REGIMENTAL DOCUMENTS

NAME CLARKE HARRY ENSKO Pte REGT. NO. 928656 UNIT 153 Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				22935	
1	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)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit
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	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M. F. W. 192					
1	A. F. I. 1237					
2	Misc					
1	R 149					39 - 9
1	M. F. W. 67					17 9
1	Cas card					
1	Pres					7 . 9
	Pay Card					
						2

Released 18-6-52

H

W 2589
100M-11-18
1772 39 1377

ORIGINAL 928656

ORIGINAL

ATTESTATION PAPER.

No. 928656

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Clarke
1a. What are your Christian names?..... Harry Ensko.
1b. What is your present address?..... Mt Forest Ont Canada.
2. In what Town, Township or Parish, and in what Country were you born?..... Mt Forest Ont Canada
3. What is the name of your next-of kin?..... Thomas Clarke
4. What is the address of your next-of-kin?..... Mt Forest Ont Canada
4a. What is the relationship of your next-of-kin?. Father
5. What is the date of your birth?..... Feb 4th 1890
6. What is your Trade or Calling?..... Clerk.
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, H. E. Clarke., 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.

Harry E. Clarke (Signature of Recruit)

Date Feb 28th 1916. Gustin Sexton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, H. E. Clarke, 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.

Harry E. Clarke (Signature of Recruit)

Date Feb 28/16 1916. Gustin Sexton (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 Mt Forest this 28th day of February 1916.

G. L. Allen (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Blackburn.

Description of Harry Ensko Clarke on Enlistment.

Apparent Age....26.....years .....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 8¾ ins.
Chest measurement.	Girth when fully expanded	37 ins.
	Range of expansion	4 ins.
Complexion		fresh
Eyes		blue
Hair		brown
Religious denominations	Church of England	
	Presbyterian	
	Methodist	yes
	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).

one vac. mark left arm

scar on right wrist.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb. 29th 1916. 191 . A R Perry Capt A.M.S.

Place Mount Forest, Ont. 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.

Harry Ensko Clarke 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.

Wellington Major (Signature of Officer)

Date Feb. 29th 1916. for O.C. 153rd Bn. C.E.F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 928656 (Rank) PRIVATE

Name (in full) CLARKE, Harry Ineko. enlisted in

the 153rd BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at HOUT FOREST, ONT. on the TWENTY-EIGHTH

day of FEBRUARY 16 19

HE served in FRANCE (WITH 43rd BATTALION)

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

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

Age 19 YEARS

Height 5' 9"

Complexion FRESH

Eyes BLUE

Hair BROWN

Marks or Scars G.S.W. LEFT SHOULDER AND NECK.

Signature of Soldier

Date of Discharge

DISCHARGE SECTION
MAY 21 1919
No. 1 District Depot

f.v

F. Herman Capt.
Issuing Officer

HEAD.

O.C. DISCHARGE SECTION Rank NO. 1 D.D.

TWENTY-FIRST MAY 19

Date 19

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

PHOTO

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

CASE HISTORY SHEET

Bed. 9.

L.M.O.H. Hospital. London Ont Station.

No. 927656 Rank Pte Name Clark H.E Age 29

Unit # 10 D. Completed years of service Where and how long } C 1 4/12 E 1 11/12 F. 0 7/12

Date of admission 29. 1. 19. Date of discharge 19.5.19.

Diagnosis G.S.W. left shoulder & neck. Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE. There is a scar 2½" x 1½" healed, ant: surface left shoulder. & a scar 1½" x ½" healed, outer surface upper 3 left arm. There is a 1" healed linear scar on the left side of the neck. Complains of a dull ache constantly in left shoulder. & pain on shoulder movements.

Shoulder - Ant: Rotation through arc of 65° limited 115°. Post: Rotation normal. abduction limit: arc of 40° limited 140°. adduction normal. Elbow: Flexion full Extension limited 15°. Wrist - Flexion & Extension normal. abduction thru: arc of 15° limited 5°. adduction thru: arc of 30° limited 10°. Fingers movements normal.

He complains of some soreness & weakness in left arm on walking for any long distance all movements normal. (Had Fracture Cervical vert: at time of neck wound) There is 1" atrophy left arm & forearm.

13/2/19. Have electrical reactions - Give massage and movements to left shoulder.

28/2/19. Neurotic disposition which should clear up rapidly in civilian life. no disability in left legs. Further treatment for shoulder not indicated

TREATMENT

(Especially a

Ist to

left shoulder & arm. Passive movements left shoulder & wrist. reactions good - all muscles react

muscles of forearm, arm & shoulder showed a gain at last exam.

to W.S. Hosp. Ft. 10-5-19. A week's furlough

tment ordered. 10-9-19. Back Reston ordered two weeks

able improvement in joint movement

rice. Medically unfit.

L.M. Jones Capt

Medical Officer i/c case.

C.9.135

1 P.M. 10-Cl-59

ORIGINAL

LAST PAY CERTIFICATE

Regt.No. 928656 Rank Pte Name Clarke Harry Enske

Corps 153 Bn who was Discharged

on 21-5- 1919 to

The following is a statement of the account of the above named from 1-5-19 to 21-5-19

Bal Dr from mon. of from L.P.C.		Bal Cr from mon. of from L.P.C.	apr 33.44
ASSIGNED PAY: AR 21-21-5-19.	✓ 12.00	Regt.Pay 21 dys. @ $1.00 F'ld All. 21 dys. @ $10	21.00 2.10
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE: 1st Payment WSG	70.00
undercharged $10.00 OTHER CHARGES: Obs 4 14/5/19 10.00 AR16 16/5/19 5.00		OTHER CREDITS: Clothing Allowance	35.00
PAYMENTS: AR 21-21-5-19.	✓ 134.54	Subsistence @ 80¢ per day	
Bal.Credit (to be pd.)	161.54	Bal.Dr.(to be deducted) (from soldier $) (from Dependent $)	161.54

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY LND
at $ ~~17~~ per month has been ~~paid~~ to 21-5-19 by this Unit -Nil-	at $ 17 per month has been ~~paid~~ to 21-5-19 by this Unit	Subcribed $ Pd.by $ other Units pd.by this Unit Nil

Dependent or Beneficiary : Thomas Clarke

Address: Mount Forest Ontario

REMARKS: D.O. 140 Discharged on Demobilization. 21-5-19 Med Unfit

Date of Enlistment: 28-2-16
If married and if Separation Allowance card submitted. No Do

Paymaster

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

District Depot

MAY 21 1919

Date: London, Ontario.

MD 1

LONDON, ONT.

J D Patterson Captain.
Paymaster, No.1 District Depot.

M. F. W. 29.

50M.—6-17.
1772—39—847.

MEDICAL REPORT ON RECRUITS.

Canadian Overseas Expeditionary Force.

191

Regimental Number.	Rank and Name	Place of Birth.	Trade or Calling.	Age.	Religion.	Height.	Chest Measurement.	*Vision.	Fit or Unfit	Name of Medical Examiner.	M. D. No.	Cause of Rejection.

*If vision is subnormal, the fraction should be indicated in this space, e.g. RD=20/60 LD=20/40, etc.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins ..... 153rd. Battalion C.E.F. .....

(2) Regimental Number ..... 928.656 .....

(3) Full Name of Soldier ..... Harry Ensko Clarke .....

(4) Place of Birth ..... Mount Forest Ont. .....

(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 ? ..... no .....

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

Also their names and ages .....

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

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

If so, state name and address ....Thomas Clarke, Mount Forest Ont.....

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

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

.....

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

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.

.....x.....

.....

(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.

.....x.....

.....

.....

(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.

.....x.....

(15) Are you insured ?.....yes.....

If so, in what Company ?.....Mutual Life of Canada.....

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

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

W. P. Reed Major

O. C. 153rd Battalion, C. E. F.

Officer Commanding.

Date.....May 23rd. /16.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Clark Harry E.

DISTRICT

REGIMENT 15 3rd Bn

RANK Pte

No. 928656

M.F.B. 465.
150M.—6-18.
1772-39-950.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date 1919		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	May	19	3 5-6 21									7 15-16 18-19 29-31					2 8-10	1 32		1 2-4	J. M. DEans	1.	Cav. 1. 20. 38. Lr. Rest

DENTAL HISTORY SHEET

ORIGINAL

Card 928656 K1 ORIGINAL

M[illegible]ET.

Surname Clarke Christian Name Harry Eusko

Examined on 29 day of Feb 1916 at Mount Forest Ont

Approved by A.R.D. Perry A.J. Markwell Capt. A.M.C.

Birthplace City or Town Mount Forest County Wellington

Rank [illegible] M.O.

Apparent age 26

Trade or occupation Clerk

Height 5 Feet 8 3/4 Inches.

Weight 146 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. ✓ Number one

When Vaccinated last when a child

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection teeth. -

R.E.V. 15/20 200/20
L.E.V. 200/20

Date	Fit or Unfit	Examined for Re-engagement,
		29 AUG 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
5/3/17	Take	A.R. Perry Capt M.O.
		M.O.
TAB	8.6.17	M.O.
2	15.6.17	[illegible]

Date	Result	Anti-Typhoid Inoculations, Etc.
21/8/16	Good	A.R. Perry Capt M.O.
8/11/16	"	A.R. Perry Capt M.O.
8/12/16	"	A.R. Perry Capt M.O.

Enlisted on 29th day of Feb 1916 at Mount Forest Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	153rd. Batt'n. C.E.F.	928656		29/2/16
Transferred to..	25th RESERVE BATTALION C.E.F. 43 Bn			- 7. MAY 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
St Thomas Ont	12/2/17	Med Board G.S.W. Neck Fract. Spine Inj. Bowel Pleura	Fit for duty Sutherland Capt Pres. Med. Board
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	27 NOV 1918		Invalids L.R. Saunders Capt A.M.C.
LONDON, ONT.	15-5-19	Lacerations tissues left shoulder and neck.	Medically unfit.

CANADIAN

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.
150M.—8-15.
H. Q. 1772-39-439.

Surname Clarke Christian Name Harry Ensko

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
KING GEORGE HOSPITAL ... ST, LONDON, S.E.		26	8.	18	18	10	18	G SW Neck Fract Spine Inj Brachial plexus	53	Wounded Aug 17/18 Large piece of metal removed from body Paralysis of Lt Arm & hand. Small perforating wd in neck below the left ear Trans. to Orpington.	[illegible] Col LIEUT., R.A.M.C.
Ontario Military Hospital, Orpington		18	10	18				Gsw. lt. arm & neck Injury Brachial Plexus		23-11-18. 40% supination 10% abduction at shoulder hand grip still weak. Gsw. lt arm & neck healed. Still general weakness.	E. A. Greenspon Capt. Cam.
No. 8 CANADIAN GENERAL HOSPITAL LIVERPOOL		3 JAN 1919			13 JAN 1919			Do		Condition unchanged F to Canada	[illegible] Capt.
H. M. A. T. "ESSEQUIBO"		JAN	13	1919	JAN	25	1919	do	13	Condition Unchanged	W. Morgan Capt.
W. O. M. H.		29	1	19	19	5	19.	G.S.W. left Shoulder & neck.	111.	Condition improved. More freedom of joint movements. Discharge from Service. Medically unfit	L. M. Jones Capt

Forms
I. 1237
12

47

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	928656	Pte.	Clarke	H.E.

Year	Unit.	Age.	Service.
	43rd Cdns.	28	3 0/12

No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL. ORPINGTON, KENT.

Station and Date.	
18/10/18	Disease G.S.W. L. arm & neck Wounded 16/8/18
	Civil Occupation Clerk
	Mil History
	Enlisted July '16 To Eng. May '18
	To France March '18 —
	Wounded 16/8/18 G.S.W. L. arm & neck.
	Evacuated to 1/2 Gen. Hosp. # 47688
	Operation. I.S.B. removed from neck
	Body of 2nd or 3rd. Cervical vertebrae -
	Excision wd. L. arm.
	1st Anest. Gen. Rowen. Paralysis L. arm
	complete at first - numbness weakness L
	Left Leg - Loss of speech for 1/2 hour.
	To King George Hosp. 26/8/18
	To Orpington. 18/10/18.
	Present Condition.
	2" scar over left sterno mastoid - healed -
	T & T wd. ext. surface upper 1/3rd left
	arm healed -
	No disease of speech - or facial paralysis
	Left Arm.
	Paresis of shoulder girdle group and muscles of
	whole limb. . . Very slight atrophy
	Sensation - No sensory loss.
	Movements.
	Flexion & extension of fingers - partial supination
	& pronation - Fairly strong flexion & extension
	of elbow - Complete also of abduction at shoulder.

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

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

[P.T.O.

Station and Date.	
	Left Arm Cortin. Forearm.
	Wasting Abject response / Prophezin. Supra and infra Spinatus. Deltoid responds to Moderate Current. All Other muscles Respond readily.
Left Leg.	Full movements of limb. Weakness. Complains of Complete loss of power in foot at first. Steady improvement since. No sensory loss.
Right Leg & Arm	Complains of occasional numbness in foot and weakness in foot. Full movements no sensory loss.
21/10/18	Lt. arm put up on Abduction Splint. Special re education movements.
26/10/18	Transfer to RA 16 — Surgical Cor Limerick Ed
28.10.18	Will Begin daily Massage with Movements to all joints left arm. and re-education Lt Commanville Offs
23-11-18	Movements of Lt. arm. Flexion, extension & abduction of fingers good, hand fist weak, flexion & extension of wrist good, 40% supination & pronation of forearm good, flexion at elbow 80% 10% abduction at shoulder no sensory loss — wds. clean.
3 CLH 6.1.19	Condition unchanged. to Convalescent Depot Ripon 3 Res Gp

92865-6 Clarke H.E.

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
		S.O. 8 to 687 Canada for			
22-1-19	M.S.D.	further medical treatment	Seaford	18-1-19	Pte. 022

Form R 122.
2353—100M—9-12-16

MK

Rank WEST ONT. Regt Name CLARKE Harry Ensko Reg'l No 928656

Unit 153Bn to [redacted] If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Mount Forest Feb 28th 1916 Place of Birth Mount Forest Ont.

Name and Address, Next-of-Kin Thomas Clarke

Mount Forest Ont Canada Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 15115
File R.L.
Category MU CAN

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 7 5 17 SS OLYMPIC.			
2-6-17	25 Res.	Taken on strength. as/Cpl.	B'shott	7-5-17	Pt II O 154
2-6-17	do	Reverts to Perm't Ede Pte.		7-5-17	— 154
15/2.18	25 Res	S.O.S. To 4. Res BN. B'shott	15.2.18	DO, 3S&4 Res DO39	18th Bn DO. 27 d/5-4-18
29.3-18	4th Res Bn	Posted to 18th Bn O/Seas	B'shott	28.3-18	Pt II DO 75
30.4.18	18th Bn	S.O.S to 43rd Btn	field	" 10 4/18	" 38
— " —	43rd Bn.	T.O.S. from the 18th Bn.	— " —	Pte 11-4-18	" 43.
23.8.18	C.L. Man.	Wounded.	— " —	" 18.8.18	C.L. No A 300.
3-9-18	M R D	T.O.S from 43rd Bn in hosp	Seaford	Pte 27-8-18	Pt II O. 246. 43rd Bn Pt II O. 82 d/4 9/18
17-1-19	43 Bn	Invalided to Canada	Liverpool	13-1-19	C.L.B. 423.

(PTO)

A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CLARKE. H.E.

REGIMENT 43rd RANK Pte No. 928656

Date of Examination in England 6/1/19 | 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 20,
2. EXTRACTIONS
3. CROWNS 27,
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada Yes
- (*b*) In England No
- (*c*) In France No

Signature of Dental Officer O. Nare Capt.

Report		Record of promotions reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
13.1.19	O/S.	Taken on strength No. 1 District Depot Landed D.O. 35			
		[signature] Recd for C.O. NO. 1 DISTRICT DEPOT			
		LONDON, ONT. DISCHARGED MAY 21 1919 MEDICALLY UNFIT for [signature] Herman Capt O.C. Discharge Section, No. 1 D.D.			

2nd Sheet.

Army Form B. 103. Regimental Number 928656.

Casualty Form—Active Service

Regiment or Corps 43rd Cdn. Mn

Rank Pte. Surname Clarke Christian Name Harry Eusko

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

Enlisted (a) 28/2/16. Terms of Service (a) ..... Service reckons from (a) .....

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

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

or Corps Trade and Rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
25.8.18	A.G. Guildford Castle	GSW neck to England & posted to MRDepot Seaford		25/8/18	W 3083/5835 Pt II 82/18
		R Winter Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
3-9-18	MRD	TOS on posting from 43rd Bn	Seaford	27.8.18	Pt II O 246
			L Eland LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F.		

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

(b) Signaller, Shoeing-Smith, &c

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

[P.T.O.

928656 Clarke W. E

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.
15-2-18	O.C. 4th. Can. Res. Bn.	Taken on strength 4th. Res. Bn. ✓	Bramshott	15-2-18	Pt.2. Order No. 3[illegible].
29-3-18	O.C. 4th Res. Bn.	Having proceeded overseas to 18th Battn. is S.O.S. 4th Res. Battn. ✓	Bramshott	28-3-18	Part 2 Order No. 75.

CERTIFIED CORRECT. 24 APR 1918 CAN. RECORDS LONDON

G

[signature] Lieut.
A/Adjt. 4th Canadian Res. Battalion.

29-3-18	2 Can I.B.Dep	Arr from 4 Can Res Bn Eng.& T.O.S. 18 Can Bn.	2 Can I.B.D ETAPLES	29.3.18	Nom Roll Pt II Ord 27 d-5.4.18
30-3-18	C.C.R.C.	Arr Can Corps Reinf Camp	In the Fld	30.3.18	Nom Roll
		Transfd to 43 Can Bn & S.O.S. of 18 Can Bn (Auth: A.A.G., Canadian Sect., G.H.Q., 3rd. Ech. No. KR. S. 290/241/17)		10.4.18	Pt II Ord 38 d-30.4.18
30.4.18.	43 Bn	T.O.S.	43 Can Bn	11.4.18	Pt II 43.
14.4.18	"	joined	" "	10.4.18	B 213
18.8.18	1 Aus Gen	SW neck & Shldr	adm	18.8.18	W 481
"	" C Fd	SW " & Lt "	Adm to 49 Ctrl	17.8.18.	A 7628.
"	49 Ctrl.	" "	Adm & to 21 A T	"	H 163
25.8.18	1 Aus Gen	" " & Shldr	to England	25.8.18	H 2728

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 153rd Battalion C. E. F.

Regimental No. 928656 Rank ~~Corp.~~ Pte Name Harry Ensko Clarke (Harry Ensko)

Enlisted (a) 28-2-16 Terms of Service (a) D. of W. C. E. F. Service reckons from (a) 28-2-16

Date of promotion to present rank. Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) B.4.P.7 R. S. of I. Clerk

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 Canada	Halifax	28.4.17	H. M. L. Olympic
		Disembarked England	Liverpool	7.5.17	
		Entered Segregation Camp	Bramshott	7.5.17	Geo R Collew Capt. & Camp Adjt Segregation Camp, Bramshott
2-6-17	25th.Res.	Taken on Strength as an A/Cpl. Reverted to Permanent Grade of Private.	Bramshott.	7-5-17	Part 11 D.O. 154.
15-2-18	25th, Res Bn	Transferred to 4th Can Reserve Battalion.	Bramshott.	15-2-18	Part 11. D.O. No. 38.

W. L. Waldie
Lieut.
A/ Adjutant.
25th, Canadian Reserve Battalion

(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.

OVER

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Thos blarke. (Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier blarke, Harry E.

PAYMENTS. 928656 - Cpl - 153rd Bte -

8/17.w

MAY 1- 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		B12671	17	
June		L16833	17	W.
July		Q21284	17	Cu
Aug.		S28392	17	03
Sept.		K34820	17	Cu
Oct.		Z45952	17	
Nov.		W 53575	17	
Dec.		H51723	17	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

DAC

136 Mac

ASSIGNED PAY.

L. L. Job 4503.—M. & D. 68

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Thos Clarke.

Address Mt. Forest, Ont.

Relation to Soldier wife, child or mother } Mother

MAY 1- 1917

Name of Soldier Clarke, Harry E.

Regtl. No. 928656

Rank Cpl.

Corps 153rd Btn.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT 3

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

Form R 149

Harry Ensko

Name CLARKE Rank Pte Reg. No. 928656

Unit 43rd Bn

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-8	1 Aust Gen: Hosp. Rouen		S.W. Neck, Shldr		A 300	3384/9
					H 269	
27-8	King Geo: Hosp: Stanford St		do		B 304	25051
19-10	16 C.G.H. Orp Ton		do	B 353		29607
4-1-19	Can. Kirkdale		do	B 414		4364
13-1-	Inval. to Can.		do	B 423		63018

From Halifax per S.S. "Olympic" 29/4/17.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Clerk. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 26 YEARS MONTHS

HEIGHT 5 FEET 8 3/4 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Fresh. EYES Blue. HAIR Brown.

DISTINGUISHING MARKS One vacc. mark left arm.
Scar on right wrist.

MEDICAL EXAMINATION. PLACE Mt. Forrest, Ont. DATE Feb. 29th. 1916.

REMARKS:

NAME Clarke, Harry Ensko. 649-Co 10837 4

RANK & NO. Pte. 928656

CORPS 153rd Bn.

ENLISTMENT, PLACE Mt. Forest, Ont. DATE Feb. 28th. 1916.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada, Mt. Forest, Ont.

NEXT OF KIN Clarke, Thomas (Father)

ADDRESS OF NEXT OF KIN Mt. Forest. Ont.

DISCHARGE, PLACE DATE S.O.S. Dis 21-5-19 D0140 20-5-19 M.U. - 1. D D

O/S. 29-4-17. 810/4.

R.C. 26-1-19 257 R/C 1-3-19 3 276/68

L. L. 85093—M. & D. 5952.

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

REMARKS.

1 - 3.

Form DMS 1401.

5 CANADIAN GENERAL HOSPITAL LIVERPOOL

..... HOSPITAL

A. & D. CARD

AT .....

A. & D. No. T 8212 PL. OF ACTION .....

RANK Pte. REG. No. 928656 UNIT H 3 Bn D SICK OR WOUNDED

NAME CLARKE H E AGE 28 RELIGION Meth

PLACE IN HOSPITAL MK

DIAGNOSIS G.S.W. Neck C.F. Spine + Lr Shoulder

ADMITTED - 3 JAN 1919 FROM Orf

DISCHARGED 13 JAN 1919 TO INV TO CANADA

TRANSFERRED 2 5/12

SERVICE AT HOME 2 5/12 IN FIELD 5/12

RESULTS .....

.....

.....

Mount Forest

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

5/17.

P.T.O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

Reg. No. 928656 Name Clark H

Rank Pte Corps 153 Bn Age 26 Service 6 14/12 E 11/12 F 5/12

Ledger No. 1/03- 2/1698 Serial No. 69135

37

HOSPITALS	DATE	DIAGNOSIS
Strathcona Mount Forest Ont	11-5-16	Fistula in Ano C
Dis to Unit	13-5-16	" "
LMCH London	30 1 19	GSW Neck & Shoulder
Trans WOMH "	31 3 19	
Dis "	19 5 19	

P. T. O.

No. 928653-6 RANK Pte. NAME Clarke H. E.

T.O.S. 28/2/16 (D.O.S.) UNIT 15-3rd. Battalion C.E.F.

M.D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Feb. 28	Mar. 31	H.		
apr.		H.	Prom. L/Cpl. 11-4-16.	D.O. 89 of 11-4-16.
May		H.		
June.		✓	Prom. Cpl. 26-6-16.	D.O. 132 of 26-6-16.
July		✓		
Aug.		✓		
Sept.		✓		
Oct		✓		
Nov.		✓		
Dec.		✓		
Jan. 1	1917 Jan. 31	✓		
Feb.		✓		
mar.		✓		
apr.		✓		

REGT'L No. 928656

H. Q. FILE No. 649

NAME Clarke Harry Euske

RANK AND COPPS Pte. 43rd Bn (form 15 3rd Bn)

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
Nojx.		Thomas Clarke (Father) Mt. Forrest Ont
H269	25-8-18	Adm. 1 Austr Gen Hosp Rouen
29-7.		
Ah9300	18-8-18	Aug 18th 1918 GSW. Neck, shldr.

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B304	King George Stamford St	SE 27-8-18	Lt Neck & shldr
B353	1st Can Gen Hosp	19-10-18	" " "
B414	5th Can Gen Liverpool	4-1-19	" " " "
B423	Invalided Can	13-1-19	" " " "

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA		IMPERIAL DEPOT NO.
DATE RECEIVED FROM REG. DEPOT.		DATE FORWARDED TO OTTAWA

DEST NOV 11 1922
REGD 79655

868—D.P.—40M-1-12-19.

Ham Mutch

Number 928656 Rank a/cpl.

Surname CLARKE

Christian Name Harry Enoch.

Units 43rd Bn. Can. Inf. Theatre of War France.

Late of Service 10-4-18

Remarks

Latest Address Mount Forest Ont.

Roll No. Black 18855

200m.-6-21.

O.H.M.S.

POSTAGE FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-10-20

H. Q. Reference

No. 928656 Rank PRIVATE Unit 153 INFANTRY BATTALION

Surname CLARKE

Christian names HARRY, ENSKO

Kindly forward Medals, to which I am entitled by reason of my service in FRANCE
(Theatre of War)

with 43RD INFANTRY
(Unit with which served in Theatre of War)

No.....

Street.....MAIN.....

Town.....MOUNT FOREST.....

County.....WELLINGTON..... H. E. Clarke
(Signature)

ONTARIO (WRITE IN BLOCK LETTERS AND IN INK)

JUL 20 1920

1

G. B. W.

Flesh

Severe

Upper Extrem.

Shoulder

Series no. 436

DIVISIONAL LAB[illegible]TORY

URINE RE[illegible]ORT.

Rank Pte Name Clark No. 928656 Corps

Ward Ee Date Apr 5

Received from

Volume Color Straw

Sp. Gr. 1030

Reaction Acid

Albumin Negative

Blood

Glucose Negative

Bile

Deposit Epith - numerous R.B.C few Leuc.

Examined by Chdrmstrong Pt

M. F. W. 2537.

20m.—1-19.
1772-39-1314.

Date	Remarks	Pt. 2 Order No
24-4-19	A.W.L. from 12.01 A.M.	116
	D.D.O.116, Part 2 d/26-4-19, para 4 is hereby cancelled	119 119
MAY 19 1919	Posted to Casualty Coy.	140
21-5-19	Discharged ffom H.M.S. Medically unfit, (P.D.P.)	140

M. F. W. 192
150m.—5-18
1772-39-1243

*Name CLARKE, Harry Ensko Rank Pte. Regtl. No. 928656

Fyle Depot IDD 10-C-446

Original unit 153rd Bn Present unit 43rd Bn M. or S. S Age 28 Religion Meth Ref. H.Q.

Port, ship and date of arrival Halifax, Essequibo, 26-1-19

Next of kin (Father) - Thos. Clarke, Mt. Forest, Ont.

Address on leave

Address on discharge Mt. Forest, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Clerk Date and place of enlistment Feb. 28th, 1916, Mt. Forest, Ont.

Diagnosis Laceration of tissues of left shoulder and neck. Date of Medical Boards 15-5-19.

T.O.S. Date.	Remarks	L. M. C. H.	Pt. 2 Order No.
13-1-19	No.1 D.D.		
29-1-19	Posted to Hosp. Sedt. (L.M.C.H) and granted furlough		
	with subs. to 12-2-19		35 37

*—Name will be given in full; surname first.

(over)

A.T. Serum Dose and Date } 1st

A. T. 1500 UNITS GIVEN AUG 17 1918

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time } ¼gr midnight 16-8-18

Date of wound or onset of illness } AUG 17 1918

Religion Meth

3rd CDN DIV

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 928656 Rank Pte

Name CLARKE H E

Unit 43rd CDN BN

MK

Battle Casualty Accidentally Wounded. "Sick"

(Strike out description which does not apply).

No. of F.A.

Date of admission AUG 17 1918

F.A. diagnosis S.W. NECK SHOULDER L

10th Canadian Field Ambulance.

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

W6508/M2643. 1,750M. 4-8-17. K. & J., Ltd. (6359).

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

17 AUG 1918

Thro & thro anterior wd. left shoulder.
wds. excised. track cleaned.
wd. in neck excised — large piece of metal
imparted in body of 2nd or 3rd vertebra —
removed. track cleaned

B.I. For Evacuation lying
J.V. Tiddiani
Capt

No. of Hospital 1 Australian General.

Date of entry 18.8.8.

Dressed. Paresis hand and arm

mailed

Malvern. Scott.
Capt. Tem

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

EPITOME OF HOSPITAL TREATMENT

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

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

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
CLARKE.	H.E.	928656.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Man. 43.			

HOSPITAL	DATE OF ADMISSION
1. Aust. G.H. Rouen.	18-8-18.
1. King George, Stamford St., S.E.	HOSP. 27.8.18.
2. 16 C.G. Orpington	HOSP. 19-10-18
5 " " Liverpool.	4.1.19.
3.	HOSP.
4.	HOSP.

DIAGNOSIS
1. S.W. Neck & Shldr. Rt. LT.
2.
3.

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

DISPOSITION	DATE
C.L. 23-8-18. A300/3.	
28.8.18 B304 (1)	
24-10-18 B353-3	
7.1.19 B4 14-2.	
17-1-19. B423 (2)	

REMARKS

Invalided to Canada. 13-1-19.

W. O. M. H. HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date

Reg'tal No. 928656 Rank Pte. Name Clark. H. E. Unit No. 1. D.D.

Bed 10 Ward E.

Injury or disease G. S. W. neck & upper arm. Part affected left arm.

Treatment or Exam.

Report

Attached please find instructors report from 9 y.m. Believe mans condition will improve after discharge from hospital.

G. W. Renton.
Capt. C.A.M.C.

Signed

M. F. W. 2509.
50M.—4-18.
1772—39—1276.

W. O. M. H. HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date

Reg'tal No. 928656 Rank Pte. Name Clark H. E. Unit No. 1 D.D.

Bed 10 Ward E.

Injury or disease G. S. W. neck + upper arm. Part affected left arm.

Treatment or Exam.

Report

Would advise one month further treatment in this department, for in my opinion this man's disability is improving slowly.

continue treatment & wks observation

Signed J. W. Rentre Capt. C.A.M.C.

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

London, Ont., May 2nd. 1919.

To:- Capt. J/J. Watts.

Pte. H.E. CLARKE, # 928656 D.D. No. I/ Ward "E"

X-Ray report on left shoulder.
Plate No. 460

8 by 10 plate was made of the left shoulder which fails to reveal any gross bone abnormality. A plate was made then, of the cervical vertebrae. These all appear normal.

H. Jerome Captaink
Officer i/c X-Ray.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

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
400M.—6-17—177-39-1141
L. L. 22520—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 6692

6693

Date of Assignment

May 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

17			

PARTICULARS OF SEPARATION ALLOWANCE

No. 928656

Rank Cpl. Promoted Reverted Discharge

Soldier's Name Harry E Clarke

Battalion 153rd Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Thos Clarke

Address Mt. Forest. Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						03254-F-107
Dec 31			136	136	✓	
Jan	A 56846		17	17	✓	
Feb.	D 94974		17	17		
Mar	A 113160		17	17	✓	
Apl	M 8479		17	17		
May	K 19254		17	17		
June	G 23216		17	17	✓	
July	J 33227		17	17	✓	
Aug.	G 36383		17	17	✓	
Sept.	D 44765		17	17	✓	
Oct	I 53966		17	17	✓	
Nov.	D 53951		17	17	✓	
Dec	M. 68554		17	17	✓	
1919 Jan	J 74161		17	17	✓	
FEB			357	357		

A/c Closed 31-1-19

Ret'd per Esequibo

Date 26-1-19 M.D. #1

Closed J. Shanahan

M.R.O. 64973 issued 30/9 J.S.

CANADIAN
ASSIGNED PAY AUDITED
to 31/12/18
W. A. Moreland
AUDIT CLERK
DATE 26/2/19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—172-38-1141
L. L. 22520—M. & D. 7993.

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.

The Board agree with above findings and would add in 9(a), partial ~~lux~~ dislocation of acromion process left clavicle.

19. Is the invalid fit for

(*a*) General service,	(~~Category A~~) (Yes or No.)	No
(*b*) Service abroad, not general service,	(~~Category B~~) (Yes or No.)	No
(*c*) Home service (Canada only),	(~~Category C~~) (Yes or No.)	No
(*d*) Temporarily unfit.	(~~Category D~~) (Yes or No.)	No
(*e*) Unfit for service in Categories A, B and C	(~~Category E~~) (Yes or No.)	Yes.

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.)

Medically unfit.

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.

C.H. Douglas Capt. *President.*

PLACE London, Ont. W. D. Healy Capt. } Members

DATE 15-5-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE..... } Members

DATE.....

APPROVED BY J. Mullenchen Major Capt. CAMC. *for Assistant Director of Medical Services.* DATE 16-5-19

APPROVED BY ..... *Director-General of Medical Services.* DATE.....

Military Hospital, M. D. No. 1
Wolseley Barracks
LONDON, ONT.

H.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ont. DATE 15-5-19.

1. 1 (*a*) Unit 1 D.D. (*b*) Regimental No. 928656 (*c*) Rank Pte.

(*d*) Surname CLARKE (*e*) Christian name Harry Ensko

(*f*) Home address Mt. Forest, Ont.

(*g*) Next of Kin Thomas Clarke, (*h*) Relationship Father

(*i*) Address of Next of Kin Mt. Forest, Ont.

2. Age last birthday 29 Date of birth 4-2-90.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Mount Forest (*b*) Date 28-2-16

4. Personal description:

(*a*) Height 5' 9" (*b*) Weight 140 (stripped) (*c*) Complexion Medium

(*d*) Colour of hair D.Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Scar on right wrist.

5. Former trade or occupation General Store-Keeper.

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

	Years	Days
	3 2/12	17

	Periods	
	From	To
Canada	14-1-19 28-2-16	15-5-19 24-4-17
England	26-8-18 24-4-17	14-1-19 23-3-18
France or other theatres of War	23-3-18	26-8-18.

7. Original disease, or injury Lacerations of tissues of left shoulder and neck

(*a*) Date of origin 16-8-18 (*b*) Place of origin France.

(*c*) Cause Shrapnel.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Moderate weakness of left shoulder and arm due to shrapnel wounds occuring on Service.

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

OBJECTIVE SIGNS: Scar 2½"x1½" anterior surface left shoulder, not adherent or tender. Scar 1½"x½" outer surface upper ⅓ left arm, not adherent or tender above scars caused from thru and thru wounds. 1" linear scar on left side of neck, not adherent but slightly tender on pressure, 20° limitation of rotation of head to right side. X-Ray report attached. There is 1" atrophy of muscles of left arm and forearm. Flexion and extension of left shoulder thru arc 100° to 40°. Abduction limited 10° to 70°. Adduction normal. Flexion and extension of elbow normal. Flexion of fingers normal, extension full, but when fingers are flexed into palm and then extended movements are slow and deliberate. Loss of 50% grip in left hand, can lift chair off floor but unable to extend chair from body with left arm. Rotation and supination of left hand normal. No sensory disturbance. Palm of left hand sweats profusely.

SUBJECTIVE SYMPTOMS: Continual dull aching pain in shoulder which becomes a sharp aching pain on lifting weights with left arm. Unable to carry suit case in left hand. When sitting in an erect position head has a tendency to drop to left side subconsciously.

X-RAY REPORT. May 2, 1919.

8"x10" plate was made of the left shoulder which fails to reveal any gross bone abnormality. A plate was made then, of the cervical vertebrae. These all appear normal.

(Sgd.) H. S. Wismer,
Capt.

(*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.....Yes 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.....YES 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

Slightly neurotic disposition which Capt. Jupp reports will clear up in civil life. Left eye 200/20 pre existed to enlistment and not aggravated by Service. Very slight weakness of left knee, dates back to injury. No evident pathalogical condition and soldier does not consider condition in any way disabling now.

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

Wounded 16-8-18, operated on 2 days later at C.C.S.. Shrapnel removed from neck. (Field Medical Card states piece of shrapnel removed from neck from near second and third vertebrae. Wound in neck healed up about Sept. 1/18. Wounds in shoulder healed Oct. 18/18. Was unable to move shoulder or left arm for abo t 7 weeks. Had massage and electric treatment and gradually re-gained use of shoulder and arm. Has noticed a slight improvement in last 5 months.

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*).)

Traumatic injury to eye 1906. Otherwise allways well previous to enlistment.

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

Small scar on right wrist and scars as described in 9(a).

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

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

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a & 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, lessening in 1 year.

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

In hospital 9 months. Operated on once. Wounds dressed daily. Massage and Electrical treatment for 7 months.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

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

17. Recommendations.

Discharge as medically unfit.

D. J. Watts Capt.
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 H. E. Clarke 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

H E Clarke Rank.
Signature of invalid examined.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a	
or			
Field Conduct Sheet	"	W. 178	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form	B. 313	
Casualty Form	"	W. 54	
Medical Report for Invalid§	"	B. 227	
Dental History Sheet	"	B. 465	
Last Pay Certificate	"	W. 44	
Duplicate Discharge Certificate	"	W. 39A	
‡Form of Will	"	W. 82	

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

War Service Badge
This space to be for numbers.
Class A No. 245587 Issued

War Service Badge.
Class B No. 52964 Issued.

Proceedings on Discharge.

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

M

No. 928656

Rank PRIVATE

Surname CLARKE,

Christian name Harry Ensko,

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

Corps (Squadron, Battery or Company) 153rd Battalion, C.O.M.F.

Date of discharge MAY 21 1919 DO 140 20/5/19

Place of discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 29 years months.
Height 5 feet 9 inches.
Complexion FRESH
Eyes BLUE
Hair BROWN
Trade CLERK
Intended place of residence (To be given as fully as practicable.) MT. FOREST, ONT.

Descriptive marks

G.S.W. LEFT SHOULDER & NECK.

2. The above named man is discharged in consequence of

Authority for discharge MEDICALLY UNFIT

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

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

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

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

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

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Klesp 03

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

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

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

(Place) LONDON, ONT. H.E. Clarke *(Signature of Soldier.)*

(Date) MAY 21 1919 *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

(Date) MAY 21 1919

(Signature) L. A. Herman Capt.

for O/C. Discharge Section, No. 1 D.D.

Reservations referred to at Para. 8.

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

None H.E. Clarke

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned Pte Harry E. Clarke, 928656 have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) ~~I complain in addition of~~ :—

H. E. Clarke
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

16 699

Reserved for M.H.C.

Regt. No. 928656 Rank Pte Surname Clarke Christian Name Henry Eusko

Unit or Corps—(a) Overseas from United Kingdom 153rd Batt. (b) in United Kingdom 25th Batt.

Born at—Town Mount Forest County or Province Wellington Ont. Country Canada

Date of Birth—Day 4 Month Feb Year 1890 Age 28 yrs. 8 months.

Joined at London Ont. Date 28/2/16

Former trade or occupation Clerk

Permanent Marks or any peculiarity that will serve for future identification :—

Scar on front of Rt. Wrist

Height—feet 5 inches 8 3/4 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) H. E. Clarke

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)	Paresis Lt. Arm
Disabilities Group (b)	✓ Put on last missed
Disabilities Group (c)	

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	GSW. Neck Injury Brachial Plexus	France	Aug. 16 1918
(ii.) As to Group (b) above.	✓		
(iii.) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ? No

(i.) As to Group (a) above ? No If yes, has Active Service aggravated it ?

(ii.) As to Group (b) above ? If yes, has Active Service aggravated it ?

(iii.) As to Group (c) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ? YES

(i.) As to Group (a) above ? YES

(ii.) As to Group (b) above ?

(iii.) As to Group (c) above ?

PART I. (continued).

5. MEDICAL HISTORY.

Man ... prior to enlistment he was a Store-clerk & suffered no serious illness. Enlisted 28-2-16 and remained in Canada 13 months carrying on unit ... drill & suffering no illness. Arr in Eng. May 27/18 and stayed on ... going to Hanover heavy gun & doing ... drill. Went to France March 1918 and with ... 5 mos. until wounded Aug. 16/18: ... in neck and spine. Treated at 11th Can. Amb. 49 C.C.S & 1st Australian General for 10 days, then sent to England.

Documents - Hospitals - Stobhill Glasg. Hospitals 26-8-18 to 18-10-18, 53 days G.S.W. neck, fract. spine, injury Brachial Plexus - metal removed from body & 11th Can. Casualty Clearing Station. paraplegia of ... arm & ... - 18/10/18.

6. PRESENT CONDITION. - Orpington 16 Oct

Subjective - Complains of general weakness and some pain in L. shoulder - disability to execute all movements of L. upper limb.

Objective - 23-11-18 - Movements of arm ... Flexion, extension & abduction of fingers good, hand grip still weak, flexion & extension at wrist good. Supination lower arm 40%, pronation good, extension at elbow 80%. abduction at shoulder over 10%. extension & flexion at shoulder 10%. some stiffness at shoulder, movements carrying back from below upwards. No sensory loss. Condition of wounds - 2" scar over L. scapula - massive - T. & T. wd. ... surg. ... upper ½ ... arm ... scar. Faradism - slight response of Trapezius, Supra & infra spinati. (Treatment - massage, passive movements, re-education exercises) -

Other system negative

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what. Removal of metal in L. side cerv. vertebra

(iii.) Was one advised and declined? No

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? Yes. Recent

(ii.) If so, describe. 6 extracted -

9. DO YOU RECOMMEND :—

(a) Fit for duty? (*state category*)

(b) Invalid to Canada? Yes

(c) Discharge from the Service as permanently unfit? } No

Date of Report Nov. 23 1918

Signed [signature] Capt. CAMC
Officer in medical charge of case.

Station 16 C.G.H. Orpington

I have satisfied myself of the general accuracy of the above Report, and concur therein *except [signature] ASST. ADJT. & REG. No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT. Station, on 27 NOV 1918 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it. YES

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. YES

12. From the medical information now adduced, was the disability caused or aggravated by :— (a) Negligence of the Soldier {Caused? / Aggravated? N/O} (b) Misconduct of the Soldier {Caused? / Aggravated? N/O}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? *(Estimate at none; 5%, 10%, 15%, 20%, etc.)*

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation of Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)*

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N/O

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

18. REMARKS :—

19. RECOMMENDATION :—

(a) Fit for duty? (*state category*) N/O

(b) Invalid to Canada? YES

(c) Discharge from Service as permanently unfit? } N/O

Date of Board 27 NOV 1918

Station

Signatures of the Board: [signature] Lt.-Col. R.A.M.C. / [signature] Lt.-Col. / [signature] Capt. CAMC

Approved [signature] A.D.M.S.

Dated at ... Station 13 BERNERS ST. LONDON, W.1 191

for A.D.M.S. Canadians, London Area.

CANADIAN NO. 1 LONDON AREA NOV 29 1918

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/5/17	EFFECTIVE DATE:-
AMOUNT:- 17.00	AMOUNT:-

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.

Thomas Clarke, (Father)
Mount Forest. Ont
Stopped 1/4/19

NAME:- CLARKE Harry Cecil F
NUMBER:- 928656

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 153rd Bn.
DATE ACCOUNT FIRST OPENED - 1/5/17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Works.
27.	1/4/18	25/4/18	18 Bn
BO. 43. 30.4.18 246	1.5.18 1.9.18	2.5.18 20.9	43rd Bn A.P.O.

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
6/12/18	8952.	Orpington £10-00.	~~8 67~~				
13/12/18.		D-Fus. 10/12/18 to 20/12/18	~~4 30 Credit~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis. Can. Aust. Orpington 18 A/122 12/12/18. Leg Bal. 109 38 C.R.T.C. Bok. 68 21

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal - Forward.								17 42		
Apl 30	P.P.	33		Can				17			
				AR47 5-4-18 2 CCRC	4 46				28 96		
May	P Pay	33			4 46			17			
		34 10		AP125 43 2-5-18	4 46						
				AP153 " 13-5-18	4 46						
				C H P				17			
				AP244 " 22-5-18	3 57				33 57		
		34 10			12 49			17			
June	P Pay	33		C H P				17			
				AP300 43 4-6-18	3 57						
				" 136 98th 20-6-18	4 46				41 54		
		33			8 03			17			
July	P P	34 10		C H P				17			
				AP354 98a 4-7-18	3 57						
				" 543 " 27-7-18	4 46				50 61		
		34 10			8 03			17			
Aug	P P	34 10		C H P				17	67 71		
Sept	P P	34 10						17			
		33		C H F				17			
				R 27067-C 29596 Sept 13 C P M	4 87			78 84	78 84		
		33			4 87			17			
Oct		34 10		Can				17	95 94		
				Hos Rem 426649 King George Hos 21-10	9 73				86 21		
		34 10			9 73			17			
Nov.	Dec	67 10		Can				17			
	D.F. 10/12-20/12/18 - 10 days NO MRS 348. 14/1/18	7 20		AR 7795. 16 C&H 13/11	9 73						
~~Dec~~				Can				17	109 58		
				895 V Orpington 6/17	48 67				69 21		
		74 40			58 40			34			

CANADIAN ASSIGNED PAY AUDITED
31/12/18
AUDIT CLERK
DATE 28/5/19

Cancelled.
DMcCAIG
CHECKED BY

NUMBER 97856 RANK NAME Clarke H. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1	Balance Fwd								68 21	—	
Feby				AR. 8647. MRS 7/1 (End LRC)	4 87						
				24008. 458. 43 Bn "1/- Shirt -	91				62 43		
					578						
	Posted Canada 2/1/19. DO 22. MRS 22/1/19										

Copy

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Mount Forest Ontario

NAME AND ADDRESS OF NEXT OF KIN: Thos. Clarke, Mount Forest Ont.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 928656 RANK ~~Corpl.~~ Pte NAME Clarke, Harry Eusko

IF IN PERMT. CORPS, WHAT UNIT } UNIT 153rd Bn TRANSFERRED TO 25th Res. DATE AUTHORITY

PERMANENT FORCE ALLOWANCES. TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Mount Forest Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 28-2-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 17.00 DATE EFFECTIVE May 1-17

PAYABLE TO Thos. Clarke, Mount Forest Ont. RELATIONSHIP Father

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)

P CD

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY @	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1914 30/4																																			Bal from Canada
1/5/17														24	24																24 00		Nil		
30/6	61	1.10	64	10											64 10	2148	31/5						484				14	17	3884	52 23			V		14 AP May
July	61		34	10											34 10	3148	30/6						7 30				17		91	17 91	68 42		V		
Aug	31		34	10											34 10	429	15/8						26 22				17			51 07	51 45		V		Q4005 1416 9/6
Sept	30		33												33	526	15/8						2 44								38				
			168	30										24	192 30	466	31/7						4 30				14			51 07	33 88		V		
																544	31/8						9 73												
																							7301				68	17	91	158 07					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFER. SER. PAY	DEFER. ALLCE.	PAY ENG.
Sept	Balance Forward	~~33 38~~							33 38 Nil			
Oct	31 days Pte @ 1.00	34 10		Can AP.					17			
				AR 466 25 Res.		15/9/17.	4 30					
				AR 414 " "		30/9/17	4 30		35 88 Nil			
		34 10					14 60		17			
Nov.	30	PP	33	" 789 " "		31/10/17.	19 44					
Dec	31	"	34 10	" 731 " "		15/10/17.	9 73					
				Can AP					17			
			67 10				29 20		17 39 78			
									34			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFER. SER. PAY	DEFER. ALLCE.	PAY ENG.
	Bal Dec.								39 78			
Jan 1918	31 P.P.	34 10		Can AP.					17			
				AR 921 29/11/17 R5 Res.			14 60					
		34 10					14 60		17			
									42 28			

928656 Ste. Clarke N.E.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				PARTICULARS									DR.1	DR.2	DR.3		DR.4		BALANCE	DEPOT QUAR. PAY	REGT. ALLCE. ENG.											
					Bas. Forward.																														
Feb. 28	C.R.P.		30	80	C.R.P.											17																		
					AR 997 15/1/18 25 Rds.									14 60																					
					CAR 1095 31/1/18 ✓									9 73																					
														24 33																				
					1177 14/2/18 ✓									7 30																					
			30	80										31 63		17							24 65											
																							34 10											
																							58 75											
																							41 33											
March 31			34	10	C.R.P.											17							17 42											
					1649 26/2/ 4 Rds.									7 30																					
					AR 1869 10/3/18 ✓									17 03																					
			34	10										24 33		17							17 42											

10 - CL - 59.

AUDITOR | PAYMASTER

M. OR S. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 928656 RANK Pte. NAME (IN FULL) CLARK Harry Enske (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

100 10

PARTICULARS	EFFECTIVE DATE	AUTHORITY
PDP		
Mt. Forest Ont.		

ORIGINAL UNIT C.E.F. 153rd Batt MRD — IF IN P.F. WHAT UNIT? Mount Forest, Ont.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE 13-1-19 — AUTHORITY DO 35

DATE OF ATTESTATION 28-2-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 17 00 — DATE EFFECTIVE Dft 31-1-19

PAYABLE TO Thomas Clarke — RELATIONSHIP F. — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Mount Forest. Ontario.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London. — DATE 21-5-19 — REASON Dmw. — AUTHORITY DO 1140 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	31-12-18						68	21															17	00			4 87 5- 00 5-0 00 90				7777		9	56			A P. Jan on Boat Cheque
Jan.	31	1/10	34	10					34	10																			956		956				2454		TW D035 20513 1/19 Dab 29-1-19 to 17-2-19
Feb.	28	"	30	80	12		2454		6734		AR 110 1/4 237 1/4						10 15						17								42		25	34	TW Feb AP
1-3-19	31	110	34	10			2534		5944														17	00							17	00	42	44	
1-4-19	30	110	33	00			4244		7544		8 1/4						25 10						17								42	00	33	44	TW A WOL from 12.01 AM 6-4-19 DO 116 120 116 cancelled 100 119 under charged 10 00
1-5-19 21-5-19	21	1/10	23	10	3500 7000		3344		1615		14/14/5/19						20 3/5/19	5	00				134	54	12	00			10	00	161	54					3500 Sto Allce 70-1st wife Print Soldiers Dependent
					War Service Gratuity																		War Service Gratuity												
			W S G		8a																		W S G		8a										
183			420	00					420	00													70	00							420				1st Pay W S G as above 2316/19 Q 94985 16/8/19 118624 20/8/19 119516 17/9/19 1168745 OCT 17 1919 1178106
			420				420																70 70 70 70 70 70 00								420				

R. J. Fisher Capt.

60m.-11-18. L. & S. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	