68 M 26-4-15.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

23613

Name CLARKSON. WILLIAM.

Regt. No. 308157 Rank Pte.

Corps 1st Depot Bn 1st Res. Regt.

Medically Unfit.

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

Attestation Papers 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms 1

Proceedings on discharge 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate Discharge 2

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate 2

A f B—122—1.
Dental history sheets—2.
M f W—6 f 1.

1 pc

8 10
8 10
7 10

1

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

B.C.M.R.

D. F. S.

1st DEPOT BN. 1st QUEBEC REGT.

3081573

3081572

ATTESTATION PAPER.

No. 3081572

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	CLARKSON.
1a. What are your Christian names?	William,
1b. What is your present address?	97 Morton St, Fall River. Mass. U.S.A.
2. In what Town, Township or Parish, and in what Country were you born?	Holcham, Lancastershire. England.
3. What is the name of your next-of kin?	Joseph Clarkson.
4. What is the address of your next-of-kin?	97 Morton St, Fall River. Mass. U.S.A.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	1896. Feb 21st,
6. What is your Trade or Calling?	Labourer.
7. Are you married?	Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
or naval Force.	
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No. W.C.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14. If so, what was the nature of the disability?	Nil.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	Nil.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William CLARKSON., 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.

: William Clarkson (Signature of Recruit)

Date January 17th 1918. Louis Bergeau (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William CLARKSON., 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.

: William Clarkson (Signature of Recruit)

Date January 17th 1918. Louis Bergeau (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 Montreal, Canada this 18th day of January 1918.

(Signature of Justice)

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

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

Description of WILLIAM CLARKSON. on Enlistment.

Apparent Age 21 years 11 months.

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

Height 5 ft 6 ins.

Chest measurement: Girth when fully expanded 35½ ins.

Range of expansion 4½ ins.

Complexion Fair

Eyes Blue.

Hair Red.

Religious denominations.

Church of England

Presbyterian

Methodist

Baptist or Congregationalist

Roman Catholic

Jewish

Other denominations
(Denomination to be stated.)

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

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

R. D. = 20
L. D. = 20
R. EAR
L. EAR

CERTIFICATE OF MEDICAL EXAMINATION.

Category A 2

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 191 .

Place

Declared FIT by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

Medical Officer.

MOBILIZATION CENTRE M. D. No. 4 JAN 18 1918 MONTREAL, P. Q.

*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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

William CLARKSON.

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.

Major
for O.C. 1st Depot Bn. 1st Quebec Regiment.
(Signature of Officer)

JAN 24 1918

Date 191 .

CANADIAN EXPEDITIONARY FORCE

TEMPORARY DISCHARGE CERTIFICATE

This is to Certify that No. 3081573. Rank Private.

Name (in full) CLARKSON, William.

Enlisted in 1st, Depot Battalion, 1st, Quebec Regiment,

CANADIAN EXPEDITIONARY FORCE on the 18th,

day of January, 191 8.

HE SERVED IN Canada.

and is hereby discharged from the Service by reason of K.R.&.O. 377 (10) C.M. 1917.

MD4. 22-C-1719. Category "E". Medically Unfit. R.O. #237.

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age 22 yrs.

Height 5 ft. 6 ins.

Complexion Fair.

Eyes Gray.

Hair Red.

Marks or Scars NONE.

Former Occupation Machinist.

Signature of Soldier Wm. Clarkson

Issuing Officer

Rank

Appointment

Date of Discharge October, 29 th, 1918.

Signed at Montreal, QUEBEC. this 29th, day of October, 19 18.

Military District No. 4.

Reference No. DD4-19-C-248.

Discharge Section, District Depot No. 4

M. F. W. 39c
100M.—2-18
1772-39-882

Date of Enlistment

MILITIA AND DEFENCE Enlisted 17-1-18

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Feb. 1st 1918

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. N.R.

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3081573

Rank Pte. Promoted Reverted Discharge

Soldier's Name Clarkson, William

Battalion 1st Depot Bn., 1st Quebec Regt.

Beneficiary

Relationship Mother

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Harriet Clarkson,

Address 97 Morton St., Fall River, Mass., U.S.A.

Change of Address

1

2

3

4

MR 19/5/18

File 3259-W-4 - 22 3/18

X 3259-W-6 13-5-18

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Mar 1918	M 77345		30	30	R	
~~April~~	M ~~8663~~		~~15~~	~~15~~	✓	
			XX	XX		
May	K. ~~79454~~		~~15~~	~~15~~	✓	

Reported casualty as follows - Left in Halifax Hospital 21-2-18
file X 3259-W-4. RSL. 22-3-18
a/c closed 28-2-18 Refund of 15/- Requested. 22-3-18

M. 8663 Cancelled 10-4-18 E.L.

Recovered Cr. S. 3580 A.P. 15.— 18-4-18 VGL.

M.R.O. 2 B. 11-5-18

L. Bouchard
M. F. W. 128
400m.—5-17—1772 351-1141
L. L. 22320—M. & D. 7993. 1/3/18

L a Riccard 6-3-18

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—1772-38-1141
L. L. 22230—M. & D. 7993.

Duplicate

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Halifax DATE 17-6-18

1. (a) Unit 1st Que.Regt. (b) Regimental No. 3081573 (c) Rank Pte.

(d) Surname Clarkson (e) Christian name William

2. Age last birthday 22 Date of birth Feb.20th, 1896

3. Enlisted at Montreal. on Can not tell the date, in Dec.1917.

Jan 17/18

4. Personal description :—

(a) Height 5 ft. (b) Weight 115 (stripped) (c) Complexion pale

(d) Colour of hair Red (e) Colour of eyes Grey (f) Identification marks None.

5. Address after discharge (for the use of the Board of Pension Commissioners)

97 Morton St., Fall River, Mass. U.S.A.

6. Former trade or occupation Machinist.

7. (a) Service

	Years	Days	Periods From	Periods To
1st Quebec Regt.			Unknown date in Dec.1917.	Date.

(b) Has he been overseas ? No.

8. Present disease or disability (use authorized nomenclature if possible) (a) Epilepsy. (b) Chronic rheumatism (c) V.D.H.

(a) Date of origin a & B Unknown (b) Place of origin a, b & c Civil life.

(c) Cause* a, b, & c Unknown.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

A poorly nourished man of dull intellect and so stupid that it is difficult to elicit a satisfactory history. He has epileptic seizures about once a week, which are quite typical, and one of which has been duly certified (certificate herewith) He complains of subjective pains in both shoulders and knees. There is no limitation in the movements of these joints as shown by passive manipulation. The ends of the bones are chronically enlarged in the metacarpo phalangeal joints of the index and middle fingers in both hands and the ends of the proximal inter phalangeal joints of

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

None additional.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty ? a. b. & c off duty.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? No.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? A.B.&c Permanent.

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

Military Hospital Halifax 3 mos.

Pine Hill Halifax 2 mos.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

No.

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

20. Recommendations

That Pte. Wm. Clarkson be returned to civil life as unfitted for soldiering.

J. Lamont Capt A M C

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned William Clarkson 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

Wm. Clarkson

Signature of soldier examined.

M.S.A. 15.

D. F. S.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname CLARKSON. Christian name [illegible]

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) 97 Morton St, Fall River. Mass. U.S.A.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th day of January 1918 1917, by the undersigned medical board sitting at Montreal. Canada.

5. Age as stated 21 Years 11 Months. 6. Apparent age 21 Years 11 Months

7. Height ✓ Feet 6 Inches. 8. Weight 128 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 31½ Ins. } 10. Complexion Fair { Eyes Blue / Hair Red. }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks None

13. Number of vaccination marks { Right arm ✓ / Left arm ✓ } 14. When vaccinated last Child

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

MOBILIZATION CENTRE M. D. No. 4 JAN 18 1918 MONTREAL P.Q.

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

R. D. = 20
L. D. = 20
R. EAR 0
L. EAR

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

H. Anthony Mag President

J. P. Kane Lt Member. R. M. Lindsay Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
27-1-18	+	A. E. Lyon M.O.	21-1-18		A. E. Lyon M.O. CAPT.
		M.O.	24-1-18		A. E. Lyon M.O. CAPT.
		M.O.	27-1-18		A. E. Lyon M.O. CAPT.

Joined 17th day of January 1918 191 at Montreal Canada.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BN. 1st QUEBEC REG'T.	3081573		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal, Canada	30/9/18	None Epilepsy	A. E. Lyon M.O. CAPT.

N. B.—This sheet is 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.

Montreal 22/10/18 V.D.H. in C.E.F.

Signature of Man

Surname CLARKSON. Christian Name William.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Penn N.								Epilepsy		Certified by Capt. Cameron A.M.C. May 16-18	
Montreal.		12	8	18	10	10	18	I. D. N.	60	Discharged Cat C.	A Munro Capt.

CASE HISTORY SHEET.

P.C.M.N.H. Hospital. Montreal, Que. Station.

No. 3081573 Rank Pte. Name Clarkson, Gw. Age 22.

Unit D.D.#4 Completed years of service (Where and how long) C. 7/12.

Date of admission Aug. 12th. 1918. Date of discharge 7-10-18.

Diagnosis 1. ~~Hysteria~~ Epilepsy 2. D.A.H. 3. ~~Gon.~~ Rheumatism. Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

COMPLAINTS. Fits, Rheumatism, (back hips and knees).

HISTORY. Has been troubled with fits since 8 years of age.
At change of moon generally has 2 or 3 attacks.
Rhuematism started in April 1918. Was in Military Hospital Halifax at the time on account of fits. when rheumatism began in feet and went through him. Had no treatment for Rheumatism.

PRES. CONDITION. Is poorly nourished and weak looking.
Ht. 5.8½ Wt 131. T.PR. normal, lungs and other systems normal. Urine-normal. Heart, slightly irreg. blowing system, murmur, No enlarg.
LOCOMOTOR SYSTEM. Stiffness of back, hips and knees on voluntary movements, passive movements quite free, but apparently associated with pain. No redness or swelling of any joints.
NERVOUS SYSTEM. Fits are said to cover 2 or 3 times a month.
The last were one month ago. Generally occur at change of Moon.
Fits are characterized by dizziness and a scared feeling.
If fit developes he drops. Scar on rt knee from last fall.
Says he cut his head once. - no scar.
Has never bitten tongue or had incontinence.
Often grits teeth and has frequently broken them.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative.

TREATMENT

(Especially any specific or special form.)

Hydrotherapy, Massage, P.T.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Fits continue occasionally.
Generaly condition greatly improved.
Discharge Cat. "E".

Date

A. Musser Capt.
Medical Officer i/c case.

M. F. B. 313a.
200M.– 5-18.
1772-39-439.

21023

Nervous System - otherw[illegible] negative.

Muscles of legs tender to pressure.

Recommend one month observation, with P.T. baths massage and fatigue.

Aug. 21st. 1918. Attack witnessed and described by Pte. Lerner, Med Orderly. - see statement.

TO be kept under observation till an attack is witnessed by M.O.

Sept. 11th. 1918. About 8 pm while in recreation room began to feel dizzy. Wen to Ward and sat down and then attack came on. Began to make a noise, fell off the bed, bit his lip, was undressed and put to bed and slept to 3 am.

Sept. 23rd. In view of Capt. Cameron's report, recommend discharge as Idiopathic Epilepsy.

CASE HISTORY SHEET.

Pine Hill Hospital. Halifax Station.

No. 308573 Rank Pte Name Wm Clarkson Age 22

Unit 1st Queb. Regt Completed years of service Where and how long } 6 mths C.

Date of admission 29.4.18 Date of discharge 1.7.18.

Diagnosis Epilepsy Chronic Rheumatism V.D.H. Place of origin Civil life

CONDITION ON ADMISSION AND PROGRESS OF CASE

A fairly nourished man, who looks pale & miserable. He has epileptic seizures about once a week, one of which was duly certified in this hospital. He complains of pains & stiffness in most of the joints of the body. The articular ends of the bones are chronically enlarged in most of the joints of the fingers & there is some limitation in the movements of these joints. There is a soft blowing systolic murmur in the mitral area, & the heart shows slight enlargement to the left

FAMILY HISTORY none

(Tuberculosis, mental or nervous diseases.)

TREATMENT General Convalescent

(Especially any specific or special form.) Massage & Pass. Movement
Mist. Sod. Sal. Co.
Rest in Bed.
Mist. Brom. P.R.N.

CONDITION ON DISCHARGE, Condition is practically unchanged. Boarded in Cat. E. as unfit for Service

(and disposal made of case.)

Date 30.6.18.

John Cameron
Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

Capt
A.M.C.
6 Co 20488

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 4

NAME OF SOLDIER CLARKSON William No. 3081573

REGIMENT 1st DEPOT BN. 1st QUEBEC REGT. RANK Private

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		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 Dist.	REMARKS
Condition on first Examination																							

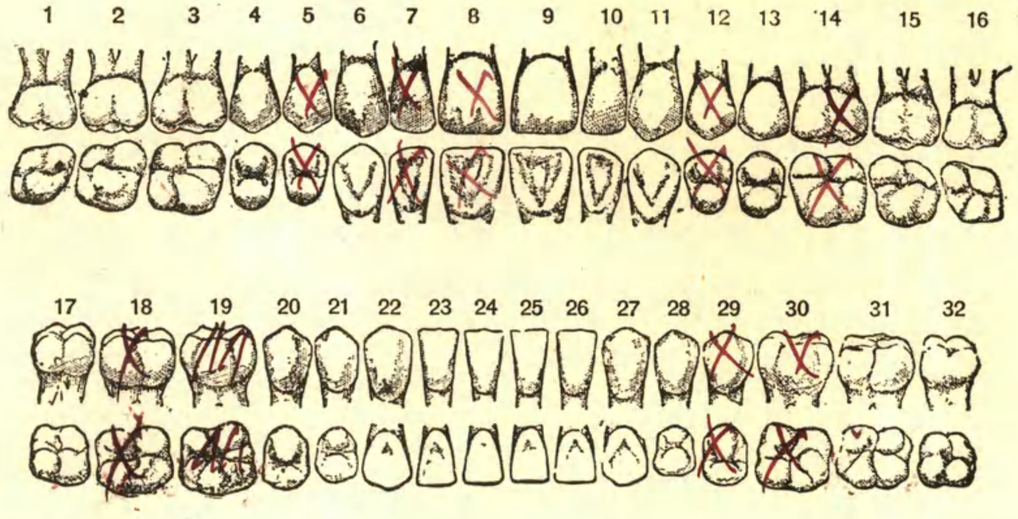
M.F.B. 465
2-40M 1-17
17-39 950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT.....

NAME OF SOLDIER Clarkson No. 300515

REGIMENT 1st Depot Bn RANK



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.

Returned Dec 9th/18

	Date	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 Dist.	REMARKS
Condition on first Examination	Bad Oct 26																			Capt Brock	4	Recommended for discharge Oct 26/18

Extractions required

M.F.B. 465.
50M.—2-18.
1772-39-950.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

D. F. S.

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins..... 1st DEPOT BN. 1st QUEBEC REG'T.

(2) Regimental Number 3081573

(3) Full Name of Soldier..... William CLARKSON.

(4) Place of Birth..... Oldham. Lancastershire. England.

(5) Are you married, or not ? ..... Single.

(6) If married, state,
(a) Full name of your wife..... Not Applicable.

(b) Present Postal Address..... Not Applicable.

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

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

If so, give number of boys and girls..... Not Applicable.

Also their names and ages..... Not Applicable.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address Joseph CLARKSON. 97 Morton St, Fall River Mass. U.S.A.

(10) Is your Mother alive ? Yes.

If so, state name and address Mrs Harriet CLARKSON 97 Morton St, Fall River. Mass. U.S.A.

(11) If your Mother is a widow No.

Are you her sole support, or not ? NO.

(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.

Not Applicable.

(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.

Not Applicable.

(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.

Not Applicable.

(15) Are you insured ? No.

If so, in what Company ? Not Applicable.

Have you made arrangements for payment of your Insurance premium Not Applicable.

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

Major.
for O.C. 1st Depot Bn. 1st Quebec Regiment.
Officer Commanding.

Date JAN 18 1918

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3081573 Rank Pte Name Clarkson Wm.

Corps 1st Can. Rept. who was* Discharged.

On 29-10- 191 8, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-10- 191 8 to 29-10- 191 8, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	6	70
Advances by Cheques No. 7202	20	00	Regt'l Pay 29 days at $ 1 c. 00	29	00
Cheques No. 8543	15	00	Field Allow. 29 days at $ c. 10	2	90
Assigned Pay and Sep'n Allce. No. 8611	15	00	Separation Allowances* (Monthly)		
Other charges			Other Allowances* Civ. Clothing	33	00
Payment on transfer or discharge No. 9431	56	40	Other Credits* Amended L.P.C. Subs. D.O. 176-2	16	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	166	40	Total	166	40

*Give particulars.

A monthly stoppage of $ 15.00 (†) has been (‡) been paid on account of Assigned

{Pay for the month of Oct. 191 8 / and Sep'n Allce. for month of 191 } (to) Assignee Harriet Clarkson

(Address) 97 Morton St

Fall River, Mass. U.S.A.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 17-1-16 (Served in Canada only)

(2) if married and if a Separation Allowance Card has been submitted.....

(3) cause of discharge..... authority M.D.4 (22-C-1719)

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date.....

Place.....

.....
Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

3061575. Private.

This is to Certify that No. ..... (Rank) .....

CLARKSON, William.

Name (in full) ..... enlisted in

1st, Depot Battalion, 1st, Quebec Regiment.

the .....

Montreal, QUEBEC. 18th,

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

January, 16.

day of 19

Canada.

HE served in .....

K.R.&.O. 377 (10) C.M. 1917.

and is now discharged from the service by reason of .....

MD4. 22-C-1719. Category "E". Medically Unfit. R.O. #237.

.....

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

22 yrs.

Age .....

5 ft. 6 ins.

Height .....

Fair.

Complexion .....

Gray.

Eyes .....

Red.

Hair .....

Wm. Clarkson

Signature of Soldier

October, 29th, 1918.

Date of Discharge .....

Marks or Scars .....

NONE.

.....

.....

.....

R.W. Lee

Issuing Officer ..... Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Rank

.....

Appointment

Montreal, QUEBEC. 29th, October, 18.

Signed at ..... this ..... day of ..... 19 .....

4.

in Military District No. .....

DD4. 19-C-248.

File Reference No. .....

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3081573. (Rank) Private. Name CLARKSON, William.

Unit 1st, Depot Battalion, 1st, Quebec Regiment, C.E.F.

Address on Discharge 97 Morton Street, Fall River, Mass. U.S.A.

Character and Conduct Good

Former Occupation Machinist.

Special Qualifications of Value in Civil Life Machinist.

Medals and Decorations NONE.

Remarks "EUROPEAN WAR" Service in Canada. 16-1-18 to 29-10-18.

Signed at Montreal, QUEBEC. this 29th. day of October, 1918.

R Wylee

Name of Officer Lieutenant,

Officer i/c Discharge Section, District Depot No. 4

Rank

Appointment

C.

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BN. 1st QUEBEC REG'T.

Regimental No. 3081573 Rank Private Name CLARKSON William
C. E. F.

Enlisted (*a*) 17-1-18 Terms of Service (*a*) CEF Service reckons from (*a*) 17-1-18

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*) .....

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				
		D. O. S. No. 6. Convt. Kobj. 27.2.18			
		Prompt. D. No. 4 " " 18.7.18.			
13-8-18		T. O. S. District Depot No. 4	Montreal	12.8.18	AUTHY. PT. H.D.O. No. 117-1

Dis. 29-10-18 KR&O 377 (10) C&M. 1917 MD4 22-C-1719 Category "E" MED. UNF. R.O.237

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

(*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				

Reg. No. 30815 73 Name Clarkson W

Rank Pte Corps 1st D.R. Age 22 Service 6 6/12

Ledger No. 87-72 Serial No. 20488-21023

HOSPITALS	DATE	DIAGNOSIS
Pine Hill Halifax	29-4-18	Epilepsy b
Dis	1-7-18	
Cogswell Halifax	22-7-18	"
Joined	7-8-18	
P. M. & H. Montreal	12-8-18	d " " & Rheumatism
Dis	7-10-18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 3081573 Rank Pte. Name Clarkson, W

T. O. S. Unit Composite Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
Mch. 1	Mch. 31	C.	Amt for Pay 1-3-18	D.O. 81 of 22-3-18.
April		"		
May		"		
June		"		

X. H 12/8/18 100-17 of 138-18
CARD NO. 4.D.10.

SURNAME. Clarkson

CHRISTIAN NAMES William

REGL. No. 3081573 RANK Pte.

UNIT ~~1st Que. Regt. 1st Depo. Bn 16th R.D.~~ 20 20 th 4

FORMER CORPS Mil.

S.O.S. dtls. 29-10-18. M.U. 4
FOLL.
20.0197 of 1-11-18.

NEXT OF KIN.

NAMES IN FULL Clarkson, Joseph

RELATIONSHIP TO SOLDIER Father

ADDRESS 97 Morton St., Fall River, Mass., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Oldham Lancs. DATE Feb. 21st 1896

PLACE OF ATTESTATION Montreal P.Q. DATE Jan. 18th 1918

SS. Saxonia fr. Halifax 18-2-18. - 1086

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Discharge Cat. "E".

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

PLACE P.C.M.N.H. Montreal, Que.

DATE 30/9/18.

} Members.

APPROVED BY

M.D. No. 4

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR MEDICAL SERVICES M.D. No. 4 MONTREAL, QUE.

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

President.

PLACE .....

DATE .....

} Members.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 P.C.M.N.H. Montreal DATE Sept. 19th 18

1. 1 (a) Unit 1st Que (b) Regimental No. 3081573 (c) Rank Pte.

(d) Surname Clarkson, (e) Christian name William.

2. Age last birthday 22 Date of birth Feb 20th 1896

3. Enlisted at Providence R.I. on January 17th 1918

4. Personal description:—

(a) Height 5'8" (b) Weight 133 (stripped) (c) Complexion Fair

(d) Colour of hair Reddish (e) Colour of eyes Blue (f) Identification marks None

5. Address after discharge (for the use of the Board of Pension Commissioners)

97 Morton St, Fall River, Mass U.S.A.

6. Former trade or occupation Machinist.

7. (a) Service	Years	Days
		244

	Periods	
	From	To
1/1 Que	Jan 17th 1918	Sept., 18th. 18

(b) Has he been overseas? No.

8. Original disease or disability

1. ~~Epilepsy~~. 2. V.D.H. 3. ~~Mus~~. Rheumatism.

(a) Date of origin Unknown (b) Place of origin Mass. U.S.A.

(c) Cause* 1. Idiopathic. 2 and 3 Rheumatism.

(d) Present disease or disability 1. Epilepsy. ~~Hysteria~~. 2. V.D.H. 3. ~~Rheumatism~~.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

A poorly nourished, and weak looking man.
T. & R normal, lungs · kidneys and other systems normal.
Heart - No enlargement, slightly irregular, with a faint blowing systolic murmur.

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Rheumatism - There is at present only a slight swelling in knuckles of hands. There is no pain and no limitation of movements. The pain & stiffness from back and limbs has disappeared.

Nervous System - Fits occur 2 or 3 times a month. Frequently he gets at change of moon. Last attack Sept. 11th inst. Feels dizzy, wants to yawn, sat down, attack seem on with a cry, fall off the log, unconscious, put to bed and slept to 7 am.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous No. Digestive Yes Respiratory Yes Cardiac

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part Yes

F. A. Y. Aug. 21st. 1918. Attack witnessed which simulated epilepsy. Clonic contraction of arms and legs, pupils widely dilated, pulse rapid, face flushed, frothing mouth, bit inner lip, did not fall but lay down, no incontinence.

Duration of attack about 10 mins.

10. History: (*a*) of Condition referred to in "a" section 9.

Has been subject to fits since 2 years of age.

Rheumatism started in April 1918. was in Military hospital Shorncliffe account of this at the time.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Was treated for 3 months this Rheumatic condition has entirely disappeared.

Capt Cameron. Amb. May 16-18 Certified to recommend him in an epileptic reserve

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2 & 3. Uncertain.

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

1 & 3 Hydrotherapy, Massage, F.T.

2. Nil.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

No.

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

17. Recommendations

Discharge C.T. "A"

A Munro Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned A. Clarkson 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

Pte Wm. Clarkson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concur.

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

20. It is certified that the soldier
(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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category "E".

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

Harry Nagle Lieut. & Qr. Mr.
President.

PLACE Montreal, P.Q.
DATE October 22nd, 1918.
} Members.

APPROVED BY R. Clarkson Major
Assistant Director of Medical Services.

DATE 24-10-18

APPROVED BY
Director-General of Medical Services.

DATE

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

President.

PLACE .....
DATE .....
} Members.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

~~Militia~~ Dist. Depot #4 STATION Montreal DATE 21/10/'18.

1. (a) Unit 1st~~Bn~~. Quebec Regt. (b) Regimental No. 3081573. (c) Rank Pte.

(d) Surname Clarkson. (e) Christian name William.

2. Age last birthday 22yrs. Date of birth 20/2/1896.

3. Enlisted at Montreal. on 17/1/'18.

4. Personal description:—

(a) Height 5ft. 6in. (b) Weight 115 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Red. (e) Colour of eyes Grey. (f) Identification marks Scar over right eye.

5. Address after discharge (for the use of the Board of Pension Commissioners)

97 Morton St., Fall River, Mass., U.S.A.

MILITARY DISTRICT No. 4 OCT 23 1918 M. D. 4

6. Former trade or occupation Machinist.

7. (a) Service	Years	Days
		10mos.

	Periods	
	From	To
1st. Quebec, Regt.	17/1/'18.	Date

(b) Has he been overseas? No. 8. Original disease or disability (1) Epilepsy. (2) Rheumatism. (3) V.D.H.

(a) Date of origin (1) 3yrs. of age. (2)&(3) March 1918. (b) Place of origin Civil life.

(c) Cause* Unkown.

(d) Present disease or disability (1) Epilepsy. (2) Rheumatism. (3) V.D.H.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Man is poorly nourished and only fairly well developed. His mental attitude is very poor. He sits quiet with a vacant stare on his face Memory good. He has epileptic seizures once or twice a week. The last

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

two fits were 17/10/'18&19/10/'18. One of the fits has been certified by medical attendants at D.M.H. 31/8/'18. He also complains of pains in shoulders and knees. No limitation of movement in these joints. He also complains of weakness in the legs. Can walk at least two miles. Heart:-Systolic murmur transmitted to axilla. Heart enlarged to left. Regular. 96 per

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous As above. Digestive Teeth poor. Respiratory Good. Cardiac As above.

Genito-Urinary Good. Skin, Middle Ear, Eye or any other part. Good.

Old history of chronic rheumatism with swellings of the joints, of metacarpal and phalangeal joints.

10. History: (*a*) of Condition referred to in "a" section 9.

Epileptic fits since a child. No rheumatism previous to enlistment. No venereal history. History of epilepsy on mother's side.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scar over left eye, caused recently by fall during fit.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

(1) No.

(2) No.

(3) No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Permanent 25%. (2) Periodical 20%. (3) Permanent 50%.

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

Military Hosp. Halifax, Since.

Pine Hill " " Since.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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? No on account of fits being more
(If not, briefly state why.) frequent than previously.

17. Recommendations

That this man be placed in Cat."E" and discharged from the service.

H. Merkel Lieut.
Medical Officer by whom the case is brought forward.
MEDICAL OFF. D. D. 4.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Private 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 nothing.

H. A. Wm. Clarkson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

We concur, except under section 9,-
Heart enlarged to left, apex beating in 5th space beyond nipple. History of rheumatism seven months ago. Section 11, (1) No. (2) & (3) Not applicable, 20% for six months. Section 8,(c) Canada. Section 13,- 1 & 3. Permanent. 2. Probably permanent. Section 16,- Not at present.

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

20. It is certified that the soldier
(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).

9. Present condition.—(*Continued.*)

two fits were 17/10/'18&19/10/'18. One of the fits has been certified by medical attendants at C.M.H. 31/8/'18. He also complains of pains in shoulders and knees. No limitation of movement in these joints. He also complains of weakness in the legs. Can walk at least two miles. Heart:-Systolic murmur transmitted to axilla. Heart enlarged to left. Apex beat in 5th space 2" apart. Regular.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous As above. Digestive Teeth poor. Respiratory Good. Cardiac As above.

Genito-Urinary Good. Skin, Middle Ear, Eye or any other part. Good.

Old history of chronic rheumatism with swellings of the joints, of metacarpal and phalangeal joints.

10. History: (*a*) of Condition referred to in "a" section 9.

Epileptic fits since a child. No rheumatism previous to enlistment. No venereal history. History of epilepsy on mother's side.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Scar over left eye, caused recently by fall during fit.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

(1) No.
(2) No.
(3) No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Permanent 20%. (2) Periodical 20%. (3) Permanent 20%.

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

Military Hosp. Halifax, Snow.

Pine Hill " " Snow.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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? No on account of fits being more
(If not, briefly state why.) frequent than previously.

17. Recommendations

That this man be placed in Cat."D" and discharged from the service.

Dr. Smeltzer
Medical Officer by whom the case is brought forward.
Lieut.
MEDICAL OFF. D. D. 4.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned private 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 nothing.

H.A. Wm. Clarkson
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

We concur, except under section 9,-
Heart enlarged to left, apex beating in 5th space beyond nipple. History of rheumatism seven months ago.
Section 11, (1) No. (2) & (3) Not applicable, 20% for six months. Section 8,(c) Canada.
Section 13,- 1 & 3. Permanent. 2. Probably permanent.
Section 16,- Not at present.

19. Is the soldier fit for

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

20. It is certified that the soldier
(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).

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

Ex. Card Des. 22-11-18 A. K.

19,7-1

This space to be for numbers

MILITARY DISTRICT No. 4
NOV 14 1918
M. D. 4

D.C.O.

Proceedings on Discharge.

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

No. 3081573

Rank Private

Surname CLARKSON / William

Christian Name William

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

Corps (Squadron, Battery or Company) 1st Depot Battalion 1st Quebec Regiment

Date of Discharge October 29th 1918

Place of Discharge Montreal QUEBEC

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years ..... months.
Height	5 feet 6 inches.
Complexion	Fair
Eyes	Grey
Hair	Red
Trade	Machinist
Intended place of residence (To be given as fully as practicable.)	97 Morton Street Fall River MASS U.S.A.

Descriptive Marks

NONE

2. The above-named man is discharged in consequence of

KR&O 377 (10) C.M. 1917 MD4 22-C-1719 Category "E"

Medically Unfit R.O. ~~#237~~ 749

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

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

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

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the 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.)

Machinist

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

cas.

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.....

Served in Canada from Jan 16th 1918 to Oct. 29th. 1918

NONE

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) Montreal QUEBEC

(Date) October 29th 1918

Capt & Lieutenant,
Commanding Officer i/c Discharge Section, District Depot No. 4.

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

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

(Place) Montreal QUEBEC Wm. Clarkson (*Signature of Soldier.*)

(Date) October 29th. 1918 (*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) Montreal QUEBEC

(Date) October 29th. 1918

(*Signature*) Capt & Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS
Wm. Clarkson.

(OVER)