ATTESTATION PAPER. No.

Folio. C.

CANADIAN OVER SEAS EXPEDITIONARY FORCE.

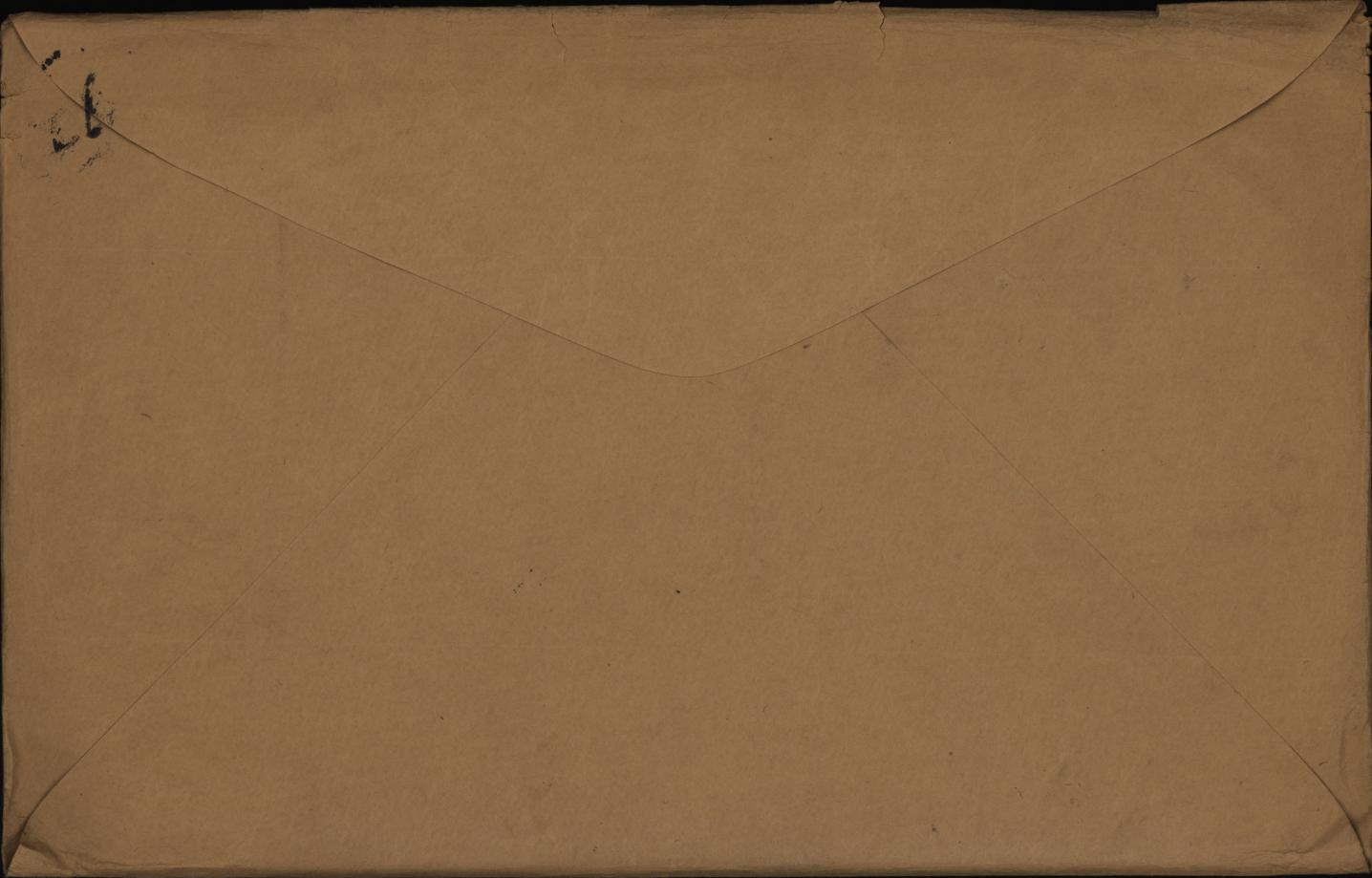
2020110110		(ANSWERS.)		
1. What is your surname?	Walk	ringhood.		
		Thomas Gordon.		
		ville, Ontario.		
2 In what Town Township or Pa	rish and in	Michigan, U. S. A.		
		Christohper Walkinghood.		
		Thamesville, Ont.		
		Father.		
		January 9th., 1916.		
		[echanic.		
		-		
8. Are you willing to be vaccina				
		Yes.		
		No.		
 Have you ever served in any Milit If so, state particulars of former Service 	ary Force?	No.		
		Yes		
12. Are you willing to be attested to se Canadian Over-Seas Expeditiona	erve in the } RY FORCE? }	Yes.		
Force, and to be attached to any arm existing between Great Britain and G	of the servic ermany shou vided His Ma	to serve in the Canadian Over-Seas Expeditionary e therein, for the term of one year, or during the war now ld that war last longer than one year, and for six months ejesty should so long require my services, or until legally		
Date Oct. 11th 191		(Signature of Witness)		
OATH TO BE	TAKEN B	Y MAN ON ATTESTATION.		
I, Thomas Gordon Walkinghood. , 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. So help me God. Signature of Recruit)				
Date Oct. 11th 1916		(Signature of Witness)		
CERT	IFICATE	OF MAGISTRATE.		
The above questions were then I have taken care that he unde	read to the l rstands each			

before me, at Camp Borden, Ont. this 11th day of October 191 .6 Lt. (Signature of Justice)

O.C. 186th Overseas Bn. C.E.F.

	determined according to the instructions given in the Reguions for Army Medical Services.)	Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served
		(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).
Heig	ht	Scar on right shin above the
Chest easure- ment.	Girth when fully expandedins.	ankle. 2 scars over left knee.
B	(Range of expansion ins.	D SCORE STORES
	plexion Dark.	The state of the s
Eyes	Blue.	TO A STATE OF THE PARTY OF THE
Hair	Black.	
	Church of England	Carlotte Company of the Company of t
	Presbyterian	
is ions.	MethodistYes	
Religious	Baptist or Congregationalist	
Religious denominations.	Roman Catholic	The state of the s
de	Jewish	
	Other denomination's (Denomination to be stated.)	
	I have examined the above-named Recruit a specified in the Regulations for Army More He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him*	ther eye; his heart and lungs are healthy; he has the
Date	11 M Det 1914	Called St. S. Coly, Japan
Plac	e anny Dorain	Medical Officer.
	*Insert here "fit" o. "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 a	attested, and will brimy state below the cause of unfitness:—	. Decitaristic and real armous
•••••		
	State Market Market State Company	. 50
	CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
		shoodhaving been finally approved and
		of Attestation, and every prescribed particular having
been	recorded, I certify that I am satisfied with the	correctness of this Attestation.
	And the state of t	A Signature of Officer)
Dote	Oct. 11th. 106	. 186th Overseas Bn. C.E.F.

REGIMENTAL DOCUMENTS M. F. W. 2505 NON-EFFECTIVE DATE FORWARDED CONTENTS TO WHOM FORWARDED DATE RECEIVED REFERENCE DEAT ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) 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) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



SURNAME. Walkinghood	CARD NO.
CHRISTIAN NAMES Thomas Fordon,	S. B. 148 FOFL 28/5/19
REGL. No. 8 8 0 8 33. RANK (4)	IDD. LUT
UNIT /86th.	En.
FORMER CORPS Aib.	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Walkinghwood Christopher	
RELATIONSHIP TO SOLDIER Frather.	
R. R. no Thamesville.	
(8aur 23-4-18 Au) Ont.	
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PLACE OF ATTESTATION amp Borden, Ontoate	Oct. 11th 1916.
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	-8-16. H. Q. 1772-39-339.

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	DESCR	IPTION.	
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knee.			
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Cresento	address . I	hamesvil	le Unt.
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No 990 833. HANK Pote.

NAME Walkinghood, Thos. 91.

T.O.S. 11-10-16. UNIT 176 dh. Battalion, b. E. F.

M. D. /.

PAID	PAID	SIG.	PROMOTIONS, TRANSFE	RS, DISCHARGES, ETC.
FROM	то	REC'T	PARTICULARS	AUTHORITY
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				~ 0 1917



7106-250m-7/2/17. Reg. No. 880833 Name WALKINGhooD Rank Ple Next of Kin Movement Place

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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Form DMS 1401.

925 D HOSPITAL



AT
A. & D. No. 1 7858 PL. OF ACTION
RANK Pts REG. 8 80833 UNIT 18 Can Br SICK OR WOUNDED
NAME Walkinghood 1. 4. Age 3 J RELIGION With
PLACE IN HOSPITAL
DIAGNOSIS JULIAN JULIAN
ADMITTED 2.5.18 FROM Norfolk was horwich
DISCHARGED 27 24.7.18 TO 3000 Grand Inch
2 1/
SERVICE 18/12 IN FIELD 3/12
SERVICE IN FIELD // 2
RESULTS
(See Document Card for M.H. Sheet and other Documents.)

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· who	1
Number 8 8 0 8 3 3 Rank Pte.	V
Jurname VV A L K I N G H 00 13	
Christian Name Thomas Gordon	De la Contraction de la Contra
Units 18 12 Bn. Can Inf. Theatre of War France	
Date of Service 25.8.17.	
Remarks	
Latest Address Thamesville Ont	
Roll No. B. Page 13680.	
200m2-21.M.	

DESP. JUN 6 1922

REGN. No 1/37/1/

NAME (valle	inghoo	rd J	<i>G.</i>	H. Q. FILE	o. 880833 No. 649.	·
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No.	DATE		NATURE O	r CASUALI I		FOLLO	WS
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L. L. 26438.	M. & D. 8207.					M. F. W. 42-50m8-17. H. Q. 1772-39-893.	-

REMARKS W. O. Regt. LIST NO. B.79. Norfolk War. Thorpe, Horwid 19-11-17. Trench feet.
B205" Mil. Con. W'dcate Pk. Epson 3-518
24-7-18

880833. T.G. WALKINGHOOD. RANK BATTY Pte. HOSPITAL DATE OF ADMISSION 19-11-17 Norfolk. War. Norwich. Woodcote px 3-5-18 Trench Feet. Disch: - 7.18. DATE DISPOSITION G.L. 4-12-17. E79. REMARKS 29.7.18 \$270. A.M.D. 2 Dept. Boh. of D.G.M.S. O.M.F.G. Langer

EPITOME OF HOSPITAL TREATMENT

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5.	*		
3,		* 1 3	

DEPARTMENT OF VETERANS AFFAIRS

	y for HO file			Date	Nov 27	4, Ont , 1967	
Attention of							
NAME WALKINGH	OOD Thomas G	SERVICE NUMBER	880833	C.P.C. No. W.V.A. No.	32365	NAVY ARMY R.C.A.F.	-
	The DEPARTMENT ha	as received	information fr	rom			
STMO DVA	London Ont Tele Me (State authority						The same of the same of
regarding the death	of the above mention	ned veteran.					
Particulars are as f	follows:						
Cause	of Death Nov. 17., e of Death O.H. St						
Name and Address	s of next of kin (if kn	nown)					
Copies to: W.S.R. V. I. RAM. D.O.X H.O.	Destroy form if adv	vice of deat	h already rec		licher al Registry	rcls	THE REAL PROPERTY OF THE PARTY

DVA 24

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9250

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. 880833 Rank Ple	Surname Walkinghood Homas Yord (Given name in full)
Unit or Corps 18 Bn W.O.R.	Birthplace Read City Friels.
(Examination of Officer or Other Rank (st	ripped) to be made by one Medical Officer.)
1. GENERAL DESCRIPTION:	ated
Physique J. J. Meight 16.5. lbs.	Height Sft. J. in. Colour of Eyes.
Nutrition De de la Pulse 74 Magnetar	Identification marks, scars, or deformities. (Give cause and date of origin.)
Condition of arteries	alore L. Three
Vision Rt Left	(all childhood)
Hearing (conversational voice) Rt. 24ft.	Tallor: Hag & amada
Left . 2ft.	Hands claying to
Opinion as to general health and physical condition	Sol,
2. Has Officer or Other Rank ever suffered from, o (Answer "Yes" or "No"). (Subjective evidence	r has he now, any affection of the following systems? may be sufficient in certain cases.)
Nervous System Genito Urinary S	ystem
Special Senses Integumentary Sy	rstem
Disturbance of mentality Muscular System	
Osseous and Joint System Contany other genera	l condition.
3. If the answer to any part of Section 2 above is " of origin; and also a description of the presen	t condition.
French fut	19-11-17, (M.H.S andry) Revend.
freunoma 1	o years ago.

9250

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS-

Examined at A. W. G (Overseas)
Date . St. H
I hereby certify that I have read, or have he ard 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.
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—
Examined at(Canada)
Date Signed
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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



N.S. B. CLASS. A" 92

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

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

250м.—1-16. Н. Q. 1772-39-920.

Casualty Form—Active Service.

186th Bosses Bn., C. Unit, Regiment or Corps. WALKINGHOOD. Thomas Gorden. Rank Private Regimental No.880833 Name ! C. E. F. Enlisted (a) 11-10-16 Terms of Service (a) C.B.F. Service reckons from (a)... Date of promotion to Date of appointment Numerical position on to lance rank roll of N. C. Os. present rank. (macanic) Qualification (b) Extended Re-engaged. Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213, Place Date ported on Army Form B 213, Army Form Army Form A. 36, or other From whom Date A. 36, or in other official documents. The official documents. received authority to be quoted in each case. Halifax. "Lapland" Canada. Embarked. Baharked. England Livernool 7.4.17 T.O.S. Segregation Camp. Bramshott. eump. C. Segregation Bramshott Transferred to 4th Can Brunshotte 7-4-17 Pt. 2. Order 71 Rcs Battalien. th Bno O.C. 4th T. O. S. 4th Cor Res Ph. Pt. 2 Order 93 7-4-17 Brammott danRos Bn. Haring proceeded oversees Can. Ass. to 18th.Br. is S.O.S. or O. C. 46 h. Canadian Ron. Bu.

(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., also special qualifications in technical Corps duties.

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
Date	From whom reseived	ported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Army Form A. 36, or other official documents.
27.8.17	2 Can	Arr from 4 Can Res Bn	2 Can I.B.D.	25.8.17	Nom Roll
-	I.B.Dep	Eng & T.O.S. 18 Can Pn	ETAPLES		Pt II Drd.61 d-31.8.17
8-9-17	18 Bn	Joined 18th Can Bn	In the Fld	5-9-17	B.213
13/11/17	उद्भव.	Trench feet transforts	CC83	12/11/17	Q36(B4736)
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CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE WAR SERVICE BADGE

CLASS "A" No

Name (in full) 2 homas 40 the 186 th Sattalion CANADIAN EXPEDITIONARY FORCE at Sor day of Detoter 1916 HE served in Saffand 7 and is now discharged from the service be	den on the 1st Beth Demobilization.
	montont outtingo.
THE DESCRIPTION OF THIS SOLDIER on t Age 36 years Height 5'8'/2" Complexion Dark Eyes Blue Hair Slack	he Date below is as follows: Marks or Scars. Scar & right ship above aukle: 2 sears over left knee
Signature of Soldier. Date of Discharge	Issuing Officer.
DISCHARGE SECTION MAY 24 1919 No. I District Depon	Rank O.C.Dispersal Area Sta Date 19

BY ADMINISTRATION TO MAN 1. 267 48 lear on reght whis

E.T.

Rank

Name

WALKINGHOOD, Thomas Gordon If in perm. Corps What Unit?

Reg'l No.

880833

Unit

186th Battn.

Married or Single Single.

Place and Date of Enlistment Camp Borden. Oct. 11th. 1916. /

Place of Birth Michigan.

Name and Address, Next-of-Kin

Christopher Walkinghood. /

U.S.A.

Thamesville. Ontario. Canada.

21-11-18 18 Bu 9.0.5 from 4 Res 9. Le-19 P. W. loles 70 from 18 Bm

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Disc. H. W. V., Ld.—0546	harge, Date a	nd Place	Reason			Character	
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NATIONAL PROPERTY OF THE PROPE			NO. STATE OF THE PARTY OF	52575555555		
Report.		Record of promotions, reductions, transfers,			REMARKS	
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		60 - K- 9	3	15-5-19		
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9250

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

CONTENTS CCPI
6. A. D. C., M. D. No. 1

HAS HE EVER REFUSED DENTAL TREATMENT?

Ar.

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

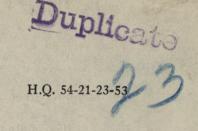
- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer and Myne Capl

CONTRACTOR SUCCESSION

To be made out in duplicate.





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

INSTRUCTIONS.

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

(1	Name of Overseas Unit which Soldier joins 186th. Os. Bn. C.E.F.
(2) Regimental Number 880833
(3	Full Name of Soldier. WALKINGHOOD, Thomas Gorden.
(4	Place of Birth
(5	Are you married, or not?
(6) If married, state, (a) Full name of your wife
	(b) Present Postal Address.
17	Are you a widower?
(8) Have you any children?
	If so, give number of boys and girls
	Also their names and ages

(9)	Is your Father alive? Yes
	If so, state name and address Christopher Walkinghood, R.R.No.l., Thamesville, Ont. Can.
(10)	Is your Mother alive?no
	If so, state name and address.
(11)	If your Mother is a widow
	Are you her sole support, or not?
(12)	If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
goß	nolles A. F. Schröde. W. Auguste in Accompany and Company of the C
(13)	If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(14)	If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
(15)	Are you insured?
	If so, in what Company?
	Have you made arrangements for payment of your Insurance premium.
	If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
	Reil Smin # 18
	Officer Commanding.
Date	

MILITIA AND DEFENCE ASSIGNED PAY

M. F. W. 12 50m.—7-16 H. Q. 1772-39-819

OVERSEAS CONTINGENTS

Address

Address

And I hamesville And

Morthwood Cost

Rate APR 1917

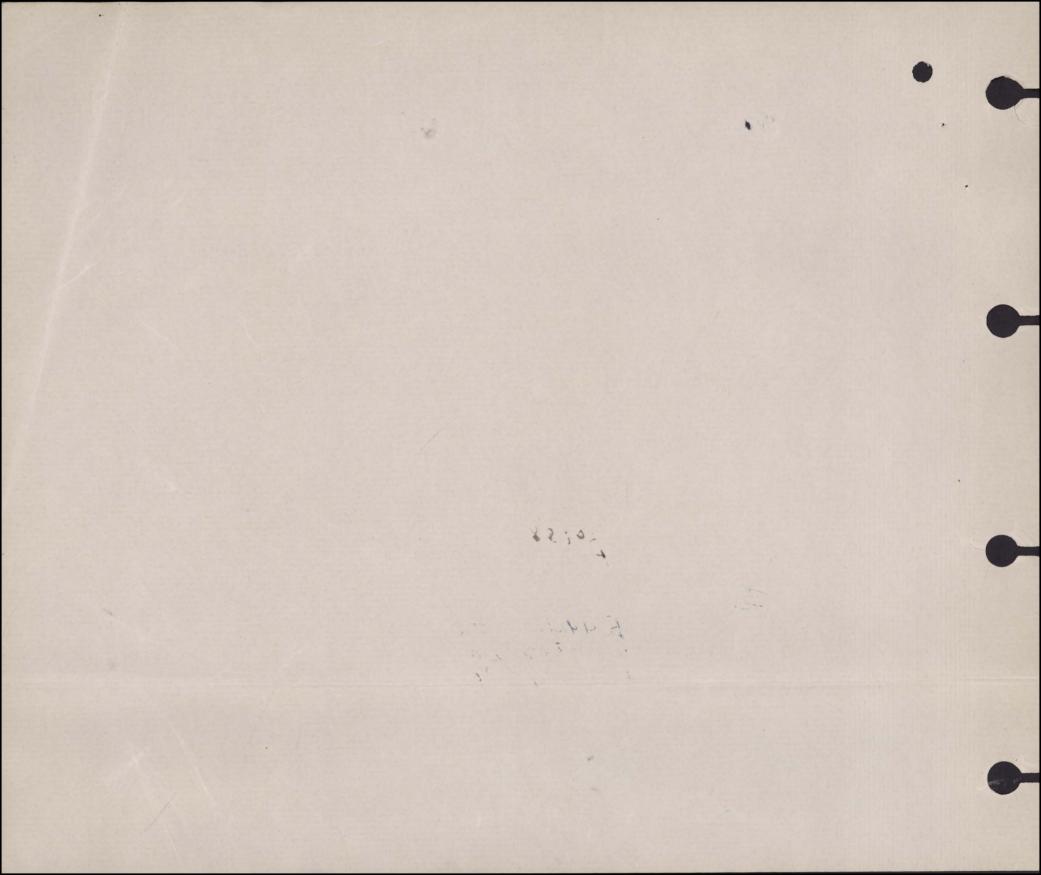
Regtl. No. 888833 Bordon

Rank

Corps 186 13 all

PAYMENTS

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Oct.					
Nov.					
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May					
June					
July					1
Aug.					
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Oct.					
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Dec.					
Jan.	1916				
Feb.			-		
March					
					-



M. F. W. 12a. 50m.-6-16. 1772-39-819.

ASSIGNED PAY

Of the total overseas contingents

Name of Soldier

L. L. Job 4503 Req. 6832.		COICIN	PAYME	ENTS.	14	E 88 0833	1/0	86 Batt Godo	D
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	July								
	Aug.								
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	Oct.								
	Nov.								
	Dec.								
	Jan.	1917							
	Feb.								
	March								
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	July		P26168	20					1
	Aug.	F	37676	20					
	Sept	R	40428		,				
	Oct.	B	49414		,			, , ,	
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	July								
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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_

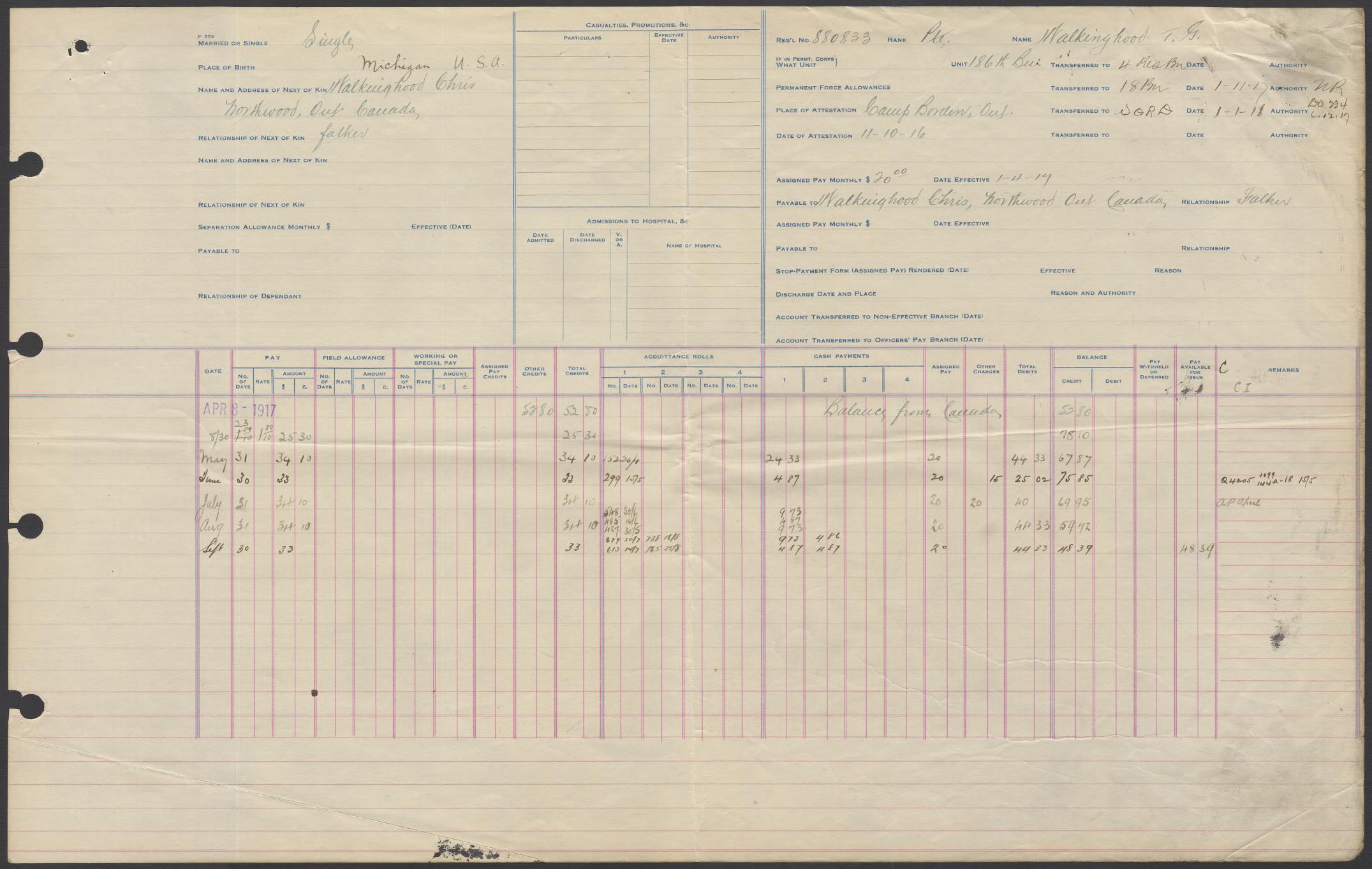
	Month.	Year.	Cheque No.	Amt.	Remarks.	
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	Sept.					
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	Nov.					
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	Jan.	1919				*
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P 820 12474-975m-13-2-18. * ENGLAND OR ENGLAND OR ASSIGNED SEPARATION NAME: WALKinghood. PAY. ALLOWANCE. CANADA. EFFECTIVE 1-4-17. EFFECTIVE AMOUNT:-2000 PARTICULARS OF RANK OR APPOINTMENT AMOUNT :-NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. DATE RANK OR APPOINTMENT AUTHORITY Pli-Sather Northwood Out Canada UNIT AND TRANSFERS ORIGINAL UNIT: 186 4/2n DATE ACCOUNT FIRST OPENED:-8-4-17. DATE
EFFECTIVE SHEET TISE D UNIT TRANSFERRED TO AUTHORITY wo, Ra 1/6/19 ban Dec 13 EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK DATE OF NUMBER UNIT PAID BY AMOUNT DATE OF NUMBER UNIT PAID BY DAILY RATES OF PAY AND ALLOWANCES P.F.A. SUBSICE AUTHORITY PAY 100 10 6577 BShat - BShat 11479 M 101 PARTICULARS OF RENDERING NON-EFFECTIVE: 1-5-14 MMR PARTICUHARS CR. 1 CR. 2. DR 2. DR. 3. DR. 4. BALANCE DEFERRED DR. 1 PARTICULARS 7628 33 31 PR une 30 v 3 an 28/6 4/6/18 July 31 V 87.24/7/18-3/8/18.BO.177.29/7/18.266.D. ar. 2536. 4/7/18. 48 5991 V 1760.24/7/18 4867 20 11 40 any 31 Canal. A.R. 3521 14-7-18 3844 28-87/8 4 6-63 20. sept P.R 341 AB 2693 16-1078 2034 CHROKEN DO FRIME AP 18134 14-11-18 AB 456 A.P. 10120 AP. 1488 16.12.14 11 1738 26.12.18 1. 7549 12.1-19 3 44

Formers

14 15

NUMBER 880833 RANK PRE NAME WALKINGHOOD T.G. PARTICULARS . DR. 1 DR. 2 DR. 3. DR. 4. BALANCE DEFERRED SEPARATION MONTH CR. 1. CR. 2. PARTICULARS 1919 FORWARD ar 3216 26-1-19 18/3m 373 Fro P.P. MAR ar 4156 24/2/19 " - 4961. 7/3. 43 25 -5508 19/3 39 60 1812 - 29/4 - Paring 73 - V 1812 - 29/4 - V Snd - 489 - 489 - 8960 8960 a.P. apr. 33 20 35'00 33/ 20 -80.5. Dande 13/5/19 8/h \$60. word



880833 Sto Walkinghood I.S. PAY FIELD ALLOWANCE WORKING OR SPECIAL PAY

NO. OF DAYS

RATE

C. DAYS

WORKING OR SPECIAL PAY

ASSIGNED PAY
CREDITS

OTHER CREDITS

OTHER CREDITS

TOTAL CREDITS PAY PAY
WITHHELD AVAILABLE
OR FOR
DEBIT DEFERRED ISSUE 1 2 3 4

No. Date No. Date No. Date No. Date DR.4 BALANCE REP. ALLCE MONTH PARTICULARS CR. I CR. 2 PARTICULARS DR. | DR.2 48 39 Del 31 daysalto 110 34 10 34 10 33, -Can ar? 20 6249 ak. 696 12/10 18 Br 4 46 . 639 23/9 2 68 547 of 9 151 20/10 2 68 6P.10093 13/12 20,66 47 34 10 3410 20 80 57 ban a P. 20 3080 Rem 18125 5.2.18 word. 9 73 Has Ren 28. 9/1/18. 3080 Mch 31. 20 3410 Rem 24340. 6/2/18. 207628 3410

ReLIGION:
Church of England
Roman Catholic
Presbyterian
Congregationalist
Wesleyan
Baptist

4 2 2 NO OK WAR HOSPITAL

NORFOLK WAR HOSPITAL

Ward... Bed

necroocs						and the second		
Admitted into Ho	espital:	Resident Medical Off	ficer M	freen		Discharged 14 DEC	from H 1917	Tospital:
REGT. NO. RAN	NK	NAME (SURNAME FIR	ST)	COR	PS		AGE	A & D NO.
880833 PL	e Wal	kinghood i	7-9.	18th Can	adi	ans	34	C1014/1
Disease or T. Injury:	rench Feet					Skiagram Report:	No.	
Operation: Complications:						Pathologico Exam. Report:	No.	

Trench. Feet. Severe. - born. - no gangrene. Abstract:

Stfreen

DATE DIET EXTRAS "BED" "UP, BED DOWN" "UP" or "OUT" TREATMENT ord. 2011117 Por. Mon procker

NORFOLK WAREHOSPITALS

880833 Christian Name h OApproved by Rank M.O. Birthplace Fit or Unfit 2 3 NOV 1917 Apparent age. Trade or occupation mel feet... M.S. Weight. lbs Minimum 34 inches M.O. Chest measurement Maximum expansion M.O. Physical development M.O. Small-pox Marks M.O. Vaccination Marks Date Result VACCINATIONS When Vaccinated last. (a) Marks indicating congential peculiarities or previous disease. M.O. Slight defects but not sufficient to cause rejection M.O. M.O. M.O. Enlisted on !!day of... CORPS REGT'L NUMBER DATE Joined on enlistment Transferred to. EXAMINED OR DISCHARGED BY A MEDICAL BOARD STATION DATE RESULT N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical

Servcie, on the man becoming non-effective; the date and cause being stated on next page.

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STATION	Date of Arrival at the	in	Admissio to Hospit	The second	I fro	Discharg m Hosp	e ital	DISEASE	Number of days in	Remarks of pletely recover venereal case given. If an of inquiry wa	on nature of the disease; how induced; if mild or severe; if comered from; whether any particular treatment was adopted. In a state nature of primary disease, and whether mercury has been accident, state whether it occurred on duty and whether a Court is held. Date of issue and particulars of artificial teeth or surgical applied. Particulars of prophylactic inoculations.	Signature of Medical Officer
	Station	Day	Month	Year	Day	Month	Year		Hospital	appliances su	pplied. Particulars of prophylactic inoculations.	
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Casualty Form Active Service.

1	Regi	ment or Corps 186 Batta	lion		- 0	
Rank	te Surname	Walkinghood Chri	stian Name	oma	Sordor	~
Religion		Age on En	listment	years	months	
Enlisted (a)	11-10-16 T				a) 11-10-16.	
Date of pro	motion to present					
Extended		engaged Qualificat	ion (b)			
Occupation	Mechan	16.		Sig	nature of Officer.	
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	
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	with O.	Disembarked	11:4	.1.1.10	Polosof	1.
5-11-10	B B H	Having proceeded.	Milley	4-11-18	larv 3 No No. 3	162
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				for Lui	Abolde Riendson	MFC
					Market Comment	7
2-10-6-56				100000		
remember of						

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

92 5 TO

	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.
Date	From whom received	The authority to be quoted in each case,		Casuarty	Taken from Army Form B.213, Army Form A.36, or other official documents
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24,5,19	D.O.No.I	48			
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In o. g. Dispersal Area Sta. K.

No. 1 Division.

No. in Admission and Discharge Regimental No. Christian Name. Rank. Surname. 880833 Book. Unit. Age. Year Station ch feel and Date. 3 MAY 19 16:5:18 23:5118. 2 8 MAY 1918 Treo buarton

Station and Date.

YELLOW RECORD FORM

THORPE, NOTWICH NORFOLK WAR HOSPITAL

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Regimental No. 80833 Rank Regiment Regiment Baradian Squadron, Troop, Battery, or Company Date of Admission Pare of Discharge or Transfer Service with the Field Force Religion	Gora
Regiment	Gord
Age Service Service Service With the Field Force Religion	12
Age 34 Service Service with the Field Force Religion Religio	-
	L
*Home Address Thamesville,	
Admitted or Transferred from 6an. *Rail Station on	Line
No. Regional Injury (To be filled in on admission.) No. Extent of Injury (To be filled in before discharge	_
†Wounds Received in Action	
†Disease or Injury	
†Disease or Diagnosis changed to	
Signature of M.O	
REMARKS:—	
†1. To be Discharged: Fit for Duty I. Command Depot II. Employment III.	
‡2. To be Transferred to: Military Convalescent Hospital:	
To be Transferred to: Military Convalescent Hospital: Auxiliary Hospital "A." Auxiliary Hospital "B." (No Dressings or Massage). Special Hospital: Canadian Military Convalescent Hospital. (No Dressings or Special Treatment). Australian Auxiliary Hospital:	
†3. Recommended for a Medical Board for	
Date Signature of Senior Resident Surgeon, or Physician	

This Form is to be filled in by the Registrar, except where ma
*To be filled in by the Ward Sister.
†To be filled in by the Resident Medical Officer.
‡To be filled in by the Senior Resident Surgeon, or Physician.

5 1. Group 23

9250

SHORT FORM.

D. A. 12 O. G. 1

WAR SERVICE BADGE PROCEEDINGS ON DISCHARGE.

CLASS "A" No 2 6 18 3 4 (Demobilization.)

1.	No. 880833
2	Rank. Pte
3.	Name. Walkinghood J. S
4.	Unit. 18 8 Bu
5	Date of Discharge MAY 2 41919 Place Loukon
6	Reason for Discharge
	Demobilization.
**************************************	0 (/
7.	Authority.
8.	Proposed Residence after Discharge
	Thomaville Our
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.?
	Signature of Soldier.
10.	CONFIRMATION.
	The discharge of the above named man is hereby confirmed.
	Place London On
	W 1 T/ O 1 1010
	Date. MAY 2 4 1919
	100 - 1 - 11
	Signature Abelie (O. C. Discharging Unit)
	(O. C. Discharging Unit.)

Milita Form is, Spice

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	
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 (MFW 23), or
Particulars of Recruit (MF.W. 136).

2. Casualty Form (A.F.B. 160).

3. Medical History Shoet (A.F.B. 313 or A.F.B. 178).

4. Proceedings of Med. Long (C.A.B. 1860).

5. Denial Certificate (C.A.B. 1860).

6. Field Conduct Sheet (A.F.B. 218a).

7. Proceedings on Discharge (A.F.B. 218a).

8. Discharge Certificate (A.F.W. 39).

(Enclosed in special covelage (C.G.M.).

9. Copy of Discharge Christiante (A.F.W. 39a).

10. Dispersal Certificate (F.S.).

11. Louipment Statement Q.M.G. Form (D.O.S. 2).

12. Last Pay Certificate (F.S.).

13. Pay Book (A.B.).

14. Van Stringe (Rangelland Coom M.F.W. 2505).

15. Sundry Locamanas.

Chested by No. 30

Date 5/5/19

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

880833 Rank Pte - Promoted Reverted Discharge Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT Change of Address

	Date	Cheque No.	Amount S/A	Amount A/P		Total			REMARKS
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	april	V 7651		20		20	U		
	may	J 22550		20		20	1		
	June	1 24516		20		20			
	July	26387		20		20			2.5/2 .2(22 6.1)
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	dept	044088		20		20			Ret d per Clarania Date. 22.5719
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		W-62570 N 70921		20		20			4
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M. F. W. 128 400m.—6-17-1772-39-141 L. L. 22320-M. & D. 7893.	man	2 8 65/8	2	20		20		a	
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Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF SI	EPARA	rion	ALLOW	ANCE

RATE OF ASSIGNMENT	
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name		
Rank	Fromoted	Reverted	Discharge	Address		
Soldier's Name					Change of Address	
Battalion				1		
Beneficiary				2		
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Relationship	es (s			3		
Address				4		

	Relationship	6363				3		
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W. 177.								
M. F. 6-17								
M. F. W. 128 400M.—6-17—1772-39-1141 L. L. 22320—M. & D. 7988.								
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ALC: NO PAGE AND ALC: N								

REGT. NO. 880833. RANK Ste NAME (IN FULL) WALKING HOOD Thomas Gordon ORIGINAL UNIT C.E.F. Bh. WHAT UNIT NUITHANDS Bank Thamberillo ONL PLACE OF ATTESTATION

DATE OF TRANSFERRED TO 13.5.19

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES Christophe, Walkenghood V **PARTICULARS** AUTHORITY ASSIGNED PAY Paid and Closed by Ottawa 31.5.19 DATE EFFECTIVE IS SEPARATION ALLOWANCE PAID? PAYABLE TO TO WHOM PAID RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS RELATIONSHIP Christopher Walkinghows RR#1. Thames ville ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE PLACE AUTHORITY IF ENTITLED TO POST DISCHARGE PAY DATE DISCHARGED 24.519 ondon Dem PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-BALANCE OTHER TOTAL OTHER ASSIGNED TOTAL MENTAL CREDITS CREDITS CHARGES DEBITS PAY MONTH NO. OF DAYS CHARGES PARTICULARS OR REMARKS AMOUNT COL. NO. Retd. per baronia 21 FROM PREVIOUS ACCOUNT 20 40 20 293 29 119 31 90 40 136 K 5 00. 42 ATUIT WI Tolder depend. 1st payt 1v 5: 9 go about 280 00 35000 350 274 50 64 210 160 350 350 00 100M-1-19.-L. L. 53962-M. & D. 9723.

M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.

