Triplicate

916880

ATTESTATION PAPER.

No.

#1

198th Battln.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	PAFFITT
1a. What are your Christian names?	William Charles Walter,
1b. What is your present address?	#353 Spadina Ave., Toronto Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Brighton, Sussex, England.
3. What is the name of your next-of kin?	Florence Paffitt,
4. What is the address of your next-of-kin?	#353 Spadina Ave., Toronto.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	February 18th, 1890.
6. What is your Trade or Calling?	Bellman.
7. Are you married?	Married.
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? If so, state particulars of former Service.	No.
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.

29

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Charles Walter Paffitt, 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.

W. C. W. Paffitt. (Signature of Recruit)

Date June 2nd, 1916. W. A. Childs (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Charles Walter Paffitt, 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. C. W. Paffitt (Signature of Recruit)

Date June 2nd, 1916. W. A. Childs (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 Toronto, Canada this 2nd day of June, 1916.

(Signature of Justice)

M. F. W. 22.
600M.—2-16.
H. Q. 1772-89 '41.

Description of William Charles Walter Paffitt on Enlistment.

Apparent Age 26 years 3 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. 4¼ ins.	
Chest measurement. Girth when fully expanded	34½ ins.	
Chest measurement. Range of expansion	3 ins.	Tattoo spots L. Arm.
Complexion	Fair	
Eyes	Brown	
Hair	Brown	
Religious denominations. Church of England		
Presbyterian	Pres.	
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 June 2nd, 1916. 191 .

Place Toronto, Canada.

Jas. W. Barton
Captain
Medical Officer.
Toronto Recruiting & Depot.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Charles Walter Paffitt, 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.

GENERAL ROOM 198th B. S. Battalion, C.E.F. DEC 18 1916 No. CANADIAN BUFFS

Lt.-Colonel (Signature of Officer)
Comdg., 198th Battalion, C.E.F.
CANADIAN BUFFS

Date 191 .

Hill 7 5-19

REGIMENTAL DOCUMENTS

Spr. NAME PAFFITT WILLIAM CHARLES REGT. NO. 916888 UNIT C.P.S.D. — 256th Bn H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				481252	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Demobn
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)			000282		
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Misc					
1	Postcard					
1	R.T.O.					
1	Envelope					

W 2589
100M-11-18
1772 10-1377

ORIGINAL

To be made out in duplicate.

198th OVERSEAS BATTALION, C.E.F.

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.....198th O.S. Battalion, C.E.F.

Transferred to 256th (O.S.) RAILWAY CONSTRUCTION BN., C.E.F. 21-2-17

(2) Regimental Number .....916880.

(3) Full Name of Soldier.....William Charles Walter, Paffett.

(4) Place of Birth.....Hastings, Sussex, England.

(5) Are you married, or not ?.....Yes.

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

(b) Present Postal Address.....353 Spadina Ave. Toronto, Ont.

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

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

If so, give number of boys and girls.....1 Girl.

Also their names and ages.....Maudie Paffett. 5 years.

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.

If so, state name and address .....William Paffett, 45 Muriel Ave. Toronto, Ont.

(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 ?.....Nil.

(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.

.....Nil.

.....

.....

(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.

.....Yes.

(15) Are you insured ?.....Yes.

If so, in what Company ?.....Metropolitan Life Ins. Company

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

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

J. M. Macdonnell

Officer Commanding.

198th OVERSEAS BATTALION, C.E.F.

Date.....January 10th 1917.

Im Haw

Number 916880 Rank Spr

Surname PAFFETT

Christian Name William Charles Walter

Units C.F.C. Theatre of War France

Date of Service 17-6-17

Remarks 876 Albany Ave Toronto Ont

Latest Address ~~24 Lansing Ave~~ Toronto Ont

Roll No. B Page 6804

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

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

OCT 6 1921

649-p-5069. M02800 CARD No.

SURNAME. Paffitt.

CHRISTIAN NAMES William Chas. Walter

REGL. No. 916880 RANK Pte.

S.S.B. Dis. Demob. 29-3-19
D.S.S. 95-95-H-19 29/9

UNIT ~~198th~~ 256th

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Paffitt Mrs. Florence

RELATIONSHIP TO SOLDIER Wife

ADDR 24 Sussex Ave., Toronto, Ont.

L.S.a.a.P. 5-4-17.

COUNTRY OF BIRTH England Brighton DATE Feb. 18th 1890

PLACE OF ATTESTATION Toronto Ont. DATE June 2nd 1916

Trans from 198th Bn to 256th Bn. Auth 256 S.L. 24/3/17.

L. L. 94504. M. & D. 6512. C/S 28-3-17

RIC 27-3-19 29/37 Spr

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339. a.p.

Sailed from Halifax per S.S. Missanabi

MARRIED Yes. SINGLE WIDOWER 28/3/17

TRADE OR CALLING Bellman RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 26 YEARS 3 MONTHS

HEIGHT 5 FEET 4 1/4 INCHES

CHEST MEASUREMENT 34 1/2 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Brown HAIR Brown

DISTINGUISHING MARKS Tattoo spots left arm.

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE June 2nd. 1916

Present Address - 353 Spadina Ave
Toronto Ont.

Canadian Railway Troops Depot,
Knotty Ash, Liverpool.

Date 19/2/19 No. 1068880

Rank and Name Pte Fifitt, William Charles W.

Unit 10th C.R.T.

Visual Acuity R.E. 6/6 L.E. 6/60

" " with glasses R.E. _____ L.E. _____

Hearing, R. _____

" L. _____

Category Recommended B1

Remarks :-

First detected poor vision on enlistment.
Can read well at 2 ft.
Never used glasses.

This condition was _____ present before enlistment,
and has not been aggravated by service.

D. A. Nobb
Captain, C.A.M.C.

Form R 122.
2353—100M—9-12-16.

J. Rank | Name PAFFITT, William Charles Walter. | Reg'l No. 916880.

Unit 256th Bn. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Toronto 2nd June.1916. | Place of Birth Brighton. Sussex; England.

Name and Address, Next-of-Kin Florence Paffitt.

353 Spadina Ave. Toronto. | Relationship Wife.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No. 15144
File R.L.
Category Can OR

A.F.B. 103 CHECKED 3 JUL 17

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 7 4 17 S.S. MISSANABIE.				
31.5.17	10th CRT.	Trans from 256 Bn	Pirbright		31.5.17	Pt II 151a. a 6.
17.6.17	Do	Proc a o/s	Sptr	Do	17.6.17	— 168
4.7.17	Do	Landed in France	Etaples	Field	19.6.17	— 169.
30-1-19	"	Posted to C R T D	"	"	23-1-19	" 74 C.R.T.D. P.II O 25 of 30.1.19.
		27. 15- 46			19.3.19	
25-2-19	C.R.T.D.	SOS to M.D. W 2	"	Rfg d&R.	24.2.19	M.D. 2 P.II 0.50 " 51. D/28-2-19
22.3.19	M D 2 W	SOS to Canada	"	Rhyl	19-3-19	— 69

10

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.					

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) PAFFITT W. C.

REGIMENT 10 R C. R. I. RANK Spr No. 916880

Date of Examination in England 20 - 2 - 19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Fit
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada yes.
- (*b*) In England
- (*c*) In France

KNOTTY ASH CAMP, LIVERPOOL.

Signature of Dental Officer A. Hurst Capt

198th OVERSEAS BATTALION, C.E.F. ORIGINAL

MEDICAL HISTORY SHEET

No. 916880

Surname Taffitt Christian Name William Charles Walter

Examined on 2nd day of June, 1916.
at Toronto, Canada.

Approved by Jas. W. Barton
Rank Captain M.O.
Toronto Recruiting Depot, D.A.C.G.C.

Birthplace City or Town Brighton,
County Sussex, England.

Apparent age 26 Yrs. 3 Months.

Trade or occupation Bellman.

Height 5 feet 4¼ Inches

Weight 114¼ lbs.

Chest measurement Minimum 31½ inches
Maximum expansion 34½ inches

Physical development Good.

Small-pox Marks Nil

Vaccination Marks Arm Right Left 1
Number 1

When Vaccinated last Childhood.

(a) Marks indicating congential peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection
R V D 20 L V D 90.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
19/6/16		K.W. Manning M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15/6/16		K.W.M. M.O.
21/6/16		K.W.M. M.O.
17/8/16		L.O.J.K. M.O.

Enlisted on 2nd day of June, 1916 at Toronto, Canada.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	198th Battln.			
Transferred to	256th (O.S.) RAILWAY CONSTRUCTION BN. C.E.F.	916880		21-2-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Smiths Falls	19-2-19	Defective Vision	Bi Geo F. L. Fuller Capt. Canada

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 Mo

Surname Paffitt Christian Name William Charles Walter.

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				

2.

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps C. E. F.

Regimental No. 916880 Rank Gnr. Name Paffitt William C. W.

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				
MAR 19	1919 O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO, 1919 PART II D. O. 95			
MAR 29	1919 S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 95			

R. W. Hurd Lieut.
For O. C. No. 2 District Depot

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

[P.T.O.

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 916880 (Rank) Spr

Name (in full) William Charles Walter Paffett enlisted in

the 198th Bn

CANADIAN EXPEDITIONARY FORCE at Toronto on the 2nd

day of June 19 16

HE served in France and Belgium

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 29

Height 5' 4 1/4

Complexion Fair

Eyes Brown

Hair Fair

Marks or Scars Tattoo spot on left arm

W C W Paffett

Signature of Soldier

R. S. Wyatt Lt

Issuing Officer

For O.C. No. 2 District Depot.

Rank

Date of Discharge

No. 2 DISTRICT DEPOT

MAR 29 1919

TORONTO

Date MAR 29 1919 19

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

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

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

L- L. Job 310—M. & D. 6574.

9-6-16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Florence Paffitt

Address ~~353 Spadina Ave~~ 24 Sussex Ave. Toronto Ont

Relation to Soldier wife, child or mother: Wife

Name of Soldier Paffitt Wm. Chas Walter

Regtl. No. 916880

Rank Pte 256th Bn. 21/2/17 Discharged 24/2/17

Corps ~~198th~~ Batt

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 6 ACCOUNT

L. L. Job 4503.—M. & D. 6832.

ASSIGNED PAY. ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Mrs

Name Florence Paffitt wife

Address ~~383 Spadina Ave~~ 24 Sussex Ave. Toronto Ont

22.5.17 HH

Relation to Soldier wife, child or mother: APR 1917 20th April 1917

Name of Soldier Paffitt W.

Regtl. No. 916880

Rank Pte

Corps 256 Bn (Late 198 Bn)

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Florence. Paffitt (Assignee) wife

Name of Soldier Paffitt. W.

Rte 916886 — 256 Bn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			20 00 - April 1917 APR 1917 (Late 198 Bn)
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		O12303	40	£40 W. 24 Sussex Ave Toronto 2257 Hd
June		6/17573	20	20
July		Z26527	20	
Aug.		O 31711	20	
Sept.		Q38149	20 -	
Oct.		K 44410	20	
Nov.		N51467	20	
Dec.		O59797	20 -	180 Mar
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2 Mrs Florence Paffitt Wife

Name of Soldier Paffitt W. C. W.

Pte 916880

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July		J 18134	34		34
Aug.		P 14506	20		20
Sept.		L 17057	20		20
Oct.		E 19979	20		20
Nov.		N 23221	20		20
Dec.		N 26116	20		20
Jan.	1917	Y 30284	20		20
Feb.		Y 33274	20		20 Z 2161 Cancelled
March		~~Y 35983~~	~~20~~		~~Cancelled~~ Y 35982 Cancelled
April		~~Y 35982~~ Z 2161	~~20~~ 20	25	2024 Sussex Ave. Toronto,
May		Y 5377	20		20
June		Y 8704	20		20
July		Y 12044	20		20
Aug.		I 15269	20		20
Sept.		Q 19153	20		20
Oct.		Y 20973	20		20
Nov.		F 25374	20		20
Dec.		P 27816	20		20 374 Mac
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

2 M.Q. 2639

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P. 559.

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Brighton Sussex Eng.

NAME AND ADDRESS OF NEXT OF KIN: Florence Pappitt 353 Spadina Ave Toronto Ont

RELATIONSHIP OF NEXT OF KIN: Wife

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

Pappitt

REG'L. NO. 916880 RANK Pte NAME Pappitt, Wm. Chas. Walter

IF IN PERMT. CORPS / WHAT UNIT — UNIT 256 Bn TRANSFERRED TO 10th C.R.I. DATE 31/12/17 AUTHORITY R.O.

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Toronto — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION June 2 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY ~~$20.00~~ DATE EFFECTIVE APR 1 1917

PAYABLE TO ~~Florence Pappitt 353 Spadina Ave Toronto Ont~~ RELATIONSHIP ~~Wife~~

ASSIGNED PAY MONTHLY $20.00 DATE EFFECTIVE MAY 1ST 1917 R.

PAYABLE TO Florence Pappitt 24 Sussex ave Toronto Ont RELATIONSHIP Wife

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)

6 C.2.

DATE 1917	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														2200	2200																2200				Bal from Canada
April	30	23	1.10	25	30										2530													20		20	2730				
May	31	31		34	10										3410													20		20	4140				
June	30	30		33	00										3300	145	4/5							4 87				20		44 34	3006				
																22	14/4							4 87											
																51	19/4							14 60											
July	31	31		34	10										3410													20		20	4416				
Aug.	31	31		34	10										3410	119	30/6							2 67				20		25 67	5259				
																83	22/6							1 78											
																12	17/6							1 22											
Sept.	30	30		33	00										3300	202	1/8	274	1/8	272	31/5			2 68	2 68	7 30		20		47 99	3760				
																152	15/1	233	15/8	232	17/5			2 67	2 68	7 30									
				193	60									22 00	21560									11 02	8 04	38 94		120		178 00					
			193	60										22 -	21560									11 02	8 04	38 94		120		178 00					

PAFFITT

916880 Paffitt. W. & W. 6 As 20ms

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	DEFERRED PAY	SER. ALLCE. ENG.															
Oct. 1st	Bal: fwd			~~37 60~~														37 60																
Oct:		P.P.		34 10														20																
						AR 329	15/9/17	10 CRT						2 67				49 03																
				34 10										2 67				20																
Nov.	P.P.			33														20																
						AR 444	15/10/17	10 CRT						4 46																					
						AR 363	1/10/17	10 CRT						2 68																					
Dec.	P.P.			34 10														20																
						AR 489	1.11.17	10 CRT.						357				65 42																
1918				67 10										10 71				40																
Jan.	P.P.			34 10		A.O.								10 71				20																
						AR 573	1.12.17	10 CRT						1249 X																					
						" 634	15.12.17	"						446 X				6257																
				34 10										1675				20	30 80															
						" 681	1.1.18	"						357 X					93 37															
						" 726	15.1.18	"						446					31 60															
						" 763	1.2.18	"						357					61 77															
Feb.	P.P.			30 80		A.P.								11 60				20	61 77															
				30 80															34 10															
March	P.P.			34 10		AR 801	15/2	10 CRT						4 46					95 87															
						A. A. P.												20	36 06															
						AR 871	1.3.18	(11)						357																					
						97	153	(8)						3 57																					
						4 999	22/3	(19)						4 46																					
				34 10										16 06				20	59 81															

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/4/17	EFFECTIVE DATE:-	
AMOUNT:-	$20	AMOUNT:-	

NAME:- PAFFITT Lon Chas Trotter
NUMBER:- 916880

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs Florence Paffitt (wife)
24 Sussex Ave
Toronto

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

L. P. C. Rendered 15/2/19

K Nash To K Nash
3062

N/R 7

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 236 Bn
DATE ACCOUNT FIRST OPENED:- 8/4/17

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

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
~~13/11/19~~	1969	~~To L.R.T. 257~~	~~4 66~~			Ledger Bal	73 70
~~5/2/19~~	5330	~~✓ Z 8.~~	~~38 93~~			L.P.L. Bal.	30 11

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE — Discharged To Canada Eff. 1-3-19 auth. N/R. 3062 15/2/19 Knotty Ash To Knotty Ash Th. D. 2.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal to 2d								59 81		
Apl	9 9	33.		A.R. 69. 15.4. (3) 10 C.R.T.	4 44						
				cap				20			
				A.R. 171. 26.4. (22) 10 C.R.T	2 68				65 67		
		33.			7 14			20.			
May	9 9	34 10		c.a.f.				20.			
				A.R. 259. 15.5.18. 10 C.R.T. (5)	2 68						
				A.R. 351. 23.5.18 " (9)	2 68				74 41		
		34 10			5 36			20.			
June	9 9	33.		c.a.f				20.			
				A.R. 454. 15.6.18 10 C.R.T 3	3 57						
				A.R. 554 25.6.18 " 65	3 57				80 27		
		33.			7 14			20			
July	9 9	34 10		c.a.f				20.			
				A.R. 674. 15.7.18. 10 C.R.T. (2)	3 57						
				A.R. 729. 21.7.18 " (5)	1 78						
				A.R. 1456 23.7.18 10 C.R.T (10)	68 13				20 89		
		34 10			73 48			20			
Aug	9 9	34 10		A.R. 883. 15.8.18 10 C.R.T. (11)	3 57						
				c.a.f				20.			
				A.R. 983 31.8.18 10 C.R.T 20	3 57				27 85		
		34 10			7 14	7 14		30	60 81		
Sept		33		A.R. 1094 14.9.18 10 C.R.T (31)	3 57				27 14		
				c.a.f				20			
				A.R. 1174 24.9.18 10 C.R.T (13)	3 57				33 71		ak agreed
		33			7 14	7 14		30			

NUMBER 916880 RANK Sapper NAME PAFFITT. Wm Chas. Walter

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									33 71		
Oct	P.P.	34 10							67 81		
				C.A.P.				20	47 81		
				ch 1279 14-10-18 Lock T 35	3 73				44 08		
				" 1367 30-10-18 " 44	3 73				40 35		
		34 10			7 46			20			
Nov	P.P.	33		C.A.P.				20	53 35		
				ch 1539 14-11-18 Lock T	9 33				44 02		
Dec	P.P.	34 10							78 12		
				C.A.P.				20	58 12		
				ch 1740 15-12-18 Lock T 55	4 66				53 46		
Jan	P.P.	34 10		C.A.P.				20	67 56		
		101 30			13 99			60			
Feb.	P.P.	30 80		ch 186 28-12-18 Lock T 9	4 66						
				C.A.P.				20	73 70		
				ch 1969 13-1-19 Lock T 27	4 61						
				" 5330 6-2-19 ch T.O. 58	38 93						
				" 389 6/8 - K.P. (Ex) 104	9 73				2038		
	3060			57 98	57 98			20			

Post to Canada 1918/19 A.L. 27

WAR SERVICE BADGE CLASS A 16334 GB

SERVICE GROUP 10

OCCUPATIONAL GROUP 3

M.D.2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B1

TORONTO

WIFE

CLERK

1. No. 916880

2 Rank. SPR.

3. Name. PAFFITT. William Charles Walter

4. Unit. C.R.T.D. 236TH BN.

5 Date of Discharge MAR 29 1919 Place TORONTO, ONT.

6 Reason for Discharge DEMOBILIZATION

7. Authority. No.2, D.D., Part II, D.O.No. 95

8. Proposed Residence after Discharge 24 Sussex Ave Toronto

H.M.T. MINNEKAHDA

EMBARKED 19 MARCH 19

DISEMBARKED 28 MARCH 19

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

W C Paffitt

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

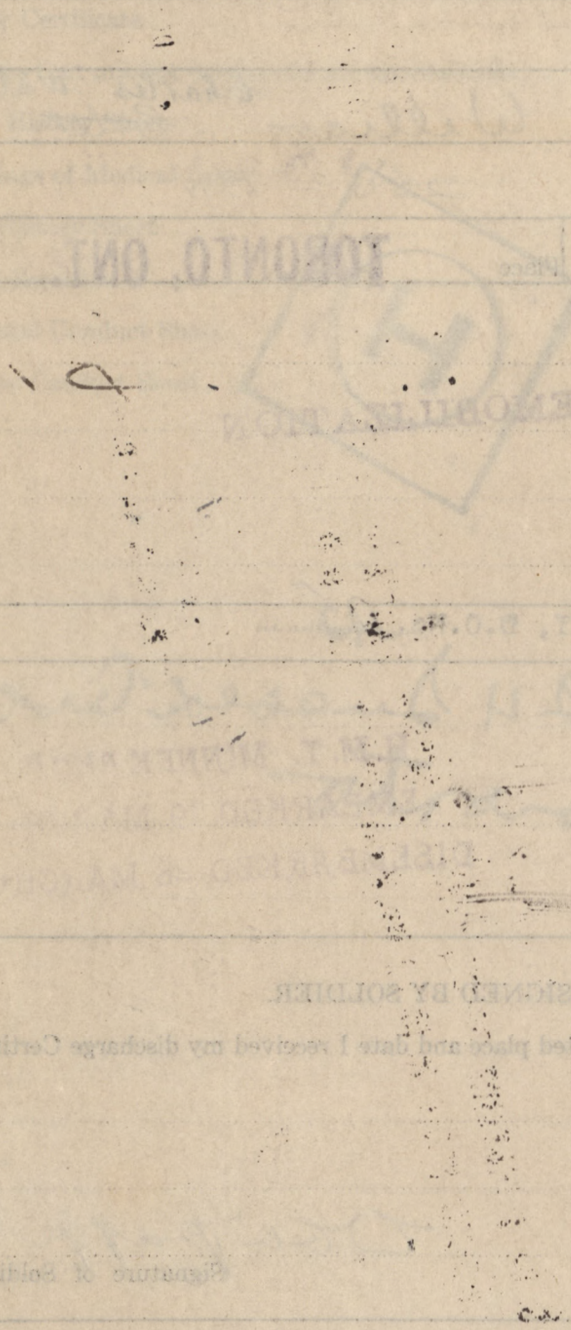
Date MAR 29 1919

K

Signature For O.C. No. 2 District Depot.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.



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

Group A

Checked by No 20

1/11

Date 7 JAN 19[illegible]

Date of Enlistment 9-6-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Apr 1/17

1 L 3 pl. mup

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~ 1/4/18	30 1/9/18 PC 2753 MO 21026.	

P 000071

RATE OF ASSIGNMENT

20			

wife

PARTICULARS OF SEPARATION ALLOWANCE

No. 916880

Rank Pte Promoted Reverted Discharge

Soldier's Name H. Paffitt

Battalion 251th Battn

Beneficiary Florence Paffitt

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Florence Paffitt

Address 24 Sussex Ave, Toronto Ont

Change of Address

1

2

3

4

M. F. W. P. 23554 rend $25 7/8 Add 22/11/18 OK JWG

1H10 9-10-2

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
dec 31		374	180	554	
Jan 18	L 68032	30	20	50	
Feb 18	E 62872	25	20	45	
March	P 93442	25	20	45	
Apr	P 9041	25	20	45	
May	S 22493	25	20	45	
June	O 24804	20	20	40	
Jul	K 33500	25	20	45	
Aug	O 40973	25	20	45	
Sept	E 34804	25	20	45	
Oct	C 41549	25	20	45	
Nov	G 66692	25	20	45	
dec	H 62173	45	20	65	
Jan 19	a 69176	~~30~~	20	50	
Feb	C 76387	30	20	50	
Mar	a 82211	30	20	50	
~~Apr~~		~~30~~	~~20~~	~~50~~	
		789.	480	1269	

A/c Closed 31/3/19

Ret'd per Minnekahda

MO 2 Date 28/3/19 M Fur 187 Rnd

Clerk JWG 1/4/19

M R O HP 67031 Duty Rnd. 1/4/19 RW

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7933.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22330—M. & D. 7993.

"MINNEKAHDA" 28-3-19

DISPERSAL "I"

C1446

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 916880 | RANK Spr. | NAME (IN FULL) PAFFITT, W.O. .W (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Closed By Ottawa | DATE EFFECTIVE 31-3-19

TO WHOM PAID | RELATIONSHIP

ADDRESS Same

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sep adjustment		

ORIGINAL UNIT C.E.F. C.R.T. | IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 2/6/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE Closed 31-3-19 By Ottawa

PAYABLE TO Mrs Florence Paffitt | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 24 Sussex Ave Toronto Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 29-3-19 | REASON Demob | AUTHORITY DV 95 | IF ENTITLED TO POST DISCHARGE PAY Yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT									30	11																											30	11	T.O.S. 19.3.19. D.O. 95. SUBS. TO D.O. Cr bal on Eng 2 PC
28-2-19																																						P & A 1-3-19 To 3-4-19
1-3-19	34	1.10	37	40																																		Clothing allowance
3-4-19					35	00																																1st payment w.s.s.
					70	00																																		March 1/9
																											20	00										Endorsed on L PC
																					9	73																Boat & Train
																	5	00	4	87																		
					142	40					W	83738					132	91																	172	67				FIRST PAYMENT SEP. ALLCE. W.S.G. PAID.
																											70	00										W.S.G. as paid above
																													5	50								5 days P.A. then credited
																													2	00								2 days P.A. then paid
153 Days		W.S.S.	350	00	150	00			500	00																												1st W.S.G. Paid by #2 D.D.
																	March	9/19	27	23	00							30	00					107	50	274	50	118	00	
																	May	2	2789	7764	50		2789	7328	00									200	40	210	00	90	00	
																	June	9	718	248	70	00												270	00	140		90		Allot 718248 Hanlen to Mann
																	June	12	719	907													20	300		140		60		
																	AR 76 June	20	726	555	70		AR 76		556		AR 76		30					400		70		30		W. S. G. PAID IN FULL
																	AR 95 July	24	1025	697	70				698				30					500						
			350	-	150	-			500	-																			278	50	100	-	28	-	7	50	90	-	1500	-	aby

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

KNOTTY ASH CAMP, LIVERPOOL

STATION ..... DATE 19/2/19

1. 1 (a) Unit 6.R.T.D. (b) Regimental No. 916880 (c) Rank SAPPER

(d) Surname PAFFITT (e) Christian name WILLIAM CHARLES WALT

(f) Home address 24 SUSSEX AVE. TORONTO. ONT. CANADA

(g) Next of Kin MRS. FLORENCE PAFFITT (h) Relationship WIFE.

(i) Address of Next of Kin 24 SUSSEX AVE. TORONTO. ONT. CANADA.

2. Age last birthday 26. Date of birth Feb 18. 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date June 2nd. 916

4. Personal description:

(a) Height 5 ft 4 1/4 in (b) Weight 142 1/4 lbs. (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Indian ink marks on left arm.

5. Former trade or occupation Clerk.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	two years.	263

	Periods	
	From	To
Canada 198 Bn. & C.R.C.R.	June 2nd 1916	7-4-17.
England C.R.C.R.	7-4-17.	19-6-17
France or other theatres of War 10. Bn C.R.C.R.	19-6-17.	date.

7. Original disease, or injury Defective Vision

(a) Date of origin Congenital (b) Place of origin England.

(c) Cause Congenital.

M. F. B. 227.

400M.—11-18.

1772-39-117.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

None.

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

- None.

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

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

No.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) 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? Permanent.

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

None.

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

No

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

17. Recommendations 13i

Discharged and Cert Casualty.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned W. C. W. Poffitt 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

William Chas Walter Poffitt. Rank.

Signature of invalid examined.

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

Disability due to partial loss of function of eye sight.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Opinion: Regard Discharge Camp.
Objective 4-2-19. R.V. 8/c L.V. 4/60 Col. Bi
Right defective vision on enlistment
Can read well at 2 ft. Lens and glass
Condition present before enlistment and
not aggravated on service.
Subjective - He says has any headache
or any sight or eye trouble except
when he reads for a long time vision becomes
blurred. He can see properly well and
complains of no trouble at all.

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

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

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition except as above

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

He first found out he had poor vision in left eye when he went before a medical board in 1916. He has not given any trouble on service.

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) Yes B1
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Boarded for return to Canada.
Auth A.G. Tel. 40083 - 4/1/19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Nil.

Geo. F. L. Fuller Capt. A.M.C. *President.*

PLACE KNOTTY ASH CAMP, LIVERPOOL

DATE 19/2/19 } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

(wife) Florence Paffitt. 353 Spadina Ave. Toronto.

353 Spadina Ave. Toronto.

MEDICAL HISTORY OF AN INVALID.

(Examined by Capt. J.W.Barton)

1. Station Exhibition Camp Toronto.
2. Regiment or Corps 198 th. O-S.Bn.
3. Regimental No. and Rank. #916880 Private.
4. Name William Charles Water Paffitt
5. Age last Birthday 26yrs.
6. Enlisted on June 2nd.1916. at Toronto.
7. Former Trade or Occupation. Bell man.

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

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

Date. Feb.14th.1917.

NO. 2 MILITARY DISTRICT FEB 20 1917 34-1 Pa-141

DEPT MILITIA & DEFENCE FEB 24 1917 H.Q. CANADA

9. Service.

	Years.	Days.	PERIODS. From.	To.
198 O-S.Bn.			June2nd.1916.	Feb.14th.1917.

10. (a) Disease or disability Blindness of the ~~right~~ left eye.
    (b) Date of origin. 1910 .
    (c) Place of origin Toronto.
    (d) Cause. Not known.

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

The sight of the right eye is normal but the sight of the left eye is almost gone.

He is in the best of health otherwise.

12. (a) Is the disability the result of service or climate? No.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

150 M—5-16.
1772-39-117.

boarded Yes. 13/3/17.

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

None.

(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?

Not applicable.

(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.

Notdue to exposure.

14. Treatment

None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not ~~permanently~~ aggravated.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Lifelong.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not moreso than before enlistment,

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

Transfer to Railway Construction Bn.

Hopkins Capt.

19 & 0- 3 Bn.

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

12. yes

15. yes

16. yes

17. yes

18 Is he unfit for Military Service. no

Recommendations :

Transfer to Railway Construction Bn.

Signatures :—

A. MacLaurin Capt. President.

Members.

Station. Toronto

Date. Feb 14 1917

Date.

Approved.

Date. 9/3/17

Asst. Director of Medical Services.

Director-General of Medical Services.

ASST. DIRECTOR MEDICAL SERVICES
No.
FEB 20 1917

(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.

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.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

Army Form B. Regimental Number 916880

Casualty Form—Active Service.

Regiment or Corps 256th (O.S.) RAILWAY CONSTRUCTION BN. C.E.F.

Rank Pte Surname Paffitt Christian Name William Charles Walter

Religion ..... Age on Enlistment .....years .....months

Enlisted (a) 2/6/16 Terms of Service (a) one year or period of war Service reckons from (a) 2/6/16

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ....Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks: Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ..	Halifax	26.3.17	
31.5.17		Disembarked..	Liverpool	7.4.17	
~~31.5.17~~	10th C.R.T.	S.O.S. 256th T.O.S. 10th C.R.T.	Purfleet.	31-5-17	D.O. ~~45~~ 151a
		H B Saylor Lieut for C.C			10th C.R.T.
17-6-17	"	Proceeded overseas	"	17-6-17	D.O. 168
					for adjt 10th C.R.T.
					H B Saylor Lieut
					Landing returns
23.6.17		Disembarked	Havre	19.6.17	8475 + 8476
					D.O. 169 of 4.7.17.

CERTIFIED CORRECT. 20 JUL. 17 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) Signaller, Shoeing-Smith, &c.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks
Date	From whom received				Taken from ~~Army~~ Form B.213, Army Form A.36, or other official documents
27.7.18	10 CRT.	**Granted 14 days LEAVE**	M.K.	25.7.18	B43. D.O. 74 d 6.8.18.
10.8.18	"	Returned from LEAVE	Fwd.	8.8.18	B43.
22.1.19	C GBD	Trans to Engr Posted to CRT			W.K.
		Depot Shilley for Demobilisation		23.1.19	Pte C. 7 of 1919
		Capt. A. Chatwell.			
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
30 JAN 1919		CRTD Taken On Strength			Knotty Ash 29 1/4 pkt 28 -
25 FEB 1919		CRTD s.o.s. to Kinmel Park, M. D. Wing, No. 2	KNOTTY ASH		PART II 51
					R. Whitefield Lieut for O.C. Canadian Pinforce Troops,
		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. ____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 69 22-3-19 Commanding 2. Wing, Kinmel Park Camp.		25 FEB 1919	
		H.M.T. MINNEKHADA EMBARKED 19 MARCH 19 DISEMBARKED 26 MARCH 19			