

TRIPLICATE

1st Depot Battalion, W. O. R.

M. D.

Depot Battalion

Regiment

Regtl. No.

3132687

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname WALKER,  
2. Christian name Ernest, Harold,  
3. Present address 179 Goyeau St., Windsor, Ontario.  
4. Military Service Act letter and number 731764 AC.  
5. Date of birth July 27th, 1896.  
6. Place of birth Windsor, Ontario.  
(town, township or county and country)  
7. Married, widower or single Single.  
8. Religion Methodist.  
9. Trade or calling Elevator Man.  
10. Name of next-of-kin William Walker,  
11. Relationship of next-of-kin Brother,  
12. Address of next-of-kin 69 McDougall Ave., Windsor, Ontario.  
13. Whether at present a member of the Active Militia No.  
14. Particulars of previous military or naval service, if any None.  
15. Medical Examination under Military Service Act:—  
(a) Place Windsor, Ont. (b) Date Oct. 2, 1918. (c) Category A. II.

DECLARATION OF RECRUIT

I, Ernest Harold Walker, do solemnly declare that the above particulars refer to me, and are true.

April 3rd, 1918.

Ernest Harold Walker (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 9 mths.  
Height 5 ft. 6 ins.  
Chest measurement } fully expanded 39 ins.  
range of expansion 38 ins.  
Complexion Black.  
Eyes Dk. Brown.  
Hair Black.

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

Appendectomy scar

RIGHT EYE D 20/20 LEFT EYE D 20/20  
HEARING R. Normal. L. Normal.

H. M. Mullen  
Lieut. Colonel  
1st Depot Battalion, W. O. R.  
O. C. Depot Btm.

Regt.

Place LONDON, ONT. Date APR 3 1918

Regiment

Depot Battalion

Regt No.

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ...)

1. Surname  
 2. Christian name  
 3. Trade or calling  
 4. Military service (letter and number)  
 5. Date of birth  
 6. Place of birth (country, county and estate)  
 7. Marital status or single  
 8. Religion  
 9. Trade or calling  
 10. Name of next of kin  
 11. Relationship of next of kin  
 12. Address of next of kin  
 13. Whether he is or was a member of the Active Militia  
 14. Particulars of previous military or naval service, if any  
 15. Medical Examination under Military Service Act

(a) Date of birth (b) Date of birth (c) Category

## DECLARATION OF RECRUIT

I, the undersigned, declare that the above particulars are true and correct.

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Height	Build	Complexion	Color of Eyes	Color of Hair	Color of Skin	Color of Teeth	Color of Nails	Color of Fingers	Color of Toes	Color of Feet	Color of Hands	Color of Feet
5 ft 6 in	Slender	Fair	Blue	Brown	Fair	White	White	White	White	White	White	White
5 ft 6 in	Slender	Fair	Blue	Brown	Fair	White	White	White	White	White	White	White

Other marks, scars, and marks indicating congenital peculiarities or previous disease

Depot Bn

Regt

Date

Place

Regt No.

Depot Bn

REGIMENTAL DOCUMENTS

NAME *Walker, Ernest Harold* REGT. NO. *31326 87* UNIT *2<sup>nd</sup> Rly. Co. Inf.* FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 * ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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
9 DENTAL HISTORY SHEET (M.F.B. 465)					Category
2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demot.</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
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 <i>C. D. 3</i>					
1 <i>D. M. 81394</i>					

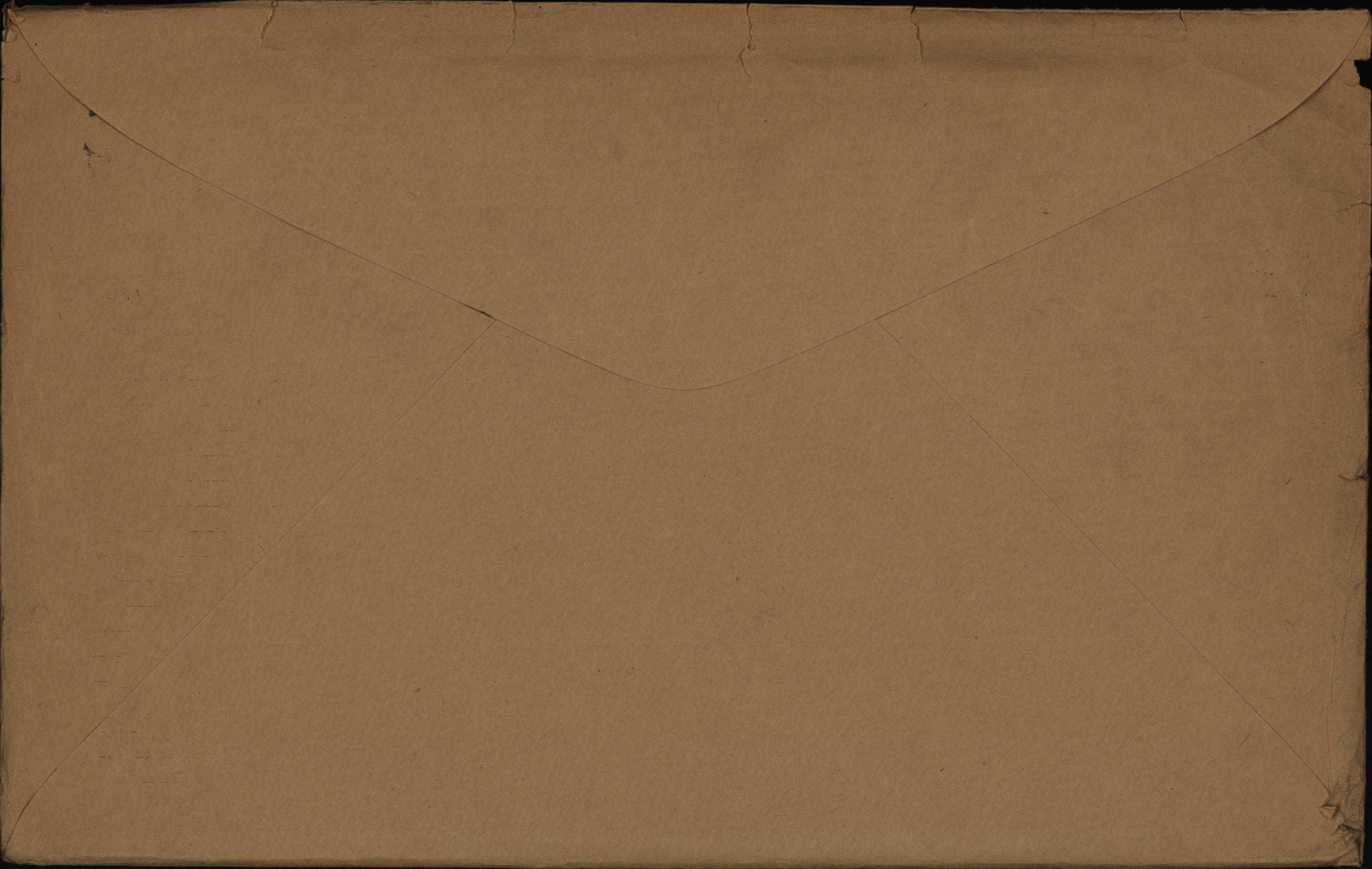
*17000*  
*10/20/20*  
*146-2-20*

*M*

01843

*Box 10007*

*H*



*Paul Flaws*

Number *3132687*

Rank

*Ote*

Surname *WALKER*

Christian Name *Ernest Flaws*

Units *636*

Theatre of War

*France*

Date of Service *10-10-18*

Remarks

Latest Address ~~*A. P. O.*~~

*609 Loyalton St.*

*Windsor*

Roll No. *B Page 10950-*

*Out*

DESP. FEB 24 1922  
REGN. NO. *14035*

SURNAME.

*Walker*

CHRISTIAN NAMES

*Ernest Harold*

REGL. No.

*3132684*

RANK

*Pte*

UNIT

*West Ont Regt. 1st Dp Co*

FORMER CORPS

*Nil.*

*2x. M. 10. 14*  
CARD NO. *4*  
*SOS No. 23.5-19*  
*Leo 144 of 24.5-19*  
FOLL.  
*#100 send. etc.*

T. O. S. *April 03 1918*

D.O. Part II No *91*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Walker, William*

RELATIONSHIP TO SOLDIER

*Brother*

ADDRESS

*69 Mc Dougall Ave.  
Windsor Ont.*

COUNTRY OF BIRTH

*Canada, Windsor, Ont.*

DATE

*July 27<sup>th</sup> 1896*

PLACE OF ATTESTATION

*London, Ont.*

DATE

*Apr. 3<sup>rd</sup> 1918*

L. L. 26989 M. & D. 8191.

*1310 / 4*  
*9/8. 11-7-18:*  
R/e. *21/5/19 326 121*  
M. T. W. 22 100 M. - 8-17. H. Q. 1772-39-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Batta. W. O. R. No 2 Const Bn C F C Bn

Regimental No. 3132687 Rank Pte Name Walker Ernest Harold  
 Enlisted (a) 2nd 18 Terms of Service (a) Dofw Service reckons from (a) 3-4-18

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) Elevator Man

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				
<u>JUN 21 1918</u>	<u>1st Depot Bn. W.O.R.</u>	<u>Transferred o/s</u> <u>EMBARKED 10-7-18</u> <u>DISEMBARKE 22-7-18</u>	<u>London, Ont.</u> <u>CANADA</u> <u>ENGLAND</u>	<u>H. M. T.</u> <u>H. M. T.</u>	<u>Authority H.Q.593- / Uel 249</u> <u>JUN 24 1918</u>
<u>24-7-18</u>	<u>C.F.C. Bn</u>	<u>draft from Canada.</u>	<u>O.O. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale</u>	<u>27-7-18</u>	<u>Pt. 11 D.O. 175</u>
<u>16-9-18</u>	<u>C. 656</u>	<u>S.O.S.</u> <u>on posting to 142 Dist 56.</u>	<u>BASE DEPOT C.F.C. SUNNINGDALE</u>	<u>6-9-18</u>	<u>PT. 11 DO. NO. 221</u> <u>C.F.C.</u>
<u>26-9-18</u>	<u>Dist 56</u>	<u>T.O.S. 56th Dist. 142 Coy.</u>	<u>East Green</u>	<u>17-9-18</u>	<u>Pt. 11 DO 2. 56th Dist</u>
<u>30-9-18</u>	<u>O.C. C.F.C. 56 Dist.</u>	<u>S.O.S.</u> <u>on transfer to Base Depot</u>		<u>28/9/18</u>	<u>Pt. 11 DO 3-56th D.C.F.C.</u> <u>Captain &amp; Adj., for O.C. No. 56 District, Canadian Forestry Corps.</u>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

CERTIFIED CORRECT.  
21 OCT 1918  
CAPT. REQUIS, LONDON.

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
<i>10.7.18</i>	<i>626/18</i> O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale <i>from 56 Dist. 142 Coy</i>	Sunningdale	<i>28.9.18</i> Pt. 11 D.O. <i>234</i>	
<i>10.7.18</i>	<i>505</i> BASE DEPOT C.F.C. SUNNINGDALE <i>on transfer to 8 Co Lance</i>	SUNNINGDALE	<i>10.7.18</i> PT. 11 D.O. NO. <i>242</i> C.F.C. <i>DM</i>	
<i>24-19</i>	<i>8 Coy PFC</i> Disembarked <i>France</i> G.C. Cdn. S.O.S. for demobilisation to C.F.C. Depot <i>Le Havre</i>	<i>France</i> <i>Sunningdale</i>	<i>11-10-18</i> DO <i>144-11-18</i> <i>2-4-19</i> N/R. <i>K4-1</i> Pt. 2. O/S.	
<i>14/4/19</i>	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale <i>from C.F.C. France</i>	Sunningdale	<i>3/4/19</i> Pt. 11 D.O. <i>94</i>	
<i>5.5.19</i> <i>26 4 19</i>	B.D.C.F.C. S.O.S. BASE DEPOT C.F.C. <i>Transfer MD 1 on posting to</i>	SUNNINGDALE	<i>5.5.19</i> <i>26 4 19</i> Pt. 11 D.O. <i>125</i> <i>116</i>	
<i>5/5/19</i>	O.C.M.D.C.W.I. T.O.S. For return to <i>Canada, Rhyll</i>	<i>Rhyll</i>	<i>Pt. 1 D.O. No. 106</i> <i>6/5/19</i>	
	S.O.S. on Proceeding to C.E.F. Can. Rhyll	<i>Rhyll</i>	<i>Pt. 1 D.O. No. 111</i> <i>12/5/19</i>	

Embarked S S Saturnia  
Glasgow May 11/19

ORDERLY ROOM  
MAY 11 1919  
No. 13 P.C.S.

*H. Aglie*

CANADIAN EXPEDITIONARY FORCE 89

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3132687 (Rank) Private

Name (in full) Ernest Harold Walker enlisted in  
the 1st Bn. W.O.R.

CANADIAN EXPEDITIONARY FORCE at London, Ont on the 3<sup>rd</sup>  
day of April 19 18

HE served in France - 8<sup>th</sup> Coy. E.F.C.

and is now discharged from the service by reason of Demobilization. M.H.G.S.  
Medical Unfitness.

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

Age 23 years.

Marks or Scars

Height 5'-6"

Scar on right side

Complexion Black

Eyes Dark Brown

Hair Black

Signature of Soldier

J. White, Hd  
Issuing Officer

Date of Discharge

DISCHARGE SECTION  
MAY 23 1919  
No. 1 District Depot

for O. C. Dispersal Area Rank "K."

Date MAY 23 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. *1125* (Rank) *Private*  
 Name *John J. ...*  
 of the *1st Canadian Trench Company*  
 Canadian Expeditionary Force  
 is hereby discharged from the service by reason of  
*Medical Reasons*  
 on the *10th* day of *April* 191*8*  
 at *London, Ontario*

THE DESCRIPTION OF THIS SOLDIER is as follows—  
 Name *John J. ...*  
 Rank or Grade *Private*  
 Regiment *1st Canadian Trench Company*  
 Division *Canadian Expeditionary Force*  
 Branch *Infantry*  
 Height *5 feet 6 inches*  
 Hair *Brown*  
 Eyes *Blue*  
 Complexion *Fair*  
 Birth *London, Ontario*  
 Signature of Soldier *John J. ...*

Date of Discharge *10th April 1918*  
 Signature of Officer *John J. ...*  
 Rank *Major*  
 Date *10th April 1918*

This certificate will be issued only upon receipt of a request to forward it to an  
 assigned envelope to the Secretary, British Council, Canada.

RECEIVED  
 1918 APR 11 10 52 AM  
 BRITISH COUNCIL  
 CANADA

89

LTR Rank **No. 2 Const. Bn CF C B D** Name **WALKER, Ernest Harold** Reg'l No. **3132687**  
 Unit **What Unit?** **Harold** Married or Single **Single.**  
 Place and Date of Enlistment **London, April 3rd, 1918.** Place of Birth **Windsor, Ontario**  
 Name and Address, Next-of-Kin **William Walker**  
**69 McDougall Ave. Windsor Ontario Canada** Relationship **Brother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Category **O R Gen**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
	Arrived in England				
			S/S SATURNIA		
24-7-18	BDCFC TOS FROM CANADA		PTC SPDALE	22-7-18	PTC 0175 S. O. 221. P. 2. 4/26/18 Pte. S. O. 234. P. 3. 4/30/18 Pte.
16. 9. 18	S.O.S. to Det 56. CFC		"	16. 9. 18	S. O. 221. P. 2. 4/26/18 Pte. S. O. 234. P. 3. 4/30/18 Pte.
1. 10. 18	T.O.S. from Det 56. CFC		"	28. 9. 18	S. O. 234. P. 3. 4/30/18 Pte.
10. 10. 18	S.O.S. to Co. CFC		"	10. 10. 18	S. O. 242.
11. 11. 18	CFC & Coy. T.O.S. from B.D. CFC		"	11. 10. 18	S. O. 1
	SOS To BDCFC 24 19				
	8 Co. DO 9 dg-4. 19.				
	TOS BDCFC DO 94d4-4. 19				
5. 5. 19	BDCFC S.O.S. to M.D. 1 Rlye		" Spau	5. 5. 19	125
			65. R. 49	11. 5. 19	

A.F.B. 103 CHECKED 17 OCT 1918

89

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
12 5 19	17MOEW Sec 6 CRE	SOS to Canada	pt. Rhyl	11.5.19	- 111

89

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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *C.F.C.*

Regimental No. *3132687*

Rank. *Pte*

Name *WALKER Edward Stawell*

C. E. F.

Enlisted (a) *34/18*

Terms of Service (a)

Service reckons from (a) *34/18*

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended.

Re-engaged.

Qualification (b).

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<p><i>TCS No. 1 Dist Depot</i>  <i>Displ. Stn. K.11-5-19</i>  <i>SOS Dispersed</i>  <i>23,5,19 D.O. No. 144</i></p> <p><i>W. B. Dispersal Area Sta. 444</i></p>					

(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.

Casualty Form Active Service

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				



89

M. F. B. 465  
100m.-1-16,  
1772-39-950

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION

*Walker, G.*

NAME OF SOLDIER

NO. 11. CONS. RANK

REGIMENT

PTE.

NO. 11. CONS. RANK

No. *3132687*

DATE  
*1918*

No.

FILLINGS

Amal.  
Phosp.  
G. Per.  
Cement

Extracted

Anesthetic

Treated

Crowns

Cleaned

As 2° 3

Pulp  
Removed

Put Pulp

Artificial  
Teeth

OPERATOR

REMARKS

*June 24*

*9  
2  
3  
4  
5  
13  
14  
15  
19  
30*

*M. N. Hays*

*ew-29*



САНКТ-ПЕТЕРБУРГСКИЙ  
УНИВЕРСИТЕТ  
ИЗДАТЕЛЬСТВО  
УЧЕБНО-МЕТОДИЧЕСКОГО  
ЦЕНТРА

САНКТ-ПЕТЕРБУРГСКИЙ  
УНИВЕРСИТЕТ  
ИЗДАТЕЛЬСТВО  
УЧЕБНО-МЕТОДИЧЕСКОГО  
ЦЕНТРА

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

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WALKER, E. H.  
REGIMENT C.F.C. RANK PTE No. 3132687  
Date of Examination in England 7/4/19. Date of Examination in France \_\_\_\_\_

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

None

2. EXTRACTIONS

None

3. CROWNS

None

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

None

1388

HAS HE EVER REFUSED DENTAL TREATMENT?

No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b, or d). 1.

(a) In Canada

(b) In England

(c) In France

No

CONTENTS COPIED  
C. A. D. C., M. D. or A. D. 1.

Signature of Dental Officer

[Signature]

UNITED STATES ARMY DEPARTMENT



1. Name  
2. Rank  
3. Grade  
4. Branch  
5. Full Name  
6. Branch  
7. Grade  
8. Branch  
9. Full Name  
10. Branch  
11. Grade  
12. Branch

# ORIGINAL

## MILITARY SERVICE ACT, 1917.

89

### MEDICAL HISTORY SHEET.

19 OCT 1918

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

- 1. Surname WALKER Christian name Ernest Harold.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 731764 AC.
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) 179 Goyeau St., Windsor, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd day of October, 1917, by the undersigned medical board sitting at Windsor, Ontario.

- 5. Age as stated 21 Years 2 Months.
- 6. Apparent age 21 Years 2 Months
- 7. Height 5 Feet 6 Inches.
- 8. Weight 178 Pounds.
- 9. Chest measurement { Minimum 37 Ins. Maximum 39 Ins.
- 10. Complexion Black { Eyes Dk. Brown Hair Black.
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks \_\_\_\_\_
- 13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 3
- 14. When vaccinated last Childhood.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

Appendectomy 5 CA.

- 16. Slight defects but not sufficient to cause rejection \_\_\_\_\_
- The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A.II. RIGHT EYE D 20 LEFT EYE D 20  
HEARING R. Normal L. Normal

(Signed)

W.F.Gallow, Capt. C.A.M.C. President.

Member.

G.M.Flock, Lt. A.M.C.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/4/18</u>	<u>A.S. Wismer</u>	M.O.	<u>4/4/18</u>	<u>A.S. Wismer</u>	M.O.
		M.O.	<u>8/4/18</u>	<u>Capt. L. Am...</u>	M.O.
		M.O.	<u>13/4/18</u>	<u>Capt. L. Am...</u>	M.O.

Joined day of APR 3 1918 at LONDON, ONT.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Bn., W. O. R.</u>	<u>3132687</u>		<u>APR 3 1918</u>
<u>702 Construction</u>			<u>JUN 27 1918</u>
<u>67695</u>			

#### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>London Ont 21-6-18</u>	<u>examined</u>	<u>by med board</u>	<u>retained</u>
<u>Sungdale</u>	<u>29/7/18</u>	<u>Flat Feet</u>	<u>B-7a</u>
<u>Sungdale</u>	<u>30/9/18</u>	<u>Flat Feet</u>	<u>(one) Eff. with...</u>
<u>50</u>	<u>Apr 10/19</u>	<u>Flat feet</u>	<u>Bone...</u>

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

Signature of Man Ernest Harold Walker



\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	45 ENGLAND or CANADA
EFFECTIVE DATE: 1:7:18		EFFECTIVE DATE: -	
AMOUNT: 20		AMOUNT: -	

NAME: **WALKER Ernest Harold.**  
NUMBER: **3132687.**

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.

*Miss Charlotte A. Walker (Sister)*  
*179 Goyeau Street*  
*Windsor Ontario*

*Stop P.P. 19*  
*1.5*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT: *43 Dft 1 Depot Batt. W.S.B.*  
DATE ACCOUNT FIRST OPENED: *1:7:18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T.S.F.D.	UNIT TRANSFERRED TO
<i>20.175 B.O. 1/6</i>	<i>22:7:18</i>		<i>B.O. 7. 16.</i>

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
<del>15/7/18</del>	<del>1158</del>	<del>B.O.</del>	<del>£13 63/27</del>				
				<i>D850</i>	<i>13.3.19</i>	<i>Off.</i>	<i>30.9.18</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1</i>	<i>4</i>	<i>16</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharged to Canada 30.4.19. Auth. NR 4040. S/dale 15/4/19. M.D.I*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
30/6/18	BALANCE FROM CANADA			<i>Canada.</i>					<i>18 90</i>		
July	<i>P.P.</i>	<i>34 10</i>		<i>b.a. P. July</i>				<i>20</i>	<i>33</i>		
Aug	<i>P.P.</i>	<i>34 10</i>		<i>b.a. P.</i>				<i>20</i>			
				<i>Wk. B2015 1.8.18</i>	<i>189</i>	<del><i>24 33</i></del>					
				<i>" B2240 14.8.18</i>	<i>"</i>	<del><i>4 87</i></del>					
				<i>" B2592 27.8.18</i>	<i>"</i>	<del><i>4 87</i></del>			<i>1303</i>		
		<i>34 10</i>				<i>34 07</i>		<i>20</i>			
Sept	<i>P.P.</i>	<i>33 -</i>		<i>b.a. P.</i>				<i>20</i>			
				<i>JOR 302 31.7.18</i>	<i>53</i>				<i>25 50</i>		
		<i>33</i>			<i>53</i>			<i>20</i>			
Oct		<i>34 10</i>		<i>CA P</i>				<i>20</i>			
				<i>Wk. B3567 8/10. 18/10/18</i>	<i>14 60</i>						
				<i>" 267 1/11 18/10</i>	<i>3 73</i>				<i>21 27</i>		
		<i>34 10</i>			<i>18 33</i>			<i>20</i>			
Nov		<i>33 -</i>		<i>b.a. P.</i>				<i>20</i>			
				<i>" 61 16.11.18</i>	<i>3 73</i>						
				<i>" 91 27.11.18</i>	<i>3 73</i>						
Dec		<i>34 10</i>		<i>b.a. P.</i>				<i>20</i>			
Jan		<i>34 10</i>		<i>"</i>				<i>20</i>	<i>55 01</i>		
		<i>101 20</i>			<i>7 46</i>			<i>60 -</i>			
Feb		<i>30 80</i>		<i>" 143 18.12.18</i>	<i>9 08</i>						
				<i>" 176 31.12.18</i>	<i>2 60</i>						
				<i>" 205 1.1.19</i>	<i>5 03</i>						
				<i>" 243 29.1.19</i>	<i>2 57</i>						
				<i>b.a. P.</i>				<i>20 -</i>			
				<i>" 271 10.2.19</i>	<i>3 77</i>						
Mar		<i>34 10</i>		<i>b.a. P.</i>				<i>20 -</i>			
		<i>64 90</i>			<i>20 99</i>			<i>10 -</i>			

*43*  
*9.43*  
*63.27*

NUMBER 3132687

RANK

*P6*

NAME WALKER E.H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	<i>BT Ford</i>	64 90			22 99			40 -	55 01		
				<i>APR 363 24.2.19 11.60</i>	5 03						
				<i>✓ 444 11.3.19 ✓</i>	6 53						
				<i>✓ 1320 21.3.19 69 BD</i>	4 66				40 70		
		64 90			39 21			40 -			
Apr	<i>PP</i>	33		<i>Cap Apr</i>				20	53 70		
				<i>AR B 1158 15.4.19 BD</i>	63 27						
				<i>APR 2313 9/5/19 C &amp; C Endowed</i>	4 87				14 44		
		33			68 14			20			

A & W. FORM REV'D *Stopd* 10/15/19  
 DISCHARGED TO *Canada* DATE 30/4/19  
 PAY BOOK VERIFIED 17/4/19  
 BAL 957 L.P.O. REV'D 14/4/19  
 AUTHY NR. 4040 15/4/19 *Stall MDI*

*S65 11/5/19 \$265*

*40 40*  
*33*  
*73 40*  
*20*  
*53 70*  
*63 27*  
*9 57*

COMPILED BY *Gus Edwards*  
 CHECKED BY *[Signature]*

*APR 2313 D. Bal. 14.44*



89  
M.D.1.

6

War Service Badge  
Class "A" No. 262245

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

2-5-32

1. No. 3132687	
2 Rank. Pte.	
3. Name. WALKER, Ernest Harold	
4. Unit. #2 Rly. Constr. Corps. Reserve C.F.C.	
5 Date of Discharge	Place
MAY 23 1919	LONDON, ONT.
6 Reason for Discharge <i>On demobilization medically unfit for general service.</i> Category..... B	
Occup. Group..... 13 Electr.	
Religion..... Meth.	
Next of Kin..... sister	
7. Authority. 179 Goyau St.	
8. Proposed Residence after Discharge..... Windsor, Ont	
Casualty?..... Nil	
Decorations.....	
Service in France..... 6 MOS	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W.? Walker E H	
.....	
.....	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place..... MAY 23 1919	
Date..... LONDON, ONT.	
.....	
Signature..... (O. C. Discharging Unit.)	

EMBARKED 11 5 19  
SATURNIA GLASGOW

(X)

SHORT FORM  
PROCEEDINGS ON DISCHARGE  
(Reservists)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
Category.....	
Comp. Group.....	
Religion.....	
Next of Kin.....	
Destination.....	
Quantity.....	
Decorations.....	
Service in Uniform.....	
I hereby acknowledge that at the numbered place and date I received my discharge Certificate	
CERTIFICATE TO BE SIGNED BY SOLDIER	
M. F. W. J.	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed	
Place	
Date	
Signature	
(O. C. Discharging Unit)	

RECEIVED 11 2 19  
MILITARY CLASSIFICATION

LIST OF DISCHARGE DOCUMENTS

.....	Company Contract Sheet	Medical Form 8, 1923
.....	Regimental Contract Sheet	Medical Form 8, 1923
.....	Medical Report	Medical Form 1, 1923
.....	Dental History Sheet	Medical Form 2, 1923
.....	Proceedings of Medical Board	Medical Form 3, 1923 or A.M.B. 12
.....	Medical History Sheet	Medical Form 3, 1923 or A.M.B. 12
.....	Certificate that changing documents are complete	Medical Form 4, 1923
.....	Last Pay Certificate	Medical Form 5, 1923
.....	Casualty Form	Medical Form 5, 1923 or A.L.B. 108
.....	Final Order Sheet	Medical Form 5, 1923 or A.L.B. 108
.....	or Particulars of Receipt	Medical Form 5, 1923
.....	Attention Paper, Ticket	Medical Form 5, 1923

.....

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.....

## LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
9. (Enclosed in special envelope (P.604)).
10. Copy of Discharge Certificate (M.F.W. 39a).
11. Dispersal Certificate (C.D. 3).
12. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
13. Last Pay Certificate (P. 851).
14. Pay Book (A,B,64),
15. War Service Gratuity (Form M.F.W. 2595),
16. Sundry Documents.

Group..... A

Checked by No. .... 19

*JJC*

Date..... 11-5-19

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION SUNNINEDALE DATE 9/4/19

1. 1 (a) Unit C.F.C. (b) Regimental No. 3132687 (c) Rank PTE  
 (d) Surname WALKER (e) Christian name ERNEST HAROLD  
 (f) Home address 179 Goyeau St. WINDSOR. ONT.  
 (g) Next of Kin Mrs CHARLOTTE WALKER (h) Relationship SISTER  
 (i) Address of Next of Kin SAME - as ABOVE

2. Age last birthday 23 Date of birth 27<sup>th</sup> July 1895

3. Enlistment, or Appointment (if an Officer) (a) Place LONDON. ONT. (b) Date 3 April 1918

4. Personal description:  
 (a) Height 5ft. 6 in. (b) Weight 178 (c) Complexion DARK  
(stripped)  
 (d) Colour of hair DARK (e) Colour of eyes DARK (f) Identification marks, Scars, etc. SCAR ON RIGHT SIDE

5. Former trade or occupation ELECTRICIAN

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>1</u>	Days <u>7</u>
---	-------------------	------------------

	PERIODS	
	From	To
Canada	April 3 1918	July 10, 1918
England	July 10, 1918	Oct 11, 1918
	April 3, 1919	to -
France or other theatres of War	Oct 11, 1918	April 3, 1919

7. Original disease, or injury Relaxation of Plantar Ligaments  
- Both Feet

(a) Date of origin Prior to Enlistment (b) Place of origin Canada  
 (c) Cause Conds of Civil Life

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

Flat Feet - partial loss of function - both feet.

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

Objective: Both feet markedly flat. Pronation marked. Slight weakness in flexion - no rigidity - no tenderness.

Subjective: Cannot do long marches - further than 3 miles without pain & weakness of arches of feet. Fit for manual labor.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Invalid States: Had flat feet when he enlisted - but they have become worse in France where he was exposed to much dampness. Reported sick several times. In France 6 months.

Doc. evidence: no note on MHS of flat feet on enlistment.  
 Had following boards: S'date 29-7-18 - Flat Feet - B7  
 " 30-9-18 - Flat Feet - B7

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

(W.H.B.)  
Lil Appendicitis operation 1910

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

Appendectomy scar - 3"

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

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

~~yes - Cannot walk as far now as on enlistment~~  
*no - He did not do any marching in Civil life until he got to France.*

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

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

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

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

*lil*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*  
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations *nd.*

*W Howard Batten It Case*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned *Ernest H Walker* have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

*Ernest H Walker* Rank.  
*OSM* Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*Board concurs*

19. Is the invalid fit for

- |  |                           |                   |
|--|---------------------------|-------------------|
| (a) General service,                           | (Category A) (Yes or No.) | <i>no</i>         |
| (b) Service abroad, not general service,       | ( " B) (Yes or No.)       | <i>yes B. one</i> |
| (c) Home service (Canada only),                | ( " C) (Yes or No.)       | <i>no</i>         |
| (d) Temporarily unfit.                         | ( " D) (Yes or No.)       | <i>no</i>         |
| (e) Unfit for service in Categories A, B and C | ( " E) (Yes or No.)       | <i>no</i>         |

20. It is certified that the invalid

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

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

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

*Boarded for return to Canada. Health at 10 8 3 11-11-18.*

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

PLACE *Seeringdale Park* *J. G. Munro* President  
*M. Sutherland* } Members  
 DATE *Apr 1919*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... President.  
 DATE..... } Members

APPROVED BY *J. G. Munro* APPROVED BY  
 Assistant Director of Medical Services. Director-General of Medical Services.

DATE *Major, C.A.M.S.* DATE *APR 12 1919*  
 for A.D.M.S., Canadians, London Area. 13, BERNERS ST. LONDON, W.1



Date of Enlistment 3.4.18

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch **W** 11499

1st July 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 <sup>00</sup>			
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## PARTICULARS OF SEPARATION ALLOWANCE

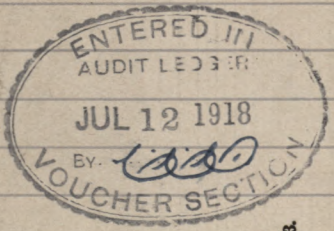
No. 3132687  
 Rank Pte Promoted                      Reverted                      Discharge  
 Soldier's Name Ernest Harold Walker  
 Battalion 2nd CB      WOR      43      Sgt  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address  
 1      MISS CHARLOTTE A. WALKER,      W11499  
          179 GOYEAU ST.,  
 2      WINDSOR, ONT.      20      20.00  
 3      % 3132687 PTE ERNEST HAROLD WALKER  
          TWENTY DOLLARS  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
July	A 26053		20	20	
Aug	J 40949		20	20	
Sept	V 43736		20	20	
Oct	G 55645		20	20	
Nov	O 59164		20	20	a
Dec	W 62346		20	20	a
Jan <sup>19</sup>	N 70604		20	20	a
Feb	R 81796		20	20	a
Mar	N 86244		20	20	a
Apr	J 4056		20	20	a
May	T 5468		20	20	
			<u>220</u>	<u>220</u>	

A/c Closed 31/7/19 018693-638  
 Ret d per. Saturday Date 22/7/19  
 Dest. L.P. No. 86470 M.F.W 187 27/7/19  
 Clerk J. Bowen Date 27/7/19  
 M.D. B



M. F. W. 123.  
 400M. 17-1772 80-1141  
 L. L. 22320-M. & D. 7593.

AUTHORITY FOR NEW ACCT. M.D. 1-31 Robt Armstrong 15. 7. 18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128  
 4004 6-7-11-22-84-1141  
 L. L. 22320-M. & D. 1931.

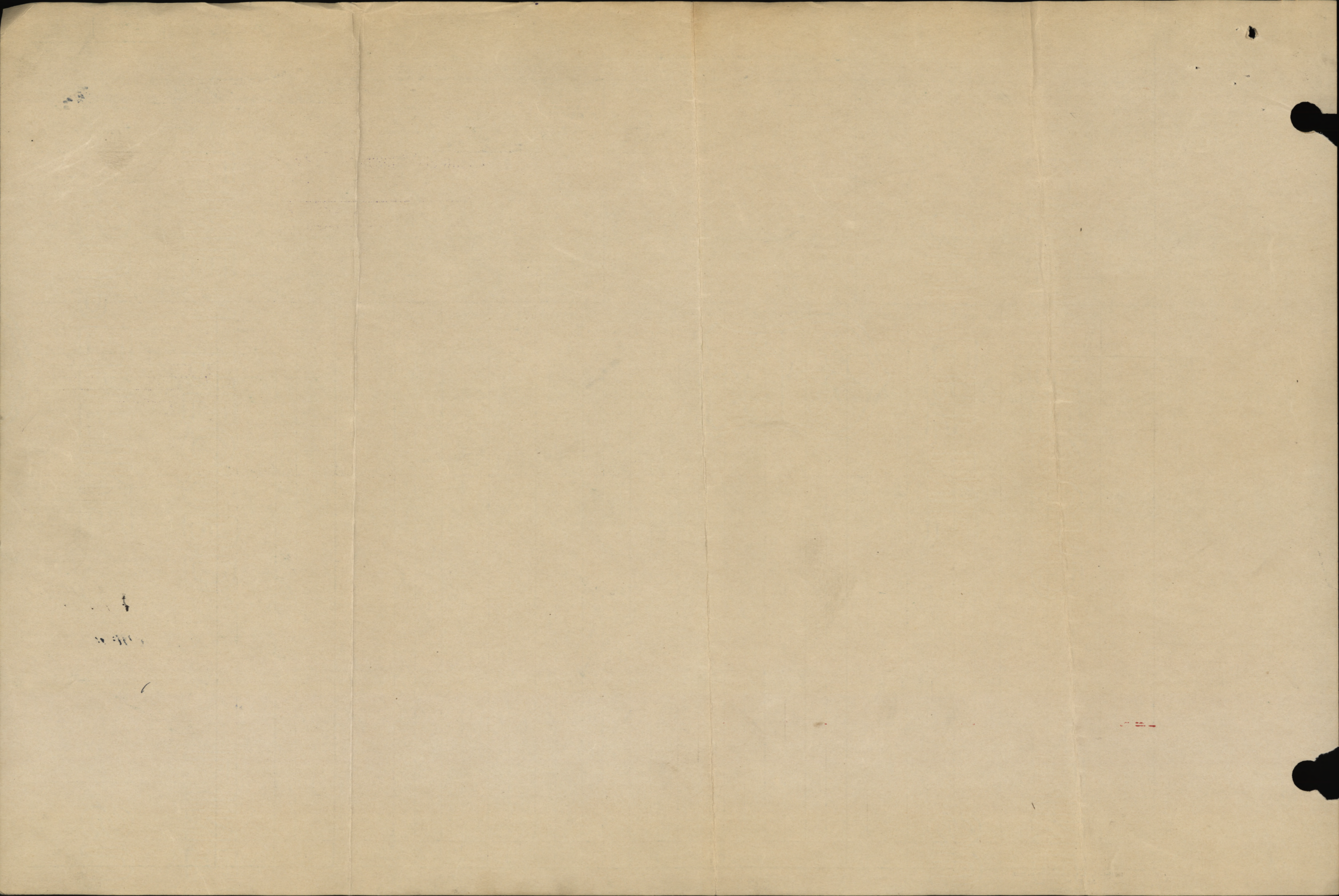
*1 P.M. 10 wa-248 274*

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

M. OR S. *S*  
 REGT. No. *132687* RANK *P4* NAME (IN FULL) *WALKER Ernest H.*  
 ORIGINAL UNIT *6591* IF IN P.F. WHAT UNIT? *Merchants Bank Windsor Ont.*  
 PLACE OF ATTESTATION *3-4-18* TRANSFERRED TO *TOS #1* DATE *11-5-19* AUTHORITY *DD144*  
 DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 ASSIGNED PAY \$ *20<sup>xx</sup>* DATE EFFECTIVE *Paid and Closed by Ottawa 31<sup>5</sup>/<sub>19</sub>*  
 PAYABLE TO *Miss Charlotte A Walker S.* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_  
 ADDRESS *179 Goyeau St Windsor, Ont.*  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_  
 DISCHARGED *Loudon* PLACE \_\_\_\_\_ DATE *23-5-19* REASON *Dem* AUTHORITY *DD144* IF ENTITLED TO POST DISCHARGE PAY

*OB*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.								
<i>30-4-19</i>																				<i>BAL. ENG L.P.C. 30-4-19</i>
<i>179-26-19</i>	<i>26</i>	<i>1<sup>10</sup></i>	<i>2860</i>	<i>35</i>	<i>70</i>	<i>13360</i>				<i>487</i>	<i>5</i>	<i>8929</i>	<i>20</i>		<i>487</i>		<i>957</i>	<i>12403</i>		<i>PAY TO ESTIMATED DATE OF DISCHARGE</i>
																				<i>26-19 CLO. ALLG. 1ST PAYMENT OF W.S.S.</i>
																				<i>487 Adm. Fund 9-5-19</i>
																				<i>WAR SERVICE GRATUITY</i>
				<i>WSS SA</i>																<i>Soldier Dependent</i>
<i>122 days</i>				<i>280 00</i>		<i>280 00</i>						<i>70</i>						<i>210 00</i>		<i>1st Payment W.S.S. as above</i>
																				<i>Chge to adjust to date of discharge 3 days @ 1<sup>10</sup></i>
												<i>66 70</i>			<i>3 30</i>			<i>206 70</i>		<i>JUN 21 1919 494694</i>
												<i>70</i>						<i>140 08</i>		<i>1917/19 107610</i>
												<i>70</i>						<i>70</i>		<i>2/8/19 120688</i>
				<i>280</i>		<i>280</i>						<i>276 70</i>			<i>3 30</i>			<i>280 70</i>		<i>Capt.</i>



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A1

Form D.M.S. 1394  
10M

PROCEEDINGS OF A MEDICAL BOARD

Dated at Warringtonale Camp 29/7/78 1978

No. 3132684 Rank Plt Name Walter Ernest R...

Local Unit No 2 Construction Squadron Overseas Unit Overseas draft Age 23

Examination held at Smith's Camp Warringtonale

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

(Flat Feet)

PRESENT CONDITION

Both feet are flattened & anatomically flat. Slight weakness in flexion. No rigidity. No tenderness. Fit for manual work. No other signs of organic disease

BOARD RECOMMENDS:-

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

Signatures:-

( [Signature] President )  
 ( [Signature] )  
 ( [Signature] )  
 ( )  
 ( )

Members

APPROVED

Dated 31/8/78 For A.D.M.S.

[Signature]  
Major, O.A.S.D.  
for A.D.M.S. Canadians, London Area

MEMORANDUM

MEMORANDUM

President

Subject:

- 1. [Illegible]
- 2. [Illegible]
- 3. [Illegible]
- 4. [Illegible]

BOARD RECOMMENDS:

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

PRESENT CONDITION:

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

PROCEEDINGS OF A MEDICAL BOARD

[Illegible text]

[Illegible text]

[Illegible text]