

Major
I.D. number
No. d'identification

WARE
Surname
Nom de famille
DECEASED 8-7-53

FRANCIS BETHEL
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

10093

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Doc 87 10 -

2 213 178 -

274 45 -

Officers
DISCHARGE DOCUMENTS

Name

WARE FRANCIS BETHEI

Regt. No. —

Rank

Inf.

Corps

WORLD *aa g. ml HQ's*

Detailed for duty as A.A.G.

Militia HQ's

M

Dec 8-53

06553

H

R. O. No. —

H. Q. No. —

Documents forwarded to Personal Services
on 12/10/19

Ref. Pers. —

40 d/6-1-19

23
1-3

1 st BATTALION

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

Capt.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Francis Bethel Ware*
2. In what Town, Township or Parish, and in what Country were you born?..... *London. Middlesex. Ontario*
3. What is the name of your next-of-kin?..... *wife Joseph Cameron Ware*
4. What is the address of your next-of-kin?..... *927 Richmond St London*
5. What is the date of your birth?..... *29 Jan 1877*
6. What is your Trade or Calling?..... *Accountant*
7. Are you married?..... *Yes*
8. Are you willing to be vaccinated or re-vaccinated?..... *Have been*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?.. *16 years - no active service*
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) *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *F.B. Ware*

(Signature of Man).

(Sgt) W.B. Madd (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *F.B. Ware*, 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.

F.B. Ware

(Signature of Recruit)

Date *22nd September* 1914.

W.B. Wedd

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Francis Bethel Ware*, 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.

F.B. Ware

(Signature of Recruit)

Date *22nd September* 1914.

W.B. Wedd

(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 *Valcartier, Que* this *22nd* day of *September* 1914.

A.D. Mercer

(Signature of Justice)

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

A.D. Mercer Sec

(Approving Officer)

O.C. 1st Bn

Description of Ware. Capt. F. B. on Enlistment.

Apparent Age 37 years 7 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. 7½ ins.

Chest measurement { Girth when fully expanded 38 ins.
Range of expansion 3½ ins.

Complexion fair

Eyes blue

Hair d. brown

Religious denominations. { Church of England
Presbyterian
Wesleyan yes
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 Aug 31 1914.

Place Val Cartier

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.

Francis Bethel Ware 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.

St. Colonel (Signature of Officer)

Date 22nd September 1914.

O.C. 1st Infantry Brigade

(MILITIA SERVICE)

August 14th, 1929

RECORD OF SERVICECanadian Expeditionary ForceLieut.-Colonel Francis Bethel WARE, D.S.O.*mob. serv 7 Regt. 12/8/14. Capt*

1. Captain, 1st Canadian Infantry Battalion, 22-9-14
2. Staff Captain, 1st Canadian Infantry Brigade, 29-9-14
3. Embarked for England, 3-10-14
4. Proceeded to France, with, Headquarters, 1st Canadian Infantry Brigade, 9-2-15
5. D.A.A.G., 1st Canadian Division, 10-9-15
6. Major, 4-1-16
7. D.A.A. & Q.M.G., 1st Canadian Division, 14-5-16
8. "On Command" to Staff School, Hesdin, 26-12-16
9. Returned to H.Q., 1st Can. Div., from Staff Course, Hesdin, 8-2-17
10. Proceeded to England, 14-5-17
11. Taken on Strength 5th Canadian Division on reporting from France, and assumes duties of A.A. & Q.M.G., 16-5-17
12. A.A. & Q.M.G., and to be Temp. Lieut.-Colonel whilst so employed, 16-5-17
13. Struck off Strength, 5th Canadian Division on proceeding to 4th Canadian Division, France, 1-10-17
14. Arrived at 4th Canadian Division, H.Q., A.A. & Q.M.G., 2-10-17
15. Relinquished appointment of A.A. & Q.M.G. and Acting rank of Lieut.-Colonel, 17-10-17
16. Taken on Strength, Canadian Record List, 18-10-17 (in Hospital, sick)
17. Rejoined Canadian Corps H.Q., from sick leave, 5-2-18
18. Temp. Lieut.-Colonel, Western Ontario Regiment, 2-2-18
19. Ceases to be attached to Canadian Corps H.Q., on proceeding to England, 25-4-18
20. Struck off Strength, C.M.F. of C., on proceeding to Canada for duty, 6-5-18
21. Detailed for duty as A.A.G., M.H.Q., 25-5-18

(MILITIA SERVICE)

August 14th, 1929

RECORD OF SERVICECanadian Expeditionary ForceLieut.-Colonel Francis Bethel WARE, D.S.O.

22. Struck off Strength C.E.F., 1-2-20.

23. HONOURS and AWARDS

D.S.O.	(Auth. Lon. Gaz. d/1-1-17)
Mentioned in Despatches	(" " " d/22-6-15)
Mentioned in Despatches	(" " " d/4-1-17)
Chevalier du Merite	
Agricole	(" " " d/7-10-19)

CERTIFIED CORRECT
FROM RECORDS

(Clyde R. Scott)
Major
Asst. Director of Records

Rank and Name Ware, Francis Bethel.

Regimental No.

Unit 1st. Inf. Bde. H.Q.S.

Date of enlistment Sept. 22nd. 1914.

Place of birth Ont.

Married (Yes or No) Yes

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

Mrs Isabel Cameron Ware, (Wife)

927 Richmond St.,

London Ont.

Date and place of discharge

Reason for discharge

Character on discharge

R.L. 9-W-30

1-11-1915

1-11-1916

do 1-2-16

do 1-3-16

do 1-4-16

do 1-5-16

do 1-6-16

do 1-7-16

do 1-8-16

do 1-9-16

do 1-10-16

do 1-11-16

do 1-12-16

do 1-1-17

do 1-2-17

do 1-3-17

do 1-4-17

do 1-5-17

do 1-6-17

do 1-7-17

do 1-8-17

do 1-9-17

do 1-10-17

do 1-11-17

do 1-12-17

do 1-1-18

do 1-2-18

do 1-3-18

do 1-4-18

do 1-5-18

do 1-6-18

do 1-7-18

do 1-8-18

do 1-9-18

do 1-10-18

do 1-11-18

Date	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
		On Strength 1st Inf Bde H.Q.	France	1/4/15	A.F. B 158
		Appl Staff Capt		29.9.14	London Gazette 2-3.15
		Mentioned in Despatches			" 22.6.15
18.9.15	1st Inf Bde Hqs Att.	Divl Hdqrs as Acting A.Q. & M.G.		10.9.15	H.I. ord 30. 1st Div RO 1058
22.10.15	Merlin	To be Capt. D.A.A. & 1st Div		10.9.15	PE II ord 9. 1st Div RO 1303
21.2.16	1st Inf Batt.	To be Major		4-1-16	London Gaz 22-2-16
4.6.16	1st Div.	To be D.A.A. & G.M.G. 1st Can Div.		6-2-16	PE II ord 9. RO 17.51 (1st Div)
28-11-16	1st Div H.Q.	Granted leave of abs from		14.5.16	RO 2214. 1st Div. H.I. ord 28. 1st Div
12-12-16	1st Div H.Q.	Returned from leave.		9-11-16	RO 2137. 2nd Div. H.I. ord 28. (2nd Div)
		Awarded the D.S.O.		21-11-16	PE II ord 50.
		Mentioned in Despatches			London Gaz 1-1-17 RO 2669 (2nd Div)
29-1-17	1st Div H.Q.	On Command to Staff School		13-11-16	RO 2669. 1st Div. PE II ord 16 (1st Div)
21.2.17	do	Returned to 1st Can Div. H.Q. from Staff School		26-12-16	PE II ord 3
				5.2.17	PE II ord 9

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				
14-3-17	1 st Div. H.Q.	granted 10 days leave of absence from		15-2-17	Pl II ord 12
-	"	Returned from		28-2-17	"
17.5.17	5 th Div.	T.O.S. on reporting from 9 years & assumes duties of Lt Col & B.M.G. 5 th Div. vice Lt Col Spry. transferred		16.5.17	Pl II ord 55
21.5.17	1 st Div.	Transferred to Eng. & posted W. Brit. Regt' Dept		10.5.17	Pl II ord 49. (Pl II ord 250104)
1.2.18.	W.O.R.D.	T.O.S. from 1 st Div. & as		21.5.17	Pl II ord 27.
1-6.17	5 Div.	To be Temp Lt Col.		16.5.17	Pl II ord 1644.
18.6.17	8 th	To be Lt Col & B.M.G. & Temp Lt Col. (W.S.E.)		16.5.17	Pl II ord 1766.
8.6.17	W.O.	To be AA & Q.M.G. (Lt Col & B.M.G.'s Staff) & to be Temp Lt Col whilst so empd. (vice Lt Col Spry) transferred		16.5.17	Pl II ord 30121.
Proceeded off. as A.A. & Q.M.G. & Gen Dir. Aubrey M. L. M. & G. W. 3014. Pl II ord 122 R.					
20.9.17	5 Div.	S.O.B. on proceeding off. as		21.9.17	Pl II ord 2514. Pl II ord 2555 Div. amending
19.10.17	C.R.O.	San. New Zealand, San. Hospital Hazebrouck and transferred to 15. C. C. D.		13.10.17	Pl II ord 2555 Div. amending
20.10.17	C.R.O.	Adm. & Stationary Hospital Boulogne		14.10.17	Pl II ord 2555 Div. amending
24.11.17	C.R.O.	Adm. & Michelham Oval Home Daire		19.11.17	Pl II ord 2555 Div. amending
30.11.17	C.R.T.	Relin. appt. of A.A. & Q.M.G. & T.O.S. Gen Records Sect		18.10.17	Pl II ord 92. Pl II ord 64 & C. Div.
30.11.17	4 th Div. Hq.	Appt. A.A. & Q.M.G. 4 th Div. & to retain Temp Rank from 2-10-17 to 17.10.17.			Pl II ord 64

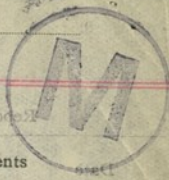
11 JUN 1917
A.F.B. 103

17 OCT 1917
A.F.B.

Major & Lt. Col.

Continuation Sheet No. 2

Rank and Name Ware, Francis Bethel



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place on garrison Date of birth Date of death	REMARKS Taken from Official Documents
3.12.17.	W.O.	Relinquished app. of A.A. & G.M.C.	17.10.17.	L.G. 30411.
10.1.18.	C.R.O.	Adm No 2 Red Cross Corp. Rouen	5.1.18.	C.L. 877. gastric ulcer
17.1.18	A.M.S.	Discharged to sick leave.	12.1.18.	C/L 883.
26.2.18.	C.R. List	Rejoined Gen. Corps H.Q. from Sick Leave	5.2.18.	Pl II ord 18.
1-6-18	W.O.	Relinquished Acty Rank of Lt Col	17.10.17	Low Gg 30415.
13.3.18.	W.O.R.D.	Reported from leave to C.C. H.Q. where a bill be given and detached there.	26.2.18	Pl II ord 61
24.4.18	W.O.R.D.	S.O.S. of the W.O.R.D. on posting to 1st BN. and detached to C.C. H.Q.s	17-10-17	Pl II ord 97
15.5.18	A.M.S.	To be Temp Lt Colonel (W.O.R.)	2.2.18	Low Gg 30400 24/5/18
23.5.18	H.O.M.F.C.	S.O.S. to Canada for Duty	6.5.18	TD 4077
14.5.18.	C.A. Corp. Hq.	beared to be attaced on proceeding to England	24.4.18	Pl II ord 23.
20.5.18.	Gen R. List	S.O.S. a Establishment reported to W.O.R.D. on proceeding to England for duty	25.4.18.	Pl II ord 44.
7.10.19	W.O.	Advanced Chevalier - Ordre du Merite Agricole (France)		Low Gg 31586.

A.F.B. 103.

12 JUN. 1918

7505

Regimental Number.....

Casualty Form—Active Service

Regiment or Corps

Rank

Surname

W A R E

Christian Name

Fr. Bettel

Religion.

Age on Enlistment.....years.....months

Enlisted (a)

Terms of Service (a)

Service reckons from (a).....

Date of promotion to present rank.....2/2/01/91

Date of appointment to lance rank.....

Extended

Re-engaged

Qualification (b).....

or Corps Trade and rate.....

Occupation

Signature of Officer _____

Occupation... ..					
Report		<small>Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.</small>	Place of Casualty	Date of Casualty	Remarks - <small>Taken from Army Form B.213, Army Form A.86, or other official documents.</small>
Date	From whom received				
		Embarked ...			
		Disembarked ...			
10.3.18	C.C.A.Q.	Proceeded to 1st Army Q.	Feld	6.3.18	B.213
30.3.18	do	Rejoined from 1st Army Q.	"	18.3.18	B.213
25.4.18	A.M.L.O.	Proceeded to England	.	25.4.18	NK-12940.
	Boulogne	and Duty.	.	a.g.B.9337.2278.	
22.4.18	a.g.Edms.	Struck off War Record List	b.b.H.Q. B.213.	2778.	
		on proceeding to England	a.g.B.9337.2278.		
		& is posted to W.O.R.D.	25.4.18	Part II 44	
		Bramshott.		20.5.18.	
					Lieut

(4) 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. 4635-M2733 2000m 9/42 (35611) C. L. & S. Ltd. Form B/103 E/1897. P.T.O.

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

Date	From whom received	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	Marks Taken from Army Form B.213, Army Form A.36, or other official documents.
3.12.17	W.O.	Reling appntm of AA & Q.M.C		17.10.17	L.G. 30411
24.5.18	W.O.	To Vol Temp Col (W.O.R)		2.2.18	HG. 30700
23.5.18	HQ. CMTC	C.O.I to Canada for duty		6.5.18	R.D. 4977
					A.H. Hareland CAPT FOR POST MIL SEC GN
15.5.18	M.H.Q Ottawa	T.O.S. C.E.F. in Canada for duty.		6/5/18	C.E.F. R.D. 586-18
27.5.18	M.H.Q Ottawa	Granted leave of absence from 17/5/18 to 31/5/18			
31.5.18	M.H.Q Ottawa	Detailed for Duty as A.A.G. M.H.Q. Ottawa	Ottawa	25/5/18	C.E.F. R.D. 607-18
20.6.18	M.H.Q Ottawa	Granted rank of Lt Col in the C.E.F. and graded as an Administrative Staff Officer no Grade "A" whilst performing the duties of actg A.G. M.H.Q.	Ottawa	25/5/18	C.E.F. R.D. 694-18

H. Winter Capt
for Director Personal Services

CERTIFIED CORRECT

17 Oct 1917

CANADIAN RECORD OFFICE

Army Form B. 103.

Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... Surname Ware (A.S.O.) Christian Name Francis ArthurReligion Presbyterian Age on Enlistment 37 years 7 months.Enlisted (a)..... Terms of Service (a) 2 of 24 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.....

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>7-10-17</u> <u>30-9-17</u>	<u>H.Q. 2nd Canadian Division</u>	<u>L.O.S. on proceeding Overseas</u>	<u>Antwerp</u>	<u>1-10-17</u> <u>28-9-17</u>	<u>Det #254</u>
			<u>First Commandant</u> <u>2nd Canadian Division</u>		
<u>12-11-17</u>	<u>L.O. Boulogne</u>	<u>Disembarked</u>	<u>Boulogne</u>	<u>1-10-17</u>	<u>T.L. 1106/2 d/14-11-17</u> <u>Repe file KR 18330</u>
<u>6-10-17</u>	<u>900 Hth Bn</u>	<u>Arrived at Hth Bn Div</u>	<u>Field</u>	<u>2-10-17</u>	<u>B213.</u>
		<u>H.Q.</u>			
<u>13-10-17</u>	<u>O.C. New Zealand</u>	<u>Interimial Haemorrhage admi New Zealand</u>		<u>13-10-17</u>	
	<u>Staly Hqpl.</u>		<u>Staly adr. Section</u>		<u>W3084 65469.</u>
			<u>Tptd to 15. C.C.S.</u>	<u>13-10-17</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.

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				
13.10.17	O.C. 15. C.C.S.	Quoduaal Ulcer adu	15. C.C.S.	13.10.17	A36 (6672).
14.10.17	O.C. 107 Stat Hpl	Intestinal Haemorrhage adu	7. Stat Hpl	14.10.17	W3034 (5506)
1.10.17	Adams	Taken on Can Records List on arrival in France.	Field	1.10.17	DOR. 89. 9. 9. W-622 R.R. 18330.
19.11.17	A.B. & R.	Struck off Can Records List on being allotted AAYQMC 4th Can Div.		2.10.17	A.B. & R. 162. Pt II 92 of 30.11.17 Can Records List. List 162. Pt II 92 of 30.11.17
19.11.17	do	beases to hold abt. of AAYQMC 4th Can Div. (on adv. to Hosh) & Taken on Can Records List		18.10.17	
26.11.17	15. C.C.S.	Evac. to Base by A.T. 20.		17.10.17	A.T. 17. 84.
27.11.17	7. Stat Hosh	Transfer Int. Haem. Wic. Can Div.		19.11.17	A.T. 17. 84
28.11.17	8. Stat Hosh	Can. Div. Sick Adm.	do	2.11.17	3034 / 141081
1.1.18	do	Int. Haem. Trans.	2. B.R. 6.	1.1.18	W3034 / 14197
5.1.18	2 B. R. Cross	Gas Ulcer. Adm.	do	5.1.18	W3034 / 6534
12.1.18	do	Proceeded on 3 weeks Sick Leave to Eng.		12.1.18	W3034 / 7437
8.1.18	DDMS Rouen	granted 3 weeks Sick Leave by Medical Board from 13.1.18 to 22.1.18		22.1.18	A. 45. CR. 23133. K.D.
17.2.18	C.C. HQ.	Rejoined from Sick Leave		5.2.18	Pt 6 of 18.11.17. W3034 / 18 of 20.2.18

Heart Col white no employee 1-6-30121

Certified Correct
AM 102/783
 Army Form B. 103

CERTIFIED CORRECT

31 JUL 1917

CANADIAN RECORD OFFICE

Casualty Form—Active Service

Regiment or Corps *Headquarters 1st Infantry Brigade*
 Regimental No. *1st Col* Rank *Capt* Name *Ware D.S.O. Francis Bittel*

Enlisted (a) _____ Terms of Service (a) *Period of War (1914)* Service reckons from (a) _____
 Date of promotion to } *4/1/16* Date of appointment } _____ Numerical position on } _____
 present rank } *4/1/16* lance rank } _____ roll of N.C.Os. } _____
 Extended _____ Re-engaged *30700* 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				
22-6-15	<i>London Gazette</i>	<i>Mentioned in Despatches</i>	<i>Field</i>	<i>22-6-15</i>	<i>London Gazette</i>
10-9-15	<i>Routine Orders</i>	<i>Attached to Div'l Hd Qrs. as acting D.A.A.G.</i>	<i>Field</i>	<i>10-9-15</i>	<i>Para 1088.</i>
11-10-15	<i>A. G. British Army in the Field</i>	<i>From Staff Captain 1st Inf Bde. to be D.A.A.G. 1st Ban Div. vice Major E. de B. Panet (Appointed D.A.A.G. M. G. 1st Ban Div)</i>	<i>Field</i>	<i>9-9-15</i>	<i>A 7946.</i>
11/10/15	<i>A. G. G.H.Q.</i>	<i>From Staff Capt 1st Inf Bde. to be D.A.A.G. 1st Ban Div. Vice Major E. de B. Panet</i>	<i>do</i>	<i>10/9/15</i>	<i>A 7946.</i>
	<i>Appointments, Commissions & Rewards.</i>	<i>To be Major vice Lt-Col. Hill (to England) dates</i>	<i>do</i>	<i>4/1/16</i>	<i>List No 68/3 P. 8 Orders No 9 d/21/16</i>
12-11-16	<i>G.O.C. 1st Div.</i>	<i>Granted leave of absence</i>	<i>do</i>	<i>9-11-16</i>	<i>B218 P. 9 Order No 48 d/28-11-16</i>

(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., also special qualifications in technical Corps duties.

#2.

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				
26-11-16	G.O.C. 1st Div.	Returned from Leave	1st Can. Div.	21/1/16	B213
1-1-17	London Gazette	Awarded the Distinguished Service Order, for Distinguished service in the field	Field	1-1-17	No 29886 Part 5 Orders No 3 d/16-1-17
4-1-17	do	Mentioned in Despatches for Distinguished + Gallant Service + Devotion to Duty	Field	4-1-17	No 29890 Part 5 O. No. 4 No 24/1/17
14-12-16	AG. G.H.Q.	On command to Staff Schools.	"	26-12-16	A/16674 Ref Can. Sect. H.Q. 9014
	G.O.C. 1st Div.	Holding to attend Staff Course.	"		Part 5 O. No. 5 d/29-1-17
31-12-16	G.H.Q. 2nd Echelon	Arrived	2nd Echelon	12-12-16	B213
11. 2. 17	G.O.C. 1st Div.	Rejoined from Staff Schools	1st Can. Div.	8. 2. 17	B213 Part 5 O. 9 d/21. 2. 17
24. 6. 16	A.C. + R.	To be D.A.A. + Q.M.G. 1st Can. Div.		14. 5. 16	Let No. 88 Part 5 O. 28 d/14. 7. 16
17. 2. 17	G.O.C. 1st Div.	Granted 10 days leave	Field	15. 2. 17	B213 d/ 7. 2. 17. Part 5 O. 12 d/14. 3. 17
4. 3. 17	do	Returned from leave.	"	28. 2. 17	B213 do do
10. 5. 17	AG. G.H.Q.	Leave to be reported to 1st Can. Div. and posted to Western Ontario Regimental Depot, to report to Com. H.Q. London	Bramshott.	14. 5. 17	Apprs/466. Reference Can. Sect. G.H.Q. 3rd Ech. H.Q. 12028 Part 5 O. 25 d/31. 5. 17
17-5-17	5th Div.	T.O.S. on reporting from overseas & assumes duties of A.A. + Q.M.G. 5th Div. (vice Lt. Col. Spry, T.F.D.)			
1-6-17	"	To be Temp. Lieut. Col.			

LIEUT.
OFFICER in RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

16-5-17 A.O. 1535. Willis P.I. #137
16-5-17 A.O. 1644. Willis P.I. #169

MAJOR,
FOR O. in RECORDS, G.E.F.

November 2, 1920.

Col. F.B.WARE, Cont'd.

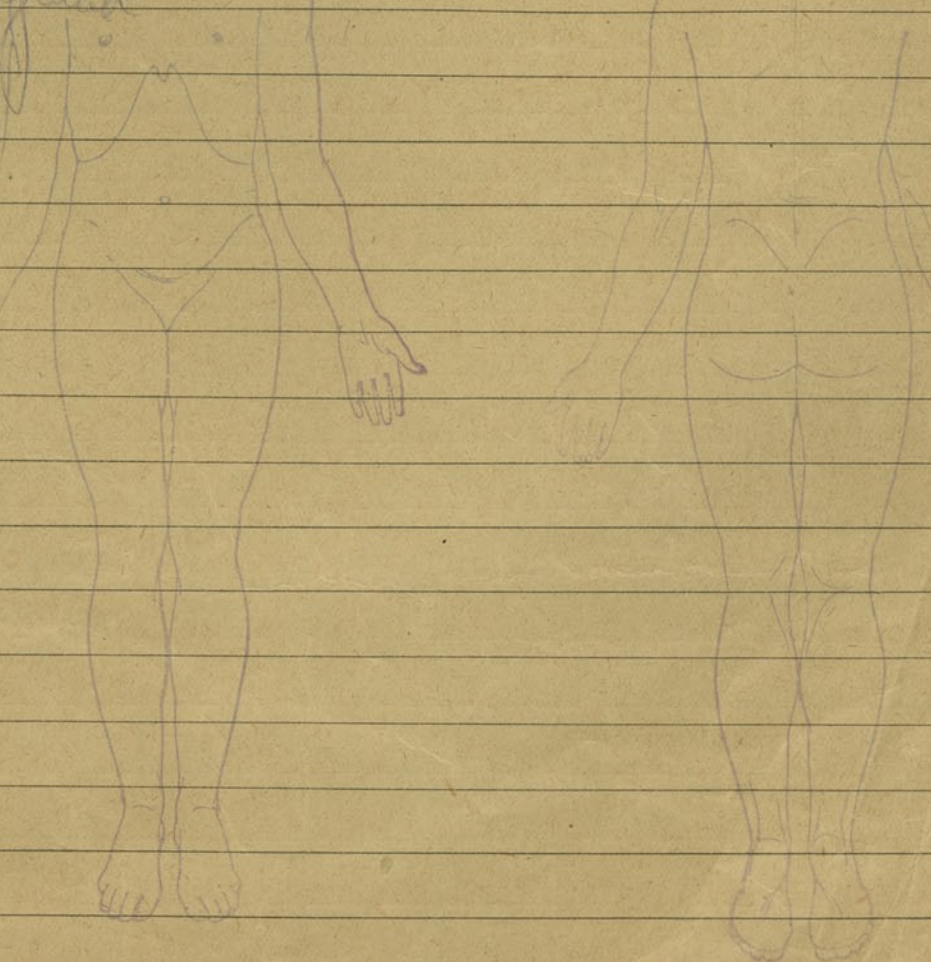
The X-Ray of the abdomen shows adhesions between the transverse colon and the caecum, but there is no evidence of any gastric or duodenal ulcer. The X-Ray of the chest, however, shows a good deal of peribronchial infiltration on the right side with old areas of T.B. and a diffuse haziness over the whole right upper lobe. The left lung is clear.

Altho there are no snowflake areas and no moisture clinically, the fact that the patient complains of general malaise and has an irregular heart with low blood pressure, has definite clinical evidence of considerable fibrosis of the right upper lobe with positive D'Espine's sign, and an X-Ray suggestive of recent activity, seems to indicate a diagnosis of low-grade activity due to pulmonary tuberculosis of the right upper lobe.

Yours truly,

Ld George McKel

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
73 Year 1918.		1st Lt.	Ware	F. B.
	Unit.		Age.	Service.
	4th Canadian Division		40	19
Station and Date.	Disease	Gastric Ulcer.		
7/1/18		<p>Hamilton, Ont. on Oct 9th. I left det. 6 weeks in 7 days I P. & the Cap. Martin, Surgeon J. & Board. I was by Sir Bernard Dawson who recommended him not to go back for 6 months & further rest in England. I was advised not to go back until recommended by others. I appeared before the weekly Board. And a return to 3 weeks I'd leave in England.</p>		
				

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ont. DATE 18th Dec., 1920.

1. 1 (a) Unit P.P.C.L.I. (b) Regimental No. (c) Rank Lt.-Colonel.

(d) Surname WARE. (e) Christian name Francis B.

(f) Home address 476 Colborne St., London, Ont.

(g) Next of Kin Isabelle Cameron Ware. (h) Relationship Wife.

(i) Address of Next of Kin 476 Colborne St., London, Ont.

2. Age last birthday 42. Date of birth Jan. 29th, 1877.

3. Enlistment, or Appointment (if an Officer) (a) Place London, (b) Date August, 1914.

4. Personal description:

(a) Height 5' 7½" (b) Weight 148 (c) Complexion Fair
(stripped)

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks, Scars, etc.

Small scar left wrist anterior aspect

5. Former trade or occupation Accountant and Auditor.

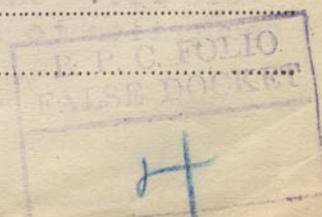
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>22 years.</u>	

	PERIODS	
	From	To
Canada	<u>1898</u>	<u>1914</u>
England	<u>1914</u>	<u>3 months, 1917.</u>
France or other theatres of War	<u>Feb. 15, 1915</u>	<u>May, 1918.</u>
<u>Canada</u>	<u>May, 1918</u>	<u>to date.</u>

7. Original disease, or injury Duodenal ulcer.

(a) Date of origin October, 1917. (b) Place of origin France

(c) Cause Active Service.



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.)

- (a) slight weakness
- (b) Not applicable.
- (c) Necessity for partial rest.
- (d) Unable to carry on former occupation to full capacity.

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.)

See attached report of Specialist.

(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 | See attached report | Cardio-Vascular System..... | report | Genito-Urinary System..... | No |
| | | | (If pulse rate is abnormal, B. P. will be taken.) | | (Albumen and Sugar will be excluded.) | |
| Special Senses..... | No | See report | Respiratory System..... | report | Integumentary System..... | No |
| Disturbances of Mentality..... | No | See report. | Digestive System..... | Yes | Muscular System..... | No |
| Osseous and Joint Systems..... | No | | Any other general condition..... | No. | | |

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

Taken sick in France October 9th, 1917, complaining of extreme weakness, hemorrhages per rectum lasting for seven days. Owing to state of collapse was unable to be moved from British C.C.S. at Ebblesham for ten days. In Hospital, No. 7 Sta., Boulogne, for 5 weeks. Camp Martin 5 weeks; Rouen, 2 weeks; England, 3 weeks. Returned to duty, February, 1918, without medical board. Carried on but still very weak and has never felt fit. Unable to indulge in exercise as formerly or carry on former occupation to same extent.

October 27, 1920.

Colonel

~~Major~~ Murphy,
S.M.O., M.D. No. 1,
Wolseley Barracks,
London, Ont.

Col. F. B. WARE.

Dear Sir:

Examination of the marginally noted
Officer is as follows:

Well nourished, no complaints except
occasional feeling of nausea. Temperature 98,
pulse 72.

Chest: Expansion good and equal, no
retraction. There is slight impairment of resonance
over the right upper lobe as far as the second rib
anteriorly and extending into the interscapular space
posteriorly. Over this area breath sounds are B.V. in
character with prolonged expiration and echoing whispered
voice sound. D'Espine's sign is positive on the right
side. There are no adventitious sounds.

Heart: Not enlarged on percussion,
apex beat is inside the nipple, the sounds are clear,
and there are no murmurs. At the beginning of the
examination there was an extra systole every fourth or
fifth beat. This passed away but returned after exercise.
Response to effort good. Blood pressure 118 systolic.
Throat negative, no pyorrhea. Abdomen: No tenderness,
muscles of upper abdomen rather resistant on palpation.

Advise X-Ray of chest and of stomach with
barium meal.

Yours truly,

Lt & G. E. Hale M.D.

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).)

None, except as stated in Sec. 10 (a).

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

Not applicable.

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

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

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? Indefinite.

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

Regular living, careful diet, avoidance of over-exertion.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? No. Physically unable to meet the demands of long hours and night work connected with the profession of auditing and accounting.
(If not, briefly state why)

17. Recommendations.

Cat. C. Able to carry on present duties.

W B Branden Smith Lt Col
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sgd)

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

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

Francis S. Lane 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.

The Board concurs.

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.)

No. Able to carry on duties of present employment.

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 London, Ont.

DATE December 18th, 1920.

W. J. Murphy, Col. President.
W. S. Gooderham, Lt. Col. 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

DATE

APPROVED BY

APPROVED BY

W. J. Murphy, Col.

W. S. Gooderham, Lt. Col.

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 20-12-20

DATE 28/12/20

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London Ont DATE December 2 4th 1931

1. 1 (a) Unit P.P.C.L.I. (b) Regimental No. - (c) Rank Lt Col
 (d) Surname WARE (e) Christian name Francis Bethel
 (f) Home address 199 Regent St, London Ont
 (g) Next of Kin Isobel Cameron Ware (h) Relationship Wife
 (i) Address of Next of Kin same as above.

2. Age last birthday 54 Date of birth 29th Jan 1877

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa Ont (b) Date 1st Jan 1920

4. Personal description:
 (a) Height 5' 8½ (b) Weight 158 lbs (c) Complexion Fair
 (d) Colour of hair White (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small scar left wrist - Vaccination scars:- two left arm.

5. Former trade or occupation Auditor

	PERIODS	
	From	To
Canada	22-5-99	19-10-14
	14-5-18	date
England	19-10-14	27-1-15
	10-5-18	14-5-18
France or other theatres of War	27-1-15	10-5-18

7. Original disease, or injury Doudenal Ulcer

(a) Date of origin 12th October 1917 (b) Place of origin France
 (c) Cause Infection.

M. F. B. 227.

400m-11-18.
1772-39-117.

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

Impairment of Gastric function

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.)

Objective: See attached radiologists report dated December 16th 1931

Subjective:— Periodic attacks of severe epigastric pain accompanied by nausea and occasional vomiting.

- (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.....	Yes		

See attached reports of Neurologist and radiologist
dated 23-12-31

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

This officer had first attack of epigastric pain October 12th 1917 in hospital France four months. Had haemorrhage from bowel on Oct 17th 1921, has a second attack of epigastric pain confined to bed four months. Tarry stools for a few days during this attack. Had third attack April 24th 1924, confined to bed for three weeks. This officer states he didn't have an acute attack again until Nov 1929. Had severe epigastric pain which lasted for three months. haemorrhoidectomy, February 1930. Since February 1923 this officer states that he has had several less severe attacks of epigastric pains for periods of two and three days.

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).)

Diphtheria, Measles, Mumps, Enlargements of the left Cervical Glands
and swelling over the left shoulder region.

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

See Sec 4 f supra

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

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

N.A.

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? Indefinite

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

Special diet and rest

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. To be categorized "C" on retirement

(sgd) S.G.U.Shier Lieut ~~REMO~~

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).

Francis B.Ware

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

I complain in addition of Nothing, except that my condition will not permit the
resumption of my former profession of Auditing and Accounting

(sgd) F.B.Ware Lt Colonel.

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,
 (b) Service abroad, not general service,
 (c) Home service (Canada only),
 (d) Temporarily unfit.
 (e) Unfit for service in Categories A, B and C

(Category A) ~~Yes~~ or No.)
 (" B) ~~Yes~~ or No.)
 (" C) (Yes or ~~No~~)
 (" D) ~~Yes~~ or No.)
 (" E) ~~Yes~~ or No.)

"C" Yes

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.)

Yes Category "C"

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.

(sgd) L.H. Douglass

President.

" D.J. McKay

PLACE London Ont

DATE 24th December 1931

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.

CERTIFIED TRUE COPY.

President.

PLACE

(G.C. Lawson)
 Lt Colonel. RCAMC
 D.M.O. M.D. No 1.

Members

DATE

APPROVED BY

(sgd) G.C. Lawson Lt Colonel

APPROVED BY

R..M. Luton Major

D.M.O. M.D. No 1. Assistant Director of Medical Services.

for Director-General of Medical Services.

DATE 24-12-31

DATE 5-1-32

COPY

MENT OF PENSION AND NATIONAL HEALTH

X-RAY REPORT

Case No 804

Col Ware

Referred by Dr Douglass.

Part Radiographed Cervical Vertebrae

Report:-

Films of cervical vertebrae reveal no definite X-Ray evidence of pathology. There is some irregularity tip of spinous process 6th cervical vertebrae. This might possibly be the result of an old injury.

Steroscopic chest films reveal emphysematous chest Heart appears normal in size and shape. Leaves of diaphragm smooth. Costo phrenic sulci clear.

Right lung - hilus scarred, Treebthickened and scarred throughout. Apical pleural caps Slight inter lobar thickening 3rd i.c.s. No definite parenchymal involvement.

Left Lung - hilus scarred and contains a number of small calcified nodes. Tree thickened and scarred throughout. Two tiny calcified parenchymal areas 1st i.c.s.

Conclusion - Any T.B. pathology present shows marked reparative change and would be of no present clinical significance. There is some generalized thickening and scarring of bronchial tree.

Westminster Hospital
Decemebr 23rd 1931

(sgd) Wand Wilson
Radiologist.

Westminster Hospital
London Ont 23rd December 1931

Lt Colonel Lawson RCAMC
District Medical Officer
Military District No 1.
London Ont

Sir;

Lt Col F.B.Ware

The m/n officer states at times he has noticed a fullness in the left supraclavicular region with an unduly prominence of the veins. States this comes and goes, but this side of his neck appears larger than the right side. States of late he has noticed a peculiar tingling uncomfortable sensation that radiates from the neck down over the shoulder and deltoid region.

Examination of the left neck and shoulder girdle shows good muscular development and no evidence of ant weakness or muscular atrophy. No gross sensory changes elicited. there appears to be a little fullness of the supraclavicular region with the veins a little more prominent than on the other side of neck. No evidence on any glandular enlargement elicited.

This whole shoulder girdle appears a little larger and better developed than its fellow. I would recommend a radiographic examination of the chest and cervical vertebrae to eliminate any gross pathology as a causative factor in the etiology of this anomaly, as clinically it is difficult to ascribe it as due to any pathological process.

Yours truly

(sgd) Stuart M.Fisher.

X-RAY REPORT

Case No. 882

Name Lt Col R. Ware Regimental No. Ward

Medical Officer Referred by Dr. Dr D.J. McKay

STOMACH:

Position: Lesser curvature is $4\frac{1}{2}$ inches above intercostal line.
 Greater curvature is $2\frac{1}{2}$ inches above intercostal line.
 horizontal Type J Size Normal

Tonus Orthotonic Screen Examination:
 Peristalsis Vigorous
 Filling Defects No
 Incisura No
 Mobility not very mobile

Hour-glass Stomach No
 Tender Point Pyloric end
 Pylorus Normal position, not mobile
 Opening Immediate
 Spasm No

at 1 hour stomach $\frac{3}{4}$ empty. Head of meal terminal ileum
 Caput
 Function fills readily, small unable to fill it out normally
 Mobility tender, not mobile

No marked tenderness gall bladder region
 6 Hour Interval: Stomach empty
 Head of meal at hepatic flexure, which is unusually
 COLON: high. ? held up by adhesion. Considerable portion of
 meal still in terminal ileum.

24 Hour Interval: Head of meal in transverse colon. Appendix
 irregularly filled and kinked. not very mobile,
 48 Hour Interval: slightly tender. Tip of caecum not very mobile and
 tender. Ascending colon spastic and tender.
 72 Hour Interval:

SUMMARY: There are findings to suggest old duodenal ulcer
 with probably some adhesions right upper quadrant
 Old pericaecal inflammatory condition secondary to
 pathological appendix. Colonic stasis.

Hospital Westminster

9sgd) Wand Wilson M.D.

Date Dec 16/31.

Radiologist.

Other regions examined on reverse side of sheet.

MEMORANDUM TO BE ENCLOSED WITH EACH COPY OF
MEDICAL BOARD PROCEEDINGS (M.F.B. 227).

SUBMISSION OF PROCEEDINGS TO HEADQUARTERS.

1. Having regard to the instructions contained in Defence Headquarters' Circular Letter No. 15, of 1929, Medical Board Proceedings (M.F.B. 227) in trivial cases, not requiring submission to Defence Headquarters under para. 4 of the above quoted letter, may be completed and approved by the District Medical Officer.

2. In any of the more serious cases, especially those likely to cause permanent ill effects, the proceedings must be forwarded to Defence Headquarters as heretofore.

DATES OF INCAPACITATION.

3. In para. 10 of the Medical Board Proceedings care must be taken to show distinctly the date of the injury, and, in the final Board Proceedings, the actual date that the soldier ceased to be incapacitated. This is very necessary in order that the Paymaster may know the dates during which pay or allowances should, or should not, be issued.

WHETHER INJURY, ETC. IS DIRECTLY ATTRIBUTABLE TO DUTY.

4. The following new paragraph is to be completed:-

5. Care must be taken in completing the Medical Board Proceedings (M.F.B. 227) to insert a new para. 11 (c), which is to be detached herefrom and pasted in M.F.B. 227:-

11 (c) If incurred whilst on training or Naval, Military or Air Force Duty, is it considered that the disability is directly attributable to, or aggravated by the performance of such Duty? Yes

(sgd F.B.Ware

(sgd) S.G.U.Shier Lieut
RCAMC

2988-1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, DATE Dec. 15th, 1921.

1. 1 (a) Unit P.P.C.L.I. (b) Regimental No. (c) Rank Lt.-Col.
 (d) Surname WARE, (e) Christian name Francis, B.
 (f) Home address 476 Colborne St., London, Ont.
 (g) Next of Kin Isabel Cameron Ware, (h) Relationship Wife
 (i) Address of Next of Kin 476 Colborne St.

2. Age last birthday 43 Date of birth Jan. 29th, 1877.

3. Enlistment, or Appointment (if an Officer) (a) Place London, (b) Date Aug. 1914.

4. Personal description:

(a) Height 5'7½" (b) Weight (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small scar left wrist anterior aspect

5. Former trade or occupation Accountant and Auditor.

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

	Years	Days
	<u>23</u>	

	PERIODS	
	From	To
Canada	1899	1914
England..... 3 months	1914	3 months, 1917.
France or other theatres of War.....	Feb. 15th, 1915	May, 1918.
<u>CANADA</u>	May, 1918	to date.

7. Original disease, or injury.....

Duodenal ulcer

(a) Date of origin October, 1917 (b) Place of origin France.

(c) Cause.....

Active Service.

27

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.)

(a) Marked weakness; (b) Partial loss. (c) Necessity for rest of body; (d) Unable to carry on in present condition.

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.)

See Specialist Report.

(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.....	Yes	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

See attached report.

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

Has had periodical attacks of headache and nausea at intervals

of ten days to two weeks. Nausea has not seemed to bear any relation to taking of food. No vomiting, no constipation,

Present attack started at 2:00 a.m., Dec. 3rd and lasted about 4

hours. Severe pain general over abdomen. Nausea but could not

vomit. Since then has had absolute quiet and restricted diet and

has ~~had~~ felt very comfortable.

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).)

None except as stated in Sec. 10 (a)

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

Not applicable.

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

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

Not applicable.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? At least six months.

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

Absolute rest and restricted diet.

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)

This officer can be treated at his own home.

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

17. Recommendations.

Six months absolute rest and treatment as indicated above.

7/17 Newly balanced
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.

J. B. Lane Lt. Col. 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.)

As indicated by M.O's. report.

- (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.)

Six months' sick leave.

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.

T. F. Murphy Colouel President.

PLACE London, Ont.

DATE Dec. 15th, 1921.

W B Mac Dermott Lt Col } Members
same

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

APPROVED BY

T. F. Murphy Colouel
 Assistant Director of Medical Services.

J. N. Duggan Col.
 Director-General of Medical Services.

DATE

DATE

16 December 1921

24/2/22

COPY.

London, Ontario, Dec. 15th, 1921.

Re Colonel F. B. Ware

We find on examination that this officer is suffering from an ulcer of the duodenum, complicated by adhesions, and also by an adherent appendix, which are fairly well shown by X-ray picture. We have come to the conclusion that he is not likely to be in a condition to carry on his usual duties for at least six months. An operation at the present time would be inadvisable as compared with medical treatment.

(Sgd)

G. C. Hale.

(Sgd)

Hadley Williams.

C O P Y.

No. 20 Hayman Court Apartments,
London, Ont., May 29th, 1922.

Colonel T.J.F. Murphy,
S.M.O., M.D. No. 1,
Wolseley Barracks,
London, Ont.

Colonel F. B. Ware.

Dear Sir:

The marginally noted officer states that he has been comparatively free from symptoms during the last six months, although on a few occasions he has experienced slight burning in the epigastrium in the afternoon. He states he does not feel perfectly strong yet, but he has been on a fairly rigid diet.

Examination:- T.P.R. normal; no evidence of any active process in the chest; abdomen negative except for slight tenderness over the appendix.

The duodenal ulcer may be healed and as the patient is now almost free from symptoms, I should think he could go back to light duty and increased diet.

Yours truly,

(Sgd)

G. C. Hale.

Regtl. No. 648765 Rank Spr MILITARY DISTRICT 2
Name Edgar Harold Robinson
(Christian Names in full) (Surname)
Unit CRYSO Regt. or Corps

CATEGORY A NEXT OF KIN mother

REASON FOR RETURN :-

INTENDED PLACE OF RESIDENCE

Kenabesk N. Ontario

COVER

FOR

DISCHARGE DOCUMENTS.

CAMPAIGNS, MEDALS and DECORATIONS

16 mos in France

HMTC CORSIKAN

Embarked 12 DEC 1918

Disembarked

Attest. Ware, Francis B.
1st Con. Infantry

51-3

Received 8-7-63

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ont. DATE 30th May, 1922.

1. 1 (a) Unit P.P.C.I.I. (b) Regimental No. (c) Rank Lt.-Col.
 (d) Surname Ware, (e) Christian name Francis, B.
 (f) Home address 476 Colborne St., London, Ont.
 (g) Next of Kin Isabel Cameron Ware, (h) Relationship Wife.
 (i) Address of Next of Kin 476 Colborne St., London, Ont.
2. Age last birthday 44 Date of birth Jan. 29th, 1877.
3. Enlistment, or Appointment (if an Officer) (a) Place London, (b) Date August, 1914.
4. Personal description:
 (a) Height 5' 7½" (b) Weight 138 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.
Small scar left wrist anterior aspect.
5. Former trade or occupation Accountant and Auditor.

	Years		Days	
	From	To	From	To
Canada	1898	1914		
England	3 months	1914	3 months,	1917.
France or other theatres of War	Feb. 15th	1915	May,	1918.
<u>Canada</u>	<u>May, 1918</u>	<u>to date.</u>		

7. Original disease, or injury.....
Duodenal Ulcer.
 (a) Date of origin October, 1917. (b) Place of origin France.
 (c) Cause.....
Active Service.

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.)

(a) Slight weakness. (b) Partial loss of function of digestive apparatus. (3) Eating meat.

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.)

See Specialist report

with X-Ray report.

(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.....	Yes	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

See report attached.

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

Has been on sick leave since December 3rd suffering from digestive disturbance, result of duodenal ulcer. Improved under rigid diet, being relieved to quite a considerable extent of nausea and headaches, had an attack of Influenza in Feb., 1922. Confined to house for one month and it interfered with his progress toward recovery. Since April 1st improvement has been marked. Still under weight 15 lbs. Meat has not formed a part of his diet except chicken and fish.

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).)

None except as stated in Sec. 10 (a)

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

Not applicable.

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

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

Not applicable.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Not applicable.

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

Continued careful diet.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(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 this officer return to duty.

W. F. Newby Col R. Colman
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.....

J. B. Lane Rank.
Signature of invalid examined.

4

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.)

Careful diet.

(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.)

Return to duty.

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.....London, Ont.,

DATE.....May 30th, 1922.

W. F. Newby Col President.

W. B. Needham M.D. 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.....

Members

DATE.....

APPROVED BY

APPROVED BY

W. F. Newby Col
Assistant Director of Medical Services.

J. H. Briggs Col
Director-General of Medical Services.

DATE

DATE

30 May 1922

1-6-22

ORIGINAL

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Ware Christian Name Francis Peter

TABLE I.—GENERAL TABLE.

25 MAY 1917

Birthplace .. Parish London County Mississauga, Ontario

Examined { on 22 day of September 191 4
at Valcartier

Declared Age 37 years 7 mos — days

Trade or Occupation .. Chartered Accountant

Height 5 feet, 7 1/2 inches.

Weight 154 lbs.

Chest { Girth when fully Expanded 38 inches.
Measurement { Range of Expansion 3 1/2 inches.

Physical Development .. Good

Vaccination Marks { Arm .. Right
Number ..

When Vaccinated

Vision { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by .. (Signature)
(Rank)

J. H. Leavelle
Capt Came
Medical Officer.

Enlisted { at Valcartier P.Q.
on 22 day of September 191 4

Joined on Enlistment ..	Corps. <u>7th Fusiliers London</u>	Regtl. No. <u>Staff Captain</u>
Transferred to ..	<u>H.Q. 1st Infantry Brigade</u>	<u>Major</u> <u>Lieut Col.</u>

Became non-effective by
on .. day of .. 191 ..
(Signature)
(Rank)

CANADIAN

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Aug 1914	Typhoid inoculation J. H. S. Wallace

Table IV.—Service Table.

[illegible]

PROCEEDINGS OF A MEDICAL BOARD

assembled at 2nd Div. P. P. P. on 8/1/17
 by order of Dr. W. S. P. P. P.
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Major (temp. Lt.) F. B. Ware (Corps) A. A. 2nd Inf. 4th Canadian
 Age 40 Service 19 years Disability Quadruple Wound
 Date of commencement of leave granted for present disability.....
 Date on which placed on half-pay for present disability.....

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that
A. is convalescing from a quadruple wound. Wound developed in October 1914. The Board recommends that weeks be taken in England.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service Not for the war.
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
3. Fit for Home Service.....
4. Fit for Light Duty at Home.....
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital.....
 - (b.) In an Officers' Convalescent Hospital.....
6. (a.) Fit for light duty at a Command Depot.....
- (b.) Fit for treatment only at a Command Depot.....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? Yes.
9. Was it contracted under circumstances over which he had no control? Yes.
10. Was it caused by military service? Yes.
11. If caused by military service, to what specific military conditions is it attributed? Active service conditions
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?

23133
 15 JAN 1918
 CANADIAN SECTION

Approved
W. Russell
 Colonel Arms
 H. H. M. S. Raven

Officer's Address

Signatures

W. S. P. P. P. President.
A. Hudson - Maj. Gen. (C. C.)
E. J. Dean Capt. Ram C. (C. C.) Members.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

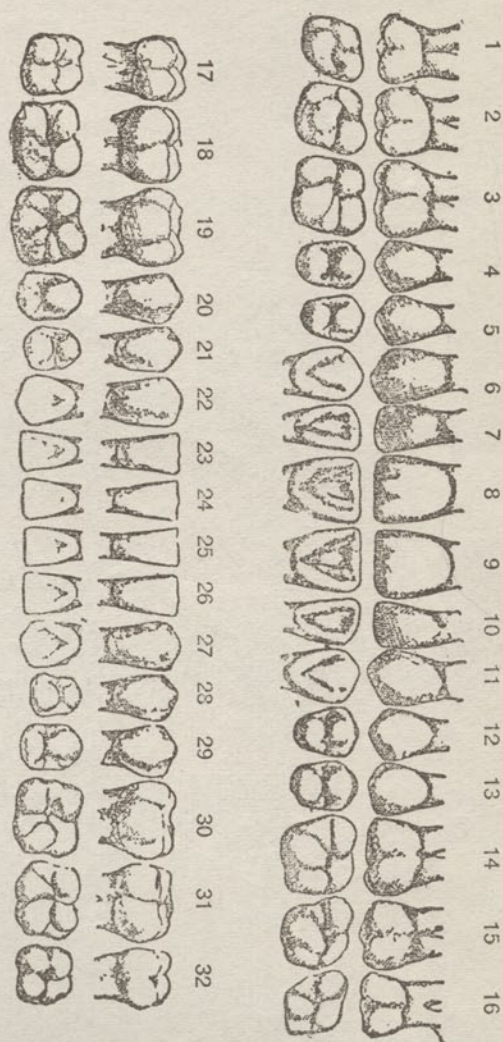
DISTRICT.....

NAME OF SOLDIER

REGIMENT

RANK

No



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 from the Service.

[illegible]

C O P Y.

WESTMINSTER PSYCHOPATHIC HOSPITAL.

LONDON, ONTARIO, May 29th, 1922.

X-RAY REPORT - CASE NO. 42.

Re Colonel WARE.

23-5-22.
10:00 a.m.

Barrium meal observed passing down Aesophagus, no obstruction or abnormalities noted. Stomach fills normally and is normal in outline. Lesser curvature about $1\frac{1}{2}$ " above intercostal line. Greater curvature about $1\frac{1}{2}$ " below intercostal line. Peristalsis normal. Stomach freely moveable. In about 5 minutes time meal began to leave stomach. A smooth clear duodenal cap could not be demonstrated, but there was slight irregularity on the superior surface of the cap. The meal passed very rapidly through the first part of the Duodenum.

6 hours.

Stomach completely empty, about 50% in the small bowel, balance from Saecum to Hepatic flexure. Bowel freely moveable. Appendix not demonstrated.

24-5-22.
24 hours.

Small bowel completely empty, large bowel from Saecum to splenic flexure well filled. Bowel freely moveable, no tenderness on palpation at area of saecum. Appendix not demonstrated.

25-5-22.
48 hours.

Meal distributed from Saecum to sigmoid flexure, bowel freely moveable. Appendix was demonstrated but was only partially filled with barrium. It was adherent and apparently under tension pointing upwards and inwards.

26-5-22.
72 hours.

Traces of meal distributed from splenic flexure to sigmoid flexure.

SUMMARY.

Owing to inability to demonstrate a perfect cap, the examination points to a Duodenal Ulcer. The appendix is immovable and apparently fixed and bound down by adhesions.

(Sgd) H. E. Preston.

C O P Y.

No. 20 Hayman Court Apartments,
London, Ont., May 29th, 1922.

Colonel T.J.F. Murphy,
S.M.O., M.D. No. 1,
Wolseley Barracks,
London, Ont.

Colonel F. B. Ware.

Dear Sir:

The marginally noted officer states that he has been comparatively free from symptoms during the last six months, although on a few occasions he has experienced slight burning in the epigastrium in the afternoon. He states he does not feel perfectly strong yet, but he has been on a fairly rigid diet.

Examination:- T.P.R. normal; no evidence of any active process in the chest; abdomen negative except for slight tenderness over the appendix.

The duodenal ulcer may be healed and as the patient is now almost free from symptoms, I should think he could go back to light duty and increased diet.

Yours truly,

(Sgd)

G. C. Hale.

267

C O P Y.

WESTMINSTER PSYCHOPATHIC HOSPITAL.

LONDON, ONTARIO, May 29th, 1922.

X-RAY REPORT - CASE NO. 42.

Re Colonel WARE.

23-5-22.

10:00 a.m.

Barrium meal observed passing down Aesophagus, no obstruction or abnormalities noted. Stomach fills normally and is normal in outline. Lesser curvature about $1\frac{1}{2}$ " above intercrural line. Greater curvature about $1\frac{1}{2}$ " below intercrural line. Peristalsis normal. Stomach freely moveable. In about 5 minutes time meal began to leave stomach. A smooth clear duodenal cap could not be demonstrated, but there was slight irregularity on the superior surface of the cap. The meal passed very rapidly through the first part of the Duodenum.

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24 hours.

Small bowel completely empty, large bowel from Saecum to splenic flexure well filled. Bowel freely moveable, no tenderness on palpation at area of saecum. Appendix not demonstrated.

25-5-22.

48 hours.

Meal distributed from Saecum to sigmoid flexure, bowel freely moveable. Appendix was demonstrated but was only partially filled with barrium. It was adherent and apparently under tension pointing upwards and inwards.

26-5-22.

72 hours.

Traces of meal distributed from splenic flexure to sigmoid flexure.

SUMMARY.

Owing to inability to demonstrate a perfect cap, the examination points to a Duodenal Ulcer. The appendix is immoveable and apparently fixed and bound down by adhesions.

(Sgd) H. E. Preston.

266

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

809²

New Zealand Stat. 13-10-17

Intestinal Hemorrhage

Hazerrouck & trans to 15 Cas. Clg. Stat

810²

No. 7 Stat. Boulogne 17-10-17

Intestinal Haemorrhage

840²

8 Michelham Com. 19-11-17

Haemorrhoids

Home Dieppe

877-1

No 2 Red Cross Hos. Rouen 5-1-18

Gastric Ulcer.

883

Wistritzisch home 12-1-18

" "

" "

No.

RANK

Capt.

NAME

Ware, F.

B.

T. O. S.

UNIT

7th Reg. (Fusiliers.) (o/s. contingent)

M. D. /.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 12 th Aug 24	1914 Aug. 22 nd Sept 1	✓ ✓	on 1st bn payroll.	

UNIT SAILED
OCT 3 1914

Number

Rank

LIEUT.-COL

Surname

WARE

Christian Name

FRANCIS BETHEL

Units

Theatre of War

FRANCE.

Date of Service

22.9.14

9.2.15

6.5.18.

Remarks

W.O.R.

Latest Address

Militia Head Quarters

Ottawa, Ont.

Roll No.

B Page 11929.

A.A. & Q.M.G., MD 1, London,
Ont.

Next of kin _____

Address on leave _____

Address on discharge _____

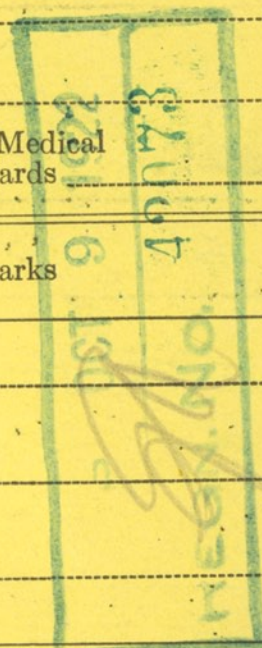
Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

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



Name **WARE (DSO)** Rank **Lt-Col.** Reg. No.
 Unit **Francis Bethel**
4th.Div.HQ W.O. R.
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13.10.17.	N.Z.Sty.Hosp.	Hazebrouck	Intestinal			
			Haemorrhoids	809		
	Adm.& Trans.to	15 C.C.S.				
17-10-17	7	Star Hos Blois		810		
19-11	8	Nickson Hos Duppe (WO)		840		
5-1-18	2	Red X Hos Rouen (WO)	Gastric ulcer	871		
12-1-18		Disch to 3 weeks sick leave (WO)		883		

SURNAME.

Ware
Despatch Auth. L. G. 29200.
(See also L. G. 29890)
D. S. O.
Jan 8. 29886

2988-1
Ordre du Merite Agricole.
L. G. 31586 27-10-19.

CARD NO.

CHRISTIAN NAMES

Frances Bethel

FOLL.

REGL. NO.

RANK

Capt.

UNIT

1st. 1st Div. H. Q. Staff.

Bn

FORMER CORPS

(16 yrs) Can. Mil.

NEXT OF KIN.

In case of Casually notify
CHANGE OF ADDRESS
instead of wife.

NAMES IN FULL

Ware, Mrs. Isabel

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

927 Richmond St, London Ont.

I. H. Purdum & Co.
Dominion Savings
Bldg. London
Cent.

COUNTRY OF BIRTH

Canada. London Ont

DATE

Jan 29. 1874

PLACE OF ATTESTATION

Valcartier. P. Q.

DATE

Sept 22, 1914

R/C - 18/5/18, 175

map

From Quebec. Per. S.S. Laurentie. 4-1074

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Accountant

RELIGION

Wesleyan

DESCRIPTION.

APPARENT AGE

37 YEARS

7 MONTHS

HEIGHT

57 FEET

7 1/2 INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

dk. brown

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Aug. 31. 1914.

Present Address, not stated

Surname
WARE

Christian Name
F. B.

Reg. No.

Rank
Major

Unit
T/Lt.Col. A.A.Q.M.G. 4th. Div.

MEDICAL BOARD held at
(1) 2 Red X Hosp. Rouen.

Date
8-1-18.

Serial No.

Other Medical Boards at
(2)
(3)
(4)
(5)

Date

Serial No.

Condition found by Board
Duodenal Ulcer.

Disposition Recommended
(1) Unfit any service 3 weeks, Sick leave to
England, 13-1-18 to 2-2-18.
(2)
(3)
(4)
(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname. Christian Name.

WARE F. B.
Rank. Unit.

Lt.Col. (DSO) 4th. Div.Hqtrs. W.O.R.

Date of admission.

New Zealand Sta. Hosp. Hazebrouck.tr.to:-

No. 151 Cas. Clg. Station. 13-10-17

No. 7 Stationary Hospital, Boulogne. 17-10-17.

No. 8 Michelham Conval.Home Hosp. Dieppe. 19-11-17.

No. 2 Red Cross Hospital, Rouen. 5-1-18.

Hosp.

Hosp.

Hosp.

Diagnosis.

Intestinal Hemorrhage R.

Gastric Ulcer.

Later diagnosis.

.....

.....

.....

Disposition.

Date.

Disch.to 3 weeks sick leave:-12-1-18

20-10-17 809-2.

22-10-17 810-2.

C.L. 26-11-17 840-2. Remarks.

C.L. 10-1-18 877.

C.L. 17-1-18 883.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

Name

Ware J. B. Major
Francis BethelM. F. W. 41
1 0m-7-16
1772-39 889.

Regimental No.

Name and address of next-of-kin

2988-1

Unit

1st Bn.

Date of enlistment

W. O. R. D.

Place of

M. 100⁰⁰ Open } Can.
M. 60⁰⁰ Open }

Married (yes or no)

Date and place discharged

Duty

Amount of pay assigned monthly \$

100⁰⁰ Conc. 1st Eng.

Reason for discharge

M. D. 3

To whom payable

Character on discharge

Scotian 6th arr 1878 Pub. Exp.2nd Bn. Police H. 16th 31st 1878

ob 5351-M. & D. 6380.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
Recovered	date	P. B. 1	letter	4 th 7/18			50 00	100	18 th 7/18	50 00	✓	13 25		2 nd Bn. Police Eng. 2 nd Bn.
"	"	P. B. 1	letter	4 th 7/18			250 00	536	25 th 7/18	250 00	✓	100 00		Also P. B. f. of 1200.
"	"	P. B. 1	H. G. fol.	102.			100 00	100	20 th 7/18					claim.
"	"	"	1 letter	5 th 7/18			13 25							
"	"	"	"	"			413 25							

Total 31 7/18 - 10 7/18
122 1/2

MILITIA AND DEFENCE
SEPARATION ALLOWANCEName *Ware In^o Dahl Cameron*

Address

*927 Richmond St
London Ont*

Name of Soldier

Ware J.D.

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

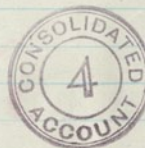
Relation to Soldier

wife, child or mother

*Wife**72us*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914		20	
Sept.		B772	20	
Oct.		D1213	60	
Nov.		D2752	40	
Dec.		A23402	60	
Jan.	1915	D4845	40	
Feb.		D5764	40	
March		D6719	40	
Apl.		D7620	40	
May		A9112	40	
June		B11343	40	
July		C12261	40	
Aug.		D11836	40	
Sept.		A13173	40	
Oct.		B15659	40	
Nov.		C16153	40	
Dec.		D15652	40	
Jan.	1916	A16866	40	
Feb.		B19366	40	
March		D19288	40	

*70*

~~156~~ # 15653 Cancelled

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Isabel Cameron Ware (Wife)

Name of Soldier Ware F. B.

Captain

L. L. Job 89002.-Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>Limit Col 16-5-17</i>
April	1916	5761	40	40
May		4484	40	40
June		7520	49	49 adj in June
July		10987	50	50
Aug.		14562	50	50
Sept.		11785	50	50
Oct.		521130	50	50
Nov.		24449	50	50
Dec.		C. 27930	50	50
Jan.	1917	H30572	50	50
Feb.		B34003	50	50
March		C 37590	50	50 <i>C 37590 Cancelled</i>
April		52825	50	50
May		C6593	50	50
June		C10321	50	50
July		B14844	50	50
Aug.		O15895	50	50
Sept.		S19203	95	95
Oct.		A11639	60	60
Nov.		Q25633	60	60
Dec.		I28492	60	60
Jan.	1918			<i>1934.00</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Ware, Mrs Isobel C.*

Address *927 Richmond St
London*

Out

By Whom Assigned *Ware, F.B.*

Regtl. No. ✓

Rank *Capt Maj Jan 17*

Corps *Staff. 1st Inf. Bde*

Rate *75⁰⁰ per month.
100⁰⁰ Jan 1st/16*

PAYMENTS *2nd 5/1/16*

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		<i>A1091</i>	<i>75</i>	
Nov.		<i>E1268</i>	<i>75</i>	
Dec.		<i>A2472</i>	<i>75</i>	
Jan.	1915	<i>H3184</i>	<i>75</i>	
Feb.		<i>E4647</i>	<i>75</i>	
March		<i>J4874</i>	<i>75</i>	
Apl.		<i>E6104</i>	<i>75</i>	
May		<i>H8675</i>	<i>75</i>	
June		<i>E9232</i>	<i>75</i>	
July		<i>B10592</i>	<i>75</i>	
Aug.		<i>A12058</i>	<i>75</i>	
Sept.		<i>J7374</i>	<i>75</i>	
Oct.		<i>S8462</i>	<i>75</i>	
Nov.		<i>H15156</i>	<i>75</i>	
Dec.		<i>G16071</i>	<i>75</i>	
Jan.	1916	<i>T15114</i>	<i>75</i>	
Feb.		<i>E16460</i>	<i>125</i>	
March		<i>N19194</i>	<i>100</i>	



1155

*March 1916 *125⁰⁰ to adjust pay payment as above 5/1/16
future *100⁰⁰*

Mr. Alice Brown

Mr. Wm. Brown

Dec. 9. 16072 - 20th not cancelled

From to Englewood 17/12/15

RNL

MILITIA AND DEFENCE ASSIGNED PAY

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

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

OVERSEAS CONTINGENTS

(Wife)
PAYMENTS.

Name of Soldier Ware. F. B.

Maj. Capt

Mrs Isabel C. Ware.

Month.	Year.	Cheque No.	Amt.	#100%	Remarks.
April	1916	H 5916	100		
May		A 1801	100		
June		84323	100		
July		B 11304	100		
Aug.		P 16783	100		
Sept.		J 19888	100		
Oct.		T 25201	100		
Nov.		K 28786	100		
Dec.		H 33838	100		
Jan.	1917	J 39229	100		
Feb.		B 48044	100		
March		E 53471	100		
April		E 53978	100	100	In 5978 Banc 14/4/17 JLS
May		R 12103	100		
June		D 19576	100		
July		T 26571	100		
Aug.		J 33595	100		
Sept.		V 39409	100		
Oct.		B 49792	100		
Nov.		M 53913	100		
Dec.		L 63197	100	\$3525.00	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

50	60		
----	----	--	--

RATE OF ASSIGNMENT

100			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
31/12/17		1934. ⁰⁰	3525. ⁰⁰	5459. ⁰⁰
Jan	71214	50	100	150
Feb	72951	50	100	150
Feb	77016	20		20
Mar	93367	60	100	160
Apr	W 11891	60	100	160
May	W 17650	60	100	160
June	R 23531	60	100	160
July	20818	60	100	160
Aug	34921	60	100	160

REMARKS

18804-F-6

A P. Payments made as follows.

\$75.⁰⁰ from 1-10-14 to 31-12-15
 mailed 27-2-16 100. " 1-1-16 to 31-12-17 2ⁿ 5-1-16.

S. A. Payments made as follows.

\$40.⁰⁰ from 15-8-14 to 3-1-16.
 \$50.⁰⁰ " 4-1-16 to 15-5-17.
 \$60.⁰⁰ " 16-5-17 to 31-12-17.

Account closed 30-6-18 as per authority on H. Q. file 2988-1

B20818 cancelled, July 23/18 RW.

C34921 cancelled 23-5-18 RW.

Destroy order 4078 sent 20-5-18 RW.



ASO

Ware

Lt Col
Daggs
Capt
Maryell

HDW
1st Dwr HQ

100

Mr. J. B. Ware.
927 Richmond St.
London ~~Ont.~~ Ont., Canada

55

100

Payment Stopped
A. 3 M. Form

Duty to Canada
1 June 1918

Date		No. of Days	Rate	PAY	Field Allowance	Other	Credits	Total Credits	No. Date	Voucher	Cash	Assigned	Other	Charges	Total	Debits	Balance	Casualties, etc.	Remarks,
------	--	-------------	------	-----	-----------------	-------	---------	---------------	----------	---------	------	----------	-------	---------	-------	--------	---------	------------------	----------

NAME WARE, F. B.

Staff Capt.

Regimental No. Captain.

Name and address of next-of-kin

Unit 1st Battalion. Trans 1st Inf Bde HQ

Mrs Isabel Cameron Ware (Wife)

Date of enlistment 22nd September 1914

927 Richmond St.

Place of Birth London, Middlesex, Ontario

London Ontario

Married (yes or no) Yes

Date and place discharged

Amount of pay assigned monthly \$ 75

Reason for discharge

To whom payable Mrs Isabel Cameron Ware

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
1914														
Sep 13	Sep 21	9	3 ⁰⁰	27 ⁰⁰	9	75	6 ⁷⁵			33 ⁷⁵			33 ⁷⁵	
	22 Oct 14	40	4 ⁰⁰	160 ⁰⁰	40	7 ⁰⁰	280 ⁰⁰			305 ⁰⁰	75		280	(Met. 1st Inf Bde HQS)
Nov 1	Nov 30	30	4 ⁰⁰	120 ⁰⁰	30	3 ⁰⁰	90 ⁰⁰			135 ⁰⁰	75		210	✓
12/14	31/12/14	31	4 ⁰⁰	124 ⁰⁰	31	3 ⁰⁰	93 ⁰⁰			142 ⁰⁰	75		217	✓
1/15	31/1/15	31		124 ⁰⁰	31		93 ⁰⁰			142 ⁰⁰	75		217	✓
1/15	24/2/15	28		112 ⁰⁰	28		84 ⁰⁰			171 ⁰⁰	75		196	✓
1/15	31/3/15	31		124 ⁰⁰	31		93 ⁰⁰			172 ⁰⁰	75		248	✓

NAME

Ware F. B. (Captain)

DATE OF APPOINTMENT

MARRIED (YES OR NO)

yes.

NEXT OF KIN:— NAME

Mrs I. B. Ware. (Wife)

ADDRESS

927. Richmond. St. London. On

DATE NON-EFFECTIVE

AND CAUSE

PERIOD		No. OF DAYS	REGTL. RATE	PAY					TOTAL PAY
FROM	To			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		
1915.									
Apr 1	Apr 30	30	4	120					120
1/5	31/5	31		124					124
1/6	30/6	30		120					120
1/7	31/7	31		124					124
1/8	31/8	31		124					124
1/9	30/9	30		120					120
1/10	31/10	31		124					124
10/9	31/10	52	3	156					156
1/11	30/11	30	4	210					210
1/12	31/12	31		214					214
1/1/16	31/1/16	31		214					214
1/2	29/2	29		203					203
1/3	31/3	31		214					214

276

DATE

CHEQUE No.

May 17.

1206

Outfit all.

July 20

3284

Addl. Grant Off. Outfit Allow.

plain) D.a.a.G. 109/15. 1st Div. R.O. 1303. 22¹⁰/₁₅.
 L.G. p. 10874. 3¹⁰/₁₅.

UNIT 1st Light Bde.

ASSIGNED PAY:—

MONTHLY AMOUNT 75⁰⁰/100⁰⁰, 1st Jan.

TO WHOM PAYABLE next of kin

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

CR. FROM PREV. ACCOUNT		TOTAL PAY	RATE OF FIELD ALLOWANCE	ALLOWANCES					TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS
				AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE	TOTAL			
		120	3	90		58		148	268	75	
		124		93		31		124	248	75	
		120		90		30		120	240	75	
		124		93		31		124	248	75	
		124		93		31		124	248	75	
		120		90		30		120	240	75	
		124		93		31		124	248	75	
		156							156		
		210		90		30		120	330	75	
		214		93		31		124	341	75	
		214		93		31		124	341	100	
		203		84		29		116	319	100	
		214		93		31		124	341	100	

1098

394

975

SUNDY PAYMENTS

PARTICULARS	AMOUNT			
	\$	c.	£	s.
	140	00	8	4
	60	00		
	100	00	12	6

UNIT

1st Light Bde. (Hodges) 1st Division

ASSIGNED PAY:—

MONTHLY AMOUNT

75⁰⁰/100⁰⁰, 1st Jan 1916

TO WHOM PAYABLE

next of kin

1915-16

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

Bank of Montreal.

TOTAL	TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
48.	268	75		193		193		Incl. City.
24	248	75		173		173		
20	240	75		165		165		
24	248	75		173		173		
24	248	75		173		173		
20	240	75		165		165	33 18 1	
24	248	75		173		173		
	156			75	Balance.	143		diff between S/Capt & AAAA.G. rates. (VOSSI)
20	330	75		255		255		
24	341	75		266		266		
24	341	100		241		241		
26	319	100		219		219		
24	341	100		241		241		

975

2593

TS

AMOUNT					REMARKS
\$	C.	£	S.	D.	
140	00	8	4	4	
60	00				
100	00	12	6	7	

ASSIGNED PAY.

UNIT.

RA

NAME OF

DATE

AUTHORITY

Beneficiary

Address

Amount.

\$ 100⁰⁰

Separation Allowance issued. Yes or No.

DATE

1916

PARTICULARS

CK. NO.

CR.

apl 25 A.P. Can

26 Pay apl

Bank

270

may 23 Pay may
A.P. Can

Bank

279

June 20 A.P. Can
Pay June

Bank 3991

270

July 19 A.P. Can
21 Pay July
26 Bank

5564

279

aug 21 Pay aug
A.P. Can

25 Bank

7408

279

Sep 20 Pay Sept.
22 A.P. Can

25 Bank

270

oct 23 A.P. Can

24 Pay Oct

26 Bank

279

Nov 21 A.P. Can
Pay Nov

28 Bank

270

Dec 13 Pay Dec
14 A.P. Can
18 Bank

279

Forward to new

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank

10 Div HQ

Capt
 D.A.A.G.
 major
 D.A.A. 2mg
 10/9/5 LG 10874 3¹¹/₁₅
 31⁵/₁₆ 1080 237
 214 7/16

Ware

J.B.

Bank of Montreal

6-17

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case

INITIALS

100

270

Bank

170

170

279

100

179

Bank

179

100

270

Bank 3991

170

100

279 ..

5564

179 ..

279 ..

100

7408

179 ..

270 ..

100 ..

170 ..

100 ..

279 ..

179 ..

100

270

170

279

100

179 ..

Forward to new sheet

ASSIGNED PAY.

UNIT.

RANK

NAME OF

DATE

AUTHORITY

Beneficiary Mrs. S. B. Ware,
Address 927 Richmond St.
London, Ont

1 Div. HQ.

Major
DagAmount. \$ 100.⁰⁰/₁₀₀

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR

1917 Forward from sheet 1.

Jan 16 A. P. Can.

23 Pay Jan. (R)

25

Bank 19283

279-

179

Feb 17 Pay Feb (R)

252

Advances by Field Cashier 11/17 Fco 125 No 389 - \$21.80
13/17 " 125 No 475 - 21.80 *per %*

43

19 A. P. Can

24

Bank 21930

108

Mar 14 A. P. Can

Advance by Field Cashier 20/17 Fco 125 No 510. *per %*

21

do do do 30/17 Fco 125 No 596 *per %*

21

17 do do do 6²/₁₇ Fco 125 No 1005 *per %*

27

22 Pay March (R)

279

26

Bank 24826

113

adj.

29 Adjustment of P. & A. to rates as drawn
31 1/16 from 14/16 to 31 3/17 1365 days No 743

730

Auth. Order in Council No 678 d 15/3/17

30

Bank 24886

730

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

1 Div. HQ.

Major
Daaf + 2 mly

31 $\frac{5}{16}$ 1580.2137
d14 $\frac{5}{16}$

Name

Initials

Bank

Ware,
F. B.
Bank of Montreal

916-17

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

Sheet 1.

Bank

19283

279 -

179

100 -

252

43 60

100

Bank

21930

108 40

100

125 V. 510. *bu gen %*
list 47

21 80

125 V. 596 *bu gen %*
list 37

21 80

125 V. 1005 *bu gen %*
list 58

21 80

279

Bank

24826

113 60

ates as drawn
1365 d 15/3/17

730

678 d 15/3/17

Bank

24886

730

ASSIGNED PAY.

UNIT.

RAN

NAME OF

DATE

AUTHORITY

Beneficiary

Address

Amount. \$ 100.00

Separation Allowance issued. Yes or No.....

1st Div. HQ
HQ-4th Div.

Canada

Ma
San
a

DATE

PARTICULARS

1917-18

CK. NO.

CR.

DR

1917

Apr 20 A.P. Can

26 Pay April (R)

330

27

Bank 2010

230

May 16 A.P. Can

21 Pay May (R)

341

24

Bank 6013

240

June 15 A.P. Can

18 Pay June (R)

330

20

Bank 7896

230

22 adjustment of P.A. from 16⁵/₁₇ to 30⁶/₁₇ from
add 10 m 4¹⁰ (1915) Rates @ \$11.00 p.d. to a.d.m.g.
Rates @ \$12.00 p.d. No 5115

46

Bank 9012

.46

July 16 A.P. Can

19 Rations 16-31⁵/₁₇

1400

23

Pay July (R)

372

25

Bank 12905

270

Aug 9 A.P. Canada.

18 Pay Aug (R)

372

23

Bank 17020

270

Sept 14 A.P. Canada.

20 Pay Sept (R)

360

21

Bank 21610

260

Oct 12 A.P. Canada.

15 Pay Oct (R)

372

23

Bank 26193

270

AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
	Major Saa-2m ⁴ aaron Lt. Col.	31 ⁵ / ₁₆ 16 ⁵ / ₁₇	1580.21374 ⁶ / ₁₆ Ly569228 ⁶ / ₁₇	Name Ware, sso Initials W.B. Bank Bank of Montreal

CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
		100			
330					
	230		0		
		100			
341					
	241		0		
		100			
330					
	230		0		
46					
	46		0		
		100			
				LI. 1. H. (Recovered Feb-18) through pay ac.	
372					
	272		0		
		100			
372					
	272		0		
		100			
360					
	260		0		
		100			
372					
	272		0		
				Forward	

ASSIGNED PAY.

UNIT.

NAME OF

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Paid in

Mrs J. W.

DATE

PARTICULARS

CK. NO.

CR.

1917

Nov. 14	A. P. Canada		
17	Pay Nov. (R)		360
21	Bank	30553	
22	Drav. Exes 26 ⁹ / ₁₇ - 30 ⁹ / ₁₇ (20 O.A. Base P.M.)	8560	
Dec 7	A.P. Canada.		
12	Pay Dec (R)		372
15	Bank	32940	
1918 Jan 9	A.P. Canada.		
21	Pay Jan (R)		372
24	Bank	39354	
Feb. 14	Ration Allow 16-31 ⁵ / ₁₇ £1-1 ⁴ / ₄ . No. 661 Gen. 9.		
14.	A. P. Can.		
18.	Pay Feb. (R)		336.
21	Bank	40889	
27	Trav. Allow 16 ¹¹ / ₁₇ - 18 ¹¹ / ₁₇ . 1 ¹ / ₁₈ - 4 ¹ / ₁₈ .	15243.	
Mar. 7	Sick leave Allow 13 ¹ / ₁₈ - 2 ² / ₁₈ .	15761	
Mar 13	A. P. Can		
20	Overpaid diff'ce A.A. + Q.M. 4 ¹⁰ / ₁₈ rate @ \$12 ⁰⁰ / ₁₀₀ p. d. and Major's rates 2-28 ¹² / ₁₈ No. 1013 Gen. P. 2		
21	Pay March (R)		186
25	Bank	42610	

Paid under class 4 Rates

RANK.

NAME.

AUTHORITY

DATE

AUTHORITY

*Lt Col.
A. M. S.*

16/17 LG 5692 8/17

Name

Initials

Bank

*Ware. 4 850
Bank of Montreal*

NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
-----	-----	-----	-----------------------------------	---------	--	----------

			100			
360						
553		260		0		
560					<i>£3-15-0</i>	
			100			
372						
940		272		0		
			100			
372						
354		272		0		
		519				
			100			
336						
889		23081		0		
43.					<i>£2-2-2 \$10²²</i>	
761					<i>\$10.50</i>	
			100			
		162			<i>Carry as overdraft</i>	
186					<i>until further instructions</i>	
610		86		<i>Dr 162 00</i>		

ASSIGNED PAY.

PAID UNDER CLASS RATES

UNIT.

RAN

Beneficiary

Address

Amount. \$100.⁰⁰ Canada

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

Hq 4th Div
W.D.R.D.
C. A. C. Hdqrs.
France.
Pay Rates
74.00 p.d.
1.00 p.d.
4.00 p.d.
5.00
1.25
1.00
7.25

S.O. S. 6⁵/₁₈ To Canada for du

DATE

PARTICULARS

CK. NO.

CR.

1918

Mar 31 Balance brought forward from 1917-18 ledger

Apr 12 A.P. Can.

17 Apr Pay R

33

Bank 1094
1610

180

May 3 Adv Trav Allow

3 Adv. May P & A

10 May Pay R.

13 A.P. Can.

Bank 1511

224 75
X 86

20 Toke Temp. Lt Col. effect 2⁷/₁₈, Lt Col. M. Secy 11⁷/₁₈ on file 2.5.378⁷/₁₈ 1²/₃ 347 110

~~2⁷/₁₈ - 30⁷/₁₈ = 88 Days @ 1²⁵/₁₈ = 11.1111~~

June 30 Debit Balance charged to Canada 70.1468 1325

RATES

AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
74.00 p.d. 1.00 p.d. 4.00 p.d. 5.00 1.25 1.00 7.25	Lt. Col. Major 7/lt. Col.	16⁵/₁₇ 17¹⁰/₁₇ 2³/₈	Lg 56920 Letter AMS Cons 218³/₁₈ W. J. M. Sec. on file 406.3789 15⁵/₁₈	Name <i>Ware, (D.S.O.)</i> Initials <i>F.B.</i> Bank OF MONTREAL WATERLOO PLACE
<i>Canada for duty H. G. R. O. 40444/23⁵/₁₈</i>				

CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	162		Dr 162 00	Carry as overdraft until further instructions	
		100		Transferred from Ledger No. 25.	
180				8 April 1918.	
	80		Dr 162 00	Let to Can	
				P. Pl. to 31 ⁵ / ₈ Dr 162 00	
	86		Dr 248	If to H. G. Ledger.	
224 X 86 75			23 25	20.10.11.	
		100	123 25	1 ⁵ / ₈ Amended L. Pl.	
110			Dr 13 25	to Can. 13 ⁵ / ₈ Dr Bal 31 ⁵ / ₈	
	110 00			Transferred to 12 for 2543 ⁶ / ₁₈	
13 25					

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