

ATTESTATION PAPER.

No. 238197

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... WILCOX,
- 1a. What are your Christian names?..... James Charles
- 1b. What is your present address?..... 23 Leonard Ave., Toronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born?..... Thorold, Ont.
3. What is the name of your next-of kin?..... Mrs. C. ENRight
4. What is the address of your next-of-kin?..... 23 Leonard Ave.,
- 4a. What is the relationship of your next-of-kin?..... Sister
5. What is the date of your birth?..... January 27th, 1894
6. What is your Trade or Calling?..... Machinist
7. Are you married?..... No Widower
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
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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Charles Wilcox, 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.

Date December 5th 1916 James C Wilcox (Signature of Recruit)
La Bohne (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Charles Wilcox, 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.

Date December 5th 1916 James C Wilcox (Signature of Recruit)
La Bohne (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 Toronto this 5th day of December 191 6.

William H. Price (Signature of Justice)

Description of _____ on Enlistment.

Apparent Age..... 22 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Disinctive 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 ft. ins.

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

Complexion

Eyes

Hair

Religious denominations. { Church of England
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* for the Canadian Over-Seas Expeditionary Force.

Date 191

Place

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.

..... 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.

[Signature]
O. C. 204th BATTALION, C. E. F.

(Signature of Officer)

Date 191

"BEAVERS"

REGIMENTAL DOCUMENTS

NAME

WILCOX

James Charles

REGT. NO.

38197

UNIT

1st Bn 6th M G

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

43 - 27
15 - 27
9 - 28
3

484084

PUBLIC ARCHIVES
RECORDS CENTRE

M

20969

E

S

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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)

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)

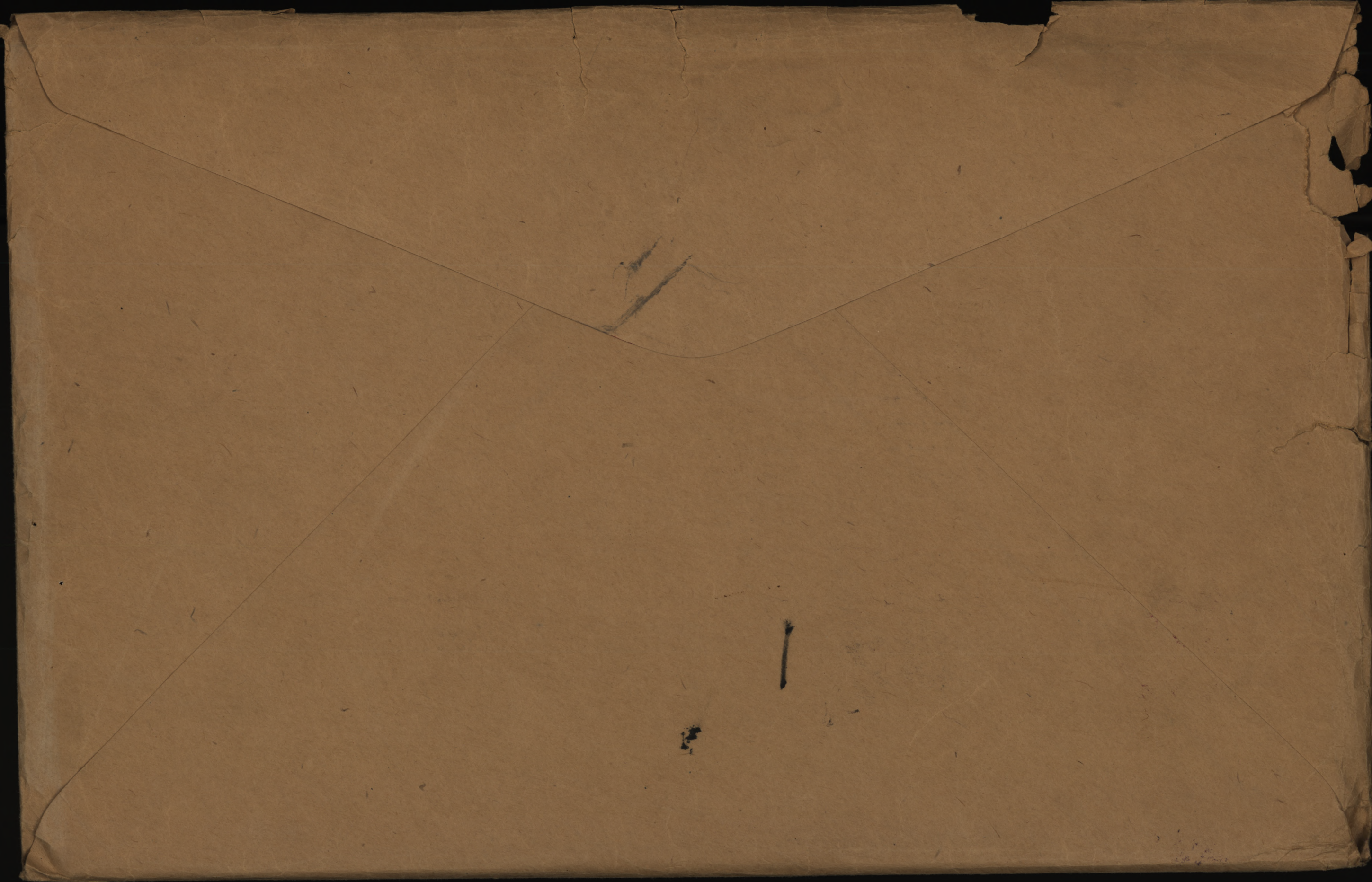
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Mr

Mr

Wrip Cat

19122



Number

238197

Rank

pte

Surname

WILCOX

Christian Name

James Charles

Units

Can. m. & Bde Theatre of War France

Date of Service

24-11-17.

27 Metcalfe St.
Toronto

Remarks

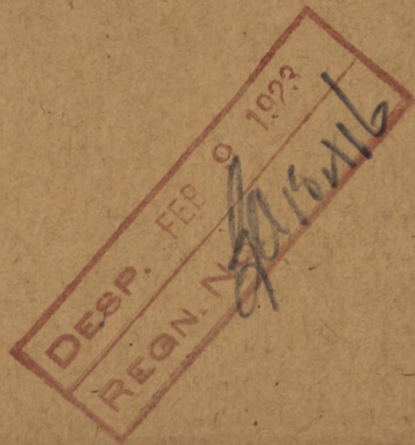
Latest Address

~~249 Euclid Ave~~
~~Toronto Ont~~
Antarus

Roll No.

10m.-8-21.M.

Page 20843



SURNAME.

Wilcox

6- CARD No.

CHRISTIAN NAMES

REGL. No.

238197.

RANK

pte.

UNIT

204th.

FORMER CORPS

Inf.

FOLL.

SOS-20/9/19

50261/4-18/4/19. 600.
Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Enright Mrs. C.

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

29 Huron St.

Toronto Ont.

S.A.A.P.
22-8-19.

COUNTRY OF BIRTH

Canada, Thorold Ont.

DATE

Jan. 27th. 1894.

PLACE OF ATTESTATION

Toronto Ont.

DATE

Dec. 5th. 1916.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.-11-16. H. Q. 1772-39-339.

~~Sailed from Halifax on SS. Olympic 29-4-17~~

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

machinist

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

22 YEARS

MONTHS

HEIGHT

5 FEET

4 $\frac{1}{2}$ INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

2 $\frac{1}{2}$ INCHES

COMPLEXION

Fresh

EYES

Blue

HAIR

Lt. Brown

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Toronto Ont.

DATE

Dec. 5th. 1916.

Present Address - Not stated.

No. 238197 RANK

Pte NAME Wilcox J.

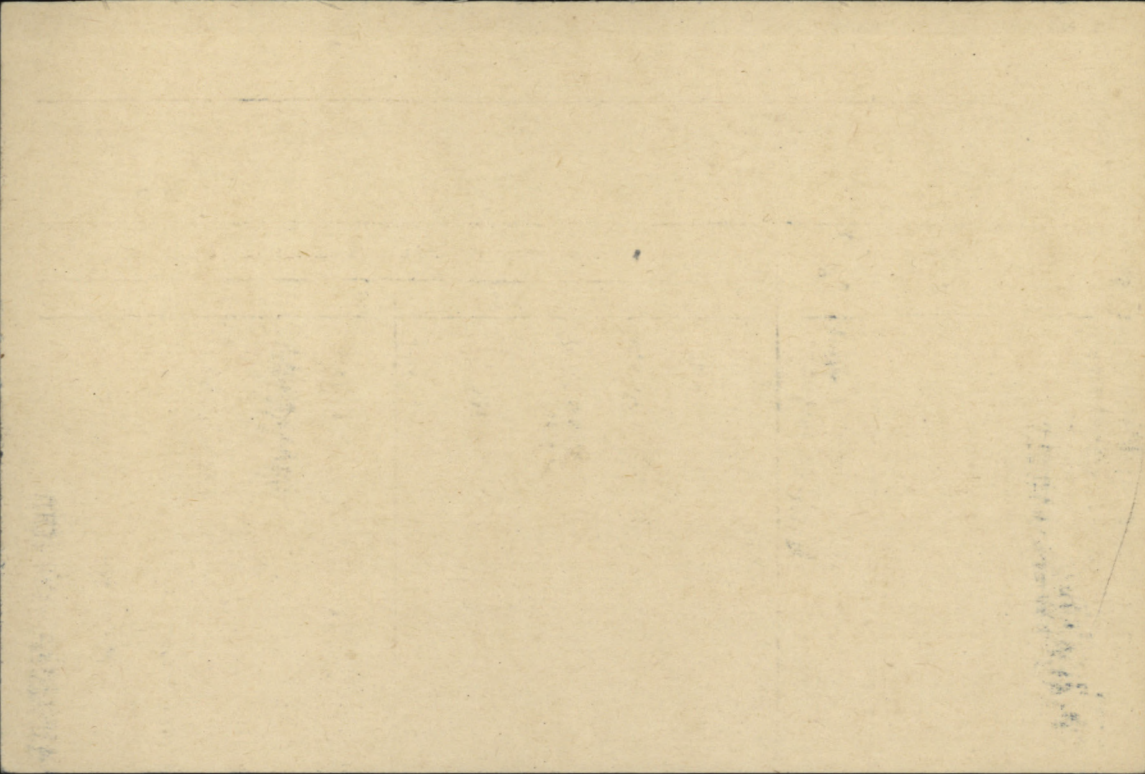
T. O. S.

UNIT

176th Battalion C. E. F.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Apr 12	1917 Apr 30	N	aw 2. forfeits 12 days pay.	2294-19-4-17



No. 238197

RANK Pte

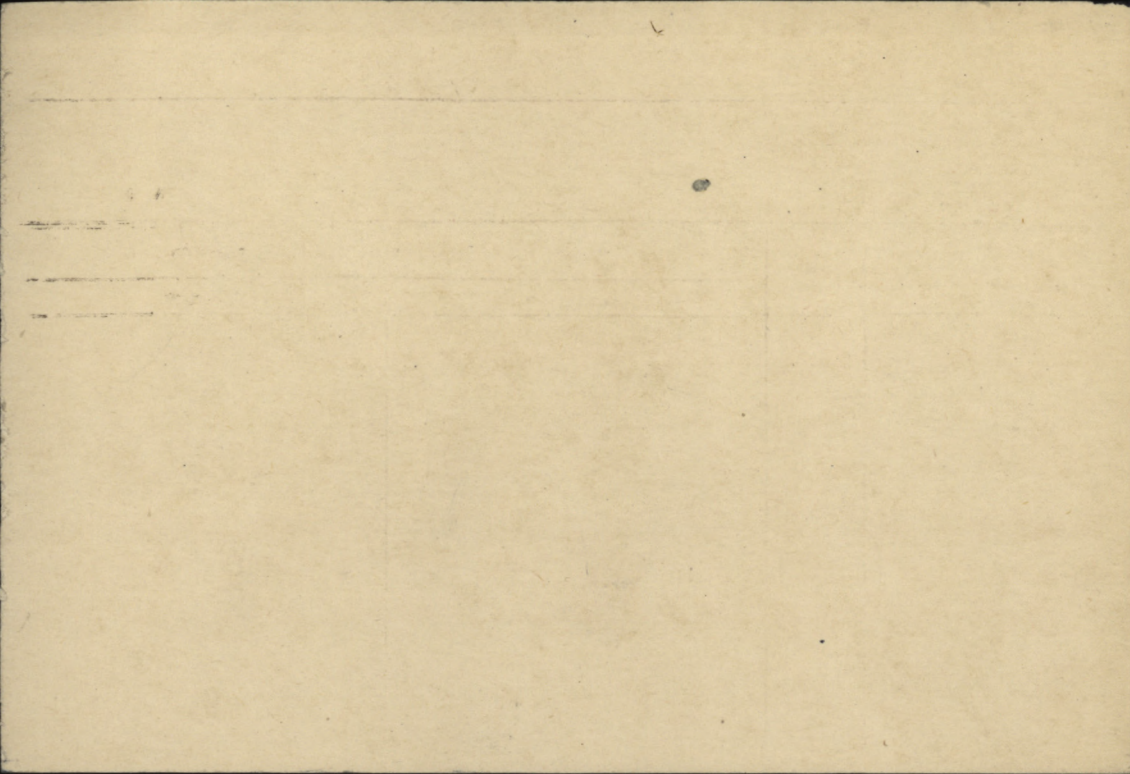
NAME Wilcox James. Lhas

T. O. S. 5-12-16
(D0131 of 7-12-16)

UNIT 204 th Battalion L E F

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec 5	1916 Dec 31	v		
1917 Jan 1	Jan 31	v	still abs. L of L to be held in Feb Jan payroll.	
Feb 1	Feb 2	n	D.O.S. (Desester 8-1-17 mulet 26 days pay	D038 of 7-2-17
			are carried forward n.	



NAME

Wilcox J. C.

RANK AND CORPS

Pvt. 12th Can. Res. Bn.

REGT'L NO.

238197

H. Q. FILE NO. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
141	Can. Etchinghill	30-8-17	V.D.G.
c 33	Discharged	4-10-17	V.D.G.
A. 116(2)	No 2. Can. Hildaunt	6-1-18	Gen. myalgia
"	"Fisch. to futy"	12-1-18	" "
C 403	Can. Spec. Hitley	22-2-19	42.
C 429	Discharged	28-3-19	"

Name **WILCOX, James Charles**

Pte.

Reg. No. 238197

Unit ~~12th. Res. Batt.~~

~~3rd BN~~ *Embryopol.*

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
30-8	CH. Etchinghill		VDG.	141		
4.10.17	Discharged	(662)	-do-	C33		<i>LMB</i>
1918						
6-1	No. 2 Can Fld Amb		Gen Inval	A116		11905
12-1	To Duty		do	A116		do
22-2-19	Gen Spec Wtly		H2	C403		<i>LMB</i>
28.3. -	Disch'd	do	do	C429		4167 289/4

[illegible]

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

WILCOX
RANK

UNIT

J.G.

Co.

TROOP

238197
BATTY

Pte.
HOSPITAL

12th Res. Bn. (1 B. Co.) 3rd
DATE OF ADMISSION

M.G.C. Depot

Can. Etchinghill

30-8-17.

2. Can. Fld. Amb.

HOSP. 6-1-18.

C.S. Willey

HOSP. 22-2-19

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

V D.G. ft

1.

Gen. Myalgia to
V.D.S. f.

2.

3.

DISPOSITION

CL. 3-9-17 141.

Dis. 4-10-14 DATE
Rel. to duty - 12-1-18.
REMARKS

11-10-17 B 33
18-1-18 @ 116 (2)
3-3-19 C 403
2-4-19 B 429 Disch

28-3-19.

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Copy.

CAN. SPO. HOSP. **VENEREAL DISEASE CASE-CARD.**

Army Form W. 3497.

WITLEY.

Hospital.

67. Ward.

Age

Service

Religion

Disease

24

4912.

R. C.

V. D. S.

Regiment

Coy.

Reg. No.

Rank

Name

G. M. G. D.

238197

PTE.

Wilcox J. C.

Date of Admission

Disposal

Date of Discharge

21. 2. 19

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and
Places of Three
last Exposures { 11. 11. 18 to 5. 2. 19. Every day.

Main points in history Sore 14. 2. 19. Boric acid powder. Last used 18. 2. 19.

Condition on admission Has a sore 1 1/2 cm. in diameter on shaft.
Indurated. Surface scrofulous. Femoral glands ++ M. M. Skin
Negative

[P.T.O.]

Date	Treatment <i>given</i>		Progress			Complications and their Treatment
	Local	General				
26.2.19.	4.5 N. + HG grst	ML				22.2.19 Dark Field: - Negative
6.3.19.	4.5 N. + HG	ML				24.2.19 Wasserman: Positive + +
14.3.19.	6 N. + HG	ML				<i>Whorehart-major</i>
21.3.19.	HG grst	ML				
27.3.19.	6 N. + HG grst	ML				
4.4.19.	6 N. + HG	<i>To be given</i>				
11.4.19.	6 N. + HG					
18.4.19.	6 N. + HG					
23.4.19	Wasserman					
29.4.19	Observation					
			URINE	H.G.	N.B.	B.T.
Satford	3-4-19					Haddison
	7-4-19.	rec.	N.	7/11		O.H.
	10-4-19			1		O.H.
	14-4-19			7/11		O.H.
	14-4-19			1	7/11	O.H.
	21-4-19			1	7/11	O.H.
	24-4-19			1		Jarvis
	28-4-19	N.T. Does not feel well				4
	5-5-19	B.T.				neg
	2-6-19	B.T.				neg
	13-6-19	Classed as Recovered.				Haddison
						O.H.

138180

WILL OF

RANK, *Pt* NAME, *Wilcox* *Geo* *23/97*

Extracted from Pay Book by Capt. W.H. Smillie, Paymaster,
12th RESERVE BATTALION, CANADIANS.

DATE, *20/5/* 1917.

*Will can be found with
officer's Records in D#2
Toronto*

WILL OF

Hydrostatic Test Box Book by Capt. W. H. Smith, Registrar.

1884 RESERVE BATTALION, CANADIANS.

1887.....1887.

*Will you please send me
a copy of the book
mentioned above.*

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

Canadian Printing and Stationery Services, London

1. Group O. Wing.

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WILCOX C. J.
 REGIMENT C M S. C. RANK Pte No. 238197
 Date of Examination in England 28-6-79 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

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

Signature of Dental Officer R. L. Corby

To be made out in duplicate.

H.Q. 54-21-23-53

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..... *176th Canadian Bn.*
- (2) Regimental Number..... *238917*
- (3) Full Name of Soldier..... *James Charles Wilcox*
- (4) Place of Birth..... *Buffalo N.Y.*
- (5) Are you married, or not?..... *Widower*
- (6) If married, state,
 - (a) Full name of your wife.....
 - (b) Present Postal Address..... *289 Euclid Avenue
Toronto.*
- (7) Are you a widower?..... *Yes*
- (8) Have you any children?..... *One.*
 - If so, give number of boys and girls..... *Girl*
 - Also their names and ages..... *Lily Wilcox, One Year old*

(9) Is your Father alive?.....

If so, state name and address

(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.

(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.

Sister Mrs C. J. N. Wright
289 Euclid Avenue
Toronto.

(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. London Life Assurance*

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....*P.S.*

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

Date June 20 1917.

D. Sharpe, Lt. Col.
Officer Commanding.
Co. 176th Bn. C.E.F.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

WILCOX

Charles James

REGIMENT

1st Bn 9th Bde

RANK

PTE

No.

238197

Date of Examination in England

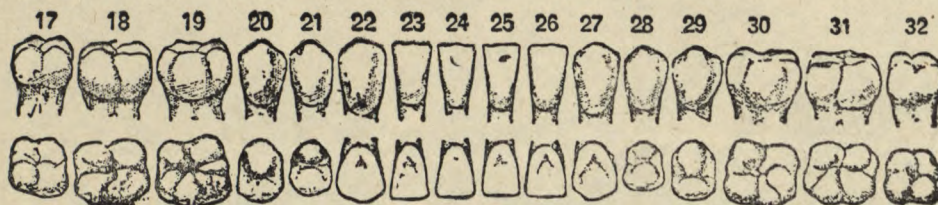
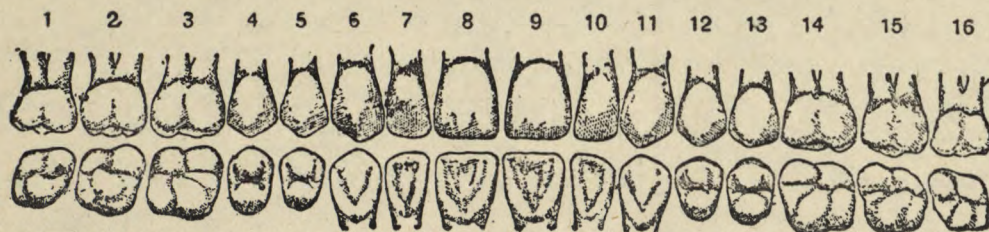
23/8/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

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

Yes

Signature of Dental Officer

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 238197 (Rank) Pte
Name (in full) James Charles Milcox enlisted in
the 204th Battalion
CANADIAN EXPEDITIONARY FORCE at Toronto on the 5th
day of December 19 16
HE served in 1st Br 6. M. G. C. France Eng. Com
Demobilization.
and is now discharged from the service by reason of
Medical Unfitness.

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

Age 25
Height 5' 4 1/2"
Complexion Fair
Eyes Blue
Hair Fair

Marks or Scars Tattoo left
arm. Marks of burns
face & back.

J C Milcox
Signature of Soldier.

J. S. Sullivan
Issuing Officer.

Date of Discharge



Rank

Date HALIFAX, N.S. SEP 14 1919 19....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO
FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

- 1.-That discharge certificate must be carried when wearing uniform.
- 2.-That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.-That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class "A" No. 233470

THIS IS TO CERTIFY that No. 238197 (Rank) Private

Name (in full) WILCOX, James Charles enlisted in
the 204th Battalion

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 5th
day of December 1918

HE served in CANADA ENGLAND & FRANCE (with 1st Bn. C.M.G.C.)

and is now discharged from the service by reason of Demobilization.
~~REDEMPTION~~

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

Age 25 Years

Height 5'4 1/2"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars

Tattoo left arm.

Burn scars face & back.

Signature of Soldier

Date of Discharge

Halifax, N.S.
September 20th, 1919.

Issuing Officer

(W.E.L. Coleman), Major,
Officer i/c Records.

Rank

Date January 13th, 1920

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE DISCHARGE CERTIFICATE OF

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THE FOLLOWING IS A TRUE AND CORRECT COPY OF THE DISCHARGE CERTIFICATE OF

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

204th Bn Boston

Regimental No.

238197

Rank.

Pte

Name.

Wilson James Charles

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

Date of promotion to
present rank

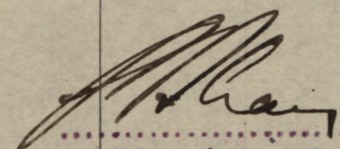
Date of appointment
to lance rank

Numerical position on
roll of N. C. Os.

Extended.

Re-engaged.

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18.9.1915		T. O. S. No. 6 D. D. from 6.9.19 and posted			Dispt 13 Defun 9.19 Do 261 261
18.9.19		Sold on Discharge		20.9.19	
					 Officer in Charge Records No. 6 D.D.

(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				

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

WILCOX

Charles James

REGIMENT

1st C. B. G. B. B. RANK

PTE

No. 238197

Date of Examination in England

23/8/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

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

Yes

Signature of Dental Officer

A handwritten signature in cursive script, likely belonging to the dental officer.

Rank

Name

Wilcox, James Charles

Reg'l No.

238197

Unit

If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Toronto, Dec. 5-1916

Place of Birth

Shoreld, Ont.

Name and Address, Next-of-Kin

M^{rs} C. Enright

23 Leonard Ave. Toronto, Ont.

Relationship

Sister

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

2ND SHEET RECORDS

Relationship

Discharge, Date and Place

Reason

Character

1ST SHEET FILED IN ENVELOPE

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.				
<i>23-5-19</i>	<i>C.M.G.D.</i>	<i>Is. C.M.G.D. Pte. Awarded 21 days P.P.#2 forfeit 8 days pay by P.A. Regs. @ W.L. 4 h.p.m. 11-5-19 to 20-5-19 19-5-19 @ Bang in possession of a false pass & using same with intent to absent himself</i>	<i>Seaford</i>		<i>Pt 10 #120</i>
<i>24-5-19</i>	<i>✓</i>	<i>Reported to Unit</i>	<i>✓</i>	<i>21-5-19</i>	<i>- 121</i>
<i>3-6-19</i>	<i>do</i>	<i>Los to Amled.</i>	<i>" "</i>	<i>2-6-19</i>	<i>- 129</i>
<i>2-6-19</i>	<i>✓</i>	<i>Awarded 21 days detention & forfeit 5 days pay by P.A. Regs. @ Breaking away from escort who had him in charge @ A.W.L. 2000-25-5-19 to 2350-29-5-19</i>	<i>✓</i>		<i>- 128</i>

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.				
3-6-19	C.M.G.D.	S.O.S. to C.M.G.C.D.	Pt Seaford.	2-6-19	-129 ✓ ^{M.G.C.D.} 156 d/5-6-19
28-6-19	M.G.C.D.	S.O.S. to "O" Wing C.C.C.	✓ Withey	26-6-19	-179 ✓ ^{O-Wing} 66 d/1-7-19
12-8-19.	"O" Wing.	AWL. at Withey. 1400 hrs. 17/7/19 Fell 2015 hrs. 17/7/19. W.O.A.B. using violence to superior Officer. Sentenced to detention for period 6 months. Forfeits 1 day's pay. by P.A. Reg. Gen.	Withey	12/8/19.	Also 100.
12/8/19	"O" Wing.	S.O.S. on transfer C.M.G.D. 31/7/19 on proceeding to Wandsworth.	Withey	31-7-19.	Also 100.
12/8/19	"O" Wing.	admonished drunk in Waterloo Rd London.	Withey.	10-7-19	Also 100. Auth. A.F.B. 2069. d/5/8/19.
12/8/19	"O" Wing.	Guarded 3 days. F.P. 2. A.W.L. from Picquet at 0930 hrs after being duly warned.	"	12-7-19	Also 100.
		S.L. 103 - B-26.		69 19	
9*10*19	Records	S.O.S. TO CANADA	London	69 19	104

MK

Rank

Name

W. COX, James Charles.

Reg'l No. 238187.

Unit

173th. Bn. to 1st Cent. Ont. Regt.

Married or Single

Place and Date of Enlistment

Toronto Dec 5th 1916

Place of Birth

Thorold Ont

Name and Address, Next-of-Kin

Mrs C. Knight.

Relationship Sister.

23. Leonard Ave Toronto Canada.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ltd.—9:46-16.

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.					
6/		ARRIVED IN ENGLAND		7-5-17	SS. CLYMPIC.	
18-5-17	18th Res	IOS from 176th Bn	B Sandy	9-5-17	PT 50126	
2-9-17	"	Adm. Can. Hp. Etchinghill		30-8-17	B.L. 141	DN 9.
10-10-17	160R.	Dischgd. " " "		4-10-17	" 633	"
28-6-17	12th Res	Ses. Court. Mar. 1. Having been found guilty of: I. Resisting an escort. II. Wilfully injuring Public Property. III. Condukt to the prejudice of good order & Mel. Des. Sentenced to 4 wks detention. Promulgated 27-6-17	B Sandy	27-6-17	PT 50161	
10-11-17	"	Rept'd fr. detention. Bk. & award work	B Sandy	9-11-17	PT 50276	

1600th
A10

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	REMARKS	
Date.	From whom received.			Date.	Taken from Official Documents.
24-11-17	12th Reg.	Lo. S. to 3rd Bn. of Pte. E. Lindy		24-11-17	Pt 10288 + 127. ^{3rd Bn.} ^{1st Bn. M.G.C.} ^{01.10.29} ^{4/10/18}
15-4-18	3rd Bn.	Lo. S. transferred to 1st Bn. in 4th Reg. & Fuld		21-3-18	" 35
10.12.18	CMG Depot	105 fm 1st Bn. M.G.C. (Absentee) Pte Seaford		25.11.18	Pt 100. 332. 82 ^{4/1.1.19} ^{1st Bn. M.G.C.}
31.12.18	CMG B.D.	AWL fm 15.12.18 Pte Seaford		—	— 332
16.1.19	CMG B.D.	Award: 5 days C.B. for 15.9 days Pte Seaford Paid 17. for AWL fm 21.30.15.12.15 1000 - 21.12.18. (8 days 10 1/2 hrs)		—	— 103
17.1.19	CMG B.D.	Award 5 days C.B. Forfeits 3 days Pte Seaford Pte under para reg. for AWL fm 2359 - 29.12.18. 100 0915. 1.1.19 (2d 9 1/4 hrs)		—	— 14
21-1-19	C.M.G.D.	Award 5 days C.B. forfeits 4 days pay Pte A.W.L. from 21.00 4-1-19 until 15.00 8-1-19		—	— 20
29-1-19	C.M.G.D.	Placed on restricted pay for 4 months Pte Seaford		28-1-19	— 24
3.2.19	C.M.G.D.	Awarded 21 days F.P. No 2 + forfeits Pte 6 days pay under para reg. C.W.L. from 09.30 10-1-19 to 19.30 16-1-19		"	— 28
12.2.19	CMG B.D.	Pte 13. is award to read:- "AWL" fm 21.30 - 15.12.18 to 2000 - 24.12.18 (8 days 22 1/2 hours)	Pte Seaford	—	— 36.
26-2-19	CMG B.D.	Placed on restricted pay 6 mos. Pte Seaford		25-2-19	— 48
28-2-19	CMG B.D.	Awarded 21 days F.P. No 2 + forfeits Pte Seaford 11 days pay by P.A.R. was AWL Re 5-2-19 15-2-19 (10 days 4 1/2 hrs)		—	— 50
16-5-19	✓	Absent from. ✓	✓	11-5-19	— 114

12/4/17

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.

25m-4-17.

H. Q. 1772-39-819.

To Whom *Mrs. C. J. Enright*By Whom Assigned *Wilcox, J. C.*

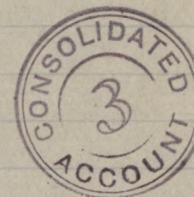
249 Address *23 Leonard Ave.,*
289 *Euclid Ave. Toronto, Ont.*

Regtl. No. *238197*Rank *Pte*Corps *176 Battrn.*

Rate *\$20.00* from *MAY 1 1917*

PAYMENTS

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



12/4/17.
MILITIA AND DEFENCE

M. F. W. 12a.

50m.—7-16

1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Mrs. C. J. Enright

PAYMENTS.

Name of Soldier

Wilcox, J. C.

L. L. Job 5470—Req. 6888.

Pte 238197

176 Btn

\$20.00 from May 1-17. 1917

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1917		
Feb.			
March			
April			
May		M15131	20
June		V 18800	20
July		K 26467	20
Aug.		Z 35341	20
Sept.		P 40275	20
Oct.		W 45350	20
Nov.		A 35597	20
Dec.		V 61114	20
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

c 289 Euclid Ave 14-6-17 W.H.S.

160.00
xx 28¹²/₁₇

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

[illegible]

20 a.p

Reported from bet. 77. worth
9/11/17. Remission of 4 dys.
Full. Pr 0. 276. 10/11/17 15th Dec
1918

£5
 Encouchment
 self Pay
 authorized
 P 825. 14/4

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

204th O. S. Battn., C. E. F.

Regimental No. 238197

Rank

Name

C. E. F.

Milcox James Charles

Enlisted (a) 5-12-16

Terms of Service (a)

was 8 months

Service reckons from (a)

5-12-16

Date of promotion to present rank

Date of appointment to lance rank

after

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

(C) Machinist

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				
		Embarked at Halifax April 28/17			
26.6.17	176 7 th 2 nd S.O.S. 6 12 th Res Bn	Disembarked at Liverpool May 7/17			
G.C. 12 th Res. Bn. C.E.F.	Transferred to..... 2 nd S.O.S. 6 12 th Res Bn	EAST SANDLING	25.5.17	Part II..... 115.	
G.C. 12 th Res. Bn. C.E.F.	Transferred to..... 3 rd Bn	EAST SANDLING	24.11.17	Part II..... 288	
16/1/17	12 th Res.	Tried by D.C.M. & sentenced to 42 days detention For 1 Resisting an escort/2 Wilfully injury Public Property (3) conduct to the prejudice of good order & military Discipline Promulgated 27/6/17 Reported from Detention Barracks			
		Lanely	27/6/17	Part II..... 0.161	
			9/11/17	" " 276	
1st Lt Matanus Cof					

1st Lt. Maturin C.E.F.

(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.

238197 4th Wilcox J.C.

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				
26/11/17	C.B.D.	ARRIVED C.B.D.	FRANCE	25/11/17	N.R.D. PART II ORDERS No 127.1 D 4.72.11
28/11/17	C.B.D.	LEFT C.B.D. CAN. CORPS REINF. CAMP		28/11/17	N.R.D.
25/11/17	C.B.D.	ARRIVED CAN. CORPS REINF. CAMP		28/11/17	B. 213
7.1.18	do.	to Hospital.		6.1.18.	M.R. 157.
19.4.18.	28.1.18.	myalgia (Genl.)		6.1.18.	C. 166.
14.1.18.	do.	to Duty.		12.1.18.	C. 778.
13.1.18.	C.B. R.C.	T. on S. C.B. R.C.		12.1.18.	C. 168.
10.4.18.	Chf. Supt.	I. off S. 3rd Bn. on transfer to 1st Bn. Canadian Machine Gun Corps.		21.3.18.	A.G. 4210(0) ref. Edn. Sect. file. 261201. P.O. 35. d. 15.4.18.
		T.O'S 1 BATTN C M G corps on transfer from 3rd Bn		20/3/18	R 2929
9-11-18	OC	Granted 14 Days Leave to U.K.		9-11-18	B 213 R/102/1918
29. 11. 18	Officer/c	Returned to C.M.G. Depot on being appr.		27. 11. 18	R. 2. 12. 35. 273 29. 11. 18. R. 3. 291116
19-12-18	off/c	S.O.S. on being held at Seaford as absentia posted to Can msc Depot Seaford.		24-12-18	KD 17.1577. als. 2-24-1-63 Ref Side KD (K) 37782 P. 2/1919
	Records als. bands.				Almaises Lieut for Lt. Col als. Canadian Section

Sheet II

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps

Regimental Number

238197

*Substantive Rank

Surname

Wilson

Christian Names

J. B.

*Acting Rank

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

(A) Report		(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
Date.	From whom received					
10/12/18	CMGB	322.	T.O.S. from 1 BN MGB (Absentee from France)	Seaford	25.11.18.	
			FOR 14			LIEUT. H/C RECORDS, C.O.M.F.
10.12.18	CMGB	322	T.O.S. from (O/S Unit)	Seaford	X.11.18.	
			1st Coy. Bn.			
4-6-19	Com CMGB	On Command	To Wansworth Detention Barracks	Seaford	2-1-19	NO 129
			RELEASED from the DETENTION BARRACK, WANDSWORTH, 20.6.19			
			SENTENCE HAVING			
			Remission Earned..... Days			
3-1-19	Com CMGB	NO 129	SS. in proceeding to Walsworth Detention Barracks	Seaford	2-1-19	
						LIEUT. Adjutant, Canadian Machine Gun Depot.

To be folded on this line.

Nothing to be written in this margin.

G.W.P. Co. 3073

10/18

500,000

W. 6425-P1600

A1834

(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
4.9.19		S.O.S.	Special Pool Writer PII O #12 d 4.9.19			
6.9.19		S.O.S.	Remission of sentence auth A 92, 24-1-168 Special Pool Writer PII O #13 d 6.9.19.			

Embarked

Gilbury 6/9/19.

W. A. Ogden

Nothing to be written in this margin.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Issued, 8-5
Class. No. 393470

1. No.	238197	M
2. Rank.	PTE	
3. Name.	WILCOX James Charles	
4. Unit.	101 Bn C M G	
5. Date of Discharge	20-9-19	Place Halifax
6. Reason for Discharge	Demobilization	
H		
7. Authority.	R.O. 1420	
8. Proposed Residence after Discharge	249 Euclid Avenue Toronto	
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.? J. C. Wilcox Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... emb. 2-9-19 HALIFAX N.S. SEP 1 1919 Signature..... (O. C. Discharging Unit.)	

LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate
2. Discharge Certificate
3. Discharge Certificate
4. Discharge Certificate
5. Discharge Certificate
6. Discharge Certificate
7. Discharge Certificate
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94. Discharge Certificate
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97. Discharge Certificate
98. Discharge Certificate
99. Discharge Certificate
100. Discharge Certificate

H

2000

2000

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

ORIGINAL *Cug*
MEDICAL HISTORY SHEET

Christian Name.....James Charles

Approved by

Rank *Captain* M.O.

Date _____

Fit or Unfit.	Age.	Sex.	Profession.	Place of Birth.	Place of Residence.	Married.	Children.	Religion.	Political Party.	Education.	Income.	Health.	Other.
Fit	25	M	Teacher	Illinois	Illinois	Yes	2	Catholic	Republican	High School	\$10,000	Good	
Unfit	35	F	Homemaker	Illinois	Illinois	No	0	Protestant	Democrat	College	\$5,000	Poor	
Fit	45	M	Engineer	Illinois	Illinois	Yes	3	Jewish	Democrat	College	\$15,000	Good	
Unfit	55	F	Teacher	Illinois	Illinois	Yes	4	Catholic	Republican	High School	\$8,000	Poor	
Fit	65	M	Retired	Illinois	Illinois	Yes	5	Protestant	Democrat	College	\$12,000	Good	
Unfit	75	F	Homemaker	Illinois	Illinois	No	0	Catholic	Republican	High School	\$6,000	Poor	
Fit	85	M	Retired	Illinois	Illinois	Yes	6	Protestant	Democrat	College	\$18,000	Good	
Unfit	95	F	Homemaker	Illinois	Illinois	No	0	Catholic	Republican	High School	\$7,000	Poor	

EXAMINED FOR RE-ENGAGEMENT

M.O.

M.O.

M.O.

M.O.

Date _____

Result

VACCINATIONS

MO

MO

CORPS

REGT'L NUMBER

HABITS

DATE _____

238197

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION

DATE _____

DISEASE

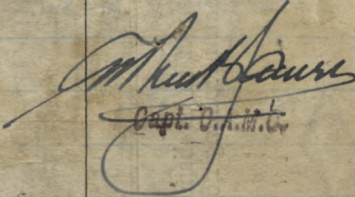
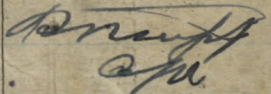
RESULT

20:10:17

Filmas Capto.

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.

Surname.....Christian Name

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
CANADIAN HOSPITAL, ETCHINGHILL, LYMEINGE.		28	8	17	3	10	17	Gonorrhoea	36	Discharged to Unit	
CANADIAN SPECIAL HOSPITAL, WITLEY, SURREY		21	2	1928	3	19		V.D.S.	36	Was + P Healed Benig given 9145 Kg Stiffness as per photo	 7. O'Neil Capt CAPT. REGISTRAR.

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 Wandsworth DATE 20 Aug 1919

1. 1 (a) Unit 1st In G Bn (b) Regimental No. 238197 (c) Rank Pte

(d) Surname WILCOX (e) Christian name James Charles

(f) Home address 249 Euclid Ave, Toronto, Ont

(g) Next of Kin Mrs. A. Enwright (h) Relationship Sister

(i) Address of Next of Kin 249 Euclid Ave, Toronto, Ont

2. Age last birthday 24 Date of birth 24 May 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date 5 Dec 1915

4. Personal description:

(a) Height 5. 11 1/2 51 (b) Weight 140 51 (c) Complexion Fair

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

5. Former trade or occupation Machinist

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

2

231
88

PERIODS

From

To

Canada 5/12/16 28/4/17

England 27/5/17 25/11/17

France or other theatres of War 25/11/17 27/11/18

7. Original disease, or injury V.D.S.

(a) Date of origin Jan 1919 (b) Place of origin Eng

(c) Cause Infection

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.)

Nil apparent

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

Objective. — no open nor infection lesions.

Subjective — 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* Genito-Urinary System *no*
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses *no* Respiratory System *no* Integumentary System *no*
Disturbances of Mentality *no* Digestive System *no* Muscular System *no*
Osseous and Joint Systems *no* Any other general condition *no*

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

Entrados U.S. — Jan. 1919. —

*His statement — Received full course treatment
Goa + H.G. Volley Spcl. — + Rosencroft Hosp.
Discharged from Hospital March. — Healed as
our patient Rosencroft until June 1919. Alternative
treatments — of Goa and mercury. — Lost blood
last 2 months ago — Negative. — Says he has
had 4 negative tests.*

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).)

hss - Elmhurst - 28.8.11 - 609 - TB unit.

(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.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

a. yes 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?

6 months.

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

full course

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)

Recommend that he be discharged with an award in bonam - recommended by PG 477 20.1.19

16. Can the former trade or occupation be resumed?

(If not, briefly state why)

yes

17. Recommendations.

For Discharge
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, *James Charles Vile*, 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.

Pat J C Vile

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.

Yes - we concur

19. Is the invalid fit for

- (a) General service,
(b) Service abroad, not general service,
(c) Home service (Canada only),
(d) Temporarily unfit.
(e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
" B) (Yes or No.)
" C) (Yes or No.)
" D) (Yes or No.)
" E) (Yes or No.)

72 A

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.)

Recommendations that he be dealt with on arrival in Canada
in accordance with PCO 47 of 20.1.19.

- (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.)

MC Auth. - 25 Tel 9053 of 11.11.18

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

PLACE

Woodworth

DATE

21.8.19

President

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

President

PLACE

Members

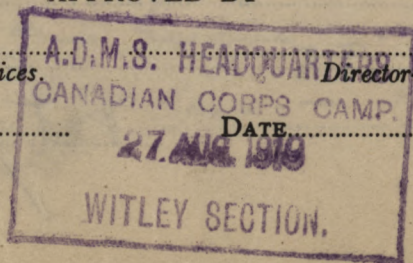
DATE

APPROVED BY

Assistant Director of Medical Services

DATE

APPROVED BY



Director-General of Medical Services.

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Lanea Duting
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4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
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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.....

DATE.....

1. 1 (a) Unit..... *M.G.* (b) Regimental No. *238197* (c) Rank *PTE*
(d) Surname..... *WILCOX* (e) Christian name *J.H.S.*
(f) Home address..... *Toronto - 249 Euclid Ave.*
(g) Next of Kin..... *Mrs. Curright.* (h) Relationship *sister*
(i) Address of Next of Kin..... *as above.*

2. Age last birthday..... Date of birth.....

3. Enlistment, or Appointment (if an Officer) (a) Place..... *Toronto* (b) Date..... *12-16*

4. Personal description:

- (a) Height..... (b) Weight..... (c) Complexion.....
(d) Colour of hair..... (e) Colour of eyes..... (f) Identification marks, Scars, etc.
(stripped)

5. Former trade or occupation.....

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).

	PERIODS	
	From	To
	Years	Days
Canada.....	<i>34 yrs</i>	<i>7 mos</i>
England.....	<i>12-16</i>	<i>12-16</i>
France or other theatres of War.....	<i>12-16</i>	<i>-17</i>
	<i>-17-</i>	<i>11-18</i>

7. Original disease, or injury.....

- (a) Date of origin..... (b) Place of origin.....
(c) Cause.....

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.)

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.)

(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..... Cardio-Vascular System..... Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... Respiratory System..... Integumentary System.....

Disturbances of Mentality..... Digestive System..... Muscular System.....

Osseous and Joint Systems..... Any other general condition.....

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

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).)

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

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

(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.)

12. Was the disability caused, or aggravated ; (a) by intemperance, or improper conduct ; or (b) by unreasonable refusal to accept treatment ?

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 ?

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

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)

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

17. Recommendations.

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, 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.

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.

19. Is the invalid fit for

- | | | |
|--|--------------|--------------|
| (a) General service, | (Category A) | (Yes or No.) |
| (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.)

- (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.)

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.

.....President.

PLACE.....

DATE.....

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

.....President.

PLACE.....

DATE.....

} Members

APPROVED BY

APPROVED BY

.....Assistant Director of Medical Services.

.....Director-General of Medical Services.

DATE.....

DATE.....

on 145

642778 Tankenhamch. 6/

Send to

Beaufort War Hqs.

Bristol

ans 2878

11.12.18

ACTED ON
BY 11/12 27/638

17.12.18

RiaB

on

16 DEC 118

MEDICAL REGISTR

Medical History Sheets.

Name J O N E S

DATE

10/16 *[Signature]*

R 12 A 2 MAR 28

EFF

[Handwritten signature]

92
230

2760
184

21160

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name		1	1	
Battalion				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

Service Badge

Class "A" No. 393470

THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

enlisted

the

CANADIAN

EXPEDITIONARY

HE served in

Demobilization.

Medical Unfitness.

and is now discharged from the service by Reason

THE DESCRIPTION OF THIS SOLDIER

DATE below is as follows:—

Age

Marks or Scars

Height

Complexion

Rank

Date

N.B.—As no duplicate of this Certificate will be
unstamped envelope to the

person finding same is requested to forward it in an
Military Council, Ottawa, Canada.

1413

for Mrs