S

REGIMENTAL DOCUMENTS

NAME AITKEN. William REGT. NO. 466451. UNIT 63rd Battn H. Q. FILE NO. 3245

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401936

W. 2589
100M-11-19
1772-39-1377

Original

ATTESTATION PAPER

No. 466451 102

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS)
1.	What is your name?	William aitken
2.	In what Town, Township, or Parish, and in what Country were you born?	Lesmoud
3.	What is the name of your next-of-kin?	Eliza Hawk aitken
4.	What is the address of your next-of-kin?	P.O. Box 38 Lethbridge alta
5.	What is the date of your birth?	23rd December 1890 Canada
6.	What is your trade or calling?	Printer
7.	Are you married?	yes
8.	Are you willing to be vaccinated or re-vaccinated?	yes
9.	Do you now belong to the Active Militia?	no
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	4 yrs canadian militia
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

Wm Aitken (Signature of Man.)

G G Trimble (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William aitken, 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.

Wm Aitken (Signature of Recruit.)

Date July 8th 191 . G. G. Trimble (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William aitken, 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.

Wm Aitken (Signature of Recruit.)

Date July 8th 191 . G. G. Trimble (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 Lethbridge this 8th day of July 1915.

(Signature of Justice.)

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

Geo. B. McLeod Lt

(Approving Officer.)

M. F. W. 23.
200 M.—3-15.
M.Q. 1772-89-241.

DESCRIPTION OF William Aitken ON ENLISTMENT.

Apparent Age 24 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6 1/2 ins.
Chest measurement — Girth when fully expanded	35 1/2 ins.
Chest measurement — Range of expansion	2 1/2 ins.
Complexion	Fair
Eyes	Blue
Hair	Light brown
Religious Denominations — Church of England	
Presbyterian	yes
Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

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.)

One vaccination left arm

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 July 8th 1915. Commanded M.D

Place Medicine Hat Alta Capt Army 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 Aitken 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.

Geo. J. Wood (Signature of Officer.)

Date July 8th 1915

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 466451 (Rank) Private

Name (in full) William AITKEN enlisted in

the Sixty-third Overseas Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE at Medicine Hat, Alberta on the Eighth

day of July 19 15

HE served in France with 7th Battalion,

and is now discharged from the service by reason of "Being Medically unfit for further service although fit for employment in Civil life

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

Age 28 Years 1 Month

Height 5 Ft. 6½ Inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars G.S.W.Chest and Face.

.....
Signature of Soldier

W. MacLeod
Issuing Officer

Lt.
Rank

Officer i/c Discharge Section District Depot M. D. 13
Appointment

Date of Discharge January 24th, 1919

Signed at Calgary, Alberta this Twenty-fourth day of January 1919.

in Military District No. 13

File Reference No. 13 D A 97

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

Presented at the demobilization the Ont. Military District. Should particulars called for on back of this certificate will not be considered.

M7 A233

Calgary Military Hospital,
March 17th.1919

Mr.William [illegible]AITKEN, former no.in 63rd.Bn. #466451.

Born,- Aber[illegible]deen, Scotland. Age,- 28 years 3 months.

INTELLECTUAL DEVELOPMENT

Attended Public School in Aberdeen until age of 14 years.
Was in grade vii,highest grade in Public School when he left.

HISTORY

Came to Canada with his parents at age of 14 yrs.Parents
settled in Lethbridge,Alberta.He remained with them and became
apprenticed in the office of Printers & Stationers,Lethbridge.
Was with them one year when he went into Herald office.Remained
with the latter one year. Finished time on Morning News,
Lethbridge. Was running a partnership paper in Raymond,Alta.
when he enlisted in 1915. Went overseas in April 1916. Went to
France with 7th.Bn.May 191[illegible].Was wounded at "Bluffs",July23/16.
by shrapnel bullet which entered thorax about 1/2" below and
one inch to inner side of [illegible]eft nipple,emerging 4th.interspace
and sternal margin.(bullet deflected by fountain pen).
Returned to England,-Edmonton Military Hospital;was in hosp.
246 days; the wound discharged for months. From Edmonton Mil.
went to Epsom Conval.Was at the latter place about 3 weeks.
Went to Hastings to C.C.D.and remained here one month.He was
then returned to Depot,Seaford,where he remained 3 weeks ,at
end of which time he returned to his original unit in France
April 1917.Carried on with unit until night of Nov.7/1917,
when he was wounded on his way in to relieve 85th.Was hit in
face and head by piece of shrapnel and was knocked unconscious.
Awakened next day in No.15.C.C.S.Was kept here one month then
sent down to #7.Can.Hosp.,Etaples; from here to Trouviere,
where he remained three weeks.Was sent back to Can.Base and
boarded as a nervous case (Bii.x).Remained at base employed
at light duty until severe bombing,June 1918.Was then sent on
conducting duty to south of France. Re-boarded Oct.1918,and
sent back to England and in Nov.1918 returned to Canada,
arriving in Calgary Dec.6/1918. Discharged Jan.24/1919.

COMPLAINT

(1).Complains of being very nervous in that unexpected noises startle or alarm him. This is followed by pulsation in the temples and severe frontal headache.
(2).Finds he cannot concentrate his mind on anything requiring particular mental effort.Several times of late has been engaged at setting advertisements,and when he has met with difficulty in spacing,eyes have become a blur,he has lapsed into state of forgetfulness,and on coming to himself has been seated in his chair with several around him.
(3).Sleeps rather fitfully.Cannot sleep where there is any noise

EXAMINATION

Fairly well nourished individual of medium build and fair complexion.Skin good color and normal to feel.States he is about 12 lbs.under weight,weighing 132 lbs.stripped.Eyes and general appearance this evening is that of one who is tired.Seems rather emotional.Tears appear in eyes readily in conversation about pals,or about kindness of individuals in office.
SCARS.Irregular scar is noted on upper lip and tip of nose

(over)

B. P. C. FOLIO
FALSE DOCKET
H
31

Report		Record of promotions, reductions, transfers, casualties, &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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	AAG	T.O. S of Cdn Labour Pool from 7th Batt.		11-1-18.	P II O. 9. 22.1-18
11.1.18	CGBD	Arrived from No 1 CGBD		11.1.18	N Roll 577
7/3/18.	do.	B2. x.		7/3/18.	W 3339. 393.
	AAG	Trfd. to England (Surplus Unfit) and posted to Cdn. Genl. Dep. S. Cliffe		26/9/18	KR 34015 P II 154 of 28.9.18
		A.B. Johnston			
			Capt. for Lt. Col AAG Cdn Lns 3rd Ech. GHQ		
30-9-18	Gen Depot	Taken on Strength	S'cliffe	27-9-18	P II O 232
					J Ahern Lieut. for Colonel i/c Records, OMFC
1.10.18	Do	SOS to R.C.R.D. Seaford	S'cliffe	28.9.18	Do 233. 1.10.18
					Alfred Price Lieut., for O.C. CANADIAN GENERAL DEPOT.

Army Form B. 103. Sheet II Regimental Number 4664

Casualty Form—Active Service.

Regiment or Corps 7th Edn Battalion 46645

Rank Pte Surname Aitken Christian Name William

Religion ..... Age on Enlistment .....years .....months

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and rate .....

Occupation ....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &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	Remarks Taken from Army Form B. 213, Army Form A. 36 or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
27.10.17	OC 7th	Do Hospital		25.10.17	B213
25.10.17	15 C C S	Fac. Face. Acc. Ad	15 C C S	25.10.17	A7994
7-11-17	7 Can Gene	" " Do	6 Con Depot	7-11-17	B2903
9.11.17	14 Con Depot	" Ad	14 Con Depot	9-11-17	B5582
4.11.17	7 Cdn Gen	" Ad	7 Can Gene	4-11-17	B1502
6.11.17	6 Con Depot	" Ad	6 Con Depot	6-11-17	B5270
2-11-17	2 C F A	" Do	15 C C S	25-10-17	B1856
30.12.17	14 Con Depot	" Do	Base	30-12-17	C5303
2-1-18	1 C M B D	Clas T.B		2-1-18	HR
10-1-18	"	Classified B. 2.		10-1-18	HR: Pte 110.6.04.21-1-18
12-1-18	C G B.D	Transferred to Can Labour Pool		10-1-18	S77. KR 1623

Pte 110.6.04.21-1-18

(*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*) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25666) C. P. & S., Ltd. Forms B./103, B/1555.

Date of Enlistment: July 8th 1915

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

965

Date of Assignment: May 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30 1-9-18	

1-12-17 P.C. 3257 P.C. 2753 M.R.O. 26917

RATE OF ASSIGNMENT

$20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 466451

Rank Pte. Promoted Reverted Discharge

Soldier's Name W. Aitken

Battalion "D" Coy 63rd Batt.

Beneficiary Mrs Eliza S. Aitken

Relationship Wife MFW 2554 7 8/18

Address Box 385. Lethbridge Alta

PARTICULARS OF ASSIGNMENT

Name Mrs. ~~W.~~ E.S. Aitken (Wife

Address Box 385, Lethbridge, Alta

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Sept.		425	340	$7 65 00	
Oct	C 50366	20 -	20 -	40 -	
Nov.	C 52175	20	20	40	T
Dec	C 59898	20	20	40	C
Jan	F 61148	30	20	50	S.
Feb.	B 90928	25	20	45	
Mar	G 98154	25	20	45	
apr	G 7926	25	20	45	C
may	A 10856	25	20	45	C
June	B 13775	25	20	45	C
July	Y 26734	25	20	45	C
AUG	A 29212	25	20	45	C
SEP	A 35836	25	20	45	C
OCT	A 42472	25	20	45	C
NOV	A 50573	25	20	45	C
DEC	A 62510	45	20	65	C
		810	640		

REMARKS 159-W-13

MFW 2554 ok. 946 21/11/18 41880

S.A. Marriage Cert. dated 23 12/15

Sub ap

A/c Closed 31/12/18

Ret'd per Aquitania

MD. 13

Date 28/11/18 F.X. 3/12/18

Clerk J Collins

CANADIAN ASSIGNED PAY AUDITED

C M Hood AUDIT CLERK

DATE 14/5/19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22880—M. & D. 7668.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

A 365

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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 out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names ...William.... 2. Surname ...Aitken.....
3. Rank ...Pte:..... 4. Original Unit ...63rd..... 5. Reg. No. 466451.
6. Address, in full, to which future payments of gratuity are to be forwarded ...Wm. W.... ...Aitken.....P.O.Box 385.....Lethbridge... ...Alberta.....
7. Date of enlistment in the C.E.F. ...8th July....1915.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ...Mrs E.S. Aitken...
9. Relationship of such dependent ...Wife.....
10. Address, in full, of such dependent ...2107 1st Ave. St.... ...or P.O. Box 385 Lethbridge Alberta.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ...No.....
12. 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:—
...Left 22nd April 1915 T. Served with the... ...7th Battn in France returned Home Dec 1st 1918
13. 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.....
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service .....
...No.....
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ...July 8th 1915 date of enlistment ...until ...January....24th 1919 date of Discharge ...63rd Battn T./1st Res. T. 4th Battn,...
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department .....No.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ...No....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12_18.

FEB 25 1919

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Nil

19. 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 and by whom paid ..... Nil

20. Have you been issued with a War Service Badge? If so, what class ? ..... No

21. Have you, during the present war, served in the Imperial Forces ? ..... No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..... No

(b) If so, was such reversion in consequence of misconduct or inefficiency ? ..... No

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge January 24th 1919 (b) Reason for discharge Medically Unfit for further service

25. 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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 4th B.
Yes 4th Battalion May 29th 1916
Sept 29th 1918

27. (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

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 in virtue of the Canadian Evidence Act.

Signature of Applicant: William Aitken

Place of Residence: 2104 1st Ave N. Lethbridge Alberta

Declared before me at: Lethbridge Alta.

This 31st day of January 19.19

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	Nil		420 00	
	420 00		~~Dr 6 82~~ 420 00	6 00
	~~Dr to be recovered 6 82~~ 420.00		180 S A	~~593 18~~
			~~593 18~~ 600 00	

Certified Correct. L Edwards Capt. District Paymaster.

GENERAL AUDITED DISTRICT AUDITOR M.D. 13

XE

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

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

17. Recommendations Reclassification.

C. Hinson
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned W. Aitken. 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. Aitken
Signature of soldier 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 criticized.

Pulse sitting 108. Touching toes six times pulse 144 and soldier dizzy and forced to support himself with his hands. Pulse returns to 112 in 3 minutes Marked tremors of extended hands. Severe headaches late afternoon. Speech tremulous and hesitating about three hours sleep at night remains broken marked dyspnoea after touching toes six times.

8 (d) Nervous debility(marked).

19. Is the soldier fit for

(a) General service,	(Category A)	(~~Yes or~~ No).
(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 soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

No.

(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).

B. P. C. FOLIO
FALSE DOCKET
2

A.M.S. 76
6 FEB 1919

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Class "E".

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

.....*President.*

PLACE... Calgary, Alberta. .....

DATE..... January 9th, 1919. .....

.....

} Members.

APPROVED BY .....

Assistant Director of Medical Services.

DATE..... 11-1-19 .....

APPROVED BY .....

Director-General of Medical Services.

DATE.....

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

.....*President.*

PLACE..... .....

} Members.

DATE..... .....

ORIGINAL

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

78th Bn. Overseas. STATION Calgary DATE Jan. 7. 1919.

1. 1 (a) Unit D.D. 13. (b) Regimental No. 466451 (c) Rank Pte.

(d) Surname Aitken (e) Christian name William

2. Age last birthday 26 yrs. Date of birth Dec. 23. 1890.

3. Enlisted at Medicine Hat. on July 8. 1915.

4. Personal description:—

(a) Height 5' 10" (b) Weight 140 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks Scar on forehead.

5. Address after discharge (for the use of the Board of Pension Commissioners) 2107 - 1st Avenue North. - (Lethbridge)

6. Former trade or occupation Printer.

7. (a) Service	Years	Days
		182.

	Periods	
	From	To
	July 8. 1915.	Jan. 7. 1919.

(b) Has he been overseas? Yes. 8. Original disease or disability G.S.W. (a) chest. (b) face.

(a) Date of origin 23-7-16 (b) Place of origin France.

(c) Cause* Active service. G.S.W.

(d) Present disease or disability Nervous debility.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Man well nourished; good color; appears age given. Shows scars on chest and on forehead, result of wounds. Heart rapid, 104 per m. irregular, no lesion. Lungs and other organs normal, but man is nervous. Complains

B. P. C. FALSE DOCKET 5

M. F. B. 227.

300M.—2-18.
1772—39—117.

32

9. Present condition.—(*Continued.*)

of palpitation and dyspnoea on exertion or when excited. Some stammering on excitement.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Excitable. Digestive Yes. Respiratory Yes. Cardiac Tachycardia

Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part Yes.

10. History: (*a*) of Condition referred to in "a" section 9.

Wounded surface of chest, precordial region, and blown up by high explosive, since when he has had nervous condition.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Man reports wounding a second time at Passchendaele, 29th Oct. 1917, and shows scar on forehead as result.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 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? 3 months.

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

———

(continued.-)

extending dimly to inner canthus, right eye, and thence to bridge of nose and upwards obliquely to right on forehead almost to margin of hair. Another scar as described above over left precordial area.

Movements in all limbs normal.Muscles of left arm havn't as good tone as those of right arm.
Muscle Reflexes,-Epigastric,Rectii and Cremasteric normal.
Tendon Reflexes increased in patella and tendo-achilles.
Apparently normal in triceps. Plantar flexion in feet normal.
No ankle clonus.
Cutaneous reflexes.- Normal to cotton wool and heat and cold.
Hypersensative to painful impressions. Apparently hypersensative to touch on bottoms of feet.

Equilibrium,station and co-ordination normal. No organic lesion present.

Neurasthenia is evidently disability present.

A. J. Wearn Capt., C.A.M.C.

B. P. C. FOLIO
FALSE DOCKET
3

30

Forms
I. 1237
11

846

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
546	466451	Pte	Aitken	William
Year 27-2-17	Unit. 7th Batt. C. E. D.		Age. 26	Service. 1y/12

CANADIAN MILITARY HOSPITAL HASTINGS, SUSSEX

Station and Date.	Disease
C.M. Hosp Hastings 27/2/17	Influenza Headache pains in limbs etc H. A. Craig Capt.

DISCHARGED TO DUTY.
7 - MAR 1917

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

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

C.A.D.C.5009.
20M-19-2-18.

13

4662,51
Pte Aitken V

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

BCR

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
CANADIAN DISCHARGE DEPOT NOV 18 1918	Fit		Yes at C.D.D. Capt. C.A.D.C.	

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to active service?	Has he ever received Dental Treatment.	Recommendation.

R—122

A.G.R. Rank Name AITKEN, William ✓ 32 Reg'l No. 466451 ✓

Unit 63rd Bn. If in perm. Corps, What Unit? Married or Single Married ✓

Place and Date of Enlistment Medicine Hat, 8th July, 1915. ✓ Place of Birth Scotland. ✓

Name and Address, Next-of-Kin Eliza ~~Howe~~ Stowe Aitken, ✓

P.O. Box 385 Lethbridge, Alta., Canada. ✓ Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N.E. R.B. No 12342
File R.L.
Category Can OR

R133 B228
~~139/54~~
W

BC

9816

Report. Date.	Report. From whom received.	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.
		Arrived in England.	SS Metagama	5-5-16	
28-6-16.	OC 63rd Bn.	Struck off. To 7th Bn.	Shoracliffe	28-6-16.	Pt II. O 154. 103. Chd. 11-7-16 RH
7.7.16	7th	Taken on Strength	Field	29-6-16	Pt II O. 27.
1-8-16	7 Bn.	Military Hospital	Edmonton N.	26-7-16	CL B 127 GSW Chest Wall seven on.
7 8 16	" "	Wounded & Trans to CCAC Folkestone	In the Field	26 7 16	Pt II O 31.
3.8.16	CCAC.	Taken on strength.	F'Stone	26.7.16.	Pt. II 310
25.9.16	7th Bn.	Tfd ~~Adm.~~ to C.C.H. Woodcote Park	Epsom	19.9.16	C.L. B/173 G.S.W. L. Breast.
25.11.16	"	Dischgd. from " "	"	18.11.16	" 226 "
20.11.16	CCAC	REPORTED TO C.C.A.C. from Epsom	Shoreham	17.11.16	Pt II O 511 B
20.11.16	C.C.A.C.	On Command to Comm. Depot	Shoreham	18.11.16	" 511 D P.T.

GD

466451. AITKEN. ✓

Report. Date.	Report. From whom received.	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.
		C C A C			
7.3.17	7 Bn	Adm to Can Mil Hos	Hastings	17-2-17	CLB 311 Influenza
9.3.17	7 "	Disc frm Can Mil Hosp	Hastings	7.3.17	CLB. 313 "
11-3-17	C.C.A.C	S.O.S. on transfer to	Hastings	10 3 17	Pt. II D.O. 117
		B C Regiment			BC Pt II D.O. 7.
7-3-17	7 Bn	Adm Can Mil Hp	Hastings	28-2-17	CLB 311 Influenza.
16-4-17	BC Rept D.	Cease to be shown on Com @ 3 CCD			1st Res Pt II D.O. 100.
		& S.O.S on posting to 1st Res Bn	Seaford	12-4-17	Pt II D.O. 38.
17-5-17	1st Res.	SoS to 7 Bn Opens		17-5-17	7 Bn Pt II D.O. 48 d 31-5-17 Pt II D.O. 134
14-4-17	3 CCD.	Ceases to be on Comd	St Leonards	12-4-17	Pt II D.O. 47.
31.10.17	BC Regt	Adm No 15. Cas Clg Stn	Field Pte	25 10 17	CL.A. 51. Wc. Lacerated Face acc.
14 11 17	" "	No 7 Can Gen Hosp	Etaples "	4 11 17	— 63 " " Jaw. " "
17 11 17	" "	No. 6. Conv Depot	" "	7.11 17	— 66. " " " "
19 11 17	" "	No 14. Conv Depot	Trouville "	9 11 17	— 67 Lac Wd Jaw acc
6 21-1-18	7th Bn.	SOS to Can Lab Pool	Field "	10-1-18	Pt II O. 6. + CLP. Pt II O. 9 D/22 1/18.
28-9-18.	C Lab Pool	SOS to Gen Dep, Scliffe {Surplus Unfit}	—"— "	26-9-18	—"— 157. Gen Depot D O 232 D/30-9-18
1-10-18	Gen Depot	SOS to BCRD, Seaford	Scliffe Pte	28-9-18	—"— 233 BCRD Pt O 235 d/1 10/18
19 11-18	BCRD	On Comd 1st CDD	Seaford —	18 11-18	Pt O 277.
9-12-18	BCRD	Ceases att CDD & SOS to Can	— —	22-11-18	Pt II 294 (no suitable employment

A.F.B. 103 CHECKED
W.B. 11 JUN 1917

C

I. #754197 Pte Mc Nally, E. of the 7th Can. Inf. Bn, make the following statement - Re Injury by Motor Car to #464451 Pte Aitken W. of the same Battalion, on the night of Oct 25th 19.17, about 7.5 p.m. near Maison Blanche on the Canal - St Amare road.

That - while proceeding on duty with Private Aitken carrying Officers Kits to billets at the Maison Blanche the latter was struck in the left hip by a motor car thrown down and injured by the fall and possibly by the blows of the car.

That the car causing the accident was a Staff Motor Car. carrying a flag. that hearing the approach of a car in the rear I had turned and seen the car approaching; that its right wheels were caught in rut at the edge of the cobbles and that it was trying to climb out and that as it did so on approaching Pte Aitken that it hit him in the left hip throwing him down and against me in front:; that the car was a Cadillac 8 - Number not readable act of mud; that the car did not stop but carried on.

E. Mc Nally. #754197
2 Coy 7th Can.

A.G's. Office in the Field
No.
-6 NOV 1917
CANADIAN SECTION

Army Form B. 103. Regimental Number 466451

Casualty Form—Active Service.

Regiment or Corps 63rd Battn

Rank Pte Surname Aithen Christian Name William

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 8-7-15 Terms of Service (a) D of W Service reckons from (a) 8-7-15

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) Printer

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions reductions, transfers, casualties, &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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked...			
1-10-18	Gen. Depot	TOS. B C Reg Depot	Seaford	28-9-18	Pt II DO. 235
		Detailed to Depot Coy.			
19-11-18	B C R D	On Command to C.D.D. Buxton	Seaford	18-11-18	Pt.2.D.O. 272
			B W Wright		
			For O.C. B.C. REGL. DEPOT.		
19 NOV 1918		Attached C.D.D. Buxton for return to Canada Part II Order No. 274			
		Causes to be attached C.D.D. Buxton on [illegible] Canada			
22-11-18	Embarked Reg Cand	H D Patterson			
29-11-18	Disembarked Canada				

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) [P.T.O.

#466451, Pte. Aitken, William

Report		Record of promotions, reductions, transfers, casualties, &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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
~~22-11-18.~~		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 238 Lieut. Col. Officer Commanding District Depot No. 13			
24.1.19		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 24 AUTHORITY Routine Orde 232 dated Ottawa 22-2-19 Lieut. Col. Officer Commanding District Depot No. 13			

Fill in Only.—Unit, Number, Rank and Name.

CERTIFIED CORRECT.
Canadian Record Office
Westminster House
7, Millbank, S.W.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-09

413

Casualty Form—Active Service.

Unit, Regiment or Corps 63

Regimental No. 466451 Rank Private Name William Aitken

C. E. F.

Enlisted (a) July 8th 15 Terms of Service (a) Duration of War Service reckons from (a) July 8th 1915

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) Printer

Report: 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.
		Embarked Canada, April 22/1916. Arrived England. May 5/1916. Transferred to 7th Bn. Ro 154	Overseas	28.6.16	B Stafford. Major 63rd. Batt. C. E. F.

2-SEP 1916

J. Revill Capt. Adjt.
Lt Col
O.C. 63rd Battn C.E.F.

(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 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.
29.6.16.	CBD.	Taken on strength 7th Bn	CBD	29.6.16	NR. Pt II O. 27 dt. 7.7.16
15.7.16	O.C. 7th	joined unit.	Field	14.7.16	B213. DCS 350
26.7.16	3 Can Gen	G.S.W. Chest wall. To	HS "Cambria"	26.7.16	W3083. Pt II Orders 31 dt. 7.8.16
30.7.16	2 C.F.A.	Sh. W. left lung Tsfd	17 C.C.S.	24.7.16	A36 DCS 358
24.7.16.	3 Can Gen	" Ad	3 Can Gen.	24.7.16	W3034
		(to CCAC)	Field	26.6.16	P II.O. 31.

[signature] LIEUT. FOR LT COL. A.A.G.

12.4.17 Discharged from 3rd C.C.D. St. Leonards to 1st Res Bn. Part II D.O. No. 48 [signature] Lieut. for Adjutant for O.C. 3rd CANADIAN COMMAND DEPOT 16-4-17

13/4/17	O.C. 1st Res	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Sen/wr	12/4/17	Pt. II 100 BC Rgt 38.
17/5/17	O.C. 1st Res	PROCEEDED ON DRAFT TO 7th BATT	Sen/wr	17/5/17	Pt. II 134 BC Rgt 38.
3.8.16	CCAC	T.O.S.	Fstone	26.7.16.	P II.O. 310.
11.3.17	"	SOS to BC Rgts	Hastings	10.3.17.	" " 117. BC Rgt 7.

[signature] Captain, Adjutant, 1st Canadian Reserve Battalion.

[signature] LIEUT: FOR LT. COL. I/C RECORDS. C.O.M.F.

CERTIFIED CORRECT 15 JUN 1917 CAN. RECORDS LONDON

18/5/17	CBD	Taken on strength 7th Bn		18.5.17	Pt II O. 48 dt. 31.5.17
		joined 1st Entrench Bn		7.6.17	NR
15.8.17	Unit	JOINED UNIT		20.8.17	B 213. D.C.S 469 dated
3.11.17	GOC 2nd Army.	Cuts on forehead, nose & lips. Accidentally Injured (A4W.3428)		25.10.17.	K.D.O. 16/29364

L. L. Job 310—M. & D. 6574.

2nd. Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

P. 19/4

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

wife

To Whom Mrs W. aitken

Address Box 385
Lethbridge
Alta

Rate $20— MAY 1 1916

By Whom Assigned aitken W

Regtl. No. 466451. 466457

Rank Pte

Corps 63rd Batt.n D Coy.

PAYMENTS

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

CANADIAN
ASSIGNED PAY AUDITED
Cumford
AUDIT CLERK
DATE 14/7/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs. W Aitken wife

Name of Soldier Aitken W.

466451. Pte. 63rd Bn. D Co.

L. L. Job 310.—Req. 6574.

$20.00 MAY 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		J 3414	20	
June		H 9362	20	
July		G 8119	20	
Aug.		A 111185	20	
Sept.		B 15294	20	
Oct.		B 19629	20	
Nov.	$140	B 24574	20	
Dec.		B 33145	20	
Jan.	1917	D 37121	20	
Feb.		D 42649	20	20
March		D 48746	20	20. L.
April		E 176	20	20 L
May		E 6689	20	
June		E 13093	20	20 E.
July		G 20089	20	
Aug.		G 26850	20	$340.00 - WDC
Sept.		F 38161	20	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 14/1/19

MILITIA AND DEFENCE

ASSIGNED PAY

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.				

married 23-12-15 8-7-15 2 23 4/17 170

P. SW

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Eliza S Aitken

Address Box 385
Lethbridge
Alta

Relation to Soldier wife, child or mother } wife

Name of Soldier Aitken, Wm

Regtl. No. A 66451

Rank Pte

Corps 63rd Battn

To what Corps belonging when called out } ✓

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Married after enlistment 23/12/15
Sept.				Issue no cks
Oct.				Await (marriage Cert) + Ob's Pen.
Nov.				Await O C's per to marry. Eyle
Dec.				
Jan.	1915			
Feb.				
March				Marriage certificate produced
Apl.				dated 23-12-15
May				
June				
July				
Aug.		N 3072	35 -	35
Sept.		E 15730	20	20
Oct.		E 18117	20 -	20
Nov.		J 14898	20	20
5 Dec.		E 22627	20	20
Jan.	1916	E 25169	20	20
Feb.		E 27756	20	20
March		F 30562	20	20

F 30562 - Cancelled

CONSOLIDATED ACCOUNT 1

170.05
1735
3/25

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

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

P. 23/4/17 W.C.W.

Sheet No. 2. Eliza S. Aitken. (Wife) Wife.

Name of Soldier Aitken Wm.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			B 31189 Cancl. F.A.C.
Feb.		~~B 31189~~ ~~B 31188~~	~~240 00~~ ~~240 00~~	B 31188 Cancelled J.F.C.
March		0.31806 B 34284	130 — 20	130 Issue adjustment cheque mailed 7-2-17 Auth S M O'Brien 26/4 Brankin 26/4
April		C 196	20	20
May		C 3777	20	20
June		D 7520	20	20
July		C 10587	20	20
Aug.		E 13854	20	B 425.00 ✓
Sept.		D 18307	20	$170.00 — W.D.C.
Oct.			20	Bo
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.				

BEDFORD COMMAND.

Completed 7.8.16

EDMONTON MILITARY HOSPITAL.

Full Bath

Blanket Bath

Conveyance to Ward

MEDICAL CASE SHEET.

Ward Mary West Religion Presby.

Regtl. No.	RANK AND NAME. (Surname first).	Corps.	Squadron, Troop, Company or Battery.	Age.	Service.	Number in Admission and Discharge Book.
466451	Pte. Aitken. Wm.	7 Canadn	1st Coy	26	1yr / 1mth	292

Admitted from Boulogne

Name and Address of nearest known Relative or Friend Wife Mrs Aitken.
(This must not be left blank, if not known, state so.)
P.O. Box 385 Lethbridge. Alberta. Canada.

Date of Admission to Ward July 26th 1916.

Disease G.S.W. chest. (In sided penetrat my muscles.? Buttock)

Slight or Serious.	Convalescent Home—	Address while on leave, and name of Doctor attending.	Stretcher.	Regimental Depot
Severe.	Name..... Date..... Return.....			

Date of Discharge ~~or Death~~ to Epsom 18.9.16 ~~191~~

(1) Diet.			(2) Initials of Medical Officer in personal charge.	(3) Extras.			(4) Initials of Medical Officer in personal charge.
Date when Ordered.	Diet.	Date when Discontinued.		Date when Ordered.	Article.	Date when Discontinued.	
July 26th	Fl		Huch				

If the Patient is wholly dieted on Extras, the word "Nil" is to be inserted in the column for Number of Diet.
The date is to be inserted whenever the Diet is changed, or whenever any Extra is ordered or discontinued.

CASE PAPER—*continued.*

History of the Case: G. S. W. Chest.
Bluff July 23rd. 1916.
C.S. to R chest, penetrating
pectoral muscles. Some swelling
Dirty shapes in wound. ? pus deep.

Condition on Admission:

Termination of Case _____

In the event of Death, the date and apparent cause thereof:—

Date _____ 191 . Primary _____ Secondary _____

Date.	Record of subsequent History.	Date.	Record of Treatment.
	Arst Hospe	July 27th	Rubber gauze Fomens

DEMOBILIZATION
PAY DIVISION, M. D. 13

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. 466451 Rank Pte. Name AITKEN W.

Corps 63rd who was* discharged

On 24.1. 191 9, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.1. 191 9 to 24.1. 191 9, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	21	28
Advances by Cheques No. A.R. 95	20	00	Regt'l. Pay 24 days at $ 1 00	24	00
Advances by Cheques No.			Field Allow. 24 days at $ e. 10	2	40
Assigned Pay and Sep'n Allce. No. A2855	44	00	Separation Allowance* (Monthly) 24 days	24	00
Other charges			Other Allowances* Clothing	35	00
Payment on transfer or discharge No. A 2861	42	68	Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	106	68	Total	106	68

*Give particulars.

A monthly stoppage of $ 20.00 (†) has (‡) been paid paid on account of Assigned

{ Pay for the month of January 191 9
{ and Sep'n Allce. for month of Jan. to 24th 191 9 } (to) Assignee Mrs. E.S. Aitken

(Address) Box 385, Lethbridge Alta.

(†) 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.

Out Allowance of $ has been paid by Paymaster, Military District No

REMARKS:—

State (1) date of enlistment

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

(3) cause of discharge M.U. authority S.M.R.

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 18.1.19

Place CALGARY

LIEUT.
PAYMASTER—DEMOBOLIZATION PAY DIVISION M.D.13
Paymaster.

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

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

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

BT
M. F. W. 44

M.Q. 1772-33-992.
100M-9-18. D.P. 374.

C. 18/9/16

CCAC 466.H

PT 18/11/K

ORIGINAL

MEDICAL HISTORY SHEET.

4664

Surname Aitken Christian Name William

Examined on 8 day of July 1915.
at Medicine Hat.

Approved by
Cuthbertson

Birthplace City or Town
County Scotland

Rank Capt M.O. 8

Apparent age 24

Trade or occupation

Height 5 Feet 6½ Inches.

Weight Lbs.

Chest measurement Minimum 33 inches.
Maximum expansion 35½ inches

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

TAB 3 m

Date	Fit or Unfit	Examined for Re-engagement
		1918 M.O.
		28 OCT. 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
28.10.15		C. J. McKinnon M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
21-8-15	Reaction	Cuthbertson M.O.
29.9.15	" "	C. J. McKinnon M.O.
7/1/17.		R. H. McNeil M.O.

Enlisted on 8 day of July 1915 at Medicine Hat

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	63rd Batt 7th BN	466451	T	8th July 1915
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford Seaford - Calgary 17 JAN. 1917	18-10-18 14-11-18. Jan 9th 1919	New. Debility. do. Nervous Debility	B. 1 Invalided Apl. B. 11 PRESIDENT STANDING MEDICAL BOARD E. J. Stewart Capt Can. S. & M.

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.

100M.—1-15.
H. Q. 1772-39-439.

CANADIAN

A-167

Surname Aitken Christian Name William

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
Edmonton M.H.		6.	3.	16	27.	3.	16.	Rheumatism	22	Recovery Duplicate Medical History Sheet posted to here	J H Marshall
(CANADIAN DIVISION), CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM.		18	9	16	18	11	16	GSW Chest	63	Disch to CCCC For P.T. Duplicate Medical History Sheet posted to here	J. Burnett ... Capt. C.A.M.C.
Edmonton London.		26	7	16	18	9	16	G.S.W. left chest	54.	A flesh wound penetrating the pectoral muscles. Much swelling around. The wound is very septic Fomentations & syringing with H2.O.2 Transferred	H.P.Webb
~~C.C.H. Epsom.~~		~~18~~	~~9~~	~~16~~	~~18~~	~~11~~	~~16~~	~~G.S.W.~~			
Can.Mil.Hosp. Hastings.		27	2	17	7	3	17	Influenza	9.	Recovered	H.G.Craig Capt.DT.

466451

DUPLICATE.

MEDICAL HISTORY SHEET.

Surname Aitken *Christian Name* William

Examined { on 8th day of July 1915
at Medicine Hat

Approved by H Preston

Rank Capt M.O.

Birthplace { City or Town
County Scotland

Apparent age 24 years

Trade or occupation

Height 5 Feet 6 Inches.

Weight Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35½ inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease

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

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

Date.	Result.	Vaccinations.
28.10.15		H Preston M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
21.8.15	reaction	H Preston M.O.
29.9.15	"	H Preston M.O.
7/1/17		A.Y.McNAIR. M.O.
Tab. 3.		

Enlisted on 8th *day of* July 191 5 *at* Medicine Hat

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	69rd O.Bn.	466451		8th July 1915.
Transferred to	7th BN			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
17th. Jany. 1917.			

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.

200M—11-15.
H. Q. 1772 39-479.

Surname Aitken Christian Name Alexander

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Edmonton M.D.		6	2	16	27	2	16	Rheumatism	22	Recovery	[illegible]
Can.Div.Conval Hosp.Woodcote Park, Epsom.		18-	9-	16	18	11	16	GSW. Chest.	63.	Discharged to C.C.A.C. for P.T.	J.M.Burnett Capt., Registrar, C.A.M.C. (W.W.)

ORIGINAL 2nd Shed. 466 of 57

Army Form B. 178

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

MEDICAL HISTORY OF

Surname Aitken *Christian Name* William

TABLE I.—General Table.

Birthplace { Parish.....
County .....

Examined { on.....day of.....191
at .....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches
Range of Expansion .....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...

	Corps	Regtl. No.
Joined on enlistment	.....	.....
Transferred to	.....	.....
	5 Bn	4664/57
	.....	.....

Became non-effective by .....

.....

on..... day of .....191...

(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
Seaford	New. Debility
15-10-16	Dr ..... Inv. Nicholl Capt.
.....	PRESIDENT. STANDING MEDICAL BOARD.
.....	.....
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TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
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[11,886] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	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
	Day	Month	Year	Day	Month	Year				

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD, 18-10-1916

No. 466451 Rank Pte Name AITKEN, WILLIAM

Local Unit B.C.R.D. Overseas Unit 7th Bde Age 28

Examination held at SEAFORD.

DISABILITY.
Overseas—~~Local~~.
(scratch one out)

NERVOUS DEBILITY.

PRESENT CONDITION.

Went to France in June 1916, wounded in Chest. in July 1916 & evacuated to England; in hospitals 117 days. Again went to France Mar./17, says he was again wounded in Face in Nov./17. M.H.S. gives no information of this but he shows the scars.
Boarded by A.D.D. in Sept 1918 (he says) and evacuated to England as unfit.
Complt.- Nervousness & palpitation of heart.
Exam:- Nervous looking young man, tremor of whole body, voice tremulous reflexes much exaggerated. Heart- 120 standing, increased easily on exertion, no organic lesion. Lungs & other systems normal.

BOARD RECOMMENDS:—Wounds healed & not a disability.

1. Fit for Duty Bde
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { F.W. MacNeil Capt ..... President.
{ J. McNichol, Capt .....
{ .....

APPROVED 19 OCT 1918

Dated at Seaford, Sussex 1916.

APPROVED.

Captain, C.A.M.C.
for A.D.M.S., Canadians,

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

PRESENT CONDITION.

DISABILITY. NECESSARY TREATMENT.

Examination held at ..... Dated at ..... 19..

No. ..... Rank ..... Name ..... Age .....

Local Unit ..... Overseas Unit .....

1 Fit for Duty

2 Discharge

3 Fit for Temporary Base Duty ..... weeks

4 Fit for Permanent Base Duty

BOARD RECOMMENDS:—

Signature ——

Dated at ..... 19..

APPROVED

Member

President

For A.D.M.S

A.F. W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

		Date of Casualty.
1. Number, Rank, Name, and Unit of injured man.	464451 Pte Aitken W 7th Can. Inf. Batt	25/10/17

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) cuts on forehead, nose and lip

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.) while walking on main road carrying officers' kits to quarters he was hit from behind by an automobile (military) said to be a staff car, but did not stop.

4. Commanding Officer's opinion as to whether the man was:—

(*a*) In the performance of military duty, Yes

(*b*) To blame, No

(*c*) Whether any other person was to blame.

Date .....

J. Phelps T Major
Commanding 7th Can Inf Batt

5. (*a*) Opinion of G.O.C. Brigade. accidental

(*b*) Disciplinary action taken or proposed, whether against injured man or another. No blame attached to casualty

Date 28 10 17.

J W Lornie Brig. Gen
Commanding 2nd Canadian Brigade.

6. To Second Army "A."

Forwarded with reference to my Casualty Wire No. xxxxxxxxxx dated Not previously reported.

Date 30-10-1917.

A. C. Macdonell
Major General.
Commanding 1st Canadian Division.

A.W. 4962

7. To D.A.G.,
G.H.Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as accidentally injured

Date 3-11-17

P.W. Bentinck Capt
G.O.C. Second Army.

A.G.'s OFFICE AT THE BASE — 5 NOV 1917 — C.R.

A.G.'s OFFICE AT THE BASE — No. 16/29364 — 6 NOV 1917 — K Dd — CANADIAN SECTION

ADJUTANT GENERAL'S BRANCH, G.H.Q., 3RD ECHELON. — CENTRAL REGISTRY. — 5 NOV 1917 — C.R. No. K

16/9734
16/12395

ARMY PRINTING AND STATIONERY SERVICES A—5/17—S985—

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under Sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under Section 18 for wilful maiming.

D.M.S. 1300.

Surname: Aitken
Christian Name or Names: W.
Reg. No.: 466451

Rank: Pte.
Unit: 7th Bn
Co.: B.C.
Troop:
Batty:

Hospital:
Date of Admission:

Transferred Mil. H. Edmonton N. Hosp. 26.7.16
Epsom Con Hosp. 19.9.16
Can Mil Hastings Hosp. 28-2-17
15 Cas. Clear. Stat. Hosp. 25.10.17

Diagnosis (1) G. S. W. Chest wall (Sev) L. Breast.

Later Diagnosis (if changed) (2) Influenza

(3) W. Lacerated Face. Acc. inc

Additional Diagnosis: if more than one state present (Jaw.)

DISPOSITION

Date

Disch 18-11-16
" 7.3.17

REMARKS

Dis Base Details 30.12.17

Cl. 1. 8. 16 # B/127
- 25.9.16. B173.
- 24-11-16 B226
7-3-17 B 311
" 9.3.17 B 313
1-11-17 A51-2
15-11-17 @ 63 (4)
19-11-17. a. 66 (4)
~~[illegible]~~ 11.17 a. 67 (5)
- 8. 1. 18 a/106-3.

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

R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	No. 7. San. Gen. Etaples.	4-11-17.
	" 6. Conv. Etaples.	6.11.17
2.	14 Conv. Trouville	9.11.17
3.		
4.		
5.		
6.		
7.		

LOCAL CARD

*Name AITKEN Wm. Rank Pte. Regtl. No. 466451

Fyle Depot I.D.D. A-97.

Original unit 63rd. Bn. Present unit 7th. Bn. M. or S. M Age 28 Religion C of E Ref. H.Q.

Port, ship and date of arrival Halifax, Aquitania, 28-11-18

Next of kin Mrs. W. Aitken, wife, P.O. 385, Lethbridge.

Address on leave as above

Address on discharge 2107-1st Ave North

Transportation issued Yes / No Date Character on discharge

Previous occupation Printer Date and place of enlistment Medicine Hat, 8-7-15.

Diagnosis Nervous Debility Date of Medical Boards 7-I-19

Date.	Remarks	Pt. 2 Order No.
22-11-18	Posted to Casualty Company Calgary 9-12-18	238
	Granted leave with subsistence to 23-12-18	238
24-I-19	Discharged from H.M. Service	24

*—Name will be given in full ; surname first.

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m:—5-18
1772-39-1243

No. 4 5 1
46643-1

RANK Pte.

NAME Aitken W.

T.O.S. 8-7-15.
D.O.13 13-7-15.

UNIT 63rd Battalion C. E. F.

M. D. 1 3

PAID FROM	PAID TO	SIG. OR REC'T
1915 July 8	1916 July 31	✓
aug.		✓
Sept		✓
Oct		✓
Nov.		✓
Dec.		O. S.
1916 Jan.		✓
Feb.		✓
Mar.		✓
Apr.		21

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
MAR 23 1916

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B127	Mil. Edmonton Ca.	26-7-16	G.S.W. chest wall Lev.
B173	Can. Mil. Cond. Woodcote Pk. Epsom	19.9.16	G.S.W.C. breast
B226	Discharged	18-11-16	" " " " "
B211	Can Mil Hastings	28-2-17	Influenza
B213	Discharged	7-3-17	Influenza
A51.	No. 15. C.C.S.	25-10-17	W.C. Lacerated Face acc
A63.	No 7 Can Gen: Etaples	4-11-17.	Lac. Wd. Jaw acc 10-12-17
A66-4	#6 Cond. Etaples	7-11-17	" " " B.C. Regt.
A67.	#14 Conv. Dep. Trouville	9-11-17	" " " " 13-12-17
A106 3	Medical Base details Etaples	30-12-17	" " " " C 26-1-18

H. Q. FILE No. 649-

NAME Aitken William.

REGT'L. NO. 466451

RANK AND CORPS Pte 7th Bn. From 63rd Bn.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		C.
M10535	31-7-16	Adm. to Mil. Hosp. Edmonton July 26th. 1916. G. S. W. chest
21-H. M.6283.	3-11-17.	adm No 15 Cas Cl Stat. Oct 25th 1917. (Lacerated wound accidental face)

Form R. 149.
7106—250m—7/2/17.

William

Name AITKEN Rank Pte Reg. No. 466451

Unit 7th Bn

Next of Kin Canada.

Ewh

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Oct. 25.	W-15 · C.C.S.	= Wd. lacerated face acc. =		A 51	M 6 9 8 3	221/16389
25-10	GoC 2nd Army	Accidentally Injured		afw.	5 4 2	8/d/5/11
4-11.	7 C. G. H. Etaples.	Lac wd. Jaw. acced.		A 63		16016.
7-11	6 C.D. Etaples	do		A 66		16201
9-11	14 C.D. Trouville	do		A 67		16218.
Dec. 30.	Disc. Base Dep. Etaples.	= do =		A 106		HA. 17987
WJ						

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

R. 149.

Name Aitken William *Rank* Pte. *Reg. No.* 466451

Unit 7th.Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-7-16	Mil.H.Edmonton N.		GSW.Chest wall sev	B127		10535M.
19-9-16	C.D.C.H.W/Cote	Pk.Epsom	GSW.L.Breast	B173		
18-11-16	-do-	Discharged		B226		
28-2-17	Can.Mil.Hosp. (CCAC)	Hastings	Influenza	B311		
7-3-17	Discharged		do.	B313		

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

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.)

I, the undersigned AITKEN WILLIAM have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

William Aitken
Signature of Soldier examined.

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.)

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 handwriting 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.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 466451 Rank PTE. Surname AITKEN Christian Name WILLIAM

Unit or Corps—(*a*) Overseas from United Kingdom 14TH BATTN. (*b*) in United Kingdom B.C.R.D.

Born at—Town ABERDEEN County or Province Country SCOTLAND

Date of Birth—Day 23RD Month DECEMBER Year 1890 Age 24 yrs. 11 months.

Joined at MEDICINE HAT ALBERTA Date 8TH July 1915

Former trade or occupation PRINTER

Permanent Marks or any peculiarity that will serve for future identification :—

VERTICAL SCAR CENTR FORE HEAD
G.S.W. SCARS PRECORDIAR REGION

Height—feet 5 inches 6½ Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) William Aitken

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) NERVOUS DEBILITY

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	ACTIVE SERVICE CONDITIONS	FRANCE	1916
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? NO If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? YES

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY.

MANS STATEMENT Enlisted with C.F. Batt. at Medicine Hat 5-7-18. Reached England April 1916. Trained with Draft to 7th Batt. May 1916 Proceed to France 23-7-16. M.H.S admitted Edmonton Sandbag Trench 24-7-16 G.S.W. chest left & Right arm penetrating The pectoral muscles much bruising wounds very septic Formation & Syringing 28 Discharged 18/8/16 Means. Statement. Returned to Grave April 1917 wounded in forhead and face at Arleux. 27-10-17 Boarded at - ship B II 10-1-18. caused to be on duty until 27-5-18 Re-boarded and sent to CANADA

6. PRESENT CONDITION.

Subjective Symptoms. Has been under surg. July 1916 when he was blown up and wounded in the chest. Has never been able to carry on. after receiving wound in forhead and face. 27-10-17 was unable to stand noises or for any form of Exertion. During air raids, at base during Summer 1918 was so nervous it was considered advisable to return him to England for duty complains of Dyspnoea on Exertion Objective Symptoms Man looks ugly related Pupils Equal Reacting to accommodation Equation 130 No murmurs or enlargement of Heart. Other Systems normal.

7. OPERATION. (i.) Was one performed? No. (ii.) If so, state what.

(iii.) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) B II

(b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No

Date of Report 14-11-18 191

Station Seaford

Signed ..... Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,

and concur therein *except

Dated at ..... Station, on 191

Officer i/c Hospital / S.M.O. Brigade — Strike out one of these

*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier — Caused? no; Aggravated? no
(b) Misconduct of the Soldier — Caused? no; Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*)
Full per cent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3).* *Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? no
(ii.) If not permanent, what is its probable minimum duration (*in months*)? Three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N.A.

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Authority A.G. telegram 9083-11/11/18.

Date of Board 14-11-18

Signatures of the Board: H. Wakefield Capt — President; J. Winchester Lieut; J. Winchol, Capt

Station Seaford

Approved Dorothie Dowsby Maj. Can. A.D.M.S.

Dated at Seaford Station 14-11 191

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

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL 466451

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Aitken *Christian Name* Wm.

Table I.—General Table.

Birthplace ... Parish ______ County ______

Examined ... ... on ______ day of ______ 191
at ______

Declared Age ... ... ______ years ______ days.

Trade or occupation ... ______

Height ... ... ______ feet ______ inches.

Weight ... ... ______ lbs.

Chest Measurement: Girth when fully Expanded ______ inches.
Range of Expansion ______ 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 ... (a) ______

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

Approved by (*Signature*) ______
(*Rank*) ______
Medical Officer.

Enlisted ... ... at ______
on ______ day of ______ 191 .

	Corps.	Regtl. No.
Joined on Enlistment ...	4. Canadian	466451.
Transferred to		

Became non-effective by ______

on ______ day of ______ 191 .

(*Signature*) ______
(*Rank*) ______

(5506.) W. 14971/M. 89. 750m. 1/16. C. P., Ltd. Forms B. 178 / 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	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
	Day	Month	Year	Day	Month	Year				
Edmonton London N.	26	7	16	18	9	16	G.S. wound left chest (IV.1)	54	A flesh wound penetrating the pectoral muscles. Much swelling around. The wound is very septic. Fomentations & syringing with H_2O_2. Transferred	T. & D. Webb Lieut
C.C.H. Epsom	18	9	16.	18	11	16.	G.S.W. L. Brest. Duplicate	62.	Transferred to C.C.A.C. Pot. further P.T.	J. W. Bruce Capt Cavie

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

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Duplicate ORIGINAL

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Atkins *Christian Name* Wm

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... ... on _____ day of _____ 191 .
at _____

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

Chest Measurement. Girth when fully Expanded. _____ inches.
Range of Expansion. _____ 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 ... (a) _____

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

Approved by (*Signature*) _____
(*Rank*) _____

Medical Officer.

Enlisted ... ... at _____
on _____ day of _____ 191 .

	Corps.	Regtl. No.
Joined on Enlistment ...	7th Battn.	466451
Transferred to		

Became non-effective by ... _____

on _____ day of _____ 191 .

(*Signature*) _____
(*Rank*) _____

NOT TO BE SENT

(7278.) Wt. 2869—1662. 200M. 5/15. J. T. & S., Ltd. Forms B. 178.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	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
	Day	Month	Year	Day	Month	Year				
Canadian Mut Hospl. Hastings	27	2	17	7	3	17	Influenza	Nine	Recovered	H E Craig cap.
Edmonton. LONDON. N.	26	7	16	18	9	16	GSW. Left Arm (IV.1.)	54	A flesh wound penetrating the pectoral muscles, much swelling around. The wound is very septic, formentations and syringing with H_2O_2., Transferred.	H.P.WEBB M.B.
C. C. H. Epsom.	18	9	16	18	11	16	GSW. L. Breast	62	Transferred to C.C.A.C. for further P. T.	J.W.Burns. Capt., C.A.M.C. (W.W.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

M

Proceedings on Discharge.

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

No. 466451 Aitken W

Rank Private

Surname AITKEN

Christian name William

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

Corps (Squadron, Battery or Company) 63rd Overseas Battalion, C.E.F.

Date of discharge January 24th, 1919

Place of discharge Calgary, Alberta

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years 1 months.

Height 5 Ft. feet 6½ inches.

Complexion Fair

Eyes Blue

Hair Brown

Trade Printer

Intended place of residence (To be given as fully as practicable.) 2107-1st Ave., North Lethbridge, Alta.

Descriptive marks

G.S.W. Chest and Face.

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

"Being Medically unfit for further service although fit for employment in Civil life.

Authority for discharge Routine Order No. 237, dated Ottawa 22-2-18.

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.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

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

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

I.W.

(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).....

(Date)..... *Commanding*.....

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, and that I have received my permanent discharge certificate.

(Place) Calgary W. Aitken X *(Signature of Soldier.)*

(Date) 14th Jan/19 Jas Beale Sgt *(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) Calgary, Alberta

(Signature) W. MacEwan

Officer i/c Discharge Section District Depot

(Date) January 24th, 1919.

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.)

X W. Aitken

MARRIED OR SINGLE M.

PLACE OF BIRTH ~~Milngavie~~ Scotland

NAME AND ADDRESS OF NEXT OF KIN Mrs Eliza S Aitken
Box 385 Lethbridge Alta Canada.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
•			

REG'L NO. 466451 RANK Private NAME Aitken William

IF IN PERMT. CORPS WHAT UNIT } UNIT 63rd Bln

TRANSFERRED TO 7th Btn. DATE 30/6/16 AUTHORITY B.C. 154
[illegible] last

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO CEAC DATE 17.7.16 AUTHORITY B 17 1/12

PLACE OF ATTESTATION Medicine Hat Alta

TRANSFERRED TO 3 C.M.D. DATE 31/4/17 AUTHORITY A. Rolls

DATE OF ATTESTATION 8th July 1915

TRANSFERRED TO BORD Can. Sals. Pool DATE 1/1/18 AUTHORITY 1.7.18

ASSIGNED PAY MONTHLY $ 20 DATE EFFECTIVE 1st May 1916 BLKD

PAYABLE TO Mrs W. Aitken, Box 385 Lethbridge, Alta, Canada RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked D.G. Robertson

Checked

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
April 30			9												9 -																9					Balance from Canada.
May 31	31	1/-	31	-	31	10c	3	10							34 10	40	15	77	29					9	34	7	29			20			37	03	6	07	
June 30	30		30		30		3								33 -	19	19	168	98					2	14	4	89			20			27	31	11	76	
July 26	26		26		26		2	60							28 60																					
27-31 Aug	5		5		5			50							5 50																				25	86	
1-31 Sept	31		31		31		3	10							34 10								Rem 21/8				1947		20			39	47	20	49	
1-30 Oct.	30	-	30	-	30	-	3	00							33 —								4338 17/7			436			20 00			24	36	29	13	
1-31 Nov.	31	1/-	31	-	31	10	3	10							34 10								2745 24/9 2916 10/10			487 486			20 00			29	73	33	50	
1-30 Dec	30		30		30		3	—							33 -								3230 8/11 3275 24/10			243 486			20		132	28	61	37	89	132 Jon R. 2.4005.187.3/11/16
1-31	31		31	-	31		3	10																					140							
			34	24	50										34 10	3677	70/11	2760	6/12					730	14	60			20 -			41	90	30	09	
1917 Jany	31	1/8	34	10											34 10			4469	1/1						4	87			20			24	87	39	32	
Feby	28		30	80											30 80	5103								19	47				20			39	47	30	65	
Mar 31	-		34	10											34 10	6324	13/2	CCR 6495 6600 6894	27/2 27/2 14/3	55	2/3			4	98	2	44			20			47	01	17	74	
			377	50											377 50									43	93	51	22	23	82	19 47	220	1 32	359	76			
			377	50											377 50									43	93	51	22	23	82	19 47	220	1 32	359	76			

CANADIAN
ASSIGNED PAY AUDITED
H. Hewlett
AUDIT CLERK
DATE 14/5/19

466451 Aitken William

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			377	50											377 50									43 93	51 22	23 82	19 47	220 .	1 32	359 76	17 74				
Apr			33												33													20		20	30 74				
May			33												33													20	1 10	21 10	39 64				
May			1	10											1 10	13	11/4							4 98						4 98	38 76.				
June			33												33													20		20	58 76.				
July	31		34	10											34 10													20		20	65 86				
Aug			34	10											34 10													20		20	79 96.				
Sept.	30	.	33	.											33 .													20 .		20 .	92 96.				

MONTH	PARTICULARS	CR. 1	CR. 2	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1917		92 96						92 96		
Oct	O.P.	34 10					20			
	CR 96 30/9/17. Rec'd.			9 73						
	CR 11021 21/5/17. Base Records Havre.			4. 46				92. 87		
Nov	P pay	34 10.		14. 19.			20			
Nov	P. pay	33					20			
	CR									
	" 161 1st Rec'd 4/5			7 30						
	✓ 972 7th Mtr. 4/10			3 57						
	✓ 328 1st Cat Mtr. 3/7			2 68						
	✓ 295 ✓ 20/6			2 68						
	✓ 85 C.C.3 3/7			5 35						
	✓ 878 7th Mtr. 15/9			2 68						
	✓ 800 ✓ 1/9			2 67						
	✓ 763 ✓ 25/8			1 78						
	✓ 750 ✓ 23/8			1 78						
	✓ 225 1st Cat Mtr. 1/6			4 46						
	✓ 163 C.C.3.C. 7/8			2 67						
	✓ 179 1st Rec'd. 15/5			2 43						
Dec	P pay	34 10								
		67 10		40 06			20 40	79 91		
									34 10	
									34 10	

MONTH	PARTICULARS	CR. 1	CR. 2	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
								80		
Jan 1918	P. Pay	34 10								
	CAP									
	Blackpool 1071 4 Rec'd 17/10/17			1 78						
	" 1075 " 28.10.17			2 68						
	4th Con Hosp Blackpool 10.11.17			8 92				30 62		
								20		
	Can A.P.							20		
	DP									
	AR 21117 O S B 19. 11. 17			1 78						
	✓ 21619 ✓ 3. 12. 17			1 78				87 87		
				3 56				20		
	Can A.P. Mch							20 67 87		
	DP									
	AR 8912 16988 16. 1. 18			13 38				54 49		
	✓ 4553 4 Con Hosp 20. 12. 17			1 78				52 71		
	✓ 6850 ✓ 20. 1. 18			4 46				48 25		
	✓ 7240 ✓ 31. 1. 18			4 46				43 79		
	✓ 7760 ✓ 16. 2. 18			4 46				39 33		
	AR 8850 ✓ 16. 3. 18			4 46				34 87		
	DP AR 8245 ✓ 28. 2. 18			4 46				30 41		
	~~AR 9174 ✓ 24. 3. 18~~			~~4 46~~				~~25 95~~		
	✓ 9174 ✓ 24. 3. 18			4 46				25 95		
	✓ 9443 ✓ 30. 3. 18			4 46				21 49		
								55 59		
				46 38				20		

£1.10 Forf. 1 days RA overstaying leave from 3 2nd 6. 6. D. 31. 5. 17 Rejoined 6/5 - 9.20 Pm. 6/5 R.O. 124 181 Rec. 7/5/17

A. Rolls

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/5/16	EFFECTIVE DATE:-
AMOUNT:- 20 00 xf	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY — WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs W Aitken (wife)
Box 385 Lethbridge ALTA

Stop Pay 1/7/18
Eff 1/7/18

Maudett

NAME:- AITKEN William

NUMBER:- 466451

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 63rd Bn

DATE ACCOUNT FIRST OPENED - 1/5/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Hab. Pool.
225 28.9.18	1-10-18	21.10.18	BCRD F
			Canada Sect.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS — UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
13/4/18	69	Seaford £40.0	19.47	1PC		Cr Balance 35[19]	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- D.b.d. Canada 1/7/18 auth. BCRD #90 14/11/18.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal: fwd								55 59		
April	1 Pay	33		A.P. bau				20	68 59		
				AR 1044 - 64 BD - 20.3.18?	4 46				64 13		
May	1 Pay	33 34 10		a/bau	4 46			20 20	78 23		
				AR 1931 - 64 BD - 12.5.18	4 46				73 77		
				AR 2853 " 19.5.18	4 46				69 31		
				" 3662 " 31.5.18	4 46				64 85		
		34 10			13 38			20			
June	1 Pay	33		bau a/d				20	77 85		
				AR 4397 - 64 BD 16.6.18	4 46				73 39		
				" 5199 " 30.6.18	4 46				68 93		
JUL	1 Pay	33			8 92			20			
		34 10		bau a/c				20	83 03		
				AR 5977 64 BD 14.7.18	4 46				78 57		
				" 6950 " 31.7.18	4 46				74 11		
AUG	00	34 10			8 92			20			
		34 10		a/c bau				20	88 21		
				AR 7239 CGRS 11-8-18	8 92						
				" "	4 46						
				" 4151 Det Paris 10-8-18	3 57				71 26		
		34 10			16 95			20			
Sep.	00	33		cal				20	84 26		
				AR 9594 CGRS 8-9-18	4 46				79 80		
				" 10367 " 22-9-18	8 92				70 88		
				AR 7994 64 BD 28/9/18	9 73				61 15		
Oct	11	33 34 10		cal	23 11			20 70			
				Forfeits 3 days Pay 14/12/18 Par A.A Servs preventing my Pass from 0001 12/10/18 till 11.30.12.10.18 B.C.R.D 00 247.15.10.18		4 46					

CANADIAN ASSIGNED PAY AUDITED
Hawkeswood
AUDIT CLERK
DATE 1st/5/19

F4 (10)

(OVER)

NUMBER RANK Pte NAME AITKEN William

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec.		34 10		Forward		4 40		20	61 15		
				C/R 6367 4/10/18 34/6.5	24 33						
				C/R 7229 28/10 ✓	4 8 7				41 65		
		34 10			29 20	4 40		20			
Thur.	P.P.	33		C.a.p.				20	54 65		
				a R.V. 13/11/18 Seaford	19 47				35 18		
		33			19 47			20			
	S.O.S. to Canada 22-11-18			D.O. 294 BCRD 9-12-18							

AUDITOR | PAYMASTER

M. OR S. Married

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 466457 RANK Pte. NAME (IN FULL) AITKEN William (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Mrs. C.S. Aitken — RELATIONSHIP

ADDRESS 2107-1st ave north Lethbridge Alta

PARTICULARS	EFFECTIVE DATE	AUTHORITY
2107-1st Ave N. Lethbridge		
Wife Same.		
Certified machine entries on this Ledger Sheet have been audited by ...		
Date 30/4/19		

ORIGINAL UNIT C.E.F. 63rd — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 2107-1st ave ~~south~~ North Lethbridge Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 2/5/19 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
					Wdy.	S A.											War Service Gratuity												S A Charge				Balance Soldiers Deposit			
183 days					420	180	00	600									70						30								100	-	350		150		A.5298 25-2-19
																	70						30								100	-	280		120		5299 Cheques 13.14.42.43.132.263 26-2-19
																	70						30								100	-	210		90		1143555 & 6 25-4-19
																	70						30								100	-	140		60		608941-42 23-5-19
																	70						30								100	-	70	-	30	-	871878-879 24-6-19
																	70						30								100		-0		-0		959802 803 24-7-19
					420	00	180	-	600	-							420	-					180	-							600	-					

Certificate Duplicate This Account Correct and Paid.

C. Landers
Paymaster War Service Gratuity M.D. 13

169

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-38-1290.