73rd Battery, C.F.A., C.E.F. 344079

Duplicate

Hom 24-10-17

ATTESTATION PAPER.

No. 344079

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Shatraw
1a. What are your Christian names? William, James
1b. What is your present address? Deseronto, Ont.
2. In what Town, Township or Parish, and in what Country were you born? Deseronto
3. What is the name of your next-of kin? Elizabeth Shatraw ~~Shatraw~~
4. What is the address of your next-of-kin? Deseronto
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? 18th July 1898
6. What is your Trade or Calling? Labor
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? W. S. Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? Nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

William Shatraw (Signature of Recruit)

Date Oct. 26th. 1917. Fred A Tobin Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William James Shatraw, 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 Shatraw (Signature of Recruit)

Date Oct 26th. 1917. Fred A Tobin Sgt. (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 Kingston this 26th. day of Oct. 1917.

Jos O'Neill J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Wm James Shatraw on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement.
- Girth when fully expanded 38½ ins.
- Range of expansion 2 ins.

Complexion Dark

Eyes Hazel

Hair Dark Brown

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

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).

✓

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 26-10-17 191 .

Place Kingston Ont.

C H Ellis Capt
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William James Shatraw 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.

[illegible] (Signature of Officer)

Date Oct 26th 1917.

REGIMENTAL DOCUMENTS

NAME SHATRAW, William James REGT. NO. 3470079 UNIT 73rd Bty CFA H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Demob
	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)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1/2	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			14068		
2	misc					
1	CAOC 5009					1
						22.29
						22.29
						5-30
						1

73rd. Battery CFA CEF

~~Original~~
344079
DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

21

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 73rd. Battery CFA CEF

(2) Regimental Number 344079

(3) Full Name of Soldier Shatraw, William James

(4) Place of Birt Deseronto, Ont.

(5) Are you married, or not? No.

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Antwien Shatraw, Deseronto, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Shatraw

Deseronto, Ont.

(11) If your Mother is a widow No

Are you her sole support, or not? .....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....

(15) Are you insured? No

If so, in what Company? .....

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

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

Officer Commanding.
O. C. 73rd Battery, C. F. A., C. E. F.

Date 27th Nov 1917

NAME Shatraw W. J.

REGT'L. No. 344079

H. Q. FILE No. 649

RANK AND CORPS Cpr. R. B. Can Art

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 307	Can Spec Willey	26-7-18	0 10 G
C 316	Discharged	7-8-18	" " S.
A 490 (D)	7 Gen. Nimeuux	21-2-19	136
A 494 (1)	3 C-an Gen Boulogne	27-2-19	42
A 513 (D)	9 Gen. Stat. Camiers	23-3-19	42.
A 531 (1)	Discharged	17-4-19	42

Form R. 149.

Name SHATRAW William James Rank Gnr. Reg. No. 344079.

Unit ~~A.E.S. 8DE CFA.~~ Art Bde

Next of Kin CANADA.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27.7.	18	Can Spec	Witley	V.D.S.	6307		Ser 23131
7.8		Discharged	do	do	~~6316~~		" 7207
21.2	19	7 Gen Hosp	Wimereux	736	0490		" 7359/6
27.2		3 Can Gen	Boulogne	47	9494		" 7427/7
23.3		9 Can Stg	Camiers	do	0513		" 7644/10
17.4		Discharged to Base	do	do	0531		" 7818/8

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

No. 344077 RANK Gnr. NAME Shatraw, W. J.

T. O. S. UNIT 73rd Battery

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Oct 26	1917 Oct 31	"		
Nov.		"		
Dec		"		
1918 Jan.		"	Proc. off. 29-1-18.	10030-30-1-18.

Number 344079 Rank Gnr

Surname SHATAAW

Christian Name William James

Units C.F.A. Theatre of War France

Date of Service 8-10-18

Remarks

Latest Address Deseronto Ont
G.P.O.

Roll No B Page 10648

200m.-2-21.M.

Next of kin .....

Address on leave .....

Address on discharge .....

Transportation issued Yes No Date ..... Character on discharge .....

Previous occupation ..... Date and place of enlistment .....

Diagnosis ..... Date of Medical Boards .....

Date	Remarks

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

No. 344079 RANK Pte. NAME Shatraw W. J.

T. O. S. UNIT 72nd Battery C. F. A. C. E. F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 1	1918 Jan. 31	2.	73rd Battery	Jan. 2, P. C.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
SHATRAW	W.J.	344079

RANK	UNIT	CO.	TROOP	BATTY.
Gnr.	CARB	Pool.		

HOSPITAL	DATE OF ADMISSION
C.S. Witley	27-7-18
1. 7. G Wimereux.	HOSP. 21. 2. 19.
2. 3 Can G. Boulogne	HOSP. 27-2-19
3. 9 Can. Staty Carriers	HOSP. 23. 3. 19
4.	HOSP.

DIAGNOSIS

1. V.D.G.
2. V.D.S. (V.D.S.)
3.

DISPOSITION

C.L. 31-7-18 C307
10.8.18 C.316.
4. 3. 19 A 490-2.
8. 3. 19 A 494 +
31. 3. 19 F 513-2
23.4.19. B531

DATE

this. 7.8.18.

REMARKS

Dis 19.4.19

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

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

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 21348

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 344079 (Rank) Gr.

Name (in full) Shatraw. William James enlisted in

the 73rd Batty. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Kingston on the 26th

day of October 1917

HE served in C. C. R. C. in France

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

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

Age 20

Height 5'5"

Complexion Medium

Eyes Blue

Hair L'Brown

Marks or Scars Tattoo left forearm

Shatraw W. J.
Signature of Soldier.

J. H. Williams Capt
Captain
for O. C. Dispersal Area Station H
Issuing Officer.

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. JUL 11 1919 No. 3 DISTRICT DEPOT

Rank

Date ..... 19.....

NB- 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

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

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

W. S. B. CLASS. A

Casualty Form—Active Service.

Unit, Regiment or Corps: 4th Depot 74th Battery Field Artillery ~~Fld. Battery CFA CEF~~

Regimental No. 344079 Rank Pte. Name Shatraw, William James ~~Wm. Jas.~~

Enlisted (a) 26th Oct 1917 Terms of Service (a) C. E. F. War and six mos. Service reckons from (a) 26th Oct, 1917

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 Labourer Military Nil

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 at Halifax Date 3/2/18			
		Disembarked at Liverpool Date 16/2/18 H.M.S.			
21-2-18	O.C.Res. Bde. C.F.A.	T.O.S. from Canada	Witley	17-2-18	Bo. Pt. II-52
9-8	O.C. Res. Bde. C.F.A.	Hosp. Stoppages (Venereal) from 26.7.18 to 7.8.18 13 days. $7.80	WITLEY.		B.O. Pt. 226
9-10-18	ResBde CFA	Proceeded O/Seas to CFA.	Witley	8-10-18	BO Pt.11 282.
			J.M. Gray Lieut.& Asst.Adjutant, Res.Bde. Canadian Field Artillery.		
10-10-18	CGBD.	TOS.Can.Art.Pool as Reinf	from Eng.	10-10-18	NR.788 Pt.II 0.146
12-10-18	CGBD.	Left Base for C.C.R.C.	Field	12-10-18	NR.1424
12-10-18	CCRC.	Arrived at C.C.R.C.	Field	12-10-18	NR.1628

CERTIFIED COPY 15 OCT 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				
24.12.18	CARC	Posted to CBAC	Hld.	28.12.18	O.D.F.O. 120. 16-1919
-do-	-do-	T.O.S. to CBAC		29.12.18	-do- -14-
18.2.19	12 Ctr Antee	N YD Ven Sore Secondary	Admit Hld	55 CCS 18.2.19	N. 7748
21.2.19	7 Gen'l	V DS. adm	7 Gen'l.	21.2.19	N. 8879
27.2.19	-do-	-do- To	3 Can Gen'l	27.2.19	N. 9088
6.3.19	-do-	Forfeits Hd Allce is placed under stoppage of pay at 50 cents per day from	21.2.19 to 27.2.19 (7 days)		O.1643 (13556) 120. 22-1919
28.2.19	55 CCS	N YD Ven Sore Admitted	Pt. 9	19.2.19	N 9174
23.3.19	3 Can Gen.	Forfeits Hd Allces is placed under stoppage of pay at rate of 50 cents per diem from	28.2.19 to 23.3.19 (24 days)		O.1643 (14151). 120. no. 25. 1919
23.3.19	--	V DS To	9 Can Sty.	23.3.19	P. 832
23.3.19	9 Can Sty	adm	—	23.3.19	—
15.4.19.	—	Forfeits Hd Allce 50 cents per diem while at Hospital from 24/3/19 to 15/4/19 (23 days)			O.1643. 120 33-1919
25/4/19	CCC	Posted to Army Pool		25/4/19	120 34

EMBKD SOUTHAMPTON ON CARR. HALIFAX JULY 8/19

S.O.S. ON PROCEEDING TO CANADA.

Pt 2. O No 8 1/4/19

LIEUT.
FOR OFFICER COMMANDING,
"M" WING, C.C.O.

2.7.19 S.O.S. 388 Discharged 11.7.19 Kingston. Pt. 2 Order 198

Major
for O. C. Dispersal Area Station "H"

Lieut.
for Lt. Col., AAG.

Form R 122. 7Dft. 74th BATTY. To. C R A
2353—100M—9-12-16.

W.W.

Rank | Name SHATRAW. William James. | Reg'l No. 344079.

Unit | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Kingston. 26-10-17. | Place of Birth Deseronto. Ont.

Name and Address, Next-of-Kin Elizabeth Shatraw,
Deseronto. Ontario. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E P.B. 28272
File R.L.
Category

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C.		Arrived in England 16-2-18 S/S MISSANABI			
21.2.18	Rest Bde	T.O.S. from Canada	Gw. Witley	17.2.18	P.D.O 52
9.10.18	—	S.O.S proceeding Overseas	Gnl "	8.10.18	— 282 + Art Pool 146 a/14.10.18
18.2.19.	4th D.A.C.	T.O.S. from Art. Pool.	" Field.	28.12.18.	" 17 + Art Pool 19. a 18.2.19.
29-4-19	" "	S.O.S to posted to Arty Pool	" "	25-4-19	— 34, + Pool 20 5.5 & 13.5.19
5.5.19	C.A.R.D.	T.O.S. from 4 D.A.C.	" Ripon	4.5.19	" 125
		To Canada 27-11-86		2-4-19	
		S.O.S TO CANADA			
		C.M.R P.2.D.O. 1 d 28 7 19			

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.					

Duplicate

C.A.D.C. 5009A

"M" WING, C.C.C.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

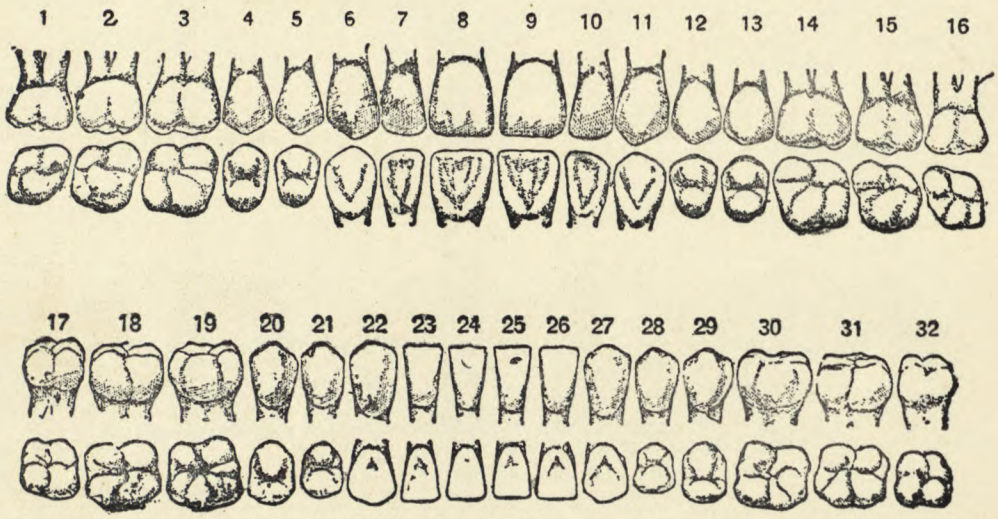
DIRECTIONS TO DENTAL OFFICERS

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) SHARTRAN. W.

REGIMENT CARE RANK Rte No. 344079

Date of Examination in England 27/5/19 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

CAN. ARMY DENTAL CORPS M. D. 3. ONT.

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
- (c) In France

Signature of Dental Officer H. Bennors Capt

344079.

DUPLICATE

MEDICAL HISTORY SHEET

21

Surname Shatraw *Christian Name* William James

Examined { on 26th day of Oct 1917 / at Kingston Ont

Birthplace { City or Town Deseronto / County Ont

Apparent age 19

Trade or occupation Labourer

Height 5 feet 8 Inches

Weight 150 lbs.

Chest measurement { Minimum 34½ inches / Maximum expansion 38½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left ✓ / Number 1

When Vaccinated last Childhood

(*a*) Marks indicating congential peculiarities or previous disease None

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

Approved by C.A. Elliott

Rank Capt M.O.

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
2-12-17		C.A. Elliott M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
24-11-17		C.A.E. M.O.
26-11-17		C.A.E. M.O.
2-12-17		C.A.E. M.O.

Enlisted on 26th *day of* Oct 1917 *at* Kingston Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	73rd Battery	344079		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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.
300M.—1-17.
H. Q. 1772-39-439.

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

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

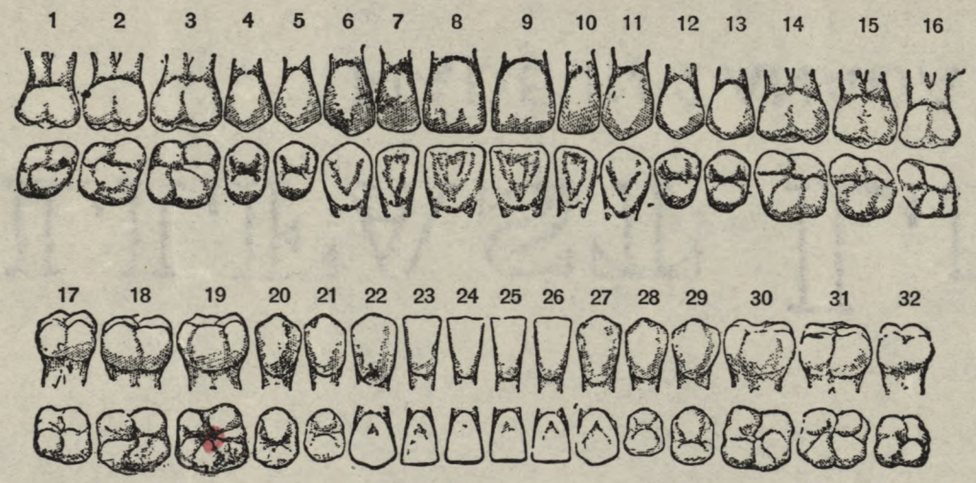
CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Gaetani, W.

REGIMENT 73rd Battery RANK Gunner No. 344079

M.F.B. 465
20/M-1-17
1772-39 950



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Jan 26	1/19																		C.F. McCartney		Complete

ORIGINAL

344079

A II

MEDICAL HISTORY SHEET

H94

16 OCT 1918

Surname Shatraw Christian Name William James

21

Examined on 26th day of Oct 191 17 at Kingston Ont

Birthplace City or Town Deseronto County Ont

Apparent age 19

Trade or occupation Labourer

Height 5 feet 5 Inches

Weight 150 lbs.

Chest measurement Minimum 34½ inches Maximum expansion 38½ inches

Physical development

Small-pox Marks none

Vaccination Marks Arm Right Left X Number 1

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by C A Elliott Rank Capt. M.O.

MW

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	
2-12-17		C A Elliott	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
24-11-17		C A E	M.O.
26-11-17		C A E	M.O.
2-12-17		C A E	M.O.
28/6/18 2nd		Boc Cam	

Enlisted on 26th day of Oct 191 7 at Kingston Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	73rd Battery	344079		
Transferred to	C F A O/S			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Whitley	21-6-19	V.D.S	A W A Naylor Capt RAMC

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.

300M.—1-17.
H. Q. 1772-39-439.

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

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
CANADIAN SPECIAL HOSPITAL WITLEY 7 AUG. 1918 REGISTRAR		26	7	18	7	8	18	V. D.	13	Healed. 2 day - 606 & 14 DOHP AS OUT PATIENT Stoppages as per dates	J R Atkinson Capt N A Christie Capt

P. 559
MARRIED OR SINGLE: S.

PLACE OF BIRTH: Deseronto. Ont

NAME AND ADDRESS OF NEXT OF KIN: Elizabeth Shatraw, Deseronto. Ont

RELATIONSHIP OF NEXT OF KIN: Mother

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. 244079 RANK Gnr. NAME Shatraw, William James

IF IN PERMT. CORPS WHAT UNIT: 9th Dis Dep Mds 6

UNIT: Can Res Cvrt — TRANSFERRED TO — DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION: Kingston, Ont — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 26/10/17. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20 DATE EFFECTIVE 1-2-18.

PAYABLE TO: Mrs Eliz. Shatraw, Deseronto, Ont. 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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 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	WPD PER DAY	SEC. PUBLIC ENGL.																								
1918																																			
Jan 31	Balance from Canada																							10											
Ft Grs Pay		30 80		A S Ft Tech												40																			
Tech		34 10		Ch 5333 11/3/18 Ch.					24 33															570											
				Dr 5563 17/3/18 "					4 87																										
		64 90							29 20							40																			

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		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1/8/18		EFFECTIVE DATE:–	
AMOUNT:– 20.00		AMOUNT:–	

NAME:– SHATRAW- William James

NUMBER:– 344079

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 Eliz. Shatraw
Deseronto, Ont.,
Mother

Stopped 1-7-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 70/S dft M.D.3.

DATE ACCOUNT FIRST OPENED:– 1/8/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.A.

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
21-5-19	5047	Refund	~~4 87~~	Pers assumed 18-6-19 covering credit of 3.00			
29-5-19	3408		~~24 33~~	diff in P & A for June. credited as 30.00			
			29 20	should be 33.00			
			5 13				
			34 33				
					515		

DAILY RATES OF PAY AND ALLOWANCES

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

Wing M.

Discht to Canada 30-6-19 UR 10136 B'SL 4-6-19 Wetley L PC Debit Blee 2/05 J m c

PARTICULARS OF RENDERING NON-EFFECTIVE.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Bal Fwd								5 70		
Apl.	Gnrs. Pay	33 –		b.a.p.				20 –	18 70		
				aR. 285, 10-4-18 C.R.a.	2 43						
				L.4005, #3070, Reo 67a. 29/3/18 D11	5 83						
				aR. 554, 24-4-18, C.R.a.	2 43				8 01		
		33 –			10 69			20			
May	Gnrs Pay	34 10		b.a.p				20 –	22 11		
				aR. 980, 8-5-18, C.R.a	2 43						
				aR 1326, 23-5-18, do	2 43				17 25	int	
		34 10			4 86			20			
June	Gnrs Pay	33 –		b.a.p.				20 –	30 25		
				aR 1696, 11-6-18, C.R.a	4 87						
				aR 2029, 20-6-18, do	9 73						
				L.4005, #4105, C.R.a 13-6-18	57				15 08	Agreed int 20/6/18	
		33 –			15 17			20			
July	Gnrs Pay	34 10		b.a.p				20	29 18		
				aR 2497, 9-7-18, C.R.a	2 43						
				aR 2917 23-7 "	4 87				21 88		
		34 10			7 30			20			
Aug	" "	34 10		b.a.p				20	35 98		
				Hosp Stopes from 26/7/18 to 7/8/18 - 13 days @ 60¢ DO 221 d 9/8/18 C.R.a		7 80			28 18		
				aR 3383 13/8 "	2 43						
				" 3793 26/8 "	2 43				23 32		
		34 10			4 86	7 80		20			
Sept	" "	33 –		A.P.				20			
				aR 4543 C.R.a 12/9	2 43						
				" 4814 " 25/9	2 43				31 46		
		33 –			4 86			20 –			

NUMBER 344.079 RANK Gnr. NAME SHATRAW Wm James

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Oct	G.P	34/10		ap.				20			
				ak 5051. 6Ra 7.10.18	243						
				Lank 5683 6Ra. 2.10.18.	248						
				Short. Dres. Fla. Haversack Knife							
				Disc. Green. Disc Rea.							
				Lank 5775 6Ra 8.10.18	134						
				Mess. Disc	6 25				39 31		
		34 10			6 25			20			
Nov	G.P.	33		ap				20			
				ak 707. 4 Dab. 8.11.18	373						
				" 780 do 19.11.18	1206						
Dec	GP	34/10		ap	16 79			20			
1919				ak. 903. 4 Dab. 6.12.18	373						
Jan	"	34/10		ap				20	59 99		
		101 20			2052			60			
				ak 975. 4 Dab. 21.12.18	373						
				ak. 1735. Brussels. 18.1.19	560						
				ak. 1210. 4 Dab 17.1.19	1206						
				" 1111. 4 Dab 7.1.19	373						
				" 1337. 4 Dab. 8.1.19	373						
Feb	"	30 80		ap				20			
March	"	34 10		ap.				20			
				Hosp. stopp. 21.2.19 to 27.2.19. 7. days. D.O. 22. 4 Dab. 13.3.19.		420					
				Hosp. stopp. 28.2.19 to 13.3.19 24 days. D.O. 25. 4 Dab 31.3.19		1440			36 44		
		64 90			2985	1860		40			
				Hosp. stopp. 24.3.19 to 5.4.19. D.O. 33. 4 Dab. 27.4.19		1380					
				ak 1769 6 G.R.D. 18.4.	456						
				" 3166 G.R.D. 1.5.19	436						
ap May		67 10		ap	892			40			
				ak 5713. 2 Reg. Group.	4867	1380			785		
		67 10			5759	1380		40			
June	" "	33		cap				20.			
				8047 Report 21/5	487						
				3408 M Wing 29/5	2433						
				5889 " 2576 Endorses	973						
				5053 " 146 Endorses	973				43 51		
		33			4866			20			

A Oct. Fit 97 2-7-19

War Service Badge
Class "A" No. 21348

SHORT FORM.

D. A. H.
G. 7

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 344079
2. Rank. Gr.
3. Name. Shatraw. William James
4. Unit. C. A. R. D.
5. Date of Discharge 11-7-19 Place Kingston
6. Reason for Discharge Demobilization
7. Authority. R. O. 1894
8. Proposed Residence after Discharge Deseronto. Ont.

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.~~ B. 39

Shatraw W. J.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

DISPERSAL AREA STATION H. KINGSTON ONT. JUL 11 1919 NO. 3 DISTRICT DEPOT

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date JUL 25 1919

Lt

Captain

Signature for O. C. Dispersal Area Station H

(O. C. Discharging Unit.)

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

SHORT FORM

PROCEEDINGS ON DISCHARGE

(Demobilization)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge | Place

6. Reason for Discharge with Authority

7. Authority.

8. Proposed Residence after Discharge

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undermentioned place and date I received my Discharge Certificate

M. E. W. 1.

Signature of Soldier

10. CONFIRMATION

The discharge of the above named man is hereby confirmed

Medical Documents forwarded to S.C.R. on P.C.

Place

Date

Date Nov. 23. 1919

Signature

(O. C. Demobilizing Unit)

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

1. Triplicate Attestation Paper (M F W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103),
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 30a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.D.S. 2).
12. Last Pay Certificate (P. 351). 9 Dup
13. Pay Book (A.B.64),
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

Date 30.6.19

Original

"M" WING, C.C.C.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley Camp DATE June 20th 1919

1. 1 (a) Unit C.F.A. (b) Regimental No. 344079 (c) Rank Gnr.

(d) Surname Shotraw (e) Christian name William James

(f) Home address Thomas Street Deseronto Ont.

(g) Next of Kin Mrs Shotraw (h) Relationship Mother

(i) Address of Next of Kin Thomas Street Deseronto Ont.

2. Age last birthday 20 Date of birth July 18th 98

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date Oct 26th 1917.

4. Personal description:

(a) Height 5'5" (b) Weight 150 lbs. (stripped) (c) Complexion medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo left forearm

5. Former trade or occupation Labourer

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	237

	Periods From	Periods To
Canada	26.10.17	3.2.18
England	16.2.18	8.10.18
France or other theatres of War	8.10.18	4.4.19

7. Original disease, or injury V.D.S.

(a) Date of origin 23.3.19 (b) Place of origin France

(c) Cause Injection

M. F. B. 227.

400M.—11-18.
J772-39-117.

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.)

(V.D.S) no 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.)

Objective -
C.S.H. Wiley 18.6.19
Wassermann negative
[illegible]
Examination negative

Subjective. No complaint

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (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 yes

Lemon color of skin & white of eyes. States he is always this way. Feels well.
since taking anti-syphilitics

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

23.3.19 sore on Glans Penis
9th Can. Sty. 26.7.18 C.S.H. Wiley
V.D.S. Healed. Course 606 & Hg.
Has had no symptoms since

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*).)

nil

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

nil

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.)

na

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) yes (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.)

10 (a)

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)

Suggested that the patient be dealt with on arrival in Canada in accordance c PC 47, dated 20.1.19

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

(If not, briefly state why)

17. Recommendations

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 William Shabraw have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

William Shabraw Gnr 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.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No.~~) yes A
(*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.)

suggested that he be dealt with on annual in Canada in accordance c 32604 7 20-1-19

(*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.)

R T C Auth US Tel 9083 11-11-18

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.

R D Smith Capt RAMC *President.*

PLACE Witley

DATE 21-6-19.

A H Naylor Capt RAMC } 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

R J Lunn Capt

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
21 JUN.1919
WITLEY SECTION.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

S

Date of Assignment

03587 1-2-18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20 00			

1147 S/11 10/

PARTICULARS OF SEPARATION ALLOWANCE

No. 344079

Rank Gnr Promoted Reverted Discharge

Soldier's Name Wm James Shatraw

Battalion Depot Batty Dfl #7

Beneficiary

Relationship mother

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Shatraw

Address Deseronto, Ont.

Change of Address

1 MRS.ELIZABETH SHATRAW,
DESERONTO,
ONT. 20 20.00

2 % 344079 GNR WM.JAMES SHATRAW

3 TWENTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1918 Feb.	W 74564		20	20	✓
Mar.	S 94112		20	20	✓
April	T 7716		20	20	✓
May	V 20921		20	20	✓
June	U 26768		20	20	✓
July	E 41205		20	20	✓
Aug	H 38831		20	20	✓
Sept	X 48801		20	20	✓
Oct	L 53301		20	20	
NOV	Y 52321		20	20	
Dec	S 62701		20	20	
Jan	J 74035		20	20	
Feb	L 76879		20	20	
Mar	G 89569		20	20	
Apr	~~U 8846~~ 20-3		20	20	
May	O 6991		20	20	
June	P 95444		20	20	✓
July	S 13075		20	20	✓
			360	360	

16569-W-19 REMARKS

V2

mailed 18-2-18

S.13075 Ret'd + cancelled, "not at address" trace 14-8-19

+ U846 q ang. fw. q.s.

+ LH-aco-14492-15-5-19 Tab-M-17-5-19

A/c Closed 31-7-19

Ret'd per Olympic

Date 7-7-19 M.F.W.187 21-7-19

Sec. R.G. Hoare M.D. 3

M.R.O.-L.P. 106858 Fwd

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 223.20—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M—6-17—1772-39-141
L. L. 22320—M. & D. 7603.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 344079 RANK Pte NAME (IN FULL) SHATRAW, William (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Nil — RELATIONSHIP:

ADDRESS: Nil

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE:

TO WHOM PAID: Nil — RELATIONSHIP:

ADDRESS: Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
William Shatraw		
T.P.O. Deseronto		
Ont.		

ORIGINAL UNIT C.E.F.: 73rd Bttry. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: — TRANSFERRED TO: 4th D.A.C. — DATE: — AUTHORITY:

DATE OF ATTESTATION: 26/10/17 — TRANSFERRED TO: — DATE: — AUTHORITY:

ASSIGNED PAY $: 20.00 — DATE EFFECTIVE: 1/8/19.

PAYABLE TO: Mrs. Elizabeth Shatraw — RELATIONSHIP: Mother — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: Deseronto, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE:

DISCHARGED — PLACE: Kingston — DATE: 11/7/19 — REASON: Demob — AUTHORITY: — IF ENTITLED TO POST DISCHARGE PAY:

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					1860 Returned "Olympic"
																													23 05		23 05		23 05				Bal. per last P.C.
																																					Clothing Allow. and Ist instalment W.S.G.
July	17	1 10/100	18	70	35 00 / 70 00				123	70							19 46	4 87 / 5 00	70	00			20	00							119	33	22	68			Pay to Estimate date of discharge. Allowances discontinued. Pay to W.S.G. from this date.
							3	00	3	00																	6	60			6	60	28	28			Overpaid 6 days on discharge.
																																					End in Addition Eng L.P.P.
					Gr. S.G.	S.C.							War Service Gratuity										Gr. S.G.	S.C.													Sgt. W 25958 Pee 1st Payt Gr. S. Gas above
122 days @ Minimum					280 00				280 00														70 00								70 -	210 -					Ly Bal
																							43 72 ✓				28 28				140 - ✓	140 -					4163 455 AUG 12 1919
																							70 - ✓								210 - ✓	70 -					4130 7611 SEP 9 1919
																							70 ✓								280 ✓	0 -					4122 699 - 9-10-19

CK

200M-3-19.—L. L. 58786—N. & D. 9985.
M. F. W. 2596.
1772-39-1390.