FORESTRY DEPOT. C.E.F.

FORESTRY DEPOT C.E.F.
VANCOUVER, B. C.

Original

ATTESTATION PAPER.

No. 2203914

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? HAWKES
1a. What are your Christian names? William
1b. What is your present address? Standard Hotel San Francisco
2. In what Town, Township or Parish, and in what Country were you born? Southampton England.
3. What is the name of your next-of kin? ~~[illegible]~~ Friend
4. What is the address of your next-of-kin? James Buckley
4a. What is the relationship of your next-of-kin? Rivers Stone San Francisco California U.S.A.
5. What is the date of your birth? Sep 27 1877
6. What is your Trade or Calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? No

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Wm Hawkes (Signature of Recruit)

Date 5th June 1917 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Hawkes, 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.

Wm Hawkes (Signature of Recruit)

Date 5th June 1917 (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 Victoria B.C. this Fifth day of June 1917.

John J. Stevens J.P. (Signature of Justice)

J.P. for the Province of British Columbia

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

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

Description of William Hawkes on Enlistment.

Apparent Age 44 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9¼ ins.

Chest measurement:
- Girth when fully expanded ..... 35½ ins.
- Range of expansion ..... 4½ ins.

Complexion Fair

Eyes Brown

Hair Dark

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

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

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

Vision R: D. 20 L: D 20

Hearing R. ... L. ...

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 5th June 1917. J. D. Hunter

Place Victoria BC Lieut A M C

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:—

MOBILIZATION CENTRE
VICTORIA

Pres. [illegible]

Member [illegible]

Member [illegible]

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Hawkes having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

H. F. Montgomery (Signature of Officer)
Major

Date June 8th 1917.

FORESTRY DEPOT C.E.F.
VANCOUVER, B. C.

RB 9-1-19.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name HAWKES, WILLIAM

Regt. No. 2203914 Rank Pte

Corps B.C. Forestry Depot

Med. unfit

Procedes on Dis. forwarded to B.P.C. on m.s. 42205 Ref 6390 of 10-1-19 D.C.

Ret. 20/1/19

14769

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	X
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	2
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Disch Parchment Certificate	1
Medical Report for Invalids	1
Medical History Sheet	2-3
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	1
Inventory of Kit	
Last Pay Certificate	1

memo 015

A & W 3997-1
M & W 97-1
M & W 125-1
Ass Cert 1
R & O 6045-4
P 133-1
1 9 & D
A & D-1
M & W 61-1
Ass Cert 1

1/15
24-5
30 5
1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

NAME Hawkes H.

REGT'L. No. 2203914

H. Q. FILE No. 649

RANK AND CORPS Spr. #5 Can Ply Trps.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A116	#20 Gen Camiers	11-1-18.	Rheumatism Chr
B122 (1)	Norfolk War, Thorpe, Norwich	18-1-18	Chr. Bronchitis
B136	Can Cond. Brw'd Wokingham	7-2-18.	Bronchitis Chr.
B148	Dieh	15-2-18.	Chr Bronchitis

6.

CARD NO. ~~L.O.D.Lie 27-127~~ 6

M.U.D.O. 248-

FOLL. 21-12-18. #688

SURNAME. Hawkes

CHRISTIAN NAMES William

REGL. No. 2203914 RANK Pte

UNIT ~~Forestry Coy. M.D. 11 to M.D. 2 (Draft)~~ #6 L.D.D

FORMER CORPS Inf.

NEXT OF KIN.

NAMES IN FULL Buckley. James

RELATIONSHIP TO SOLDIER Friend

ADDRESS Denver House. San Francisco. Cal. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Southampton DATE Sept. 27th 1892

PLACE OF ATTESTATION Victoria. B.C. DATE June 5th 1917

P/C. 28-11-18 $\frac{231}{108}$.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 44 YEARS MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 4½ INCHES

COMPLEXION Fair EYES Brown HAIR Dark

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Victoria, B.C. DATE June 5th 1914

Present address Standard Hotel, San Francisco. Cal. U.S.A.

D.M.S. 1314.

CANADIAN CONVALESCENT HOSPITAL

Document Card.

AT

Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

6 - FEB 1918

Regt. No. 2203914 A. & D. No. US 12145

Rank Spr. Corps 5th C.R.T.

Name Hawkes W.

Original / ~~Duplicate~~ M.H.S. Received from Norfolk Date 7-2-18

M.H.S. Acknowledged to " Date "

M.H.S. Requested from Norfolk War Hosp. Date

M.H.S. Despatched to Hosp. Rep. Date 10-2-18

M.H.S. Acknowledged by Date

P.T.O.

REMARKS:

OTHER DOCUMENTS (Med. Board, Charge Sheets, etc.)

No. 203914. RANK Pte. NAME Hawkes, Wm.

T.O.S. 5-6-17, UNIT Forestry Depot. C.E.F.
June paylist.

M.D.11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
June 5	June 30.	✓		
July 1	July 15.	✓	Proc. O/S 15-7-17.	See 5-6 of 16-7-17.

Form R. 149.

Name HAWKES, William Rank Spr. Reg. No. 2203914

Unit 5th. Railway Troops AR

Next of Kin U.S.A

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-1-18	~~Leave to Winnipeg~~			S.R.		
	Pa. 1871	Ex Blenn				
11-1-18	Leave to E. H. Leamington			O116		
	Ex Pa. 1430		Do			
18-1-18	Detached to Hyde Park			B122		
	Le 1848	Ex Brockville				
7-2	Leave to Deerwood			B/34		
	Le 2071		Do			
15-2	Discharged					
	Le 3325		Do	B/148		AR

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

Form DMS 1401.

A. & D. CARD

Can: Conval: Hospital HOSPITAL.

AT Bear Wood

A. & D. No. 12145 PL. OF ACTION

RANK Spr. REG. No. 2203914 UNIT 5th Cl Rly Troop D SICK OR WOUNDED

NAME Hawkes W AGE 46. RELIGION C.E.

PLACE IN HOSPITAL hut 3.

DIAGNOSIS Myalgia General

ADMITTED 6 FEB 1918 FROM Norfolk war hos

DISCHARGED 15 FEB 1918 TO C.C.D. 3rd C. Seaford

TRANSFERRED

SERVICE AT HOME 7/12 IN FIELD 2/12

RESULTS Pain in ankles - left worse - G.C. fair D.I. 11/2/18

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

P.T.O.

REMARKS.

M021

Number 2203914 Rank Spr.

Surname HAWKES

Christian Name William

Units C.R.T. Theatre of War France

Date of Service 1-11-17

Remarks 138 Derby Rd South Ampton

Latest Address ~~Southampton~~ England

Roll No. 13 Page 17570.

200m.-2-21.M.

FORM D.M.S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
HAWKES	W.	2203914.

RANK	UNIT	CO.	TROOP	BATTY.
Spr.	CRT.5.			

HOSPITAL

DATE OF ADMISSION

20 Gen.Camiers. 11-1-18.

Norfolk War, Thorpe, Norwich. HOSP. 18-1-18

2. Bearwood Wokingham HOSP. 7-2-18

3. HOSP.

4. HOSP.

DIAGNOSIS

1 Rheumatism Chr. Ao

Chr Bronchitis not

2.

3

Dis 15-2-18

DISPOSITION DATE

CL 18-1-18 A116-3.

REMARKS

25-1-18 B/22-1.

11-2-18 B136 (2)

25-2-18 B148 (2)

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

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

DUPLICATE
Original

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....FORESTRY DEPOT C.E.F. VANCOUVER, B. C.

(2) Regimental Number.....2203914

(3) Full Name of Soldier.....Private William Hawkes.

(4) Place of Birth.....Southampton, England.

(5) Are you married, or not?.....No

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

(b) Present Postal Address.....----

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

(8) Have you any children?.....00000

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

Also their names and ages.....✓

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....No.....

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

(10) Is your Mother alive ?.....No.....

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

.....

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

Are you her sole support, or not ?.....✓.....

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

.....✓.....

.....

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

.....None.....

.....

.....

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

.....

15) Are you insured ?.....No.....

If so, in what Company ?.....✓.....

Have you made arrangements for payment of your Insurance premium.....✓.....

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

Oscarlin
CAPT. & ADJUTANT
.....
for Officer Commanding.
FORESTRY DEPOT C.E.F.
VANCOUVER, B. C.

Date.....JUL 6 1917.....

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

6 E

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
~~T/4 OS.~~ ~~12145~~ 12145	~~24~~ 320314	Spr	Hawkes	W

Unit.	Age.	Service.
5th Can Rly Troop D	46	9/12

Station and Date.

Disease Myalgia

Pain in ankles - left worse : G. Pain

W.A.C.

Bear Wood
Feb 6/18

Aut 3
11.2.18

D 1

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

FORM P.305.
2283-7½M-6/12/16

Ref. No. Lest 1074 L

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs S Hawkes
Address 178 Derby Road
Southampton Eng

By whom assigned Hawkes Lt
Regtl. No. 2203914
Rank Pte
Corps, &c. CRT

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	20 00	
Date to commence	1.12.18	

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

PAYMENTS. Noted on L P L

Month.	Year.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet Deduction.	REMARKS.
Jan	1916				DISCHARGED TO CANADA.
Feb.					CRT D N/R 14 18 11 18
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		846489	20		
Jan	1917		Stop Disc 27/12/18		
Feb.			Auth table 8896 30/12/18		
Mar.			Separate		
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.		Pay Sheet.		REMARKS.
Sept.	1917						
Oct.							
Nov.							
Dec.							
Jan.	1918						
Feb.							
Mar.							
April							
May							
June							
July							
Aug.							
Sept							
Oct.							
Nov.							
Dec.							
Jan.	1919						
Feb.							
Mar.							

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E.M.

Name Hawkes, William
Surname Christian Name

Regimental Number 2203914 Rank Private

Unit C. F. C.

Original Unit

District where paid M.D.#6.

Date of Discharge December 27th,1918.

P. D. P. Filing Number

Address (in full)

178 Derby Road,
Southampton, England.

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: Account opened December 24th, 1918.

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No.....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk.....

Dec'n No..... W. S. G. File No

Award..... days at $ ..... per day $

S. A..... months at $ ..... per mo. $

Less P, D. P. Credited

Less further debit balance

Net due paid as below

TO SOLDIER ON DEPENDENT

O	Reg. No.	Name	Rank	Amount

Dependent.....

$ Address.....

$.....

$.....

$.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. C.A. 1816

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Hawkes, William.

Address 178 Derby Road, Southampton, Eng.

Dependent 2203914 Pte.

Address

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
1919		14	7	8							
June 7	24145				14	7	8		0		Grat. Final Payment.

Form R 122.
2353—100M—9-12-16.

LTR

Rank | Name HAWKES, William | Reg'l No. 2203914

Unit | If in perm. Corps What Unit? | Married or Single Single.

Camp Borden, FORESTRY, & Ry Con Dft. To C R T D

Place and Date of Enlistment Victoria, B.C. 5th, June 1917. | Place of Birth Southampton, ENG.

Name and Address, Next-of-Kin James Buckley.

Dehver House, San Francisco, Califonia, USA. | Relationship Friend.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 3734
File R.L.
Category O.R. CAN

H. W. V., Ld.—9546-16.

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
6.		Arrived in England		23-8-17		S/S Missanabie
24-8-17	Depot CRT	To S on arrival in Eng	P'fleet	Spr	24-8-17	Pt 6 No 235
1-11-17	" "	SOS to 5th CRT pro T/S	——	Spr	1-11-17	294. {5th CRT Pt 6 No 100 99 10/7 11/17
26-1-18	5th CRT	Invalided sick & posted to CRT Depot	Field	"	18-1-18	4.
27:1:18	Dep CRT	TOS from 5th CRT on admt to Hosp	S'fleet	"	18:1:18	27.
16-2-18	Dep CRT	On commnt to 3rd CRD	——	"	15-2-18	47. {3rd CRD Pt 5 No 42 2/18 Spr
7.11.18	" "	Leave on Lond do	——	"	7.11.18	309 3rd CRD Pt 10 263 a/7.11.18
22.11.18.	" "	S.O.S on transf from O.M.T.F.C. to the C.E.F. in Canada	"	"	22.11.18	pt II 324

P.B. 103 CHECKED 5 NOV 1917

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.					

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.

FORESTRY DEPOT C.E.F.
VANCOUVER, B. C.

Unit, Regiment or Corps .....

Regimental No. 2203914 Rank Private Name Hawkes — William

Enlisted (a) June 5/17 Terms of Service (a) ~~C.E.F.~~ D.O.W. Service reckons from (a) June 5th 1917

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) Military Civil Labourer

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 H.M.T. "Missinabie"	Halifax	11/8/17.	3 p.m.
		Disembarked	Liverpool	23/8/17	
23/8/17	C/S. For S.Rly. C.Draft	Transferred to C.R.T. Depot	Purfleet Sidney Streby.	23/8/17	D.O.Part 11 No 16. Lieut for O.C.
24/8/17	C.R.T. Depot	Taken on strength.	Purfleet.	24/8/17	D.O.Part 11 No. 225.
1/11/17	C.R.T. Depot	S.O.S. this Depot to 5th Bn. C.R.T., Overseas	Purfleet	31/10/17	Pt.2,D.O 294 E G Kingwell Lt. for O.C., C.R.T.D.
5/11/17	CEFD	Arrived in France and T.O.S. 5th CRR	CEFD	2/11/17	Pt II D.99 d.7.11.17
5th CRR	Joined unit		Field	5/11/17	

(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				
8.1.18.	3 Dly.	Chr. Rheum. adm	3 Can Dly.	8.1.18.	W9837 C7227
11.1.18.	20 Lgen	Do	Do. 20 Lgen.	11.1.18.	W9950 C7697
10.1.18.	3 Dly.	Do.	To CGBD.	10.1.18.	W9997 C7697.
18.1.18	20 Lgen.	Do.	To England	18.1.18	W5332 C8595.
18-1-18	Do	Invalided Sick per H/S BRIGHTON and posted to C.R.T.Depot	Purfleet	18-1-18	AFW.3083 R&R.4731 Part 2 Orders 4 d.26-1-18
24-1-18	C.R.T.	To S. from S. C.R.T. on admt to Hosp	Purfleet	18-1-18	Pt 2 No. 24

Lieut. for Lt.-Col. A.A.G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

DoB 11
AR 19/2/18.

4/6/18

DISCHARGED FROM 3RD C. C. D. Seaford TO CHRRD BN. PART II D. O. NO. 137 6/6/18

for Lt-Col i/c Records.

Reserve

For O.C.
3rd Canadian Command Depot

7/11/18 DISCHARGED FROM 3RD C. C. D. Seaford TO C.R.T.D. BN. PART II D. O. No. 263 7/11/18.

For O.C.
3rd Canadian Command Depot

FOR STATISTICAL USE OF C.E.F. 23 JAN 1919

ORIGINAL

MEDICAL HISTORY SHEET

No 2203914

B2

ORIGINAL

Surname HAWKES Christian Name William

Examined on 5th day of June 1917 at Victoria BC

Birthplace City or Town Southampton County England

Apparent age 44

Trade or occupation Laborer

Height 5 feet 9 Inches

Weight 135 lbs.

Chest measurement Minimum 31 inches Maximum expansion 35½ inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left Number 2

When Vaccinated last 10 yrs ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision R: D. 20 L: 20

Hearing R. N L N

Approved by J. D. Hunter

Rank Lieut AMC M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		23 JAN 1918	
			M.O.
	Fit		M.O.
			M.O.
			M.O.
			M.O.
			M.O.
15/6/17	B2		M.O.
5/12/17	A1	Discharge Cert Cause	

Date	Result	Vaccinations	
27/7/17		J. H. B. Clayney	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
11/6/17		J. A. MacDermot	M.O.
19/6/17		J. A. MacDermot	M.O.
24/6/17		D. A. Dunbar	M.O.

Enlisted on 5th day of June 1917 at Victoria BC

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		2203914		
Transferred to	CRT			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Halifax N.S	Dec 10/18.	(1) Rt. Inguinal Hernia (2) Emphysema	C III Fit Fit B. 2
VANCOUVER ~~VICTORIA B.C.~~ 3rd P.C.D. Seaford.	JUN 28 1917 ~~JUN 5 1917~~ 11-3-18.	General Debility	J. A. MacDermot Capt. Pacheman Lt. Bill. A. Smith Capt. Capt. C.A.M.C.
Seaford	4-4-18		
"	16-6-18	" "	
Seaford	2-8-18	" "	
Seaford	8-10-18	ditto	
Seaford	4-11-18	ditto	
Pinfield	16-11-18	"	Discharged Fit for duty

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.

PRESIDENT STANDING MEDICAL BOARD

M. F. B. 313.

300M.—1-17.

H. Q. 1772-39-439.

Surname HAWKES Christian Name William

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
NORFOLK WAR HOSPITAL THORPE NORWICH		18	1	18	6	2	18	Myalgia	19	Trans to Gary Corp Hep Wokingham	J. Spurr Lieut MAJOR, SUB LT. COL., R.A.M.C., OFFICER IN CHARGE
Bear Wood		6	2	18	22	2	18.	Myalgia	16.	No Disability Cat D1	G. Stammers Capt.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

Copy No. 2266.

This is to Certify that No. 2203914 (Rank) Private

Name (in full) William Hawkes enlisted in

the B.C. Forestry Depot

CANADIAN EXPEDITIONARY FORCE at Victoria, B.C. on the Fifth

day of June 1917

HE served in France

and is now discharged from the service by reason of being Medically Unfit

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

Age 45 years 3 Months

Height 5 ft. 9 Inches

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars Tattoo Mark both fore arms. 3 Vacc. left Arm

Wm. Hawkes
Signature of Soldier

Issuing Officer

Lt Col
Rank

Date of Discharge Dec. 27th 1918

Ot. #6 Dist Depot
Appointment

Signed at Halifax N.S. this day of 19

in Military District No. 6

File Reference No. 74.H.513.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G. O. C. District.

Army Form B. 103. Sheet 2. Regimental Number 2203914

Casualty Form—Active Service.

Regiment or Corps: Forestry Depot

Rank: Spr. Surname: Hawkes. Christian Name: William

Religion: Age on Enlistment: years: months

Enlisted (a): 5.6.17 Terms of Service (a): Dur War Service reckons from (a): 5.6.17

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

Extended { } Re-engaged { } Qualification (b): or Corps Trade and Rate:

Occupation: Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
16.2.18	C R T Depot	On Comd 3rd Co Seaford	Purfleet	15.2.18	pt II 47
7.11.18	do	Off Comd Seaford	do	7.11.18	pt II 309
		S.O.S. C.R.T.D. 22 NOV 1918 ON EMBARKATION TO CANADA	for O.C. Canadian Railway Troops Depot.		Lieut,
22-11-18	Embarked Eng				
29-11-18	Dis — Leave				
23-11-18	Dis Leave	STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT	Halifax		CAPTAIN
29-11-18.		Posted D Casy Co.			ADJUTANT NO. 6 DISTRICT DEPOT
27.12.18		DISCHARGED at Halifax, N. S			LIEUT O.C. DISCHARGE SECTION NO. 6 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) Signaller, Sig[illegible]g-Smith, &c.

(6228) W. 13863/M1477 2,400.000 1/17 McA & W Ltd Forms B./103/4 (E. 856) [P.T.O.

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

C.A.D.C.5009. 50M-3-5-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
2203914	HAWKES. W.	Spr	CRTD

Date of Examination	17/11/18
Present Dental Condition	7 D
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	no
Has he ever declined Dental Treatment?	no
Recommendation	

CANADIAN RAILWAY TROOPS DEPOT SENIOR DENTAL OFFICER 17 NOV. 1918 PURFLEET

Date 17/11/18

Station Purfleet Essex

Signature of Examining Officer Earl Wilbur Hossinger Capt. C.A.D.C.

* Name should be entered in block letters.

6

P. 559

MARRIED OR SINGLE Single.

PLACE OF BIRTH So. Hampton England

NAME AND ADDRESS OF NEXT OF KIN Frome Jas Buckley

Denver House, San Francisco, U.S.A.

RELATIONSHIP OF NEXT OF KIN Friend.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ Nil. 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

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE
														10 –	16 –								
Aug	31	1/-	34	10											34 10								
Sept	30		33												33	669	29/8						
			67	10										10 00	77 10								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
	~~Bal~~	~~74 66~~							74 66		
Oct	PP	34 10		A221340			20				
				748 CRTD 9/9	34 07				54 69		
		34 10			34 07		20				
Nov.	P.P.	33 00		B24358			20				
				836 29/9 C.R.T.D.	9 73						
				914 12/10 do.	7 30						
					17 03						
				964 26/10/17 do	4 87						
Dec.	P.P.	34 10		B81961			20		59 89		
		67 10			21 90		40				

MOTIONS, &c.

Effective Date	Authority

OSPITAL, &c.

Name of Hospital

Reg'l No. 2203914. Rank Sapper. Name Hawkes, William.

E

If in Permt. Corps What Unit } Unit C.E.F. Draft M.D. #12 Transferred to Depot CRS. Date 1/8/17. Authority R Roll

Permanent Force Allowances Transferred to 5 CRS Date 15/1/18 Authority 99 7/11/17

Place of Attestation Victoria, B.C. Transferred to CRSB Date 1/2/18 Authority 27 15/1/18

Date of Attestation 5/6/17. Transferred to Date Authority

Assigned Pay Monthly $70.00 Date Effective 1/10/17.

Payable to Mrs. Sarah Hawkes, 178 Derby Rd. Southhampton. Eng. 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)

Account Transferred to Officers' Pay Branch (Date)

Acquittance Rolls 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
																	Bal from Can
													10 —				
													44 10				
						244						244 74 66					
						244						244 7466					

Balance	Deferred Pay	Sep. Allce. Eng.
74 66.		
5469.		
2 77		
5989.		

English A.F.

AUDIT CLERK

DATE 19/6/19

2203914 Spr Hawkes Wm

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE, ENG.
31/12/16 1918 Jan				Balance					59 89		
	PP	34 10		CH5888 £4-2-2				20			
				AR 738 30/11/17 5 CRT	8 92				65 07		
		34 10		8 92	8 92			20			
Feb		30 80		C98057 £4-2-2.				20			
				AR 937-15/1/18-5 CRJ	268						
				2790 14/2/18 B'Word	24 33				48.86		
		30 80			27 01			20	41 40		
Mar	PP	34 10		£4-2-2 D66749				20	90 26		
	book fares to day from 5/2/18 to 25/2/18 AD042-19/2/18 £4 & CD	7 30		2905 12/3/18 £6 6 D	9 73				34 60		
				3209 25/3/18 Do	4 87				55 66		
		41 40			14 60			20			

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE. *
EFFECTIVE DATE:- 1/10/19		EFFECTIVE DATE:-
AMOUNT:- 20.00		AMOUNT:-

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

Mrs Sarah Hawkes Mother
178 Derby Rd. Southampton Eng

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES BY INSERTION OF DATE CHARGED IN RE

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT		DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID

PARTICULARS OF RENDERING NON-EFFECTIVE:- Resd to Gen

MONTH 1918.	PARTICULARS	CR 1		CR 2.		
March	Fwd					
April	P.P.	33	-			A 49860
						AR201. 3
						" 749 3
		33	-			
May	P.P.	34	10			A 89860
						AR 1088,
						" 1496
		34	10			
June	P.P.	33	-			B 2066
						AR 2157
						Q 4005 #
						AR 2449 36
		33	-			
July	P.P.	34	10			C 5060
						AR 3405
						AR 3063.
		34	10			
Aug	P.P.	34	10			C 6405
						AR 4511
						" 4955
		34	10			
Sept	P.P.	33	-			D 266
						" 5658
						" 6021
		33				

ENGLAND OR ~~CANADA~~	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
	EFFECTIVE DATE:–	
	AMOUNT:–	

NAME:– HAWKES, William

NUMBER:– 203914

PARTICULARS OF RANK OR APPOINTMENT E

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr

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

er Mother
thampton Eng

UNIT AND TRANSFERS

ORIGINAL UNIT:– CRDSftMD#2

DATE ACCOUNT FIRST OPENED:– 1/8/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CRDD

RVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

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

NG NON-EFFECTIVE:– Resd to Canada 30/1/18 CRTD NR 14

ULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								55 66		
	33 –		A49860 £1.2.2			20 –				
			AR201. 36RJ 12.4.18	9 73						
			" 749 36.6D. 29.4.18	4 87				54 06		
	33 –			14 60		20 –		34 10		
								88 16		
	34 10		A89860 £4.2.2			20 –				
			AR1088, 36.6D. 15.4.18	9 73						
			" 1496 " 29.5.18-10	4 87				53 56		
	34 10			14 60		20		86 56		
								40 35		
								46 18		
	33		B20660 £4.2.2			20 –				
			AR2157 16/6/18 3 bfd	9 73						
			Q4005 4865 JOR 3 bfd June 1918	5 78						
			AR2449 36.6D. 28.6.18 14	4 87				46 18		
	33 –			20 38		20 –		34 10		
								80 28		
								39 46		
	34 10		C5060 £4.2.2.			20 –		40 82		
			AR3405 36.6D 22.7.18	9 73						
			AR3067. 3" 16/7/18	9 73				40 82		
	34 10			19 46		20		34 10		
								74 92		
								39 74		
	34 10		C64058 £4.2.2.			20 –		45 18		
			AR4511 36.6D. 16/8/18	4 87						
			" 4955 " 29/8/18 22	4 87				45 18		
	34 10			9 74		20 –				
	33 –		D 26666 £4.2.2			20 –				
			" 5658 " 13/9/18 3.	4 87						
			" 6021 " 23/9. 9	4 87				48 44		
	33			9 74		20				

NUMBER 2203917 RANK NAME HAWKES W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR.
	P. B. & Bord						
Oct		3 10		6584 70 £4-2-2			20
Nov				6845 3 CCD 15/0 26	9 73		
		23		6 8699 £4-2-2			20
		67 10			9 73		40
Nov				DN. AR. 3533 16/11/18. CRTN.	9 73		
					9 73		
				S.O.S. Canada 22/11/18			
				PO 324. 22/11/18 CRT			

HAWKES W

ARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
					48 44		
58x10 £4-4-0			20		62 54		
CD 15/10 26	9 73				52 81		
699x £4-2-0			20		65 81		
	9 73		40				
533 16/11/18. CRTN	9 73				56 08		
	9 73						
ada 22/11/18							
2/11/18 CRT							

This space to be for numbers

M

Proceedings on Discharge.

2/

28 1918

59-H-917

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

No. 2203914

Rank Private

Surname Hawkes.

Christian Name William

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

Corps (Squadron, Battery or Company) B. C. Forestry Depot

Date of Discharge December 27th 1918

Place of Discharge Halifax N. S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 45 years 3 months.

Height 5 feet 7 inches.

Complexion ~~Fair~~ Dark.

Eyes Brown

Hair Brown

Trade Laborer.

Intended place of residence (To be given as fully as practicable.) Southampton Eng

Descriptive Marks

Tattoo marks both fore arms

2. Vacc marks left arm.

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

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

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

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding .....

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

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

(Place) Halifax N.S. Wm. Hawkes (*Signature of Soldier.*)

(Date) Dec. 27th 1918 W. A. Hridder (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

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

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Signature) [illegible] Lt Col

(Date) .....

O.C. #6. District Depot

Reservations referred to at Para. 8.

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

Wm. Hawkes.

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

R. & O. 6045 (Revised).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD MARCH 11th 1916.

No. 220394 Rank SPR. Name HAWKES, W.

Local Unit C.R.T.T.D. Overseas Unit C.R.T. Age 47.

Examination held at 3rd C.C.D. MEDICAL DEPARTMENT.

DISABILITY.
Overseas—Local.
(scratch one out)

GENERAL DEBILITY

PRESENT CONDITION.

1. Left varicocele. 2 months.
2. Inoculated & Hospitalized. 18-1-16. Myalgia.
3. No improvement at 3rd. P.C. despite remedial work & it is not recommended.
4. Early typhoid - Pains in back & legs.
5. O.G. typoid - looks his age 47. Chest fair.

BOARD RECOMMENDS:— B.T. - Not likely to be useful to a fighting Company with 6 months

1. Fit for Duty
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty 4-4-16 ..... weeks.
4. Fit for Permanent Base Duty B.T. J.J. Fillies Capt
5. Discharge

10-1-16 B.T. confirmed J.J. Macdiarmid Capt

2-8-16 B.T. confirmed Permanent

Signatures:—

MEDICAL DEPARTMENT 3rd Canadian Command Depot 19 MAR 1916 SEAFORD CAMP SUSSEX

President.

Members

APPROVED

Dated at Seaford 17-3 1916. Eligible for duty in Canada

For A.D.M.S.

Remedial has recommenced. 6-4-16

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1916

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

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

Signatures:—

..... President

Members

.....

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

Form [illegible] & C. 6345.
1238-130M-29/11/18.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD, OCT. 3rd 1918

No. 2203914 Rank PTE Name HAWKES WILLIAM

Local Unit 3rd C.C.D. Overseas Unit 5th C.R.T. Age 48

Examination held at 3rd C.C.D

DISABILITY.
Overseas ~~Local~~
(scratch one out)

D.A.H.
DEBILITY –

In France 3/12

PRESENT CONDITION.

Invalided from France with bronchitis
Complains – loss of weight – shortness of
breath – weakness
Exam – looks older than given age
General condition very poor – Pulse rate
120 at rest – myocardial tone poor – no
murmurs – heart not enlarged – lungs
apparently normal – Puffiness under the
eyes – arteries – sclerosis present
other systems normal

BOARD RECOMMENDS:–

1. Fit for Duty B[illegible] not likely to be raised in six months.
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty Sent 4-11-18 ..... weeks.
4. Fit for Permanent Base Duty B[illegible] not ✗ J.W. MacNeil Capt
5. Discharge .....

Signatures:–

Members
J.W. MacNeil Capt. President.
A.J. Martin Capt
Ivenichol, Capt

APPROVED 4 OCT 1918

Dated at Seaford, Sussex. 1916.

APPROVED.

Captain
for A.D.M.S., Canadians.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SCARBORO, J.A.C. 1916

No. 3314 Rank PTE Name HAWKES WILLIAM

Local Unit S.C.R.C. Overseas Unit S.C.R.C. Age 44

Examination held at S.C.R.C.

DISABILITY.

Overseas—Based (or not on duty)

D.A.H.

DISABILITY

PRESENT CONDITION

BOARD RECOMMENDS:

1. Fit for Duty

2. Fit for duty after ..... weeks physical training.

3. Fit for Temporary Base Duty ..... weeks

4. Fit for Permanent Base Duty

5. Discharge.

Signatures:—

..... President.

..... Members.

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

ORIGINAL.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax DATE Dec 10 1918

1. 1 (a) Unit 5th Railway Coy (b) Regimental No. 2203914 (c) Rank Spr

(d) Surname Hamilton (e) Christian name William

2. Age last birthday 46 Date of birth Sept 27 1872

3. Enlisted at Victoria BC on June 5th 1917

18
22
94

4. Personal description:— 59 H. 917

(a) Height 5 . 9 (b) Weight 135 (stripped) (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks

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

Jas. Marks Bolt Foreman

6. Former trade or occupation Labourer

ASSISTANT DIRECTOR OF MEDICAL SERVICES DEC 12 1918 M.D. No. 6

	Years	Days
7. (a) Service	one	180

	Periods	
	From	To
Railway Construction Troops	June 5 1917	Feb 1917
	Hospital Feb 1917	to date

(b) Has he been overseas? yes 8. Original disease or disability Myalgia

(a) Date of origin Nov 1917 (b) Place of origin France

(c) Cause* Active Service conditions

(d) Present disease or disability @ Arteria Sclerosis (b) Emphysema

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

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

Patient looks older than age given. Some thickening of Radial and Brachial arteries also Jugular veins stand out prominently, Blood pressure 174 Sys + 100 Dias

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Pulse 86 at rest after long lying down times 120 returns to 100 after 2½ minutes. Cardiac are not enlarged, no murmurs. Expansion of chest 1¾" Hyperresonant, dependent emphysematous condition both sides. States that he suffers from dyspnoea at times when walking up hill or heavy work also has some precordial pain at this time his dyspnoea however was only moderate

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

Nervous yes Digestive yes Respiratory as described Cardiac as described

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

after exercise

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

States that he did not feel anything wrong until Aug 1917 but Medical History Sheet shows that he was Categorized B ii on June 28 1917 "General Debility" States that he used to get tired out when working in France particularly after getting fat wet also would suffer from dyspnoea + precordial pain

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

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

(a) From Man's Statement Not applicable
For Medical History Sheet yes but not aggravated by Service
(b) not applicable

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

The regimental documents will be referred to.

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

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

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

3rd Canadian General Boulogne France
Norfolk War Hospital Brenwood Convalescent Hospital

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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

no

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

17. Recommendations

Calgary 1st

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned ..... 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

Fit.

Wm Hawkes
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the soldier fit for

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

20. It is certified that the soldier
(~~a) Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(~~c) Should pass under his own control~~.
(d) Should not pass under his own control.
(Strike out condition not applicable).

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

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

Cat C iii

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

F A Rice Major CAMC *President.*

PLACE Halifax N.S.

DATE Dec 10/18

G H McNally major } Members.

APPROVED BY

APPROVED G.O.C. M.D. No.

Assistant Director of Medical Services.

DATE 16-12-18

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

DATE

} Members.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 2203914 Rank Pte Name Hawkes W.

Corps C.R.D. who was* Discharged

On 27-12-18 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191....

to 27-12-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month 2126	13	92	Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l. Pay 27 days at $ 1 c.	27	—
Advances by Cheques No. AR 9	10	—	Field Allow. 27 days at $ c. 10	2	70
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Reg Fund		05	Other Allowances* Clothing all	35	—
Payment on transfer or discharge No. 9713	40	73	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	64	70	Total	64	70

*Give particulars.

A monthly stoppage of $ 2.00 (†) has (‡) been paid on account of Assigned Pay for the month of Dec 1918 and Sep'n Allce. for month of 191... (to) Assignee Mrs Sarah Hawkes

(Address) Paid by England 178 Kirby Rd Southampton Eng

FOLIO

LINE

1918

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

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No. Made by: WRP

Checked:

Date:

D. O. No.

M.D. No 6

REMARKS:— Clothing allowance

State (1) date of enlistment

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

(3) cause of discharge Med Unfit authority Ao 248

(4) authority for transfer

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

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

Date 23-12-18

Place Halifax N.S.

CAPTAIN,

Paymaster.

PAYMASTER No. 6 District Depot.

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

DISTRICT DEPOT No. 6 REGISTERED
DEC 24 1918
H-513
HALIFAX, N.S.

35

AUDITOR | PAYMASTER 8

M. OR S.

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

REGT. No. 220394 RANK Pte. NAME (IN FULL) Hawkes, William (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 6 F.C. | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 178 Derby Rd. Southampton Eng

88

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE CDR. DATE 27/2/18 REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
									280 00		War Gratuity																										
	122 days		280 00								Jan 24	1919	B2937				33 00										33 00						33 00				PAYRoll 232
											Feb 26	1919	B3816				70 00																				
											March	1919					74 00																				
																													70 00								70000 Cr Note Lieut Colonel Aug 17/19
	280 00						280 00										177 00										103 00				280 00						

Certified that all payments due on this acct. have been paid.

W. Dawson CAPT.
For Senior Officer Pay Services, M. D. 6

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

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P.830-25M-21-2-18

LAST PAY CERTIFICATE. PARTICULARS.

1. L.P.C. Issued, date 18/11/18 2. Authority CRD 4R 14

3. Discharged to Canada 4. Pay Book Veriied 18/11/18

5. Balance shown on L.P.A. $ 56 08 6. Balc. shown on Ledger Sheet $ 65 8

7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount Debit		Amount Credit	
3533	15/11/18	Purflat	9	73		

8. Ass'd Pay Cancelled A3M forms rendered

or

9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer i/c Group " "

Reserved for M.H.C.

Regt. No. 2203914 Rank SPR. Surname HAWKES Christian Name William

Unit or Corps—(a) Overseas from United Kingdom 5th C.R.T. (b) in United Kingdom C.R.T.D.

Born at—Town SOUTHAMPTON County or Province ——— Country ENGLAND

Date of Birth—Day 27th Month September Year 1872 Age 46 yrs. 1 months.

Joined at VICTORIA, B.C. Date 5th June 1914.

Former trade or occupation LABORER

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

TATTOO MKS BOTH FOREARMS 3 VAC. L.

Height—feet 5 inches 9 Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) Wm Hawkes

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): ARTERIO SCLEROSIS

Disabilities Group (b): D. A. H.

Disabilities Group (c):

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	AGE.		PRIOR TO ENLISTMENT.
(ii.) As to Group (b) above.	ACTIVE SERVICE CONDITIONS	FRANCE	1917.
(iii.) As to Group (c) above.			

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? YES.

(ii.) As to Group (b) above? NO If yes, has Active Service aggravated it? —

(iii.) As to Group (c) above? If yes, has Active Service aggravated it?

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? YES.

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

5

PART I. (continued).

5. MEDICAL HISTORY. Statement – no ~~previous~~ serious illness prior to enlistment – worked as laborer at railway construction. Enlisted June 5 1917. Drilled till Sept 17 came to Eng. & in ~~oct~~ Nov. '17 worked on construction C.R.T. till France & in Jan. invalided back to England with Rheumatism. Sent to 3rd C.C.D. in February & sent back to C.R.T.D. 7-11-18. While at Seaford had 2 boards & was placed in B iii – worked Q.M.S. office.

Documentary – Casualty form: to France from Nov. 1.17 till 8-Jan. '18. when admitted to Hosp. diag. chronic Rheumatism usual channels to England. Norfolk War Hosp. diagnosed Myalgia In Norfolk 18,1,18 — 6-2-18 then at Bead Wood 6.2.18 — 22-2-18. Seaford. 3rd C.C.D. 22.2.18 — 7.11.18. when he was T.O.S. Purfleet C.R.T.D.

Boarded. Seaford. 11-3-18. Gen. Debility Objective Symp. age 47. Gen. Cond. fair. Cat. B ii & oct. 3. '18. for D.A.H. & Debility "Looks older than given age. Pulse 120 at rest. myocardial tone poor. Heart not enlarged lungs normal. Arterio sclerosis present. Puffiness under eyes. B iii " Confirmed 4-11-18 Seaford

6. PRESENT CONDITION. Subj. — Pain in chest at times. in precordial area when working hard. Dizzyness on assuming erect position after stooping & after working. State age is 46. Is under weight Could not stand route march. Complains also of shortness of breath.

Objective Some arterio sclerosis present. Pulse at rest 90. on slight exertion 108. Heart not enlarged age as given by attestation paper 46. Slight puffiness under eyes.

Other Systems normal

7. OPERATION. (*i.*) Was one performed? no. (*ii.*) If so, state what.

(*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. Lower incisors have become loose during last month.

9. DO YOU RECOMMEND:—

(*a*) Fit for duty? (*state category*) YES B iii

(*b*) Invalid to Canada?

(*c*) Discharge from the Service as permanently unfit?

Date of Report 16 NOV 1918 191...

Station Purfleet C.R.T.D.

Signed A. MacDonell Capt CAMC.
Officer in medical charge of case.

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

..... {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on 16 NOV 1918 191.....

*Delete if inapplicable.

PART II.

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

10. Is the diasbility fully described in Part I. (1)? If not, describe it. Yes

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

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? No / Aggravated? No

(b) Misconduct of the Soldier { Caused? No / Aggravated? No

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.*) Twenty per cent

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.*) three ~~one~~ tenths

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? No
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Six months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? No

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

18. REMARKS:—
The tachycardia apparently followed rheumatism contracted as a result of exposure in France. but pt states he feels well enough to return to his old occupation.
Auth. a. 9. tel 9083. 11.11.18.

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) B III
(b) Invalid to Canada?
(c) Discharge from Service as ~~permanently unfit~~? ~~Yes~~ No

Date of Board 16. 11. 18.

Signatures of the Board { Ludemann Maj President. / F. J. Sowman Capt

Station Pinfluet

Approved Ludemann Maj for A.D.M.S.
Major, A.M.C.
for A.D.M.S., London Area.

Dated at Pinfluet Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIAN LONDON AREA NOV 16 1918 13 BERKERS ST. LONDON W.

16 NOV 1918

4

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge ~~in England~~.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 220391 4 Hawkes W^m have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) ~~I complain in addition of~~ :—

Wm Hawkes
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.