REGIMENTAL DOCUMENTS

NAME BARTON, Wm. FRED. DOUGLAS REGT. NO. 103rd Bn UNIT 706768 H. Q. FILE NO. 2466

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	24-3-19	CHANGE OF	NAME		DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		BARTEN	BYRON		Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					1/13-1-2
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192					
2	A.F.B. 179					
1	casualty					
1	Pass					
1	Pass					
						7-30
						22-30
						26 31
						2

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

706268 103RD BATT. C. E. F. Original

ATTESTATION PAPER.

No. 706268.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

CHANGE OF NAME - BARTEN - BYRON

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Barton
1a. What are your Christian names?	William Frederick Douglas
1b. What is your present address?	1121 Burdette Avenue, Victoria B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Bromley Kent, England
3. What is the name of your next-of kin?	Mrs. A. H. Ridsdale
4. What is the address of your next-of-kin?	Arcona Lodge, Metchosin, Vict. B.C.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	11th January 1897
6. What is your Trade or Calling?	Clerk
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm Barton, 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.

William F. D. Barton (Signature of Recruit)

Date Dec. 14 1915. Arman Wolfenden (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm Barton, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Wm F. D. Barton (Signature of Recruit)

Date Dec. 14 1915. Arman Wolfenden (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 Victoria this 14th day of Dec. 1915.

R. G. H. Hamilton Lt Col (Signature of Justice)

O. C. 103rd Battalion C. E. F.

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Wm Barton on Enlistment.

Apparent Age 18 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 3½ ins.	
Chest measurement: Girth when fully expanded	32 ins.	J.F.B. adjt
Chest measurement: Range of expansion	3½ ins.	
Complexion	Ruddy	
Eyes	Brown	
Hair	Lt Brown	
Religious denominations: Church of England	Yes	
Religious denominations: Presbyterian		
Religious denominations: Methodist		
Religious denominations: Baptist or Congregationalist		
Religious denominations: Roman Catholic		
Religious denominations: Jewish		
Religious denominations: Other denominations (Denomination to be stated.)		

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

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

Nil

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 Dec 9 1915

Place Victoria BC

H. L. McTavish Surgeon M.D.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Wm Barton 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.

E. G. Hall Lieut.-Col (Signature of Officer)
Lieut.-Col
O. C. 103rd Battalion C. E. F.

Date Dec 14 1915

D Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

2776

Date of Assignment Aug 1st 1916

RATE OF SEPARATION ALLOWANCE

ANOTHER ACCOUNT
Spec. Remittance ... Ledger
..... Ledger
..... Ledger
..... Ledger

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 706268

Rank Pte Promoted Reverted Discharge

Soldier's Name W.F.D. Barlow

Battalion 103" Battn. "A" Coy.

Beneficiary

Relationship Mother

Address

PARTICULARS OF ASSIGNMENT

Name ~~Miss Margt. A. E. Barlow~~

Address ~~1421 Baudette Ave~~ Victoria B.C.

Change of Address

1 Mrs. F. Ridsdale, "Mother," New Assignee.

2 ~~Arcadia Admirals Cross Road~~

3 ~~Emad Delivery~~ Victoria B. C.

4 1012 Redfern St. " "

989-W-10

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept. 30/1917			210 ✓	210 ✓		
Oct.	L 47407		15 ✓	15 ✓		
Nov.	B 54176		15	15 ✓		
Dec.	F 86807		15	15	M	
Jany	M 65147		15	15	C	
Feb	B 97665		15	15		
Mar	A 93997		~~15~~	~~15~~ /		(A 93997 Cancelled, Returned) A Kerr 17-4-18
Apl	J 8729		15	15	S	
"	H 287		15	15	K	mailed 27/4/18
May	C 12144		15	15	K	
June	B 20413		15	15		
JUL	G 33480		15	15		
Aug	B 31781		~~15~~	~~15~~	S	
Sept	B 36600		15	15		
Oct.	B 44574		15	15		
Nov.	G 57810		15	15		
Dec.	B 67659		15	15		
1919 Jany	D 69282		15	15	Cm	
Feby	D 77462		15	15	Cm	

M.R.O. 2a 19-4-18
M.R.O. 1c & 1B 26-4-18

Special cheque issued to adjust for March A.P. 1Q 3351
A Kerr 26-4-18

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 27/6/19

CONSOLIDATED

M. F. W. 128
400m.—6-17—177-38-1141
L. L. 22320—M. & D. 7663.

A/c Closed 28-2-19
Ret'd per Carmania
Date 8-2-19 M.F.W.137 13-2-19
Clerk Baur.

MRO 70/27

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22330—M. & D. 7993.

52970

RECEIVED
RECORD OFFICE
AUG 13 1920

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 706268

Name Wm Frederick Douglas Barton

Unit 103rd Batt C.E.F. Branshot

Military Will.

I. Wm F.D. Barton bequeath all my money to the under mentioned unto.

Miss M.A.E. Barton
1121 Burdette Ave
Victoria B.C.

Miss Betty Barton
1121 Burdette Ave
Victoria B.C.

Mrs Florence Ridsdale
C/o Milnes Landing P.O.
Sooke Vancouver I.
British Columbia

Mr. O.H.C. Barton
Walton St Victoria B.C.

Signature Wm F.D. Barton

Rank and Regt. Pte. 103rd Batt.

Date October 10th 1916

The Will of Pte. Wm Frederick Douglas Barton.

No. 706268 removed by me from Field Pay Book

issued August 1st/16.

H.D. Round. Captain
Paymaster 103 Batt., C.E.F.

OCT 13 1916

DEPARTMENT OF MILITIA AND DEFENCE.

5-350

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

S/O. 70. Service - 3 yrs.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian Names Wm Fred Douglas 2. Surname Barton

3. Rank Pte. 4. Original Unit 102nd Bn. 5. Reg. No. 706268.

6. Address, in full, to which future payments of gratuity are to be forwarded 972 Heywood Ave Victoria B.C.

7. Date of enlistment in the C.E.F. 14-12-15

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge N.A.

9. Relationship of such dependent N.A.

10. Address, in full, of such dependent N.A.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? N.A.

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:—

1st Inf. Works Bn. 3-11-17 — 27-7-18

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 yrs 7½ mos.
102nd Bn 16th Res. Bn. B.C.R.D. Can Lahr
Poole 1st Can Works Bn. 8th Area Emp Co. C.E.F.B.C.
C.C.C. D.Q. H.Q.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

M.F.W. 2595.
1772—-39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No.

20. Have you been issued with a War Service Badge? If so, what class? Yes. "A"

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 N.A.

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? N.A.

24. Are you now serving in the C.E.F. No. If not, give:—(a) Date of discharge 7-3-19. (b) Reason for discharge demobilized.

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. 2nd Can Inf Wksh Bn. 2-11-17 — 27-7-18.

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? N.A.

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: Pte. W.F.D. Barton

Place of Residence: 972 Heywood Ave Victoria B.C.

Declared before me at: Willows Camp Victoria. B.C.

This 7th day of March 19.19

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

H Edwards Major

O. C. Sub-Depot, D. D. XI

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

R. 101.

~~TRIPLICATE~~

UNIT 103rd Bn. C.E.F. Regimental No. 706268

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

CERTIFIED TRUE COPY
SUBSTITUTED FOR TRIPLICATE
K.R. & O. PARA. 1904.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS)
1. What is your name?	Barton William Frederick Douglas.
2. In what Town, Township or Parish, and in what Country were you born?	Bromley, Kent, England.
3. What is the name of your next-of-kin?	Mrs A. A. Ridsdale.
4. What is the address of your next-of-kin?	Ancona Lodge, Metchosin, Victoria, BC.
5. What is the date of your birth?	11th January. 1897.
6. What is your Trade or Calling?	Clerk.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated?	Yes.
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

(signed) Wm. F. D. Barton (Signature of Man).

(signed) Norman S. Wolfendale (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm Barton, 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.

(signed) William F. D. Barton. (Signature of Recruit).

Date Dec. 14 (signed) 1915. Norman S Wolfendale, (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm Barton., 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.

(signed) Wm F. D. Barton (Signature of Recruit).

Date Dec 14 (signed) 1915 Norman S. Wolfenden (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 Victoria this 14th day of Decr. 1915

(signed) E C J L Hennuker Lt Col (Signature of Justice).
OC. 103rd Bn. C.E.F.

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

(Approving Officer).

Certified true copy.
T. Mullin Lt.
for Lieut Col, i/c Records.

Description of Wm. Barton on Enlistment.

Apparent Age 18 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3½ ins.

Chest measurement. Girth when fully expanded 32 ins. (signed) F.RB. adj
Range of expansion 35 ins.

Complexion Ruddy

Eyes Brown.

Hair Lt Brown.

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

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

Nil.

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 Dec 9. 1915

Place Victoria BC (Signed) H McVirley MD
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Wm. Barton 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.

(signed) E B & L Hennicker Lt Col (Signature of Officer.)
Lieut Col.
OC. 103rd Bn C E F

Date Dec 14 1915

SPECIALIST'S REPORT.

Station Victoria Date 4-3-19

Reg'l. No. 705258 Name Barton W.T.D. Rank Pte

Unit 103rd Bn.

Pathological Conditions present:-

Divergent Squint - pupil R. Eye larger than left.
A Considerable degree of myopia with a little astigmatism.

R & V fingers counting only no improvement Myopia about -11.00 D.
Astigmatism 1.5 D

L & V 9/60 C $\frac{-2.5 \text{ Sph.}}{-1.00 \text{ cyl}}$ 70° = 6/6.

Retina Normal - no marked fundus changes.

Estimated percentage of Disability 30%

Is this Disability due to Service ..... No .....

If not due to service has it been aggravated by Service ..... No .....

If "Yes" give percentage due tc such aggravation ..... N.a.

Will further treatment be of benefit Glasses will have to be changed from time to time.

Probable duration of Disability ..... permanent .....

Recommendation:-

Thos Moncrieff
Capt A.A.M.C.

Signature and Rank of
Specialist.

SPECIALIST'S REPORT.

Station . . . . . Date . . . . .

Reg'l. No: . . . . . Name . . . . . Rank . . . . .

Unit . . . . . .

. . . . . .

Pathological Conditions present:-

Estimated percentage of Disability . . . . . .

Is this Disability due to Service . . . . . .

If not due to service has it been aggravated by Service . . . . . .

If "Yes" give percentage due to such aggravation . . . . . .

Will further treatment be of benefit . . . . . .

Probable duration of Disability . . . . . .

Recommendation:-

Signature and Rank of
Specialist.

103rd BATT. C. E. F. 706268 ORIGINAL Original B 363

MEDICAL HISTORY SHEET.

Surname Barton Christian Name Wm J 20

Examined { on 28 day of Dec 1915
at Victoria B.C.

Approved by H. L. McTr Sole, M.D.
Rank Capt. C.A.M.C. M.O.

Birthplace { City or Town Bromley
County Kent Eng

Apparent age 19

Trade or occupation clerk & Law student

Height 5 Feet 4½ Inches.

Weight 123 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 34 inches.

Physical development fair

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease none

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

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

Date	Result	Vaccinations.
1916 April		Jno. Thomas Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1916 May 1	O.K.	M.O.
1916 May 5	O.K.	M.O.
1916 June 3	O.K.	M.O.
Sept 4	O.K.	Talpon M.O.

Enlisted on 28 day of Dec 1915 at Victoria B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	103 Batt. C.E.F.	706268		
Transferred to..	6th. C.R. Bat. Seaford			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford	Feb. 23/17	Vision	Bt Wm H Calgie Esq.
Can Gen. Base Depots	14-12-18	Def. Vision	Bt. H G Williamson Major

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

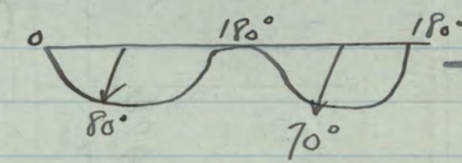
M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

706268

J.M.O.

Surname Barton Christian Name Wm. F. D.

706268

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Bramshott		28	9	16.						Vision R. $\frac{-11.00 \text{ D sph.}}{-1.50 \text{ D cyl. ax } 80°}$ L. $\frac{-4.00 \text{ D sph.}}{-1.00 \text{ D cyl ax } 70°}$  Duplicate Medical History Sheet posted to here. F. S.	(sgd) J. Sutherland Capt., C.A.M.C. per. D. C. Malcolm, Capt.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Report No. 10757 Unit

M.D. No. Eleven

Barton, Wm. Douglas
Surname Christian Name

Permanent Address
972 Keywood Ave. Victoria, B.C.

No. of S. C. R. File

No. of Local File

No. of H.Q. File

MAY 14 1920

No.* 706263 Rank Pte Original Unit 102 Service Unit* 8 CAC

Age* 22 Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment 14-12-15 Where enlisted Victoria Where seen service* France

Ship returned by Carmania Date of arrival 8-2-19 Port of arrival Halifax

Birthplace* England Religion CE

Present disease or disability Cause or origin

Cat.BII-Defective Vision

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

649-B-26252

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued Proceeded to Military District Eleven

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2	Single				
3					
4					
5					

Name and address next of kin Mother-Mrs. Barton- Same add

Notification of return to be sent to

Occupation prior to enlistment Clerk And for how long followed 1 yr

Regular trade or occupation do

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment $40. month Any other income

Name and address of last employer McFarlan & Boyle, Victoria, B.C.

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

References

Witness Last emp. L.Herbert

Date 10-2-19 Place Quebec Signature W. D. Barton

Remarks by Interviewer :

A. General Service. B. Service abroad, not general. C. Service in Canada. D. Treatment.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment da.....

Form S.C.R No. 5e.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Reg'tl. No. ..... Unit

Surname
Permanent Address

Christian Name

No. of C. R. File	No. of Local File	No. of D. L. File

No.* Rank Original Unit Service Unit*

Age* Height Ins. Complexion Eyes Hair Conduct

Date of enlistment Where enlisted Where seen serving*

Ship returned by Date of arrival Port of arrival*

Birthplace* Religion

Present disease or disability Cause or origin

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

Degree of Incapacity—Reg. Board. (Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further Treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment

Regular trade or occupation

Do you consider that your disability will prevent you from following your previous occupation,

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If owner of or purchasing property, mortgage due and annual payment $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference.

References I declare that the above statement is correct.

Witness

Date Signature

Remarks by Interviewer:

Last Pay Cert., Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowance, $

PENSION—Class Amount per year, $ Period granted for Dating from

First payment d

Form S.C.R. No. 7c.

C.A.D.C. 5009

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

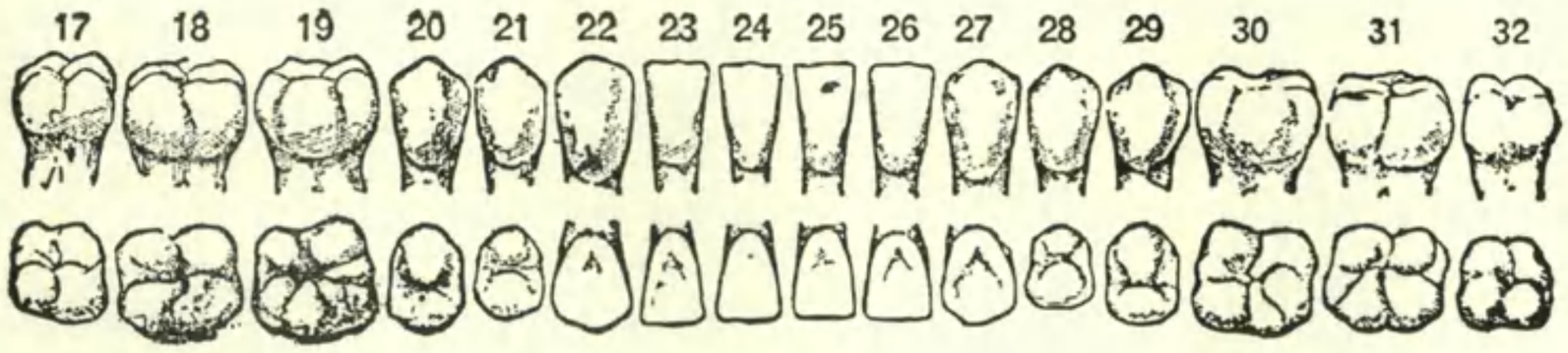
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BARTON, W.E.D. M.D. 11

REGIMENT M.D. 11 CAMP. 17 RANK No. 706268

Date of Examination in England | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4 5 19
2. EXTRACTIONS
3. CROWNS 8
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

No

KINMEL PARK, NORTH WALES.

Signature of Dental Officer W. Kennedy Lieut

Mother

MILITIA AND DEFENCE

Mrs F. Pidsdale

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. ~~Miss M A E Barton~~ PAYMENTS.

Name of Soldier Barton Wm N. F. D.

L. L. Job 310.—Req. 6574.

706268. Pte. 103" Bat. Acq

Month.	Year.	Cheque No.	Amt.	Remarks.
				$15, Aug 1/17 AUG 1 1916
April	1916			
May				
June				
July				
Aug.		J 15739	15	
Sept.		2 17106	15	
Oct.	Q22616	~~2 21628~~ 15	~~15~~	Cancelled Rft.
Nov.		Q25863	15	
Dec.		D 32851	15.	
Jan.	1917	a 38589	15.	
Feb.		a 43563	15	15 JW
March		B 48560	15	15 L
April		B 637	15	15. H.
May		Z 6690	15	
June		D 12861	15	15 Ch
July		B 21411	15	B.
Aug.		~~D 27223~~	~~15~~	Cu 15 Aug & Future to new Assignee
Sept.		D 34252	30.	$210.00 H.D.
Oct.		L 47407	15	Q
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

D 27223 Cancelled

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 25/6/18

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.				

CHANGE. OF. NAME. BARTEN. BYRON

R—122

A.G.R. Rank Pte Name BARTON, William Frederick Douglas Reg'l No. 706268

Unit 103rd Bn. If in perm. Corps, What Unit? Married or Single Single.

D

Place and Date of Enlistment Victoria, 14th Decr., 1915. Place of Birth Bromley, Kent, England

Name and Address, Next-of-Kin Mrs. ~~A.H.~~ F. Ridsdale,
1012 Reafern St; Oak Bay,
~~Anoona Lodge, Metchosin~~, Victoria, B.C. Relationship Mother

Assigned Pay Monthly $ RL 29 A 4/8/18 Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 11677
File R.L.
Category A R Can

Discharge, Date and Place Reason PTE Character

H. W. & V., Ld.—7165-16.

	Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS. Taken from Official Documents.
	C						H.M.T. 2nd
	9/1/17	Dl. 103rd	Arr. in ENGLAND S.O.S. to 16th Res. Bn.	Seaford		9/1/17	S.S. OLYMPIC 31-7-16 B II D.O. 9
	10-I-17	16 Res	T.O.S. FROM 103rdBn.	Seaford		10-1-17	Pt, 2, D.O.1
	1.3.17.	" "	S.O.S. to C.C.A.C. & att. for all purposes	"		23.2.17.	— 5
	26-3-17	-	T.O.S. from 16 Res & remains on Com	-		10-3-17	— 17
	18 10 17	BCRD.	Ceases O/C to 16th Res. detailed to Depot Coy	✓	Pte	18 10 17	— 216
	17. 10 17	16th Res	Ceases att on return to BCRD.	✓	✓	17. 10 17	— 281.
	3-11-17.	BCRD.	S.O.S. To the Labour Pool BEF. France.	Seaford	Pte	1.11.17	Pt II 230. A.C.R.O. 21.11.17
	20-11-17	1.C.L. Bn	T.O.S. from C.L. Pool.	Field	Pte	2-11-17	Pt II O 94. ICLP Pt II O 258/28-12-17

8 Ent
19 Mus
H1

C

T.E.B. 103 CHECKED 7 NOV 1917

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		26.3.18.. Ist. Can, Lab, Bn, Designated, Ist., Can. Inf. WKs, Bn, DOPt2, 19			
5.8.18	1st Can Inf. Wks Pan	Sos to 8th Can Area Inf Co	Pte Field.	27.7.18	8th Can Area Inf Co Pt II 43. DO 54/17.8.18
18-11-18	8 C A E Coy	Appt A/L/Cpl. with Pay	Pte "	31-8-18	DO 62
31-12-18	8 C A E Coy	Tfd to Eng & Posted to Gen Dep	Pte "	17-12-18	DO 67 Gen Dep (Pte) DO 2 D/3-1-19
31-12-18	8 C A E Coy	Reling appt of A/L/Cpl on evacuation to England	L/Cpl. "	17-12-18	DO 67
22-2-19	Gen Dep.	On Com Seg Camp Rhyl	Pte Witley	15-1-19	— 44.
20.2.19	do	Ceases com Rhyl & is SOS to C E F Canada MD-11	" Witley	1.2.19	— 42

CHANGE OF NAME - BARTEN BYRON

3

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9?0.

Casualty Form—Active Service.

Unit, Regiment or Corps 103 Battn.

Regimental No. 706268 Rank Pte C. E. F. Name Barton William Frederick D

Enlisted (a) 14-12-15 Terms of Service (a) D of W. Service reckons from (a) 14-12-15

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) Clerk

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				
18-2-19	OVERSEAS	T.O.S. DISTRICT DEPOT XI	HASTINGS PARK VANCOUVER, B. C.	1-2-19	D. O. Pr. II 49/276 1919
DISCHARGED		DEMOBILIZATION	VANCOUVER, B. C.	7/3/19	D.O. 70/4

for O. C. District Depot., XI

(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				

Sheet 2 CHANGE OF NAME BARTEN. BYRON 706268

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps 1st Cdn. Inf Works Bn.

Rank Pte. Surname Barton Christian Name W. H.

Religion C of E Age on Enlistment 18 years 11 months

Enlisted (a) 14-12-15 Terms of Service (a) 4 yrs or W Service reckons from (a) 14-12-15

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

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

.... or Corps Trade and rate.....

Occupation..... .....Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received					
		Embarked ...				
		Disembarked ...				
		Designation changed to 1st Can Inf Works Bn (Auth: War Office letter 121/Overseas/4040 (A.G.12) d/11-3-18.			Pte. T.O/19. d/26-3-18	
26.3.18	2 C. F. A.	P. M. O.		Adm	11.3.18	A.36-D.9567
				To duty	25.3.18	
30.3.18	1st C. D. I. B. Bn	Rejoined unit from Hosp			26.3.18	B.213
1.6.18.	Quit	To Hospital		Fld.	31.5.18.	B.213
29.5.18.	1/3 Low. F. A.	Diarrhoea		Detained	29.5.18	J. 44481.
30.5.18.	do.	V. D. H.	To	1/2 Low. F. A.	30.5.18.	J. 44468.
30.5.18.	1/2 Low. F. A.	D. H.	To	42 C.C.S.	30.5.18	J. 44904.
1.6.18.	42 C.C.S.	D. H.	To	36 A.T.	30.5.18 / 2.6.18	J. 44501.
3.6.18.	16 G. H.	do. M.		Adm.	3.6.18.	J. 54477
5.6.18.	3 Con. Dep.	do.		"	5.6.18.	J. 54477

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

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

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Barton, W. F. D. 706268

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
5.6.18.	16 G. H.	D.A.H. S.M. To	3 Con. Dep	5.6.18	F. 6748.
25.6.18.	3 Con. Dep.	D.A.H. To	Base Det.	25.6.18.	F. 8795
26.6.18.	C.G.B.D.	T.O.S. from No. 16 G.H.	"T.B"	25.6.18	NR. 929 (R&R)
3.7.18.	C.G.B.D.	LEFT FOR UNIT	Staples.	3.7.18.	NR. 1296 D (R&R.)
6.7.18.	Unit.	Rejoined Unit	Fld.	4.7.18.	B.213.
27.6.18.	C.G.B.D.	D.A.H. Class. B.2.		27.6.18.	W. 3339 (582 R&R)
27.7.18.	A.A.G.	T.O.S. 1st Can. Inf. Works Bn to	8th Cdn.	27.7.18.	KR. 25502/S.
		Area Emp. Co.			P&II O/HB dt 5.8.18
do	do.	T.O.S. 8th Cdn. Area Emp Co		28-7-18	P II O 53 dt 17-8-18
31-8-18	8 C.A.E. Coy.	Appointed A/L/Cpl to with Pay to		31-8-18	B213
		Complete Establishment			P II O 62 dt 18-11-18
17-12-18	C.G.B.D.	Trans to England and posted			
		to General Depot Witley		17-12-18	NR 17

Embarked S.S Carmania
Liverpool. Feb. 1 1919

Chas B. Chapwell
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

6.1.19	Gen. Depot	On Com. to Camp Rhyl	Witley	5.1.19	DO 4

Attached C.O.C. Kinmel Park for return to Canada. Part II Orders No. ____ Ceases to be attached C.O.C. Kinmel Park on embarking for Canada, Part II Order No. 28 1/2/19

[signature] ....LIEUT.
OFFICER i/c RECORDS,

Commanding ____ Wing,
Kinmel Park Camp.

CHANGE. OF. NAME. BARTEN. BYRON

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 103rd Bat. O/S C.E.F.

Regimental No. 706268 Rank Private Name Barton William Frederick Douglas.
C. E. F.

Enlisted (a) 14-12-15 Terms of Service (a) Dop Wap ~~+6 mos.~~ Service reckons from (a) 14-12-15.

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) Clerk

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked. Halifax. N.S.	Canada	23-7-16	
		Arrived. Liverpool.	England.	31-7-16	
9/1/17.	O.C. 103rd Bn.	Transferred to 16th C.R. Bn.	Seaford.	9/1/17	Part 11. D.6.9. 9/1/17. [signature] O.C. 16th. Canadian Reserve Battn.
10/1/17.	16th Res Bn.	Taken on Strength 16th C.R.B.	Seaford.	10/1/17	Part 11. D.6.1. 10/1/17. [signature] O.C. 16th. Canadian Reserve Battn.
1/3/17	16th Res Bn	S.O.S. on transfer to C.C.A.C. & attached to 16th Res Bn	Seaford	23/3/17	Pt 2 DO 51

(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.

Barton, W. F. D. 706268

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
OCT 17 1917	16th Res Bn	Ceases to be attached	Seaford	OCT 17 1917	Pt I D.O. 281. B.C.R. Rhodes Adjt. for Officer Commanding 16th. Canadian Reserve Battn.
26-3-17	16th Res.	T.O.S. B.C. Reg Depot Command 16th Res.	Seaford	10-3-17	Pt II D.O 17.
18-10-17	B.C.R.D	Ceases to be on Com 16th Res Detailed to Depot Coy.	"	18-10-17	" " " 216.
3-11-17	B.C.R.D	S.O.S on being Tfd to Can Labor ~~Bath~~ Pool B.E.F.	France	1/11/17	" " " 230
					D.O. Rhodes Adjt. ~~Lieut & Asst Adjt B.C.R.D~~
21-11-17	A.A.G.	T.O.S. CANADIAN LABOUR POOL, from Eng. as rein	C.G.B.D.	2-11-17	Pt II O No 6.
	A.A.G.	Pt. 6. Sub. O. 1. d/21/11/17. is cancelled		C.L. Pool. Pt. 24. 18/12/17.	
	A.A.G.	Transferred to Pt Cud Lab Bath		2/11/17	Pt. 28. 28/12/17 K.R. 16 216.
	do.	T.O.S. 1st Can Labor		3.11.17	Pt. II O. 10 of 1917
8.11.17	C.G.B.D.	Left for Unit	Field	8.11.17	N.R.
10.11.17	c/o Unit	Joined Unit	"	9.11.17	B.213.
16.3.18	do	To hospital	"	11.3.18	B213.
12.3.18	8 C.F.A.	P.M.O. Adm to	4 C.F.A.	11.3.18	A.36-D7293
11.3.18	4 C.F.A.	"	Adm	11.3.18	" -D7709
24.3.18	"	" Taken over by 2 C.F.A.		24.3.18	" -D9683

CERTIFIED COPY OF 8 - NOV 1917 RECORDS, LONDON.

*Name Barton W. F. D. Rank Pte Regtl. No. 706268

Original unit ● Present unit 8 R.C.A.C. M. or S. Age 21 Religion C of E Fyle Depot 7778 Ref. H.Q.

Port, ship, and date of arrival Halifax Carmania 8-2-19

Next of kin Mother Mrs A. H. Birdale. Ancona Lodge. Metchosin. Vancouver Is.

Address on leave 972 Heywood Ave. Victoria BC

Address on discharge as above

Transportation issued ~~Yes~~ No Date — Character on discharge —

Previous occupation Clerk Date and place of enlistment Victoria 14-12-15

Diagnosis Demobilization Date of Medical Boards 5-3-19

Date.	Remarks	Pt. 2 Order No.
18-2-19	T.O.S. C/Seas. 1-2-19. Post. S.D. 15-2-19. Leave 3-3-19.	49-276
	Posted to Discharge Section 7/3/19	70/3d.

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Barton	W. F. D.	706268.

RANK	UNIT	CO.	TROOP	BATTY
Pte	~~C. F.~~ Misc Units		(1 C1 W B)	

HOSPITAL		DATE OF ADMISSION
	4 C. F. Amb.	11. 3. 18.
1.	2 C. F. amb.	HOSP. 24-3-18
	1/3rd Lowland F. amb.	29. 5. 18
2.	No 16 ASC Gen. Le Treport	HOSP. 3-6-18
3.	No 3 Conval. Depot Le Treport	HOSP. 5-6-18
4.		HOSP.

DIAGNOSIS

1. P.U.O. c/ Imp Diarrhoea at
2. d DAH HD
3.

DISPOSITION

Dis. 25-3-18 DATE

Dis. 25-6-18.

REMARKS

Ch. 18. 3. 18 A163.	
" 5-4-18	a 177 ①
4. 6. 18 a 27	
11-6-18 @ 33. 1 & 2.	
24-6-18 @ 44 - 2 note Refer. to @ 33 Diag.	
3-7-18 @ 51 ③	Changed to Diarrhoea & DAH

A.M.U. 2 DEPT.
Sch. of D.C.M.S. D.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Ham
Mwb

Number 706268 Rank a/S/epl.

Surname BARTON

Christian Name William Frederick Douglas

Units Can. Inf. Wks. Coy. Theatre of War France

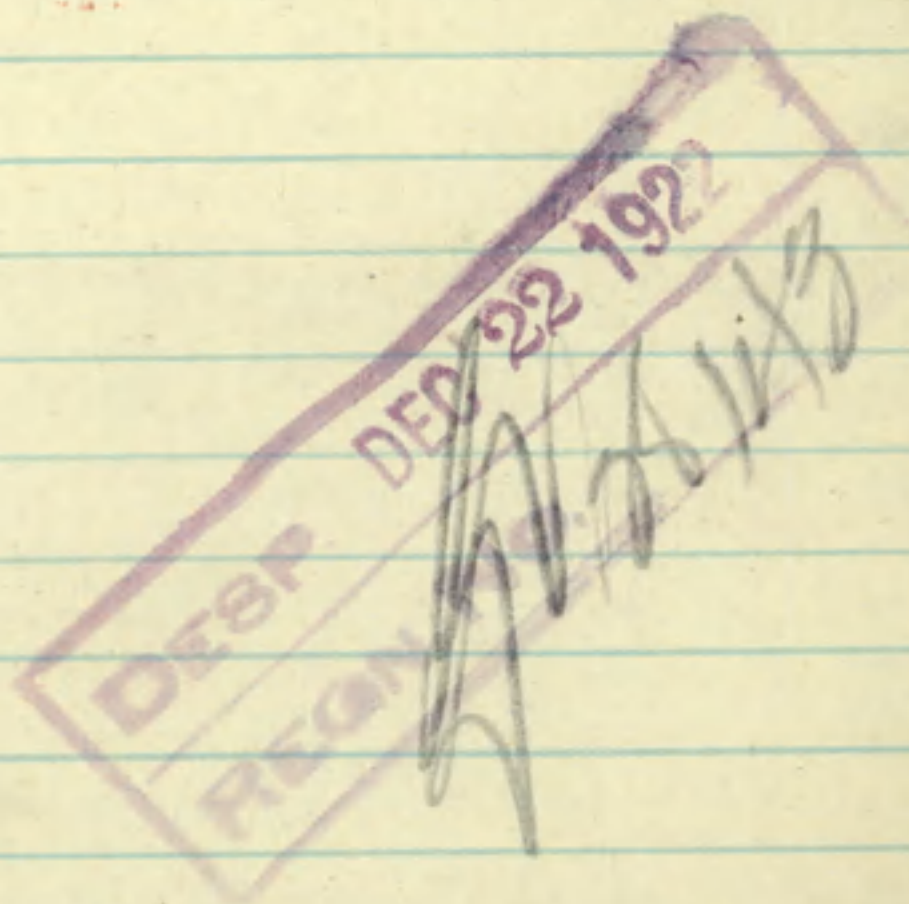
Date of Service 1-11-17.

Remarks

Latest Address 972 Haywood ave.
Victoria B.C.

Roll No. B. Page 21498

200m.-6-21.


DEC 22 1922

No. 706268 Rank Pte. Name Barton W. F. D.

T.O.S. 14-12-15. Unit 103rd Battalion, C.E.F.
D.O. 9. 15-12-15.

M.D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915.	1915.			
Dec. 14.	Dec. 31.	✓		
1916.	1916.			
Jan 1.	Jan. 31.	✓		
Feb. 1.	Feb. 29	✓		
Mar. 1.	Mar. 31	✓		
Apr		✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 23 1916

Form R. 149.

William Frederick Douglas

Name BARTON Rank Pte Reg. No. 706268

Unit 1st C. I. W. Bn

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11. 3	to 4 Can. Fd. Amb.		P.U.O.	A 163		15132
24-3.	2. Can. Fd. Amb.		"			15910
25-3.	Discharged to Duty.		"	A 177		15910
24. 5.	1/3 London Fd Amb		Diarrhoea	M. 27.		31026
3 6	16. C. S. A. S/H. Le Treport.		do (D.A.H.)	A 33		1825-11
5. 6	3 Can. Gen. Hosp. Le Treport.		do (D.A.H.)			1642-2
3 6	(Note) Diag. Changed (Diarrhoea) to Diarrhoea.		D.A.H.	A 44		33
25 6	Discharged to Base Depot.		do	D 51		2249/13

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

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING clerk RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS 11 MONTHS

HEIGHT 5- FEET 8 1/2 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Ruddy EYES Brown HAIR Lt. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Victoria. BC DATE Dec. 9th 1915.

Present Address 1121 Burdette Ave.
Victoria, BC

SURNAME. Barton

CARD NO. ✓

CHRISTIAN NAMES William Fred. Douglas

S.O.S. Dis. 7/3/19, Dem. D.O. 70 FOLL. 11/3/19. 11 D.D. B.O.

REGL. No. 706268 RANK Pte.

UNIT 103rd Bn

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Risdale Mrs. A. H

RELATIONSHIP TO SOLDIER Mother

ADDRESS ~~Ancona Lodge Metchosin V.I.~~

1012 Redfern St. ~~Oak Bay~~ ~~B.C.~~

~~34-21-38-1 J 23-3-18.~~ Victoria B.C. (auth. Sec. P. 1/5/18)

COUNTRY OF BIRTH England, Bromley Kent. DATE Jan. 11th 1897

PLACE OF ATTESTATION Victoria. B.C. DATE Dec. 14th 1915.

Sailed from Halifax 23/7/16 per S.S. "Olympic".

L. L. 94504. M. & D. 6512. 487/4 R/C. 9-2-19 263/95 Pte. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

REGT'L. No. 706268

H. Q. FILE No. 649

NAME Barton W. F. D.

RANK AND CORPS Pte I.C. 1 MB

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A163	4 C. F. A.	11-3-18	P. W. O.
A177	2 C " "	24-3-18	" " "
A177	Discharged	25-3-18	" " "
A 27	1/3rd Lowland Fld Amb	29-5-18	Diarrhoea
A 33	#16 U S A Gen Le Treport	3-6-18	" & Da H as per H L A 44 21
A 33-2	#3 Conv. Dep Le Treport	5-6-18	" & Da H as per H L A 44 21
A 51-3.	" " " " Dis.	25-6-18	Diarrhoea and D. A. H

L- L. Job 310—M. & D. 6574.

Mrs F. Ridsdale
Arcadia Admirals Cross Road
General Delivery
Victoria B.C.

Mother.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom ~~Miss Margaret A E Barton~~ By Whom Assigned Wm Barton N. F. D.

Address 1121 Burdette Ave
Victoria B C.

Regtl. No. 706268

Rank Pte

Corps 103rd Batt. Acct

AUG 1 1916

Rate 15 @ Aug 1/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			@ 2M 10/8/17 @ T.C. 14/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

CANADIAN
ASSIGNED PAY AUDITED
J.T.
AUDIT CLERK
DATE 25/6/19

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-33-819.

To Whom Mrs. F. Ridsdale,
Address 1012 Redfern st,
Oak Bay.
Victoria,
B.C.

SPECIAL REMITTANCE

Rate $50.00

By Whom Assigned Barton, W. F. D.
Regtl. No. 706268.
Rank Pte.
Corps 1st Lab Bn.

P. 523. No. D. 64 19-2-18

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916 1918			
Feb.				
March		W 51143	50 —	

P & O
L. 47478 Sub Depot

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 706268 Rank Pte Surname Barton
(Give name in full)
William Frederick Douglas.

Unit or Corps 8th C.A.E.C. Birthplace Brixton, London, England.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 120 lbs. Height 5 ft. 4 in. Colour of Eyes Hazel

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. Nil Left 20/200

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Scar right eyebrow, accident in childhood.
Scar left thumb, duart Scratch. 1910.

Opinion as to general health and physical condition Book good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses Yes Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Had D.A.H. June/18, heart now quite normal. Eye Specialists report.
Divergent squint - pupil R. eye larger than left. A considerable degree of myopia with a little astigmatism. R.E.V. finger counting only. No improvement myopia about 11.00 D. A stigmatism. 1-5. D.
L.E.V. 3/60 c = 2-5 Sph / -1-00. Cyl. 90° = 6/6
Retina thinned - no marked fundus changes.
Estimated percentage of disability = 30%

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at VICTORIA, B. C.(Canada)

Date March 5th 19..... Signed Lt Hampton Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Pte W.F.D. Barlow

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

Is this disability due to service. No
Has it been aggravated by service. No
Classes will have to be changed from time to time. Probable duration – Permanent.

Signed W.E. Scott-Moncrieff.
Capt. C.A.M.C.

Certified true copy. Lt Hampton Capt

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

WAR SERVICE BADGE CLASS " " A 24/7/39

This space to be for numbers. No. 64930 ISSUED

Proceedings on Discharge.

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

CHANGE OF NAME - BARTEN BYRON

No. 706268.

Rank Pte

Surname Barton

Christian name William Fred Douglas

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

Corps (Squadron, Battery or Company) 103rd Bn

Date of discharge 7. 3. 19

Place of discharge Vancouver BC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 2 months.
Height 5 feet 3 1/2 inches.
Complexion Ruddy
Eyes Brown
Hair Lt Brown
Trade Clerk
Intended place of residence (To be given as fully as practicable.) 932 Haywood Ave Victoria B.C.

Descriptive marks
Scar rt eyebrow. Scar lft thumb. Both prior Enlistment

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

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

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

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

K C Comp 13. 1. 20 SB

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a		
or			
Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133		
Proceedings on Discharge	" B. 218		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

WAR SERVICE BADGE CLASS " " A

This space to be for numbers. No. 64930 ISSUED

24/7/39

Proceedings on Discharge.

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

CHANGE OF NAME - BARTEN BYRON

No. 706268.

Rank Pte

Surname Barton

Christian name William Fred Douglas

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

Corps (Squadron, Battery or Company) 103rd Bn

Date of discharge 7. 3. 19

Place of discharge Vancouver BC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 7 months.	Descriptive marks
Height 5 feet 3½ inches.	Scar rt eyebrow. Scar left thumb. both prior enlistment
Complexion Ruddy	
Eyes Brown	
Hair Lt Brown	
Trade Clerk	
Intended place of residence (To be given as fully as practicable.)	972 Heywood Ave Victoria B.C.

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

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

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

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

K Coy 13.1.20 SB

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

E R J

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

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

6. Medals and Decorations.....

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

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

(Place)..... .....

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

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

District Depot M.D. XI Discharge Section MAR 7 1919

(Place)..... William J. D. Barton *(Signature of Soldier.)*

(Date)..... B Richman *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

District Depot M.D. XI Discharge Section MAR 7 1919

(Place)..... .....

(Signature) W S Andrews Capt. for O. C. District Depot, XI

(Date).....

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.)

Nil.
W J D Barton

PART III.

Statement of the Soldier

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

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

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

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

PART I.

A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.499

Reserved for M.H.C.

Regt. No. 706268 Rank Pte. Surname BARTON. Christian Name WILLIAM FREDERICK DOUGLASS.

Unit or Corps—(a) Overseas from United Kingdom 8 Can. A.E. Co. (b) in United Kingdom B.C.R.D. Seaford.

Born at—Town Bromley County or Province Kent Country Eng.

Date of Birth—Day 11th Month Jan. Year 1897. Age 21 yrs. 11 months.

Joined at Victoria B.C. Date Dec 14—1915

Former trade or occupation Clerk.

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

Scar over left eye brow.
Scar under left eye.

Height—feet 5 inches 3 Colour of eyes Brown.

Signature of Soldier (*for identification purposes*) Cpl. W.F.D. Barton.

Medical Report

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

1. DISABILITY.

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

Disabilities Group (*a*) Defective Vision.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Unknown.	Unknown Childhood	
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

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

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

4. Is the disability due to disease contracted or injuries received while on Active Service? no

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

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

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

PART I. (continued).

5. MEDICAL HISTORY.

Man states Joined 103 Bat. which was broken up in England was kept there for 19 months as batman, was boarded & on Eyes & made C2. was sent to France Nov-1917 to 1st Labor. Co has carried on their doing odd jobs was in Hosp Mar-1918. for P.U.O 2 weeks. Boarded in June 27 1918 at Etaples marked B2 on eye sight. states eye sight is same now as when joined up. has been given glasses but cannot use them. was rejected 9 times on account of eyes in Canadian army.

M.H.S.
Brainshott. Vision R. -11. D. Sp. / -1.50 D. Cyl. Ax 80°
L. -4.00 D. Sp. / -1.00. D cyl. Ax 70. Sgd J Sutherland

6. PRESENT CONDITION. Weight 139½ lbs.

General appearance. Healthy but of small stature.

Digestive. Genito urinary. Respiratory. Nervous

Systems all negative.

Circulatory. Pulse 80. no adventitious sounds.

Hearing normal.

Eyes. R. 1/160. Plano.
L. 20/60. -1.50. = 6/9.

J McMillan.
25-7-18

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

(iii.) Was one advised and declined? —

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

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

(ii.) If so, describe. —

9. DO YOU RECOMMEND:— yes.

(a) Fit for duty? (state category) B2

(b) Invalid to Canada? —

(c) Discharge from the Service as permanently unfit? —

Date of Report Dec 14 1918

Signed W H G Gibbs Capt Cam
Officer in medical charge of case.

Station Canadian Base Etaples

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hosp. (Officer i/c Hospital / S.M.O. Brigade) Strike out one of these

Dated at ..... Station, on ..... 191....

*Delete if inapplicable.

PART II.

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

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

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

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

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) 25%

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

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? yes
(ii.) If not permanent, what is its probable minimum duration (in months)?

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

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

18. REMARKS:—

A.G. 1. 9083 11-11-18

19. RECOMMENDATION:—
(a) Fit for duty? (state category) yes. B1.
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 14-12-18

Signatures of the Board: H. J. Williamson, major, President. G. A. Platt major

Station Can. Gen. Base Etaples.

Approved [signature] A.D.M.S.

Dated at Can. Base Station Etaples 191

40. Was the Soldier at the time of his enlistment a civil employee of the Dominion or a Provincial Government?

If so, state in what capacity and in what place? no

41. Is Soldier or any other child serving in C.E.F. in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to such service? If so, how much per month? no

42. Are you in receipt of Pension? If so, state amount and on what account. no

43. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much per month? 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 Canada Evidence Act.

Signature of Applicant Florence Rablah Lambert Ridsdale

Place of Residence 972 Heywood Avenue Victoria B.C

Declared before me at Victoria B C

this 12th day of May 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths J Stuart Sales Barrister

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman of the Relief Committee, of the Local Canadian Patriotic Fund; or if the Applicant is in the United States, by the Secretary, or Chairman of the Relief Committee of the Local Red Cross; certifying that to the best of their knowledge, after careful investigation, the above statements are correct.

Signature of Clergyman [illegible]

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund Jessie C Brown

SECRETARY, VICTORIA PATRIOTIC AID SOCIETY

MEDICAL CERTIFICATE

1. Is husband of applicant totally incapacitated?

2. From what date has total incapacity been existent?

3. Of what nature is his disability?

4. How long is total incapacity likely to continue, and what will be effect on his earning power?

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date?

6. How long have you been the regular attending physician?

I certify the above statements are correct.

Physician

Place

Date

MOTHER

CANADIAN EXPEDITIONARY FORCE

(Information for Pay and Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Pay and Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above-mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

S. A. & A. F.
SEP 11 1919
F. R.

(This application to be made out for the last unmarried son that enlisted.)

1. Name of Soldier (Surname first) Regt'l No. Rank Regt. or Unit
Barton, William Fred K. Douglas 706268 Acting Corporal 103rd Battn

2. Age of Soldier 21 Date of Birth January 1898 Married or Single Single

3. Date of enlistment of Soldier in C.E.F. December 14th 1915

4. Is Soldier at present in Canada or Overseas? In Canada
(If in Canada state where stationed.) Discharged

5. Name in full of Mother of Soldier Age 56 Address in full 972 Heywood Avenue Victoria B.C.
Florence Rablah Lambert Ridsdale

6. Name of your husband Age 58 Occupation ? Where Employed ?
Arthur Henry Ridsdale

7. If your husband is alive, state total amount of support received from him during the past year. alive Nothing received from him since Oct. 1917.

8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support. He has never regularly contributed & left the house Oct. 2nd 1917. Has never provided me with a home

9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (Form of Medical Certificate at end of Declaration must be completed.) —

M. F. W. 147
50m 11-18.
1772-39-1181.

57

10. What amount did your husband earn during the past (a) year? (b) month? I dont Know for I got none of it.

11. What amount did you earn during the past year? —

12. If you are a widow, state date and place of death of your husband. —

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. —

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage and forward marriage certificate. —

15. Names of all your other **unmarried** children. **(If a soldier, give Regimental number, Rank and Unit.)**

	Address	Date of Birth	Name of Employer	Wages per week
John Bernard Barton	Swansea Bay	July 1st 1891	Rhodes Pulp. Co	
Elizabeth Hope Maclean Barton	972 Heywood av. Victoria B.C.	Nov 11th 1896	Gibson Studio Victoria B.C.	15.00
William Frederick Douglas Barton 706268. Acting Corporal 103rd Batt.	972 Heywood av.	Jany 1898	—	—

Include step children and foster children.

16. Names of all your **married children.** **(If a soldier, give Regimental number, Rank and Unit.)**

	Address.	Age.	Date married.	If widowed state number of children.
Oswald H.C. Barton	445 Walker St. Victoria B.C.	29	April 1915	
Mrs N.B. Holgate	2399 Cambie St. 39 Vancouver B.C.	May 21st 1917.		

Include step children and foster children.

17. Are any of above unmarried sons nineteen years of age or over totally incapacitated? **(If so, Medical Certificate, similar to form at end of Declaration, must be furnished.)** John Bernard Barton has lost one leg above Knee

18. State amount per year and source of any **other** income. Give full details. None

19. State value of real property belonging to you and your husband. State amount of mortgage on this property. None.

20. State **amount of Taxes** and Insurance Premiums paid by you **per annum** on your real property. —

21. State **value of personal** property belonging to you and your **husband.** —

22. State total amount contributed in cash by soldier during the year prior to enlistment. I cannot remember as he was out of employment part of time

23. Was this amount contributed weekly or monthly? Monthly

24. Did Soldier live with you during the year prior to enlistment? Yes.

25. State your son's trade or occupation prior to enlistment. office boy.

26. State amount of his wages per week. $5.00

27. State name and address of his last employer. Messrs Macfarlane & Boyle, Solicitors 105 Union Bank Bldg Victoria B.C.

28. State amount of ASSIGNED PAY received by you from soldier monthly. $15.00 Fifteen dollars.

29. From what date did you receive ASSIGNED PAY? I think it was August 1917.

30. Actual amount contributed monthly by each child:

	During year prior to enlistment.	At present.
		$28.00 per month from E.H.H. Barton
		$30.00 by W.F.D. Barton as board.

31. If not receiving support from **unmarried** children, state reason. (THIS QUESTION MUST BE ANSWERED IN DETAIL).

32. State name and date when any **unmarried** child away from home ceased to contribute.

33. With whom are you residing at present? State relationship, if any. —

34. From what date have you resided with above person? —

35. State amount of rent or board paid by you per month. $25.00

36. Have you made a previous claim for Separation Allowance? Give particulars. Yes. On my Son's account (W.F.D. Barton) as I was unfit to earn my own living having had an operation for cancer of the Bowel

37. Is Separation Allowance being paid on this Soldier's account to any other person? No.

38. Are you now, or have you been at any time in receipt of Separation Allowance from any source? If so, how much per month, and on whose account? Yes; when Mr Ridsdale was in Canadian Engineers June to Oct. 1916 $20.00 per month.

39. Was Soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give Regimental number, Rank and Unit. No.

40. Are you already in receipt of Separation Allowance from any source? If so, how much? No

41. Was soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give regimental number, rank and unit. No

42. Was the soldier at the time of his enlistment an employee of the Dominion or a Provincial Government? No

43. If so, in what capacity and in what place? — Not applicable.

44. Is he in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month? — No.

45. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much? No

And I make this solemn declaration conscientiously believing it be true and knowing that it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

Signature of Applicant Florence Rablah Lambert Ridsdale

Place of Residence 1012 Redfern St Victoria B.C.

Declared before me at Victoria B.C.

this ~~7th~~ 8th day of January 1918.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths G. H. Barnard Robt H. Swinerton Notary Public Commissioner for taking affidavits in British Columbia

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman, of the Relief Committee of the Local Canadian Patriotic Fund, or if the Applicant is in the United States, by the Secretary, or Chairman of the Local Red Cross Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman Charles D. Schofield, Bishop of Columbia

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund Robt H Swinerton Hon Secty Pres Secury Letter

MEDICAL CERTIFICATE

1. Is husband of applicant a chronic invalid and totally incapacitated? I have no reason to suppose ~~that my husband is an~~ invalid.

2. Of what nature is disability?

3. From what date has this total incapacity been existent?

4. How long is total incapacity likely to continue, and what will be effect on his earning power?

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date?

6. Are you the regular attending physician?

I certify that the above statements are correct.

Physician

Place.

Date.

A.P.989-W-10.

MOTHER

CANADIAN EXPEDITIONARY FORCE

(Information for Separation Allowance Board)

S.A. & A.P. JAN 29 1918 C.R.

NOTICE

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On completion this Declaration is to be returned to:—

S. A. & A. P. DIVISION
MILITIA DEFENCE,
OTTAWA, CANADA.

(This application to be made out for the last unmarried son that enlisted).

1. Name of Soldier	Rank	Regt. or Unit	Regtl. No.
William Frederick Douglas Barton	Private	10th Platoon 3. Coy 1st Lab. Batt B.E.F. France	706268

x Enlisted in 103rd Batt.

2. Age of Soldier 21 Married or Single Single

3. Date of enlistment of Soldier Nov. 1915.

4. Is Soldier at present in Canada or Overseas? in France

5 Name in full of Mother of Soldier	Age	Occupation	Address
Florence Rablah Lambert Ridsdale	56	House-wife.	1012 Redfern St Victoria B.C.

6. Name of your husband.	Age	Occupation	Where Employed
Arthur Henry Ridsdale	57	I do not know.	—

7. If your husband is alive, state amount of support received from him during the past year. I dont know if he is alive but am receiving no support 7

8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support. Because my health would not allow me to work & keep him having had an operation for cancer in Bowel & Intestinal Resection. 9

9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. **(Form of Medical Certificate attached hereto, must be filled out and returned with this Declaration).** I have no reason to suppose that he is an invalid.

M. F. W. 147
50m.-11-17
1772-39-1181

In fuller reply to questions 7 and 8, I wish to state that I was married to my present husband, Arthur Henry Ridsdale on October 8th 1915. Since our marriage he has worked with surveying and mining parties, but he has never wholly supported me except for a period of about four months in 1916 when he was on the strength of the 6th Field Company, Canadian Engineers. During this time I received assigned pay and separation allowance. He was discharged as medically unfit on October 31st 1916. In October 1917 he fetched his possessions from my house and I have neither received any support nor heard from him since that time.

10. What amount did your husband earn during the past year? I do not Know

11. What amount did you earn during the past year? A few dollars by sewing but my eyes have failed me now

12. If you are a widow, state date and place of death of your husband. I am not a widow.

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. I am not a foster mother.

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage. I am not a widow.

15. Names of all your other *unmarried* children. **(If a soldier, give regimental number and unit).**	Address in full	Age.	Occupation.
~~Oswald H.C.~~ John Bernard Barton	S. Whalen Pulp & Paper Mills Swanson Bay B.C. (physically unfit) (minus a leg)	24	Book Keeper
Elizabeth H. M. Barton	1012 Redfern St Victoria B.C	20	Clerk
William F.D. Barton This is the soldier.	706268. (as above)	21	

16. Names of all your other children. **(If a soldier, give regimental number and unit).**	Address in full.	Age.	Date married.
Oswald H. C. Barton	415 Walton St. Victoria B.C	27.	April 1915.
Marguerite A. E. Holgate	temporary address 1012 Redfern Street Victoria B.C.	28.	May 21st 1917.

17. Are any of above unmarried sons eighteen years of age or over, totally incapacitated? **(If so, Medical Certificate, similar to attached form, must be furnished showing such incapacity).** My son John Bernard Barton is not incapacitated from earning a living but is unfit for military service as he has ~~lost a leg.~~

18. State amount earned at present per month by
(a) yourself Nothing
(b) your husband ? I do not know.

19. State amount and source of any other income. Assigned Pay from the above William F. D. Barton No. 706268. $15.00
Above mentioned daughter (Elizabeth H. M. Barton) Board $20.00

20. State value of real property belonging to you and your husband. State amount of mortgage on this property. I own at present 1121 Burdette Ave, which is heavily mortgaged and I have arranged to give a quit claim for this. I have no other property.

21. State value of personal property belonging to you and your husband. I have nothing but my household effects.

22. If husband is dead, state value of real and personal property left by him. I am not a widow. My first husband has been dead 18 years and he left me nothing.

23. State amount contributed in cash by soldier during the year prior to enlistment. No definite amount. Was out of work but gave all he earned from temporary work

24. Was this amount contributed weekly or monthly? As it was earned.

25. Did soldier live with you during the year prior to enlistment? Yes.

26. State your son's trade or occupation prior to enlistment. Clerk

27. State amount of his wages per week. Approximately $15.00 per week

28. State name and address of his last employer. Messrs Macfarlane & Boyle Lawyers Victoria B.C. These were temporary employers.

29. State amount of support monthly from soldier since enlistment. Assigned pay since Aug. 1917.

30. State amount of ASSIGNED PAY received by you from soldier monthly. $15.00

31. From what date did you receive ASSIGNED PAY? August 1917

32. Actual amount contributed by other children during the year prior to enlistment of soldier.	Weekly	Monthly
My daughters paid what they could towards their board.		

33. Actual amount contributed by other children at present.	Weekly $15.00	Monthly
This is board money of my daughter Elizabeth.		

34. Are any of these children in the employ of you or your husband? No.

35. If not receiving support from other children, state reason. Explain fully. 2 are married & have their own families. as aforementioned the other Wm J. B. Barton has to keep himself and his artificial ~~leg~~ is a source of constant expense but sends whatever he can spare.

36. With whom are you residing at present? State relationship, if any. Daughter

37. How long have you resided with above person? Since December 1917.

38. State amount of rent or board paid by you per month. $11.00

39. Have you made a previous claim for Separation Allowance? Give particulars. No.

I obtained separation allowance on account of my husband Arthur Henry Ridsdale as mentioned above during the period he was on the strength of the 6th Field Co. Canadian Engineers. This ceased with his discharge on October 31th 1916.

I have never filled in any other form in connexion with separation allowance but wrote to the department asking for it on account of my son William. I received this form in reply to my letter.

6

PART III.

Statement of the Soldier

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

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

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

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

PART I.

A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 706268 Rank Pte. Surname Barton Christian Names William Frederick Douglas

Unit or Corps—(a) Overseas from United Kingdom 8 Co. C.C. Co. (b) in United Kingdom B.R.D. Shorncliffe

Born at—Town Bromley County or Province Kent Country Eng.

Date of Birth—Day 11 Month June Year 1897 Age 21 yrs. 11 months.

Joined at Victoria, B.C. Date Dec. 14—1915.

Former trade or occupation Clerk.

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

Scar over left eye-brow,
Scar under left eye.

Height—feet 5 inches 3 Colour of eyes Brown.

Signature of Soldier (*for identification purposes*) Cpl. W.F.D. Barton.

Medical Report

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

1. DISABILITY.

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

Disabilities Group (*a*) Dyspepsia Chronic.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Unknown	Childhood
(*ii.*) As to Group (*b*) above.		
(*iii.*) As to Group (*c*) above.		

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

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

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

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

4. Is the disability due to disease contracted or injuries received while on Active Service? No.

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

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

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

PART I. (continued)

5. MEDICAL HISTORY. Gen Gates: "Joined 103 Batt which was broken up in England was kept there for 19 months go Holman, was boarded son eyes + made C II, was sent to France Nov. 1917 to 1st Gds Labor Co has carried on there doing odd jobs, was in Hosp Mar - 1918 for P.U.O. 2 weeks Boarded in June 27/1918 at Etaples marked B II on eye sight state eye sig ht is same now as when joined up - has been given glasses but cannot use them was rejected 9 times on account of eyes in Canadian Army.

M.H.S. R = 11.D.Sc. / -1.50 D.Cyl Ax 80°
Bramshall Vision L = 4.00 D.Sp. / -1.00 Dcyl 17X 70

Sgt Sutherland

6. PRESENT CONDITION. Weight 129½ lbs. General Appearance - Healthy but of small stature.
Digestive, Genito Urinary, Respiratory, Nervous, systems all negative
Circulatory - Pulse 80. no adventitious sounds.
Hearing normal.
Eyes R 1/160 Plain
L 20/60 - 1.50 = 6/9

J McMillan
25-7-18

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. —
(iii.) Was one advised and declined? —

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? No.
(ii.) If so, describe. —

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) Yes. B II
(b) Invalid to Canada? —
(c) Discharge from the Service as permanently unfit? —

Date of Report Dec 14 1918
Station Canadian Base Etaples.
Signed W H Gibbs Capt CAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

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

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

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

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

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none, 5%, 10%, 15%, 20%, etc.)* 25 %

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

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Yes
(ii.) If not permanent, what is its probable minimum duration *(in months)*?

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

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

18. REMARKS:—

A.G. 9083 11-11-18

19. RECOMMENDATION:—
(a) Fit for duty? (state category) Yes B1
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 14/12/18
Station Con Gen Base Etaples
Signatures of the Board: H J Drummond, Major President. G. A. Platt Major

Approved E R Brock Lt Col A.D.M.S.
Dated at Etaples Station 1918
Col Base

Demobilization Pay M.D. No. 11

Carmania 8/2/19

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

REGT. No. 706268 RANK L/Cpl NAME (IN FULL) BARTON W F D (BLOCK LETTERS SURNAME FIRST)

M. OR S. S

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Eng L/Cl adj to ~~3/1/19~~ 3/1/19		

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE Continued by unit from 1-3-19

PAYABLE TO Mrs F Ridsdale RELATIONSHIP

ADDRESS 1012 Redfern St. Victoria BC

ANY CHANGE IN ASSIGNEE OR ADDRESS: 972 Heywood Ave Victoria BC

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Vancouver DATE 7-3-19 REASON AUTHORITY DO 70. IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.	$ c.	Total Credits $ c.	Acquittance Rolls Col. No. 1 No./Date	Col. No. 2 No./Date	Col. No. 3 No./Date	Cash Payments Col. No. 1 $ c.	Col. No. 2 $ c.	Col. No. 3 $ c.	Assigned Pay $ c.	Regimental Charges $ c.	Other Charges $ c.	$ c.	Total Debits $ c.	Balance Debit $ c.	Balance Credit $ c.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT 3/1/19		1.10			33.23	33.23													33.23	
							Rhyl 24/1/19	Boat 3/2/19	Rgot 8/2/19	9.73	4.87	30.00	15.00							
							St Hse 8/2/19			5.00										
							15			15.-										
Feby	35	1.15	40.25	11.20 / 35.-		119.68	294.56			40.08							119.68			GMB
183 days				420 -		420 -														
War Service Gratuity																WSG 70 -	70 -	350 -		
Apl 8 160851																70 -	70 -	280 -		
2nd May 9 17553																70	70 -	210 -		2nd reverted to Pte 17-12-18 to 31.1.19
June 7 801523																67.70 (oc 2.30)	70 -	140 -		
July 7 820122																70 -	70 -	70 -		~~G.B. Debit C.P. 9449418 31/12/18 Voucher # 1508~~
Aug 7 836288																60.27 (oc 9.73)	70 -	-		
						420											420			

War Service Gratuity

Service 3 years — months

Certified that all payments have been made on this account for which covering authority has been received to date.

Lieut., Paymaster, Demobilization Pay M.D. No. 11

I certify that all payments of War Service Gratuity have been made on this account according to the period of service shown on the M.F.W. 2595 received.

Capt. Officer i/c War Service Gratuity M.D. No. 11

100M-1-19.—L.L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-120.

706268 Pte Barton William Frederick Douglas AP# 157

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917														8 85	41035								104 63	63 26			180 -	233	350 27	60 13				
Forwd			40 50																				9 13				15		24 13	69 50				
Aug 1-31	31	10/10	34 10												24 10	188	14/7						9 73	9 73										
Sept 1 30	30		33 -												33 -	349	15/7	351	14/8				7 30	9 73			15		58 79	43 71				
																356	30/7	478	31/8																
																354	30/8																		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
									43 71
Oct	~~Bal Forwd 43 71~~								
	P.P.	34 10							15
				A/c 554 14/9 16 Rec	14 60				
				A/c 590 16 Rec Pay 28-9-17	7 30				40 91
		34 10			21 90				15
Nov.	P. pay	33 -		A.P.					15
				a/c 292 Seaford 21/10	4 87				
				a/c 312 " 10/11/17.	2 43				
				a/c 667 16 Rec. 12/10.	9 73				
Dec	P. "	34 10		a/c					15
1918		67 10		A.R.	17 03				60 98
Jan.	P Pay	34 10		694 30/11/17 1st Lab Bn.	8 92				30
				a/c 5/12 10/3/17 16 Rec	4 16				
				Jan. Can. Asp.					15
				a/c 005-66 25/10/17	5 44				
				A.R. 744 15/1/17 1st Lab Bn.	9 68				
				A.R. 787 31/1/17 " " "	5 35				
				A.R. 689 15/1/17 " " "	9 68				51 05
		34 10		A.R.	29 03				15
Feb	P Pay	30 80		827 15/1/18 " " "	9 68				
				Feb. Can. Asp.					15
				a/c 3/1/18 1 Lab Bn	9 68				
				P.R. C1379 10/1/18 R. 175	50				11 49
		30 80			57 69				15
Mar.	P Pay	34 10		Mar. Can. Asp.	35 36				15
				A.R. 941 15/1/18 1st Lab Bn.	3 57				
				F.R. 24754 8/2/18 R. 188	19 47				
				A.R. 999 28/2/18 1st Lab Bn.	4 46				
				A.R. 1166 26/3/18 " " "	8 03				4 94
		34 10			35 53				15

Rec. 56 20 15/7/16 C 1379
Renv. 1947 7/3/18

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Bromley, Kent, England

NAME AND ADDRESS OF NEXT OF KIN: Mrs W.H. Biddadale
Arcona Lodge, Metchosin, Victoria, B.C.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 706868 RANK Pte. NAME Barton, William, Frederick, Douglas

IF IN PERMT. CORPS / WHAT UNIT — UNIT 103rd Batt.

TRANSFERRED TO 16 Res. Batt. DATE 1-8-17 AUTHORITY P.C. 89 3317

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO BLORD DATE 1/11/17 AUTHORITY ZR

PLACE OF ATTESTATION Victoria B.C.

TRANSFERRED TO ~~K Reg Bn~~ 10th Labor. DATE 1/1/18. AUTHORITY GO. E21 2/11/17

DATE OF ATTESTATION Dec. 14/15

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15. DATE EFFECTIVE Aug 1/16

PAYABLE TO ~~Miss M.A.S. Barton, 1121 Burdette Ave. Victoria B.C.~~ Mrs W. H. Biddadale, Arcadia, Admirals Cross Road, Gen. Delivery Victoria B.C. RELATIONSHIP ~~Sister~~ Mother A.A.M. Kenna 10.7.17 Eff 1-8-17 EJ

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916														8 85	8 85																8 85				c/f Balfrom Canada 31.7.16.
1-31 Aug.	31	1.	31	.	31	.10	3	10						34 10	8 42.10									4 87				15		19 87	33 08				
Sept. 1-30	30		30	.	30		3	.						33 .	98	31/8								4 86	9 74			15		34 47	21 61				
Oct. 1-31	31		31		31		3	10						34 10	191	30/9	338	13/10						4 87	9 73			15		39 60	26 11				
Nov. 1-30	30		30		30		3	.						33 .	268	28/10								4 30				15		33 30	36 81				
Dec. 1-31	31		31		31		3	10						34 10	34 8	30/11	306	15/11						4 30	9 73			15		32 03	38 88				Ltr. 16 16 Res. Bn. RD 89 3317 21-2-17
1917 Jan. 1-31	31	10	34	10										34 10	385	19/12								17 03				15		37 03	40 91				
Feb. 1-28	28		30	80										30 80	96	29/1								9 74				15		37 0 38	39 71				
March 1-31	31		34	10										34 10	153 220	19-2-17 26-2-17	35 3. 293	28/3/17 10-3-17						4 30 9 73 9 73	9 73 9 73			15		53 93	19 89				
April 1-30	30		33	.										33 .			18	16 4							9 73			15		34 73	38 16				$ on R 963 30.4.17
May 1-31	31		34	10										34 10	80	26/4								4 87				15	4 33	39 30	40 06				14.5.17
June 1-30	30		33	-										33 -	124 158									9 73 7 30				15		32 03	41 03				28.5.17
July 1-31	31		34	10										34 10														15		15	60 13				
			401	50										885	41035									10463	6376			180 -	4 33	3502	27				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 23/6/19

1918 NUMBER 706268 RANK NAME BARTON W.F.D

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
	Bal fwd								77	NIL	
	P.P	33		CAD				15	95 98		
	a/c. LCR. pay 31/8/18 to 30/11/18 92 days	4 60		9267. 17.10.18. Lab Corps.	4 66				91 32		
	Do. 62. 18.11.18 8 Employ			17946. 6.10.18. Misc Reg	6 53				89 39		
	LCR	35 65							125 04		
				CAD				15	110 04		
				6879. 10/12/18. Lab BD	4 66				105 38		
				21903. 19.11.18. 22 Lab Gnrs	9 33				96 05		
Jan	LCR	35 65		CAD	25 18			15	116 70		
				a/c LCR. 17/7/18 to 31/1/19. 46 days @ 5/-		2 30			114 40		
		100 90			25 18	2 30		45			
				CR 9494 31/12/18 (Paid W.O. 1894)	9 73				104 67		
				9223 A. 27/12/18 1	2 9 20				75 47		
				22536. 28.11.18. 22 Lab Gpp 1.	5 60				69 87		
				1168. 24.1.19. Cad 5	9 73				60 14		
				3619. 24.12.18. 4 Res Bn	9 48 67				11 47		
					102 99						

Lost. Cancelled. 1.2.19

CANADIAN
ASSIGNED PAY ACCTS
AUDIT CLERK
DATE 25/1/19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.8.16.		EFFECTIVE DATE:-	
AMOUNT:- $1.50p		AMOUNT:-	

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

Mrs. F. Kidsdale (Mother)
Arcadia, Admirals-brook
Rd., Gen. Del. Victoria, B.C.

Lt. discompleted A/c
Sa stopped to 31/1/19

NAME:- BARTON Wm. Frederick Douglas
NUMBER:- 706268

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.
Do. 62. 18.11.18.	31.8.18	A/L/Cpl
Do 67. 31.12.18. Cancl	17.12.18	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 103rd Bn.
DATE ACCOUNT FIRST OPENED - 1.8.16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1st. Lab. Bn.
53 17/8/18	1.9.18	20.9.18.	8th. A.E.C.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
24/4/18		Field	5 60				
24/6/18	3619	Willey	48 67			Ledger Bal	116 70
31/12/18		London	29 20			L.D.C.'s	33 33
			93 47				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
Do 62 18.11.18 Reinst.	1 05	10		
Do 67 31.12.18	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch Canada Auth N/R 4/11/18. 9/1/19. C.L.

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Mar.	31st. Bal. frd.								Nil		
Apr.	P.Pay	33		Can. Asp.				15	13 06		
				A.R. x 15/4/18 1st. C.D.W.B.	3 57				9 49		
				A.R. 58 30/4/18 "	4 46				5 03		
		33			8 03			15			
May	P.Pay	34 10		Can. Asp.				15	24 13		
				A.R. 109 15/5/18 "	3 57				20 56		
		34 10			3 57			15			
June	P.Pay	33		Can. Asp.				15	38 56		
				A.R. 1116 6/6/18 1 C.D.M.S.	4 46				34 10		
				A.R. 3553 17/6/18 3rd. C.D.	1 78				32 32		
				A.R. 5186 30/6/18 C.C.B.D.	5 35				26 97		
		33			11 81			15			
July	P.Pay	34 10		Can. Asp.				15	46 07		
				A.R. 34 15/7/18 1st. C.D.W.B.	3 57				42 50		
				A.R. 431 31/7/18 "	4 46				38 04		
		34 10			8 03			15			
Aug.	P.Pay	34 10		Can. Asp.				15	57 14		
				On AR 1110 12/8/18 36 R.Y	3 57				53 57		
		34 10			3 57			15			
Sept	D.P.	33		~~C.A.P.~~				15			
				AR 661 VIII Corps Salvage 26.8.18	4 46				63 54		
				" 675 " 8.9.18	3 57						
		33			8 03			15			
Oct	P/P	34 10		CAP				15	82 64		
				685 " 11229/18	4 66				77 98		Appl
		34 10			4 66			15			