

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name

Regt. No

Corps

Buott, William L. ONE

669034 Rank Pte

166th Os Bn

Med unfit.

50464



Deceased 10-4-52

R. O. No.

H. Q. No.



26 - 10
4 - 10
6 - 10

2

WILL ENQUIRY

Name BUOTT- Wm. L. Regtl.No. 669054

INFORMATION OBTAINED

REMARKS

Will d. 18-9-16 removed from
Docs and sent to EST/DVA.

Research by: MBB Date 28/4/52

DUPLICATE COPY OF THIS FORM
TO BE PLACED IN DOCUMENT ENVELOPE

This space to be for numbers.

Proceedings on Discharge.

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

No.	669054
Rank	Private
Name	William Lionel Baett
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	166 th O.S. Battalion
Date of Discharge	Dec 8/16.
Place of Discharge	Tomb
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....39.....years.....months.	Descriptive Marks 10' 5" Tall Tattoo on right wrist
Height.....5.....feet.....3.....inches.	
Complexion.....Tallow.	
Eyes.....Brown.	
Hair.....Blk Brown.	
Trade.....Tel Operator.	
Intended place of residence	38 Brock Coast, Tomb
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of Medically unfit.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. Very good
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Tel. Operator

M. F. B. 218.

100m.—6-16.
H. Q. 1772-33-113

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) Toronto

Geo. Acheson Col.

(Date) Dec 8/16

Commanding Canadians War

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Toronto - 1013rd (Signature of Soldier.)

(Date) Dec 8/16 F. J. Holland (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Toronto

(Signature)

Geo. Acheson Col.

(Date) Dec 8/16

Bin C. Casualties (C.F.M.D.) #2

Reservations referred to at Para. 8.

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

List of Discharge Documents.

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

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

Reg. No. 669054 Name Buott, W. L.
Rank Pte Corps 142 (C.S.) Age 39 Service 6 9/12
Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

Base Toronto10-10-16AsthmaWent to visit16-11-16

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Three months pay and allowances after discharge.

W. L. _____
Christian Name

Address (in full)

Base Hospital,

Toronto, Ont.

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 46038—M. & D. 9245.

[illegible]

Remarks: For reference only. A.P.2439-W-3.

Remarks: For reference only. A.P. 2439-W-3. When W. O. E. Declaration is passed for Overpaid Certificate to be noted. Refer ~~Computers~~ to folio 8 on file 2439-W-3 S.A. & A.P. 2/25/19
Cheque to be mailed in care of V. A. C. Toronto 2/25/19

M. F. W. 127.
25M.—8-18.
1772-39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No.

Dependent.....

Name.....

Address.....

Pay Soldier \$.....

Clerk.....

Dec'n No. W.S.G. No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$ \$

Less P. D. P. Credited \$

Less further debit balance \$

Net due paid as below \$

TO SOLDIER TO Pay-Dependent \$.....

No.	Ag. No.	Ch. No.	Amount	No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						
Total				Total		

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.....

SEPARATION ALLOWANCE

Name Beatrice BuottName of Soldier Buott W.L.

Address

~~20 Lippincott Ave~~
~~318 Carlton St~~ Toronto

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

38 Brock Crescent off Brock St Ontario

Relation to Soldier

wife, child or mother

} Wife

pte
~~166 Batt~~
Transcasualties 1/10/16 (summed 7/12/16)

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....
W-

MILITIA AND DEFENCE SEPARATION ALLOWANCE

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Beatrice Buott
Sheet No. 2.

OVERSEAS CONTINGENTS

Wife
PAYMENTS.

Name of Soldier

Buott. W. L.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 460	40	40
May		04969	20	20
June		18357	20	20
July		86907	20	20
Aug.		10774	20	20
Sept.		215395	20	20
Oct.	10	18803	20	20
Nov.		N 21527	20	20
Dec.		425019	20	20
Jan.	1917	m-25365	5	mailed 7-12-16
Feb.				5.00 due to close
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....PER *W*.....

*Pension granted
9/12/16
Jensen
7/3/17.*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Name Re. Goulet W. L.

Regimental No. 669054

Unit 166 Bn

Date of enlistment Jan 26/16

Place of "

Married (yes or no)

Amount of pay assigned monthly \$

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

ob 2376. M. & D. 6692.

[illegible]

Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

Casualty Form—Active Service.

150M. 10-15.
H.Q. 1772-39-920

Regimental No. 669054

Bank

Name _____

Enlisted (a) *22 Jan. 176*

Terms of Service (a)

Service reckons from (a)

Date of promotion to
present rank.

Date of appointment
to lance rank

Numerical position on
roll of N. C. Os.

Extended

Re-engaged.

Qualification (b)

(z) 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. [P.T.O.]

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 669054 Rank Pte Name W. S. Buett
Corps Casualties who was* Discharged
On Decr 8th 1916, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st Oct 1916
to Decr 8th 1916 the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'l Pay <u>69</u> days at \$ <u>1</u> c	<u>69</u>	
by } No.			Field Allow. <u>69</u> days at \$ <u>10</u> c	<u>6</u>	<u>90</u>
Cheques } No.			Other Allowances* <u>Blacking</u>	<u>13</u>	
Assigned Pay No.			Other Credits*		
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>78</u>	<u>88</u>	<u>90</u>			
Balance Cr. (to be paid by the new unit)					
Total	<u>88</u>	<u>90</u>	Total	<u>88</u>	<u>90</u>

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned
Pay for the month of..... 191... 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 26/1/16
(2) if married and if a Separation Allowance Card has been submitted.....
(3) cause of discharge and authority.....

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 18/1/16

Place TORONTO, ONT.

L. D. Nurse

PAYMASTER, LOCAL CASUALTY DISTRICT, C.E.F.

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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 669054 2. Rank. Pte 3. Original C.E.F. Unit. 166 Cef.
4. Christian Names William Lind 5. Surname. Buott
6. Address, in full, to which future payments of gratuity are to be forwarded 924 Dufferin St
Toronto

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	<u>669054</u>	<u>CANADIAN SERVICE.</u>	<u>166th C E f.</u>
2nd Enl.	<u>no</u>	<u>—</u>	<u>—</u>
3rd Enl.	<u>no</u>	<u>—</u>	<u>—</u>
4th Enl.	<u>no</u>	<u>—</u>	<u>—</u>
Imp. Enl.	<u>no</u>	<u>IMPERIAL SERVICE.</u>	<u>no</u>

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	<u>Jan 22/16</u>	<u>Dec 8/16</u>	<u>Private</u>	<u>166th Cef.</u>	<u>Canada</u>	<u>Whitton Camp Toronto</u>
2nd Enl.	<u>no</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
3rd Enl.	<u>no</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
4th Enl.	<u>no</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
Imp. Enl.	<u>no</u>	<u>—</u>	<u>—</u>	<u>IMPERIAL SERVICE.</u>	<u>—</u>	<u>—</u>

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency no
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: no
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
11. Have you been issued with a War Service Badge? If so, give number and class. Honorable Service C 3790
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit. no
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates. no
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled. no
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no
(b) If so, are you in receipt of full pay and allowances from that Department? no
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge before discharge
18. Relationship of such dependent (Wife) Beatrice Burt
19. Present address, in full, of such dependent 924 Dufferin St-
Toronto
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name. no

REMARKS

Wife & 3 children

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: William L. Bruett.

Place of Residence: 924 Dufferin St Toronto

Declared before me at: Toronto.

This 17th day of July 19 19

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Geo. Cunningham

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
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REMARKS

Certified correct.

Assistant Director Pay Services, Mil. Dist. No.

Date

No. 66 9054 RANK

Pte.

NAME

Broth, W.^m Leonard
Broth

T.O.S. 166 of 1-10-16 UNIT

Local Casualties.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Oct. 1	1914 Dec. 8	C	Dischd (mu) 8-12+6	DO 14 of 16-11-16,
are closed by payment C.				

NO 669054 RANK Pte

NAME Buott Wm L.

T. O. S. 26-1-16

UNIT 166th Battalion

(206-25-1-16)

M. D. 2.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
Jan 26	Jan 31	✓		
Feb		✓		
Mar		✓		
April		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct. 20 a/c.			Transf. to Casualties 30-9-16.	S.O. 318 of 4-10-16.

O. O. R., 166th O/S Batt., C. E. F.
ATTESTATION - PAPER.

Original

No. 669054

136th.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

No. 2

MILITARY DISTRICT

JAN 14 1916

(ANSWERS.)

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your surname?..... **Buott**
- 1a. What are your Christian names?..... **William Lionel**
- 1b. What is your present address?..... **20 Lippincott St., Toronto, Ont.**
2. In what Town, Township or Parish, and in what Country were you born?..... **London, England.**
3. What is the name of your next-of kin?..... **Beatrice Buott**
4. What is the address of your next-of-kin?..... **20 Lippincott St., Toronto, Ont.**
- 4a. What is the relationship of your next-of-kin?..... **Wife**
5. What is the date of your birth?..... **24th October, 1877.**
6. What is your Trade or Calling?..... **Tel. Operator.**
7. Are you married?..... **Yes**
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
9. Do you now belong to the Active Militia?..... **No**
10. Have you ever served in any Military Force?..... **No**
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... **Yes**
12. Are you willing to be attested to serve in the } **Yes**
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **William Lionel Buott**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

William L Buott (Signature of Recruit)

Date **22nd January 1916** *W H Edmister* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **William Lionel Buott**, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

William L Buott (Signature of Recruit)

Date **22nd January 1916** *W H Edmister* (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 **Toronto** this **22nd** day of **January 1916**.

W H Edmister (Signature of Justice)

Description of William Lionel Buott on Enlistment.Apparent Age 33 years 3 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 ins.Chest measurement { Girth when fully expanded 34 ins.
Range of expansion 2 ins.Complexion SallowEyes BrownHair Dr. BrownReligious denominations. { Church of England C. of E.
Presbyterian
Methodist
Baptist or Congregationalist
Roman Catholic
Jewish
Other denominations
(Denomination to be stated.)

Tattoo on right wrist.

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 22nd January 1916 191Place Toronto

Medical Officer.

*Insert here "fit" or "unfit."

TORONTO RECRUITING DEPOT.

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Lionel Buott 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.

W. L. Buott (Signature of Officer)
Commanding 166th Overseas Battalion, Q. O. R.

Date MAY 10 1916 191

SURNAME.

Brutt

CHRISTIAN NAMES

William, Lionel

REGL. No.

669054

RANK

Pte,

UNIT

166th

FORMER CORPS

Nil.

CARD NO.

✓

S.O.S.

W. 10.

8-12-16

2

Bn.

NEXT OF KIN.

NAMES IN FULL

Brutt, Mrs. Beatrice

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~20 Lippincott St., Toronto,~~
318 Carlton St., Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England London

DATE

Oct. 24th 1877

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Jan. 22nd 1916

encl.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Telegraph
Operator

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

38

YEARS

3

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Sallow

EYES

Brown

HAIR

Dark brown

DISTINGUISHING MARKS

Tattoo on right wrist.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Jan. 22nd 1916

Present Address 20 L. spincott St., Toronto, Ont.

Next of kin - Mrs. Chas. Buott (mother)

314 Townsend St.,

Mrs. William Lionel Buott (wife)

38 Brock Crescent St.,

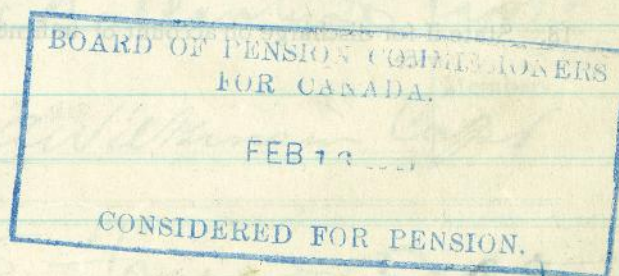
MEDICAL HISTORY OF AN INVALID. Toronto. Ont.
Peterboro. Ont.

1. Station. *Base Hospital. Toronto. Ont.* 8. General remarks on his :—
2. Regiment or Corps. *166th Cas. now.* (a) Conduct. *Good.*
3. Regimental No. and Rank. *#66905-4 Pte.* (b) Habits. *Good.*
4. Name. *William Lionel Buott.* (c) Temperance. *non drinker*
5. Age last Birthday. *39 yrs.* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *Jan. 22/16*
at *Toronto. Ont.*
7. Former Trade or Occupation. *Telephone Operator* Date. *Nov. 8/16.*

9. Service. Years. *29 1* Days.

	PERIODS.	
	FROM.	TO.
<i>166th Battalion</i>	<i>Jan. 22/16</i>	<i>Oct. 1/16.</i>
<i>Casualties</i>	<i>Oct. 1/16</i>	<i>Present</i>

10. (a) Disease or disability. *Pain in left Chest following pneumonia.*
(b) Date of origin. *March 1916*
(c) Place of origin. *Toronto. Ont.*
(d) Cause. *contracted pneumonia by becoming chilled after a route march.*
11. Present Condition. (Most Important). *Chest of fair development; expansion fair, slight rales in lower lobe left lung, expectorates some in morning, catches cold easily, pain in left side worse in morning and on deep breathing.*



12. (a) Is the disability the result of service or climate? *result of service*
(b) Has it been aggravated by intemperance, vice or misconduct? *no*

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

(1) Tattoo marks on both forearms.

(2) Scar from 3 to 4" long running transversely across middle of right forearm.

- (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?

does not apply

- (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.

person was on a route march about end of Feb. 1916 and was

perspiring freely and had to stand in cold for about an hour.

14. Treatment

in hospital & rest at home.

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

origin since enlistment

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

unknown duration

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

$\frac{1}{5}$ for 3 months.

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

For Discharge

H. MacDonald Capt. C.M.C.

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

18 Is he unfit for Military Service.

yes

Recommendations :

For discharge as medically unfit
and pension

Signatures :—

A. R. Holme Capt

President.

C. Ballantyne Capt.

Members.

Station.

Base Hosp. Toronto

Date.

Nov 8/16

A. W. Kinison Capt

Date.

9-11-16

G. S. Jones Capt

Assr. Director of Medical Services.

Approved.

Date.

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					
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.....

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.

Militia Form B, 227.

150 m-5-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No.	Rank
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
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95	95
96	96
97	97
98	98
99	99
100	100

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.

Next of Kin.- Do not Know

Medical Examiner

Do not know.

MEDICAL HISTORY OF AN INVALID.

Man's Address.- Wm, L. Buott, 38 Brock Crescent, Toronto, Ont.

1. Station. Exhibition Camp.

8. General remarks on his :-

2. Regiment or Corps. Pte

(a) Conduct. Good

3. Regimental No. and Rank. # 669054

(b) Habits.

Discharged from 166 th Bn.

4. Name. Buott, Wm. L.

(c) Temperance.

5. Age last Birthday. 39

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

6. Enlisted on Jan. 22/16
at Toronto

7. Former Trade or Occupation.

Date. Tuesday January 16 th 1917

Machinist

9. Service.

Years.

Days.

	PERIODS.	
	FROM.	TO.
166 th O.S.Bn. C.E.F.	Jan. 22/16	Dec. 8/16
Discharged	Dec. 8/16	

10. (a) Disease or disability.

Recovering from Pneumonitis & Pleurisy

(b) Date of origin.

March 1916

(c) Place of origin.

Toronto

(d) Cause.

Exposure

11. Present Condition. (Most Important)

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

He has again in chest and says he becomes short of breath. Chest is clear. There seems to be no adhesions or Rales Heart is normal but he has a slight cough.

BOARD OF PENSION COMMISSIONERS
FOR CANADA.

FEB - 1917

CONSIDERED FOR PENSION.

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

Yes Climate.

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

No.

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

Tattoo marks on both arms.

- (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?

Does not apply

- (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.

It was not exceptional

14. Treatment

Hospital

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

Aggravated by service. 3/5 for 3 months.

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

Three months

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

3/5 for 3 months

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

Yes

By order of

A. D. M. S. M.D. # 2.

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

18. Is he unfit for Military Service.

Yes at present

Recommendations :

That he be discharged as "Medically Unfit." (Class 2)

Treatment might $\frac{1}{2}$ assist in so far as he would get rest.

Signatures :—

H. R. Holme

President.

Capt. AMC.

J. H. H. H.

Capt. AMC.

Members.

Gilbert Parker

Lieut. AMC.

Station. Exhibition Camp.

Date. Jan. 17/17

Date. 18.7.17

Approved.

Date.

G. D. Cope

Assc. Director of Medical Services.

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 Depôt.

18. Is he under Military Service.

You are present

Recommendations :

That he be discharged as "entirely unfit" (Grade B-7)

Treatment might be needed in so far as he could get rest.

Return to duty at least 6 months

He is entitled to medical benefits until such time as he is able to return to work.

Respectfully,
[Signature]

Dr. J. H. Smith

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

Administrative Medical Officer.

Militia Form B. 227.
150 m.-5-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

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.