654143 CLIFFE WM.

SIN/NAS Surname/Nom Given names/Prénoms

Open - Other

DECEASED 24-1-59.

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box 403721

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT C.E.F.

Triplicate 21421 F

ATTESTATION PAPER.

No. 654143

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? Cliffe
1a. What are your Christian names? William
1b. What is your present address? St Columban Ontario Canada
2. In what Town, Township or Parish, and in what Country were you born? Manchester England
3. What is the name of your next-of-kin? ~~Same~~ Mrs Mark Moore
4. What is the address of your next-of-kin? 51 Needwood St, Manchester England
4a. What is the relationship of your next-of-kin? Aunt
5. What is the date of your birth? Feb. 2nd 1894
6. What is your Trade or Calling? Labour
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.

Mr. P. W. McGrow
St Columban
Ontario

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Cliffe, 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 Cliffe (Signature of Recruit)

Date December 17 1915, John Rankin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Cliffe, 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 Cliffe (Signature of Recruit)

Date December 17 1915, John Rankin (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 dec~~laration and taken the oath before me, at Seaforth Ont. this 17th day of December 1915,

John Rankin (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

21421 P

Description of William Cliffe on Enlistment.

Apparent Age ... 21 ... years ..... 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 ..... 34¼ ins.
- Range of expansion ..... 1¼ ins.

Complexion ... Dark

Eyes ... Blue

Hair ... Brown

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic ... 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.)

Nose deviated to left side slightly and flattened above tip.
Upper central incisors have been extracted allowing laterals to approach each other giving a pegged appearance

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date ... December 16 ..... 1915.

Place ... Seaforth Ontario Canada

F. J. Burnous
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.

William Cliffe ..... 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.

H H Combe Lt. Col.,
O.C. 161st Huron Battalion, C. E. F.
(Signature of Officer)

Date ... December 16 ... 1915

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 654143 (Rank) PRIVATE

Name (in full) CLIFFE, William enlisted in

the 161st Battalion, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at SEAFORTH, ONTARIO. on the SEVENTEENTH

day of DECEMBER 19 15

HE served in FRANCE (with 38th Battalion)

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

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

Age	28 Years	Marks or Scars	DEFORMITY OF NOSE DUE TO FRACTURE.
Height	5' 6"		
Complexion	DARK		
Eyes	BLUE		
Hair	BROWN		

Signature of Soldier

DISCHARGE SECTION
APR 1 1919
No. 1 District Depot

Issuing Officer

Lieut. Col.

Rank

Commanding District Depot No. 1.

Date of Discharge

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

Appointment

Signed at LONDON ONTARIO. this FIRST day of APRIL 19 19

in Military District No. -ONE-

File Reference No. ID 30-C-1500
IDD 10-C-623

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. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

21421 P

2 D W

O/P

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	654143	Pte.	Cliffe,	W.

Year	Unit	Age	Service.
1918	38th Bn.		

Station and Date.

Convalescent Hospital, No. ..... Date ..... Woodcote Park, Epsom.

Disease Debility (cont.)

14/10/18 Had attack pleurisy 3 yrs ago & has not felt well since.

Gen Cond Fair Anaemic
Compl. Cough Expect.
No definite signs in chest
Temp in PM Sputum Exam
Fatigues 1-5.

15.10 Pulse at rest 90: on mod. exertion 100. General condition excellent.

J. MacDermott Capt

21-10-18 G C good Lt Cat D1
No temp in PM

Capt., C.A.M.C.,
M.O., No. 2 Division.

* 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... Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Army Form B. 181.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Corps 38th Canadian Infantry. Military Hospital War Hospital, [illegible]

No. 654143 Rank and Name Pte Cliffe, William Age 26. Service 3y/12. 20/12.

Disease Debility b1. Date of admission 5. 4. 18. Date of discharge 11/10/18 Result Trans

Dates of Observation: 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Oct. 1 2 3 4 5

Days of Disease

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

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

Pulse per Minute

Respirations per Minute

Motions per 24 hours

Admission

(6378) Wt. W46. /P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

M.F.B. 465.
150M.—6-18.
(772-39-950.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

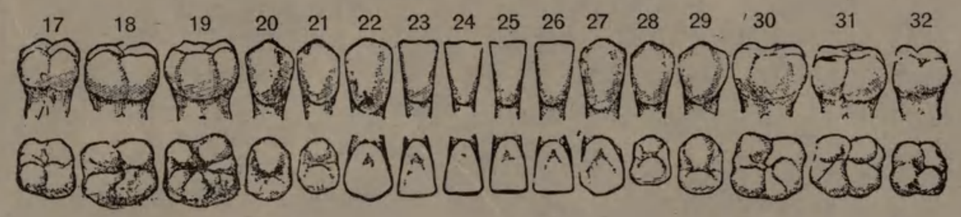
District 1

No. 654143

Name of Soldier CLIFFE William

Rank Pte.

Regiment 161st Bn



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 District	REMARKS
Condition on first Examination	1919											2/8.9.									A. G. McMillan Capt	Ex. 3.30.	Cas. 4.5.6.1x.13.14.20.29.31
	Mar	24.																					

21421 P

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 654143 Rank PTE Surname CLIFFE

(Given name in full) WILLIAM

Unit or Corps 6 Con R.E.S Birthplace MANCHESTER ENG

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 142 lbs. Height 5 ft. 7½ in. Colour of Eyes Blue

Nutrition good

Pulse good 72

Condition of arteries good

Vision Rt. 20/20 Left 20/40

Hearing (conversational voice) Rt. 21 ft.

Left. 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Nose deviated to left.
Small left varicocele.
2 vac marks, l. arm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System yes

Disturbance of Mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition Force Bitten by dog

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Influenza 1-1-17. recovered
Dog Bite. 3-7-18. Pasteur Treatment recovered

(If space is insufficient, continue on back of form.)

[OVER]

21421P

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date Feb. 10/19 Signed J. A. Bo[illegible] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature W. Cliffe

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

SHEET 2

21421 P

Army Form B. 103.

Regimental Number 654143

Casualty Form—Active Service.

Regiment or Corps 38th Canadian Infantry Bn.

Rank Pte. Surname CLIFFE Christian Name W.

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

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

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

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

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
4.9.18.	3 Staty.	SICK- Posted E.Ont.Reg.Dep.Seaford,		4.9.18.	W3083/4924
MARGUERITE		J Mathieson Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.			D.O.89,d- 18 SEP 18
13-9-18.	E.O.R.D	Posted from 38th Bn. Quao - Seaford		5-9-18	Pt. A.D.O. 231.
					D Lupus Lieut. i/c Records. 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.

(6356) W1189 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109)

[P.T.O.

21421P

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				
	LONDON, ONT.	Discharged	MEDICALLY UNFIT		
		APR 1 1919			

Lieut. Col.
Commanding District Depot No. 1

Forms
I. 1237
12

Army Form I. 1237.
21421 P

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
61 - 1362	654143.	Pte.	Cliffe.	William.
Year	**Unit.**		**Age.**	**Service.**
1918	38th Canadian Inf.		26.	39/12 ~~32/12~~ 2/12

Station and Date.

War Hospital, Bradford.

5/9/18

Disease Debility G.

Went to France on: Dec 1916

Wounded on: Sick aug 30th 1918 At:

Treated at C.C.S. and Buchy Hospital for days

No 11 Can Base Hospital Buchy. No 3. Il

How long with ~~B.E.F.~~ C.E.F.? 2 9/12 First time Wounded?

Have you been X-rayed? no

Have you had operation? no

Summary of Field Card Notes:

Anaemic. Genl Debility
On admission. Yellow colour. general weakness
localised systolic bruit at apex. Pain in
R iliac region. Nothing to be felt.

Un gen^l alb ⅜ (→) H J Campbell

13 Pn to chest. Impaired note resting to base but
no rub. Paint to base & L

17 Boracic fomentation to eye

21 Menthol muff. 26th hot water bottle bilateral for R shoulder

29 Un K I F h v ⅜ (→)

Oct 1 a. u. H.
H J Campbell MM

" 1st noted D. E. J.

X 2nd Canad Convl^d Hospital MM
(Cancel A.M.H. as 6d^l note)

A.T.S. 1st Dose

2 Noted PPS

2nd Dose

3 To see Dental Surgeon
MM Murphy Major

3rd Dose

4th Dose

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239)

P.T.O.

21421 P

Station and Date.	
	TRANSFERRED TO All Saints' Annex AUXILIARY HOSPITAL Date 4.10.18. — On discharge, return Case-Sheet to Bradford War Hospital
4th.	Bycum not had Pleurisy, L. Side – but well since. Cough & troublesome cough – Sputum is coming away. Complains of pain in side. Lungs clear at L. Side (no R.S.) Ht. Apex not definite. Impulse felt near Epigastr. – No definite murs. Sputum to be exd. Mist c ol 3iii
11th Oct.	Trans. Can. Conv. Hosp. Epsom.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 161st Os. Battalion, C.E.F.

(2) Regimental Number 654143

(3) Full Name of Soldier Cliffe, William

(4) Place of Birth Manchester, England.

(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.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address —

(10) Is your Mother alive? No.

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

Rev. Father White — No Relation
St Columban. Ont
Canada.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium

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

W B Lambe
Officer Commanding.

Date June 17, 1916

654143 21421 P

ORIGINAL

6 4 1 8

MEDICAL HISTORY SHEET.

Surname Cliffe Christian Name William

E1

5-9-16

Examined on 16 day of Dec. 1915 at Seaforth Ontario

Birthplace City or Town Manchester County England

Apparent age 21

Trade or occupation Laborer

Height 5 Feet 6 Inches.

Weight 135 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 34½ inches.

Physical development Fair

Small-Pox Marks none

Vaccination Marks Arm Right. no Left. yes Number twice

When Vaccinated last 1901

(a) Marks indicating congenital peculiarities or previous disease Nose flattened and deviated to left as result of a blow.

(b) Slight defects but not sufficient to cause rejection Nasal septum deviated small left varicocele. Fourteen teeth Dental Cavities Slight right 20-20 left. 20-40

Approved by Canada J. D. Chau

Rank Major M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.	
22. 10. 18.		Dr. Kay Capt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

7 SEP 1918

Date.	Result.	Vaccinations.	
July 21	S.R.	H. W. Chau	M.O.
			M.O.
	A.B.	24 10 18.	M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
Apri 10	S.R.	H. W. Chau	M.O.
Oct 19		J. D. Chau	M.O.
Oct 15		J. D. Chau	M.O.
Nov 1		J. D. Chau	M.O.

Enlisted on 16 day of December 1915 at Seaforth Ontario Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	161st Batt'n	654143		Dec 16, 1915
Transferred to	38th Bn (Ca)		Good	Dec 28th 1915

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
1st C.C.D. Seaford	15-1-19. 10-2-19	Mil Cat A Mil. Cat B	Capt Lane Jacobs Capt. M.O.
London, Ontario	28-3-19	Gas poisoning	Home Service. R. Towers Major Camd

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-9.

Surname Griffin 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.
No.7 Can. Hosp.Harfleur		1	1	17	10	1	17	Influenza		To Duty — Duplicate Medical History Sheet posted to here.	A106-A106 GJ
War Hosp. Bradford.		5	9	18	11	10	18	Debility 61	34	General weakness.	
Mcc & Epson		11.	10	18	11 NOV		1918	Debility Cerval.	32	On admission gen. con. fair, no definite signs in chest. Improved. Gen condition good, fit for Convalescent Dr.	MAJOR, R.A.M.C., BRADFORD WAR HOSPITAL. Capt CAMC

21421 P

Number 624143 London, Ont. H.D., No. 1.

Name Mr. W. J. Clegg Date 3-26-19

Unit W.D. Age 28

Symptoms Temp. 98

Cough - Expect in AM Pulse 90

Resp.

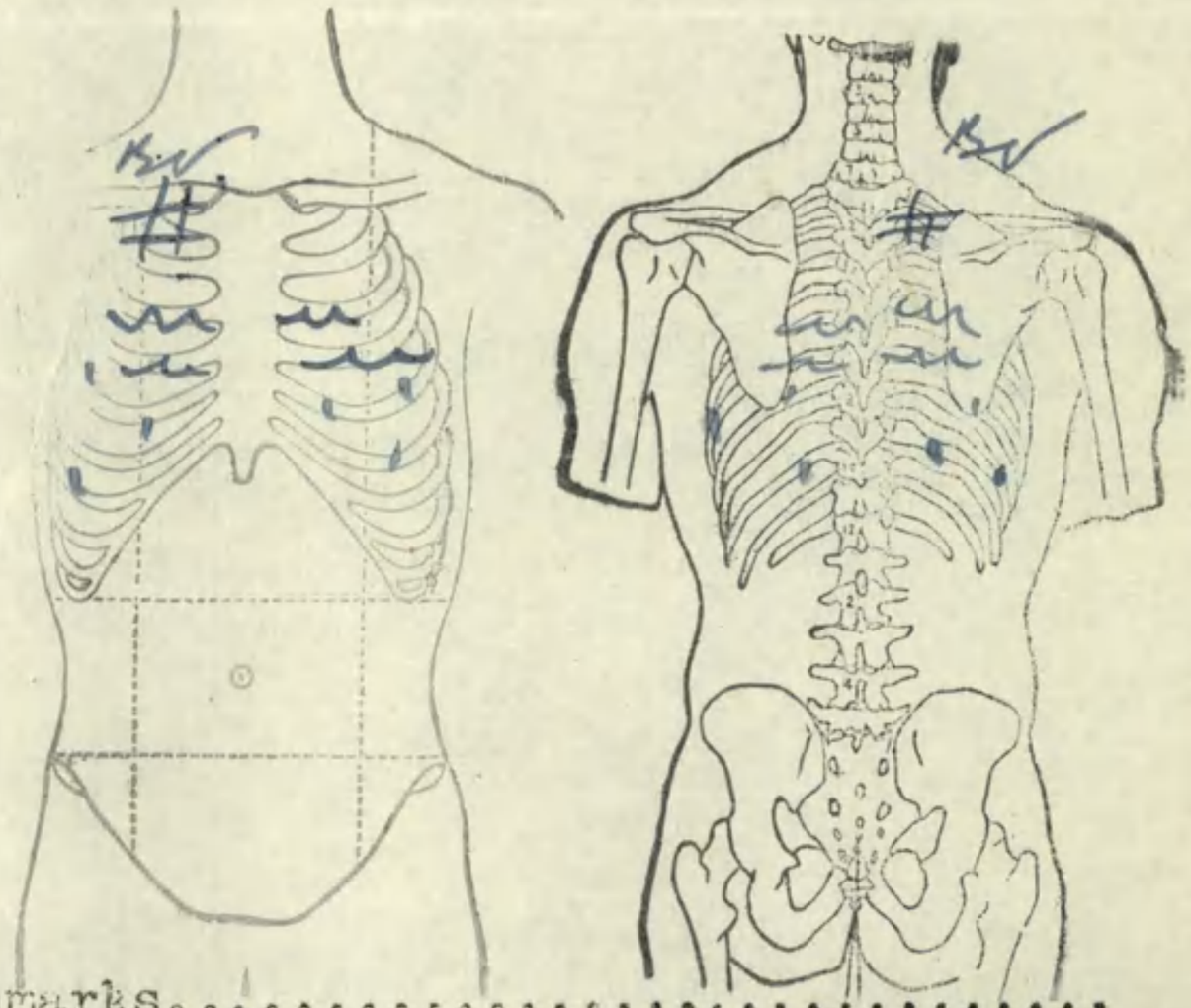
Weight

Sputum

History. Pleurisy left side 3 yrs ago. Before enlistment

Exposure No T.B.

Examination. Chest thin. Expansion is very poor. Breath sounds distant. BV. breathing at right apex. Occasional rales over posterior upper lobe



Remarks. X-ray plate here has old standing arrested lesion in right upper lobe no aggravation at present.

Diagnosis. Bronchitis. No definite signs of chronic active T.B. in chest at present

C. A. Bowie

Capt. C. A. M. C.

P.T.

1 P.M. 10-6L-82

Original

LAST PAY CERTIFICATE.

Regt.No. 654143 Rank pte Name Cliffe William

Corps 161 Bn who was Discharged

on 1-4- 1919 to

The following is a statement of the account of the above named from 1-4-19 to 1-4-19

Bal Dr from mon. of / from L.P.C.	30.59	Bal Cr from mon. of / from L.P.C.	
ASSIGNED PAY: AR 454 31-3-19	.50	Regt.Pay / dys. @ $1.00	1.00
		P'ld All. / dys. @ $.10	.10
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE:	
OTHER CHARGES:		OTHER CREDITS: Clothing Allowance	35.00
PAYMENTS: AR 454 31-3-19	32.00	Subsistence @ 80¢ per day	
Bal.Credit (to be pd.)		Bal.Dr.(to be deducted)	29.99
WSG	66.09	(from soldier $) (from Dependent $)	66.09

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BND
at $ per month has been to by this Unit	at $ 20 per month has been made to 1-4-19 by this Unit	Subcribed $ Pd.by $ other Units pd.by this Unit $ Nil

Dependent or Beneficiary : Rev. F. R. White

Address: St. Columban Ont

REMARKS: D.O. 90 Discharged 1-4-19 ~~on Demobilization.~~ Med Stuff

Date of Enlistment: 17-12-15

If married and if Separation Allowance card submitted, No No

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

Paymaster, District Depot No. 1 LONDON, ONT.

Date:: APR 11919

London, Ontario

J D Patterson Captain.

Paymaster, No.1 District Depot.

FORESTRY UNITS, C. E. F.

TECHNICAL QUALIFICATION SHEET

FOR BUSH AND MILL

Number..... Rank..... Name.....

Enlisted at..... Date..... Age.....

MARK IN BELOW YEARS OF EXPERIENCE:-

BUSH QUALIFICATIONS		MILL QUALIFICATIONS	
Trail Cutting		ENGINEERS	
Axemen		Millwright	
Sawyers		Handyman	
C.C. Sawfitters		Setter	
Rollers Right or Left		Sawyer	
[illegible] Loaders		FILER	
TEAMSTER		Tail Sawyer	
COOK		Edger	
BLACKSMITH		Trimmer	
CAMP FOREMAN		Lathman	
		Shingleman	
		Platform	
		Pilers	
		MILL FOREMAN	
		YARD FOREMAN	
		STABLE BOSS	

.....Technical Officer.

REMARKS:-

M. F. W. 116.
10m-4-17.
H.Q.1772-39-1119.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

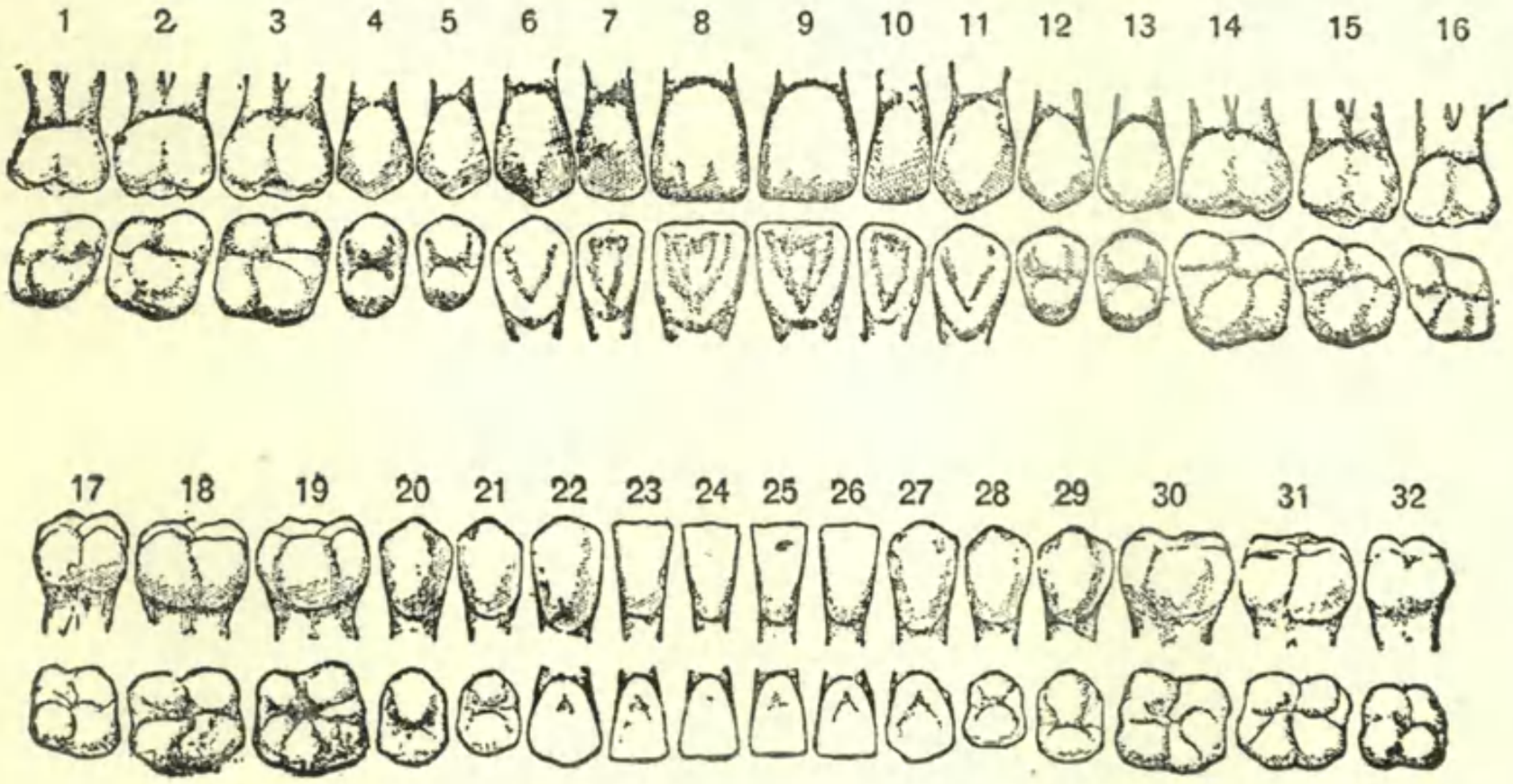
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) CLIFFE. W.

REGIMENT 6TH. RES BTN. RANK PTE. No. 645443

Date of Examination in England 10/8/19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14. 13. 30 19
2. EXTRACTIONS 3. 29.
3. CROWNS 6.
4. DENTURES Nil
   - (a) Full Upper Nil
   - (b) Part Upper Nil
   - (c) Full Lower Nil
   - (d) Part Lower Nil

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 Nil
- (b) In England Nil
- (c) In France Nil

Signature of Dental Officer S. S. Howie Capt.

O. A. D. C.

21421 P

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

1. Number, Rank, Name, and Unit of injured man. 654143 Pte W.J. CLIFFE 38th Canadian Infantry Bn. (attchd 12th Cdn.Inf. Bde. HQ. as a Runner)	Date of Casualty. 3-7-18.

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.)

Wound Nose Slight

J Clark Major

12th CANADIAN FIELD AMBULANCE.

Clark

Medical Officer.

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

Playing with dog. Dog bit Pte. CLIFFE on the nose.

A.G's. BRA
G.H.Q., 3RD ECHELON
Date 14 JUL 1918
54
CASUALTIES.

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty. ~~No~~ Yes
   (*b*) To blame. No
   (*c*) Whether any other person was to blame. No

Date 7th July 1918.

W N Lindsay Captain
Staff Captain
for Brig. Genl. Commanding 12th Cdn. Inf. Bde

5. (*a*) Opinion of G.O.C. Brigade. (a) Accidental
   (*b*) Disciplinary action taken or proposed, whether against injured man or another. (b) None needed

G.H.Q. 3rd Echelon
18/158/5
19 JUL 1918
K Dd.
SECTION

Date 7 July 1918.

J.A. MacBrien B.G.
Commanding 12th C.I. Brigade.

[Continued Overleaf.

21421 P

6. To D.A.G. G.H.Q., 3rd Echelon ~~Army "A."~~

Forwarded with reference to my Casualty Wire No. AC276 dated 8-7-18

W Currie Major
D.A.A.G. for G.O.C.
4th Canadian Division.

Date 12-7-18

---

7. ~~To D.A.G.,~~

~~G.H.Q., 3rd Echelon~~

Forwarded for record. This casualty should be reported as "Injured (Accidentally)."

Geo. D. Letson Major
Lieut.-Col., A.A.G.
for Major-General.
DEPUTY ADJUTANT GENERAL.
~~Army.~~

Date 22-7-18.

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

W8573—M2732 200,000 9/17 HWV(P1565) Forms W. 3428/2
5872—P750 300,000 3/18

Evidence of No 129888 Pte Rogers R

On the evening of the 3rd inst. I was sitting at a table in Billet No 3 Rue Houdan, Auchel. I noticed a dog chained to end of Bench on which I was sitting. Between myself and the dog sat Pte Cliffe. I saw him pick up the dog and play with it on his knee. The dog snapped at him and bit him on the nose. I then saw two punctures on the side of his nose.

6th July 1918

R Rodgers Pte
72nd Bn.

Evidence of No. 148251 Pte Pylnck M.

On the evening of the 3rd inst I was sitting at a table in Signals Billet, Auchel. I was directly opposite Pte Cliffe who was playing with a dog which was fastened to the Bench by a chain. I left the billet then and on returning ten minutes later I overheard someone asking Cliffe what was the matter with his nose Cliffe replied that the dog had snapped at him.

6th July 1918

[illegible] Pte
78th Bn.

Evidence of No 172040 Sapper Penstone H.R.

On the evening of 3rd at 7.30 pm. I was washing in the Yard adjacent to Signals Billet No 3 Rue Houdan, Auchel when Pte Cliffe approached me with bloodmarks on his nose I asked the cause and he said that the dog had snapped at him he said he was then proceeding to the M.O.

H R Penstone Sapper
4th Div. Sig. Coy

6th July 1918

Witness A H Campbell
Captain
Staff Captain
12th Canadian Inf Bde

21421 P

"WAR SERVICE BADGE" CLASS "A" No. .....

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 161st O.S. Battalion, C.E.F.

Regimental No. 654143 Rank Pte. Name Cliffe, William.
C. E. F.

Enlisted (a) Dec. 17/16 Terms of Service (a) War & 6 Mos arter. Service reckons from (a) ~~Jan. 3rd, 1916.~~ Dec 17th 1916.

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) Laborer.

CERTIFIED CORRECT. 12 JAN 1917 RECORD OFFICE

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		1-11-16	
		Arrived - England		11-11-16	
Dec 28/16	161st Bn	Transferred to 38th Bn (Ca)	Bulgate Eng	29-12-16	Part of Order 314
29.12.16	C.B.D.	TAKEN on STRENGHT 38th Havre			C. Wanstone Capt. Adjutant 161st Huron Battalion C. E. F.
23.2.17.	"	Left for 4th Eng. Bn. FIELD		29.12.16	N. R. P VII O. 3 & 4.1.17.
27.2.17.	4th Eng Bn	Joined 4th Eng. Bn. FIELD		23.2.17.	N. R.
				26.2.17	N.R. DCS. 94 d.
2.1.17	C.B.D.	S. O. S. "A" to	Hauxtaly.	2.1.17	NR.
1.1.17	Hauxtaly	Influenza (M) adm	" "	7.1.17	W3034-153.
10.1.17	"	" to	C.B.D.	10.1.17	W3034-165
17.1.17	C.B.D.	S. O. S. to.	Hauxtaly	17.1.17	NR.
11.1.17		T. O. S. "A"	Kaure	11.1.17	NR.
16.1.17	Hauxtaly	Influenza adm	Hauxtaly	16.1.17	W3034-170.

(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.

21421 P 654143 Cliffe W

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					
5. 2. 17.	7 Can Sty.	Influenza	to	4 Con Dep.	5. 2. 17.	W3034/190.
"	4 Con Dep.	"	adm	" "	"	" 192.
13. 2. 17	"	Class. A.	to	C.B.D.	13. 2. 17	" 199
14. 2. 17.	C.B.D.	T.O.S. A.		Havre.	14. 2. 17	N.R.
~~23. 2. 17~~	"	P				
16 MAR 1917	"	Left for Unit	FIELD		16 MAR 1917	N. R. 35
17 MAR 1917	Unit	Joined Unit	FIELD		16 MAR 1917	B. 213. DCS. 103
-8 DEC 17	"	14 days leave			-8 DEC 17	B. 213. D.O.T. -5 JAN 18
29 DEC 17	Unit	Joined Unit	FIELD		24. 12. 17.	B. 218.
24. 12. 17.	Gazette.	Mentioned in despatches for valuable services rendered in connection with Military Operations in the Field				No 30448 d 28/12/18 D.O. 13 d 21. 2. 18.
9. 3. 18.	38th	One G. C. B.			17. 12. 17.	D023 B213 d 22. 2. 18.
5. 7. 18.	12 C.F.A	P.U.O.		12 C.F.A	5. 7. 18	a-5117. - 12 Base Q.
8. 7. 18	"	S/Dog. Bite Nose.	to	22 C.C.S.	8. 7. 18.	a 5292. "
8. 7. 18	22 C.C.S.	P.U.O. to Pastrius Institute Paris			9. 7. 18	a-5341
11. 7. 18	Station Hpl. Paris.	Anti rabic treatment		(Paris) Station Hpl.	11. 7. 18	W-6834.
13. 9. 18	38 Bn.	Acc. Inj. evac.			3. 7. 18	B213.
22. 7. 18	a.a.g.	Injured. accidentally			3. 7. 18	W3428. d-18-15315.
8. 8. 18	Stn Hpl.	Rabie treatment to		3 Stat. Dep.	8. 8. 18	W-9209. - Ex-97464
9. 8. 18	2 Casep.	not stated.		2 Con Dep.	9. 8. 18	W-9249 -
12. 8. 18	"	sick.	to	11 "	12. 8. 18	W. 9610. - Ex-98388.
8. 8. 18	3 Stat.	Dogbite face. acc.		3 Stat.	8. 8. 18	W-9891 -
9. 8. 18	"	" "	to	Con Dep.	9. 8. 18	W. 305
12. 8. 18	11 Con Dep.	" " "		11 " "	12. 8. 18	W-1822.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Sheet No 3 654143 Pte Cliffe W.

21421 P

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
5-2-19			Ceases to be attached on proceeding to 6 Reserve D.O.No. 35 of 5-2-19 O Melanson Lt for Adjutant, 1st Canadian Command Depot.			
6-2-19	O.C. 6th Res	B.O. 28	T.O.S. on posting from E.O.R.D.	Seaford.	5-2-19.	
17-2-19	O.C. 6th Res.		S.O.S. on transfer to MD #1 Kinmel Park.	Seaford	15-2-19	Pt II OO 37.
16-2-19	6th Res		T.O.S. C.C.C. Kinmel Park for return to Canada. Part II Order No. 46. T.O.S. C.C.C. Kinmel Park on entraining for Canada, Part II Order No. 46. C. E. Avery Lieut. 22/2/19. For O.C. Commanding MD I Wing, Kinmel Park Camp.			H. T. Bredin Lt. OFFICER i/c RECORDS 6th CAN. REG. BN.

SS → CASSANDRA
EMBARKED 22-2-19
DISEMBARKED 3-4-19

J. J. Allen Capt & Adj
for O.C. # 13 T.A.C.S.

A C McLean Lieut for CO

Nothing to be written in this margin.

FEB 22 1919

Taken on strength No. 1 District Depot London D.O. 75

NO. 1 DISTRICT DEPOT

21421 P

880. CS 186. W.503/P.36 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

War Hospital ~~Hospital~~.

Ward All Saints No. of Bed _____ Date 7th Oct 1918

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
654193	Pte. Cliff. W.	38th Canadian I.	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Please get T.B.

Signature of M.O. T.W.

Date Oct 7. 1918

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate _____

No TB found

Signature of Radiographer RH

Date 9/10/18

21421 P

R—122
8,401—50,000—21-10-16.

A.C. Rank Name CLIFFE, William. Reg'l No. 654143

Unit 161st. Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Seaforth, Dec. 17th. 1915. Place of Birth Manchester, England.

Name and Address, Next-of-Kin Mrs. Mark Wood 51. Westwood St. Manchester. England. Relationship Aunt.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 10251.
File R.L.
Category Can OR

Discharge, Date and Place Reason Character

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.
6		Arrived in England S.S. Laplanda		11.12.16	
28.12.16	161st Bn	S.O.S. to 38th Bn	Shorncliffe	29.12.16	Pt II D.O. #314
4.1.17	38th Bn	T.O.S. from 161st Bn	In the Field	29.12.16	Pt II D.O. 3.
9.1.17.	✓	Adm No 7 Can Stat Hosp.	Harfleur.	1.1.17.	C.L. A.100. Influenza
17.1.17	✓	Dis ✓ ✓ To Duty	✓	10.1.17	C.L. A106. ✓
23.1.17	✓	Adm No 7 Can Stat Hosp.	✓	16.1.17	C.L. A110 ✓
10.2.17.	✓	Tfd. No 4 Convalescent Depot	✓	5.2.17	C.L. A125 ✓
21.2.17	✓	Dis ✓ ✓	✓	13.2.17.	C.L. A131 ✓
21.2.18	✓	Mentioned in Despatches for valuable services rendered in connection with Military Operations	In the Field		Pt. II 13.

A.F.B. 103 CHECKED 10 JAN. 1917

WSR.

21421P

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.
22.3.18	38th Bn	Granted one L.C. Badge	Field	17.12.17	Pt II 23.
13-9-18	E.O.R.D	posted from 38th Bn. Offer.	Pte. Seaford	5-9-18	33 Pt II 89 D 16-9-18. 231.
18-11-18.	"	on com. to sly. Camp Rhyl.	" Witley	11-11-18	D/o 286
8-2-19	"	Cancs on com to Sly. & rmn on com to 1st C.C.D	" Seaford	25-11-18	D/o 33.
12.12.18	1st C.C.D	Struck from Sly Camp Rhyl.	" "	29.11.18	D/o 343. E.O.R.D. D/o 33. D 8-2-19
6.2.19	6th Res.	TOS posting from E.O.R.D. ex 1st C.C.D.	Pte. Seaford.	5.2.19	D 28.
22-2-19	No 1 MD Con Wing	TOS from 6th Res	" Rhyl	15-2-19	" 46 " 6th Res Part III 37d 17-2-19
"	"	SOS to C.E.F. in Canada	" "	22.2.19	" 46

Yes.

L. L. Job [illegible].—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Rev. J. P. White
Address St. Columban, Ont.

By Whom Assigned Cliffe, William J.
Regtl. No. 654143
Rank Pte
Corps 161st Bn.

Rate 20.00

NOV 1 1916

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Rev. F. P. White (Assignee)

Name of Soldier Cliffe Wm J. Pte — 164th Bn

L. L. Job 5470—Req. 6888.

PAYMENTS. 654143

NOV 1 1916

Month.	Year.	Cheque No.	Amt. 20.00	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		B 31961	20	
Dec.		S 35185	20	
Jan.	1917	O 37282	20	
Feb.		O 43263	20	20 B
March	T.49964	~~Q 48411~~	~~20~~	20 B.(a) Q 48411 Cancelled —
April		P.990	20	20 B.
May		M 68411	20	
June	N 18302	~~C 13258~~	~~20~~	20 Cu C.13258, cancd, S.7.13.
July		T 25952	20	W.
Aug.		B 31037	20	L.
Sept.		X 35829	20	S
Oct.		47313	20	
Nov.		M54440	20	
Dec.	55509J	~~55508~~	~~20~~	55508 canc Ft. G.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

21421 P

T. B. HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date

Reg'tal No. 65414 Rank Pte Name Griffe W. J. Unit 1. Al. Al.

Bed Ward E

Injury or disease Part affected Chest

Treatment or Exam.

X. Ray of Chest

G. White Capt R.A.M.C.

Report A flat plate was made of the chest. The hylus shadows are dense & there is a general bronchial tree thickening throughout. There is no evidence of T.B.

Diagnosis - Mild Chr. Bronchitis.

Signed H. Flewwelling Capt

259

M. F. W. 2509.

50M.—4-18.
1772—39—1276.

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION. Date

Regd. No. Rank Name Unit

Bed Ward

Injury or disease Part affected

Treatment or Exam. Report

Signed

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C 6817

OVERSEAS CONTINGENTS

Date of Assignment ~~7142~~ Nov 1/16

RATE OF SEPARATION ALLOWANCE

6817

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 654143

Rank Pte Promoted Reverted Discharge

Soldier's Name William J. C Iffe

Battalion 161 st Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Rev F. P. White

Address St Columban Ont

Change of Address

1

2

3

4

3319-W-35 REMARKS

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec. 31st			280	280	
1918.					
Jany	W 66657		20	20	
Feb	D. 95530		20	20	
Mch.	A 113721		20	20	
Apl	N 7119		20	20	
May	K. 19855		20	20	
June	G. 23778		20	20	
July	T 33799		20	20	
Aug	G. 36963		20	20	
Sept	J. 45376		20	20	
Oct	I 54580		20	20	
Nov	D 54566		20	20	
Dec	M. 68994		20	20	
JAN 1919	J 74724		20	20	
FEB	M 78815		20	20	
MAR	H 85808		20	20	
			580	580	

A/c Closed 31-3-19

Ret'd per Cassandra

Date 5-3-19 M.F.W.187 M.D. #1

Closed I. Chandhar

M.R.O. 75268 issued 11 3/19

AUDITED.

M. F. W. 128.
40M. 6-17—1772-39-1141
L. L. 22520—M. & D. 7983.

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.
4'Om. 6-17—1772-39-1141
L. L. 22830—M. & D. 7603.

Med Unfit

CARD NO. T 50 S. Dis 1-4-19

X O.C. 9 of 31-3-19 2 X 9

FOLL.

SURNAME. Cliffe

CHRISTIAN NAMES William

REGL. No. 654143 RANK Pte

UNIT 16/St Batt.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL none

RELATIONSHIP TO SOLDIER —

ADDRESS —

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Manchester DATE Feb 2nd 1894.

PLACE OF ATTESTATION Seaforth, Lpool DATE Dec. 17-15.

O/S-30/10/16. 624.B. 7.

R/C 6-3-19 275 Pte 5

MARRIED SINGLE WIDOWER

TRADE OR CALLING Labourer. RELIGION Roman catholic

DESCRIPTION.

APPARENT AGE 21 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 34 1/4 INCHES EXPANSION 1 1/4 INCHES

COMPLEXION Dark EYES Blue HAIR Brown

DISTINGUISHING MARKS Nose deviated to left side slightly & flattened above tip.

MEDICAL EXAMINATION. PLACE Seaforth Ont. DATE Dec 16th 1915

21421P

REGT'L No 654143

H. Q. FILE No. 649-

NAME Cliffe, William

RANK AND CORPS Pte. 38th Bn.

CABLE	
No.	DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

21421P

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A100	#7 Can. Stat., Harfleur	1-1-17	Influenza
A106	To duty	10-1-17	" " "
A110	#7 Can. Stat. Harfleur	16-1-17	"
A125	#4 Convt. Depot Havre	5-2-17	Influenza
A131	Discharged	13-2-17	" " aspiration lial. A281
A262	#12. C. F. A.	5-)-18	~~P. U. O~~ Dog bite nose acc
A268	Stat, Parks	11-7-18	Anti Rabic Treatment
A291	Convt Dep Rouen	4-8-18	Dog bite nose acc
A308	11 Convt Dep Buchy	12-8-18	" " "
B312	War Bradford	5-9-18	Debility
B344	Sick Con. H Woodcote. P. Epsom	12-10-18	"
B373	Discharged	11-11-18	

NAME Cliffe W REGT. No. 654143

RANK AND UNIT Pte. 38 Bn. C. E. F.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 373	Mrl Coon Epsom Discharged	11-11-18	Debility

Form R. 149.

Name Cliffe William Rank Pte Reg. No. 654143

Unit 38th Batta Mrs Mark Wood (Aunt)

Next of Kin Eng. 51 Highwood St. Manchester England

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-7-18	12. Bn Field Rest		F.U.O	A263		32853
11-7-18	Station Hosp	Paris	Gas Rabies Treatment	A268		28745
Note	Ref A262 d/11-7-18 Report Court of Inquiry "Dogbite, Nose, Acc:"					
				A287		AF5428
9-8	2. C. Dep. Rouen		Do	A291		B124/3
12.8	11 C Dep. Buchy		Do	A308		3642.14
5.9	to. to. Brentford		Debility	B3319		25960
12.10	Disch(Cm) to. Epsom.		Do	B3944		18158
11-11	Discharged.		Do	B373		91459
	Not fascicled on off Tasks					
						MC

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

Form DMS 1401.

T. 19084.

Lancaster Hospital, Moorfoot Park, Broom. HOSPITAL.

21421 P

A. & D. CARD

AT

A. & D. No. PL. OF ACTION

RANK Pte REG. No. 654143 UNIT 38. Com Batt SICK OR WOUNDED

NAME Cliffe. W. AGE 26 RELIGION R. C.

PLACE IN HOSPITAL

DIAGNOSIS Debility (Cow)

ADMITTED 11 OCT 1918 FROM Bradford War

DISCHARGED D.I. 11.11.18. TO Kinmel Pk Sgt P

TRANSFERRED Rhyl Wales

SERVICE AT HOME 2 8/12 IN FIELD 1 8/12

RESULTS

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

P.T.O.

REMARKS.

21421 P

D.1 T. V. Hunter Capt. C.A.M.C.

14.10.18.

Debility (Com) Had attack Pleurisy 3 mos ago has not felt well since. Gen Cond. Fair Anaemic Comp Cough. Expect.

No definite signs in Chest Temp in P.M. Sputum Chest.

21.10.18. Gen Cond good. Fit D.1

R. 149.

Name CLIFFE William *Rank* Pte. *Reg. No.* 654143

Unit 38th Battn.

Next of Kin Mrs Mark Wood, 51 Westwood St. Manchester.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-1	No.7 Can.Stn.Hos.	Harfleur.	Influenza.	A100		
10-1	To Duty		do	A106		
16-1	No.7 Can.Stn.Hos.	Harfleur.	Influenza	A110		
5-2	No.4 Con.Dep.	Havre.	do	A125		
13-2	Discharged		do	A131		

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

No. 654143 RANK Pte. NAME Cliffe, Wm.

T. O. S. 3-1-16
D.O. 1 of 1-1-16

UNIT 161st Battalion,

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 3	1916 Jan. 31	"		
Feb.		"		
Mar.		"		
Apr		"	Forfeits 1 days pay.	do 91. 18-4-16.
May		"		
June		"		
July		"		
Aug		"		
Sept		"		
Oct		"		

UNIT SAILED
OCT 30 1916

Ind

Number 654143 Rank Pte

Surname CLIFFE

Christian Name William

Units 38th Bn C Inf Theatre of War France

Date of Service 29.12.16

Remarks, last address 519½ Simcoe St. London Ont.

Latest Address ~~St. Columban, Ont~~ 429 Ridout London Ont.

Roll No. R. Page 21790

200m.-6-21.

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

868—D.P.—40M-1-12-19.

*Name CLIFFE, William Rank Pte. Regtl. No. # 654143

Fyle Depot IDD 10-C-623

Original unit 161st Bn. Present unit 4th EN.Bn. M or S. Age 25 Religion R.C. Ref. H.Q. ID-30-C-1500

Port, ship, and date of arrival St.John, Cassandra. 6-3-19.

Next of kin Aunt. Mrs. Mark Wood. 51Needwood St, Manchester, Eng.

Address on leave

Address on discharge St. Columban, Ont.

Transportation issued Yes No Date Character on discharge

Previous occupation Laborer. Date and place of enlistment Seaforth, Onf. Dec. 7th. 1915.

Diagnosis Gas posioning Date of Medical Boards London, Ont. 25-3-19.

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
22-2-19	No.1.D.D.	
8-3-19	Posted to Cas.Co. and granted furlough with subs.to 24-3-19	75
1-4-19	Disch. from H.M.S. Medically unfit, (P.D.P)	

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

90 (over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

21421 P

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Gillie.	W.	654143.

Rank	Unit	Co.	Troop	Batty.
Pte.	38th Bn.	R.O.		

Hospital: #7 Can. Stat Harfleur. Date of Admission: 1.1.17.

Transferred 7 Can. Stat. Harfleur Hosp. 16-1-17.

No 4 Conv Depôt Havre Hosp. 5.2.17.

12 C. F. Ambulance Hosp. 5.7.18

Station Hos. Paris. Hosp. 11.7.18

Diagnosis Influenza.

(1) P.U.O.

Later Diagnosis (if changed)

(2) Anti Rabic Treatment not Ad

(3) Dog-Bite Nose Acc. Ho.

Additional Diagnosis: if more than one state present

Debility. a.f.

Base Depot Havre

DISPOSITION

Duty 10-1-17 Date

Disch. 13.2.17

REMARKS

" 11.11.18

B2. 9.1.17 A100

B2. 17-1-17 A106

23-1-17 A110.

13.2.17 A125

21.2.17 A131

11.7.18 A262.1

18.7.18 A268

2-8-18 A281 Ref. to A262 Report Court of inquiry

14-8-18 A291-4 "Dog-Bite Nose Acc."

2-9.18 A308-4

9.9.18 B317

16.10.18 B344 ②

19.11.18 B373-2.

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

8

21421 P

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	2 C. D. Rouen	9-8-18
	11 C.D. Buchy	12.8.18
2.	War H. Bradford	5.9.18
	Woodcote Pk Epsom.	12.10.18
3.		
4.		
5.		
6.		
7.		

4

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	" B. 263a " W. 178	Proceedings on Discharge	" B. 218
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.

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.

21421 P
21-1-3 6

War Service Badge. Class A No. 84626 Issued.

War Service Badge. Class B No. 52766 Issued.

This space to be for numbers.

Proceedings on Discharge.

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

No. 654143

Rank PRIVATE

Surname CLIFFE,

Christian name William

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

Corps (Squadron, Battery or Company) 161st Battalion, C.O.M.F.

Date of discharge APR 1 1919 D090 31/3/19

Place of discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years months.

Height 5 feet 6 inches.

Complexion DARK

Eyes BLUE

Hair BROWN

Trade LABOURER

Intended place of residence (To be given as fully as practicable.) ST. COLUMBAN, ONT.

Descriptive marks

DEFORMITY OF NOSE DUE TO FRACTURE.

Deceased 24-1-59

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.
00M.—5-18.
1772-39-113.

(OVER)

K C C mf 12-11-19 BB
5-3-20

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

(Date) APR 1 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, ON.

(Date) APR 1 1919

(Signature) Lieut. Col.

Commanding District Depot No. 1

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.)

2142 P

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 that the condition is as stated and with the Specialist's report and X-Ray report attached. He is only slightly short of breath. At rest, pulse 72. Respiration 18. After running twice, up and down stairs, pulse 90. Respirations 30. Only slightly short of breath. Returns to 72 and 20 in two minutes.

SECTION 17-Would say, Home service, Canada. He has a slight cough at present. He should materially improve in six months.

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.)	YES
(d) Temporarily unfit.	(Category D) (Yes or No.)	NO
(e) Unfit for service in Categories A, B and C	(Category E) (Yes or No.)	NO

20. It is certified that the invalid

(a) ~~Does not 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.)

Fit for Home service. Canada only.

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.

L. Travers Major CAMC — President.

A. F. Laird Capt. — Members

PLACE London, Ontario.

DATE March 28th, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

DATE

Members

APPROVED BY — G. Brock Capt. CAMC — for Assistant Director of Medical Services.

DATE 29-3-19

APPROVED BY — Director-General of Medical Services.

DATE

2142 P

AM

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, Ontario. DATE 25-3-19

1. 1 (a) Unit No. 1 Dist. Depot (b) Regimental No. 654143 (c) Rank Pte.

(d) Surname CLIFFE (e) Christian name William

(f) Home address St. Columban, Ontario.

(g) Next of Kin Mrs. M. Wood (h) Relationship Aunt.

(i) Address of Next of Kin 51 Needwood St., Manchester, England.

2. Age last birthday 28 Date of birth 2-2-1891

3. Enlistment, or Appointment (if an Officer) (a) Place Seaforth, Ontario. (b) Date 17-12-15

4. Personal description:

(a) Height 5' 6" (b) Weight 128 lbs. (stripped) (c) Complexion Dark.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Deformity of nose, due to fracture before enlistment.

5. Former trade or occupation Labourer.

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 3/12	9

	Periods From	Periods To
Canada	17-12-15 22-2-19	1-11-16 25-3-19
England	1-11-16 4-9-18	28-12-16 22-2-19
France or other theatres of War	28-12-16	4-9-18

7. Original disease, or injury Gas poisoning.

(a) Date of origin 27-10-17 (b) Place of origin Passchendaele.

(c) Cause Service Conditions.

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.)

Slight shortness of breath and cough, after moderate exercise, due to gas poisoning while on active 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-There is a slight harshness of respiration at both bases, posteriorly, with an occasional rub at left base after coughing Pulse 84. After exercise 104. Returns to normal in 2 minutes. Very little shortness of breath noticeable.

SUBJECTIVE-After a walk of about 2 miles he is all in. Is short of breath and perspires very easily. Feels short of breath in ordinary walking around. Coughs considerably, especially in the morning when he gets up.

SPECIALIST'S REPORT. 26-3-19

SYMPTOMS-Cough, expectoration in A.M. AGE-28; TEMP-98; PULSE 90;
HISTORY-Pleurisy, left, dry, 3 years ago, before enlistment.
EXPOSURE-No tuberculosis
EXAMINATION-Chest thin. Expansion is very poor. Breath sounds distant. Broncho vesicular breathing at right apex. Occasional rales over pulmonary roots and lower lobes.
DIAGNOSIS-Bronchitis. No definite signs of clinically active tuberculosis in chest at present.
REMARKS-X-Ray plates. May have old standing arrested lesion in right apex, but no aggravation at present. (Sgd.) D.A. Craig, Capt. CAMC.

X-RAY REPORT.

A flat plate was mde of the chest. The hilus shadows are dense and there is a general bronchial tree thickening throughout. There is no evidence of Tuberculosis. DIAGNOSIS-Mild chronic bronchitis. (Sgd.) H.S. Wismer, Capt. CAMC

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

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

Special Senses NO Respiratory System NO Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

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

Was gassed 27-10-17, but did not report sick. Carried on till 4-7-18 when he was sent out of lines for a dog bite on face. Was given Pasteur treatment. Was very weak at the time. Was invalided to England and was in Hospitals till 11-11-18. Was never troubled with shortness of breath until gassed, 27-10-17. Bothered him all the time, but he never reported sick.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Pleurisy left side, 1913. Did not cause him any trouble after. Influenza 1-1-17 and debility 3-9-18. Recovered.

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

Deformity of nose due to fradture before enlistment.

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

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

NOT APPLICABLE.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months.

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

No. 11 Can. Depot, France, 3 weeks, Pasteur treatment.
War Hospital, Bradford, 5-9-18 to 11-10-18. Military Convalescent Hospital, Epsom, 11-10-18 to 11-11-18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations Service Abroad, not general service.

W. McDonald 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 W. Cliffe 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

W. Cliffe Rank.
Signature of invalid examined.
RT

P. 559

Married or Single: Single

Place of Birth: Manchester, Eng

Name and Address of Next of Kin: None

Relationship of Next of Kin

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ — Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Mentioned in Despatches. "L.G." 30/11/18.	28/10/18.	B.R.13. 21/2/18

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 654143 Rank Pte. Name Cliffe William

If in Permt. Corps What Unit — Unit 16th Bn — Transferred to 38th Batln — Date 20/1/17 — Authority D.O. 13/14 dated 28/12/16

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Seaforth, Ont Lan. — Transferred to — Date — Authority

Date of Attestation 17-12-15 — Transferred to — Date — Authority

Assigned Pay Monthly $20.00 — Date Effective 1-11-16

Payable to Rev. F. P. White, St. Columban, Ont Lan. — Relationship

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)

C1

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C.	Remarks
														19 10	19 10									Bal from Canada							19 10					
Nov 1-30	30	1.00	30 00		30	.10	3 00								33 00			6	16/11/16						14 60			20 00		34 60	17 50					
Dec 1-31	31	1.00	31 00		31	.10	3 10								34 10			37	8/12/16						4 87			20 00		24 87	25 61					Clothing charge Q.M.O.S. #7 Trans to 38th Battn O.O. #31 dated 28/12/16.
1917 Jan 1-20	20	1.00	20 00												20 00	6548	2/1/16							4 87				20 00		24 87	27 48					
			6 10																					4 87	19 47			60	1 12	85 46						
Jan 21/31	11	"	12 10												12 10																34 84					
			101 20											19 10	120 20																					
Feb	28		30 80												30 80					10594 10/1/17 Rd Rouelle						4 36		20		24 36	41 28					
																				11600 20/1/17 Rd Rouelle						6 98										
																				11614 7/2/17 CBD						2 87										
																				2-21 18/1/17 34 Bat Bn						2 61										
																				2-28						2 62										
Mar	31		34 10												34 10													20		33 08	42 30					
Apl	30		33 00												33 00													20		20	55 30					
May	31		34 10												34 10	38	18/4/17							5 23				20		25 23	64 17					
																164	13/5							2 68												
																250	29/5							2 68												
June	30		33 00												33 00	324	3/6							2 68				20		28 04	69 13					
July	31		34 10												34 10	404	20/6							2 68				20		25 36	77 87					
																500	4/7							2 68												
Aug	31		34 10												34 10													20		20	91 97					
Sept	30		33 —												33 —	580	17/7							5 35				20		26 06	88 91					
																684	27/8							5 35												
																820	27/8	907	5/9					2 68	2 68											
			367 40											19 10	386 50									36 98	47 15	17 44		220	1 12	297 59	88 91					

654143. Pte. Cliffe Wm.

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.	Acquittance Rolls 1: Date	Acquittance Rolls 2: No.	Acquittance Rolls 2: Date	Acquittance Rolls 3: No.	Acquittance Rolls 3: Date	Acquittance Rolls 4: No.	Acquittance Rolls 4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	20. Assigned Pay	Other Charges	Total Debits	Balance: Credit	Balance: Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE															DEFERRED		
1917																																			
B/F					~~8891~~													8891																	
Oct.	P.P.				3410		Asst Pay									20																			
							AR. 1007. 23/9. 38th							267				10034																	
					3410									267		20																			
Nov.							A.P.									20																			
	P.P.				33		AR 1120. 2/10. 38th							446																					
							AR 1252 14/10 38th							357				11941																	
Dec	"				3410		A.P.									20		16744																	
					6710									803		40																			
1918																																			
Jan	"				3410		A.P.									20																			
							31465. C.P. 21/12/17							487																					
							AR 1411. 23/11. 38th							1249																					
							" 1482 5/12 "							446																					
							" 1525 7/12 "							535																					
							" FCB 1931. " "							73																					
							" 1331. 7/11 "							446				2888																	
					3410									10663		20																			
Feb							A.P.									20																			
	P.P.				3080		AR 1644. 4/1/18 38th							446																					
							" 1747. 22/1 "							357				3165																	
					3080									8013		20																			
March							A.P.									20																			
	P.P.				3410		AR 1830. 4/2 "							446																					
							" 1902. 20/2 "							357																					
							" 1997. 2/3 "							446				3326																	
					3410									1249		20																			

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1/11/16		EFFECTIVE DATE:–	
AMOUNT:– $20.00		AMOUNT:–	

NAME:– CLIFFE William

NUMBER:– 654143.

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.

Rev. F.P. White
St. Columban, Ont.

Rep. 1/3/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 161st Bn.

DATE ACCOUNT FIRST OPENED:– 1/11/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			38th Bn
	1/4/19		Bon Sec

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
~~8/2/19~~	~~B2835~~	~~Seaford~~	~~24 33~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: To Canada. 1/3/19. B2835. 8/2/19 Seaford. M D 3. A P C. ~~02~~ ~~28 44~~

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 Mch	Bal Fwd								33 96		
Apl.	P.P.	33 –		a.p.				20			
				a.R 61. 5/4/18. 38th	8 92						
		33		" 181. 18/4 "	3 57 / 12 49			20	33 77		
May				a.p.				20			
	P.P.	34 10		a.R 303. 4/5. 38th	4 46						
		34 10		" 474 18/5 "	3 57 / 8 03			20	39 84		
June				a.p.				20			
	P.P.	33		a.R 649. 1/6. "	3 57						
		33		" 784. 15/6 "	4 46 / 8 03			20	44 81		
July				a.p.				20			
	P.P.	34 10		a.R 472. 1/7. ~~38th~~ 72nd Bn	8 92 / 8 92			20	49 99		
Aug	P.P.	34 10 / 34 10		a.p.				20	64 09		
Sept.				Rem 3479. 24/9. "	4 87			20			
	P.P.	33		a.R 13486. 19/8. 11 Conv. Depot	1 78						
		33		" 14182 30/8 "	1 78 / 5 23			20	24 86		
Oct	–	34 10		C.o.p.				20			
				3550 14/10 Epson	4 87 / 4 87				34 09		
		34 19						20	142 59		
Nov	–	33		C.o.p.				20	142 58		
				3809 15/11 Rennie	4 87						
				6217 20/11 "	14 60						
				8058 28/11 "	48 81						
Dec	–	34 10		C.o.p.				20			
				7210 10/12 "	4 87						
	S.F 29/11/18 - 8/1/19 (10 dy) DO 48 17/10/18 ICED	7 30		7295 16/12 ICED	9 73						
Jan	–	34 10		C.o.p.				20		29	
		108 50			82 88			60			

1919 NUMBER 654143 RANK Gtr NAME CLIFF. E. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal fwd								29	/	
Feby	PP	30 80		Cap				20			
				9592 10/1/19 10 PD	4 87						
				10183 28/1/19 ✓	7 30						
				8512 8/2/19 6 Rec	24 33				25 99		
		30 80			36 50 / 36 50			20			
	S.O.S. to Canada 27/2/19 Sl. 12 6 Rec NDI										

W. Hogarth
Checked 14/2/19

10-CL-82 9

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 654143 RANK Rt NAME (IN FULL) CLIFFE William (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS -Nil-

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 161st Bn | IF IN P.F. WHAT UNIT? St. Columban Ont

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 17-12-15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY. $ 20 00 | DATE EFFECTIVE 31-3-19

PAYABLE TO Reg L.P. White | RELATIONSHIP Father | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS St Columban Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED London | DATE 1-4-19 | REASON Medical Unfit | AUTHORITY Dolgo | IF ENTITLED TO POST DISCHARGE PAY

MONTH	1st PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	21-2-19																						20				4 87 20 3		28 42		78 29		78 29		(14)			Our Boat
																																					C.R. March
	1-3-19																																				205 32 79
	31-3-19	31	1 10	34	10		13 60			47 70																			78 29		78 29		30 59				sub fr. 8 3 to 24 3 19 5076
A R Mortimore Maj	1-4-19	1	1 10	1	10		25			36 10							4 54 31-3-19				35		4 54		31-3-19 50				30 59		68 89		29 99				Clothing Allowance

—WAR SERVICE GRATUITY—

183 Days		420				420				70								70		350					April 1 - 666824
										70										280					5/1/19 - 75773
										70										210					1/6/19 687472
																	29 99			180 01					Dr deal as above
										40 01										140					3/7/19 100896
										70										70					113017 1/8/19
										70 00															1/9/19 1162841
		420				420				390 01							29 99		420						
				2	43		2	43												2	43				
										(2 43)	1191924														E-2-43 Adjustment Back Payment chd as 9-23 should have been 7-30 and AP 3317 W-35
		420		2	43	422		43		392 44							29 99		422 43						2-1-20 1191924

Capt

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL 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.	
																																					-1-2