

412642

ORIGINAL

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Wm E Grumper*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Yapane Out*
- 3. What is the name of your next-of-kin?..... *Mrs G E Grumper (wife)*
- 4. What is the address of your next-of-kin?..... *Port Hope Out*
- 5. What is the date of your birth?..... *Jan 23rd 1894*
- 6. What is your Trade or Calling?..... *Labourer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?.. *no*
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*

Wm E Grumper (Signature of Man).
W Ralph (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wm E Grumper*, do solemnly declare that the above answers made by me to the above questions 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.

Wm E Grumper (Signature of Recruit)

Date *Feb 19th* 1915. *W. Ralph* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Wm E Grumper*, 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.

Wm E Grumper (Signature of Recruit)

Date *Feb 19th* 1915. *W. Ralph* (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 Hope* this *23rd* day of *Feb* 1915

T. Bohak (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Wm E Grumper (Approving Officer)

Description of Wm E Trumper on Enlistment.

Apparent Age 20 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 6 1/2 ins.

Chest measurement. { Girth when fully expanded 36 ins.
 Range of expansion 2 1/2 ins.

Complexion Clear

Eyes Brown

Hair Black

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

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 Jan 19 191 5

Place Port Hope

R. H. Shields
 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.

Wm E Trumper 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] LT-Col. (Signature of Officer)
 Commanding 88th Battalion, C. E. F.

Date MAR 6 - 1915 191 5

REGIMENTAL DOCUMENTS

NAME *TRUMPER William*

REGT. NO. *412642*

UNIT *19th Bn #21910* FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>13</i>	<i>M</i>			DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
TRAINING HISTORY SHEET (M.F.W. 113)			<i>RA</i>	<i>RS 103</i>		<i>2000/8/8/1</i>
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			<i>14/10/19</i>			
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)			<i>RA</i>			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)			Medals			
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			<i>RA</i>			
MEDICAL EXAMINATION (M.F.W. 129)			<i>8/11/19</i>			
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					DISCHARGE	
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						Category
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<i>Med unfit</i>	
LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION	
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>GW 3997</i>						
<i>JS 6132</i>						
<i>M 20192</i>						
<i>DM 81375</i>						
<i>RA</i>						
<i>R 122</i>						
<i>A 1237</i>						
<i>2x H a a</i>						
					<i>42-16</i>	
					<i>4-16</i>	
					<i>6-16</i>	
					<i>3</i>	

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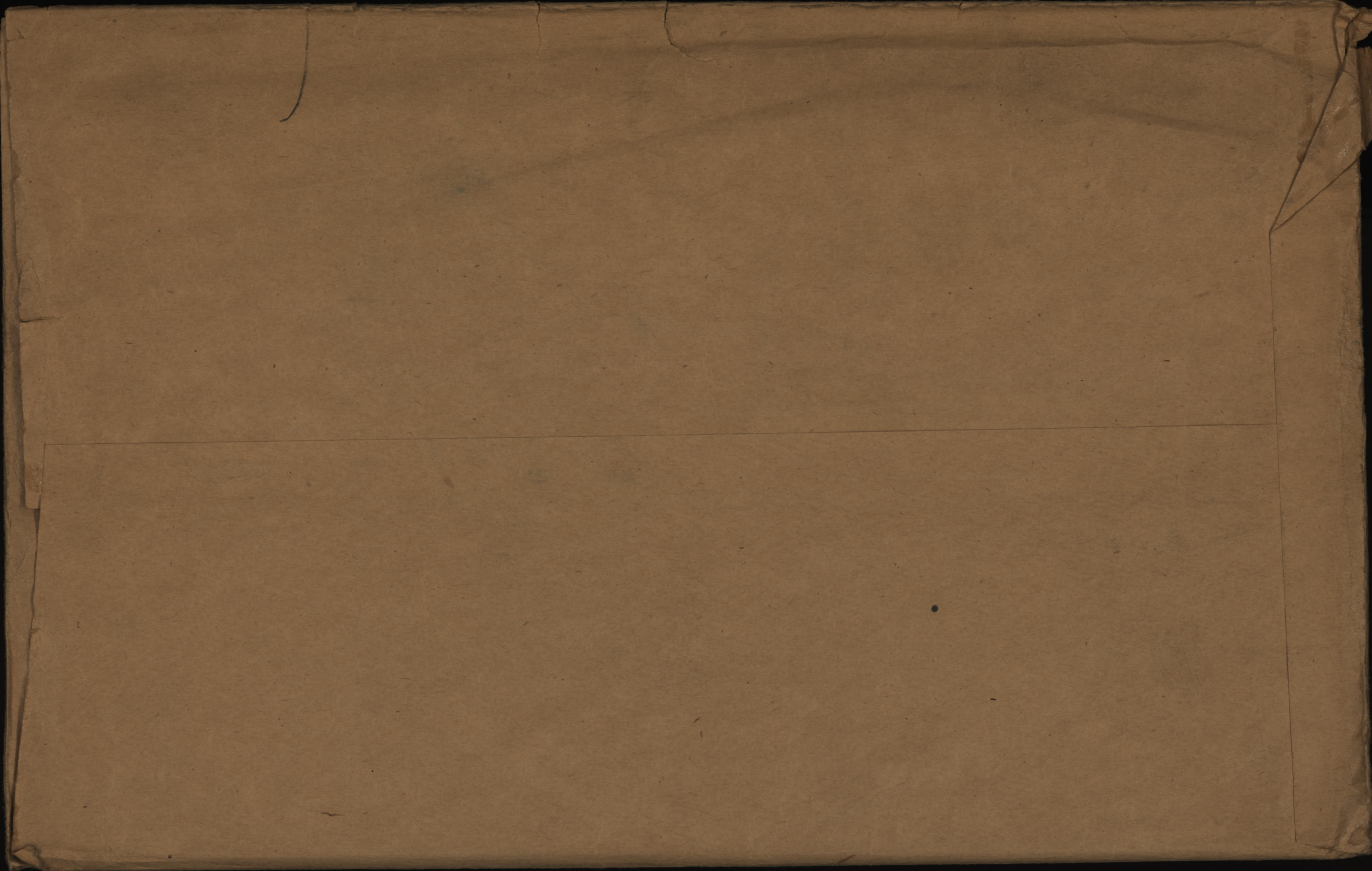
~~Medals~~
RA
8/11/19

H

19035

42-16
4-16
6-16

3



C
SURNAME. *Trumper, M. M. 13/3/18 Auth*

²
CARD NO. *Lg# 30573.*

CHRISTIAN NAMES *William E. Bart M m. Lg. 31469 of 23/7/19.*

SOS. *6/3/19. M W.*
FOLL. *AB 63 of 24/3/19*

REGL. No. *412642* RANK *Pte.*

UNIT *39th.*

2801
Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Trumper, G. F.*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Port Hope, Ont.*

COUNTRY OF BIRTH *Canada, Napanee, Ont.*

DATE *Jan. 23rd 1894*

PLACE OF ATTESTATION *Port Hope, Ont.*

DATE *Feb. 23rd 1915*

6/s. 17/6/15. $\frac{128}{16}$.

R/C. 9/2/19. $\frac{263}{45}$ -

From Montreal per. S.S. Messonnie 17/6/15

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

20

YEARS

—

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Port Hope, Ont.

DATE

Jan. 19th. 1915

Present address. not stated.

No 2642

RANK

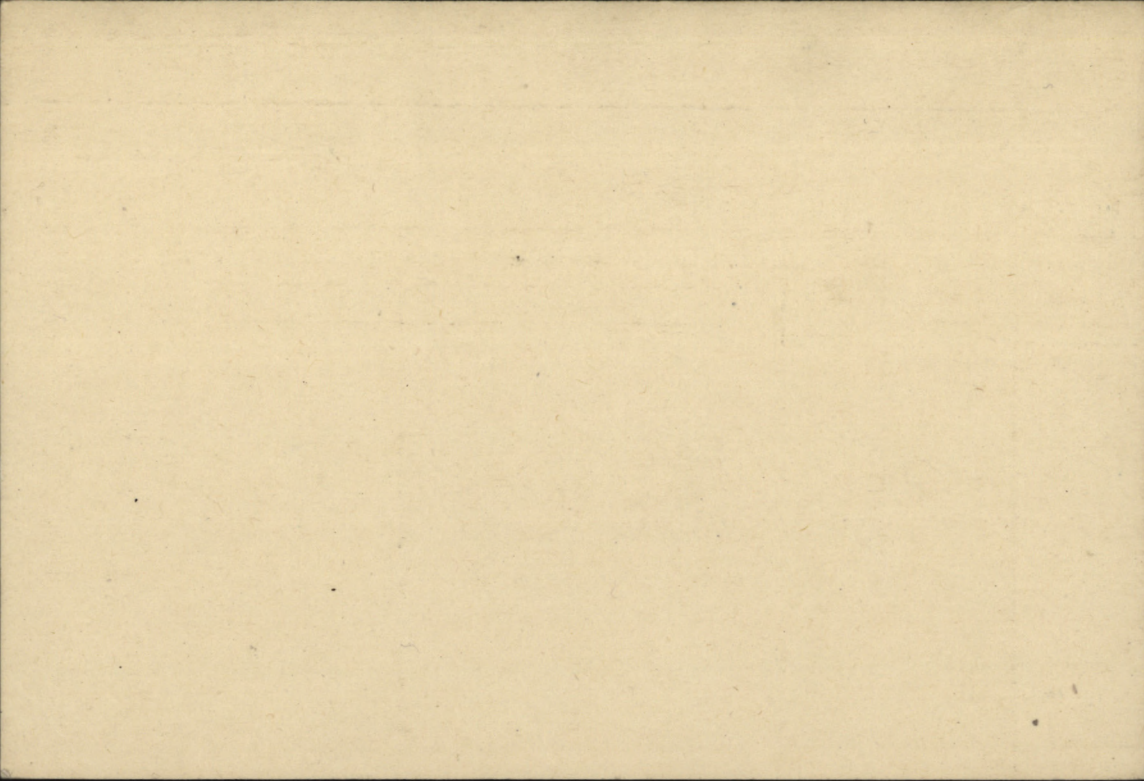
pte

NAME

*Trumper W E.*T. O. S. *25/3/15 (NO 25: 26/3/15)* UNIT *39th Battalion*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>mar 15</i>	<i>mar. 31</i>	<i>✓</i>		
<i>apr 1</i>	<i>apr 30</i>	<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUN 24 1915



93 P.
Number 412642. Rank P6

Surname TRUMPER

Christian Name William E.

Units 13th Bn. Can. Inf. Theatre of War France

Date of Service 10-11-15

Remarks

Latest Address Port Hope, Ont.

Roll No.

200m.-2-21.M.

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10
V

DESP. JAN 25 1923
REGN. NO. *[Signature]* 15905

M. M.

H. Q. FILE No. 649-

NAME *Mumpelt Wm E*

REG'TL. No. *412642*

RANK AND CORPS

pt. 13th Battalion form 39th Bm

CABLE

NO.

DATE

NATURE OF CASUALTY

M 5815 28-4-16

*Adm to no 4 General Hospital
Camiers Apr 21st - Gunshot-
wound. Shoulder face*

03042 17-10-16

*Adm. no 13 Gen. Hosp. Boulogne
Oct. 9th 1916. GSW. Head.*

*n. of K.
6-8-1*

G. F. Trumper. Father. Port Hope Ont.

H 418 24-10-18

Adm. 3. Seld. Amb. Dep. Oct 11th 1918. Gas.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 340(2)	4 Gen. Carriers.	21-4-16.	gsw. Shldr, face,
A 353. ^(B)	10 Can. Base Depot	3-5-16.	" " "
A 365	Rejoined unit	9-5-16.	gsw. face
A 487	13 Gen. Boulogne	9-10-16	gsw. Head
A 488.	1 Conv. Depot. Boulogne	10-10-16	gsw. Head
A 488 ^{3.}	To Base Details	10-10-16	gsw. Head
A 507	Rep. from Base	17-10-16	" " " Rej unit
A 351-2	3. Can. Fld Amb.	11-10-18.	N. yw. Gas. shell.
A 353 ^{4/2}	14 Can Fld Amb	17-10-18	W. Gas shell
B 358.	2 Western Gen. Manchester	24-10-18.	Wd. Gas. shell
B 391 ^{3.}	mil. Conv. W'ate Pt Epsom	5-12-18.	" " "
B 403 ⁴	Discharged	18-12-18	" " "

~~Name Trumper~~
~~w.~~

~~military medal~~
~~Bar to m.m.~~

Rank. Pte. 412642.

Date 13 - 3 - 18

" 23 - 7 - 19.

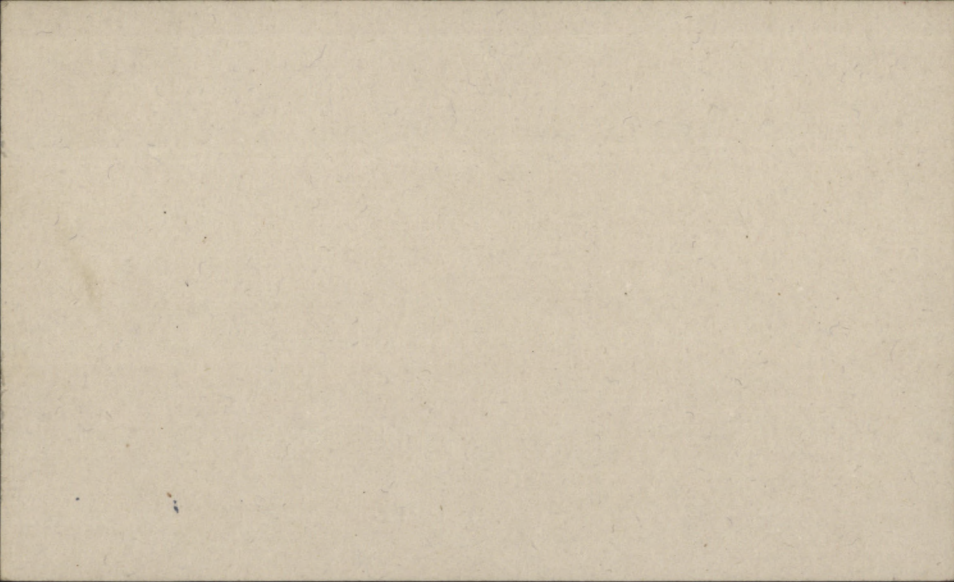
13th. Bu. Q.R.

Unit. 6an Infy.

Auth. L.O. # 30573.

" L.B. # 31469.

7th.



NAME

Trumpew W. E

M. M.

RANK

4126 42 Pte.

UNIT

13th Bn Que R

AWARD

Bar to M. M.

AUTH

L. G. 31469

23-7-19



Name, Yuffs, R. M. (M. M.)
#696187. Sgt.

Unit, 50th Bn.

Awarded: - Bar to M. M.

Auth, L. G. # 91227. 13-3-19.

W- 139.—1772-39-1168.

9-D.P.-300M-1-19.

Regimental No.

Rank Unit

Name

“A” No.

BADGE ISSUED

“B” No.

“C” No.

.....
Signature of Recipient.

William B.

Name TRUMPER

Rank

Plt

Reg. No. 412642

Unit 13/00

Next of Kin Canada

Quebec

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-10-18	3 Bay Fla unit	NYC	Gas Sick	1351	H-10	38326
19-10-18	14 Can Fla unit	NYC	Gas Sick	1352		38485
24-10-18	2 Western GH Manchester		do	1358		30065
5-12-18	Mil con 6 prom.		do	1351		25611
18-12-18	Discharged		do	1353		556
	30/12/18. 20th Reg Bn	B. Shott. Lps	T. 1501			

Name TRUMPER W. ^{William} Rank Pte.Reg. No. ~~GSW~~
412642

Unit 13th. Battalion.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21-4-16	4 G.H.	Camiers.	GSW? Shdr. & Face.	A340		M5815
3-5-16	Canadain Base dep ot		Left for unit.	A353		
8.5.16.	Rejoined Unit		do.	A365		18.10
9.10.16.	13 Gen Hosp Boulogne		GSW Head	A487		03042
10.10.16.	1 Gen. Depot Boulogne		do	A488		
10.10.16	To Base Doubs		do	A489		
17.10.16	Key Unit		do	A507		

Name **L. THOMAS, Frank Wesley** Rank **1/2 Lt.** Regtl. No. **304327**

Original unit **34th Bty. M. or S.** Present unit **34th Bty. M. or S.** Age **26** Religion **Meth.** Fyle Depot **24 32-214** Ref. H.Q.

Port, ship, and date of arrival **Halifax Megantic 28-1-19**

Next of kin **Wife Mrs. Emily Jeanette Thomas Cliff Eng Pett Level near**

Address on leave **Same Hastings, Sussex England.**

Address on discharge **42 Sully Cres., Toronto, Ont**

Transportation issued **No** Date **No** Character on discharge

Previous occupation **Chauffeur Mechanic** Date and place of enlistment **Barriefield Camp Aug. 31-15**

Diagnosis **Arthrites left knee Joint** Date of Medical Boards **17-2-19**

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
18-1-19	Posted to Cas. Co. (Ex. Camp) 28-1-19.	
	Leave & Subs. from 29-1-19 to 13-2-19.	35
6-3-19.S.O.S.DISCH.	"MED.UNFIT" TO Take OUT-PAT.TREATMENT WITH	
	DEPT.OF S.C.R. 183 DAYS W.S.G.	63

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

Name L. TRUMPER William E. Rank Pte. Regtl. No. 412642

Original unit Present unit 13th Bn. M. or S. Age 24 Religion C.e. Ref. H.Q. Fyle Depot 247 JH 781

Port, ship and date of arrival Carmania, Halifax. 8-2-19.

Next of kin Father Mr. G.F. Trumper Port Hope Ont.

Address on leave Same

Address on discharge Port Hope, Ontario

Transportation issued No 6-3-19 Date Port Hope, Ont Character on discharge

Previous occupation Labourer Date and place of enlistment Port Hope 23/15.

Diagnosis Gas poisoning resulting in photophoty Inflammation left Eustachian tube Date of Medical Boards 1-3-19

Date.	Remarks.	Pt. 2 Order No.
TOS 1-2-19	posted to Gas ExCamp 8-2-19	
	leave with subs from 14-2-19 to 28-2-19	45
6-3-19	S.O.S. DISCH. "MED. UNFIT" TO TAKE OUT/PAT. TREATMENT WITH	

Date.

Remarks

Pt. 2  er No.

DEPT? OF S.C.R. 183 DAYS W.S.G.

63

Surname *Trumper* Christian Name or Names *W.* Reg. No. *412642*
 Rank *Pte* Unit *13th Batt Que* Co. Troop Batty.
 Hospital Date of Admission

Transferred *4 Gen. Camiers* Hosp. *21-4-16.*
13. Gen. Boulogne Hosp. *9.10.16*
1 Con Depot Boulogne Hosp. *10.10.16*
3 Can F. Amb Hosp. *11.10.18*

Diagnosis

(1) *g. s. w. shdr. & face-*
 Later Diagnosis (if changed)

(2) *G. S. w. head*

(3) *N/D Gas not noted*

Additional Diagnoses: If more than one state present

w/d Gas shell.
an

DISPOSITION

"Can. Base Depot" 3.5.16
To unit! 8.5.16

REMARKS

c.l. 29-4-16.

A340⁽²⁾

To Base Details 10.10.16

" 15.5.16

A353⁽³⁾

Rep. Unit 17.10.16

" 29.5.16

A365

Rep. from Base,

" 18.10.16.

a487

Dis 18.12.18

" 19.10.16

a448.

11.11.16

a507

22.10.18

A357²

24-10-18

A353-2

30-10-18

B358

7-12-18

B391.3

21-12-18

B3403.4

A.M.D. 2 DEPT.

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

R.W. f

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	<i>14. Can. Fld. Amb</i>	<i>19-10-18</i>
2.	<i>2 W. G. Manchester Woodcot Epsom</i>	<i>24-10-18 5-12-18</i>
3.		
4.		
5.		
6.		
7.		

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 412642 (Rank) Pte.

Name (in full) TRUMPER, William enlisted in
the 39th. Bn.

CANADIAN EXPEDITIONARY FORCE at Port Hope on the 19th.
day of Feb. 1915

HE served in ENGLAND AND FRANCE

and is now discharged from the service by reason of MEDICAL UNFITNESS

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

Age 25

Height 5' 6½"

Complexion Fair

Eyes Brown

Hair Dark

W. E. Trumper

Signature of Soldier

Marks or Scars

Vacc. scars left arm

G.S.W. Right Shoulder 21.4.16

G.S.W. Forehead 9.10.16

For
Issuing Officer.

O.C. No. 2 District Depot.

Rank

Date of Discharge March 6th. 1919

Appointment

Signed at Toronto, Ont. this 6th. day of March 1919

in Military District No. 22 **No. 2**

MAR 6 1919

L.L.

File Reference No. **DISTRICT DEPOT**

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

On demobilization the particulars called for on the back of this certificate will not be completed.

3

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

M. F. W. 54. (A. F. B. 10s.

509M.—9-16

H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. H12642 Rank pte. Name Trumper Wm E.

C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
FEB 1 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 45
					<p><i>W. E. Trumper</i></p> <p>Lieut. For O. C. No. 2 District Dep.</p> <p>6/3/19 S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. <u>63</u></p> <p>25-8-19. 13th Bn awarded Bar to Mil Medal.</p> <p>A.O. 12. London Gazette 31469 D. 23-7-19.</p> <p><i>Langman</i> Lieut for Director of Records.</p>

1) 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.]

Rank _____ Name **TRUMPER William E.** Reg'l No **412642**
 Unit **39th BN.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Port Hope. Ont. 19th Feb. 1915.** Place of Birth **Napanee. Ont.**
 Name and Address, Next-of-Kin **Mr G.F. Trumper, Port Hope. Ont.**

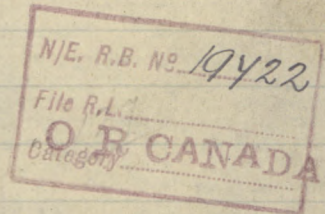
Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____



*Lt
of Cas.
medallion*

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				
		Arrived	England	3 ⁷ / ₁₅	
10 ¹¹ / ₁₅	oc. 39 th	Overseas to 13 th Bn.	W. Sandring	9 ¹¹ / ₁₅	P20217
10.11.15	C.B.D.	Arrived Can Base Depot. Penelles.		10.11.15	Non Roll No 19 Camp.
10.11.15	C.B.D.	Proceeded to 13 th Bn.	do.	12.11.15	do do
20.11.15	O.C. 13	Taken on strength 13 th	The field.	10.11.15	Part II Dd 38
29.4.16	13 th Bn.	No. 4 Gen. Hosp.	Camiers	21.4.16	Cas L. 4340. 2. on.
15.5.16	13 th	To Can. Base Depot		3/5/16	G.S.W. shoulder & face C.L. A 353
29.5.16	C.L. 13 th	Rejoined Unit	Field	8.5.16	C.L. A 365
18.10.16	13 th	Adm. 13 Gen. Hosp	Boulogne	9.10.16	C.L. A 487 GSW Head.
19.10.16	"	To Gen. Depot	"	10.10.16	C.L. A 488 "

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				
19.10.16	13 th	To Base Details		10.10.16	Ch. 0488
11.11.16	"	Rejoined Unit		17.10.16	Ch. 0507
22.10.18	QR.	Wounded	Pte Field	11.10.18	CL A 351
2.11.18	QR &	To S from 13/24 MM + Bar.	" B' Short	24.10.18	Do 266 at 0, 14647-11-18. 13/24
23.12.18	"	S.O.S. to 20 Reg	"	18.12.18	Do 357 20 Reg d/23-12-18
20.2.19	So Ptes	Classes on Com Pte el Lost by 665 Squadron 1482		1-2-19	" 51
6.2.19	MD2	Classes & Letters Pte.		6.2.19	Do 31
25.8.19	13 th Bn	awarded. Bar to Medal			AD 12. London Gazette 31469 d 23-7-19

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

Drumpey Wm

REGIMENT.....

RANK.....

Pte

No. *412642*



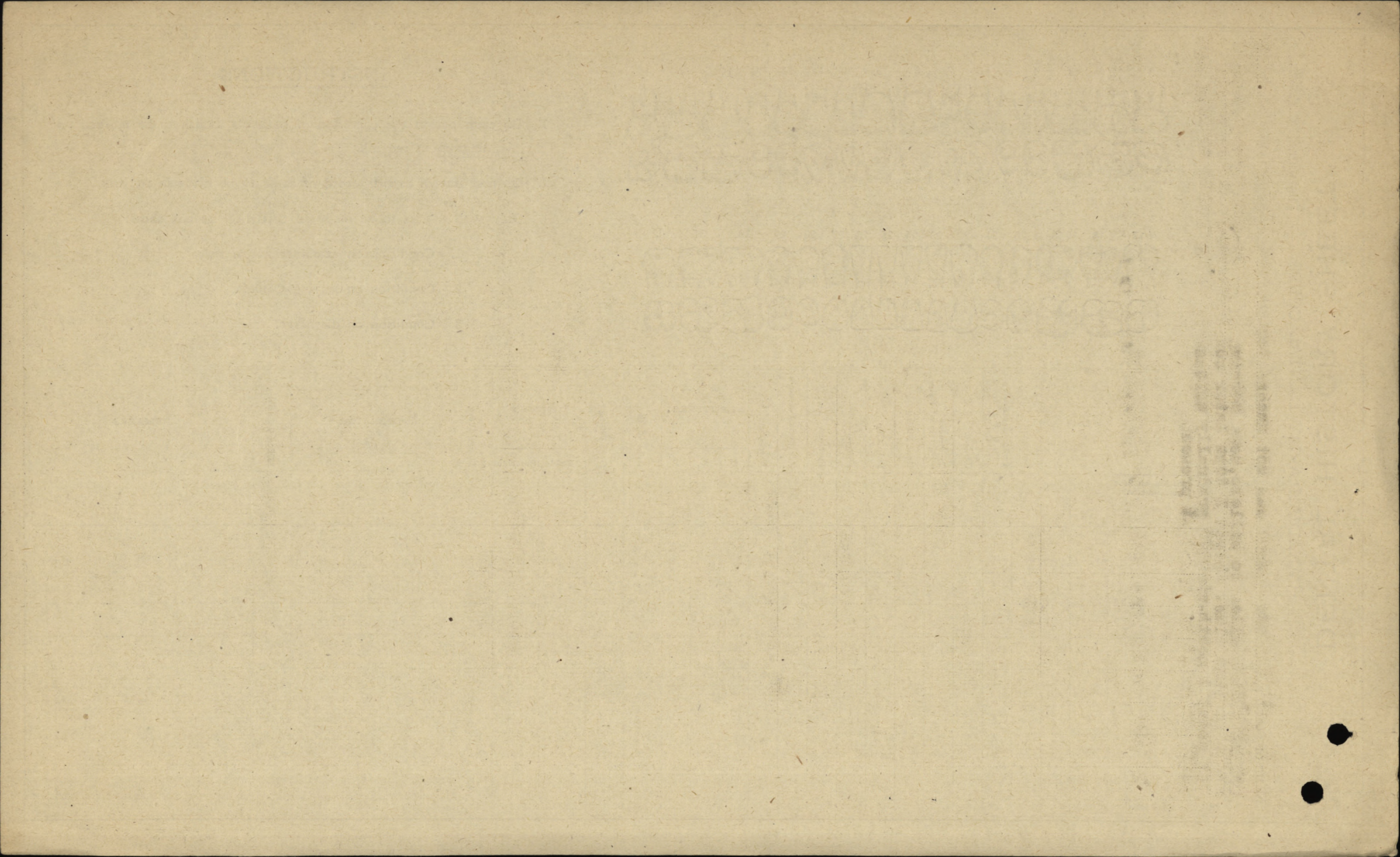
INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhca	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination																						
<i>Discharge Exam. At Exhibition Camp Date. MAR - 1 1919</i>																						
																						<i>Certificate issued for Extraction & Filling</i>
																						<i>Husemple Major</i>



ORIGINAL MEDICAL HISTORY SHEET.

Surname Trumper Christian Name John

Examined { on 25 day of Dec 1914
 at Poul Hope
 Birthplace { City or Town Lafayette
 County Tinnon & Edlington

Approved by R. H. Shields
 Rank Lieut M.O.

Apparent age 20
 Trade or occupation Laborer
 Height 5 Feet 6 1/2 Inches.
 Weight 160 Lbs.
 Chest measurement { Minimum 33 1/2 inches.
 Maximum expansion 36 inches.
 Physical development good
 Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
5-12-18	A	BEH.	3 OCT 1918

Vaccination Marks { Arm. Right. Left. no
 Number
 When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS	M.O.
4-3-18	good	R. H. Shields Lieut	

(b) Slight defects but not sufficient to cause rejection
25-5-18 - TAD ABC of BEH
13-12-18

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
1-11-18	good	R. H. Shields Lieut	
Jan 21 1919	"	" " "	

Enlisted on 25 day of Dec 1914 at Poul Hope

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39th Bu</u>	<u>412642</u>		
Transferred to..	<u>13th Bu</u>	<u>do</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kimmel Park</u>	<u>11/1/19</u>	<u>Int</u>	<u>ET War Service</u>
<u>Ex. Camp Ironton</u>	<u>1/3/19</u>	<u>① S.S. Photophobia & c.c. conjunctivitis</u> <u>② Cataract of R.L. - Eustachian Tube</u>	<u>To S.S.C. as out patient for 2 mos. as known by</u>

GAMMIDIAM

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF:						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Can Base Depot		3	5	16	8	5	16	G.S. Wahlder.	5.	Rejoined Unit	A353 ³ 365
No 13 Gen. Hpl. Boulogne		9	10	16	10	10	16	G.S.W. Head.	2		A487
No 1 Can. Depot. at "		10	10	16	10	10	16	"		Tom Base details	A488-488
Base Details		10	10	16	17	10	16	"	8	R.F.B. Rejoined unit	A507
		24.	10.	18	4.	12.	18.	Gassed	42.	11. 8. 18. Cough, expectoration throat affected for transfer.	Lynn
Mc H Epsom.		4	12	18	18	DEC	1918	Gas shell poisoning	15.	5-12-18 - Feeling fit Heart + Lungs normal - fit for Cat FF Discharge to reserve unit in Cat. FF.	Bellard Capt. R.M.C.

2nd WESTERN GENERAL
HOSPITAL, MANCHESTER.

OFFICER COMMANDING
GENERAL HOSPITAL

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Trumper, W. Surname Trumper
 Unit or Corps 39th Res. (If a soldier) Regtl. No. 412042.
 Born at Napaneewi, Ont. on, date Jan 23, 1894.
 Signature (for identification) X Wm E. Trumper

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 170 lbs. None
 Height 5 ft. 8 ins.

2. NUTRITION AND DIATHESIS ?

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ?

No

4. RESPIRATORY SYSTEM.

No

5. HEART ?

Abnormal Sounds? No
 Abnormal Size? No
 Pulse Rate? 72 Intermittence or irregularity? No

6. ARTERIES.—Any hardening?

No

7. DIGESTIVE SYSTEM ?

No

8. GENITO-URINARY SYSTEM ?

No

Urinalysis—s.g.? 1024 Reaction? Ac Albumen? No Sugar? No

9. SKIN, MIDDLE EAR, EYE
or any other part?

No

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Quartermaster's Dept. Signed Wm B. Smith Capt. M.O.
 Date 9/1/19 Signed J. A. Locke Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... Name.....
 Unit or Corps.....
 Born at..... on date.....
 Signature (for identification).....

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any defects, markings or blemishes? If so describe.

Weight..... lbs.
 Height..... ins.

2. NUTRITION AND DIGESTION

After examining mouth and throat attention to any evidence of disease, especially of the teeth, pharynx, larynx, if so describe.

3. NERVOUS SYSTEM

.....

4. RESPIRATORY SYSTEM

.....

5. HEART

Arterial tension?.....
 Abnormal size?.....
 Pulse rate?.....
 Intermittence or irregularity?.....

6. ARTERIES—Any hardening?

.....

7. EXCRETIVE SYSTEM

.....

8. GENITOURINARY SYSTEM

.....

9. SKIN, NAILS, HAIR, EYES or any other parts

.....

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so describe.

.....

11. Opinion as to the health and physical condition of the one examined.

.....

Examined by..... signed..... M.O.
 Date..... signed..... M.O.

If a doctor or department of health or physical condition is discovered, this report should be sent at once to the Officer or Soldier to be sent before a Medical Board for regular boarding.

EAR, NOSE AND THROAT REPORT.

Exhibition Camp, Toronto,

..... March 1st 1919.

NAME TRUMPER Wm. RANK Pte NO. 412643 AGE 35.

COMPLAINT:- Tubal catarrh (L)

Examination Shows:-

Nose

Nas. pharynx

Pharynx

Tonsils

Larynx

Ears	{ Right M.E. <u>Normal</u>	Discharge { R- none
	{ Left M.E. <u>Opaque - Slightly retracted</u>	{ L- none

Hearing	Right	Left
Voice	25'	25'
Rinne	Plus	Plus
Weber	-	-
Schwaback	Plus	Plus

Condition due to service

~~Condition existed prior to service~~

Condition aggravated by service
~~XX~~

RECOMMENDATION To I.S.C. for 1 months treatment as out-door patient.

Category as to ears, nose and throat.

ant
1/3/19.

PHARYNGOLOGY

Examination Shows:

.....

.....

.....

Examination Shows:

Nose

Pharynx

Epiglottis

Uvula

Larynx

.....

.....

Left

Right

.....

.....

.....

.....

.....

Condition, due to

condition existing prior to

condition aggravated by

.....

Category as to

EYE REPORT.
Exhibition Camp, Toronto, Ont.,

DATE

NAME TRUMPER W. NAME Pte. NUMBER 412642 UNIT #2 D.D. AGE 25

HISTORY

SYMPTOMS

Slight photophobia

GLASSES WORN

OBJECTIVE EXAMINATION

External Appearance

O D

Corneal conjunctiva congested

O S

Do Retinoscopy and Do Ophthalmometer

O D

O S

Ophthalmoscope

eyelids

lens

cornea

SUBJECTIVE EXAMINATION

Trial case

O D

Before

SPH.

CYL.

AX.

After

20/15

O S

20/20

PRESBYOPIA

GLASSES PRESCRIBED

O D

O S

REMARKS:

Conjunctivitis (mild) Disability due to service /
Recommended for 2 months treatment out-patient
under I.S.C.

CATEGORY AS TO EYES: "A"

Smith
1/3/19

Smith

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

10/1

THUR

NOVEMBER

1951

RECEIVED

10 2

10 3

10 4

10 5

NAME

RELATION

ADDRESS

CITY AND STATE

EXAMINATION
GENERAL APPEARANCE

10 6

10 7

10 8

10 9

PHYSIOLOGICAL AND PSYCHOLOGICAL
EXAMINATION

PHYSIOLOGICAL
EXAMINATION

10 10

10 11

PSYCHOLOGICAL
EXAMINATION

10 12

10 13

10 14

10 15

10 16

10 17

10 18

10 19

10 20

CANADIAN EXPEDITIONARY FORCE.

M. F. W. 44
1133 (D.P. 250M-12-18.
1972-89-908.

LAST PAY CERTIFICATE No. 56

Regimental No. 417647 Rank Pte. Name M. E. Trumper
(Surname first)
Unit No. 2 District Depot. who was* **DISCHARGED**
On 6/3/19 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Mar 1 to Mar 6 1919
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		14 10
Regimental Pay..... <u>6</u> days at \$..... <u>1.10</u>		6 60
Field Allowance..... days at \$..... c.....		
Separation Allowance.....		35
Clothing Allowance.....		70
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No..... <u>1564.96</u>	<u>175 70</u>	
Total	<u>175 70</u>	<u>175 70</u>

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 1919 }
and Separation Allee. for month of..... 191..... } (to) Assignee Mrs. E. Trumper
(Address) Cowan St. Port Hope 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..... married or single S
(2) Separation Allowance, entitled or not..... no (3) Reason for discharge..... M. U.
(4) Authority for discharge or transfer..... 0063

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 5/3/19
Place TORONTO,

[Signature] CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
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.	

ON TRANSFER OF AN OFFICER

Grant Allowance of \$..... has been paid by Payment Military District No.....

REMARKS

(1) Date of enlistment.....

(2) Station or Assignment, unless otherwise noted.....

(3) Station for transfer.....

(4) Station and Date of transfer.....

(5) Station and Date of transfer.....

(6) Station and Date of transfer.....

(7) Station and Date of transfer.....

(8) Station and Date of transfer.....

(9) Station and Date of transfer.....

(10) Station and Date of transfer.....

(11) Station and Date of transfer.....

(12) Station and Date of transfer.....

(13) Station and Date of transfer.....

(14) Station and Date of transfer.....

(15) Station and Date of transfer.....

(16) Station and Date of transfer.....

(17) Station and Date of transfer.....

(18) Station and Date of transfer.....

(19) Station and Date of transfer.....

(20) Station and Date of transfer.....

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs F Trumper*

Name of Soldier *Trumper, W.*

PAYMENTS.

L. L. Job S9002.-Req. 6213.

B. Co. 39th Batt
Transferred to 30th Batt

\$1500

H 74 15

JER

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>P 2132</i>	<i>15</i>	
May		<i>R 4241</i>	<i>15</i>	
June		<i>L 8637</i>	<i>15</i>	
July		<i>A 9115</i>	<i>15</i>	
Aug.		<i>O 16315</i>	<i>15</i>	
Sept.		<i>J 19057</i>	<i>15</i>	
Oct.		<i>J 23666</i>	<i>15</i>	
Nov.		<i>V 129309</i>	<i>15</i>	
Dec.		<i>V 33443</i>	<i>15</i>	
Jan.	1917	<i>O 42014</i>	<i>15</i>	
Feb.		<i>L 47923</i>	<i>15</i>	
March		<i>X 53139</i>	<i>15</i>	
April		<i>R 52911</i>		
May		<i>R 12382</i>	<i>15</i>	
June		<i>Q 13976</i>	<i>15</i>	<i>Ba</i>
July		<i>E 26169</i>	<i>15</i>	
Aug.		<i>T 33266</i>	<i>15</i>	<i>S</i>
Sept.		<i>H 40337</i>	<i>15</i>	
Oct.		<i>F 46034</i>	<i>15</i>	
Nov.		<i>R 53438</i>	<i>15</i>	
Dec.		<i>Y 60251</i>	<i>15</i>	
Jan.	1918			
Feb.				<i>450 - 2/14</i>
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *W. F. Drumper*
Address *Coran St*
Port Hope. Ont

By Whom Assigned *Drumper, W.*

Regtl. No. *412642*

Rank *Pte.*

Corps *39th Batt. B Coy.*

Rate *15⁰⁰*

Transferred to 30 Batt. B Coy.
M. F. W. 12.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>Q3839</i>	<i>15⁰⁰</i>	
Aug.		<i>R.4736</i>	<i>15⁰⁰</i>	
Sept.		<i>Q4053</i>	<i>15⁰⁰</i>	
Oct.		<i>V6179</i>	<i>15⁰⁰</i>	
Nov.		<i>Q2981</i>	<i>15⁰⁰</i>	
Dec.		<i>H7182</i>	<i>15⁰⁰</i>	
Jan.	1916	<i>Z 9803</i>	<i>15⁰⁰</i>	
Feb.		<i>K 12834</i>	<i>15⁰⁰</i>	
March		<i>N15986</i>	<i>15⁰⁰</i>	



Handwritten text, possibly a date or reference number, including "1953" and "1954".

Rank

Name

TRUMPER William E.

Reg'l No 12642

Unit

39th BN.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment

Port Hope, Ont. 19th Feb. 1915. Place of Birth Napanee, Ont.

Name and Address, Next-of-Kin

Mr G.H. Trumper, Port Hope, Ont.

Relationship Father

Assigned Pay Monthly \$

15¹/₁₀₀

Payable to

Next of Kin

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<u>July</u>	<u>July 31</u>	<u>31</u>	<u>1</u>	<u>3100</u>	<u>31</u>	<u>10</u>	<u>310</u>		<u>3410</u>	<u>31</u>	<u>1750</u>	<u>1500</u>		<u>3250</u>	<u>160</u>		
<u>Aug</u>	<u>Aug 31</u>	<u>31</u>	<u>1</u>	<u>3100</u>	<u>31</u>	<u>10</u>	<u>310</u>	<u>47</u>	<u>623457106</u>	<u>65</u>	<u>486</u>			<u>3324</u>	<u>733</u>	<u>293</u>	<u>pay of Encl</u>
<u>Sept</u>	<u>Sept 30</u>	<u>30</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>10</u>	<u>300</u>		<u>3300</u>		<u>1752</u>	<u>7200</u>		<u>3252</u>	<u>341</u>		
<u>Oct</u>	<u>Oct 31</u>	<u>31</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>10</u>	<u>310</u>		<u>3410</u>		<u>1265</u>	<u>15</u>		<u>2765</u>	<u>986</u>		
<u>Nov</u>	<u>Nov 10</u>	<u>10</u>	<u>1</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>100</u>		<u>11</u>		<u>511</u>	<u>15</u>		<u>2011</u>	<u>75</u>	<u>3413</u>	<u>Nov 10/11/15</u>
<u>11/11</u>	<u>31/12</u>	<u>51</u>	<u>1</u>	<u>51</u>	<u>51</u>	<u>10</u>	<u>510</u>		<u>5610</u>		<u>1416</u>	<u>15</u>		<u>2416</u>	<u>2769</u>		
<u>11/1</u>	<u>31/1</u>	<u>31</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>10</u>	<u>310</u>		<u>3410</u>		<u>524</u>	<u>15</u>		<u>2024</u>	<u>4155</u>		
<u>11/2</u>	<u>29/2</u>	<u>29</u>	<u>1</u>	<u>29</u>	<u>29</u>	<u>10</u>	<u>290</u>		<u>3190</u>		<u>522</u>	<u>15</u>		<u>2022</u>	<u>5323</u>		
<u>11/3</u>	<u>31/3</u>	<u>31</u>	<u>1</u>	<u>31</u>	<u>31</u>	<u>10</u>	<u>310</u>		<u>3410</u>		<u>523</u>	<u>15</u>		<u>2023</u>	<u>6710</u>		
				<u>275</u>			<u>2750</u>	<u>47</u>	<u>30297</u>		<u>10087</u>	<u>135</u>		<u>23587</u>			
				<u>275</u>			<u>2750</u>	<u>47</u>	<u>30297</u>		<u>10087</u>	<u>135</u>		<u>23587</u>	<u>6710</u>	<u>Low Bal.</u>	

MARRIED OR SINGLE *Single*
PLACE OF BIRTH *Napanee, Ont*
NAME AND ADDRESS OF NEXT OF KIN *G. H. Trumper*
Port Hope, Ont
RELATIONSHIP OF NEXT OF KIN *Father*
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

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *412642* RANK *Pte.* NAME *Trumper, William E.*
IF IN PERM. CORPS | UNIT *39-13Bw.* TRANSFERRED TO DATE AUTHORITY
WHAT UNIT
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION *Port Hope, Ont.* TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *19/2/15* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ *15* DATE EFFECTIVE *1/7/15*
PAYABLE TO *next of kin G. H. Trumper, Port Hope, Ont.* RELATIONSHIP *Father*
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)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
Apr 1/20	30	1	30	30	10	30										33	119	6	12	26			15					6910			
May 1/20	31	1	31	31	10	31										34	10	136	28	29	11			15				1762	8248		
Jun 1/20	30		30	30												33		139	18	6				15				1755	11022		
July	31		31	31												34	10	142	3	7				15				1761	12671		
Aug 1/20	31		31	31												34	10	148	27	15	4			15				2024	14059		
Sept	30		30	30												33		153	23	15	3			15				2024	15333		
Oct	31		31	31												34	10	165	7	10				15				3159	15586		
Nov	30		30	30												33		170	4	7				15				2023	16863		
Dec	31		31	31												34	10	174	7	7				15				14801	5472		
1917.			27	50																											
Jan	31	1	31	31												34	10	181	30	1				15				2632	6948		
Feb.	28	1	30	80												30	80	190	7	2	1			15				1761	7567		

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/15	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	

NAME:- *TRUMPER William C.*

NUMBER:- *412642*

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.

*G.H. Trumper, (Father)
Port Hope, Ont.*

Stopped off 1.2.19

*17/6/19
Bram
M.D.*

awarded "MM" No. 16 138m. 26.11.18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>PC</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>138m</i>

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
<i>3/7/19</i>	<i>1899</i>	<i>B. Stott</i>	<i>19.47</i>	<i>ct 96</i>			
<i>S. J.</i>	<i>12 days</i>	<i>357</i>	<i>8.76</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Transferred to Canada 3/1/19 RR 17 B. Stott 4/1/19 RR 2 L.S. Paul 138m L.P.C. Paul 15/1/19*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Balance Forward</i>								<i>50.21</i>	<i>nil</i>	
<i>April</i>	<i>P. Pay</i>	<i>33</i>		<i>Canada April</i>				<i>15</i>	<i>65.21</i>		
				<i>AR 59. 138m 17.11.18</i>	<i>- 11.46</i>				<i>63.75</i>		
					<i>4.46</i>		<i>15</i>				
<i>May</i>				<i>A.R. 146. 138m. 9.5.18</i>	<i>- 8.03</i>				<i>55.72</i>		
				<i>" 250. " 19.5.18</i>	<i>- 2.57</i>				<i>52.15</i>		
	<i>P. P.</i>	<i>34 10</i>		<i>Can. A.P.</i>				<i>15</i>	<i>71.25</i>		
		<i>34 10</i>			<i>11.60</i>			<i>15</i>			
<i>June</i>	<i>P. Pay</i>	<i>33</i>		<i>Canada P</i>				<i>15</i>	<i>89.25</i>		
				<i>AR 381 18/6/18 138m</i>	<i>- 3.57</i>						
				<i>AR 302 2/6/18 ✓</i>	<i>- 4.46</i>				<i>81.22</i>		
					<i>8.03</i>		<i>15</i>				
<i>July</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Can. A.P.</i>				<i>15</i>	<i>100.32</i>		
				<i>AR 99 3/7/18 138m</i>	<i>- 4.46</i>						
				<i>AR 104 14/7/18 ✓</i>	<i>- 3.57</i>				<i>92.29</i>		
		<i>34 10</i>			<i>8.03</i>		<i>15</i>				
<i>Aug</i>	<i>P.P.</i>	<i>34 10</i>		<i>Can. P</i>				<i>15</i>	<i>111.39</i>		
				<i>AR 267 15/8/18 138m</i>	<i>- 3.57</i>				<i>107.82</i>		
				<i>AR 357 24/8/18 ✓</i>	<i>- 3.57</i>				<i>104.25</i>		
		<i>34 10</i>			<i>7.14</i>		<i>15</i>				
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>Can. P</i>				<i>15</i>	<i>122.25</i>		
				<i>AR 529 7/9/18 138m</i>	<i>- 3.57</i>				<i>115.11</i>		
				<i>AR 670 19/9/18 ✓</i>	<i>- 3.57</i>						
		<i>33</i>			<i>7.14</i>		<i>15</i>				
<i>Oct.</i>	<i>F. P.</i>	<i>34 10</i>		<i>Can. P</i>				<i>15</i>	<i>134.21</i>		
		<i>34 10</i>						<i>15</i>			

Trumper
Hubert

1918 NUMBER 412647 RANK *Pl* NAME *Trumper W.E.*

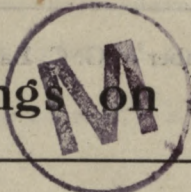
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-10	<i>Bal. Brd Forwd:-</i>								13421		
<i>Nov</i>	<i>P.P.</i>	<i>33</i>		<i>b.a.p.</i>				<i>15</i>	15221		
				<i>AR 1359 - b.b. Eps 5-12-18</i>	<i>973</i>				14248		
				<i>147031 - Eps 7/13/18</i>	<i>4867</i>				9381		
<i>Dec</i>	<i>✓ Dec Jan</i>	<i>6920</i>		<i>bal dec Jan</i>				<i>30</i>	13291		
		<i>10120</i>			<i>5810</i>			<i>45</i>			
<i>Feb</i>	<i>D.F. 18/18 - 30/18 14/18 20/18 25/18 27/18</i>	<i>876</i>							14077		
	<i>70 RA 2088</i>			<i>AR 1899 4/6 - Can Res 9/1/19</i>	<i>1947</i>				12130		
		<i>876</i>			<i>1947</i>						

L.A.C.

10-8

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.)

L.L.

No. 412642

Rank Pte.

Surname TRUMPER, William

Christian name

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 89th. Bn. (#2 D.D.)

Date of discharge March 6th. 1919

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age <u>25</u> years.....months.	
Height <u>5'</u> feet. <u>6 1/2"</u> inches.	Vacc scars left arm
Complexion <u>Fair</u>	G.S.W. Right Shoulder 21.4.16
Eyes <u>Brown</u>	G.S.W. Forehead 9.10.16
Hair <u>Dark</u>	
Trade <u>Steel Worker</u>	
Intended place of residence <u>Port Hope Ont.,</u>	
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority for discharge D.O. D.D. #2 Pt. 11#63

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.

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.)

M. F. B. 218.
 200M.—5-18.
 H. Q. 1772-39-113.

(OVER)

Wm. Wm. Star
8.11-19
H.C.A.

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

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

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

6. Medals and Decorations.....

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).....

(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, and that I have received my permanent discharge certificate.

(Place)..... TORONTO, ONT. William E. Zumper (Signature of Soldier.)

(Date)..... March 6th, 1919 H. Argeant Coy. (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)..... TORONTO, ONT.

(Date)..... March 6th, 1919

(Signature)..... For G.C. No. 2 Depot.

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

Serial Number	Description of Document	Form Number
1	Key Discharge Sheet	DD Form 1300
2	Summary of Discharge	DD Form 1300
3	Discharge Certificate	DD Form 1300
4	Medical Report for Invalidity	DD Form 1300
5	Medical History Sheet	DD Form 1300
6	Statement of Discharge	DD Form 1300
7	Discharge Certificate	DD Form 1300
8	Medical Report for Invalidity	DD Form 1300
9	Medical History Sheet	DD Form 1300
10	Statement of Discharge	DD Form 1300
11	Discharge Certificate	DD Form 1300
12	Medical Report for Invalidity	DD Form 1300
13	Medical History Sheet	DD Form 1300
14	Statement of Discharge	DD Form 1300
15	Discharge Certificate	DD Form 1300
16	Medical Report for Invalidity	DD Form 1300
17	Medical History Sheet	DD Form 1300
18	Statement of Discharge	DD Form 1300
19	Discharge Certificate	DD Form 1300
20	Medical Report for Invalidity	DD Form 1300
21	Medical History Sheet	DD Form 1300
22	Statement of Discharge	DD Form 1300
23	Discharge Certificate	DD Form 1300
24	Medical Report for Invalidity	DD Form 1300
25	Medical History Sheet	DD Form 1300
26	Statement of Discharge	DD Form 1300
27	Discharge Certificate	DD Form 1300
28	Medical Report for Invalidity	DD Form 1300
29	Medical History Sheet	DD Form 1300
30	Statement of Discharge	DD Form 1300
31	Discharge Certificate	DD Form 1300
32	Medical Report for Invalidity	DD Form 1300
33	Medical History Sheet	DD Form 1300
34	Statement of Discharge	DD Form 1300
35	Discharge Certificate	DD Form 1300
36	Medical Report for Invalidity	DD Form 1300
37	Medical History Sheet	DD Form 1300
38	Statement of Discharge	DD Form 1300
39	Discharge Certificate	DD Form 1300
40	Medical Report for Invalidity	DD Form 1300
41	Medical History Sheet	DD Form 1300
42	Statement of Discharge	DD Form 1300
43	Discharge Certificate	DD Form 1300
44	Medical Report for Invalidity	DD Form 1300
45	Medical History Sheet	DD Form 1300
46	Statement of Discharge	DD Form 1300
47	Discharge Certificate	DD Form 1300
48	Medical Report for Invalidity	DD Form 1300
49	Medical History Sheet	DD Form 1300
50	Statement of Discharge	DD Form 1300

I hereby certify that the following are the discharge documents of the soldier named above, and that they are true and correct copies of the original documents. I have compared the same with the original documents and find them to be true and correct copies of the original documents.

Signature of Soldier: _____
Date: _____

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.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Name Trumper Emil 19-2-15

Date of Embarkation for England Arr. 3-7-15

Proceeded to France. 10-11-15 Returned to England. 24-10-18 *Wded.*

Date returned to Canada. 6-2-19

P.R. 2855.

(No entries on conduct sheets) Over

*"billed"
30-8-28*

Leas. Sheet

19-4-16 G.S.W. Shoulder Rt. - & Face To duty 8/5/16

8-10-16 S.W. Forehead to duty 10-10-16

11-10-18 N.Y.O. Shell Gas To Eng. 24-10-18

Casualty Form - Active Service.

Regiment or Corps 13th Canadian BattalionRank Plt Surname Rumpes Christian Name A. S.

Religion Age on Enlistment years months

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

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

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

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
<u>19/10/18</u>	<u>13 Plt</u>	<u>To Hosh Ryd Kas</u>	<u>H5</u>	<u>19/10/18</u>	<u>B213</u>
<u>22/10/18</u>	<u>22 Gen (A)</u>	<u>Kas shell</u>	<u>22 Gen</u>	<u>22/10/18</u>	<u>L9572</u>
<u>23/10/18</u>	<u>"</u>	<u>to 25 AT</u>	<u>25 AT</u>	<u>23/10/18</u>	<u>M 9</u>
<u>19/10/18</u>	<u>3 CFA</u>	<u>Ryd Kas Sick</u>	<u>3 CFA</u>	<u>11/10/18</u>	
		<u>to 14</u>	<u>14</u>	<u>19/10/18</u>	<u>M 20</u>
<u>20/10/18</u>	<u>4 c.c.s</u>	<u>passed (S)</u>	<u>4 c.c.s</u>	<u>20/10/18</u>	
		<u>to 17 Base</u>	<u>17 Base</u>	<u>21/10/18</u>	<u>M 2172</u>
<u>24/10/18</u>	<u>A.S.</u>	<u>Invalided to England and</u>			
<u>14/11/18</u>	<u>Stad</u>	<u>Posted to Overland Regt</u>	<u>Bshott</u>	<u>24/10/18</u>	<u>M 3082/6376</u>
	<u>Amberken</u>	<u>Donat (passed)</u>	<u>Donat</u>	<u>11/11/18</u>	<u>M 20146</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) Signaller, Shoeing-Smith, &c.

W. 8635 - M2733 2000m 9/17 (35611) for 11-100-A-100-1-1807.

P.T.O.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

412642

Trumper. W.E.

Report

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place of Casualty

1
18

ke
re
Ar
or
do

Date

From whom received

2/11/18

QRD

T.O.S. from 13 Bn

Bransholt

24 10 18 D.O. 206

Caandun Lieut

for Major

10 Records. omje

23/12/18

QRD

S.O.S. to 20 Res

Bickett

18/12/18 D.O. 310

23/12/18

QRD

T.O.S. from 2RD

Bickett

1/1/19 D.O. 357

8/1/19

20 Res

On Com to Kimmel Park, Camp, Rhyl

Bickett

8/1/19 D.O. 8

Munich

LT & ASST. ADJUTANT

20th CANADIAN RESERVE BN.

Attached C.C.C.K. P. 9-1-19 Part 2 Orders pending transfer to C. E. F. Canada.

Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 31+32

6+7-2-19

William Caff

For O/C M.D. 2 Wing Kimmel Park Camp

EmbarKed S.S Carmania Liverpool Feb 1 1919

S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No.

H. Sargeant

O. C. District Depot No. 2 District Depot

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) TRUMPER W.E M.S.2

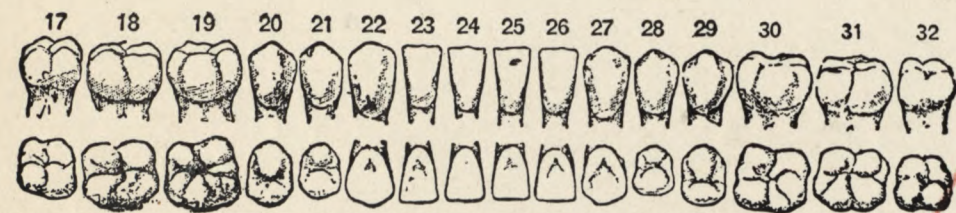
REGIMENT 13th Bn RANK Plt No. 422642

Date of Examination in England 9-1-19 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

Handwritten signature/initials

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
(c) In France

Handwritten 'Yes' under (c)

KINMEL PARK, NORTH WALES.

Signature of Dental Officer

Handwritten signature: W. Kennedy Lieut

UNITED STATES GOVERNMENT
DEPARTMENT OF DEFENSE
OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301
FORM NO. 104 (REV. 1-15-60)

DIRECTIONS TO
FILLING OUT FORM

1. This form will be
filled out by the
individual or the
office of the
person or organization
responsible for the
activity.
2. Figures are
shown in the
appropriate
places.
3. In reporting
figures, use
the appropriate
units.

TRUMPER W.E.
10000

13 B

10000

10000
10000

10000
10000

10000

(1) 10000

(2) 10000

(3) 10000

(4) 10000

This form is to be filled out by the individual or the office of the person or organization responsible for the activity.

(5) 10000

(6) 10000

(7) 10000

MEDICAL CASE SHEET.*

Ward: *A12 C/E*

Bed 1

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

412642

Pte

Trumper

William E.

Unit.

Age.

Service.

13 Canadians D Coy

24

3 10/12 36/12

Station and Date

Disease

Gassed

2nd WESTERN GENERAL HOSPITAL, HOLLYWOOD PARK, STOCKPORT.

Date of Onset

4. X. 18.

24-10-18

*Cough, expectoration, throat affected
Asthma Expect + 3; T.D.S.*

Transfer Class.

Up & out

Bank Meadow

25/10/18

Transfd to - Mr. Reddish

2nd WESTERN GENERAL HOSPITAL, NORTH REDDISH.

28/10/18 Admitted

25/11/18 Transferred to Bank Meadow

4.12.18

Leaves to Woodcote Park Epsom

Next of kin:

*Mother: - Mrs. G. E. Trumper,
Box 751,
Port Hope,
Ontario, Canada*

Antitetanus Inocⁿ.

Units. Date.

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	412642	Pte	Triumper	W. E.
Year	Unit.	Age.	Service.	
1918	13 th Can Bn	24	3 ¹⁰ / ₁₂	
Station and Date.	Disease			
5/2/18	Shell Gas Poisoning			
	Yelling for St. John's Ambulance FV for A			
	B. Chandon			
	Aberdeen			
	Scotland			
	TAB-25-5-18			
	-13-12-18			

Station
and Date.

Station and Date.	

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

T

July 15

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

*5366
5303*

PARTICULARS OF SEPARATION ALLOWANCE

No. *412642*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *W. Trumper,*
 Battalion *39. Battr. B. Coy.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. F. Trumper*
 Address *Cowan St. Port Hope Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>450 -</i>	<i>450 -</i>	
<i>Jan 18</i>	<i>672837H</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>73860 P</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>91679 H</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>April</i>	<i>7729 H</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>19228 T</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>26053 P</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>23103 D</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>37913 T</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>46674 P</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>52414 B</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>61624 J</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>67179 H</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>74930 L</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>79122 R</i>		<i>15</i>	<i>15</i>	
			<i>660</i>	<i>660</i>	

Att. M.R.O.L.P. 14747 showing Reg. no. issued 6th M. T. Graham -

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 22320-M. & D. 7883.

A/c Closed *28/2/19*
 Ret'd per *Carmaria MDZ*
 Date *8/2/19* M.F.W. 13/2/19
 Closed *19269-N-12*
MO 524900 OF 1003

CONTROL
 HAS BEEN MADE
 FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary *Wife*

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 4000-6-17-1772-39-1141
 L. L. 2320-M. & D. 7883.

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 Ex. Camp, Toronto DATE 1/3/19

1. 1 (a) Unit #2 D. Depot (b) Regimental No. 412642 (c) Rank Pte.
 (d) Surname TRUMPER (e) Christian name William
 (f) Home address Port Hope, Ont.
 (g) Next of Kin Mrs. G. F. Trumper (h) Relationship Mother
 (i) Address of Next of Kin Port Hope, Ont.

2. Age last birthday 25 Date of birth Jan. 23rd 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Port Hope (b) Date Dec. 28/1914

4. Personal description:
 (a) Height 5' 6-1/2" (b) Weight 148 (c) Complexion Fair
(stripped)
 (d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Two
outer
Small scars ~~under~~ side right leg

5. Former trade or occupation Steel worker

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 <u>4</u>	Days <u>64</u>
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	PERIODS	
	From	To
Canada	<u>Dec. 28th 1914</u>	<u>June 22nd 1915</u>
England	<u>July 4th 1915</u>	<u>Nov. 14th 1915</u>
France or other theatres of War	<u>Nov. 14/15</u> <u>Oct. 25th 1918</u>	<u>Oct 24/18</u> <u>to date</u>
<u>Canada and England</u>	<u>to date</u>	<u>Oct 24/18</u>

7. Original disease, or injury (1) Gas poisoning (resulting in photophobia)
(2) Inflammation left Eustachian tube

(2) April 1916
 (a) Date of origin (1) Oct. 9th 1918 (b) Place of origin 1-2- France
 (c) Cause (1) Enemy activity (2) Concussion

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.)

- (1) Partial loss of function of eyes
- (2) Partial loss of function of the organs of hearing

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.)

- (1) Objective:- See specialists report
- (1) Subjective:- Eyes do not trouble except when coming suddenly into a bright light such as going outside on a bright day with the ground covered with snow.
- (2) Objective:- See specialists report
- (2) Subjective:- Slight pain in left ear with a feeling that ear is plugged at times.

(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..... no Any other general condition..... no

Urine albumen negative Sugar negative
No hernia, haemorrhoids, varicose veins, varicocele or goitre.

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

- (1) In Oct. 1918 was gassed, vision was very much blurred for a week or 10 days, trouble gradually disappeared until present condition.
- (2) In April 1916 was under a heavy bombardment notice that left ear was injured by concussion. Noticed a lot of improvement up until recently but lately conditions has been growing worse.

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).)

Oct. 9th 1918 was gassed was not unconscious, gassed during the night, walked back 3 miles to billets, next morning could scarcely see had no cough at that time. About 3 days later cough developed and continued for about 1 month, whereas gradually wore away. I am unable to find any difficulty in the chest at present.

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

Two scars outer side right leg. Furunculosis 1918 (left) no disability

11.—(a) Did the disabling condition have its origin before enlistment? 1-2 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 a-b

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? 1. 2 months 2. 1 month

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

1. 1 month 2. none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1-2 yes
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations That he be discharged to I.S.C. for treatment eyes and nose out patient

AK Farrell apt
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 W. E. Trumper Pte. 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. E. Trumper Pte 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.

~~No concur~~

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.)

(1) For eye condition. Out-patient 1 month

(2) For ear condition out-patient 2 months.

(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.)

To I.S.C. for treatment as an out-patient See 20 (a)

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.

an Kune Capt. President.

PLACE Ex. Camp, Toronto, Ont.

DATE March 1st 1919.

J. G. ... Capt. 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.

President.

PLACE.....

DATE.....

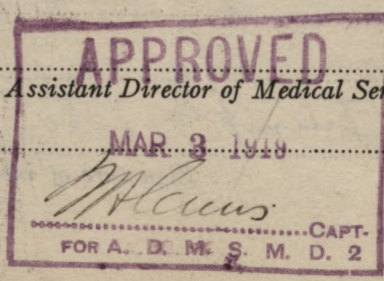
Members

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services.

TKP

DATE MAR. 3 1919

DATE.....



No. 2 DISTRICT DEPOT

"CARMANIA" 8.2.19

T. 743

AUDITOR *6* PAYMASTER *5*

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

REGT. No. 412642 RANK Pte. NAME (IN FULL) T RUMPER, W.E.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>13th Bn.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST) <i>Dama</i>
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION <i>28/12/14</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	<i>nil</i>	DATE EFFECTIVE			ASSIGNED PAY. \$ <i>15.00</i>	DATE EFFECTIVE <i>1-3-19</i>	
TO WHOM PAID	RELATIONSHIP	PAYABLE TO <i>Mrs. F. Trumper</i>					
ADDRESS		ADDRESS <i>Cowan St. Port Hope. Ont.</i>					
		STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE <i>Out Patent Issue</i>					
		DISCHARGED <i>Toronto 2/3/19 M.M.</i>					
		REASON <i>6 mos</i>					

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
Balance from previous account																		
31-1-19	<i>11</i>	<i>1.10</i>		<i>121.30</i>														
				<i>121.30</i>		<i>Boat</i>		<i>3.00</i>										
						<i>8-2-19</i>		<i>5.00</i>										
										<i>15.00</i>							<i>n.f.d.</i>	
													<i>50.00</i>				<i>a. P. Feb. 1919</i>	
1-2-19	<i>26</i>	<i>1.30</i>	<i>12.00</i>	<i>171.30</i>	<i>114</i>	<i>10</i>	<i>93482</i>		<i>100</i>				<i>100</i>				<i>71.30</i>	
																		<i>14.10</i>
Mar 6	<i>6</i>	<i>1.10</i>		<i>14.10</i>														<i>71.30</i>
			<i>95</i>	<i>70</i>	<i>125.70</i>			<i>156496</i>	<i>175.70</i>					<i>175.70</i>				<i>W.S.G. PAID IN FULL</i>
																		<i>FOR PAYMASTER WAR SERVICE GRATUITY</i>
																		<i>W.S.G. Paid by #2 D.D.</i>
																		<i>Due Soldiers</i>
																		<i>70 350</i>
																		<i>140 280</i>
																		<i>210 210</i>
																		<i>280 140</i>
																		<i>350 70</i>
																		<i>420 10</i>
																		<i>420 420</i>
																		<i>420 210</i>

Remarks

Taken from Army Form
213 Army Form A.36
Other official
Comments:

ARM

1700

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 39th Res. Battalion, C.E.F.

Regimental No. 412642 Rank Plt. Name Trumper, H. E.

Enlisted (a) 28/12/14 Terms of Service (a) Duration of War Service reckons from (a) 28/12/14

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

Extended Re-engaged Qualification (b)

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

Left Canada 24/6/15

H. E. Trumper
Lt.-Col.
Commanding 39th Battalion, C. E. F.

12/11/15.	Can. Base Depot.	Arrived from England and taken on strength of the 13th Canadian Battalion.	Can. Base Depot	10/11/15.	K.101/BD/3/51.
14/11/15.	"	Proceeded to join Unit.	FRANCE.	12/11/15.	K.101/BD/3/56.
19/11/15.	O.C. 13th Batta.	Joined Unit.	The Field.	14/11/15.	B.213.

21/4/16 O.C. 13th Batta Wounded in action The Field 19/4/16 B213 Det. 30th, 29/4/16
22/4/16 2nd Lt. 17th C.E.F. G.W. Shear R. Quar. 17th C.E.F. 21/4/16 } A36 Det 308 4/5/16

(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.

Trans W 10/23/14 In 21/4/16 [P.T.O.]

412642

Mc W & Lumber

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				
21/4/16	N ^o 4 Gen.	Col. W. M. R. Dace	N ^o 4 General	21/4/16	W3034
28/4/16	"	Trans to	Cow Depot	28/4/16	W3034
3/5/16	Cow Depo	Joined from	Elaples	3/5/16	R. 101/1307/307
7/5/16	"	Proceeded to join	the Field	7/5/16	Det. 311, 8/5/16 N.R.
8/5/16	O.C. 13 th Bn	Rejoined	the Field	8/5/16	B213. Det 324, 23/5/16
11/10/16	86 th Amb	SW Forehead	Adm 86 th Amb	8/10/16	A36
9/10/16	13 th Genl.	Col. W. Head	Adm 13 th General	9/10/16	W3034
10/10/16	"	Disc. to	N ^o 21 Cow Dep.	10/10/16	W3034
10/10/16	1 Cow Depo	Wounded	Adm 1 Cow Dep.	10/10/16	W3034
11/10/16	"	Fit	to Boulogne	11/10/16	W3034
15/10/16	Cow Depo	Left for	the Field	15/10/16	N.R.
20/10/16	13 th Bn	Rejoined	13 th Bn	17/10/16	B213 - Det 425, 3/11/16
1/2/16	13 th Bn	Granted 10 day leave	-	29/1/16	B213 Det 425 Det 19 14/2/16
22/2/16	"	Returned from leave	-	13/2/16	B213
29/12/17	"	14 days absence	with	23/12/17	Det 01 5/1/18
12/1/18	"	Rejoined	the Field	11/1/18	Det 30573/
12/2/18	"	Awarded the	Military Medal		26/4/18
11/10/18	CFA	Expd Shell Gas to	3 CFA	11/10/18	Det 048
12/10/18	"	" (S)	3 "	11/10/18	A 705
19/10/18	"	Passed Shell	14 "	19/10/18	11387 L6024