

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *1-23*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *X2*
- Proceedings on discharge..... *2*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... *3*
- Medical History Sheet..... *2-3*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name *Wilmot Joseph* M

Regt. No. *6393* Rank *Pvt*

Corps *1st Batt. C. E. F.*

Medically Unfit.

R. O. No.

H. Q. No.

M. F. W. 62.

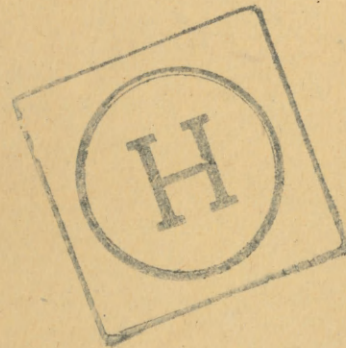
20-4

20-4

1-4

H.Q. 26-6-23

25747



20 - 4

20 - 4

1 4

M. F. W. 62.

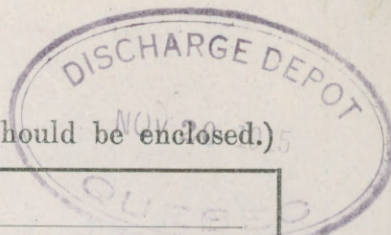
25m.-12-15.

H. Q. 1772-39-935.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 6393

Army Rank

Private

Name

Wilnot J.

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps

36th (Res) Battalion C.E.F.

Battalion, Battery, Company, Depot, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1.

Description at the time of discharge.

Age 35 years _____ months
 Height 5 feet 7 1/2 inches
 Chest measurement { girth when fully expanded 38 ins.
 range of expansion _____ ins.
 Complexion Fair
 Eyes Grey
 Hair Light Brown
 Trade Ironworker

Descriptive marks.

Tattoo marks on right fore arm.
do. left fore arm.

Intended place of residence (To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

having been found medically unfit for further service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

Character awarded in accordance with King's Regulations:—

No record of character available

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Carded 7/12/15

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Nil

Classification for service, or proficiency pay... .. Class *Nil*

6. Campaigns, Medals and Decorations

Nil

Certificate of education *Nil*

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) *Sandling Coast.*

Arthur Ashton Major

(Date) *November 1915*

Commanding *1st (Res.)* Battn. *C. B. I.* Regiment.

8. Certificate to be signed by the soldier on discharge.

herby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

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

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

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

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required
See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any)
(Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

RESERVATIONS REFERRED TO AT PARA. 8.

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

4454 ✓

Rank and Name WILMOT, Joseph

Regimental No. 63963

Unit 1st Battalion.

Date of enlistment 17 Sept. 1914.

Place of birth England.

Married (Yes or No) Widower

If in Permanent Force

Name and Address of Next-of-kin

George Wilmot,
1456 Jefferson Avenue,
Detroit, Mich..

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

W&RB

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				
30 ⁴ / ₁₅	b.L. 51	Reported Wounded	Base		ON.
19 ⁵ / ₁₅	C.D. 65	Wd. Slight.	3 rd N. G. H Sheffield.	2:5:15	O.N.
23 ⁵ / ₁₅	O.E. 1 st	10 Can. Training Depot.	Sharncliffe	2:5	Pt. II - 13. 3 rd Echelon.
30 ⁷ / ₁₅	AEW 3016	He has absented himself without leave from the 21 ⁷ / ₁₅ & is disch ^d from Depot from the 22 ⁷ / ₁₅	MC Mil Depot Sheffield		Entry to be deleted (As list 143-14)
12 ⁸ / ₁₅	O.C. 9 th	Absent. 5 days F.P. 2 & forfeits 15 days P.T.A.	Sharncliffe		P ^o II order.
30-9.15	" 36.	Trans. to 36 th B ⁿ	W. Sandling	25.9.15	P ^o II. O (52)

4454

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				
5.10.15	O.C. 36 th	Forfeits 2 days pay - absence	W. Sandling	5.10.15	P.O. 156.
14.11.15	A.F.B. 149.	Recommend Discharge as permanently unfit.	Stamcliff	28.10.15	Bullet lod. in foot. 4-12-10-45
16.11.15	O.C. 36 th	Struck off - sailing to Canada; M. U.	W. Sandling	5.11.15	P.O. 193.

4454 *

Medical Report on an Invalid.

DEC - 5 1915
H 629-W-112
CANADA

Station West Sandling
Date Oct. 28 1915

- 1. Unit 1st Batta now with 36
- 2. Regimental No. 6393
- 3. Rank Pte -
- 4. Name Wilmot J.
- 5. Age last birthday 35
- 6. Enlisted { on August 6 1914
at Windsor Ont. Canada
- 7. Former Trade or Occupation { Iron Worker -

8. Disability.

Bullet wound in right foot

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. 23 April 1915
- 10. Place of origin of disability. Ypres.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. wounded in right foot left on field until the afternoon of the following day, then was taken to Leireport was there 1 week - then to Sheffield three months, then to Subgate Camp and has done no duty since -

- 12. (a) Give your opinion as to the causation of the disability. Bullet wound of right foot.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Active Service

Wilmot J.D.
Out

4454

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Physical Condition, serious.
his foot very painful
when walking - short
of breath -

14. If the disability is an injury, was it caused

- (a) In action? *yes*
- (b) On field service? *yes*
- (c) On duty? *yes*
- (d) Off duty? *no*

15. Was a Court of Inquiry held on the injury?

not applicable -

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

no

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

not applicable

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*no as he is an iron worker
base duty in England -*

W H Taylor Capt Camd

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
i. Yes
ii. no
iii. no

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Gunshot wound right foot.

21. Has the disability been aggravated by

(a) Intemperance? no

(b) Misconduct? no

(c) Any of the conditions mentioned in question 20, and if so, which? not applicable.

22. Is the disability permanent? yes.

23. If not permanent, what is its probable minimum duration? 3/4.
To be stated in months. Not applicable.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at 1/2, 1/3, 2/3, or total incapacity.

SINCE THE ABOVE RECOMMENDATION IT IS RECOMMENDED THAT THIS PATIENT BE SENT TO CANADA AND RETAINED IN THE SERVICE UNTIL HIS DEPOT IS REACHED WHEN HIS FURTHER DISPOSAL, EITHER FOR SERVICE IN CANADA, OR FOR DISCHARGE AS UNFIT SHOULD BE DECIDED BY MILITIA AUTHORITIES THERE.

Gordon [Signature] Lt. Col.; A.D.M.S. CANADIANS, SHORNCLIFFE.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

not applicable.

25. If an operation was advised and declined, was the refusal unreasonable?

"

Approved!

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England? yes.
no

J. J. Whiteby
Captain A/D.A.A.G.
for Brigadier-General
Comdg. Can. Train. Div., Shorncliffe.

Signatures:—

J. L. Tauxe Lt Col President.

As Waugh Capt. Members.

Station Shorncliffe

Date 28. 10. 15

Approved.

Station Shorncliffe

Date Oct 28/15

W. H. Taylor
Administrative Medical Officer.

Capt. J. D. A. D. M. S.
Canadian Training Division, Shorncliffe.

* 4454

(On leaving Corps or Station where invalidated.)

Transfer { Date _____
Station _____ } Name of { Conveyance _____
or { Date _____
Embarkation { Port _____ } Vessel _____
Officer in medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and Hospital _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Scar on inner side of foot, just in front of scaphoid bone, (entrance of bullet) & scar behind os calcis (exit). Quite tender on inner side of foot, below internal malleolus. Pain on long exertion. It's lump normal.

Board is of opinion that he has half disability for 6 months, recommends that he be sent home to convalesce for this period.

14th / 15th APPROVED.
Lawson
 Director General Medical Service

W. H. D. Smiler Capt.
 Full-Capt. Quec.

Date of final Medical Board, or decision
 Quebec. Nov. 17/15

Administrative Medical Officer.
Lawson Major
 at adms. 5th Div.

The original Report is invariably to accompany the discharge documents of Invalids.
 Wt. W8530/2774 500M 9-15 M.C.I.D.
 Forms B. 179 34

How finally disposed of }
 Date of final disposal }
 Hospital or Station transferred to for final disposal }
 Date }
 Disability }
 Name }
 Rank }
 Regimental No. }
 Corps }
 Station }
 MEDICAL REPORT ON AN
 INVALID.

Army Form B. 179.

4454

*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board.

assembled at London. Ont.

on the 19-4-16.

by order of D.A. Military District No.1.

for the purpose of examining and reporting on the present physical condition of No. 6393 Pte. Jos. Wilmott, 1st. Battalion. C.E.F.

PRESIDENT.

Major D. Smith.

O.C. "C" Sect. No.2. F.A.D.C.E.F.
MEMBERS.

Capt. G.A.Ramsay. A.M.C.
"C" Sect. No.2. F.A.D.C.E.F.

Capt. J.F.McCracken A.M.C.
"C" Sec. No.2. F.A.D.C.E.F.

The Medical Board. having assembled pursuant to order, proceed to

Examine No. 6393 Pte. Jos. Wilmott and find him suffering from Gunshot wounds of right ankle. Present condition. Scar in front of right Scaploid Bone. a second one on point of heel this last is tender painful on walking- Right ankle has been giving a great deal of pain seemingly rheumatic. - Was paralyzed for two months onset was sudden In Hospital at 3rd Northern General Hospital Sheffield.

Disability $\frac{1}{2}$ for two months. Result of Service. Recommend treatment at Home.

David Smith Major A. M. C.
Com'dg "C" Section No. 2 F. A. Depot C. E. F.

London Out
19-4-16

G.A. Ramsay Capt. A. M. C.
"C" Sect No 2, F. A. D. C. E. F.

J.F. McCracken Capt. A. M. C.
"C" Sect. No. 2, F. A. D. C. E. F.

APPROVED
APR 24 1916
A. D. M. S. M. D. No. 1.

W. Bell, Major

APPROVED
APR 20 1916
for "/D. G. M. S.

W. H. Cannon Capt

Copy. Orig not available

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 1st Batt. Regimental Number 6393

*Substantive Rank _____ Surname Wilmot Christian Names Joseph

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
30-4-15	C.D. 51		Reported Wounded	Base		ON
19-5-15	" 65		Wd Slight 3 rd N.E.H. Sheffield		2-5-15	ON
23-5-15	O.C. 1 st	DO. 13. 3 rd Ech.	To Can. Training depot	Shosneliffe	2-5-15	D
12-8-15	O.C. 9 th	At II orders -	5 days FP. 2. fofth 15 days P+Q. A.W.L.	"		
30-9-15	" 36	" " 152	Trans to 36 th Bn	W. Sandley	25-9-15	
5-10-15	"	" " 156	for fofth 2 days pay. A.W.L.	"	5-10-15	
17-11-15	—	A.F.B. 179.	Recom'd. Discharge as permanently unfit -	S'cliffe	28-10-15	
16-11-15	O.C. 36 th	D.O. 193.	Bullet hd r foot 4-12-W-45 S.O.S. to Canada M.V.	W. Sandley	5-11-15	
						Certified Correct

To be folded on this line.

Nothing to be written in this margin.

(In 23383.) Wt. W. 9533-P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

To Brn Lieut
for Lt Col. in Records
omse.

DUPLICATE.

6 3 9 3

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname W I L M O T Christian Name Joseph

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 31st day of August 1914,
at Valcartier.

Declared Age ... 34 years 9 mos _____ days.

Trade or Occupation ... _____

Height ... 5 feet 7 inches.

Weight ... 150 lbs.

Chest Measurement { Girth when fully Expanded 37 inches.

{ Range of Expansion 2½ inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ... Infancy

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Tattoo heart (pierced) star
Rt. forearm shoe.

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) D. Robertson,
(Rank) Lieut: Medical Officer.

Enlisted ... { at Valcartier.
on 22nd day of Sept. 1914.

Corps.	Regtl. No.
<u>1st Batt.</u>	<u>6 3 9 3</u>

Became non-effective by ... _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. _____ day of _____ 191 .

(Signature) _____
(Rank) W. R. WARD
Colonel in Charge of Records,
Canadian Contingents.

*Dis. Sect.
6-2-18
egw*

MEDICAL HISTORY OF AN INVALID.

1. Station. **Windsor Ont**

2. Regiment or Corps. **1st Batt C.E.F.**

3. Regimental No. and Rank.
6393 Pte

4. Name. **Joseph Wilmott**

5. Age last Birthday. **36**

6. Enlisted on **August 6th 1914**
at **Windsor Ont**

8. General remarks on his:—

(a) Conduct.

(b) Habits.

(c) Temperance.

Military District No. 1
FEB 27 1917
30 W 10
I. D.....

DEPT
MILITIA & DEFENCE
MAR -4 1917

(For this purpose the Company defaulters sheets will be obtained from the man's Commanding Officer.)

7. Former Trade or Occupation. **Iron Worker**

Date. **Febry 24th 1917**

9. Service. Years. Days.

	PERIODS.	
	FROM.	To.
1st Batt C.E.F.	Aug 6th 1914	Febry 22nd 1916

10. (a) Disease or disability. **(1) Gun shot wound right ankle. (2) Neurasthenia.**

(b) Date of origin. **Both. (1) & (2) April 23rd 1915**

(c) Place of origin. **Langemark.**

(d) Cause. **Rifle bullett.**

BOARD OF PENSION COMMISSIONERS
FOR CANADA.
MAR 12 1917
CONSIDERED FOR PENSION.

11. Present Condition. (Most Important). **(1) Wound completely healed, full joint movements but his foot tires on a two mile walk and cramps with pain in the ball of foot under second and third toe. (2) Neurasthenia. When he works hard his right arm tires and he gets short of breath, so that he is not able to keep his job. For twelve years before enlisting he worked at the American Car and Foundry Co; since his return he has worked for, Ford Co, Walkerville Brewery, Maloney Electric, Piggots Mills, Car & Foundry, Canadian Hoskiss and cant keep the job. He is now caretaker of Post Office**

12. (a) Is the disability the result of service or climate?
(b) Has it been aggravated by intemperance, vice or misconduct?

Service

No

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Right foot, inner side

anterior to the scaploid is scar of bullet entrance, small circular scar of exit at lower part of os calcis.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

in action

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

He says he lay wounded on battle field 36 hours.

14. Treatment

1. Wound. Hospital.

2. Neurathenia None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

effect of wound

- 1. Permanent .
- 2. Neurasthenia permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/10 for wound.

1/2 for neurasthenia
1/2 both considered.

18. State if for discharge on account of unfitness for Service.

Discharge for unfitness.

G. R. Bunt...

G. M. 21 Nest

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service.

Yes

20. Recommendations :

Discharge.

Signatures :—

S. B. Buckland President.

M. B. Simpson Member.

Earle S. Shepley Member.

Station. Windsor Ont

Date. Febry 24th 1917

already discharged - for attention Board of Pension Commissioners

Date. 27-2-17

G. B. Ball Assc. Director of Medical Services.

Approved.

Date.

6.3.17 *D. C. Cannon* Director-General of Medical Services.

222-4-3-17

L 1/3/9
M M

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-38-117.

Station	Corps	Regimental No.	Rank
Name	Disability	Date	Hospital or Station transferred to for final disposal.
			Date of final disposal
			How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

4454

MEDICAL HISTORY OF AN INVALID.

1. Station. 8. General remarks on his :-

2. Regiment or Corps. (a) Conduct.

3. Regimental No. and Rank. (b) Habits.

1st Battalion, C.E.F.

6393, Pte.

4. Name. (c) Temperance.

5. Age last Birthday. (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Jos. Willmott.

6. Enlisted on 36

at August 6th, 1914.

7. Former Trade or Occupation. Date.

Ont.

Iron Worker.

July 4, 1916.

9. Service. Years. Days.

PERIODS.

FROM.

TO.

1st Battalion, C.E.F.

August 6th, 1914.

July 4, 1916.

10. (a) Disease or disability.

(b) Date of origin. Gunshot wound right ankle.

(c) Place of origin. Langemarck, April 23-15.

(d) Cause. Rifle Bullet.

11. Present Condition. (Most Important).

(To include full description of present disabling condition or conditions.)

Wounds completely healed. Has full joint

motion at the ankle. There is no toe drop

General condition good. (Is earning). Able to work steady.

12. (a) Is the disability the result of service or climate?

(b) Has it been aggravated by intemperance, vice or misconduct?

Yes

NO.

DEPT
MILITIA & DEFENCE
JUL 14 1916
H.Q. 649 W-112
CANADA

25

Noted 5/16
20/7/16

4454

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Right inner foot anterior to the scafoid is bullet wound of entrance. Small circular scar wound of exit at lower part of 65. Calc. escalcusis.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

On action.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No undue exposure.

14. Treatment

Hospital.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not sufficient to have claim on the public.

18. State if for discharge on account of unfitness for Service.

Yes.

J. J. M. Nally Capt.
A. M. G. Training Depot No. 1 O. E. F.

Medical Officer by whom the case is brought forward.

4454

OPINION OF THE MEDICAL BOARD.

MEDICAL HISTORY OF AN INVALID

Does the Board concur with the preceding report? If not, give differing opinion. **Yes.**

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. **Yes.**

20. Recommendations : **Discharge.**

Signatures :—

David Smith Major President.

G. P. Ramsey

J. J. McNally Capt. Members.

Station **London, Ont.**

Date **July 4, 1916.**

Discharge Class 1

Date **9-7-16**

Approved.

Date.

15/7/16

W. B. Ball Major. Asst. Director of Medical Services

Dean A. Cameron Capt. Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } _____
Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 100 m-2-18
 H. G. 1772-39-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal.						
Date of final disposal						
How finally disposed of						

The original Report is invariably to accompany the discharge documents of invalids.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

435

To Whom *Wilmot Geo*
Address *1456 Jefferson Ave*
Detroit Mich

By Whom Assigned *Wilmot Joseph*
Regtl. No. *6393*
Rank *Pfc*
Corps *BCo 1st Batt^m*

Rate *\$15.00 per month*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>O.W.P. 31-7-17 J.A.E.C.</i>
Sept.				
Oct.		<i>A167</i>	<i>15</i>	
Nov.		<i>B1409</i>	<i>15</i>	
Dec.		<i>A2614</i>	<i>15</i>	
Jan.	1915	<i>H3324</i>	<i>15</i>	
Feb.		<i>B4783</i>	<i>15</i>	
March		<i>F5007</i>	<i>15</i>	
Apl.		<i>E6234</i>	<i>15</i>	
May		<i>B8812</i>	<i>15</i>	
June		<i>E9360</i>	<i>15</i>	
July		<i>B10712</i>	<i>15</i>	
Aug.		<i>A12173</i>	<i>15</i>	
Sept.		<i>J9484</i>	<i>15</i>	
Oct.		<i>J8567</i>	<i>15</i>	
Nov.		<i>H15253</i>	<i>15</i>	
Dec.				
Jan.	1916			
Feb.				
March				

H/O

*210 Acad Club
Reti Wisconsin 2917PX 228417
Disch. to Canada. 3m. 29/1/10*

SEPARATION ALLOWANCE

457

Name	<i>Mr. W. Lang Shaw</i>	Name of Soldier	<i>Wilnot. Joseph</i>
Address	<i>256 2nd Avenue. Detroit Mich</i>	Regtl. No.	<i>6393</i>
Relation to Soldier	<i>Guardian</i>	Rank	<i>Private</i>
wife, child or mother		Corps	<i>1st Bn.</i>
		To what Corps belonging	}
		when called out	

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>See entry Aug 28 1913 from Co. Serg major. C. Stubbett - Restg. Office Windsor ont</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				<i>Guide Sheet —</i> <i>See under L.</i> <i>Soldier discharged. 1/12/15 see casualty Ledger.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

4576 Lang Shaw,

acct closed 2-12-15

Name *Mrs. M. Lang Shaw.*

Name of Soldier *Wilmot Joseph.*

Address *256. 2nd Avenue,
Detroit*

Regtl. No. *6393*

Rank *Private*

Corps *1st Batten -*

Relation to Soldier

To what Corps belonging

wife, child or mother

Guardian

when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>See order Aug 28th 1915 from Co. Serg. Major. C. Stewart - Rectory Office Windsor</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>B 14818</i>	<i>60 00</i>	<i>Discharged to Canada</i>
Oct.		<i>B 16007</i>	<i>20 -</i>	
Nov.		<i>C 15275</i>	<i>20 -</i>	<i>Due 1st 1915; 3ms.</i>
Dec.		<i>A 15791</i>	<i>20 -</i>	
Jan.	1916			<i>Cancelled 2nd -</i>
Feb.			<i>100</i>	<i>PDP 26 - 7-15 -</i>
March				

ACCOUNT CLOSED
DATE..... PER.....

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

CASUALTIES C. E. F.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 6393 Rank Pte. Name Wilmot J.

Corps 1st. Battalion, C.E.F. who was* discharged
F Unit M.H.C.C.

On 19th. July 1916 1916, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. July 1916,
to 19th. July 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	143.	70
Advances by Cheques } No. _____			Reg'tl Pay <u>19</u> days at \$ <u>1</u> c <u>00</u>	19.	00
} No. _____			Field Allow. <u>19</u> days at \$ _____ c <u>10</u>	1.	90
Assigned Pay No. <u>1809</u>	90.	90	Other Allowances* <u>19</u> "Subce. c <u>60</u>	11.	40
Other Charges*			Clothing Allow.	8.	00
Payment on transfer or discharge No. <u>1808</u>	105.	36	Other Credits* Separation Allow.	12.	26
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	196.	26	Total	196.	26

*Give Particulars.

A monthly stoppage of \$ _____ (†) has _____ (‡) been paid on account of Assigned Pay for the month of _____ 1916 to (Assignee) _____
(Address) _____

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment _____

(2) if married and if a Separation Allowance Card has been submitted Married

(3) cause of discharge and authority Medical Board 4-7-16

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 4th. August 1916

Place LONDON, ONT.

[Signature]
Lieut. Paymaster, Casualties, No. 1

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44. Address:—204 Wyandotte St. Windsor, Ont.

PARTICULARS OF DISCHARGE.

1. Name *Wilmot J.*
2. Regimental Number *6393* 3. Rank *Private*
4. Corps *36th Reserve Battalion*
5. Date of Discharge

6. Place of Discharge

7. Place to which transport given. (Give street address where possible.)

*next of kin George Wilmot
1436 Jefferson Ave Detroit Mich U.S.A.*

8. Description at time of Discharge:—*Enlisted valcarlier 22/9/14.*

Age *35* years months. Descriptive marks

Height *5* feet *7 1/2* inches.

Tattoo marks on right

Complexion *Fair*

forearm

Eyes

Grey

Tattoo right forearm

Hair

Light Brown

Trade

Iron worker

9. The above named man is discharged in consequence of

Medically unfit

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

11. Character

No Record

Date *2-2-16*

i/c Records.

C. G. P. sent to "O.C. 1st Div."

NAME

WILMOT, Joseph

Regimental No. 6393

Name and address of next-of-kin

Unit 36 1st Battalion

George Wilmot,

Date of enlistment Sept. 17th 1914.

1456, Jefferson Avenue,

Place of Birth England.

Detroit, U.S.A.

Married (yes or no) Widower *no*

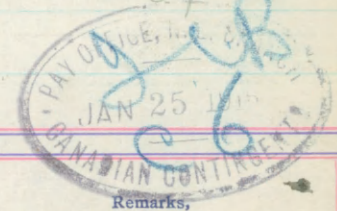
Date and place discharged *Nov 5 Canada*

Amount of pay assigned monthly \$ *15.00*

Reason for discharge *X.P. 12.23 of act 89*

To whom payable *Next of Kin*

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																
Aug 24	Sep 21	29	1	29.00	29	10	2.90		31.90			31.90			31.90	
25 Sep	31 Oct	40	1	40	40	10	4		44			15			15	<i>1 days FP 2</i>
Nov 1	Nov 30	30	7	30	30	70	3	29	62			25	15	6.60	46.60	<i>11 days pay } 23/4/14 4 " " 9/4/14</i>
Dec 1	31	31	1	31	31	10	3.10	15	40.4950			25	15		40	
Jan 1	31	31	1	31	31	10	3.10	9.50	43.60			12.50	15		27.50	
Feb 1	28	28	1	28	28	10	2.80	16	10.46.90			3	15	2.20	20.20	<i>2 days F.P. 1. 16/2/15</i>
Mar 1	31	31	1	31	31	10	3.10	26	70.60.80			5	15		20	
Apr 1	Apr 30	30	1	30	30	10	3	40	80.73.80			2	15		14	
May 1	May 31	21	1	21	21	10	2.10	56	80.90.90				15		15	
June 1	June 30	30	1	30	30	10	3	75	90.108.90			60	15		45	<i>#35 of R. Mus 3. Halifax #25 Halifax 14 June</i>
July 1	July 31	31	1	31	31	10	3.10	33	90.68				15		15	
								53	-			132.50				
								3	53							
Aug 1	Aug 31	31	1	31	31	10	3.10	25	53	115.63		72.99	15		84.99	<i>1 1/2 days 9th B 315. 6-25th No. credit cash pay not del. see adj of act. 67</i>
Sept 1	Sept 30	30	1	30	30	10	3	27	64.60.64				15		15	
Oct 1	Oct 15	15	1	15	15	10	1.50	45	64.62.14				15		15	<i>Transf to 36th Batts 15/10/15</i>
Oct 16	31	16	1	16.00	16	10	1.60	47	14.64.94			14.60	24.33	2.20	41.13	<i>of P. 12/23 Oct 79 #35 of R. Mus 3. Halifax #25 Halifax 14 June</i>
Nov 1	5	5	1	5	5	10	50	23	61.29.11				15		15	<i>disto Canada</i>
									14.11						67	<i>67 assigned pay stop July Dec 1/15</i>
									13.44							
									13.44							

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate			Amount	No.					
NE Branch							1344								20 ^d FA overchgd on TP.
Feb 16.							20								Audit Abno. S Feb 15
W. C. Feb.							1364								Trans. acct + P. m. gen. Genl. liability Can. Disis.
														1364 1364	

Name *Wilmot, Pte, Joseph*

M. F. W. 41.
10m.-11-15.
1772-39-889. 151

Regimental No. *6393*

Home address.
Name and address of next-of-kin *windsor P.O. Ont.*

Unit *1st Batt.*

Date of enlistment

M. B. rec^m 17-11-15, 6 months Convalescent Home

Place of *S.A. 2000 17 1/2 to 30 11/15*
m³ m. Lang Show
Married (yes or no) *yes* *Detroit Mich*

Date and place discharged *(folio 11) Dec 18/15 ad as out patient*

Amount of pay assigned monthly \$ *15.00 1 10/14 to 30 11/15*

Reason for discharge *(folio 14) Jan 6/16 still out patient*

To whom payable

Geo. Wilmot
1465 Jefferson Ave
Detroit Mich

Character on discharge

S. S. Metagama Nov 14/15 Class 4 649-W-112

L. 1005 87094. M. & D. 0123.

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.
	5-11-15														
6-11-15	31/12/15	56	1-	56	56	10	5 60	31	50	96 81	B 14/12 60 75	36 81	4	x 60 - 96 81	<i>To 12 Div. 1-1-16</i> <i>L.P.C.</i> <i>x 2 subs Paid</i> <i>H & P Paid</i>

adjustment on verso

B2.27 1/17

E.A.B. Nov 30/15

Name Wilmot Joseph Pte

Regimental No. 6393

Name and address of next-of-kin

Unit 1st. Bn

adjustment.

Date of enlistment

Place of "D.A. 20⁰⁰ 12¹⁵ to 30¹¹ 15"

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher No. Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days								
		5 ¹¹ / ₁₅											
6 ¹¹ / ₁₅	29 ²⁷ / ₁₆	116	1 ⁰⁰ / ₁₁₆	116	10	1160	371				60-		L.P.C.
								16 ¹² / ₁₅	3681				D.D. Quebec
							6120						H.Q. Paid
							60-	25251			117-		P.M. "F" Pd
								4273	3870			25251	H.Q. Paid

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

167 07/333

Name **Wilmot, Joseph**
Surname

Christian Name

19476-15-2

Regimental Number **6393** Rank **Pte.**

Address (in full) **Walkerville P.O.**

Unit **36th Bn.**

Ont.

Original Unit **1st Bn.**

new address -

District where paid **M.D.1**

204 Wyandotte St.,

Date of Discharge **4-7-16**

Windsor, Ont.

P. D. P. Filing Number **11 -10- 1**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	182	29-8-17	53 00	181	29-9-17	53 00	183	29-10-17	54 10		160 10
	1752-182 542786 14/3/19 70 00 15981-182 539688 43/19 49 90										

M. F. W. 127.
DOM-617.
ATPE 39-1140.

Remarks:

4454

Wilmott

Joseph

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 1 S. Amb. W. Dn.		28	Nov	1914	28	Nov	1914	Gonorrhoea		Sent to West Down North No. 1 G. Ho. Discharge	J. H. Lewis Capt. R. Campbell
		28	11	14	4	12	14	Chr. Nephritis	6		
		15	7	15	22	7	15	Bullet Wnd Foot	8	Discharge	John Quinn MEDICAL OFFICER IN CHARGE MILITARY HOSPITAL

HEFFIELD

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3340 Year 1915	6393	Pl-	Walden-	Joseph
	Unit.	Age.	Service.	
	1st Canadians	35-	9 12	
Station and Date.	Disease <u>Bullet W^d. Foot (R)</u>			
2/5/15	23 rd April - ^{near} at Ypres.			
	Bullet W ^d R. foot.			
Sheffield 3. 7. 15	Bullet entered - over the inner aspect of Scaphoid passing backwards & emerging at the point of the Heel - wound being excessively well.			
7. 11. 15	Swelling all gone down.			
11. 5. 15	All healed - comfortable.			
	X-ray shows puncture fracture of Os Calcis - all pain on outer side of foot - <i>Shinton capt.</i>			
2 June 15	<u>Rt. musculo-spiral paralysis</u> . <u>Contracture</u> palsy constant current - massage			
15 th July	Transferred to Military Hosp: <i>Shinton capt.</i> Hillsboro' Barracks, Sheff.			

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

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... Joseph Wilmut

2. In what Town, Township or Parish, and in what Country were you born?..... Wakefield Eng.

3. What is the name of your next-of-kin?..... George Wilmut

4. What is the address of your next-of-kin?..... No 56 Jefferson Av. Detroit Mich. U.S.A.

5. What is the date of your birth?..... Apr 21st 1879

6. What is your Trade or Calling?..... Souworker.

7. Are you married?..... widower.

8. Are you willing to be vaccinated or re-vaccinated?..... yes.

9. Do you now belong to the Active Militia?.....

10. Have you ever served in any Military Force?.....
If so, state particulars of former Service.

11. Do you understand the nature and terms of your engagement?..... yes

12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
(sgd) Joseph Wilmut (Signature of Man).
G. H. Wilkinson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Wilmut, 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.

Date Sep. 17/14 1915. (sgd) Joseph Wilmut (Signature of Recruit).
G. H. Wilkinson (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Wilmut, 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.

Date Sep. 17/14 1915. (sgd) Joseph Wilmut (Signature of Recruit).
G. H. Wilkinson (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

Walcaster this 22 day of Sept. 1915.

Certified true copy, (Signature of Justice).

for Colonel i/c Records, C.E.F. (Approving Officer).

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

F. W. Hill (Signature of Approving Officer).

Whitchaelson.

Description of J. Wilmut on Enlistment.

Apparent Age 34 years 9 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 9 ft. 9 ins.

Chest measurement: { Girth when fully expanded 37 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes hazel

Hair Brown

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

Yatt: heart stark L.
R. forearm shot.

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 31st 1914
 1915

F. J. Quinn
Capt: A.M.C.

Place Valcartier

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.

J. Wilmut 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.

F. W. Hill
O.C. 1st Bn. (Signature of Officer.)

Date Sep: 22nd 1914

4454

364

Casualty Form—Active Service.

Regiment or Corps

1st Canadian Regt Ontario Battalion

Regimental No. 6393

Rank Pte

Name

J. J. Helms

Enlisted (a)

Sept 22/14

Terms of Service (a)

end of war

Service reckons from (a)

22 SEP 1914

Date of promotion to }
present rank }

Date of appointment }
to lance rank }

Numerical position on }
roll of N.C.Os. }

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26 ² / ₁₅	1st Bn	3 days J.P. No 1 Insolence & obscene language to an N.C.O.		16 ² / ₁₅	
25-4-15	no 167a	Ed W. R. Took	no 3 Bldg	24-4-15	a-36
26-4-15	no 167en	" R Ankle	no 167en	25-4-15	W 3034
1-5-15	"	" "	To England	1-5-15	W 3034
15-5-15	P.R.O.	Transfer.	no 3 N. Y Sheffield	2-5-15	# 19190

W. J. Smith
CAPT.
OFFICER in RECORDS
CANADIAN SECTION G. H. Q.

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

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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				
23-5-15.	O.C. 1st.	To Gen Training Depot	Shorncliffe	2-5-15	W-13.
30-9-15	9.	Transf. to 36 Bn	Sandring	29-5-15	W-122
16-11-15	36.	SOS. to Canada mv	"	5-11-15	W-193

Lieut SA Matsumi
 for Colonel i/c Records, DMF of C. Capt.

Casualty Form—Active Service.

Regiment or Corps *36th Res. Battalion C.E.F.*Regimental No. *6595* Rank *Private* Name *J. Wetmore*

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

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

Extended _____ Re-engaged _____ Qualification (i) _____

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				
<i>Medically unfit for further service.</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., etc., also special qualifications in technical Corps duties.

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				

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Surname *Wilmot* Christian Name or Names *J.* Reg. No. *6393*
 Rank _____ Unit *1 Batt.* Co. _____ Troop _____ Batty _____

Pte
 Hospital *1 Can Field Ambulance* Date of Admission *28. 11. 14*
Transferred 3. North Gen. Hosp. Hosp. *2. 5. 15*
Mil Hosp Sheffield Hosp. *15. 7. 15*
 Hosp. _____
 Hosp. _____

Diagnosis *Arthritis V. H. G.*
 (1) _____
 Later Diagnosis (if changed) *B. W. Foot (right)*
 (2) _____
 (3) _____

Additional Diagnoses: If more than one state present

A & D. B. K. # 17. A.
DISPOSITION

W. R. 16 = 23. 7. 15
S. L. 30. 4. 15 # 51

~~*Abis to Duty 22. 7. 15*~~
" " " 5. 12. 14

REMARKS

" 19. 5. 15 65
" 4. 6. 15
" 31. 7. 15 126
" 7. 8. 15
" 20. 8. 15 143

A.M.D. 2 Dept.
Beh. of D.G.M.S. O.M.F.C. London

*(Errata Cancel entry on S.L. 126 }
 31. 7. 16 }*

*Absent without leave commencing
 22. 7. 15. - Surrendered 4. 8. 15. -
 Handed to escort for Depot 7. 8. 15*

4457

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Board at Shandliffe 28-10-15

Discharge as unfit.

No. 6393

RANK

Pte

NAME

Wilmot J.

T. O. S.

UNIT

Casualties C.C.F.

M. D. /

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Jan 1916	Jan 31 1916	n	from 1 st Reg.	Jan. Paylist.
	Feb	n		
	Mar	n		
	April	n		
	May	n		
	June	n		
July 1	July 19	n	Disch'd 4-4-16 (P.d. to 10-7-16)	July payroll.
Aug	11ac	n	Resigns Disch'd 19-5-16	Aug payroll. Aug payroll.
			All closed by charge n	

SURNAME.

Wilmot, 649-W-112-

CARD NO.

CHRISTIAN NAMES

Joseph.

Soldier FOLL. 2-7-16 I

REGL. NO.

6393.

RANK

Pte.

UNIT

1st.

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wilmot, George.

RELATIONSHIP TO SOLDIER

not stated

ADDRESS

1456 Jefferson Ave.,
Detroit, Mich.,
U. S. A.

COUNTRY OF BIRTH

England, Wakefield

DATE

Nov. 22. 1879

PLACE OF ATTESTATION

Valcartier, P. Q.

DATE

Sept. 22. 1914.

O/S. 7-10-14 24

R/B. 5-11-15.

B.W.

From Quebec City

S.S. Laurentie 4-10-14

MARRIED

SINGLE

WIDOWER

Yes

TRADE OR CALLING

Ironworker

RELIGION

Not Stated

DESCRIPTION.

APPARENT AGE

34

YEARS

9

MONTHS

HEIGHT

5

FEET

7 9

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Fair

EYES

Hazel

HAIR

Brown

DISTINGUISHING MARKS

R. forearm
Tattoos

heart

Star

l. arm

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q.

DATE

Aug. 31, 1914

Present Address, Not Stated

4454

H. Q. FILE No. 649-

NAME *Wilmot, Joseph*

REG'T'L. No. *6393.*

RANK AND CORPS *Pte*

1st- Batt.

NO. *1800.*

CABLE

NATURE OF CASUALTY

FOLL.

No.

DATE

C. 541 May 1st 1915 Wounded.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

4454

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
51	Rep from the Base		Wounded.
65	370 th Gen. Sheffield	2-5-15	Wounded, slight
126	Mil. Sheffield	22-7-15	Discharged.

Name *Wilmot J.* Rank *Pte.* Reg. No. *6393.*
 Unit *1st Batt.* *4454*
 Next of Kin *U.S.A.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22. 7.	<i>Mil. Hosp.</i> <i>on ch -</i>	<i>Sheffield -</i>	<i>Wounded.</i>	<i>51</i>		
7/8/15	<i>This soldier is now rep. as handed over to escort from his Depot</i>			<i>65.</i>		
				<i>126 -</i>		
				<i>143</i>		

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

b.m.B
Number *W.R. 6393* Rank *Pte*

Surname *WILMOT*

Christian Names *Joseph*

Unit *1st Bn. Can. Exp.* Theatre of War *France*

Dates of Service

Remarks *Same man as 2010609 Ser. ex B392*

Latest Address *York St. Wilmot on*

~~.....~~

Roll No. *B page 749*
C/O Capt L.R. Hibbart
5th Bn. Duke of Wellington Regt
The Drill Hall St Pauls St Hudders
field
(B22709) *W B S* Eng.

B

4 6891 - Map MAR 2 1921

g 32853

JUL 5 1921

V-Retd 6/8/21

RECEIVED
DESP. JAN 4 1922
REGN. NO. 6082

Wt. in stock 12 1/2

Vancouver BC
Dup No 23037. Plc P. Normand
No 22709 to be re-eng'd for this
man Aut. 649-W-112

30/23

M 9693

8/8/23