OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1.	(a)	What is your Surname?	Traill
	(b)	What are your Christian Names?	William McKey
2.	(a)	Where were you born? (State place and country)	Lac La Biche, Alberta.
	(b)	What is your present address? 303, 19th St	reet West, Prince Albert, Sask.
3.		What is the date of your birth?	25th June, 1875.
4.		What is (a) the name of your next-of-kin?	Frances Eleanor Traill
		(b) the address of your next-of-kin?30	3, 19th Street West, Prince Albert, Sask
		(c) the relationship of your next-of-kin?	Wife
5.		What is your profession or occupation?	City Assessor
6.		What is your religion ?	Church of England
7.		Are you willing to be vaccinated or re-vaccinated a	and inoculated? Yes
8.		To what Unit of the Active Militia do you belong	> 52nd Regiment P. A. V.
9.		State particulars of any former Military Service	l year Strathcona Horse in S. Africa
10.		Are you willing to serve in the	3 years 3rd Regiment Canadian Militia. 12 years 52nd Regiment Canadian Militia.
		CANADIAN OVER-SEAS EXPEDIT	IONARY FORCE? Yes
	The	undersigned hereby declares that the above answer	
		W.M/d/ka	(Signature of Officer.)
	Tal	ken on strength (place) Prince Albert, Sask	
		(date) July 14th 1916.	
			Ha Baarlan
			(Signature of Commanding Officer.)
_			O. C. 243rd Overseas Battation C. E
		CERTIFICATE OF MEDICA	AL EXAMINATION
	Ιh	ave examined the above-named Officer in accordance	with the Regulations for Army Medical Services.
		4.1	
	I c	onsider him* for the CANADIA	AN OVER-SEAS EXPEDITIONARY FORCE.
Da	te	June 23'- 1916	
Pla	ce	Prince albert, Lask.	ND Tyman
	*Inse	ert here "fit" or "unfit	Medical Officer.

M. F. W. 51

100m.-4-16.
H. Q. 1772. 39-917

OFFICERS DECLARATION PAPER

CANADIAN OVIE-SEAS EXPEDITIONARY FORCE

fourthern I	
fithwe.	1. (a) What layour before any change and W. (b)
	2. (a) Williams of the course of W (b) 2. (b) word to come of W (c) 2.
Street West, Prince Albert, Besk.	
TOWN TOWN	c. Who is the class of the bridge of the contract of the contr
	4. What is 'is) the agent to work and relikin'?.
GOS, 19th Street Teet, Erico S. Albort, E.	Smid-losexem mer do secole Code (*)
kin's Yuk's	(c) the relationships of your next-of-
	S. Where is your necession believe up a four top I
biorigon in devoto	6. Where is your religion it.
April 9 Possion of hos her	7. And you willing to be very mand at ce-traceine
Tong 2 Com Reviewed A. N. N	
DITTOMARY FORCE?	CANADIAN CTER SEES EXPE
swers made by ohn to the above questions are true.	
(Signature of Officer.)	
cteed	Taken on sucress' (place). Attace Alliant.
	. of the control of t
(Signature of Commanding Officer.)	

1			2 1						3								1	SO.			11.	03				1		16		0.3		-
				17																												

TRAILL WILLIAM MC KAY

CAPT.

15TH CAN.RES. FORM. 243RD O.S. BN

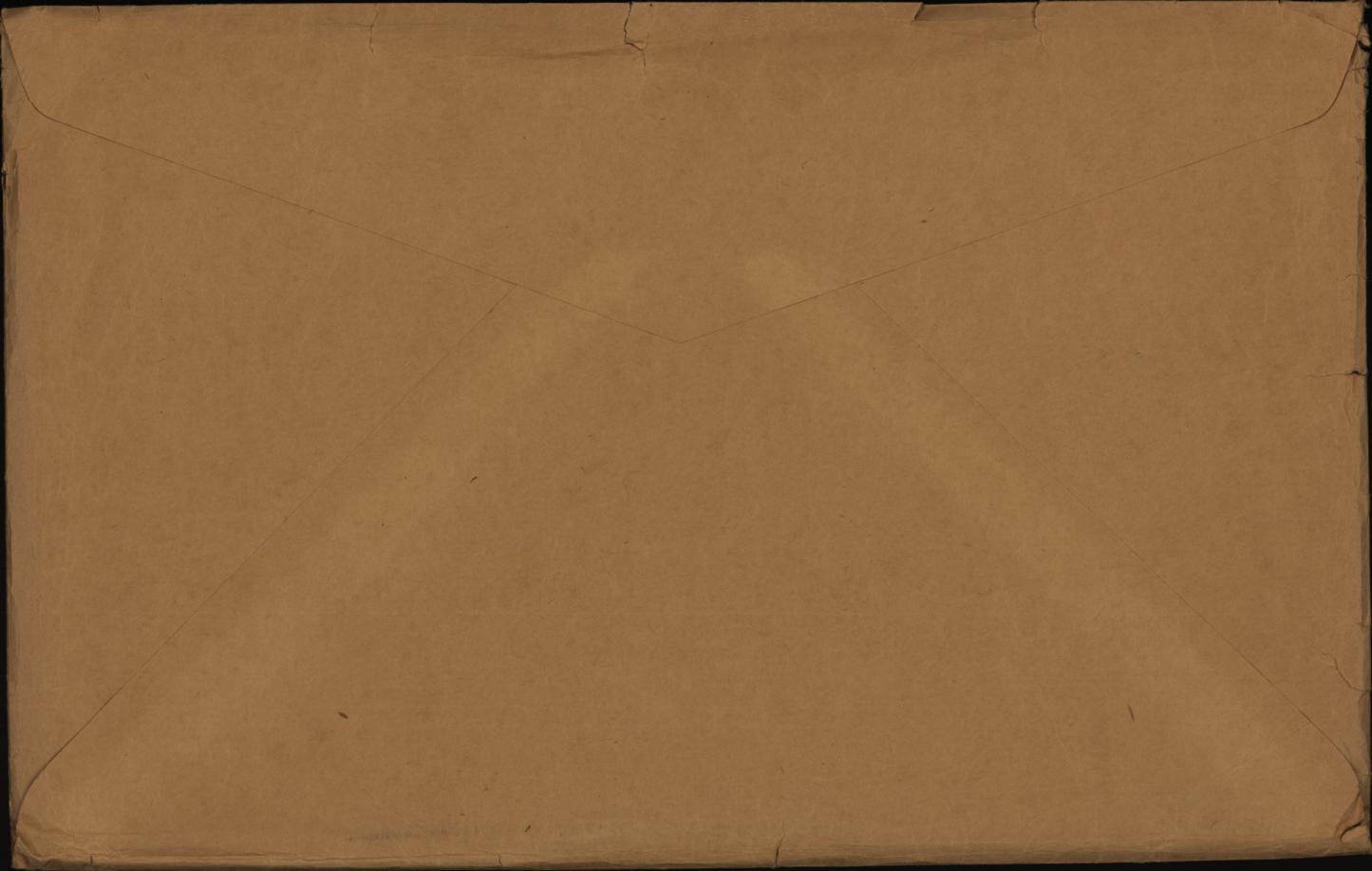
16172

Public Archives Records Centre
NO WILL

MED UNFIT

C.E.F. REGIMENTAL DOCUMENTS WAR SERVICE RECORDS D.V.A. 483487





FOLLOWS M. F. W. 42-50M.-5-17. L. L. 20497-M. & D. 7908 H. Q. 1772-39-893.

DATE OF ADMISSION LIST No.

332-123-48) CARD NO. SURNAME. Traill CHRISTIAN NAMES William Mc May S.O. S. Distors 1-1-18. REGL. No. RANK Livert Coap UNIT 243 rd. Grow. Conducting off also RC 22 72 8/15-11-1 FORMER CORPS 52 Regt P.a. V. 14 Strath Horse S.a. 3403 Regt Cammilitia CHANGE OF ADDRESS NAMES IN FULL Traill, Mrs. Frances Eleanor RELATIONSHIP TO SOLDIER) of this Gertrude Fortescue
397 mountain St., Monteal ADI 339-123-48,-3-9-17. COUNTRY OF BIRTH Canada La Biche alta DATE June 25 1875 PLACE OF ATTESTATION 6/8 29/7/18 7278. 242 Bn. R

LIFAX PER

TRADE OR CALLING City assessor RELIGION Church of England

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACEPrince albert, Lashpate June 23 rd 1916

Present address, 303-19 St. West, Prince albert.

A - C)			Rauk CAP+	
Number			Rauk Cn I I	· Ann
Surname	TRAILL			
Christian	Kame W/	LLIAM	Mc KAY.	
Units		Theatre	of War ENG	LAND.
Date of S	ervice 31	.5;17		
Remarks				-
Latest Ad	dress 30	3-19	the st. w.	est
		Jusi	ealfest	Sach
Roll No a	Page H279		/	
	1. 243 M. Br			

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

MEGN NO GOOT

DATE RECEIVED FROM OTTAWA

DESE NON 3 1853

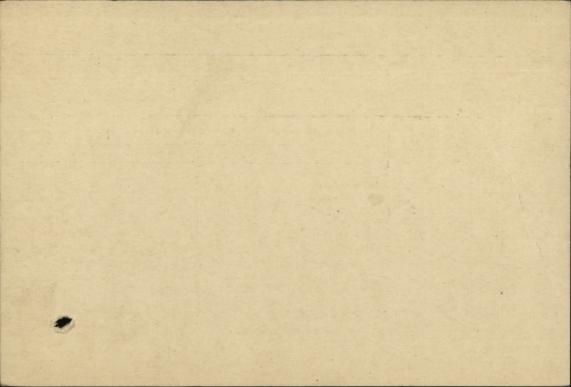
DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

IMPERIAL DEPOT No.

868-D.P.-40M-1-12-19.

RANK Leut NAME Laill . W. M. No. UNIT 243rd Pattalin . b. E. F. T.O.S. 14-7-16. (D.O. 34 of 22-7-16) M. D. 12. PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG. OR FROM TO REC'T PARTICULARS AUTHORITY 1916. 1916 July 14. appointed 14-7-16. B.O. 34. apptid. a/cor. 6 am. of a. 60.32-10+6+2.6.107 of 2-10-16. attending School of Instr. 6-1-17. B.6381 y3.0.910f3-4-17: D. Q. 116 0 /27 - 4-17.



FORM R. 149. 7106-250m-7/2/17.

Unit

Name TRAILL. William McKay.

15th.RES.Bn.

Canada.

Reg. No.

Nex	t of Kin			0.5		
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-7-1	7.Q.A.M.H.Millbank.	S.W.	P.U.O.S1t.	721		
8.717	Drocharged	Paras	shoud 13	721	7	
87 11	for Fever Aos Islings	m 0		803		
179 11	Dischargen	0		803		
179 11	& am Hosmill	bank		806		
20 9 17	Diochanges			806		
	,					*
			······································			
				135	1	

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
		7-4-2-		4		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						•••••
						•••••
2						
		Annual State of the same	The second second	The last	1	ALT THE STATE OF

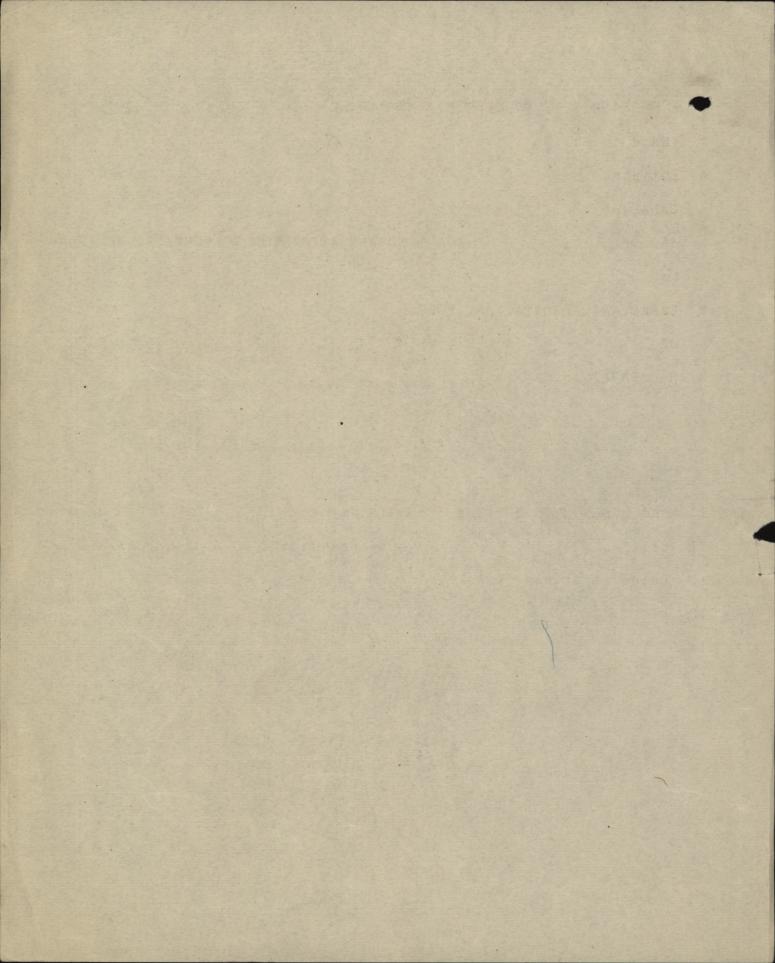
D. M. S. 1347.				
Surname		Christian Name		Reg. No.
TRAILL Rank	W • Uni	M.		
Capt.	2431	rd.Batti.	15th.Res	.Batt.
MEDICAL BOARD held	l at	Date	S	Serial No.
(1) London	Area	19-9-		
do. Other Medical Boar		1-11-		Serial No.
(2)		***		
(2)				
(3)				
(4)				
(5)				
Condition found by	Board poid.			
Disposition Recomm	nended			
		vice 6 wee		
Fit lt	.Duty,	Unfit Home Gen	ser. 3 mon	nths.
(3)				
(4)				
(5)				
PENSIONS & CLAIMS	BOARD held at		Date	B
	Congress to			
Disposition				

Indicate by a P.T.O. if continued on other side.

Remarks

Surname. Christian Name. K. TRAILL W. MC Rank. Unit. 15th.Res, Batt, Capt. Date of admission. Queen Amex.Military Hospital 4-7-17. Mongon Fever Hospital, Islington. 8-7-17. Queen Alex. Military Hospital. Hos 17-9-17. Hosp. Hosp. Hosp. Hosp. P.U.O.slt. Diagnosis. Paratyphoid "B" R Later diagnosis. Disposition. Date. Discharged: -8-7-17. 17-9-17. do. 20-9-17. do . 10-7-17 721-2. A.M.D. 2 DEPT. C.L. Beh. of D.G.M.S. O.M.F.C. London, . Martin describe de la faction

•	THIS IS TO CERTIFY that (Rank) leapt
2	(Name in full) William McKoy TRAILL
3	Enlisted in the 243 rd' Bath
4	CANADIAN EXPEDITIONARY FORCE, on the
. 5	day of 19 AND WAS APPOINTED TO COMMISSIONED RANK
6	in the 243rd Bath
7	CANADIAN EXPEDITIONARY FORCE on the /4 day
8	
9	of July 1916. He SERVED in CANADA & England with the
	243rd Bathe, 15th Res Bath
	S P. Depot, & C. S. C. on.
	ans atlantic Condinctin Duty.
10	and was STRUCK OFF THE STRENGTH on the 3 and day
11	of November 1919 by reason of Med Mufit
12	Dated at Ottawa, this day
13	of19
14	



CANADIAN EXPEDITIONARY FORCE

N.W. 12-41. F.S.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)	Captain
(Name in full)	n Mokay Traill.
Enlisted in The 243rd	Battalion.
CANADIAN EXPEDITIONARY FORCE, on	the
day of ANNEXANDER HER THE MERCHANISM 191	AND WAS APPOINTED to COMMISSIONED RANK
inThe 243rd	Battalion.
CANADIAN EXPEDITIONARY FORCE on f	heday
of	
HE SERVED in CANADAnd	and with the 243rd Bn., 15th Res. Bn.
	Command, Permanent Conducting Staff.
	theday
of	by reason of eing He ically unfit
Dated at Ottawa, this	Twenty-seventh day
of	
	10
	Tud.
	for Director of Personal Services.

94.5

GARAGIAN EXPEDITIONARY FORCE.

NEWER AND SETTING THE MAINTENANCE OF SECURE

And the thirt does not not be

AND THE COMPLETE OF STREET HOUSE AND DRAW SHOULD BE A STREET OF STREET AND ST

at the second second

Committee of the Commit

The state of the second st

THE PARTY OF THE P

The wind there is a Westernite in

anders.

				general de la companya de la company			
	Rep	port	Record of Promotions, reductions,			DEMARKS	
	Date	From whom received	Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS. Taken from Official Documents	
			A.				
			and the state of t				
				-			
						No. of the second secon	
	,						
					'		
				•			
	,				1		The state of the s
							100000
The state of the s							

350м.—5-16 H. Q. 1772-39-920. Casualty Form—Active Service. Unit, Register or Corps. 2+3 rd Ourseus. Pattalion regimental No.... Terms of Service (a) Service reckons from (a) 31. 5. Date of promotion to Numerical position on) Date of appointment present rank roll of N. C. Os. to lance rank Extended..... Re-engaged..... Oualification (b). Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B. 213, Army Form Place Date From whom Army Form A. 36, or other . Date A. 36, or in other official documents. The received official documents authority to be quoted in each case Canada Imbarked M. M. T. Olympic Halifax, N. S. Hay 29 Entered Tegregation Camp Taken on the Strength of the 15th Can Res Batto for O.C. ISIA CANADIAN RESERVE BATTALION 2-11-17 Part IT 248.

⁽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.

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-		100	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents		
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date			
	lour puo l	Med tokensy the					
				The state of the s			
	bil A. I						
	, a. c.						
			AV. St. St. St.		-		
		A Comment of the Comm					
				-57 16			

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. 24374 08 Rollin
	Regimental Number Captain Full Name of Soldier William McKay Tkaill
(4)	Place of Birth Lacka Lacke - alberta
	Are you married, or not? Marrielo If married, state, (a) Full name of your wife. Vauce's Eleanor Vracel
	(b) Present Postal Address Jo Raux of Montreal Pluise allert - Sasto
(7)	Are you a widower?
(8)	Have you any children? If so, give number of boys and girls Also their names and ages. Nadue Raueis Certrude agrabb'z yrs

(9) Is your Father alive?
If so, state name and address
(10) Is your Mother alive?
If so, state name and address Narriett Vhaill
(10) Is your Mother alive? If so, state name and address. Narriett Vrail Mexanaw RO. Vask.
(11) If your Mother is a widow
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(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.
Explied Plecewing
(15) Are you insured?
If so, in what Company? Somemon life as Co of Waterloo - On
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.
Date APR 20 1917 Date Officer Commanding.
Date APR 20 1917

ORIGINATION SHEET

Surname

Traill,

Christian Name William McKay.

Examined	1	day of July		App	proved by	2294	yermo	in
Birthplace	City or To	wnLac La Bio	he,		Rai	nk Capta	ein A.M.C.	M.O.
		lberta, Canad	la.	Date	Fit or Unfit	EXAM	IINED FOR RE-ENGAGEMEN	males electronical learness and the second
	ge 41 yes							M.O.
		ity Assessor						M.O.
		feet 2	Inch					M.O.
weignt		nimum 36						M.O.
Chest meas	surement {	aximum expansion						
Physical de		ormal.		cs				M.O.
	Marks N:							M.O.
			Left					M.O.
Vaccination	Marke }	mber Nil.	Nil.	Date	Result		VACCINATIONS	
When Vaco	cinated last	Nil.		16/11/1	4 -	RA	Lyerma	MO.
(a) Mai	ks indicating	congential peo	culiarities	or 24/3/	17-	PR.	Tyerna	-
Ch. Commercial	sease	77.7				. 10	0	M.O.
(1) (1)		· · · · ·		Date	Result	Anti-T	TYPHOID INOCULATIONS, I	CTC.
(b) Sligh	nt defects but	not sufficient to ca	March 1987	10/1/17		MD.	Lyerma	Mo
				17/1/17		RA	Lyerma	espo.
I Bank				24/1/17		PA	Lyenno	M.O.
					1		0	M.O.
Enlisted o	n 14th d	ay ofJi	ıly	18	916. at	Prince	Albert, Sask.	·
		Corps	REGT'L	Number	H	ABITS	DATE	
Joined on e	nlistment	243,0/s, Batt	Lieut	tenant.	Good	i.	14/7/16.	
	(15 Can Kest	In				10.6.19	
Transferred	to							
		The manual of the first					L. Santilly	
	EXAMI	NED OR DI	SCHARG	ED BY	A M	IEDICAL	BOARD	
S	TATION	DATE		Dis	SEASE		RESULT	
		Company of the			V			
		2 4						
		Carried State						
								1

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

DATES OF 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. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital STATION * DISEASE at the days in Medical Officer Station Hospital Day Month Year Day Month Year William McKay Name Traill, Su name

Rank

Name

Reg'l No.

Unit

If in perm. Corps, What Unit?

Married or Single

Place and Date of Enlistment

Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

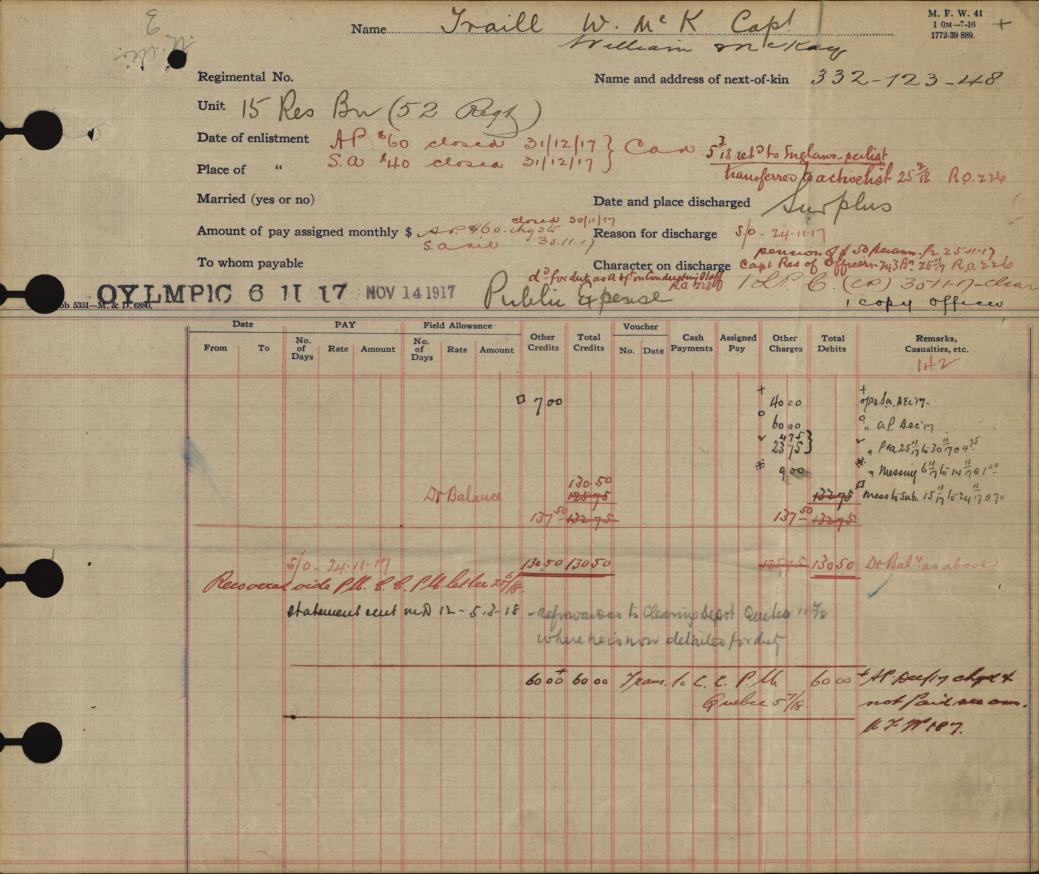
Separation Allowance

Payable to

Relationship

Discharge, Date and Place									Reason								Character					
Da	ate		PAY		I	ield All	owance					Vose	cher									
From	То	No. of Days	Rate	Amount	No. of Days	Rate	Ame	unt	Other Credits	To Cre	tal dits	No.	Date	Cash Payment	As:	signed pay	Other Charge	s 10	Total Debits	.Bal	апсе	Remarks, Casualties, etc
														1 2								
																3-1						
																					- 1	
							75.5															
			5,1														7					
			3		A. S.																	
107																						
															1							
							L.	73										1.5				
							2														1	
30.33														4								
								The same														
												138										
						2										1						
								1							1						3.3	

-6/	L.P.C. to 10 Charged N.R. effecti	th Ju	ne. t Jun	e 191	7.												23		
	Assignment a lst July 191	as at		7															Section of the section
	Traill	Capt.	W.M	. ✓	?r	*		Trai Ban	11, k of		treal						\$50.		
					65					B	60			nent St M Form da	4				
	Casualitics, etc.	4,3	Debits	Seliego	bul	Payments	Date	*N 5111	າລາງ	slibenO	Зивошу	Rate	No. ei Days)ши е шү	Kale	No. of Days	•1	monfl	
	Remarks,	Balance	IstoT	Other	Assigned	Cash -	омерес	— In	•T	Other steadile		oliv bisiq			AVa	.oN	ate		



14-7-16, MILITIA AND DEFENCE SEPARATION ALLOWANCE Name of Soldier Trailly, W. Th Regtl. No. Rank Lieut, Out 24/2/17 332-1234 Bank of Montral Corps 24 3rd, 0/0, Battalion Relation to Soldier To what Corps belonging wife, child or mother when called out PAYMENTS Cheque No. REMARKS Month Year Amt. Aug. 1914 Sept. Oct. Nov. Dec. 1915 Jan. Feb. March Apl. May June July Aug. Sept. Oct. Nov. Dec. Jan. 1916 Feb. March

4114 せいこく き 0/10.1 25270

14-7-16,

MILITIA AND DEFENCE

M. F. W. 11a. 50m.—4-16. 1772-39-818.

• SEPARATION ALLOWANCE

Sheet No. 2. F.C. Traill OVERSEAS CONTINGENTS

PAYMENTS.

3 61	
1 6	211
	1 , 6

L. L. Job 310.—Req. 6574.						Trut, Jane	
	Month.	Year.	Cheque No.	Amt.		Remarks.	
	April	1916					
	May						
	June						
	July						
	Aug.	X	14161	47		47 Ret'd per O. lympic	
	Sept.	1	17919	30		Date 1.4.///.T. F. X.9.//.7.	
	Oct.	L	21008			30Olerk who	
	Nov.	-05	24/76	30		30	
	Dec.	V	26889	30		30	
	Jan.	1917	30723			30	
	Feb.	mb so	33835	30		30 Bank of Montral, Ennier albert	
	March 3	, IT	36915	30	2	32 1	
	April 6	you !	22993	52:	1	22 River day 1/2	
	May	/	56428	40	A	40 AGAR OCCI CLOSERS NOT	
	June	5.	9666	40		40 / Per/ MX 4/12/17/2/V/	
	July	S	12824	40	1	12 / Hp/3 82/- 12/3 4/8 / 8/	
	Aug.	gr.	16684	148		m/ I ke hb 18/79-perf 6	
	Sept.	7	19224	40		By FX 1. 9-12-17	
	Oct.	W	21770	40		R	
	Nov.	I	26025	40		TO.	
	Dec.	V	127680	40	//	dio. 24 / 12 weekly Ret. 29	
	Jan.	1918			12	1 222	100
	Feb.			- R	ille	all	
	March					09	
	April						
	May					ACCOUNT CLOSED	
	June						
	July					DATE	

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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.					
1 1 1 1 1	Jan.	1920				
	Feb.					
1	March					
1	April					
	May					
	June					
	July					
	Aug.					
1	Sept.					
	Oct.					
	Nov.				• 110	
	of the second				国际发展的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的	Market Bridge Control of the Control

226-M. & D. 7814. MILITIA AND DEFENCE M. F. W. 12. 25m-4-17. ASSIGNED PAY H. Q. 1772-39-819. **OVERSEAS CONTINGENTS** By Whom Assigned Regtl. No. Rank Corps **PAYMENTS** Cheque No. Amt. REMARKS Month Year Aug. 1914 Sept. Oct. Nov. Dec. Jan. 1915 Feb. March April May June July Aug. Sept. Oct. Nov. Dec. 1916 Jan. Feb.

March

of heart

L. L. Job 310.-Req. 6574. Remarks. Month. Year. Cheque No. 1916 April May June July Aug. Sept. Oct. Nov. Dec. Jan. 1917 Feb. March April May June July Jan. Feb. March April May June July

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_

			z (Conta.)		PAYMENTS.	
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	Aug.	1913				
	Sept.					
	Oct.					
	Nov.					
7	Dec.					
	Jan.	1919				
	Feb.					
	March					
	April					
	May					
	June					
	July			1		
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1920				
	Feb.					
	March					
	April					
	May			333		
	June					
	July					
	Aug.			7		
	Sept.					
	Oct.					
	Nov.			1907		
	The state of the s					

~	UNIT. NAME OF E 15 Res. Bn. (143 Bn.)		AUTHORITY	RANK.	DATE 1017	Behs Com. 1 U1257.	NAME. Y Name Traill Initials of M ada Bank of Montr	eal
DATE PARTICULARS		CK. NO.	CR.	DR. F	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917 hmer 1 Prall-30 17 Mess 10 19 brhal 10 19. 10 - 44 2 hely 6 al ban " 18 Rations 11-24 9 Pay R Rug 11 alborn in lang R.	Bank	13071	14725	8725	60	3025	18/8	
8 14 a. 9 Cm 18 Pay R. 28 Rahions 25. 27 77 4 Octin A. 9 Com 15 Pay P. 12 Por Pra. 13 Sick leave 19 97 - 15 P. 9 Cm	Bonts	21905 5635 26282 26566	142 50	87 25 87 25	60		9/4 Reports Can. Ploto 30'5 If to ME heage	
17 Fay B			14250				14.8.4 82,50 J	De 1/y

FORM P.15 5986-25M-19/1/17 ASSIGNED PAY.	UNIT.	DATE	AUTHORITY	RANK.	DATE		NAME.		
Beneficiary							Name		
Address							Initials		
Amount. \$							Bank		
Separation Allowance issued. Yes or No									
	0016				ASSIGNED				
DATE PARTICULARS		CK. NC). CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE T	SPECIAL AUTHORITIES to be initialled by P.M. in every case.	INITIALS	
								375 400	
								400	
									#
				· ·					
									0-
					*				
								7. 4	
				-44 /			*		
				- 1 A /					-
				1.4 .9					
		1							

Proceedings on Discharge.



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

No.	No reference to E. C. Badges is 1) be shade
Rank Shaill	won mak.
Surname. Christian name NOTE—The name must agree strictly with that on enlistment unless ch	anged subsequently by authority.
Corps (Squadron, Battery or Company)	
Date of discharge	
Place of discharge and shoted adjusted are them its	or Bettery, and I have impartially enquired into a
1. DESCRIPTION AT THE	TIME OF DISCHARGE.
Age	Descriptive marks
Height feet inches.	(Date)
	s. Certificate to be signed by
Allowances and Clothing, and all just demands up of the claims noted on the third page, and sharr	
Intended place of residence	have received my permanent discharge certific
(To be given as fully as practicable.)	(Place)
2. The above-named man is discharged in conseq	uence of
her cause and it is not desirable to forward these or copy should be sent for the man to sign, and	When a soldier is absent through illness or any other proceedings to him for signature, a manuscrip when returned, should be attached here.
Authority for discharge	
N.B.—The cause of discharge must be worded as prescribed in certificate. If discharged by superior authority, the number and date of	the King's Regulations and be identified with that on the character the letter to be quoted.
3. Conduct and character while in the so will himself denticate and introduced the solution of	service have been, according to the records, etc.
N.B.—This will be assessed when practicable, Officer Commanding his Squadron, Battery or Company.	by the Commanding Officer, in the presence of the soldiers and the
4. Special qualifications for employn Canada.)	nent in civil life. (Vide para. 332, K. R. & O.,
the hand sate and sate and of Discharge.	ii. Confirmation
To be in the certific	The discharge of the above-named man is hereby or
7 P 240	(are PI)

200M.—5-18. H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of	G. C. Badges:
on Discharge.	Proceedings of
	ge Documents,
	(When forwarded for confirmation these
fled on fourth page.)	
No reference to G. C. Badges is to be made o	on either the discharge or character certificate.
	end.
	To be copied by the Commanding Officer on to the parchment Discharge Certificate.
6. Medals and Decorations	the C
v. Medals and Decorations	y ppied by cer on tr
Pield Coulant Street W. 178	be copies the copies of the co
	, the state of the
7 His account is correctly belonged and air 11	by the Officer Commanding his Company, (Squadron
or Battery, and I have impartially enquired into Regulations.	all matters brought before me in accordance with
TIME OF DISCHARGE of the grade of	DESCRIPTION AT THE
(Place)	(a) Propositings on Durbon St.
Descriptive marks 44	Age. years months
(Date)	Commanding
Contiguate to be side ad by	the Soldier on Dischards
8. Certificate to be signed by	y the Soldier on Discharge
I hereby acknowledge that I received all my Pay, to the present date, subject to the reservations have received my permanent discharge certific	Allowances and Clothing, and all just demands, up s of the claims noted on the third page, and that I rate.
ex named an agreem they are	(Signature of Soldier.)
(1 lace)	(Signature of Sourier.)
(Date)lo sonsi	(Signature of Witness.)
When a soldier is absent through illness or any or proceedings to him for signature, a manuscri- when returned, should be attached here.	ther cause and it is not desirable to forward these pt copy should be sent for the man to sign, and
	Adinority for discharge
	of a Soldier who takes his discharge in request.
I hereby declare that I do of my own free will requ	an add air alidem entercooks have touched in the case
r hereby deciate that I do of my own free will requ	dest to be discharged from this iviajesty's Service.
	(Signature of Soldier.)
10 Statement	of Service.
	the Record of Service is completed)yearsdays.
Service toward Engagement to(the date to which	TIP / Special condifications for compleyen
	Totalyearsdays.
11. Confirmation	of Discharge.
The discharge of the above-named man is hereby	confirmed.
	· · · · · · · · · · · · · · · · · · ·
(Place)	
(Sig	nature)
(Date)	

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.)

List of Discharge Documents.

Reg. Conduct Sheet.

Reg. Conduct Sheet.

Within form B. 263

Particulars of Recruit

Particulars of Recruit

Particulars of Recruit

Rattery

Company

Office of Conduct Sheet.

W. 178

Field Conduct Sheet.

W. 178

Copies of Convictions. by C. P.

In the case of recruits who arageiected on final line of the convictions. by C. P.

Med. Hist. Sheet.

Med. Hist. Sheet.

Med. Hist. Sheet.

W. 54

Casualty Form:

W. 54

Dental History Sheet.

Conduct Sheet.

W. 34

Copies of Convictions of W. 34

African

Casualty Form:

W. 54

Casualty Form:

W. 54

Chertificate Discharge Certificate

W. 39

Copies of Recruit W. 133

In the case of Recruit

In the case of Recruit

In the case of Recruit

W. 133

Angled. Hist.

Angled. Hist.

Angled. Hist.

Capies of Recruit W. 134

In the case of recruits who arageiected on final throughts and the consist of the capies of the c

Documents not accompanying this form should be crossed out

I hereby certify that the following documents are unobtainable

Officer Commis

medica and character while in the service have been, according to the excepts

Note: Pleased an execute which represents the property of the contracting following the rest plant of the subject of the subje

to repeated annualizations has arreprograms in costs one. (Vine party side in the annual side in the annual

N.B -In the case of a man discharged by purchase, the date and number of Deposit Receips with

deservations referred to at Para. 8.

List of Discharge Documents.

	and the second second	A STATE OF THE PARTY OF THE PAR
Reg. Conduct Sheet, Militia	form B. 263	Attestation Paper Militia Form W. 23
Squadron)		Particulars of Recruit "W. 133
Battery Conduct Sheet, "Company	B. 263a	Proceedings on Discharge "B. 218
or Field Conduct Sheet "	W. 178	
Copies of Convictions, by C. P.		
	in MS.	In the case of recruits who are rejected on final
Med. Hist. Sheet, Militia f	form B. 313	approval, the discharge documents will consist of
Casualty Form "	W. 54	approval, the discharge documents will consist of
Medical Report for Invalid§ "	В. 227	(a) Proceedings on Discharge
Dental History Sheet "	B. 465	(a) Proceedings on Discharge
Last Pay Certificate "	W. 44	(1) A
Duplicate Discharge Certificate "	W. 39A	(b) Attestation.
‡Form of Will "	W. 82	
§Only if discharged "Medically unfit	"Sued by	(c) Medical History Sheet.
‡Only if man has not been overseas.	I my Pay, A	fowances and Clothing, and all just demonds at
Doguments not acc	Proces of the	En from 1 111

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Date of Assignment

14/7/16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

60

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF SEPARATION ALLOWANCE

Rank Capl Promoted Soldier's Name William M. Traill

Battalion 243 Bn

Beneficiary Must Frances E. Fraill,

Relationship wife

Address

Name Mrs. Frances C. Traill
Address 40 Bank of Montreal
Prince alkinge of Address Sask

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31.		629-	360 -	989 -	SA a/c closed 31-12-17.
		/		//	Reto per S. S. Olympie.
					SA a/c closed 31-12-17. Ret per f.f. Olympie. Date 14-11-17- 7 x 9-12-17.
					7. Imilh.
					A.P. acot Closed 30/11/17. Retd for Olympic 14/11/17 XX. 23-12-17. acot closed Auth. H. Q. 332-123-48. file 18179. W-6.
					7. X. 23-12-17, acct closed Opith.
					H. Q. 332-123-48./ile./8/179.W-6.
					Leut 14-7-16 to 24/2/17 from Coast 24/2/17
					Lieut 14-7-16 to 24/2/17 Prom Caft 24/2/17 Pension \$50 00 pu ann granted from 25/11/17 mcR. 11/2/18
					dis 31-1-18. JAM. R/OS. 7/4/18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE								

RATE OF A	SSIGNMENT	

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name	
Rank	Promoted	Reverted	Discharge	Address	
Soldier's Name				Change of Address	
Battalion				1	
Beneficiary				2	
Relationship				3	
Address				4	

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
	- 2					
					7.	
₹66 ₹68						
M. F. W. 128. L. L. 22330—M. & D. (993.						
W						
M. F.						

animit 7/9/11/4000

LONDON FEVER HOSPITAL,

ISLINGTON, N. 1.

Name William Wiskay Trails

Admitted 8 = Tuly 1917

Discharged 17 = Sept. 1917.

Disease Rane Typhoid B

Signed

1. Patterso.

aluc.

4/)/17. P. U. O.-



REGENT PALACE HOTEL.

TELEGRAMS: "UNTIPPABLE, PICCY, LONDON." CODE : WESTERN UNION.

PICCADILLY CIRCUS.

THE STRAND HOTEL LIMITED.

PROPRIETORS OF

STRAND PALACE HOTEL. REGENT PALACE HOTEL, LONDON, W. 1.

4-7. -17

To last Jacols. RAME Milbanh

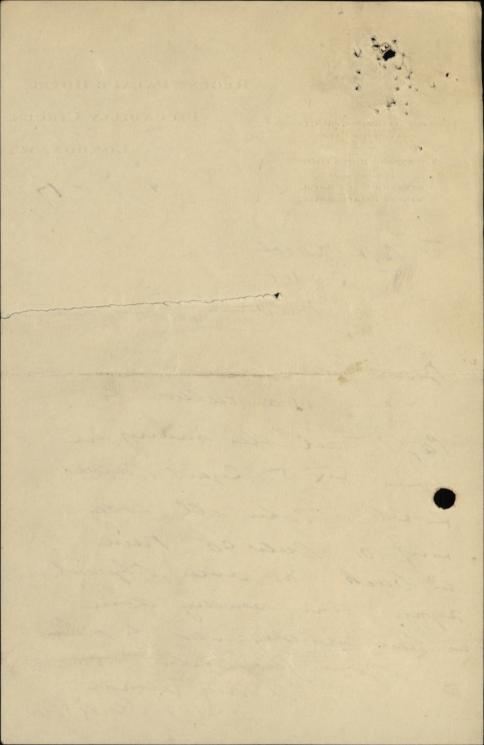
Dear Ju. Was culled to

Cast Trail fler many in from & X F. Ryens Palens Hobel. Taken all Lodge

Lung 101. Mula 90. Mains

in buck. no other Olyment syn. am sendy down

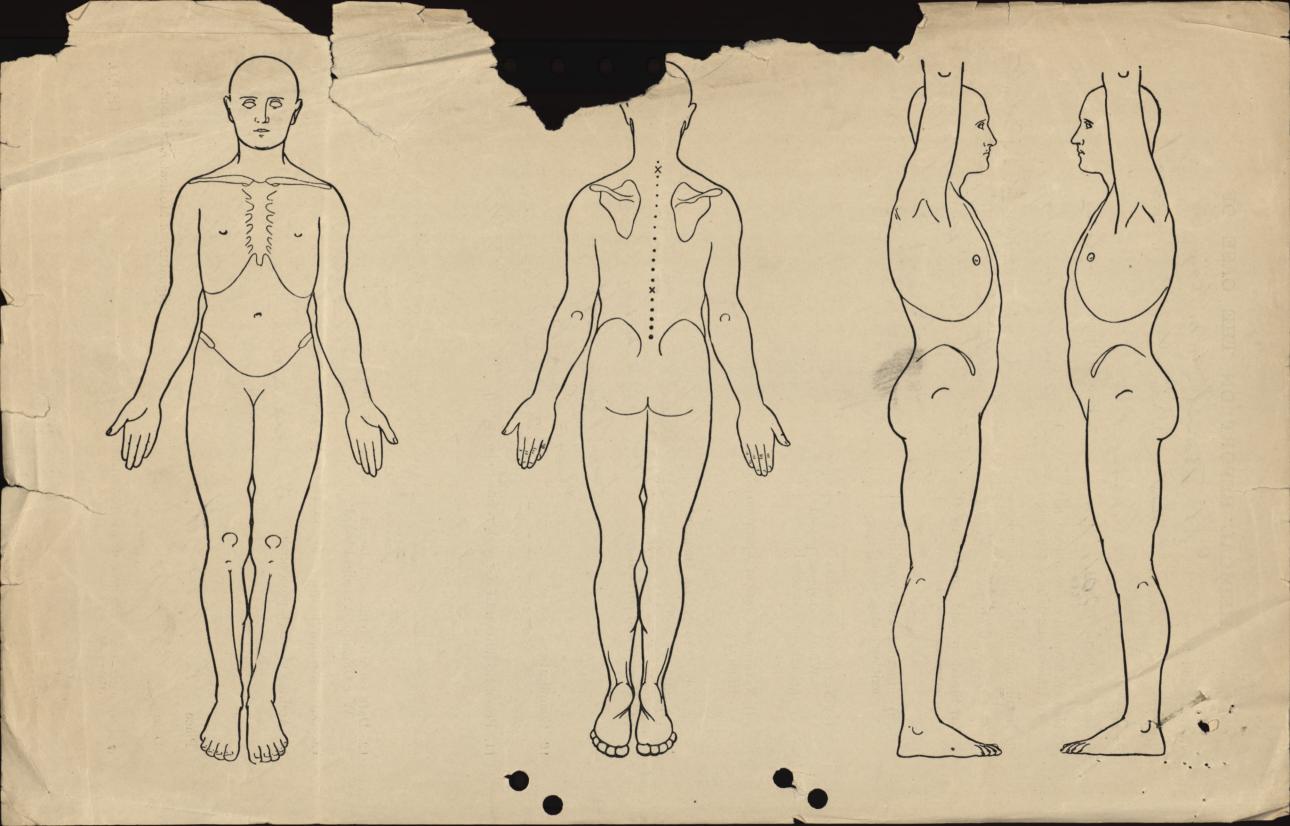
w lan un myguka g skome your faithfully a Say Venn 15.7 Warf Sta.



	MEDICAL REPORT ON THE CASE OF
	2. Corps (5 Res. Canal 3. Age & 2 4. Service / 4.
	5. Disability Caralyphono B.
	6. Date of Origin 20/6/17 7. Place of Origin Infam)
	8. Name of hospital where undergoing treatment, and date of admission 20 ant on 4/7/17.
	9. Nature of wounds, injuries, or disease haufened to Lond. Fer Hon
	A. WOUNDS. (a) Situation and condition of) Re admitted & a 1/1/17 with Paralything
	A. Wounds. (a) Situation and condition of entrance wound Re admitted & and . 17/9/17
	exit wound exit wound
•	(c) Nature of projectile. Whether lodged, passed through, or extracted
	(d) Nature and date of operation (if any)
	B. Injuries or Disease. 4/7/17 ()
	B. INJURIES OR DISEASE. 4/7/17 Lent in from Regults Pal
	(f) History and particulars Where he was flaying on to
	from Branshott
	10. Complications Strols = Para B. (8/1/2 rampens to Low Fever Horps
	11. Present condition (if X-rayed, result to be stated) Hed here 17/9/17
	making a food permeny
	Recommended to Can Bound for a hearth's Commission at a smilable Com. Home.
	12. Date on which he will be fit to attend at the War Office for a medical board 19/9/17
	13. Date on which he will be fit to travel to his home 2 / 9 // 1
	14. Address to which proceeding of alyander Road, Worthing
	10/1 Essex
	N & 1 H
	magn , will
	Date 18/9/11 Signature of Medical Attendant.
	(9 21 26) W4225—8118 10,000 7/16 HWV(P971) G16/1017 . [P.T.O.

3

ex



Ferma I: 1237 12

MEDICAL CASE SHEET.*

No. in Admission Regimental No. Rank. Christian Name. and
NE Discharge
Book. 166 Unit. Service. Age. Year 15 Kerewe Canar Station and Date. on abdones : termen *The first and last entries will be signed, and ransfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203-M 1150. 1,450,000. 6/12 16. C F.& S. Forms/I. 1235/12. (E239)

Station and Date.

(Medical Officers will please read this Form carefully before using it. See instructions, page FORM TO BE USED FOR OFFICERS AN HISTORY OF INVALID Station. Date... 243 rd. Balla 1. (a) Unit -(b) Rank - C (d) Christian name (c) Surname 2. Age last birthday Date of birth -3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual July 14. 1916 Training) 4. Personal description: (b) Weight - 200 (a) Height Ruddy (d) Colour of hair ~ (c) Complexion ~ (e) Colour of eyes - bleve (f) Scars or tattoo marks - Les 5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) France aller (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent 6. Former trade or occupation -Days 7. Service PERIODS To From 8. Disease or disability (use authorized nomenclature) - Va (b) Place of origin - Ore (a) Date of origin -1912 (c) Cause. - ersual 9. Present condition. (Important, to be a full description of the present condition or conditions.) ere ween - left leg, from [After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B.380.

50M.—6 17.
1772—39—274.

10.	Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
	[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]
	ATT TATES TO A COLOR STANDARD CO.
0.	Syphoid fever in England. Derchanged
Y	com haspital a sept. 18. 1917 & grantes 6
L	ukssik leave. Isnat yet up to his
no O.	emelskengte + varieose veris af
bre	It leg are aggranatedover a condition vent pre-enlistment. Con wath sine miles
lan	I leg feels heavy at this
11.	To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each
	and that due to all combined.
	Training July 14. 1910501
12.	Did the disability arise on or off duty?
	Was a Court of Inquiry held?
14.	If the disabling condition had its origin before enlistment, has it been aggravated on service?
lnox	Yes No (If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)
15.	Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable
	refusal to accept treatment? (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.)
16.	What is the probable duration, in months, of the disability or of each of the disabling conditions if
	there is more than one? Dermanent.
17.	Treatment (Cara and art and 1
17.	Treatment (Case reports, general or special, should be secured and attached where possible).
18.	Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
7	Low inspired, convaiescent nome, etc., likely to be of material benent?
leed.	(a) Date of crigin - 1912. (b) Place of crixin -
19.	Can the former trade or occupation be resumed?
20.	Recommendations.
- 53	Calegory B.
55	Laplerand apoint. Our promotes of the
	deling to the contraction of the present
	Medical Officer by whom the case is brought forward.
7.91910	ions 8, 9 and 10 are to be read to the Officer.)
	I, the undersigned
read,	and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in
addit	ion of
	15119.
	W/4. I rail took
	Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

21.	Does	the	Board	concur with	the	preceding	report?	If	not, give differing	opinions,	with	reasons,
		quo	ting the	e number of ti	he a	nswer critic	cized.	2. 11				

yes.

22.	Is the Officer fit for	(a)	General service	(Ca	ategory	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.)

- 23. It is certified that the Officer
 - (a) Does require treatment.
 - (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.)

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

calegon B.

Station Regina, Lush
Date how 29.17

Holleprillaghersident.

APPROVED BY

Date 1/11/17

Assistant Director of Medical Services.

APPROVED BY

Date.....

Director General of Medical Services.

403-9 -12-17

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.
- The nomenclature of diseases to be followed is that 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.

PROCEEDINGS OF A MEDICAL BOARD
PROCEEDINGS OF A MEDICAL BOARD
assembled at13 Berners Street,
'by order ofA. D. M. S. LONDON AREA.
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) CAPT. W. M. TRAILL (Corps)243rd Bn.
Age. 42 Service 14.12 Disability PARA TYPHOID.
Date of commencement of leave granted for present disability. 19.9.17. JAN 31 1918 Date on which placed on half-pay for present disability. 332-123-
The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that
this Officer reported sick to Q.A.M.I.Hosp. 5.7.17. Had temp. of
1010 and pulse of 90, pains in back and headache.
HOSPITALS: - London Fever 8.7.17. Q.A.M.I. Hosp. 17.9.17.
CASE SHEET states be has no physical signs in chest. Stools showed
Dans D moto on spidomon There were Three heg. 81000
EXAM. shows greatly run down condition.
Loss of Weight about 15 lbs. Heart neg.
The Board will electify the effect under one of the following estagoing the probable
The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.
1. Fit for General Service No - 6 Wks.
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months
should be classed in this category
3. Fit for Home Service. No - 6 Wks.
4. Fit for Light Duty at Home. No - 6 Wks.
EF WEST
5. Requiring indoor hospital treatment— (a.) In an Officers' Hospital.
(a.) In an Officers' Hospital
0 1 7
6. (a.) Fit for light duty at a Command Depôt.
(b.) Fit for treatment only at a Command Depôt.
2 0
not exceeding six months may be recom-
mended by Medical Boards for special treatment, the Board giving detailed reasons
for any such recommendation
8. Was the disability contracted in the service?Yes
9. Was it contracted under circumstances over which he had no control?
10. Was it caused by military service? Yes.
11. If caused by military service, to what specific military conditions is it
attributed? 12. If the disability was not caused b.
military service, was it aggra- vated thereby, and if so, by what specific military conditions?
BATAMARA BOOK STATE CAME
Officer's Address Worthing. S.H. MCCOI. MAJ. CAMC. President. Members.

ESSEX.

JS

and [P.T.O.

J.H.M.BELL. CAPT. CAMC.

INSTRUCTIONS.

- 1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. Est. No. 1069.

JS.

PROCEEDINGS OF A MEDICAL BOARD

assembled at. 13 Berners St. W.1. on I Nov. 17.
by order of A. D. M. S. LONDON AREA
for the purpose of examining and reporting upon the present state of health of MILITIA & DEPENCE
(Rank and Name). CAPT. W.M. TRAILL (Corps) 15th RES. BN 31 1918
Age 42 Service 16/12 Disability PARATYPHOID (B).
Date of commencement of leave granted for present disability 19.9.17.
Date on which placed on half-pay for present disability
The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that
he reported ill 5.7.17, Boarded 19.9.17. Returns from leave.
He has improved, perspires freely, & is below normal weight.
•
The Board recommend:-
The Board will classify the officer under one of the following categories, the probable
period of unfitness for the higher categories being stated.
1. Fit for General Service
2. Fit for service in a Garrison or Labour,
Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
3. Fit for Home Service
4. Fit for Light Duty at Home
5. Requiring indoor hospital treatment—
(a.) In an Officers' Hospital
(b.) In an Officers' Convalescent Hospital.
6. (a.) Fit for light duty at a Command Depôt
(b.) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service?Yes.
9. Was it contracted under circumstances over which he had no control?
10. Was it caused by military service?
11. If caused by military conditions is it specific military conditions is it attributed?
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? (C/o Major JH. Lindsay SH.MCCOY MAJ. CA.M.C. President.
C.C. Major J.H. Lindsay, S.H.MCCOY MAJ. C.A.M.C. President.
OM 1 777 O-De-3 OF W 7 PIT W SECTION OUT CARM CARE
Officer's Address CAPT. CAMC. Officer's Address F.ROGERS. CAPT. C.A.M.C. Members.

A COMMANDE SOUTH AND SOUTH

INSTRUCTIONS.

- 1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

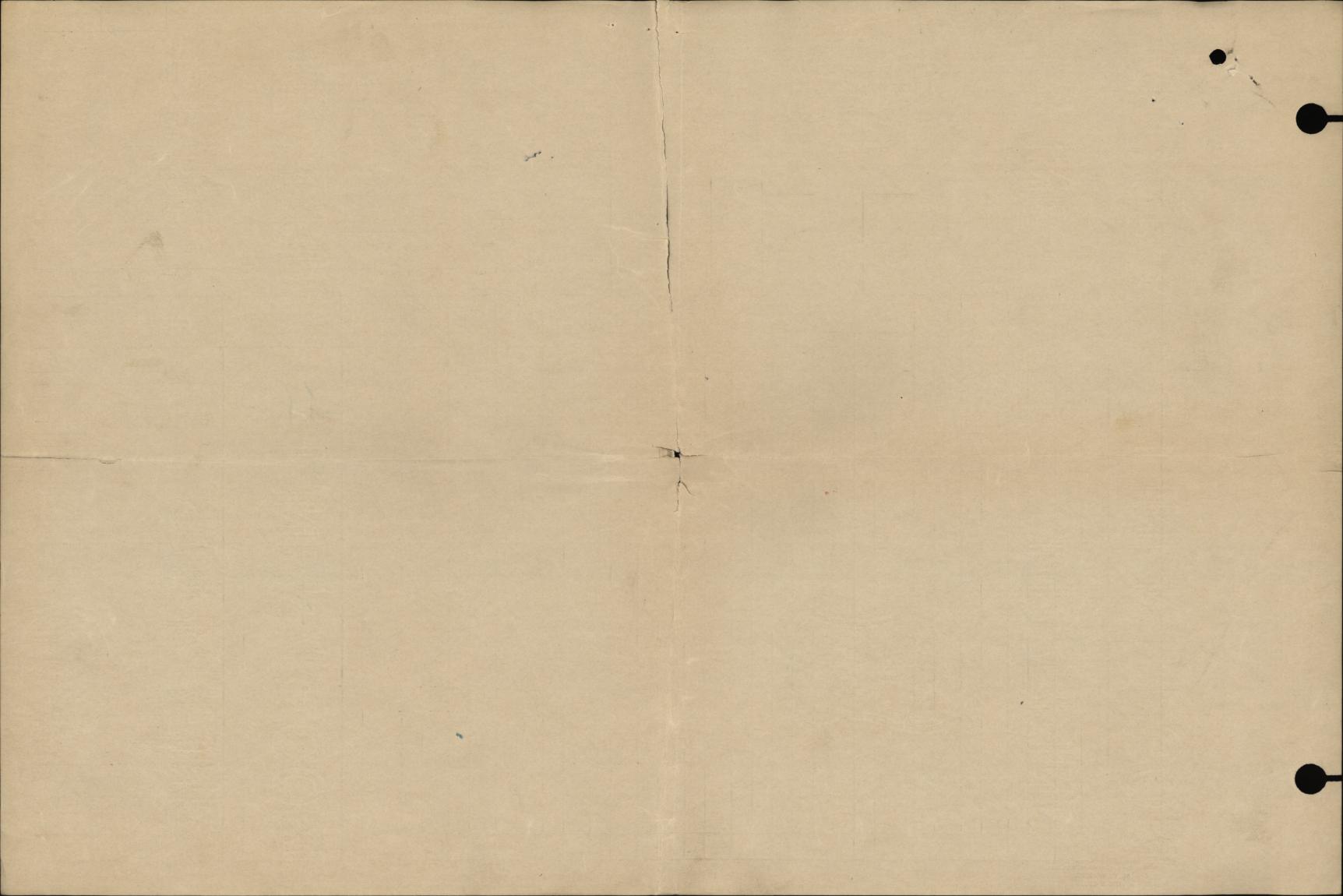
[168] Wt. W.4955—M.2449. 100,000. 7/17. V. & S., Ltd. [198] Wt. W.8632—M.2739. 100,000. 9/17. V. & S., Ltd.

File . J. 679 PAYMASTER No. 12 DISTRICT DEPROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING RANK CAST NAME (IN FULL)

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SUI ORIGINAL UNIT NEXT OF KIN PARTICULARS AUTHORITY AUTHORITY DATE EFFECTIVE ASSIGNED PAY \$ IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE 4000 1-11-19 RELATIONSHIP RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS TO WHOM PAID ADDRESS Prince albert Jack. STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE POST DISCHARGE PAY PLACE DISCHARGED Emah U PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-BALANCE OTHER TOTAL TOTAL ASSIGNED MENTAL NO. OF DAYS CREDITS CREDITS PAY CHARGES DEBITS MONTH CHARGES PARTICULARS OR REMARKS AMOUNT COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 CREDIT 104 62 M 31-10-19. 87524 4 2110 4 910 2110 1086 4 FOR ASST. DIRECTOR OF PAYSE MILITARY DISTRICT No. 15 M.DC Degenes 1st payment will 32048 200 = 160 1 165447415 488 120 1665518/9-10.

100M-1-19.—L. L. 53962-M. & D. 9723. M. F. W. 2596, 1772-39-1890.



Date of Dis-embarkation

A/CHIEF CONDUCTING PAYMASTER,
CLEARING SERVICES COMMAND.

Last WM TRaill

M. F. W. 84

3M.—9-1F. 1772 39—993. L. L. Job 8235.—M, & D. 7106.		1	ger ov.	//	//.\.	VVVV				Place		
	From	To	Days Rate Amount	Days	Amount ACC	EDIT SUB-	CE CREDITS	ASSIGNED PAY	OTHER Casual CHARGES Payments		AMOUNT PAID	REMARKS
	May June aug	19 23. 23. 24.	1274 1286 2598 2515 2607. 287 4056 4036.	advan	, ,	ar Colu Fisc 217 vin 9000	3. 21 73. 90 00 3 14. 147.76	Med 6	Ch 2515. Vide Of #10 15 3 19-22 5 19. 18 3 19-24 3 19. 19 6 3 6 19. 19 6 19 19 6 19 19 6 19 Baggage	164 98	190 00 38 00. 21 73. 90 00. 3 14. 14776. 30 - \$02 673 65	D-Bab/50°2
								T				

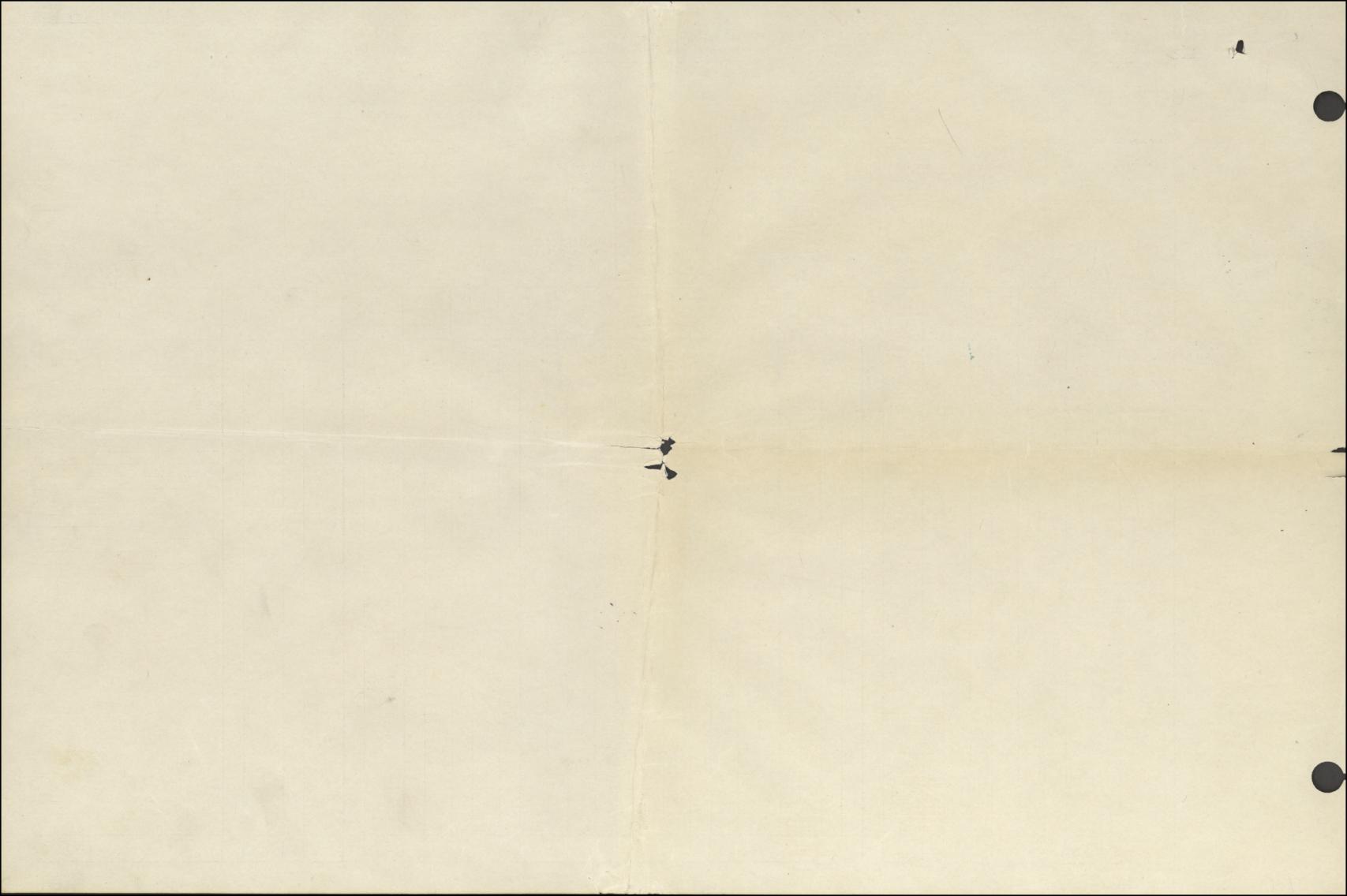
Ship

Place DEPOT REGT'L DATE OF ADMITTED DISCHARGED FINDING OF CONTINGENT ENLISTMENT REASON RANK NAME DESTINATION DISCHARGE No. No. TO HOSPITAL FROM HOSPITAL MEDICAL BOARD CORPS CORPS DISCHARGED

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

	M. or S.											DAILY	Y RATE	OF PA	Y ANI	O ALL	OWANG	CES		REC	GT. No.			R	ANK Ca	pt NAI	ME (IN F	ULL)	Tra:	ill	W.M				
	NEXT OF K	N						RE	LATIONS	HIP	PAF	RTICUI	LARS	EFFEC DA	CTIVE TE	-	AUTHOR	RITY		ORIG	INAL UNI	Т				-	F IN P.F						TERS SURNA	ME FIRST)	
	ADDRESS						••••••				Sub	1.70	o & Lay	4.						PLAC	CE OF STATION	-			TRANSFE	RRED TO				I	DATE			AUTHOF	RITY
				••••••									7					0 -		DA	TE OF STATION	Lear	ing	Serv	icas Co TRANSFE	RRED TO	•				DATE			AUTHOR	RITY / g
	IS SEPARAT	ION ALL	OWANC	E PAID	7			DATE	EFFECT	TIVE	ipps 4	6.	265	26.0	2.19.		00.	202			SNED PAY	S			DATE EF	FECTIVE				~		8			28
	то wном	PAID		400		rG		RE	LATIONS	HIP							••••••			PAYA	BLE TO	00			am	Y. 0 7	o RI	You	SHIP	ANY CHAI	NGE IN	ASSIGNI	= 10	2º mã	melly
	ADDRESS	Mrs			1	Tran	is	0	iail	8										ADDR	M	C	lea.	nor	Iranci	2	iai	ll						4	
				8 4	40	Uns	ne a	28														/	18	A a	nns	SY,				103			tena	1 63	7
				Li	ub	Le	PH	0,															20	ube	e, P.C	2					6	1/2	ngs	four f	ont
																				AS	PAYMEN SSIGNED NDERED,	DATE				ECTIVE						4	1	4	
																			-	DISC	HARGEE	ch	Pare	sferr	ed M	1.D. 12	fo	r dis	POS	ON //	hor	119 A	D.O. 2	POST	TITLED TO
		PA	Y AND	F.A.		OTHER	1	٨	тота	AL	AC	QUITT	TANCE F	ROLLS		CAS	H PAY	MENT	s	A	SSIGNED		31-	OTHER		тота			BALA		1			PAT	
	MONTH	NO. OF DAYS	RATE	AMOUN	NT C	CREDITS	0.4	4,	CREDI	TS	COL. N	10. 1 CO	L. NO. 2	COL. NO. 3	COL.	No. 1	COL. NO	D. 2 C	OL. NO.	. 3	PAY	CHAR		CHARGES		DEBI	rs	DEBI	т	CREDI	т	. 1	PARTICUL	ARS OR R	EMARKS
NCE M OUS UNT	1919	DA 13		\$	c. /	\$ C.	\$	c.	\$	C.		ATE NO		NO. DATE		C.	5	C.	\$ (c.	\$ C.	\$	c.	\$ C.	\$ c.	5	C.	\$	c.	\$	c.	4/8	_		
OUS	April	50	400	1200	20.6	5/ 00	140	00	2//	00	30 3	019		22 22 19	101	00					00 00	10	00			211	00	······································				King.			•••••••••••
	May	31	400	1240	00 1	52 70	140	00	1 216	70	1123 19	9.54		1312 223	1.06	20	V				00 00	10	0.0	4		216	701								
	June	30	400	1200	ok	51 00	140	000	211	00	25962	24/9		2541 21 7	101	00	1				00 00	1/00	00	/		211	00	/				16			
	July	31	100	124	ro l	270	1 Ho	00	1216	78				1630 21	9						00 00	110	00	1		110	001			106	70			•••••	
	aug	3,	100	1240	ro Vi	5270	140	00	323	1	4079/	38		452 20 5	2/2	24			-	/	00 00	11	16	1		323	40	1					***************************************	••••••	
	Sep	30	100	1201	TO	51 00	140		1211	1	5132 2	29		5/06 22 9		50	14				00 00	1				211		1			6	17	***************************************	••••••	•••••••
					1		1		1			9	0	20.19		20	1					/						/		••••••		7			•••••••
	Oct		4	1240	01	22 10	40	2.0.	216	2.1.0		-11		1.4.4.1	1	7	1			/6	10 00	¥				216	<i>Y</i>	1		1 .	6				
	hor			-							564904 5				10.4	62	1									10.4	.62	104	62			· ()	••••••		
				0-/	/		ha		1606						0(1				01	7			/	×		./		11	-						
				856 /	4.	70 50	1280	/	1606	50					853	26			5.	7	00 0	51	16			1604	42	3/	1			••••••			
																	4	1		10								11							
																		8																	
																												••••••		.,					
															7.																	•••••••			
																															TARRESON SOCIETA				
	,																												:		COMMON TO SERVICE STATE OF THE				
-/1																															Tares Sanore and				
																															1				

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











William McKay . Forms R. 150. Surname TRAILL Christian Names 3232. 15 M. 14/12/16. Wife. ' Name and Address of Next-of-Kin Captain Rank Frances Eleanor Traill .-Promotion 303.19th Street W.Prince Albert Saskatchewan. Canada. Unit 243rd Bn to Sask. Regt: 15th Res Bn LacLaBiche. Alberta. . Place of birth Yes. Married (Yes or No) Appointments Date and Cause of Resignation Date of leaving Canada Record of Promotions, reductions, Report REMARKS transfers, casualties, etc., during active Taken from Official Documents service. The authority to be quoted From whom in each case Date received 24. 6 17 Sach defor You I Yostea to 15the 10/6/19 Pt 10/119 10. \$ 17 6 RD Adm Queen aly miles Hospital Lorda 4/7/17 62724 Puo Mighe 1.10.14. 15 Res. Granted 6 rokes sick leave by Standing M. B. 19.9.19. St. 11 364 12.10.14. 6. R.O. Adn. London Fever Hosp Stugton 8.7.14 6. 803. Paratyphoid. B. 16.10.14 6. R.O. adm. Queen alex tril Hosp. 14.9.14 6. B. 806.

3.11.14. S.R.B. Reharter & S.W. 14.9.14 6. B. 806. 3.11.14. S.R.D. Reported to S.R.D. Shown on Command 31.11.14 Fr I Tord 248. 24.11.17. Hg Omto So.S. Omto. Deturb to Canada 1 7 R.O. 2977. 4.8.8.1918 -5-5-53

					GILLET smanwas .I.	Porms R, 150.
Report		Record of Promotions, reductions,	amail		RisigaO Sans	
Da Fron	m whom ceived	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	
		shemeO.mawedotakens		in itges	. Tead of me breasing	
			. selled	IA.edoi	Pince of birth Lucial	
				.897	(off to sex) beimalk	
					Appointments	
					Date of leaving Canada	
Si	REMARK				Report Secretoria	
					landy ment said	
.,			.)			
			· E			
			7			
			7			
			1			
		A ST				