14. Medical Form W-51 or A.F.R. 103
15. Medical Form W-44
16. Medical Form B-212 or A.F.R. 117
17. Medical Form B-100
18. Medical Form B-200

Group _____
 Checked by _____
 Date _____

LIST OF DISCHARGE DOCUMENTS.

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

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

Group..... A
 Checked by No..... 21
 Date..... 27-3-19

7056
2007889

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Platt Christian name William John
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... 107 Walnut St. Batavia N.Y. U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30th day of March 1918, 1917, by the undersigned medical board sitting at Toronto, Canada.

5. Age as stated 36 Years..... Months.....
6. Apparent age..... Years..... Months.....
7. Height 5 Feet 6 1/2 Inches.....
8. Weight 125 Pounds.....
9. Chest measurement { Minimum 30 Ins. Maximum 34 1/2 Ins. }
10. Complexion Medium { Eyes Grey Hair Brown }
11. Physical development..... { Good Fair Poor }
12. Smallpox marks..... Nil
13. Number of vaccination marks { Right arm..... Left arm 1 }
14. When vaccinated last..... 1907
15. Distinctive marks and marks indicating congenital peculiarities or previous disease..... Diseased tonsils

16. Slight defects but not sufficient to cause rejection.....
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2
17. (a) Vision R. 20 L. 30
(b) Hearing. R. Normal L. Normal

N. G. Wilson Capt Member. W. J. Platt President. R. M. Ryan Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O. <u>3/4/18</u>		<u>Yes</u> M.O.
			M.O. <u>8/4/18</u>		M.O.
			M.O. <u>16/4/19</u>		<u>Platt</u> M.O.

Joined 30th day of March 1918 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Canadian Engineers.</u>	<u>2007889</u>		<u>30-3-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>MAY 13 1918</u>		<u>A2</u> <u>Platt</u> President Medical Board, St. Johns, P.Q.

N. B.—This sheet is 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.

Signature of Man W. J. Platt

Date of Enlistment 30-3-18.

MILITIA AND DEFENCE

M.F.W. 2554 Issued

Date of Assignment

1-5-18.

Separation and Assigned Pay Branch

JUL 29 1918

1 May 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25 00	30		
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1-9-18 PC 2753
M.O. 23355.

RATE OF ASSIGNMENT

20 ⁰⁰			
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P 5531

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *Canadian Engineers - 27 Dpt.*
 Beneficiary *May Platt*
 Relationship *Wife*
 Address *104 Walnut St. Batavia N.Y. U.S.A.*

Name _____
 Address _____
 Change of Address _____
 1 MAY PLATT,
 107 WALNUT ST.,
 2 BATAVIA, N.Y. U.S.A. 20 25 45.00
 3 % 2007889 SPR. WILLIAM JOHN PLATT,
 4 FORTY FIVE DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
May/18	J. 5853	25	20	45	<i>14609-N-20</i> <i>L.P. 8308 May A.P. and SA - J. 5853 mailed 11. 18</i> <i>A.S. 12. 18</i> <i>..... A/c Closed 30-4-19</i> <i>#3 Ret'd per. Caronia</i> <i>Date 12-4-19</i> <i>..... Clerk. P. J. Batesbury</i> <i>Mo 12048 Destroyed A.F.L.</i>
June	Z 14594	25	20	45	
July	Z 25947	25	20	45	
Aug	Z 38540	25	20	45	
Sept.	J 52500	25	20	45	
Oct	J 67376	25	20	45	
Nov	J 81953	25	20	45	
Dec	J 91444	45	20	65	
Jan/19	J 112542	30	20	50	
Feb	Z 125682	30	20	50	
Mar	Z 137570	30	20	50	
Apr	Z 6531	30	20	50	
		340	240	580	

M. F. W. 128
400M. - 6-17-1772-38-1141
L. L. 22320 - M. & D. 7888.

ACCOUNT FOR NEW ACCT. }
 N.R.
 M.A.H.B.H.
 R. Barry 4-6-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-83-141
 L. L. 23320-M. & D. 1988.

1192

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

M. OR S. REGT. NO. 207889 RANK Spe NAME (IN FULL) *Platt William John*

ORIGINAL UNIT C.E.F. *Draft Co.* IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION DATE DATE DATE

DATE OF ATTESTATION *20 March 1918* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY DATE EFFECTIVE *20 1-5-18*

PAYABLE TO *May Platt wife* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *107 Walnut St. Batavia N.Y. U.S.A.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Reception* PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY *8-4-19 Demob.*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		S	C.	S	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	S	C.	S	C.	S	C.	S	C.	S	C.	S		C.	
			NO.	DATE					NO.	DATE	NO.														DATE
April	13	1.2	14	30	35.00	70.00	11	11	11	11	487	500	150	54	20	50			130	41			11	11	Returned per <i>Searena</i> Bal. per Eng L. P. C., Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Bont Money, Train Money. Overpaid 5 days on discharge.
					WSA SA	War Service Gratuity					WSA SA														
	12	2	dep	at minimum	280.00	120.00													70	210	120			1st Pay as above.	
																			38	22.00	130	210	60		63759430 MAY 6 1919 dep 22 dep SA
																			64	50	200	140	60		63759420 MAY 6 1919 Bal as above.
																			70	30	300	20	30		8337958 * 959 JUN 4 1919
																			70	30	400	0	0		8943048 * 49 / JUL 5 1919

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BALANCE FROM PREVIOUS ACCOUNT

