ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... William Haldane
2. In what Town, Township or Parish, and in what Country were you born? ..... Winnipeg Man
3. What is the name of your next-of-kin? ..... Mrs W C Hower
4. What is the address of your next-of-kin? ..... Kenora, Ont
5. What is the date of your birth? ..... Oct 4, 1896
6. What is your Trade or Calling? ..... clerk
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
10. Have you ever served in any Military Force? ..... yes 98th regt. Can. Militia
    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

William Haldane (Signature of Man).

Margaret Kelly (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

William Haldane (Signature of Recruit)

Date Aug 30 1915 Margaret Kelly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

William Haldane (Signature of Recruit)

Date Aug 30 1915 Margaret Kelly (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 Kenora Ont this 30 day of August 191

J Barry (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of William Haldane on Enlistment.

Apparent Age 18 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 36½ ins.
- Range of expansion 4 ins.

Complexion Clear

Eyes Blue. Grey

Hair Dk. Brown

Religious denominations.
- Church of England Yes
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Short little finger on left hand.

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 Aug 30 1915 W. J. Turnbull Capt. A.M.C.

Place Kenora Ont. Kenora
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 Haldane 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.

A. Y. Fife Capt. (Signature of Officer)

Date Aug 30th 1915

Alex. Tanner Capt.
O.C. "A" Sec. No. 1 F.A.D. C.E.F.

REGIMENTAL DOCUMENTS

NAME HALDANE. WILLIAM. L/Cpl. REGT. NO. 529575 UNIT C.A.M.C. 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)				01513	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Wounds
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)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 Y.C.R.O. 3.					
1 CANC 3004A					
2 Casualty Rich					
1 Rifle.					
2 3497					

Box 405860

3
1-20
22-20
26 20

W. 2589
1000-11-18
1772-39-1677

Form R. 149.

Name HALDANE William Rank L/Cpl Reg. No. 529575

Unit Camc ~~Total Hamb~~ Gen:

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-1-19	5 Con. Gen. Hosp	N.Y.D.	Venereal Sore	A	453	41658
22-1-19	7 Con. Gen. Wimereux	N.Y.D.	do	A	454	6967-4
6.2.19	8 Stat. Wimereux		42.	A.	553	4174-3
25.2.19	3 Can. Gen. Hosp B'logne		do	A	667	7399-6
24.3.19	Discharged -		--	A	878	4662-13
1-5-19	A.B. Stat. Camiers		20.	A.	509	7899-8
16-5-19	M.B. 5th Echelon		20	B	576	10696
10.6.19	Discharged -		-	B	530	4268.

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

NAME Haldane, W. REGT. No. 529575.

RANK AND UNIT L./Cpl. (10 F.A.) C.A.M.C.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 431.	51 Cas. Clg. Stat.	18-1-19.	N.Y.D. Venereal Sore.
a 434.	7. Gen. Wimereux	22-1-19.	N. Y. D.
a 453.	No. 8 Stat. Wimereux.	6-2-19.	42.
a 464.	3 Can. Gen. Boulogne.	25-2-19.	42.
a 487.	Disc	24-3-19.	42
a 509.	#9. Can. Stat. Camiers.	1-5-19.	20.
B 516.	Mil. Conv. Epsom.	16-5-19.	20.
B 530.	Disch.	10-6-19.	20.

"M" 10.

CARD NO.

SURNAME. Haldane,

CHRISTIAN NAMES William

REGL. No. 5 295 775 RANK Pte.

UNIT "A" Sect. No 1. 10th Fld. Amb.

FORMER CORPS 98th Reg't Can. Mil.

1a 7-19.
S.O.S. dis FOLL. Winnob
Pt. II No. 198 of 17-7-19.
#10.M.D.

NEXT OF KIN.

NAMES IN FULL Hower, Mrs. W. C.

RELATIONSHIP TO SOLDIER

ADDRESS Kenora, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Winnipeg, Man. DATE

PLACE OF ATTESTATION Kenora, Ont. DATE Aug. 30, 1915

O/S 2-3-16 35/2/5

L/Cpl. R/C. 9-4-19. 364

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1776-6-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING clerk RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS 10 MONTHS

HEIGHT 5' FEET 8 INCHES

CHEST MEASUREMENT 36 1/4 INCHES EXPANSION 4 INCHES

COMPLEXION clear EYES bluish-grey HAIR dk. brown.

DISTINGUISHING MARKS Short little finger on left hand.

MEDICAL EXAMINATION. PLACE Kenora, Ont. DATE Aug. 30, 1915.

AD

Number 529575 Rank L/Cpl

Surname HALTANE

Christian Name William

Units CAMC Theatre of War France

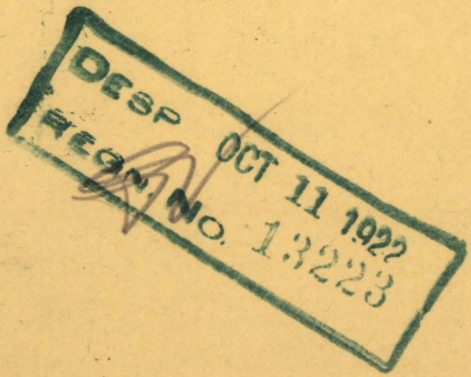
Date of Service 8-4-16

Remarks

Latest Address 698 Warsaw Ave
Winnipeg, Man.

Roll No. B. Page 14742.

200m.-2-21.M.


DESP OCT 11 1922
NO. 13223

No. 5-29575 RANK Pte. NAME Haldane. W. H.

T. O. S. UNIT 10th Field Ambulance

Trans for 1st F.A.D. 1-2-16
(DO 2-22-2-16)

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb. 1.	Feb 29.	✓		
	Mar	✓		
	April	✓		

Surname	Christian Name or Names	Reg. No.
HALDANE.	W.	529575.

Rank: L/C.

Unit: C.A.M.C. LOFA. (Gen)

Cas. List.	
	51. C.C.S. 18-1-19.
30-1-19. A431.	N.Y.D. Ven. Sore. 2nd ind
3. 2. 19 A434	7. Gen. wimereux 22.1.19.
25-2-19 A450	6 Stat Wimereux 6.2-19
	V.D.S.
10.3.19 A464	3 & G Boulogne. 25.2.19
7.4.19. A487	Disch 24.3.19
9-5-19 A509	9.C. & H. Camiers. 1-5-19
	V.D. Sy.
23.5.19. B515	Mil Con. Epsom 16.5.19
13.6.19 B530	Disch 10.6.19

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

D.M.S. 1300. 50M-30-8-18.

Cas. List.

53

W4809—P1225 200,000 5/18 HWV(P1147)

53

Army Form W. 3497A.
Continuation Card to A.F.W. 3497.

No 529575 Name Haldane, W. Regt. 10th M.G.C. Disease V.D.G.

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
1919. May 17	Reported May 1/19. Smears negative. Urine clear - no threads.	Sealed in treatment.	Dry since the 7th	Fit

W1809—P1225 200,000 5/18 HWV(P1147)

Army Form W. 3497A.
Continuation Card to A.F.W. 3497.

No._____ Name_____ Regt._____ Disease_____

Date	Treatment		Progress	Complications and their Treatment
	Local	General		

III. 53

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

Hôpital Stationary Hospital. E 1. Ward.

Age	Service	Religion	Disease
22	3 9/12 yrs	C.E.	

Regiment	Coy.	Reg. No.	Rank	Name
C.A.M.C.		529575	Cpl	Haldane W.

Date of Admission	Disposal	Date of Discharge
1-5-19		

SUMMARY

This space not to be written upon by M. O. i/c case.

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or ~~relapse~~: 1st Attack

Dates and Places of Three last Exposures: 23 April 1919 Paris

Main points in history: Discharge May 1-19 Incubation 23 April 1919. Did not report to early treatment centre Reported to M6 General Base depot

~~Condition on admission~~ Etaples sent to No 7 Stat same day

Had Syphilis January 1919 treated at No 7 Gen No 8 Stat & No 3 Stat

[P.T.O.

(9 19 24) W210—P1 200,000 10/17 HWV(P1148) Forms W. 3497/4
1810—P1224 200,000 5/18

~~E.P.~~ B.W. Haldane. W.

Date 1919	Treatment: Local	Treatment: General	Progress	Complications and their Treatment
May			N D G	

1. Examination; Mouth. Skin. Testes neg. Glands (Inguinals enlarged tender) Penis (Scar) M.P.P. Urine Hyph 2 ch 1 whit

TREATMENT. ABC CONDITION

		Bowels	Discharge	Days Urine	Days Hyp	Wind	Urine (1-ma)
May 1.	Tape ± 5% argyrol retained 8 hours.			2	2		
May 2	IP 1/8 L: Sealed in 5 hours. (Smear Gc-)					1st Chlor septs. 2nd A.	
3.	Sealed (1) less than 12 hours WMO.			3	3	1 St Hy 2 ch	1st
	Uranalysis GC—						
1.	Smear GC ± P.P 1/8 L Sealed in 5 hours 25 Smear GC—						
May 4	Urine P.P 1/8 L Zarquel 5% sealed in for 5 hours. Smear AM 3 hours PM					very cl hazy 2 clr	
May 5	Urine. PP 1/8 L Zarquel 5% sealed in for 6 hours					1st se hazy 2nd clear.	
4	Smear AN G.C. — Pus ++						
4	" AN GC —						
5	Uranalysis. Specific Gravity 1028. Reaction acid Albumen Negative Sugar Negative. Color light-amber few smear shreds						
	Smear GC—						
4	Do Do Reaction Slightly acid Albumen Neg. Sugar Neg Color Light-amber.						
6	Smear GC — Sealed in 6 hours			8.	8.		
7	Sealed in 7 hrs.						
8.	Smear. GC — WMO 2d					1 St Hy 2 ch	1st.
	th sealed in 8 1/2 hours						
10.	Bor ± 2 L						
9	Smear G.C. — Pus. X.						

Discharged

Transferred to U.S. for 12 days 1 ch 2 ch 30 further treatment

12/5/19 Wh cured To Duty Pte Gordon can't come

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Mrs. Wm. C. Hower
(Assignee)

Name of Soldier Haldane Wm
Pte. 529575. 10th Can Field Amb

L. L. Job 19227—M. & D. 7814.

15. Apl 1/17

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		E 18282	45	B.
July		#22408	15	15. W.
Aug.		I 29432	15	
Sept.		Q 35867	15	03
Oct.		F 42056	15	
Nov.		O 49280	15	
Dec.		M 59301	15	
Jan.	1918		135	
Feb.				
March				
April				
May				
June				
July				

105

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.				

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

—Mother—

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs Wm C. Howet

Address 325 First St North
Kenora Ont

By Whom Assigned Haldane Wm.

Regtl. No. 529575

Rank Pte

Corps 10 Can. Field Amb

Rate $15.00 April 1/1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			29 M 28/8/17 H 31/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs. W Bower

Address Kenora. Ont.

By Whom Assigned Haldane, M.

Regtl. No. 529575

Rank Pte

Corps 10th B.A.

SPECIAL REMITTANCE

Rate $75.

Schedule 24s. 20. 11. 16 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916 ~~1915~~			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		Q 32675	75	
Jan.	1916			
Feb.				
March				

CONSOLIDATED 3 ACCOUNT

P—56

Rank Pte Name HALDANE William Reg'l No. 529575

Unit No. 10 Field Amb. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Kenora, Ont. Aug. 30th, 15. Place of Birth Winnipeg, Man.

Name and Address, Next-of-Kin Mrs. W.C. Hower,

Kenora, Ont. Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Mar 1	Mar 31	31	1.00	31 00	31	10	3 10		34 10			14 60			14 60	19 50	
								~~75~~ 35									

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Sheet 2.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #10 Field Ambulance

Regimental No. 529575 Rank Pte (C. E. F.) Name Haldane William

Enlisted (a) 30/8/15 Terms of Service (a) Duration Service reckons from (a) 30/8/15

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				
		2-7-19 T.O.S. Dispersal Station M		A.D. 198/pa 2,	
		and Dispersed 12-7-19		A.D. 198/pa 3.	
		Lieut. for O. C. 10 District Depot.			

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 370583

THIS IS TO CERTIFY that No. 529575 (Rank) S/Cpl.
Name (in full) William Haldane enlisted in
the Canada Army Medical Corps
CANADIAN EXPEDITIONARY FORCE at Kenora on the thirty
day of August 1915.
HE served in France & Belg.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~ Demobilization K.O. 1420 [illegible]

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

Age 22.
Height 5'-8"
Complexion clear
Eyes Blue Grey
Hair Dark Brown.

Marks or Scars Left Small finger Short, Scar between eyes

W. Haldane
Signature of Soldier.

Date of Discharge

Dispersal Station "M" JUL 12 1919 Military District No. 10

A. M. Stanway
Issuing Officer.

Lieut.
Rank

Date 12 7 1919

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

MARRIED OR SINGLE S.

PLACE OF BIRTH Winnipeg, Man

NAME AND ADDRESS OF NEXT OF KIN Mrs W. C. Hower
Kenora, Ont. Can.

RELATIONSHIP OF NEXT OF KIN mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 529575 RANK Pte. NAME Haldane, William

IF IN PERMT. CORPS WHAT UNIT UNIT 18th Field Amb. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Kenora, Ont TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Aug 30/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $15.00 DATE EFFECTIVE 1/11/17

PAYABLE TO Mrs. Wm. C. Hower, 325 - 1st St. North. Kenora, Ont. Can RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) C.T.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar 31			31	-			3 10							~~19 50~~	34 10										14 60				14 60	19 50				
Apl 30	30	1 00	30	-	30	10	3	-							33	-									2 62				2 62	49 88				
May 1-31	31	-	31	-	31	-	3 10								34 10	16	1/7/16							2 56 -				5 11	78 87				
																29	15/5/16							2 55 -									
June 1/30	30	-	30	-	30	-	3	-							33	-														111 87				
																60	18.6.16																
July 1/31	31	-	31	-	31	-	3 10								34 10	77	28.6.16	93	13.6.16					5 11 / 2 56		2 62 -		10 29	135 68				
Aug 1/31	31	-	31		31		3 10								34 10			120	14/8/16						5 23 -			5 23	164 55				
Sept 1/30	30	-	30	-	30	-	3	-							33	133	28.8.16							2 62 -				2 62	191 93				
Oct 1/31	31		31		31		3 10								34 10	154	28.9.16							2 61 -				7 84	221 19	170 -	101 19		
																143	20.9.16	16.3	17.10.16					2 61 -	2 62 -							FR Mrs. K. Hower, Kenora, Ont	
Nov 1/30	30	-	30	-	30	-	3	-							33	-	176	27/10						2 62 -			75 -	7 62	176 57	135 -	74 57		
																	200	25/11/16																
Dec 1/31	31		31		31		3 10								34 10		187	16/1						2 62 - / 11 33 -				13 95	196 72	150 -	74 72		
			30	60			30 60																											
1917 Jan	31	1/10	34	10											34 10	233 / 214	28/12/16 / 11/12/16							26 V - / 26 V -				5 24	225 58	165 -			
																260	30/1/17							2 62 -									
Feb 28	28	-	30	80											30 80	247	16/1/17							2 61 -				5 28	251 15	180 -			
			401	50											401 50									47 66	13 09	14 60	75	180 35	251 15	180 -	71 15		
			401	50											401 50									47 66	13 09	14 60	75	180 35		180	71 15		

#529575 Pte Haldane W

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	Fwd		401	50											401 50									4766	13 09	1460	75			150 35	251 15		180	71 15	
Mar	31	1/10	34	10											34 10	856	27/2	316	25/3					349 –	261 –					11 32	273 93				
																273	17/2	301	9/3					261 –	261 –										
Apr	30	"	33												33												75	15		15	291 93				
May	31	"	34	10											34 10	18	29/4							262 –			75	15		28 08	297 93	195		102 93	
																5	16/4							1046 –										
June	30	"	33												33	33	17/5							265 –			15	15		20 36	310 59	"		115 29	
																46	30/5							268										
July	31	"	34	10											34 10	76	29/6							714			75	15		22 14	322 55	"		127 55	
Aug	31	"	34	10											34 10	59	15/6							268				15		17 68	338 97	"			
																169	17/7							533										
																146	30/7							567										
Sep	30	"	33	–											33 –	193	13/7							914				15		126 52	245 45			50 45	
																93	31/7	225	9/9					268	268									

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. RED.	ALLCE.	ENG.
Oct	Bal Bal 30/9								245 45 195				
Oct	P Pay	34 10						15					
				Forfeit 7 days pay 2065 H/11/17				7 70					
				aR 2801 5/9 10 days Fed. Amb.	2 68								
				" 2372 9/9 "	2 67								
		34 10			33 35	7 70		15	251 50				
Nov	P pay	33		" 423 13/10 "	4 46								
Dec	" "	34 10		a Pay				15					
				aR 3865/11 "	3 57								
				" 453 12/11 "	13 38								
				a Pay Dec				15	267 195				
		67 10			21 41			20	30 29				
1918													
Jan	P pay	34 10		a Pay				15	26 60				
				aR 453 16/12 10 days Fd. Amb.	4 46								
				" 473 6/12 "	2 57								
				" 498 30/12 "	2 57								
		34 10			11 60			15	274 69				
Feby	Res Pay	30 80		AR 521-10 TH FAMB-10-1-18	5 35				30 80				
				CAN. ASS. PAY				15	305 49				
				AR 552-10 FAMB-31-1-18	35				23 92				
		30 80			8 92			$15	281 57				
				CAN. ASS PAY				$15					
				R 206-1-3-18 (H-1.2)	9 73								
				AR 579-10 FAMB-16-2-18 (H-1.2)	4 46								
					4.19								

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. RED.	ALLCE.	ENG.
March	Res Pay	34 10		AR 685-10 FAMB 26.2.18 (H-1.20)	14 19				15 281 57 195				
				" 706 — " — 13.3.18 H-1.38	38				34 19				
				" 769 — " — 23.3.18 H-1.36	44 6				31 57				
		34 10			35				40 49				
					25 79			15	274 88 195				

P 820
12474 —375M— 13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-17	EFFECTIVE DATE:-
AMOUNT:- 15 00	AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Wm. G. Hower (Mother)
325-1st St. North Kenora
Ont. Canada

Stopped eff 1/7/19

NAME:- HALDANE William

NUMBER:- 529575

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
D.O. 60-5/2/18	20/8/18	L/Cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			10th Yld Amb.

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
5-2-19	5422	Es.	~~9 30~~			L.S Bal. Cr $300.75	
30-5-19	7010	"	~~4 87~~				
31-5-19		Lon	~~24 33~~				
1-6-19			~~33~~				
17-6-19	6271	Pwng	~~9 33~~			L.P.C. Bal. Cr $221.79	
			7 56				
14-5-19	Hosp Ship	14 days 2-6d at 1/8	~~8 40~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 ~~00~~ 05	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Des to Canada eff 1/7/19. NR Q10845. Whitley pp 6/9 Whitley. Rtd 10. Lincs TF

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal Fwd.								29488	195 00	
Apr	Ples Pay.	33							30788		
				CAN. ASS. PAY				15	29288		
				AR 15-10.F.AMB-13.4.18 (2)	446				28842		
		33 00			446			15 00			
May	Ples Pay	3410							32252		
"				CAN ASS. PAY				15 00	30752		
				AR 69-10 F AMB-3.5.18 (2)	357				30395		
				" 123 — " — 13.5.18 (3)	446				29949		
				" 179 — " — 27.5.18 (13)	714				29235		
		3410			1517			15			
June	Ples Pay	33		Can ass Pay				15	31035		
				AR 235-13/6/18. 10th Y. Amb.	(H3)	357			30678		
				" 297-25/6/18 "	(H11)	892			29786		
July	Ples Pay	33				1249		15			
		3410		C A P.				15	31696		
				AR 348-13/7/18 do	(H3)	446			31250		
				" 416-27/6/18 do	(H11)	357			30893		
		3410				803		15			
Aug	do	3410		C. A P.				15	32803		
				AR 473-16/8/18 do	(H6)	357			32446		
				" 538-29/8/18 "	(H11)	357			32089		
		3410				714		15			
Sept.	do	33		C. A. P.				15	33889		
				AR 441. 4/9/18 do	(2)	9733			24156		
				" 580. 4/9/18 do	(2)	892			23264		
				Cr. 35633. 19/9/18. London.	(5)	1460			21804		
				AR 643. 26/9/18. 10th Y. Amb.	(16)	714			21090		
		33				12799		15			

COMPILED BY Glenn Tom

CHECKED BY Logan

NUMBER 529575 RANK NAME HALDANE. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS		DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct				Bal. Frd.						21090	agreed.	
	P. P.	34 10		C. A. P.					15	23000	195	
				AR 700 - 14/10/18. 10th T. Amt	(24)	3 73				22627		
				" 769. 28/10/18 "	(48)	3 73				22254		
		34 10				7 46			15			
Nov	"	33		C. A. P.					15	24054		
				AR 821 - 6/11/18 "	(6)	3 73				23681		
				" 2628 - 16/11/18 "	(18)	13 06				22375		
				" 101 - 2/12/18 "	(50)	3 73				22002		
Dec	"	34 10		C. A. P.					15	23912		
	adj. L/eplo pay. 20/8 - 31/12/18 = 134 days @ 5d	6 70		" "		20 52				24582		
Jan	L/eplo pay	35 65		C A P					15	26647		
		104 45				20 52			45			
Feby	L/eplo Pay	32 20		C. A. P.					15	28367		
				AR 286 - 17/12/18 "	(2)	3 73				27994		
				" 5891 - 7/1/19 "	(13)	4 66				27528		
				" 6484 - 17/1/19. 10th "	(27)	5 60				26968		
March	"	35 65		C. A. P.					15	29033		
				V.D. 22/1/19 - 4/2/19 16 days D.D. 12 - 25/2/19			9 60			28073		
				V.D. Stoppages 6/2/19 to 25/2/19 DD 13 days @ 60d 1 day @ 40d Sam C. Rowen		13 99	12 00			26813		
		67 85				13 99	21 60		30			
April	"	34 50		C A P					15	28823		
				AR 11802 26/3/19 Det Boulogne 3		4 66						
				2542 31/3/19 Base 7		4 66						
				1417 1/4/19 " 25		4 56				28435		
				V.D. Stoppages 26/2/19 to 9/3/19 - 12 days @ 60d DD 23 24/4/19 Sam C. Rowen			7 20			26715		
May	"	35 65		C A P.					15	28780		
				AR 1841 19/4/19 C.G. Base 30		27 38						
				2171 1/5/19 " 58		4 36						
				4866 16/5/19 Epsom 84		24 33				25363		
		70 15				48 05	7 20		30			
June		34 50		C A P					15	27313	195	
	Int on deferred Pay	27 62								30075		
				CP 72634 London 1/6/19 5		24 33						
				AR 6949 Epsom 30/5/19 10		4 87						
				CP 2529 London 3/6/19 10		24 33						
				AR 5482 Epsom 21/5/19 26		7 30						
				6277 Ewing 17/6/19 29		9 73				23019		
				Hosp ~~Appn~~ 1-6-19 ~~to~~ 14-6-19 14 days @ 60d DD 38 19-6-19 Sam C Rowen			8 40			22179		
		62 12				70 56	8 40		15			
				2-7-19 SOS Lit. 97								

War Service Badge
Class "A" No. 320583 M' Group 'D' Wing

D. A. M.
O. G. 3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 529575
2. Rank. L/Cpl.
3. Name. HALDANE William
4. Unit. 10th Can Fld Ambulance
5. Date of Discharge 17 7 19 | Place winnipeg.
6. Reason for Discharge Demobilization

I

MEDICAL DOCUMENTS
FORWARDED TO
S.C. or P. B. C.
on
AUG 5 1919

7. Authority. D.O. 198
8. Proposed Residence after Discharge 698 Wardour ave Winnipeg

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.? .....

W. Haldane

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Dispersal Station No. 1 Military District No. 10
JUL 12 1919

Date .....

Signature.....
(O. C. Discharging Unit.)

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge. Place.

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermentd place and date I received my discharge Certificate

M. F. IV. 2

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit.)

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 A.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 (360M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dental Certificate (C.D. 3)
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + duplicate
13. Pay Book (A.B 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 18 GSB

Date 30/6/19

Original

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Haldane Christian Name William

Examined on 30 day of August 191 5'
at Kinmore

Birthplace City or Town Winnipeg
County Man.

Apparent age 19 yrs

Trade or occupation Clerk

Height 5 Feet 8 Inches.

Weight 145 Lbs.

Chest measurement Minimum 32 inches.
Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. 4 ∞
Number 2

When Vaccinated last 12 yrs ago

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None.

Approved by A B Bowers
H. J. Gunner
Rank Capt. A.M.C.
57 Bulk.

Date	Fit or Unfit	Examined for Re-engagement,	
27/6/19	A.	Plum	M.O
			M.O
			M O
			M.O.
			M.O.
			M.O.
			M.O.

20 MAY. 1919

Date	Result	Vaccinations.	
22/1/16		C A Seel	M O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
Feb 13/15	O.K.		M.O.
Jan 8/16	O.K.	C A Seel	M.O.
Jan 15/16	ok		M.O.

19-5-19 IAB Pulmonary Tuberc. Canada

Enlisted on 30 day of August 191 5' at Kinmore Camp

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	A Sect #1 F.A.D.	529575		
Transferred to	overseas			
	No. 10. Fld. Amb.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	28-6-19	V.D.S.	Admitted to Hosp

CANADIAN

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Haldane Christian Name William

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Winnipeg	30th Aug. 1915	16	Dec	1915	20th	Dec.	1915	Bronchitis	4	Mild. Duplicate Medical History sheet posted to here.	A. E. Bee
Bramshott	14/3/16										
M.C.H. Epsom		15	5	19				Prostatis	31	Prostate wound. Appl. cured	Capt Edinburgh RAMC
					18 JUN 1918				17	May 13/19	
										D & Stoppage After 17/5/19	
										A.	

4 JUN 1919

R—122.

K.F.

Rank | Name HALDANE William | Reg'l No. 529575

Unit No.10 Field Amb. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Kenora, Ont. Aug. 30th, 15. | Place of Birth Winnipeg, Man.

Name and Address, Next-of-Kin Mrs. W.C. Hower,

Kenora, Ont. Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
	C	Arrived in England		12 MAR 1916	S.S. Scandinavian A.F.B. 103 Chks b.a.-b
		Embarked for France.		3 APR 1916	Pt II. D.O. 21.
14-6-18	10th Can Fld Amb	Granted GC Badge	Field	30-8-17.	Pt II 27.
Pt II 65 dy 4-10-17 is Amended to read and forfeits one Good Conduct Badge					
Pt II 27 dy 14-6-18 of 10th Can Fld Amb.					
5-12-18	10th CFA	appt'd L/cpl	Pte	Field	20-8-18. Pt II 60.
23-2-19	do	Struck off strength to Camc Gen Hospital Orpington	L/Cpl	do	13-2-19 — 9. CAMC GEN Pt II D.O. 12 d/18-3-19.
18-3-19	C.A.M.C. Gen.	Paid under authority of par at the rate of 50¢ per diem while in hospital from 6-2-19 to 25-2-19 20 days	Pte.	do	6-2-19 — 12.
11-6-14	Camc Gen	SOS to Camc C of	L/Cpl	Field	14-5-19 — 36 Camc C of Pt-II D.O. 131 7-6-19

P.T.O.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
16-6-19	Proving ecc.	T.O.S. pending R.T.C. 97-M-143.	Witley	13-6-19 2/7/19	Cpl Pte O S-1 Can 6 6 6 A.II.D.0143 19-6-19
2-7-19	Proving 6666	SOS to Canada	Witley	2-7-19	cfc —— 61

Original. M. Group. "P" Wing

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Willey DATE 28/6/19

1. 1 (a) Unit 10th Can Fld Amb (b) Regimental No. 529575 (c) Rank Cpl

(d) Surname HALDANE (e) Christian name William

(f) Home address 698 Warsaw Ave. Winnipeg

(g) Next of Kin Mrs W.C. Hower (h) Relationship Mother

(i) Address of Next of Kin 698 Warsaw Ave Winnipeg.

2. Age last birthday 22 years. Date of birth 4th Oct.

3. Enlistment, or Appointment (if an Officer) (a) Place ~~Winn~~ Kenora (b) Date 30 Aug 1915

4. Personal description:

(a) Height 5'8" ~~Est~~ (b) Weight 160 (stripped) (c) Complexion Fair

(d) Colour of hair ~~Brown~~ (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

L. small finger short. Scar between eyes.

5. Former trade or occupation Clerk

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	~~10 months~~ 302

	Periods	
	From	To
Canada	30 Aug 1915	March 2-1916 ~~27 June 1919~~
England	Mar 2-1916.	3-4-1916
France or other theatres of War	3-4-1916	15 May. 1919

7. Original disease, or injury V.D.S.

(a) Date of origin Jan 1919 (b) Place of origin Brussels

(c) Cause Infection

M. F. B. 227.

40UM.—11-18.
J772-39-117.

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

(V.D.S.) No disability-

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.)

No active Syphilitic Lesions.

Wassermann. Report - NEGATIVE.

Can. Gen Lab 25/6/1919 ags. CJ Gaspfels Capt.

Subjective - Nil.

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

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

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

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

Contracted V.D.S. in Brussels in Jan 1919. Had a Chancre on penis. No secondaries.

Last Wassermann Mar. 20 and May 26 - Negative.

Teeth. No 3 Cyst. Full coman.

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*).)

Dec 1918 Bronchitis Recovered.

May 1919 Prostatitis (following V.D.) Recovered.

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

Nil.

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

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

n. a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) yes (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? Re-examine in 6 mths.

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

see 10(a)

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)

Suggest he be detained on arrival in Canada in accordance with P.C. 47 of 20.1.19

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

17. Recommendations

n. a.

J. H. Masonner Capt CAMC
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. Haldane 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

no

W. Haldane 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 we concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No.~~) yes cat A.
(*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.)

Suggested he be sent to R.T.C. in accordance P.O. 497 of 20-1-19.

(*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.)

R.T.C. auth. tel. of 9083 of 11-11-18.

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.

President.

PLACE Witley Camp. A Archibald Capt.

DATE 28-6-19. } 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..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
28 JUN. 1919
WITLEY SECTION.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H 438

OVERSEAS CONTINGENTS

Date of Assignment Apr 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

I

PARTICULARS OF SEPARATION ALLOWANCE

No. 5-295-75

Rank Pte. Promoted Reverted Discharge

Soldier's Name Wm Halligan

Battalion 10th Can. Fld. Amb.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Wm C. Hower

Address 325 First St. North,

Change of Address Kenora, Ont

1

2

3

4

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		
	Dec. 31			135	135		
1918	Jan	Q 68650		15	15	00	B/L.
	Feb.	A 68821		15	15	00	El.
	Mar.	X 94769		15	15		El.
	April	H 15180		15	15		El.
	May	B 10349		15	15		El.
	June	A 13289		15	15		El.
	July	W 28194		15	15		L
	Aug	D 27732		15	15		L
DR	Sept.	C 35702		15	15		L
	Oct	E 41960		15	15		L
	Nov	C 50056		15	15		L
	Dec	E 62322		15	15		L
1919	Jan	C 69649		15	15		L
	Feb	B 76739		15	15		L
	Mar	E 82509		15	15		L
	Apr.	8 288		15	15		L
	May	P 8252		15	15		
	June	O 10840		15	15		
	JUL	O 11971		15	15		
				420	420		

REMARKS 7759-W-35

A/c Closed 31/7/19

Fet'd per Olympic

M.D. # 10 Date 7/7/19 M.F.W.187 21/7/19

Closed C. S. Johnstone

M.R. 098671

AUDITED.

CONSOLIDATED ACCOUNT

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M—6-17—1772-39-1141
L. L. 22530—M. & D. 7693.

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

M. F. W. 711 (A. F. B. 103.)
250M.—1/16
H. Q. 172-39-920.

CERTIFIED COPY
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Unit, Regiment or Corps No 10 Field Ambulance

Regimental No. 529575 Rank Private Name Haldane. William.

C. E. F.

Enlisted (a) 30/8/15 Terms of Service (a) Duration of War Service reckons from (a) 30/8/15

Date of promotion to present rank. } ..... Date of appointment to lance rank } 16 months Numerical position on roll of N. C. Os. } .....

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

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked at St John N.B. March 2nd 1916 Arrived at Bramshott Camp - March 14th 1916			
		EMBARKED FOR FRANCE. Landed At Havre France. 8.4.16.L.R.5210		3 4 16	A/K 3452 d/- 2-4-16
15-7-17	10 C.F.A.	Proc^d on Leave	Ltd	14-7-17	B213. Pte 53 d/5-8-17.
28-7-17	do	from Leave	do.	26-7-17	B213. Pte 53 d/5-8-17
21-9-17	do	7 days C.B. & forfeits 7 days pay for absent from Billets after 6 pm contrary to G.R.O. 1260 and forfeits 1 G.C. Badge	do	26-9-17	B2069 Pte 65 d/4-10-17
					A2008 29 d/ 14/6/18

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

[P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
1-6-18	O.C. Unit	Awarded One Good Conduct Badge		30-8-17	B213 Pt.II. Ord 27/d/11/6/18
"	"	Forfeits " " "	"	26/9/17	" " " "
7.9.18	— —	Granted 14 days Leave	England	6/9/18	B213 R12 ord 444 d/ 17/9/18
21.9.18	—	Rejoined from Leave		21-9-18	B213
16-11-18	— —	Temp duty 3 L D M J Co		14/11/18	B213
22-11-18	D Sms	apptd Lance 6pl.		20/8/18	R12 ord 10 d/ 5/12/18
		20 147-751		18/1/19	30 3H N/5572
18-1-19	51 C.C.S.	N.Y.D. Ven. Disease Adm		20/1/19	N6143.
20/1/19	— "	Ven Sore. To AT. 15.		22/1/19	N. 5869.
22-1-19	7 Gen Hp.	N.Y.D. Adm		6-2-19	W3034
6-2-19	— do —	V.D.S. (3) To 8 Stat.		6-2-19	N. 7152.
6-2-19	8 Stat.	— do — Adm.		6-2-19	O.1643.
6-2-19	7 Gen Hp.	Forfeit all Std all. & pleces under stoppage of pay whilst in hosp from 22-1-19 to 6-2-19. (16 days)			Pro 9/1919.
21/1/19	Con Branch Rec Offi	SOS & posted to CAME General.		13/2/19	K38/1. Pro 9/1919.
		T.O.S. Came Genl		14.2.19	Pte II 12-1919.
25.2.19	8 Stat/Std	Forfeit F.A. etc placed under stoppage of pay W.IN HOSP. from 6/2/19 to 25/2/19 (20 days)		6.2.19 to 25.2.19	O1643/15782 Pte II 12-1919

AUDITOR 4 | PAYMASTER Bx.

M. OR S. H.1864

OLYMPIC

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

REGT. NO. 529545 RANK Cpl. NAME (IN FULL) HALDANE, W (BLOCK LETTERS SURNAME FIRST)

12

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
12		

ORIGINAL UNIT C.E.F. 1FA — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE JUL 2 1919 — AUTHORITY D, O 198

DATE OF ATTESTATION 30-8-15. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-8-19.

PAYABLE TO Mrs Wm C. Bowes. — RELATIONSHIP Mother — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. 698 Warsaw Ave Wpg

ADDRESS 325 Irish St. Mt Kenora. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D. 10 — DATE JUL 2 1919 — REASON D — AUTHORITY D, O 198 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							221	79	221	79																										221	79	C. BAL. from L. P. C. 221.79
1/7-22/7	22	115	25	30	35	00											4	87	32	22	15	00							352	09							Clothing Allce. 1st payment W.S.G.
					70	00			130	30									5	00																	Advance - Boat - Train
																																						A.P. Cogtl. on Eng. L. P. C. to July
			W.S.G.																				W.S.G.										SOLDIER DEPENDENT				
183 Dep			420	00			420	00															70	00							350	00	Inc			1st Payment W.S.G. as above
																											11	50					338	50			S. 11.50 a/c Pay
					Aug. 16								1214384						70	00													268	50			70 - 2nd Pay't M.S.G.
					Sep. 12								1235938						70	00													198	50			70 - 3rd " "
					Oct 13								1681900						70	00													128	50			70 - 4th " "
					Nov. 12								1698550						70	00													58	50			70 - 5th " "
					Dec. 13								1824509						58	50																	58.50 - 6th and Final W.S.G.
					420	00													408	50							11	50			420	00					
																																						a/c Closed.

AUDITED DEC 8 1919 Audit Clerk M.D. 10

200M-3-19.—L. L. 58785-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.