

B.C.R.M.

1079
705 Original
M413

ATTESTATION PAPER.

Ottawa Depot C.A.S.S.

No. 2688540
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Sutherland.
- 1a. What are your Christian names?..... William Arthur W.A.S.
- 1b. What is your present address?..... 15 Everton St., Dorchester, Mass.
2. In what Town, Township or Parish, and in what Country were you born?..... Lower Argyle Yarmouth Co., N.S. Canada.
3. What is the name of your next-of-kin?..... Mrs. Frank A. Perkins W.A.S.
4. What is the address of your next-of-kin?..... 41 Lopez Street, Cambridge, Mass. USA.
- 4a. What is the relationship of your next-of-kin?..... Sister
5. What is the date of your birth?..... May 8, 1886
6. What is your Trade or Calling?..... Mechanic
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No. W.A.S.
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. X W.A.S.
14. If so, what was the nature of the disability?..... No X W.A.S.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No X W.A.S.
16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Arthur Sutherland, 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 A. Sutherland (Signature of Recruit)

Date July 16, 1918 J. Healy, Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Arthur Sutherland, 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 A. Sutherland (Signature of Recruit)

Date July 16, 1918 J. Healy, Sgt (Signature of Witness)

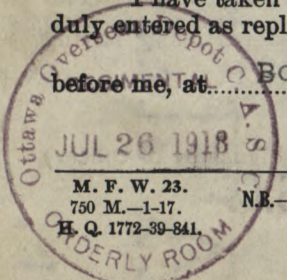
CERTIFICATE OF MAGISTRATE.

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 Boston, Mass this 16th day of July 1918

C. J. O'Brien (Signature of Justice)



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

Description of William Arthur SUTHERLAND. on Enlistment.

Apparent Age 32 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.
 Chest measurement: Girth when fully expanded 36 ins. 36
 Range of expansion 4 ins. 4
 Complexion Dark
 Eyes Dark Brown
 Hair Dark Brown

Religious denominations:
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic X.....
 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).

Refer D.O.
Vacc. Lt. Arm

Scar below Left Clavicle.
 Acne Scar Back.

Vision R 4/6
2 4/6
Hearing Normal

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 JUL 16 1918 191
 Place BOSTON, MASS. n.s.a

A. R. M. Hair, Cup
 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 Arthur SUTHERLAND. 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.

J. L. ... (Signature of Officer)
 O.C., OTTAWA % DEPOT C.A.S.C.

Date July 23rd 191

5-3-19
3071

DISCHARGE DOCUMENTS

R. O. No.

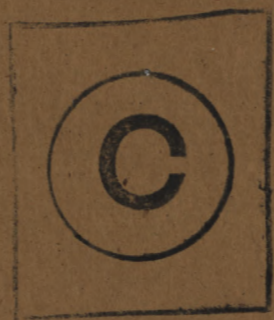
H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 32
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Discharge Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

Name SUTHERLAND, WILLIAM, ARTHUR.
 Regt. No. 2688540 Rank A/Sgt.
 Corps No. 3 Bn. 1st Gen. Yarrs Regt.

Demobilization

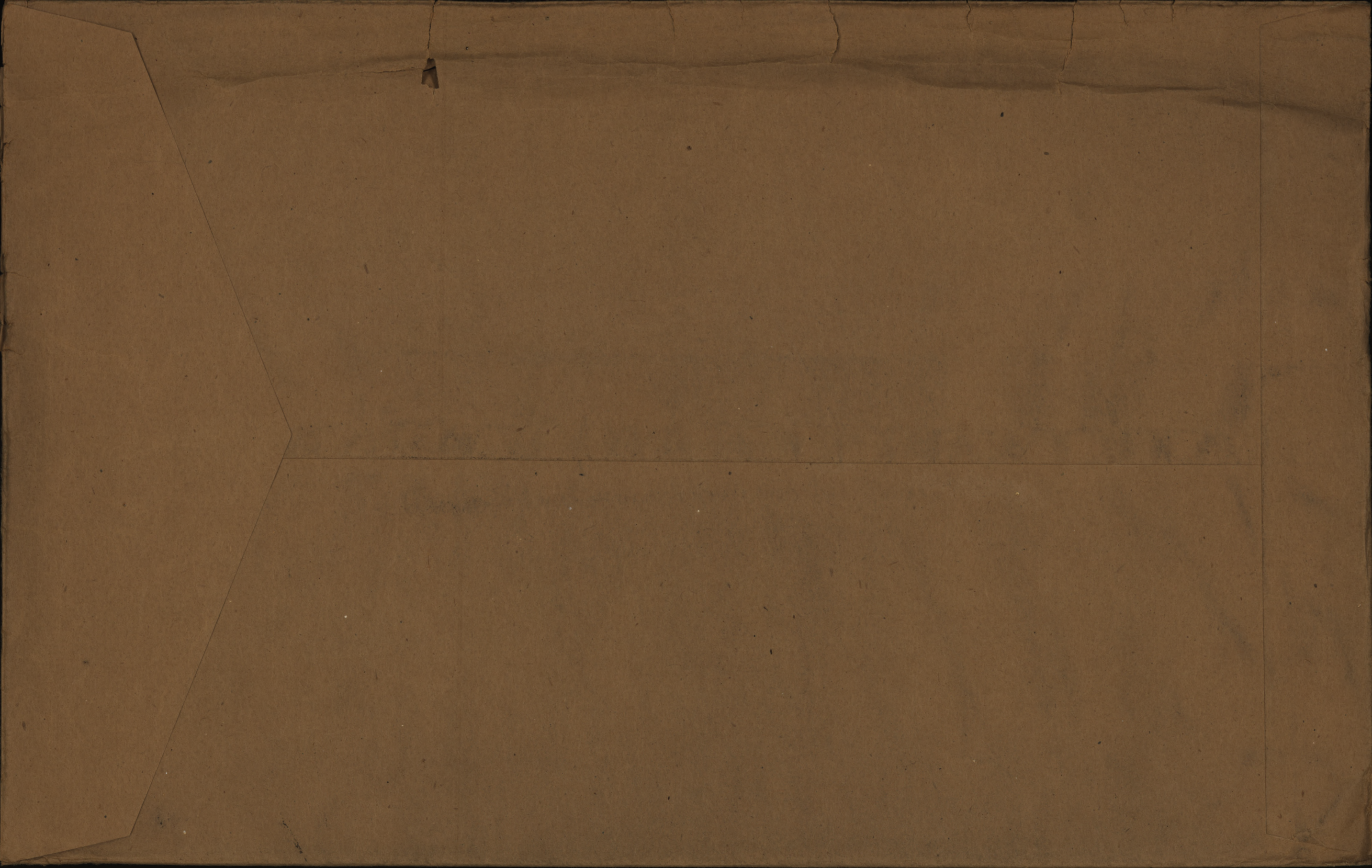


50090



m. 9-B. 227-1
 m. 9-B. 465-1
 a. 7. B. 122-1

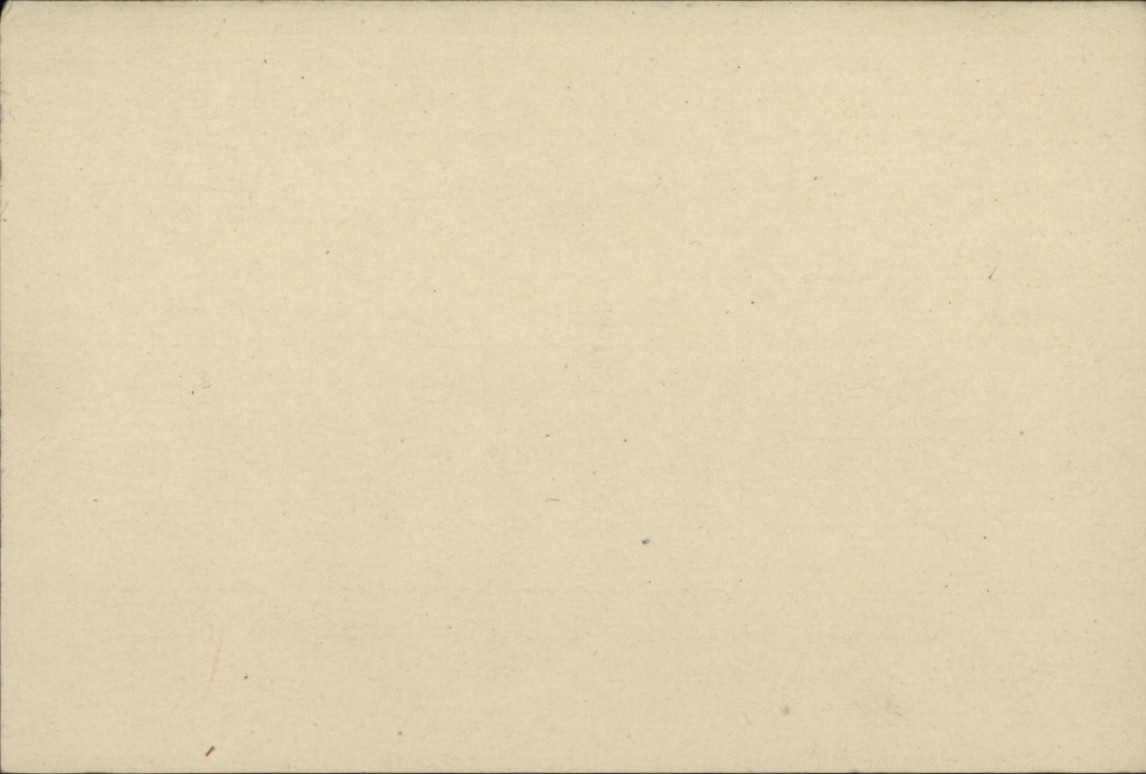
2-30
2-30



Surname Sutherland H. Q.
Christian names William Arthur M. D. No. 3
Regtl. No. 2688540 Rank Pte T. O. S. July 16th 1918
Unit C A S C D. O. Pt. II 204 of 23-718
S. O. S. Dis. 24-1-19 19 3
Reason Demob.
Auth. D.O. 24/24-1-19 3 C.G.R.

Next of kin. Perkins, Mrs Frank Anson Relationship Sister
Address 41 Lopez St. Cambridge Also notify:
Mass U.S.A.

BORN—Place Canada, Lower Argyle N.S. Date May 8th 1886
ATTESTED—Place Boston Mass U.S.A. Date July 16th 1918
O/S..... R/C.....



LEDGER NO. 261SERIAL NO. B. 343.REG. NUMBER 2688540 NAME Sutherland W.ARANK Sgt CORPS C.A.S.BAGE 33 SERVICE 3 1/2 / 12NAME OF HOSPITAL Fleming Convalescent PLACE OttawaDATE OF ADMISSION 30/10/18DISEASE Rheumatism

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO 23-1-19 20-11-18 IN CATEGORY.....

M. F. W. 2553.

50m.-6-18.
1772-39-1332.

P. T. O.

REMARKS:

OTTAWA OVERSEAS DEPOT C.A.S.C.

NAME

Sutherland W^m Arthur

REGIMENTAL NO.

2688540

RANK

Pte

ENLISTED AT

PROMOTIONS, &C.
AND DATE

DATE

16.7.18

BBR h

IF SERVED PREVIOUSLY, STATE UNIT, &C.

Nil

MARRIED, WIDOWER, OR SINGLE

widower

NEXT OF KIN

Mrs. Frank A. Perkins

RELATIONSHIP

sister

ADDRESS OF

41 Lopez St. Cambridge Mass U.S.A.

ASSIGNMENT OF PAY \$

15⁰⁰

C.

now

TO

Bank of Montreal

ADDRESS

Ottawa, Ont.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NO. & NAME, &C.
	NO.	DATE	
Jul 16. 7-18	306	23. 7-18	BRR
Adm. to St Lukes Hosp	303	30-10-18	30-10-18
Sick leave 17.10.18 to	303	31.10.18	28.10.18
24-12-18	TAKEN ON STRENGTH D.O. 247/27-12-18. No. 3 BATTALION GARRISON REGIMENT, C.E.F. (32 D. 26-6-172)		
24-1-19	DISCHARGED & STRUCK OFF STRENGTH (on demobilization) D.O. 24/24-1-19. R.O. 14 30/12-12-18.		

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2688540 (Rank) Private (S/Sgt)

Name (in full) SUTHERLAND, William Arthur enlisted in

the Overseas Depot, C. A. S. C.

CANADIAN EXPEDITIONARY FORCE at Boston, Mass. U. S. A. on the Six-Teenth

day of July 1918

HE served in CANADA

and is now discharged from the service by reason of On remobilisation

Auth. H. O. 1420/12-12-18

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

Age 32 Years--8 Months

Height 5 Feet--6 Inches

Complexion Dark

Eyes Hazel

Hair Black

Marks or Scars NONE

W. Sutherland
Signature of Soldier

Lt. Col. O. C. No. 8 981
Issuing Officer, Jan. Garr. Regiment
Rank

Date of Discharge January 24th 1919

Signed at Kingston Ontario this Twenty-Fourth day of January 1919

in Military District No. THREE

File Reference No. 3 MD.

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On Demobilization the Particulars called for on the back of this Certificate will not be completed.



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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps..... C.A.S.C. % DETACHMENT

Regimental No. 2688540 Rank Po Name Sutherland, William Arthur

C. E. F.

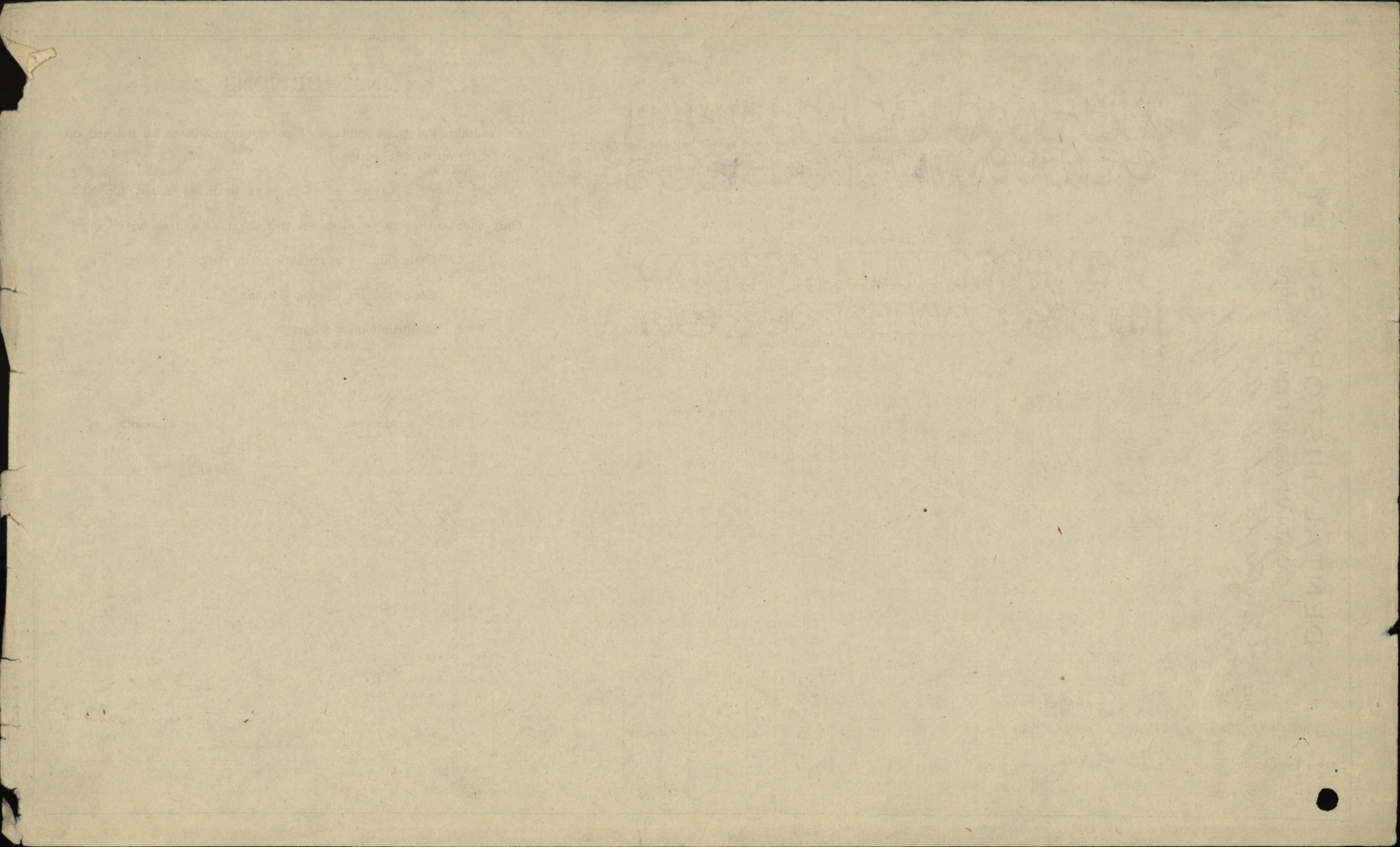
Enlisted (a) 16-7-18 Terms of Service (a) 667 Service reckons from (a) 16-7-18

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) Mechanic

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				
<u>Kingston</u> <u>25-12-18</u>	<u>Ottawa of 2 Dep case</u>	TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F. <u>37m. D. 26-6-154-14 of</u> <u>8-1-19</u>	<u>D.O. 10</u> <u>of</u> <u>10-1-19</u>		<u>[Signature]</u> Capt. & Adjt. <u>No. 3 Bn., Canadian Garrison Regt., C. E. F.</u>
<u>24-1-19.</u>	<u>Kingston</u> <u>Out.</u>	DISCHARGED & STRUCK OFF STRENGTH (on demobilization.) <u>A.O. 1430/12-12-18.</u>		<u>D.O. 24/24-1-19.</u>	<u>[Signature]</u> Capt. & Adjt. <u>No. 3 Bn., Canadian Garrison Regt., C. E. F.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.



DENTAL HISTORICAL SHEET

2A, 55

CASE HISTORY SHEET.

Hospital: St Lukes Station: St Lewis
 No. 2688540 Rank: Sgt. Name: Lutherland W. D. Age: 33
 Unit: C. O. S. C. Completed years of service: 3 yrs 14 dys Where and how long: Law
 Date of admission: Oct. 30th Date of discharge: Nov. 20 to Fleming Home Transfer:
 Diagnosis: Rheumatism Place of origin:

CONDITION ON ADMISSION AND PROGRESS OF CASE Pt. admitted complaining of pain in left ankle and right knee particularly - but pains in all joints and muscles at times - Temp. normal.

Left ankle and right knee swollen. Pt. walks with decided limp. This attack has lasted 9 weeks - onset sudden - history of wetting climatic conditions influenza and severity - Pt. of nervous temperament apparently well nourished.

Urinalysis: - normal except considerable pus microscopically. History of one previous attack 1912 - starting in left foot - 9 in bed at that time for 3/12 - Unable to work for additional 3/12 - Recid. several but instantaneously at that time.

History of Gonorrhoea in 1905 - Cleared up under TT in one month.

29th Nov 20/18
 Stiffen knees & ankles
 29th Improved.
 3rd No Change
 6th Improving slowly
 10th "
 13th "

Jan 8/19 Boarded Co. E. Good condition - practically no disability - 120 lbs - stiffens joints under E.

FAMILY HISTORY Neg. (Tuberculosis, mental or nervous diseases.)

TREATMENT
 (Especially any specific or special form.)
 Massage Lact. pepsin T.I.D. p.c.
 Aspirin
 Sup. Iodo Phos T.I.D. p.c.
 Electrical & Backing.

CONDITION ON DISCHARGE
 (and disposal made of case.) Improved.

Date: _____

 Medical Officer i/c case.

admitted Fleming Hospital 20-11-18.

Discharged to #3 Canadian Gen Regt.
for Discharge. 23-1-19.

Hubbards Capt.

Original

MILITARY SERVICE ACT, 1917 MEDICAL HISTORY SHEET.

1. Surname SUTHERLAND Christian name WILLIAM ARTHUR
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule } Not applicable.
 3. Consecutive number on schedule of men reporting for service (if he appears on it) } Recruit from Boston, MASS. USA.
 4. Address (including street and number if any) } (BORN)
15 Everton Street, Dorchester, Mass., USA.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th day of JULY 1918, by the undersigned medical board sitting at Ottawa, ONT. Canada

5. Age as stated 32 Years 2 Months. 6. Apparent age 32 Years 2 Month
 7. Height 5 Feet 6 Inches. 8. Weight 145 Pounds.
 9. Chest measurement { Minimum 32 Ins. 10. Complexion Dark. { Eyes D? Brown
 { Maximum 36 Ins. { Hair D. Brown

11. Physical development Good. { Good Fair Poor 12. Smallpox marks None.

13. Number of vaccination marks { Right arm 14. When vaccinated last Childhood.
 { Left arm 1.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar Below Lt. Clavicle. Acne Scar Back.

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma. Tuberculosis, Syphilis, Nervous or Mental disorder. Asthma
 (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 All. 17. (a) Vision. R. 6/6 L. 6/6
 (b) Hearing. R. Normal.

W. S. Hynes Capt. President.
W. Dawson Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M. O.	<u>July 27/18</u>	<u>J. P. Sullivan</u> M. O.
			M. O.		M. O.
			M. O.		M. O.

Joined 16th day of JULY 1918 at Boston, MASS., USA.

OTTAWA 8/5 DEPOT	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C.A.S.C.</u>	<u>2688840</u>		<u>16th JULY 18.</u>
Transferred to	<u>C.S.E. 7</u>			<u>11/9/18</u>
	<u>OTTAWA 8/5 DEPOT C.A.S.C.</u>			<u>OCT 10 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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 William Arthur Sutherland

If raised in category, record category in a square. The M. O. will initial and date.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18,
1772-39-903.

LAST PAY CERTIFICATE

JANUARY
SUPPLEMENTARY

Regimental No. 2688540 Rank Private Name SUTHERLAND, W.A.
(Surname first)
Unit No. 3 Battalion, C.G.R. who was* discharged
On 24th January 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 25/12/18 to 24/1/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		22
Regimental Pay..... <u>31</u> days at \$ <u>1.00</u> c.....		31
Field Allowance..... <u>31</u> days at \$ <u>.10</u> c.....		3 10
Separation Allowance.....		
Clothing Allowance..... Non-recoverable Q.M. Charges		35
Post Discharge Pay..... <u>Non-recoverable Q.M. Charges</u>		16 87
*Other Credits		
Advances	15	
Separation Allowance and Assigned Pay Cheque No. <u>8392</u>	15	
*Other Charges..... <u>Q.M. Charges</u>	26 87	
<u>Paid</u>		
Balance on transfer or on discharge, cheque No. <u>8726</u>	51 10	
Total	<u>107 97</u>	<u>107 97</u>

*Give particulars.

A monthly stoppage of \$ 15 (†) has..... (‡) been paid on account of
Assigned Pay for the month of January 1919 }
and Separation Allee. for month of..... 191..... } (to) Assignee Bank of Montreal

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment. 16/7/18 (Canada)..... married or single SINGLE
(2) Separation Allowance, entitled or not. NO..... (3) Reason for discharge. ON DEMOBILIZATION
(4) Authority for discharge or transfer. R.O. 1420

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 24th January 1919

Place Kingston, Ont.

D. J. Biscoe
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....					
.....					
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22-11-40

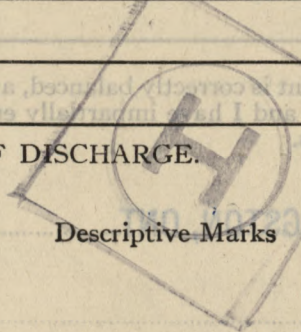
This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	2688540	
Rank	Private	
Surname	SUTHERLAND. (A/Sgt)	
Christian Name	William Arthur	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	No. 3 Battalion, Canadian Garrison Regiment, C.E.F.	
Date of Discharge	JAN 24 1919	
Place of Discharge	KINGSTON, ONT.	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	32..... years.....	8..... months.
Height.....	5..... feet.....	6..... inches.
Complexion	Dark	
Eyes	Hazel	
Hair	Black	
Trade	Mechanic	
Intended place of residence	15 Everton St. Dochester, Mass. U.S.A.	
<small>(To be given as fully as practicable.)</small>		
	Descriptive Marks NONE.	
2.	The above-named man is discharged in consequence of	
	On Demobilization	
	Auth. R.O.1420/12-12-18.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3.	Conduct and character while in the service have been, according to the records, etc.	
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4.	Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

DEPT. MILITIA & DEFENCE
FEB 20 1919
H.Q. CANADA



To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.
100M.-1-17.
H. Q. 1772-39-113.

KINGSTON ONT.
26-2-19
AB

(OVER)

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....KINGSTON, ONT.....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....KINGSTON, ONT. Wadsworthland..... (Signature of Soldier.)

(Date).....JAN 24 1919..... (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....KINGSTON, ONT.....

(Date).....JAN 24 1919.....

(Signature).....Lt.-Col. O. C. No. 3 Bn., Can. Garr. Regiment

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

No Reservations

James H. [Signature]

<p>Military Form B 235 Attestation Form</p>	<p>Reg. Conduct Sheet Military Form B 203</p>
<p>B 218 Proceedings on Discharge</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Squadron Battery Company Conduct Sheet H. 203A</p> <p>Copies of Convictions, by C. P. in MS</p> <p>Med. Hist. Sheet Military Form B 213</p> <p>Medical Report for Invalidity " H. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate " D. 277</p> <p>*Only if discharged "Medically unfit."</p>

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon

C/623
 20/12/19
 6/11/19

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

10. Statement of Service.

Service from Engagement to (the date to which the Record of Service is required).

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

KINGSTON, ONT. JAN 14 1919

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 initialed 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..... Ottawa DATE..... Jan 9/19

1. 1 (a) Unit..... C. 9. S. B. (b) Regimental No. 2688540 (c) Rank C/SGT
 (d) Surname..... Sutherland (e) Christian name William, Arthur
 (f) Home address..... 55 Falmouth St. Boston, Mass. U.S.A.
 (g) Next of Kin..... Mrs. M. G. Smith (h) Relationship Aunt
 (i) Address of Next of Kin..... 55 Falmouth St Boston, Mass U.S.A.

2. Age last birthday..... 32 Date of birth..... May 8th 1886.

3. Enlistment, or Appointment (if an Officer) (a) Place..... Boston, Mass. (b) Date..... 16-7-18.

4. Personal description:
 (a) Height..... 5, 6. (b) Weight..... 137 (c) Complexion..... Dark
 (d) Colour of hair..... Black (e) Colour of eyes..... Hazel (f) Identification marks, Scars, etc.

5. Former trade or occupation..... Janitor & Cart Clerk

	Years	Days
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).		
	PERIODS	
	From	To
Canada..... <u>C.A.S.C.</u>	<u>July 16/18</u>	<u>date</u>
England..... <u>—</u>		
France or other theatres of War..... <u>—</u>		

7. Original disease, or injury..... multiple arthritis

(a) Date of origin..... 1912 (b) Place of origin..... Boston U.S.A.
 (c) Cause..... unknown

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.)

Pain in feet and ankles

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.)

General condition good - and about 8 lbs under normal weight - no swelling of any joint or limitation of movements - but there is some stiffness in movements of right - ankle - other than this; no objective signs of disease. Laboratory is negative.
Sub. symptoms - Stiffness in right - ankle.

(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* Genito-Urinary System..... *no*
(If pulse rate is abnormal, B. P. will be taken.) (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..... *as noted* Any other general condition..... *no*

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

Admitted to Soldiers Hospital Ottawa Oct 30/18 with arthritis of right knee & left ankle
In 1912 Had an attack of similar nature which laid her off work for 6 months - Since then has a little pain off & on in various joints but has no time to do any work

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).)

10. S. n 1908 - Cleared up quickly

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

11.—(a) Did the disabling condition have its origin before enlistment?

yes

(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.)

aggravated. has cleared up

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?

no disability has been cleared up now

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

Hospitals in Alawa

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? (If not, briefly state why)

yes

17. Recommendations

Despatch in Category E Service approved. has cleared up

W. H. H. 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

Handwritten initials

W. Sutherland 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.

yes

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.)

in Category E. An appraisal of 7 disabled men before he passed away

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.

PLACE Oshawa W. H. ... President.
 DATE Jan 9th 1919 H. C. ... Members

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.

PLACE..... } President.
 DATE..... } Members

APPROVED BY W. H. ... Major, A.M.C. APPROVED BY
 For D. ... Assistant Director of Medical Services. Director-General of Medical Services.
 For A.D.M.S. Mil. District I.
 DATE JAN 20 1919 DATE