Base Company No. 1025

ATTESTATION PAPER.

No. 51212

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Warren Douglas Hildred
2. In what Town, Township or Parish, and in what Country were you born? ..... Lucknow, Ontario, Canada
3. What is the name of your next-of-kin? ..... Thomas W. Hildred
4. What is the address of your next-of-kin? ..... Woodstock, Ontario, Canada
5. What is the date of your birth? ..... 15th. April 1894
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? ..... 54th. Fort Garry Horse
    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

W. D. Hildred (Signature of Man).

J. V. Johnson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Warren Douglas Hildred, 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.

W. D. Hildred (Signature of Recruit)

Date 24th December 1914. J. V. Johnson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Warren Douglas Hildred, 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.

W. D. Hildred (Signature of Recruit)

Date 24th December 1914. J. V. Johnson (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 Winnipeg this 24th day of December 1914.

A Bell (Signature of Justice)

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

H. J. Leonard Lt.-Colonel (Approving Officer)

Comdg. 32nd. Battalion,

CANADIAN EXPEDITIONARY FORCE

200 M.—8-14.
H.Q. 1772-1-13.

Description of Warren Douglas Hildred on Enlistment.

Apparent Age 20 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded 36½ ins.
- Range of expansion 1 ins.

Complexion Fair

Eyes Blue

Hair Dark

Religious denominations.
- Church of England
- Presbyterian
- Wesleyan Yes
- 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).

Small scar on left shin

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 24th December 1914.

Place Winnipeg

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.

Warren Douglas Hildred 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.

(Signature of Officer)

Date 24th December 1914.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

HILDRED WARREN D_ 51212 P P C L I 24483

MED UNFIT

406264

FILE NO. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—30M—4-36 (8830)
H.Q. 1772-45-8

FILE No. 51212 VOL.

SUBJECT Hilda Warren D

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
Stein		19/9/13			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—30M—4-36 (8830)
H.Q. 1772-45-8

H. Q. FILE No. 649-

NAME Hildred. Warren, Douglas

REGT'L. No. 5/12/2.

RANK AND CORPS Pte. P.P.C.L.I.

NO. 1511.

FOLL.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
C.1250	18/6/15.	Wounded.
C. 1919.	4/6/15.	Suffering G.S.W. eye. No 2. Red X Hosp. Rouen

L. L. Job 83225—M. & D. 5842.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
90 (2)	No 4 Gen. Versailles.	12/5/15	G.S.W. eye
85. (2)	No 4 Gen. Versailles	14/5/15.	G.S.W. eye
99.	No 2 Brit Red X. (Rouen)	28/5/15.	G.S.W. eye
103.	No 5 South. Gen. Portsmouth	30/5/15.	Wounded seriously.
179	Can. Conv. Monks Horton	1-9-15	G.S.W. L. eye, Fract skull & gas poisoning
194	Can. Convt. Monks Horton	17-9-15	Dis. in Canada
107/4	M.H.C.C. ~~Quebec~~ Toronto.	~~21-9-17~~	Disch. Class 2.
85-	M.H.C.C. Toronto.	26-9-17	Trans. to Massage School Toronto

Name **Hildred, W.D.** *Rank* **Pte.** *Reg. No.* **51212**

Unit **P.P.C.L.I.**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14 5	to G. H.	Versailles	G.S.W. Eye	85½	18/5	7/5
12 5	to " "	"	" "	90²		
28 5	Brit. Red X. Hosp.		" "	99		
30 5	No. 5 So. Gen. Hos.	Portsmouth	Wound. Service	103	-	-
19	Can. Con. Hosp. Monks Horton.		G.S.W. Eye Frac. Skull. Gassed	179.		
+19						
179	Discharged in Canada.					
	11th Battn.					

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

Reg. No. 51212 Name Heldred W D

Rank Pte Corps PPC L I Age 24 Service

Ledger No. 6211 Serial No. a 11711

HOSPITALS	DATE	DIAGNOSIS
Can Con A. Toronto	18 12 15	G.S.W. Loss left Eye
O.P. Dis Unit	7 11 16	
Base Hil Moose Jaw	19 10 18	Influenza
Dis Unit	22 10 18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Surname: Hildred | Christian Name or Names: W. D. | Reg. No.: 51212

Rank: Pte. | Unit: P.P.C.L.I. | Co. | Troop | Batty.

Hospital: 4th Gen. Versailles | Date of Admission: 12, 5, 15

Diagnosis (1): Wounded seriously G.S.W. L^d Eye & Gas Poison

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION (underline which) Disch to duty, 14. 9. 15 #2 Bn Rest x hos 20. 5. 15

Discharged to Duty No. 5 South. Gen. Hos. Portsmouth 30. 5. 15

Transferred to Monks Horton Hosp. 1-9-15

Hosp.

Hosp.

Hosp.

Discharged Invalid, England

Returned to Canada

Died Dis in Canada. 14. 9. 15

REMARKS

C.L. 25. 5. 15. 90. 2

103. C.L. 9 6. 15. #103

W.H.R. 23, 7, 15.

C.L. 23. 9. 15 194

18. 5. 15. 85(2)

4. 6. 15. 99

A.M.D. 2 Dept.

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

Shannon 7959-15

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

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

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
NOV 3 1961
Referred to
Charged to

To Copy for H.O. FILE

Attention of

Ottawa Ont
Date Nov 2/61

NAME HILDRED, Warren Douglas. SERVICE NUMBER 51212 CER C.P.C. No. 2465 W.V.A. No. NAVY ARMY x R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. Saskatoon, Sask. Nov 1/61

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Oct 31/61
Cause of Death
Place of Death University Hospital, Saskatoon, Sask.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

for Chief, Central Registry

M J Wyell

DVA 24

LG

WDE

P

94½

Number 51212 Rank Pte

Surname HILDRED

Christian Names Warren Douglas

Unit P.P.C.L.I. Theatre of War France

Dates of Service 18-5-15

Remarks ~~Sent to Toronto~~

Latest Address ~~Woodstock P.O.~~
Ontario

Roll No. B. Pag 1816.

G.A. 46-61 Disp MAY 4 - 1921
SEP 2 1921

MEDICAL HISTORY SHEET

Surname Hildred Christian Name Warren Douglas.

Examined { on 23 day of March 1917
at

Birthplace { City or Town Luckenow.
County Ontario

Apparent age 24 years.

Trade or occupation Clerk

Height 5' 7" feet 7½ Inches

Weight 145 lbs.

Chest measurement { Minimum 32½ inches
Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm ~~Right~~ Left
Number One.

When Vaccinated last Since enlistment Jan 1915 Good. Jas Nelson Capt.

(a) Marks indicating congential peculiarities or previous disease None

(b) ~~Slight~~ defects but ~~not~~ sufficient to cause rejection
(1) S.W. Lead Scar. Vault of Skull -
(2) S.W. eye (left) eye enucleated.
(1) Scar causing no disability

Approved by
Jas Nelson
Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
23.3.17	Unfit	Jas Nelson Capt.	M.O.
	Unfit for service in C.E.F		M.O.
	Fit for service with M. H.C.		M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
		Jas Nelson Capt.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 23 day of March 1917 at Toronto.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	M. H.C.	57212	Good.	23.3.17.
Transferred to	Mil. School			
	D.S. & P.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

56

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

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				
Mooltan		19	10	15	28	10	15	Influenza	10	Headache backache chills, fever pain in limbs. Disease ran mild course. Discharged Cured	J. Nelson Capt

DEPARTMENT OF VETERANS AFFAIRS

OTTAWA 4, 19

TO **Supervisor,**
War Service Records, Ottawa.

MARK YOUR REPLY:

For attention of

For attention of

SUBJECT

File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

(1) Service number 51212.

(2) Surname HILDRED.

(3) Christian names Warren Douglas.

(4) Date of Birth 15 april 1894.

(5) Religion Wesleyan.

(6) Unit of enlistment PPCLI

(6a) Highest corresp. rank Pte

(7) Units overseas PPCLI

(7a) Highest corresp. ranks Pte

(8) Rank on day of discharge Pte

(8a) Corresp. unit —

(9) Military honours Nil

PUBLIC ARCHIVES RECORDS CENTRE
NOV 24 1961
OTTAWA, ONT., CANADA

---

(2)

Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date.....

for Supervisor, War Service Records.

No. 51212. RANK Pte NAME Hildred, W. D.

T. O. S. UNIT Casualties.

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct. 9.	1916. Jan. 5.	N.	From R.F.C. L.I.	

No 5/1212. Rank Pte. (P.P.C.L.I.) Name Hildred W.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Sept. 4.	1916. Jan. 5.	"		

No. 57212 Rank Pte Name Wildred J. H.

T. O. S. Unit P.P.C.L.I. Reinforcements

M. D. Barons

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Jan 1915	Jan 1915 16	U	Volunteer from 32nd Bn	
Feb		"		
Mar		"		

M. F. W. 71—500M.—6 18.
1772—39—961.

NAME Hildred W. D.

REGIMENTAL NO. 51212. RANK Sgt.

ENLISTED AT PROMOTIONS, &c. AND DATE

DATE 23-3-17.

IF SERVED PREVIOUSLY. STATE UNIT. &c. P. P. C. L. I.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN J. W. Hildred RELATIONSHIP Father

ADDRESS OF Woodstock Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

52

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

649-H-318.

CARD NO. M.D. 2.
S.O.S. Dis 5-1-16.
H.C. 649-8-318.
FOLL.
S.O.S. Disc 31/3/17 2/4c

SURNAME. Hildred

CHRISTIAN NAMES Warren Douglas.

REGL. No. 51212 RANK Pte.

UNIT ~~32nd.~~ P.P.C.L.I. 11th Res. Re T.O.S. 23-3-17. M.H.C. Bm. H.Q. 649-8-318.

FORMER CORPS Fort Garry Horse

NEXT OF KIN.

NAMES IN FULL Hildred, Thomas W.

RELATIONSHIP TO SOLDIER

ADDRESS Woodstock, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Lucknow, Ont, DATE

PLACE OF ATTESTATION Winnipeg Man. DATE Dec. 24th 1914

O.S. 20-1-15 44A. 5-

R/C. 31/10/15-

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

Arrived in Can. per SS Missanabie [redacted] 3/10/15 HQ.649-H-318

MARRIED SINGLE yes, WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps P?.P.C.L.I.

Regimental No. £L" 51212 Rank Pte. Name Hildred D.

Enlisted (*a*) 1/1/15 Terms of Service (*a*) For War Service reckons from (*a*) 1/1/15

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*) ____

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				
		DISCHARGE IN CANADA MEDICALLY UNFIT FORM FURTHER SERVICE.			

A Drummond ..... LT.COL.

O.C IITH. RESERVE BATTALION.

C.E.F.

(*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				

(1001)—Wt. W8208—1278.—800,000.—11-14.—K. & K. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 2nd P.C.C.R. Reinforcements

Regimental No. 51212. Rank Pte Name Hildred W. D.

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

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)_____

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	S'hn	23/7/15	
15.5.15	4 Gen Hosp	adm. GSW Eye.	4 Gen Hosp	12.5.15	D 56/3.
23.5.15	4 Gen Hsp	Adm GSW Eye Seriously Ill.	4 Gen Hosp	23.5.15	D 67
17.5.15	4 Gen Hsp.	Seriously Ill GSW Eye	4 Gen Hosp	16.5.15	D 60/6.
29.5.15	N.S. Oxford.	Disemb. at Southampton	H.S. Oxfordshire	29.5.15.	a 36. To England.
29.6.15	O.C. 11.	Taken on Strength 11th Bn	Shorncliffe		A.II.O. 806

CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

23-9-15	W.D.	Dis to Canadian SS Missanabie		21-9-15	R.O. 2635

LIEUT.
FOR LT. COL. i/c RECORDS C.O.M.F.

(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				

Forms
I. 1237
10

Re admitted.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
828/E.H.	51212	Pte	Hellard	W.
Year	Unit.		Age.	Service.
	P.P.C.L.I.		21	10/12

Station and Date.

5.S.H.

Disease Suppurating orbit: wounded eye injured May 8 1915. Returned May 12: Never quite free from discharge

J Blackwood.

17/8/15. A small piece of wood found in orbit which now appears quite healthy.

JB

For medical Board. J Blackwood

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

Army Form B. 2079.

WARNING.— *If you lose this Certificate a duplicate cannot be issued.*

Certificate of discharge of No. @ 51212 (Rank) Pte.

(Name) Hildred D

(Regiment) PRINCESS PATRICIAS CANADIAN LIGHT INFANTRY

who was enlisted at Winnipeg

on the 1/1/15 1915.

He is discharged in consequence of

~~BEING MEDICALLY UNFIT FOR FURTHER SERVICE~~
AUTHORITY 392 xvi K.R.&.O.

after serving ____ years ____ days with the Colours, and

____ years ____ days in the Army Reserve.

(Place) SHORNCLIFFE Signature of Commanding Officer J. H. Delmage Lt. Col. 11th. Res. Batt'n

(Date) AUGUST 31st. 1915

*Description of the above-named man on Sept 23 when he left the colours.

Age 21 yrs

Height 5 ft 8 ins

Complexion Fair

Eyes Blue

Hair Lt Brown.

Marks or Scars, whether on face or other parts of body.

CHARACTER VERY GOOD.

* *Should agree with the description on Character Certificate, Army Form B. 2067.*

N.B.—*Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.*

(7 22 12) W 2766—1027 120,000 9/13 H W V Forms/B. 2079/21
1836—9 120,000 7/14

Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

"Any man, whether Soldier or Civilian, who brings a Recruit to "a Recruiter, or to a Military Barrack, is a Recruiting Agent, "and it is not necessary that he should have been formally "appointed as such."

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

(*a*) Boys under 17 years of age.

(*b*) Re-enlisted Pensioners.

(*c*) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.

(*d*) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

5s. to 2s. 6d. Regular Army.

1s. 6d. Special Reserve.

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depôt nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

Forms
I. 1237
10

Indexed

52302

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Year

Regimental No.	Rank.	Surname.	Christian Name.
51212	Pte.	Hildred	Warren

Unit.	Age.	Service.
PPCLI (attached to IIth.)	21	II months

Station and Date.

Disease Shrap. wd. destroying L. eye. Gas poisoning. Fract. skull. Shrap. in neck, chest & L. foot.

May 8/15 at Ypres in trenches received shrap. in L. eye & explosive shell burst near him fract. skull & small shrap. wds. in chest neck & foot. Taken to Versailles thence ~~Xxxxx~~ Portsmouth & to Monks Horton Sept. 1/15.

Piece of steel & pieces of bone were removed from head at versailles May 12/15.

Present Comdition:-

Depressed area size of z quarter in R. side of skull over temple. L. eye is removed there is a small red scar on outer canthus of L. eye. Small healed shrap. wd R. side of neck, small healed wd. R. side of breast, & one small shrap. wd. in L. heel no disability in walking. Complains of pains across the forehead & R. eye especially in sun. Wind makes eye water.

Genl. health good is very short of breath. Heart normal.

G R M
for Capt Towers

Discharge to Canada

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

Forms
I. 1237
10

350018. A.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
828/E7	51212	Pte	Mildred	W. D.
Year 1915	Unit. P.P.C.L.I.		Age. 21	Service. 7/12

Station and Date.

Disease Shrapnel wound of Left eye (excision) Fracture Vault-right side

5th Southern Cgln Hosp: Portsmouth

was shot about three weeks ago near Ypres
Splinter of shell entered left eye was taken to 4 General Hospital Versailles - Eye removed 12-5-15.
There is a small wound over right side of skull about two inches above ear on the parietal bone. This wound is septic
There is also a small shell wound on the edge of the right trapezius
Pulse rate is very slow 30 M. 42. E66 31st M 44 E 52
There is slight drooping of the left angle of mouth - Complains very much of headache - Pupil dilated.
Can move both hands & legs

Lt Carling Capt RAMC.

2-6-15 X ray screen negative for metal.
6-6-15 is feeling better & now getting up
9-6-15 Has improved much. Socket of left eye is granulating freely
14-6-15 Still better
25-6-15 a small piece of bone worked out of scalp wound.
3-7-15 Transferred to Relief Hospital "Langton Towers"

Lt Carling Capt RAMC.

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, Warren Douglas Hildred

Regimental number 5-1212 Rank Sergeant serving in the

C. A. M. C. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mrs. J. W. Hildred

whose address is Woodstock Ont.

to be the executor of this my last will.

54

General gift I give to Mrs. J. W. Hildred

whose address is Woodstock Ont.

all my property not disposed of above.

Date Dated at Sask. M.C.H. Moose Jaw this third day of March 1919

Signature Warren D. Hildred

Signature of Soldier.

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

	1ST WITNESS	2ND WITNESS
Witnesses	Signature	Signature
	Address	Address
	Occupation	Occupation

M. F. W. 82
120m-4-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME Hildred Warren Douglas

Regimental No. 51212

Unit P.P.C.L.I. Reinforcements

Date of enlistment Dec 24/14.

Place of " Canada

Married (yes or no) No.

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Thomas W. Hildred
Woodstock Ont,

Date and place discharged Disch to Canada Sept 13/15

Reason for discharge H-S- 12/10 Aug 30/15

Character on discharge

PAY OFFICE, N. BRANCH
CANADIAN CONTINGENT
JAN 22 1916

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1915																Bal.
Jany 1	31	31	1.00	31.	31	.10¢	3 10		34 10			34 10			34 10	Nil
Feb 1	28	28	1.00	28.	28	.10¢	2 80		30 80			2.			2.	28.80
Mar 1	31	31	1.00	31.	31	.10	3 10		34 10							62.90
Apl 1	30	30	1.00	30.	30	.10	3.		33.			8.			8.	87.90
May 1	31	31	1.00	31.	31	.10	3 10		34 10							122.00
June 1	30	30	1.00	30.	30	.10	3.		33.			25.			25.	130.00
July 1	31.	31	1.00	31.	31	.10	3 10		34 10							164.10
Aug				Diff in Exchange				1 83								
Aug 1	31	31	1.00	31.	31	.10	3 10		35 93			34 06			34 06	165.97
Sept 1	3	3	1.00	3.	3	.10	.30		3 30							169.27 L.P.C. issued Sept 6th HP 12/10 Aug 30/15
								169 27	169 27					169 27	169 27	

N.E. Bch Apr/16

Cr Bal. $169.27 Transferred to c/c Accountant of Naval Service General Liability Canada Disbursements

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

M. F. W. 41.
5m.-6-15.
1772-39-889.

83

Name Hildred P te W D.

Regimental No. 51212

Unit P.P.C.L.I.

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable Self — Nil

Missanabie 3-10-15

Name and address of next-of-kin

13/7/16 Med Bd rcd. 3 mnths at Beatty Home. Woodstock Ont
1/6/16 med Bd report. 6 more weeks approved.
5/4/16. C.P.R. notifies to pay difference between pension & Reg pay & allowance dealt with as family by the P.C.B.
Date and place discharged
Reason for discharge Medically unfit
Has been Constantly in Hams. Hospital 9/4/16 returned to Toronto Gen Hospital 11/4/16 for slight operation
Character on discharge

H.Q. 649-H-318

L. L. 606 82314. M. & D. 5786-25-6-15-5000.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	3-9-15							169 27								T.P.C.
4-9-15	5-10-15	32	100	32 00	32	10	3 20		204 47			164 27			164 27	to to one Pd
												Cr Bal.			*40 20	
									204 47						204 47	
								X 40 20 Subs								*Previous a/c
6-10-15	5-1-16	92	100	92 00	3	10	30	67 50	200 00							
	7-11-15											100 00				
	7-12-15											100 00			200 00	to to one Pd
												Pensioned				Med Board.
												P.C. 1443/3095 - P. 4/16				
9/10/15	5/1/16				89	10	8 90		8 90	A454	28/1/16	8 90			8 90	
6/1/16	31/3/16	86	100	86 00	86	10	8 60		94 60	B49	20/4/16	49 18		29 42*		*Pension Pd June & July.
														16 00*	94 60	" for Mch.
1/4/16	31/5/16	61	"	61 00	61	"	6 10		67 10	A738	17/6/16	35 10		32 00*	67 10	*Pension Pd for Apr & May.
1/6/16	30/6/16	30	"	30 00	30	"	3 00		33 00	A963	29/6/16	17 00		16 00*	33 00	*Pension for June.
1/7/16	31/7/16	31	"	31 00	31	"	3 10		34 10	A1147	20/7/16	18 10		16 00*	34 10	*Pension " July.
1/8/16	31/8/16	31	"	31 00	31	"	3 10		34 10	A1436	15/9/16	18 10		16 00	34 10	" " Aug.

E & O E

Over

Name Hildred (Pte) W. D.

Regimental No. 51212

Unit P.P.C.L.I.

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin Home 35 College St. Toronto.

Ac Brought-Ford & Continued.

Med Bd Held 13/7/16 Rec 3 more mos treatment was in Can. Mil Con Hpl. 1st-15 10/11/16 Inf. Invalided a Trans 15 Sqdrn.

Date and place discharged

Reason for discharge

Character on discharge

HQ.649-H-318

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1/9/16	30/9/16	30	1 00	30 00	30	10	3 00		33 00	A/1493	26/9/16	17 00	✓	16 00	33 00	× Pension Pd for Sept.
								18 00	18 00	A2367	21/10/16	18 00	✓		18 00	× Subs 16/8 to 14/9/16 = 30 days at 60¢ out-patient
1/10/16	31/10/16	31	1 00	31 00	31	10	3 10		34 10	A/3249	4/1/17	18 10	✓	16 00	34 10	× Pension for Oct/16.
1/11/16	31/3/17	151	1 00	151 00	151	10	15 10		166 10	A/4332	24/3/17	75 00	✓	80 00		× Pension pd for 1/11/16 to 31/3/17.
										1337	29/6/17	11 10	✓		166 10	

POST DISCHARGE PAY OFFICE

21438/427

Three months pay and allowances after discharge.

8609-W-1

Name Hildred, Warren Douglas
(Surname, Christian Name)

Regimental Number 51212 Rank Pte.

Address (in full) Woodstock, Ont.

Unit P.P.C.L.I.

Original Unit

District where paid Ottawa.

Date of Discharge 5.1.16

P. D. P. Filing Number 6 Hll.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8008.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	2555	13/8/17	33.00	2644	15/9/17	33 00	2557	19/10/17	34 10		100 10
~~1868 1st~~	~~645379~~	~~22/3/19~~	~~90 00~~								

M. F. W. 127.
60M—6.17.
1772 39-1140.

Remarks:

Sask Mil. Hosp.
Moose Jaw
Sask

Dec'n No 41.38/427 W. S. G. File No 8609-W-2

Award ..... days at $ 70 per day $ 280.00

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

Less P, D. P. Credited $ 100.10

Less further debit balance $ .....

Net due paid $ 179.90

TO SOLDIER			TO DEPENDENT		
	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
1	1868	45379	70 00			
2	2355A	434045	109 90			
3	27752		70 00			
4						
5						
6						
	Total			Total		

22.3.19.
17.4.19.
0 X

0/3

0 X Per amended award.

GEN'L AUDITOR
Posting checked by
Date 7.7.19

Dec'n No 2.4.1.38/427 W. S. G. File No 8.609-W-2

Award 153 days at $ .70 per day $ 35 000

S. A. ..... months at $ ..... per mo. $ ..... $ 100.10

Less P, D. P. Credited $ —

$

Less further debit balance $ 90

Net due paid as below 249 90

TO SOLDIER			TO DEPENDENT		
	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
1	1868	45379	70 00			
2	2355A	434045	109 90			
3	27752	50408	70 00			
4						
5						
6						
	Total			Total		

22-3-19
17-4-19
10-7-19

Army Form B. 179.

Medical Report on an Invalid.

Station MONKS HORTON, KENT.

Date Sept 11. 15.

1. Unit P.P.C.L.I.
2. Regimental No. 51212.
3. Rank Pte.
4. Name Hildred Warren.
5. Age last birthday 21.
6. Enlisted { on Oct 1. 1915. / at Winnipeg.
7. Former Trade or Occupation { Clerk.

8. Disability.

Loss of left eye.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. May 8 - 1915.

10. Place of origin of disability. Ypres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

French was blown down & while going around trenches was shot in the left eye with Shrapnel. Was taken to Boulogne and then to Versailles - eye removed May 12. after three weeks ~~the eye~~ taken to Portsmouth was there five weeks. thence to Longton Towers Con. Home — then Portsmouth. then here.

12. (*a*) Give your opinion as to the causation of the disability.

Shrapnel.

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page* 3).

Active Service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General condition good
Scar 1" long at outer canthus
left eye. Small scar on
upper lid. Left eye has
been removed.
Still slight discharge.

14. If the disability is an injury, was it caused

(*a*) In action? yes.

(*b*) On field service? yes.

(*c*) On duty? yes.

(*d*) Off duty? no.

15. Was a Court of Inquiry held on the injury? no.

If so—(*a*) When? August 23rd 1915.

(*b*) Where? Portsmouth

(*c*) Opinion? ?

16. Was an operation performed? If so, what? Removal of eye.

17. If not, was an operation advised and declined? not applicable

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? not applicable

19. Do you recommend

(*a*) Discharge as permanently unfit, or
(*b*) Change to England? yes. in Canada.

A H Jacks capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station MONKS HORTON, KENT.

Date Sept 11. 15

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. — 1) yes — 2) no — 3) no.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — Shrapnel wound.

21. Has the disability been aggravated by

(*a*) Intemperance? — no

(*b*) Misconduct? — no.

22. Is the disability permanent? — yes.

23. If not permanent, what is its probable minimum duration? — ~~yes~~

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — 1/2.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? — not applicable.

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — yes in Canada

(*b*) Change to England? — no.

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

C. H.
Captain, C.A.M.C.
for D.M.S.
Canadian Contingents.

13.9.15

Signatures :—

A.H. Jackes Capt — President.

D. J. Speight Capt.

Clive Hunter Capt — Members.

Station MONKS HORTON, KENT

Date Sept 11. 15

Approved.

Station _____

Date _____

_____
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Forms B. 179. 34

(85579) Wt. 1836 475M 5-15 W B & L

(a). Fit for home service.

ho

(b). Fit for light duty.

ho

(c). Temporarily unfit for home service or light duty stating probablr period.

-

(a). Fit for home service.

(b). Fit for light duty.

(c). Temporarily unfit for
home service or light duty
stating probable period.

No. 5 SOUTHERN GENERAL HOSPITAL
No. 239/179/15
Date 25-8-15

H 22-H-70

Army Form B. 179.

DEPARTMENT OF DEFENCE
NOV 19 1915
M.D. 649-H-318
CANADA

Medical Report on an Invalid.

Station Portsmouth.

Date 24th August 1915

1. Unit W.C.R.R.
2. Regimental No. 5J212
3. Rank Pte
4. Name Hilbert W. (W.O. page 29)
5. Age last birthday 21
6. Enlisted { on Oct 1914 / at Winnipeg, Canada
7. Former Trade or Occupation { Clerk

8. Disability.

1119. Wound of Left Eyeball. Perforating.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. May 8. 1915

10. Place of origin of disability. Ypres

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

2 fragments of shrapnel entered Left eye one through the upper lid & the other from the outer side; (as shewn by wounds Skin)
Eye enucleated 2 May 1915.

12. (*a*) Give your opinion as to the causation of the disability.

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page* 3).

Enucleation of eye after wound
Active Service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

The orbit is now fairly healthy: there has been suppuration till a few days ago.

14. If the disability is an injury, was it caused

(a) In action? yes

(b) On field service? yes

(c) On duty? yes

(d) Off duty?

15. Was a Court of Inquiry held on the injury? No

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what? Yes: Enucleation of damaged eyeball

17. If not, was an operation advised and declined? —

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? —

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England? yes

J. Blackwood Capt RAMC T.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, ~~except~~†

Station Portsmouth

Date 25th August 1915

C. P. Childs Lt-Col. RAMC(T)

for Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

H 22-H-70

Opinion of the Medical Board.

DEPT. OF MILITIA & DEFENCE
RECEIVED SEP 19 1915
649-H-718
CANADA

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?

Active service

Shrapnel wound of left eyeball

I concur; but recommend that this patient be sent to Canada with his discharge documents for disposal by the Militia Authorities there.

C. Woollard.
Capt. D.A.D.M.S.
for D.M.S.
Canadian Contingents.
27/8/15.

21. Has the disability been aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months. —

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity. 1/2

25. If an operation was advised and declined, was the refusal unreasonable? Operation performed

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England? Discharged as permanently unfit for war service

Signatures:—

G. H. Childs Lt Col RAMC(T) President.
C. Lamplough Captain RAMC(T).
A Carling Capt RAMC(T) Members.

Station Portsmouth

Date August 25. 1915.

Approved.

Station _____

Date _____

_____
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

5-10-15 The Board having assembled proceeds to examine No 51212 Pte D Hilland and fully concur with answers to Nos 22-23 and 24 and recommend that he be discharged as medically unfit.

W H Delaney Lieut. A.A.M.C.
President
J Mervyn Magee Capt. A.A.M.C.
A M Hubbard Lieut A.A.M.C.

Date of final Medical Board, or decision
Duchess
OCT 6 1915

approved
11/12
A Mox Lieut Col A.D.M.S.
Chas K Delaney

Administrative Medical Officer.
Lt.-Colonel, A. M. C.
A. D. M. S., 5th Division.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date
Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Forms B. 179. 34

(x) 88579) W t. 1836 475M 5-15 W B & L

Address:- Woodstock Ontario.

Next of Kin:- Mother. Mrs T. W. Hildred some address.

MEDICAL HISTORY OF AN INVALID.

1. Station. C.M.C.H. Ldn.
2. Regiment or Corps. P.P.C.L.I.
3. Regimental No. and Rank. #51212 pte.
4. Name. W.D. Hildred.
5. Age last Birthday. 22
6. Enlisted on Oct/1914. at Winnipeg
7. Former Trade or Occupation. Clerk

8. General remarks on his :—
   (a) Conduct. Fair
   (b) Habits. Fair
   (c) Temperance. Fair

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. ~~Oct~~ Nov 1/16.

9. Service.

	Years.	Days.	PERIODS. From.	PERIODS. To.
Canada.			Oct/14	Jan/15
England			Jan/15	Feb/15
France			Feb/15	May/15

10.

	I	II
(a) Disease or disability.	Loss of left eye	Bronchitis
(b) Date of origin.	May 8/15.	May 8/15.
(c) Place of origin.	Hooge	Hooge.
(d) Cause.	Shrapnel wound.	Shell gas.

11. Present Condition. (Most Important). (To include full description of present disabling condition or conditions.)

I Left eye was removed in France 4 days after he was wounded. Has no artificial eye as socket is very shallow and there are bands of scar tissue which prevent it being worn. Has had 3 operations for this with no improvement & he will never be able to wear an artificial eye.

II Has a cough with some expectoration 3iv per day. Chest expansion poor & rales heard over both sides of chest. Some shortness of breath on exertion. Wassermann +++ (I.G.H.) and he is undergoing treatment for syphilis at present.

12. (a) Is the disability the result of service or climate? Service

(b) Has it been aggravated by intemperance, vice or misconduct? no.

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Loss of left eye. A scar at angle (outer) small scar & depression on right side of head.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? on duty.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. not applicable

14. Treatment No. 4 Versailles France C.M.C.H. Toronto; No 5. Portsmouth Hosp. Eng. T.G.H. Toronto; C.M.H. Havent. Eng. operation & Relieved Shorncliffe

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? not applicable

16. What is the probable durati n of the disability or of each disabling condition, if more than one contributes? $\frac{i}{1}$ permanent. $\frac{ii}{11}$ 6 months.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. $\frac{i}{1}$ 2/5. $\frac{ii}{11}$ 1/5.

18. State if for discharge on account of unfitness for Service. unfit.

J. R. Reid Lt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes as to #i No as to #ii in that we concur as to cough but there are no rales. Breath sounds upper half left lung roughened

12. Yes

15. Yes

16. Yes

17. 2/5 for eye permanent
1/5 for chest - 6 months } 3/5

18 Is he unfit for Military Service.

Recommendations :

That he be discharged and suitable recompense arranged

Signatures :—

C J Cameron Maj President.

Capt

Members.

Capt

Station. Toronto C M G H

Date. Nov 7th 1916

Date. 21/11/16

F. J. Mewburn, Maj
A/Asst. Director of Medical Services. (2)

Approved.

Date. 24/11/16

A C Anderson Lt Col
Director-General of Medical Services.

L

427

8-207"23-11-16.

R. C. NOV 2 3 1916

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—89—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

CASE HISTORY SHEET.

Sask Mil Con. Hospital. Moose Jaw Station.

No. 5 12 12 Rank Sgt. Name W. D. Hildreth Age 24

Unit 77 C.F.Amb. Completed years of service (Where and how long)

Date of admission Oct 19. 1918 Date of discharge Oct 23-18

Diagnosis Epidemic Influenza Place of origin Moose Jaw

CONDITION ON ADMISSION AND PROGRESS OF CASE. Illness began Oct 18. 1918
Headache - backache - Chills. fever great
weakness. pains in limbs -

Oct 19. Temp. reached 101⁴
Oct 22 " normal

FAMILY HISTORY. Negative
(Tuberculosis, mental or nervous diseases.)

TREATMENT. Magnes Sulph 3ss
(Especially any specific or special form.) Aspirin. Phen. & Caff. q 4 h

CONDITION ON DISCHARGE, Ret. Returned to unit
(and disposal made of case.) Cured of Influenza

Date Oct 23-18 S Grobstein
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

a11711

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Central Military Convalescent Hosp

on the 1st June 1916

by order of A.D.M.S. 2nd Div.

for the purpose of examining & reporting on

5-1212 Pte W.D. Hildred

P.P.C.L.I. C.E.F.

DEPT MILITIA & DEFENCE
JUN 13 1916
H.Q. 49-21-318
CANADA

PRESIDENT.

A.G. Ley
Capt A.M.C.

MEMBERS.

J. S. McDonald
Capt A.M.C.

H. A. Dixon
Capt A.M.C.

The Medical Board having assembled pursuant to order, proceed to examine 5-1212 Pte W.D. Hildred & report.

Present Condition:— Pte has already had several operations on his upper left eye lid inorder to break down adhesions & allow of room for the fitting of an artificial eye. He is still in need of another operation which will take place in the course of a few days.

M. F. B. 303.
75 m.—9-15.
H. Q. 1772—39—133.

2. Extent of his disability:—
Practically total at present

3 Minimum duration of Disability
Six weeks (indefinate)

4. Treatment:—
Operation to cut away
scar tissue & skin grafting to
make room for an artificial eye

A. S. Lee
Capt. A.M.C.
J. D. McDonald
Capt A.M.C.
H. A. Dixon
Capt A.M.C.

Approved
Thomson
Col
Toronto
June 8. 16

APPROVED
JUN 21 1916
Dept. of Militia & Defence
for a/D.G.M.S.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at C.M.C.H. Toronto

on the 13th July

by order of A.D.M.S. M.D#2

DEPT MILITIA & DEFENCE JUL 25 1916 H.Q. 649-14-3-18 CANADA

for the purpose of examining and reporting on

51212. Pte. W. D. Heldend.

PRESIDENT.

A. G. Ley. Capt a.m.c.

MEMBERS.

J. C. Harrison Lieut a.m.c.

J. H. Carpenter. Lieut a.m.c.

The Medical Board having assembled pursuant to order, proceed to examine the above-mentioned man, and report that -

1. Present condition.

He is a case of gas bronchitis, who has also lost his left eye. Has been in Toronto General Hospital for treatment for eye, but has had no treatment for his bronchitis.

At present has cough and sputum - has lost weight - is dyspnoic on any exertion.

126

a-112

2. Extent to which his capacity is lessened for earning a full livelihood in the general labour market at present.

Total

3. Probable minimum duration of the disability.

3 months

4. Whether treatment in a convalescent home would materially assist his recovery.

Would advise convalescent treatment at the Bentley Home.

Frederick C. Harrison
Lieut. A.M.C.

Approved
F.J. Munn, Maj.
A/A.D.M.S. (2)

19/7/16

Y.A. Carpenter
Lt. A.M.C.

A.C. Lay
Capt. A.M.C.

APPROVED
JUL 27 1916
A/D.G.M.S.

Oscar Cameron Coff

3142

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Central Military Convalescent Hospital Toronto.

on the 19th April 1916

by order of A. D. M. S. 2nd Division

for the purpose of examining and reporting on

51212 Pte W.D. Hildred

P.P.C.L.I.

DEPT MILITIA & DEFENCE MAY -3 1917 CANADA
No. 2 MILITARY DISTRICT APR 28 1916
MILITIA & DEFENCE MAY 17 1916 H.Q. CANADA

PRESIDENT.

C. S. Leys
Capt. A.M.C.

MEMBERS.

Bryney O'Reilly
Lt. A.M.C.

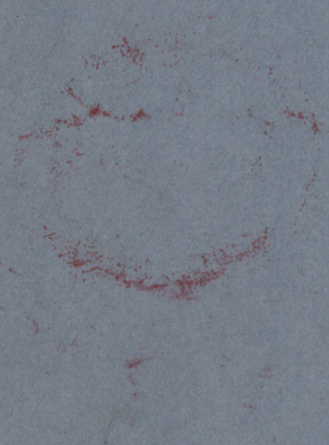
C. S. Moorhead
Lt. A.M.C.

The Medical Board having assembled pursuant to order, proceed to examine #51212 Pte W.D. Hildred and report that

1 Present condition:

Pt. had an operation on his upper eyelid to break down some adhesions to allow of room to wear an artificial eye. After the operation which was done in several stages at different times it was found that another would still be necessary, but he was given leave of absence from the hospital to regain his normal strength he expects to have this last operation as soon as it can be arranged for.

M. F. B. 303
75 m.—9-15.
R. Q. 1772—39—133.



2 Extent to which his capacity is lessened for earning a full livelihood in the general labour market at present:

1/2

3 Probable minimum duration of the disability:

Undefinate- probably 6 mths.

4 Whether treatment in a Convalescent Home would materially assist in his recovery: Yes with operation.

A. L. Ley
Capt. A.M.S.
Surgeon in charge
Stn.

A. S. Woodhead Lieut.
A.M.C.

Approved
J. Mahon Lt.-Col
A.D.M.S. 2nd D.

MAY 11 1916

APPROVED
MAY 20 1916
for A/D.G.M.S.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD

assembled at GEN. MIL. CONV. HOSP. TORONTO.

on the 8th March ~~FEBRUARY~~, 1916.

by order of A.D.M.S., 2nd Division

for the purpose of EXAMINING AND REPORTING ON # 51212,
Pte. W. Hilded, P.P.C.L.I.

DEPT. MILITIA & DEFENCE
MAR 13 1916
H.Q. CANADA

Second Divisional Area
MAR 14 1916
2D 34-H+151

PRESIDENT.

S O Rogers
Capt A.M.C.

MEMBERS.

A. S. Ley
Capt A.M.C.

G. W. Howland
Lieut

The MEDICAL BOARD having assembled pursuant to order, proceed to EXAMINE # 51212, Pte W Hilded. P.P.C.L.I.

1. PRESENT CONDITION:

Pt. has lost his left eye and there are adhesions binding down the upper lid. which prevent his wearing a glass eye. He is at present at the Toronto Gen. Hosp where he has once been operated upon. He requires a further operation & will be invalided for at least a month. Would advise that his pay and allowance be continued for that period.

M. F. B. 303.
75 m.—9-15.
R. Q. 1772—39—133.

2. Extent to which his capacity is lessened for earning a full livelihood in the general labour market at present:

Total.

3. Probable minimum duration of the disability:

One month.

4. Whether treatment in a Convalescent Home would materially assist in his recovery :

Yes.

B. Rogers Capt A.M.S.

24-3-16

Approved
Advantageous
for me.

A. G. Ley Capt A.M.S.

Approved for treatment
Dean H. Cannon 29/3/16
Califfawerms

Allesbon to Shornaffe

19224

Rank and Name	HILDRED Warren Douglas
Regimental No.	51212
Unit	P.P.C.L.I. Reinforcements
Date of enlistment	24th Dec. 1914
Place of birth	Canada
Married (Yes or No)	No.
If in Permanent Force	
Promotions or appointments	

Name and Address of Next-of-kin
Thomas W. Hildred,
Woodstock. Ont.

Date and place of discharge 24.9.15 to Canada
Reason for discharge med. Unfit
Character on discharge

N/E R.B. No.
File No.
Category M.V.C.

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
		Embarked.			
14/5/15	W.O.	Adm. + Gen Hosp	Versailles G.S.W. eye	18/5/15 29/5/15	Cas. Ass. 85. " " 90.
29/5/15.	W.O.	Adm 2 Br. Rid x Hyde. (G.S.W. eye)		4.6.15	Cas List #99.
30-5-15	D.O.	Adm No 5. S. Gen. Hosp.	Portsmouth	9-6-15	" " 103
29-5-15	O.C.	Leave & Emg. N.S. Oxfordshire		12-6-15	Part II. 25 Warr.
29.6.15	O.C. 11th	Taken on Strength 11th Bn	Shorncliffe	29.6.15	Pt. II Or 806
6.9.15	Ch. Hosp.	adm. Conv. G.S.W. eye. Hosp. Cas.	Mowx Horton	1.9.15	C. L. #179
23.9.15	W.O.	Disch " for dis. in Canada	" "	17.9.15	" " 194
26.9.15.		Dis: Med unfit. S.S. Missanabie	Canada	24/9/15	A.O. 2635.

51212. Hildred WD

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					