

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... Doige ✓

2. Christian name..... William Oliver ✓

3. Present address..... Lamont, Alta. ✓

4. Military Service Act letter and number..... 372997 MC ✓

5. Date of birth..... August 11th, 1896 ✓

6. Place of birth..... Sundridge, Ontario. ✓
(town, township or county and country)

7. Married, widower or single..... Single ✓

8. Religion..... Presbyterian. ✓

9. Trade or calling..... Farmer ✓

10. Name of next-of-kin..... Mrs. Clara Doige ✓

11. Relationship of next-of-kin..... Mother ✓

12. Address of next-of-kin..... Lamont, Alta. ✓

13. Whether at present a member of the Active Militia..... Nil ✓

14. Particulars of previous military or naval service, if any..... Nil ✓

15. Medical Examination under Military Service Act:—
(a) Place..... Calgary, Alta. ✓ (b) Date..... 27-5-18 ✓ (c) Category..... "A2" ✓

DECLARATION OF RECRUIT

I, William Oliver Doige, do solemnly declare that the above particulars refer to me, and are true.

William Oliver Doige (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs..... 9 mths. } Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height..... 5 ft..... 4 ins. }

Chest measurement } fully expanded..... 31 ins. }
range of expansion..... 3 ins. }

Complexion..... Tanned }
Eyes..... Blue-green }
Hair..... Brown }
Scar on finger left hand.

Page 1

Pann Lt. Col.
Commanding 1st Depot Batt n, Alta. Reg't
O. C. Depot Btl.
Regt.

Place..... Calgary, Alta. ✓ Date..... 27-5-18 ✓

PARTICULARS OF RECRUITS
GRAFTED UNDER MILITARY SERVICE ACT 1917

(Class)

1. Name	
2. Christian name	
3. Date of birth	
4. Military service before and after	
5. Date of entry	
6. Rank on entry	
7. Present rank	
8. Regiment	
9. Service in other	
10. Name of next of kin	
11. Rank of next of kin	
12. Address of next of kin	
13. Whether present member of the Active Militia	
14. Particulars of previous military or naval service	
15. Special Examination under Military Service Act	
16. Remarks	

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

Signature of Recruit

DESCRIPTION ON CALLING UP

1. Height	
2. Weight	
3. Complexion	
4. Hair	
5. Eyes	
6. Build	
7. Stature	
8. Gait	
9. Voice	
10. General appearance	
11. Particulars of physical condition	
12. Particulars of mental condition	
13. Particulars of moral condition	
14. Particulars of social condition	
15. Particulars of domestic life	
16. Particulars of habits	
17. Particulars of character	
18. Particulars of conduct	
19. Particulars of industry	
20. Particulars of intelligence	
21. Particulars of skill	
22. Particulars of aptitude	
23. Particulars of capacity	
24. Particulars of endurance	
25. Particulars of strength	
26. Particulars of speed	
27. Particulars of agility	
28. Particulars of dexterity	
29. Particulars of accuracy	
30. Particulars of precision	
31. Particulars of neatness	
32. Particulars of cleanliness	
33. Particulars of order	
34. Particulars of tidiness	
35. Particulars of decency	
36. Particulars of respectability	
37. Particulars of respectability	
38. Particulars of respectability	
39. Particulars of respectability	
40. Particulars of respectability	

Depot Bill
Regt.

NAME *DOIG E. WM. OLIVER. (R)* REGT. NO. *3212313* UNIT *21st Bn* H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 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)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

6 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Ship cut

0000009

D.M.S. 1394



19486

DEATH

Category

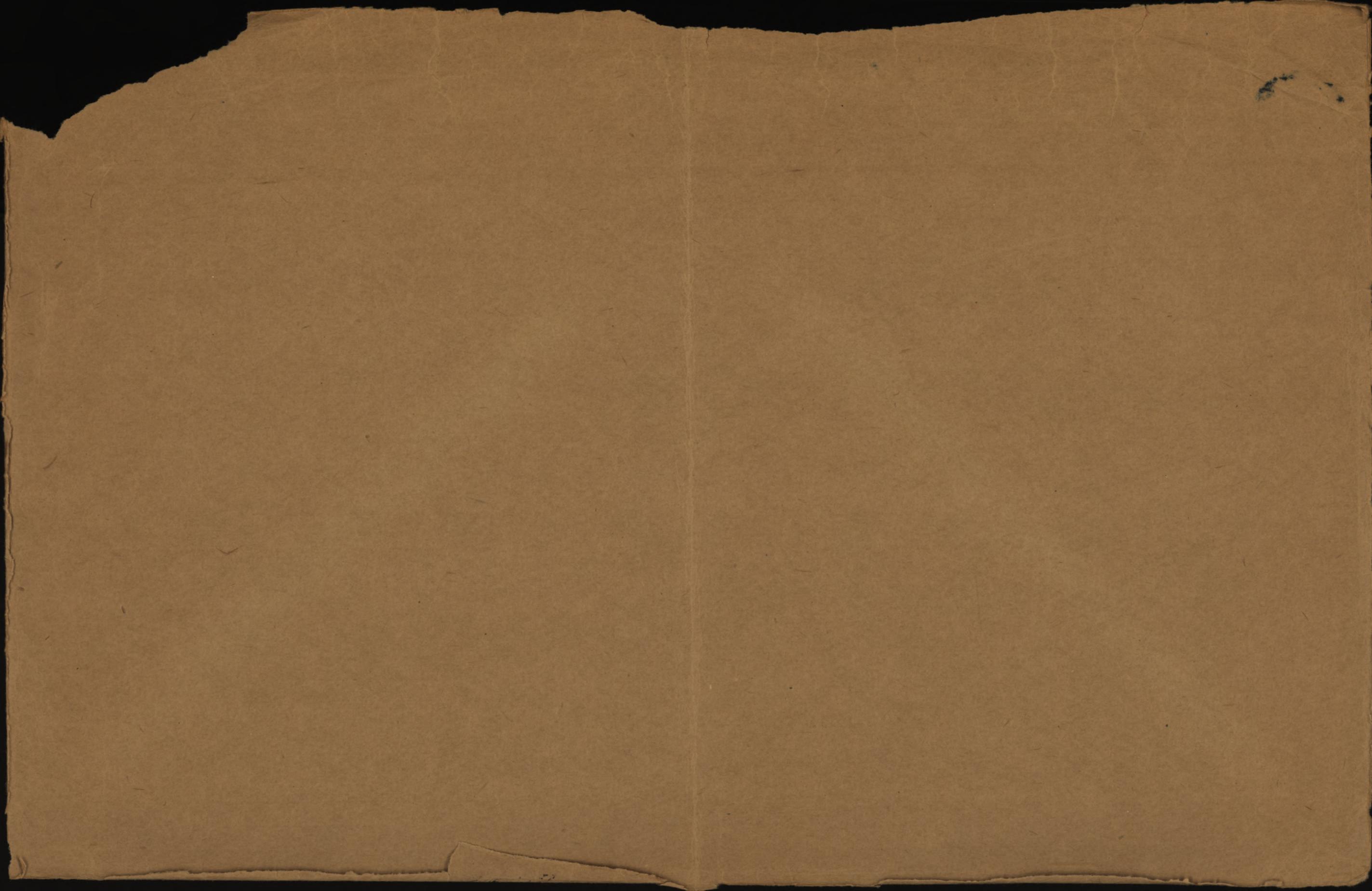
DISCHARGE

Category

Shenob.

DESERTION





3212313

I.D. number

No. d'identification

DOIGÉ

Surname

Nom de famille

WM. OLIVER

Given names

Prénoms

PERSONNEL RECORDS CENTRE

CENTRE DES DOCUMENTS DU

PERSONNEL

OPEN
ATIA

Location

Lieu

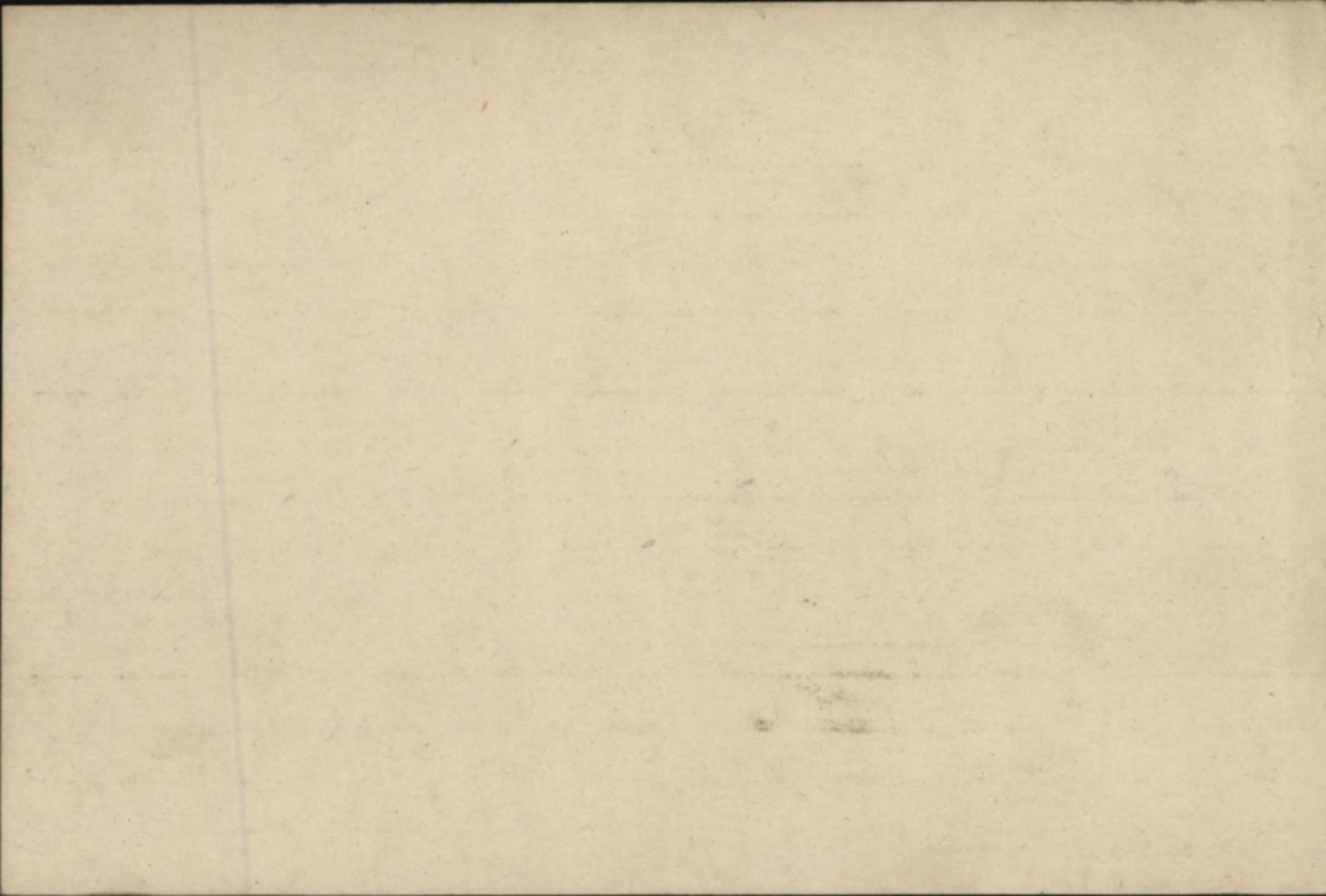
2570



Surname Doige H. Q. ✓
Christian names William Oliver M. D. No. 13
Regtl. No. 3212313 Rank Pte T. O. S. May 27 1918
Unit Alta. Regt. 1st Op. Bn. Reason Memol.
Auth. 2010 Pte 177 of 26.6-19
#132024P

Next of kin Doige, Mrs. Clara Relationship Mother
Address Edmont Alta. Also notify: _____

BORN—Place Beneda, Sundridge Ont. Date Aug. 11th 1896
ATTESTED—Place Edmont Alta. Date May 27th 1918
O/S 29-7-18 1349 R/C 17-6-19 348 Pte
5-4



~~S. No.~~

Number 3212313

Rank Plt

B

Surname JOIGE

Christian Name William Oliver

Units G.P.

Theatre of War England

Date of Service 15-8-18

Remarks

Latest Address Ramont,
Alta

Roll No A Page 3193

200m.-2-21.M.

(Sgd.)

.....ination

.....p, is your wife on board.....Number of children on board

.....Railway.....

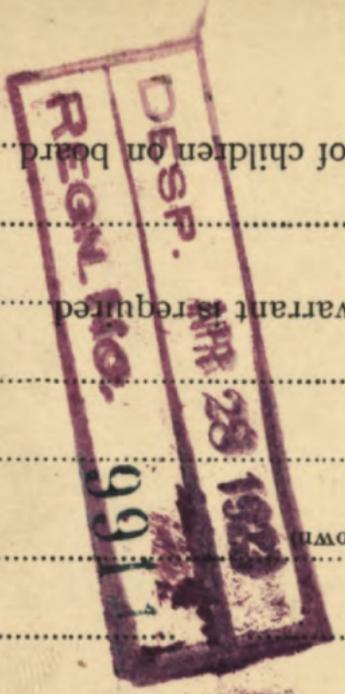
.....Station in Military District to which a furlough warrant is required

.....one person to be notified of arrival

.....al address.....(Street).....(City or Town).....(Province)

RANK SURNAME INITIALS UNIT

(This form to be filled in by all ranks on voyage to Canada.)



No. 3212 313 RANK Ptu

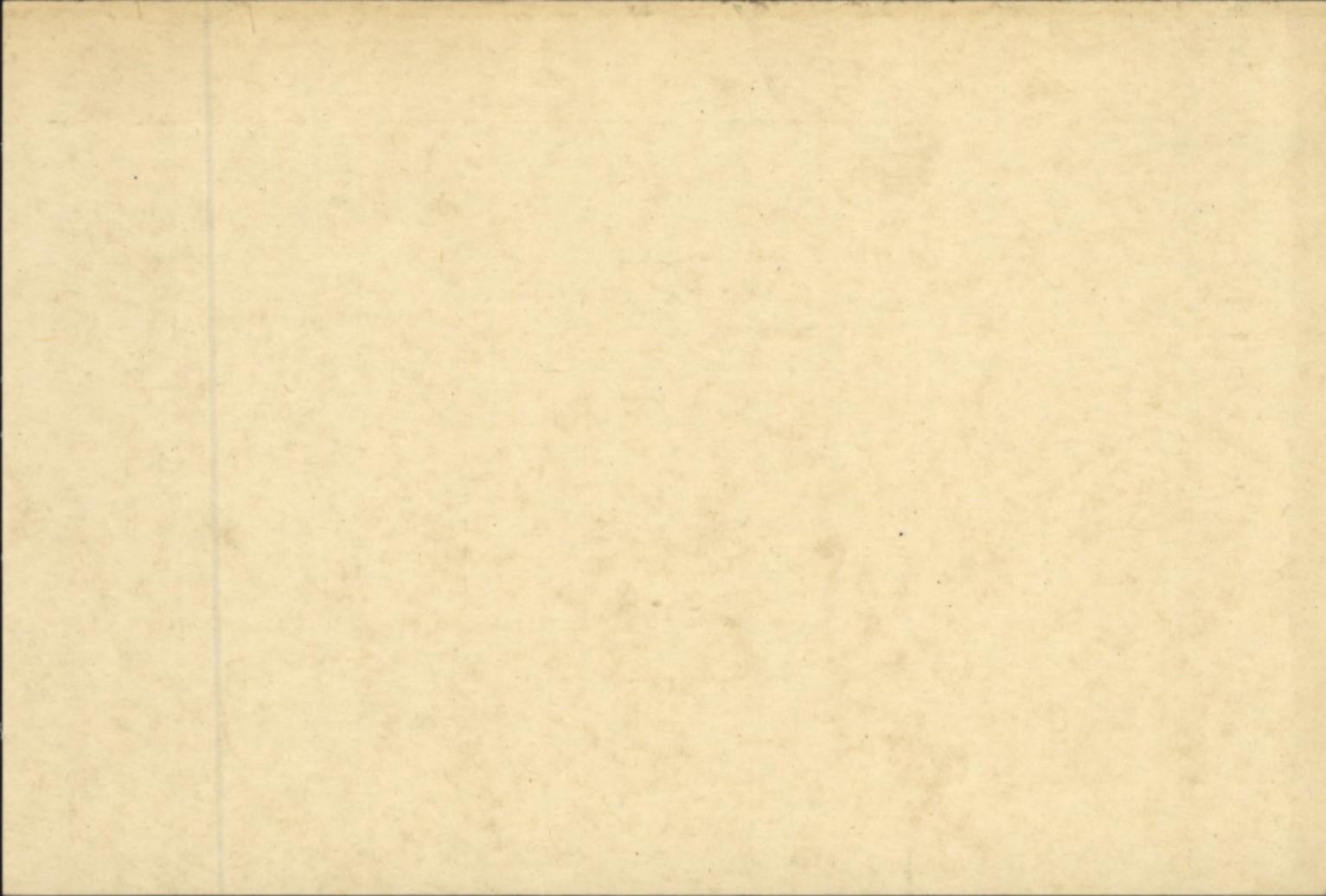
NAME Woiger W J

T. O. S.

UNIT 1st Depot Battalion, Alberta Regt

M. D. 13

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1918 May 27	1918 May 31	W	Rep. fr. 7 Coy 27-5-18	W.O. 149 of 5-18



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3212313 (Rank) Private
 Name (in full) William Doige enlisted in
 the 1st Depot Battalion, A.I. Regt.
 CANADIAN EXPEDITIONARY FORCE at Calgary on the 27th
 day of May 1918.
 HE served in England 21 Res. Bn.
 and is now discharged from the service by reason of Demobilization. Demobilization
~~Medical Unfitness.~~

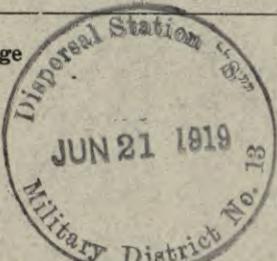
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age <u>22 yrs.</u>	Marks or Scars <u>nil.</u>
Height <u>5'-4"</u>	
Complexion <u>Tanned</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	

W. Doige
 Signature of Soldier

G. Howland
 Issuing Officer **Major**
O. C., Dispersal Station "S"
 Rank

Date of Discharge **JUN 21 1919**
 Date **JUN 21 1919** 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

CANADIAN EXPEDITIONARY FORCE

THIS IS TO CERTIFY that No. 2323 (Rank) Private

Name (in full) W. J. ... enlisted in

the Canadian Expeditionary Force

on the 1st day of June 1919

He served in the 1st Canadian Trench Battalion

and is now discharged from the service by reason of Medical Unfitness

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

Age <u>23</u> Height <u>5 ft 6 in</u> Complexion <u>Fair</u> Eyes <u>Blue</u> Hair <u>Dark</u> Marks or Scars <u>None</u>	Signature of Soldier <u>W. J. ...</u> Date of Discharge <u>June 1st 1919</u>
--	---

Rank Private
 Issued at C. C. Medical Station
 Date June 1st 1919

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

CASUALTY REPORT - ACTIVE SERVICE

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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

M. F. W. 54. (A. F. B. 193.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps First Depot Batt. A.R.

Regimental No. 3212313 Rank Private Name Doige, William Oliver
C. E. F.

Enlisted (a) 27-5-18 Terms of Service (a) Duration of War Service reckons from (a) 27-5-1

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

Extended Re-engaged Qualification (b) Farmer

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.	Montréal Liverpool	28 JUL '18 15 AUG '18	M. J. Kellogg.
22 AUG '18	21ST RES. BN.	Taken on strength on arrival from Canada.	BRAMSHOTT.	16 AUG '18	Pt. II D.O. No. 198.
19/10/18	21ST RES. BN.	ALBERTA REGTL. DEPOT POSTED TO.....	BRAMSHOTT.	29/8/18	Pt. II D.O. No. 248 Fastewart Dunny Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta.)
22/10/18	ALBERTA REGTL. DEPOT	Taken on Strength from 21ST RES. BN. now Command to 21ST RES. BN.	BRAMSHOTT.	29/8/18	Pt. II D.O. No. 270.
19/10/18	21ST RES. BN.	ALBERTA REGTL. DEPOT Attached from	BRAMSHOTT.	29/8/18	Pt. II D.O. No. 248

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18/11/18	21 st Res Bn	<p>ceases to be attached from ARD for all purposes attached for rations & quarters.</p> <p>21st Res Bn</p> <p>O.C. A.R.D. ATTACHED TO</p> <p>O.C. A.R.D. SOS</p> <p>Port of Embarkation for Canada</p>	B'sholt	15/11/18	<p>Pt II D.O. 273</p> <p>Wm Irvine Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta.)</p> <p>PART II D.O. 294</p> <p>PART II D.O.</p>
19-11-18	21 st Res Bn	<p>ceases to be attached from 16th on proceeding to Kinmel Park. Return</p> <p>105 O.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 28 SOS</p> <p>O.C.C. Kinmel Park on embark- ing for Canada, Part 11 Order No. 133</p> <p>Commanding 13 Wing, Kinmel Park Camp.</p> <p>SAILING NO. 82. S.S. 'ROYAL GEORGE' EMB, L'POOL, 7.6.19</p>	BRAMSHOTT BRAMSHOTT	15-11-18	<p>LT. O'G REGARDS</p> <p>ALBERTA REGIMENTAL DEPOT.</p> <p>Pt. II D.O. No.</p> <p>Gewalt Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta.)</p> <p>A. C. McKenna Lieut. O i/o DISPATCH OFFICE M.D. 13.</p> <p>Stewart sub commander</p> <p>..... Capt.</p>

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JOICE W. J. M.D. 13
REGIMENT 21st Res. RANK Pte No. 3212313

Date of Examination in England 24-5-19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9 13

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

H. B. Wood Capt.
A. D. D. S., M. D. 13

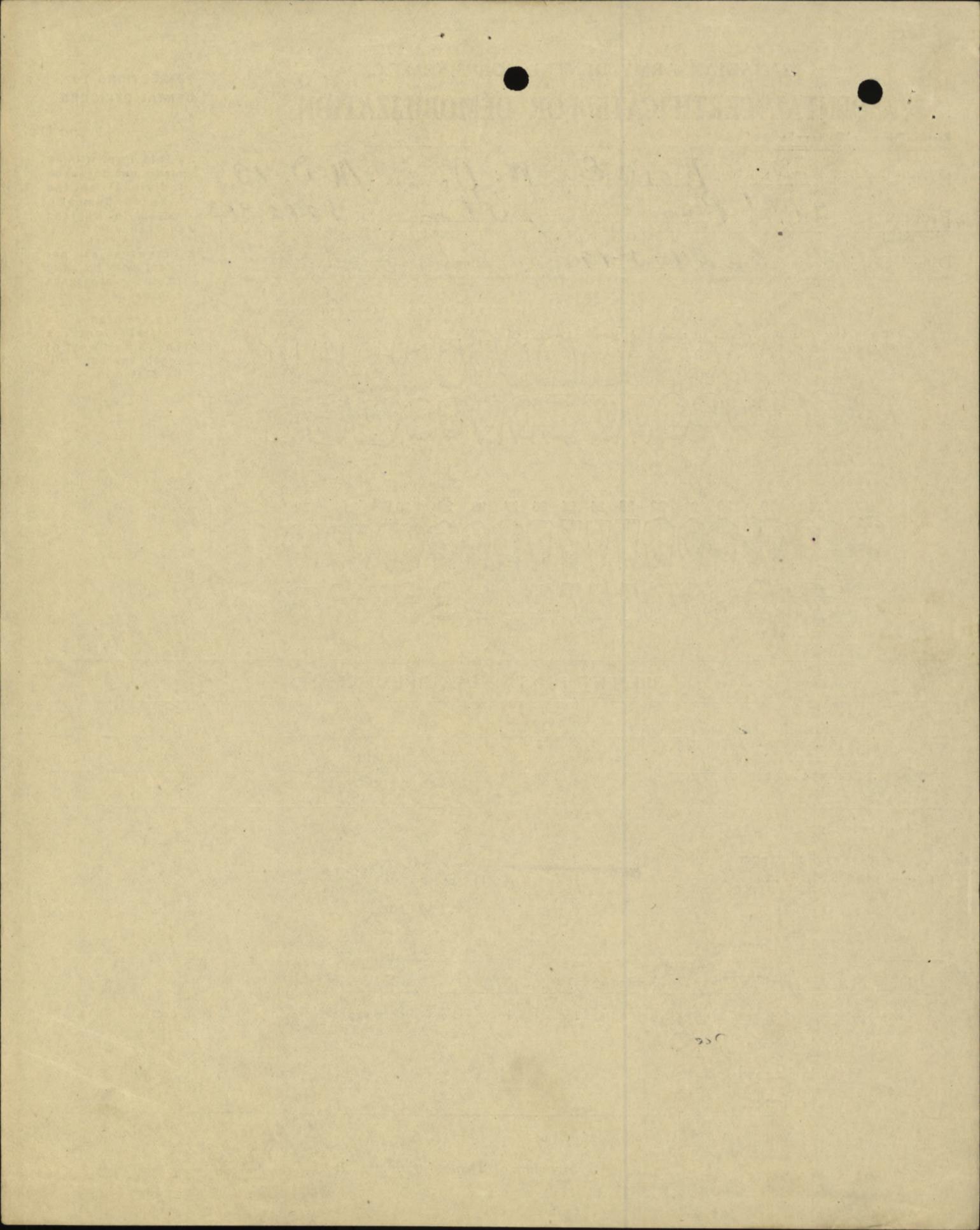
HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

- (a) In Canada Yes
- (b) In England
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer H. C. Stragur Capt.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

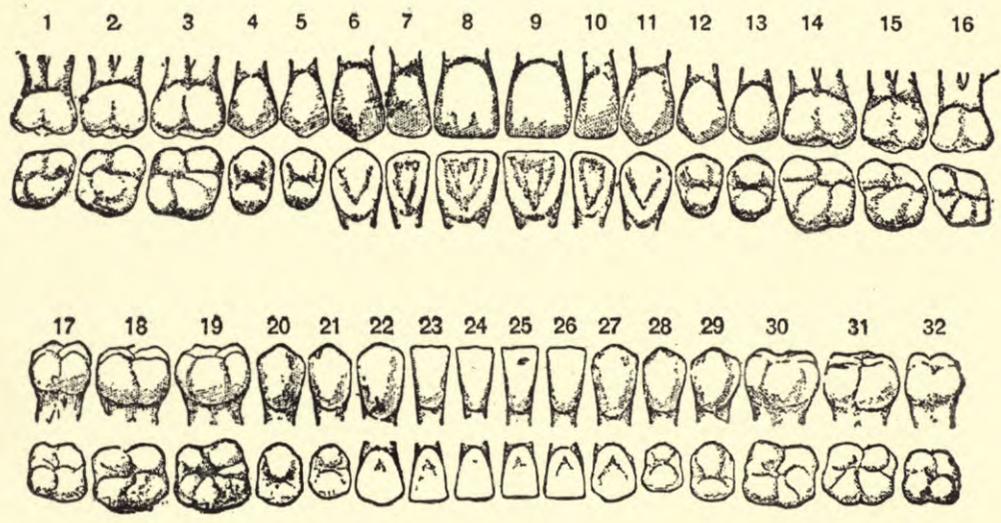
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DOIGE, W.O.

REGIMENT 21st Res Bn RANK PTE No. 3212213

Date of Examination in England 6 - FEB 1919 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 9-7-3-29
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

A. D. D. S.
 6 FEB. 1919
 HEADQUARTERS
 CANADIAN DIVISION
Repa

HAS HE EVER REFUSED DENTAL TREATMENT? no

- HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
- (a) In Canada yes
 - (b) In England _____
 - (c) In France _____

Signature of Dental Officer J. E. Thompson Capt.

CAMPBELL ARMY DENTAL CORPS OFFICE

NOTIFICATION FOR DENTIFICATION

DR. G. W. C. [unclear]
[unclear]

[unclear]
[unclear]

[unclear]
[unclear]

[unclear]

[unclear]
[unclear]

[unclear]
[unclear]

Wb Wb Wb Wb

Rank *69th Draft Atty.* Name *DOIGE William Oliver* Reg'l No. *3712313*

Unit *69th Draft Atty.* If in perm. Corps, } What Unit? } Married or Single *Single*

Place and Date of Enlistment *Calgary, Alta. 27/5/18* Place of Birth *San Diego Cal.*

Name and Address, Next-of-Kin *Mrs Clara Doige* Relationship *Mother*

Lamont *Alta*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. *3406*
File R.L.
Category *OK*

H. W. V., Ld.—9546-16.

N/E

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.				
		<i>Arrived in England</i>	<i>15 AUG 1918</i>	<i>JM J. Nelson</i>	
<i>22.8.18</i>	<i>*21 Res 3n</i>	<i>T.O.S from CANADA</i>	<i>R. Shett</i>	<i>16/UGIS</i>	<i>DO-198</i>
<i>19.10.18</i>	<i>"</i>	<i>S.O.S. on posting to A.R.D.</i>	<i>"</i>	<i>29.8.18</i>	<i>" 248 + 240 A.R.D. 22-10-18</i>
<i>19-11-18</i>	<i>Alta's R.D.</i>	<i>Crasco Turn 2/Res.</i>	<i>"</i>	<i>15-11-18</i>	<i>" 294 + 21 Res 3n 273/18 21. Res 3n 15/24/19</i>
<i>14-2-19</i>	<i>21st Res</i>	<i>leaves out on proceeding to Arminal Park MS13</i>	<i>"</i>	<i>Rygar</i>	<i>14-2-19 DO 36, A.R.D., DO 37, 17 19</i>
<i>28-2-19</i>	<i>MS13</i>	<i>last to Perm cadre</i>	<i>"</i>	<i>Rygar</i>	<i>28-2-19 DO 50.</i>
<i>28-2-19</i>	<i>"</i>	<i>T.O.S. of P. Cadre</i>	<i>"</i>	<i>"</i>	<i>28-2-19 DO 50</i>
<i>7-6-19</i>	<i>"</i>	<i>SOS off P.C. to RTC Sailing 82</i>	<i>"</i>	<i>"</i>	<i>7-6-19 DO 133</i>

MEDICAL HISTORY SHEET.

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

Doige

William Oliver

ORIGINAL

- 1. Surname..... Christian name.....
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } 372 997 mc
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)..... }
- 4. Address (including street and number, if any)..... } Lamont Alberta

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27th day of May 1918, by the undersigned medical board sitting at CALGARY

- 5. Age as stated 21 Years 9 Months.
- 6. Apparent age 21 Years..... Months
- 7. Height 5 Feet 4 Inches.
- 8. Weight 112 Pounds.
- 9. Chest measurement { Minimum 28 Ins.
Maximum 31 Ins.
- 10. Complexion Tanned { Eyes Bl. Green
Hair Brown
- 11. Physical development Good { Good
Fair
Poor
- 12. Smallpox marks Nil
- 13. Number of vaccination marks { Right arm X
Left arm X
- 14. When vaccinated last Never
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar on finger left hand

16. Slight defects but not sufficient to cause rejection Moderate Flat . right (feet)

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

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

Vision R.D. 20/20
L.D. 20/20
Hearing RT. OK
LFT. OK

Signature of M. D. Doige

W. S. Wright Member. W. B. Thacker Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
28-5-18	<u>a</u>	<u>Remers</u> Captain C.A.M.C.	28-5-18	<u>a</u>	<u>Remers</u> Captain C.A.M.C.
			4-6-18		<u>W. B. Thacker</u> C.A.M.C.
			11/6/18		<u>W. B. Thacker</u> C.A.M.C.

Joined 27th day of MAY 1918 at CALGARY, ALTA.

CORPS	REG'TL NUMBER	HABITS	DATE
1st DEPOT BATT. ALBERTA REG'T.	<u>3212313</u>		<u>MAY 27 1918</u>
Transferred to.....	<u>21st. Reserve Battalion.</u>		<u>29/7/18 - 16/8/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Witley</u>	<u>21/8/18</u>	<u>FLAT FEET</u>	<u>B. T. Camp D. I. Witley</u>
<u>Bransby</u>	<u>22-1-19</u>	<u>Flat feet</u>	<u>D. A. D. M. S. CANADIAN TROOPS, WITLEY.</u>
<u>Kimmel Park</u>	<u>26/5/19</u>	<u>Do</u>	<u>W. B. Thacker Capt.</u>

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

* Strike out whichever inapplicable.

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE: ENGLAND OR CANADA.

NAME: *DOIGE, William Oliver*
NUMBER: *3212313*

EFFECTIVE DATE: *1/8/19*

AMOUNT: *1500*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Lt's Com</i>	<i>1/8/18</i>	<i>Plt.</i>

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.

Mrs Clara Doige
Lamont Alta
Mother
Stopped 1/6/19.

UNIT AND TRANSFERS
ORIGINAL UNIT: *Inf. Co. 15th Alta Reg*
DATE ACCOUNT FIRST OPENED: *1-8-18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 37 D	UNIT TRANSFERRED TO
			<i>21st Res</i>

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
<i>8/19</i>	<i>2632</i>	<i>Bsholt. £2</i>	<i>992</i>				
<i>29/19</i>	<i>2837</i>	<i>" £5</i>	<i>2433</i>				
<i>4/19</i>	<i>2986</i>	<i>" £3.10</i>	<i>1703</i>				
<i>26/19</i>	<i>1117</i>	<i>Rhyl.</i>					

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
<i>Lt's Com</i>	<i>\$30.33</i>	<i>15 St. F.</i>	<i>1</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. taken off 1/19 with 2632. Ripon 2/19 Ripon ind. 13. Or. Red. 22. 40. 11/19.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>	<i>July</i>								<i>5260</i>		
<i>AUG</i>	<i>P Pay</i>	<i>3410</i>		<i>Cur. 19 20.8 Bourley</i>	<i>487</i>			<i>15</i>	<i>6683</i>		
		<i>3410</i>		<i>Can at.</i>	<i>487</i>			<i>15</i>			
<i>SEP</i>		<i>33</i>		<i>Can at.</i>				<i>15</i>			
				<i>AR 65 Bourley 2.9.18</i>	<i>487</i>				<i>75 09</i>	<i>Bal. freed</i>	
				<i>" 2653 " 24.9.18</i>	<i>487</i>				<i>109 19</i>	<i>20.11.18</i>	
<i>OCT</i>		<i>33</i>			<i>974</i>			<i>15</i>	<i>49 06</i>		
		<i>3410</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>" 1653 15/10 21 Res.</i>	<i>943</i>				<i>6013</i>		
				<i>" 1796 31/10 "</i>	<i>2433</i>				<i>101 20</i>		
<i>NOV</i>		<i>3410</i>			<i>3406</i>			<i>15</i>	<i>161 33</i>		
		<i>10120</i>		<i>" 1982 15/11 "</i>	<i>943</i>				<i>54 73</i>		
				<i>Cap</i>				<i>45</i>	<i>106 60</i>		
		<i>10120</i>			<i>973</i>			<i>45</i>	<i>64 90</i>		
<i>FEB</i>		<i>3080</i>		<i>AR 2421. 23/12/18</i>	<i>4891</i>				<i>171 60</i>		
	<i>March</i>	<i>3410</i>		<i>Cap.</i>				<i>15</i>	<i>134 46</i>		
				<i>✓ 2837 31/1</i>	<i>2433</i>				<i>37 04</i>		
				<i>DN. 2632. 13/1</i>	<i>973</i>						
				<i>AR 2986 7/2</i>	<i>1703</i>						
				<i>✓ 903 17/2 K.P.</i>	<i>943</i>						
				<i>C.A.P. Mech.</i>	<i>10973</i>			<i>15</i>			
				<i>✓ 1851 5/3</i>	<i>943</i>				<i>34 04</i>		
		<i>6490</i>			<i>11946</i>			<i>15</i>			
		<i>33</i>		<i>O.A.P.</i>				<i>15</i>			
<i>Apr</i>		<i>3410</i>		<i>✓ 3229 24/3 End K.P.</i>	<i>487</i>						
<i>May</i>				<i>526 14/4 End</i>	<i>973</i>						
				<i>Cap</i>	<i>1460</i>			<i>15</i>			

now

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					67.10			14.60			30	37.04		
							ARR. 1694 29/4 M.P.	4.87				67.10		
							✓ 2351 12/5 ✓	19.44				35.20		
					67.10			38.94			30.			
							ARR. 4227 26/5 Kimmel	4.87				35.20		
							288 6/6 End. ✓	9.73				20.60		
								14.60	14.60					

SoS Can 7/6 SL 82

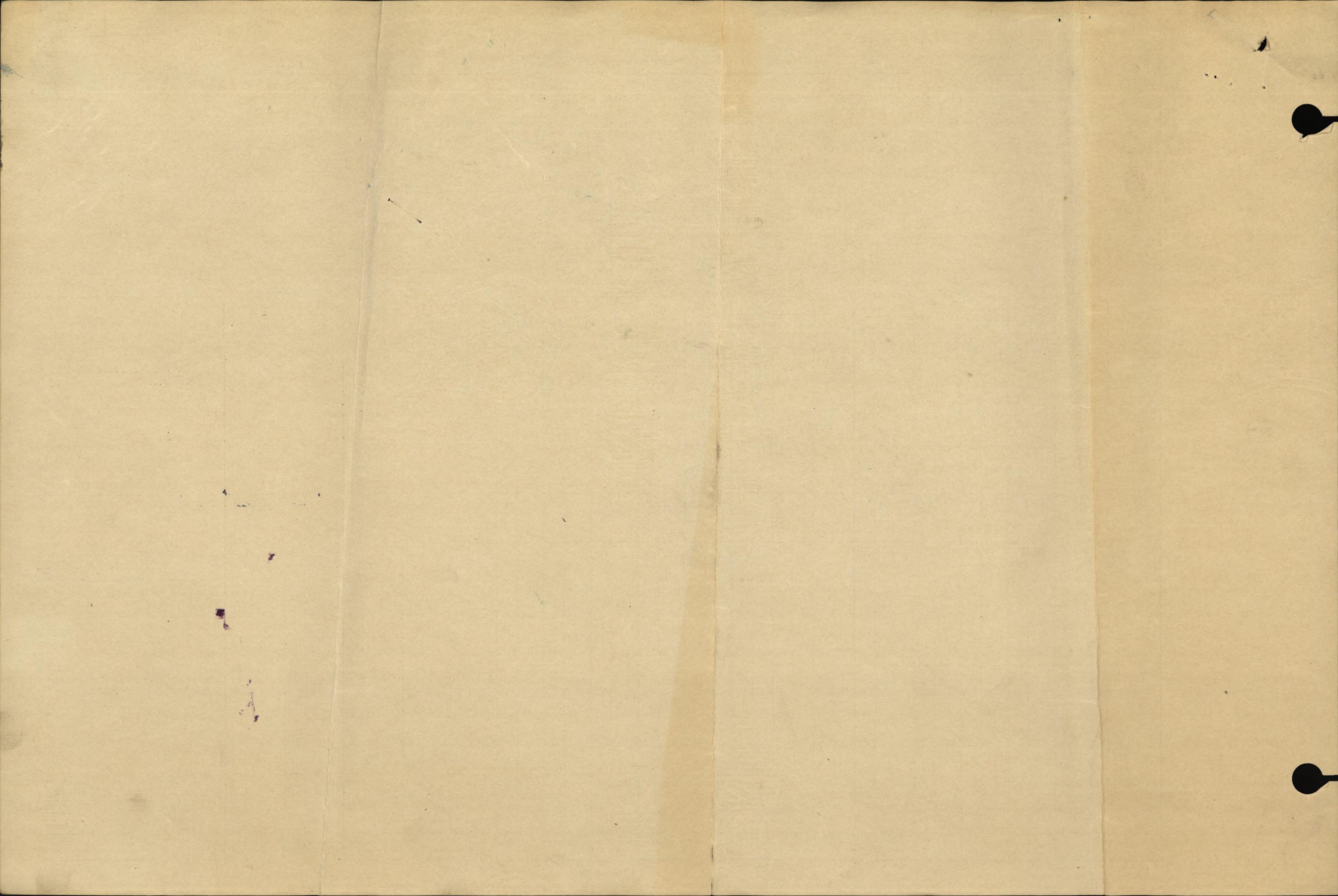
48.7
30
38.94

73.81

37.04
67.10

104.14
73.81

30.33



Date of Enlistment 27-5-18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch D/0332.

August 1st 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.00			
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PLSD 24
SIX

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion 1st D. Bn., Alta. Regt - Draft 69.
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name _____
 Address _____
 Change of Address _____
 1 MRS. CLARA DOIGE,
 LAMONT,
 2 ALTA. 15 15.00
 3 A-C 3212313 PTE WM. OLIVER DOIGE
 FIFTEEN DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Aug	42312		15	15
Sept	745076		15	15
Oct	054120		15	15
Nov	I 62182		15	15
Dec	T 65666		15	15
1919 Jan	072269		15	15
Feb	878641		15	15
Mar	86223		15	15
Apr	8762		15	15
May	8148		15	15
June	9000		15	15
			165	165

REMARKS

4769-118

A/c Closed 30/6/19
 Ret'd per... Royal George
 Date... 16/4/19
 M.F.W. 1873/119

4991834

AUDITED.

M. F. W. 178.
40M. 6-7-17231-1141
L. L. 2220-M. & D. 1902.

AUTHORITY FOR NEW ACC'T. } No. 382. Folio 7-69
 C. Leslie
 31-8-18.



War Service Badge, Class "C" No. 20130 issued.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

S.

1. No. 3212313		SALING NO. 82, S. S. ROYAL GEORGE ... B, L. POOL, 7, 8, 19	
2. Rank. Pte			
3. Name. DOIGE.		William O.	
4. Unit. 91st Res.		1st D. B. A.	
5. Date of Discharge	JUN 21 1919	Place	EDMONTON, ALTA.
6. Reason for Discharge. Demobilization.			
33 Mother (1311) (1)			
7. Authority. 000 177			
8. Proposed Residence after Discharge. Edmonton Lamont Alta W.O.			
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. B. 39.			
W.O. Doige Signature of Soldier.			
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place. EDMONTON, ALTA. Date. JUN 21 1919			
MEDICAL DOCUMENTS FORWARDED TO S. O. B. OR B. P. C. ON 27-6-19		Signature. Howland. (O. C. Discharging Unit, Major O. C., Dispersal Station "8")	

ak.

PROCEEDINGS ON DISCHARGE
Discharge



1. Name of Soldier	EDMUNDSON, ALA
2. Regiment	1st Regt
3. Company	Co. B
4. Rank	Private
5. Date of Discharge	June 1st 1864
6. Place of Discharge	Richmond, Va
7. Name of Discharging Officer	Wm. H. T. Walker
8. Name of Soldier	Edmundson, Ala
9. Name of Discharging Officer	Wm. H. T. Walker
10. Name of Discharging Officer	Wm. H. T. Walker
11. Name of Discharging Officer	Wm. H. T. Walker
12. Name of Discharging Officer	Wm. H. T. Walker
13. Name of Discharging Officer	Wm. H. T. Walker
14. Name of Discharging Officer	Wm. H. T. Walker
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97. Name of Discharging Officer	Wm. H. T. Walker
98. Name of Discharging Officer	Wm. H. T. Walker
99. Name of Discharging Officer	Wm. H. T. Walker
100. Name of Discharging Officer	Wm. H. T. Walker

Vertical text on the left margin, possibly a file number or date.

Signature of Discharging Officer

Signature of Soldier

The first wife of the above named man is hereby certified.

EXHIBITION

CERTIFICATE TO BE RETURNED BY SOLDIER

and to be returned to the undersigned when and how I receive my discharge Certificate

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Physicians	1
or Particulars of Receipt	2
Field Company Sheet	3
Company Form	4
Last Day Certificate	5
Certificate of Training, Surgeons and Assistants	6
Medical History Sheet	7
Proceedings of Medical Board	8
Dental History Sheet	9
Medical Report	10
Regimental Conduct Sheet	11
Company Conduct Sheet	12

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group a
 Checked by No. 28
 AKS
 Date 5/6/19

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 initialled 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.

STATION Amneth DATE 27-5-19

1. 1 (a) Unit 20 Res (b) Regimental No. 3212313 (c) Rank Pte
 (d) Surname Doige (e) Christian name William Oliver
 (f) Home address Lamont, Alta.
 (g) Next of Kin Mrs Clara Doige (h) Relationship Mother
 (i) Address of Next of Kin Lamont Alta.

2. Age last birthday 22 Date of birth 11-8-1896

3. Enlistment, or Appointment (if an Officer) (a) Place Algarey (b) Date 27-5-18

4. Personal description:
 (a) Height 5-4 (b) Weight 112 (c) Complexion Fairish
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation Farmer

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
	<u>1</u>	<u>0</u>

	PERIODS	
	From	To
Canada	<u>27.5.18</u>	<u>28.7.18</u>
England	<u>15.8.18</u>	<u>date</u>
France or other theatres of War	<u>—</u>	<u>—</u>

7. Original disease, or injury Flat feet

(a) Date of origin Childhood (b) Place of origin Canada
 (c) Cause hereditary

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.)

(Flat feet) Weakness of feet

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 L foot markedly flat - walks on whole of lower surface. Foot flexible. Transverse arch only slightly affected.

R. foot moderately flat - flexible.

Subjective After walking 2 miles feet, ankles and lower legs become painful - left worse.

(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..... Yes

Osseous and Joint Systems..... No..... Any other general condition..... No

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

L. foot has been flat since childhood but never became painful. R. foot never known to be flat. M.H.S. examination on enlistment "moderate flat feet."

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 - 1909 - Sick 1 week - Recovered

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

None

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

Yes

(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.)

Yes - Category A on enlistment with note "Moderate flat feet"

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a + b) Yes

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? 12 months

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

None

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)

Yes

16. Can the former trade or occupation be resumed?

(If not, briefly state why)

Yes

17. Recommendations

Fit for Category B.ii

[Signature]

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. O. Waige 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

[Signature]

[Signature]

W. O. Waige

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.

We concur.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A)	(Yes or No.)	<i>na.</i>
" B	(Yes or No.)	<i>yes Bii</i>
" C	(Yes or No.)	<i>na.</i>
" D	(Yes or No.)	<i>na.</i>
" E	(Yes or No.)	<i>na.</i>

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.)

*no. Category Bii and returned to Canada.
authority a.g.i. Telegram 9083911-11-18.*

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.

Soldier satisfied.

PLACE *Kimmel Park Wales.* *J.W. Cotton Capt. President.*
W.G. Montgomery Capt. Members

DATE *May 27-1919*

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.

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

APPROVED BY *[Signature]* APPROVED BY *[Signature]*
 Assistant Director of Medical Services. Director-General of Medical Services.
 DATE *27-5-1919* DATE.....

Reserved for M.H.C.

MEDICAL HISTORY

Regt. No. 2212313 Rank PTE Surname DOIGE Christian Name WILLIAM OLIVER
 Unit or Corps—(a) Overseas from United Kingdom N.A. (b) in United Kingdom 21st Can Rec (Lts)
 Born at—Town Sandridge County or Province Ontario Country Canada
 Date of Birth—Day 11th Month August Year 1896 Age 22 yrs. 3 months
 Joined at Calgary, Alberta, Canada Date 27-5-18
 Former trade or occupation J. Farmer

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

Scar middle finger of hand.

Height—feet 5 inches 4 Colour of eyes Brown
 Signature of Soldier (for identification purposes) W. Doige

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a) FLAT FEET
 Disabilities Group (b) N.A.
 Disabilities Group (c) N.A.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>UNKNOWN</u>	<u>CANADA</u>	<u>Existed since childhood</u>
(ii.) As to Group (b) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>
(iii.) As to Group (c) above.	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>

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

(i.) As to Group (a) above? Yes If yes, has Active Service aggravated it? No
 (ii.) As to Group (b) above? N.A. If yes, has Active Service aggravated it? N.A.
 (iii.) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.

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

(i.) As to Group (a) above? No
 (ii.) As to Group (b) above? N.A.
 (iii.) As to Group (c) above? N.A.

5. MEDICAL HISTORY. M. 313 shows no hospital entries. Pts states he has had flat feet since childhood. He enlisted 21-5-18 and came to England Aug. 1918. He was not sent to France on account of his flat feet. He doesn't think that actual service has aggravated his condition.

6. PRESENT CONDITION. Complaints. Pain in feet on marching. States he can walk 4 miles without discomfort; then his feet begin to "play out." P. T. exercise - heels raised - gives pain on inner side of feet & legs. Unable to carry on with drill on account of pain in his feet.

Phys Exam: Feet are markedly flat and feet arches are completely broken down. Whole plantar surfaces of feet rest on the floor on standing. Heels turned outwards.

Reflexes - normal. Genito-urinary - normal. Cardiovascular - normal. Integument - normal. Ocular - normal. Otorhinolaryngeal - normal. As stated.

7. OPERATION. (i) Was one performed? No (ii) If so, state what. N.A. (iii) Was one advised and declined? No

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

8. (i) Is there loss or decay of teeth attributable to Active Service? Yes (ii) If so, describe. One molar in rt. lower jaw } extracted at Calgary. One " left " } One " Lt. upper " }

9. DO YOU RECOMMEND:— (a) Fit for duty? Yes B II unlikely to be raised in 6 mos (b) Invalid to Canada? No (c) Discharge from the Service as permanently unfit? No

Date of Report... Jan 22 1919 Station... Bramshott. Signed... D. W. de la Past... Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except M. 313 put in [Signature] (Officer in Hospital) Strike out one S.M.O. Brigade of these

Dated at Station, on 1919. *Delete if inapplicable.

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

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

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

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

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

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

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? *na*

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

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

17. Can the former trade or occupation be resumed? *Yrs*

18. REMARKS:—
Do added under authority a G. Telegram 9083 dated 11/11/18

19. RECOMMENDATION:—
(a) Fit for duty? (state category) *Yrs B II*
(b) Invalid to Canada? *W*
(c) Discharge from Service as permanently unfit? *W*

Date of Board *22/1/19* Signatures of the Board *W.H. Wilson Capt* President.

Station *Bramshott*

Approved *Rychem* Major, D.A.D.M.S. for A.D.M.S., A.D.M.S.

Dated at *Canadian Troops, Bramshott Camp* Station *Bramshott* *22/1/19* 1919

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bourley 29/8/1918 1918.

No. 3215313 Rank Pte Name DOIGE, WM OLIVER

Local Unit 21 ALBERTA Res. Overseas Unit _____ Age 22

Examination held at Bourley

DISABILITY. FLAT FEET
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

Enlisted 27/5/18. Came to England Aug. 1918

Heart & lungs normal.

Feet markedly flat, especially left
No tenderness. States he cannot do
P.T. or marching

BOARD RECOMMENDS:-

1. Fit for Duty BT temp DT
2. Fit for duty after _____ weeks' physical training.
3. Fit for Temporary Base Duty _____ weeks
4. Fit for Permanent Base Duty _____
5. Discharge _____

Signatures:-

Members (W. G. ... President.
 (W. G. ...
 (W. G. ...
 (W. G. ...
 (W. G. ...

APPROVED

Dated 30/8/18 1918 W. G. ... For A.D.M.S.
W. G. ...

PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1917

No. _____ Rank _____ Name _____
 Local Unit _____ Overseas Unit _____
 Examination held at _____
 DISABILITY
 Overseas Local
 (SEARCH CASE OUT)
PRESENT CONDITION

BOARD RECOMMENDS

1. Fit for duty
2. Fit for duty after _____ weeks' medical treatment
3. Fit for temporary base duty _____ weeks
4. Fit for permanent base duty
5. Discharge

Signatures:-

President

Members

APPROVED