Band & Original

ATTESTATION PAPER.

No. 43586.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Harry Nelson Wheeler
2. In what Town, Township or Parish, and in what Country were you born? ..... Walsingham, Mich. (British Subject)
3. What is the name of your next-of-kin? ..... Mrs. Lizzie Wheeler
4. What is the address of your next-of-kin? ..... 633 - No 39th St., Los Angeles, Cal. U.S.A.
5. What is the date of your birth? ..... 4th October 1889
6. What is your Trade or Calling? ..... Mechanic.
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? ..... No.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes.

Harry Wheeler (Signature of Man).

J. H. Bayliss Lieut. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Nelson Wheeler, 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.

Harry Wheeler (Signature of Recruit)

Date 2nd July 1915 J. H. Bayliss Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Nelson Wheeler, 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.

Harry Wheeler (Signature of Recruit)

Date 2nd July 1915 J. H. Bayliss Lieut. (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 Vernon Camp this 30 day of Sept 1915

G. G. McSpadden J.P. (Signature of Justice)

A Justice of the Peace in and for Province of British Columbia

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

William Lucas (Approving Officer)

CAPTAIN
ADJUTANT 54TH O. S. KOOTENAY BATT. C. E. F.

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Harry Nelson Wheeler on Enlistment.

Apparent Age 26 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 11 ins.

Chest measurement:
- Girth when fully expanded ..... 37½ ins.
- Range of expansion ..... 4½ ins.

Complexion fair

Eyes blue

Hair fair

Religious denominations.
- Church of England .....
- Presbyterian .....
- Wesleyan Yes
- 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).

R. Lamb

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 30th Sept 1915 R. Hannington Capt & Lt

Place Vernon BC .....

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.

H N Wheeler .....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.

H. D. Davies .....(Signature of Officer)

LIEUT.-COL.
54TH O. S. KOOTENAY BATT. C. E. F.

Date 30th Sept 1915.

REGIMENTAL DOCUMENTS

NAME Wheeler, Harry Beksmith REGT. NO. 443566 UNIT 9th area C. Co. H. Q. 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
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	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)					
	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)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	R/42					

16073

W. 2589
100M-11-18
172[illegible]-1322

Dup

Ham

Number 443966 Rank Cpl

Surname WHEELER

Christian Name Harry Walter

Units 54th Bn. Can. Inf. Theatre of War France

Date of Service 13-8-16

Remarks

Latest Address 221 Rue de Magenta
Sains, en Gohelle, P. de C.
France

Roll No. B. Pagl. 1343-D.

200m-2-21.M.

NAME Wheeler. Harry Nelson. S of S 14/7/19 in B/ D.O.H.2 of 19/11/19 Con. Concentration Camp

RANK & No. Pte. #443566.

CORPS 54th Batt.

ENLISTMENT, PLACE Vernon Camp. DATE Sept. 30th, 1915. S.

FORMER CORPS Nil.

COUNTRY OF BIRTH U. S. A. Wolverine, Mich.

NEXT OF KIN Wheeler. Lizzie Mrs. (R.N.S.)

ADDRESS OF NEXT OF KIN 633- West 74th St., Los Angelos, California.

DISCHARGE, PLACE DATE

O/S-22-11-15 271/22

L. L. 85779—M. & D.—6011.

M. F. W. 22. 100 m.—8-15.

H. Q. 1772-39 839.

REMARKS:

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps: Mil Serv. Dept. Y.M.C.A. Regimental Number: 443566

*Substantative Rank: Sgt Surname: Wheeler Christian Names: H.N.

*Acting Rank:

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
9/6/19.	C.G.B.D.		S.O.S. of Y.M.C.A. on Transfer to Can. Mil. Depot	Witley	9/6/19.	N.R. d/9/6/19. P.O. 27/19

H. G. Cowen
Capt for
Lt. Col. A.A.G.
Can Record Office

DISCHARGED IN ENGLAND,
K.R. & O. PAR. 392, SEC. XXV.

W. Stone Captain
Officer Commanding,
No. 2 Canadian Discharge Depot.

To be folded on this line.

Nothing to be written in this margin.

W1889—P11150 500,000 5/18 G.W.P.Co (3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Nothing to be written in this margin.

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103. 845

CERTIFIED CORRECT 5 SEP 1916

Casualty Form—Active Service.

CR R2 B4

Regiment or Corps 54th "Kootenay" Batt C.E.F

Regimental No. 447566 Rank Private Name Wheeler Harry Nelson

Enlisted (a) 2nd July 1915 Terms of Service (a) one year or duration of War. Service reckons from (a) 2nd July 1915

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) (Mechanic)

Report Date 1915	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.
22 Nov		Embarked Halifax, Canada, "H.M.T. Saxonia"			
1 Dec		Arrived Plymouth. Eng.			
		Proceeded for service	overseas	13/8/16	A.A.Mines a/Capt Staff Instr. 54th Bn.
		Disembarked. France	Havre.	14.8.16	N.R.
6-5-17.	C.B.D.	J.O.S.	C.B.D.	6-5-17.	N.R.
5-5-17.	54 Bn.	to C.B.D. for Medical Board	Field	3-5-17.	B213 D.C.S. 137 of 16-5-17.
20-5-17.	4 O.C. Can. Corps. H.Q.	Class. P.B. + att. C.C.C. Coy.	do	18-5-17.	B.213. P.110. 83 of 21-5-17.
		ceases to be attached to Can Corps. Comp. Coy. + transferred to M.S.D. & M.C.A.	Field	15-6-17.	P.110. 100 d/3-8-17.
16-6-17.	S. Juca.	T.O.S. Unt. Le. Dep. C. Juca.		16-6-17.	Can. Corps. A.47. 11-6-17 D.O. 16-6-17.
6-10-17.	O.L.	Granted Leave to England		1-10-17	B213 D/39-13-10-17
13/10/17	O.L.	Rejd from Leave	Field	12/10/17	B213 P/20 d-0-0 1917

(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				
28/7/17.	94 F.A.	I.C.T. Land. Adm To	94 F.A. duty	28/7/17. 26/7/17.	A 36. a. 5323
21.6.18	OC	with unit.	Fld.	21.6.18	K.K. 18/1185-8.
19.7.18	Canboops	S.O.S. to Sd Can Ymca on trans to 9th Can Area Emp Coy.		26-7-18	Can Corps A104-956 A105-956 a/7-7-18 W.O. letter 121/05/5/83 (SD2) a/5-6-18 27-1-18 A&I HQ 1401/2 (O) d/28-5-18 30-6-18 A&I Cans A&I. 7-1-35 a/18-6-18 KA 28300 P II O d
19.10.18	9 a.s Coy	Granted 14 days Leave with.		17.10.18.	B 213 P. II 71 dy. 7/11/18
19.7.18	aag.	T.O.S. 9th Coy Fd.		26-7-18	P II O 8 d/28/11/18
2-11-18	9 Coy	Appointment unpaid		2-11-18	B 213 P II O 16 d/= 16-11-18
9-11-18	do	Reported from leave		1-11-18	B 213
4.2.19	aag	SOS 9th C A E coy. to y M C A	Fld	4.2.19	K 28300 P. 8 a/15-2-19
4.2.19	aag	TOS Cdn Ymca	Fld	5.2.19	P 8 a/19.2.19
12-4-19	O Clerk.	Promoted CORPORAL.		12-4-19.	Y-6 letter. P II O. 19 a/26-4-19.
19/4/19.	- - -	Granted Permission to marry in accordance with Order in Council, Canada P.C. 1072			B 213. P II O 20 dy 30/4/19.
2/6/19.	O.C. Unit	6/2/17 S.O.S. & Proceeding to CGBD for Demob.		2/6/19	
9/6/19.					

C.A.D.C. 5009A

B. Coy.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WHEELER. H. N.

REGIMENT _____ RANK A/Sgt. No. 443566

Date of Examination in England 30-6-19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 9.
2. EXTRACTIONS 13. 14.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

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 *c*.)

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

Signature of Dental Officer [illegible] Lt. Col.

R—122.

Rank Pte. Name WHEELER, Harry Nelson Reg'l No. 443566

Unit 54th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Vernon Camp, July 2nd 1915. Place of Birth Wolverine, Mich.

Name and Address, Next-of-Kin Mrs Lizzie Wheeler, 633 W 79th St. Los Angeles, Cal. U.S.A. Relationship

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

N/E. R.B. No. 12761
File R.L.
Category OR Emg

Discharge, Date and Place Reason Character

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
		Arrived in England Per. S.S. Saxonia		2 DEC 1915	
5.6.16.	Adj 54th Bn	granted furlough	Bramshott	3 6/16 - 9 6/16	Part II D.O. 156. A.F.B 103 checked 21-8-16. C.M.D.
12.8.16	..	Proceeded Overseas	,,	13-8-16	Pt. 2. D.O. 224 After Order
31-5-17	54th Bn	Class P.B. with Can Corps Comfy Coy	—	18.5.17	Pt. II 83 & CAC HQ. Pt. II W052 d/31-5-17
27-7-17	CAC H.Q	Ceases attd on trans to Y.M.C.A.	Field	15-6-17	— 66 & 54th Bn. Pt. II 100 d/ 3-8-17 Y.M.C.A. 16/2-8-17.
19.7.17	ymca	Ceases on Com Can Cp Camp Co	Pte Field	16.6.17	- 8
25 11 18	—	S&S to 9th Area Emp Coy	—	25.11.18	Pt 76 & 9th ca Coy Pt 108 2/28 11/18.
16-12-18	9 CAC Co	a/s. A.d.c. cpl without pay	" "	2-11-18	DO 10
15-2-19	9 Cable Coy	S.O.S. to M.S.D. Can Y.M.C.A.	9/cpl. Field	4-2-19	Pt 20 4/Y.M.C.A. D.O. 8 19-2-19)
24-4-19	Y M C A	to be Cpl.	" "	12-4-19	Do 19.

X

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				
30.4.19	HMC	Granted permission to marry	Cpl. Field	30.4.19	Do 20.
11-6-19.	Genl Dept.	T.O.S from 9th A.E. Coy.	" Willey	9-6-19	Do 126.
13-6-19.	"	T.O.S to 4th Wing C.C.C Willey	" "	11-6-19	Do 128.
21-6-19.	4th Wing C.	T.O.S from 4th Wing C.C.C	" "	21-6-19	Do 28.
		Discharged in British Isles.		14-7-19	
		KR&O Para 392 Sec XXV NR 907.			
14.7.19	RWing	T.O.S. from Dis in Ushaw Moor Depy		3.7.19	Do 81.
19.8.19.	Ld	Son Disc in U.K. "		14.7.19	— 112

747 ORIGINAL

MEDICAL HISTORY SHEET.

Surname Wheeler Christian Name Harry Nelson

Examined on 3 day of Sept 1915 at Vernon Bc

Approved by [illegible]

Rank Capt. M.O.

Birthplace City or Town Wolverine County Mich

Apparent age 26 yrs

Trade or occupation Mechanic

Height 5 Feet 11 Inches.

Weight Lbs.

Chest measurement Minimum 33½ inches. Maximum expansion 4 inches.

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left. 1 Number 1

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	Vaccinations.
8/7/15	Neg	[illegible] M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
8/7/15	Pos	[illegible] M.O.
18/7/15	Pos	[illegible] M.O.
20/8/15	Pos	[illegible] M.O.
12/4/16 Pos		[illegible]

Enlisted on 2nd day of July 1915 at Vernon Bc

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Band.	443566		2/7/15
Transferred to..	54th Batt CEF			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Victoria	25/6/19	Lung. Hernia R. [illegible]	[illegible]

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.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 10601

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

44356

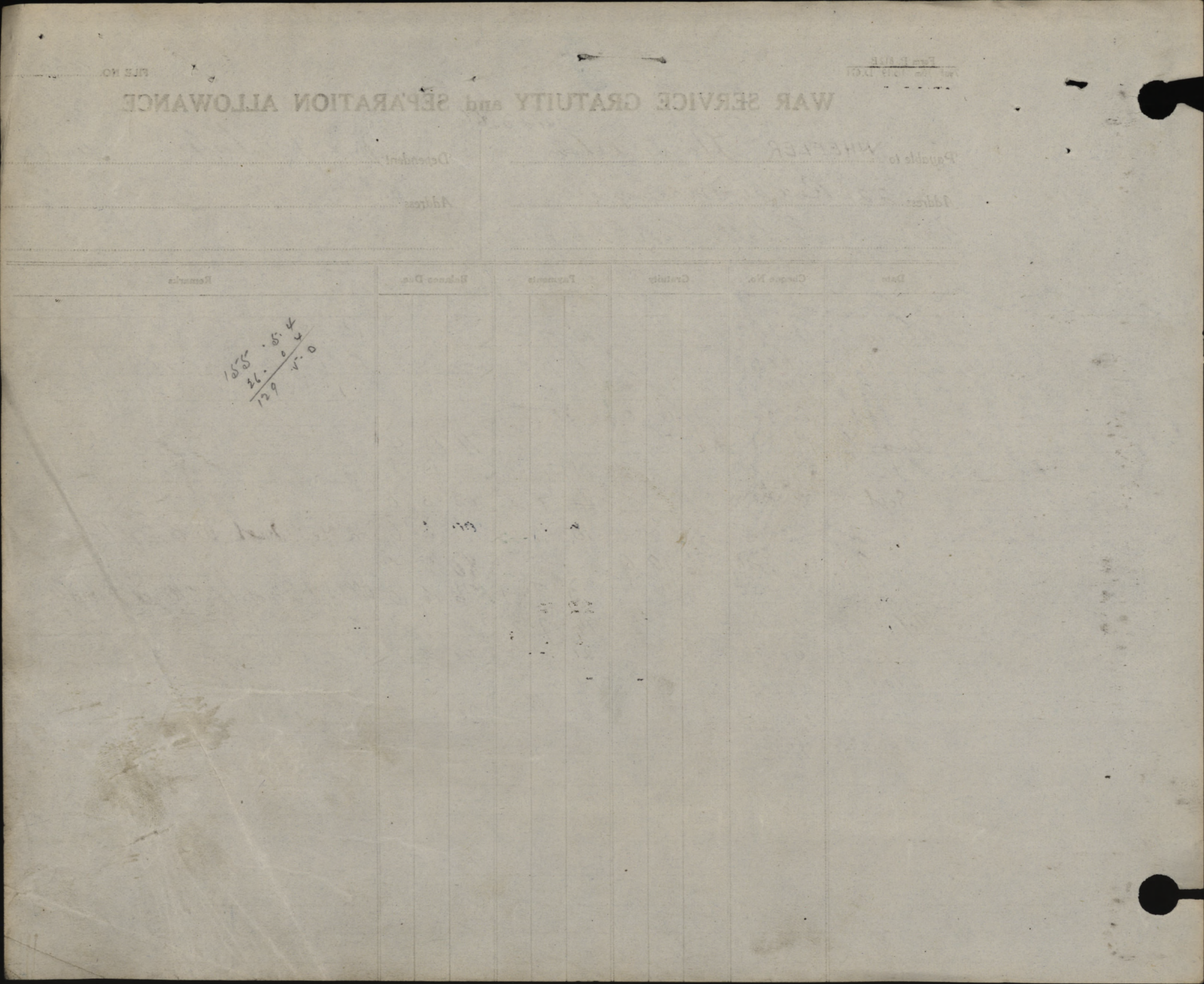
Payable to WHEELER Harry Nelson

Address 221 Rue de Maringarbe
Sains-de-Fokelle P.S.C. France

Dependent Mrs J. Wheeler (wife)

Address

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
July 14	42443				14	7	8				1st
" 15	48063				8	13	1				L.P.C. £4-13-1 C.C. £4
" 21	L.R.C.	4	13	1							22.6.6
" 21	C/C.	4	0	0							
Aug. 7	P888	86	6	-				71	18	4	
" 12	77016 82353				14	7	8	57	10	8	2nd
Sept 8	~~Allotment~~			four	4	7	8	43	3	0	
2	93615	9	19	1	10			43	3	0	3rd on 7/c 3rd Draft: Auth Capt Robinson
24	S.A. Grat.	36	19	9		16		80	2	9	
					3	7	9	76	15	0	4th S.A. to Mother by Ottawa £16.4.9
Oct 3	107597				14	7	8				4th
3	107598				21	5	3	41	2	1	1st 2nd 3rd & 4th Leave 3-7-9
Nov 8	107963				14	7	8				5
" 8	107964 151647				6	3	3	20	11	2	5
Dec 6	~~150526~~ 151048				14	7	8				Final
" 6	~~150527~~				6	3	6	0		0	Final
		131	18	10	131	18	10				



P—56

Rank Pte. Name WHEELER, Harry Nelson Reg'l No. 443566

Unit 54th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Vernon Camp, July 2nd 1915. Place of Birth Wolverine, Mich.

Name and Address, Next-of-Kin Mrs Lizzie Wheeler, 633, 79th St.
Los Angeles, Cal. U.S.A. Relationship

Assigned Pay Monthly $ 15.00 Payable to Mrs E. Wheeler, 633 West 79th St.
Los Angeles, Cal: U.S.A. Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
1915																	
Dec. 1	31	31	1	31	31	10	3 10	10	44 10			26 76	15		31 76	2 34	Clothing Ct
1916												4 87					
Jan 1	31	31	1	31	31	10	3 10		34 10			9 73	15		29 60	6 84	
Feb. 1	29	29	1	29	29	10	2 90		31 90			4 87					
												9 73	15		29 60	9 14	
Mch. 1	31	31	1	31	31	10	3 10		34 10			14 60	15		29 60	13 64	
		122			12 20	10			144 20			70 56	60		130 56	13 64	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

2-7-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name	Mrs. Elizabeth Wheeler	Name of Soldier	Wheeler, Harry M.
Address	633 West 79th Los. Angeles Calif. U.S.A.	Regtl. No.	
		Rank	Pte
		Corps	54th Battn
Relation to Soldier wife, child or mother	Widowed Mother	To what Corps belonging when called out	

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		N4396	39.	39
Sept.		F17446	20.	20
Oct.		H17295	20	20
Nov.		L10836	20 —	20
Dec.		J20719	20	20
Jan.	1916	Jn4406	20 —	20
Feb.		L22691	20	20
March		L32856	20	20

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Mrs.

Elizabeth Wheeler

Name of Soldier Wheeler Harry N.

Sheet No. 2

L. L. Job 89002—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	K42434	20	20	
May		T 4911	20	20	
June		W 7953	20	20	
July		R11770	20	20	
Aug.		H 14081	20	20	
Sept.		N 7725	20	20	
Oct.		W 7280	20	20	
Nov.		J 23321	20	20	
Dec.		D 7572	20	20	
Jan.	1917	M 29353	20	20	
Feb.		G 34074	20	20	
March		H 36766	20	20	
April		K 31380	20	20	
May		H 6221	20	20	
June		~~H 9528~~	~~20~~ 20	20	H 9528 Cancelled RE-WRITE
July	Y9893	H 12745	20	20	B
Aug.		T 16316	20	T	
Sept.		Y 19742	20		
Oct.		J 22040	20		
Nov.		T 24626	20		
Dec.		N 27844	20		
Jan.	1918				
Feb.			579		
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Elizabeth Wheeler,
Address 633 West 79th.
Los Angeles.
California, U. S. A.
Rate $15.00

NOV 1 - 1915

By Whom Assigned Wheeler, Harry Nelson.
Regtl. No. 444366
Rank Pte.
Corps 54th Kootenay. Battn.
Staff. Band.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			CONSOLIDATED 5 ACCOUNT
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		L 5521	30	
Dec.				
Jan.	1916	L 10382	15	
Feb.		N 13790	15	
March		S 14704	15	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs Eliz. Wheeler

L. L. Job 89002.—Req. 6213.

Name of Soldier Wheeler F. N.

443566 54 Bln. Staff Band

15-00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	S 24557	15	
May		S 42260	15	
June		M 9363	15	
July		B 8710	15	
Aug.		Q 16206	15	
Sept.		X 20153	15	
Oct.		X 25327	15	
Nov.		O 28404	15	
Dec.		L 35991	15	
Jan.	1917	Q 42157	15	
Feb.		48323	15	
March		J 53736	15	
April		L 5844	15	15 R
May		L 12634	15	
June		K 19700	15	s
July		6 26470	15	
Aug.		T 33564	15	
Sept.		J 41082	15	
Oct.		S 46757	15	
Nov.		W 51279	15	
Dec.		P 62162	15	
Jan.	1918			
Feb.			390	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

EFFECTIVE DATE:- Dec. 1916.

AMOUNT:- 15.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- WHEELER Harry ~~Wilson~~ Nelson

NUMBER:- 443566

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.

Mr E Wheeler
633 - 79th St
Los Angeles California
U S A

Stopped Eff 1/8/19

Permission to marry. A.O. 20-24/19 M.S.D. Y.M.C.A.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.
B.O. 10 16-17-18	2-11-18	Spr. without pay
A.O. 14. 26-4-19. M.S.D. Y.M.C.A.	12-4-19	Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			B.C.R.D.
T Slip	1/5/18	20/5/18	M.S.Dep. Y.M.C.A.
	1/8/19		Struck off

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
1/7/19	161		~~14~~ 60	Ld Bal		Cr 37 26	
				L.P.C. Bal.		Cr 22 66	
				Rend 15-7-19			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 .	. 10		
A.O. 14. 26/4/19 M.S.D. Y.M.C.A. Cpl	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis in United Kingdom Contt. No 2 C.D.D. 14/7/19

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance Forward								53 53		
Apl	P P A	33 -		Can A.P.				15 -			
				D.N.A.R. 418 7/4/18 6686.	8 03 -				62 49		
		33 -		C.A.P.	8 03			15 -			
				650 3/5 C.C.S.C.	4 46 -			15			
May	P P.	34 10		1018 18/5 "	3 57 -				73 56		
		34 10			8 03			15			
June	P.P.	33		1444 5/6 "	3 57						
				1591 18/6 "	4 46						
				C.A.P.				15	83 53		
		33			8 03			15			
July	P.P.	34 10		C.A.P.				15			
				1890 3/7 C.C.S.C.	10 71				91 97		
		34 10			10 71			15			
Aug.	P.P.	34 10		C.A.P.				15			
				553 5/8/18 1st C.R.T.	3 57 -				107 45		
		34 10			3 57			15			
Sept.	✓	33		C.A.P.				15			
				A.K. 4699. 1.9.18. C.C.H.Q.	3. 54						
				" 5066. 16.9.18. "	3. 54				118 31		
		33			7 14			15			
Oct	✓	34 10		C.A.P.				15	131 41		
				8. A.K. 5460 - 1.10.18. S.S. C.C.H.Q.	3 73				133 68		
				20. C.A. 23.10.18. V. 52160.	58 do.				72 26		
				26. ✓ 21.10.18. V. 59129.	58 do.				16 88		
				do. ✓ 30.10.18 V. 55800.	14 60				2 28		
		34 10			135 13			15			

NUMBER 443566 RANK NAME WHEELER Harry Nelson

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct				Bal c/d.					2 28		
Nov.	P. P	33		b/ a/c.				15	20 28		
Dec	P P	34 10		C A Pay				15			
Jany	✓	34 10		✓				15	58 48		
		101 20						45			
				167 24 17/18 1st Kitchen	7 46						
				25488 VSB 31/1/19	16 79						
				2192 19 2/19	7 46						
Feby	P P	30 80		Can a/c Pay				15			
March	P P	34 10						15			
				1600 13/1/19 Sub Staff	7 30				54 37		
		64 90			39 01			30			
Apr	✓	33		C A P				15	72 37		
				726. 16/4/19 ✓ (3)	6 98				65 39		
May	✓	34 10		C A P.				15	84 49		
	W/Cas Cpl Jan 1/4/19 - 31/5/19 500 @ 12p. to 19/4/19 m50 ymca	6 00							89 49		
		77 10			6 98			30			
June	✓	36		C A P.				15	110 49		
				11991 1/6/19 St Wing	9 73				100 76		
				39. 15/5/19 Can/ymca	16 63				84 13		
July		37 20							121 33		
				C A P.				15	106 33		
				13501. 4000. 20/6/19	48 67				57 66		
	73 20			Overpaid 17 dep. Dis 14/7/19		20 40			37 26		
	73 20				75 03	20 40		30			
	—			A.R. 161 1/7/19 Retire	14 60			—	22 66		
	—			NON EFFECTIVE. ACT.	14 60						

MARRIED OR SINGLE S.

PLACE OF BIRTH Wolverine Mich

NAME AND ADDRESS OF NEXT OF KIN Mrs. Lizzie Wheeler. 633. 79th St. Los Angeles. Cal.

RELATIONSHIP OF NEXT OF KIN

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. 443566 RANK Private NAME Wheeler. Harry Nelson.

IF IN PERMT. CORPS WHAT UNIT UNIT 54th Bn TRANSFERRED TO B. C. R D. DATE 1/11/17 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Vernon Camp. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 2nd July, 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE

PAYABLE TO Mrs. Wheeler 633. 79th St Los Angeles Cal. RELATIONSHIP

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 1916	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
			17				12	50						10	144	20											70	56	60		130	56	13	64			C.J.
Apr/30	30	1	30		20	16	3								23	411	15/4/16	461	30/4/16					7	30	7	30		15		29	60	17	04	
May/31	31		31		31		3	10							34	10	498	15/5	658	31/5				7	30	9	74		15		32	04	19	10	
June/30	30		30		30		3								33				618	15/6						7	30		15		22	30	29	80	
July	31		31		31		3	10							34	10	671	30/6	778	15/7				9	74	7	20		15		37	04	31	86	
Aug	31		31		31		3	10							34	10	778	31/7						9	73				15		24	73	41	23	
Sept.	30		30		30		3								33		873	7/8	874	4/9				7	62	7	61		15		20	23	54	—	
Oct.	31		31		31		3	10							34	10	950	1/10						2	61				15		20	22	67	88	
Nov	30		30		30		3								33		1034	31/10						2	61				15		20	22	80	61	
Dec	31		31		31		3	10							34	10	1159	15/11	1168	5/12				2	62	11	24		15		28	96	85	80	
1917			39	70			39	70									1267	1/1						2	61										
Jan	31	1.	31	10											34	10	121	13/1/17						2	62				15		20	23	99	67	99 67
Feb	28		30	80											30	80	1314	20/1/17						2	61				15		17	61	112	86	112 86
			501	60										10	511	60								57	59	45	59	90	56	225	398	74			

443566 Pte. Wheeler A.H. 8 of 15

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
			501	60										10	511	60								57 59 262	45 59		70 56	225		398 74	112 86		Nil		
Mar.	31	1/10	34	10											34	10	1449	16.2.17	1603	16.3.17				262	262			15.		25 47	121 49				
Apl.	30		33	00											33	-	1391	6.2.17	1501	7.3.17				261				15		17 61	136 88				
May	31		34	10											34	10	422	4/4/17						261				15		17 61	153 37				
June	30		33												33	00	122	20/4						261		7 12 2 67		15		21 81	161 56				
July	31		34	10											34	10												15		15	180 66				
Aug	31		34	10											34	10									536			15		20 36	194 40				
Sept	30		33												33										268			15		17 68	209 72				
Oct																																		
			737											10	747									68 05	50 84	17 85	70 56	330		537 28	209 72				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Balance Ford		~~209 72~~							209 72		
Oct	P.P	34 10		A/R. 1208 29/7/17. Base Depot. Ammn Park	2 67						
				CAR			15				
				A/R. 7/9. 5th Bn att ymba 16/8/17	2 68						
				A/R. 551. 5th Bn att ymba. 31/8/17	2 67						
				A/R. 564. 2nd A 27/8/17.	2 68						
				C.P. 96. 1/9. 5/10/17.	68 13.						
				C.P. 93652. 2/10/17.	121 67				28 32		
		34 10			200 80		15				
Nov	P.	34		A.P. Can			15				
Dec	P.	24 10		A.P. Can			15				
				A/R. H8-2 R.D. Inf. Comp. 2/10/17	8 92						
				~~A/R. 2281-11th D.S.C.~~ 15/11/17	H H6						
		67 10			13. 38		30		52. 04		
Jany	P. Pay	34. 10		A.P. Can			15				
				~~A/R. 997-11th D.A.S.~~ 21/10/17	H. H6				66. 68		
		34. 10			H. H6		15				
Feby	P. Pay	30 80		A.P. Can			15				
				~~A/R. 691-1.D. BB H.Q.~~ 17/12/17	5. 35						
				" " 234 " " 3/12/17	5. 35						
				" " 810 - 13 Bde. R.F.A. 19/11/17	12. 49						
		30. 80			23. 19		15		59. 29		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
									59 29		
Mar	P Pay	34 10		A.P. Can.						15	
				A.R. 4627 8/7/18 Rebill	8 92						
				A.R. 1111 1/1/18 Rebilled	5 35						
				A.R. 5601 20/7/18 Rebill	3 57						
				A.R. 5270 5/3/18 "	4 46						
		34 10		A.R. 5839 18/3/18 "	2 57				53 52	15	
					25 87						

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 404 3066

2. Rank A/SGT

3. Name Wheeler Harry Nelson

4. Unit 9 Area L of C

5. Date of Discharge | 14-7-19 | Place 2 C.D.D

6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5222)

7. Authority D.B. 14-7-19.

8. Proposed Residence after Discharge

221 Rue de Magungarbe,
Sains en Gohelle, P. d.C. France

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.~~ ? A 453079

Harry Nelson Wheeler
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No 2 CANADIAN DISCHARGE DEPOT LONDON

Date 14-7-19

Signature W Stanley Capt
(O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

E. R. 4

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

Name Wheeler 2-7-15

Date of Embarkation for England 22-11-15

Proceeded to France.
13-8-16

Returned to England.
9-6-19 Demob

Date returned to Canada.

/

Still in Emp 14-7-19

P.R.2855.

Checked 3-7-20

THIS FORM WILL BE USED FOR ALL RANKS

LAH.

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.

Area "E" STATION Witley DATE 28.6.19.

1. 1 (a) Unit 9th ~~Reserve~~ Hosp Co (b) Regimental No. 443566 (c) Rank Sgt

(d) Surname WHEELER. (e) Christian name Harry.

(f) Home address 221 Rue de Mazingarbe, Sains en Gohelle P d. C France.

(g) Next of Kin Mrs Julie Wheeler (h) Relationship Wife

(i) Address of Next of Kin Same as above.

2. Age last birthday 29 Date of birth 4.10.1889

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon B.C. (b) Date 2.7.15.

4. Personal description:

(a) Height 5.11. (b) Weight 160est (stripped) (c) Complexion fair

(d) Colour of hair Fair. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Mechanic.

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	Days
	3	361

	Periods	
	From	To
Canada	2.7.15.	2.11.15.
England	2.11.15.	13.8.16.
France or other theatres of War	13.8.16.	6.6.19.

7. Original disease, or injury Rt Inguinal Hernia.

(a) Date of origin 1916 (b) Place of origin France.

(c) Cause Struck in abdomen with sand bag.

M. F. B. 227.

11-18.
D.S.S.

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.)

Moderate weakness abdominal muscles. Rt inguinal hernia.

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.)

Obj:- Tumor in lt groin about twice the size of hens egg
has impulse on coughing and may be reduced into abdomen
Ext abd ring patulous
Subj:- Complains of pain when lifting -otherwise nil.

(*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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (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*).)

Was struck in abdomen with a sand bag while in France in 1916
and shortly afterwards noticed swelling in Rt groin Is not gro in
larger.

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*).)

I.G.T Hand 28.7.17. No disabiltiy

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

Nil

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

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

No

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 unless operation.

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration)

Yes, operative 2 months.

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

17. Recommendations

N A Christie, Capt CAMC.
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 a/Sgt Harry N Wheeler. 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 nothing.

a/Sgt Harry Nelson Wheeler. Rank.
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.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	~~(Yes or No.)~~
(*b*) Service abroad, not general service,	(" B)	~~(Yes or No.)~~ Yes B2.
(*c*) Home service (Canada only),	(" C)	~~(Yes or No.)~~
(*d*) Temporarily unfit.	(" D)	~~(Yes or No.)~~
(*e*) Unfit for service in Categories A, B and C	(" E)	~~(Yes or No.)~~

20. It is certified that the invalid

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

Yes operative inguinal hernia -2 months.

(*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.)

R.T.C.Auth A.G.Tele9083/11.11.18.

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.

E.D.Coutts, Capt CAMC. *President.*

PLACE Witley. A.H.Naylor, Capt CAMC. } Members

DATE June 28th 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned H.N.Wheeler understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. until arrival in Canada

Witness E.D.Coutts, Capt Signed Harry N.Wheeler.

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.

E.D.Coutts, Capt CAMC. *President.*

PLACE Witley A.H.Naylor, Capt CAMC. } Members

DATE 28.6.19.

APPROVED BY

W.S.Quint, Capt CAMC.
for, *Assistant Director of Medical Services.*

DATE

APPROVED BY

Director-General of Medical Services.

DATE

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP
28 JUN 1919

CERTIFIED TRUE COPY
H Clarke Major

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. 144356 Rank Cpl Name Wheeler H. T. Unit 4 M Ca

Nominated for ~~embarkation to Canada~~ Bramshott England Date 14/7/19 A.A. & Q.M.G. No 2 CDO

CREDIT.	$	¢	DEBIT.	$	¢
BALANCE FORWARD as at 30-6-19 191	21	13	CASH PAYMENTS :—		
EARNINGS :—			Date / A.R. No. / Paying Unit / Amount		
From 1-7-19 to 14/7/19			1/7/19 111	14	00
14 days at $ 1.20	16	80	3/7/19 1251	4	17
~~Old Pay~~ days at $ 1.-					
FA days at $ 10					
				63	17
ANY OTHER CREDIT :—			OTHER CHARGES :—		
Interest on Deferred Pay					
			WAR LOAN INSTALMENTS CHARGED:—		
			X ASSIGNED PAY for period from 1-7-19 to 31-7-19 at $ 15.00 per month in favour of :— Name Mrs Wheeler Address 633 79th St Los Angeles Cal. Relationship	15	00
			X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $.....per month		
X ~~BALANCE DEBIT~~			X BALANCE CREDIT 22 66	22	16
	104	93		104	93

"VICTORY" WAR LOAN

Amount Subscribed - $.....

Amount Paid - - .....

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....

(Signature of Soldier.)

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS :— X (Strike out whichever inapplicable.)

X Have been stopped. Effective.....191.....and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY A Bourque

CHECKED BY S Barker

Date 15/7/19 191

CERTIFIED CORRECT Capt Lieut

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C

No. 2 Canadian Discharge Depot.
133 Oxford Street, London. W.1.

.....1919.

I HEREBY CERTIFY that I desire to secure my discharge in England and waive all claims on the Canadian Government for transportation to Canada for myself and dependents.

I ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge.

WITNESS..... SIGNATURE.....

[illegible]

B Heeney

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 Witley DATE 28.6.19

1. 1 (a) Unit 9th Area E.C. (b) Regimental No. 446566 (c) Rank Sgt

(d) Surname WHEELER (e) Christian name HARRY NELSON

(f) Home address 22 Rue de Mazingarbe, Sains en Gohelle, Pas de Calais, France

(g) Next of Kin Wife Mrs Julia Wheeler (h) Relationship Wife

(i) Address of Next of Kin Same as 7.

2. Age last birthday 29 Date of birth Oct 4 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon BC (b) Date 2-7-15

4. Personal description:

(a) Height 5' 11" (b) Weight 160 Est (stripped) (c) Complexion fair

(d) Colour of hair fair (e) Colour of eyes blue (f) Identification marks, Scars, etc. nil

5. Former trade or occupation mechanic

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	Days
	3	361

	Periods	
	From	To
Canada	2-7-15	2-11-15
England	2-11-15	13-8-16
France or other theatres of War	13-8-16	6-6-19

7. Original disease, or injury R+ Inguinal Hernia

(a) Date of origin 1916 (b) Place of origin France

(c) Cause Struck in abdomen with pawl bar

C.R. B.P.C.

24 JUL 1919

M. F. B. 227.

400M.—11-18.
1772-30-117.

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.)

Moderate weakness abdominal muscles. Rt Inguinal Hernia

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.)

Obj— ~~Scars~~ Tumor in Rt groin about
three size of a hens egg. Sac impulse
on coughing and may be reduced into
abdomen. Rest abdo very flaccid.

Subj— Complains of pain in groin when
lifting — otherwise well

(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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (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).)

Was struck in abdomen with a
sand bag while in France in 1916
and shortly afterwards noticed
swelling in Rt groin. Is not
growing larger.

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*).)

T C T Hand, 28-12-17 — No disability.

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

Nil

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

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

(b) No

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 under Specialist

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes
(If the answer is "yes" state nature of treatment required and probable duration)

Specialist 2 months

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

17. Recommendations

N A Chisholme Capt
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 A/Sgt Harry N. Wheeler 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 Nothing

A/Sgt Harry Nelson Wheeler Rank.
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.

Concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Yes Operative Inguinal hernia - 2 months.

(*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.)

RTC Auth: A.D.T.S. 20 Jul 20 & 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.

E. D. Smith Capt A.M.C. — President.

PLACE Witley — Members

DATE June 28, 1919 — W. A. Naylor Capt A.M.C.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ~~H. H. Wheeler~~ understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. ~~with~~ arrival in Canada

Witness E. D. Smith — Signed Harry H. Wheeler

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.

E. D. Smith Capt A.M.C. — President

PLACE Witley — Members

DATE June 28, 1919 — W. A. Naylor Capt A.M.C.

APPROVED BY — APPROVED BY

W. Lt Col Capt — Director-General of Medical Services.

Assistant Director of Medical Services.

DATE — DATE

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAN'D
28 JUN 1919

Date of Enlistment

2-7-15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Nov. 1, 1915

RATE OF SEPARATION ALLOWANCE

~~20.~~	$ 25.00	30	

1-12-17
P.C.3257

1-9-18 Pb. 753 Mo. 39905

W 5051

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 443566

Rank Pte. Promoted Reverted Discharge

Soldier's Name Harry Nelson Wheeler.

Battalion 54 Kootenay Batts. staff. Band.

Beneficiary Mrs. Elizabeth Wheeler.

Relationship W. mother.

Address

1-8-18

PARTICULARS OF ASSIGNMENT

Name Mrs. Eliz. Wheeler.

Address 633 West 79th.

Change of Address Los Angeles. California, U.S.A.

1

2

3

4

OK 22/1/18

Date 1914	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 19225. H-11
Dec 31	—	579	390	969		Arch Cable P.3097–21/1/19.
Jan/18	Y 70643	30	15	45		"Soldier Discharged in England"
Feb.	A 65216	25	15	40		S.A. & A.P. a/c closed 1/8/19.
March	X 92551	25	15	40	✓	"Soldier also married." @ 6/8/19.
April	W 14698	25	15	40	✓	
May	W 20580	25	15	40	✓	
June	Z 16897	25	15	40	✓	
July	Z 28349	25	15	40		
Aug	Z 41195	25	15	40	✓	
Sept.	Z 55434	25	15	40	✓	
Oct	Z 70495	25	15	40	✓	
Nov.	Z 85068	25	15	40	✓	
Dec. 1919	Z 92795	45	15	60	✓	
Jan	Z 115583	30	15	45	✓	
Feb	Z 128490	30	15	45	✓	
Mch	Z 140173	30	15	45	✓	
April	Z 8569	30	15	45	✓	
May	Z 15976	30	15	45	✓	
June	Z 20969	30	15	45	✓	
July	Z 2610 13	30	15	45		

M. F. W. 128
400m.-6-17—177-39-1141
L. L. 22320—M. & D. 7993.

M.O. Destroyed P. 125526

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT.

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—1772-39-1141
L. L. 22320—M. & D. 1193.