Forrestrust Bte

Original

No. 2157350.

Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Langton
1a. What are your Christian names? Thomas
1b. What is your present address? Montreal. Que.
2. In what Town, Township or Parish, and in what Country were you born? Yorkshire England
3. What is the name of your next-of kin? Elizabeth Langton ~~[illegible]~~ Hull
4. What is the address of your next-of-kin? 114 Beverley Road, England
4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? June 23rd 1889
6. What is your Trade or Calling? Labourer. Ex Teamster
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? [illegible]
14. If so, what was the nature of the disability?
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?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Langton, 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.

Thomas Langton (Signature of Recruit)

Date Jan 29th 1917. J. P. Brown S.M. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Langton, 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.

Thomas Langton (Signature of Recruit)

Date Jan 29 1917. Lt. P. Girard. (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 Ottawa this 29 day of Jan 1917.

A Van Allen (Signature of Justice)

Maj. O.

M. F. W. 28
750M—8-16
H. Q. 1772-39-341

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 Thomas Langton on Enlistment.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height	5 ft. 5 1/2 ins.
Chest measurement: Girth when fully expanded	37 1/2 ins.
Chest measurement: Range of expansion	3 ins.
Complexion	Dark Grey
Eyes	Grey
Hair	Dark

Religious denominations.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Jan 29 191 7 O E Kennedy

Place Ottawa Capt.

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.

Thomas Langton 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.

W Van Allen (Signature of Officer)

Major

Date 29-1-17 191 .

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

LANGTON THOMAS 2157350 NO 3 D.D. FOR. REINF.

08036

M.U.

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

Box
407308

PUBLIC ARCHIVES
RECORDS CENTRE

No. 2157350 RANK Pte NAME Langton T.

T. O. S. 29-1-17 UNIT Forestry Reinforcements
D. O. 13 of 30-1-17

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Jan. 29	Jan. 31	✓		
	Feb.	✓		
	March	✓	Transf.d to 230th Bn 1-4-17	D. O. #60 of 26-3-17

3. CARD NO. 4
S.O.S. Dis. 20/1/19 M.U.
D.O. 21 of 21-1-19
FOLL. 3 D.D.

SURNAME. Langton

CHRISTIAN NAMES Thomas

REGL. No. 2157350 RANK Pte.

UNIT ~~Forestry Reinf. 230th Forestry (5th R.D.) 3 D.D. Bn~~

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Langton, Elizabeth

RELATIONSHIP TO SOLDIER sister

ADDRESS 117 Beverly Rd., Hull Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Yorks. DATE June 23rd. 1869

PLACE OF ATTESTATION Ottawa Ont. DATE Jan. 29th. 1917

Trans from Forestry M.D.3 to 230th Forestry Bn. (5th R.D.) Auth. 230th Forestry Bn. (5th R.D.) S.L. 26-7-17.

L. L. 10137. M. & D. 7253. M. F. W. 22. 100M.—11-16. 237 H. Q. 1772-39-339.

R/C. 7-12-18 13.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer and teamster RELIGION Church of England

DESCRIPTION.

APPARENT AGE 47 YEARS MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 37 1/2 INCHES EXPANSION 3 INCHES

COMPLEXION Dark grey EYES Grey HAIR Dark

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Ottawa Ont. DATE Jan. 29th. 1917

Present address, Montreal P. Q.

yca

Wac P

Number 2157350 Rank Pte

Surname LANGTON

Christian Name Thomas

Unit C.F.C. Theatre of War France

Date of Service 21/7/17

Remarks

Latest Address ~~c/o Y Hake Club~~
~~660 Dorchester St W~~
~~Montreal~~
~~Ont~~

Roll No. B. Page 4772

Received Bishop medal
6.2.28.

T Langton

No. 2157350 RANK Pte NAME Langton Thos

T. O. S. Transfd from UNIT 230th Battalion
Ottawa Dft 1-4-17
do 380 24-3-17

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
April	April 30	R		
	May	R	Odeao 26-5-17	

NAME Langton, J.

RANK AND CORPS Pte. 55th.

REGT'L. No. 2157350

H. Q. FILE No 649

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE 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
A 200'	#57 Gen. Trouville	29-4-18	Myalgia
A. 209'	Disc. to Duty	7-5-18	" C.For.C.
A 233-1	#6. Gen. Rouen.	6-6-18	Debility (C.F.C)
B. 231-1	Alex. Cosham.	10-6-18	~~" + Rheum.~~
	" "		~~Rev. "0"~~
B 237-2	Cas. Has now been changed to read Myalgia + Debility		
B 295-1	P.P.C. R.C. Bexhill	28-8-18	" "
B 353-1	5 Can. Gen. Kirkdale Lpool	8-11-18	Myalgia + debility
B 368 (1)	" " " "	26-11-18.	" + " C.F.C.
	Invalided to Canada		

T 864

D.M.S. 1317

Princess Patricia Canadian Red Cross Hospital,

Cooden Camp, Bexhill, HOSPITAL.

A. & D. No. ..... Ward Dr 2.

Unit Can Fores Corp 55th Coy. Sick or Wounded.

Regtl. No. 2157350 Pl. of Act'n. Dec. 22 No 4 Distrct France

Rank Pte Name Langton. Thos.

Age 55. Religion C.E.

Service Compl'd 19/12. Time with Field Force 11/12

Diagnosis Debility

Admitted 27-8-1918. from:- Alexander Hspt Cosham Discharged

Transferred 7-11-18 No 5. Can Genl. Hp. Kirkdale Liverpool

RECORD FURTHER REMARKS ON BACK.

J to C.

RR

Form R. 149.

Thomas 2157350

Name LANGTON Rank Pte. Reg. No.

Unit C.F.C. 55 Coy. Elizabeth Langton

Next of Kin 117 Beverly Rd Hull Eng.

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29.	4	57 G.H. Trouville		Myalgia	A.	200	1074/5.
7.	5	Rec'd Dis to Duty.		do	A.	209	1226/5
6.	6	6 Gen H. Rouen		Debility	A	233	1888/6
10.	6	Alex Hospital Cosham		Debility & Rheumatism	B	231	19539
				Sec. Q			
		Accepted Diagnosis		Myalgia & Debility	B	237	97
28	8	P.P.C.R.C. Bexhill		do	B	295	25233
8.	11.	Can Gen Hsp Liverpool		do	B	353	712
26.	11	Inval to Canada		do	B	368	5423

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

LEDGER NO. 376 SERIAL NO. 18148 27

REG. NUMBER 2157350 NAME Langton T.

RANK Pte CORPS O/S 3 D D

AGE 55 SERVICE 6 13/12 7 11/12

NAME OF HOSPITAL Queens Mil PLACE Kingston

DATE OF ADMISSION 10.11.18

DISEASE Myalgia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 13/1/19 IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

D.M.S. 1300.50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
LANGTON	T.	2157350.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Eorr. 55.			

HOSPITAL — DATE OF ADMISSION

57 Gen. Trouville. 29-4-18.
1. 6 Gen. Rouen. Hosp. 6-6-18
2. Alex. Hosp. Cosham. Hosp. 10-6-18
3. P.P.C.L.X. Bexhill — — Hosp. 28.6.18
4. 5 Can Gen. Kirkdale Hosp. 8.11.18.

DIAGNOSIS
1. Myalgia. Debility No + Rheumatism Severe "Q"
2. Myalgia + Debility No
3.

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

DISPOSITION — DATE

Disb to Duty 7.5.18

REMARKS

CL. 6-5-18. A200.
16.5.18 A209
13-6-18 A 233
14-6-18 B 231
21.6.18 B 237 - II Note Reference entry 6th
2.9.18. B 295 B 231 Diagn has now been
13.11.18 B 353 changed to read Myalgia + Debility
2.12.18 B 368.

Invd to Canada 26.11.18

EPITOME OF HOSPITAL TREATMENT

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

LOCAL CARD
No. 3 District Depot

*Name LANGTON, Thomas Rank Pte. Regtl. No. 2157350

Fyle Depot 3-L-348.

Original unit C.F.C. Present unit C.F.C. M or S. Age 27 Religion C.E. Ref. H.Q.

Port, ship and date of arrival "Araguaya" Halifax 8-12-18.

Next of kin Mr. Boyld Grenville, Maine, USA.

Address on leave Montreal P.Q.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Lumberman. Date and place of enlistment Ottawa 29-1-16

Diagnosis Debility. Date of Medical Boards 9-1-19 Cat. E.

Date.	Remarks.	Pt. 2 Order No.
T.O.S.	From Clearing Depot.	
10-12-18	Posted to Hospital Section, Queen's	HS 240
11-12-18	Granted leave with subsistance to 3-1-19	HS 240
13-1-19	Transferred to Cas Coy	HS 12

*—Name will be given in full; surname first.

(over)

Date.	Remarks	Pt. 2 [redacted]der No.

M. F. W. 192
150m.—5-18
1772-39-1243

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 24 JUNE 1971

NAME / *NOM* LANGTON THOMAS

Service No. / *Matricule No* 2157350

CPC No. / *CCP No* 60279

WVA No. / *AAC No* 640

Information Received from:
Information reçue de: LETTER SOLICITOR

Date of Death
Date du Décès 11 JUNE 1971

Place / *Endroit* NOT STATED

Distribution: WSR-DASG
VI - ASS
~~XX - XXXXXXX~~
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

230 th Batt'n

149390, 349

FORM OF WILL

I, Thomas Langton (Name in full)

Regimental Number 2157350 serving in FORESTRY REINFORCEMENTS

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

Ada Langton
53 Houldernes Road Hull
Yorkshire England

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

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

this 15 day of March A.D. 1917

Thomas Langton Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness W. M. Salter Sergt.

Address of Witness 279 Brownson Ave.

Occupation of Witness Soldier

Signature of Second Witness Hugh Brooks

Address of Witness Laurentian View

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

c/o Khaki Club,
660 Dorchester St., W.,
Montl

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

ORIGINAL

Regimental No. 2157350 Rank Pte. Name Langton, F.
(Surname first)

Unit C.F.C. who was* Discharged

On January 20th 1919, to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1st to Jan. 20th 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		484.93
Regimental Pay 20 days at $ 1 c.		20.00
Field Allowance 20 days at $ c. 10		2.00
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits		
Advances #104	50.00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on ~~transfer~~ or on discharge, cheque No. 1711	491.93	
Total	541.93	541.93

*Give particulars.

A monthly stoppage of $ NIL (†) has (‡) been paid on account of

Assigned Pay for the month of 191
and Separation Allce. for month of 191 } (to) Assignee

(Address)

(†) 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.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment married or single

(2) Separation Allowance, entitled or not No (3) Reason for discharge

(4) Authority for discharge or ~~transfer~~ 3DD 3-L-348

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date January 18th. 1919

Place Kingston, Ont.

W Peters Captain,
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #1711 attached

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

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.....

.....

(2) Regimental Number 215 7350

(3) Full Name of Soldier Thomas Langton

.....

(4) Place of Birth Yorkshire 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?.....

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.

Elizabeth Langton (Sister)
117 Beverly Road Hull England

(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.

L. Howard Maj
Officer Commanding.

Date 29-1-17

O. C. 230th B'n. C. E. F.

ORIGINAL

to Lower

2157350

MEDICAL HISTORY SHEET

ORIGINAL

Surname Langton *Christian Name* Thomas

Examined on 29 day of January 1917 at Ottawa

Birthplace City or Town Yorkshire England County

Apparent age 48

Trade or occupation Labourer & Teamster

Height 5 feet 4 1/2 Inches

Weight lbs.

Chest measurement Minimum 34 ~~xxx~~ inches Maximum expansion 37 1/2 inches

Physical development

Small-pox Marks

Vaccination Marks Arm Right Left Number

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by O E Kennedy

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		ML 14 JUN 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
29-3-17	OK	W R Grant M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
29-3-17	OK	W R Grant M.O.
5/4/17	OK	W R Grant M.O.
12/4/17	OK	W R Grant M.O.

Enlisted on 29 *day of* Jauary 1917 *at* Ottawa

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Reinforcements	2157350		Jan. 29th 1917
Transferred to 230th. Forestry Battalion C.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Cooden	4.10.18	General Debility	I to C. [illegible]
Cooden	30.10.18	do. + Myalgia	I. to C. [illegible]

4

PRESIDENT STANDING MEDICAL BOARD.

CANADIAN

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.

J. Mc

Surname Langton Christian Name Thomas

Princess Patricia Canadian Red Cross Hospital, Cooden Camp, Bexhill,

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

"ARAGUAYA."

STATION	Date of Arrival at the Station	Dates of Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
Cadam		9	6	15	27	8	18	Delusional Insanity	70	~~Delu~~ Lost his delusions and transferred to Bexhill	[illegible] Chas
		26	8	18	7 NOV 1918			do do		D to C	[illegible]
		7 NOV 1918			26 NOV 1918			Debility		Invalided to Canada	[illegible] Capt
		26	11	18				Do.		Cond. unchanged.	W E Sinclair Capt

CASE HISTORY SHEET.

Queen's Univ., Military Hospital. Kingston, Station.

No. 2157350 Rank Pte. Name Langton, T. Age 55

Unit #3 D.D. Completed years of service (Where and how long) Since 29th Jan./17 11 months France.

Date of admission June 2/19. Date of discharge Jan. 13/19.

Diagnosis Myalgia Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Man enlisted in Forestry and after being 11 months in France, began to be restless at night, aching in muscles and joints unable to get up in the morning without assistance. Lost weight to 119 from his original weight 160 lbs. Was returned as overage; also general debility and myalgia. Has improved in Hospital and at present weight 160 lbs., and feels fairly well. Heart normal 70 per minute. S.B.P. 142 D.B.P. 84. Chest normal. Man is now well nourished and looks much younger than the age stated.

FAMILY HISTORY. Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Urinalysis - negative findings. Salicylates and

(Especially any specific or special form.) alkalies.

CONDITION ON DISCHARGE. General condition good. Recommend Category "E".

(and disposal made of case.)

Date Jan. 14/19.

A. Stevenson Capt. A.M.C.

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

18148

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Langton T.

RANK Pte

No. 215735

REGIMENT

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Jan 3			1/4							7 3.5.8. 12 14 18 19									S.H. Simpson Major	3	Complete.

M.F.B. 465.
200M.—6-18.
1772-39-950.

55

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps FORESTRY REINFORCEMENTS

Regimental No. 2157350 Rank Pte Name Langton Thomas

C. E. F.

Enlisted (a) 29-1-17 Terms of Service (a) During the War Service reckons from (a) 29-1-17

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) Shoemaker & Tinsmith

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				
Date & place of Embarkation			Halifax	28.5.17.	Disembarked 10/6/17
				9/6/17	Liverpool
22-6-17	CFC.BD. on draft	T.O.S. Base Depot, CFC, from Canada.	Sunningdale	10-6-17.	Part II Orders No 48.
					Lieut. A/ADJT. CFC.
.17	BD.,CFC.	S.O.S., Base Depot, CFC, on posting to 55 Co, France.	Sunningdale	21.7.17	D.O.Pt.II.No.75.
					Lieut. & Asst-Adjt., Base Depot, CFC.
		Disembarked	Harve	22-7-1917	L.R. 8721 P.T.O. nos: D/28-8-1917
29/4/18	5 Gen'l	Myalgia (admd)	Field	29-4-18	W3034/85-89
5/5/18	55 Coy	admitted (to Marseilles	Duty)	29-4-18	B213
7/5/18	57 Gen'l	My 4/1917. (To Duty.	Hosp.	7-5-18	W3034/F 385
25/5/18	55 Coy	26 Royal Welsh	Field	10/5/18	B213.

CERTIFIED CORRECT. 1 AUG. 1917 CAN. RECORDS, LONDON.

(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				
1-6-18	55 Coy	Evacuated to Hosp.	Hosp	31-5-18	B213
8-6-18	O.C. No 2 Med Board.	To Hosp	Do	6-6-18	NR262
6/6/18	6 Gen'l	Debility (Adm)	Hosp	6-6-18	W3034/F5925
8/6/18	Do	Do To England	Do	8-6-18	W3034/F6858
9/6/18	H.S. St David	To England and posted to Sunningdale.	C.F.C. Depot	9-6-18	W3083/5531 Pt II O 21 d/20/6/18

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

18-6-18	BDCFC	To S on adm to Hosp in England	S/dale	10-6-18	Pt II O 145

H P Charter Lieut.
for Lt. Col. i/c Records, C.E.F.

20-11-18		T.O.S. Posted to Queens	Kingston	13-12-18	HO 240
20/1/19	S.O.S.	Discharged	Kingston	20/1/19	HO 240

R C Rapple Lieut.
O. C. Discharge Section
No. 3 District Depot

CANADIAN EXPEDITIONARY FORCE

AJS

DISCHARGE CERTIFICATE

WAR SERVICE BADGES
Class "A" 277133
Class "B" C.55056

THIS IS TO CERTIFY that No. 2157550 (Rank) Private

Name (in full) LAWTON, Thomas. enlisted in

the Canadian Forestry Corps

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ontario. on the 29th

day of January 1917

HE served in CANADA ENGLAND & FRANCE

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

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

Age 49 Years 7 Months

Height 5 Feet 4½ Inches

Complexion Fresh

Eyes Blue

Hair Gray

Marks or Scars

Two Vaccination marks left Arm.

Signature of Soldier

Issuing Officer

Date of Discharge January 20th, 1919.

Kingston, Ontario.

Rank Major

Asst. Director of Records

Date Ottawa, Ont. Feb 6- 1928

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS is TO CERTIFY that No. (Rank)

Name (in full) enlisted in the

CANADIAN EXPEDITIONARY FORCE at on the

day of 19

He served in

and is now discharged from the service by reason of

Medical Officer.

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

Age

Height

Complexion

Eyes

Hair

Marks or Scars

Signature of Soldier

Date of Discharge

Issuing Officer.

Rank

Date 19

Form R 122
2353—100M—9-12-16.

C.R. Rank Name LANGTON. Thomas. Reg'l No. 2157350.

Dft. to Base Depot.
Unit Forestry Corps, Sunningdale.
If in perm. Corps, What Unit?
Married or Single Single.

Place and Date of Enlistment Ottawa. Jan. 29th, 1917.
Place of Birth Yorkshire, England.

Name and Address, Next-of-Kin Elizabeth Langton.
117 Beverley Road, Hull, England.
Relationship Sister.

Assigned Pay Monthly $ Payable to
Relationship

Separation Allowance $ Payable to
Relationship

N/E, R.B. No 3,250
File R.L.
Category Can. M.U.
Pte
O.S.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

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.
		ARRIVED IN ENGLAND 9-6-17 S/S OLYMPIC			A.F.B. 103 CHECKED 2 AUG 1917 JB
2	2.6.17 C.F.C	BD T.O.S. SUN'DALE 10 6, 17 Ptllo 48			
24.7.17	CFC BD	S.O.S to 55 Coy France	Pte	21.7.17	75 & 55 Coy O.I. D/28.8.17.
18/6/18	BDCFC	TOS on adm to Hospital Eng	"	S/dale 10-6-18	" 145
20-6-18	55 Coy CFC	SOS to BDCFC (Sick)	"	field 9-6-18	" 21.
6.12.18	BDCFC	5 Can Gen Hosp Invalided to Canada & SOS	Pte	8-6-18 26.11.18	291 C.L.B. 368 d/2-12-18.

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.					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Langton, Thomas — Date 24-1-19.
(Surname / Christian Name)

Regimental Number 2157350 Rank Pte.

Unit C.F.C.

Original Unit

District where paid M.D. 3.

Date of Discharge 20-1-19.

P. D. P. Filing Number

Address (in full) Khaki Club,
660 Dorchester St. W.,
Montreal, P.Q.

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

L. L. 46038—M. & D. 9215.

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 20-1-19.

M. F. W. 127.
25M.—8-18.
1772-30-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

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

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

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

Less P, D. P. Credited $.....

$

Less further debit balance $.....

Net due paid as below

Pay Soldier $.....

	TO SOLDIER			TO DEPENDENT		
	Ag. No.	Ch No	Amount	Ag No	Ch No	Amount
1						
2						
3						
4						
5						
6						
	Total			Total		

Clerk .....

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.....

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Yorkshire Eng.

NAME AND ADDRESS OF NEXT OF KIN Miss E Langton
117 Beverly Rd Hull Eng.

RELATIONSHIP OF NEXT OF KIN Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 2157350 RANK Pte NAME Langton Thomas 147

IF IN PERMT. CORPS WHAT UNIT UNIT C.F.C. TRANSFERRED TO C.F.C. France DATE 1/1/18 AUTHORITY DN

PERMANENT FORCE ALLOWANCES TRANSFERRED TO – Eng DATE 1/7/18 AUTHORITY TS

PLACE OF ATTESTATION Ottawa Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION January 29th 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

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	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																			C.T.
1/6/17					Balance from Canada									34 10	34 10																34 10				
to June 30	30	1.10	33												33																67 10				
July	31		34	10											34 10																101 20				
Aug	31		34	10											34 10	2660	26/6							9 73						9 73	125 57				
Sept	30		33	–											33 –	2885	20/7							14 60						14 60	143 97				
			134	20										34 10	168 30									24 33						24 33					

No. 215350 Pte. Langton Thomas.

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	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH PARTICULARS	CR.1	CR.2	PARTICULARS											DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.	MONTH PARTICULARS	CR.1	CR.2	PARTICULARS					DR.1	DR.2	DR.3	DR.4	BALANCE	
	143	97/44	28															143	97/44																
Oct P-Pay.	34	10																146	07			75.00													
Nov+Dec Pay	34	10							AR.	37.	29.7.	58.60		3	58																			
	68	10							"	14	12.8.17	"		7	14																			
									"	13	14.10.17	"		3	57																			
									"	113	31.10.17	"		3	57																			
																		221	32															
Jan. P. Pay	34	10							P.955	7.	I.D.R.	15/12/17.			97																			
	67	10							AR.	137.	55th Bty.	16/9/17		7	14																			
									AR	177	" "	28/11/17		8	92																			
									AR	227	" "	15/2/17		4	46			239	93			120.00												
														21	49																			
Feb. P P.	26	10							AR	279	" "	5/1/18		2	57																			
	30	80							AR	319	" "	22/1/18		8	03			259	13.															
														11	60																			
Mar P P.	30	80							AR	18th	636.	15/2/18		7	14																			
	34	10								749	" "	15/3/18		7	14			278	95	158th														
	34	10												14	28																			

Can. assigned Pay mil.
Transfer
A.F.A. 29-4-19.

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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

NAME:– LANGTON Thomas. 354 88

NUMBER:– 2157350

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 6.F.6.

DATE ACCOUNT FIRST OPENED:– 1/6/17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6 F 6 Hamps
145	1/7/18	18/6/19	BD. C7C Eng

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
~~24/10/18~~	10344	~~Cooden £2~~	~~9 73~~ ✓				
6/11/18	11344	" £3	~~14 60~~ 24 35 ✓				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis. Can 30/11/18 Beachill 7 A/13 5/11

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MARCH.	Balance Forward								278 95	150 –	
April	P Pay	33		AR218 7 Co 18.4.18	7 16						
				" 218 " " 18.4.18	3 5				301 24	165	
May	"	33			10 7				335 34		
		34 10		" 419A 55 Co 9.5.18	7 14						
				" 583 " 4 D 30.	2 68				325 57	180 –	
		34 10			9 82						
June	P Pay	33 –							358 57	195 –	
		33									
July	L. P.	34 10		A.R. 30101 Alexandra Hosp. Mt Cosham June 1918	24				392 38	210 –	
		34 10			24						
Aug	L. P.	34 10		A.R. Hosp. PPCRXH B'Hill 30.8.18.	9 73						
				A. Form C/1823 A Alex Hosp Cosham Aug 31 1918.	– 49						
				" " " " " July 1918	– 37				415 89	225 –	
Sept	✓	34 10			10 59						
		33		AR6306 P.D. C.R. Hosp. R.D. 30.9.18.	9 73						
				AFC/1823A alex Hosp Cosham 14.8.18.	24				438 92	240	
		33			9 97						
Oct	✓	34 10		AR 10344 PPCRH B'Lon 29.10.	9 73				463 29		
		34 10			9 73				473 02	Exc.	
Nov	P.P.	33		" 11344 ✓ 6.11.18	14 60						
	Int. on Def. Pay 31/10/18	9 56		" C3289 Endorsed on L.P.C. Hosp Liphook 19.11.	4 87				514 58		
		42 56			19 47				486 38		

AR. 3289 19.11 8/11 32
Endorsed on L P C
Corrected Bal 486 38

Can 30/11/18
8/11
8/11
Go H91·25
BxHill. 7A/13 5/11/18
Cheques to Mrs Williams L.P.C.

Can. assigned Pay nil.
Arrears
a/c 29-4-19

L.O.S to Canada Cancelled. Eff 26/4/18. D.U. 29/6/18 A.D. Exc.

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DEPT. MILITIA & DEFENCE
JAN 28 1919
H.Q. CANADA

1. No. 2157350

2 Rank. Private

3. Name. LANGTON, Thomas.

4. Unit. No. 3 District Depot.

5 Date of Discharge 20-1-19 Place Kingston, Ont.

6 Reason for Discharge being medically unfit for further War Service.

7. Authority. Med. Board D/M9-1-19 R.O. 1080.

8. Proposed Residence after Discharge c/o Khaki Club, 660 Dorchester St., W. Montreal, Que.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

T Langton

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 20-1-19

Medical Documents Forwarded to S.C.R. or B.P.C. on Date 23-1-19

J. J. Mooney Capt

O. C. Discharge Section
No. 3 District Depot

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

ZP

31-1-19

LIST OF DISCHARGE DOCUMENTS.

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

230 th Batt'n

1349

FORM OF WILL

I, Thomas Langton (Name in full)

Regimental Number 2157360 serving in FORESTRY REINFORCEMENTS

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

Ada Langton
53 Houldernes Road Hull
Yorkshire England

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

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

this 15 day of March A.D. 1917

Thomas Langton Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H. M. Salter Sergt.

Address of Witness 279 Bronson Ave.

Occupation of Witness Soldier

Signature of Second Witness Hugh Brooks

Address of Witness Laurentian View

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16
1772-39-983.

CERTIFIED A TRUE COPY

OFFICE of ESTATES, M. & D.

Form D.M.S. 1394
50M-11478-17-4-17.

II

PROCEEDINGS OF A MEDICAL BOARD.

Dated at COODEN 4-10 1918

No. 2157350 Rank Pte Name LANGTON. T.

Local Unit CAN. FORESTRY CORPS Overseas Unit 55th CAN. FOR. COY. Age 55

Examination held at P.P.C.R.C.H. COODEN.

DISABILITY.
Overseas-~~Local~~
(SCRATCH ONE OUT).

GENERAL DEBILITY.

PRESENT CONDITION.

Complains i SHARPE PAIN in Side ii Shortness of breath. iii RHEUMATISM in wet weather.

phys. Exam. Looks stated age 55. Exam. neg for man of his age. Complains of Rheumatic pains in wet weather. Breaks down easily after Exercise. Mental condition apparently normal

BOARD RECOMMENDS:-

1. Fit for Duty D.O.C. A.F.B. 179
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

G. P. Howlett Maj President.

Members Geo Kennedy Capt

APPROVED

Dated 4-10-18 1917. H. A. Gordon Capt For A.D.M.S.

Army Form B. 179.

Medical Report on an Invalid.

Station H.Q. N°4 Dist. C.F.C. Prance

Date May 30th 1918

1. Unit 55th Coy N°4 Dist. C.F.C.
2. Regimental No. 2157350
3. Rank PTE
4. Name LANGTON Thomas
5. Age last birthday 54.
6. Enlisted { on January 1917 / at Ottawa, Canada
7. Former Trade or Occupation { Railway labourer

8. Disability.

General Debility and Rheumatism

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. Prior to enlistment

10. Place of origin of disability.

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

Was boarded out of Quebec Rifle Regt in Canada in June 1915.
For last six months has only been fit for light duty. Now unfit for any.

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

(*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). No.

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 weakness and pains in limbs. Wanders away from lines at times during night apparently in a dazed condition. On return doesn't know where he has been. Says he walks in his sleep.

Has lost some weight during last six months.

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

(*a*) In action? —

(*b*) On field service? —

(*c*) On duty? —

(*d*) Off duty? —

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When? —

(*b*) Where? —

(*c*) Opinion? —

16. Was an operation performed? If so, what? No.

17. If not, was an operation advised and declined? No.

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? No.

19. Do you recommend

(*a*) Discharge as permanently unfit, or (*b*) Change to England? (a) Yes

W. A. Costain Capt. C.A.M.C.

Officer in medical charge of the case.

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

Station _____

Date _____

_____

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. — No.

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

21. Has the disability been aggravated by

(*a*) Intemperance? — No Evidence of Either

(*b*) Misconduct?

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? — 3/4.

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?

26. Do the Board recommend

(*a*) Discharge as permanently unfit, — (a).

or

(*b*) Change to England?

Signatures :—

H. H. White R.A.M.C. Capt. R.A.M.C. — President.

S. J. Powell Capt. R.A.M.C.

Members.

Station Rouen

Date 3. 6. 18

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.

(91196) W 4549-502 70,000 9/14 J.J.K.

Forms B. 179. 34.

None

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.

ORIGINAL

STATION Q.M.H.Kingston DATE Jan.8th 1919

1. 1 (a) Unit Ca.Forestfy Corps (b) Regimental No. 2157350 (c) Rank Pte.

(d) Surname Langton (e) Christian name Thos.

2. Age last birthday 55 Date of birth Jan.23rd 1863

3. Enlisted at Jan.29th 1917 on Ottawa Ont.

4. Personal description:—

(a) Height 5'4½" (b) Weight 156 (stripped) (c) Complexion Fresh

(d) Colour of hair Slightly Grey (e) Colour of eyes Blue (f) Identification marks

2 Vac.Scars Rt.arm

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

c/o Khaki Club 660. Dorchester St., West, Montreal Que.

6. Former trade or occupation Laborer & Teamster

7. (a) Service Years 1 Days 345

	Periods From	Periods To
Can.Forestry Corps	Jan.29/17	Dec.1918
No3. D.D.	Dec.10/18	Date

(b) Has he been overseas? Yes 11 mos. France 8. Original disease or disability General Debility & Myalgia

(a) Date of origin May 1918 (b) Place of origin France

(c) Cause* Ordinary Exposure

(d) Present disease or disability 1. Myalgia 2. Overage

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.]

Man complains of aching in muscles of back, arms & backs of legs, aggravated by cold & dampness. Obj. Man is well nourished & well preserved for his age. Has difficulty in ~~blending~~ bending forward to lace his shoes each morning. All movements of joints possible. No ~~tremor~~ tender points over joints or tendons.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Heart apparently normal. Pulse 70 ~~prminuteperm~~ per minute.

2. Man says he is 55 years old. Is well preserved for that age.

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

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

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

S.G. 1.028 Acid No alb. No sugar

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

Man gives a history of Myalgia which developed on active service in France

(*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?

Not app.

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? 6 mos. decreasing

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

Hospitals in France & England

Q.M.H. since Dec. 10th 1918

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 ? Not known Will try
(If not, briefly state why.)

17. Recommendations That this soldier be discharged from the service

Pensionable disability due to service

L M Armstrong Capt A.M.C.
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 .....

T Langton
Signature of soldier examinea.

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). Yes "E"

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).

with pensionable disability

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.

Wm Gibson Capt A.M.C. *President.*

PLACE Kingston

Sm Asselstine Capt A.M.C. } Members.

DATE Jan. 9/19

APPROVED BY

D.K. Mundell Major, A.M.C.

For D/ A.D.M.S. Mil. District No.3

Assistant Director of Medical Services.

DATE JAN 15 1919

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.

AUDITOR HM | PAYMASTER DVS

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

M. OR S.

REGT. No. 215'735'0 RANK pte. NAME (IN FULL) Langton T.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

L-325

PARTICULARS	EFFECTIVE DATE	AUTHORITY
$1.10		
Pte Thos. Langton		
Khaki Club		
660 Dorcester St. W.		
Montreal P.Q.		

ORIGINAL UNIT C.E.F. C.F.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Kingston | DATE Jan. 20, 1919 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

1919 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.	208 PARTICULARS OR REMARKS
Balance from previous account							484	93	484	93																									484	93	
Jan.	20	1.10	22	00	35	00			57	00							50	00	491	93											541	93					#104
Jan 20/19	122 days		W.S.G.						280	00	5210 a						70	00													70						M.F.W. 25.95 Received
Feb. 20/19											B4901						70	00													140						
Mar. 17/19											G.239728						70														210						
Apl 18/19											G319031						70														280						

OK/R.

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

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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.	

Synopsis of Medical Case Sheets.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T6455	215735	Pte	Langton	Thomas
Year 1918	Unit. Can Forestry Corps	Age. 55	Service. 1 11/12	

Station and Date.

5th Can Gen Hospital Liverpool 7-11-18.

Disease Debility.

Form of Occupation - Labourer & Teamster

Enlisted - Jany 29, 1917 at Ottawa

England - - - - - - -

France - - - - - - -

Wounded - Reported Sick - 6-6-18

Hospitals - 6-6-18 - 6th Gen. Hosp. France

9-6-18 - Alexandria Hosp, Cosham.

26-8-18 - Princess Pat. Can. R.C. Hosp. Bexhill

Patient is a man of one military age & unable to carry on. Says he feels fairly well now but says he has regular attacks of rheumatism.

Invalided to Canada

Thomas Capt

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	