DUPLICATE

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2128970

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname PEACOCK
2. Christian name Wilson
3. Present address Box 72, Boissevain, Manitoba, Canada.
4. Military Service Act letter and number 507150 JC
5. Date of birth October 2nd, 1893.
6. Place of birth (town, township or county and country) Boissevain, Manitoba, Canada.
7. Married, widower or single Single.
8. Religion Methodist
9. Trade or calling Farmer
10. Name of next-of-kin John Peacock
11. Relationship of next-of-kin Father
12. Address of next-of-kin Box 72, Boissevain, Manitoba, Canada.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act:—

(a) Place Brandon, Manitoba Canada. (b) Date Nov. 16, 1917. (c) Category A2

DECLARATION OF RECRUIT

I, Wilson Peacock, do solemnly declare that the above particulars refer to me, and are true.

Wilson Peacock (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 2 mths.

Height 5 ft. 8 ins.

Chest measurement: fully expanded 34 ins.; range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Brown

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

Transvers scar 5 inches long right shoulder blade.

Edward W. Pullen Major
Brandon Detachment,
O. C. 1st Depot Btln.
Manitoba Regt.

Place Brandon, Manitoba, Canada. Date January 5th, 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ...)

REGIMENTAL DOCUMENTS

NAME PEACOCK WILSON REGT. NO. 2128970 UNIT 1st D.B.M.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category E
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				9249	
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)	Deceased 5-10-58				On Demob. Med. Unfit. for Gen. Ser.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Misc					
3	207-3350					
1	03/65					
1	Casualty					
1	R182					

37-19
38-19
1-19
1

W 2589
100M-11-18
1772 39-1377

Number... 212890 Rank... Pte...

Surname... PEACOCK...

Christian Name... Walter...

Units... 2nd Bn Can Inf

Theatre of War... France

Date of Service... 21-5-18...

Remarks...

Latest Address... Box 72

... Okotoks Alta.

Roll No. B

Page 11129

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

DESP MAR 14 1922 REGN NO. 111035

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

Form R. 149.

Wilson

Name PEACOCK Rank Pte. Reg. No 2128970

Unit 44th (N.B.R.)

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
30-9	26 to Etaples	G.S.W. face		13327	11372	45052
3.10	The Queens Hsp	Sidcup	do	B313		28063
22.2 19	6 Cty Hosp Orpington		do	B4431		75988
29.4	Wilson Ward	do	Fract. L. Lower Jaw	B3477		102254
23.5.	Royal Herbert Hsp SE 10			B 498		91049

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

REGT'L. No. 2128970

H. Q. FILE No. 649

NAME Peacock, Wilson

RANK AND CORPS Pte. 44th Bn.

CABLE

NO.	DATE

NATURE OF CASUALTY

FOLLOWS No. Man. Regt. [illegible] Bn.

FOLLOWED

Nof K John Peacock, (father)
Bot. 72. Boissevain Man
4372 7-10-18 Adm. 26 Gen. H. Etaples
26-7 Sept 30th Gsw Face
4337-3-5-10-18

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
B313-2	Queens Sidcup	3.10.18	L.S. Face
B431	16 Can. Gen. Orpington	22-2-19	G.S.W. Face
B477	Mil. Conv. Epsom	29-4-19	G.S.W. Face Fr. L. Lower Jaw
B498	Invalided to Canada S.S. 501	23-5-19 M.D. 10	G.S.W. Face Fr. L. Jaw Lower

Lt. B. Rgt

LEDGER No. 141 SERIAL No. B7774. 39

REG. No. 218990 NAME Peacock Wilson

RANK Pte CORPS 44th AGE 25 SERVICE 6/12: 20/3/12.: 7/2/12.

	HOSPITALS	DATE OF ADMISSION
1	Cram Mil Winnipeg	26-6-19
2		
3		

DIAGNOSIS GSW face C F Lower Jaw

TRANSFERRED TO

DISPOSITION 2.7.19. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

C.M.S.A.

SURNAME. Peacock.

CHRISTIAN NAMES Wilson

REGL. No. 2128970 RANK Pte

UNIT Man Regt 1st Dpo Bn

FORMER CORPS Inf

CARD No. V

M.D.10.

S.O.S. Rec'd 8-7-19

FOLL. 4 Demob

acct. D.C. 18695 7-19

F #10.00

NEXT OF KIN.

NAMES IN FULL Peacock, John

RELATIONSHIP TO SOLDIER Father.

ADDRESS Box 72, Boissevain, Man

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Boissevain, Man. DATE Oct 2nd 1893.

PLACE OF ATTESTATION Brandon, Man. DATE Jan 5th 1918.

O/S. 21-2-18. 1144/5. A/C. 2-6-19 340/37 Pte

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17 H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Surname	Christian Name or Names	Reg. No.
Peacock	W.	2128970
Rank	Unit	
Pte	Manch. Regt. N.B.	

Cas. List.	
5.10.18 B337.3.	K. Gen Staples 30.9.18
	Glw Face R. & Lt Lowe Java
7.10.18 B393.2	Queens R. Sidon 3-10-18
3.3.19 B431.	16.6.3. Orpington 22.2.19.
2.5.19 B476	Upon Leave 29.4.19
30.5.19 B498	Invalided to Canada 23.5.19

A.M.D. 2 Dept.

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

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

Cas. List.

*Name Peacock, W. Rank Pte. Regtl. No. 2128970

Original unit 1st DBM Present unit / M. or S. Age 24 Religion Meth. Fyle Depot ● Ref. H.Q.

Port, ship, and date of arrival SS MEGANTIC

Next of kin (Father) Mr. John Peacock, Box 72, Boissevain Man.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Brandon, Jan.5/18

Diagnosis Date of Medical Boards # OK

Date.	Remarks.	Pt. 2 Order No.
23.5.19	TOS. #10 DD. & posted to Hosp.Sectn. D.O.	163-2
JUN 7 - 1919	14 days L/L with Subs.	

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

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

NO. 10
DISTRICT DEPOT
JUL 8 1919
DISCHARGE SECTION
M.D. 10. WINNIPEG

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

2 Blues

THIS IS TO CERTIFY that No. 2128940 (Rank) Pte

Name (in full) Wilson Peacock. enlisted in

the 1st Depot Batt MR.

CANADIAN EXPEDITIONARY FORCE at Brandon on the 5th

day of January 1915

HE served in France 44th Batt 1½ months

and is now discharged from the service by reason of ★ D.O. 186 - Para. 3. ★ on Demobilization. Med Unfit for Medical Unfitness. General Service

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

Age 25

Height 5' 9"

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars G S W Left Jaw

Wilson Peacock.
Signature of Soldier

Date of Discharge

5. 7. 1919

T. Lawson
Issuing Officer

Lieut.-Col. Major
Officer Commanding Rank 10 District Depot

Date July 8th 1919

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

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

WAR SERVICE BADGE

CLASS "A." NO 222962 ISSUED

Form R 122.
10287—65M—28-7-17.

G.C. Rank | Name PEACOCK. Wilson. | Reg'l No. 2128970.

No 3 Dft 1st. Dpt Bn Brandon | Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Brandon. 5th. Jan. 1918. Place of Birth Boissevain.Man.

Name and Address, Next-of-Kin John Peacock.

Box. 72. Boissevain. Man. Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

M.U.

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		4-3-18	S/S MEGANTIC
6.3.18.	II. Res Bn.	T.O.S FROM Canada	4.3.18	P 11 O 55	29 AUG 1918
21.8.18	— —	S.O.S proc of Sea To 27th Bn	Ptc	Seaford 21.8.18	Pte DO 196. Pte 27th Bn 8-18
28 9 18	24th Bn	S O S To 44th Bn	"	Field 19 9 18	Pte II 89 + 117 - 44th Bn - 30 9/18
5 10 18	44 Bn	Wounded		Field 30 9 18	Nom C L A 337
10 10 18	NBRD	Tons from 44th Bn	Ptc	Bishott. 2.10.18	Pte O 240 + 127 - 44 Bn - 14 10/18
30.5.19	Do	Invalided to Canada Epsn Con Conv Hosp Nordeste Epsom S.L. 501 NDT	"	23.5.19	C L B 4K. C.S. W FACE Pte L Howe Jaw
5.6.19.	Do.	S.O.S. invd to Canada for further treatment.	"	Witley. 23.5.19	P.T. v. o. 124

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 3 Bn. 1st Depot Battalion, Manitoba Regiment

Regimental No. 2128970 Rank Private Name PEACOCK, Wilson

Enlisted (a) 5-1-18 Terms of Service (a) ~~C.E.F.~~ C. E. F. D.A.W. Service reckons from (a) 5-1-18

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) Civil : Farmer
Military:

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked			
		~~Embarked S.S. "Megantic"~~ Disembarked.	Halifax.NS.	19-2-18	
		~~Disembarked.~~	Liverpool.	4-3-18	
		~~O.C. Draft~~ TOS 11th C.R.Bn. on arrival in England.	Dibgate	4-3-18	Pt.11.Bn.O.55
1-8-18	O.C.11th	SOS on proceeding O/S to 27th Batt'n.	Seaford	21-8-18	Pt.11.Bn.O.195

Lieut. & A/Adjutant,
11th Can. Res. Batt'n.

CERTIFIED CORRECT.
30 AUG 1918
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				
22-8-18.	C.I.E.D.	Arr'd from Eng. & T.O.S.	27th Bn.	22-8-18.	F.II.O.77 d/29-8-18.
22-8-18.	"	Left for C.C.R.C.	Field.	26-8-18.	NR.1309
26-8-18.	C.C.R.C.	Arrived	"	26-8-18.	NR.1315
11-9-18	"	Left for Unit	"	11-9-18	NR.1580
14-9-18	27th Bn.	Joined	"	12-9-18.	B.213
				15-9-18	NR.1432
15-9-18	C.C.R.C.	Arrived			
19-9-18	"	Adm. 27 Bn on transf	44 Bn	19-9-18	" 1648. Pt II 89 d/28-9-18.
		To 44 Bn	27. Bn	20.9.18	" 1648 DO 117. 1918
"	"	"	Field	"	B213
21.9.18	44 Bn	Joined			
30.9.18	26 Gen	Evacuated Sick		30.9.18	K5491
2.10.18	"	" to England		2.10.18	K6020.
3.10.18	A.T. Brighton	Invalided Sick to Eng posted to N.B. Reg. Depot Brenshott.		3.10.18	Pt II 89/6163 DO 127. 1918
					Lieut for Lt Col. A.A.G. Canadian Section.
10-10-18	U.B.R.D	Tand from 44th Bn.	B'shott	3.10.18	D.O. 240

23/5/19 A.O.S. of No. 10 District Depot,
Part 2 Order No. 163 Para 2
H. E. Patton Major
O. C. No. 10 District Depot

Discharged/ 18-7-19,
D.O. 186 Para 3
Major
Officer Commanding No. 10 District Depot

M.S.A. 15.

ORIGINAL.

MILITARY SERVICE ACT, 1917.

Single.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmasters to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname PEACOCK Christian name Wilson

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 507150 JC

3. Consecutive number on schedule of men reporting for service (if he appears on it) 43

4. Address (including street and number, if any) Boissevain, Manitoba, Canada. 6 - OCT 1918

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of November 1917, by the undersigned medical board sitting at Brandon, Manitoba, Canada.

5. Age as stated 24 Years 1 Months. 6. Apparent age 26 Years Months

7. Height 5 Feet 8 Inches. 8. Weight 138 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 34 Ins. } 10. Complexion Dark { Eyes Brown / Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm 1 / Left arm 0 } 14. When vaccinated last Childhood.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Transverse scar 3 inches long right shoulder blade.

16. Slight defects but not sufficient to cause rejection Slight nasal obstruction

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Vision R.Eye 20/30
" L.Eye 20/20
Hearing Normal

sg "H.C.Panton" Capt. CAMC President.

sg. "W.J.Elliott" Lt. C.A.M.C. Member. sg. E.S.Bolton" Lt. C.A.M.C. Member.

Signature of Man Sgt Wilson Peacock.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
24/1/18	Pro	W.L.Rutherford M.O.	12B 12-8-18		V.S.M.
		M.O.	8/1/18	1	w.h.R M.O.
		M.O.	16/1/18	2	w.h.R M.O.
		M.O.	26/1/18	3	w.h.R. M.O.

Joined 5th day of January 1918 at Brandon, Manitoba, Canada.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt.			
Transferred to.....	Manitoba Regt 11th Res Bn 27th Bn	2128970		5-1-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	28 FEB 1919	C. Bs. Free Gen. fair. C.F. Jaw.	Sick to Depot Shipping Unit.
M. M.	24-6-19		BII

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

CANADIAN

Surname PEACOCK Christian Name Wilson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Queens Hosp Rideau		3	10	18	15	2	19	GSW Face fracture lower jaw left molar (angle)	136	Wounded 28/9/18. GSW face fracturing lower jaw left angle - through ptcs & no 2 Gen P. Dressings - Queens Hosp. Upper & lower interlocking splints, several small sequestra removed - all wounds healed. Sutures closed. X Ray 16:1:19 shows bony union progressing unable to masticate hard foods. Advise invaliding to Canada - M.T.B. 227 completed. Trans. 16 C.G.H.	
S.S. Megantic	21	5	19	1	6	19	Ditto	Ditto			
MANITOBA MILITARY HOSPITAL	6	6	19	2	7	19	GSW face C.F. lower jaw	26	Wounds well healed. Fracture firmly united. Does not interfere with masticatory. Discharged to H.D.D.C.P.		

Capt Canada
F. J. Oswald
Registrar
for O. C. Manitoba Military Hospital

FORM OF WILL.

I, Wilson Peacock (Name in full)

Regimental Number 212990 serving in 11TH RESERVE BATTALION

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to my Mother.

Mrs. Margaret Peacock } Name & Address of person or persons to receive personal estate* *(see note).*
Boissevain }
Man. Can. }

In Witness whereof I have hereunto set my hand

this 17th day of Aug. A.D. 1915.

Wilson Peacock Signature.

* 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.

Name of Witness A. Mair

Address of Witness 11TH RESERVE BATTALION

Occupation of Witness Soldier

Name of Witness W. A. Bruce

Address of Witness 11TH RESERVE BATTALION

Occupation of Witness Soldier

P. 85. 10,000. 20-11-15.

REGISTERED
WILLS-SECTION
24 AUG 1918
ESTATES, O.M.F.C., LONDON.

JUL 2 1919

From S.S. Megantic

REGISTRAR.

CASE HISTORY SHEET.

MAN. MIL. HOS. Hospital. Wks Station.

No. 2128970 Rank Pte. Name Pascoe Wilson Age 25

Unit 44th Completed years of service Where and how long } C 1/12 E 1 3/12 F 7 3/12

Date of admission 21-6-19 Date of discharge JUL 2 1919

Diagnosis G.S.W. Face. C.F. Lower Jaw. Place of origin Cambrai

CONDITION ON ADMISSION AND PROGRESS OF CASE. Wound Sept 28-18 by bullet entering left jaw just in front angle and lodged under jaw rt side. The horizontal ramus on left side was fractured. Wore dental splint for 11 weeks. Two teeth had to be extracted.

Present Condition - Wounds well healed. Fracture firmly united. Condition does not interfere with mastication. Other systems neg. To see dentist.

A.P. Cameron Capt. Can. A.M.C.

FAMILY HISTORY. Neg.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. No treatment indicated

(Especially any specific or special form.)

CONDITION ON DISCHARGE. Condition as described above.

(and disposal made of case.) Other system show nothing abnormally

Date 23-6-19.

A.P. Cameron Capt. Can. A.M.C.
Medical Officer i/c case.

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

B7774.

17-P-282

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) PEACOCK. W.

REGIMENT 44th BATT. RANK PTE No. 2128970

Date of Examination in England 1-5-19. | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

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

undergoing treatment for fracture

HAS HE EVER REFUSED DENTAL TREATMENT? NO.

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

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

Signature of Dental Officer C.N. Hepworth Capt.

EPSOM.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 10

NAME OF SOLDIER Macarthur W

RANK Pte

No. 212897

REGIMENT 44

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 from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	June 23rd 1919										29 30 31										A E Clint Capt	10	Cavities 2.7.14 Extractions Pre prophylaxis

M.F.B. 4...
150m—10-18
1772-39-950

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Boisseavain, Man:

NAME AND ADDRESS OF NEXT OF KIN: John Peacock. Box 72. Boisseavain, Man:

RELATIONSHIP OF NEXT OF KIN: Father.

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. 2128970 RANK Private NAME PEACOCK. Wilson.

IF IN PERMT. CORPS / WHAT UNIT: 1st Depot Bde Man Regt (Brandon Detachment)

TRANSFERRED TO 11TH RESERVE BATTALION DATE 6/3/18 AUTHORITY G.O 55.

PERMANENT FORCE.ALLOWANCES

TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION: Brandon, Man.

TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 5/1/18.

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Febry: 1st 1918.

PAYABLE TO Mrs John Peacock. Boisseavain, Man RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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	SEP. ALLCE. ENG.																
1918 Feb 13	11th Balance from Canada.																	13 20		✓															
13.2.18																																			
31.3.18	Pk Pay		51 70															30.																	
					A.R. 2530. 11th Res 25.3.18									4 87				30 03		✓																	
			51 70											4 87				30																	

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:- 1.2.18	EFFECTIVE DATE:-
AMOUNT:- $15.00	AMOUNT:-

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

Mrs John Peacock Mother
Boissevain Man
Stopped Effect 1/4/19

NAME:- PEACOCK Wilson

NUMBER:- 2128970

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bn Man Regt

DATE ACCOUNT FIRST OPENED:- 13.2.18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			11th Reserve
"	1/9/18	21/9/18	2nd Bn
117 30/9/18	1/10/18	22/12/18	44th Bn. E.

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
11/3/19	14999	Orpington	£10-0-0	~~14/3/19~~		~~10 days S.F.~~	~~4 30~~
			41 37	21/3/19			41 8
Inv. ~~Ltr~~ to Commdr			31/3/19				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 . .	10	. .	. .
	Ledger Balce		47.08	
	R.P.C. Balce		5.71	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Authy: List Orp A 141 27/3/19 Hosp Rep Orpington M.D.?

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Bal Forward.								30 03	—	
April	Private's Pay	33 -		A.P. Canadian				15 .			
				A.R. 148 11th Reserve 13.4.18	9 73						
				A.R 53 ✓ ✓ 29.4.18	9 73				28 57		
		33 -			19 46			15 .			
May	P.P.	34 10		A.P.				15			
				~209 11-5-18 11 Res.	973						
				~424 20-5-18 "	1947						
				~581 30-5-18 "	973				8 14		
		34 10			38 93			15			
June	P.P.	33		A.P.				15			
				AR 469 11th Res 14/6/18	9 73						
				" 879 19/6/18 11th Res	2 1						
				" 1015 11 Res 28/6/18	9 73				7 04		
		33			19 70			15			
July	P P	34 10		P. A. P.				15			
				AR 1478 12/4/18 11 Res	9 43						
				✓ 1392 26/4/18 ✓	9 43				6 6 18 FC		
		34 10			19 86			15			
Aug	P. P.	34 10		P. A. P				15			
				AR 1145 H 6/8/18 11 Res	2 H 33						
				✓ 1680 20.8.18 ✓	2 H 33				— 98		
		34 10			2 6 46			15			
Sep.	"	33		A.P.				15			
				~1342 7-9-18 Cancd	3 57						
				~1811 19-9-18 "	3 57				9 88		
		33			7 14			15			
		✓			✓				✓		

NUMBER 2128970 RANK Pte NAME PEACOCK W.

MONTH 1918	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance fwd.								9 88		
Oct	P. Pay	3 4 10		C.A.P.				15	28 98		
				R.R.H.2949 Sidcup 6/10	9 7 3				19 25		
Nov	/	3 4 10		C.A.P.	9 7 3			15 15	37 25		
Dec	/	3 4 10		A.R.6277 Abbey Lodge 17/11	9 7 3				27 52		
				C.A.P.				15			
1919				A.R.82264 13/1	14 60						
Jan	✓	3 4 10		C.A.P.				15 45	51 12		
		101 20			24 33						
Feby	✓	30 80		A.R.6777 R.A.R. Hyl 15/1	9 1 3						
				✓ 18549 Abbey Lodge 29/1	4 8 7						
				C.P.28354 LONDON 8/2	19 4 7						
				C.A.P.				15			
Mch	✓	3 4 10		✓				15			
				A.R.14116 Orpington 26/4	4 8 7				47 08		
				✓ 14999 11/3	4 8 6 7				1 59		
		64 90			87 61			30			
				A.R.954 ✓ 9/4	4 8 7						
				✓ 3453 Epsom 8/5	24 33						
				✓ 2570 ✓ 3/5	4 8 7						
				✓ 4754 Ewell C.P.C. 14/5	24 33						
				✓ 6007 ✓	24 33				84 32		
		- -			82 93			- -			
Aug	S.F. 143-19 to 24-3-19 - 20-87 - 18/3/19 NRRD	7 30							77 04		
		7 30									

SOS. Canada 23/5/19

ORIGINAL 1

CANADA

Forms
I. 1237
12

Army Form I. 1237.

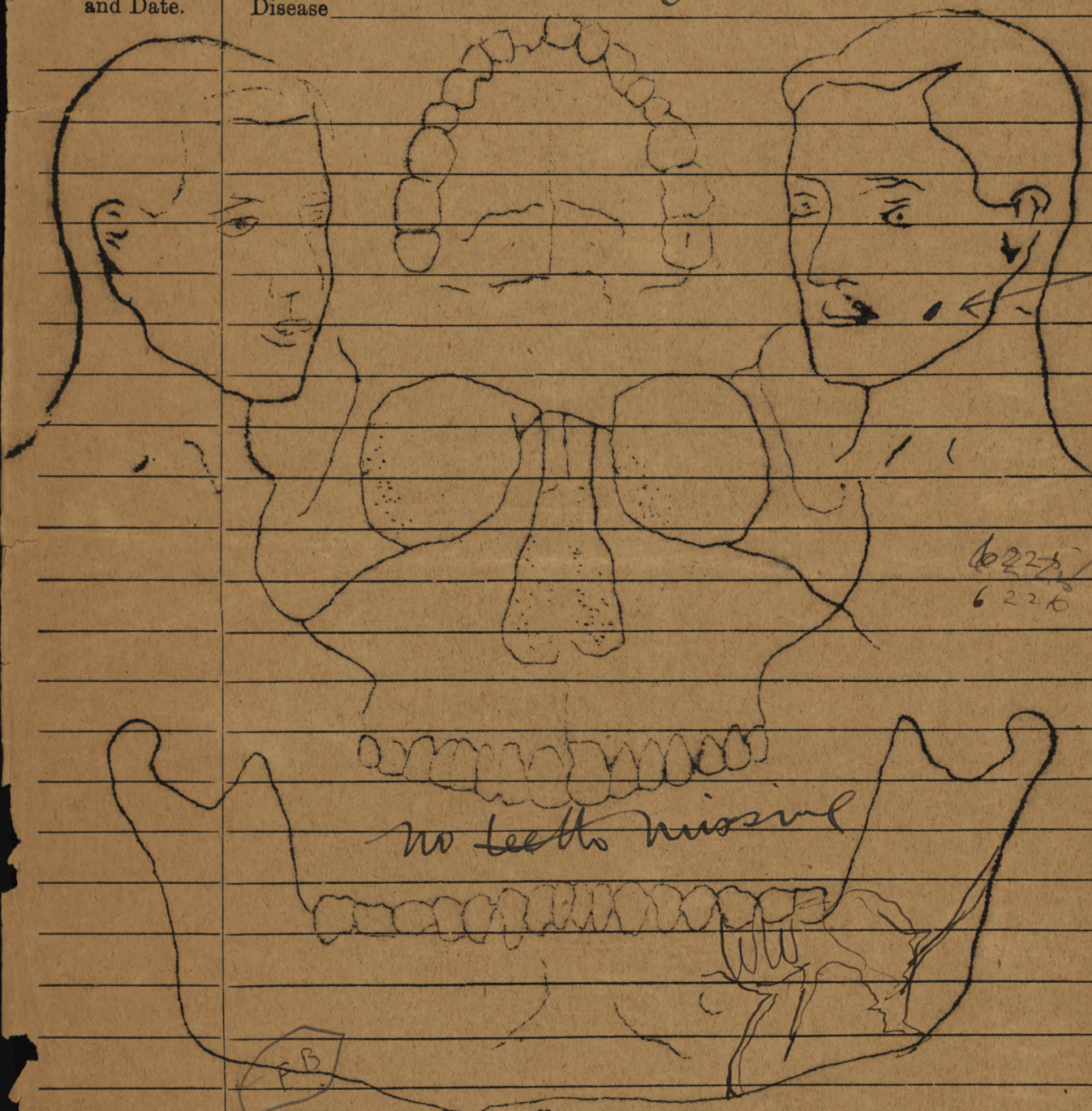
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	2128970	Pte	PEACOCK	W.

Unit.	Age.	Service.
44th Cans.	25	9/12

Station and Date.

Disease GSW. FACE. Fract lower jaw left



3-10-18	Admitted to Queens Hospital, Sidcup.
~~29-9-18~~	Wounded. 1st Can. CCS. Dressings.
~~30-9-18~~	26th Genl. Hospl. Fracture angle of lower jaw. Dressings.

* 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.	
4-10-18	On admission - there is a small healing wound in left cheek. No teeth have been lost. Fracture of lower jaw about left molar region - free mobility. Right half of jaw is moving partially to left side. Occlusion can be rendered fairly good by manipulating jaw. Trismus - Opens mouth 1 Cm. Eyes. vision normal. Ears - hearing R.L. drums intact. Nose - free Pharynx - normal x-ray - ordered
9-10-18	FB not causing any trouble at present. FB not removed. CWW A.T.S. 750
14.10.18	Decided not to remove teeth from line of fracture (Offenbach Capt upper & lower interlocking splints with Submandebular appliance.
15.10.18	For transfer Parkwood Aux Hosp. C.W. Walden Major RAMC
24-10-18	Swelling L. Angle. Fomentation
~~31-10-18~~	~~Still some swelling.~~
7-11-18	Swelling subsided. Some pieces of bone removed last week.
~~19-11-18~~	~~Splints O.K. sequestrum away today. Still considerable discharge ext. sinus.~~
~~5-12-18~~	~~Still considerable offensive discharge external sinus. Lower splint off. Union clinically progressing. Definite spring on manipulation.~~
9-12-18	Impacted ⌐6 and 7⌐ extracted. B.M.
~~19-12-18~~	~~Improving .~~
2-1-19	For new X-Ray
~~16-1-19~~	~~New X-Ray shws union progressing but not complete.~~
21-1-19	ATS.1500 Units.
~~24-1-19~~	~~Improving~~
5-2-19	Union clinically firm
~~12-2-19~~	~~do For new X-Rays~~
15-2-19	MFB.227 for invalidng to Canada. Transfer to Orpington. C.W. Walden Major, CAMC. i/c Canadian Secti
Feb 24	Admitted and sent to Medical Board "Boarded" — for to Canada
Mar 20	No Treatment here - General condition good. Union progressing
Apr 25 -	Transfer Woodcote Park D.A. Murray Major RAMC

NO. 10
DISTRICT DEPOT
JUL 8 1919
DISCHARGE SECTION
M.D. 10. WINNIPEG

WAR SERVICE BADGE
CLASS "9," NO. 22962 ISSUED

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 2128970
2. Rank Private
3. Name Wilson Peacock
4. Unit 1st DBMR
5. Date of Discharge 8-7-19 | Place Winnipeg
6. Reason for Discharge On Demob. Med Unfit for General service

Deceased 5-10-58

MEDICAL DOCUMENTS
FORWARDED TO
~~Ottawa~~ or P. B. C.
on
JUL 14 1919

7. Authority R.O. 1420 (a) ☆ D.O. 186 - Para. 3. ✕
8. Proposed Residence after Discharge Box 42. Boissevain. Man

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. ?

Wilson Peacock.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Winnipeg

Date 8-7-19

Signature [signature]
(O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-89-113.

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

B.P.C. ORIGINAL

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

MANITOBA MILITARY HOSPITAL
JUN 24 1919
JUN 24 1919
44-9-1171
REGISTRAR.

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. #10 MD.

MILITARY DISTRICT No. 10
JUN 26 1919
WINNIPEG, MAN.

STATION Winnipeg, Man DATE June 24/1919.

1. 1 (a) Unit 1st DBMR. 44th, #10 DD. (b) Regimental No. 2128970 (c) Rank Pte.

(d) Surname PEACOCK (e) Christian name Wilson

(f) Home address Boissevain, Man.

(g) Next of Kin Mrs. John Peacock, (h) Relationship Mother

(i) Address of Next of Kin Boissevain, Man.

2. Age last birthday 25 Date of birth Oct. 2/1893.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man (b) Date Jan. 5/1918

4. Personal description:

(a) Height 5ft. 9in (b) Weight 145 (stripped) (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scar left jaw.

5. Former trade or occupation Farmer

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

	Periods	
	From	To
Canada	Jan. 5/1918 ~~June 6/1919~~	Feb. 12/1918. ~~June 24/1919.~~
England	Feb. 12/1918 Oct. 2/1918	Aug. 20/1918. June 6/1919.
France or other theatres of War	Aug. 20/1918	Oct. 2/1918.

7. Original disease, or injury G.S.W. FACE WITH C.F. JAW.

(a) Date of origin Sept. 28/1918 (b) Place of origin France.

(c) Cause Bullet.

POST OFFICE
JUN 26 1919
MILY DIST. No. 10. WINNIPEG

MD.

M. F. B. 227.
400M.—11-18.
1772-30-117.

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

SLIGHT LOSS OF FUNCTION OF JAW.

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.)

Scar on jaw well healed and fracture firmly united. Jaw feels slightly weak on chewing anything hard or tough, but can chew an ordina ry meal without difficulty.

(*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 NO

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

Wounded Sept 28/1918 by bullet hitting in front of angle left jaw, and passing across lodged under right jaw. The horizontal ramus left side was fractured. Wore a dental splint for 11 weeks. Fracture united readily. Wound discharged freely for one month, and several pieces of dead bone came out. Two teeth had to be extracted.

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*).)

Had diphtheria and measles in childhood.

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

Small scar left jaw.

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

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

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a.) No. No. (b.) No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period six months.

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

Wone dental splint for 11 weeks.

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. Is fit for Category B02.

A Cameron Capt Cameron
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 Wilson Peacock 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

Peacock. W. Rank.
Signature of invalid examined.

MMS

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the 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.)

Categorized B-2.

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

President.

PLACE Winnipeg, Man. MD. #10

DATE June 24/1919.

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.....

DATE.....

Members

APPROVED BY

for *Assistant Director of Medical Services.*

DATE JUN 27 1919

APPROVED BY

Director-General of Medical Services.

DATE.....

Bullet 1 1

6 Fracture 2

Severe 6

Face 2

Sewer Jaw 7

Canadian Section.

THE QUEENS HOSPITAL FROGNAL, SIDCUP

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
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6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Queens Hosp Sidcup. Kent. DATE 15-11-1919

1. 1 (a) Unit 44 Bn. (b) Regimental No. 2128970 (c) Rank Pte.

(d) Surname PEACOCK (e) Christian name WILSON.

(f) Home address Boissevain Man.

(g) Next of Kin John Peacock (h) Relationship Father

(i) Address of Next of Kin Boissevain Man.

2. Age last birthday 25 yrs. Date of birth 2-10-1893

3. Enlistment, or Appointment (if an Officer) (a) Place Brandon Man. (b) Date 5-1-1918

4. Personal description:

(a) Height 5' 8" (b) Weight 138 (stripped) (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Depressed scar angle of mandible

5. Former trade or occupation Farmer

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
	1	41

	Periods	
	From	To
Canada	5-1-18	12-2-18
England 4-3-18 to 20-8-18	3-10-18	15-2-19
France or other theatres of War Patients statement.	20-8-18	2-10-18.

7. Original disease, or injury FRACT LOWER JAW LT. MOLAR REGION (ANGLE)

(a) Date of origin 28-9-1918 (b) Place of origin Tilloy France.

(c) Cause GSW. Face Rifle Bullet.

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

(UNUNITED FRACTURE JAW LT.)Inability to masticate hard foods.(Bony union progressing)Physical condition good no loss of weight no other than jaw disability.

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

All wds. healed sinus closed .Bony union progressing but not complete. Xray 16-1-19 Heart No, murmurs or abnormalties.Lungs clear expansion good Nervous ,digestive and UG. systems apparently normal.
Patient states that his comdition is good other than he isunable to chew or bite hard food.

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

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

Special Senses.....no.....Respiratory System.....no.....Integumentary System.....no.....

Disturbances of Mentality.....no.....Digestive System.....no.....Muscular System.....no.....

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

10. (*a*) History (of the condition referred to in Section 9 (*a*).) Documentery.Wounded 28-9-18by rifle bullet GSW.Face aFracturing lower jaw lt. molar region (Angle)1 CCS. for Dressing. Admitted 26 Gen Hosp Etaples.Admitted to Queens Hosp. Sidcup on trans. to Eng 3-10-18.Small healing wd. in lt cheek no loss of teeth Fract. of lower jaw lt. molar region free mobility rt. half of jaw swung partly to lt side. Occlusion can be rendered good by manipulating jaw.Trismus-opens mouth 1Cm. Eyes vision normal.Ears .Drums intact hearing normal.Nose Free space. Pharnax normal ,F.B.present but not removed.

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*).)

Chicken pos childhood.Measles 1910.Diptheria 1905.

No disability resulting from these infections.

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

Small depressed scar lt. molar region (angle)Site of old Fract. Jaw.

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

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

n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A and B No.

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months

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

Noteeth removed from line of fracture .Splintw uppar and lower interlocking splints with submanibular appliance .Foments.To swollen jaw Several small segquestrs removed 21-1-19 1500 ATS. given.Impacted 8 and 7 extracted Dec.9-1918.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

(If the answer is "yes" state nature of treatment required and probable duration)

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

(If not, briefly state why)

17. Recommendations.

Invaliding to Canada.

Wm. D. Henderson Capt.

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 Wilson Peacock. 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

Pte. Wilson Peacock. 2128970 Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We do no t concur.

Ques.15.Hospitalization 6 months.Still wearing dental splint.

Fract. not fully united.

19. Is the invalid 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.)	I to C.
(*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.)

Fract jaw.Hospitalization6 months

(*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.)

The patient to be invalided to Canada,

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.

L M Morton Capt Camc ..... *President.*

PLACE No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON, KENT. W H Eby Capt CAMC } Members

DATE 28 FEB 1919

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

A. Calvin
Assistant Director of Medical Services.
Date.....Major, C.A.M.C.
for A.D.M.S., Canadians. London Area.

APPROVED BY

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA
MAR 3 1919
13. BERNERS ST. LONDON, W.1

Director-General of Medical Services.
DATE.....

$1325

MEGANTIC

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 2128970 | RANK Pte | NAME (IN FULL) PEACOCK, WILSON. (BLOCK LETTERS SURNAME FIRST)

8

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
8		

ORIGINAL UNIT C.E.F. 1013

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1-7-19

PAYABLE TO ~~John Peacock~~ | RELATIONSHIP

ADDRESS Box 72 Bonsecours Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Mt. Dio | DATE 8/7/19 | REASON D. | AUTHORITY D.O. 186 | IF ENTITLED TO POST DISCHARGE PAY Yes

IF IN P.F. WHAT UNIT?

TRANSFERRED TO HOSP. SEC. | DATE MAY 23 1919 | AUTHORITY D. O. 163

TRANSFERRED TO | DATE | AUTHORITY

ANY CHANGE IN ASSIGNEE OR ADDRESS

Pte 6-10-19
Dt 4-10-19

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							5	71	5	71																								5	71	122 Days W. S. G.
31-3-19							5	71	5	71																										Cr. 5.71 on Sug LPC.
							5	71	5	71							4	87										45 -								A/P dated on LPC to 31/3/19
																	24	33																		Dr 45.00 A/P for April May & June
																	24	33																		
																	24	33																		
																	4	87																		
																	57	-																		
																	20	-																		
																														157	60	151	89			
1/4 - 30/6	91	1.10	100	10	11	20			111	30																										L.L. Subs 14 dys D. O. 163
4/7 8/7	8	1.10	8	80	35	-			43	80	2	3/7/19					35	-	-	-								40	59							Cr 35.00 chq. issued
			10	90	46	20			155	10							35	-										192	48	227	48	72	38			Cr 38.00 Co Co 2-7-19 B.O. 185
																																			Cr 31.79 to Overpaid p.O. S.G.
July 10 1919							280	-																									210	-	To T. Sayl. W. S. G.
																																	140	-	To 2nd
																																	70	-	To 2nd
																																			Final Issue
							280										280													280					
Oct 6.					70	-	70	-			Oct. 12	1682433					38	24										31	79	70	-						

Oct 8th 788879 70 -
Nov 8th 1209227 70 -
Dec 8 1233812 70 -
Jan 8 1680200 70

as Closed

CANCELLED
Audit Clerk
M. G. O.

Date of Enlistment

auth. N.R.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment 1-2-18

RATE OF SEPARATION ALLOWANCE

P002549

RATE OF ASSIGNMENT

15.00			

11th Bn CMR

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Dpt. Bn. Mon. Regt.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 JOHN PEACOCK,
BOISSEVAIN,
MAN. 15 15.00

2 % 2128970 PTE WILSON PEACOCK
FIFTEEN DOLLARS

3

4

14319-10-46

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb 1918	B 74564		15	15	R	
Mar.	P 95693		15	15	✓	
Apr.	P 11351		15	15	✓	
May 18	U 14168		15	15	✓	
June	Q 24083		15	15	✓	
July	J 29111		15	15	✓	
Aug	Q 35916		15	15	✓	
Sept	E 37257		15	15		
Oct	C 44019		15	15	✓	
Nov.	G 59139		15	15	✓	
Dec	G 63744		15	15	✓	
Jany	A 71457		15	15	✓	
Feb	C 78513		15	15	✓	
Mch	A 84206		15	15	✓	
Apr	A 1929		15	15	✓	
May	K 5362		15	15	✓	
June	L 9100		15	15	✓	
			255	255		

30-6-19 A/c Closed

Ret'd per Magautic

Date 3.6.19 F.X. 11-6-19

M.D. 10 Clerk A.R. Taylor

MRO Q 95616 D 11-6-19 JLW

2nd Reinforcement 2-7-18

M. F. W. 123.
4'000. 6-7-17-72-39-1141
L. L. 22320—M. & D. 1932.

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.
4'0M. 6-17-1-'72-39-1141
L. L. 22320—M. & D. 1933.