REGIMENTAL DOCUMENTS

S

NAME AITCHISON Walter Harold REGT NO. 270544 UNIT 215th Battn H. C. FILE NO. 3110

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/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit
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W. 2589
100M-11-19
1772-39-1377

ORIGINAL

ATTESTATION PAPER.

No. 270344

215th BATTALION

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Aitchison
1a. What are your Christian names?	Walter Harold
1b. What is your present address?	Paris P.O. Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Princeton, Blenheim Co. Ont. Canada
3. What is the name of your next-of kin?	(Mrs.) Mary Aitchison
4. What is the address of your next-of-kin?	Paris P.O. Ont. Canada
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	May 10, 1895
6. What is your Trade or Calling?	Driver
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Yes, 25th. Brant Dragoons
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter Harold Aitchison, 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.

Walter Aitchison (Signature of Recruit)

Date June 3, 1916. Jacob H Cripps (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Harold Aitchison, 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.

Walter Aitchison (Signature of Recruit)

Date June 3, 1916. Chas L Wigg (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 Burford, Ont. this 3rd. day of June 1916.

W F Miles (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-341.

Description of Walter Harold Aitchison on Enlistment.

Apparent Age 21 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 2 ins.

Complexion Light

Eyes Blue

Hair Light

Religious denominations:
- Church of England
- Presbyterian
- Methodist Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

None

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 June 3, 1916. W. Johnston

Place Burford, Ont.

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.

Walter Harold Aitchison 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.

(Signature of Officer)
Lt.-Col.

Date June 3, 1916.

O.C. 215th. Overseas Battalion, CEF.

In Card

MEDICAL HISTORY SHEET.

215th. OVERSEAS BATTALION C.E.F.

2151

Surname AITCHESON *Christian Name* WALTER HAROLD

Examined { on 3rd. day of June 1916
at Burford, Ont.

Birthplace { City or Town Blenheim, Ont.
County Oxford,

Apparent age 21

Trade or occupation Driver

Height 5 Feet 5 Inches.

Weight 125 Lbs.

Chest measurement { Minimum 29 inches.
Maximum expansion 2 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number None

When Vaccinated last Never

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection

Eye test; R.D.40
L.D.40

Approved by [signature] Surgeon

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
JUL 29 1916		
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
JUL 13 1916		
		M.O.
JUL 20 1916		
		M.O.
JUL 27 1916		
		M.O.

Enlisted on 3rd. *day of* June/16 *191* *at* Burford, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	215th.O's Bn C.E.F.	270344	Temperate	3/6/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname ALTCHESON Christian Name WALTER HAROLD

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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. 270344 Rank Private Name Aitchison, Walter H.

Corps 215th O/S Batt'n. CEF who was* Discharged

On October 11th 191 6 to - - - -

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from October 1st 1916, to October 11th 1916, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques } No.			Regt'l Pay 11 days at $1.00c	11	00
Advances by Cheques } No.			Field Allow. 11 days at $ .10c	1	10
Assigned Pay No.			Other Allowances* Clothing allowance on discharge	8	00
Other Charges* Regimental Chgs	2	50	Other Credits*		
Clothing stoppage forfeited	10	00			
Payment on transfer or discharge No. 5261	17	60			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	30	10	Total	30	10

*Give Particulars.

A monthly stoppage of $ NIL (†) has ---- (‡) been paid on account of Assigned Pay for the month of ---- 191 to (Assignee) -----

(Address) NIL

(†) 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 June 3rd 1916.

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

(3) cause of discharge and authority Medically Unfit- Camp Orders 9/10/16.

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

NIL

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

Date October 19th 1916.

Place Brantford, Ont.

Paymaster

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

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

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

3 6/16.

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

239

SEPARATION ALLOWANCE

Name Mary Aitchison

Address P.O. Box 336
Paris
Ont.

Relation to Soldier wife, child or mother } Mother

Name of Soldier Aitchison N. H.

Regtl. No. 2403444

Rank Pte.

Corps 215th Batt.

To what Corps belonging when called out }

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

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—813.

Sheet No. 2. Mrs. M. Aitchison Mother

PAYMENTS.

Name of Soldier Aitchison H. H. Pte.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		X 13907	58	58
Sept.		B 14575	20	20 B 17993 Cancelled
Oct.		~~B 17993~~	~~20~~	20
Nov.				20 ~~Discharged 11/9/16 (D.P.M.L. 9/10/16)~~
Dec.		M. 25291	7	Corrected Dis. 11/10/16 PML 28/11/16
Jan.	1917			mailed 5-12-16 ~~Claim of $ overpaid requested~~
Feb.				14/10/16
March				Credit Slip forwarded to any dept
April				+ 12/16 [illegible]
May				~~7 due to closed A.D.~~
June				ACCOUNT CLOSED
July				DATE ..... PER W
Aug.				
Sept.				
Oct.				~~7.00 due to above~~
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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.				

F[illegible]in Only.—Unit, Number, Rank and [illegible]me.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 215th Overseas Battalion C.E.F.

Regimental No. 270344 Rank Pte. Name Aitchison, Walter Harold.

Enlisted (a) 3/6/16 Terms of Service (a) C. E. F. Duration of war & 6 months afetr Service reckons from (a) 3/6/16

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
Date	From whom received				

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

[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				

No. 270344 RANK Pte. NAME Aitchison, Walter, H.

T. O. S. 3-6-16 DO70 of 1-6 UNIT 215th Battalion

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 7	1916 June 30	—		
July.		—		
Aug.		—	Harvest Furlough.	DO117 of 1-8-16
Sept.		—		
Oct. 1	Oct 11.	O. S.	Discharged 11-10-16	DO178 of 1-10-16
			a/c closed by charges.	O. S.

UNIT SAILED
APR 29 1917

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		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(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.

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. 270344

Rank Private

Name Aitchison Walter Harold

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 215th. Bn. C.E.F.

Date of Discharge 11.10.16

Place of Discharge Niagara Camp

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 4 months.
Height 5 feet 5 inches.
Complexion Light
Eyes Blue
Hair Light
Trade Driver
Intended place of residence (To be given as fully as practicable.) P.O.PParis Ont.

Descriptive Marks

Ont.

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

Medically Unfit

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.

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.

Good [signature] LT. COL.
215th. OVERSEAS BATTALION, C.E.F.

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:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Driver

M. F. B. 218.

160m.—6-16.
H. Q. 1772-39-113

(OVER)

Noted 19-5-17 E.O.

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

Nil

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

6. Medals and Decorations ..... Nil

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) Niagara Camp

(Date) 11.10.16

Commanding 215th OVERSEAS BATTALION, C.E.F. LT. COL. O.C. 215th. Bn. C.E.F.

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) W H aitchison (*Signature of Soldier.*)

(Date) 11/10/16 H Oldham (*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. 130

Total.....years.....days. 130

11. **Confirmation of Discharge.**

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

(Place) Niagara Camp

(Date) 11.10.16

(*Signature*) 215th OVERSEAS BATTALION, C.E.F. LT. COL. O.C. 215th. Bn. C.E.F.

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.)

W H aitchison

(OVER)

(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.

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

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.

Name - Aitchison Walter Harold, Paris, Ont.

Next-of-Kin - Aitchison Mary, Paris, Ont. Mother

MEDICAL HISTORY OF AN INVALID.

1. Station. Niagara Camp
2. Regiment or Corps. 215th. O. S. Batt.
3. Regimental No. and Rank. 270344 Private
4. Name. Aitchison Walter
5. Age last Birthday. 21
6. Enlisted on June 3rd./16 at Paris, Ont.
7. Former Trade or Occupation. Teamster Date. Sept. 20th./16
8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Temperate

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

DEPT. MILITIA & DEFENCE OCT 14 1916 649-A-2256 CANADA

9. Service. Years. Days.

	PERIODS. From.	To.
215th. O. S. Battalion C. E. F.	June 3rd./16	~~Sept. 20th./16~~ To date

10. (a) Disease or disability. Crushed Heel
    (b) Date of origin. 1909
    (c) Place of origin. Paris, Ont.
    (d) Cause. Crushed between stone and car track.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

There is a small painful and tender depressed scar over the inner side of the os- calcis of the left foot. This is the result of an accident 7 years ago in which the foot was crushed and spicules of necrosed bone removed from the heel There is considerable pain and tenderness when walking or drill -ing. there is also a scar on right side of chest evidently a result of operation for pleurisy.

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

M. F. B. 227.
150 M—5-16.
1772-39-117.

Carded 30-10-16 MB

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

Scar on heel from accident

(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?

Not sustained on duty

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

No

14. Treatment

None

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

Not aggravated by service

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

Permanent

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

None

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

Yes Discharge Unfit for Overseas Service

L H Cavalis Capt

Mill 215th B Capt

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:

that he be discharged as Medically Unfit.

Signatures:—

Charles Carter 2 Lt President.

W B Jackson Capt. Members.

Station. Niagara Camp.

Date. Sept. 26.

W M Jones Capt.

Date. 7. 10-16

G H Fuller Capt

Asst. Director of Medical Services.

Approved.

Date. 28 10/16

Oscar A Cameron Capt

Director-General of Medical Services.