Duplicate 53609

609

ATTESTATION PAPER.

No. E

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — William Ross
2. In what Town, Township or Parish, and in what Country were you born? — Sarnia Lambton Co
3. What is the name of your next-of-kin? — Laura Ross Wife
4. What is the address of your next-of-kin? — 336 Queen St So Sarnia
5. What is the date of your birth? — 14th March 1887
6. What is your Trade or Calling? — Butcher
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service. — Active Militia
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

William Ross (Signature of Man).

Cyril Smith (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

William Ross (Signature of Recruit)

Date Oct 24th 1914. Cyril Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Ross, 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.

William Ross (Signature of Recruit)

Date Oct 24 1914. Cyril Smith (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 Sarnia this 24 day of October 1914.

E Stly A Notary Public — Wm Macrae (Signature of Justice)

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

Wm Macrae Major (Approving Officer)

E Stly M D 1

200 M.—8-14.
H.Q. 1772-1-13.

Description of William Ross on Enlistment.

Apparent Age 28 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 ins.

Chest measurement: Girth when fully expanded ..... 41 ins.
Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Fair

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

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

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

Scar over knuckle
left Index finger

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 Oct 24 1914. ..... A.R. McMillan

Place Sarnia ..... Lieut No XIV A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

..... (Signature of Officer)

Date 28th Oct 1914.

ROSS, WILLIAM 53609

48 BN C.E.F. 24370

18 BN

MED. UN.

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

48220/C

PR

H

Number 53609 Rank Pte.

Surname Ross

Christian Names William

Unit 18th Bn. Can. Inf. Theatre of War England

Date of Service 29/4/15

Remarks

Latest Address 292 Queen St.,
Sarnia Ont.

Roll No.

Page 162

G 321 29 Dex JUN 29 1921

No. 53609. RANK Pte NAME Ross. William

T. O. S. UNIT Casualties.

M. D. H. Q.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Nov. 6	1915. Dec. 31.	R.	From 48th Bn.	

No. 609 5-3609 RANK Pte NAME Ross, W

T. O. S. UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 24	Nov 30	✓		
	Dec	✓	mulct pay 2 20	DO 38- Dec pay list-
1915-	1915-			
	Jan	✓		
	Feb	✓	5 days detention com. 30-1-15	DO 108- 7 Feb 1915-
			3 days mulct- pay	DO 91- 7 Feb 1915-
	Mar	✓	4 days mulct- pay.	DO 92. 7 Feb 1915
			5 days mulct- pay	DO 104- 7 Feb 1915.
	Apr	✓		

UNIT SAILED
APR 18 1915

No. 53609 RANK Pte NAME Rees W.

T. O. S. UNIT Casualties C. E. F.

M. D. /

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan	1916 Jan 31	N	From 48th Bn.	Jan. Paylist.
	Feb	N		
	Mar	N		
	April	N.	Dirctyd 30-4-16	April Paylist

All to closed by charges N

S.O.S. Disc. 30/4/16 m.16 I

NAME Ross. William (649-R-292)

RANK & No. Pte. 53609

CORPS 18th Battalion.

ENLISTMENT, PLACE Sarnia, DATE Oct. 24th 1914. (M)

FORMER CORPS Active Militia.

COUNTRY OF BIRTH Sarnia, Ont., Can.

NEXT OF KIN Ross, Laura (Wife.)

ADDRESS OF NEXT OF KIN 336 Queen St., South, Sarnia, Ont., Can.

~~DISCHARGE, PLACE~~ S.O.S. Dis. 30-4-16. I DATE

Over.

Sailed from Halifax 18-4-15 R/C 5-11-15

Pr S.S. Grampian

64/21

L. L. 72591—M. & D.—5312.

M. F. W. 22. 50 m.—1-15.

H. Q. 1772 39-839.

REMARKS:

On list June 4. 1915. Cable 1871.
Peritonitis.

No. 53609. RANK Pte. (48 Res. Bn.) NAME Ross W.

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

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Nov.	1915. Nov.	✓	Dates not stated.	

Reg. No. 53609 Name Ross W

Rank Pte Corps 8th Bn Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
E. M. C. H. London	3-12-16	Rupture liver & Intestines
Sis	15-4-16	Injury to ankle

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 53605 A. & D. No. 3291

Rank Pte Ross Dvr.

Name Ross Dvr.

Corps 18 Bn C. Coy.

Religion Presby. Age 28. 6/12.

M. H. Rec'd 10.8.15. M. H. Requested M. H. Ret'd 12.8.15

Disease Enteritis

Admitted 10.8.15.

Discharged 13.8.15

Place in Hospital 15

Transferred

Results

P.T.O

REMARKS :

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 53609 A. & D. No. 3517

Rank Pte

Name Ross Wm

Corps 18 Bn Co'y C. 9/12

Religion Pres. Age 28

M. H. Rec'd M. H. Requested 15.8.15 M. H. Ret'd 31.8.15

Disease Quarantine

Admitted 15.8.15

Discharged 1-9-15

Place in Hospital 15

Transferred

Results

P.T.O

REMARKS:

R. 149.

Name Ross W. *Rank* Pte. *Reg. No.* 53609

Unit 18th. Battalion.

Next of Kin
Canada.

Date 1915		Movement	Place	Casualty	List No.	Notified N/K C.M. 1915	W.O. list
3	6	R.A.M.C.H.	Shorncliffe.	Peritonitis-		C.1871	
		resulting from Motor accident.		Serious.	3		
31	6	Discharged.		do	5		

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

H. Q. FILE No. 649-

NAME Ross, William

REGT'L. No. 53609

RANK AND CORPS Private 18th Battalion

NO. 1529

NATURE OF CASUALTY †

FOLL.

CABLE NO.	CABLE DATE	
C. 1871	3-6-15	Peritonitis, res: from injury by motor car accident ad: Stonecliffe Hosp: 2-6-15.

NO.

FOLL.

L. L. Job 83225—M. & D. 5812.

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 3.	R.A.M.C., Shorncliffe.	3/6/15.	Seriously ill. Peritonitis resulting from motor accident.
✓ 5.	Moore Barracks, Shorncliffe, Kent.	31/5/15	Dis. Abdominal contusion.

M.H.C. M.D.1. [redacted] 30

Surname: Ross
Christian Name or Names: Wm.
Reg. No.: 53609

Rank: Pte.
Unit: 18th Battn
Co.
Troop
Batty.

Hospital
Date of Admission

Diagnosis
(1) Peritonitis result of Motor accident
Later Diagnosis (if changed)
(2) Abdominal Contusion
(3)

Additional Diagnoses, if more than one state present

DISPOSITION (underline which)

Date

Discharged to Duty 31. 5. 15.

Transferred to C.A.M.C. Shorncliffe Hosp. 3 - 6 - 15

Hosp.

Hosp.

Hosp.

Discharged Invalid, England

Returned to Canada

Died

REMARKS

C.L. 8. 6. 15.
16. 6. 15. No 3.

A.M.D. 2 Dept.
Boh. of D.G.M.S.O.M.F.C. London

Shannon 7959-15

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

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

Rank | Name **ROSS William,** | Reg'l No. **53609.**

Unit **18th Batt.** | If in perm. Corps, What Unit? | Married or Single **Married.**

Place and Date of Enlistment **Sarnia. Ont. 24th Oct: 1914.** | Place of Birth **Sarnia. Lambton. Co.**

Name and Address, Next-of-Kin **Laura Ross. 336 Queen St, South Sarnia.**

Relationship **Wife.**

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. 3176
File R.L.
Category M.U. CAN

Discharge, Date and Place 5.11.15. Canada. Reason Medically unfit Character Very Good

M.U. Can. B

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
29-4-15	O.C. 18	Arrived per S.S. Grampian	England	29-4-15	Sufm Form
22-29/5/15	O.C. 18th	Forfeits 1 days pay. A.W.L.	Shorncliffe	27-5-15	Part II orders. 216.
3-6-15	W.O.	Adm R.A.M.C. Hospital	Shorncliffe	3-6-15	Seriously ill. peritonitis resulting from motor accident. Can list 3.
1-5/6/15	O.C. 18th.	Cancelling order 216. forfeiting 1 days pay.	—	27-5-15	Part II orders. 223.
16.6.15.	OC. 18th	Discharged from Hospital	Moore Barracks Shorncliffe	31-5-15	Cas: list. 5.
13-8-15	"	Adm. To Hosp	"	10-8-15	Pt. II - 349
"	"	Disch from Hosp.	"	13-8-15	" "
28-8-15	"	Transf: to Base Coy	H. Sandling	28-8-15	Pt II - 355
4-11-15	OC 48	Medically unfit proceeding to Canada per H.T. Missanabie 5-11-15 struck off strength		5-11-15	Pt II 194
7.12.15	D.A.A.G.	Before M.B. for disposal by Mil Auth. in Canada permanently unfit.	Shoff	15.10.15	Ref H20-3-115

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					

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

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7 Millbank, S.W.

Regiment or Corps 18th Battalion C.E.F.

Regimental No. 53609 Rank Pte Name Rose William

Enlisted (a) 24th Oct/1914 Terms of Service (a) War 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				
		W. L. Milligan major for Lt Col Commdg 18th Canadian Bn			
		Discharged in consequence of having been found medically unfit for further service W. L. Milligan Lt. Col. Commdg 18th Battalion C.E.F.			

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

[P.T.O.

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

L. L. Job 70481—Req. 5220.

M. F. W. 12.
10m. 11-14.
H. Q. 1772-39-819.

222

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs wife

To Whom Laura Ross.

Address 336 Queen St.
Sarnia, Ont.

By Whom Assigned Ross. W

Regtl. No. 53609

Rank Pte.

Corps C Co'y, 18th Batt'n.

Rate ~~$15.00~~ ~~APR~~ May 1 1915

Cancelled 3 ~~PAYMENTS~~ 11/5 ~~Ltr~~ Ltr 1

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			O.W.P. 27-7-17 J.A.E.L.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		1800	30 —	
June				
July		M4009	15	Pension Granted May 1-16
Aug.		N5332	15 —	S.H.S.
Sept.		07058	15 —	
Oct.		P7140	15 00	Now O. K. Ltr
Nov.		S7315	15	
Dec.				
Jan.	1916			
Feb.				
March				

649-R-292

RECEIVED
JUN 22 1920
H.Q. CANADA

EXTRACT FROM MEDICAL BOARD

SOLDIERS RETURNED FROM OVERSEAS

Station Quebec. Date Nov. I7th. I9I5

No. 53609 Age 28 Height 5. Io"

Rank Pte. Complexion Fresh.

Name W. Ross. Eyes Blue Hair Brown.

Unit I8th. Batt. C. E. F.

Address 336 Queen St. Sarnia Ont. Former Trade Butcher,

Enlisted at Sarnia. Ont. on Nov. I9I4.

Disease or disability Rupture of liver intestines caused by transport wagon passing over him also left ankle injured.

Present condition

Has scar extending from imbilious in middle line to within 2 inches of the publes where he was operated on f r above internal injuries has great pain on movement and especially in stooping in back and stomach, Complains of weakness, and inability to do anything has lost 40 pounds , has cough and expectoration with some blood.

Estimated disability 3/4 Permanent.

Recommendation of Medical Board Convalescent Home

Class II

Members of Board C. J. Currie. Maj. A. M. C.
F. J. Munn. Capt. "
F. N. Hughes. " "

Approving Medical Officer. G. A. Winters. Maj. "

AB JUN25 1920

Forms
I. 1237
10

MOORE BRKS
SHORNCLIFFE

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3291	53609	Pte	Ross.	Wm
Year 1915.	Unit. 18th Bn.		Age. 28	Service. 5/12.

Station and Date.

Moore Barracks
Shorncliffe

Disease

Complaints of pains between shoulders.
duration - 3 months.
Pt. was struck by motor 3 months ago.
Was operated on and spent 3 months in
hospital & on sick furlough.
Pressure on abdomen causes pain.

J Buchanan
Capt RAMC

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

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

P.T.O.

Station and Date.	

53609 Base

MEDICAL HISTORY SHEET.

Surname Ross. Christian Name William

Examined on 24th day of October 1914 at Sarnia Ontario

Approved by D. H. Hogg Major

Rank A.D.M.S. 1st Div.

Birthplace City or Town Sarnia. County Lambton County.

Apparent age 28 years.

Trade or occupation Butcher.

Height 5 Feet 10 Inches.

Weight ✓ Lbs.

Chest measurement Minimum 38 inches. Maximum expansion 41 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. ✓ Left. Number ✓

When Vaccinated last ✓

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None.

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.
18/11/14	good	D.H.H. Hogg M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/11/14	good	D.H. Hogg M.O.
20/11/14	good	D.H. Hogg M.O.
		M.O.

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st C.C.F.	53609	Discharged in consequence of having been found unfit for further service	
Transferred to..				

W. H. Holmes Lt Col
A.A.G. 4th Div. & Res Bn C.D.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe	16. Oct 14	abdominal injuries	Discharged

Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

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

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.
Moore Barracks Can. Mtd. Hosp.		1	6	15	2	6	16	Injury to abdomen	1	Admitted by Motor truck. Was removed to R.A.M.C. Hospital	[illegible] Capt Can. A.M.C.
Thorncliffe		2	6	15	26	6	15	Ruptured Liver	25	Wound now completely healed (26.6.15)	W. Brown, Lt., R.A.M.C.
Moore Barracks Can. Hospital		10	8	15	13	8	15	Gastro Enteritis	4	Slight relapse following injury.	J. Blumenauer

H20-3-115.

Rank Private Name ROSS William, Reg'l No. 53609.

Unit ~~18th~~ #3 Pioneer Bn 18th Batt. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Sarnia, Ont. 24th Oct: 1914. Place of Birth Sarnia. Lambton. Co.

Name and Address, Next-of-Kin Laura Ross. 336 Queen St, South Sarnia.

Relationship Wife.

Assigned Pay Monthly $ 15.00 Payable to as above.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 5/11/15 Canada to ~~London~~ England Reason Hq. A.F. 12/23 29-10-15 Character

PAY OFFICE, MILITARY BRANCH. JAN 12 1916 CANADIAN CONTINGENTS.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	31	31	10	3.10		34.10			15	15	1.10	31.10	3 -	1 dy #185
1/6	30/6	30		30	30		3	1.10	34.10				15		15	3.10	Cr. 1 day pay, deducted in May #273.
1/7	31/7	31		31	31		3.10		34.10			25	15		40	16.30	
									1.01							14.27	Cr. Exchange
1/8	31/8	31	1	31	31	10	3.10		34.10	3.98		2.43	15		17.43	33.94	
1/9	30/9	30		30	30		3		33	5.48		38.93	15		53.93	18.01	
1/10	20/10	20		20	20		2		22	2.90			15		15	20.01	Transfd. to 48th Bn 29/10/15. Pay Bk. 141. 4/11/15.
29/10/15	31/10/15	11	"	11.00	11	"	1.10		12.10			9.73			9.73	22.38	stop payment from undated [illegible] 2-15
1/11/15	5/11/15	5	"	5.00	5	"	.50		5.50				15.00		15.00	12.88	A.P.C. undated 4/11/15
1917 July.														12.88	12.88	Nil	Transd to "Canada Disc'ge a/c"

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

MILITIA AND DEFENCE.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

EPARATION ALLOWANCE

OVERSEAS CONTINGENTS

— Wife —

PAYMENTS.

Mrs Ross.

Name of Soldier Ross William

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M 2919	20	20
May		G 5078	20	20
June				
July				
Aug.				
Sept.			385	P.S.P. 25.7.17 mg. Acct. closed Pension Granted 1-5-16.
Oct.				
Nov.				
Dec.				
Jan.	1917			ACCOUNT CLOSED DATE MAY 29 1916 PER W
Feb.				
March				
April				20.00 Recovered as Per Pensions List for Oct. 1916. G.G. 11/4/17.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

3 m. 10-14.
H. Q. 1772—1-13.

10-14

Sept.

274

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Laura G. Ross

Address 336 Queen St. S.
Sarnia Ont.

Relation to Soldier wife, child or mother: Wife

Name of Soldier: William Ross

Regtl. No. # 53609

Rank Pte

Corps 18 Batt.

To what Corps belonging when called out:

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.		S 83	20	
Jan.	1915	E 2419	45 —	
Feb.		G 4768	20 —	
March		F 4580	20 —	20
Apl.		D 2629	20 —	20
May		F 4371	20	20
June		A 4440	20	20
July		B 6474	20 —	20
Aug.		G 15873	20	20
Sept.		G 18066	20	20
Oct.		A 12833	20	20
Nov.		A 12074	20	20
Dec.		O 13608	20	20
Jan.	1916	M 19080	20 —	20
Feb.		F 29454	20	20
March		N 27867	20	20

ACCOUNT CLOSED
DATE MAY 29 1916 PER W

Acct closed

M. F. W. 41.
10m.—4-16.
1772-39-889.

127

Name Ross Pte W m

Regimental No. 53609

Unit 18th Bn

Date of enlistment 14-8-14

Place of " Sarnia Ont

Married (yes or no) yes

Amount of pay assigned monthly $ nil

To whom payable S A 31/5/16 S/a Pd to 31/5/16

Metagama 15-11-15

Name and address of next-of-kin 336 Queen St Sarnia Ont

adm c H M D I 3-12-15

until 1-4-16

Date and place discharged

Reason for discharge Civics Issued

Character on discharge II

649-A-297

L. L. Job 502 M. & D. 6578.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																M D I 1-1-16
	3/11/15							3 15 Subs								L P C
6/11/15	31/12/15	56	100	56	56	10	5 60	31 50	96 25	B 80	16/4/15	26 25 +70	4		96 25	+ Due & not Pd × Subs 1/1/16 29/2/16
1/1/16	30/4/16	121	100	121	121	10	12 10	× Subs 45 S A 40 Subs ×18	236 10			⊗ 150 50		× 120 00		S A March & April × Subs April × Sep allce 9/12/15 31/5/16 ⊗ Pd by PM M D I
								Dr Bal	34 40						270 50	
									270 50							
1 month Sep allce received from pen.								20 00	20 00					34 40	34 40	C P P notified ~~to cease~~
								Dr Bal	14 40	Recovered from P.O.P. List 6					21/6/18	
									34 40							
														14 40		C P P notified to cease 15-5-16 wrote Dec 4-9-17
S/a adj Charged back 1/12/15 - 29/2/16 in error.								60 00						60 00		

P.O.P. 21/8/17

Withdrawn Togle

Pensioned 1-5-16

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

15669-W-1

Name Ross, William
Surname Christian Name

Regimental Number 53609 Rank Pte.

Unit 48th Bn'

Original Unit 18th Bn.

District where paid M.D.1.

Date of Discharge 30-4-16.

P. D. P. Filing Number 19-22-1.

Address (in full) 336 Queen St.,
Sarnia, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 20.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
160 10	407	25-10-17	53 00	403	25-11-17	53 00	403	25-12-17	39 70	14 40	145 70

Remarks: Debit Balance not previous charge. H.Q. 54-21-23-25. 1.M.D. 35-33-22. Date 21/9/16

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No. 015-669-W-154

Passed to Im 15-9.

WAR SERVICE GRATUITY.

Register No. R1160

Reg. No. 53609

Name Ross William

Address 336 Queen St Sarnia Ont

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

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

Less P.D.P. credited

Less further debit balance

Net due paid as below

Pay Soldier $ 119 90

W.S.G. File No.

TO SOLDIER | TO DEPENDENT

Amount | Amount

Im. Clinch

W. b Kaydon

Total

Clerk John Jaunsolt

Dependent Mr Laura Ross Wife

Address 336 Queen St Sarnia Ont

Pay Dependent $ 120 00

Days 12 Rate 100 Due 400 00

Less P.D.P. credited 160 00

Less further Dr. Bal. or overpayment.

Net 239 90

RW104 23 10 19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 25/9/19	28541	525772	119 90		1 25/9/19	28542	525771	120 00
2					2			
3					3			
4					4			
5					5			
6					6			

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

GEN'L AUDITOR
Posting checked by
A. H. Smith
Date 23.9.19

This space to be for numbers.

27. M. M.

Military District No. 1
MAY 3 1916
30. R. 11
London, Ont.

Proceedings on Discharge.

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

DEPT MILITIA & DEFENCE
MAY -5 1916
CANADA

No.	53609.
Rank	Pte.
Name	Wm. Ross.
Corps (Squadron, Battery or Company)	18th Bn. C.E.F.
Date of Discharge	30th April 1916.
Place of Discharge	London, Ont.

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

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	28 years — months.
Height	5 feet 10 inches
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Butcher
Intended place of residence. (To be given as fully as practicable.)	Sarnia, Ont.

Descriptive Marks.

no documents available

2. The above-named man is discharged in consequence of being medically unfit for further service.

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

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

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

no documents available

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

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

Butcher

M. F. B. 218.
3m.—11-14.
H.Q. 1772-39-113.

(OVER

W. D. G. Comp. 13/9/19 Lon 6

Landed 9/5/16 m.m.

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

nil.

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

6. Medals and Decorations..... nil.

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

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

(Place).....

(Date).....

.....

Commanding.....

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

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

(Place) London, Ont. William Ross (*Signature of Soldier*)

Date) Apr. 15th 1916 H. T. Fraser (*Signature of Witness*)

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) London, Ont.

(Date) April 15th 1916.

(*Signature*) W. M. Limmer

Reservations referred to at Para. 8.

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

nil

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia Form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313.		
Medical Report for Invalid*	" B. 227.		
Settlement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge,	" B. 218.

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

(*a*) Proceedings on Discharge.

(*b*) Attestation.

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

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

W Ross

29-5-15
26-6-15
10-8-15
13-8-15
3-12-15
15-4-16

Birth Place	
Age	
Occupation	6
Rank	7
Date of Admission to Hospital	
Days off Duty	
W. or D.	8
Wound (or Disease)	9
(Wound or) Disease	10
Operation	11

ORIGINAL.

649-R-292

Army Form B. 179.

Medical Report on an Invalid.

10-R-39

FEB 1 1918
DEPT. MILITIA & DEFENCE
JAN 31 1918
H.Q. CANADA

Station Ripon

Date Oct. 13th 1915.

1. Unit 18th Battalion Base
2. Regimental No. 53609
3. Rank Private
4. Name Ross, William
5. Age last birthday 28 yrs.
6. Enlisted { on 24th Oct. 1914 / at Sarnia Ont.
7. Former Trade or Occupation { Butcher.

8. Disability.

Abdominal Injuries

Statement of Case.

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

9. Date of origin of disability. 24th May 1915. (About)

10. Place of origin of disability. Folkstone, Kent.

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

On evening of 24th May 1915 was struck by motor truck. Ran over and front wheel passed over abdomen. Admitted to Moore Barracks Hospital. Transferred to R.A.M.C. Hospital for operation. Operation for rupture of Liver or Intestines. Discharged from Hospital. 26th June Re admitted Moore Barracks Hospital. Aug 10th Gastro Enteritis Discharged " 19th Sept. Since then unable to do any duty.

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

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

Discharged 30/11/18

13. What is his present condition?

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

Well nourished.

Cardio vascular Syst^m Normal

Genito-urinary " "

Respiratory " "

Digestive Syst^m- Large scar - from umbilicus to Symphysis

Complains of dragging pains in abdomen. Is unable to stoop or bend without great discomfort. Unable to do duty.

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

(a) In action? —

(b) On field service? —

(c) On duty? —

(d) Off duty? yes

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

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what? yes. Rupture liver.

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

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

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Discharge

Jno A Brigg Capt. 48th BATTALION, C.E.F.

Officer in medical charge of case.

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

Station _____

Date _____

_____

Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

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

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

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

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

1 yes
2 NO
3 No

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

Accident.

21. Has the disability been aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? yes

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

Not applicable

To be stated in months.

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

3/4 A.T.

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

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

Not applicable

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or yes

(*b*) Change to England? No

Signatures :— Col Asst Surg Major A.M.C. President.

A.C. Inst Capt A.M.C. } Members.

Station Shorncliffe

Date Oct 15th 1915.

Approved.

Station Shorncliffe

Date Oct. 17/15.

D.G.B. Bowlby
Administrative Medical Officer.

Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe

334
31-1-18

(On leaving Corps or Station where invalided.)

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

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

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

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

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision _____

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

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

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

Forms B. 179. 34

(xs 85579) Wt. 1336 475M 5-15 W B & L

Triplicate

(8 66 3) W 6541—697 250,000 10/14 H W V Sch 1 Forms A. 2 38

Army Form A. 2.

PROCEEDINGS of a* Medical Board

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

The proceedings should be signed by each Officer composing the Board, etc.

assembled at West Sandling Camp

on the 1st day of June 1915

by order of Senior Medical Officer 4th Brigade West Sandling Camp

for the purpose of examining into and reporting upon the case of No 53609 Pte W. Ross, 18th Battalion 4th Brigade 2nd Canadian Division.

PRESIDENT.

Major T. J. T. Murphy 6th D. T. C.

MEMBERS.

Capt. G. C. Hale C.A.M.C.

IN ATTENDANCE.

The Board having assembled pursuant to order, proceed to examine Pte Ross. This man gives a history of having been run over by a Motor Bus at Folkestone. He was brought to Camp at West Sandgate. He was suffering slightly from shock. Temp. 99. Pulse 98, and

Lds Sec. 30/1/18 A.B.

and rather weak. Countenance pallid and anxious in look. He complained of abdominal pain on pressure. There was tenderness about the lower portion of the chest particularly on the right side. He complained also of contusions on back over the shoulder blades.

The abdomen was rigid

On account of the possibility of serious internal injury, no thorough examination was made.

Although an Officer stated that he saw this man run over by the front wheels of a motor bus with many people in it, the Board think that there was a mistake on ~~this~~ ~~part~~ his part and that he merely thought he saw this take place.

The man was sent to Shorncliffe Canadian Military Hospital.

The Board are unable to state as to what extent this man is injured or as to how long a period will elapse before he is capable of again performing his duty.

T. J. T. Murphy Major 6th F. A. } President

G. C. Hale } member
M. O. 16 Batt.

Findings approved.

J. T. Wilkinson
Lt. Colonel
A.D.M.S., 2nd. Division
Canadians.