

ATTESTATION PAPER.
184th OVERSEAS BATTALION
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? White
1a. What are your Christian names? William, Gregory
1b. What is your present address? 300 Polson Ave., Winnipeg. Man
2. In what Town, Township or Parish, and in what Country were you born? Alymer, Ontario, Canada.
3. What is the name of your next-of kin? Wm. Robert White.
4. What is the address of your next-of-kin? 300 Polson Ave., Winnipeg. Man
4a. What is the relationship of your next-of-kin? Father.
5. What is the date of your birth? Sept. 6th, 1896.
6. What is your Trade or Calling? Bank Clerk.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force? No.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Gregory White, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

(Signature of Recruit)

Date Feb. 9th 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Gregory White, 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.

(Signature of Recruit)

Date Feb. 9th 1916 (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 Winnipeg this 10th day of February 1916.

(Signature of Justice)

Notary Public in and for Manitoba.

**ORIGINAL**

# Description of William Gregory White on Enlistment.

Apparent Age 19 years 4 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... 6 ft. .... ins.

Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.

Complexion Fair

Eyes ..... Brown

Hair ..... Dark

Religious denominations { Church of England ..... X  
 Presbyterian .....  
 Methodist .....  
 Baptist or Congregationalist .....  
 Roman Catholic .....  
 Jewish .....  
 Other denominations .....  
(Denomination to be stated.)

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Feb 9<sup>th</sup> 1916.

Place Winnipeg

*J. Wright*  
 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.

..... William Gregory White ..... 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.

*W. H. H. H.* (Signature of Officer)  
 Lieut Col

Date Feb. 9 1916

**184th OVERSEAS BATTALION**

APR 19 1916

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 43

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit..... 23

Last Pay Certificate.....

# DISCHARGE DOCUMENTS

R. O. No. ....

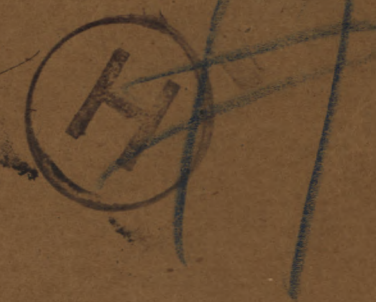
H. Q. No. .... 49

Name White, William Gregory

Regt. No. 874065 Rank A/Sgt.

Corps 184th, O. Bn., C. E. F.

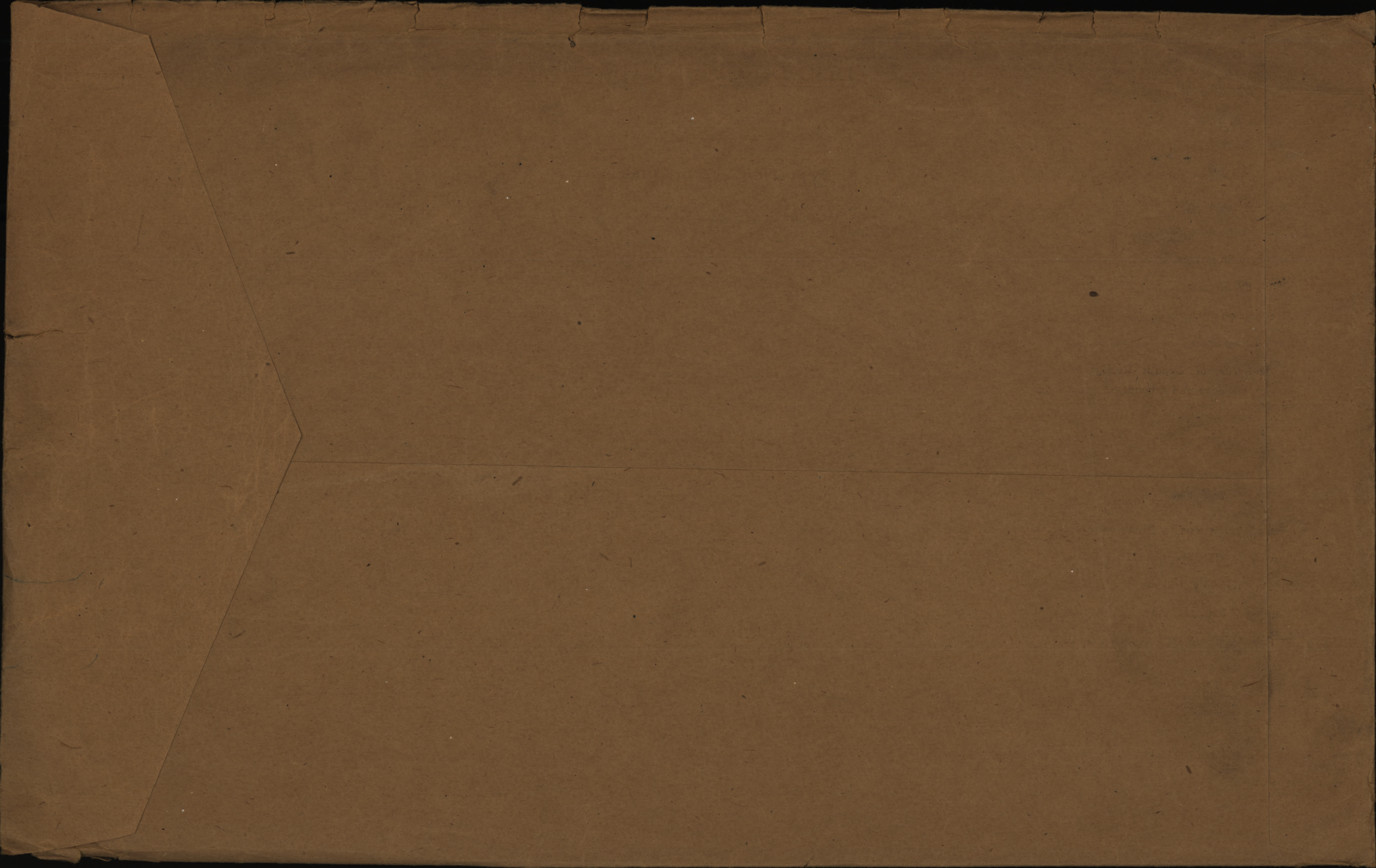
*Medically Unfit*



18330



*[Large blue handwritten signature]*  
A. M. S.



649-W-7074

CARD NO. ✓

SURNAME.

*White.*

CHRISTIAN NAMES

*William Gregory.*

*S.O.S Dis 19-1-17. 10.*

REGL. NO. *874065.*

RANK *Pte.*

UNIT ~~*184th*~~ *Clear Depot.*

~~*Am.*~~

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*White, William, Robert*

RELATIONSHIP TO SOLDIER

*Father.*

ADDRESS

*300 Colson Ave, Winnipeg:  
Man.*

COUNTRY OF BIRTH

*Canada Aylmer, Ont.*

DATE

*Sept 6<sup>th</sup> 1896.*

PLACE OF ATTESTATION

*Winnipeg, Man.*

DATE

*Feb 10<sup>th</sup> 1916.*

*Trans from 184<sup>th</sup> Bn. to Clear Depot. Auth Camp [redacted] Hughes 24/9/16.*

*JD*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING *Bank clerk.* RELIGION *Church of Eng.*

DESCRIPTION.

APPARENT AGE *19* YEARS *4* MONTHS

HEIGHT *6* FEET *—* INCHES

CHEST MEASUREMENT *36* INCHES EXPANSION *3* INCHES

COMPLEXION *Fair* EYES *Brown* HAIR *Dark*

DISTINGUISHING MARKS *V. L. 2.*

MEDICAL EXAMINATION. PLACE *Winnipeg, Man.* DATE *Feb 9<sup>th</sup> 1916.*

*Present Address. 300 Polson Ave., Winnipeg, Man.*

No. 874065 RANK *Pvt*

NAME *White Wm Gregory*  
*Am. Geogr. Soc. Member*

T. O. S. 14-2-16  
 D. O. 8 of 15-2-16

UNIT *184<sup>th</sup> Battalion C. C. T.*

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>Feb 14</i>	<i>Feb 29</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>	<i>41 corp. 8-4-16</i>	<i>D. O. 56, 8-4-16.</i>
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
<i>Sep 1</i>	<i>Sep 26</i>	<i>m.</i>	<i>Transfd to cleaning Depot</i>	<i>D. O. 203, 27-9-16.</i>
		<i>n.</i>	<i>26-9-16</i>	





RECEIVED.

JAN 23 1917

WINNIPEG, MAN., January 22nd  
A. D. M. S. M. D. 1917

1917.

1. #874065. Pte. W.G.White.  
(NUMBER, RANK, NAME)

184th Battalion. C.E.F.

AND CORPS.

HEREBY RELEASE THE MILITARY AUTHORITIES FROM ALL RESPONSIBILITY  
IN CONSEQUENCE OF MY REFUSAL TO UNDERGO THE OPERATION RECOMMEN-  
-DED BY THE MEDICAL BOARD HELD January 16th 1917, AND DESIRE  
TO BE DISCHARGED FROM THE SERVICE FOR REASON ABOVE STATED.

*J. Bruegel*  
WITNESS. *J. H. Coe*

*W. G. White*  
SIGNATURE.

APPROVED.



11/10/1911

REPORT OF THE

UNITED STATES

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
LAND OFFICE  
WASHINGTON, D. C.

RECEIVED.  
JAN 23 1917  
WINNIPEG, MAN.,  
A. D. M. S. M. D. - 10

January 22nd 1917.

1. #875065. Pte. W.G.White.  
(NUMBER, RANK, NAME)

184th Battalion. C.E.F.  
AND CORPS.

HEREBY RELEASE THE MILITARY AUTHORITIES FROM ALL RESPONSIBILITY  
IN CONSEQUENCE OF MY REFUSAL TO UNDERGO THE OPERATION RECOMMEN-  
-DED BY THE MEDICAL BOARD HELD January 16th 1917, AND DESIRE  
TO BE DISCHARGED FROM THE SERVICE FOR REASON ABOVE STATED.

J. Bruege  
WITNESS. *J. Bruege*

W.G. White  
SIGNATURE.

\_\_\_\_\_  
APPROVED.

RECORDED  
INDEXED  
MAY 10 1910

RECEIVED  
MAY 10 1910

1910

RECEIVED

RECEIVED  
MAY 10 1910

RECEIVED  
MAY 10 1910

RECEIVED

MEDICAL HISTORY SHEET.

184th OVERSEAS BATTALION

Surname Whise Christian Name Gregory

Examined { on 9 day of Feb. 1916  
 at Winnipeg.  
 Birthplace { City or Town Aylmer.  
 County Ontario.

Approved by J. W. Wright  
 Rank Capt M.O.

Apparent age 19 Yrs. 4 Mo.  
 Trade or occupation Bank Clerk  
 Height 6 Feet          Inches.  
 Weight          Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 3 inches.  
 Physical development           
 Small-Pox Marks         

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

Vaccination Marks { Arm Right Left  
 Number 2

Date.	Result.	VACCINATIONS.
		<u>J. W. Wright</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1907  
 (a) Marks indicating congenital peculiarities or previous disease           
 (b) Slight defects but not sufficient to cause rejection         

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/6/16</u>	<u>OK</u>	<u>J. W. Wright</u> M.O.
<u>24/6/16</u>	<u>OK</u>	<u>J. W. Wright</u> M.O.
		M.O.

Enlisted on 9 day of February. 1916 at Winnipeg.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>184th Batts</u>	<u>874065</u>		<u>9th Feb</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



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..... 184<sup>th</sup> Batt .....

(2) Regimental Number..... 874065 .....

(3) Full Name of Soldier..... White William Gregory .....

(4) Place of Birth..... Aylmer Ont .....

(5) Are you married, or not?..... no .....

(6) If married, state,  
(a) Full name of your wife..... ✓ .....

(b) Present Postal Address..... ✓ .....

(7) Are you a widower?..... no .....

(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 William Robert White

(10) Is your Mother alive? yes

If so, state name and address Ethel Elizabeth White

300 Polson Ave Winnipeg man

(11) If your Mother is a widow no

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.

(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? yes

If so, in what Company? Prudential Life

Have you made arrangements for payment of your Insurance premium yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

CK Chewcoble  
Officer Commanding.

Date Sept 25 1916



3-3-47

White Wm. Gregory

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Regt. # 874065

25  
15-3-47

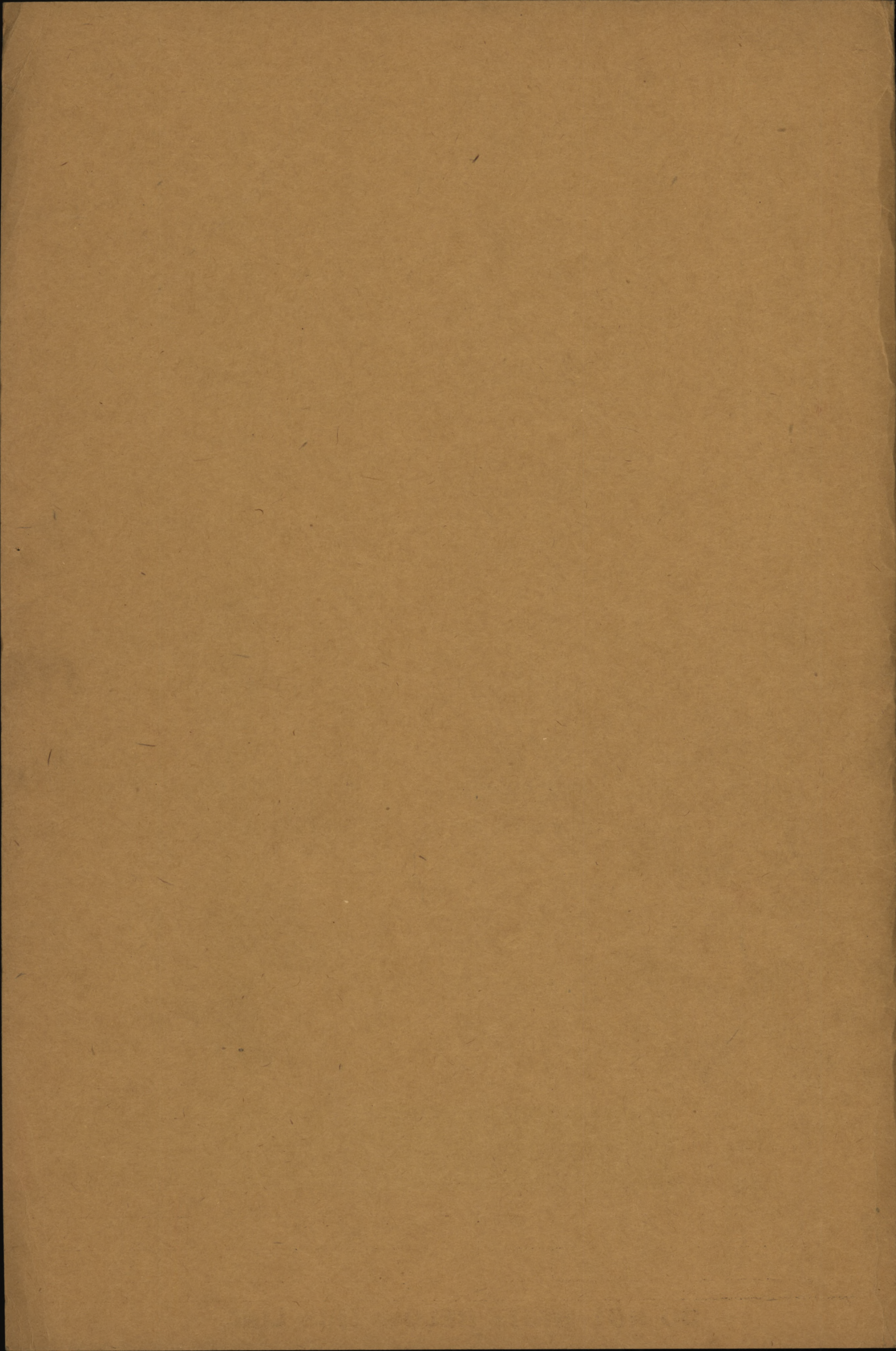
# NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity.

2. Central Registry should be notified whenever a file is passed direct to another branch.

3. All outgoing letters should bear the official file number.





975-W-16

MEDICAL HISTORY OF AN INVALID.

RECEIVED. JAN 17 1917 A. D. M. S. M. D. -10

1. Station. Winnipeg Man.  
2. Regiment or Corps. 184th Batt  
3. Regimental No. and Rank. 874065

8. General remarks on his :-  
(a) Conduct. Good  
(b) Habits. Good

4. Name. White W.G.

(c) Temperance. Temperate

5. Age last Birthday. 20

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on February 8th 1916

at Winnipeg man

7. Former Trade or Occupation Bank Clerk

Date. January 16th 1917

DEFENCE MAR 12 1917 CANADA

9. Service.

Years.

Days.

PERIODS.

FROM.

TO.

184th Battalion

February 8th 1916 Sept 26 1916

Clearing Depot Camp Hughes

Sept 26 1916 Jan 16 1916

10. (a) Disease or disability. Varicoccele

Left

(b) Date of origin. Unknown

(c) Place of origin. Ontario

(d) Cause. Unknown

11. Present Condition. (Most Important).

Large Varicoccele Left side

(To include full description of present disabling condition or conditions.)

12. (a) Is the disability the result of service or climate? No

(b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.

150 M-5-16. 1772-39-117.

noted 19-3-17. H.P.

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

Vaccination (Marks left arm)

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

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

Refuses Operation

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

No disability

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Nil

18. State if for discharge on account of unfitness for Service.

For discharge as Medically Unfit

*A. Macdonald Lummer*

M.O.I/C Convalescent Home and Clearing

Medical Officer by whom the case is brought forward.

Depot

**OPINION OF THE MEDICAL BOARD.**

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

10. **Yes**

11. **Yes**

12. **Yes**

15. **Yes**

16. **Yes**

17. **Yes**

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

Recommendations **That he be discharged from the service.**

**That his disability preexisted enlistment  
and has not been aggravated by service.**

**He refuses operation .**

**A waiver to this effect has been obtained and attached**

**On account of his disability he should not be reenlisted**

Signatures :—

*A. Macdonald* President.

*W. G. Campbell* Members.

*W. S. Sahemi* Members.

Station. **Winnipeg Manitoba.**

Date. **January 16th 1917.**

Date. **APPROVED**

Asst. Director of Medical Services.

Approved. **JAN 18 1917**

Date. *C. S. Seeger* 3/11/17 *R. B. Healy* Director-General of Medical Services.

Winnipeg, Man.

*noted 19-3-17*

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

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Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
130 m-5-18.  
H. Q. 1172-89-117.

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

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



# MEDICAL HISTORY OF AN INVALID.

C 17252

DEPT  
MILITIA & DEFENCE  
MAR 21 1917  
H.Q. CANADA

1. Station. **Camp Hughes, Man.** 8. General remarks on his: (a) Conduct. **Good**  
 2. Regiment or Corps. **Clearing Depot** (b) Habits. **Good**  
**184th C.B.**  
 3. Regimental No. and Rank. **#874065 Corporal**  
 4. Name. **White. W.G.** (c) Temperance. **Temperate**  
 5. Age last Birthday. **20** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)  
 6. Enlisted on **February 8th, 1916**  
 at **Winnipeg,**  
 7. Former Trade or Occupation. **Bank Bank Clerk** Date. **October 4th, 1916**

9. Service.	PERIODS.	
	Years.	Days.
	FROM.	TO.
<b>C. E. F.</b>	<b>Feb. 8th, 1916</b>	<b>Date.</b>

10. (a) Disease or disability. **Varicocele**  
 (b) Date of origin. **From Childhood.**  
 (c) Place of origin. **Ontario.**  
 (d) Cause. **Unknown**

11. Present Condition. (Most Important). **Large varicocele---Left side.**  
 (To include full description of present disabling condition or conditions.)

12. (a) Is the disability the result of service or climate? **no**  
 (b) Has it been aggravated by intemperance, vice or misconduct? **no**

3

Noted  
16-1-17  
G.D.

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

Vaccination marks on left arm.

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

not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable

14. Treatment

none

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

no

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

permanent without operation.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

00%

18. State if for discharge on account of unfitness for Service.

yes. Recommended

for transfer to service Unit or operation.

*Herbert Johnston*  
Captain. A.M.C.

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

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

10. **yes**

11. **yes**

12. **yes**

15. **yes**

16. **yes**

17. **yes**

18. Is he unfit for Military Service. **yes**

Recommendations :

**That he be transferred to the Special Service  
Battalion for duty.**

Signatures :—

*Chiu*  
..... President.  
Captain. A.M.C.

*T. R. Wood*  
.....  
Captain. A.M.C. } Members.

Station. **Camp Hughes, Man.**  
Date. **October 4th, 1916**

*H. J. ...*  
.....  
Captain. A.M.C.

Date. \_\_\_\_\_ Colonel  
Asst. Director of Medical Services, **A. D. M. S. Camp Hughes**

Approved.

Date. \_\_\_\_\_  
Director-General of Medical Services.

*noted  
16-3-17  
J.P.*

