NAME WOOD BOUSE WILLAM REGT. NO. 428032. UNIT Q.G. DE MOTHE Q. FILE NO. M. F. W. 2505 NON-EFFECTIVE DATE FORWARDED TO WHOM FORWARDED CONTENTS DATE RECEIVED REFERENCE DEAT ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) deser Category DENTAL HISTORY SHEET (M.F.B. 465) MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 32512 PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

ATTESTATION PAPER.

No. 478032

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS). 1. What is your name? I Climan I what Town, Township or Parish, and in what Country were you born? I would work, Lindon, Middle	
1. What is your name? It ellain Olova house	

what Country were you born?	
	Ray
3. What is the name of your next-of-kin? The Ell Oh and hours	
4. What is the address of your next-of-kin 27 Hery gale It Malworth	457
5. What is the date of your birth? 13 ang 1874	
6. What is your Trade or Calling? Thatty applies	
7. Are you married?	
8. Are you willing to be vaccinated or re-	
vaccinated?	
10 Have you over covered in any Military Force? 10 glears of the Cast Seemes	
It so, state particulars of former Service. 11. Do you understand the nature and terms of 98th Coopering the Suff. (>)	p, 6
11. Do you understand the nature and terms of 98th Costrolight Inft. (>)	(4)
your engagement?	*************
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	
Wwodlowe (Signature	of Man)
Leech Remise A Signature of	Witness
Confidence of the confidence of	TT TETT CODY
Date 2 No. 2 1910 2 191 Lee Plumble M. (Signature of	
	TT INICOSS,
HEOATH TO BE TAKEN BY MAN ON ATTESTATION.	
I, do make Oath, that I will be fair bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Congrity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Stand of all the Generals and Officers set over me. So help me God. (Signature of Oate No. 191	rown and
AUG 22 1810 3 A Woodhouse (Signature of	Recrnit
a be clase	
Date No. (Signature of	Witness)
HEADOUR 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 duly entered as replied to, and the said Recruit has made and signed the declaration and taken	has been
refore me at Haliland M. S. this 2 5th day of Quesas A	101.5
before me, at Halifak 225', this 25th day of August	191-4
	Justice)
(Signature of	
I certify that the above is a true copy of the Attestation of the above-named Recruit.	

parent Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
be determined according to the instructions given in the Regu- lations for Army Medical Services.)	
	(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).
/ 3.	
ight 6.1t. 3, ins.	
Girth when fully expanded	
mplexion Fair	
es Blive	
ir Red	
/Church of England	
Presbyterian	
Wesleyan	
Baptist or Congregationalist	1
Wesleyan Baptist or Congregationalist Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	
rejection specified in the Regulations for Army Me	
He can see at the required distance with either use of his joints and limbs, and he declares that	edical Services.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canadate At 1915 for th	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada to 191 .	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada to 191.	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada to 191 .	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canada for the Can	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canacite 191 .	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canadate At 1915 for th	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canadate for the Can	er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canacte 1913 The life of "It or "unfit." NOTE Should the Medical Officer consider the Recruit unfit, attested, and will briefly state below the cause of unfitness:	edical Services. er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer.
He can see at the required distance with either use of his joints and limbs, and he declares that I consider him*	er eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer. he will fill in the foregoing Certificate only in the case of those who have
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He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* for the Canadate for the Canadate for "It or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE for the Canadate for the Recruit unfit, and attested for the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness:— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness.— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness.— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness.— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness.— CERTIFICATE OF OFFICE for the Recruit unfit, and the cause of unfitness	edical Services. er eye; his heart and lungs are healthy; he has the she is not subject to fits of any description. dian Over-Seas Expeditionary Force. Medical Officer. The will fill in the foregoing Certificate only in the case of those who have CER COMMANDING UNIT. having been finally approved and of Attestation, and every prescribed particular having

Date HEADOUAR Y

K,

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 478032
2 Rank. Cerl
3. Name. Hood Louse William
4. Unit. 4. C.R.
5 Date of Discharge 3/7/19 Piace 2 w 6DZ
6 Reason for Discharge
K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England-C.R.O, 5222)
7. Authority. 18 2-7-19
8. Proposed Residence after Discharge
38 Deacon St
Natworth Md - Ck
9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. S. E. J. J.
W. Woodhouse
Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place MINIAN BISCHAREF
Date 3/79/9)*)
LONDON
At Hay Cinh
Signature (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

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.

 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.

 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.

	messis. Harrison & Jone.	STATION Witley,	Surrey. Da	20-6-	-1919.
1.	1 (a) UnitC.G. Depot.				
	(d) Surname Woodhouse	(e)	Christian nameWi	lliam.	
	(f) Home address 38 Deacon				
	(g) Next of Kin Mrs. S.M.	Woodhouse	(h)	Relationsh	nip_Wife
	(i) Address of Next of Kin	Deacon St. Wal	Lworth, London,	Eng.	
2.	Age last birthday 51 years				
3.	Enlistment, or Appointment (if an C	Officer) (a) PlaceBer	rmuda	(b) Date.	22-8-15.
4.	Personal description:				
	(a) Height 6' 1½" Est.	(b) Weight	O Est. (c) Com	plexion	Fair
	(d) Colour of hair Light (e) scar right jaw -	Colour of eyes Blue	(f) Identification	marks, Scar	s, etc
5.	Former trade or occupation	Photographer.			
6.	Service (The information should be				Days
	documents, but if documents are not statement may be taken and note effect. Periods of service in Canad elsewhere should be noted).	must be made to tha	t 3	mired inight	352
	The state of the state of the state of	Aller March		Periods	The same of the sa
			From		То
	anada		22-8-15		Aug. 1915.
	ngland.		The state of the s	Action and the second second	11-15- 20-6-19
			1-11-15	TO THE RESIDENCE OF THE PARTY O	6-3-18.
F	rance or other theatres of War	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7.	Original disease, or injury	• \$ •	······································		
***					······································
***	(a) Date of origin 1888				
	(c) Cause Infection.				•••••••••••••••••••••••••••••••••••••••
	(c) Cause				

M. F. B. 227. 400m.—11-18. 1379-89-117.

(V.D.S	.) Nil	
Present condition—(a) (Before co ant, to be 10. Describe all abnormalities, and findings.)	mpleting this section the invalid should be stripped, and subjected to a thore trull description of the present disabling condition, or conditions only. "Homical and functional, contributing to present disability; objective finding	ough physical examination. Imp istory "must be recorded in Sect gs to be stated first, then subject
Spec. Lab. Repor	t. Seaford - Capt. O.F. Lastman. 28	-4-19.
Wasserman	strongly positive. Has had suffici	ent anti-
syphilitic	treatment for 1 year.	
No active	lesions or symptoms present.	**************************************
	ndition good.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

		T
	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.)	ion 9 (a) above?
(b) Has the invalid now any (Answer Yes or No.—if the answer Nervous System	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System
(b) Has the invalid now any (Answer Yes or No.—if the answer Nervous System	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System no and Sugar will be excluded.) y System no
(b) Has the invalid now any (Answer Yes or No.—if the answer Nervous System	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System
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(b) Has the invalid now any (Answer Yes or No.—if the answer Nervous System	affection of the following systems, not described in Section and part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System
(a) Has the invalid now any (Answer Yes or No.—if the answer Nervous System	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System
(a) History (of the condition referred treatment from 1	affection of the following systems, not described in Section and part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System
(a) History (of the condition referred treatment from 1	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System
(a) History (of the condition referred treatment from 1 from M.H.S. With	affection of the following systems, not described in Section any part is Yes, give a brief description of the present condition.) Cardio-Vascular System	ary System no y System no lar System no la syste

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 (α).)
Blood poisoning - Left arm 1914.
(c) (Here give a description of wounds, scars and deformities,
Sear right jaw- Old absacas. Numerous sears left are.
11.—(a) Did the disabling condition have its origin before enlistment?
(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.)
no
12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable
refusal to accept treatment? (a) yes (b) 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? Re examin in 6 months.
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
Treatment by M.O. in 1888. 15-2-19 to 9 Injections 606 and 10 Hg.
Spec. Report- Capt. Eas tment 28-4-1919. Wassermen - positive.
15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
Suggested that he be dealt with on arrival in Canada in accordance
with P.C.O. 47 of 20-1-19.
16. Can the former trade or occupation be resumed?
17. Recommendations
SEED EDECTION FAIRE DEVICE DE PREPARE DE LA CONTRACTION DE
Parties annual control of the contro
Pater amounts partition in the last section and the
C.S.Henderson. Capt. CAMC.
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 woodhouse williem. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)
I complain in addition of
W. Woodhenso O-2
W. Woodhouse Cpl. 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.
number of the answer criticised.
Yes - We concur.

40 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
19. Is the invalid fit for (a) General service, (Category A) (Yes or No.) Yes Cat. A.
(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.)
Suggested that he be dealt with on arrival in Canada in accordance (b) Does not require treatment. (with P.C.O. 47 of 20-1-19.)
(b) Does not require treatment. With P.C.U. 47 of 20-1-19. (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.)
Boarded for R.T.C. Authority A.G. Telg. 9083 of 11-11-18.
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 i
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.
Temarks of the Medicar Board will be added liefe.
e de la significación de la companya
L. Hyttenrauch. Capt. CAMC. President.
Witley, Surrey. A. Archibald. Capt. CAMC.
PLACE.
20-6-19. Member
DATE
TO BE COMPLETED WHEN TREATMENT IS REFUSED
Woodhouse William
I, the undersigned understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.
C.S. Henderson. Capt. W. Woodhouse.
Witness
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should be decline to sign this statement the Board of medical officers should so state.

PLACE
Members
DATE
DATE. Members
DATE
DATE. APPROVED BY F.B. Wilson. Capt. CAMC. for Assistant Director of Medical Services. DATE. DATE. ADM.S. HEADOUADT PATE
DATE. APPROVED BY F.B. Wilson. Capt. CAMC. for Assistant Director of Medical Services. DATE. DATE. ADM.S. HEADQUARTERS
DATE. APPROVED BY F.B. Wilson. Capt. CAMC. for Assistant Director of Medical Services. DATE. DATE. CANADIAN CORPS CAMP. 20 JUN1910
DATE APPROVED BY F.B. Wilson. Capt. CAMC. for Assistant Director of Medical Services. DATE DATE CERTIFIED TRUE COPY COPY APPROVED BY APPROVED BY Director-General of Medical Services. CANADIAN CORPS CAMP. 20 JUN1919
DATE

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname W O O D H O	USE Christian Name Wil	liam
Birthplace ParishB	TABLE I.—GENERAL TABLE. ermondsey County Sou	ıthwark
Examined	on 10th day of October at Prospect, Bermuda	191 ⁵
Declared Age	. 40 years 37 . Photographer	
Height	6 6 71	inches.
Chest Girth when fully Expanded. Measurement Range of Expansion	180 180 2½ Cood	lbs. inches.
I hysical Development	· Good	monos,
Vaccination Marks Arm	Right	Left
When Vaccinated		
Vision	$ \begin{cases} \frac{R.EV=}{L.EV=} \end{cases} $	
(a) Marks indicating con genital peculiarities of previous disease	r	
(b) Slight defects but no sufficient to cause re jection	-	
Approved by (Signature	W. L. Hutton,	
(Rank	Capt., C.A.M.C.	Medical Officer
Enlisted	· {atday of	102
		191
Joined on Enlistment	R. C. R.	Regtl. No. 478032
Transferred to		
Became non-effective by		
the Medical History Sheets of all men polymed by the Office (Signature) the Chan they loave England.	ir unit to the Record Office	191
Mas (Rank)	54.7	
2066 Wt W8005/2748 200 000	S/rs D D & I	ГРТО

Table II.—Only for Admissions to Hospital or to the Sick List

Name of Hospital.	Admitted to Hospital		Discharged from Hospital		from	Disease	Number of Days in	Remarks bear use.	
	Day	Month	Year	Day	Month	Year		Hospital	subseq given i
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Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	-

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	3.	
Sept. 1915	T W				
dept. 1915					
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			······································		

7 -		Table IV.—	Service Table.		
certi					
hied cal distory Sheet o	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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for the Officer in Charge of Records
Canadian Convingents.

THIS FORM WILL BE USED HISTORY AN OF INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS 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, his condition. 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. 1. 1 (a) Unit. Regimental (d) Surname. 8. (i) Address of Next of Kin. 3. Enlistment, or Appointment (if an Officer) (a) Place.. Personal description: (b) Weight ? (d) Colour of hair les (f) Identification marks, Scars, etc. ... (e) Colour of eyes. 5. Former trade or occupation.... 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). PERIOD: From Canada England..... France or other theatres of War 7. Original disease, or injury... (a) Date of origin.... (b) Place of origin..... C.R. M. F. B. 227. 400m.--11-18. 1772-39-117. REPLIED TO

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderace. 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.)
(V.D.5) mie.
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 disabiling condition, or conditions only. "History" must be recorded in Section findings.)
Sper Lal Roport, Serjand - Capt O. Fr. Eastman 28/4/19:-
Wasseman strongly Josether. Hes Ced sufficient but syphiets treet for 1 yr.
No acture levors or zyrgious present
Sure courte good
(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 Cardio-Vascular System Genito-Urinary System (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses Respiratory System Integumentary System Disturbances of Mentality Digestive System Muscular System Muscular System Digestive Sy
Osseous and Joint Systems Any other general condition
10. (a) History (of the condition referred to in Section 9 (a).)
begune & V.D.S. in 1868. Received traduct from decreed
94.10. U o symptom unite 15/2/19: - Extract from 94.14.1 Wetty Hospi- 15/2/19-21/2/19-V.D.S.

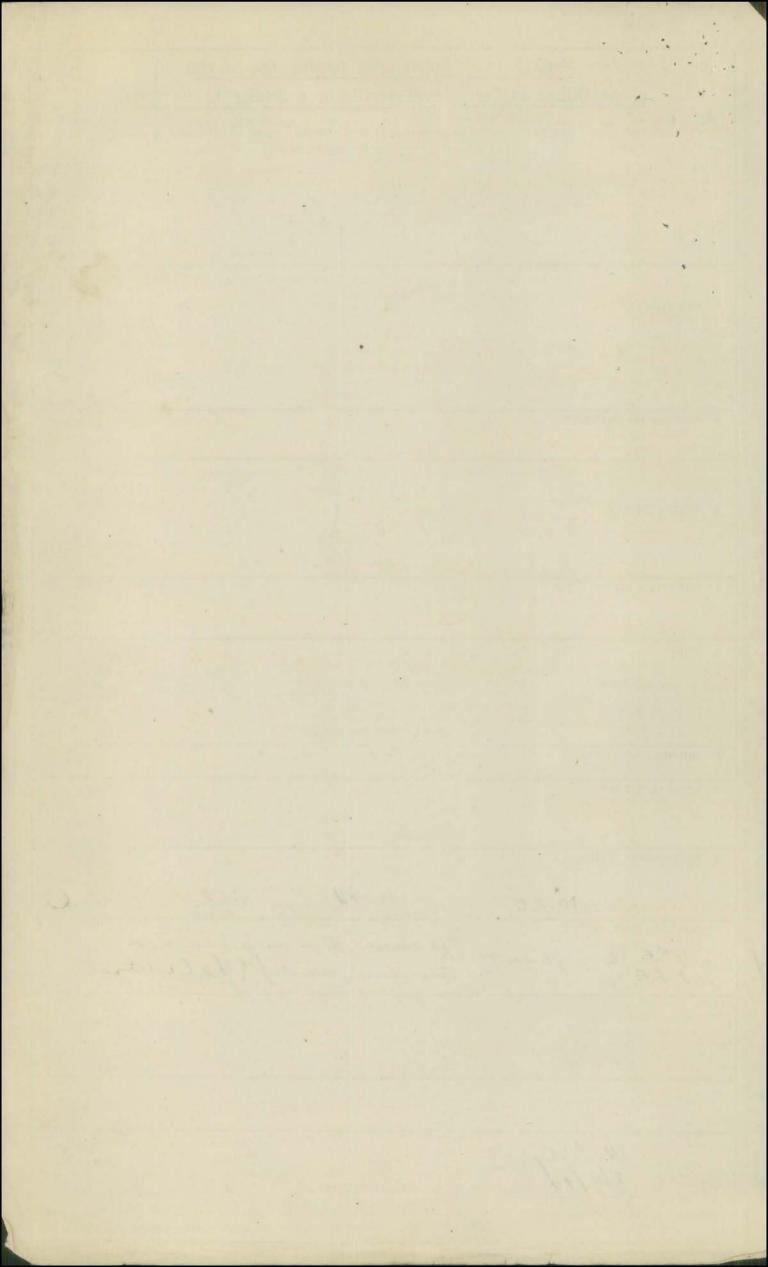
10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior
to or since enlistment, and not included in Section 10 (a).)
Med-paramy left am - 1914
(c) (Here give a description of wounds, scars and deformities.
rear legt jam - all abover, . Memeans roars loge aun,
11.—(a) Did the disabling condition have its origin before enlistment?
(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.)
Mo
12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable
refusal to accept treatment? (a) yas (e) uo
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
13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more
than one Re yamme in 6 with.
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
Theat my 111,0 as 1888
15/2/19 - 9 ayestron 606. and 109 Hg.
Apre Report apt Radical 95/4/5 - waren a prostre
15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Luggesta. (If the answer is "yes" state nature of treatment required and probable duration)
(If the answer is "yes" state nature of treatment required and probable duration)
anoldere will P. Co. 47, d 70/1/19
16. Can the former trade or occupation be resumed? (If not, briefly state why)
17. Recommendations
Quello son Cost
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 wollows with an 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
90
W Woodhouse Hil. 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.
ys we concur
19. Is the invalid fit for
(a) General service, (Category A) (Yes or No.) You Cat A. (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.)
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
aggraped he be diget a on M. T.P. in accordance a lyg of 20,
(c) Should pass under his own control.
(d) Should not pass under his own control. (Strike out condition not applicable.)
1. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
Boarden for a -P. auth Tel ag goes of 11-11-18
Before signing the President of the Medical Board will read the statement signed by the invalued differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and
o change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made
emarks of the Medical Board will be added here.
1 H HIII - 1 1 6 0 1 1
President
PLACE IN WORK
DATE 20 - 6 - 19
TO BE COMPLETED WHEN TREATMENT IS REFUSED
I, the undersigned W of Llow W llow understand the nature of the treatment which is recommended that I should undergo and refuse to accept it.
Witness Signed W Woodhouse Should the refusal of the invalid to accept treatment appear to be unreasonable, or should be decline to sign this statement
the Board of medical officers should so state.
CELLINGAT COLOR STATE ST
Presider
PLACE.
Member
DATE
APPROVED BY
Assistant Director of Medical Services Director-General of Medical Services.
ADMS HEADQUARTERS
CANADIAN CORPS CAN
20 JUN 1919
" TLEY SECTION
0001/01

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

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.
2-1 11 11 2 1 11
Unit or Corps A C A C LIMER G & M. DUM (If a soldier) Regtl. No. 4 78 0.33
Born at DEFINE 21 SELF FIX on, date 3 - 8 - 1867
Signature (for identification)
The examination is to be made jointly by two Medical Officers.
1. PHYSIQUE—Any deformity, maining or lameness? If so, describe.
Weight
Height
2. NUTRITION AND DIATHESIS ?
After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.
3. NERVOUS SYSTEM P
1
4. RESPIRATORY SYSTEM.
5. HEART P
Abnormal Sounds?
Abnormal Size? Pulse Rate? Intermittence or irregularity?
6. ARTERIES.—Any hardening?
7. DIGESTIVE SYSTEM P
8. GENITO-URINARY SYSTEM P
Urinalysis—s.g.? 1020 Reaction? and Albumen? nul Sugar? nul
9. SKIN, MIROLE EAR, EYE or any other part? See Condition Some as helps depleted.
9. SKIN, MIDDLE EAR, EYE or any other part? V. RE 6/60 - Glemes 6/6 Ears therming resmal. Whelever
V-LE 1/60 Ears thearne Terment of New York
10. Is there any evidence of impairment of health or
physical condition not the mentioned above? If
so, describe.
11. Opinion as to the health and physical condition
of the one examined?
with
Examined at Wittley, Signed M.O. Date Signed MO
If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



Army Form B. 178.

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

tood house !	MEDICAL E	HISTORY	of losle	acu
Surname William b	Wor Chris	stian Name	Toothouse	
100 > 0	TABLE I.—GEN	ERAL TABLE.		13 MAR. 1918
Birthplace Parish	ermondse	County 6	Southwark	
F	on 10 da	y of October	er	1915.
Birthplace Parish	at Prospect	Bern	ruola	
Trade or Occupation	Tholog	rafolier		
	-/			
Weight			lbs	
Chest Girth when fully Expanded	40		inches	
Measurement Range of Expansion	2-2		inches	
Physical Development	ejvod			
Arm		Right	Left	
Vaccination Marks Number	3.0	Sept 1915.	3	
			1912	
Vision	R.E.—V=			
(a) Marks indicating congenital peculiarities or previous disease		on che	iv	
(b) Slight defects but not sufficient to cause rejection	(b)			
tion		19.0	40	100
Approved by (Signature)		W.J	Stutton Capi	t Carme
(Rank)	*		Median	1 Officer
			Meatca	l Officer.
	(at		M. K.	galler.
Enlisted	onda	y of		191
Joined on Enlistment	R.C	Corps	478031	0.
Transferred to				
Became non-effective by				
	onda	ny of		191 .
(Signature)				7
(Rank)				
W. P. Griffith & Sons Ltd., Printers, Old	Bailey. Ferms B. 178.			P.T.O.

[634] 200m 5/15ss 45 59

Table II.—Only for Admissions to Hospital or to the Sick List

THE THE SECOND STREET		-							
Name of Hospital	Admitt	ted to H	ospital	Disc	harged Hospita	from 1	Disease	Number of days in Hospital	Remarks bearin In cases
Tvalilo di Trospini	Day	Month	Year	Day	Month	Year	Discase	· in Hospital	progress, special s
MOSSILVE AVADIVA SSECIVE	15	2.7	19	21	2	19	7.05	7	
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45				TO STATE OF THE PARTY.	- 101a)				

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. Signature of Medical Officer · No. Stoppages. Old Case.

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

Date	Brief details, and signature
3. 21/7/18. BRE E Withy 20-6-19 11-18	Doudoz Capt Soard CEanderson Capt came os a aanchemacacapt
w.seary 70 0 19 0 1	- The waste waste ways
	*
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The state of the s	
William A Thin	

Table IV. Service Table.

Station or Troopship	Date of arrival cr embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
			Berger W.		
	1 - 13				
	4-			- 3	

PROCEEDINGS OF A MEDICAL BOARD.

= 10 1+ s+ 31/7/18.
Dated at 3 Southoufoton St. 31/7/18.
No.478032 Rank APT Name WOODHOUSE W.
Local Unit. Can Portal Corps Overseas Unit. R.C.R. Age 50.
Examination held at 3 South ampton St. Strand Loudon
DISABILITY. Overseas—Local. (scratch one out) ARTERIO - SCLEROSIS.
PRESENT CONDITION.
was not look age given action secon
loss not look age given haut is normal in sign and action. Second
ound slightly accentrated.
yene wall thickened and
Benefal bodil condition good.
BOARD RECOMMENDS:-
1. Fit for Duty. Bij
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Dutyweeks.
4. Fit for Permanent Base Duty
5. Discharge
Signatures:—
Callederson Yearn President.
Members - Kwallace Cast Coul
APPROVED AND AND AND AND AND AND AND AND AND AN
Dated at
for A.D.M.S., Canadian For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

16/9/18 Be confirmed TO B

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PRESENT CONDITION

BOARD RECOMMENDS

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Signatures

Mensbers

APPROVED

Dated at

FOR A INTINS

(40) As to Group (c) above ?

Troceedings of a 1	verblac all to igameist	doned in Part I.
10. Is the diasbility fully described in Pa	AND DESCRIPTION OF THE PERSON	
11. Is the cause of the disability fully des If not, describe it.	(.wolled shoons manuscrip Leadsthead) 11) 11 directibed in Part I. (2) ?	read, and am satisfied (or not actual)
12. From the medical information now adduced, was the disability caused or aggravated by:—	(a) Negligence of Caused? (b) Caused? (c) Aggravated?	(b) Misconduct of Caused? Aggravated?
13. THE ENTIRE DISABILITY present for earning a full livelihood (Estimate at none, 5%, 10%, 15%)	Without regard to his regular occupation, to d in the general market for untrained labour? %, 20%, etc.)	what extent is his capacity lessened at
What part of the entire disability	SERVICE.—(See Part I. (3). Aggravation ed in this estimate.) estimated next above (13) is due to causes arising 3/10, etc., or all.)	during Active Service ?
15. Permanency of the Disability due to	Service estimated next above in (14). della gilla survivi de anti-como established base	Question 2.—The case of the disal possible the place Question 3.
(ii.) If not permanent, what is its	probable minimum duration (in months)?	Orientions World D.
16. If an operation was advised and decleronsider the refusal to have been	lined, do you (1901 Magan A diff on angle) new	tansory out painth
he history of the case as supported by	a to eming Librages and glassmon at 12 - Y5	Question 5 - MEDICAL HISTOR
17. Can the former trade or occupation	be resumed? The all should not should be seen	est from an at the control control control
10 DEMARKS	and task allower by the bear of the strong and allower of the strong and the stro	Aldre attention out
bette some condition which me-en steel	And the state of the sale of t	of cases II
ABOUT	TON As the question is principle intended to e-condition of the Souther at the citie of examino that the objective and subjective matter he are	ili yhtesia woda am.
lantar a world large M and he are notice a	two be the same any other, in that a committeed a	matter is donaidered finding:
advisory in beginning the story	of the bearing on the PRESENT CONDITION to description of the charifity, a report on "all steel may be a train pen portroit of the Bolder's e	t mitable as
And an exclude of your follows of T	one T and To V has T coping to All live out a supplementary and state of types and their last to the types and their last to the types and the color and the	the Modeyl Officer in the of the
19. RECOMMENDATION:—	(b) Invalid to	Canada Po our era seed tail eidenogeer
(a) Fit for duty?	vel your show with the transfer stated on the control of the contr	from Service to motion sits to mentioned
Offices concerned should be desputable	and the state of the strength of the	Tue is a most fingertant part of (i)
Date of Board	RIES OF RECATEGORIES	President.
	Signatures of the wantengil.	Dans Station Capener
Station		
Approved	A.D.M.S.	
Dated at	Station	191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

Is the case of the disability fully described in Part L. (2) ?
If not, describe it.

(6) Misconduct of Caused? the Soldier (Agersyated?

mentioned in Part

(a) Negligence of Caused?
the Soldier Aggravated?

From the medical information not extinced, was the disability caused or aggravated.

13. benimize reiblos to enthing a full ITY.—Willout regard to his regular occuration, to what extent is his capacity leavened at present for carning a full livelihood in the general market for untrained labour 3

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions
3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.) and a local part of lands and or lands and reliable to the service of the

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the hand-writing of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

President.		ENT	RIES OF	REC	CATEG	ORIZAT	TION	Date of Board
Date	Station	Category	Signature of M.	Ó.	Date	Station	Category	Signature of M. O.
				A21187 (.3)				
		Print S			No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa			
			2 %	17				Emitoh
				the state of				by target

Casualty Form-Active Service.

Regiment or Corps ROYAL CANADIAN REGIMENT.

Cartified Correct

Enliste Date o	ental No. 4 ¹ d (a) 22/8, f promotion resent rank	/15 Terms of Service (a) durati	on of Waser	Numer	ns from (a) 22/8/15. rical position on) of N.C.Os.
Extend	led	Re-engaged	Qualification	i (<i>i</i>)	
Date	Report From whom received	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.
1/11/15.	berch	DISEMBARKE D BOULOC N	E		Cloud Roll
7/7/16.	p	Gransferred to C. a. M. C.	Field	6/7/16.	K.1. 294/855. D.O. PIIN. 29. df 2/7/6.
9.7.16	aag	Taken on strength of Came Gen on trans from BCR tall to BCR do wester detail auth. af B241	do	7.7.16.	294/855 Pt @ Ond No 294.
10 8:14.	oms.	Promoted Corporal 8110 916	*	5.8.16.	Phy Ond 9 df 26/17.
26-1-18.	OCACR.	Granted 14 days Leave	*	20.1.18	BE 179 B213 86 180/23 418.
2.3.18.	ÄLR	Trans & CG18 8	*	7.2.18	B213 1 B213
6.3.18.	106H. HS New Laven	Comes to la all to RER Norted to Carre Defort Shoundliffe "Sick "Auth	, ,	6.3.18	(11-11) at 1 10.
	(a) In the ca	See of a man who has re-engaged for, or enlisted into Section Dinaller, Shoeing Smith, etc., etc., also special qualifications in	. Army Reserve, particula technical Corps duties.	urs of such re-enga	Capt. for LtCol., A. A. G. seement of enlistment will be entered. A. G. H. H. A. G. H. H. A. G. H. H. A. G. H. H. G.

Date	From whom received	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.
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		000			# 4 thoody rient
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		Shameliffs		17-4-18	F Lennus A
					SOR O.O. O.A.M.O. DEN

shut 2

	Reg	giment or Corps	******************		N .
Rank	www.Surname	Mondhouse Chr	ristian Name M	Sille	in.
Religion.	.,	Age on Enli	stment	Veare	months
Enlisted	(a)	Terms of Service (a)	Service vector	from (a)	montns
Date of n	promotion to preser	nt rank Date of ap	sister set to !	s from (a)	
Extended	1	Re-engaged Or	ualification (b)		
	(**************************************	(or	· Corps Trade as	nd rate	
Occupation	on			Sign	ature of Officer.
	Report	Record of promotions reductions transfers associates			Remarks
Date	From whom received	&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	Taken from Army Form B. 213, Army Form A. 36, or other official
- Senter	The state of the s				documents.
		Embarked			
		Disembarked			
0-4-18. 0	.i/e.P.S.OMFC.	T.O.S., C.PPC. on trans-	TONTION 1	7 1 70	314 7 0 00
		fer from C.A.M.C.	TWANTANIA T	- in TO*	Pt. 11.0. 20.
)-4-18.	do	Portontu to warmen of			
7-100	uo	Reverts to permanent grade of Private.	LONDON. 17	-4-18.	Pt.II.0. 20,
7 70					C.P.C.
1-1-19.	do	Granted leave from Rev. 14-1-19 to Rev. 22-1-19,	LOIDON. 14	-1-19.	Pt.II.O. 4,
		with free transportation.			C.P.C.
-1-19.	do	S.O.S., C.PPC. on posting	LONDON. 30	<u>-1-19.</u>	Pt.II.O. 4.
		to the General Depot.		0	C.P.C.
				DA	my Liott
			1000	ic P.S.	O.M.F.C.
3 73 3					THE RESERVE

⁽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.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

× ·					
- 1	Report	Record of promotions, reductions, transfers, casualties. &c., during active service, as reported on Army Form B.21S, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of	Remarks Taken from Army Form B.219, Army Form A.36.
Date	From whom received	The authority to be quoted in each case.		Casualty *	Taken from Army Form B.213, Army Form A.38, or other official documents.
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			-	Andrew	

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† Re	port	Record of promotions, reductions,	-			
• Date	From whom received	transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	
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25-4-18					-11-115 C.P.C.Pai 20 H 30.4.18	
30.4.18	C.P.C.	Ceases att: from C.A.M.C on	che: Bright	17.4.18	_ 20.	- Grina
30.4.18	C.P.C.	Ruts: to Rem: Grade Pa: on	Che: tomber	17.4.10	- 20:	
17.5.18	c.P.c.	Crowder Crown Striffe & On Com	: Pa: bodun	13.5.11	15.5 2 Dep Doorsdf 2-19	
31-1-19		828 to Gent Depot	Ple London	-1-	DOFH 1 1-2-19	
27.1.19	Ges Dep	S. O. S to H. Wing Willey	. With	2-4-5-19	Do113	
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	Y	Dischargeo in Britis	& Jaks	3-7-19		
		KRYU Para 392 SEC TEL	NR. 794			
10-7-19	A King	SO Sdes in U.K.	gel Willey	3-7-19	2063 see Ranh.	
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DESCRIPTIVE RETURN of a Soldier at present stationed at
who is desirous of being* transferred from the Regiment
who is desirous of being* posted attached from the Regiment
at mythe sall to the Comadian army medical Regiment
or Corps at he de Steld for the purpose of them water duties
or Corps at the dela for the purpose of Along Wales delayed
attacked R.C.R.
Regiment and Battalion
No. 478032 Rank and Name Pte levedhouse william
Service towards engagement years /3 months /0
Date of Attestation 3 - / 9 / 14
Period for which attested Alexa Colours of Water Reserve
Age years 42 days. Height feet 6 inches
Girth when fully expanded inches.
Chest Measurement Range of expansion inches
Trade or Calling Photographer
Where born London County Durrey, Eng.
state if with leave
Certificate of Education General - 7 & Alandard
Character 40-40
Good conduct badges
Musketry qualification and score
Schools or Courses of Instruction at which the soldier has attended and qualified. Nature of certificates obtained to be stated
at which the soldier has attended and qualified. Nature of certificates obtained to be stated **Manual Control of the contro
at which the soldier has attended and qualified. Nature of certificates ob-
at which the soldier has attended and qualified. Nature of certificates obtained to be stated To be signed by a Soldier applying to be transferred. I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am
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CERTIFICATE to be rendered in the case of a Non-Commissioned Officer who

is to be {posted transferred attached} to the Regular Establishment of any arm of the

Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify	that		

is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the

Territorial Force to which I recommend he should be a transferred attached

	Officer	Commanding,
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Place

Date ___

DOCUMENTS TO ACCOMPANY THIS FORM.

In case of Clerks (or of any trade if for Royal Army Medical Corps)

In case of Candidates for Military Police

Copies of Regimental and Company Conduct Sheets.

Certificate of Proficiency on Army Form B. 195 or 195A, as the case may be.

Specimen of handwriting and ciphering.

Specimen of handwriting.

Copy of Record of Service on Army Form B. 200.

CANADIAN SPECIAL HOSPITAL, WITLEY, SURREY.

	_	0	200	-
/	Y -	1 -	1016	9
			1915	

This is to certify that I have this day examined the marginally named and find him free from infective Venereal Disease, skin, vermin, and other infectious diseases.

Drainfold C.A.M.C

Canadian Special Hospital.

Gale & Polden, Ltd., Aldershot. 8668-y.

URINALYSIS RIPORT (gor Board)

ROS. No. 478932	Rank
NAME	26. thit R. L. S
Sp. Gravity	
Rosetion	Aldolan
Albumen	
Sugar	
Microscopic	
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	Courline
Marada Laborator	for Major, C.A.H.C. 0.C.Can.Gen.Leborator

Unit. Vene Deboto. ... 2 8 -4 -79 ... 1919.

Officer i/e Ulinie. Avrenseroft, Beaford.

478032

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The merginally nded recompanied by his Me ical Decuments is reporting to you for a equal report en:- V.D.S.

Phose return this report to the above Unit on completion.

Capt. C. .. M. Q

SPECIFICATE REPORT ON ABOTAL

21-4-19 Wasserman Strongly Positive++ Has had sufficient anti-syphilite treatments for one year. advise discharge to banda.

Of Eastwar

Dete....26-4-9:1919. Oapt. C.A.M.S. Officer i/e Clinia Syenscroft.

MAN. SPC. HOSP.			CARD. Army Form W. 3497.
WITLEY.	Hos	pital.	Ward.
Age Age	Service	Religion	Disease
5-1.	48/12	· Poke.	95.12.8.
Regiment C	loy. Reg. No.	Rank	Name
gen Dept. 1	478032.	Chl:	wordhouse. W.
Date of Admission	1	Disposal	Date of Discharge
15-2-19.			21-2-19
SUMMARY {	This space r	not to be written upor	
In cases of Syphilis th	e particulars below must be suf to be made	ficient to enable the Syphili up from this Card.	s Case Sheet (Army Form I. 1238)
1st, 2nd, 3rd attack	or relapse Plac	$\operatorname{ates \ and}_{\operatorname{es \ of \ Three}} \left\{ \begin{array}{c} - & - & - \\ - & - & - \\ - & - & - \end{array} \right.$	
Main points in history_	. //		almost a year.
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G 1.7.	11 1 2 1	11 0	-/-
Condition on admission	10.	ell. Junioro	on the langue
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Water D1 000 000 10 17 77	WW/Dago) To Write in		[P.T.O.
W210—P1 200,000 10/17 H	WV(P360) Forms W. 3497/3		

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Date		Treatment	D	Complications
1919.	Local	General	Progress	and their Treatment
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10011	full Cours			
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wa	11.	Manual Constitution		
	BJ.			
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1				

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

		. Hos	pital.	Ward
Age	Ser	rvice	Religion	Disease
Regiment	Coy.	Reg. No.	Rank	Name
Date of Admissi	ion	1	Disposal	Date of Discharge
SUMMARY		This space n	ot to be written upor	by M. (), i/c case.
In cases of Sy	philis the particula	ars below must be suff to be made	icient to enable the Syphili up from this Card.	s Case Sheet (Army Form I. 1238)
1st, 2nd, 3rd a	ttack or rela	.pse Place	tes and es of Three Exposures	
Main points in his	tory			
Condition on admi	ssion			
			4	
				[P.T.C
	00,000 10 17 H 00,000 5/18	W v(P1148) Forms	W. 3497/4	

Treatment Complications and their Treatment Date Local General 10-4-19 Nde. 14-4-19. Well 21-4-19 New B.T. H Wales Capt

Surname Christian Name or Names Reg. No. 478032. WOODHOUSE. Rank W. Unit Misc. GEN.DEP. Cpl. Cas. List. C.S. Witley. 15-2-19. 22-2-19.0248/2 V.D.S. 1. 27-2-19C252 D.M.S. 1300. 50M-30-8-18.

Form R. 149. Next of Kin 27 Duylake St Walwart Movement Place

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tsid .O.W	behited O M	List No.	Casualty	Place	Movement	Date

SURNAME. Woodhouse,	CARD NO.
CHRISTIAN NAMES William	Sod, Dio in Eng. 3-1-19 M.M. 1. FOLL. 1 HS. D. B. 63 of 10-2-19
REGL. NO. 478032 RANK He. + Co.	M. D. C. 63 of 10-2-19 n. Concentration Camp Witley
UNIT R. C. R.	, , ,
FORMER COPPS B, Q,	
NEXT OF KIN.	CHANGE OF ADDRESS
RELATIONSHIP TO SOLDIER not stated, London Lug.	
RELATIONSHIP TO SOLDIER not stated	
ADDRESS 27 Heygate St. Walworth London	
Lug.	
COUNTRY OF BIRTH England Southwark, Londons PLACE OF ATTESTATION Salifary n. S., DATE	aug, 13th, 1874
PLACE OF ATTESTATION DATE n. S. DATE	Jug. 25th. 19,4
L. L. 10437. M. & D. 7253. 0/8, 26/8/15, 219, M. F. W. 22. 100 M1	1-16. H. Q. 17 2-39 339.
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MARRIED YES SII	NGLE		WIDOWER	
MARRIED yes SIR TRADE OR CALLING Photogr	apher	RELIGION	t stated	
	DESCRIP	TION.		
APPARENT AGE	YEARS		MONTHS	
HEIGHT	FEET	3	INCHES	
CHEST MEASUREMENT 39	INCHES	EXP	ANSION 2	INCHES
COMPLEXION Fair	EYES	Blue	HAIR Red	
DISTINGUISHING MARKS TIL.				
MEDICAL EXAMINATIO PLACE	falifax	n.S.	DATE aug.	24th.1913
	/			

Present address, not stated.

NAME	Hoodho	use If	REGT. No.	478032.
RANK A	ND UNIT CEL.	Gen.	Sep.)	
NEXT OF			P	
CA	BLE		NATURE OF CASUALTY	
No.	DATE		INTORE OF GASONETT	
				M. F. W. 42—100m.—8-48, H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 248-2.	Can. Spec. Hitley	15-2-19	42
C 252	Can. Spec. Hitley Discharged	21-2-19	n

No. Bert 7.8032 Dente Collins Surname. W.a.a.D. H.a.u.S.E. D'tus of Service.............. Remarks38 Descon St Latest Address.... Jalworth Rd 3011 NO. B. Page 8 7 Tandon & England

S- 34 645 Desp 111 12 1921

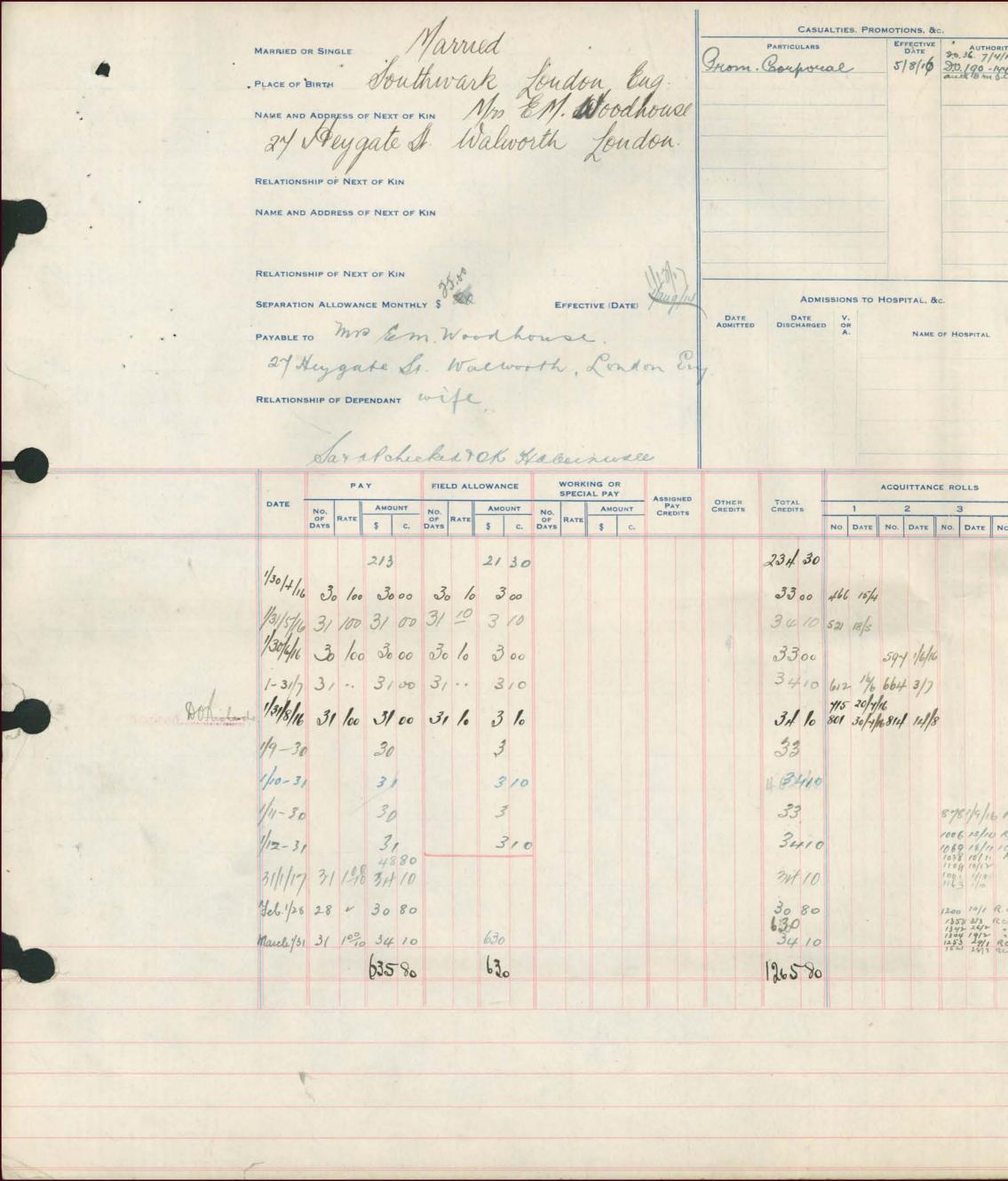
CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike our winchever mappincable.)
XHave been stopped. Effective
receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.
or 1-8-19
XBeing a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY WILLIAM CHECKED BY....

CERTIFIED CORRECT

Lieut.



OSPITAL, &c. ROTIONS, &c. EFFECTIVE DATE S. 36. 7/4// S		PAYABLE STOP-PAY	ATTESTATION PAY MONTO	THLY \$ / Sm. THLY \$	Talifang Myoo Woods	DATE EFF	FECTIVE	Sep/15- gate S:	RANSFERF RANSFERF RANSFERF	RED TO A	M. Wale D. A. R. D. Postale Conson REASO	DATE DATE DATE ARELATIONS		9.21/1/2 Hune 1/4/18
					ON-EFFECTIV	E BRANCH (I	DATE)		TEASON AF	ND AUTHORIT				
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29614 MILITIA AND DEFENCE ASSIGNED PAY Mes ElDoodhouse By whom assigned Woodhouse W.

27, Haygate St.
Walworth All Rank Pli.

Corps, &c. LCA. Date to Commence PAYMENTS. a P. Sa checked OK Hatermall Cheque No. REMARKS Amt. 1914 Aug. Sept. REGEIVING SEPARATION ALLOWANCE S Oct. Nov. Dec. 1915 March Apl. June July Aug Sept. Oct. Nov. Dec. Jan. Feb. Carried Forward. March

ASSIGNED PAY.

By whom assigned Woodhouse M

Regtl. No. 4478032 Ple Rle. R

Month	Year	Cheque No.	ASIAMINED	SEPay Sheet ON	REMARKS.
Jan.	1916	110302	14 -		
Feb.		141403	15 -		
March		153306	17 -		
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MILITIA AND DEFENCE

1138

SEPARATION ALLOWANCE

Name Woodhouse & PW Name of Soldier Woodhouse W Mary:

P. O Address 27 Hey gale St. Regtl. No. 16399. # Co. 478032.

129. Walword Rd, Walworth RS. Rank Private

Relation to Soldier

wife, child or mother

To what Corps belonging

when called out

		U		
			PAYME	ENTS \$17 31.5.1
Month	Year	Cheque No.	Amt.	REMARKS
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Nov.				Cellers produced sharing husband to will.
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SEPARATION ALLOWANCE.

Relation to Soldier Ly.								Regtl. No. 16399. 478037								
27 Heygate St.							Ç	Rank P/e								
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WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

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		143	2	2	143	2	2	/			
							V				

P-56

Rank Tt.

Name

WOODHOUSE. William.

Reg'l No. 478032.

Unit Royal Can. Regt.

If in perm. Corps, What Unit?

Married or Single

Married.

Place and Date of Enlistment

22nd August. 1915.

Place of Birth Southwark. Middlesex. London, England.

Name and Address, Next-of-Kin Mrs. E.M. Woodhouse,

27, Heygate St. Walworth, London, England.

Relationship

Assigned Pay Monthly \$ 1700

Payable to (Kest of kin)

Relationship

Separation Allowance \$

Payable to

Relationship

Disch	arge, Date and Place	ce	Reason	Character
Date	PAY	Field Allowance	Voucher	
From To	No. of Rate Amount Days	No. of Rate Amount Credits Credits Days	No. Date Payments pay	Other Total Remarks. Charges Debits Balance Casualties, etc.
	30 100 3000	3. 19 3.0 33.0	1600 1900	220 2407 1003 2dysalst. D.O. 244
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1 Jan. 31 Jan	31 - 3100	31 - 310 3410 31 - 310 3410	14 5721700 150 2611700	21 46 21 57 33 63 22 04 22 23 33 91
1 Feb 29 Feb 1 Mar. 31 Mar.	31 , 3100	29 ·· 290 5190 31 · 310 3410	367 262 17 00 410 262 17 00	22 24 43 57
		2 24 22433		
	2/3 00	2130 23430	5767 11900	220 178 87155 43
				Observed At Richards.



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DATE NOVEMBER	2012		