6521

Original

ATTESTATION PAPER.

No. 88070

Folio. 2

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ... Wilkinson
1a. What are your Christian names? ... Samuel Robert
1b. What is your present address? ... Marpeth, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ... Ridgetown, Ont. Canada
3. What is the name of your next-of-kin? ... John W. Wilkinson
4. What is the address of your next-of-kin? ... Marpeth Ont.
4a. What is the relationship of your next-of-kin? ... Father
5. What is the date of your birth? ... Feb. 10. 1899
6. What is your Trade or Calling? ... Student
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
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, S. R. Wilkinson, 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.

S. R. Wilkinson (Signature of Recruit)

Date Jany 13 1916 D Hearn (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, S. R. Wilkinson, 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.

S. R. Wilkinson (Signature of Recruit)

Date Jany 13 1916 D Hearn (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 Ridgetown this 13 day of Jany 1916

Geo. A. Watson (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

struck duty Feb 15/16

Posted 24-4-17 D.S.

Description of Saml Robt Wilkinson on Enlistment.

6521

Apparent Age 18 years ..... 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 ..... 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded ..... 36 1/2 ins.
- Range of expansion .. 2 1/2 ins.

Complexion ..... dark .....

Eyes ..... brown .....

Hair ..... dark brown .....

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

March 16/17
Nothing except heart murmur which caused his discharge
Wm Beatty Capt
A.M.S.

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 declares that he is not subject to fits of any description.

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

Date January 13 1916 ..... D Macey .....

Place Kingston ..... 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.

S. R. Wilkinson ..... 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.

Neil Smith ..... Lt.-Col. (Signature of Officer)
O.C. 186th Overseas Bn. C.E.F.

Date Feb 16 1916

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

Attestation Papers..... 2, 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms.....

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.....

Last Pay Certificate..... 1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Wilkinson, Samuel Robert

Regt. No. 880070 Rank Pte.

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

Medically Unfit

22161

649W7548.

CARD No. ✓

SURNAME. Wilkinson,

CHRISTIAN NAMES Samuel Robert

REGL. No. 880070 RANK Pte.

S.O.S. 19-3-17. FOLL. DIS. 1/

UNIT 186th Batt.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Wilkinson, John W.

RELATIONSHIP TO SOLDIER Father

ADDRESS Morpeth, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ridgetown, Ont. DATE Feb. 10th, 1899.

PLACE OF ATTESTATION Ridgetown, Ont. DATE Jan. 13th, 1916

L. L. 9089.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED . SINGLE yes WIDOWER

TRADE OR CALLING Student RELIGION Methodist

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 36 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Dark EYES Brown HAIR Lt. Brown.

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Ridgetown, Ont. DATE Jan. 13th, 1916

No. 880070 RANK Pte. NAME Wilkinson S. R.

T. O. S. 18-2-16 (20. 11. 23-2-16) UNIT 186th Battalion C. E. F.

M. D. /.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Feb. 18th.	Feb. 29th.	H.		
Mar.		"		
Apr.		"		
May m/ac.		H.	Trans. to Mach. Gun Sec.	D.O. 669 of 3-5-16.
May.		"		
June.		H.		
July.		H.		
Aug.		"	3 days A.B. 30-8-16.	D.O. 1710 of 30-8-16.
Sept.		"		
Oct.		"		
Nov.		"		
Dec.		H.		
1917.				
Jan.				

(over.)

1917. Feb. 1. Mar. 1.	1917. Feb. 28. Mar. 19.	M. L	3 days L.B. 13-2-17. Discharged M.M. 19-3-17.	D.O. 35 of 13-2-17. D.O. 55 of 5-3-17.

UNIT SAILED
MAR 28 1917

a/c closed by payment S.

REG. NO. 880070 NAME (SURNAME FIRST) Wilkinson S.

RANK Pte CORPS 186th Batt.

AGE 18 SERVICE 3/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 2-6-16

DISEASE Arthritis

DISCHARGE 1-8-16

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

880070

COPY D.

MEDICAL HISTORY SHEET

Surname Wilkinson Christian Name Samuel Robert

Examined { on 13 day of Jan. 1916.
at Ridgetown

Approved by D Inspr.

Rank Capt. M.O.

Birthplace { City or Town Ridgetown
County Kent Ont.

Apparent age 18.

Trade or occupation Student

Height 5 feet 10 Inches

Weight 150. lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36½ inches

Physical development good.

Small-pox Marks none.

Vaccination Marks { Arm Right ✓ Left ✓
Number 0.

When Vaccinated last Never.

(a) Marks indicating congential peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection none other than Sec. Dental Corps

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	
3-2-16	Take	Thomas J McNally Capt 8th Can.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 13 day of January. 1916 at Ridgetown.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	186. OS Bn.	880070.		13/1/16.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Chatham Ont	Mar 6/17	Mitral Regurgitation	Unfit W C Matthews Capt & President

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Wilkinson Christian Name Samuel Robert.

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				

Origi...

ORDERLY ROOM
186th Os. Bn. C.E.F.

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.....
186th Os. Bn. C. E. F.

(2) Regimental Number 880070

(3) Full Name of Soldier WILKINSON, Samuel Robert.

(4) Place of Birth Ridgetown, Ontario. Canada.

(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.....

M. F. W. 67.

200M.—3-16.
1772.39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address John Wilfred Wilkinson, Morpeth, Ontario.

(10) Is your Mother alive ? Yes

If so, state name and address Mrs Ruth Wilkinson,

Morpeth, Ontario.

(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.

.....

.....

.....

(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 ? No

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

Have you made arrangements for payment of your Insurance premium.....

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

Neil Smith Lt. Col.

Officer Commanding.

Date SEP 27 1916

Origional to O/C 186th. /S Battalion

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Folio 3/70 /
M.G.S/ March

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 880070 Rank pte Name WILKINSON, Samuel Robert

Corps 186th Overseas Bn., C.E.F. who was* discharged

On March 19th. 1917 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-17 191..., to ~~19-3-17~~ 19-3-17 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	14	60
Advances by Cheques No. 7857	5		Regt'l Pay 19 days at $ 1 c	19	
Advances by Cheques No.			Field Allow. 19 days at $ c 10	1	90
Assigned Pay No.	6		Other Allowances*		
Other Charges* Canteen Kit Charges	1	44			
Payment on transfer or discharge No. 2971	23	06	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	35	50	Total	35	50

*Give Particulars.

A monthly stoppage of $ Nil (†) has — (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) Nil —

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 13-1-16

(2) if married and if a Separation Allowance Card has been submitted no

(3) cause of discharge and authority 1 D 30 W 251 of 14-3-17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 15/3/17

Place Chatham, Ont.

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa, Ont.
DATE Nov.23, 1970

TO:
À:

NAME
NOM WILKINSON, Samuel R.

Service No.
Matricule No 880070 WW1

CPC No.
CCP No 218304

WVA No.
AAC No 7846

Information Received from:
Information reçue de: S.T.M.O. London Ont. Tel. Memo d/Nov.18, 1970

Date of Death
Date du Décès Nov.17, 1970

Place
Endroit Westminster Hospital.

Distribution: WSR-DASG
VI - ASS
~~DO~~ ~~BD~~
HO - BC

Pour le chef,
A F Douglas
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

880070

6521 Original COPY

MEDICAL HISTORY SHEET.

Surname Wilkinson Christian Name Samuel Robert

Examined { on 13 day of Jany 1916 / at Ridgetown.

Birthplace { City or Town Ridgetown / County Kent, Ontario.

Apparent age 18

Trade or occupation Student

Height 5 Feet 10 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34. inches. / Maximum expansion 2½ inches.

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right. — Left. — / Number —

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection Lee Dental corps

Approved by D Marr.

Rank M.O.

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.
3/4/16	Take	D McNally Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
Mar 6/16		Answers M.O.
Mar 13/16		Answers M.O.
Mar 27/16		Answers M.O.

Enlisted on 13 day of January 1916 at Ridgetown.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	186 Bn	880870		13/1/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Camp Borden	Sept 15/16	Routine exam.	pass. Answers
Chatham Ont	Mar 6/17	Mitral Regurgitation	Unfit W.C. Nattress Capt Pres. Board

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.

200M—11-15.
H. Q. 1772 39-439.

Certified True Copy,

Neil Smith Lt. Col.
O. C. 186th Os. Bn., C.E.F.

Surname Wilkinson Christian Name Samuel Foster 6521

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

6521

This space to be for numbers.

C

10-3

Military District No. 1

MAR 28 1917

I. D. 30 W 251

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 880070

Rank **Private.**

Name **WILKINSON, Samuel Robert**

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 186th. Os. Bn. C.E.F.

Date of Discharge MAR 19 1917

Place of Discharge Chatham, Ont., Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 19 years 1 months.	Descriptive Marks
Height 5 feet 10 inches.	
Complexion Dark	
Eyes Brown	
Hair Light Brown	Nil.
Trade Student	
Intended place of residence (To be given as fully as practicable.) Morpeth Ontario.	

2. The above-named man is discharged in consequence of being Medically unfit. Though causes not due to Military service

Authority I. D. 30-W-251. dated March 14th 1917.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Nil.

E R J

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

X

noted 24-4-17

5. He is in possession of the following number of G. C. Badges:

Nil.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... Nil.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Chatham, Ont., canada.

(Date) MAR 19 1917

Commanding Neil Smith Lt. Col.
O.C. 135th Overseas Bn. C.E.F.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Chatham, Ont., canada. J R Wilkinson (*Signature of Soldier.*)

(Date) MAR 19 1917 R C Buckingham (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Chatham, Ont., canada.

(Date) MAR 19 1917

(*Signature*) Neil Smith Lt. Col.
O.C. 135th Overseas Bn. C.E.F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil.

J. R. Wilkinson

Signature of soldier.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

6521

MEDICAL HISTORY OF AN INVALID.

Military District No. 1
MILITIA & DEFENCE
APR -9 1917
MAR 1
H.Q.
CANADA
30
I. D.
649-W-7548
W 1257

1. Station. Chatham, Ont.,
2. Regiment or Corps. 186th Os. Bn. C.E.F.
3. Regimental No. and Rank. 880070.

8. General remarks on his:—
(a) Conduct.
(b) Habits.
(c) Temperance.

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

4. Name. S. R. Wilkinson.
5. Age last Birthday. 18
6. Enlisted on 13-1-16.
at Ridgetown, Ont.
7. Former trade or occupation. Student.

Date. 6-3-17.

9. Service.	Years.	Days.	PERIODS From	PERIODS To
186th Os. Bn. C. E. F.			13-1-16.	6-3-17.

10. (a) Disease or disability. Mitral Regurgitation.
(b) Date of origin. Probably before enlistment.
(c) Place of origin. Canada.
(d) Cause. Does not know.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

There is a loud murmur at the apex propagated into the axilla and heard also in the back. He does not complain of pain or shortness of breath. He is otherwise fit.

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.
200M. 8 16.
1772-39-117.

6521

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) **None.**

(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 ? **Not aggravated by service.**

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

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated. **Not more than at time of enlistment.**

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

Yes.

Armstrong, Capt.

Medical Officer by whom the case is brought forward.

6521

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. Yes.

Recommendations :

Discharge.

Signatures :—

W C Chalkley President.

P. J. McEwen Captain C

Members.

W G Jamieson Staff

R. le Poupe Capt CAMC

Station. Chatham Ont.

Date. March 6th 1917

Date. 12/3/17

J Major

Asst. Director of Medical Services.

Approved.

Date. 13/4/17

D. B. Hanger

Director-General of Medical Services.

6521

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

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

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

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-89-111.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

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.