

ATTESTATION PAPER.

21927
No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (Slinn)

(ANSWERS).

1. What is your name?..... William Slinn
2. In what Town, Township or Parish, and in what Country were you born?..... Haywood, Lancashire Eng.
3. What is the name of your next-of-kin?..... Mother Kate Slinn
4. What is the address of your next-of-kin?..... Welfort Sask
5. What is the date of your birth?..... 18 November 1892
6. What is your Trade or Calling?..... Printer
7. Are you married?..... no
8. Are you willing to be vaccinated or re-vaccinated?..... yes
9. Do you now belong to the Active Militia?..... Yes
10. Have you ever served in any Military Force?.. If so, state particulars of former Service. no
11. Do you understand the nature and terms of your engagement?..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

W Slinn (Signature of Man).
George Shropton (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date 23 Sept 1914. W Slinn (Signature of Recruit)
George Shropton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Slinn, 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.

23 Sept 1914. W Slinn (Signature of Recruit)
George Shropton (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Valcartier camp this 23rd day of Sep 1914.

W Slinn (Signature of Justice)

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

W Slinn (Approving Officer)

11th Bn
Co
Description of William Slinn on Enlistment.

Apparent Age 21 years 10 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 5 1/2 ins.

Chest measurement { Girth when fully expanded 33 ins.
Range of expansion 1 1/2 ins.

Complexion dark

Eyes brown

Hair black

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

42nd ac l. arm

Scar-linear - 1" long
over back left index
finger

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 Sept 10 1914.

Place Valcartier

Lieut C.H. Robson
Camp
Medical Officer

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Slinn 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.

Referron Lt. Col. (Signature of Officer)

Date 13th Sept. 1914.

Of 11th Bn

Rank and Name Slinn, William

Regimental No. 21927

Name and Address of Next-of-kin

Unit 11th Battalion

Kate Slinn, (mother)

Date of enlistment Sep. 23rd, 1914

Melfort, Sask.,
Canada.

Place of birth England

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
25 th 11 th Bn		Promoted to L/Capt.	Valcartier	25 th 14	P. 200
3.5.15	do.	Transf. to 8 th Bn.	Shorncliffe	2.5.15	P. 2 D.O. 1
18.12.15	O.C. 8 Bn.	Granted leave from		8/12/15 to 16/12/15.	Part II O. 42.
7.2.16	do	Appointed L/Corporal	France.	8.5.15.	Part II O. 7.
21.5.16	2 nd Bn. Tunn. Coy.	Temp. att'd for duty	"	19.4.16	Part II O. 69.
30.6.16	—	Leave to be attached from 8 th Bn. on reattachment to 3 rd Bn. Tunn. Coy.	In the Field	7-6-16	Pt II O. 74.
30-6-16	3 rd Bn. Tunn. Coy.	Attached for Duty.	— do —	7-6-16.	Pt II O. 25.
6-10-16	O.C. 8 Bn.	Adv. No. 9. Sent Hosp.	Rouen.	28.9.16.	Cpl. 1478. S. 17/1 Foot. H.R. Band.
7-10-16	—	Adv. Royal Alexander Hosp.	Paisley	1/10.16.	Cpl. 1389.
7.10.16	—	Transferred to C.C. 2.3. (Scottish General Hosp. Glasgow)		29.9.16.	Pt II - 48.
10-10-16	C.C. 2.3.	Taken on strength.	" "	1-10-16	Pt II O. 444.

37143

139-81 4/3
R132B
519

21927 Slinn, W.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
19-12-16	8 th Bn	1 st Lt Con Hosp Woodside PK	Epsom	5-12-16	CLB 249 95-w L foot + R Hand
6-1-17	CCAC	Reported from Epsom	Hastings	6-1-17	PID 10.
10-1-17	C.C.A.C.	On Command to Garr. Duty Depot B1	"	9-1-17	PLD 17/E
12-1-17	8 th Bn	Dis CC Hosp Woodside PK became to be attached G.O.C.	Epsom	5-1-17	CLB 269 95-w L foot - R Hand
31-1-17	CCAC	on Command to 34 Bath	Hastings	17-1-17	PID 52.
18-1-17	3 rd	Wt from CCAC	Shoreham	17-1-17	15.
10-4-17	"	beases to be acc from CCAC	"	10-4-17	100
8-8-17	3 rd Bn	on pro to C.F.C.	"	1-5-17	152
17-4-17	C.F.C.	S.O.S. from 34 Bn.	London	10/4/17	" 90
7-5-17	Dist. 3	C.F.C. On Strength	1/ Coyt London	15 17 Pt 2 6	60. ex 2 Pt 2083 2/2.8.17
4-8-17	3 rd Dist	SOS to B. Depot C.F.C.	London	1-8-17	Pt 20.82
4-10-17	4 th CFC	T.O.S. 4 th QSS from BDCFC	"	1-10-17	114
22-10-17	BDCFC	T.O.S. from HQSS.CFC	Hale	22-10-17	152
8-11-17	"	SOS to 51 Dist CFC	"	8-11-17	167
22-11-17	Dist 51 CFC	Pt 138 2/13.11.17 Rank of adjt	Charm	2-11-17	Pt 137
21.11.18	CFC Dist 51	Refute to R. gr. "Pt"	4 th Lt Curriers	4.11.18	50. 54.
13.3.19	"	S.O.S. to B.D.C.F.C.	Pte	8-3-19	10 {T.O.S. B.D.C.F.C. 50.77 d/14.3.19 Pt}

Rank

PTE

Name

Slinn. W.

Reg'l No.

21927.

Unit

11th Batt.

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Welfort Sask. 23rd Sep. 1914.

Place of Birth

England.

Name and Address, Next-of-Kin

Kate Slinn

Welfort Sask. Canada.

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

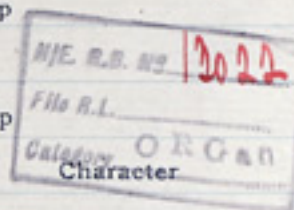
Payable to

Relationship

Discharge, Date and Place

Reason

H. W. & V., Ltd.-9546-16.



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
1st sheet of Record filed in Envelope. Perm. Transf. (V. Relin, Rank (Pte.))					
14-4-19	Master 11th Bde. TOS. Pending Relin to	Canada.	Pte. Rly.	12-4-19	1914 88.
14-4-19	ADCFE	SOS to Gm D Dist 11.	✓ Adm.	12-4-19	✓ 104.
3-5			53-9.	3-5-19.	
3-5-19	Master 12th Bde.	SOS to Canada	Pte. Rly.	3-5-19	✓ 104.

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

RANK

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

CARD NO.

P. 12

12

508 14-5-19

60135 of 15-5-19

12 12 12

Bn.

Nil.

Slinn, Mrs. Kate.

Mother

Welfort, Sask.

England Haywood Lancs.

DATE

Nov 18th 1892

DATE

Sept. 23rd 1914.

taken on strength 8th Batt. 3/5/15 (auth. Lt. H. D. 19 In the field 11/7/15)

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M. -11-16. H. Q. 1772-39-339.

9-5-19. 318/134 (plu)

Sailed from Inukbe^{rev.} S.S. Royal Edward Oct. 4/14

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Painter

RELIGION

Yes. Church of England.

DESCRIPTION.

APPARENT AGE

21.

YEARS

10.

MONTHS

HEIGHT

5.

FEET

5 1/2.

INCHES

CHEST MEASUREMENT

33.

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black

DISTINGUISHING MARKS

4 Vacc L. arm. Linear scar 1" long over back left index finger.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Sept 10th 1914.

Present Address. Not Stated

Army Form B. 178

MEDICAL HISTORY OF

Surname

Christian Name _____

TABLE 1.—General Table.

Birthplace { Parish Kaywood
 County Breashie, Eng.
 Examined { on 23rd day of September 191
 at Valcartier Camp
 Declared Age 21 years 10 days
 Trade or Occupation Painter
 Height 5 feet 5 1/2 inches
 Weight - lbs.
 Chest Measurement { Girth when fully Expanded 33 inches
 Range of Expansion 1 1/2 inches
 Physical Development -
 Vaccination Marks { Arm - RIGHT - LEFT -
 Number -
 When Vaccinated -
 Vision { R.E.-V = -
 L.E.-V = -
 (a) Marks indicating congenital peculiarities or previous disease—
-
 (b) Slight defects but not sufficient to cause rejection—
-
 Approved by -
 Rank -
 Medical Officer.

Enlisted { at.....
 { on..... day of 191..

Joined on enlistment	Corps 11th Balts Coy	Regtl. No. 21927
Transferred to	Canadian Forestry Corps.	

Became non-effective by
.....
on..... day of191.....
(Signature).....
(Rank).....

TABLE III.—Boards; Courts of Enquiry, 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 _____

Haslam Jan 7/16 *By*

James M. ...
PRESIDENT, *Am*
STANDING MEDICAL BOARD

9/4/17 TAB *n. m. ...*

27/9/17 ACU *Bladon*
Rept ...

26/3/19 *Unkyl. Hand St. 214.*
old 7. netu ...
Bit ...

TABLE IV.—Service Table.

[illegible]

02203 Oct, 6th, 1916. T.P.

T. O. Form 1

Canadian Pacific Railway Company's Telegraph

TERMS AND CONDITIONS



All messages are received by this Company for transmission, subject to the terms and conditions printed on their Blank Form No. 2, which terms and conditions have been agreed to by the sender of the following message. This is an unrepeatable message, and is delivered by request of the sender under these conditions.

W. J. CAMP, Assistant Manager, Montreal, Que.
D. H. BOWEN, Supt., Sudbury, Ont.
H. J. LILLIE, Supt., Toronto, Ont.
A. C. FRASER, Supt., Montreal, Que.
W. M. GODSOL, Supt., St. John, N. B.

W. MARSHALL, Assistant Manager, Winnipeg, Man.
R. N. YOUNG, Supt., Vancouver, B. C.
D. L. HOWARD, Supt., Calgary, Alta.
D. COONS, Supt., Moose Jaw, Sask.
E. M. PAYNE, Supt., Winnipeg, Man.

J. McMILLAN,

Manager Telegraphs, Montreal.

Ottawa, Oct, 6th, 1916.

Mrs. Kate Slinn, (mother)
Saskatoon, Sask.

DEPT.
MILITIA & DEFENCE

OCT 19 1916

H.Q. 6492 6056
CANADA

Sincerely regret inform you 21927 Private William Slinn, infantry

officially reported admitted 9th General Hospital Rouen gunshot
in foot, hand, ^{Sept 28th} Will send further particulars when received.

Officer i/c Records.

h

w

L

CASUALTY REPORT.

E.B.
DEPT
MILITIA & DEFENCE
NOV 14 1916
H.Q. - 605-6
CANADA

Reg. No. 21927 Rank Pte.
Surname Slinn
Christian Name William
Corps 8th Bn (Former 11th Bn)
List B 189
Adm. to Royal Alexander
Hospital Paisley (Aff. 4th Scottish
General Hosp. Glasgow on
Oct. 1st. 1916
(L.S. It. left foot & right hand)

Next of kin

Name Slinn Kate Mrs. (Mother)
Address Melfort Sask.
Canada
Date Nov. 10/16 B.A.B.

COPY.

Original letter apparently
despatched without H. Q. number

November 12th. 1916

From -

The Adjutant-General,
Canadian Militia.

DEPT.
MILITIA & DEFENCE

NOV 14 1916

H.Q. CANADA

649-8-6056

To -

Mrs. Kate Slinn,
Melfort, Sask.

21927 Pte. William Slinn,
Canadian Expeditionary Force.

Madam,-

I have the honour to state that information
has been received by mail from England, to the effect
that the soldier marginally noted was admitted to
Royal Alexandra Hospital, Paisley, affiliated No. 4
Scottish General Hospital, Glasgow, Scotland, on
October 1st. 1916, suffering from gun shot wounds in the
left foot, and right hand.

2. Any further information received will be
communicated to you without delay.

I have the honour to be,

Madam,

Your obedient servant.

F. B.

1/c Record Office,
for a/Adjutant-General.

DEPT
MILITIA & DEFENCE
JAN 30 1917
H.Q.
CANADA

CASUALTY REPORT.

Reg. No. 21927 Rank Ode

Surname Slinn

Christian Name William

Corps 8th Bn. (Form. 11th Bn.)

Disch. from Com. Hosp.

Woodcock Camp, Esplanade 5-1-17

G.S.W. L. Foot, R. Hand.

Next of kin.

Name Mrs Kate Slinn (mother)

Address Melfort, Sask.

Date 29-1-17 M. Brown

COPY.

Original letter apparently
despatched without H. Q. number

January 29th, 1917.

From-

The Adjutant-General,
Canadian Militia.

DEPT
MILITIA & DEFENCE
JAN 30 1917
H.Q. CANADA

To-

Mrs. Kate Slinn,
Melfort, Sask.

649-8-6056

21927 Private William Slinn,
Canadian Expeditionary Force.

Madam,-

I have the honour to state that
information has been received by mail, from England,
to the effect that the soldier marginally noted
who had been suffering from a gunshot wound in the
left foot and right hand at the Convalescent
Hospital, Woodcote Park, Epsom, England, was
discharged therefrom on January 5th, 1917.

I have the honour to be,

Madam,

Your obedient servant,

Frank Beard

i/c Record Office,
for a/Adjutant-General.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 21-10-70

NAME SLINN, WILLIAM
NOM

Service No.
Matricule No 21927-

CPC No.
CCP No 135271

WVA No.
AAC No 216566

Information Received from:
Information reçue de: VA TELEX D*20-10-70

Date of Death
Date du Décès OCT. 19, 1970

Place
Endroit SHAUGHNESSY HOSP.

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
AF Gould
for Chief, Central Registry Division.
Dépôt central des dossiers.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Summerville DATE 26/3/19

1. 1 (a) Unit C. For Corp (b) Regimental No. 121927 (c) Rank Pte

(d) Surname Spinn (e) Christian name William

(f) Home address Meffort. Sask. Canada

(g) Next of Kin Mrs. A. Spinn (h) Relationship Mother

(i) Address of Next of Kin Same as F

2. Age last birthday 26 Date of birth 18/11/1892

3. Enlistment, or Appointment (if an Officer) (a) Place Prince Albert (b) Date 23/9/1914

4. Personal description:

(a) Height 5-5 1/2 (b) Weight 140 (c) Complexion Fair
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Deformity of 2nd & 3rd fingers. Rt Hand

5. Former trade or occupation Printer

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

	Years	Days
	<u>4.</u>	<u>184</u>

	PERIODS	
	From	To
Canada	<u>23.9.14.</u>	<u>Oct. 1914 (stat.)</u>
England	<u>Oct. 1914.</u>	<u>3.5.15</u>
	<u>29.9.16</u>	<u>29.9.16</u>
France or other theatres of War	<u>3.5.15</u>	<u>29.9.16</u>

7. Original disease, or injury 1. CONTUSION 2ND 3RD 4TH DIGITS. HAND R.
2. COMPOUND FRACTURE 2ND 3RD METATARSALS LT.

(a) Date of origin (192) 26.9.16. (b) Place of origin Somme.

(c) Cause G.S.W.

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

1. ANKYLOSIS, INTERPHALANGEAL JOINT, RT. INDEX, DISTAL INTERPHALANGEAL, OF MIDDLE

& RING FINGERS RT. — Some weakness & partial loss function RT. hand.

2. ~~Old~~ OLD FRACTURE 2ND & 3RD METATARSALS, LT. — Pain on walking much.

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

1. Objective: — Large callus formation of proximal & middle phalanges & ankylosis of interphalangeal joints of index finger (RT). Distal interphalangeal joint of middle finger is ankylosed in extended position & distal joint of ring finger is ankylosed in semiflexed position. Grip of hand is good. A small wart-like projection on inner side of prox. interphalangeal joint (index) & on same point middle finger. Subjective: — Stiffness of hand and some weakness, e.g. in carrying anything. Wart-like projections are tender to pressure.

2. Objective — Some callus formation of these 2 bones, but union is apparently good & movements of foot normal. Subjective: Has cramp across heads of metatarsal bones on standing for long time or on walking far. Can walk five miles.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... *No* Cardio-Vascular System..... *No* Genito-Urinary System..... *No*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... *No* Respiratory System..... *No* Integumentary System..... *No*

Disturbances of Mentality..... *No* Digestive System..... *No* Muscular System..... *No*

Osseous and Joint Systems..... *No* Any other general condition..... *No*

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

wounded. I.S.W. Rt foot & Rt hand. 26.9.16. Invalided to Eng. 29.9.16
X-rayed & diagnosed: Index finger smashed. Middle finger
fracture 2nd phalanx. & Ring finger some splintering of bone
at distal joint. X-ray foot - fracture 2 & 3 metatarsals. Operated
on hand in France. - Excision; & straightened fingers. -

Original M.H.S. sent. Epsom C.C.H. 4.12.16 - 5.1.17 & then
C.C.A.C. where he was boarded RT.

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).)

V.D.G. in August 1917.

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

Deformity hand R. (as in Q. 9.) Scar index finger to small scar L. foot

11.—(a) Did the disabling condition have its origin before enlistment? (1. 2.) NO

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

1. NO 2. NO

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a. (1+2) NO b. (1+2) 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? 1. Permanent. 2. 6 months.

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

Excision of wounds. Drainage. Hand & foot put up in splint. Remedial gymnastics.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit (1. 2.) NO
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. N.A.

Dr. Macdonell, Surgeon.
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, William Olin, 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. Olin 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.

Board concurs

19. Is the invalid fit for

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

(Category A) (Yes or No) *no*
 " B) (Yes or No) *yes*
 " C) (Yes or No) *yes*
 " D) (Yes or No) *no*
 " E) (Yes or No) *no*

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
- (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged.

(When not for discharge add special recommendation.)

Boarded for return to Canada
Authority G. L. 4083 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 if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

DATE

Summerville

26/3/19

J. H. Jones
C. H. Newman

President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

APPROVED BY

APPROVED BY

J. H. Lathland
 Assistant Director of Medical Services
 for A. D. M. S., Canadians, London Area

ASSISTANT DIRECTOR OF
 MEDICAL SERVICES,
 CANADIANS, LONDON AREA
 Director-General of Medical Services.
 APR 28 1919
 13 BERNERS ST. LONDON, W.1

President.

Members

14/5/19
Saskatoon
Condon
H. H. H. H.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 21927 (Rank) Pvt

Name (in full) Slinn, William enlisted in
the 11th Batt.

CANADIAN EXPEDITIONARY FORCE at Valcartier Camp on the 23rd
day of September 1914.

HE served in 8th Batt France.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age <u>26 7/12</u>	Marks or Scars <u>Vacc 4 St am.</u>
Height <u>5' 5 1/2"</u>	<u>Scar. back of left.</u>
Complexion <u>Dark.</u>	<u>index finger.</u>
Eyes <u>Brown.</u>	<u>Deformity of 2nd and 4th</u>
Hair <u>Black</u>	<u>finger right hand.</u>

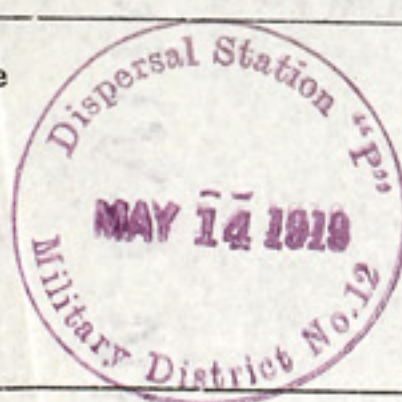
W. Slinn
Signature of Soldier

J. M. McConnell
Issuing Officer

Capt
Rank

May 14th
Date April 20 1919.

Date of Discharge



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

WAR SERVICE BADGE
 CLASS A
 67240
 ISSUED 14.5.49

*Awarded 1914-15 Star for service
 in France prior to Dec 31st 1915
 by British Empire*

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

Height	
Weight	
Complexion	
Eyes	
Hair	
Signature of Soldier	
Date of Discharge	
Rank	
Issued On	
Date	

NOTE: If the holder of this Certificate will be issued any pension or gratuity, it is to be paid to the holder of the Certificate, unless otherwise directed by the Secretary, British Empire, Ottawa, Canada.