

ATTESTATION PAPER.

No. 1000593

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *McClelland Dick*
- 1a. What are your Christian names?..... *William Arthur*
- 1b. What is your present address?..... *Rapid City, S.D.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Rapid City, S.D.*
- 3. What is the name of your next-of-kin?..... *William Dick*
- 4. What is the address of your next-of-kin?..... *Rapid City*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *Dec: 18 1898*
- 6. What is your Trade or Calling?..... *Clerk*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Arthur Dick*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Feb 4* 1916 *William Arthur Dick* (Signature of Recruit)
Phane (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Feb 4* 1916 *William Arthur Dick* (Signature of Recruit)
Phane (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 *Rapid City* this *4* day of *Feb* 1916

George Blackson (Signature of Justice)

Description of William Arthur Dick on Enlistment.

Apparent Age 18 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 ins.

None

Chest measurement { Girth when fully expanded 35½ ins.
 Range of expansion 32½ ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

Religious denominations { Church of England
 Presbyterian
 Methodist yes
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Feb 4 1916

J. Murray

Place Rapid City

Rapid City

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 Arthur Dick 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.

R. G. ... (Signature of Officer)

Date February 4th 1916.

..... Lt. Col.
 Commanding Recruiting Area B.

REGIMENTAL DOCUMENTS

NAME **DICK WILLIAM ARTHUR**

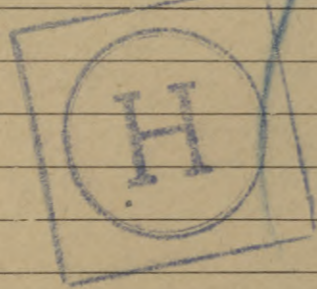
Pte REGT. NO. **10005928**

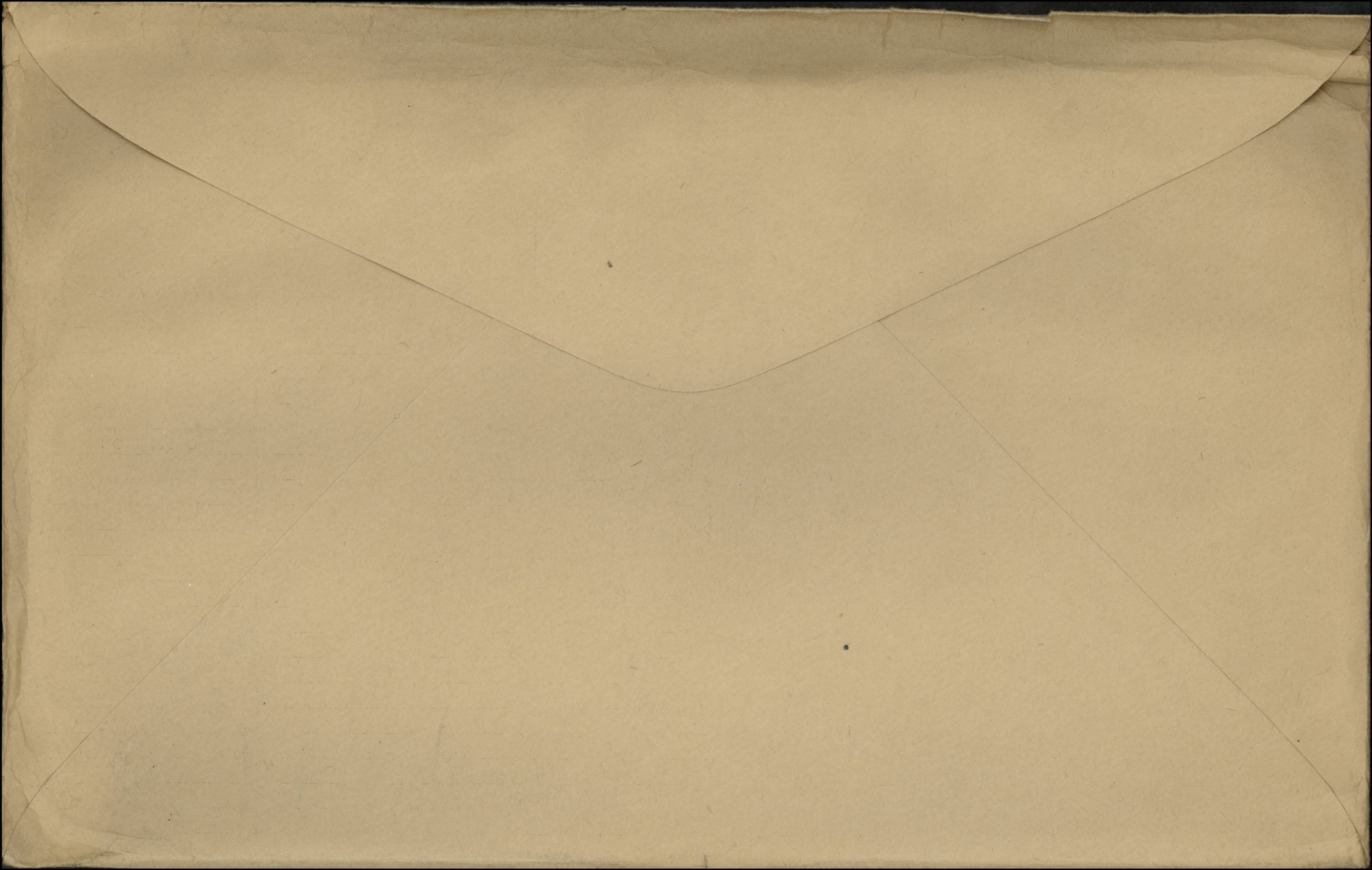
UNIT **226th Inf** H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>The locally unfit</i>
MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>M W 192</i>						
<i>227, 1237</i>						
<i>128, 181</i>						
<i>Paypoint</i>						
					5-26	
					19-29	
					29-29	

15693
D





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.....

226th. OVERSEAS BATTALION C. E. F.

(2) Regimental Number.....

1000593

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

William Arthur Dick

(4) Place of Birth.....

Rapid City, Manitoba

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

No.

(6) If married, state,
(a) Full name of your wife.....

✓

(b) Present Postal Address.....

✓

(7) Are you a widower?.....

No.

(8) Have you any children?.....

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

Also their names and ages.....

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

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

Yes.
William Dick Rapid City, Manitoba

(10) Is your Mother alive?.....

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

Yes.
Ann Dick
Rapid City, Manitoba

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

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.

✓

(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.

✓

(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?.....

If so, in what Company?.....

No.

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.

De Guespre

..... Lieut. Colonel
..... Commanding 226th. Ov. Office Commanding.

Date.....

October 5/16

ORIGINAL MEDICAL HISTORY SHEET.

Surname Dick Christian Name William Arthur

Examined { on Feb day of 1916
at Rapid city
Birthplace { City or Town Rapid city
County Man

Approved by J. Dushumy J. Illubury
Rank Captain M.O. G

Apparent age 18
Trade or occupation clerk
Height 5 Feet 4 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 33 1/2 inches.
Physical development Good
Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>23 APR 1918</u>
		M.O.
		<u>20-4-15 B.L.N</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left yes
Number once
When Vaccinated last 1900
(a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
<u>June 20/16</u>	<u>Pos.</u>	<u>James Dushumy</u>
		M.O.
		M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>July 4/16</u>		<u>James Dushumy</u>
<u>July 17/16</u>		<u>James Dushumy</u>
<u>July 31/16</u>		<u>James Dushumy</u>
		M.O.
		M.O.
		M.O.

Enlisted on 4 day of Feb 1916 at Rapid city Man

Corps.	REG'TL NUMBER.	HABITS.	DATE.
<u>226th Overseas Battalion C.E.F.</u>	<u>1000593</u>		<u>Feb 4/16</u>
<u>14th Reserve BATTN. C.E.F.</u>	<u>45</u>		<u>APR 7 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

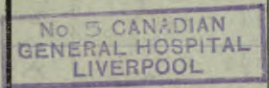
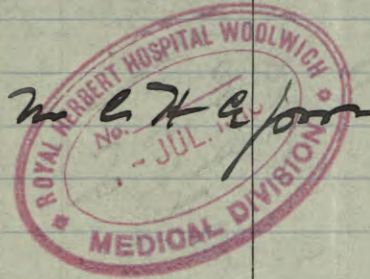
STATION.	DATE.	DISEASE.	RESULT.
<u>Opson</u>	<u>2/19/18</u>	<u>Pleuritis</u>	<u>Fit</u>
<u>M.M.H.</u>	<u>4-4-19</u>	<u>Plurisy of chest</u>	<u>Discharged</u>

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.

CANADIAN

Surname *Sick* Christian Name *William Arthur*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Ho-pital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Camp Hughes</i>	<i>June 7/16</i>									<i>James Dusbury</i>	
		<i>20</i>	<i>4</i>	<i>18</i>	<i>1</i>	<i>9</i>	<i>18</i>	<i>Pleurisy</i>	<i>42</i> <i>(03)</i>	<i>San H Woodcote Park. Epsom.</i> <i>Looks thin and pale</i> <i>Pain in left chest -</i> <i>marked flattening left</i> <i>side with defect in</i> <i>expansion. Diminished</i> <i>S.R. + S.T. Left Base</i> <i>Easily excited. Afternoon</i> <i>physical examination</i> <i>negative</i> <i>Condition improving. Still</i> <i>evidence of thickened pleura</i> <i>Invalided to Canada</i>	<i>P. Mansueto</i> <i>Capt Carne</i>
		<i>1</i>	<i>7</i>	<i>18</i>	<i>11</i>	<i>OCT</i>	<i>1918</i>	<i>do</i>			
		<i>1</i>	<i>1</i>	<i>OCT</i>	<i>1918</i>	<i>3</i>	<i>0</i>	<i>OCT</i>	<i>1918</i>	<i>Pleurisy</i>	
		<i>20</i>	<i>18</i>	<i>10</i>	<i>11</i>	<i>18</i>		<i>do</i>		<i>Condition unchanged.</i>	<i>P. Burns</i> <i>Capt Carne</i> <i>W. Subhouse</i> <i>Capt.</i>



John Number 1000593 Rank Ote

How Surname DICK

Christian Name William Arthur

Units 27th Bu CAN Theatre of War France

Date of Service 31-5-17

Remarks

Latest Address 400

Rapid City

Roll No. B Page 165-96

200m.-2-21.M. Yan

REMARKS:-

RANK

NAME

AGE

SERIAL NO. IN A. AND D. BOOK

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

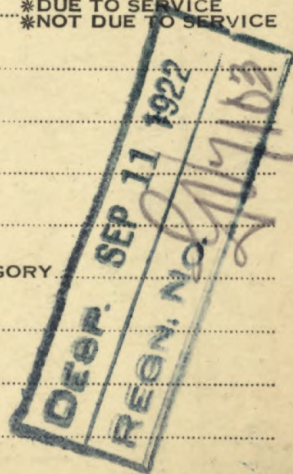
IT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED



H. Q. 649-D-23376

DICK, Wm. Arthur # 1000593 Pte.

M & D father William Dick,
Rapid City, Man.

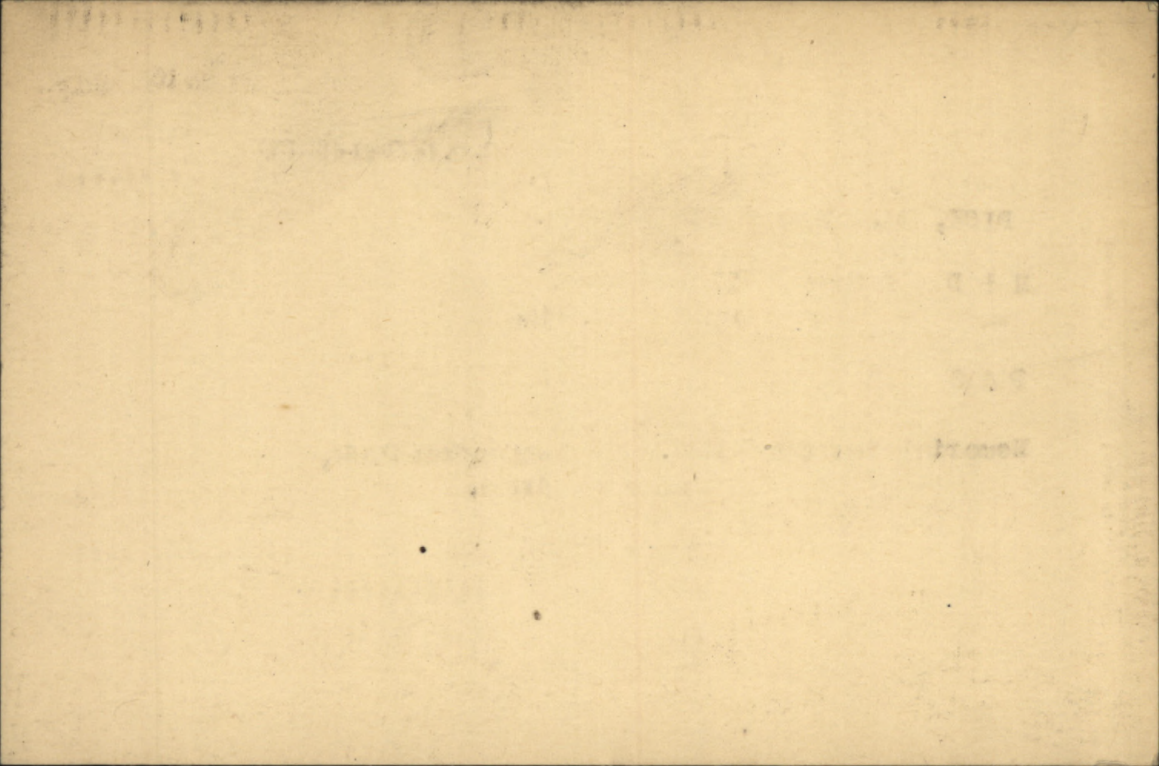
kn

P & S " "

Memorial X-mother Mrs. Mary Carrington Dick,
same as above.

Death attributable to Military
not Service

ms



- William Arthur,

Name *DICK,* Rank *SGT.* Reg. No. *1000593.*

Unit *27th Batt.*

Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918.</i>						
<i>26-3</i>	<i>No 25. G. H. Handlet</i>	<i>Flourin</i>		<i>A177</i>	<i>177</i>	<i>48519</i>
<i>20-4</i>	<i>Royal Herbert</i>	<i>Woolwich</i>	<i>do.</i>	<i>B195</i>		<i>16733</i>
<i>2-6</i>	<i>Phil C. H. Epsom</i>		<i>do.</i>	<i>B256</i>		<i>20715</i>
<i>12-10</i>	<i>No 5 C. G. H. Nicholls</i>		<i>do.</i>	<i>B348</i>		<i>28867</i>
<i>30-10</i>	<i>Inv to Canada</i>		<i>do.</i>	<i>B363</i>		<i>4240</i>

NAME

Dick W. A.

REGT'L. No.

1000593

RANK AND CORPS

Pte 27th Bn

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 177 ²	25 Gen Hardelot	26-3-18	Pleurisy (Man Reg)
B 195 ¹	Royal Herbert Woolwich	20-4-18	" " "
B 256 ²	Artillery Con. Wdette Pk. Epsom	2-6-18	" "
B 348 ⁴	5 Can Gen Kirkdale	12-10-18	Pleurisy
B 363 ⁽¹⁴⁾	Invalided to Canada	30-10-18	Pleurisy

LEDGER NO. 63.

SERIAL NO. E 38370

REG. NUMBER 1000593 NAME Rich, Wm. H.

RANK Pte. CORPS 27 Bn.

AGE 19 SERVICE C 9/12 to 13/12 7 13/12

NAME OF HOSPITAL Manitoba Mil PLACE Winnipeg, Man.

DATE OF ADMISSION 14-11-18

DISEASE Pleurisy

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO 11.4.19. IN CATEGORY.....

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

No. 1000593 RANK

Pte.

NAME

Dick. W. A.

T. O. S.

UNIT

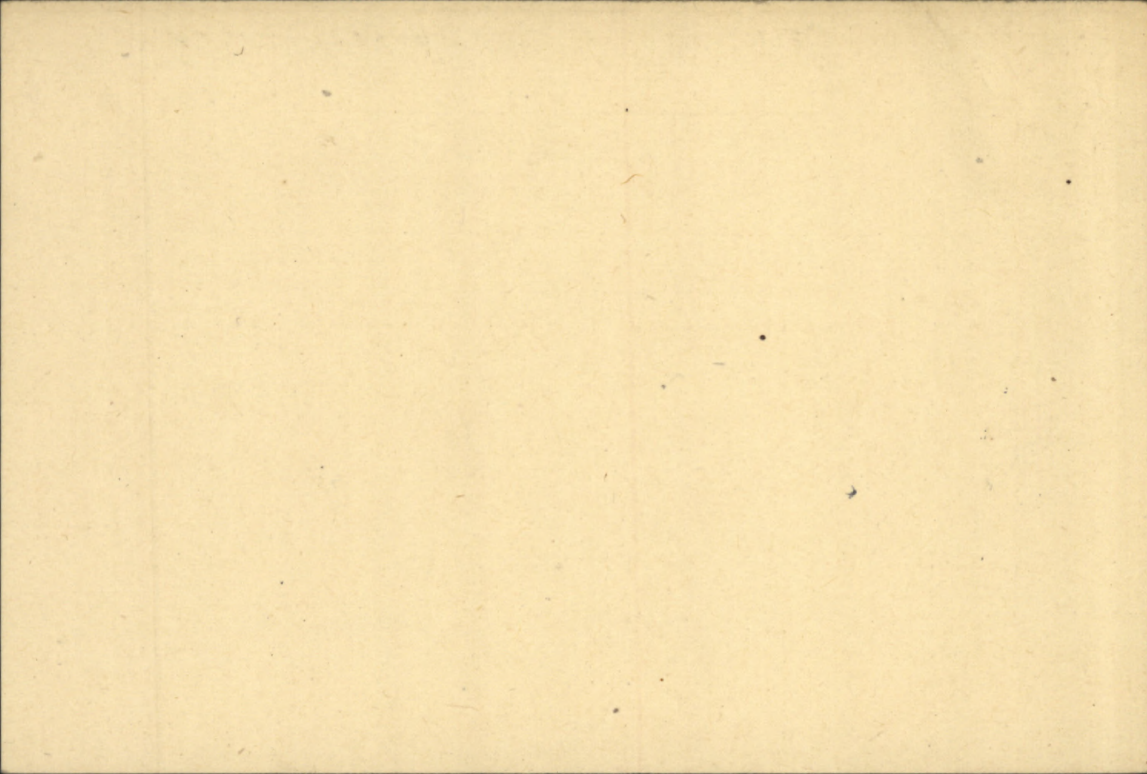
22⁶th. Battalion. C. E. F.
Rapid City Detachment.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Mar. 1.	1916. Mar. 31.	✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug		u.		
Sept		✓	forfeits 13 days pay	kept payroll
Oct		✓		
Nov		✓		
Dec		✓	o/p paylists only	Dec payroll

UNIT SAILED

DEC 15 1916



(CANADIAN DIVISION),
CENTRAL ESCENT HOSPITAL,
WOODCOTE PARK, EPSOM

HOSPITAL.

**A. & D.
CARD**

A. & D. No. PL. OF ACTION

RANK *Pte* REG. NO. *100593* UNIT *24 Can Bn.* SICK OR WOUNDEDNAME *Dick, W.A.* AGE *19* RELIGION *Methodist*

PLACE IN HOSPITAL

DIAGNOSIS *Pleurisy (chron)*ADMITTED *1-7-18* FROM *R. H. Woolwich*

DISCHARGED

TRANSFERRED *5. C. G. Hosp Liverpool.* *11 Oct 1918.*SERVICE AT HOME *2 3/4* IN FIELD *1 yr*

RESULTS

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

REMARKS.

I to C W. E. Guest.
2.7.18. Capt. C. A. W. C.
Gen condition poor Pleurisy with
Effusion 1 Pt of fluid removed
no previous history of lung trouble
V. F & V. R. & Respiratory movements
diminished on left side. Sputum
Exam. No Duty. Heart rate. 140
Rales below clavicle
4.7.18. L. Shoulder droops flattening &
difice. Exp of Lt Chest. Dulness & feeble
C - V. R. & V. F. at base. Palate Pale
a few dry rales expect aul. & base post
if no improvement in October. I to C.
F. G. Finley, Col

SURNAME.

Dick

Died 29-7-20-

649-D-23376

Letter Lck

10.

CARD NO.

S.S. No. 224-10.

CHRISTIAN NAMES

William Arthur

m-u.
FOLL.

Autk: A.D. 109d 1020.

REGL. No.

1000893

RANK

pte.

UNIT

226th

B. 2

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dick William

RELATIONSHIP TO SOLDIER

father

ADDRESS

Rapid City, Man.

COUNTRY OF BIRTH

Canada,

Rapid City Man.

DATE

Dec 18th 1898

PLACE OF ATTESTATION

Rapid City

DATE

Feb 4/1916.

Sailed from Halifax

Board "Olympic"

15-12-16

R/c 10-11-16, 22924.10

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

yes
clerk

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

32 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

fair

EYES

blue

HAIR

dk. brown

DISTINGUISHING MARKS

none

MEDICAL EXAMINATION.

PLACE

Rapid City

DATE

Feb 4/1916

*Name *Wick, Wm Arthur* Rank *Pvt* Regtl. No. *1000 593*
 Original unit *225th* Present unit M. of S. Age *18* Religion *Meth* Fyle Depot Ref. H.Q. *10, S. S. D. 67*
 Port, ship, and date of arrival *Halifax, Nova Scotia 10-11-18*
 Next of kin *Father, Wm Wick, Rapid City, Mon*
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation *clerk* Date and place of enlistment *4-2-16 Rapid City, Mon*
 Diagnosis Date of Medical Boards *#* *pm-01*

Date.	Remarks.	Pt. 2 Order No.
<i>30-10-18</i>	T.O.S. AND POSTED TO <i>Tosh Sect S.O. 212-1587</i>	
	<i>Granted Landing Leave with subs from 14-11-18 to 28-11-18</i>	<i>215-1608</i>
	<i>A.W.L. 10pm 28-12-18 to 10.45pm 7-1-19. Fined 2 Days pay. Forfeits 11 Days pay.</i>	
	<i>P&A.R. 9-58</i>	

Date.

Remarks.

Pt. 2 Order No.

11-4-19.

Trans to Cas Coy.

104-

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Dick

W. A.

1000593.

RANK

UNIT

CO.

TROOP

BATTY.

Pte

HOSPITAL

Maun. 27.

DATE OF ADMISSION

25. Gen Hosp Handel st.

26. 3. 18.

1.

Royal Herbert Woolwich

HOSP. *20. 4. 18*

2.

Woodrow Pk Epsom.

2. 6. 18

5. S. L. Pool

HOSP. *12. 10. 18*

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Pleurisy Rec.

1.

2.

3.

DISPOSITION

DATE

Ch. 2. 4. 18.

9. 17. 18.

REMARKS

23. 4. 18

195

4. 7. 18

256 (2)

18. 10. 18

B 32184

5. 11. 18

363 (4)

Inv. To Canada. 30. 10. 18

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

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

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 226th. OVERSEAS BATTALION C. E. F.

Regimental No. 1000593 Rank Private Name William Arthur Dick
C. E. F.

Enlisted (a) Feb 14/16 Terms of Service (a) War & thereafter Service reckons from (a) Feb 14/16

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

Extended _____ Re-engaged _____ Qualification (b) Clerk

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				
		Embarked Disembarked	Halifax N.S. Liverpool	15/12/16 28/12/16	Am T. 2810
7/4/17	O.C. 226th Battalion	S.O.S. on transfer to 14th Reserve Battalion.	Dibgate Bramshott.	26/3/17	Pt. 2 O. 84.5 Capt. Adjt., for O.C., 226th Battalion.
7/4/17	O.C. 14th Res. Batt.	T.O.S. on transfer from 226th Battalion.	Dibgate	7/4/17	Pt. 2 O. 95.1 Capt. Adjt., 14th Reserve Battalion
31-5-17	O.C. 14th Res. Batt.	S.O.S. on proceeding Overseas to 27th Battn.	Dibgate	31-5-17	Pt. 2 D. C. 147.3 Capt. Adjt., 14th Reserve Battalion, (Man.)

(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.

CERTIFIED CORRECT.
 8 JUL 1917
 CAN. RECORDS LONDON.

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				
1-6-17	C.B.D.	Arrvd. C.B.D.	France	1-26-17	Pt. II O/34 7-6-17
9-6-17	27 Bn.	do. Unit.	Field.	7-6-17	B.213.
19-1-18	"	Granted 14 days leave		12-1-18	" Pt. II O/34 / 28-1-18
2-2-18	"	Returned	27 Bn	28.1.18	"
2.3.18	"	Good Conduct Badge		4.2.18	" Pt 2 of 20 of 18 3/18
26.3.18	25 Gen.	Pleurisy adm 25 Gen		26.3.18	G.329
29.3.18	Army Sch.	To Hospital		26.3.18	B.213
20.4.18	25 Gen	Pleurisy To Eng.		20.4.18	E5620
20.4.18	"	Invt. (Sick) posted to MRD Seaford	"BRIGHTON"	20.4.18	W3083/5265 Pt. II 32 of 65/18
			Major for Lt. Col., A. A. G.		
27418	MRD	Taken on Strength	Seaford	20-4-18	Pt. II O. 117 WR 17-9-18 Lg Landy LEUT: FOR LT: COL: I/C RECORDS C.O.M.F.
T.O.S. No. 10 DISTRICT DEPOT Hospitals Section 30/10/18 D.O. 212 H. E. Patton Rmt of records		PARA 1587		*Discharged 22-4-19,* C. O. 92/107 D. O, 109	
		R B Beckwith Capt		Major	
		Officer Commanding No. 10 District Depot			

CASE HISTORY SHEET.

MAN. MIL. NOS.

TUXEDO, PARK.

No. 1000593 Rank Pfc Name Dick Tom Arthur Age 19
 Unit 27th Completed years of service 0 9/12 0 1/2 7 1/2 } Where and how long
 Date of admission 30-11-18 Date of discharge APR 11 1919
 Diagnosis Pleurisy Place of origin March 26/18 France

CONDITION ON ADMISSION AND PROGRESS OF CASE Admitted to Ward D 30/11/18.

Temp. 97.4 Pulse 76 Resp 18
 Complaint: General weakness and in damp & cold weather of pain in the side at the site of original pleurisy.
 Past History: measles at 7

Present Illness: dates back to latter part of January when he noticed pain in the chest on going to bed after being in the line for 32 days. Had an attack of acute pain on going to bed about once every 2 wks. Sit up for a while and it would pass off. Until March 12/18 he had very sharp pains and reported sick for the 1st time in 2 1/2 yrs. Sent to Base hospital next morning about May 14 aspirated about 3 1/2 ounces. Went to convalescent July 1st and has been in one ever since that time up to Nov 14th when he arrived in MS #18. Experiences pain in left pleura when lifting objects.

Examination: Well nourished body height 5'4" weight 125 lbs. Bronchial breathing throughout upper part of left lung. Slight dullness in the axillary line in the lower third of left lung.
all other systems normal.
7/12/18 condition the same.

FAMILY HISTORY negative

(Tuberculosis, mental or nervous diseases.)
21/12/18. Condition physically improving. Chest improving. Slight pain and shortness of breath on extra exertion.

TREATMENT Ordinary diet. Light gymnasium exercises
 (Especially any specific or special form) and massage.

Impaired resonance & expansion of left lung.
Heart normal. Is feeling fairly well

CONDITION ON DISCHARGE generally
 (and disposal made of case.) nervous. G.U. & special senses
normal

Date..... Franklin H. [unclear]
 Medical Officer i/c case.

30 Jan 19 - Chest very good. Rt chest 4/6 in.
no rales - Gen. Health good. It 15 1/2"
Breathing Exercises to be continued.

7-2-19 - Fauz well nourished. Color fair.

Heart - neg to examination.
Lungs - Some slight flatness on left side of chest.
Expansion poor on same side.
Percussion ~~note~~ - Some loss of resonance in
lower area of left lung - posteriorly - and in axillary
line. No evidence of moisture, or other
adventitious sounds. Wt 130 lbs.

11-2-19 - Easton's Syrup t.d.

26-2-19 - X-Ray Reports Diaphragms are normal in
shape and position. Heart and great vessels
are normal in size, shape & position.

A moderate degree of peribronchial in-
filtration which is more pronounced in the
right upper chest. This may be the result
of a mild tubercular infection. In my opinion
this man should be kept under observation
as a tubercular suspect. J. C. McMillan.

4 Mar 19 - Flatness of chest wall, decreased expansion and
slightly diminished resonance over lower
left chest in axillary line. - Slight
impairment of resonance over upper lobe
G.W.W. ~~Lefts~~ lung anteriorly a crepitant rale or small
whistling crackle may be heard occasionally on
deep breathing.

27 Mar 19 - Areas of diminished resonance as on
the 4th rib. No crepitant rales heard to
day.

JM. Rank Name **DICK, William Arthur.** Reg'l No. **1000593**
 Unit **226th Bn.** If in perm. Corps, } Married or Single **Single.**
 What Unit? }
 Place and Date of Enlistment **Rapid City. 4th Feb 1916.** Place of Birth **Rapid City.**
 Name and Address, Next-of-Kin **William Dick.**
Rapid City, Men. Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. N3 **13737**
 File R.L.
 Category **MUL**

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
C Arrived in England S.S. Olympic 26-Dec-16					
7.4.17	#226 Bn.	Asst. to 14 Res Bn. B. Shott.		7.4.17	Pt II 84 x 14 Res. ^{Pt II} 95. 9.4.17
31-5-17	14 Res.	Asst. to 27 Bn. Overseas. Dilgate		31-5-17	Pt II 147 A.F.B. 103 checked 29.6.17 New
7.6.17	27 th Bn	T.O.S. fr. 14 th Res	Field	1.6.17	324
18.3.18	--	Awarded I.C. Badge	MS	4.2.18	-- 20
6.5.18	--	Invalided Sick & Footed to M.R.D	MS	20.4.18	-- 32
27.4.18	M.R.D.	T.O.S. on footing from 27 th Bn	MS Seafood	20.4.18	Pt II DO 117
5.11.18	27 th Bn	Invalided to Canada	L/Pool	30.10.18	C.L.B 363
9.11.18	M.R.D.	Invalided to Canada	Spd	30.10.18	Pt II 313

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Mrs. Minnie Dick,*
 Address *Rapid City,*
Man.

By Whom Assigned *Dick, W. A.,*

Regtl. No. *1000593.*

Rank *Private.*

Corps *226th Bn.*

Rate *\$ 15.⁰⁰ March 1/17.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 m 5³/17. To Aug 31³/17.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



11-11-14
Hills
3-194

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *Mrs. Minnie Dick.*
 (Assignee)

PAYMENTS.

Name of Soldier *Dick, W. A.*

Pte - 226th Bn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i># 15. Mar 1/17.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>W 54655</i>	<i>15</i>	<i>15-6</i>
April		<i>A 5037</i>	<i>15</i>	<i>15-B</i>
May		<i>P 7341</i>	<i>15</i>	<i>15-7/8</i>
June		<i>J 14500</i>	<i>15</i>	<i>15-Cu</i>
July		<i>L 20801</i>	<i>15</i>	<i>15</i>
Aug.		<i>Z 30199</i>	<i>15</i>	<i>15</i>
Sept.		<i>MCC 237165</i>	<i>15</i>	<i>15</i>
Oct.		<i>N 40890</i>	<i>15</i>	
Nov.		<i>A 37876</i>	<i>15</i>	
Dec.		<i>I 53108</i>	<i>15</i>	
Jan.	1918		<i>150</i>	
Feb.				
March				
April				
May				
June				
July				

CANADIAN
 ASSIGNED PAY AUDITED
OK J. H. Hillman
 AUDIT CLERK
 DATE *6/6/19*

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.				

Hand Sect

FORM OF WILL.

I, William Arthur Dick (Name in full)
Regimental Number 1000593 serving in 226th Battalion
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs W. M. Dick
Rapid City,
Manitoba. } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 2nd day of October A. D. 1916

William Arthur Dick Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of First Witness Stewart Duke

Address of Witness Camp Hughes man

Occupation of Witness Co. M.S. Coy 226th Batt.

Signature of Second Witness William E. Cole

Address of Witness Camp Hughes

Occupation of Witness Orderly Room Clerk

FORM OF WILL

I, _____ (Name in full)
Residential Number _____
of the Canadian Expeditionary Force do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

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

_____ absolutely and my personal estate I bequeath to

Name and Address
of person or
persons to receive
my personal estate
in my will.

This I do on this _____ day of _____ A.D. 191____
at _____
Signature of Soldier

The above form includes any clause necessary in law, to make it valid, and is intended to be used in the presence of witnesses.

signed and acknowledged by the Testator as and for his last Will in the presence
of at least two of the same time, who fill the present of his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness _____
Address of Witness _____
Occupation of Witness _____
Signature of Second Witness _____
Address of Witness _____
Occupation of Witness _____

NO. 10
DISTRICT DEPOT

CANADIAN EXPEDITIONARY FORCE

APR 22 1919

DISCHARGE CERTIFICATE

DISCHARGE SECTION
M.D. 10. WINNIPEG

J. Blues

THIS IS TO CERTIFY that No. *1000593* (Rank) *Pl.*

Name (in full) *William Arthur Dick* enlisted in
the *226th Bn*

CANADIAN EXPEDITIONARY FORCE at *Rapid City* on the *Fourth*
day of *February* 19*16*

HE served in *France & Belgium* *27th Bn* *10 Months 19 days*

and is now discharged from the service by reason of Demobilization *Medically Unfit R.O. 1420 (a)*
Medical Unfitness.

★ *C.O. 92 -1107 D.O. 109* ★

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

Age *21*

Marks or Scars *Nil*

Height *5ft 4in*

Complexion *Fair*

Eyes *Blue*

Hair *D. Brown*

W. A. Dick
Signature of Soldier

J. Blues
Issuing Officer

Date of Discharge

22-4-19

Lieut for
Rank *Major*
Officer Commanding No. 10 District Depot

Date *22nd April* 19*19*

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

DISCHARGE CERTIFICATE

APR 22 1919

DISCHARGE STATION
M.C. 10 - WINDING

THIS IS TO CERTIFY that No. _____

(Rank)

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

on the _____

day of _____

HE served in _____

and is now discharged from the service by reason of _____

* C.O. 92 - 107 P.O. 109

On demobilization, all particulars called for on the back of this certificate will not be completed.

THE DESCRIPTION OF THIS SOLDIER on the DATE follows

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

Rank Major

WAR SERVICE BADGE

Date 165203

1919

CLASS A.B.

N.B. - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it to the postmaster, Ottawa, Canada.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: Dick William Arthur			
EFFECTIVE DATE: 1-3-17		EFFECTIVE DATE: -		NUMBER: 1 000 593			
AMOUNT: 15⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
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.		AUTHORITY			
Mrs. Minnie Dick a.2-m. 27/2/17				DATE EFFECTIVE			
Rapid City, Man.				RANK OR APPOINTMENT			
(Mother)							
Stopped effective 1. 11. 18.							
UNIT AND TRANSFERS							
ORIGINAL UNIT: 226th Bn.							
DATE ACCOUNT FIRST OPENED: 1-1-17							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO			
				27th Bn.			
Do. 117		27-4-18	1-5-18	21-5-18			
				M. R. D. "E"			
				Canada Sec.			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
10 days F.P. 100.60.			13.20				
2 days R.W.			2.20				
7/9/18. 60%			48.67				
Sick pay from 9 to 4/10/18 10 days			7.70				
			6.40				
Part 6 and 5/10 is invalid to Canada 1/18. Epsom 12/11/15 3/10/18. Led bal \$172.95 Lt bal \$116.18							

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance Forward								5965	30	-
April	30 Days P.G.	33	-	Can. a.P.				15	7765	30	-
May	"	34	10	Can. a.P.				15	9675	30	
JUN	"	33		Can.				15	11475	30	
JUL	"	34	10	"				15			
AUG	"	34	10	A.R. 7325 2/7/18 Epsom	973			15	12417	30	
Sept	"	33		Can.				15			
Oct	"	33		" 292 7/8/18 "	187			15	13835		30
Nov	"	33		Can.				15			
Dec	"	34	10	A.R. 484 4-9-18 Epsom	487			15	10281		
	"	33		" 6026 26-9-18 "	5354			15			
	"	34	10	Can.				15			
	Intan. Exp. Pay to 30.9.18 @ 5%	2	57	A.R. P2324 25/10 #5C GR L.P.C.	487				12671		
	Sick pay from 24.9.18 to 10.10.18 BO 285 12/10	4	30	" 1918 15/10 ✓ R.P.C.	97			15	12184		
					944						
Feb	"			Det. 12 days F.P. 8060 1/3/18					1320		
	"			" 2 " R.W. 1/3/18					220		10644

CANADIAN ASSIGNED PAY AUDITED
 DATE 6/6/19
 UNIT CLERK

P. 559
MARRIED OR SINGLE *S*

PLACE OF BIRTH *Rapid City, Man.*
 NAME AND ADDRESS OF NEXT OF KIN *W J Dick*
Rapid City, Man.
 RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Awarded the Good Conduct Badge</i>	<i>4-2-18</i>	<i>B.O. 20-27th B. 18-3-18</i>

ADMISSIONS TO HOSPITAL, &c.

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

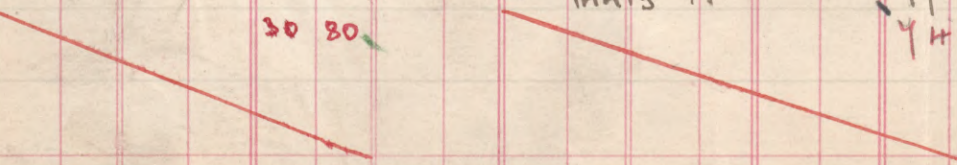
REG'L No. *1000593* RANK *Private* NAME *Dick William Arthur*
 IF IN PERM. CORPS WHAT UNIT *226th. Batt.* TRANSFERRED TO *14th Reg Ont* DATE *31/5/17* AUTHORITY *100-84*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *27/2/17* DATE *1-3-18* AUTHORITY *P 576*
 PLACE OF ATTESTATION *Rapid City, Man.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Feb 4th 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20⁰⁰ 15⁰⁰* DATE EFFECTIVE *March 1/1917* *April 1/1917* (Auth A2M form *Mar 13/17*)
 PAYABLE TO *Mrs. Minnie Dick, Rapid City, Man.* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *April 1/1917* A2M form sent *27/2/17*
 PAYABLE TO *Mrs. Minnie Dick, Rapid City, Man.* RELATIONSHIP *Mother*
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.				NO. OF DAYS	RATE	AMOUNT \$	C.	1	2	3	4				1	2				3	4	CREDIT	DEBIT			
<i>1914</i>																																						
															<i>24 10</i>	<i>24 10</i>											<i>24 10</i>									<i>Balance from Canada</i>		
<i>Jan 1-31</i>	<i>31</i>	<i>1</i>	<i>31 00</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>34 10</i>																							
<i>Feb 1-28</i>	<i>28</i>	<i>1⁰⁰</i>	<i>30 80</i>												<i>30 80</i>																							
<i>Mar 1-31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>34 10</i>												<i>34 10</i>																							
<i>Apr 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33 00</i>												<i>33 00</i>																							
<i>May 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33 00</i>												<i>33 00</i>																							<i>Transferred to 14th Reg Ont effect 31/5/17</i>
<i>May 31</i>	<i>1</i>	<i>1⁰⁰</i>	<i>1 10</i>												<i>1 10</i>																							
<i>June 1-30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33</i>												<i>33</i>																							<i>AP for May omitted by her</i>
<i>July 31</i>	<i>"</i>	<i>"</i>	<i>34 10</i>												<i>34 10</i>																							
<i>Aug 31</i>	<i>"</i>	<i>"</i>	<i>34 10</i>												<i>34 10</i>																							
<i>Sept 30</i>	<i>"</i>	<i>"</i>	<i>33</i>												<i>33</i>																							
			<i>300 30</i>												<i>24 10</i>	<i>324 40</i>																						

CANADIAN
 ASSIGNED PAY AUDITED
 AUDIT CLERK
 DATE *6/6/19*

1000593 Pte. Dick William Arthur

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO. 1	DATE	NO. 2	DATE	NO. 3	DATE	NO. 4	DATE				1	2				3	4
1917																																	
Oct.				34	10	as is						15			105 02		March											65 88					
				34	10										15		March													15			
				33											113 12																		
Nov				34	10										15																		
Dec.															15																		
				33											126 44																		
				67	10										30																		
1918				54	10										15																		
Jan																																	
				34	10										125 02																		
				30	80										15																		
Feb																																	
				30	80										65 88																		



WAR SERVICE BADGE
 CLASS "A.B." NOS. 165203
 47919 ISSUED

This space to be for numbers.

Handwritten initials

Proceedings on Discharge.

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

No.	1000593.
Rank	Private.
Surname	Dick.
Christian name	William Arthur.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	226th th n.
Date of discharge	22-4-19.
Place of discharge	Winnipeg.

MEDICAL DOCUMENTS
 FORWARDED TO
 S. C. R. or P. B. C.
 MAR 6 1919

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 21 years..... months.	Descriptive marks Nil.
Height..... 5 feet..... 4 inches.	
Complexion Fair.	
Eyes Blue.	
Hair D. Brown.	
Trade <i>black</i> Clerk.	
Intended place of residence (To be given as fully as practicable.)	

Rapid City, Man.
Rapid City
Man

Received - 29-7-25
649-D29076
letter SEP-5-25

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

★ C. O. 92 -1107 D. O. 103 ★ *Medically Unfit. R.O. 1420 (a)*

Authority for discharge.....

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
 H. Q. 1772-39-113.

(OVER)

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 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) *Winnipeg* *W. G. Dick* (Signature of Soldier.)

(Date) *14-4-19* *for L. Harrison* (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) *Winnipeg*.....

(Signature) *Edlecock* Major.

(Date) *22-4-19*.....

O.C.No.10 District Depot.

(To be *He*)

Reservations referred to at Para. 8.

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

None *W. A. Pick*

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

(Squadron
ordance with

demands, up
and that I

of Soldier.)

of Witness.)

ward these
o sign, and

charge

's Service.

of Soldier.)

years.....days.

years.....days.

Major.

pot.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged " Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
---	--

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.

20 SEP 1918

1000593

Regt. No.

Rank

Pte

Surname

Dick

Christian Name

William Arthur

Unit or Corps—(a) Overseas from United Kingdom

27th Can Bn

(b) In United Kingdom

11th Regt. Sea Lord

Born at—Town

Rapid City

County or Province

Manitoba

Country

Canada

Date of Birth—Day

18

Month

December

Year

1899

Age

19 yrs

9 months

Joined at

Rapid City, Man

Date

4 Feb 1916

Former Trade or Occupation

Clerk

Permanent marks or peculiarities that will serve for future identification:

Small scar left knee

Height—feet

5

inches

4

Colour of eyes

Blue

Signature of Soldier (for identification purposes)

W. A. Dick

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY. (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a)

CHRONIC PLEURISY

Disabilities Group (b)

N A

Disabilities Group (c)

N A

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury)

	Disease or injury to which the disability is due:	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Active Service Conditions	Vimy	February 1918
(ii.) As to Group (b) above.	na		
(iii.) As to Group (c) above.	na		

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

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

no

If yes, has Active Service aggravated it?

na

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

na

If yes, has Active Service aggravated it?

na

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

na

If yes, has Active Service aggravated it?

na

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

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

yes

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

no

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

na

5. If a cause of disability was an injury received on Active Service, was it received—

712

- (i) While on duty?
- (ii) While off duty?
- (iii) Was a Court of Inquiry held?
- (iv) Where?
- (v) When?
- (vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

States gradual onset of pain in left chest, no previous history. Condition gradually got worse - much aggravation breathing left side cough finally reported post - immediately sent to hospital. Found that of usual medical character - transferred to Epson, 1-7-18.

Notes Woolwich - 78 days - "On admission T. normal p. 72 - lungs slight impaired resonance - left base - 1-5-18 - relapse shivers and rise in temperature, 7-5-18 3 x X clear fluid in thorax. T. 103.8. Signs of pneumonia." Epson. Rung class for 7 weeks - no improvement. 7-8-18. Col. Farley recommends D.Y.C.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Subj. sym. General weakness - loss of weight and color - no energy - appetit. very fair. Pains in left chest worse on deep breathing. Can walk 2-3 miles slowly - and cough frequent - rests then (1 hr).
 Obj. sym. Does not look well, pale and anaemic - muscles soft and flabby - chest marked flattening left side - with defective expansion. Dullness and feeble breath. ^{over Epson} ^{near remission} left base - very few scattered rales. Diminished V.R. and V.L. ^{left base}. Heart 80, steady - no murmurs - regular - but easily excited. - otherwise physical examination negative.

8. OPERATION. (i.) Was one performed?

- (ii.) If so, state what. 712
- (iii.) Was one advised and declined?

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

- 9. (i.) Is there loss or decay of teeth attributable to Active Service? Yes
- (ii.) If so, describe. *five fillings*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? 710
- (b) Fit for base duty? 710
- (c) Invalid to Canada? Yes.
- (d) Discharge from the Service as permanently unfit? 710

18 SEP 1918

Date of Report.....191

Signed *L. Macaulay Capt. R.A.M.C.*
 Officer in medical charge of case.

Station.....*in Epson*

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

A. H. Johnston
 Capt. C.A.M.C. { Officer i/c Hospital } Strike out one of these.

Military Convalescent Hospital, Epson Station, on 20 SEP 1918 191

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pension Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes.**
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? Aggravated? **No**
(b) Misconduct of the Soldier { Caused? Aggravated? **No**

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90% or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/4, 1/2, 3/4, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
(ii.) If not permanent, what is the probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks. **considerable pleural thickening over lower 1/2 of Rft. lung. Rft. chest markedly flattened. Expansion reduced on Rft by over 50%. Expansion at Rt base is from 15 1/2 to 17. Expansion at Lft. base 15 to 15 1/2. No active signs in chest. Patient is of a delicate appearance and his color is slightly hectic. Not fit for army duty.**

19. Recommendation:—(a) Fit for duty?
(b) Fit for base duty?
(c) Invalid to Canada? **Yes.**
(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

G

Date of Board **21/9/18**

Station **Epsom.**

Approved **[Signature]**

Dated at **[Signature]** Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

Signatures of the Board.

[Signatures] President.

A.D.M.S. CANADIANS,
LONDON AREA,
LONDON.

Station

27 SEP 1918

191

Medical History
toes
breathing
lungs
relapses
clear fluid
or -
t. covers
d. cough
les soft
t. defects
very
left base.
only
two.

contrary.

of case.

Strike out one of these.

191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191 *X*

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

X

No

Not recommended

Approved for pension at the rate of \$10 per month from the date of the above mentioned date. The claimant was in the service of the Canadian Expeditionary Force during the war.

Dated at _____ this _____ day of _____ 191

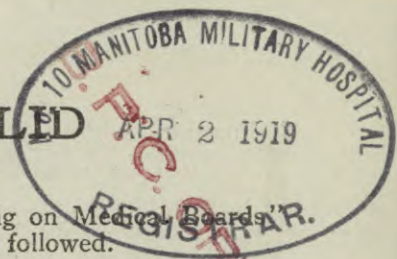
P

Signatures of the Board

President

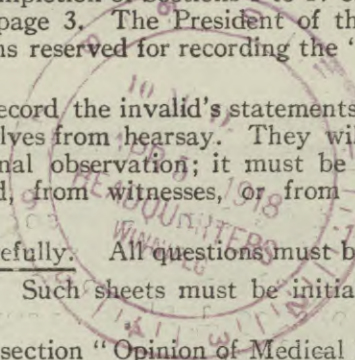
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THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID



INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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. #10 M.D.



D. 1045

STATION Winnipeg, Man. DATE April 4/1919.

1. 1 (a) Unit 10. DD. (b) Regimental No. 1000593 (c) Rank Pte.
 (d) Surname DICK (e) Christian name William Arthur
 (f) Home address Rapid City, Man.
 (g) Next of Kin Mrs. W. Dick (h) Relationship Mother
 (i) Address of Next of Kin Rapid City, Man.

2. Age last birthday 20 Date of birth Dec. 18/1898

3. Enlistment, or Appointment (if an Officer) (a) Place Rapid City, Man. (b) Date Feb 3 3/1916.

4. Personal description:
 (a) Height 5ft. 7in (b) Weight 130 (c) Complexion Fair
 (d) Colour of hair L. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None

5. Former trade or occupation Pupil

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	53

	PERIODS	
	From	To
Canada <u>12 months</u>	Feb. 3/1916	Sept. 3/1916.
England <u>13 months.</u>	Oct. 28/1918.	April 4/1919.
France or other theatres of War <u>12 months.</u>	Sept. 13/1916	May 17/1917.
	May 25/1918	Oct. 28/1918
	May 20/1917	May 25/1918

7. Original disease, or injury PLEURISY LEFT CHEST.

(a) Date of origin March 28/1918. (b) Place of origin Arras Front.
 (c) Cause Not definitely known



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.)

1. MODERATE GENERAL WEAKNESS.

2. NECESSITY FOR REST FOR THERAPEUTIC REASONS.

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.)

2. Right lung - Resonance good throughout. No adventitious sounds excepting an occasional mucous rale in bronchial area in front. These clear up completely on coughing. Shoulder strap area of resonance $1\frac{1}{2}$ ". Excursion at base $3\frac{1}{2}$ ". Expansion upper right $16\frac{1}{2}$ " - $17\frac{1}{2}$ ". Expansion lower right $15\frac{1}{2}$ " - $17\frac{1}{4}$ ".
 Left lung - Resonance impaired throughout, particularly towards base. Shoulder strap area of resonance, a line. Excursion at base $1\frac{3}{4}$ ". Expansion upper left $15\frac{7}{8}$ " - $16\frac{1}{4}$ ". Expansion lower left $15\frac{1}{8}$ " - $15\frac{3}{4}$ ".
 There is increased whispering pectoriloquy and increased vocal resonance at point 2" in diameter at inner part of lower spinus fossa of left side. No rales heard in left lung.
 Specialist's reports and X-Ray attached.

1. Can walk one hour at moderate pace, when he tires.

(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 Genito-Urinary System..... NO
 (If pulse rate is abnormal, B. P. will be taken.) (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 ailing for some time previous to first admission, but on reporting to M.O. was told there was nothing wrong. Admitted to hospital March 28/1918, in France - pleurisy. Admitted to Woolwich hospital 20th April 1918. Diagnosed Pleurisy-left. 20 oz. clear fluid withdrawn. Report says "Signs of Pneumo-thorax #5 Can. Gen. Hospital, 11th Oct. 1918. Neura- Invalided to Canada with physical signs and symptoms of Pleural thickening, weakness and debility. Tuxedo Park, Winnipeg, Nov. 30/1918, since when he has increased his weight by six pounds, and is generally improved in health.

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).)

Measles and mumps childhood - no dates given.
No other illness in army.

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

None

11. (a) Did the disabling condition have its origin before enlistment? 1.2. 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.)

1.2. Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1.2. (a) No. No. (b) No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1.2. Minimum period of six months.

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

Hospital England 2 1/2 - aspiration and exercise.
Hospitals here - 4 months - Rest, Diet, breathing exercises, tonic.

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? (If not, briefly state why) No - Requires rest for Therapeutic reasons.

17. Recommendations That he be discharged as physically unfit for service, and that he be recommended to the S.C.R. for observation.

H. McPhail

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. A. Dick* 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 W. A. Dick Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

Sec. 9(a) No cough, no expectoration. Has walked around town for about one hour, and has felt no ill effects. Has walked 1/2 mile at one time and felt no ill effects. Is back to his original weight on enlistment.

19. Is the invalid 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 invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control. (Strike out condition not applicable.)

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

As medically unfit, and kept under observation by the S.C.R.

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.

PLACE Winnipeg, Man. M.D.#10

DATE April 4/1919.

Handwritten signatures of the President and Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President. PLACE... DATE... Members

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services. DATE APR 7 1919 DATE

DENTAL HISTORY SHEET

10

DISTRICT

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER

Alcega W.A.

REGIMENT

27th

RANK

Pte

No.

100093

0-39



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>July 9</i>	<i>1919</i>										<i>119</i>								<i>J. Dowling</i>		<i>Can-30.258,1499</i>	
	<i>9</i>									<i>5</i> <i>78899</i>											<i>10</i>	

INSTRUCTIONS

- 1. On examination the condition of patient's mouth to be marked on observations on this
- 2. On first line of report record of same to be made in red ink. On each entry to be made on this sheet as well show:

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

STAFF

OPERATOR

DENTIST

DENTIST

1. 2. 3. 4. 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. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

No. 1000543 Name Dick, Wm Arthur Sqn., Batty., or Company } D. Corps 14th Res. Batta. C.E.F. Date of enlistment } Feb. 4/16 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. One Signature O.C. Company, etc. } Character }
 Wm Arthur } Captain

| Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | Remarks |
|-------|-----------------|------|----------------------|--|--------------------|------------------------|---|--|----------------------------|
| | | | | Transferred to 14th Res Batta | Res Bm. | 7/4/17 | | Wm Arthur
Adjutant 226th Overseas Battalion C. E. F. | |
| Field | 27/1/18 | Pvt | | When on active service absent without leave from 5 P.M. 27/1/18 to 5 P.M. 28/1/18 (24 hours) | Drummers | 12 days
N.O.I. F.P. | 25/2/18 | Wm Arthur
Capt. & Adj. 14th Res. Batta. C.E.F.
Lt Col. P.J. Daly | Infected 3 days per A.S.G. |
| | | | | To England Sick 24/4/18 | | | | | |

Army Form B. 122

| Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | Remarks |
|-----------------------------|-----------------|------|----------------------|---|--------------------|--------------------|---|-------------------------|---------------------------------|
| Manit. Mil Hosp
Winnipeg | 28-7-18 | Pte | | AWH from 10.00pm 28-12-18
to 10.15am 7-1-19. | Cpl P. Ward | admonished | 7-1-19 | J. J. Frase
Lt. Col. | forfeit 11 days pay
P. A. R. |
| | | | | | | | | | |
| | | | | | | | | | |
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Army Form B. 155

Man. Mil. Hospital,
Tuxedo Park,
March 5, 1919.

#1000593. Pte. DICK. William Arthur,
226-27-10, D.D.

Report.

Sputum Analysis.

Negative T. B.

CERTIFIED.

F.T.C.

Signed. F. T. Cadham. Major.

MEMBERS.

The.....having assembled pursuant to order, proceed to

Man. Mil. Hospital,
Tuxedo Park,
26-2-19.

#1000893. Pte. DICK, William Arthur,
226-27-10 D. D.

Xray of chest.

Report.

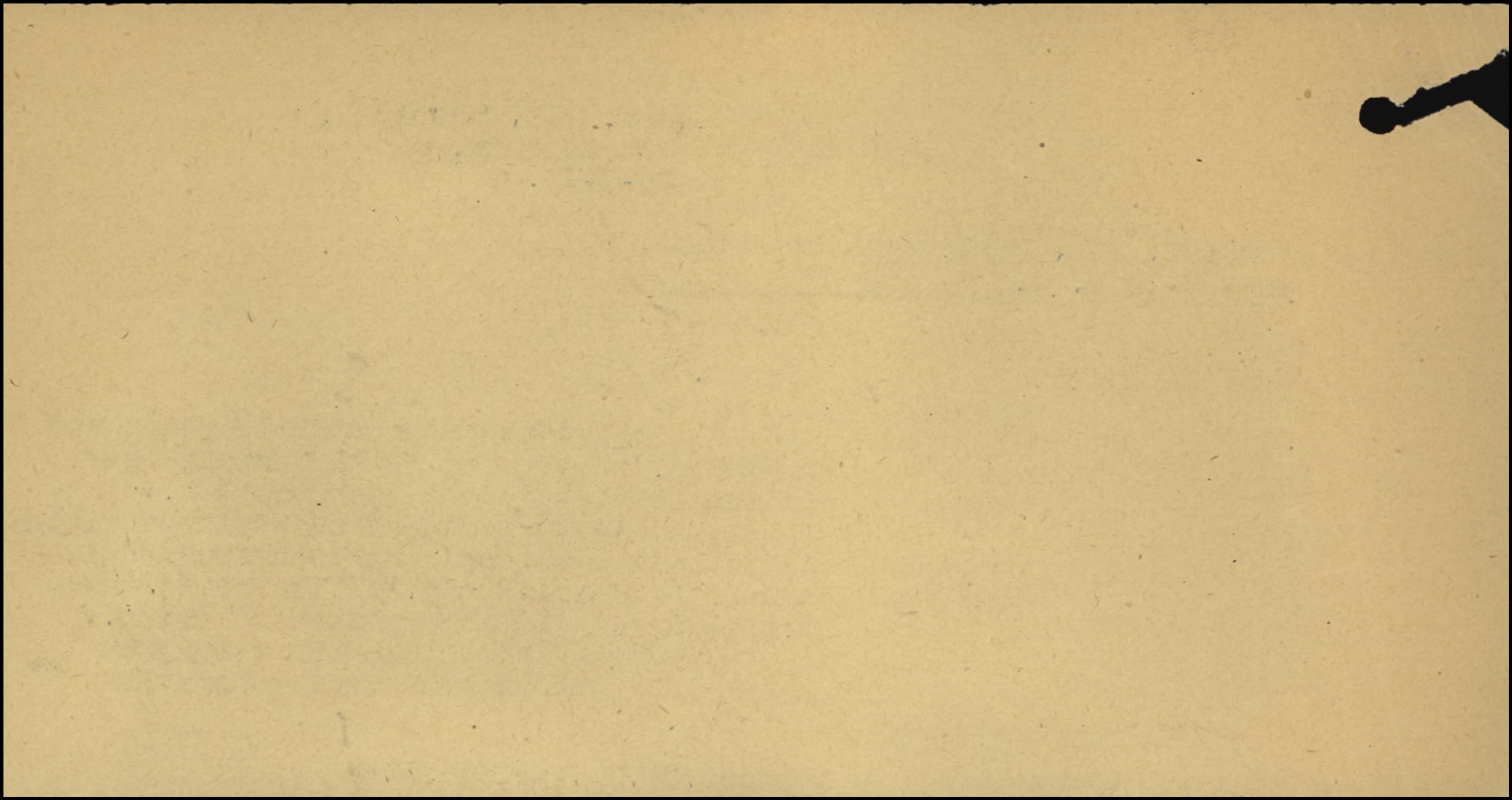
Diaphragms are normal in shape and position. Heart and great vessels are normal in size, shape and position.

A moderate degree of peribronchial infiltration which is more pronounced in the right upper chest. This may be the result of a mild tubercular infection.

In my opinion this man should be kept under observation as a tubercular suspect.

Signed, J. C. McMillan.

J.C.M.
CERTIFIED D.



Nav. Mil. Hospital,
Tuxedo Park,
March 27, 1919.

#1000693. Pte. DICK, W. A.,
226-27-10 D. D.

Report.

Examination of lungs.

Chest wall--Left side well developed.

Right side symmetrically contracted.

Expansion:--(1) two inches above nipple line.

| | left side. | right side. | whole chest |
|-------------|------------|-------------|-------------|
| Expansion | 15 7/8 | 16 1/2 " | 32 1/2 " |
| Inspiration | 16 3/4 " | 17 1/2 " | 33 1/2 " |

Expansion:--(2) two inches below nipple line.

| | left side | right side | whole chest |
|-------------|-----------|------------|-------------|
| Expansion | 15 1/8" | 15 1/2 " | 30 1/2 " |
| Inspiration | 15 5/8 " | 17 1/4 " | 33 " |

Resonance over whole left lung relatively diminished as compared with right lung. Resonance over right lung normal.

Vesicular murmur in right lung normal. In left lung diminished in all parts but not abnormal for the condition of thickened pleura present. Vocal fremitus diminished on left side. Whispering pectoriloquy found only at one point just above the tip of the scapula three inches to the left of middle line.

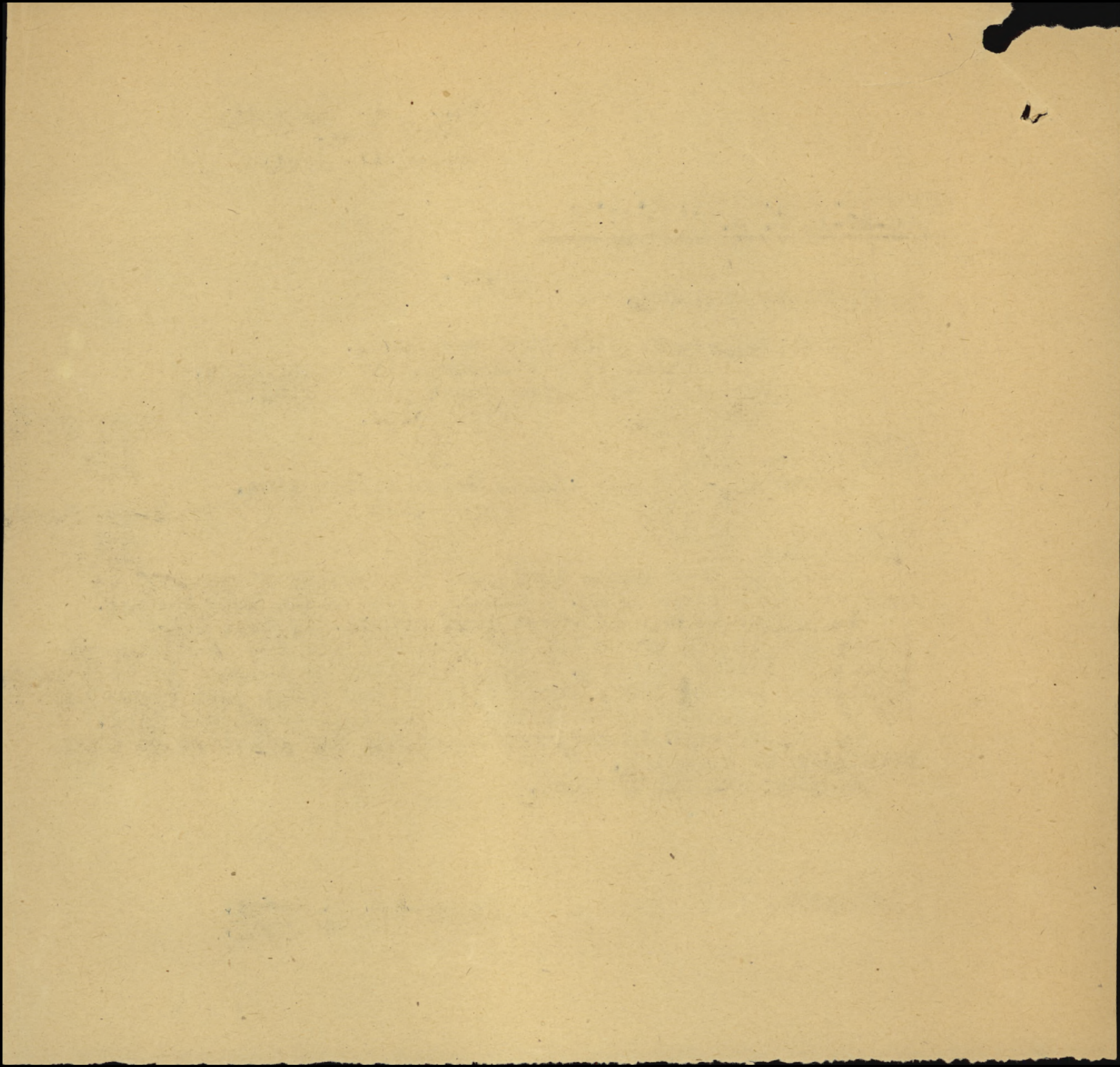
No rales heard in ordinary breathing nor elicited on deep breathing or coughing.

No friction rub present.

CERTIFIED.

Signed, H. W. Wadge,
Major CASC.

H.S.



DENTAL CERTIFICATE

10

| | | | |
|----------------------|--|---|---|
| Number
1000593 | Name
Dick W.A. | Unit
27th | |
| Date of
[unclear] | Present dental
condition

<i>five</i> | In case of loss or
decay of teeth, is
the loss due to
wounds, injury, or dis-
ease directly attribut-
ed to Active Service ?

<i>yes</i> | Has he ever
declined
Dental
treatment ?

<i>no</i>
Recomm-
end-
ation.
<i>filling
 @public
 expense</i>

<i>[Signature]</i>
.....
Captain, C. A. D. C. |



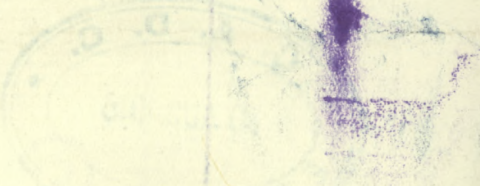
DEPARTMENT OF JUSTICE

Bip

Has the
loss of
control
of the
vessel
been
caused
by
negligence
of the
master
or crew
or
has the
loss
been
caused
by
the
perils
of
sea?

In case of loss of
control of vessel, is
the loss due to
wreck, injury, or dis-
ease directly arising
or to active service?

Date of
accident
and
conditions



REMEDIAL TREATMENT GYMNASIUM,

Leave this
Blank.

6 Military Convalescent Hospital, Epsom.

Regt. No. 1000593 Rank Plt Name DICK WA
Unit 27 Cav Age 29 Adm. 8-7-18
Division A Hut 10 Date of Disch. 26-8-18

DISABILITY.

Date.

26 Mar
1918

Pleurisy

CLASS.

Lung ✓

Hours of
Attendance,
a.m. 9⁰⁰
p.m. 3³⁰

MACHINES.

REMARKS.

Pain left chest -
measures steady cardiac

Leave this
Blank.

PROGRESS, Notes.

15/7/18. Co. Does

not look well.

22-7-18 Co. Does not look strong

29/7/18. Co. board

7/8/18. Co. tachy cardia

12/8/18. I.T.C. C-O.

19/8/18. Co. awaiting disposal

DISPOSITION.

I.T.C.

Harry G. Goff

Capt.

Officer i/c Gymnasium.

ST
MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|---|-------|--------------------------------|-----------------|
| | 100593 | AC | Dick | Wm |
| Year | Unit. | Age. | Service. | |
| | 27 th Canadian | 19 | 2 ³ / ₁₂ | |
| Station and Date. | Disease | | | |
| Rtt. Hosp.
Woolwich.
20.4.18. | Pleurisy. (L.) | | | |
| | Admitted Superior, from pain in chest - (left side) | | | |
| | Pt. has serious illness. | | | |
| | HPC. first had pain in the left side 26.3.18. worse in breathing, slight cough. Admitted hospital in France. Diagnosed Pleurisy. Had moderate fever (99° - 100°) for 13.4.18. Transferred to Rtt Hosp. 20.4.18. | | | |
| | Condition on admission. Temp normal - Pulse 72. Pt. complains of slight pain in left side. Tongue clean. Heart normal. Lungs. Slight impairment of note over left lower lobe behind & forward to ant. axillary line. No friction heard. | | | |
| | A. B. B. C. | | | |
| 2.5.18. | Pt. has been progressing well until 1.5.18. Temp. rose to 99.4 last night. Pain in left side returned & cough. Had shivers. Temp. this morning 101°. Lungs. Signs of pleural effusion left side. reaching up to within 1 in of V of scapula behind. Area to be painted with Iodine. A. B. B. C. | | | |

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

Station
and Date.

7.5.18.

Fluid in chest not diminishing.

Temp: still rising to 102° or over every evening.

Withdrawn $\frac{3}{4}$ of fluid from chest.

The fluid was clear.

8.5.18.

Signs of Pneumothorax

Patient's breath, rather more rapid.

Temp: rose to 103.8 .

9.5.18.

Pt: better again.

Breathing: less rapid & easier.

Signs of Pneumothorax less pronounced.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D 4120

March 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|----|--|--|--|
| 15 | | | |
|----|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. 1000593
 Rank Pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name W. A. Dick
 Battalion 226th Bn
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name Mrs Minnie Dick
 Address Rapid City, Man
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|--------|------------|------------|------------|-------|---------|
| 1917 | | | | | |
| Dec 31 | | | 150 | 150 | |
| Jan | W 66026 | | 15 | 15 | M |
| Feb | E 95586 | | 15 | 15 | M |
| Mar | A 124687 | | 15 | 15 | M |
| Apr | B 6993 | | 15 | 15 | M |
| May | D 15856 | | 15 | 15 | C |
| June | I 26911 | | 15 | 15 | C |
| July | Q 31603 | | 15 | 15 | C |
| Aug | F 40900 | | 15 | 15 | C |
| Sept | V 43973 | | 15 | 15 | C |
| Oct | Q 53020 | | 15 | 15 | R |
| Nov | 261093 | | 15 | 15 | S |
| Dec | 164926 | | 15 | 15 | a |

open 30-11-18
 A/c closed Neutral
 Ret'd per Neutral
 Date 3/11/18 F.X. 12/1/18
 Clerk J. J. J.

account closed 31-12-18
 JA 9/12/18

**CANADIAN
 ASSIGNED PAY AUDITED**
OK J. J. J.
 AUDIT CLERK
 6/6/19



M. F. W. 128
 4003-6-17-1772-39-141
 L. L. 22320-M. & D. 7433.

no 53716

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Table with 4 empty columns for separation allowance rate.

RATE OF ASSIGNMENT

Table with 4 empty columns for assignment rate.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

Fields for separation allowance details: No., Rank, Promoted, Reverted, Discharge, Soldier's Name, Battalion, Beneficiary, Relationship, Address.

Fields for assignment details: Name, Address, Change of Address, 1, 2, 3, 4.

Main ledger table with columns: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS.

M. F. W. 128 400M. 6-17-1772-33-1141 L. L. 22320-M. & D. 1983.

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

REGT. No. 1000593 RANK *Pte* NAME (IN FULL) *Dick W.A.*
IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

| | | | | | | | | | | |
|----------|-------------------------------|--------------|-------------|----------------|-----------|----------------------|---|----------------|-----------------------------------|----------------|
| W. OR S. | NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY | ORIGINAL UNIT C.E.F. | PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY |
| | ADDRESS | | | | | 226 | | | | |
| | | | | | | | | | | |
| | IS SEPARATION ALLOWANCE PAID? | <i>nil</i> | | DATE EFFECTIVE | | | DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY |
| | | | | | | | <i>4.2.16.</i> | | | |
| | TO WHOM PAID | RELATIONSHIP | | | | | ASSIGNED PAY \$ | DATE EFFECTIVE | | |
| | | | | | | | <i>1500</i> | <i>7/11/19</i> | | |
| | ADDRESS | | | | | | PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS | |
| | | | | | | | <i>Mrs Minnie Dick</i> | | | |
| | | | | | | | ADDRESS | | | |
| | | | | | | | <i>Rapid City</i> | | | |
| | | | | | | | | | | |
| | | | | | | | STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE | | |
| | | | | | | | DISCHARGED | PLACE DATE | REASON | AUTHORITY |
| | | | | | | | <i>M.D 10</i> | <i>22/4/19</i> | <i>M.V.</i> | <i>D.O 109</i> |

22

BALANCE FROM PREVIOUS ACCOUNT

| 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 |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| <i>1/31</i> | <i>31</i> | <i>110</i> | <i>34 10</i> | | | | <i>34 10</i> | | | | | | | | | | <i>Bal Nil for pay on 4/1/19.</i> | |
| <i>1/2-28</i> | <i>28</i> | <i>110</i> | <i>30 80</i> | | | | <i>119 60</i> | <i>119 60</i> | <i>4 80</i> | <i>15 -</i> | | <i>14 30</i> | <i>31/1</i> | <i>34 10</i> | | | <i>Keep Sec</i> | |
| <i>1/3</i> | <i>31</i> | <i>110</i> | <i>34 10</i> | | | | <i>189 47</i> | <i>189 48</i> | <i>15 80</i> | <i>15 -</i> | | | <i>24/2</i> | <i>30 80</i> | | | | |
| <i>1/4 to 29/4</i> | <i>22</i> | | <i>24 20</i> | <i>35 -</i> | | | <i>265 38</i> | <i>265 39</i> | <i>19 10</i> | <i>15 -</i> | | | | <i>34 10</i> | | | <i>Carlo 1/4/19 50.104</i> | |
| | | | | | | | <i>19</i> | <i>19</i> | <i>49 20</i> | <i>10 -</i> | | | | <i>59 20</i> | | | <i>6/35 xx G.B. D.O 109</i> | |
| | | | <i>123 20</i> | <i>35 -</i> | | | <i>158 20</i> | | <i>88 90</i> | <i>55 -</i> | | <i>14 30</i> | | <i>158 20</i> | | | | |
| <i>April 22</i> | <i>183</i> | | | | | | <i>420</i> | | | | | | | | | | <i>1st paymt. to P.G.</i> | |
| <i>May 20</i> | | | | | | | | | | | | | | | | | <i>70 00</i> | |
| <i>June 19</i> | | | | | | | | | | | | | | | | | <i>70 30</i> | |
| <i>July 19</i> | | | | | | | | | | | | | | | | | <i>70 40</i> | |
| | | | | | | | | | | | | | | | | | <i>70 50</i> | |
| | | | | | | | | | | | | | | | | | <i>70 Final</i> | |
| | | | | | | | <i>H20</i> | | <i>H20</i> | | | | | <i>H20</i> | | | | |
| <i>acc closed</i> | | | | | | | | | | | | | | | | | | |

AUDITED
SEP 15 1919
10

CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____

Rank and Name _____ *Deck* _____

Age _____

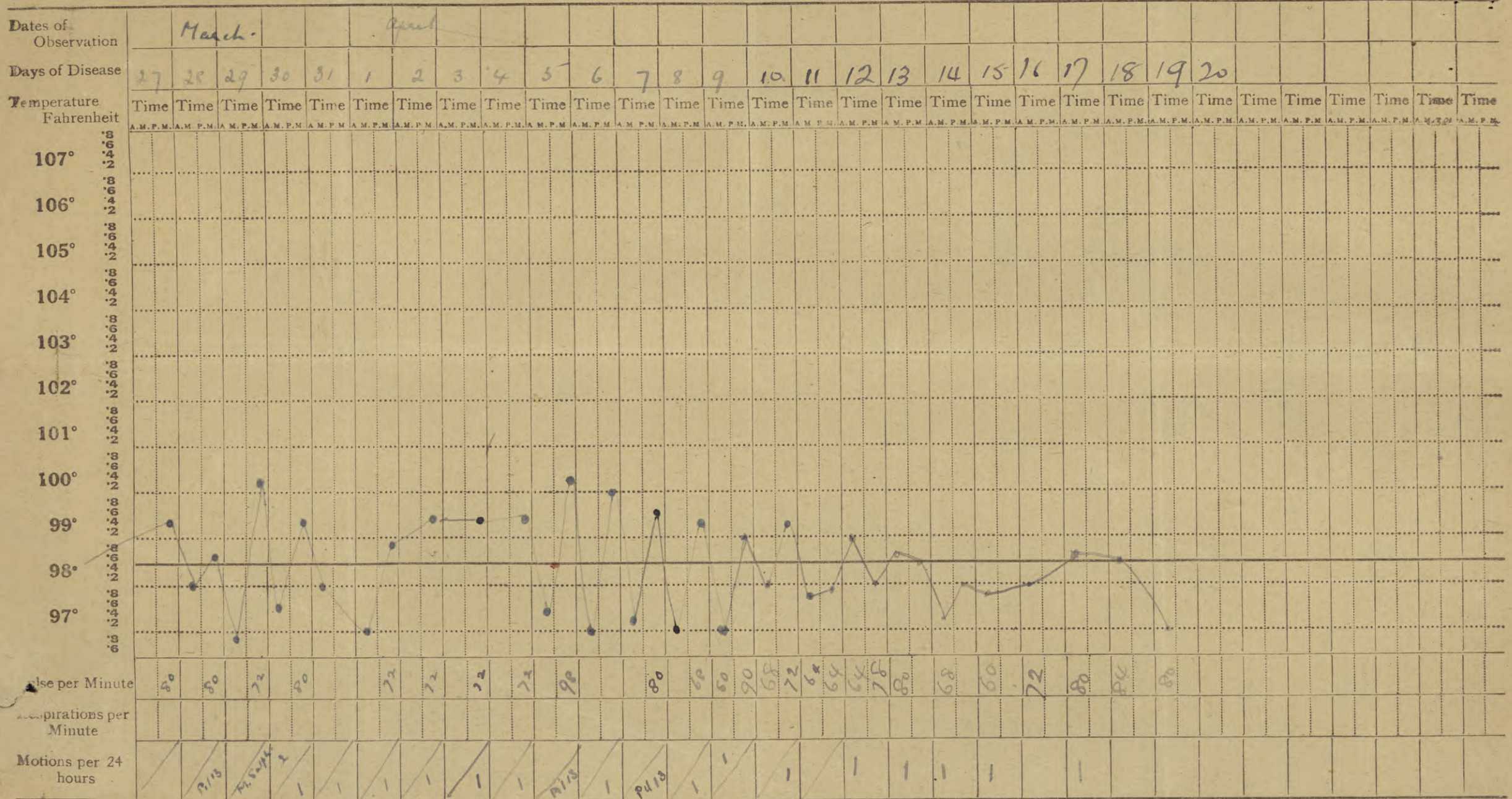
Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____



Signature _____

In charge of case.

MEDICAL CASE SHEET.*

1-A

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|---|-------|--------------------------------|-----------------|
| | 100593 | Pte | Dick | W. R. |
| Year | Unit. | Age. | Service. | |
| 1918 | 27 Car Bn | 19 | 2 ³ / ₁₂ | |
| Station and Date. | Disease | | | |
| 2 JUL 1918 | <p>phurisy.</p> <p>General condition: poor</p> <p>phurisy with effusion</p> <p>1 pt. of fluid removed.</p> <p>No previous history of lung trouble. V.F. & V.R. respiratory movements diminished on left-side. Sputum examination no duty. Heart rate 140. Rales below clavicle</p> <p>4-7-18 Col Finley Records R & for chest if no improvement I to C</p> <p>15-7-18 Co</p> <p>27.7.18 Co</p> <p>29.7.18 Camp Co</p> <p>7-8-18 Co</p> <p>4.8.18. Flattening & defective expansion L chest with dulness & dull breathing at base. As pale & rather thin - I to C. H. P. Finley Col.</p> | | | |
| S. Carr Gen Hosp. Liverpool 16/10/18 | <p>Diminished expansion, diminished T.F. and diminished breath sounds at left base. Anaemic. No cough.</p> | | | |

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

