

157th OVERSEAS BN.
ATTESTATION PAPER.

ORIGINAL

No. 643980

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... Wood
1a. What are your Christian names?..... Albert, Thomas
1b. What is your present address?..... 40 Mrs Leaver, Coldwater Rd.
2. In what Town, Township or Parish, and in what Country were you born?..... Griffia, Ont.
3. What is the name of your next-of-kin?..... Albert Wood
4. What is the address of your next-of-kin?..... Port Severn, Ont.
4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... Aug. 24, 1896
6. What is your Trade or Calling?..... Labourer
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, Albert Wood, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Jan 25 1916 Albert Wood (Signature of Recruit)
V. J. Conyall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Wood, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Jan 25 1916 Albert Wood (Signature of Recruit)
V. J. Conyall (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 Griffia this 7th day of February 1916.
George H. Clark (Signature of Justice)

Description of Albert Wood on Enlistment.

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

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

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

Height 5 ft. 8 ins.

Chest measurement. { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Ruddy

Eyes Grey

Hair Brown

Religious denominations

Church of England

Presbyterian

Methodist ✓

Baptist or Congregationalist

Roman Catholic

Jewish

Other Denominations.
(Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb 9 1916

Place Orillia

J. J. Swaenbroek Capt.
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.

A. Wood 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.

D. H. MacLaren (Signature of Officer)
Lt. Col.

Date FEB 1 1916

Com'd'g, 157th. Battrn, C.E.F, Barrie

REGIMENTAL DOCUMENTS

NAME WOOD, ALBERT VINCENT REGT. NO. 643980 UNIT — H. Q. FILE NO. —

I

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH

Category

16-8-17

DISCHARGE

Category

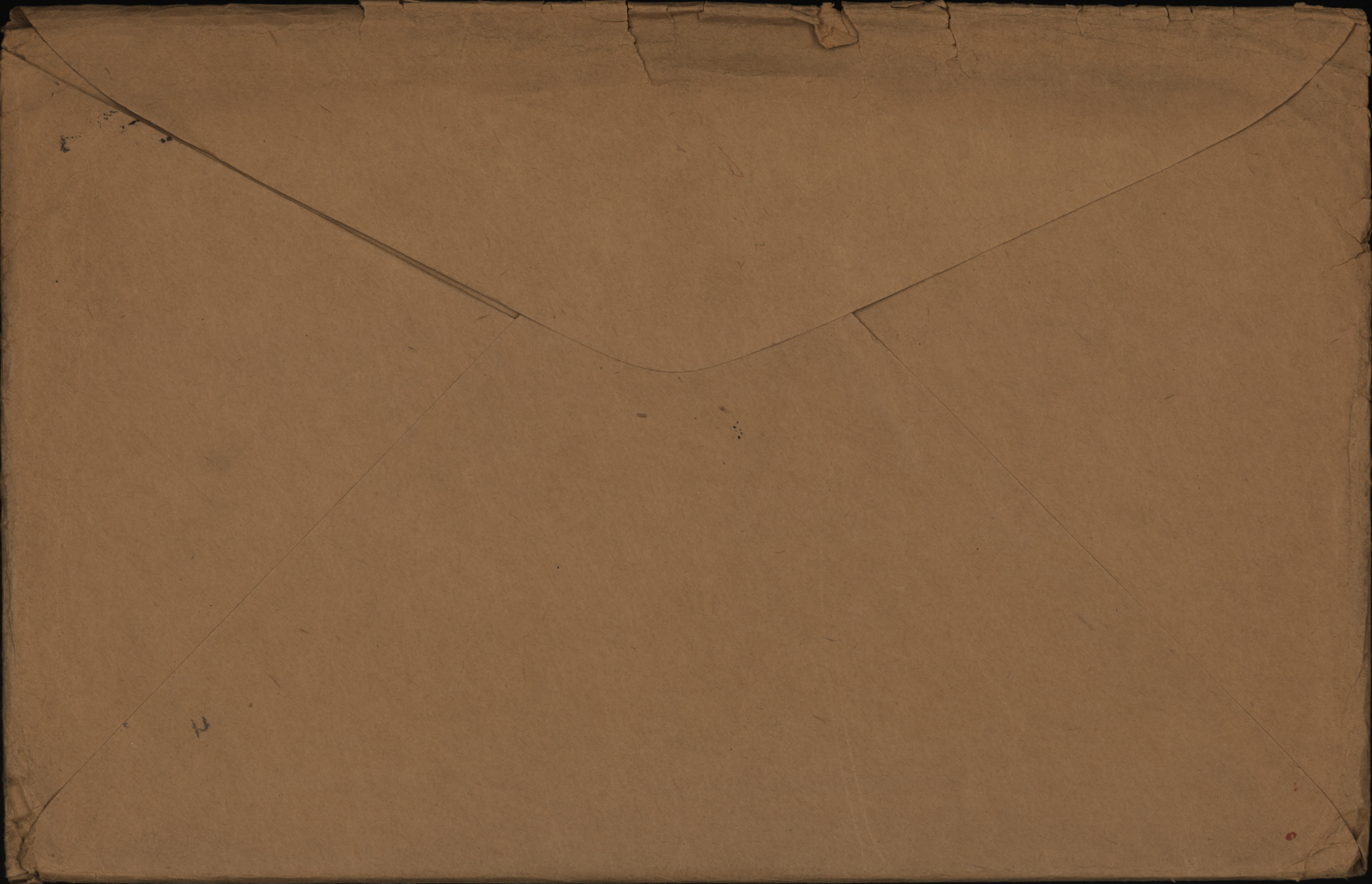
DESERTION

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.B.W. 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)

31035

H

*1-2-13
4-13
6-13
3*



NAME

Wood. Albert Vincent-

REGT'L No

643,980

H. Q. FILE No. 649-

RANK AND CORPS

Plt (116th Bn.) 38th Bn form

FOLLOWS

No.

157th Bn

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

Hof 11

8-3
H 286

30818

Albert Wood (Father)

Port Severn Ont-

Killed in a ^{Aug. 16th} ~~Aug 21st~~ 38th 1918

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B/72	Can Mt Bramshott	20-3-17	Influenza.
B/110 th	Mil. Conot Epsom	30-5-17	Rheumatic Fever.
B/131	Ex Can Low. "	29-6-17	" " Disch
No 62.	Can Mt Hastings	1-9-17	Rheumatic fever. Disch Paris
Q 19.	Cherryinton Mil Cambridge	2-9-17	V. D. S.
C 60.	Disch	12-11-17	V. D. S.
a303	Replied from Base	16-8-18	Pulled in Action.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B
V

Number

643,980

Rank

Pte

Surname

WOOD

Christian Name

Albert Vincent

Unit

58th Bn Can Inf

Theatre of War

France

Date of Service

29-3-18

Remarks

mother

Latest Address

Mrs. Mary Wood

Port Severn, Ont.

Roll No.

B. Page 3447

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE
NO. DATE

NATURE OF CASUALTY

MAY 1 1921

Recy

18796.

h.

WOOD, A. V.

#643980.

58th Bn.

649-W-18026.

Medals and
Decorations

Mrs. Mary Wood, (M)
Port Severn,
Ont.

Plaque and
Scroll

Albert Wood, Esq., (Father)
Address as above.

Memorial
Cross

Mother, as above.

Scroll Desp.

Reqn. No.

245-518

Plaque Desp.

Reqn. No.

P 22554

JAN - 4 1922

not disp. for 4 - 11 - 1918
E disp. for 11 - 11 - 1918
" " B.W.M.

M 6-35-685

DEC 9 - 1920

59m

6.



SURNAME.

Wood

CARD NO.

✓

CHRISTIAN NAMES

Albert

FOLL.

REGL. NO.

643980

RANK

Pte.

UNIT

157th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wood, Albert

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Port Severn, Ont.

COUNTRY OF BIRTH

Canada Orillia, Ont.

DATE

Aug. 24th 1896

PLACE OF ATTESTATION

Orillia, Ont.

DATE

Feb. 7th 1916

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19

YEARS

4

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Orillia, Ont.

DATE

Feb. 9th 1916

Present address % Mrs. Leavelle, Coldwater Rd.
Ont.

NAME Wood, Albert

T. O. S. 24-1-16
W. O. 7712-2-16

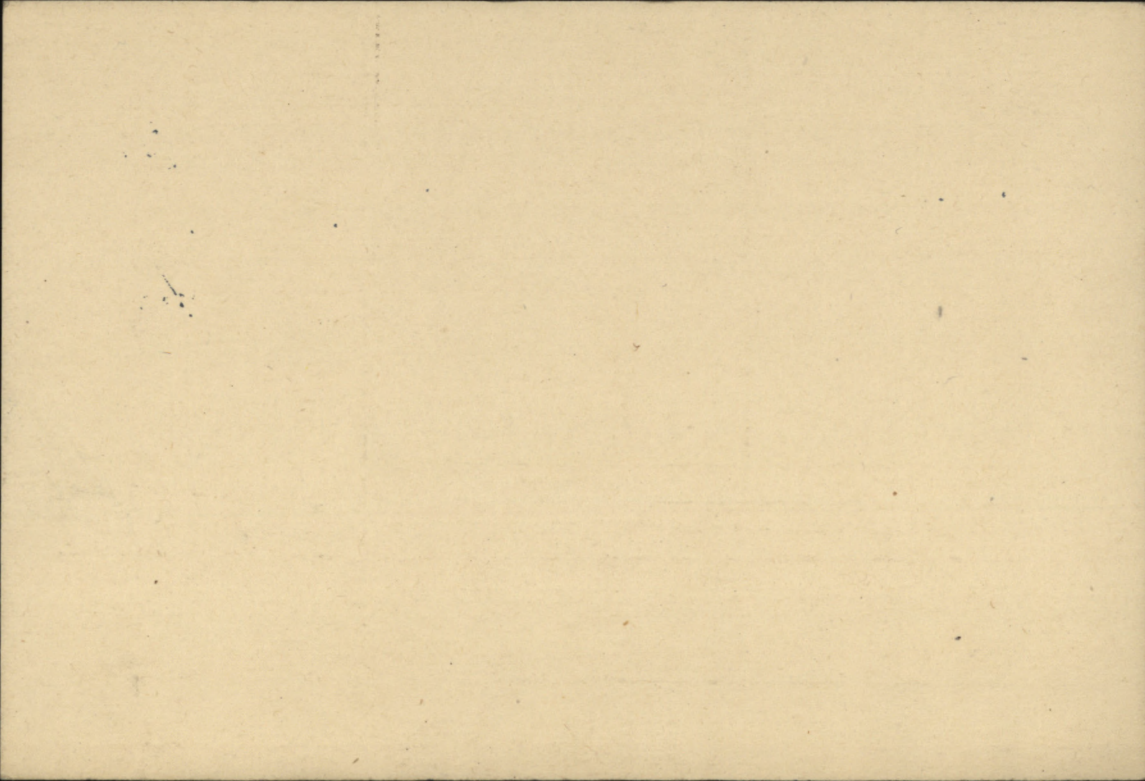
UNIT 157th Battalion. C. E. 7

M. D. २

PAID			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO	SIG OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Jan. 24	Jan. 31	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June.		✓		
July.		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		

UNIT SAILED

OCT 17 1916



Name **Albert Vincent** Rank **Pte.**

Reg. No. 643980

Unit 116th Battalion

Next of Kin CANADA

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Mar. 20.	Can. Mil. Hosp. Bramshott	Influenza	B72			
	Mil. Con. Hosp. Epsom	Rheum. Fever	B110			
29 6	Discharged	do	H 131			

[illegible]

Name Wood, Albert ^{Vincent} Rank 1st

Reg. No. 643980

Unit 2nd Res. ^{58 Bn}

Next of Kin CANADA ^{Albert Wood} Port Severn, Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
1-9	Sean Milt Hosp Hastings	Upper Feris	C2	R.225.	(1381)	
15-9	Sherry Hinton Milt Hosp Cambridge	V.D.S.	C19			2352
12-11	Discharged			160		1349
1918						
16-8	KILLED IN ACTION			A303	1286	2814
	PTIO 88. 126-8. 18					
	RL25 W 3800					

[illegible]

Surname

Christian Name or Names

Reg. No.

Wood.

A. R.

643980

Rank

Unit

Co.

Troop

Batty.

pt
Hospital116th Batt.
260 Regt (2 R)(Details) (58)
260
Date of Admission

Transferred

Granshott. Mil
Mil. Conv. Epsom.

Hosp.

20.3.17

Hosp.

30.5.17

Hosp.

1.9.17

Hosp.

15.9.17

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Influenza
Rheumatic fever
Ulcer Penis
D. S. J.R. F. B. Killed In Action. 16. 8. 18. R

DISPOSITION

Date

Dis 29-6-17
" 12.11.17.
REMARKScl. nt. 3.17 Bl 12
4.6.17 Bl-110
5.7-17 B131
6.9.17 B2.
26.9.17 B19
14.11.17 C60.
29.8.18 A303.A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

aw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MEDICAL CASE 'SHEET.*

No. in Admission and Discharge Book. 1307 Year 1917.	Regimental No. 643900	Rank. Pte.	Surname. Words.	Christian Name. A.
	Unit. 116 Bn.	Age. 19.	Service. 24/12	
Station and Date. H.N.B. 19-3-17	Disease <u>Myalgia Rheumatica & Hydroarthritis</u> Born in Ontario. Never sick in life till about 1 mo ago. Enlisted 11 Jan '16; arrived England 29 Oct 1916. Was always on full duty until Dec 17th going on route marches, taking physical drill etc. Family History - Good. Onset of Present: About 1 mo. ago while route marching first felt pain in both knees & both ankles and in the muscles of the legs. This passed away for a little while but a week later awoke one night & found those joints stiff stiff & painful, was sent to a S.D. Hut & eventually sent here. Present Condition - Temp on admission 98; R. 20 P. 92. Tongue coated, Throat clear. Pain is felt in the the parts stated above - pain on pressure - no swelling. Heart - Lungs - Kidneys -			
Mar. 30	Wt. 141 1/2 lbs.			
Apr. 5	Today both knees are considerably swollen & there is slight pitting along the shins. Heart slightly enlarged with systolic murmur at apex, slight haemorrhoids & cystitis also R. Costal			

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

Station
and Date.

Apr 12¹⁹¹⁷ Slight rise of temperature without
joint-involvement.

Over creases area to inner side of apex beat
we can hear definite presystolic with, almost

Apr 12¹⁹¹⁷ Sharp
Presystolic has disappeared.

Apr 17 There is a trace of enlargement of heart with systolic murmur at the
apex. He is feeling better.

No joint swelling for 3-4 weeks - Pulse rather quick.

Admitted for Crescent Hospital in 10 days.

Apr 23. As above. Has had slight rise of T° for a few days.

J. O. Connell Capt.

FORM OF WILL.

I, Albert Vinson Wood (Name in full)
Regimental Number 643980 serving in 157th O.S. B'n, C.E.F.
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

Mrs. Mary Wood
Port Severn
Ontario } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Mary Wood
Port Severn
Ontario } 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 2nd day of Oct A. D. 191 6

Albert V Wood 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.

Signature of First Witness W. H. H. H. H.

Address of Witness 157th O.S. B'n, C.E.F.

THE TWO
WITNESSES
MUST
SIGN HERE

Occupation of Witness Sergeant

Signature of Second Witness W. H. H. H. H.

Address of Witness 157th O.S. B'n, C.E.F.

Occupation of Witness Captain

FORM OF WILL

Witness in full

157th O.S. B.C.F.F.

of the Canadian Expeditionary Force, to hereby revoke all former Wills by me

made and declare this to be my last Will.

I hereby bequeath all my real estate unto

Name and Address

of person to

persons to whom

it is to go

absolutely, and my personal estate bequeath to

Name and Address

of person to

persons to whom

it is to go

IM-CHART

NOTE

This must be signed

and dated by the

testator

WITNESSES

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

Signature

of

Witness

677
X-Ray Report -
Pl. Wood

No evident periodical change -
- both skins -

J. J. O'Connell Capt

Apr 4/17



FORM OF WILL

I, **Albert Vinson Wood,**.....(Name in full)

Regimental Number **643980**.....serving in **157th O.S. B'n. C.E.F.**

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

I ~~bequeath~~ **bequeath**
I ~~bequeath~~ all my real estate unto

Mrs. Mary Wood,
Fort Severn,
Ontario.

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

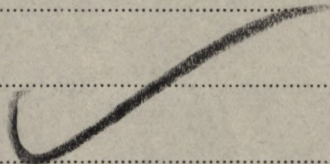
absolutely, and my personal estate I bequeath to

Mrs. Mary Wood,
Fort Severn,
Ontario.

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 **2nd** day of **Oct.** A.D. 191 **6**

Albert V. Wood......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.

Signature of First Witness **A. H. Tudhope.**

Address of Witness **157th O.S. B'n. C.E.F.**

THE TWO
WITNESSES

Occupation of Witness **Lieut.**

MUST
SIGN HERE

Signature of Second Witness **Leslie M. Frost.**

Address of Witness **157th O.S. B'n. C.E.F.**

Occupation of Witness **Captain.**

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

Casualty Form—Active Service.

M. F. W. 54.

150M. 10-15.
H.Q. 1772-39-920.Unit, Regiment or Corps 157th Bn. C.E.F.Regimental No. 643980 Rank Pte.. Name Wood, Albert Vincent

C. E. F.

Enlisted (a) 28/1/16 Terms of Service (a) Duration of War & Service reckons from (a) 28/1/16Date of promotion to } Date of appointment } Numerical position on }
present rank. } to lance rank } roll of N. C. Os. }Extended _____ Re-engaged _____ Qualification (b) Laborer

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				
15-2-18	2nd Res	Posted to 8th Res. Bn	E. Sandling	15-2-18	Pt. 2 D.O. # 44 ✓
15-2-18	8th Res.	T.O.S. from 2nd Res. Bn	E. Sandling	15-2-18	Pt. 2 D.O. # 45 ✓
29-3-18	8th R. Bn.	S.O.S. to 58th Bn. O/S	Sandling	29-3-18	D. O. # 88 ✓
29-12-17	3rd Res	Att to Sig. Base	W. Sandling	29-12-17	PL II O 360
2-1-18	"	Ceases — "	"	2-1-18	" — 2
Landed In France. Taken on strength 58th Cdn. Bn. 30.3.18.			Nom. Roll d/ 29.5.18		
Left for 58th Bn. Arrived 2.4.18.			Pt II D.O. 330/3.4.18		
26.4.18. 58th Bn. 2nd Unit. Joined Unit. Killed in Action.			Nom. Roll d/ 2.4.18		
Field					
16/8/18. Telegram 6-24.					

(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.

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				
					209 267

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10.15.
H.Q. 1772-39-920.

Unit, Regiment or Corps

157th O. S. Bn., C. E. F.

Regimental No.

643980

Rank

Pte.

Name

Wood, Albert

Vincent

Enlisted (a)

28/1/16

Terms of Service (a)

C. E. F.

6 1/2 years

Service reckons from (a)

28/1/16

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

(a) Labourer

Extended

Re-engaged

Qualification (b)

(b) Private

Report

Date

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

Canada

17/1/16

Arrived

England

28/1/16

8/12/16 157th Trans. to 116th Bn. Bramshott 8/12/16 D.O. pt. II No. 172.

Adjutant, 157th O. S. Bn., C. E. F.

14-12-16 D.O. 116th Bn. Taken on strength 116th Bn. Witley, 8-12-16. Pt. 2 Order 326.

116th Bn. Proceeded on service overseas.

Witley

116th Overseas Battalion C.E.F.

APR 28 1917 D.O. 116th Bn. Posted to 2nd Res. Bn. Witley APR 20 1917 Pt. 2 No. 702 118

116th Overseas Battalion C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
20.4.17	2 nd C.B.D.	Taken on strength of	E. Sandling	20.4.17	Pt 2 DO #92 ✓
10.7.17	2 nd C.B.D.	2 nd Can. Res. Bn	E. Sandling	29.6.17	Pt 2 DO #173 ✓
9-7-17	2 nd C.O.R.D. ^{T.O.S.} & shown on Command to 1st C.C.D.		Hastings	29-6-17	Part 11 D.O. 122 ✓ Capt & Adj. 2nd C.O.R. Depot.
3-7-17	Admitted to 1st C.C.D. from ^{Epsom}			29-6-17	effect 29.6.17
25.9.17	1 st C.B.D.	Ceases to be attached whilst in Cherry Hinton Hospital effect 24.9.17	East Sandling	31-8-17	189 ✓ 190 ✓
9-7-17	2 nd C.B.D.	T.O.S. & shown in 1st C.C.D.	E. Sandling	29-6-17	DO 122 ✓ duplication
11-10-17	—	—	Hastings	31-8-17	DO 216 ✓
16-11-17	—	—	Cambridge	15-11-17	DO 252 ✓
15.11.17	2 nd Res.	T.O.S. from 2 nd C.O.R.D.	W. Sandling	15.11.17	Part 2 DO #301 ✓

MEDICAL HISTORY SHEET.

Surname Wood Christian Name Albert

Examined	on <u>12</u> day of <u>Jan</u> 191 <u>7</u>	Approved by <u>L. H. H. H. H. H.</u>
	at <u>Orelin</u>	
Birthplace	City or Town <u>Orelin</u>	Rank <u>capt</u> M.O.
	County <u>Rumcor</u>	
Apparent age	<u>19</u>	
Trade or occupation	<u>Laborer</u>	M.O.
Height	<u>5</u> Feet <u>8</u> Inches.	M.O.
Weight	<u>135</u> Lbs.	M.O.
Chest measurement	Minimum <u>32</u> inches.	M.O.
	Maximum expansion <u>35</u> inches.	M.O.
Physical development	<u>Good</u>	M.O.
Small-Pox Marks	<u>None</u>	M.O.
Vaccination Marks	Arm <u>Right</u> <u>Left</u> ☒	
	Number <u>One</u>	
When Vaccinated last	<u>Age 13</u>	
(a) Marks indicating congenital peculiarities or previous disease	<u>None</u>	M.O.
		M.O.
(b) Slight defects but not sufficient to cause rejection	<u>None</u>	M.O.
		M.O.
		M.O.

Enlisted on day of 191 at

	CORPS.	REG'T L. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>15TH Bn</u>	<u>643980</u>	<u>Good</u>	<u>21 Jan 16</u>
Transferred to	<u>116th Bn</u>	<u>do</u>	<u>do</u>	<u>8/12/16</u>
	<u>2nd Can Res. Bn</u>			<u>15. 11. 17</u>
	<u>8TH CAN. RES. BN.</u>			

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.

Christian Name

Surname

CHERRYHINTON MILITARY HOSPITAL
CAMBRIDGE

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Bransford		19	3	17	29	5	17	Rheumatic Fever -	72	Condition long standing & quite severe with a suggestion of endocarditis complications. Patient has however improved greatly and is detained transferred to Epsom	J. H. Russell Capt.
M. B. H. Epsom		29	5	17	29	6	17	- 20 -	32	Feeling weak heart good knee joints painful at times and swelling of knees improving	
C. M. H. Hastings		31	8	17	15	9	17	V. D. S. Ulcer of Pen	15	Trans to Cherry Hinton	CAPT. G. A. M. G. "G" DIVISION. J. H. Russell Capt.
		15	9	17	12	11	17	S A 42	58	606 + 449 Cream Injections as recorded on A 72 1238.	Whistole Will Capt. Mene

XXXXXXXXXX
outside refRe-2nd
Cdr. B.

G.C. Rank

Name WOOD. Albert Vincent.

Reg'l No. 643980.

Unit 157th. Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Orillia. 28th. Jan. 1916.

Place of Birth Orillia. Ont.

Name and Address, Next-of-Kin Albert Wood.

Port Severn Ont. Canada.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

ME. H.B. NO.	3891
F.H. H.L.	25 W3800
Category	KA

Discharge, Date and Place

Reason

Character

Pte

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
16.		Arrived in England S.S. Cameronia		28/10/16	
8-12-16	157th	Trans to 116th Bn BRAMSHOTT		8.12.16	Pt. II, DO 172
14.12.16	116th Bn	T.O.S. FROM 157th BN Witley		8.12.16	PT. 2, D.O. 326
19. 3. 17	116th Bn	Adm B'shott Hos.	"	19. 3. 17	PT. 2, D.O. 113. of 2nd Res. Influenza
4. 6. 17	116th Bn	Trans. Genl Hospil Epsom		30. 5. 17	Ch. H. 116
20. 4. 17	2nd Res Bn	To S. on posting from 116th Bn	E. Sandling	20. 4. 17	PT. 2, D.O. 92. 1st 2nd Res. of 116th Bn.
3. 7. 17	1st CCA	On com 1st CCA	St Leonards	29. 6. 17	DO. 115.
5. 7. 17	116th Bn	Disch'd C. Convl Hospil Epsom		29. 6. 17	CL B 131. Rheu. fever
9-7-17	2nd COR	To S. on com 1st CCA	E. Sandling	29. 6. 17	DO. 122. & DO. 173.
5. 9. 17	2nd COR	To Can Mil Hospital Hastings		1. 9. 17	C.L.C. 2. Ulcer penis

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
25.9.17	2 nd C.O.R.	Lfd to Cherryhinton Mil Hosp Cambridge		15.9.17	C.L.C. 19. V.D.S.
25.9.17	1 st C.C.D.	beases attd 1 st C.C.D. Leonardo	Pte	31.8.17	W.I.D.O. #190 + D.O. 216 df=11-10-17 of 2 nd C.O.R.D.
13.11.17	2 nd C.O.R.	Disch'd Cherryhinton Hosp. Cambridge		12.11.17	C.L.C. 60. - V.D.S.
15-11-17	2 nd Res.	To S on posting full	Pte	15-11-17	W.I.D.O. 301 + D.O. 252 df=16-11-17 of 2 nd C.O.R.D.
29-12-17	3 rd Res.	Attd to Signal Base	Pte	29.12.17	W.I.D.O. 360.
2-1-18.	- " -	beases attd signal	Pte	2-1-18.	W.I.D.O. #2.
15.2.18.	2 nd Res.	SOS to 8 th Res Bn	Pte	15.2.18	D.O. 44. 48 th Res. D.O. 46. df=15/2/18
29.3.18	8 th Res	SOS to 58 Bn	"	29.3.18	D.O. 88 (58 Bn) D.O. 33 df 3.4.18)
26.8.18	58 Bn.	Killed in Action. Field		16.8.18	Pte D.O. 88

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503. -Req. 6832.

Name of Soldier.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 ⁰⁰ 643980.. Pt. 157Bn
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		T 27338	15. ⁰⁰	
Nov.		B 31530	15	
Dec.		Q 37001	15	
Jan.	1917	X 41269	15	
Feb.		X 47260	15	
March		X 53331	15	
April		X 5697	15	15Bn
May		X 12453	15	
June		W 21535	15	Gu
July		U 25912	15	
Aug.		3 3639	15	
Sept.		B 39966	15	
Oct.		A 23618	15	
Nov.		Q 57296	15	
Dec.		K 61619	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1918					
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1919					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom *Mrs Mary Wood*
 Address *Port Severn, Ont.*

By Whom Assigned *Wood, A.*
 Regtl. No. *643980*
 Rank *Pte.*
 Corps *157 Bn.*

Rate *15.00*

OCT 1 1916

PAYMENTS

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



P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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

REG'L No.

RANK

NAME

IF IN PERM. CORPS
WHAT UNIT

UNIT

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

DATE EFFECTIVE

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				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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643980²² - Pl. Wood 9.

[illegible]

ASSIGNED PAY. EFFECTIVE DATE: <u>1-10-16</u> AMOUNT: <u>15.00</u>	ENGLAND OR CANADA. SEPARATION ALLOWANCE. EFFECTIVE DATE: <u>1-10-16</u> AMOUNT: <u>15.00</u>	ENGLAND OR CANADA. NAME: <u>Wood Albert</u> NUMBER: <u>643980</u>	PARTICULARS OF RANK OR APPOINTMENT								
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <u>M^{rs} Mary Wood</u> <u>Port Severn, Ont.</u> <u>Stopped off 1/9/18</u>		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY: <u>Pte.</u> DATE EFFECTIVE: <u>1-11-16</u> ORIGINAL UNIT: <u>157 Bn.</u> DATE ACCOUNT FIRST OPENED: <u>1-11-16</u>									
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK		AUTHORITY: <u>33 30.3.18</u> DATE EFFECTIVE: <u>1/18</u> DATE LEDGER SHEET T ⁹ D: <u>25/18</u> UNIT TRANSFERRED TO: <u>260RD</u> <u>58 Bn</u> <u>14/19</u> <u>15/14/19</u> <u>Pay D.O.</u> <u>Team Section</u>									
DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT		DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT									
DAILY RATES OF PAY AND ALLOWANCES AUTHORITY: <u>1 00</u> PAY: <u>10</u> F.A.: <u>10</u> P.F.A.: <u>10</u> SUBSCE ALLICE: <u>10</u>		DAILY RATES OF PAY AND ALLOWANCES AUTHORITY: <u>1 00</u> PAY: <u>10</u> F.A.: <u>10</u> P.F.A.: <u>10</u> SUBSCE ALLICE: <u>10</u>									
PARTICULARS OF RENDERING NON-EFFECTIVE: <u>Kind 16/8/18 to La 30.3 29/8/18</u>											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>March 1918</u>	<u>Bal Forward</u>								<u>23 98</u>		
<u>Apr</u>	<u>P.P.</u>	<u>33</u>		<u>are by 10/4/18 3Duncure</u>	<u>357</u>						
				<u>ap</u>				<u>15</u>			
				<u>are 205 26/4/18</u>	<u>446</u>				<u>33 95</u>		
<u>May</u>	<u>P.P.</u>	<u>33</u>		<u>ap</u>	<u>8 03</u>			<u>15</u>			
		<u>34 10</u>		<u>are 144 8/5/18 58 Bn</u>	<u>357</u>						
				<u>" 205 19/5/18</u>	<u>446</u>				<u>45 02</u>		
<u>June</u>	<u>P.P.</u>	<u>34 10</u>		<u>ap</u>	<u>8 03</u>			<u>15</u>			
		<u>33</u>		<u>AM 267 7/6/18</u>	<u>357</u>						
				<u>" 173 21/6/18 9 CIB</u>	<u>446</u>				<u>54 99</u>		
<u>July</u>	<u>P.P.</u>	<u>33</u>		<u>ap</u>	<u>8 03</u>			<u>15</u>			
		<u>34 10</u>		<u>are 389 5/7/18</u>	<u>357</u>						
				<u>" 567 27/7/18</u>	<u>446</u>				<u>66 06</u>		
<u>Aug</u>	<u>P.P.</u>	<u>34 10</u>		<u>ap</u>	<u>8 03</u>			<u>15</u>			
<u>1918</u>		<u>34 10</u>						<u>15</u>			
<u>Mar</u>		<u>34 10</u>		<u>are 0428 27/2/19 60 to 60m</u>	<u>85 16</u>			<u>15</u>	<u>85 16</u>		
Compiled 16.11.19 <u>Adgh</u> <u>6 Bal 85 16</u>											

ORIGINAL MEDICAL HISTORY SHEET W-58.

Surname Wood Christian Name Albert

Examined { on 12 day of Jan 1916
 at Orillia

Birthplace { City or Town Orillia
 County Simcoe

Apparent age 19

Trade or occupation Labourer

Height 5 Feet 8 Inches.

Weight 185 Lbs.

Chest measurement { Minimum 32 inches.
 Maximum expansion 35 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left ✓
 Number one

When Vaccinated last age 13

(a) Marks indicating congenital peculiarities or previous disease None

Approved by J. P. Wauchope Rank Capt M.O.

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

Date	Result	VACCINATIONS.
<u>Aug 22</u>	<u>1916</u>	<u>J. P. Wauchope</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Nov 11</u>	<u>1916</u>	<u>J. P. Wauchope</u> M.O.
<u>" 15</u>	<u>"</u>	<u>J. P. Wauchope</u> M.O.
<u>" 25</u>	<u>"</u>	<u>J. P. Wauchope</u> M.O.

Enlisted on 12/1/16 day of Jan 1916 at Orillia

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>157th OSBn</u>	<u>643980</u>	<u>Good</u>	<u>21st Jan 1916</u>
Transferred to.. ..	<u>116th Bn</u> <u>2nd Reserve Bn</u> <u>16th Bn</u> <u>2nd Bn</u> <u>2nd Res Bn</u>			<u>8/12/14</u> <u>29.6.17</u> <u>15.11.17.</u>

APR 13 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD MAR 29 1918

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.

Christian Name.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		15	9	17	12	11	17	S A 42	58	606 + H G Cream Injections as recorded on A 721238.	Y. B. Lusk Capt R

ORIGINAL MEDICAL HISTORY

Maynard.

at day of Nov.

Halifax, N.S.

or Town Dover

by England

26yrs.

Waiter.

Feet 6

136

{ Minimum 35

{ Maximum expansion 37

ent Good

Nil

{ Arm Right. Left

{ Number

last 1913

ing congenital peculiarities or
outside left elbow.

s but not sufficient to cause

Nil.

at day of November

CORPS.

R

ent

Comp. Battn.

Re-Inf. Co.

Pell G B

19th. C. M. G. C.

EXAMINED OR DISCH

DATE.

sheet to be disposed of in accor
an becoming non-effective ; the

Name Alfred.

Regtl. No., Rank and Name Pte. Wood A.V. Corps 1st C.C.D.

Disease V.W.S. (P) Hospital C.M.H - ORE.

To Officer i/c Laboratory. Ward G.

Please carry out an examination of the accompanying specimen of Blood.
with special regard to Wasserman.

Date 9-9-17.

[Signature]
O. i/c Ward.

LABORATORY REPORT.

POSITIVE + + ,



Date of Examination _____

[Signature] O.C.
No. 2 Canadian Mobile Laboratory
FOLKESTONE Laboratory.

Regiment _____

Company _____

Hospital _____

Ward _____

Office _____

Ward _____

LABORATORY REPORT

POSITIVE



U.S. ARMY MEDICAL DEPARTMENT
LABORATORY
WASHINGTON, D.C.

SYPHILIS CASE-SHEET.

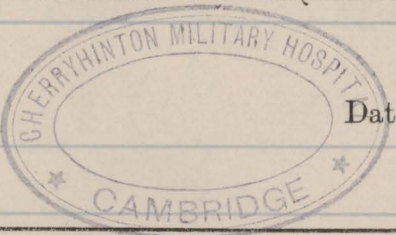
Regtl. No. *643980* Rank and Name *Pte Wood. A.V.* Corps *116th Bn. (A)*
CHERRYHINTON MILITARY HOSPITAL
 Placed on Syphilis Register at *CAMBRIDGE* on *18.9.17* No. in Register *(2) W 190*
 Disease contracted at *Hastings* Primary sore appeared on (date) *23-8-17.*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Scar on prepuce close to frenum.*
 Lymphatic glands *General adenitis*
 Skin (nature and distribution of rash)

Mucous membranes *Throat slightly congested*
No condylomata
 Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)
 Examination of blood serum—Method employed (original or modification)
 Wassermann reaction Result (positive or negative) *+ 9.9.17 Hastings.*

Station  Date *18.9.17* Signature of M.O. *W. H. Ashwell*
Capt. R. H. H.

Struck off Syphilis Register at on
 Cause of being struck off Register { (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army }
 Station Date Signature of M.O.

e.g., "Blood test due 15.5.14."

A circular ink stamp from the Cherryhinton Military Hospital in Cambridge. The text "CHERRYHINTON MILITARY HOSPITAL" is curved along the top inner edge, and "CAMBRIDGE" is curved along the bottom inner edge. Two small five-pointed stars are positioned on the left and right sides, separating the top and bottom text. The center of the stamp is empty.

[illegible]

6-11-17
5-11-17

WASSERMANN REACTION RESULT.

12.11.17 Discharged from Hospital

Blood test due end of February 1918.

3	ARSENIO BENZOL.	1 Gr% Hg. Cream.
		1 Gr% Hg. Cream.
4	ARSENIO BENZOL.	1 Gr% Hg. Cream.
5	ARSENIO BENZOL.	1 Gr% Hg. Cream.
5	ARSENIO BENZOL.	1 Gr% Hg. Cream.
5	ARSENIO BENZOL.	1 Gr% Hg. Cream.

①

don

HOW
HOW

[illegible]

Regtl. No., Rank and Name 643980 Pt Woods Corps 116 Bn
 Disease Myalgia Hospital Bsmth.
 To Officer i/c Laboratory. Ward 15

Please carry out an examination of the accompanying specimen of Plasma
 with special regard to Complete blood count & haem.

Date 9/4/17
 O. i/c Ward.

LABORATORY REPORT.

Haemoglobin 88%
 R. B. Cells 4656000
 Leucocytes 8800

Differential
 Polymorphs 68%
 Small lymph 24%
 Large 8%

Date of Examination 18/4/17

Heurden
 O. i/c Laboratory.

LABORATORY REPORT

URINE SPECIMEN.

EXAMINATION REPORT

Ward.....XV.....

Date.....Mar. 31.....1917

Reg. No. 643980. Name & Rank. R. Wood. Unit. 116. Reg.

Disease.....Myalgia.....

Sp. Gr.....1022

Reac.....acid

Albumen.....negative

Sugar.....negative

Capt. G. Connell

M.O. i/c Ward

3

A. R. Campbell

Capt. C.A.M.C.

Officer i/c Laboratory.

11 11
100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

CLINICAL CHART.

Army Form B. 181

Corps 116 Bn.

(To be attached to Case Sheet.)

Military Hospital Braunschweig

No. 643980

Rank and Name Pte Woods. A.

Age 19

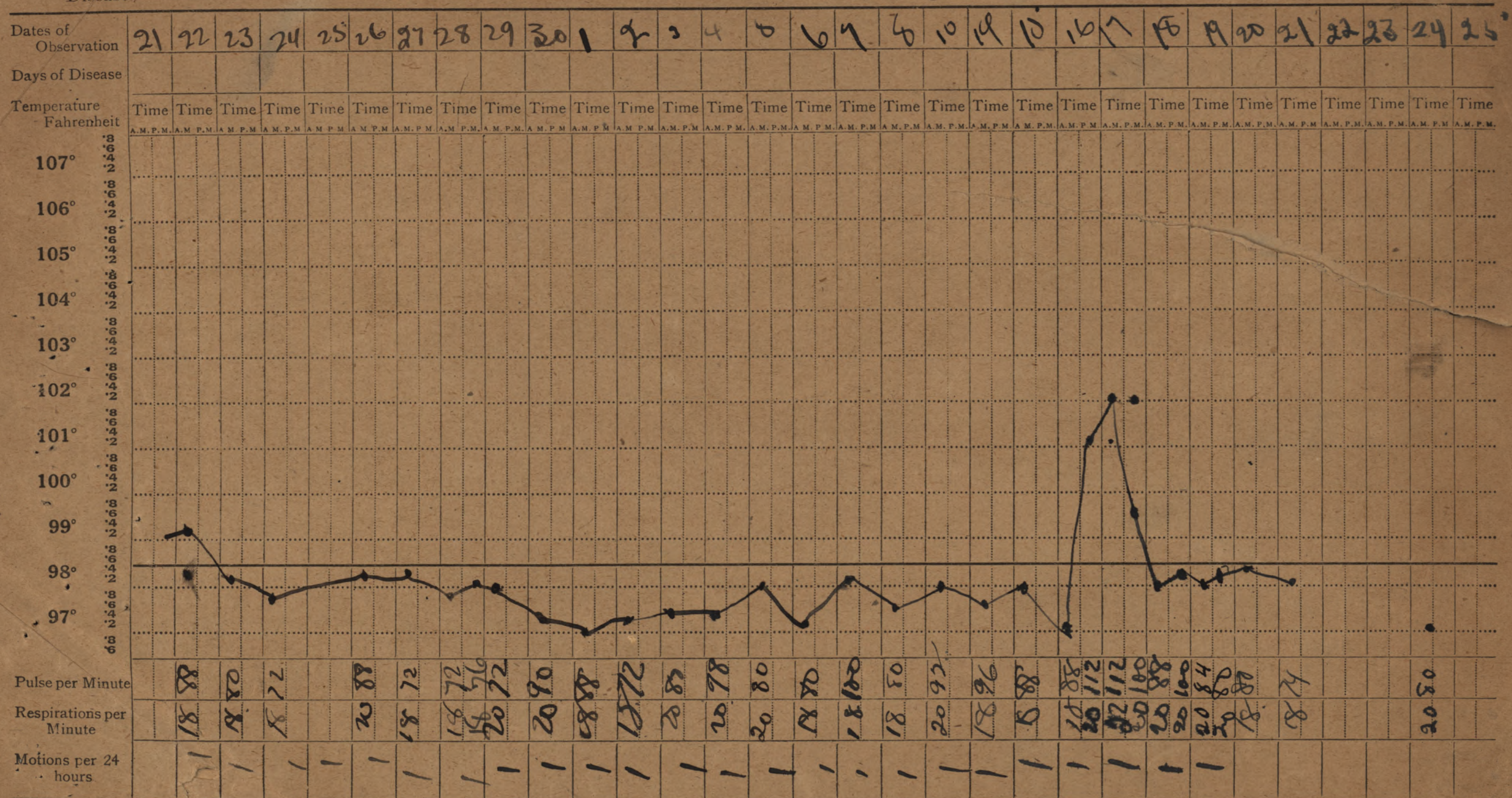
Service 14/12

Disease

Date of admission 19-3-17.

Date of discharge

Result



Signature

In charge of case.

CLINICAL CHART.

Army Form B. 181

Corps 116 Bu.

(To be attached to Case Sheet.)

Military Hospital Braunshott.

No. 643980.

Rank and Name Sgt. Woods G.

Age 19

Service 14/12

Disease

Date of admission 19-3-17

Date of discharge

Result

Dates of Observation

Days of Disease

Temperature Fahrenheit

107°

106°

105°

104°

103°

102°

101°

100°

99°

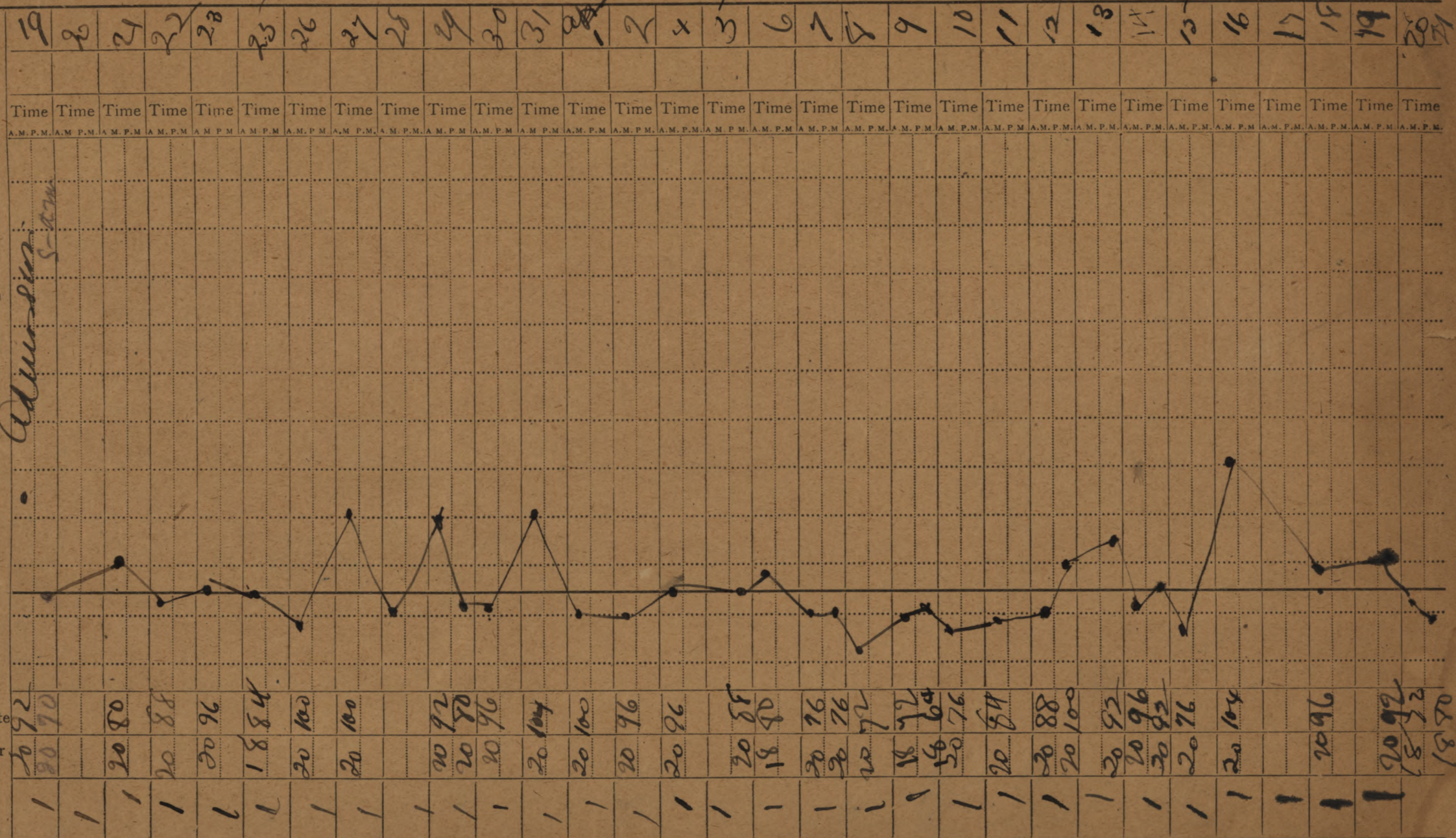
98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours



Signature

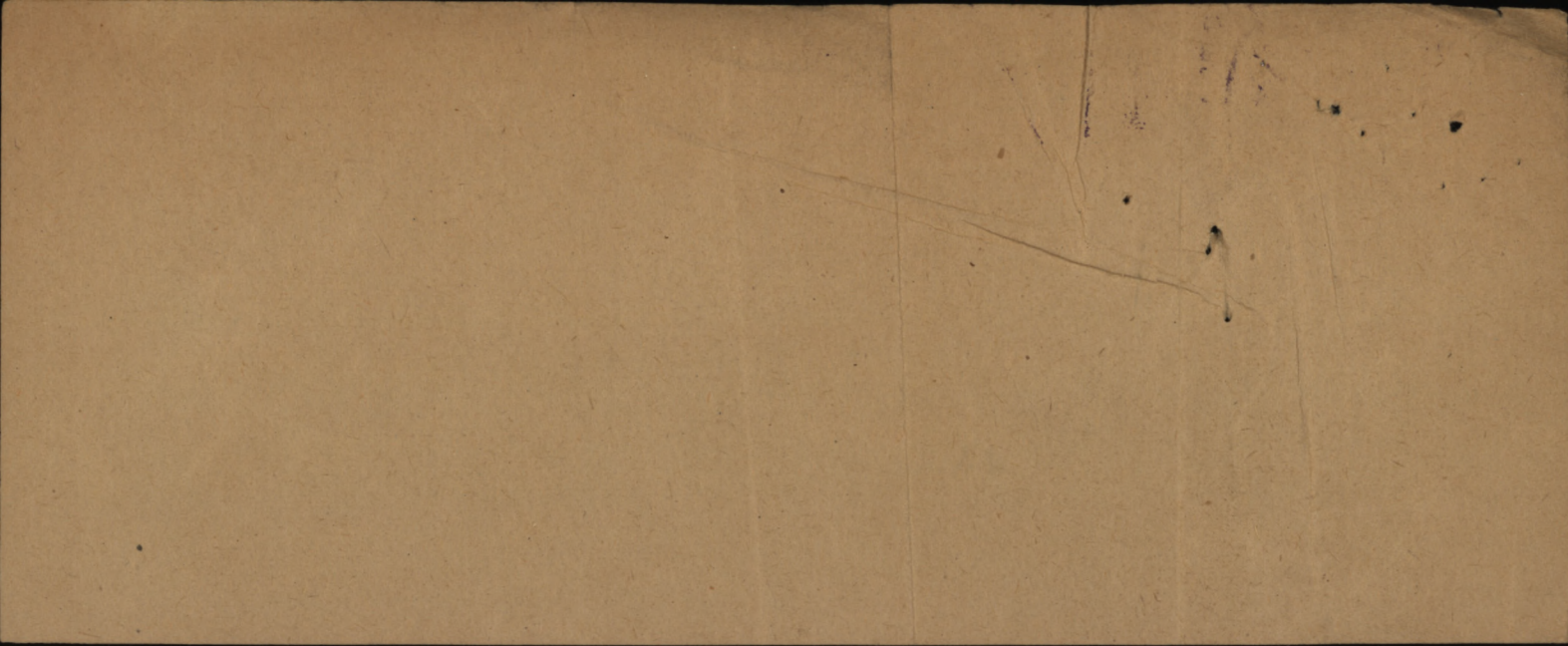
In charge of case.

Keep this man two more weeks and
then mail him D +

A. K. + 1.

13 JUN 1917

28 JUN 1917



(To be attached to Case Sheet.)

Military Hospital

Corps.

No.

Rank and Name

Age

Service

Disease

Date of admission

Date of discharge

— Result

Date of Observation

Days of Disease

Temperature,
Fahrenheit

[illegible]

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

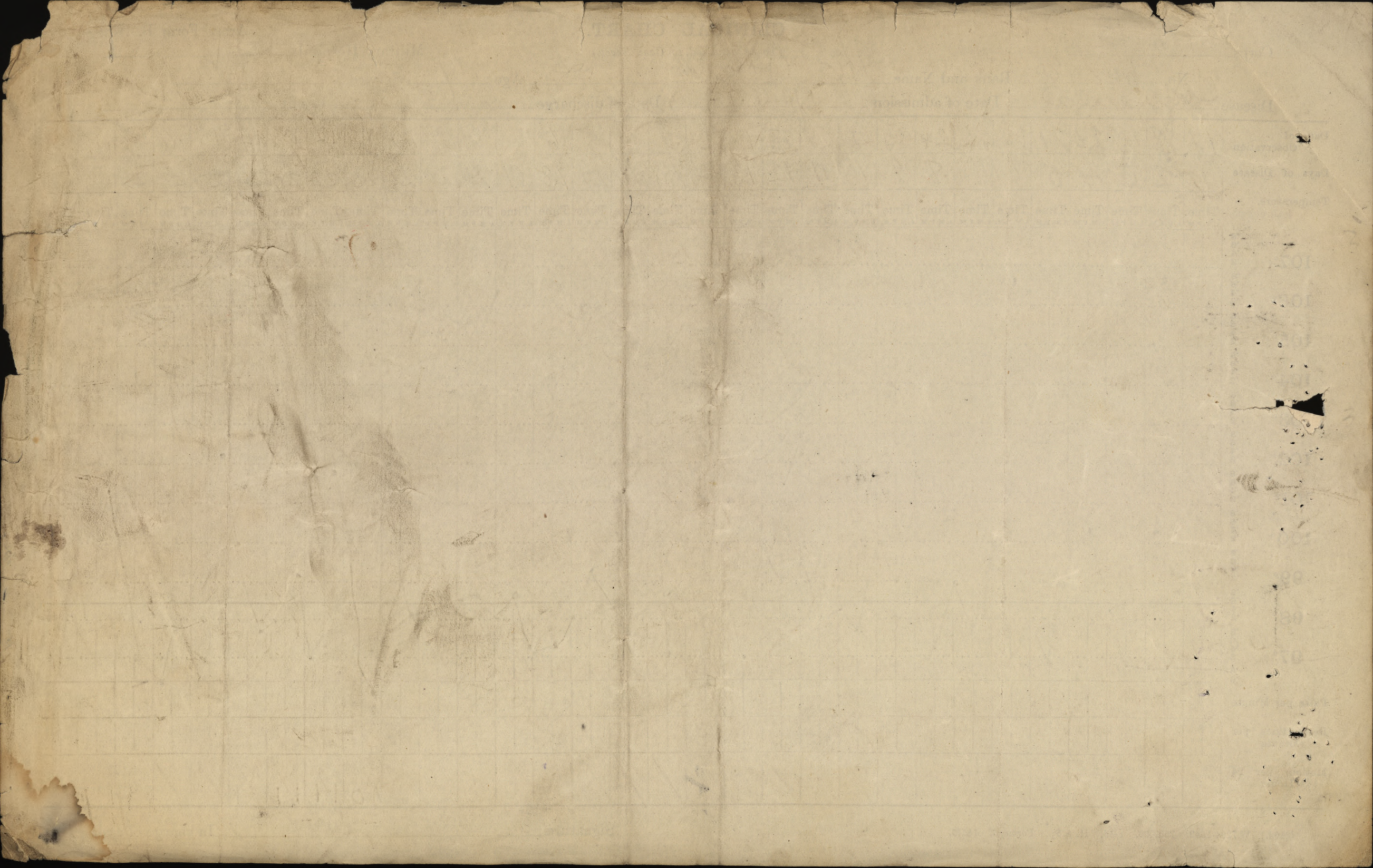
Pulse per Minute

Respirations per Minute

Motions per 24
Hours

Signature

—In charge of case.



~~21~~ 643280.

Army Form W. 3212. (In books
of 100.)

Regtl. No., Rank and Name 6th. Wood A. V.

Corps 1st C. C. H.

Disease —

Hospital C. M. H. - OAE.

To Officer i/c Laboratory.

Ward G.

Please carry out an examination of the accompanying specimen of Smear.
with special regard to S. Pallida.

Date 1-9-17.

B. H. Guyatt
O. i/c Ward.

LABORATORY REPORT.

No S. S. Found.

Date of Examination —

O. i/c Laboratory: —

May 1918 W. 3212 (100)

21 14 1880

all next and one to the

Hospital 100 1 - 1918

Ward

For the purpose of the examination of the accompanying specimen of

with the following results

11/11/18

Ward

LABORATORY REPORT.

11/11/18

One Laboratory

11/11/18

Duplicate

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name 643980 Pte Wood A.V. Corps 1st CbD

Disease _____ Hospital Hasling

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of Blood
with special regard to Wassermann

Date 31/8/17

O. i/c _____ Ward. _____

LABORATORY REPORT.

neg.

NEGATIVE



Date of Examination _____

G Adams Capt C.M.C.
..... for O.C.
No. 2 Canadian Mobile Laboratory,
FOLKESTONE. O. i/c Laboratory.

Corps

Hospital

Ward

To Officer of Laboratory

Please carry out an examination of the accompanying specimen of _____
with special regard to _____

Date

O. P.

LABORATORY REPORT

NEGATIVE



Date of Examination

8

Army Form W. 3212. (In books of 100.)

643980

Regtl. No., Rank and Name Wood A. V. Corps 12 C.C.D.

Disease V.D.S. Hospital 18 Barrage Rd

To Officer i/c Laboratory. Ward _____

Please carry out an examination of the accompanying specimen of blood & smear
with special regard to Wasserman's Spirochaeta

Date 26.8.17 W. F. M. Isaac - Lieut.

O. i/c Ward.

LABORATORY REPORT.

NEGATIVE

Date of Examination _____



W 12965-6740 200,000 11/15 H W V (M 876) Forms/W. 3212/1
1439-480 200,000 5/16

G. Adams Capt C.M.F.
.....
No. 2 Canadian Mobile Laboratory, FOLKESTONE.
O. i/c Laboratory.

Form 100-10 (Rev. 1-15-17)

Case No. _____

City _____

State _____

For the purpose of this report, the following information is given:

1. Name of the person or persons who furnished the information: _____

2. Name of the person or persons who were interviewed: _____

3. Name of the person or persons who were interviewed: _____

LABORATORY REPORT

NEGATIVE



SYPHILIS CASE-SHEET.

Army Form I. 1238

Regtl. No. *643980* Rank and Name *Pte Woods av.* Corps *2nd Res. 1st 660.*
 Placed on Syphilis Register at *Nastings* on *31-8-17*. No. in Register *2924*
 Disease contracted at *Nastings*. Primary sore appeared on (date) *16-8-17*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Slightly indurated ulcer frenum*
non-purulent
 Lymphatic glands *Left. Inq. glands + Epi. neg. Left axils +.*
 Skin (nature and distribution of rash) *neg.*

Mucous membranes *neg.*

Other symptoms



Examination of exudate from sore—*Spirochaeta Pallida* (present or absent)

Examination of blood serum—Method employed (original or modification)

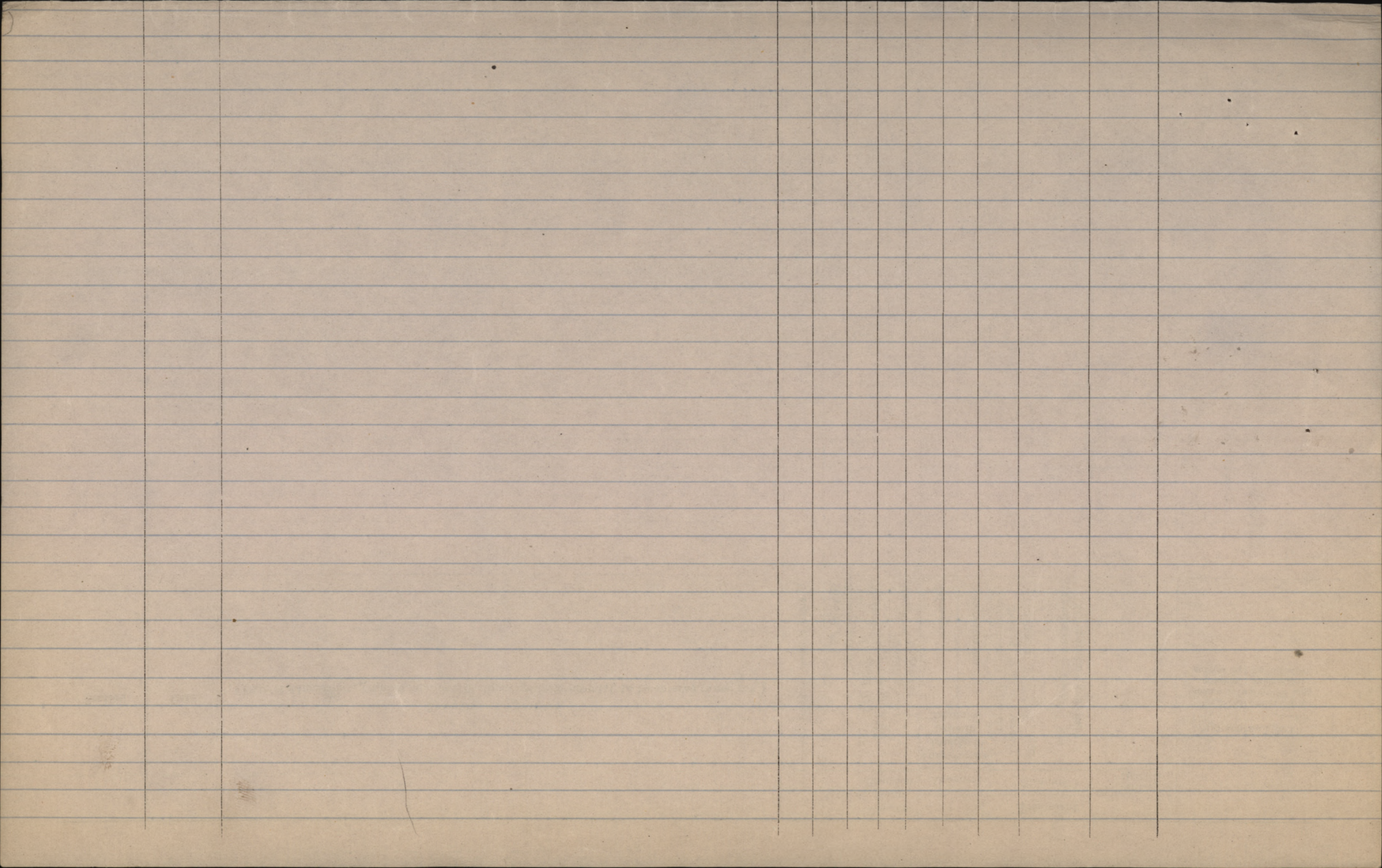
Wassermann reaction { Result (positive or negative) *Pos.*

Station *Canadian military Hosp.* *Ors. Sussex* Date *31-8-17* Signature of M.O. *[Signature]*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____



[illegible]

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

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W 8810

15			
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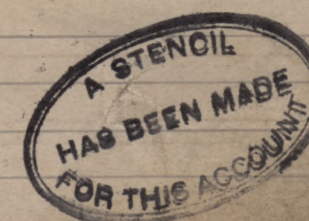
PARTICULARS OF SEPARATION ALLOWANCE

No. *643980*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *A. Wood*
 Battalion *157 Battrn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Mary Wood*
 Address *Port Severn Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>19731-a-34</i>
<i>Dec</i>			<i>775</i>	<i>775</i>	
<i>Jan</i>	<i>71630 W</i>		<i>15</i>	<i>15</i>	<i>Killed in action Aug 21 1918</i>
<i>Feb</i>	<i>74427</i>		<i>15</i>	<i>15</i>	<i>C.L. 288-702</i>
<i>Mar</i>	<i>790718</i>		<i>15</i>	<i>15</i>	<i>Killed in action 16/8/18 per E.F.L. and 28/3/19 W.T.</i>
<i>Apr</i>	<i>8913</i>		<i>15</i>	<i>15</i>	<i>acc below 31-7-18 No m.R.O. m?</i>
<i>May</i>	<i>X19048</i>		<i>15</i>	<i>15</i>	<i>M.R. O.8681 Destroy 24/9/18</i>
<i>June</i>	<i>727162</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>877931</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>34780</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>			<i>75</i>	<i>75</i>	
			<i>345</i>	<i>345</i>	
<i>Sept</i>	<i>43425 W</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>			<i>15</i>	<i>15</i>	



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

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

PARTICULARS OF ASSIGNMENT

Name
Address
Change of Address
1
2
3
4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
406M.-6-17-1772-39-1141
L. L. 22220-NL & D. 7583.