No. 2 Forestry Draft. C.E.F.
Cap.t R. McArhtur, O. C.

ATTESTATION PAPER.

No. 2260369

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Turner.
1a.	What are your Christian names?	Thomas.
1b.	What is your present address?	199 Box. Kenora, Ont.
2.	In what Town, Township or Parish, and in what Country were you born?	Wolverhampton, Staffordshire, Eng.
3.	What is the name of your next-of kin?	Mrs. Laura Turner.
4.	What is the address of your next-of-kin?	Box 199 Kenora, Ont.
4a.	What is the relationship of your next-of-kin?	Wife.
5.	What is the date of your birth?	23d Feb., 1882.
6	What is your Trade or Calling?	Trainman.
7	Are you married?	Yes.
8	Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9.	Do you now belong to the Active Militia?	No
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	3 yrs. Volunteers in England.
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?	
14.	If so, what was the nature of the disability?	
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16.	If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Turner., 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.

Thomas Turner (Signature of Recruit)

Date March 29th 1917. R. Macarthur (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Turner, 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.

Thomas Turner (Signature of Recruit)

Date March 29th, 1917. R. Macarthur (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 Winnipeg. this 29th. day of March, 1917.

R McArthur Capt (Signature of Justice)

M. F. W. 23
750M—8-16
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 Thomas Turner. on Enlistment.

Apparent Age 35 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded. 33½ ins.
- Range of expansion 2½ ins.

Complexion Fair

Eyes Blue

Hair 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).

Vision R. Eye Nil at 20 ft.
" L. Eye 20/20
Hearing R. Ear N
" L. Ear N

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* ..... for the Canadian Over-Seas Expeditionary Force.

Date April 2 1917

Place Kpg

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:—

MOBILIZATION MEDICAL BOARD APPROVED FIT

..... President

..... Member

..... Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas Turner. 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.

R. McArthur Capt. (Signature of Officer)

Date ~~March~~ April 2 1917.

REGIMENTAL DOCUMENTS

NAME Turner, Thomas REGT. NO. 2260.369 UNIT C.F.C. 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)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)				21406	
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					26 – 19
3X Miscellaneous					4 – 19
Cascade					6 – 19
(R12)					
[illegible]					
[illegible]					
[illegible]					

M.E.B. 2-7-19.

M10 CARD NO.

SOS 27/4/19. Demd

FOLL.

$6.120 q. 30/4/19

10 DD.

SURNAME. Turner

CHRISTIAN NAMES Thomas

REGL. No. 2260369 RANK Pte.

UNIT No 2 Forestry Coy. (Reinf.)

FORMER CORPS Vol. in Eng. (3 yr.)

NEXT OF KIN.

NAMES IN FULL Turner, Mrs Laura

RELATIONSHIP TO SOLDIER Wife

ADDRESS Box 199 Kenora, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Wolverhampton. DATE Feb. 23rd. 1882.

PLACE OF ATTESTATION Winnipeg, Man. DATE Mar. 29th. 1917.

O/S. 3-5-17. 840/3.

R/C 23/4/19 311/120. M. Cpl.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Trainman RELIGION Church of England

DESCRIPTION.

APPARENT AGE 33 YEARS MONTHS

HEIGHT 5' FEET 6 INCHES

CHEST MEASUREMENT 33½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Winnipeg, Man. DATE Apr. 2nd. 1917.

Present address, Box 199 Kenora, Ont.

No. 226369 RANK Pte NAME Turner Thomas

T. O. S. 29-3-17
A. C. 40 of 2-4-17 UNIT No 2 Forestry Draft

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar 29	1917 apr 30	W		

NAME Turner T. REGT. No. 2260369

RANK AND UNIT A/Cpl. (Depot).

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 447-1	16 Can Gen. Orpington	13 14-2-19.	Osteoma Rt foot
C 466-2	Discharged	11-3 19	" " "

Form R. 149.

Thomas

Name TURNER Rank Cycpl Reg. No 2260369.

Unit C.F.C.B.D.-

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14.2.19	16 C.G.H. Orpington	Ostroma Rt foot	[illegible]			7014
11.3.19	Discharged	do	C	4	6	2459

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

14 CB

Number 2260369 Rank a/cpl

Surname TURNER

Christian Name Thomas

Units C.F.C. Theatre of War England

Date of Service 14-5-17

Remarks

Latest Address Kenora Ont.

Roll No. A Page 3777

200m—2—21.M.

DESP NOV 18 192
REGN. NO. GA1247

FILE No.....

DENTAL EXAMINATION ON DISCHARGE.

RANK Corp. NAME Turner F. REGT. No. 2260367

DATE OF ENLISTMENT..... SERVICE, WHERE.....

IF ANY DENTAL TREATMENT IN ARMY, WHERE.....

DISCHARGE EXAMINATION AT Minto DATE 27/4/19

TREATMENT TO BE RECEIVED .....

Fit

AT..... EXAMINED BY Capt F J L.

ABOVE TREATMENT COMPLETED BY..... DATE.....

COMPLETED HISTORY SHEET FILE No.....

OTHER SIDE FOR REMARKS.

NOTE:—THIS IS TO BE PRESENTED TO C.A.D.C. OFFICERS ONLY, AS CIVILIAN DENTISTS ARE NOT AUTHORIZED TO DO THIS WORK AND CLAIMS FOR SAME BY THEM CANNOT BE PAID.

M.F.B. 484.
100M.-12-18.
1772-39-1219.

Surname	Christian Name or Names	Reg. No.
TURNER.	T.	2260369.

Rank: A/Cpl.
Unit: Forr. Dp.

Cas. List.	
20-2-19.C447.	16. C.G.H. Orpington. 14-2-19.
17.3.19 C468	Osteo Ma Rt. Foot. R
	Dis 11.3.19

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

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

Cas. List.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE CLASS "A" NO. 167622 ISSUED

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 226369 (Rank) Cpl

Name (in full) Turner Thomas enlisted in

the C.E.F.

CANADIAN EXPEDITIONARY FORCE at Wpg on the 29th

day of March 1917.

HE served in ~~France~~ England.

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (c)
~~Medical Unfitness.~~

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

Age 37

Height 5-6

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Nil

Thomas Turner
Signature of Soldier

Date of Discharge

Dispersal Station "M"
APR 27 1919
Military District No. 10

L. D. Saunders
Issuing Officer

Capt
Rank

Date 27/4/19 19

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

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

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 10

Name of Soldier Thos. TURNER

Regiment C.F.C Rank Cpl. No. 2260369

M.F.B. 465
150M-10-18
1772-39-950

PRESENT CONDITION OF MOUTH
CAVITIES Nos MISSING ETC.

INSTRUCTIONS

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

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

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

WORK AS DONE BY CIV. DENTIST (RECOMMENDED)

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
	Sept 30																						
Condition on first Examination		28/30					partial					upper									J A Dean		Cavities 2; Extractions None
												Lower Partial + clasps & bar											
							prophylaxis																

completed 24.11.20

J E Monsoon Captain,
District Dental Officer, M. D. 10

C.A.D.C. 5009A

11

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) TURNER. T

REGIMENT 67th RANK Cpl. No. 2260369

Date of Examination in England 19/3/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS None
2. EXTRACTIONS "
3. CROWNS "
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

   } None.

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

T. J. Lawson Capt.

Signature of Dental Officer J. H. Reid Capt.

Form R 122.
2353—100M—9-1-16

C.R. Rank | Name TURNER. Thomas. | Reg'l No. 2260369.

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

Dfts to Can. Forestry Corps to Base Depot, Sunningdale

Place and Date of Enlistment Winnipeg. Mar. 29th, 1917. | Place of Birth Wolverhampton, England.

Name and Address, Next-of-Kin Mrs. Laura Turner.
Box 199, Kenora, Ont., Canada. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No. 15844
File R.L.
Category

A.F.B. 103 CHECKED 24 JUL 1917

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 14 5 17			106
		28.5.17 B.D.C.F.C T O S S'dale 14.5.17 Pt II O 25			
~~10.7.17~~	~~BD CFC~~	~~SOS to 50 Coy CFC France~~	~~Pte~~	~~S'Dale~~	~~9.7.17~~ ~~Pt II D.O. 63~~ Pt II DO 89 d 9.8.17 Cancelled
7.8.17	50th Coy CFC	Discharged [illegible]	Pte	Field	10.7.17 Pt II [illegible] X
5.9.17	50 Coy CFC	Appt A/Cpl with Pay Cancelled		Field	10.7.17 Pt II 65 X
18.9.17	" "	Pt II 1 d 7.8.17 + Pt II 6 d 5.9.17 in so far as they Concern this Man is Cancelled		Field	18.9.17 Pt II 87
4-2-18	BD CFC	To be A/Cpl with Pay	Pte	S'dale	1-1-18 Pt II 30
5.4.19	10 M DCW SOS 3 CFC	TOS from CFC	A/Cpl 44-	Rhyl M-169	4 4 19 16.4.19 — 94

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.
4/4/19	BDEFC	SOS to M.D. 10. Rhyl	a/ Sdali	4.4.19	- 94
17.4.19	10MDEW	SOS to Canada	a/ Epe Rhyl	16.4.19	- 104

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 Forestry Draft. C.E.F.

Regimental No. 2260369. Rank Pte. Name Turner, Thomas. ✓

C. E. F.

Enlisted (a) 29/3/17 ✓ Terms of Service (a) war Service reckons from (a) 29/3/17

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) Trainman

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	Halifax N.S.	1/5/17.	
		Disembarked	Liverpool	14/5/17. ✓	
28-5-17	D. of T.O.	T.O.S. Base Depot CFC	Sunningdale	14-5-17	P.11.O. ~~24~~ 25
			Lieut. A/ADJT. CFC.		
10.7.17	BD, CFC	S.O.S., Base Depot, CFC on posting to No.50 Co. France.	Sunningdale	9.7.17	D.O.Pt.II No.63.
			Lt.& A.Adjt, Base Depot, CFC,		
		LANDED IN FRANCE 10-7-17			
		L.R. 8597			Cancelled Pt II O. #8
4/8/17	To boy	appointed ~~[illegible]~~ with pay	Field	10/7/17	~~B213. Pt II O. #6 d/5/9/17~~
9.8.17	BDCFC	Pt II O 63 d/10.7.17 in so far as it concerns this man is cancelled	S'dale		Pt II O 89.

Cancelled

Cancelled

Pt II O 89 d 9-8-17 of BDCFC

CERTIFIED CORRECT 28 JUL 1917 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				
4-2-18	O.C. C.F.C.	appointed A/Corpl. with pay	S/dale	1-1-18	Pt. II. DO. 30.
4.4.19	B.D.C.F.C.	S.O.S. BASE DEPOT C.F.C. on posting to transfer M.D. 10 Can Camp Rhyl.	SUNNINGDALE 4.4.19		Pt. II D.O. 94.
					Lt. for O.C. B.D.C.F.C.
		5.4.19 T.O.S.			
		16-4-19			

C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 94. S.O.S.

C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 104

H. McKRoss Lt

For Commanding 10 Wing, Kinmel Park Camp.

Embarked Liverpool SS BELGIC
April 16th 1919
Disembarked Halifax Apl 23/19
Capt & Adj.

16.4.19 T.O.S. Dispersal Station DO 120 Pa 2
M

and Dispersed 27-4-19 " do - 3

Lieut.
for O. C. 10 District Depot.

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins... No. 2 Forestry Draft. C.E.F.

(2) Regimental Number ... #2260369.

(3) Full Name of Soldier... Turner, Thomas.

(4) Place of Birth... Wolverhampton, Staffordshire, Eng.

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

(6) If married, state,
(a) Full name of your wife... Mrs. Laura Turner.

(b) Present Postal Address... Box 199 Kenora, Ont.

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

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

If so, give number of boys and girls... 2 boys 1 girl

Also their names and ages... Thomas - age 8
Clarence - " 4 months
Irene - " 4 years

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Jonah ~~Taylor~~ Turner 13 Frasley St. Wolverhampton Staffordshire England

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Laura Turner

Box 199, Keenora, Ont.

(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.

No - but will do so.

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.

D. MacLachlan Lt
for *Officer Commanding.*

Date April 7th

ORIGINAL

MEDICAL HISTORY SHEET

Surname Turner. Christian Name Thomas.

Examined on 2 day of April 1917 at Hopg.

Birthplace City or Town Wolverhampton County Staffordshire Eng.

Apparent age 35

Trade or occupation Trainman

Height 5 feet 6 Inches

Weight 131 lbs.

Chest measurement Minimum 31 inches Maximum expansion 33½ inches

Physical development

Small-pox Marks

Vaccination Marks Arm Right Left Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease Nil at 20 ft.

V. L. Eye

" L. Eye 20/20

(b) Slight defects but not sufficient to cause rejection

Hearing R. Ear 1

" L. Ear 1

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		21 AUG. 1917 M.O.
		MOBILIZATION MEDICAL BOARD APPROVED FIT M.O.
		[signature] Capt. President M.O.
		[signature] Capt. Member M.O.
		J. Picard Capt. Member M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
19/4/17		[signature] Capt. M.O.
28/4/14		J. S. Clark Capt. M.O.
2/5/17	O.K.	[signature] Capt. M.O.
8/3/19	O.K.	[signature] Capt.

Enlisted on 2 day of April 1917 at Hopg.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No 2 Forestry Draft	2260369		April 2/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Sunningdale	12-3-19	Flat Feet	B II Fleay Capt. C.A.M.C.

CANADIAN

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J. Mc

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				
16 Can Gen		13	2	19	11	3	19	Bursitis post	27	Sac incised. Recovered Fur & duty. [illegible]	

DUPLICATE

MEDICAL HISTORY SHEET

Surname Turner. *Christian Name* Thomas.

Examined { on 2 day of April 1917 / at Wpg.

Birthplace { City or Town Wolverhampton / County Staffordshire Eng.

Apparent age 35

Trade or occupation Trainman

Height 5 feet 6 Inches

Weight 131. lbs.

Chest measurement { Minimum 31 inches / Maximum expansion 33½ inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left / Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

Vision R. Eye Nil at 20 ft

" (b) Slight defects but not sufficient to cause rejection

L. Eye 20/20

Hearing R. Ear "

" L. Ear "

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
16/3/18	B	Two Jordanes	5/7/18
		MOBILIZATION MEDICAL BOARD APPROVED FIT	M.O.
		L. G. Gunn Capt. PRESIDENT	M.O.
		E. G. Malcolm Capt. MEMBER	M.O.
		J. Picard Capt. MEMBER	M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
19/4/17		R. C. Panton Capt.	M.O.
28/11/17		J. S. Clark Capt.	M.O.
2/5/17	O.K.	J. Halling Capt.	M.O.

Enlisted on 2 *day of* April 1917 *at* Wpg.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No 2 Forestry Draft	2260369		April 2/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Sunnydale	28/8/17	Flat Feet	B II J. D. Adamson Capt. Can. C.
Sunnydale	20-11-18	Flat feet	B II J. Glen Capt. Can. C.
"	19.3.19	"	B II J. Spurwaine Mem

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

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				

FORM OF WILL.

I, Thomas Turner (Name in full)

Regimental Number 2260369 serving in 2 Frostry Draft

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

I bequeath all my real estate unto

Will already made to Mrs Laura Turner

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

absolutely, and my personal estate I bequeath to

Mrs Laura Turner Box 199 Kenora Ontario Canada

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 17th day of April A. D. 191

Thomas Turner Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R. C. Wyatt

Address of Witness Winnipeg Man

Occupation of Witness Soldier

Signature of Second Witness Henry D. Marvin

Address of Witness Winnipeg Manitoba

Occupation of Witness Soldier. C. E. F.

F. W. 82
00M-5-16.
1772-39-983.

L. L. Job 4503.—M. & D. 6832.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

ASSIGNED PAY.

SEPARATION ALLOWANCE

Name Turner. Mrs Laura

Address Box 199.
Kenora.
Ont.

~~Relation to Soldier~~
~~wife, child or mother.~~ } $ 20.00 May 1917

MAY 1- 1917

Name of Soldier Turner. Thomas

Regtl. No. 2760369.

Rank Pte

Corps 2 Forestry Dft.

To what Corps belonging when called out

PAYMENTS

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

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Turner, Mrs Laura PAYMENTS. Name of Soldier. Turner Thomas

2260369 - Pte - 2 Forestry Bn

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			$20.00 MAY 1- 1917 May 1917.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		N 12734	20	
June		S 19285	20	C
July		S 26333	20	C
Aug.		Y 37580	20	
Sept.		T 40819	20	
Oct.		E 45620	20	
Nov.		T 43909	20	
Dec.		X 60575	20	
Jan.	1918			
Feb.			160	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

29-3-17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2. Laura Turner Wife Name of Soldier Turner, Thomas

PAYMENTS. Pte

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		A3520	21	21
May		~~T5837~~	20	20
June		V9495	20	20
July		V12514	20	X
Aug.		J15841	20	M
Sept.		M19432	20	M
Oct.		L21323	20	M
Nov.		H25596	20	F
Dec.		B28503	20	F
Jan.	1918		181	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

29-3-17

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name Laura Turner

Address Box 199
Kenora
Ont

Relation to Soldier wife, child or mother } Wife

Name of Soldier Turner, Thomas

Regtl. No. 2260369

Rank Pte

Corps No 2 Forestry Draft

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT

P. 559

Married or Single: M.

Place of Birth: Wolverhampton Eng

Name and Address of Next of Kin: Mrs Laura Turner
Bx 199, Kenora. Ont.

Relationship of Next of Kin: Wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date)

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Appointed A/Cpl with Pay	10/7/17	D.O. 6. 5/9/17 CFC. FRANCE
Rests to Pte - D.O. 6 Cancelled.	10/7/17	D.O. 7. 18/9/17, 50 Ch. CFC
App. A/Cpl. with Pay.	1-1-18.	D.O. No 30. B.D. 4-2-18.

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 2260369 Rank ~~Pte~~ ~~A/Cpl.~~ ~~Pte~~ A/Cpl Name Turner Thomas ✓ 467

If in Permt. Corps What Unit — Unit — Transferred to — Date — Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Winnipeg — Transferred to — Date — Authority

Date of Attestation: 29th March 1917 — Transferred to — Date — Authority

Assigned Pay Monthly $ 20.00 Date Effective May 1st 1917

Payable to: Laura Turner, Kenora. Ont. Relationship: Wife

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)

C

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
														5	5																5				Bal from Canada
May June	61	11	67	10											67 10													40		40	32 10				
July	31		34	10											34 10													20		20	46 20				
Aug	31		34	10											34 10	3639 18/6 2411 31/5								974 × 973 ×				20		39 47	40 83				
Sept	30		33												33	3212 29/8 3689 6/7								487 × 973 ×				20	69 × 770 ×	42 99	30 84 ✓				B4005 3150 11/6/17 7 days pay RW D.O. 117 1/9/17
			168	30										5	173 30									34 07				100	839	142 46					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allog. Eng.
		~~30 84~~							30 84		
Oct	83 days on 10d diff of Pay.	8 30		Can A.P.				20			
	Corp. Pay	37 20		A.R. 3073 10/8/17 Base D.	487 ×						
				A.R. 3375 20/9/17 " "	243 ×				49 04		
		45 50			730			20			

C.F.

2260369 ~~Pte~~ A/Cpl. ~~A/Cpl~~ Turner T. A.P. 20 007 Mth. Can

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		DEFER-RED. PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1		CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.
1917																		49	04																
Nov	P. Pay				33	00			C.A.P.								20																		
Dec	P. Pay				34	10			A.R. B.217 - 29/10/17 - B.D. C.F.C.					9	73																				
									A.R. B91 - 15/10/17 - B.D. C.F.C.					4	87																				
									A.R. B302 - 14/11/17 - B.D. C.F.C.					4	87																				
									Revts to Pte. Promotion to Cpl. cancelled. D.O. 7 - 18/9/17 506 C.F.C. 10/7/17 to 31/10/17 114 D. @ 10c							11	40																				
									D.N.A.R. 2789 - 13/7/17 - C.F.C.					4	87																				
									C.A.P. Dec								20																		
									D.N.A.R. B5 - 2/10/17 - B.D. C.F.C.					4	87			35	53																
1918					67	10								29	21	11	40																		
Jany									C.A.P. Jany.								40																		
									C.F.R. B366 28/10/17 B.D.					4	87																				
	P. P.				34	10			A.R. B 427. 6/12/17. B.D.					9.	73.																				
									A.R. B 506. 17/12/17. B.D.					9.	73.			25	30.																
					34	10								24	33																				
Feb									A.P. Can. Feb.								20																		
	Undr. Credited as A/Cpl. 1-1-18 to 31-1-18 31 days 10c. D.O. 2 No. 30. B.D. 4-2-18.				3.	10.			A.R. B 697 9/1/18. B.D. C.F.C.					4.	87.																				
									A.R. B 988 29/1/18. B.D.					4.	87.			32.	26.																
	Cpls Pay				33	60.																													
					36	70								9	74																				
Mar.	Cpls Pay				37	20			A. P. Can.								20																		
									A.R. B.1161 - 14/2/18 - B.D.					9	73																				
									" B.1332 - 25/2/18 - "					4	87																				
									" B.1760 - 19/3/18 "					14	60			20	26																
					37	20								29	20		20	20	26																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.5.1917		EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

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

Mrs Laura Turner (wife)
Kenora. Ont.
Stopped 1/4/19

NAME:- TURNER Thomas

NUMBER:- 2260369

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D.O.30-4 3/18-B.D.C.F.C.	1.1.1918	T/Cpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:- 1.5.1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.F.C. Eng.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~11/3/19~~	~~1459~~	~~Osprey Tow~~	~~4 87~~				
~~15/3/19~~	~~1049~~	~~B.D.C.F.C.~~	~~19 47~~				
~~21/3/19~~	~~1045~~	~~"~~	~~19 47~~				
			~~23 61~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
D.O.30-4 3/18-B.D. C.F.C.	1/10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 31/3/19 WR 51844 23/3/19 S'dale MD 10

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal. Fwd								20 26		
April	Cpl. Pay	36		Cap.				20			
				AR.B.133 - 11/4/18 - B.D.	4 87						
				" B394 26/4/18 "	9 73				21 66		
		36 -			14 60			20 -			
May	Cpls Pay	37 20		Cap.				20			
				AR.B.659 - 14/5/18 - B.D.	4 87						
				" B.968 - 30/5/18 - "	4 87				29 12		
		37 20			9 74			20			
June	Cpls Pay	36		Cap.				20			
				AR.B.1245 - 14/6/18 - B.D.	9 73						
				" B.1396 - 26/6/18 - B.D.	4 87				30 52		
		36			14 60			20			
July	Cpls Pay	37 20		Cap				20			
				AR.B.1696 - 12/7/18 - B.D.	9 73						
				" B.1884 - 25/7/18 - "	4 87				33 12		
		37 20			14 60			20			
Aug	Cpls Pay	37 20		Cap				20			
				AR. 2359 - 16/8/18 - B.D.	9 73						
				" B2618 - 28/8/18 "	9 73				30 86		
		37 20			19 46			20			
Sept.	Cpl.	36		Cap				20			
				AR B2954 - 11.9.18 - C.F.C. B.E.	9 73						
				AR B3269 - 27.9.18 - " "	4 87				32 26		
Oct.	Cpl.	36		Cap.	14 60			20			
		37	20					20			
				AR B3749 - 15.10.18 - B.E.C.F.C.	9 73						
				AR 3969 - 29.10.18 - " "	9 73				30 00		
		37	20		19 46			20			
		256	80		107 06			140			

P.850
as at 30.9.18
agreed - 15.11.18

NUMBER 2260369 RANK A/Cpl. NAME TURNER, Thomas

CoP £20.00

MONTH 1918	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Dft. Balce Forward.	256 30			107 06			140	30		
"	"			CoP.				20			
	Cpl. P.	36 -		AF B4254 - 15.11.18 - BDC	9 13						
Dec				AF B4531 - 26.11.18 - " "	9 13						
				A.R. 52557 17/12/18 BD.	17 03						
	Cpl. P.	37 20		C.A.P.				20 -			
1919 Jan.	Cpl. P.	37 20		C.A.P.				20 -	43 91		
		110 40			36 49			60			
Feb	" "	33 60		A.R. B62 93. 14/1/19 B.D.	14 60						
				C.A.P				20			
Mch	" "	37 20		A.R. 139 22 26/2/19 166 GH.	4 87						
				C.A.P	19 47			20	55 31		
				A.R. 14959 11/3/19 C.F.C.	4 87						
				A.R. 10119 15/3/19 B.D.	19 47						
				A.R. B10453 21/3/19 B.D.	19 47				11 43		
		70 80			63 28			40			
Apl				AA 364 - Rhyl - 4/4/19	9 43				1 40		
					473						

Stopped 1/4/19
Canada 31/3/19
25/3/19
25/3/19
Sidal
Bal. 11 43
AR 5184 23/3/19

A 3 M. FORM ... EFFECTIVE ... DISCHARGED ... PAY BOOK VERIFIED ... P.C. REQUIRED ... AUTHY. ...

COMPILED BY ...
CHECKED BY ...

L/Sk. Amended Balce 6s 5/40

S.O.S. to Canada 16/4/19
MD 10 SL 44

M

20-9-55

SHORT FORM.

WAR SERVICE BADGE
CLASS "A" NO. 167622 ISSUED

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

Group 21

1. No. 2260369

2. Rank. Cpl

3. Name. Turner T.

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ or P. B. C. on 16/5/19

4. Unit. CFC CRT.

5. Date of Discharge 27/4/19 Place Winnipeg

6. Reason for Discharge Demob

B I Wife

7. Authority. D 120

8. Proposed Residence after Discharge Kenora

War Service Badge
Class "A" No.

Embarked Liverpool SS BELGIC April 16th 1919
Disembarked Halifax Apr 23/19
Capt & Adj.

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.?

Thomas Turner
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "M" APR 27 1919 Military District No. 10

Signature for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group A

Checked by No. 24

Date 16-4-19

Ward No. 8.
No. 16 Can. Gen. (Ont.) Hospital.

Plate No. R M/288. A.P.
Date 14-2-19.

Name Turner T. Cpl.
Regl. No. 2260369.
Unit C.F.C.

Part Rt. Foot.
View Posterir,

REPORT: Two minute particles of foreign matter about the density of bone medial to the distal end of the first Metatarsal.

To ward 17-2-19.

Ward No. 8.
No. 16 Can. Gen. (Ont.) Hospital.

Plate No. R M/288. L.
Date 14-2-19.

Name Turner T. Cpl.
Regl. No. 2260369.
Unit C.F.C.

Part Rt. Foot.
View Lateral.

REPORT: Two minute particles of foreign matter about the density of bone medial to the distal end of the first Metatarsal.

To ward 17-2-19.

2192. W.6520./M.2849. 10,000 Pads. 8/17. A. J. W. & Co., Ltd. E.1631.

Army Form W. 3172.
(In pads of 50.)

W

16 Can Gen. Hospital.

Ward 8 No. of Bed 26 Date 13.2.19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
2260369	Turner T. Cpl	C.F.C.	Right foot

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Local

Any bone injection

Signature of M.O. [signature]

Date 13.2.19

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate RM/208) 8 x 6 A.P. & M.

Two minute particles of foreign matter about the density of bone, medial to the distal end of the 1st Metatarsal.

Signature of Radiographer L. Gilchrist p Capt

Date Feb 15/19

Form D.M.S. 1394
50M-11478-17-4-17.

Nob/mo 2-10-17

PROCEEDINGS OF A MEDICAL BOARD.

Dated at August 28 Aug. 7. 1917.

No 2260369 Rank Pte Name TURNER, T

Local Unit 6 B.C. Overseas Unit — Age 35

Examination held at Suningdale

DISABILITY.
~~Overseas~~-Local
(SCRATCH ONE OUT).

Flat Feet

PRESENT CONDITION.

Both feet are flat & weak in flexion
Not able to walk more than a few miles

BOARD RECOMMENDS :-

1. Fit for Duty —
2. Fit for duty after — weeks' physical training.
3. Fit for Temporary Base Duty Bii weeks
4. Fit for Permanent Base Duty —
5. Discharge —

Signatures :-

R.P. Bordin Capt CAMC President.

Members

[signature] Capt CAMC

APPROVED

Dated 4 SEP 1917 1917.

W Smithwell
For A.D.M.S.
Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.

11

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 SUNNINGDALE DATE 15. 3. 19

1. 1 (a) Unit C. F. C (b) Regimental No. 2260369 (c) Rank ~~PTE~~ CORP.

(d) Surname TURNER (e) Christian name THOMAS

(f) Home address KENORA. ONT.

(g) Next of Kin LORA TURNER (h) Relationship WIFE

(i) Address of Next of Kin SAME AS ABOVE.

2. Age last birthday 36 Date of birth 23rd FEBRUARY.

3. Enlistment, or Appointment (if an Officer) (a) Place WINNIPEG (b) Date 2 APRIL 1917.

4. Personal description:

(a) Height 5' 6" (b) Weight 131 (stripped) (c) Complexion FAIR

(d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. .....

5. Former trade or occupation TRAINMAN.

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	35

	Periods	
	From	To
Canada	2/4/17.	1-5-17.
England	1-5-17.	~~9-8-17.~~ (Egypt)
France or other theatres of War		

7. Original disease, or injury RELAXATION OF PLANTAR LIGAMENTS.

(a) Date of origin PRIOR TO ENLISTMENT (b) Place of origin CANADA

(c) Cause CONDITIONS OF CIVIL LIFE

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

FLAT: FEET: Partial loss of function of both feet: right slight: left moderate: pain in foot after exercise on marching:

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:

well developed man of 32 years of age
Left foot: Longitudinal & transverse arch slightly fallen: plantar ligaments lax:
RIGHT: FOOT: Transverse arch slightly fallen longitudinal arch: no falling:

SUBJECTIVE:

pains in feet:
man states walking 5 miles at his own gait causes pain in arches of both feet
feet become tired & weak

(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: no

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

Man states he had flat feet in civil life
He states that shortly after entering
When he put on army boots his feet began
to pain him on marching.
Documentary
Summary date 28-8-17: B[illegible] flat feet
Summary date 20-11-18 B[illegible] flat feet
Man states he had flat feet in civil life
but the condition has been aggravated by
service

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*).)

M.H.S. 16 Can. Gen. Orpington 13-2-19 = 11-3-19 Bursitis Toe incised Recovered To duty

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

3 vaccination Scars left arm.

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

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

no

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

The regimental documents will be referred to.

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

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

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

none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

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

no

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

(If not, briefly state why)

17. Recommendations

N.A.

[illegible]

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 Thomas Turner 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

[illegible]

Corporal Thomas Turner. 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 we concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded for return to Canada Auth. A.G. Tel 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.

W Boyd Capt CAMC — *President.*

PLACE Cramond Dale — B Hardiman Capt CAMC — Members

DATE 17/3/19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President.*

PLACE..... — Members

DATE.....

APPROVED BY L. J. Doneaud Major

Assistant Director of Medical Services

for A.D.M.S., Canadians, London Area.

DATE.....

APPROVED BY .....

Director-General of Medical Services.

DATE MAR 22 1919

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.

13. BERNERS ST. LONDON, W.1

6 19 T14 #1

Date of Enlistment 29-3-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment May 1/17

T 5990

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.C.3257	30	

1-9-18 PC 2753 mo 36889

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2260369.

Rank Pte Promoted Reverted Discharge

Soldier's Name Thomas Turner.

Battalion 2 Forestry Dft.

Beneficiary Mrs. Laura Turner

Relationship Wife

Address

M F W 2554 29/7/18

PARTICULARS OF ASSIGNMENT

Name Mrs. Laura Turner.

Address Box 199. Kenora Ont

Change of Address

1

2

3

4

Noted 23/11/18 CD

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		181	160	341	
Jan 18	I 66957	30	20	50	
Feb.	I 68237	25	20	45	Dr
Mar	W 92282	25	20	45	✓
Apr	W 8351	25	20	45	✓
May	T 19891	25	20	45	✓
June	P 26697	25	20	45	✓
July	D 23751	25	20	45	✓
Aug	T 38569	25	20	45	
Sept	P 47350	25	20	45	
Oct	G 53094	25	20	45	
Nov	[illegible] 56640	25	20	45	✓
Dec	J 67785	45	20	65	
Jan	L 75553	30	20	50	
Feb	R 79697	30	20	50	
Mar	B 91286	30	20	50	✓
Apr	T 2514	30	20	50	
		626	480	1106	

REMARKS 018319-T-25.

A/c Closed 30/4/19

Ret'd per Belgic MD 10 #

Date 23/4/19 M.F.W.187 1/5/19

Closed [signature]

M Ro Dest L.P. 82737

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M—6-17—177-39-1141
L. L. 22520—M. & D. 1483.

Belgic

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

M. or S.

REGT. No. 2660369 RANK Cpl NAME (IN FULL) Turner. J. (BLOCK LETTERS SURNAME FIRST)

AUDITOR | PAYMASTER 31

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1-5-19

TO WHOM PAID Mrs Laura Turner. RELATIONSHIP Wife

ADDRESS Box 199 Kenora Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

27

ORIGINAL UNIT C.E.F. CRD — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dco Str M — DATE APR 1 6 1919 — AUTHORITY D0120

DATE OF ATTESTATION Mar 29.1917 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20 00/100. — DATE EFFECTIVE 1.5.19

PAYABLE TO ~~Mrs Laura Turner.~~ RELATIONSHIP Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Box 199 Kenora. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE MD10 — DATE APR 27 1919 — REASON D — AUTHORITY D0120 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	Pay and F.A. No. of Days	Rate	Amount $ c.	Other Credits $ c.		Total Credits $ c.	Acquittance Rolls	Cash Payments Col. No. 1	Col. No. 2	Col. No. 3	Assigned Pay	Regimental Charges	Other Charges		Total Debits	Balance Debit	Balance Credit	Particulars or Remarks
Balance from previous account 31/3/19					11 43	11 43											11 43	Cr BAL. ENG. L. P. C. 11.43 Pd to 6/5/19 R
1/4–6/5	36	1.20	43 20	35 00	11 43			9 73										
				70 00		159 63		4 87					40 00		159 63			Clothing Allce, 1st payment W.S.G.
								5 00										Advances - Boat - Train
							129006	100 03										A.P. chgd. on Eng. L. P. C. to May
																		Cheque.
				W.S.G.	Sa.		War Service Gratuity,				W.S.G.	Sa.				Soldier	Deposit	
153 Days at Minimum				350 00	150 00	~~520 00~~	✓				70 00		10 80			300 00	150 00	1st Payment W. S. G. as above.
				20 00		520 00							3 00			289 20	147 00	Dr. 20.00 A/P for May not paid; Dr. 10.80 o/st Pro.; Dr. 3.00 o/p Sa.
May 16									569563		70 -					219 20		70 2nd Payment W.S.G.
									569564			60 -					87 -	60 1st " " Sa.
May 23.									575741		70 -					149.20		3rd " " Jag.
									575742.			30 -					57 -	" " " Sa
June 25									760391.		70	20 -				79.20	C 37 -	20.00 A.S. Pay for May.
									773757		70.						—	4th Payment Ja G.
									773758			37					nil	S.A. final payment
							Aug 27		1224231		79 20					nil	C	79.20 final paymt W.S.G.
						520 00	✓				359 20	147 00	13 80		520 00	W		

account closed.

AUDITED AUG 2? 1919 Audit Clerk M.D. 10

200M-3-19.—L. ... 58785-... & D. 9985.
M. F. W. 2096.
1772-39-1390.