REVELSTOKE FORESTRY
DRAFT C.E.F.

Duplicate

CLASS "B"

Card E.D. 24/11/17.

ATTESTATION PAPER.

No. 2368546

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?	William Muir
1b. What is your present address?	Greenwood, B. C.
2. In what Town, Township or Parish, and in what Country were you born?	Greenock, Scotland
3. What is the name of your next-of kin?	Mrs. James Edward Hoy
4. What is the address of your next-of-kin?	Greenwood, B. C.
4a. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	26th. April, 1872
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? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	--
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	---

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Muir 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.

W. M. Wilson (Signature of Recruit)

Date 8th. June 191 7. Frank F. Paich (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Muir 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.

W. M. Wilson (Signature of Recruit)

Date 8th. June 191 7. Frank F. Paich (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 Revelstoke, B. C. this 8th. day of June 191 7.

A. E. Kincaid (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

11

Description of Wilson, William Muir on Enlistment.

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8 ins.

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

Complexion Medium

Eyes Blue

Hair Brown

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

Two Vaccination Marks Left Arm

One Tattoo (Anchor) LeftForearm

7" Scar on outer side of right leg

Eyes- Without Glasses
R.D. 200 L.D. 200

With Glasses
R. D. 30 L. D. 30

Hearing Normal

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.

Permanent Medical Board
REVELSTOKE CENTRE

Date 13th. June 7 191 .

Place Revelstoke, B. C.

President

Medical Officer

Member

Member

*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.

Wilson William Muir 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)

Capt.

Date 14th June 191 7. D. C. Revelstoke Forestry Co., C. E. F.

REGIMENTAL DOCUMENTS

NAME WILSON William Muir REGT. NO. 2368546 UNIT C.F.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Demob'd
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		28862			
2	Misc					
1	Dent Cert					
8	Leave Band					
1	A+D					
	Med Case Sheets					
1	Pay Bk					
1	Kit List					
						23-9
						15-9
						11-11

W. 2569

351

'Y 11"

SURNAME. Wilson.

CARD No. 1

CHRISTIAN NAMES William Muir.

FOLL.

REGL. No. 2368546. RANK Pte.

UNIT Forestry Reinf. (M. D. 11.)

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Hoy, Mrs. James Edward.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Greenwood, B.C.

COUNTRY OF BIRTH Scotland. Greenock. DATE Apr. 26th. 1872.

PLACE OF ATTESTATION Revelstoke B.C. DATE June 8th. 1917.

RC 10-9-19 Y08 27 Pte

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

M. F. W. 22. 100M.—11-16. H. Q. 17-2-39-339.

From Halifax Per SS "Justicia" 25-6-17

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 45 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Medium. EYES Blue. HAIR Brown.

DISTINGUISHING MARKS 2 vacc. marks left arm. 1 tattoo Anchor, left forearm. T'Scar on outer side of right leg.

MEDICAL EXAMINATION. PLACE Revelstoke, B.C. DATE June 13th. 1917.

Present Address - Greenwood B.C.

NAME Wilson, H. M. REGT. No. 2368546

RANK AND UNIT Pte. (70) Can. For. Corps.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 481-1	No. 52 Stat. Havre	28-3-19	Influenza
B 479-1	No. 4 Can. Gen. Basingstoke	15-4-19	"
B 506-1	Discharged	22-5-19	"

Form DMS 1401.

No. 4 Canadian Gen. Hospital, Bassingthwaighte HOSPITAL.

A. & D. CARD

AT .....

A. & D. No. M5-T. 8819 PL. OF ACTION France

RANK Pte REG. No. 2368546 UNIT C.F.C. 70 Coy SICK OR WOUNDED

NAME Wilson W.M. AGE 46 RELIGION Pres

PLACE IN HOSPITAL E.U.

DIAGNOSIS "Flu"

ADMITTED 14-4-19 FROM H.S. Aberdonian

DISCHARGED 22 MAY 1919 TO ~~C.F.D. Canada~~ C.F.C. Witley

TRANSFERRED .....

SERVICE AT HOME ~~3~~ mos IN FIELD 20 mos

RESULTS A

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

P.T.O.

REMARKS.

Form R. 149.

William Muir

Name WILSON Rank Pte. Reg. No. 2368546.

Unit C.F.C. 70 Coy -

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-3-19	52 Stly Hosp. Hastre		Fr. Shrapn. A	1481		7675-3
15-4-19	4 C.G. Hosp. B'stoke		do	B 4179		9805
22-5-19	Discharged		Do	B 506		3940
3-5-19	Rej. To C.F.C. Witley Rep. W. 298.			22 5 19		

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

War

65th. 2368546. Rank. Pte.

Surname. WILSON

Christian Name. William Muir

Unit. C.F.C. Theatre of War. France

Date of Service. 8-8-17

Remarks.

Latest Address. Greenwood B.C.

Roll No. B Page 3666.

NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

MAY 9 - 1921

CABLE		NATURE OF CASUALTY
No.	DATE	

4 - 18092 - Despo -

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

Surname	Christian Name or Names	Reg. No.
WILSON	W.M.	2368546

Rank 1. Pte.
2.
3.
4.

Unit 1. W.M.
2. CFC 70
3.
4.

Cas List.	Hospital and Diagnosis.	Date
4-4-19 A481	52 Stat. Havre	28-3-19
	Influenza	
22.4.19 B479	4 C.G. Basingstoke	15.4.19
2.5.19 B506	Bde	22.5.19

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

Cas. List.	Hospital and Diagnosis.	Date

Form B. 103—a.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Forestry Reinforcements Regimental Number 2368546

*Substantative Rank Pte. Surname Wilson Christian Names William, Neil

*Acting Rank

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

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
			~~Attached C.D.D. Buxton for return to Canada, Part, 11 Order No.~~			
			~~Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part 11 Order No.~~			
21.8.19	T.O.S.		C.D.D. Buxton for return to Canada, Part 11 Order No. 193			
3/9/19	T.O.S.		C.D.D, Buxton on proceeding to Canada, Part 11 Order No. 204			

J. W. Lock. CAPT.
For OFFICER COMMANDING
CANADIAN DISCHARGE DEPOT

EMBARKED WOUTHAMPTON 3-9-19. S.S.ADRIATIC.

DISEMBARKED HALIFAX 10-9-19.

G. S. Wrigley Capt.
Capt. O.C. Troops,
S.S.ADRIATIC.

T.O.S. of Halifax Depot clearing services command 3-9-19
part II Order No. 256 Dated 13-9-19

S.O.S. of Halifax Depot clearing services command 20-9-19 RO 1420
part II Order No. 256 Dated 13-9-19

CAPT & ADJUTANT HALIFAX DEPOT
CLEARING SERVICE COMMAND

To be folded on this line.

Nothing to be written in this margin.

(96383.) Wt. W. 9693—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

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

Nothing to be written in this margin.

War Service Badge
Class "A" No.

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

M. F. W. [illegible] (A. F. B. 103.
350M.—5.16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. Forestry Reinforcements, (Capt. G.R.Hanbury).

Regimental No. 2368546 Rank Pte. Name Wilson, William Muir.

Enlisted (a) 8.6.17. Terms of Service (a) ~~C. E. F.~~ D. of I. Service reckons from (a) 8.6.17.

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
		Embarked June 22/17	H.M.T. F 8261		Halifax N.S.
		Disembarked July 4/17	Do		Liverpool Eng
9-7-17	O.C. ~~HD~~, CFC.	T.O.S. Base Depot, CFC.	Sunningdale	4-7-17	Pt. II. D.O. No. 62
			R.R.Willcock		Lt. & A/Adjt, CFC.
8-8-17	O.C. CFC. on posting to 70 Company, France.	S.O.S. Base Depot, CFC.	Sunningdale	7-8-17	Pt. II. D.O. 88.
			R.R.Willcock		Lt. & A/Adj. CFC.
		Lanced.	Hare.	9.8.17.	DR# 8777 - pt II O# 1. 29.8.17
9.2.18	O/70	Granted 14 days leave to	U.K.	6.2.18	B213 dated 8th Feb 1918
9.3.18	O/70	Rejoined Unit.	Leed	3-3-18	B 213

(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.

CERTIFIED CORRECT AND ONLY COPY

2368546 Ace W M Hudson

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
13/4/18	O/C 70	Granted permission to marry in accordance with Order in Council Canada P.C. 1874 dated 6-7-17.	Lucl.		B213 Part II No. 18 d/April 1918
19.10.18	do.	Granted 14 days leave	unk.	16.10.18	B213 Part II 46 d/Oct 1918
9.11.18	do	Return from Leave	Lucl.	2.11.18	B213.
28-3-19	Endicamp	To Hot. Dd Em. Hosp.	Influ.	28-3-19	Lieut.
28-3-19	52 Stat Hosp	adm	Influenza	28-3-19	P1410
29-1-19	A.A.G.	S.O.S. on trans C.F.C. Pool		29-3-19	K.A. 726. Pt II 0/15 d/19/19
do	do	T.O.S. of C.F.C. POOL on transfer from 30.3.19. 70th. Coy. C.F.C.			K.A. 726. Pt. 2. No. 16. d/1919. of C.F.C. POOL.
13-4-19	52 Stat. Hosp	Influenza.	To England	13-4-19	H 1132
13-4-19.	do.	Invalided to England (SICK) and posted to C.F.C. Depot Sunningdale. 13-4-19. W.3034/W.1132 Part II O. 23 C.F.C. Pool.			
		A. G. Cousin Capt. for Lt-Col. i/c Records. Canadians in France.			
26.4.19	B.D.C.F.C.	T.O.S. from front Pte S' Dd 15.4.19			D0116
20 AUG 1919	R Wing	S.O.S. & C.O.D. Buxton	Bolley		for Lt Col a Jackson Lieut. i/c Records, C.E.F. O.C., RECORDS, "H" WING, G.C.C.

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: Forestry Reinforcements C.E.F. (CAMP ALDERSHOT)

(2) Regimental Number 2368546

(3) Full Name of Soldier William Muir Wilson

(4) Place of Birth Greenock, Scotland,

(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.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? No

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

.....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Mrs. James Edward Hoy (Sister)

Greenwood, B. C.

.....

(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.

Capt.

O. C. Revelstoke Forestry Co., C. E. F. Officer Commanding

Date 14th. June, 1917.

191074

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. .....

THIS IS TO CERTIFY that No. 2368546 (Rank) Pte
Name (in full) William Muir Wilson enlisted in
the 6. 7. 6.
CANADIAN EXPEDITIONARY FORCE at Revelstoke, BC on the 8th
day of June 1917.
HE served in France with 6. 7. 6.
and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 47
Height 5' 8"
Complexion Medium
Eyes Blue
Hair Brown

Marks or Scars Scar rt lower leg

W. M. Wilson
Signature of Soldier

A E Jennings
Issuing Officer

Lieut
Rank

Date of Discharge
20/9/19

Date 10/9/19 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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

191074

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. (Rank)

Name (in full) enlisted in

the

CANADIAN EXPEDITIONARY FORCE on the

day of 19

He served in

and is now discharged from the service by reason of

Demobilization

Medical Unfitness

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge	Issuing Officer
	Rank

Date 19

N.B.—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.

Forms
I. 1237
14

22-5-19

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8819.	23685-46.	Pte.	Wilson	H.M.
Year.	Unit.	Age.	Service.	
1919	67 C 70/Coy	46	3 2/12.	

Station and Date.

14.4.19

Disease Influenza.

Farmer.

Enlisted. June 1917.

England. July 4/1917.

France. August 1917.

Previous History

Civil Life - Malaria - 1899. - many occurrences.

Inflammation of Lungs when 18 years ago.

Hospitals (on FMS).

Summary of FMS

Influenza.

Complaint. (on admission)

Nil.

Examination.

Mouth - clear.

Chest & Heart - nil.

Spleen - not palpated.

Liver - not palpated.

Other Systems.

Not any organic change found.

[illegible]

Capt. RAMC.

25.5.19. Discharge to duty.

[illegible]

Captain

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.	

C.A.D.C. 3009-A

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

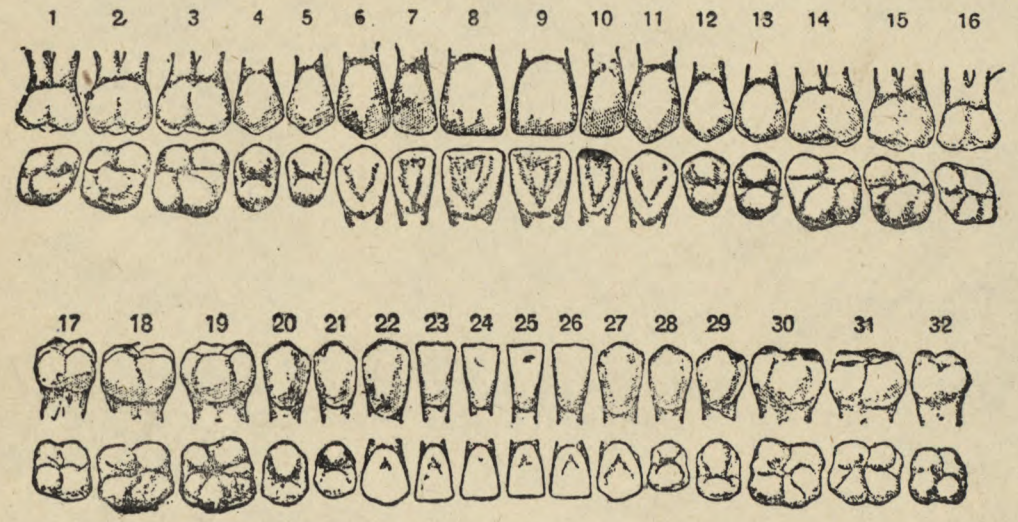
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WILSON. W. M

REGIMENT Can Forestry Corps RANK A/C. No. 368546

Date of Examination in England 7. 6 19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21
2. EXTRACTIONS 8-9
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper Reset.
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer M. H. Rutherford Capt.

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 12-6 1919.

Reg 236855-46 Rank Pte Name Watson W. M.

UNIT Hy Wy

	WITHOUT GLASSES.	WITH GLASSES. (As per prescription below)		
		SPH.	CYL	AXIS.
Visual acuity. Rt	4/60 with			6/6
Visual acuity Lt.	4/60 with			6/6

Category recommended is B1

Glasses not ordered

Original disease or injury Myopia

Date of origin. Adolescence

Place of origin.

Cause.

Present disability. Defective vision

Remarks.

CONDITION WAS ——— PRESENT PREVIOUS TO ENLISTMENT AND HAS Not

BEEN CAUSED BY SERVICE. HAS Not BEEN AGGRAVATED BY SERVICE

Long. Board

J. P. Brander

Captain R.A.M.C.
Eye and Ear Specialist
Witley Camp, Surrey.

Original 2368546 Eyes Forestry

ORIGINAL

MEDICAL HISTORY SHEET

CLASS "B" A3

Surname Wilson Christian Name William Muir

Examined on 13 day of June 1917 at Revelstoke B.C.

Birthplace City or Town Greenock County Scotland

Apparent age 45 years

Trade or occupation Farmer

Height 5 feet 8 Inches

Weight 160 lbs.

Chest measurement Minimum 33 inches Maximum expansion 3 inches

Physical development Good.

Small-pox Marks None

Vaccination Marks Arm Right Left Number 2

When Vaccinated last 1914

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by Permanent Medical Board REVELSTOKE CENTRE

W. Ramsay Capt. President

Rank M.O. Member

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O. Member
			M.O.
		H	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
13/6/17	Neg	JHH	M.O.
	2		M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
13/6/17	Res	JHH	M.O.
25/6/17		by Paul	M.O.
			M.O.

Enlisted on 8 day of June 1917 at Revelstoke B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.F.C	2368546		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Queenzieburn	13-7-17	~~Neg~~ Slight	Bn C.F. Moffatt Capt
A.D.M.S. CANADIANS LONDON AREA. LONDON, W2 Mulley	Approved:- 16 JUL 1917 12-6-17	W Macdonell Captain C.A.M.C. for A.D.M.S., Canadians, London Area. Def Vison	B. A.D.M.S. Taylor 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.

300M.—1-17.
H. Q. 1772-39-439.

Surname Wilson Christian Name William White

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				

DUPLICATE ~~ORIGINAL~~ 2nd Issue CLASS "B"

MEDICAL HISTORY SHEET

Surname Wilson Christian Name William Muir

Examined { on 13 day of June 191 7 / at Revelstoke

Birthplace { City or Town Greenock / County Scotland

Apparent age 45 yrs.

Trade or occupation Farmer.

Height 5 feet 8 Inches

Weight 160 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left / Number 2

When Vaccinated last 1914

(a) Marks indicating congential peculiarities or previous disease ~~1911~~ None

(b) Slight defects but not sufficient to cause rejection None

Permanent Medical Board
REVELSTOKE CENTRE

Approved by [illegible] President

[illegible] Member

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
20.6.17	A.	Medical Capt CAMC	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
13/6/17	Neg	Ill	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
13/6/17	Pos	Ill	M.O.
25/6/17		N.P.	M.O.
24/5/17	Sap	Sab	M.O.

Enlisted on 8 day of June 191 7 at Revelstoke B. C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Depot	2368546		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Wilson Christian Name William Muir

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				
No. 4 Canadian Gen. Hospital, Basingstoke.		14	4	19.	22	5	19	Influenza	38	admitted convalescent. Temp & pulse normal. Chest clear. Other systems - not any organic change found.	Maddison Capt. RAMC

Form B 122.
2353—100M—9-1-16

CR Rank Name **WILSON. William Muir.** Reg'l No. **2368546.**

Unit Revelstoke Forestry Dft. to Bde Depot If in perm. Corps, What Unit? Married or Single **Single.**

Place and Date of Enlistment **Revelstoke, B.C. June 8th, 1917.** Place of Birth **Greenock, Scotland.**

Name and Address, Next-of-Kin **Mrs. James Edward Hoy.**
Greenwood, B.C., Canada. Relationship **Sister.**

Assigned Pay Monthly $ Payable to Relationship X 119

Separation Allowance $ Payable to Relationship X 456

Discharge, Date and Place Reason Character

N/E. R.B. No. 23298
File R.L.
Category Can 02

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.
CFC	C	⇒ARRIVED IN ENGLAND 5-7-17. S/S JUSTICIA⇐			A.F.B. 103 CHECKED 17 AUG 1917 WDA
		9.7.17. C.F.C BD T.O.S. SUNDALE 4.7.17 Pte 11.0 62			
8.8.17	BDCFC	SOS to 70 Coy CFC France Re	S'dale	8.8.17	Pte 11.0.88 to Base 1 d/29/7/17 of 70 Coy T.O.S.
26.4.18	70th Coy C.F.C.	Granted perm to Marry "	Fielu		" 18
24.4.19	" "	SOS to CFC Pool "	"	29.3.19	" 15/TOS CFC Pool TO 16/28.4.19
26.4.19	BDCFC	TOS from France "	Sdale	16.4.19	— 116 / SOS to BD C4C PII 23 d 30/5/19
27.5.19					
6-6-19	Gen Dep.	T.O.S. off Gen Dep'n reporting from C.F.C. "	Witley	~~6.6.19~~	" " 122. ~~6/6/19~~
11.6.19.	BDCFC.	Posted as absentee "	Sdale	3.6.19	" 162.
5-7-19	——	SOS to Hlleng "	——	5-6-19	— 186

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.
BLOCK	26-6-19	having been A.W.L. pte S'dale since 3-6-19 is now posted as absentee			Do 177
		D44-F-26 SL 3.9.19.			
C.G.D.	3-9-19	Ceases att. to Gas Co. SOS to H. Wing.	Witley	5-6-19	Do. 193.
3.9.19.	C.D.D.	S.O.S. to Canada.	Southampton	3.9.19.	" 204.
21.8.19	C.D.D.	Tos from H Wing pend ret to Canada	Buxton	20.8.19	" 193
22.8.19	H Wing	Tos from H Wing	Witley	19.8.19	— 115

FORM P. 559
8248-150M.-7/5/17

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Greenock, Scotland

NAME OF NEXT OF KIN: Mrs James C. Hay — RELATIONSHIP: Sister

ADDRESS: Greenwood, B.C.

NAME OF NEXT OF KIN — RELATIONSHIP

ADDRESS

APPOINTMENTS.
PROMOTIONS AND REVERSIONS.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL.

SEPARATION ALLOWANCE.

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE DATE

PAYABLE TO

RELATIONSHIP

AUTHORITY FOR ISSUE

NEW PAYBOOK ISSUED

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

STOPPED EFFECTIVE (DATE)

REASON

AUTHORITY

REMARKS

NEW PAYBOOK ISSUED

REG'L. NO. 2368546 RANK Private. NAME Wilson, William Muir.

PLACE OF ATTESTATION Nelson, B.C. DATE OF ATTESTATION 8/6/17. ORIGINAL UNIT Revelstoke Forestry Drft

PRESENT UNIT C.F.C.

ASSIGNED PAY

(1) PER MONTH $ — DATE EFFECTIVE — AUTHY.

PAYABLE TO

RELATIONSHIP

(2) PER MONTH $ — DATE EFFECTIVE — AUTHY.

PAYABLE TO

RELATIONSHIP

(3) PER MONTH $ — DATE EFFECTIVE — AUTHY.

PAYABLE TO

RELATIONSHIP

(4) PER MONTH $ — DATE EFFECTIVE — AUTHY.

PAYABLE TO

RELATIONSHIP

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

(1) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(2) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(3) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

(4) STOPPED EFFECTIVE

CAUSE

DATE A3M FORMS REND.

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY
C.F.C. Brum	1/11/17	

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ c.	WORKING PAY No. OF DAYS	WORKING PAY RATE	WORKING PAY $ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD CREDIT $ c.	BALANCE CARRIED FORWARD DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	NUMBER OF ACQUITTANCE ROLLS 2	NUMBER OF S.A. AND A.P. CHEQUE
July 1/17		Balance from Canada									25 30									25 30				
July		31	1.10	34 10							34 10									59 40				
Aug		31		34 10							34 10									93 50				
Sep		30		33							33		24 33						34 06	92 44		1896 29/9		
													9 73									3029 30/9		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	CR 3	CR 4	BALANCE	DEFER. PAY	SEP. ALLOC.	FAY

REMARKS.
ALL CASUALTIES. PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"

C.F.

432 2368546 Pte Wilson Wm. A. Pay. Inf.

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ C.	WORKING PAY No. OF DAYS	WORKING PAY RATE	WORKING PAY $ C.	SEPARATION ALLOWANCE $ C.	ASSIGNED PAY CREDITS $ C.	ANY OTHER CREDITS $ C.	TOTAL CREDITS $ C.	SEPARATION ALLOWANCE $ C.	CASH PAYMENTS DURING THE MONTH 1 $ C.	2 $ C.	3 $ C.	4 $ C.	ASSIGNED PAY $ C.	OTHER CHARGES $ C.	TOTAL DEBITS $ C.	BALANCE CARRIED FORWARD CREDIT $ C.	BALANCE CARRIED FORWARD DEBIT $ C.	NUMBER OF ACQUITTANCE ROLLS 1	NUMBER OF ACQUITTANCE ROLLS 2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFD. PAY	SEP. ALLCE. ENG.
		~~92 44~~							92 44		
Oct	P. Pay	34 10		AR. 3042 4/8/17 B.D.	4 86						
				AR. 562 - 24.8.17 - 70 Co. C.F.C.	3 57				118 11		
		34 10			8 43				118 11		
Nov.	P. Pay.	33 00		AR. 733. 24.9.17 70 Coy. C.F.C.	3 57						
				AR. 666. 12.9.17 70 Coy C.F.C.	3 57						
				AR. 1050 30-10-17 70 Coy C.F.C.	3 57						
				AR. 878. 21-10-17. 70 Coy C.F.C.	3 57						
Dec. 1917 Jan	P. Pay.	34 10 67 10			14 28				170 93	90	
				AR. 1343. 25-11-17 " "	12 49						
	P Pay.	34 10		AR. 1184. 16-11-17 " "	3 57						
				AR. 1517. 24-12-17 " "	7 14				181 83	105	
		34 10			23 20						
Feb	P Pay.	30 80		AR. 1721 11-1-18 " "	3 57				209 06	120	
		30 80			3 57						
Mar.	P Pay.	34 10		AR 580. 6-3-18 " "	9 73						
				AR 580. 6-2-18 " "	63 27						
				AR 2262. 15-3-18 " "	7 14				163 02	135	
		34 10			80 14						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or ~~CANADA~~.	SEPARATION ALLOWANCE. * ENGLAND or ~~CANADA~~
EFFECTIVE DATE:- 1-11-18	EFFECTIVE DATE:- 17-10-15
AMOUNT:- 20/-	AMOUNT:- 30

NAME:- WILSON William Muir 2

NUMBER:- 2368546 395 E

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.
Mrs Marguerite Lucy Wilson (Wife)	Same
Middlesex House	
Blinco Grove, Cambridge	

Stoppage 1/10/19

£20 encroach on Dep Pay P835 28/8

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Revelstoke For Dft.

DATE ACCOUNT FIRST OPENED:- 1-7-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6th Trans

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
1918	4913	H Wing	7 [illegible]			R P C Bal $101 54/100	
						Ledger Bal $111 27/100	
						P868 (Subs All 1pd) rmd 25/-	
						P850 Effect 30-9-15	
						Ledger sheet not to be transferred to Canada section until further advice from Capt Mansell	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSIS ALLCE
	1 -	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 31/8 NR 12715. 6 Buscot 9MAR19

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Mar 31	Balance forward								163 02	135-	
April	P Pay	33 00		R.12. 13-4-18. 6 F.G. Tr.	24 33						
				AR 132. 8-4-18. #5 Dist	3 57						
				AR 220. 24-4-18 " "	3 57				164 55	150-	
May	P Pay	33 - 34 10		AR 402. 9-5-18 " "	31 47 3 57						
				AR 513. 25-5-18 " "	3 57				191 51	165-	
June	P Pay	34 10 33 -		AR 659. 9-6-18 " "	7 14 3 57						
				" 901 25-6-18 " "	3 57				217 37		
July	P Pay	33 34 10		" 1041. 15-7-18 " "	7 14 3 57						
				" 1727 25-7-18 " "	3 57				244 33	195-	
Aug	P Pay	34 10		" 1347. 10-8-18 " "	7 14 3 57				274 86		
Sept	P Pay	34 10 33 -			3 57				307 86	225	
Oct	P Pay	33 34 10		" 2178. 12-10-18 " "	- 3 73						
				" 2178 " " " "	7 46						
				" 6317. 16-10-18 " "	8 76						
				CP 55706. 29-10-18 " "	14 60						
				CP 55470. 29-10-18 " "	2 43				226 14	240	
		34 10		AP E29570. £4-2-2	115 82		20			97 35	
Nov	" "	33 -		GR. 2623 11-11-18 5 Dist	3 73					142 67	
				" 2844 25-11-18 " "	13 06						
Dec	" "	34 10		E82768 £4-2-2			20				
				R 363 10-12-18 5 Dist	47 33						
Jan	" "	34 10		GR 3056. 18-12-18 " "	7 46						
				AP E35758. £4-2-2			20		145 76		
		101 90		" 3243 13-1-19 5 Dist.	121 58 3 73		60				
Feb	" "	30 80		A.P. E.85548 £4-2-2			20 -				
Mar	" "	34 10		G 24732. £4-2-2	3 73		20 -		166 93		
		64 90			3 73		40				

COMPILED BY.....

CHECKED BY.....

NUMBER 2368546 RANK NAME WILSON W.M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bab Ford								166 93		
Apl				Suppclth. Addns. Sa 17-10-18 to 31-3-19 £33-16-2							164 55
May	PP.	67 10		APrSa. D17726. £10.5.6			20				30 -
				aR1814 4CG.H. 22.4.19	4 87					10	
				1931 34 4	24 33						
				A72795 £10.5.6			20		164 83		30
		67 10			29 20		40		240 69		224 55
JUNE		33 -		a 83937 June £ 10.5.6			20		137 34		30
	S/7. 22.5.19 to 3.6.19 12 days	8 76		aR2966. 4CG.H. 22.5	48 67 -						
	(Do. 15.6 5.6.19 BD.)			" 125 33 14.6.19. C.C.C.	48 67 -						
				a 51800 July £ 10.5.6			20				30
July		34 10							103 35		
		75 86			97 34		40				60
aug	do	34 10		Supp Dug Sept B128164 £20.11.-			40		111 27	142 69	60 -
	Int on Def Pay	13 82		aR4917 H.E.C.C. 19.8.	8 9 73				101 54		
		47 92			9 73		40				60 -
Sept				1 day sub-Alloc Overpaid @ 3/-	73				100 81		
					73						

30/3/9 D44 — 6

Form D.M.S. · 1394.
—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 13-7-17 1917.

No. 2368546 Rank Pte. Name WILSON W M

Local Unit C.F.C.D. Overseas Unit Rowland Township Depot Age 45

Examination held at Dunningdale Berkshire E.

DISABILITY.
~~Overseas~~—Local
(scratch one out).

age + sight

PRESENT CONDITION.

Vision is defective for long distance requiring the use of Glasses
General physique only fair
Moderate arterial Sclerosis

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty ..... B22 .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

Signatures:—

Members { .....President.
A.F. Moffatt Capt. C.A.M.C.
R.P. Borden Capt. Lond. R.

APPROVED

Dated July 16th 1917. W. S. Macdonell

For A.D.M.S.
.....Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD

Dated at ..... 19[illegible]

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY

Quarters (Local)

(Special circumstances)

PRESENT CONDITION

BOARD RECOMMENDS—

1. Fit for Duty .....

2. Fit for duty after ..... weeks physical training

3. Fit for Temporary Base Duty ..... weeks

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:

President .....

Members .....

.....

APPROVED

Dated ..... 19[illegible]

For A.D.M.S.

NO OF DEPENDANTS ... 1 .....

CANADIAN DISCHARGE DEPOT BUXTON, DERBYSHIRE AUG 21 1919

DISPERSAL AREA. T...11.

6-11-46

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

RELIGION .. Presb

NEXT OF KIN wife

1. No. 236835 War Service Badge 19074
   Class "A" No. .....
2. Rank Pte
3. Name Wilson Williams Muir
4. Unit C.F.C C.F.C
5. Date of Discharge SEP 20 1919 | Place Halifax N.S.

HALIFAX DEPOT CLEARING SERVICES COMMAND

6. Reason for Discharge ..... CATEGORY ... A1 ...

OCCUPATIONAL GROUP ... T ...

.TRADE ... Farmer

SERVICE IN FRANCE ... 1 yr ... 8 months

7. Authority ROUTINE ORDER 1420

8. Proposed Residence after Discharge G P O
   Greenwood
   B C

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. ? 39

W. M. Wilson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

MEDICAL DOCUMENTS FORWARDED TO S.G.R. OR B.P.C. ON 25-9-19

HALIFAX DEPOT CLEARING SERVICES COMMAND SEP 20 1919

Place .....

Date .....

Lt. Col
O. C. HALIFAX DEPOT
CLEARING SERVICES COMMAND

Signature .....
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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.S. 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.S).
11. Equipment (Statement Q.M.G. Form (D.O.S. 2).
    and Clothing)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No. 6 1 N

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Date 1—4—17

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

H

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 11/6/19.

1. 1 (a) Unit Gen. Depot (b) Regimental No. 2368546 (c) Rank Private

(d) Surname Wilson (e) Christian name William Isaac

(f) Home address Greenwood B. C

(g) Next of Kin Mrs. M. Wilson (h) Relationship Wife

(i) Address of Next of Kin Widdesey, Ely. Cambridge. England

2. Age last birthday 47 Date of birth 26/4/72

3. Enlistment, or Appointment (if an Officer) (a) Place Revelstoke B.C (b) Date 8/June/17

4. Personal description:

(a) Height 5' 8" (b) Weight 160 Est (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes dark (f) Identification marks, Scars, etc. scar right lower leg - old injury

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
	1	311

	Periods	
	From	To
Canada	8/6/17	June 22/17
England	July 4/17	9/6/17
France or other theatres of War	9/6/17	15/4/19

7. Original disease, or injury MYOPIA

(a) Date of origin ADOLESCENCE (b) Place of origin SCOTLAND

(c) Cause CONDITIONS OF CIVIL LIFE

M. F. B. 227.

40M.—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.)

Defective vision (both)

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.)

Special Report Capt. Brannan 12-6-19 :-
Vision rt 4/60 c glass 6/6
" LT 4/60 " 6/6
Category recommended is B.1.
Condition was present prior to enrolment
and has not been caused by service.
has not been aggravated by service.
Lgd J Brannan
General condition good.

(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).)

Man states that vision has been poor
since he was 14 yrs. of age. Has worn
glasses for 20 yrs.

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*).)

Cas from No 52 Stat Hosp. 13-4-14 - Influenza - Recovery

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

Scar right lower leg - old injury

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

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

no

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

Special Report Capt Brannen 12-6-19 attached.

Wore glasses for 20 yrs

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

C. S. Anderson capt Can
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 Wilson William 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

Wm Wilson Rank. Pte
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~~.) B ? yes
(*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.)

R T C Auth AG Tel 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 D Coutts Capt CAMC *President.*

PLACE Witley

DATE 12-6-19.

W T Wayte 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 F Bolton Lt Col
Assistant Director of Medical Services.

DATE.....

APPROVED BY
Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
13 JUN 1919
WITLEY SECTION.

AUDITOR R.Tw | PAYMASTER L

Adriatic. 10.9.19

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

M. OR S. | REGT. NO. 2368546 | RANK PTE | NAME (IN FULL) WILSON. W.M.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. | DATE EFFECTIVE 1.10.19

TO WHOM PAID Same as A.P | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
English L.P.C. adjusted to	31.8.19	

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1.10.19 closed Prenious paymt made in Englang

PAYABLE TO Mrs Margaret Lucy Wilson | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS William Muir Wilson

ADDRESS P.O. Greenwood. BC | Greenwood. B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Halifax. | DATE 20.9.19. | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

Certified that all payments have been made on this account for which covering authority has been received to date. BALANCE FROM PREVIOUS ACCOUNT
A. Lumsden Lt. Paymaster, Demobilization Pay

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
2/Lieut. Pay		1.10					101	54	101	54																								101	54	
18.9.19	18	1.10	19	80	35	-			54	80	Boat		Train		Cheque		4	87	5	-	21	47							226	34	70	-			35.50 other cr clothing
20.9.19	2	1.10	2	20					2	20																					67	80			
																													10	-	10		77	80			10.00 other chg. overpaid S.A. Sept

WAR SERVICE GRATUITY
OCT 16 1919
C. E. F., M. D. XI