2656 ORIGINAL

No. 3 Sec., D. A. G.

ATTESTATION PAPER.

No. 845580

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Wilson
1a. What are your Christian names? ..... Thomas William
1b. What is your present address? ..... Dil City R.R.#3.
2. In what Town, Township or Parish, and in what Country were you born? ..... Derbyshire Co Eng
3. What is the name of your next-of kin? ..... Alice Mary Wilson
4. What is the address of your next-of-kin? ..... 17 Lee Road Harpurhey Manchester Eng
4a. What is the relationship of your next-of-kin? ..... Sister Harpurhey
5. What is the date of your birth? ..... Jan 10th 1892
6. What is your Trade or Calling? ..... Farmer
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, Thomas W. Wilson, 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.

Thos. W. Wilson (Signature of Recruit)

Date Feb 26th 1916. C.O. Bourne Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas W. Wilson, 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.

Thos W Wilson (Signature of Recruit)

Date Feb 26th 1916. C.O. Bourne Capt (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 Dunsdon this 26 day of February 1916

D. A. Mercer J.P. (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

2656

Description of Thomas W. Wilson on Enlistment.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded ..... 38 ins.
- Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Grey

Hair ..... Light-brown

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

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).

None

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 February 26th 1916 .....

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.

Thomas William Wilson 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 of Officer)

Date 26th February 1916.

for Major O.C. 149th C.E.F.

REGIMENTAL DOCUMENTS

NAME Wilson Thomas William (Pte) REGT. NO. 845580 UNIT Can Gen Sps 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
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)					
Misc					
1 A+D					
1 Surrender					
1 Casualty					
Med Certificate					
2 Photos					
1 Birth Record					
1 Repat					

3-3-58 Discharged

28482

41 9
10 9
5- 9
5-

5

Form DMS 1401.

26576 K — 34 — 1 ... HOSPITAL.

A. & D. CARD

AT ... Base Section No. 1 Hospital, Washington

A. & D. No. M 4 T 6,581 ... Pl. of Action ... France

Rank Pte. ... Reg. No. 845580 ... Unit 8th Base San. Sec. ... Sick or Wounded C

Name Wilson, J. W. ... Age 26. ... Religion C.E.

Place in Hospital S. A. N.

Diagnosis Influenza

Admitted 1. 1. 19 ... From Std. A. Gardoman

Discharged 7 APR 1919 ... To M.R.D. Bergland

Transferred

Service at Home 13 mos. ... In Field 3 mos 6

Results B. V.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

REG. NO. 845580 NAME (SURNAME FIRST) Wilson J. 2656

RANK Pte CORPS 149th Bath

AGE 24 SERVICE 3/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 30-5-16 31-10-16 15-2-17

DISEASE Measles Synovitis Scarlet fever

DISCHARGE 28-6-16 = 8-11-16 27-3-17

OPERATION

DISCHARGED TO DUTY Yes Yes Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No. 345580 RANK Gnr. NAME Wilson . J. W.

T. O. S. Transf. fr . UNIT #3 Section Div. Amn. Column.
#1.S.S. 20-4-17.
DD. 92-21-4-17.

M. D. , -

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
Apr 21	Apr 30	W.	Proceeding OS	

Form R. 149. 2656 Thomas Williams

Name WILSON Rank Pte. Reg. No. 845580

Unit ~~Pte~~ 8th Bn. Labour Pool.

Next of Kin Alice Mary Wilson, 17 Lee Rd., Manchester, Eng.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	Reported					
12-8.	14 GH Trouville.	G.S.W.	Inguinal			32654
			Rt. H295			
18-8.	13 base Dep Trouville		do.	A300	H 2 6	33842
6-9	Discharged to Rem.		Eloplex			3752
		JAC 23.8.19				
24/2 1919	10 GH Rouen		Influenza	A 210		6554/6
2.1	4 Con Gen H B Stoke	"		K 212		4189
7-4-19	Discharged	"	90	B. 288		3049
7:4:19	Will Proceed on 17.4.19 to Manitoba Regimental Depot					Base W.
			Sedford Sussex			249

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
	JJJ						

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REGT'L No. 845580

NAME Wilson Thomas Wm

H. Q. FILE No. 649.

RANK AND CORPS Pte 8th Bn form 149th Bn

FOLLOWS No.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
60-3 3261	19-8-18	adm 74 Gen H Trouville Aug 12th 18 G.S.W. Inguinal

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

2656

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a295	74 Gen Trouville	12.8.18	GSW R Hnd
a300	13 Conv Depot Trouville	18.8.18	" "
a316	Disch to Reinforcement Camp	6-9-18	" " "
a210	10 Gen Rouen	24-12-18	Influenza
B212	4 Can Gen Basingstoke	2-1-19	"
B288	Discharged	7-4-19	"

No. 8455580 RANK Pte. NAME Wilson Thos. H.m.

T.O.S. 26-2-16 UNIT 149th Battalion
D.O. 70, 10-3-16.

M. D. 1

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 26	1916 Mar. 31	m	absent on leave	Mar. Paylist.
	May	m		
	June.	m	Sick leave	
	July	m	A.W.L. since 11-7-16	D.O. 176 of 13-7-16
			Reported A.W.L. 13-7-16	D.O. 180 of 19-7-16
	Aug.	m	Forfeits 3 days pay.	
	Sept	m		
	Oct	m		
	Nov.	m		
	Dec.	m		
1917	1917			
	Jan.	m		
	Feb.	m		
Mar. 1	Mar. 20	m	Transferred to Special Service	D.O. 63 of 20-3-17
Mar. 21	Mar. 31	m	Now shown on No. 2. S.C. 30-3-17	Mar. Paylist.

1917	1917.			
Apr. 1.	Apr. 20.	n.	Trans to # 3. Sec. Dec. 24/4/17.	do 75-24-4-17.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 845580 Rank Pte

Surname WILSON

Christian Name Thomas William

Unit 8th Bn. Can. Inf. Theatre of War France

Date of Service 28-3-18

Remarks

Latest Address ~~Box 267 Watford Ont.~~

R.R. # 3, Oil City, Lambton Co. Ont.

Roll No. Page 3562

MAY 1 1921

NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

Dec'd

4-A6496

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893

C.

"K" T
S01.825.28-5-19 T
S0.149 of 29-5-19 " Dawson 188

NAME Wilson. Thomas William

8455-80

RANK & No. Pte. Gr.

CORPS 149th No. 3 Sect. D.A.C. (2nd R.D.) Batt.

ENLISTMENT, PLACE Alvinston, Ont. DATE Feb. 26th, 1916

FORMER CORPS Nil.

COUNTRY OF BIRTH England. Derbyshire.

NEXT OF KIN Wilson. Alice Mary (Sister)

ADDRESS OF NEXT OF KIN 17 Lee Rd., Harbushey, Manchester Eng.

DISCHARGE, PLACE DATE

R/C. 25-5-19 334/157 Pte.

Trans. from 149th Bn. to No. 3 Sect. D.A.C. (2nd R.D.) in the Draft Y.R.R. 7-6-17.

L. L. 85003—M. & D. 5952.

M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 24 YEARS MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Grey HAIR Light brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Alvinston, Ont. DATE Feb. 26th 1916

Present Address, Oil City, R.R. #2. Ont.

REMARKS:

2656

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
WILSON	F. W.	845580.

RANK	UNIT	CO.	TROOP	BATTY
Pte.	Man. 8.	(C.L.P.)		

HOSPITAL	DATE OF ADMISSION
74 Gen. Trouville.	12-8-18
1. 13 Conv. Dep. Trouville	Hosp. 18.8.18
2. 10 General Hosp. Rouen.	Hosp 24.12.18
3. 4 Gen Base 21-1-19	Hosp. 2-1-19
4.	Hosp.

DIAGNOSIS

1. GSW. RT. ING. B
   Influenza
2.
3.

DISPOSITION

DISPOSITION	REMARKS	DATE
CL. 18-8-18. A295-5.	Disch Reinf.	6.9.18.
23.8.18 G 300(4)	" " "	7.4.19.
11.9.18 A 3½. 9.		
7.1.19. A 210.		
9-1-19 B 21 D		
10.4.19 B 286		

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Form R 122
2353—100M—9-12-16.

2656

DL. Rank Name WILSON Thomas William. Reg'l No. 845580.

Unit 3rd Sec to A.C.London If in perm. Corps, What Unit? Married or Single Single.

Ont to Res Arty.

Place and Date of Enlistment Alvinston. Feb 26th. 1916. Place of Birth Derbyshire.Eng.

Name and Address, Next-of-Kin Alice Mary Wilson.

17 Lee Road, Manchester.England. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 16295
File R.L.
Category Can OR

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 7 5 17 S/S. OLMYPIC			
9.5.17	Res Bde	T.O.S from Canada	S'Cliff	7.5.17	A.F.W.O 129
19.5.17	" "	SOS to 8th Res Bn	"	18/5/17	" " " 139 & A.F.W.O. #139 dy=19/5/17 of 8th Res Bn
26-6-17	8th Res Bn	S.O.S. on posting to 119th Bn.	— " —	27.5.17	A.F.W.O. #146 & D.O. #104. dy=28/5/17 of 119th Bn.
21.3.18	125 Bn	Attch from 119 Bn	Witley	19.3.18	DD45 & 119 Bn DO #17. dy=19-3-18.
27.3.18	"	Cease to be attch 125 Bn	"	27.3.18	DD49 & 119 Bn & 20 d/26/3/18.
26-3-18	119 Bn	S.O.S. to 52 Bn	"	27-3-18	Do 20
2.4.18	52nd Bn	T.O.S. from Engr ex 119th Bn	Ste-Field	28.3.18	— 27
12.4.18	— " —	S.O.S. to 8th Bn:	" — " —	3.4.18	— 31 & A.F.W. No 35 12/4/18. 8th Bn

A.F.B. 103 CHECKED

8245580 Wilson. J.W. 2656

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	Part II order No.	REMARKS Taken from Official Documents.
16.5.18	8th Bn	Awarded G.C. Badge.	Pte	Field	26-2-18	51.	
20-8-18	~	Wounded	Pte	~	10-8-18	3335-3	C.F. 2975
24 9 18	8th Bn	SOS to Can. Labour Pool	~	Field	18.9.18	Pt II 113 &	Tah. Pool G Pt II O. 154 25-9-18
16-1-19	Tah. Pool	Invs. "Sick" & posted to Gen. Depot, Witley.	Pte	Field	31-12-18	Pt II O. 8.	Witley Dep DO 10d/13-1-19
22-4-19	MRD	TOS on Reporting from 4 C 4th Bn			17-4-19	DO 112	
13-5-19	Gen Dep	to Com 6 Res Bn. Seaford	Pte	Seaford	8-5-19	DO	104 + 6 ~~Pte to 104~~ amended
9-5-19	6th Res.	T.O.S. for demob. Sailing 18-5-19	"	" 77-K-16	8-5-19	D.O.	104
19-5-19	6th Res Bn.	Ceases to be attch. & is SOS. to Canada	"	Seaford	18-5-19	DO.	112.
23.6.19	Gen Depot	Ceases in command. Wes. TOS to 6 Res.	.	Witley	8.5.19	-	135

Army Form B. 103. Regimental Number 845380

Casualty Form—Active Service.

Regiment or Corps Can. Labour Pool

Rank Pte. Surname Wilson Christian Name G. W.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended ..... Re-engaged ..... Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
	A.A.G.	To Can Lab Pool from 8th Can Inf Bde		19.9.18	Lr 11 154.2579/18
28/9/18	C.F.B.D.	To Ado. C.C.R.C. for H. Can C.C.S.		29/9/18	AR 1404
31.12.18.	10 Gen Hosp.	Invalided: "Sick" for B.T.			AF B 3083/6681
		Aberdonian and is posted		31.12.18	Lyo. 8. 16/1/19
		to Can Dept with			
		Sick Sup	Lieut for A/Adj. A.A.G.		
			Canadian Section G.H.Q.		3rd Echelon

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

(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[P.T.O.

843586 Nelson J. H. 2656

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
13-1-19	Gen'l Depot.	T.O.S from Labour Pool	Field	31.12.18	D.O. No
					W.J. Byrne Lieut. for Colonel i/c Records O.M.F.C.
9-5-19	O.C. 6th Res	attached to the Battn from Can. Gen. Depot. for demobilization	Seaford	8-5-19	Pt II B.O. 104
19-5-19	O.C. 6th Res	Ceased to be attached from Can. Gen. Depot on transfer to C.C.S. in Canada per D.D.L. S.S. Aquitania	Seaford	18-5-19	Pt II B.O. 112
					[illegible]
					ToS No.1 Dist Depot Displ. Stn. K. 18-5-19 SOS Dispersed 28.5.19 D.O. No. 149
		MAY 18 1919 AQUITANIA 25 MAY 1919			for O.C. Dispersal Area Sta. K.

2656

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WILSON T W

REGIMENT 6th Res RANK Pte No. 845580

Date of Examination in England 15/5/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

1855 D

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 20
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

CONTENTS COPIED C.A.D.C., M.D. No. 1.

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 Yes
- (c) In France

Signature of Dental Officer W W Beatty Capt

Fill in Only.—Unit, Number, Rank and Name. 2656

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Transferred to No. 3 Sec., D. A. C.

Unit, Regiment or Corps 149th C E F

Regimental No. 845580 Rank Pte. Name Thomas William Wilson
C. E. F.

Enlisted (a) 26-2-16 Terms of Service (a) duration of war and 6 mos. Service reckons from (a) 26-2-16

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) Farmer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embark	Canada	28-4-17	H. M. T.
		Disembark	England	7-5-17	H. M. T.
9-5-17.	Res. Bde. C.F.A.	T.O.S.	Shorncliffe	7-5-17	Part II 129.
19-5-17.	"	S.O.S. on transfer to 8th., Res. Btn.	"	18-5-17	Part II 139. E. Boland Capt. for O.C. Res. Bde. C.F.A.
19-5-17	8th Res.	Taken on Strength 11th Bn	Shorncliffe	18-5-17	Part 2 139
26-5-17	8th Res.	S.O.S. to ~~C.E.F. Crowboro~~ 11th Bn	Shorncliffe	26-5-17	Part 2 146. R. W. Rose LIEUT. ASS'T ADJ'T, 8th CANADIAN RES. BN.
28.2.19	11th Bn	Taken on strength 11th Bn	Witley	26.5.16	Part 2 No. 164
26/3/18	11th Bn	Proceeded overseas for service with 52nd Bn	Witley	27/3/18	Part 2 20 Lieutenant, Adjutant. For O.C. 11th Canadian Infantry Battalion.

CERTIFIED CORRECT. 19 APR 1918 OFFICERS, COMMDG.

(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.

2656.

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				
O.C. C.B.D.		Landed in France. Taken on Strength 52nd Odn. Bn.	Nom. Roll	28/3/18	Nom. Roll d/ 28.3.18
			Pt II D.O. 27	2/4/18	Pt II D.O. 27 d/ 2/4/18
— do. —		Left for Calais	Nom. Roll	30/3/18	Nom. Roll d/ 30.3.18
O.C. ~~52nd Bn~~ Calais		Arrived Unit for duty	~~B. 213~~	31/3/18	~~B. 213 d/~~ 31/3/18
31.3.18	A.A.G. Calais	To 8th Can Inf Bde	Battn	3/4/18	K.L. 95 D. 31/3/4/18
31.3.18	do	S.O.S. to Bn	Field	4.4.18	Pt II D.O.
6.4.18	8 Bn	Joined Unit	"	5.4.18	B 213
10.5.18	"	Awarded 1 G.C.	"	26.2.18	K.L. 18/1142 Pt II 51
10.8.18	167 A.	Gsw. L. groin Adm	to Base	10.8.18	G/4052
12.8.18	7/4 Gen.	— " —	Adm	12.8.18	G. 901.4.
15.8.18	8th Bde	Wounded	Field	9.8.18	K.L. 14. 1188
18.8.18	13 Can Dep.	Gsw. groin	Adm	11.8.18	H. 446
10.8.18	3 Cdy	Gsw. groin R.	Adm	10.8.18	H. 494
12.8.18	"	— " —	to Trouville	12.8.18	H. 806
18.8.18	7/4 Gen.	— " —	to 13 Can Dep.	18.8.18	H. 1014
9.9.18	6 Bde	S.O.S.	Field	9.9.18	H.R. 441.
6.9.18	13 Can Dep	n/s.	to Base	6.9.18	H. 6-35
18.9.18	6 Bde	Classified B1 & S.O.S. 8th Bn. Transf. to Can. Lab. Pool			H.R. 3339
				18.9.18	Pt II No 113 d/ 24/9/18

Western Ontario Regt 26-6 845580

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Wilson Christian Name Thomas William

Examined { on 26 day of Feb 1916 / at Alvinston Ont

Approved by J Bruce

Rank Capt M.O.

Birthplace { City or Town / County Derbyshire Eng

Apparent age 24 24 yrs

Trade or occupation Farmer

Height 5 Feet 6 ½ Inches.

Weight 155 160 Lbs.

Chest measurement { Minimum 35 inches. / Maximum expansion 38 inches.

Physical development Perfect

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number 4

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection Both eyes D 20 / none 20

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.
12/5/16		D Mutchell M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
T AB 1	13-3-19	Lt Bannerman Capt.
14.9.16		D Mutchell M.O.
21.9.16		D Mutchell M.O.
29.9.16		D Mutchell M.O.
25/3/17 Para		J Bruce Capt
T AB 1	23-11-17	Lt Lee Capt

Enlisted on 26 day of February 1916 at Alvinston Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	149	845580		26-2-16
Transferred to	mo 3 Sec DFC MCO 96E			20-4-17
	1 Sig Co			21/5/17
	119th Bn			
	52 Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London, Ont.	FEB 8 - 1917 191	On Attestation	considered Fit
Maj. A. M. C. Pres.	Lt Douglass	Capt. A. M. C.	J K Bruce Capt. A. M.
London Ont	Mar 24. 1917	Medical Board	Fit
London Ont	Apr. 18. 17	Med Board	Fit Bruce Capt Chest
Moss Can Gen Hosp	19-3-19	Otitis Media Bilateral	Bruce Capt Chest Bil E Defects Capt
Seaford	18-5-19	Ditto	Bil E Defects Capt

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 39-4-19.

(5)

Surname Collins Christian Name Wm. William 26556

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.
London		30	5	16	28	6	16	Measles	30	Both Ears discharged - cured.	J.M. Corne.
London		31	10	16	8	11	16	Influ of joint	9	Gives P.N.D. very mcC. Recovered	D.H. Stewart. D.T. McCrae
London		15	2	17	27	3	17	Scarlet Fever	41		
No. 4 Canadian Gen. Hospital, Basingstoke.		1	1	19	7	4	19	Influenza & Otitis Media Suppd Chronic	96	made a good recovery from Influenza - has had slight discharging ears previously cured - Early 1916 following measles - Feb 1917 - Scarlet Fever then following colds in head - Today both drums are perforated - dry. Weber = Rinne neg - both can see back - long hearing? hearing for ad Spoken voice - Rt. 4' Lft 8'	H.H. Corne.

CANADIAN EXPEDITIONARY FORCE 2656

DISCHARGE CERTIFICATE

Awarded W.S.B. Class A

THIS IS TO CERTIFY that No. 845580 (Rank) Private

Name (in full) Wilson Thomas William enlisted in

the 149th Bn

CANADIAN EXPEDITIONARY FORCE at Alvinston on the 26th

day of February 1916.

HE served in France 8th Bn & Labour Pool

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

On demobilization medically unfit for general service.

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

Age 27 years 8 months

Height 5 ft 7 ins

Complexion Fair

Eyes Grey

Hair Light Brown

Marks or Scars Nil

Signature of Soldier.

J. Christie. Lt

Issuing Officer.

for O.C. Dispersal Area Sta. K.

Rank

Date of Discharge

DISCHARGE SECTION
MAY 28 1919
No. 1 District Depot

MAY 28 1919

Date ..... 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.

M.F.B. 39A.

FORM OF WILL.

I, THOMAS WILLIAM WILSON (Name in full)

Regimental Number 845580 serving in 149th., OVERSEAS BN.,

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Miss Alice. Mary. Wilson
17 Lee Road Harpurhey
Manchester England

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Miss Alice. Mary. Wilson
17 Lee Road Harpurhey
Manchester England

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 12th day of February A. D. 1917

Pte Thos. W. Wilson Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for His last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Thomas Hyllis Simpson.
Address of Witness Courtright. Ont.
Occupation of Witness Soldier.
Signature of Second Witness James Mungies Sergt
Address of Witness Watford ontario
Occupation of Witness Soldier

M. F. W. 82
500M-5-16.
1772-39-983.

OFFICER i/c PAYES, M. & D.

CERTIFIED A TRUE COPY

H. S. Spencer

R

ESTATES BRANCH,
MAY 22 1917
MILITIA DEPT.

1178

FORM OF WILL

I Thomas William Wilson (Name in full)

Regimental Number 845580 serving in

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Wife E. E. Heath

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Miss Alice May Wilson
17 Lee Road, Harpurley.
Manchester, England.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 21 day of April A.D. 1917

Pte T. W. Wilson Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness E. E. Heath Lt.

Address of Witness Wallaceburg Ont.

Occupation of Witness Watchmaker

Signature of Second Witness Wm L Green

Address of Witness Cameron Missouri U.S.A

Occupation of Witness Farmer

M. F. W. 82.
300M.-12-16.
1772-39-983.

ESTATES BRANCH
JUL 25 1917
MILITIA DEPT.

CERTIFIED A TRUE COPY
H. Spencer Reeves
OFFICER i/c ESTATES, M. & D.

DUPLICATE

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..... 149th. O.S. Bn. C.E.F.

(2) Regimental Number ..... # 845580

(3) Full Name of Soldier..... Private Thomas William Wilson

(4) Place of Birth..... Ince Lancashire England

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

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

(b) Present Postal Address..... Nil

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

(8) Have you any children ?..... No

If so, give number of boys and girls..... Nil

Also their names and ages..... Nil

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No .....

If so, state name and address ..... Nile .....

(10) Is your Mother alive ?..... No .....

If so, state name and address..... Nil .....

.....

(11) If your Mother is a widow..... Nil .....

Are you her sole support, or not ?..... Nil .....

(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.

..... Nil .....

.....

(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.

..... Miss Alice Mary Wilson 17 Lee Road Harpurhey .....

..... Manchester England .....

..... Sister .....

(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.

..... Nil .....

(15) Are you insured ?..... No .....

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

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

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

W. P. Bradley .....

Officer Commanding.

Date..... May 19th. 1916 .....

149th Battalion,
CANADIAN EXPEDITIONARY FORCE

2656

Report on EARS.

12-5-19

No- 845-580
RANK Pte,
NAME WILSON
UNIT 6th Res

	Rt Ear		Lt Ear
Hearing			
Voice	18'		18'
High tones	20ft		20ft
Low tones	12ft		12ft

Category - B1

Remarks - Ch. Sup. Otitis Media - ~~not~~
Causality service - not present previous
Enlistment - Recruiting

12-5-19.

C.M.H.E. 19.
(1st Revise).

Eye Report.

Canadian Military Hospital,
Eastbourne, Sussex.

.....1917.

Regl. No.

Rank. Name.

Unit.

Complaint:-

Vision, R.E.

L.E.

V. corrected R.E.

L.E.

Glass s ordered. Frame.

Clinical Condition.

Fit as far as eyes are concerned for Class

.....Capt. CAMC.

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Derby shire. England

NAME AND ADDRESS OF NEXT OF KIN: Sister Wilson. Alice Mary

17 Lee Road. Manchester. England.

RELATIONSHIP OF NEXT OF KIN: Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 845580 RANK Pte NAME Wilson. Thomas William

IF IN PERMT. CORPS WHAT UNIT } UNIT 3rd. Sic. D.A.C. TRANSFERRED TO 119 Bty DATE 11/7 AUTHORITY D Mobs

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Alvinston — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Feb 26th. 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $15.00 DATE EFFECTIVE December, 1st, 1917 SW

PAYABLE TO Miss Alice Wilson, 17 Lee Rd, Harpurhey, Manchester ENG. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	C.J.	REMARKS
1917														36 08	36 08													Balance from Canada			36 08					Ltr.
May	31	1.00	34 10												34 10																70 18					
June	30		33												33								185 30	Bty Bn			14 60			14 60	8858					
July	10		11												11																9958					2 to 119 Bn 11/7
"	21		23 10												114 18																14 60					
															23 10																12268					
Aug	31		34 10												34 10	298 78	2/6										730			2190	13488				
Sept	30		33												33	320	14/7	543	29/5								1460	730		4867	11921		15		
																349		551	8/9								1460	973							
																454	14/8										974								

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Oct. 1.	Balances	3 ~~119 27~~							119 21	15.00	
	Pay allowances	34 10 / 34 10		AR 622 119th Bn 25/9	7 30 / 730				146 01		
		—			—						
	Forward	34 10			7 30						

845580 Pte Wilson J. W.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLOE. ENG.																
Oct	Brot Ford.				34 10									7 30				146 01	90																
Nov							A.R. 667	119 Bn					15/10/17	9 73																					
	Pte. Ford				33		711	"					29/10/17	7 30																					
							760	"					17/11/17	9 73																					
Dec.	Pte. Ford				34 10		648562 3-1-8 see ab.									15																				
							61314	Can War Loan						35 00				136 35	105																
1918					67 10									61 76		15																		
Jan.	P Pay.				34 10		67584	£3-1-8								15																			
							A.R. 89	119 Bn					18/12/17	4 87																					
							" 837	"					4/12/17	9 73																					
							" 814	"					24/11/17	7 30																					
							2nd Payment on $100 War Loan Jan 1918.							10				123 55	105																
					34 10									31 90		15																		
Feb.	P Pay				30 80		8650	£3-1-8								15																			
							A.R. 998	119 Bn					28/1/18.	4 87																					
							" 937	"					8/1/18.	7 30																					
							3rd & 4th instalments $100 War Loan							25																						
					30 80		A.R. 1068	119 Bn					12/2/18.	4 87		15		97 31	105																
														42 04																				
Mch	P Pay.				34 10		D 42659	£3-1-8								15																		
							A.R. 1089						25/2/18.	4 87																					
							" 1123						13/3/18.	4 87				106 67	105															
					34 10									9 74		15																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND or ~~CANADA~~.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:-	1/12/17	EFFECTIVE DATE:-	
AMOUNT:-	1/6 per diem ~~Stpd~~ to 1/6/19	AMOUNT:-	

NAME:- WILSON, Thomas Wm

NUMBER:- 845580

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Miss Alice Wilson,
17 Lee Rd, Harpurhey,
Manchester, Eng.
Sister.
a2m

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 3 Sec. D.A.C.

DATE ACCOUNT FIRST OPENED:- 11/5/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			119 Bde
D.O. 35. 4/4/18.	1/4/18	25/4/18	8 ~~Bde~~ Bn (E)
154. 17/9/18	1.10.18	27.10	L. Pool

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
	249	S/F 7/4/19 to 17/4/19	7 30	Lpc	Bne 30 4/19	@ 4/	160 20
2/4/19	563	Leeds	4 87				
7/4/19	1043	"	48 67				
21/4/19	933	Seaford	14 60				
			68 14				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis Can 30 4/19 WR 7674 24/4/19 Seaford to Seaford MD 1 Compiled 27/4/19

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March 31	Balance forwd								10 67	105 -	
April	P. Pay	33 .		A. 12856			15 00				
				2.4005 C.410 25.3.18	1 17						
				5 • 6th Inst. m 100.00 W.R. C.1314	30 .						
				A.R. 46 8th Bn. 22.4.18	4 46				89 04	105 00	
		33 .		" 147 " 5.5.18.	35 63 / 3 57		15 .				
May	do	34 10		B. 6741			15 .				
				AR 205. 8 Bn. 17.5.18.	4 46				100 11	105 00	
		34 10			8 03		15 .				
June	do.	33 .		B. 61939			15 .				
				A.R 251 10th Bn 2.6.18	3 57						
				" 375 " 15.6.18	4 46				110 08	105 00	
		33 .			8 03		15				
July	do	34 10		B. 73337			15				
				A.R. 70 8 Bn 1.7.18	3 57						
				" 182 " 13.7.18	4 46						
				" 359 " 30.7.18	3 57				117 58	105 00	
		34 10			11 60		15 .				
Aug	do.	34 10		C. 20534			15		136 68	105 00	
		34 10			- -		15				
Sept	do	33 .		Chq No. D. 21109			15 .				
				A.R. 1845 C.I.B.D. 14.9.18	8 92						
				" 6933 13 Con Dep 31.8.18	1 78						
				ON AR 10859 C.G.B.D. 30.9.18	4 46				139 52	105 .	139 52
Oct	pp	33 .		D. 63884. £3.1.8	15 16		15		158 6		
		34 10		AR 95 r. Hdqrs B 15.10.18	3 73				154 89		
				DNAR 2299 16 N Regt 7.10.18	3 73				151 16		
		34 10			7 46		15				

NUMBER 845580 RANK Pte NAME Wilson J. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.10.18	Bal b/d								181 16	105	
Nov.	pp	33		CR. Cr. 796 £3.1.8			15		169 16		
				18 AK 10 3/4 H 16.11.18.	18 6				150 50		
Dec	pp	68 20		Dec Cr 783 £3.1.8			15		203 70		
				Sup CR. E42537 £3. 1. 8 Jan. 19			15	—	188 70	105	
		101 20			18 6		H5				
Feb				AK 12984 17.1.19 N.H. C.G.H. Basingstoke	4 8 7				183 83		
	pp	30 80		F81125 £3. 1. 8			15		199 63		
Mar	✓	34 10		G 14073 £3.1.8			15		218 73		
				DNAK 14253 7.2.19 N.H. Glos	4 8 7				213 86	105	
				G/L 15842 5/3/19 ✓	4 8 7				208 99		
		64 90			14 61		30				
Apl	pp	33 —		DOCR A16645 Apl £3/18			15				
				DOCR A16455 May £3/18			15		211 99	105	
	Int on deposit 30/4/19	9 05							221 04		
				A/R 3094 8/5/19 L & D and	48 67				172 37		
				A/R 563 4/4/19 + C.G.H. Bristol	48 7				167 50		
				A/R 1043 7/4/19 ✓ ✓	48 67				118 83		
		47 05			102 21		30				
June		— —		D.R.A/R 933 22/4/19 N.R.D.	14 60				104 23		
					14 60						
6/8	S.F. 7/4 - 17/4/19 10 days	7 30							111 53		

DOCR 18/5/19 £2 D 8 Rcs

WAR SERVICE CLASS BADGE CLASS A. NO. 261990 DISPERSAL AREA K.
OCC. GROUP 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Awarded W.S.B. Class A

1. No. 845580

2 Rank. Private

3. Name. Wilson, Thomas William.

4. Unit. Canadian General Depot.

5 Date of Discharge MAY 28 1919 Place LONDON, ONT.

6 Reason for Discharge Demobilisation. On demobilization medically unfit for general service.

7. Authority. R.O. 1894

8. Proposed Residence after Discharge Watford, Ont.

Issued 3-3-58

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.?

Thos W. Wilson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date MAY 28 1919

Signature (O. C. Discharging Unit.)

M.F.B. 218s—300M.-11-18—1772-39-113.

Demobilisation.

Retford, Ont.

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. 268
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). ✓ Dup.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 13

Checked by No. 6

[illegible]

Date 17/5/19

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 ms 4. Can. Gen Hosp. Basingstoke DATE MARCH 12-1919

1. 1 (a) Unit 8th Battalion (b) Regimental No. 845-5-80 (c) Rank PRIVATE

(d) Surname WILSON (e) Christian name THOMAS WILLIAM.

(f) Home address WATFORD ONTARIO.

(g) Next of Kin ALICE WILSON. (h) Relationship SISTER

(i) Address of Next of Kin 17. LEE Road ~~H~~ HARPURHEY MANCHESTER

2. Age last birthday 27. Date of birth JANY1- 1892.

3. Enlistment, or Appointment (if an Officer) (a) Place ALVINSTON-ONT. (b) Date FEB 26-1916.

4. Personal description:

(a) Height 5'-1" 6" (b) Weight 135- Estimated (stripped) (c) Complexion FAIR

(d) Colour of hair BROWN (e) Colour of eyes Grey (f) Identification marks, Scars, etc. TATTOOING. LEFT forearm - forget-me-not - bulldog - between flags - inscription "We hold" Reg. Name girl with union jack - Lion.

5. Former trade or occupation FARMER.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	14.

	Periods	
	From	To
Canada	Feb 26-1916	April 24-1917
England	MAY 3-1917	MARCH 24-1918
France or other theatres of War	MARCH 25-1918	JANY-1919.
IN ENGLAND. in hosp -	JANY-1919	MAR 12-1919

INVALIDS STATEMENT

7. Original disease, or injury MEASLES.

(a) Date of origin MAY-1916 (b) Place of origin CANADA.

(c) Cause UNKNOWN.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

CHRONIC INFLAMMATION OF Middle Ear - Bilateral -

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.)

On Exam - ~~nose - Right septum Deck - lungs~~
~~tubs - small bowel - Lungs clear~~
Ears - both canals clear - both drums perforated
both ears - dry -

Rt	Hearing	Lft
9'	ord. spoken voice	8'
=	Weber	=
=	Rinne	—
+1"-3"	Schwabach	+1"-3"

Patient complains of deafness - bilateral - no pain, no debility no nausea.

(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 (If pulse rate is abnormal, B. P. will be taken.)	no	Genito-Urinary System (Albumen and Sugar will be excluded.)	no
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).)

F.M. card - no 4 - C.C.S. hearing of Pyrexia, irregular from 24/XI/18 to date 28/XII/18 - 10 General - 24-12-18 - On Adm - no pyrexia - no pains - no cough - Chest clear - T 99° P m. 78 - Backache and slight irregular pyrexia continues requires - dental treatment - & debilitated - Involved 20th M'Lands R. May 1916 - was vaccinated with measles - followed by discharge from both ears - lasting 2 months - slight till FEB-1917 - when he developed Scarlet Fever - both ears discharged again - six weeks in England in July 1917 - following cold in head - ears discharged - does not know how long - period before M.O. because of deafness, got no treatment - in July 1918 in France following cold ears discharged and was very deaf - Batt - M.O. syringed ears - for 2 months ears dried up - in Sept 1918 - was treated by Ear specialist at Etaples, ears discharge was treated 8 days - was boarded - Bt - sent to Labor Pool - attached to No 6 C.C.S. in November was seized with Influenza - came to England Jan' 19 - during attack of Flu - ears discharged again + ears today Nov 12-19 have been dry for 2 weeks.

M.H.S. London 30-5-16 - measles - both ears discharged cured
London 15-2-17 Scarlet Fever - recovered.

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*).)

Pleurisy in 1909 - sick 3 weeks — Influenza 1910 sick two weeks.

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

Scars - one oval on left side of Back Rep. Iliac Spine Right Thigh 1" behind it - 2nd scar round 1 cm in diam - 4" posterior to oval scar.

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? 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? 12 months or more.

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

Palliative - cleansing - and alcohol dops.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations

B II

Fred W. Lowers Capt C.A.M.C.

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 T.W. Wilson 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

EPL

Thos. William. Wilson Pte 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, Board concurs.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or No.~~)
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No.~~) B two
(*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.)

Boarded for return to Canada.
Authority Telegram A.G. 9083 11-11-18

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

E P Lewis Capt CAMC ..... *President.*

PLACE Basingstoke

DATE 19-3-19

R Cecil Baker Capt RAMC } 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

A. Collins
Assistant Director of Medical Services.

DATE Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

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

DATE.....

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN LONDON AREA
MAR 31 1919
13, BERNERS ST. LONDON, W.1

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 Seaford DATE 13-5-19

1. 1 (a) Unit 6th Res (b) Regimental No 345580 (c) Rank Pte
   (d) Surname Wilson (e) Christian name Thomas William
   (f) Home address Watford Ontario Canada
   (g) Next of Kin Miss A. Wilson (h) Relationship Sister
   (i) Address of Next of Kin 14 Lee Rd Harpurhey Manchester
2. Age last birthday 27 Date of birth Jan 10th 1892
3. Enlistment, or Appointment (if an Officer) (a) Place Alvinston Ont (b) Date Feb 26th 1916.
4. Personal description:
   (a) Height 5 ft 7 ins (est) (b) Weight 170 lbs (stripped) (est) (c) Complexion Medium
   (d) Colour of hair D. Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Tattoo marks:- Left forearm "Horses head" "Bulldog": Rt forearm, Union Flags: figure in arrows. G.S.W. Scar in rt groin.
5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	76

	Periods	
	From	To
Canada	26-2-16	28-4-17
England	28-4-17 31-12-18	28-3-18 present
France or other theatres of War	28-3-18	31-12-18

7. Original disease, or injury Chronic Suppurative Otitis media.

(a) Date of origin May-June 1916 (b) Place of origin Canada

(c) Cause Infection

M. F. B. 227.

400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Weakness hearing both ears.

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.)

Specialist Report:- "R. Ear Hearing L. Ear Category B1

R. Ear		L. Ear
18'	Voice	18'
2048	High limit	2048
128	Low limit	128

Remarks:- Ch. Supp. otitis Media. Caused by service. Not present prior to enlistment". Sgd: R. G. Hughes Capt. C. G. M. C.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

Had measles 30-5-16 to 28-6-16, in Roudan, Ont. Canada. Says he has had bad ears ever since. Says ears were good previously.

Scarlet fever 15-2-17 to 27-3-17. Recovered, but ears had recommenced discharging on this account. Influenza 1-1-19 to 7-4-19. Good recovery but ears were more troublesome once more.

Categorized B1 in France 18-9-18, because of ears. Has been in low category ever since for same reason.

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).)

G.S.W. R. Groin 10-8-18. In hospitals until 9-9-18. No disability

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

Two slight scars outer portion Iliac region Rt side abdomen.

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.)

N/A

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? ~~Duration~~ Six months or longer
26.a.D.

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

No Details available

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)

No

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

17. Recommendations

K.A. Drysdale Capt. C.A.M.C.
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 Pte T.W. Wilson 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 Nil.

Wilson Thos. W. Pte 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

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.~~)

One
yes - B

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~~ man be ~~discharged.~~ (When not for discharge add special recommendation.)

Boarded for return to Canada
Auth. A.F.Tel. 908 B - 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.

D. S. Byers capt. *President.*

PLACE Seaford

DATE 13 · 5 · 19

James A. Macdonald Capt } 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

E Grenade Lieut Colonel
for Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

OFFICE STANDING MEDICAL BOARD
13 MAY 1919
SEAFORD. SUSSEX.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____ Military Hospital _____

No. _____ Rank and Name Wilson Age _____ Service _____

Disease _____ Date of admission 25-11-18 Date of discharge _____ Result _____

Dates of Observation	25	26	27	28	29	30	1 Dec	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	92	96	92	108	104	100	112	104	112	88		92				104	120	100	100	100	88	96	100	88	100	92	96	92	100	108	104	88	104	92	
Respirations per Minute	28	24	12	24	24	28	24	28	28	28	22		24			28	24	24	28	24	24	32	24	28	20	22	26	24	24	24	24	26	24	22	
Motions per 24 hours																1	1	1	1	1			1				1	1	1	1			1	1	

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name Wilson Age_____ Service_____

Disease_____ Date of admission 24-12-18 Date of discharge_____ Result_____

Dates of Observation: 26 | 27 | 28 | 29 | 30

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours: 1 | 1 | 1 | 1 | 1R | 1

27-Apr-1919

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

Forms
I. 1237
12

2656

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Year

Regimental No. | Rank | Surname. | Christian Name.

Unit | Age | Service.

Station and Date.

Disease Chronic Purulent Otitis Media - Bilateral.

Jan 2 - /19 - Ears - canals - both filled c wax - removed, revealing canals filled c pus foul smelling beyond -
Rt drum - perforation not seen -
Left drum - large perforation -
Hearing - Spoken voice - in either ear - very much impaired - 2'?

Yo Connor

cervical gland felt. Chest movements equal. Fremitus - No dullness - No limitation movement bases.
B.S. clear except at both bases in back and axillae where are a few moist rales. + occasional rhonchi.
Heart not enlarged. Sounds clear - rate normal.
Abdomen. Tenderness along colon - most marked at region appendix and epigastrium. No mass felt.
No replicin or varicose veins.
Reflexes - normal.
Impression - Influenza - convalescent.
Bronchitis -
Alveolar abscess - (removing)
Double otitis media.
Colitis ?. Ernest C. Williams Capt C.A.M.C.

4.1.19. Feels better. No vomiting or diarrhoea. Still some soreness in abdomen.
To have Mist. Tonic.

12.1.19. Much better. Ready for transfer to ward C. for
Capt. O'Connor.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T O.

Station and Date.	
30-1-19.	States that ears have not discharged for about two weeks. Hearing has improved. Says he feels quite fit.

Forms I. 1237 12

2656 2 Block

7 APR 1919

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. M4T6581 Year

Regimental No.	Rank	Surname.	Christian Name.
845580	Pte.	Wilson	T. W.

Unit	Age	Service.
8 Bn. Can.	26	36-24 / 12

Station and Date. 1.1.19

Disease Influenza + Otitis Media.

Occupation Farmer.

Enlisted Inwood, Ont. 26 February 1916

England April 1917

France March 1918

Wounded Slight G.S.W. Aug. 1918. Reported Sick 15.11.18

Hospitals. F. M.C.

40 C.C.S. A.A. 25.11.18. Influenza. Epistaxis, vomiting, deaf. 103⅘, 92, 28.

3 C.C.S. 6.12.18. Steiry rales R. chest. Temp. daily entries.

10. G.H. 24.12.18. On. ad. No pyrexia - no pain - no cough, chest clear. 28.12. Backache + slight irregular pyrexia continues. Requires dental treatment. Debilitated. Temp. chart attached.

F. M.C. diagnosis - Influenza.

Complaint. Diarrhoea - vomiting, pains in stomach. Was convalescent from Flu. Felt well except for weakness. Present trouble 3 days duration.

Previous illness army. Scarlet Fever 6 wks - Measles + Diphtheria 8 wks in Canada. Sprained knee one week in hospital also in Canada. Bullet wound in groin Aug 1918. Good recovery. discharge both ears - dried up.

In June 1918 (thereabouts) became deaf - suddenly during action. Boarded in September B1. became of deafness.

Previous illness. civil life. Rather frequent colds in head - slight attack pleurisy after Influenza - 8 yrs ago. no

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349)

[P.T.O.

Station and Date.

recurrence.

Was perfectly well when enlisted - Good recovery after measles, scarlet fever & diphtheria. Stood training well. Was A. man when went to France. Remained well until he became deaf in June 1918. was told by Specialist M.O. at Etaples. that it was due to rupture of drums by concussion. After boarding was transferred to 4 C.C.C.S. (attached) in September 1918. Ears ache at times, and is periodical discharge from left ear.

Present illness began about 14.11.18 with cough, cold and vomiting. Sick in billets one week, unable to eat. Sent to hospital, high fever - delirious. No vomiting after admitted to hospital. Gradually improved - then recurrence, thinks he was worse the second time than the first. Again recovered - can give no very clear account of his sickness. When transferred to 12 S.H. was better. no cough - no pain - simply weak. On day before transfer to this hospital. (No 4 C.S.H) pt drank some disinfectant in mistake for milk. Vomited - at time and vomiting has been persistent after food till present time. Was very severe during passage across channel. Diarrhoea and pains in abdomen set in soon after vomiting and have persisted.

During past 24 hours vomited once only - This morning retained bread & bacon.

During past 24 hours - bowels moved only once. On previous day several times.

Pain in abdomen now severe last night than before.

P.M. Comfortable in bed. fairly nourished, color good - (slightly anaemic) some dyspnoea on slight exertion. Teeth need attention, one lower tooth recently ulcerated, is loose - other teeth fairly well preserved. Tonsils large.

10M 10-W1-340

AUDITOR | PAYMASTER

M. OR S. S

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 84553-80 RANK Pte. NAME (IN FULL) 114 WILSON Thomas Hilliam (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Miss A. Wilson — RELATIONSHIP S.

ADDRESS 17 Lee Rd., Harpurley, Manchester, Eng.

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS Nil.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 149 Bn — IF IN P.F. WHAT UNIT? 4 C.O.R. Bde. 267 Watford Ont

PLACE OF ATTESTATION — TRANSFERRED TO TOSDOI — DATE 18.5.19 — AUTHORITY AO 149

DATE OF ATTESTATION 26-3-16 — TRANSFERRED TO — DATE — AUTHORITY Go Mrs C. Campbell R.R. #3 Port Colby, Ont 3/6/19

ASSIGNED PAY $ 15-xx — DATE EFFECTIVE Paid and Closed by Ottawa Eng. 31.5.19 Mobilized 1.7.19

PAYABLE TO Miss A. Wilson — RELATIONSHIP S — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 17 Lee Rd. Harpurley Manchester, Eng.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE London — DATE 28.5.19 — REASON Dem — AUTHORITY AO 149 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.
BALANCE FROM PREVIOUS ACCOUNT 30-4-19								160	20	160	20					20																				
1.5.19 – 2.6.19	33	1.10	36	30	105 –					141	30					6182	1	4	87	5 –		22	96	15 –				48	67				301	50				
183 days			420	00						420	00																									
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— WAR SERVICE GRATUITY —

Dolores Dependants

PARTICULARS OR REMARKS

Ref Gratuity 23.5.19

BAL. ENG L. F C. 30-4-19

PAY TO ESTIMATED DATE OF DISCHARGE

2.6.19 CLO. ALLCE. 1ST PAYMENT OF W.S.G.

BOAT MONEY TRAIN MONEY

487 Adv. Gen Depot 8-5-19

M.R. Montgomery Capt.

W.S.G. Payment W.O.C. as above

all for June charged but not paid.

Letter sent to Ottawa today 16 of discharge & transfer to C.

201619 199513

111757 23.5.19

23.5.19 111757

SEP 24 1919 1171718

OCT 24 1919 1180379

H. Gibson Capt.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.