

4347

NAME

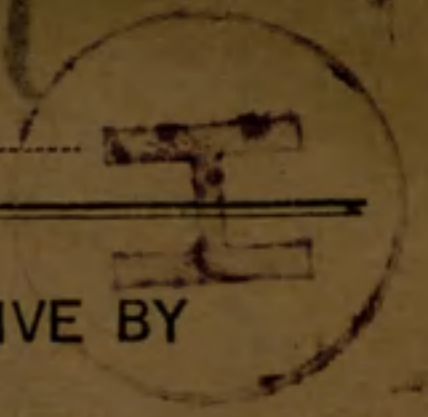
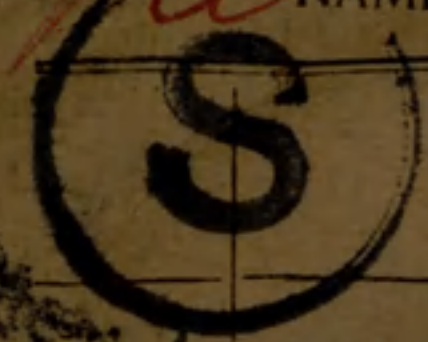
ALEXANDER WILLIAM ADELMAN 116th Pr

REGT. NO.

UNIT

745234

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

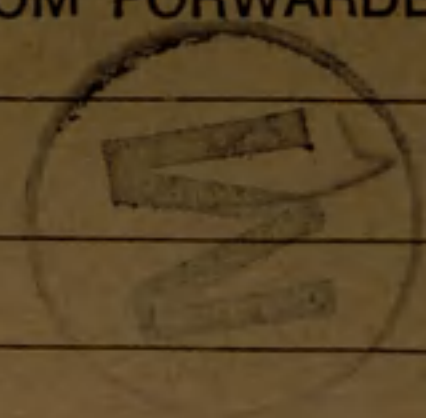
DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3

M 16/49



CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 3

TRAINING HISTORY SHEET (M.F.W. 113) 2 sheets

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2

DENTAL HISTORY SHEET (M.F.B. 465) 2

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 2

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44) 1

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1. S. 6132

1. M. S. W. 192

1. 2000 days sheets

1. 2000 days sheets

2. 2000 days

Q.F.W. 31237-4

Q.F.B. 181-1

Q.F.W. 3172-1

Q.F.W. 3172-1

Q.F.W. 3172-1

Q.F.W. 3172-1

DEATH

Category

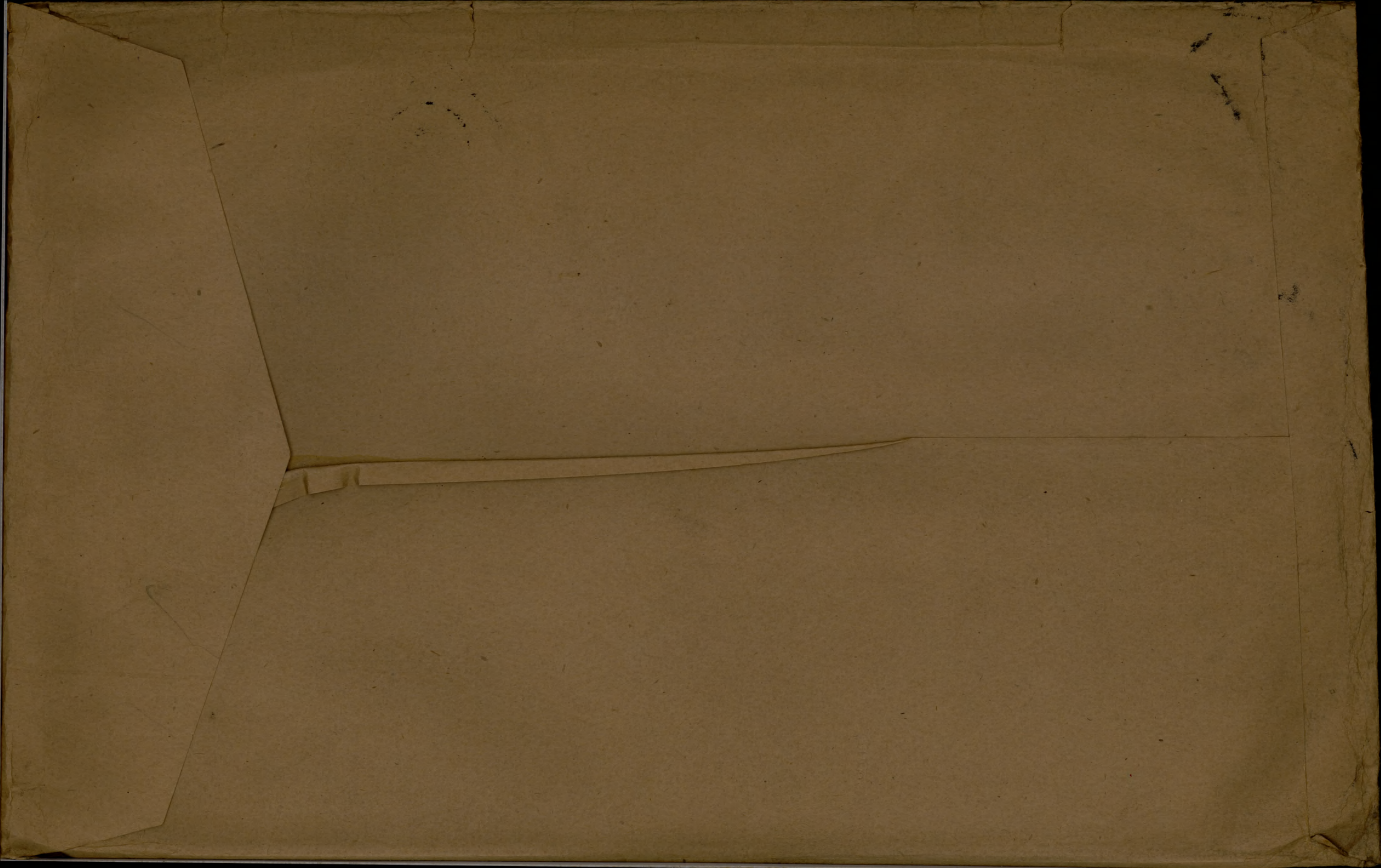
DISCHARGE

Category

Med. Inf. S.

DESERTION

19-21
34-21
32-22
2



ATTESTATION PAPER.

No. 745 234

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Alexander
- 1a. What are your Christian names? William Alderman
- 1b. What is your present address? Port Perry, Ont. Canada
- 2. In what Town, Township or Parish, and in what Country were you born? Port Perry, Ont. Canada
- 3. What is the name of your next-of-kin? Mrs. G. R. Alexander.
- 4. What is the address of your next-of-kin? Port Perry, Ont. Canada
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? July 31, 1896.
- 6. What is your Trade or Calling? Clerk
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force? No
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. A. Alexander (Signature of Recruit)

Date Jan 21st 1916 Ross M. Cockburn (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William A Alexander, 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.

W. A. Alexander (Signature of Recruit)

Date Jan 21st 1916 Ross M. Cockburn (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 Port Perry this 22nd day of February 1916

[Signature] (Signature of Justice)

Description of William A Alexander on Enlistment.

Apparent Age... 19 years... 6 months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height... 5 ft. 9½ ins.

Chest measurement { Girth when fully expanded... 34½ ins.
 Range of expansion... 4 ins.

Complexion... Fair

Eyes... Blue

Hair... Fair

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

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 declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date... Jan 21st 1916

Place... Port Perry - Ont

James Moore
Capt
 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.

Wm A Alexander 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.

A. Sharp (Signature of Officer)

Date... Jan 21st 1916

LT. COL
C. C. 116TH OVERSEAS BATTALION C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

745234 Ptc.

This is to Certify that No. _____ (Rank) _____

ALEXANDER WILLIAM AIDERMAN

Name (in full) _____ enlisted in
the _____

116th Batt.

CANADIAN EXPEDITIONARY FORCE at _____ on the _____
day of _____ 19____

Port Perry Ont 21st
January 16

England and France.

HE served in _____

and is now discharged from the service by reason of _____

Medically Unfit.

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

Age 21

Height 5' 9 1/2"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars _____
Vacc. Scar Left Arm.

G.S.W Arm. Rt. L. Knee

16.B.17

W.A. Alexander
Signature of Soldier

W.H. Greenfield
Issuing Officer Capt

Date of Discharge Feb 17. 1919

FOR Rank Depot.
O.C. No. 2 District

Signed at Toronto. Ont 17th
this _____ day of _____ 19____

Appointment Pe rarry 19

in Military District No. No 2

File Reference No. FEB 17 1919
DISTRICT DEPOT

E.S

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.

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

On demobilization the particulars called for on the back of this certificate will not be completed.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

M.H.S. Influenza 5/5/18 to 28/6/18. Good recovery

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

6 scars around Rt. elbow, Scar Rt. cheek.

11.—(a) Did the disabling condition have its origin before enlistment? **no**

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

Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? **A and B. No**

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? **6 months decrease**

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

Hospitals in France & England.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **no**

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? **No. owing to loss of power of arm**
(If not, briefly state why)

17. Recommendations.....

B.

J. Paulopt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

W. A. Alexander

I, the undersigned..... 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

W Alexander
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur,

19. Is the invalid 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 invalid

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

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

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

Placed in Category B. 2.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Toronto Exhibition Camp,

Feb 11, 1919

DATE

Julian Wright Major President.

W E Brown Capt Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

PLACE

DATE

President

Members

APPROVED BY

APPROVED BY

APPROVED Assistant Director of Medical Services. DATE FEB 13 1919 J. Richardson CAPT. FOR A. D. M. S. M. D. 2

Director-General of Medical Services.

DATE

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

Partial loss of function of Right arm.

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

Objective S.— Original scar a tender non-adherent scar 3" long just above Right elbow anterior. There are 5 small operative scars for drainage about the elbow which are non adherent and not tender. Pressure on original scar causes pain and a roughening of the humerus can be felt. All movements of shoulder and elbow normal, grip of hand impaired 1/3 rd and lifting power of arm impaired 1/3rd.

Subjective S. Has aching pain at site of wound running towards shoulder and down forearms. Most intense at elbow. Worse in damp weather. Cannot carry a pail of water 50 yards with arm extended.

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

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

Special Senses..... **no**..... Respiratory System..... **no**..... Integumentary System..... **no**.....

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

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

Urinalysis— No albumen no sugar.

No hemia, varicose veins, varicocele, piles or goitre.

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

G.S.W. Rt. upper arm on 14/6/17. Operation

in # 6 C.C.S. on 16/6/17. Wound excised and incisions made for drainage. Wound healed and discharged 21/9/17. Wound broken down and readmitted on 7/12/17. Operation numerous fragments removed in hospital and convalescent until 26/7/18

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

Toronto Exhibition Camp,

STATION..... DATE Feb 11, 1919

1 (a) Unit # 2 D.D. (b) Regimental No. 745234 (c) Rank Pte.
 (d) Surname ALEXANDER (e) Christian name William Alderman
 (f) Home address Port Perry, Ont.
 (g) Next of Kin Mrs Elizabeth Alexander (h) Relationship mother
 (i) Address of Next of Kin Port Perry, Ont.

2. Age last birthday 22 Date of birth July 31, 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Port Perry (b) Date 22/1/16

4. Personal description:
 (a) Height 5 ft 9 1/2" (b) Weight 145 (c) Complexion fair
(stripped)
 (d) Colour of hair fair (e) Colour of eyes blue (f) Identification marks, Scars, etc.
6 scars around R. elbow. scar Rt. chest

5. Former trade or occupation Rubber worker

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>3</u>	Days <u>20</u>
---	-------------------	-------------------

	PERIODS	
	From	To
<u>116 Bn.</u>		
Canada	<u>22/1/16</u>	<u>31/7/16</u>
England.....	<u>31/7/16</u>	<u>5/10/16</u>
France or other theatres of War.....	<u>5/10/16</u>	<u>21/6/17</u>
<u>Eng. & Canada</u>	<u>21/6/17</u>	<u>to date</u>

7. Original disease, or injury G.S.W. Right upper arm.

(a) Date of origin June 14, 1917 (b) Place of origin France
 (c) Cause G.S.W.

G.M.B.

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....
116TH OVERSEAS BATTALION C.E.F.

(2) Regimental Number.....745234

(3) Full Name of Soldier.....William Alderman Alexander

(4) Place of Birth.....Port Perry Ont.

(5) Are you married, or not?.....no

(6) If married, state,
(a) Full name of your wife.....no

(b) Present Postal Address.....

(7) Are you a widower?.....no

(8) Have you any children?.....no

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....yes.....

If so, state name and address George Alexander, Port Perry, Ont, Can.....

(10) Is your Mother alive?.....yes.....

If so, state name and address Elizabeth Alexander.....

..... Port Perry, Ont, Can.....

(11) If your Mother is a widow.....no.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

..... XXXXXX

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... XXXXXX

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

..... XXXXXX

(15) Are you insured?.....yes.....

If so, in what Company?.....Metropolitan Life.....

Have you made arrangements for payment of your Insurance premium.....yes.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

R. B. Smith
.....
for Officer Commanding.
116TH OVERSEAS BATTALION C.E.F.

Date June 30th 1916.....

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 56

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

Regimental No. 745234 Rank Pte Name Alexander W.A
 Corps #2 District Depot who was* discharged
 On February 17 1919; to _____
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1 1919
 to Feb 17 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	40
Advances by Cheques } No. _____			Regt'l Pay <u>17</u> days at \$ <u>1</u> c	17	-
Assigned Pay and Sep'n Allee. No. <u>20147</u>	10	-	Field Allow. <u>17</u> days at \$ <u>10</u> c	1	70
Other charges _____			Separation Allowances* (Monthly)	17	-
Payment on transfer or discharge No. _____			Other Allowances* <u>Clothing</u>	35	-
Balance Cr. (to be paid by the new unit) <u>21870</u>	124	10	Other Credits* _____	100	-
Total	181	10	Bal. Dr. (to be deducted by new unit)		
			Total	181	10

*Give particulars.

A monthly stoppage of \$ 20⁰⁰ (†) has _____ (‡) been paid on account of Assigned
 { Pay for the month of January 1919. } (to) Assignee Mrs Elizabeth Alexander
 { and Sep'n Allee. for month of Feb. 17 1919. } (Address) Port Perry
Ont.

(†) 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 nil.
 (3) cause of discharge in W authority D.O. 45
 (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 February 15/19.
 Place Front St Ont.

Malcolm Maclean CAPT.
 PAYMASTER, No. 2 DISTRICT DEPOT

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.

M. F. W. 44.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom July 22nd 1918.

No. 45234 Rank L/CPL Name ALEXANDER W. A.

Local Unit _____ Overseas Unit 18th BN. Age 21

Examination held at M.C.H. Epsom.

DISABILITY. S.W. RT UPPER ARM (flesh)
Overseas-Level 1 & INFLUENZA (CONV).
(SCRATCH ONE OUT.)

PRESENT CONDITION.

Wound on anterior aspect R arm & forearm in region of elbow. -
There is complaint of pain extending from shoulder up to the elbow roughly to the course of musculospiral nerve - but there is only slight loss of power in flexing the arm. No other objective disability.
General condition good.

BOARD RECOMMENDS:-

- 1. Fit for Duty no
- 2. Fit for duty after _____ weeks' physical training.
- 3. Fit for Temporary Base Duty Yes 12 weeks
- 4. Fit for Permanent Base Duty Category D.
- 5. Discharge _____ Occupation Clerk.

Signatures:-

Members (W. A. Cameron-Smith President.
(Reserve Lt. Jones
(
(
(

APPROVED

Dated Epsom 19-7-18 1918. W. A. Cameron-Smith For A.D.M.S.
Major

PROCEEDINGS OF A MEDICAL BOARD

1918

Dated at F. Rasom

21

18th Dh

M. H. Rasom

PRESIDENT'S CONDITION

The patient is reported to be in a fair condition. There is a complaint of pain in the chest. The patient is reported to be in a fair condition. There is a complaint of pain in the chest. The patient is reported to be in a fair condition. There is a complaint of pain in the chest.

BOARD RECOMMENDATIONS

- 1. For full duty
- 2. For temporary duty
- 3. For permanent duty
- 4. Discharge

[Handwritten signatures and names]

APPROVED

for A. U. S.

MEDICAL CASE SHEET.*

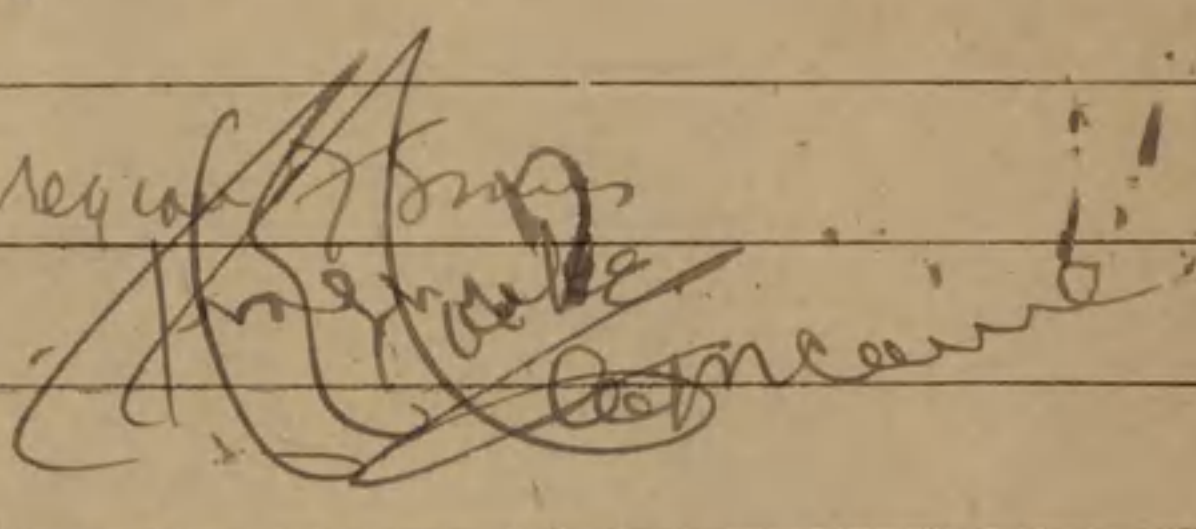
MIL. CNV. TP.
WOODS PK.
EPS

No. in Admission and Discharge Book. T 536 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	745234	Lt Col	Alexander	Wm
	Unit.	Age.	Service.	
	B Ft + PT School	21	22/12	

Station and Date.

Disease C.S.W. Rt. Arm. (Old)
 wounded June 14, 17 at Bardier (accidental) in
 right arm. 3" above elbow. Arm not fractured
 C.S. - shus. - operation for removal bullet.
 47 days - 5 days - no problem
 Beauport was Hop Bristol - June 22 - July 11
 Bearwood - July 11 - Aug 14
 Ypsom - Aug 14 - Sept 21
 P.F. Course - Small mass around gland
 into glands of axilla right.

Present Condition.

Scars in scar, ext surface arm. 3" above joint
 discharging.
 Small mass felt below scar right arm


*Ray localization of F.B. in right elbow.
 [P.T.O. for continuation] J.P.A.
 13. 3. 18 Numerous F.B. on back + outer side of
 R arm removed. All large + several small
 FB's removed. Two incisions - Rubber tube
 drains. Fascia sutured & sept. Skin &
 sept. SD Fydes left

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

P.T.O.

Station
and Date.

4/1/18

Gen Anae

No 1 6911

Wound of arm opened, sinus
leading down to bone sinus
excised & bone curetted clean
Foreign bodies above the joint
not disturbed

H. H. Agnew

8/1/18

Wound clean no discharge gauze with
drain not inserted. A.M.

13. 3. 18

[See previous page]

Wound healed but limitation
of elbow movements. Trans
* Epsom salt. J. H. Adams
Capt

CLINICAL CHART.

Army Form B. 181.

Corps B.F. + P.T. School

A + D. no. T. 536

(To be attached to Case Sheet.)

Military Hospital

MOORE BARRACK

No. 745234

Rank and Name S/Cpl Alexander W

Age 21

Service 22/12

Disease G.S.W. Rt. Arm (old)

Date of admission 7-12-17

Date of discharge

Result

SHORNOULFE

Dates of Observation	3			4			5			6			13			14			15																							
	Days of Disease																																									
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time							
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.						
107°																																										
106°																																										
105°																																										
104°																																										
103°																																										
102°																																										
101°																																										
100°																																										
99°																																										
98°																																										
97°																																										
Pulse per Minute																																										
Respirations per Minute																																										
Motions per 24 hours																																										

24

Admitted

Operation

4 PM

Operation

MOORE BARRACKS
GENERAL HOSPITAL
SHORNOULFE

Signature J.P. Adams In charge of case.

WAD

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				
M. G. N. Epsom	5	4	18				Sw. R. arm		Arm weak. Elbow joint slightly limited in flexion. Had massage since admission Temp 102.0. Trans to manor.	
M. G. N. Epsom	5	5	18				Influenza			W. P. Boultby Major C. O. M. C.
M. G. N. Epsom	28	6	18	26	JUL	1918	Sw. Rt Arm + Influenza (Cont)	29	Was in this hospital in August 1917 & transferred to depot in Category B but was unable to carry on. Re-admitted to hospital and then here. Has had over two months treatment (massage & R.G.) here. Now wound healed. Very slight restriction to complete extension. Neuritis forearm (right) & shoulder recommended for Employment Board. Category B. Temp 101.	W. P. Boultby Major C. O. M. C.

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 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Alixander Christian Name L.A.

TABLE I.—General Table.

Birthplace { Parish..... County

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

Declared Ageyears.....days.

Trade or Occupation.....

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

Weightlbs.

Chest Measurement { Girth when fully Expandedinches Range of Expansioninches

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.

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

TABLE IV.—Service Table.

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

Table with columns for Corps and Regtl. No. and rows for 'Joined on enlistment', 'Transferred to', and 'Became non-effective by'.

Table with columns for Station or Troopship, Date of arrival or embarkation, and Date of departure or disembarkation.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	745 234	Lt Col.	Alexander	W.A.

Year	Unit.	Age.	Service.
	15th Lan. Bn.	21	2 5/12 - 9/12

Station and Date.	Disease
22 JUN 1918	G.S.W. to upper arm, flesh. Inflammation
29 JUN 1918	Healed, very slight restriction of complete extension. Uveitis for. arm & shoulder
Convalescent Hospital, Woodcote Park, Epsom.	R.H. W.D.

4 JUL 1918	CO	Employments
------------	----	-------------

TAB 4.10.17
19.7.18

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

MEDICAL CASE SHEET.*

C.C.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
D.S. 9101	745234	S/C.	Alexander	W. A.
Year	Unit.	Age.	Service.	
18 th		20	13/12	

Station and Date.	Disease
Hut 6.	G.S.W. Rt. Arm. (C.C.)
	Barlin June 14 th 17
	4 th Can Gen Etapes " 16 th
	Beauford Hosp'l " 22 nd
	Bear Wood C.C.H. July 11 th 1917
	Wounds unhealed. Dressing
	G.C. Fair
	L.P.T.

17 JUL 1917 Wound not healed Dressing

24 JUL 1917 Wounds healing Dressing
Elbow somewhat stiff when arm is extended

31 JUL 1917 Wounds healing. Dressings. Elbow condition improving. G.C. Fair

14/8/17 Transferred to C.C. H. Epsom.
R.H. Cowan
Capt.



*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(44502) Wt.W 11203 -M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239) P.T.C.

The first and last entries will be signed and initialed from the Medical Officer to whom they are referred by the Surgeon.

Date and

Disease

Year

Book

Diagnosis

and
Admission

Regimental No.

Rank

Station

Command

Medical Officer

MEDICAL CASE SHEET

Station and Date.

Initials

1833 100 000 000 000 000 000 000 000 000

ORIGINAL
116th OVERSEAS BATTALION C.E.F. ORIGINAL
MEDICAL HISTORY SHEET.

101
A/101
745234

Surname Alexander Christian Name William Alexander

Examined { on 15th day of January 1916
at Post Perry
Birthplace { City or Town Post Perry
County Outarid

Approved by James Moore
Rank Capt M.O.

Apparent age 19 yrs
Trade or occupation Clerk
Height 5 Feet 9 1/2 Inches.
Weight 137 Lbs.
Chest measurement { Minimum 30 inches.
Maximum expansion 34 1/2 inches.
Physical development Good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>27 JUN 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right X Left X
Number none

Date	Result	VACCINATIONS.
<u>20/6/16</u>	<u>OK</u>	<u>James Moore</u> M.O.
		M.O.
<u>19/7/18</u>	<u>JMR JPR</u>	M.O.

When Vaccinated last Fever
(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13/4/16</u>	<u>OK</u>	<u>James Moore</u> M.O.
<u>28/4/16</u>	<u>OK</u>	<u>James Moore</u> M.O.
<u>22/8/16</u>	<u>OK</u>	<u>James Moore</u> M.O.
<u>12/5/17</u>	<u>J.D. Douglas</u>	

Enlisted on 21st day of January 1916 at Post Perry, Out.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>116th Batt.</u> <u>C.E.F.</u>	<u>745234</u>		<u>21st January 1916</u>
Transferred to.....	<u>18th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Spencer</u>	<u>18-7-18</u>	<u>S.H. Receptor</u>	<u>3rd Tempus</u> <u>in case of</u>
<u>Wiley</u>	<u>2-12-18</u>	<u>..</u>	<u>..</u>
<u>Wiley</u>	<u>..</u>	<u>..</u>	<u>..</u>

Wiley 11-2-19 - do - Br Julian W. M. M. 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.

CANADIAN

Surname: Alexander Christian Name: William Christian

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Beaufort War Hospital. Bristol.	21.6.17	21	6	17	11	7	17	J.S.W. Pt Green flesh wound.	21	Good migration, for a week. Then broken with Salami fangs. July 9. Wound indurated. Then removed with Salami fangs.	R.V. Pringle
RCH Bearwood		11	7	17	14	8	17	Do	34	Wounds healing - Dressings - Elbow condition improving. G.C. Fair.	R. H. Howan Capt C.M.C.
MCH Epsom		14	8	17	21	SEP	17	-do-	39	Wounds on elbow healed. Extension limited on admission. Has had massage since admission. Motion now normal. Fit for command Depot DI	A. W. Smith CAPT. C.A.M.C. 5th DIVISION.
No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.	DEC 7 1917				5-4-18			G.S.W. Pt Green (flesh old)	174	Numerous JB removed from region of right elbow. Wound healed, but elbow stiff. Trans to Epsom etc.	J.F. Adams Capt
MCH Epsom		5	5	18	28	JUN	1918	Influenza	25	7.18. Temp normal. Fit for discharge to hospital	Cornwall

DENTAL HISTORY SHEET

M.F.B. 465.
200M-6-18.
1772-39-950

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

NAME OF SOLDIER

Alexander Wm

Adrian

REGIMENT

Pte

No. *745234*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination																						
<i>Discharge Exam. At Exhibition Camp Date. FEB 11 1919</i>																						<i>Certificate issued for Full.</i>
																						<i>Assemble Major</i>

WAR SERVICE GRATUITY.

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 *Wm. Alder* 2. Surname *Alexander*
3. Rank *Pte* 4. Original Unit *116 Bn* 5. Reg. No. *745234*
6. Address, in full, to which future payments of gratuity are to be forwarded
Port Perry Ont.
7. Date of enlistment in the C.E.F. *Jan 22/16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
Mrs. Elizabeth Alexander
9. Relationship of such dependent
Mother
10. Address, in full, of such dependent
Port Perry Ont.
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:
18th Bn Oct 5/16 to June 14/17
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
21-1-16 to 17-2-19
116 Bn Jan 22/16 to Oct 5/16
18 Bn Oct 5/16 to June 14/17
W.O.R.D. June 14/17 to Jan 1919. Canada Feb 9/19
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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
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. *no*
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? *not app.*
24. Are you now serving in the C.E.F.? *yes no*. If not, give:—(a) Date of discharge *17-2-19*
 (b) Reason for discharge *medically unfit*
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 *M.S. # 2*
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 *18th Bn. O.C. 5/16 to June 14/17 in France*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
 (b) If so, are you in receipt of full pay and allowances from that Department?

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: *W. Alexander*

Place of Residence: *Post Perry, Ontario.*

Declared before me at: *2nd Camp Tomblow*

This

10

day of

Feb

19*19*

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Alexander, W. G.
 REGIMENT 1st RANK Pte No. 745234
 Date of Examination in England 1/12/18 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

nil

nil

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England Yes
- (c) In France Yes

Signature of Dental Officer H. Cowley Capt

DENTAL CERTIFICATE FOR DEMOBILIZATION

W. H. ...

...

...

...

...

...

...

W. H. ...

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 445234 Rank Pte. Name Alexander, W. A.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
27/9/17	W.O.B.D.	Discharged from hospital well to on command 2nd b.b.d.	Bramshott	21/9/17	Do # 174
31/12/17	W.O.B.D.	Ceases to be in hospital on command at the 2nd b.b.d. admitted to Moor Barracks Hospital	Bishott	7/12/17	Do # 252
29.7.18	W.O.R.D.	Ceases to be in hospital and on command to 2 nd C.C.D	Witley	26.7.18	DO" 176
2nd C.C.D.		attached to 2nd C.C.D. Bramshott		26-7-18	
16 NOV 1918	OC. 2nd C.C.D.	Ceases to be attached to 2nd C.C.D. on return to 1 st b.b.d. Res. Bn.	Bramshott	1.6 NOV 1918	Pt. II No. 176 Pt. II No. 172 Summon Lieut for OC, 2nd C.C.D.

AW Drubley
Lieut. i/c Records.
West Ont. Regtl. Depot.

(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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
1-12-18		<p>Ceases to be attached on proceeding to <i>Witley Dep Coy</i> D.O. No. 332 d/i/m/18</p> <p><i>[Signature]</i> Lieut. for Adjutant, Canadian Command Depot,</p>			
3-12-18	<i>adorn</i>	<i>attached Dep Coy</i>	<i>Witley</i>	<i>1-12-18</i>	<i>DD 285</i>
11-12-18	<i>adorn</i>	<i>On Com 1st CDR. Buxton</i>	<i>Witley</i>	<i>10-12-18</i>	<i>DD 292</i>
11-12-18		<p>Attached C.D.D. Buxton for return to Canada, Part II Order No. 293</p> <p>Ceases to be attached C.D.D. Buxton on embarking for Canada.</p> <p><i>[Signature]</i> Lt. for Lt. Col. Canadian Discharge Depot.</p> <p>Attached C.C.C.K. R. [Stamp] Part 2 Orders pending transfer to C.E.F. Canada.</p> <p>Ceases to be attached on transfer to C.E.F. Canada. Part 2 Order [Stamp]</p> <p>-----</p> <p><i>W.B. Bell</i> Lieutenant for Officer Comd'g M. D. 2, C. W. Kinmel Park Camp, Rhy</p>			
		<i>Embarked Eng. 13/1/19</i>			

JAN 1919
- 12 JAN 1919

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 116th OVERSEAS BATTALION C.E.F.

Regimental No. 745234 ✓ Rank Pte. ✓ Name Alexander, Wm. A. Alderman ✓

Enlisted (a) 21/1/16 ✓ Terms of Service (a) War and 6 Month C. E. F. Service reckons from (a) 21/1/16 ✓

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

Extended _____ Re-engaged _____ Qualification (b) _____

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	Date	From whom received			
18 OCT. 1916		Embarked, Canada Arrived, England	Halifax, N.S. Liverpool, Eng.	23/7/14 31/7/16.	
		Transferred for overseas Service with	18 th Battrn	OCT 5 1916	<i>A. A. Myland</i> for O.C. 116th Battalion.
6-10-16	Can Base Depot	Arr from 116 Can Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	6.10.16	Nom Roll Pt II Ord 52 d-6.11.16
28-10-16	18 BN	Joined unit	In the Fld	22.10.16	B.213
14-6-17	18th Bn.	Accidentally wounded by Lewis Gun fire.	In the Fld.	14-6-17	Telegram 14/6/17 (Can Sect. No. T. 15761) Des. 298, 18/6/17.
9-6-17	5 C.F.A.	Acc. M.G. wound, R. arm, L. knee.	Adm. 5 C.F.A.	14-6-17	A 36. Des. 299.
16-6-17	7 Can Gen.	Y.W. R. arm, L. knee (severe)	Adm. 7 Can Gen.	16-6-17	W. 3034.

CERTIFIED CORRECT.

18 OCT. 1916

UNIT RECOGNITION

(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.

OVER

[P.T.O.]

745234 Pte Alexander W.A.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
16-6-17	G.P. 18th Bn.	Accidental wound 14/6/17, (M. Gun wd. R. arm + L. knee) Certified to have occurred while instructing on Lewis gun. In no way to blame.	In the field	14-6-17	AF. B. 117. (Can. Sect. No. KI. 16/11847)
21-6-17	H.S. Princess Blizabeth	R. knee R. and M. hand arm (accidtl), severe } Adm. (Posted to West. int. Regtl. Depot, Bramshott)	H.S. Princess Blizabeth	21-6-17	W. 3083 (Can. Sect. No. A. 8997) Pt. II Order 47, 6/7/17.
30-6-17	WOOD (Emc. Wd.)	Posted from 18th Bn	B Shott	21-6-17	Pt 099 BR Myers LIEUT. FOR LT: COL; I/O RECORDS, C.O.M.F.
27. 9. 17 29/12/17	L.C.C.O 2nd CCD	attached to 2.C.C.O Ceases to be attached to 2nd CCD on admission to Moore Brks Hosp. Shorncliffe	Bramshott Bramshott	21.9.17 7/12/17	Pd A D O # 192. Pt. 2. D.O. # 270. For G.C. 2nd C.C.D.

Whogau Major for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

M. F. W. 54. (A. F. B. 102)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 745234 Rank Pte Name Alexander, W. A.
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 13 1919	S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919 PART II D. O. 8	
17-2-19		S.O.S. (Discharged)	No. 2 District Depot Part II, D.O. No. 45		

W. K. Roberts
Lieut.
For O. C. No. 2 District Dep.

W. Langenberg
FOR
O.C. No. 2 District Depot.

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

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

Manor War Hospital.

Ward A

No. of Bed 101

Date 15. 6. 18

Regl. No.	Rank and Name.	Corps.	Part to be X-rayed.
745234.	Alexander, W.A. H. Esq.	18th Canadians	Rt Upper Arm

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Rt Upper Arm
? fragments of
shrapnel

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate B.F. 18

metallic dust
no injury to bone

Signature of M.O.

C. Owen

Signature of Radiographer

William

Date

Date

18. VI. 18

Capt Rank



M.O. wd. 3. No. XI. C.G.H. 15.12.17.

L/Cpl. Alexander, W. 745234. G. Gymnasium.

Many foreign bodies present.

Please attach to M.H.D.

of Swinden
Capt. C.A.M.C.
C. i/c X. Ray Department,
No. XI Canadian General
Hospital.



M.O. wd. 3 No. XI. C.G.H. 15.12.1917.

1/cpl. Alexander W. Garrison Gymnasium. 745234,

7406

many foreign bodies present.

[Handwritten signature]
Capt. C.A.M.C.
O. d/o X. Ray Department,
General

Leave this
Blank.

PROGRESS, Notes.

4/7/18 CO.

30-7-18 - aden 2nd c.c.v. complains
pain front arm. aden

19-8-18 - complains pain at base of
scapula, up front arm & down
ant forearm in wet weather
also weak ^{10/10} ~~10/10~~. aden

26-8-18 - complains pain in arm in wet
weather? Transferred DT class 2. aden

DISPOSITION.

amp Bd

Harry J. Hoff

Capt.

Officer i/c Gymnasium.

REMEDIAL TREATMENT GYMNASIUM,

Leave this
Blank.

Military Convalescent Hospital, Epsom.

Regt. No. 745234 Rank Pfc Name Alexander, W.A.
 Unit 18 Can Age 21 Adm. 2.7.18
 Division G Hut 94 Date of Disch. 8.7.18

DISABILITY.

Date.

June 14-17

G. S. W. upper arm R.
(2nd admission)

CLASS.

General

Hours of
Attendance,
a.m. 9³⁰
p.m. 2⁰⁰

MACHINES.

Pulley of biceps
& triceps (one week)

REMARKS.

No loss of
movement in right
upper limb. Gears in
good condition. Does not
use biceps to full power.

REMARKS.

Operation Perm. Capt. Arque. 4/1/18.

Sequestrectomy Lt. Arch.

ANAS. Capt. Martin

Operation Perm Capt. Lees. 13.3.18.

one large & several small F B's removed,
ana. capt. Hanna.

120

5

18

28

31

22

No. XI CANADIAN
GENERAL HOSPITAL, HOSPITAL.
MOORE BARRACKS.

A. & D.
CARD

AT

SHORNCLIFFE

A. & D. No. 7536 PL. OF ACTION 745-234

RANK Lt/Cpl UNIT B Coy P I School (Shorncliffe) SICK OR WOUNDED

NAME Alexander Wm AGE 21 RELIGION CE

PLACE IN HOSPITAL 3-31-3-31-3

DIAGNOSIS G.S.W. Ret Arm (Oed)

ADMITTED 7-12-17 FROM

DISCHARGED To

TRANSFERRED 5.4.18 C.C.N. Epsom

SERVICE AT HOME 22/12 IN FIELD 9/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 540	Rep. from base	14-6-17	acc. wounded. Not stated
A 541.	#7 Law Gen. Staples	16-6-17	Gsw rō arm. Lt. knee. Acc. Sev.
B 390.	Beaufort War, Bristol 2 nd Ban Coy Bedford Wokingham	21-6-17	G. S. W. Lt. arm. Lt. knee. (20-7-17)
B 21	Dish Arged	21-9-17	" " " " " "
C 86	#11 Ban. Gen Thorncliffe	8-12-17	G.S.W.R. Arm Old (West Ont) 4-1-18.
C 178.	Mil Condep. W. Co. Pk. Epsom	6-4-18	" " " " " "
C 202	" " " " " " " " " " " "	6-5-18.	Influenza
C. 244	Mil Comd Wde. Epsom	28-6-18	" " " " " "
C 267.	Dise.	26-7-18	Gsw. R. Arm Old & Influenza

REGT'L. No. 745234
H. Q. FILE NO. 649

NAME Alexander William Alderman

RANK AND CORPS Pvt. 18th Bu Form 116th Reg

FOLLOWS
NO. Reg
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<u>M5618.</u>	<u>22-6-17</u>	<u>Wounded accidentally June 14th 1917</u>

William Alderman

Name **ALEXANDER** Rank ~~1st Lt~~ **Pfc** Reg. No. **745-234**

Unit **WORD**

Next of Kin **CANADA**

9

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
8-12	11 C. & H. MOORE BKS	Gsm. R. ARM, (Ohio)		C186		7946
6-4	Woodcock Ph. Epsom.			C178		15797
6-5	manor bly of N. Epsom.		Influenza	C202		17566
29-6	Woodcock PK Epsom.		Gen. arm & Influenza	C244		20586
26-7	<u>Discharged.</u>		d.	C276		6996

William Alderman

Name **ALEXANDER** Rank Pte

Reg. No. 745234

Unit 18th. Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917	Reported from Base					
14-6	Accidentally Wounded	N.S.		A540.M.5618.23-6		
16-6	7 Can. G.H. Staples	Y.W. Farm	Wound to knee			
			acc. sev. A	541		
21-6	Beaufort W.H. Bird			B 390		
12-7	Ed. H. Bearwood		do	10403		
21-9	Discharged		do	B-21		372
<u>note</u>	Entry on B 21 should read Discharged ex. Bearwood. Not Epsom					

REMARKS.

Registrar, Canadian Convalescent Hospital.

A. & D.
CARDAT Bear Wood, Wokingham, Berks.A. & D. No. 059101 PL. OF ACTION 745234RANK R/1 lpl UNIT 18th Bn SICK OR WOUNDEDNAME Alexander, W.A. AGE 20 RELIGION CGPLACE IN HOSPITAL hut 6.DIAGNOSIS Glw Rt arm flesh wd. (accident)ADMITTED 11 JUL 1917 FROM RWB Bristol

DISCHARGED _____ TO _____

TRANSFERRED 14 AUG 1917 C.C.H. ExeterSERVICE AT HOME 9/12 IN FIELD 12

RESULTS _____



No. 743-234

RANK *Pte*

NAME *Alexander William A.*

T. O. S. *22-1-16*
(*D.O. 16 of 20-1-16*)

UNIT *116th Battalion*

M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 22</i>	<i>1916</i> <i>Jan 31</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		

UNIT SAILED
JUL 23 1916

REMARKS.

15-8-17 Scar on forearm, wounds on elbow
healed, extensions limited, massage, L.D.

20-8-17 Continue massage, L.D.

5-9-17 Continue massage, much improvement
scar free & elbow movements about normal L.D.

17-9-17 Movements normal D. I. A. M. Blakeley

Capt.

A. & D. CARD

_____ HOSPITAL.

AT _____

A. & D. No. _____ PL. OF ACTION _____

 RANK 745734 Cpl. UNIT 18

 SICK OR
WOUNDED

 NAME Alexander W. A. AGE 21

 RELIGION C.E.

PLACE IN HOSPITAL _____

 DIAGNOSIS YM. Rt. Arm.

 ADMITTED 14. 8.17

 FROM C.C.H. Bearwood.

 DISCHARGED D1 21/9/17

 TO 2 C.C.W. Bramshott

TRANSFERRED _____

 SERVICE AT HOME 1 9/17

 IN FIELD 9/17

RESULTS _____

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
27-7-18	27-7-18	A7			
326	25-7-18	X			
			7-11-18	PT	
			3-9-18	PS	
			7-9-18	cl	1
			1-10-18	spe	el
			8-10-18	"	"
			15-10-18	"	"
			27-10-18		lyd

TRAINING.

Weeks of Training.

Weeks of Training.														Over.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.
Nature of Training									Date passed test					
Drill														
Musketry														
Bombing														
Rifle Bombing														
Bayonet Training														
Anti-Gas														
Lewis Gun														
Rapid Wiring														
Special Training Courses, etc.														
D boy 30-7-18 Class 4														
/ 6-8-18 " 3														
12-8-18 " 3														
20-8-18 " 7														
25-8-18 " 7														
D 14 26-8-18 " 7														
FG 12-7-18 " 7														

WORK
Reg. No.

Rank.

Surname

Alexander

Category.

Dentally Unfit.

745234

Pte

Christian Names (1)

William

BTI

(2) Alderman (3)

Date 25/10/18

Place of Enlistment:

Port Perry

Date of

2/11/18

Taken on from

Religion

Inoculations

Company

Province:

Ont

Age on

19

Date

16/1/18

Conf

Vaccination

4-2

80-7

On Command

Hospital

Permanent Cadre

Employed as

Date taken on

Date Proceeding

Date Admitted

Record of Overseas Service:

Oct 1916 - June 1917

Profession or Trade (Civil)

Clerk

Reason for Return:

Law right army

Transferred or Posted to

Date

Married or Single

Single

LEAVE.

Address of Next of Kin

No. of Pass Issued.

FROM

To

Free Transportation

Mrs Alexander
Port Perry

6 9 18

15 9 18

F. Warrant

Country

Ont



(This form to be filled in by all ranks on voyage to Canada.)

M.D. No. 2

NUMBER	RANK	SURNAME	INITIALS	UNIT
<u>745234</u>	<u>Pte.</u>	<u>Alexander</u>	<u>Wm. A.</u>	<u>18th Bn.</u>

Full postal address Port Perry, Ontario.
(Street) (City or Town) (Province)

Name of one person to be notified of arrival Mrs. G. R. Alexander,

Address Port Perry, Ontario.

Railway Station in Military District to which a furlough warrant is required Port Perry

Ontario Railway Grand Trunk.

If married, is your wife on board No Number of children on board —

Their destination —

Last Civil Occupation (Sgd.) W. A. Alexander

M. F. W. 2502

50 M.—4-18
1772—39—1269

Rubber Worker.

Name L. ALEXANDER Wm. Alderman Rank Pte Regtl. No. 745234

Original unit Present unit 116th Bn M. or S. Age 21 Religion C Ref. H.Q.
 Fyle Depot

Port, ship and date of arrival Empres Britain Halifax 21-1-19

Next of kin Mother Mrs. G.R. Alexander Port Perry, Ont

Address on leave Same

Address on discharge Same

Transportation issued Yes Date 17-2-19 Character on discharge

Previous occupation Clerk Date and place of enlistment Port Perry, Can 21-16

Diagnosis G.S.W right upper arm Date of Medical Boards 11-2-19

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
13-1-19	Posted to Gas Co (Ex. Camp) 22-1-19 Leave & Subs from 27-1-19 to 10-2-19	28
17-2-19	SOS DISCH. MED. UNFIT (ENTITLED TO 183 days WSG)	45

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39 1243

Surname **Alexander** Christian Name or Names **W.A.** Reg. No. **745234**
 Rank **Pte** Unit **18th Bn W.O.** Co. **W.O.** Troop **Depot.** Batty.
 Hospital Date of Admission **16.6.17.**

Transferred **7 Can. Gen. Etaples** Hosp. **16.6.17.**
Beaufort War. Bristol Hosp. **M.S.**

Can. Conal. Bearwood. Hosp. **12-7-17**

~~**6. Can. Woodstock Park Epsom**~~ Hosp.
11. Can. Gen. Shoucliffe Hosp. **8.12.17**

Diagnosis **G.S.W. R. Arm. L. Knee. Acc. Leg**

(1) **G.S.W. Rt arm. & d. h**
 Later Diagnosis (if changed) **+ Influenza.**
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION Date

C.L.23-6-17 A540 R.FB.Acc Wd. 14-6-17 **Dis. 21-9-14**
 REMARKS **Dis. 26.7.18**
25.6.17 A541.
Ch. 14-7-17 B403 **3**
27-9-14 B21 (2) cancelled
29.9.17 B23 (2) NOTE C.L.B20.
15.12.17 C86
9-4-18 C178
8-5-18 C202.
3-7-18 C244
1.8.18 C267.1

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | | Hospital | Adm. |
|----|--------------------------------|---------|
| 1. | Woodcote Pk. Epsom | 6-4-18 |
| | Manor W. of London War. Epsom. | 6-5-18. |
| 2. | Woodcote Pk. Epsom | 29-6-18 |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year.	Unit.	Age.	Service.	
1918	745234 18th Batta	L/Corp	Alexander	A
Station and Date.	Disease <u>Open Rt. Arm.</u>			
Woodcote Park, Epsom.	old wound, reopened, covering his			
6 APR 1918	removed to Shorncliffe Hosp. where wound			
FH	was treated & old bone removed. Wound			
	healed. Arm weak. Elbow joint slightly limited			
	in flexion. M. 1000 & R. 9. 7 5.			
April 17/18.	Doing well, Coy in about 7 11			
" 22/18.	Doing well, Coy in R. 7 11. 2400			
R/S FH				

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

Station
and Date.

A.G.R. Rank Name **ALEXANDER, William Alderman** Reg'l No. **745234**
 Unit **116th Bn.** If in perm. Corps, }
 What Unit? } **Port Perry,** Married or Single **Single.**
 Place and Date of Enlistment **21st Jan., 1916.** Place of Birth **Port Perry, Ont., Canada.**
 Name and Address, Next-of-Kin **Mrs. G.R. Alexander,**
Port Perry, Ont., Canada. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **533**
 File R.L.
 Category **CAN. OR**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

O. H. M. S.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arr. in ENGLAND	H. M. T. 2810.		
6-10-16	<i>O.B.</i> 116th	S. O. S. on Tfr. to 18th Bn.	B'shott	5-10-16	S.S. OLYMPIC 31-7-16 Pt II No. 254
6-11-16	18 th Bn	Taken on strength.	Field	6-10-16	Pt II 52
23-6-17	do	Accidentally Wounded.	Base	14-6-17	CR 540 Not Stated
25-6-17	do	No 7 Gen. Hosp.	Etaples	16-6-17	" 541 S.W.P. Ann St. Hon. acc. Ser.
28-6-17	do	Adm Beauport War Hosp.	Bristol	21-6-17	C.L.B. 390
30-6-17	W.O.R.D.	T.O.S. from 18 th Bn.	B'shott	21-6-17	Pt 00.99 18 th Bn Pt 00.47 d/c 1-17
12-7-17	18 th Bn	Ex-Bristol to C.C. Hosp	Beanswood	12-7-17	Ch. B403.
26-9-17	W.O.R.	Disch ^d	"	21-9-17	CRB 21 S.W.P. Ann St. Hon. acc.
27-9-17	W.O.R.D.	On comm ^d at 2 nd C.C.D.	B'shott	21-9-17	Pt 0.174 2 nd C.C.D. 192 d/c 27-9-17

14 OCT 1916

A.F.L.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official De
Date.	From whom received.				
14.12.17	W.O.R	Adm. No. 11. Cav Gen. Hosp.	Schiff Pt	12.12.17	Pl. No. 86 gsw. P. (M) m. d.
31.12.17	"	Leaves to be 2 CCD on adm. to M.B.H.	Berkhoff	7.12.17	Pt. No. 252 1 CCD. 270
29.3.18	W.O.R	Granted permission to wear on good ^{Conduct Badge}	"	21.1.18	Pt. No. 45.
29.7.18	"	On board to 2nd CCD	Witley	26.7.18	" 176 + 2nd CCD 176 of 27.7.18
18.11.18	"	Leaves on board on board 1st CCD	"	16.11.18	" 272 + 272 of 16.11.18 1st CCD 320 of 19.11.18
3.12.18	"	Leaves on board 1st CCD	"	1.12.18	Pt. No. 2854 1st b. b. to 332 - 1.12.18
11.12.18	"	On board 1st CCD. Buxton	"	10.12.18	" 292
20.1.19	"	off board to and post to CEF in base	"	12.1.19	" 20

O. H. M. S.

O. H. M. S.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

20th 12
P. to SW
 M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *Mrs. Elizabeth Alexander*
 Address *Port Perry*
Ont.

By Whom Assigned *Alexander, Wm. A.*
 Regtl. No. *745234.*
 Rank *Pte.*
 Corps *116 Batt. "A" Co.*

Rate *20⁰⁰* **AUG 1 1916**

PAYMENTS

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

11/11/11

11/11

11/11/11

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2. Mrs. Elizabeth Alexander

Name of Soldier Alexander Wm A

L. L. Job 310.-Req. 8574.

PAYMENTS. 745 234.

Pte. 116 Batt.

20/17
P. SW

\$20.00

Remarks. **AUG 1 1916**

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.		D 15036	20 ✓
Sept.		B 15159	20
Oct.		C 19540	20
Nov.		C 24641	20
Dec.		D 32846	20
Jan.	1917	E 36769	20
Feb.		E 43195	20
March		E 49258	20
April		F 202	20 ✓
May		F 6528	20
June		F 13055	20
July		F 19898	20
Aug.		H 26931	20
Sept.		G 33578	20
Oct.			
Nov.			
Dec.			
Jan.			
Feb.			
March			
April			
May			
June			
July			

mmk

Bh

me

20 - fw.
20 - h.
20 - E.

20 w.

240 h

CANADIAN
 ASSIGNED PAY AUDITED
 1918
[Signature]
 AUDIT CLERK
 DATE 14-5-19

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.				

22-1-16

23¹¹/₁₁

49

MILITIA AND DEFENCE

P. Saw

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-813.

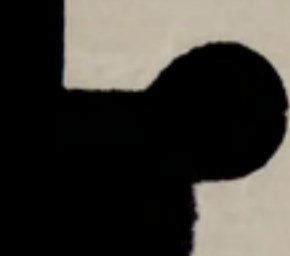
SEPARATION ALLOWANCE

Name *Mrs Elizabeth Alexander,* Name of Soldier *Alexander William Alderman*
 Address *Port Perry,* Regtl. No. *745234*
Ontario, Rank *Pte*
Canada, Corps *116" Bn. Cav. Inf.*
 Relation to Soldier } *mother* To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

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





11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

23 1/2
M. F. W. 11a.
50m.-6-16.
1772-39-818.

P. SW

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Elizabeth Alexander mother

Name of Soldier

Alexander W. A.

PAYMENTS.

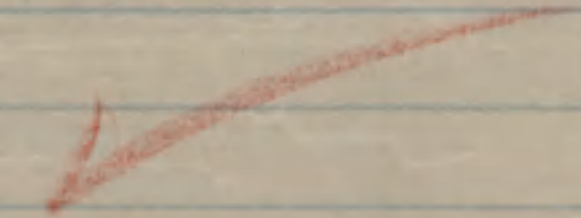
P. H.

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		N 27350	226	226 22 1/2 1/16 # 31 1/16
Jan.	1917	628482	20	20
Feb.		C. 37371	20	20
March		C 34548	20	20
April		1056	20	20
May		A 2820	20	20
June		F 6982	20	20
July		D 10864	20	20
Aug.		F 13853	20	20
Sept		E 17161	20	20
Oct.			20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

226

406 1/2



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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

22-1-16

Separation and Assigned Pay Branch

A

1292

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

#	20	25-00 12-17	30 1-9-18
---	----	----------------	--------------

P.C. 3254 P.C. 2753
MO. 41832

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 745234
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Pvt. A. Alexander
 Battalion 116 Battr. A. Co.
 Beneficiary Mrs. Elizabeth Alexander
 Relationship Mother
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Alexander
 Address Port Perry, Ont.
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sep 30/17		406	280	686	
Oct	D 50121	20	20	40	
Nov	B 52418	20	20	40	
Dec	B 58514	20	20	40	
Jan	Q 65109	30	20	50	
Feb	B 71229	25	20	45	
Mar	Q 98456	25	20	45	
April	Q 8227	25	20	45	
May	A 11174	25	20	45	
June	B 14074	25	20	45	
July	Y 27039	25	20	45	
Aug	a 29526	25	20	45	
Sept	Q 36304	25	20	45	
103 Sept	Q 43026	25	20	45	
OCT	Q 42797	25	20	45	
NOV	Q 50895	25	20	45	
DEC	a 62615	40	20	65	
JAN	B 70205	30	20	50	
FEB					
		<u>821</u>	<u>600</u>		

209-W-1 REMARKS 4-4
209-W-21

(62884)

A36304 Bone

A/c Closed 31/1/17
 Ret'd per. Express of Britain
 Date 27/19 M.F.W. 187 25/19

CANADIAN ASSIGNED PAY AUDITED
W. Schell 31/18
 AUDIT CLERK
 DATE 14-5-19



M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 22320-M & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 400M.-6-17-1772-89-1141
 L. L. 22320-M. & D. 1969.

"EMPRESS OF BRITAIN"

13-1-19

AUDITOR PAYMASTER

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

REGT. No. 745234

RANK pte.

NAME (IN FULL)

ALEXANDER, W.A.

a482

17

M. OR *5*

NEXT OF KIN: ADDRESS: IS SEPARATION ALLOWANCE PAID: TO WHOM PAID: ADDRESS: *Mrs Elizabeth Alexander mother Port Perry Ont.*

RELATIONSHIP: DATE EFFECTIVE: 1-2-19

PARTICULARS: EFFECTIVE DATE: AUTHORITY:

ORIGINAL UNIT C.E.F.: *46 Bn WORD*

IF IN P.F. WHAT UNIT?: *Port Perry Ont*

PLACE OF ATTESTATION: TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: *23-1-16*

ASSIGNED PAY, \$: *20.00*

DATE EFFECTIVE: *1-2-19*

PAYABLE TO: ADDRESS: *same*

RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS: *mother*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: EFFECTIVE: *✓*

DISCHARGED: PLACE: *TORONTO, ONT.* DATE: *FEB 17 1919* REASON: *M.U.* AUTHORITY: *Do. 45* IF ENTITLED TO POST DISCHARGE PAY: *183*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
			\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.	\$ C.				
Balance from previous account	31-12-18	110		3390 ✓														
	1-1-19	1 ¹⁰	69 20	80 20	3269	19 12		973										
	Jan 31	31	34 10	46 10				489										
	Feb 1-17	17	18 70	10 40	1811 02	20 47	21870	21871	10 12	47				181 10				Jan 19 19
	183 days		47000	180 00	600					70		30	100 00					W.S.G. paid by #2000
										70	206985	30	200 00					
										70	243257	30	300	210 00	90 00			A243257 & 258 mailed 16/4/19
										70	342590	30	400	140	60			W.S.G. PAID IN FULL
										70	659764	30	500	70	30			FOR PAYMASTER WAR SERVICE GRATUITY
										70	672411	30	600					
			420	180	600					420		180	600					

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Port Perry, Ont. (C.R.)*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. Elizabeth Alexander
 Port Perry Ontario Canada*
 RELATIONSHIP OF NEXT OF KIN *mother*
 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. *745734* RANK *Private* NAME *Alexander, William Alterman*
 IF IN PERM. CORPS; WHAT UNIT UNIT *116th Bn* TRANSFERRED TO *18th P.M.* DATE *11-11-16* AUTHORITY *12857
6-10-16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *10 ORD* DATE *1/11/17* AUTHORITY *12857*
 PLACE OF ATTESTATION *Port Perry Ont* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Jan 21. 1916.* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *Aug 1 1916*
 PAYABLE TO *Mrs. Ely Alexander, Port Perry, Ont. Can.* RELATIONSHIP *mother*
 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)

Check at *St. Catharines*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.	DATE	NO.
<i>1916</i>																																				
<i>July 31</i>																																				
<i>Aug 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>																													
<i>Sep 30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>30</i>																													
<i>Oct 15</i>	<i>15</i>		<i>15</i>		<i>15</i>		<i>150</i>																													
<i>Oct 31</i>	<i>16</i>		<i>16</i>		<i>16</i>		<i>160</i>																													
<i>Nov 10</i>	<i>10</i>		<i>10</i>		<i>10</i>		<i>10</i>																													
<i>Nov 30</i>	<i>20</i>		<i>20</i>		<i>20</i>		<i>20</i>																													
<i>Dec 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>																													
<i>Jan 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>																													
<i>Feb 28</i>	<i>28</i>	<i>1</i>	<i>28</i>		<i>28</i>	<i>10</i>	<i>280</i>																													
<i>March 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>																													
<i>April 30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>300</i>																													
<i>May 31</i>	<i>31</i>		<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>																													
			<i>334-40</i>																																	
							<i>334-40</i>																													
								<i>23 60</i>																												

C.I.

745234 Private Alexander William Alderson

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
June 30	33		33					23 60	308					56 43	21 09	6 79		200	284 31								
July 31	34	10	34	10				33		164 5/10				5 36				20	35 36	81 33							
Aug 31	34	10	34	10				34 10			19th Nov 853 19/5							20	20	95 43							
Sept 30	33	00	33	00				33 00										20	27 14	102 39		102 39					
																			20	20	115 39						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	PAY ENG
1917									115 39	
Oct	31 days at 36.12	34 10		Com. Off					20	
				A.R. 546. 27/7 C&H Wok	19 47					
				27. 580 27/7	4 86			105 16		
		34 10			24 33			20		
Nov	30 6 25	33 00		A.R. Cleary				20		
Dec	31. 6 25	34 10		A.R. 594. 9/8/17 66th W. Ham	4 86					
				A.R. 1165 27/11/17 2. 66. D.	14 60					
				A.R. 2566. 15/8/17 66th W. Ham	9 73					
				A.R. Cleary				20		
Jan	18	67 16		A.R. 3006. 14/19/17 66th W. Ham	4 87			40	98 20	
				A.R. Cleary				40		
	31. 6 25	34 10		A.R. 1115 7/10 266th	2 68			20		
				1035 30/10	9 97					
Feb		34 10		306 27/9 66th W. Ham	48 67			20	50 98	
				A.R. Cleary				20		
	28. 6 25	30 80		A.R. 961. 15/18/17 2. 66. D.	5 11			20	56 67	
		30 80							34 10	
March				A.R. Cleary				20	90 77	
	31. 6 25	34 10		A.R. 212/18 Morris Bk.	7 30				27 30	
		34 10							63 47	
					7 30			20		

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: ALEXANDER, William A.

EFFECTIVE DATE: 1/8/16 EFFECTIVE DATE: -

NUMBER: YH5234

AMOUNT: 20⁰⁰/₁₀₀ AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Mrs. Eliz. Alexander (mother)
Port Perry, Ont. Canada

Cte.

Stripped off 1/1/19

UNIT AND TRANSFERS

ORIGINAL UNIT: 116th Batt.

DATE ACCOUNT FIRST OPENED: 1/8/16

AUTHORITY DATE EFFECTIVE DATE LOGGED SHEET T'S'D UNIT TRANSFERRED TO

H. Roll 1/1/17 1/1/19 WORD
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
<u>3/1/18</u>	<u>5710</u>	<u>266A</u>	<u>997</u>				
<u>3/1/18</u>	<u>6411</u>		<u>973</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'GE
	<u>1 00</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans Can 1/1/19. n/R 715 Whitley. L.P. 3390

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>3/13/18</u>	<u>Brought Forward</u>								<u>6347</u>		
<u>April 30</u>	<u>65</u>	<u>3300</u>		<u>266A</u>				<u>20</u>	<u>6674</u>		
		<u>33 -</u>		<u>123974 2/4/18 Epson</u>	<u>973</u>			<u>20</u>			
<u>May 31</u>	<u>PP</u>	<u>3410</u>		<u>65</u>				<u>20</u>	<u>7597</u>		
		<u>3410</u>		<u>at 622 7/5/18 66A Epson</u>	<u>487</u>			<u>20</u>			
		<u>33 -</u>		<u>65</u>	<u>487</u>			<u>20</u>	<u>8410</u>		
<u>June 30</u>	<u>65</u>	<u>33 -</u>		<u>at 89 7/6/18 Epson</u>	<u>487</u>			<u>20</u>			
		<u>33 -</u>		<u>65</u>	<u>487</u>			<u>20</u>	<u>8360</u>		
<u>July 31</u>	<u>-</u>	<u>3410</u>		<u>65</u>				<u>20</u>			
		<u>33 -</u>		<u>2256 3/7/18</u>	<u>973</u>						
		<u>3410</u>		<u>1235 18/7/18</u>	<u>487</u>						
		<u>33 -</u>		<u>65</u>				<u>20</u>			
<u>Aug 31</u>	<u>-</u>	<u>3410</u>		<u>65</u>				<u>20</u>			
		<u>3410</u>		<u>at 3209 12/4/18 266A</u>	<u>11460</u>						
		<u>33 -</u>		<u>3648 7/9/18</u>	<u>11484</u>				<u>6826</u>		
		<u>3410</u>		<u>65</u>	<u>2940</u>			<u>20</u>			
<u>Sept 30</u>	<u>✓</u>	<u>33 -</u>		<u>65</u>				<u>20</u>			
		<u>3410</u>		<u>CR 4028 10/9/18 266A</u>	<u>2920</u>						
		<u>33 -</u>		<u>✓ 11508 26/9/18</u>	<u>1241</u>			<u>20</u>	<u>3965</u>		
		<u>3410</u>		<u>65</u>	<u>4161</u>			<u>20</u>			
<u>Oct 31</u>	<u>-</u>	<u>3410</u>		<u>65</u>				<u>20</u>			
		<u>33 -</u>		<u>2057 7/12/18 266A</u>	<u>1484</u>						
		<u>3410</u>		<u>5398 24/10/18</u>	<u>1241</u>			<u>20</u>	<u>2650</u>		
		<u>33 -</u>		<u>65</u>	<u>2725</u>			<u>20</u>			

F.15 7

NUMBER 745234

RANK *Pte*

NAME ALEXANDER W. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Sal Sold</i>								2650		
<i>Nov</i>		<i>33</i>		<i>bal</i>				<i>20</i>	<i>93 60</i> <i>69 40</i>		
				<i>dr. 6411 27/1/18. 1 lb. A.</i>	<i>9 73</i>						
				<i>- 5710 14/11 2 -</i>	<i>9 97</i>						
				<i>- 5269 7/12 End 66.5 Quarter</i>	<i>9 73</i>						
<i>Dec</i>		<i>34 10</i>		<i>bal.</i>	<i>29 43</i>			<i>20</i>	<i>24 17</i>		
		<i>67 10</i>						<i>40</i>			

Checked *W. A. Alexander*
7/11/18

S.O.S. Canada 12/1/19 1/10/20 21/1/19 W.A.A.

CANADIAN
ASSIGNED PAY AUDITED

[Signature]
AUDIT CLERK

DATE *14-5-19*

5. MEDICAL HISTORY. Came to England 31-7-16.
 Went to France 6-10-16. In France 9/12.
 Was always healthy before enlisting.
 Wounded 14-6-17. Invalided to Eng-
 land with I.S.W. Rt upper arm.
 Beaumont War Hosp. 21-6-17 to 11-9-17
 C.C.H. Beaumont 11-9-17 to 14-8-17.
 M.C.H. Epsom 14-8-17 to 21-9-17.
 Wound broke down #11 Can Gen Hosp.
 Moore Barrack 4-12-17 to 5-4-18

6. PRESENT CONDITION. In M.C.H. Epsom 5-5-18 to 28-6-18 with influenza.

He states he has continuous ache from shoulder down to forearm most intense at wound itself. It is worse in wet weather. His arm is weak when he tries to carry anything with arm extended at elbow.

Exam. Scar 3"x1" original I.S.W.
 Operations scars for drainage and removal of splinters, all in good condition. Has no limitation of movement. No loss of sensation. Has only about 3/4 normal sitting power with R. extended at elbow.

7. OPERATION. (i.) Was one performed? Yes (ii) If so, state what. Removal of shrapnel
 (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. na.

9. DO YOU RECOMMEND:—
 (a) Fit for duty? (state category) Yes Bii
 (b) Invalid to Canada? No
 (c) Discharge from the Service as permanently unfit? No

Date of Report 2-12-1918 Station Witley
 Signed L. Wagner
Officer in medical charge of case.
R.C.C.M.C.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
 Dated at Not in Hospital Station, on 2-12-1918
*Delete if inapplicable.

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

10. Is the disability 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.) Ten 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? Yes.
 (ii.) If not permanent, what is its probable minimum duration (in months)? N.D.

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

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

18. REMARKS:—
Auth. No. 119083 11-11-18
Original scar very indistinct at lower end. He states that M.L.S. shows movement of B is removed from elbow while in hospital 7-12-17-54-18.

19. RECOMMENDATION:—
 (a) Fit for duty? (state category) B ii
 (b) Invalid to Canada? No
 (c) Discharge from Service as permanently unfit? No

Date of Board 2-12-18 Station Witley
 Signatures of the Board: [Signature] President, [Signature]

Approved [Signature] A.D.M.S.
 Dated at Witley Station 191

Statement of the Soldier

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

I, the undersigned... 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 :-

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.

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.

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.

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.

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 RECATEGORYZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 745234. Rank PTE. Surname ALEXANDER. Christian Name WILLIAM ALDERMAN. Unit or Corps—(a) Overseas from United Kingdom... 16th Bty. (b) in United Kingdom. W.O.R.D. Born at—Town PORT PERRY. County or Province ONT. Country CANADA. Date of Birth—Day 31. Month JULY. Year 1896. Age 22 yrs. 4 months. Joined at PORT PERRY. Date JAN 22 1916. Former trade or occupation CLERK.

Height—feet 5. inches 9. Colour of eyes BLUE.

Signature of Soldier (for identification purposes) W. Alexander

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)
Disabilities Group (b)
Disabilities Group (c)

ADHERENT SCAR RT UPPER ARM.

n.a.

n.a.

2. CAUSE OF DISABILITY

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Place of origin. Date of origin.

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? n.a.
(ii) As to Group (b) above? n.a. If yes, has Active Service aggravated it? n.a.
(iii) As to Group (c) above? n.a. If yes, has Active Service aggravated it? n.a.

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? n.a.
(iii) As to Group (c) above? n.a.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

45165
 a
 M
 44709

1. No. 745234	
2 Rank. Pte.	28.8/3/19.
3. Name. ALEXANDER WILLIAM ALDERMAN	
4. Unit. 116th Batt. (D.D.#.2)	
5 Date of Discharge Feby 17. 1919	Place TORONTO, ONT.
6 Reason for Discharge. HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
7. Authority. D.O.D.D.#.2 Pt 11 No 45	
8. Proposed Residence after Discharge. Port Perry Ont.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? William Alderman Alexander Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. TORONTO, ONT. Place..... Date..... Feby 17. 1919 E.S. Signature..... H. Sargeant Coy (O. C. Discharging Unit.)	

H.C. Coy
 29.9.1919