

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

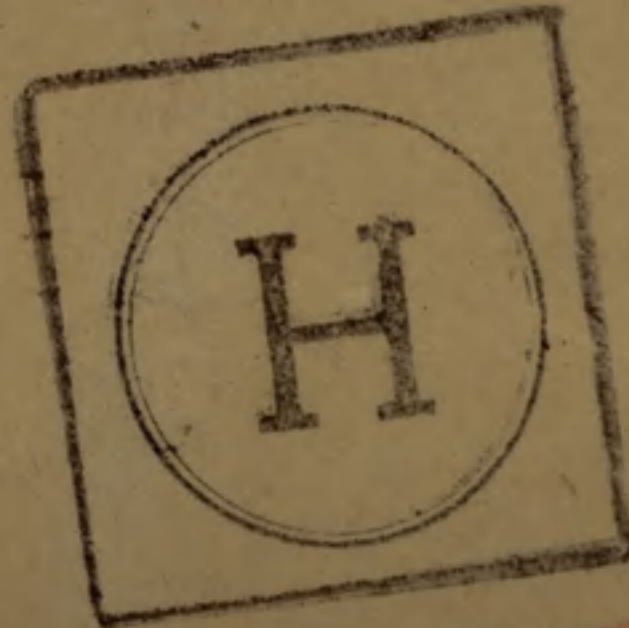
DISCHARGE DOCUMENTS

R. O. No. **3820**
 H. Q. No.

Name **Ball, E. MANUEL**
 Regt. No. **53302** Rank **Sgt.**
 Corps **18th. Ben. Present. unit. Co. C. D. C.**

*Comp. ...
 to ...
 2000
 Ref. 1206. Spec. 146
 8-2/3/4/19
 Ret 24-4-19*

Permanently unfit.



*Deceased
 1-4-60*

*293 B. 177
 J. C. B. 1.
 A. F. B. 122 - 1
 M. W. J. 192 - 1
 M. F. W. 62.
 25m. - 11-15.
 H. Q. 1772 - 39-935.
 a. B. 178 - 1*

*7-19
 17-20
 26 20
 3*



Original

53302

ATTESTATION PAPER.

No. *303*

Folio. *6*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Emanuel Ball*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Andover, Hampshire, Eng.*
 3. What is the name of your next-of-kin?..... *Louisa Ball*
 4. What is the address of your next-of-kin?..... *409 Pall Mall St London W*
 5. What is the date of your birth?..... *16 Oct. 1879*
 6. What is your Trade or Calling?..... *Laborer*
 7. Are you married?..... *Yes*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
and inoculated against typhoid
 9. Do you now belong to the Active Militia?..... *Yes 7th*
 10. Have you ever served in any Military Force?..... *Yes Rifle Brigade 4 yrs 2nd*
If so, state particulars of former Service. 3 1/2 " 7th
 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*
- Emanuel Ball* (Signature of Man).
F. M. Sperry Capt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Emanuel Ball*, 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.

Emanuel Ball (Signature of Recruit)
Date *25 Oct* 1914. *F. M. Sperry Capt* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Emanuel Ball*, 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.

Emanuel Ball (Signature of Recruit)
Date *25 Oct* 1914. *F. M. Sperry Capt* (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 *London* this *25* day of *Oct* 1914.

F. M. Sperry Capt (Signature of Justice)
Notary Public
I certify that the above is a true copy of the Attestation of the above-named Recruit.
Sperry (Approving Officer)

Description of Emanuel Ball on Enlistment.

Apparent Age 34 years 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. 6 ins.

*Vaccination left arm
 Tattoos both forearms*

Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 1 1/2 ins.

Complexion Dark
 Eyes Green
 Hair Black

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

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 25 Oct 1914.

Place London Ont

[Signature]
 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.

Emanuel Ball having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date 28th Nov 1914.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 53302 (Rank) Sergeant
 Name (in full) "Bill" Emanuel enlisted in
 the 18th Battalion C.O.M.F.
 CANADIAN EXPEDITIONARY FORCE at LONDON, ONT. on the Twenty-fifth
 day of October 19 18.
 HE served in Frame (with 18th Battalion)
 and is now discharged from the service by reason of Col. "B" Medically unfit
due to service. **JUN 19 1918**

Military District No. 1
 I. D. 30 B 73

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

Age 36
 Height 5' 6 1/2"
 Complexion Dark
 Eyes Hazel
 Hair Black

Marks or Scars
Tattoo Right & Left Arms

Signature of Soldier

Harry M. Livingston
 Issuing Officer
 Lieut.

Date of Discharge JUN 7 - 1918

Rank
O. C. Discharge Section, No. 1 D. D.

Signed at LONDON, ONT. this Fifteenth day of June 19 18.

in Military District No. ONE

File Reference No. 1 D 30-B-73
1 D. D. 10-B-4

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. 55302 (Rank) Sergeant Name "Bill" Emanuel

Unit 10th Battalion C.O.M.F.

Address on Discharge 421 Fall Hall Street, London, Ontario.

Character and Conduct

Very Good

Former Occupation LABOURER

Special Qualifications of Value in Civil Life

Medals and Decorations NIL

Remarks NIL

Signed at LONDON, ONT. this FIFTEEN day of JUNE 1918.

Harry M. Livingstone
Name of Officer

Rank Sgt.
C.S. Discharge Section, No. 1 D.D.
Appointment

ORIGINAL MEDICAL HISTORY SHEET.

Bpc 8919
53302

Surname Ball Christian Name Emmanuel

Examined { on 25th day of October 1914
at London Ontario

Approved by D. H. Wagg Major 4 FEB 1916

Birthplace { City or Town Andover
County Hampshire England

Rank Private M.O.

Apparent age 34 years

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Trade or occupation Labourer

Height 5 Feet 6 Inches

Weight ✓ Lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 34 1/2 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right ✓ Left ✓
Number ✓

Date	Result	VACCINATIONS.
<u>17¹²/₁₄</u>	<u>good</u>	<u>D. H. Wagg</u> M.O.
		M.O.
		M.O.

When Vaccinated last ✓

(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>10¹¹/₁₄</u>	<u>good</u>	<u>D. H. Wagg</u> M.O.
<u>20¹¹/₁₄</u>	<u>good</u>	<u>D. H. Wagg</u> M.O.
		M.O.

Enlisted on _____ day of _____ 1914 at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>18th Bn</u>	<u>53302</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

This Medical History Sheet must be forwarded to the Record Office by the Officer commanding their unit to the Record Office when they leave England.
 M. F. B. 313
 Lieut.-Col. In Charge of Records, Canadian Contingent.

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.

Record

Christian Name

Surname

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				
Moore B. Hoop		31	1	16	14	2	16	Bronchitis	15	Improved -	<i>J. D. McQueen</i>
Can. Com. Hosp. Munk's Horton		14	2	16	15	2	16	do.	1	While on leave from France Jan 3/1/16 took sick. To Moore Bk X. same day. Pres. Cold. Fit. Discharged - 15/2/16 to 36th Res. Bn. - West Sandling	

JUN 19 1918
 I. D. 20
 B. 73.

J. D. McQueen
 Duplicate Medical History Sheet
 posted to here.
 Medical Registrar
 Record Office.

Remaining at Byrom Sanatorium London Oct
 to continue treatment.
 Authority HQ 649-B 2614
 21/10/16.

Name Ball, Emanuel.
 Home Address of Soldier 407 Pall Mall, London, Ont.,

1262 No. 53302 Rank Sgt., Original Unit 18th Present Unit 36th Res.,

Previous civilian occupation as per record Labourer.

Age 35 Height 5 ft. 6 ins. Complexion NO RECORD Eyes NO RECORD Hair NO RECORD Character No Record

Cause of disability Rheumatism, due to service. Nervous shock, due to service. Possible Pulmonary Tuberculosis, due to service.

Condition in detail which prevents the soldier from earning a full livelihood
Has pain and stiffness in both knees which, at times, hinder him considerably, when walking.
Sleepless, headaches, pain down back of the neck, vomiting and twitching of hands and face.
Lungs:-Has had considerable cough and expectoration for some time. Has pleuritic rubs and at both bases and a few dry rales and harsh breathing at right apex. Has lost 50 lbs (?) weight in last 6 months, but is now improving.

(comp. with capacity on enlistment.)

Degree of incapacity (Please state in fractions) Eng. Board 1/8 mos. then none Canadian Board Total.

Probable duration of incapacity Impossible to say, 6 months, at least.

Does it render him permanently unfit for military service? Yes

Would operation, special treatment, or the use of appliances, &c., lessen incapacity? Conv. Home for further observation and with a view of transfer to T.B.C. Sanatorium if diagnosis of T.B (is established).

Is final disability likely to prevent return to previous occupation? Yes

Members of Board W.M. CARRICK CAPT Pres. C.G. GREGG CAPT Mbr. W.E. ODGE CAPT. Mbr.

Information to be Furnished by Soldier if He will Require Assistance to Secure Work after His Return Home.

Ship returned by Missanable Date of arrival 2/4/16 Where seen service Belgium,
 Date of enlistment 26/10/14 Where enlisted London, Ont
 Birthplace England Religion Baptist,
 Occupation prior to enlistment Labourer,
 Name and address of last employer Millward Bros. Bricklayers, London, Ont
 Whether work was regular or irregular R. Average earnings per week \$ 16.75
 Name and address next of kin Mrs Ball (same address)

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	<u>Louisa</u>	<u>32</u>		<u>1</u>	<u>Good</u>
Children 1	<u>William</u>	<u>13</u>			<u>"</u>
2	<u>Five more younger</u>				<u>"</u>
3					
4					
5					

Whether any private income, self or wife—amount per year \$ None
 Rent per month \$ 9.50 Name and address of Landlord ?
 If owner of property what payments still due \$ N.A. An. payment \$?
 If part of house let, or boarders taken in, state average income \$ N.A. per ?
 If in receipt of sick benefits or other insurance—name of society London & Life Amt. per mon. \$?
 If carrying insurance, amount of annual premium—Life, \$ Life pays Accident, \$?
 If unable to follow previous occupation, name preference Light work,
 If offered free Technical Education to fit yourself for a new trade would you avail yourself of it? N?A?

Destination to which transportation provided if other than Divisional H. Q. N.A.

References Last employers

Remarks ?

Witness W.M. P. MOORE. I declare that the above statement is correct

Date 4/4/16 Signature EMANUEL BALL.

Accrued pay \$? Amount paid at Discharge Depot \$?

Amount forwarded to Divisional Headquarters \$? If given or credited \$13 in lieu of clothes ?

Handwritten: Canceled 23-11

TO BE FILLED IN BY MEDICAL BOARD OR FROM RECORDS

TO BE FILLED IN BY M. H. C. AND SIGNED BY SOLDIER.

SUBSEQUENT INFORMATION

Date of leaving Convalescent Home..... Report No.....

Degree of Disability at that date (in fractions)

Recommendation of Medical Board

Pension. Degree..... Amount per year \$..... Dating from..... 191.....

Condition of Soldier when visited

Whether necessary to give special training of a technical nature..... If so, training suggested.....

Does visitor confirm statement by Soldier on other side?.....

If work secured, name of employer

Wages, \$.....

Name of visitor.....

GENERAL REMARKS

.....

CLASS 1.

- Men for immediate discharge without a pension.
- (a) Unfit for overseas service but capable to take up their previous civilian occupation.
- (b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.

Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanitarium. If deemed advisable in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanitarium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.

Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

6
17
18

Rank

Sgt

Name

BALL Emanuel

Reg'l No.

53302

Unit

18th Battn.

If in perm. Corps,
What Unit?

Married or Single Married

Place and Date of Enlistment London Ont. 25th Oct. 1914

Place of Birth Andover, Eng.

Name and Address, Next-of-Kin Louisa Ball, 409 Pall Mall, London, Ont.

Relationship Wife

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

ccac
N/E RB No 1988
File R.L.
Category *mu. can.*

Discharge, Date and Place

Reason

Character

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				
29-4-15	O.C. 18	Arrived per St. Grampian	England	29-4-15	Infm Form
16-22/5/15	O.C. 18th	Appointed Platoon Sgt	Shorncliffe	14-5-15	Part II Order. 193.
26-7-15	"	Toke Sgt from 1-7-15	W. Sandling		Non. Roll.
4-8-15	"	Forfeits 1 day pay O.C.	"	4-8-15	Pr. II 3344
18-9-15	"	Embarked for France	Folkestone	14-9-15	Inform. Form
11-10-15	W.O.	5th Can. Field Amb. (Gastritis)	In Field	27-9-15	Cas. List 49 Sheet II
"	"	" " " Disch'd to duty	"	30-9-15	" " " " "
9-2-16	"	Moore Barracks Hospital	Shorncliffe	1-2-16	" " 138 Bronchitis.
7-2-16	O.C. 18th	8 days leave from	"	24-1-16	Part II 7.
17-2-16	W.O.	Can. Convalescent Hospital	Monks-Horton	15-2-16	Cas. List B 1.
16-2-16	O.C. 36th	Taken on strength 36th Am	W. Sandling	15-2-16	Part II 47
13-3-16	"	Trans to C.C.A.C.	"	13-3-16	Pr. II 73 (CCAC Pr. II 45+50)



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				
31.3.16	CCAC.	S.O.S. on trans to Canada for discharge	Fstone	25.3.16	Pt II 0.83
15/3/16	CCAC/60	Lance O.S. Gordis.	Bath	14/3/16	Pt II 0.84
24/3/16	"	S.O.S. dis to Canada	"	24/3/16	" 57

CHECKED. 5th Dec, 1916.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16862/336

783-E-4.

Name Ball, Emanuel
Surname Christian Name

Regimental Number 53302

Rank Sgt.

Address (in full) 421 Pall Mall St.,

Unit 18th Bn.

London, Ont.

Original Unit

District where paid M.D.1.

Date of Discharge 7-6-18.

P. D. P. Filing Number 15-114-1.

Rates:—Regimental pay \$ 1.35 per diem: Field Allowance \$.15 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
211 50	2159	6-6-18	70 00	2087	6-7-18	70 00	1587	6-8-18	52 50	19 00	192 50
15 43	1st C. 20743	6.3.19	70 00								
15 44	1st C. 20744	6.3.19	30 00								
1054a	2nd C. 28669	6 3/19	70 00								
1831a	2nd C. 40394	2-4-19	30 00								

Remarks: Overpaid S.A.

M. F. W. 127.
50M-6 17.
1772 39-1140.

Dec'n No. 16862/336 W. S. G. File No. 783-6-20

Award days at \$ per day \$

S. A. 6 months at \$ 70.00 per mo. \$ 420.00 - \$ 600.00

Less P, D. P. Credited \$ 211.50

\$ 388.50

Less further debit balance \$

Net due paid as below \$ 388.50

TO SOLDIER TO DEPENDENT						
0	Ag. No.	Ch No	Amount			Amount
1	1543	20743	70 -	1543	20744	70 -
2	1054a	28669	70 -	7831a	40394	30 -
3	1155B	410717	68 50	2264B	439014	30 -
4				1110C	461678	30 -
5					48730	30 -
6					493049	30 -
	Total			Total		

421 Pall Mall
 London
 Ontario
 Dep. Name address.
 Louisa Ball (wife)

6/3/19
 6/3/19
 7/4/19

7/4/19
 19-4-19
 14-5-19

GEN'L AUDITOR
 Posting checked by
Webster
 Date 21-10-19

OK

✓

26-10-14.

292

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

Name Mrs Louisa Ball

Name of Soldier Emanuel Ball

Address ~~409 Pall Mall~~
407 Pall Mall London W.1.

Regtl. No. 53,302

Rank ~~Plt.~~ ^{Serjt.} (Rank confirmed)

Corps 18 Batty.

Relation to Soldier Wife

To what Corps belonging

wife, child or mother

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.		E 669	20 -	
Jan.	1915	G 1327	20 -	
Feb.		F 1632	64 -	
March		F 3231	25 -	
Apl.		D 1329	25 -	
May		E 7803	25 - 25	
June		F 8339	25 - 25	
July		E 12703	25 - 25	
Aug.		F 11648	25 - 25	
Sept.		F 14481	25 - 25	
Oct.		G 19421	25 - 25	
Nov.		F 13992	25 - 25	
Dec.		F 21728	25 - 25	
Jan.	1916	H 21125	25 - 25	
Feb.		G 27650	25 - 25	
March		J 26669	25 - 25	
			429	

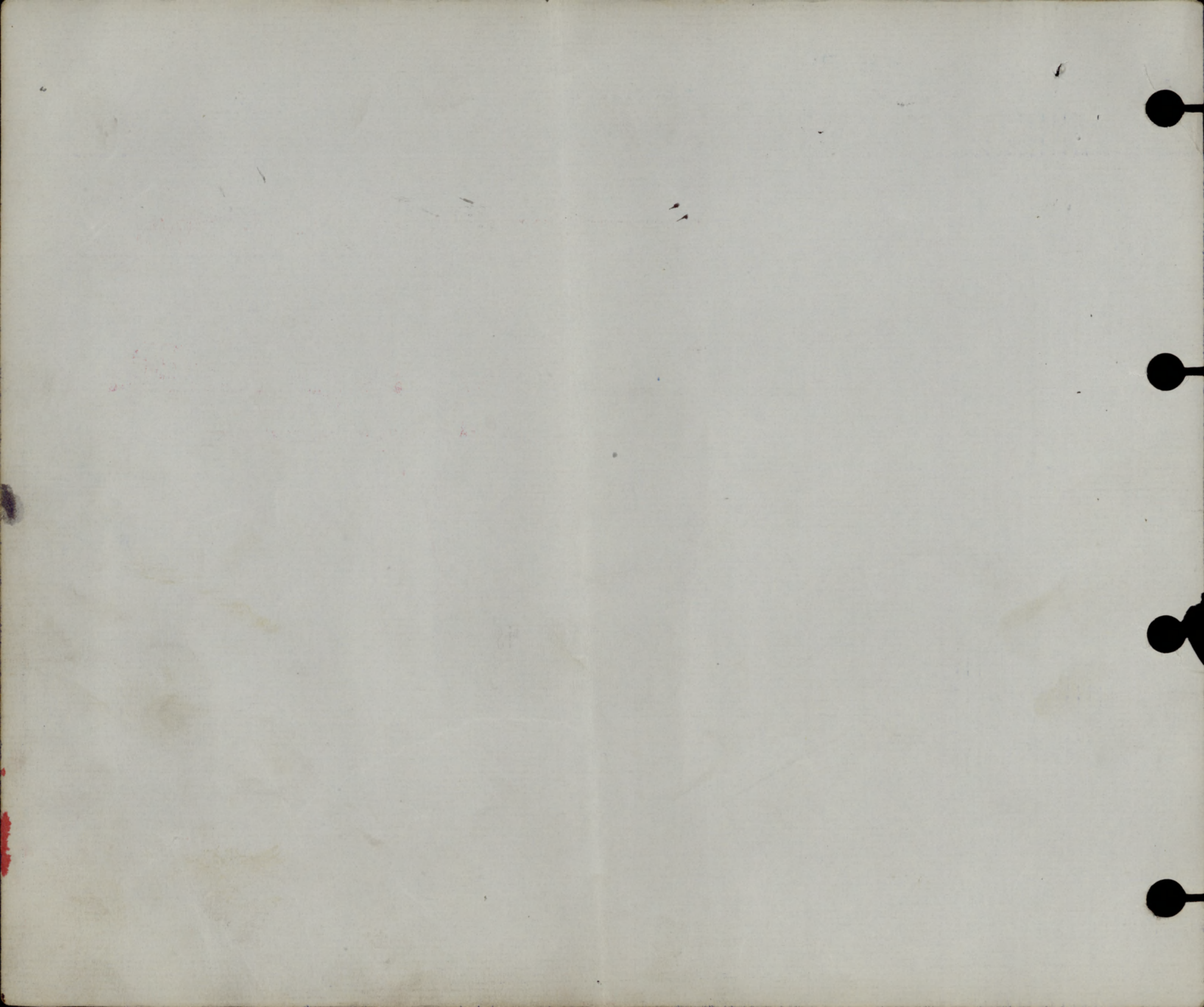
ACCOUNT CLOSED

DATE APR 17 1916 PER



Retd. on S. Missanabie - 2/4/16

Acct. Closed



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Lousia Ball

(Wife)

Name of Soldier *Ball, Emanuel*

PAYMENTS.

Serjt

Sheet No. 2.

L. T. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 277 25	25	Cancelled - 14/4/16 <i>xc</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Acct: Closed

ACCOUNT CLOSED
 DATE *APR 17 1916* PER *[Signature]*

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

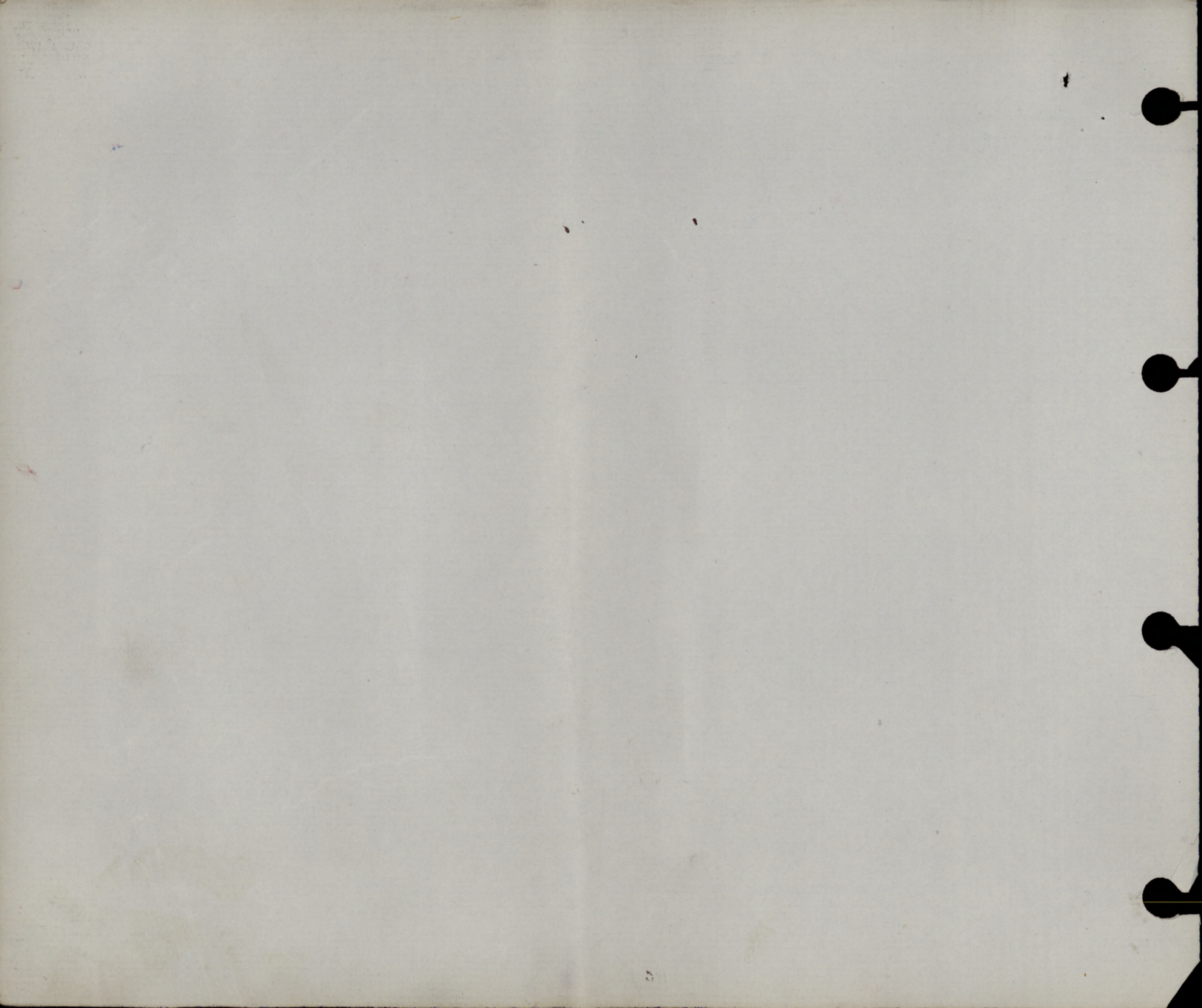
To Whom *Wife Mrs L. Ball*
 Address *(407) 409 Call Mall St.
London Ont*
 By Whom Assigned *E. Ball*
 Regtl. No. *53302*
 Rank *Sgt*
 Corps *B Co 18th Batta C. E. F.*
 Rate *20⁰⁰* APR 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		<i>P 674</i>	<i>40 --</i>	
June				
July		<i>M 3871</i>	<i>20</i>	
Aug.		<i>M 5198</i>	<i>20 --</i>	
Sept.		<i>0 6932</i>	<i>20 --</i>	
Oct.		<i>P 7026</i>	<i>20 00</i>	
Nov.		<i>9 7193</i>	<i>20</i>	
Dec.		<i>9 9038</i>	<i>20</i>	
Jan.	1916	<i>W 7280</i>	<i>20</i>	
Feb.		<i>X 10781</i>	<i>20</i>	
March		<i>Z 14099</i>	<i>20</i>	<i>returned S.S. Missanabic 2/4/16 JX 890</i>

COPIED FOR 2 CASUALTIES.

[Handwritten initials]



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a
 60m.-12-15.
 1772-39-319 **274**

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Mrs. L. Ball,

OVERSEAS CONTINGENTS

-wife-
 PAYMENTS.

Name of Soldier

Ball, E.

53302

"B" 18 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	X114	20	<i>\$20.00</i> Stop payt apl 16 discharged 3 rd M 21/16 - <i>JS</i> returned S.S. Missanabie 2/4/16 <i>FX</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

Rank *Sgt.* Name **BALL Emanuel** Reg'l No. **55302**
 Unit *C.C.A.C. 1st Bn.* If in perm. Corps, What Unit? Married or Single **Married**
 Place and Date of Enlistment **London Ont. 23th Oct. 1914** Place of Birth **Andover, Eng.**
 Name and Address, Next-of-Kin **Louisa Ball, 409 Pall Mall, London, Ont.**

Assigned Pay Monthly \$ *20⁰⁰* Payable to *as above* Relationship **Wife**
 Separation Allowance \$ *3 mo. considered effect 1/16* Payable to Relationship

Discharge, Date and Place *17/3/16* *Canada* Reason *Authy 14/3/16* Character



Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date						
<i>1/5</i>	<i>31/5</i>	<i>31</i>	<i>135</i>	<i>41 85</i>	<i>31</i>	<i>15</i>	<i>465</i>	<i>4650</i>			<i>75</i>	<i>150</i>	<i>45</i>	<i>150</i>		
<i>1/6</i>	<i>30/6</i>	<i>30</i>		<i>40 50</i>	<i>30</i>		<i>450</i>	<i>450</i>			<i>15</i>	<i>50</i>	<i>35</i>	<i>1150</i>		
<i>1/7</i>	<i>31/7</i>	<i>31</i>		<i>41 85</i>	<i>31</i>		<i>465</i>	<i>4650</i>			<i>20</i>	<i>50</i>	<i>40</i>	<i>18</i>		
								<i>160</i>						<i>1960</i>		<i>for exchange</i>
<i>1/8</i>	<i>31/8</i>	<i>31</i>	<i>135</i>	<i>41 85</i>	<i>31</i>	<i>15</i>	<i>465</i>	<i>4650</i>	<i>316</i>		<i>21 89</i>	<i>50</i>	<i>150</i>	<i>4339</i>	<i>22 71</i>	<i>1 dep #344</i>
<i>1/9</i>	<i>30/9</i>	<i>30</i>		<i>40 50</i>	<i>30</i>		<i>450</i>	<i>450</i>	<i>360</i>		<i>5 36</i>	<i>50</i>		<i>25 36</i>	<i>42 38</i>	
<i>1/10</i>	<i>31/10</i>	<i>31</i>		<i>41 85</i>	<i>31</i>		<i>465</i>	<i>4650</i>	<i>422</i>		<i>10 46</i>	<i>20</i>		<i>30 46</i>	<i>58 39</i>	
<i>1/11</i>	<i>30/11</i>	<i>30</i>		<i>40 50</i>	<i>30</i>		<i>450</i>	<i>450</i>	<i>509</i>		<i>5 36</i>	<i>20</i>		<i>25 36</i>	<i>78 03</i>	
<i>1-12</i>	<i>31-12</i>	<i>31</i>		<i>41 85</i>	<i>31</i>		<i>465</i>	<i>4650</i>	<i>590</i>		<i>13 9</i>	<i>20</i>		<i>44 53</i>	<i>80</i>	
<i>1-16</i>	<i>31-16</i>	<i>31</i>		<i>41 85</i>	<i>31</i>		<i>465</i>	<i>4650</i>	<i>636</i>		<i>5 23</i>	<i>20</i>		<i>32 72</i>	<i>93 78</i>	<i>transfer to 36th Bn 1-3-16</i>
<i>1-2</i>	<i>29-2</i>	<i>29</i>		<i>39 15</i>	<i>29</i>		<i>435</i>	<i>4350</i>	<i>697</i>		<i>4 62</i>	<i>20</i>		<i>10 761</i>	<i>29 68</i>	<i>36th Bn #47 16-2-16</i>
<i>Mar 1</i>	<i>15</i>	<i>15</i>	<i>135</i>	<i>20 25</i>	<i>15</i>	<i>15</i>	<i>225</i>	<i>2250</i>	<i>865</i>		<i>9 73</i>	<i>2000</i>		<i>29 73</i>	<i>22 44</i>	<i>transferred 15/3/16 CC1. 14/3/16</i>
									<i>507</i>		<i>2 43</i>			<i>12 28</i>	<i>10 16</i>	<i>received 14/3/16</i>
									<i>7182/116</i>		<i>4 87</i>			<i>244</i>	<i>10 16</i>	<i>auth. CC1. 14/3/16</i>
									<i>3-19/1500</i>		<i>8 761</i>			<i>244</i>	<i>10 16</i>	<i>pay PR verified & filed</i>
									<i>1167/16</i>		<i>2 44</i>			<i>10 16</i>	<i>10 16</i>	<i>S.P.P. 14/3/16</i>
									<i>10 16</i>					<i>10 16</i>	<i>10 16</i>	<i>already done for P.B.</i>
									<i>10 16</i>					<i>10 16</i>	<i>10 16</i>	<i>Transferred to "Canada" Disc 2/5</i>

Name Ball Sgt. E.

454

Regimental No. 53302

Home. ~~Name and address of next of kin~~ 407 Pall Mall St. London, Ont.

Unit C.C.A.D. (18th Bn.)

Date of enlistment 4/4/16 M. B. Recmd. Con. Home.

Place of " "

Married (yes or no) Yes.

Date and place discharged

Amount of pay assigned monthly \$ 20.00 March/16 1/2 closed.

Reason for discharge

Sep. Allee.
To whom payable 25.00 March/16 1/2 closed.

Character on discharge

S.S. Missambie 2/4/16

Class II

649-B-2614

L. 87694. M. & D. 6128.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate			Amount	No.					
14/3/16	15/3/16						10 16								L. P. C. Eng. S. A. for appl. D. D. Acc. pd. pd. on embarkation
	30/4/16	46	1.35	62 10	46	15	6 90	25 00			50 00				
									104 16		9 73			104 16	

Transferred to 1st M.D. from 1/5/16 with a C. Bal. of \$ 44.43

C.A.P. 20.00 March/16

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 16th Cav. B.

Military Hospital M.B.H.

No. 53302

Rank and Name Sgt Ball E

Age 36

Service 15 1/2

Disease _____ Date of admission 31-1-16

Date of discharge _____ Result _____

Dates of Observation	<u>31</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>																				
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Days of Disease																													
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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	
	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.



Pulse per Minute	<u>84</u>	<u>88</u>	<u>84</u>	<u>80</u>	<u>84</u>	<u>85</u>	<u>84</u>	<u>82</u>	<u>96</u>																				
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Respirations per Minute	<u>24</u>	<u>26</u>	<u>24</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>																				
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Motions per 24 hours																													
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Signature J. D. Sullivan

In charge of case.

CLINICAL CHART

No.	Date of admission	Name	Sex	Age	Race	Religion	Occupation	Education	Marital status	Address	City	State	Country	Admission	Discharge	Status	Remarks	Physician	Nurse	Diet	Activity	Vital signs	Lab tests	X-rays	Other	Signature	Date																										
107																																																					
108																																																					
109																																																					
110																																																					
111																																																					

110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120

Unit

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<i>53302</i>	<i>Sgt.</i>	<i>Ball</i>	<i>Emanuel</i>
Year	Unit.		Age.	Service. <i>Home Front</i> <i>11 4 1/2</i> <i>12 12</i>
<i>1916</i>	<i>18th Bn. H&R's ^{West} Sandley</i>		<i>36</i>	
Station and Date.	Disease			
CANADIAN CONVALESCENT HOSPITAL MONKS HORTON, NEAR HYTHE, KENT.	<u><i>Bronchitis</i></u>			
<i>14/2/16</i>	<i>While on leave from France 31st Jan. was admitted to Moore B.R's Hosp. there to present date.</i>			
	<i>Present condition <u>Fit.</u></i>			
	<i>Return to unit.</i>		<i>Mag. Capt.</i>	

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

Station
and Date.

MEDICAL CASE SHEET

Blank lined area for medical notes.

10346

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 10346 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	53302	Sgt	Ball	E.
	Unit.		Age.	Service.
	16 th Bn		26	15 12

Station and Date.	Disease
31-1-16	Bronchitis Cough, tightness of chest; Dyspnoea & Headache. Dyspnoea - cough & breaths; Dyspnoea - 3 wk. Past History. Typhoid - 1901. Passes - 6 weeks ago. Pneumonia - 1902. Present Condition. Good appetite, bowels O.K.
2-2-16	Cough & asthma this a.m.; slept poorly.
5-2-16	Bad headache; pain in chest, cough & asthma worse; breathless. Cannot sleep.
11-2-16	condition improved.

TRANSFERRED.

Marko Hester
14/2/16

J. D. McQueen
may

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

Station
and Date.

649-B-2614

Class TWO

No. of M. H. C. File No. of H. Q. File

Name and Home Address of Soldier Ball Emanuel 407 Pall Mall London Ont

No. 53302 Rank Sgt Original Unit 18th Present Unit 36th Res

Previous civilian occupation as per record Labousser

Age 35 Height 5 ft 6 ins. Complexion NO RECORD Eyes Hair Character

Cause of disability Rheumatism due to service, Nervous shock, due to service, Possible Pulmonary Tuberculosis, due to service.

Condition in detail which prevents the soldier from earning a full livelihood

Has pain and stiffness in both knees which at times, hinder him considerably, when walking. Sleepless, headaches pain down back of the neck, vomiting and twitching of hands and faces. Lungs :- has had considerable cough and expectoration for some time. Has pleurtic rubs and at both bases and a few dry rales and harsh breathing at right apex. Has lost 50 lbs (?) weight in last 6 mos but is now improving.

Degree of incapacity (Please state in fractions) Eng. Board 1/8 mos then one Canadian Board Total

Probable duration of incapacity Impossible to say. 6 mos, at least

Does it render him permanently unfit for military service? Yes

Would operation, special treatment, or the use of appliances, &c., lessen incapacity? Conv. Home for further observation and with a view of transfer to T.B.C. Sanatorium if diagnosis of T.B. is established.

Is final disability likely to prevent return to previous occupation?

Members of Board W.M. CARRICK CAPT Pres. C.G. GEGGIE CAPT Mbr. W.E. ODGE CAPT Mbr. G.A. WINTERS MMJON

Information to be Furnished by Soldier if He will Require Assistance to Secure Work after His Return Home.

Ship returned by Missanabie Date of arrival 2.4.15 Where seen service Belgium

Date of enlistment 26.10.14 Where enlisted London Ont

Birthplace England Religion Bapt

Occupation prior to enlistment Labourer

Name and address of last employer Millward Bros, Bricklayers London Ont

Whether work was regular or irregular R Average earnings per week \$ 16.75

Name and address next of kin Mrs. Ball same address

Table with 5 columns: DEPENDENTS, NAME, AGE, WHERE-IF EMPLOYED, WAGES, STATE OF HEALTH. Rows include Wife Louisa (32, Good) and Children 1 William (13, 2w) and 2 Five more younger.

Whether any private income, self or wife—amount per year \$ None

Rent per month \$ 9.50 Name and address of Landlord ?

If owner of property what payments still due \$ N.A. An. payment \$

If part of house let, or boarders taken in, state average income \$ N.A. per week

If in receipt of sick benefits or other insurance—name of society London Life Amt. per mon. \$

If carrying insurance, amount of annual premium—Life, \$ Wife pays Accident, \$

If unable to follow previous occupation, name preference Light work

If offered free Technical Education to fit yourself for a new trade would you avail yourself of it? N.A.

Destination to which transportation provided if other than Divisional H. Q. N.A.

References Last employers

Remarks

Witness W.M. MOORE I declare that the above statement is correct

Date 4.4.16 Signature EMANUEL BALL

Accrued pay \$ 143 Amount paid at Discharge Depot \$ 10

Amount forwarded to Divisional Headquarters \$ 40 If given or credited \$13 in lieu of clothes

18-8-8
9 H 6

SUBSEQUENT INFORMATION

Date of leaving Convalescent Home..... Report No.....

Degree of Disability at that date (in fractions)

Recommendation of Medical Board

AB MAR 3 1921

Pension. Degree..... Amount per year \$..... Dating from..... 191.....

Condition of Soldier when visited

Whether necessary to give special training of a technical nature..... If so, training suggested.....

Does visitor confirm statement by Soldier on other side?.....

If work secured, name of employer

Wages, \$.....

Name of visitor.....

GENERAL REMARKS

.....

CLASS 1.

Men for immediate discharge without a pension.

- (a) Unfit for overseas service but capable to take up their previous civilian occupation.
- (b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.

Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanitarium. If deemed advisable in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanitarium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.

Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

B182

336

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 *Emanuel* 2. Surname *Ball*
- 3. Rank *Sgt* 4. Original Unit *18th Batt* 5. Reg. No. *53302*
- 6. Address, in full, to which future payments of gratuity are to be forwarded
421 Pall Mall Street London Ontario
- 7. Date of enlistment in the C.E.F. *Oct. 25th 1914*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Louisa Ball*
- 9. Relationship of such dependent *Wife*
- 10. Address, in full, of such dependent *421 Pall Mall Street London Ontario*
- 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:—
No
- 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 *3 years 8 months 18th Batt*
- 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*

W

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 *3 months*
20. Have you been issued with a War Service Badge? If so, what class? *A. 9. B*
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 *June 7th 1918* (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 *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 *18th Batt. Sept. 15th 1915 - Feb. 1916*
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: *Emanuel Ball*

Place of Residence: *# 21, Pall Mall Street, London, Ontario*

Declared before me at: *Windsor*

This *29th* 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.

*James Oliver
a baron*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Nec amount due
<i>Jun 6th 1918</i>	<i>\$ 70.00</i>			
<i>July 6th</i>	<i>70.00</i>			
<i>Aug 6th</i>	<i>52.50</i>			
<i>Debit Balance recovered</i>	<i>19.00</i>			
	<i>211.50</i>			

Certified Correct.

District Paymaster.

for J. J. Semadeni
 District Paymaster, M. D. I.

No Overpayment

Form to be used instead of blank space on Army Form 179

DEPT MILITIA & DEFENCE
APR 10 1916
649 B-2614
CANADA

Proceedings of Medical Board at Discharge Depot

Number, Rank, Name and Corps of disabled soldier:-
53302 Sergt Ball, Emanuel 18th Bn., 36th Res. Bn.

Previous civilian occupation:- Labourer.

Cause of disability Rheumatism, due to service
Nervous shock, due to service.
Possible pulmonary tuberculosis, due to service.

Condition, in detail, which prevent the soldier earning a full

livelihood:- Has pain & stiffness in both knees which at times hinders him considerably when walking. Sleepless, headaches, pain down back of the neck, vomiting and twitching of hands & face. Lungs, has had considerable cough & expectoration for some time. Has pleuritic rubs at both bases and a few dry rales and harsh breathing at right apex. Has lost 50 lbs? but is now improving.

Opinion of the Board.

Degree of incapacity, (please state in fractions)

Total

Probable duration of incapacity:-

Impossible to say, 6 months at least.

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment, or the use of appliances, etc., lessen incapacity?

Convoalescent Home for further observation and with a view of transfer to T.B.C. sanitarium, if diagnosis of T.B. is established

Signature:-

W. H. Cruick Capt President.

Station. Quebec.

Conrad Gleggie Capt

Members.

Date. 4th - Apr 1916.

W. H. Cruick Capt

Approved.

Date APR 6 - 1916

Gawinter Lt.-Colonel, A. M.
Asst. Director Medical Services.

Date April 13

W. H. Cruick
Director General Medical Services.

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

Previous civilian occupation:-

Cause of disability

Condition, in detail, which prevent the soldier earning a full

livelihood:-

Opinion of the Board.

Degree of incapacity. (please state in fractions)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?
Would operation, special treatment, or the use of appliances,
etc., lessen incapacity?

Signature:- _____ President.

Station.

Members.

Date.

Approved.

Asst. Director Medical Service.

Date

Director General Medical Service.

Date

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. **EMANUEL BALL.**

Regimental No. **53302.** Rank **Sergt.** Unit **36th Res.**

Date of Birth? **16. Oct. 1889** Place of Birth? **Andover, Hants.**

Occupation or trade previous to enlistment? **Labourer.**

Date of enlistment? **October 26th 1914.**

Place of enlistment? **London. Ont.**

Are you married or single? **Married**

If married how many children have you? **4 (Boys) 2 (Girls)**

What are their ages? **14 18 mos.**

Have you a widowed mother dependent on you solely for support? **Yes**

What was the condition of your health at the time of your enlistment? **Good.**

Where and when did your disability originate? **1. Dickibusch.
1. January 15th 1916.
2. October 10th 1915.
3. December 3rd 1915.**

Is your disability the result of wounds, injuries or illness contracted in action, in the presence of the enemy, or on active service during training or other duties? **1. Bronchitis.
2. Rheumatism.
3. Gas - Nervous shock.**

What is your present condition of health? **Good**

What work, if any, are you fit for? **Light**

Have you any civil employment open to you at present? **No**

What is your present address? **C.C.A.C. Bath.**

Where do you wish to take your discharge? **Canada**

I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed—

Witnessed by

Emanuel Ball
[Signature]

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name: _____

Regimental No. _____

Date of Birth: _____

Place of Birth: _____

Occupation or trade previous to enlistment: _____

Date of enlistment: _____

Place of enlistment: _____

Are you married or single? _____

If married how many children have you? _____

What are their names? _____

Have you a widowed mother dependent on you solely for support? _____

What was the condition of your health at the time of your enlistment? _____

When and where did your disability originate? _____

1. _____

2. _____

3. _____

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96. _____

97. _____

98. _____

99. _____

100. _____

I solemnly swear that I have read the answers given by me to the above questions, and they are true and correct, and I have signed this declaration.

Witnessed by _____

No. 10,346.

MEMORANDUM.

From Registrar
To Staff Sgt Robertson

From S. Sgt. Robertson
To Registrar

Received ^{the} 13th Feb 1916
1.7.16

ANSWER.

12.30 pm.

Feb 12 - 1916.

2.9.16.

Feb 12th 1916

Sgt E. Ball, no 53302.

Ward 8

Please let me have answers to the following, as I have to inform the Record Office:-

Marginally named NCO. took sick while on leave

(1) Was this NCO. invalided home from France

J Robertson
S Sgt

(2) Was he admitted to this hospital whilst home on leave from France

John Munton
Lieut
for Regt

W. H. ...
...

Aug 1st 1864

MEMORANDUM

...

From

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To

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Copy

J. M. D
30. B. 73

ATTESTATION PAPER.

No. 53302
Folio. 6.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Emanuel Ball
- 1a. What are your Christian names?.....
- 1b. What is your present address?.....
2. In what Town, Township or Parish, and in what Country were you born?..... Andover, Hampshire England
3. What is the name of your next-of-kin?..... Louisa Ball wife
4. What is the address of your next-of-kin?..... 409 Pall Mall London. ont
- 4a. What is the relationship of your next-of-kin?.....
5. What is the date of your birth?..... 16 Oct. 1879
6. What is your Trade or Calling?..... Laborer
7. Are you married?..... yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
9. Do you now belong to the Active Militia?..... yes
10. Have you ever served in any Military Force?..... 3 yrs Rifle Brigade 4 yrs R.A.M.C
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?..... no
14. If so, what was the nature of the disability?.....
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... no
16. If so, what was the reason?.....

Military District No. 1
JUN 19 1918
I. D. B. 73

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Emanuel Ball, 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.

Date: 25 Oct 1914
Emanuel Ball (Signature of Recruit)
J. M. Spry Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,....., 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.

Date: 25 Oct 1914
Emanuel Ball (Signature of Recruit)
J. M. Spry Capt (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 London this 25 day of Oct 1914

E. S. Wife (Signature of Justice)
J. M. Spry Capt (Signature of Recruit)

E. S. Wife (Signature of Justice)
J. M. Spry Capt (Signature of Recruit)

M. W. 28
750
H. Q. 1772-39-841. N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

I certify that the above is a true copy of the attestation of the above-named Recruit.
E. S. Wife (Signature of Justice)

Description of Emanuel Ball on Enlistment.

Apparent Age 34 years 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. 6 ins.

Vaccination left arm
Tattoo both forearms.

Chest measurement. { Girth when fully expanded..... 34½ ins.
 Range of expansion..... 1½ ins.

Complexion Dark

Eyes Green

Hair Black

Religious denominations.
 Church of England.....
 Presbyterian..... X
 Methodist.....
 Baptist or Congregationalist..... Yes
 Roman Catholic.....
 Jewish..... X
 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 he declares that he is not subject to fits of any description.

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

Date..... 25th Oct 1914

Place..... London Ont.

Geo. C. Hall
 Medical Officer.
JWB

*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.

Emanuel Ball 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.

ES Wifle (Signature of Officer)

Date..... 28th November 1914

Certified true Copy.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

MILITARY DEPT
TRIPLICATE
 649-13-2414

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

Regimental No. 53302 Rank Sgt. Name BALL, E.

Corps 36th Bn. who was* Discharged

On 7-6-18 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... As adjusted in the 1918
 to 7-6-18 1918, the inclusive date of transfer or discharge. August payroll of this
Unit.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... days at \$..... c.		
by } No.....			Field Allow. days at \$..... c.		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances*		
Other charges <u>clothing allice.</u>	<u>8.00</u>		Other Credits <u>CEP R.O. PARA. 716</u>	<u>35.00</u>	
Payment on transfer or discharge No <u>3392</u>	<u>27.</u>		Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>35.</u>		Total.....	<u>35.</u>	

* Give particulars.

A monthly stoppage of \$..... 20 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of pd. to 7-6-18 1918 } (to) Assignee Mrs. LOUISA BALL
 { and Sep'n Allice. for month of JUNE 1918 }
 (Address) 421 Pall Mall,
London, 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

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment unknown
- (2) if married and if a Separation Allowance Card has been submitted yesyes
- (3) cause of discharge Med. unfit. ue authority D.O. 50, Disch. 7-6-18
- (4) authority for transfer to service, Cate. B

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.

PAYMASTER
District Depot No. 1
 Date.....
 Place AUG 9 1918

[Signature]
 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.

509-15-8-18

ALLG 19 1818

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER

Ball

REGIMENT

1st Lt. Roper

RANK

Sgt

JUN 10 1948

No. 53302

L. D. 20 1975



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	Pyrrhoce	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
										U	L	P			Gold	Porcelain				
1918 May 31	3 1/4								30											

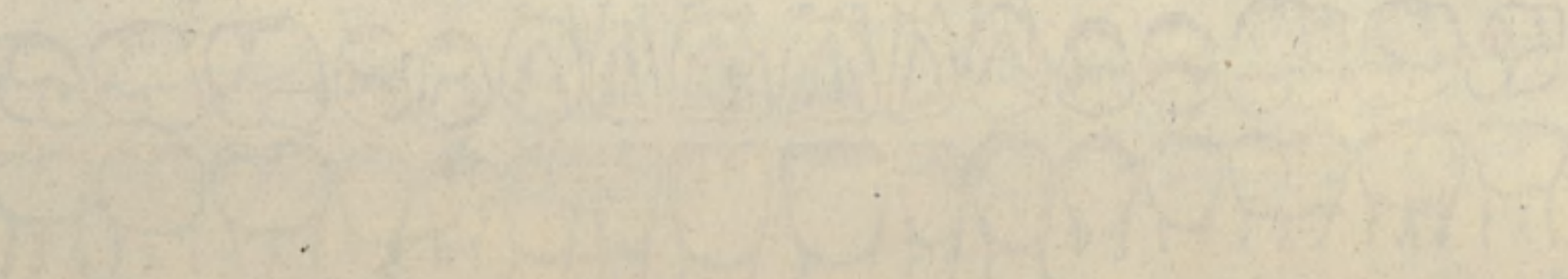
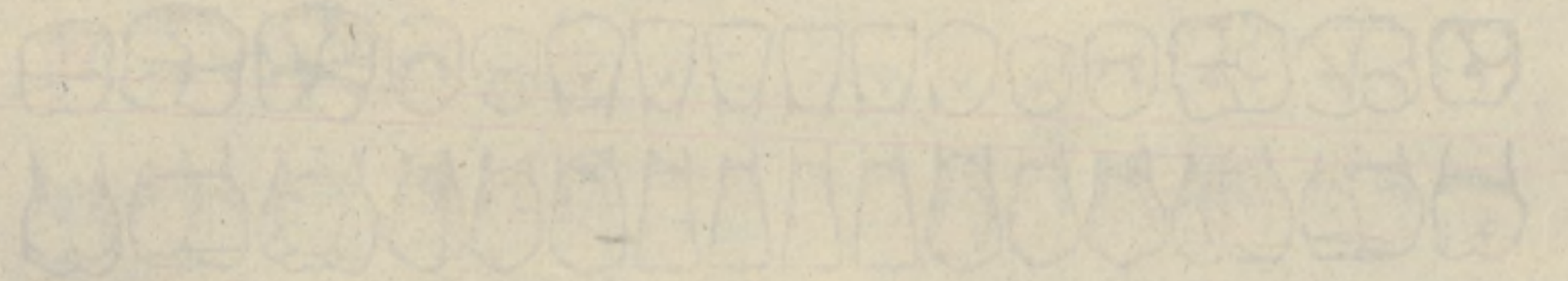
R. S. McMillan Capt
Co. 25.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Handwritten notes:
1945
1946
1947
1948

PATIENT'S NAME	SERIAL NUMBER	GRADE	COMPONENT	REGIMENT	POST	CITY	PROVINCE	COUNTRY
<p>1. Complete dental history</p> <p>2. Complete dental history of previous service</p> <p>3. Complete dental examination of present teeth</p>								
<p>4. Complete dental examination of previous service</p> <p>5. Complete dental examination of previous service</p>								
<p>6. Complete dental examination of previous service</p> <p>7. Complete dental examination of previous service</p>								
<p>8. Complete dental examination of previous service</p> <p>9. Complete dental examination of previous service</p>								



SMITHSONIAN

Copy

MILITARY SERVICE ACT, 1917.

53302

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

Lot No. 1

JUN 19 1918
I. D 30 B 73

1. Surname Ball Christian name Emanuel

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any) South Place, Andover, Hampshire, England.
John County

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th day of October 1917, by the undersigned medical board sitting at London, Ontario

5. Age as stated..... Years..... Months. 6. Apparent age 34 Years..... Months

7. Height 5 Feet 6 Inches. 8. Weight..... Pounds.

9. Chest measurement { Minimum 33 Ins. Maximum 34 1/2 Ins. 10. Complexion.....

11. Physical development. good { Good Fair Poor 12. Smallpox marks.....

13. Number of vaccination marks { Right arm } none Left arm } 14. When vaccinated last.....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease..... none

Trade or Occupation. Labourer.

16. Slight defects but not sufficient to cause rejection..... none

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 17. (a) Vision R..... L..... (b) Hearing. R..... L.....

..... President. Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
17/12	<u>good</u>	<u>D. H. Hogg M.O.</u>	10/14	<u>good</u>	<u>D. H. Hogg M.O.</u>
17/14		M.O.	20/14	<u>good</u>	<u>D. H. Hogg M.O.</u>
		M.O.			M.O.

Joined..... day of..... 191..... at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>18th Reg</u>	<u>53302</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

approved by
[Signature]
Adm. S. Major
Division

6.3.16

Christian Name

Surname

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				
Moore's Wash		31	1	16	14	2	16	Bronchitis	15	Improved	J. B. McQueen Major
Can. Con. Wash Munk's Wash		14	2	16	15	2	16	do	1	While on leave from France Jan. 31, 1, 16 took sick, to Moore Wash. At same day Pres Cond. Fitt Discharged 15.2.16 to 36th Res. Bn. West Sandling	P. Weston Capt. C.M.C.
										Remaining at Byron Sanatorium London. ext. to continue treatment authority HQ 629. 18.26.14 31.10.16.	
Certified true Copy											

REPORT

I. W. HILL, M.B., M.D., D.P.H.
DIRECTOR

Institute of Public Health

ALBERT J. SLACK, PH. C.
CHIEF:
DIVISION OF CHEMISTRY

The Faculty of Public Health of Western University

Ottaway Ave. and Waterloo St.

London

Canada

TEL. 3960

REPORT FORM: URINE.

Laboratory Number: 1329

Name of Patient: Sgt. Ball

Name of Physician: Capt. Brink, C.M.C. Hosp., London

Sample marked: -

Date received: 9/4/17

Date reported: 9/4/17

Determinations requested: Chemical

RECEIVED NO. 1
JUN 19 1918
I. D. 30 B 73

Physical Examination.

Appearance: clear

Odor: Fresh

Sediment: slight

Color: Normal

Chemical Examination.

Reaction: acid

Specific Gravity: 1015

Albumin: absent Quantitative Estimation %

Sugar: absent Quantitative Estimation %

Urea: Quantitative Estimation %

Other examinations requested:

Chemical Analysis by: G.E.S.

Microscopical Examinations.

Leucocytes:

Erythrocytes:

Cylindroids:

Casts:

Crystals:

Bacteria:

Fungi:

Epithelium:

Other examinations requested:

Microscopical examination by:

Chemical and Microscopic Analysis O.K.

(A. J. Slack)
Chief: Division of Chemistry. 37

Approved: HWA
Director:

REPORT ON THE ANALYSIS OF THE SAMPLES OF ...

General and Medical ...

REPORT ON THE ANALYSIS OF THE SAMPLES OF ...

Number of samples: 182

Number of cases: 182

Capt. ... C. S. ... London

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Chief, Division of Chemistry

Approved:

[Signature]

Director

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

Casualty Form—Active Service.

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 53302 Rank Serjt. Name Ball Emanuel

Enlisted (a) 25th Oct/1914 Terms of Service (a) War Service reckons from (a) 5th Dec

Date of promotion to present rank } 4th Nov/1914 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				

	18th Bn	Disembarked in France	Boulogne	15-9-15	Nominal Roll
--	---------	-----------------------	----------	---------	--------------

2-10-15	5th Can Hld Amb	Gastroitis. Admitted	5th Can Hld Amb.	27-9-15	A 36, 2-10-15.
2-10-15	do	Discharged to duty	To duty	30-9-15	do.

28-1-16	18th Bn.	Granted 8 days leave	To England	24-1-16	B. 213, 28 ¹ / ₁₆ . Part II order 7, 7 ³ / ₁₆ .
---------	----------	----------------------	------------	---------	------------------------------------------------------------------------------------------------

9-2-16	C.E.F. Rec. Off.	Struck off strength of 18th Can Bn. on admission to Moore Barracks Hospital, Thorncliffe.	Thorncliffe	1-2-16	Cas. Rep. No. 138, 9 ² / ₁₆ . Part II order 9, 21 ³ / ₁₆ .
--------	------------------	-------------------------------------------------------------------------------------------	-------------	--------	-----------------------------------------------------------------------------------------------------------

C. J. Church

Lieut.
for Lt. Col.
D.A.A.G.

(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				
16. 2. 16	O/36 th	Taken on strength	W Sandaling	15. 2. 16	PT # 47
13. 3. 16.	% 36 th	Trans to C.C.A.C.	W Sandaling	13. 3. 16	PT # 73 (C.C.A.C. P# 045256)
31. 3. 16	C.C.A.C.	S.O.S. on fr. to Canada for discharge	F Stone	25. 2. 16	- - - 83
12. 2. 16.	C.C.A.C.	Taken on str. for disch.	Bath	14. 2. 16	- - - 24
24. 2. 16	-	S.O.S. dis. to Canada	-	24. 3. 16	- - 32

T. Whit
 Lt.
 for Lt. G.I. Records COMF

JMB

Temporary Original
not available

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 189th Bn

Regimental No. 53302 Rank Sgt. Name Ball Emanuel
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				
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p style="color: red; font-weight: bold; font-size: 1.2em;">LONDON, ONT.</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">DISCHARGED</p> </div> <div style="width: 40%; text-align: center;"> <p style="color: red; font-size: 1.1em;">T. O. S. District Depot No. 1..... D. O.</p> <p style="color: red; font-size: 1.1em;">JUN 7 - 1918</p> <p style="color: red; font-size: 1.1em;">S. O. S. District Depot No. 1..... D. O.</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">CAT. "E" MEDICALLY UNFIT DUE TO SERVICE</p> </div> <div style="width: 30%; text-align: right;"> <p style="color: red; font-size: 1.2em; font-style: italic;">James M. King</p> <p style="color: red; font-weight: bold; font-size: 1.1em;">D. O. Discharge Section, No. 1 D.</p> </div> </div> <div style="text-align: right; margin-top: 20px;"> <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">Military District No. 1</p> <p style="text-align: center; font-weight: bold;">JUN 19 1918</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 1.2em;">I. D. 20 1918</p> </div> </div>					

(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				

Name **BALL, E.** Rank **Sergt.** Regt. No. **53302** Unit **F/ 1**
 Battn. **18th** Camp or O.S. **0** File M.H.C.C. **213** H.Q. File _____
 Pension awarded _____ Date of first payment _____
 Discharged to Class _____ Conduct on discharge _____
 Next of kin **407 Pall Mall St. London. Ont. (Wife.)**
 Address on discharge **Do as above.**

DATE	CLASS	REMARKS	PART 2 ORDER
9-4-16	2	C.M.C.H.	31-12-16
16-5-16	2	Byron San.	
16-11-16	3	DISCHARGED	
17-11-16	2	RE-ADMITTED. Byron San.	6-6-1-17 #90
12-2-17	3	" (For treatment only)	#43
5-5-17	3	Do. (Outpatient)	#125
18-12-17	2	Byron San	#355
18-4-18		Trans. to D.D.l. Hosp. Sec. over	108 -1 M.H.C. F. 29

Surname: *Ball* Christian Name or Names: *E.* Reg. No.: *53302*
 Rank: *Sgt.* Unit: *18 Btn.* Co.: Troop: Batty.:
 Hospital: *no 5 @ 3. Amb.* Date of Admission: *27.9.15.*

Transferred Hosp. *Moore Barracks Thorncliffe Hosp. 1-2-16*
 Hosp. *Can Cony Nants Berlin Hosp. 15-2-16*
 Hosp.

Diagnosis: *Gastritis*
 (1) Later Diagnosis (if changed) *Bronchitis*
 (2)
 (3)

Additional Diagnoses: if more than one state present

DISPOSITION: *Go duty* Date: *30.9.15.*
Discharged *15.2.16.*

DISPOSITION	REMARKS	Date
<i>C.S. 11.10.15</i>	<i>492</i>	
<i>6 9-2-16</i>	<i>138</i>	
<i>15-2-16</i>	<i>142</i>	
<i>17-2-16</i>	<i>B1 Admitted to hospital</i>	
<i>18.5.16.</i>	<i>while on leave</i>	
	<i>from France</i>	

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name BALL, Emanuel, Rank Sgt. Regtl. No. 53302
 Original unit 18th Bn. Present unit M. or ~~SX~~ Age 37 Religion Bap. Fyle Depot I.D.D. 10-B-4
I.D. 30-B-73 Ref. H.Q.
 Port, ship, and date of arrival
 Next of kin Wife, 409 Pall Mall St., London, Ont.
 Address ~~on leave~~ 421 Pall Mall St., London, Ont.
 Address on discharge 421 Pall Mall St., London, Ont.
 Transportation issued No ^{Yesx} Date 7/6/18 Character on discharge N.R.
 Previous occupation Labourer Date and place of enlistment London, Ont, 25/10/14.
 Diagnosis P.T.B. Debility Date of Medical Boards 29/5/18.

I.D.D. 10-B-4
 JUN 19 1918
 District No. 1

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
18-4-18	from "F" Unit MHCC and posted to Hospital Sect.	1
4-6-18	from 18-4-18. Authy. C.E.F. R.O. 372, 28-3-18, 444, 16-4-18. To. Casualty Company from Hospital Section.	49 43
7-6-18	Discharged Med. unfit due to service Category "E"	50 44

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

34

YEARS

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Dark

EYES

Green.

HAIR

Black

DISTINGUISHING MARKS

Uac. L Arm - Tattoo

both forearms -

MEDICAL EXAMINATION.

PLACE

London, Ont.

DATE

Oct 25/14.

649-B.2614

SURNAME. *Ball*

S.O.S. Dis

CHRISTIAN NAMES *Emanuel*

16-11-16-1-1
S.O.S. Dis. 7/6/18

REGL. No. *53302*

RANK *Sgt.*

Px. II 50-6/6/18. #1070

UNIT ~~18th~~ *No 1 D.D.*

Batt.

FORMER CORPS ^(34yrs) *Rifls Brigado*, ^(44yrs) *R. A. M. C.*, ^(3 1/2 yrs) *7th. Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Ball. Mrs. Louisa*

RELATIONSHIP TO SOLDIER *wife*

ADDRESS *40 7 Pall Mall St., London, Ant.*

COUNTRY OF BIRTH *England, Andover, Hampshire*

DATE *Oct 16 - 1879.*

PLACE OF ATTESTATION *London*

Ant.

DATE *Oct. 25th. 1914.*

Sailed from Halifax Per S.S.

Grampian 18-4-15.

R/B. 2/4/15

No. 53302. RANK *Sgt.*

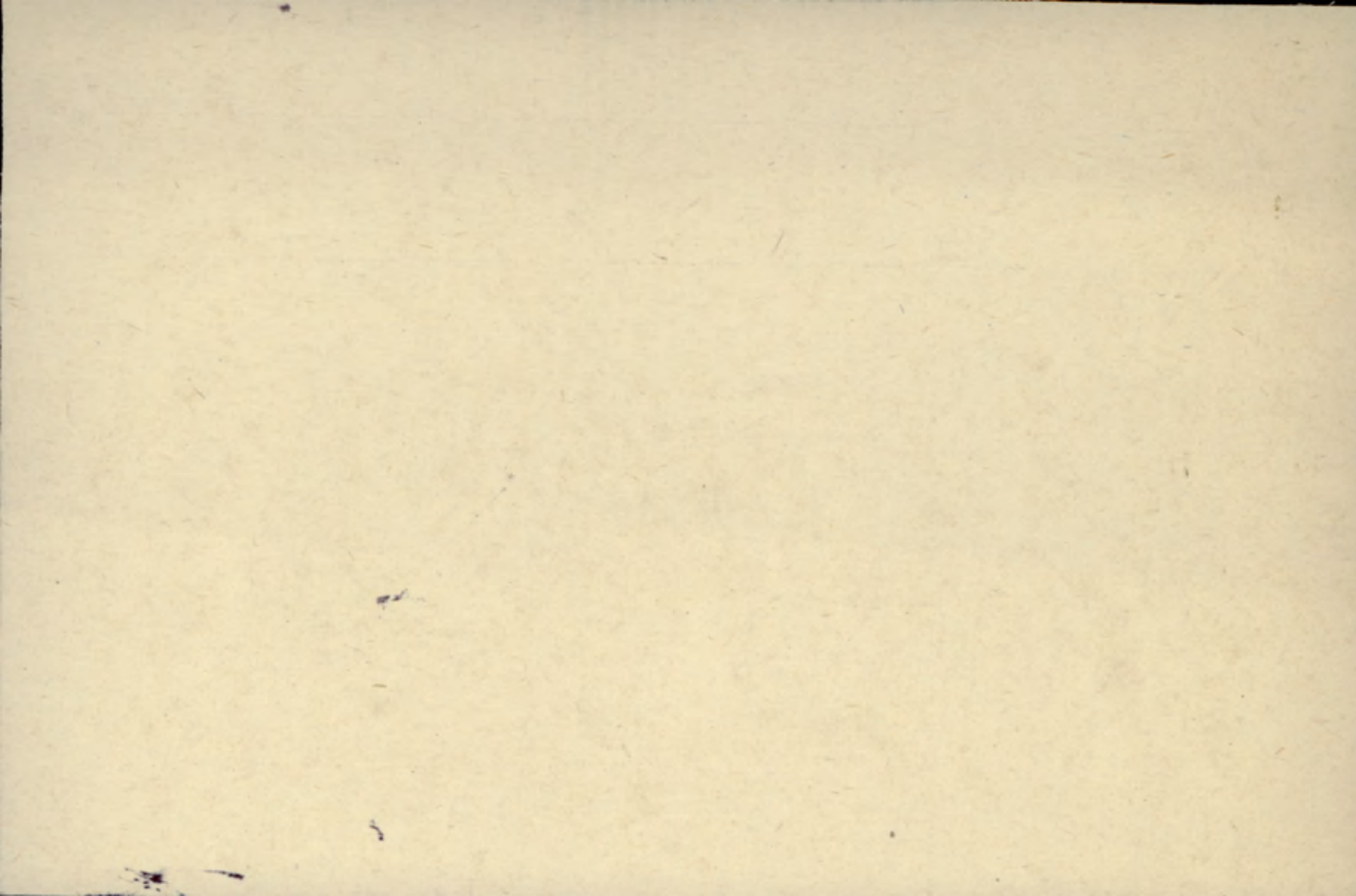
NAME *Ball. E.*

T. O. S.

UNIT *Discharge Depot Quebec.*

M. D. *5*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Apr.</i>	<i>1916 no dates</i>	<i>n</i>	<i>18th Bn.</i>	



No. 302
53302

RANK

Sergt-

NAME

Ball, E

T. O. S.

UNIT

18th Battalion.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Nov 5	1914 Nov 30	✓	Prom. Sergt-4-11-14	Oct & Nov pay list.
1915 Dec	1915	✓		
1915 Jan		✓		
1915 Feb		✓		
1915 Mar		✓		
1915 Apr.		✓		

UNIT SAILED
APR 18 1915



No. 53302

RANK

Sgt.

NAME

Ball, E.

T. O. S.

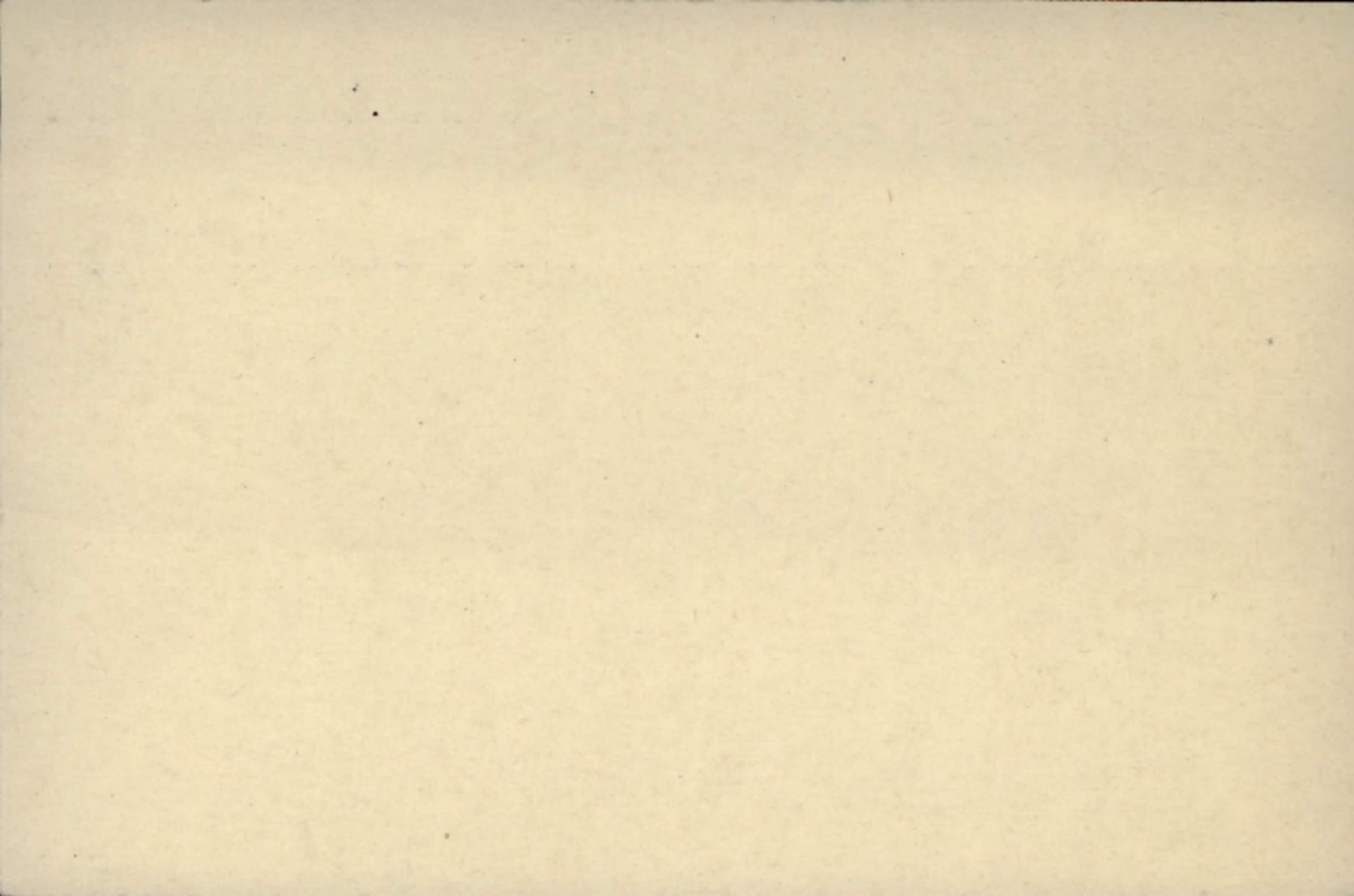
UNIT

Carnattus Co. E-1

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May 1	1916 May 31	✓	36 th Res. Bn.	May payroll
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov. 1	Nov. 16	✓	Disch'd class 3 16-11-16	D.O. 96 of 4-11-16
Nov. 14	Dec. 31	✓	Resplars.	Dec payroll
1914 Jan.	1914	✓	Disch'd cancelled + taken on class 2 ⁺	D.O. 6 of 6-1-17
Feb.		✓	17-11-16	
Nov 17	Mar 31	✓	Disch'd (Same as above.)	Feb. payroll.
			Disch'd cancelled	D.O. 90-1-31-3-14

All cards forward. n



CANADIAN CONVALESCENT HOSPITAL,
AT

A. & D.
CARD.

MONKS HORTON, KENT.

Regt. No. 53302. A. & D. No. 6-280
Rank Sgt. Corps 18th Bn.
Name Ball, Emanuel. Age 36 Religion Bapt.
Service at Home 11/12.
" " Front 4/12
Diagnosis Bronchitis.
Admitted 14/2/16. M.B. Hospital.
Discharged 15.2.16 To 36th Res Bn West Sandling
Place in Hospital
M. H. Rec'd (See Document card)
Transferred
Results *Fit for duty* M. D. #1
7

REMARKS: 14/2/16. While on leave from France Jan. 31/16
was admitted to Moore Bcks. Hospital. Present Condition:-
fit. Returned to Unit.

NAME *Ball E.*

H. Q. FILE No. 649-

REGT'L. No. *53302.*

RANK AND CORPS *Sgt. 18th Battalion*

CABLE
No. DATE

NATURE OF CASUALTY

NO. *236.*
x FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
49.	5 th Can. Field Amb	27-9-15	Gastritis
49.	Relief to duty	30-9-15	"
138.	Moore Barr., Shornub.	31-1-16 1-2-16	Bronchitis: Admitted
	whilst on leave from	France	as per list 142.
B1.	Can. Conul. Monts. Horizon	15-2-16	Bronchitis.
B67.	" " " "	15-2-16	"
125	M. H. C. C. London	5-5-17	From Lt. P. Byron to Lt. P. Byron
43	" " " "	16-11-16	Byron saw Lt. J. Con. Good
90	" " " "	24-3-17	Taken on strength, on cancellation of Disc ^{con. treatment}

com *re*

Number, . . . 53302 Rank, Sgt.

Surname, BALL

Christian Names, Emanuel

Unit, 18th Bn Can. Inf. Theatre of War, France.

Date of Service, 14.9.15

Remarks,

Latest Address, 421, Pall Mall St

London, Ont.

Roll No. *B. Page 2236*

B
V

18th Bn

G.A. 442 - *Over*

APR 16 1921

9 521 4 99

SEP 14 1921

Name Ball, E.

Rank Sgt,

Reg. No. 53302

Unit 18th Battalion (Canadians).

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915.					(2)	
27.9.	5th Can: Fld. amb.		Gastritis.	49	(2)	
30.9.	" "		Discharged to Duty.	49		
<u>1916</u>						
1-2	Moore Barracks, Hosp.	S'cliffe.	B'chitis	138		
15-2	Can. Conv. Hosp.	Monks-Horton.	" "	B2		
15	2 Discharged		do	B67		

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

France

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 53302 A. & D. No. 10346

Rank *Sgt.*

Name *BALL, E.*

Corps *18 Batt B Coy.*

Religion *Bapt* Age *36*

M. H. Rec'd *a* M. H. Requested M. H Ret'd *12.2.16*

Disease *Bronchitis*

Admitted *31-1-16*

Discharged

Place in Hospital *8*

Transferred *Wounded Horton 14.2.16*

Results

15/12 London Out no yes 11.13

P.T.O.

REMARKS:

Reg. No. 53302 Name Ball. E.
 Rank Sgt Corps 18th Age 31 Service —
 Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
<u>Byron San</u> <i>M.O.1</i>	<u>9-4-16</u> <u>16-5-16</u>	<u>P. A. Pul</u>
<u>Dis. to unit-</u>	<u>4-11-16</u>	
<u>Byron San</u>		

HOSPITALS**DATE****DIAGNOSIS**

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

and placed in Category "B"

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.

PLACE London, Ont. DATE May 29th 1918

President. Capt. A.M.C. Members. Lieut. A.M.C.

APPROVED BY G.C. Baird Capt. A.M.C. for Assistant Director of Medical Services. DATE 31-5-18

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.

Documents used:- Specialist's report.

PLACE DATE

Report by Edwin J. Kibbe, M.D. May 29th 1918

Physical examination of the marginally named man shows a very poorly developed chest and poor expansion. Vocal fremitus is slightly abnormally increased on the right side. There is slight impairment of resonance at the right apex and base, also at left base. Breathing is bronchial over right upper lobe in front. There is also irregular breathing heard over both upper lobes in front. A few rales are heard at right base in front and in lower axilla. Temperature and pulse normal. No cough or sputum, and no other signs of activity. Recommend his discharge from this Institution.

(sgd) Edwin J. Kibbe, M.D. per J.M. Young, M.D.

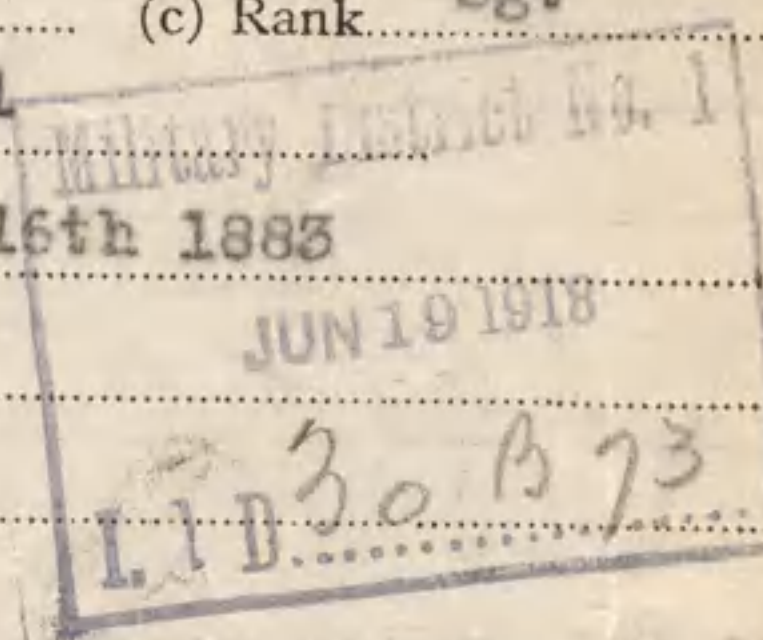
MEDICAL HISTORY OF AN INVALID

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.

STATION London, Ont. DATE 29-5-18

1. 1 (a) Unit #1 Dist. Depot. (b) Regimental No. 53302 (c) Rank Sgt (d) Surname B A L L (e) Christian name Emanuel
2. Age last birthday 36 Date of birth Oct. 16th 1883
3. Enlisted at London, Ont. on Oct. 16th 1914



4. Personal description: (a) Height 5' 6 1/2" (b) Weight 126 lbs (c) Complexion Dark (d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks Tattoo:- Crucifix rt forearm. Cross and designs left forearm. bull dog and flag on chest.

5. Address after discharge (for the use of the Board of Pension Commissioners) 421 Pall Mall St., London, Ont.

6. Former trade or occupation Laborer.

7. (a) Service Years Days

Table with 2 columns: From, To. Row 1: 18th Bn #1 Dist. Depot., Oct. 16-1914, April 18th 1918. Row 2: 29-5-18

(b) Has he been overseas? Yes 8. Original disease or disability Suspected pulmonary tuberculosis.

(a) Date of origin Feb 1916 (b) Place of origin France (c) Cause* 1.- Infection.(?) 2.- Active service conditions. (d) Present disease or disability Quiescent pulmonary tuberculosis and 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.]

Soldier says he has lost much weight since enlistment. Weight on enlistment he says was 153 lbs. Present weight is 126 lbs.

Also says that he is short of breath if he walks over one mile.

9. Present condition.—(Continued.)
Examination:— Man looks somewhat emaciated and weighs more than his age
Specialist's report on chest attached with which I agree. Heart and
other organs are apparently normal.

(b) Are the following systems normal? If not, briefly state abnormality.
Nervous Yes Digestive Yes Respiratory As in 9 Cardiac Yes
Genito-Urinary Yes Skin, Middle Ear, Eye or any other part Yes

10. History: (a) of Condition referred to in "a" section 9.
Says he was gassed in France in Feb. 1916 and has had trouble
with his chest ever since.

(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.
None

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?
Impossible to say.

14. Treatment (Case reports, general or special, should be secured and attached where possible).
Hospitals in England, and Byron Sanatorium, London, Ont.

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?
(If not, briefly state why.)
Fit only for light work.

17. Recommendations
Category "F"

W. J. Laird Capt EMC
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, Emanuel Ball, 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.....

Emanuel Ball
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.
Agrees.

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).
No. No. No. No. Yes.

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).
(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).
39

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

This space to be for numbers

Proceedings on Discharge.

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

146
9.3.33
113

No. 53302

Rank Sergeant

Surname BALL

Christian Name Emanuel

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

Corps (Squadron, Battery or Company) 18th Battalion C.O.M.F.

Date of Discharge JUN 7 - 1918

Place of Discharge LONDON, ONT.

Military District No. 1
JUN 17 1918

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years months.

Height 5 feet 6 inches.

Complexion Dark

Eyes Hazel

Hair Black

Trade Laborer

Intended place of residence } H. J. Ball, 111 St. }
(To be given as fully as practicable.) } LONDON, ONT.

Descriptive Marks
Tattoo Right & Left Forearm.

2. The above-named man is discharged in consequence of CAT. "E" MEDICALLY UNFIT DUE TO SERVICE

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.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good

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.)

*Deceased
1-4-60*

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W. S. G. 11.2.19. mls.

*KE
19.11.19.
Com.*

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

n.c.o.

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

6. Medals and Decorations.....

nil

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

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

LONDON, ONT.

(Place).....

JUN 7 - 1918

(Date).....

Harry M. Finlayson
U. C. Discharge Section, No. 1 D. D.
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.

LONDON, ONT.

(Place)..... *E. Ball* (Signature of Soldier.)

JUN 7 - 1918

(Date)..... *G. Peddon* (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.

E. Ball (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....³ years.....²²⁴ days.
Total.....³ years.....²²⁴ days.

11. Confirmation of Discharge.

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

LONDON, ONT.

(Place).....

JUN 7 - 1918

(Date).....

Harry M. Finlayson
(Signature) Discharge Section, No. 1 D. D.

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.)

none

X E. Ball

OPINION OF THE MEDICAL BOARD
SPECIALIST'S REPORT.

MEDICAL REPORT.
Sgt. E. BALL.

Physical examination of the marginally named
man shows lengthened expiration in both apices most marked
on right. Fine crepitant rales are heard at right apex on
coughing and deep breathing. Occasional fine crepitant
rales similarly heard at left apex posteriorly. In right
base posteriorly medium to fine crackling rales are heard
extending to lower axilla and heard in front. Roughened
breathing with fine crackling rales over both pulmonary
roots posteriorly. Cough diminishing. Sputum negative for
tubercle bacilli. Lost 7 pounds in weight, in last six months.
Weight 125 1/2 lbs.

(Sgd.) D. A. Craig.

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.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

London, Ont. 22-11-17. STATION 53302 DATE 22-11-17. "F" Unit, M.H.C.C. 53302 Sgt. BALL Emanuel (a) Unit (b) Regimental No. (c) Rank (d) Surname (e) Christian name 37 16/10/80 2. Age last birthday Date of birth 3. Enlisted at London, Ont. on 25-10-14 4. Personal description (a) Height 5' 5 1/2" 117 lbs. (b) Weight (c) Complexion Dark. (d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks Bull dog, and flag on ant. chest. Numerous tattoos on both forearms. 5. Address after discharge (for the use of the Board of Pension Commissioners.) 421 Pall Mall St., London, Ont. 6. Former trade or occupation Labourer.

7. (a) Service table with columns for Years and Days, and rows for 18th B'n., 36th Res. B'n., and "F" Unit, M.H.C. Command. with corresponding dates from 25-10-14 to 22-11-17.

(b) Has he been Overseas? Yes. 8. Present disease or disability (use authorized nomenclature if possible). Jan. 1916. France. (a) Date of origin (b) Place of origin (c) Cause* Pulmonary Tuberculosis.

9. Present condition (important to be a full description of the present disabling condition or conditions). This soldier left Byron in Ontario in May, 1917 after ten months treatment. In July 1917 he speaks of a nervous attack (lasting four days) accompanied by vomiting and a loss of ten lbs. in weight. He has marked dyspnoea. Can only walk about two blocks without resting. Pulse 104. Expansion of chest very poor. Fine rales heard at posterior borders of right and left scapulae. Dullness on percussion general on both sides with bronchial breathing and prolonged expiratory murmur. Moderate tremor of outstretched fingers. See specialist's report page 4. Examinations confirm said report.

FILE NO. MILITARY HOSPITALS COMM'N HEAD OFFICE, OTTAWA RECEIVED

DEC 1 10 08 AM '17

REFERRED TO M. F. B. 227. 151M-6-17. 1772-39-117.

10. History;

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

Scar over both eyes.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

100% (one hundred per cent.) during treatment.

50% (fifty per cent.) without treatment.

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

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

Yes. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Hospitals France, England and L.M.C.H. London, Ont., and Alexandra Sanatorium, Byron, Ont.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes.

19. Can the former trade or occupation be resumed? Impossible to say.

20. Recommendations Sanatorium Treatment.

(Sgd.) J. C. Lindsay, M.B.

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.)

I, the undersigned Emanuel Ball, 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

(Sgd.) Sgt. E. Ball

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Agree

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). NO
(b) Service abroad, not general service, (" B) (Yes or No). NO
(c) Home service, (Canada only), (" C) (Yes or No). NO
(d) Temporarily unfit, (" D) (Yes or No). YES
(e) Unfit for service in Categories A, B and C, (" E) (Yes or No). YES

23. It is certified that the soldier

- (a) Does require treatment.
(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).

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

Continuation of treatment in a Sanatorium for a period of two months.

(Sgd.) B. F. Keillor, Capt. C.A.M.C. President.

(Sgd.) J. B. Jupp, Capt. C.A.M.C. Members.

(Sgd.) G. E. Charman, Capt. C.A.M.C. Members.

STATION London, Ont.

DATE Nov. 22nd, 1917.

APPROVED BY

DATE 27/11

APPROVED BY

DATE

Assistant Director of Medical Services.

Director-General of Medical Services.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the _____ day of _____ 191_____

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Bawley, Folkestone.
30,000-11/12/15-3875.

2012.2
Army Form B. 179.
Canada

Medical Report on an Invalid.

Station West Sandling

Date 29-2-16

- 1. Unit 36th Can Res. Batt^s
- 2. Regimental No. 53302
- 3. Rank Sgt
- 4. Name Ball E.
- 5. Age last birthday 35
- 6. Enlisted (on October 26th 1914
at London Ont Canada
- 7. Former Trade Labourer
or Occupation

8. Disability.

Bronchitis. Rheumatism Gas. Nervous Shock.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Bronchitis Jan. 15/16. Rheumatism 10/10/15.
Gas Dec 21st/15.
- 10. Place of origin of disability. Diekebusch Belgium
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Patient had an attack of bronchitis in trenches. Suffered from Rheumatism since Oct. 1915. Was in reserve on Dec. 21/15. When gassed. Was not in hospital at time came to England on pass and was taken to hospital at Moor Bauacks Jan 29th 1916. Remained there until Feb 15/16.



Signed at _____ day of _____ 191_____

Signed at 41, Grimston Avenue, Folkestone, this _____ day of _____, 191_____

President.

Administrative Medical Officer.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

Active Service Condition
In presence of enemy
For active service

13. What is his present condition?

*Cough washed Matity on top right lung
Weight should be given in all cases
when it is likely to afford evidence of
the progress of the disability.
Very rapid breathing, sweat at night
Breathing is shortie while walking
Shock. Has improved lately to most present
Left lung better than right but more pain
than in right. Weak, cannot do any work*

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

*Yes
Yes
Yes
No*

15. Was a Court of Inquiry held on the injury?

- (a) When?
- (b) Where?
- (c) Opinion?

*No
Not applicable*

16. Was an operation performed? If so, what?

No

17. If not, was an operation advised and declined?

Not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

Yes

Gray Boustiller Capt. R. M. M. B.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station _____
Date _____
Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1
Yes
a2
Yes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

General service conditions.

21. Has the disability been caused or aggravated by

- (a) Intemperance? No
- (b) Misconduct? No

22. Is the disability permanent? Yes - for military life only.

23. If not permanent, what is its probable minimum duration? Not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

1/4 for 8 months and then none compared with capacity on enlistment.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit? Yes.



27. Remarks. All the gas he got was from a gas shell sufficiently far away that he did not see it burst. he felt little effect, he says from it for 2 days and continued on duty till he went home on leave when he had bronchitis. Lungs clear. Heart rapid. The man is nervous, has lost weight and does not impress us as likely even after months to be fit for full service.

Signatures:—

Capt. Henry Tapley President.

Station SHORNCLIFFE—C. C. A. O.
(19, Westbourne Gardens, Folkestone)

Admiral C. C. A. O.
Members.

Date 13th March 1916

Approved.

Station Shorncliffe

T. J. Bowley
Administrative Medical Officer.

Date 13th March 1916

Capt. A. D. A. D. M. S.
Canadian Training Division, Shorncliffe

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
17/12/14.	Vac. Good D. H. Hogg.
10/11/14.	Inocs. Good D. H. Hogg.
20/11/14.	

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

ESS

DUPLICATE.

5 3 3 0 2

Army Form B, 178.

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

MEDICAL HISTORY of

Surname B A L L Christian Name Emanuel.

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Andover County Hants, England.

Examined { on 25th day of Octbr. 1914.
at London, Ont.

Declared Age 34 years days.

Trade or Occupation Labourer.

Height 5 feet 6 inches.

Weight lbs.

Chest Measurement { Girth when fully Expanded 34½ inches.
Range of Expansion 1½ inches.

Physical Development Good.

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) D. H. Hogg,
(Rank) Maj. A.D.M.S.
Medical Officer.

Enlisted { at
on day of 191 .. .

Joined on Enlistment

Corps.	Regtl. No.
<u>18th Battalion</u>	<u>5 3 3 0 2</u>

Transferred to

Became non-effective by

on day of 191 .. .

(Signature)
(Rank)

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				
Moore B. Hosp.	31	1	16	14	2	16	Bronchitis	15	Improved	J.D. McQueen Capt.
Can. Conv. Hosp. Monks Hoston	14	2	16	15	2	16	do.	1	While on leave from France Jan 31/1/16 took sick. To Moore Bks Hosp. same day. Present condition Fit. Discharged 15/2/16 to 36th Res. Bn. West Sandling	J.M. Eaton Capt. C.A.M.C.

Serial 21-1006

OPINION OF THE MEDICAL BOARD

MEDICAL HISTORY OF AN INVALID.

1. Station. **London, Ont.**
2. Regiment or Corps. **18th Bn. to 36th Res.**
3. Regimental No. and Rank. **53302.**
4. Name. **Ball, Emmanuel**
5. Age last Birthday. **36**
6. Enlisted on **October 25th, 1914.**
at **London, Ont.**
7. Former Trade or Occupation. **Labourer.**

8. General remarks on his :—
(a) **Conduct.**
(b) **Habits.**
(c) **Temperance.**
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

(At Station or Hospital where finally disposed of.)
Station and Hospital } Arrived from }

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

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.....

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

9. Service.	PERIODS.	
	Years.	Days.
	FROM.	TO.
18th Batt.	Oct. 25th, 1914	Jan. 19th, 1916.
36th Res. Batt.	Jan. 19th, 1916	Oct. 13th, 1916.

10. (a) Disease or disability. **(1) Pulmonary Tuberculosis. (2) Shell Shock.**
(b) Date of origin. **(1) January 1916, (2) December 1915.**
(c) Place of origin. **(1) France (2) France.**
(d) Cause. **(1) Infection (2) Shell-fire.**

11. Present Condition. (Most Important). **Temperature normal, pulse normal but easily excited. Breath sounds both apices are somewhat tubular in quality with prolonged expiratory murmur, slightly more marked at left. There are a few squeaking expiratory rales at both pulmonary roots. Breathing at bases harsh and interrupted. (Patient is suffering from a "cold" at present). Some cough and expectoration. Sputum examination negative for T.B. Nervous tremors have almost completely disappeared. General condition evidently improving.**

12. (a) Is the disability the result of service or climate? **(1) Service & Climate. (2) Service.**
(b) Has it been aggravated by intemperance, vice or misconduct? **No.**

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-88-1171.

Date	Name	Regimental No.	Rank	Corps	Station	Disability	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Disch Rec 10-12-17
Noted H.G. 14. 3. 17
32

OPINION OF THE MEDICAL BOARD.

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

Tattoo marks-British Bull-dog and British flag on chest.

Does the Board concur with the preceding report? If not, give differing opinion. **Yes.**

10.

11.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? **Not applicable**

12.

15.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. **(1) Exposure to cold and wet on active service.**

16.

(2) Exposure to shell-fire.

17.

14. Treatment **Hospital, Convalescent Home and Sanatorium.**

19. Is he unfit for Military Service. **Yes.**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? **Not applicable.**

20. Recommendations : **The Board recommend further treatment in Sanatorium for a period of two months.**

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? **(1) Two months with treatment. Indefinite without treatment.**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. **(2) No disability now present from shell-shock. (1) Total at present. (2) Nil.**

Signatures :-

18. State if for discharge on account of unfitness for Service. **Unfit for service.**

John H. Ratjko Major **President.**
Caude

D. Craig Capt **Members.**

W. D. Saunders **Members.**
C. C. D. M. C.

Station. **London, Ont.**

Date. **October 13th, 1916.**

Date. **17-10-16**

Approved.

Date.

26th / 16

B. B. Bell Major **Ass. Director of Medical Services.**

W. C. C. C. C. **Director-General of Medical Services.**

D. Craig Capt **Medical Officer by whom the case is brought forward.**

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board.
assembled at London, Ont.
on the Dec. 14th. 1916.
by order of O.C. M.D. No. 1.
for the purpose of examining and reporting on the present
physical condition of No. 533302 Sergt. E. Ball
18th. Os. B'n. C.E.F.

PRESIDENT.

Capt. T.J. McNally A.M.C.

MEMBERS.

Capt. L.J. Sebert A.M.C.

Capt. F.H. Sutherland A.M.C.

The Medical Board. having assembled pursuant to order, proceed to examine No. 533302 Sergt. E. Ball and find that he has dullness in the right upper apex also in the left but less marked. Vocal resonance more marked in right apex. Clicking rales in both apices. Is weak. Marked tremor of the hands; easily exhausted and unfit to do any work. Breathing harsh at basis of the lungs.

Disability total at present.

Sanatorium Board recommends further treatment in ~~Hospital~~ as he has gained some weight since last Board.

The board recommend further treatment in the Sanatorium for a period of three months. The disability is total at present probably decreasing to 3/4 at the end of three months, with a probable decrease to 1/2 at end of six months.

London, Ont.

Dec., 14th. 1916.

M. F. B. 303.
150M.—7-16.
H. Q. 1772—39—133.

APPROVED

DEC 16 1916

A. D. M. S. M. D. No. 1.

T. J. McNally Capt. AmC
L. J. Sebert Capt. AmC
F. H. Sutherland Capt. AmC

D. J. Sec
10/12/17
91

noted L.S.
14-3-17
50