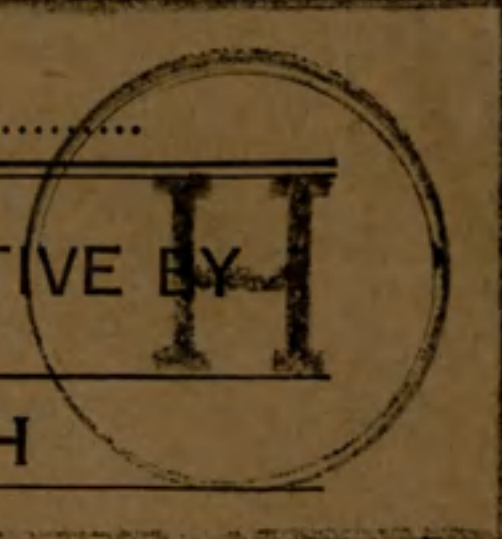
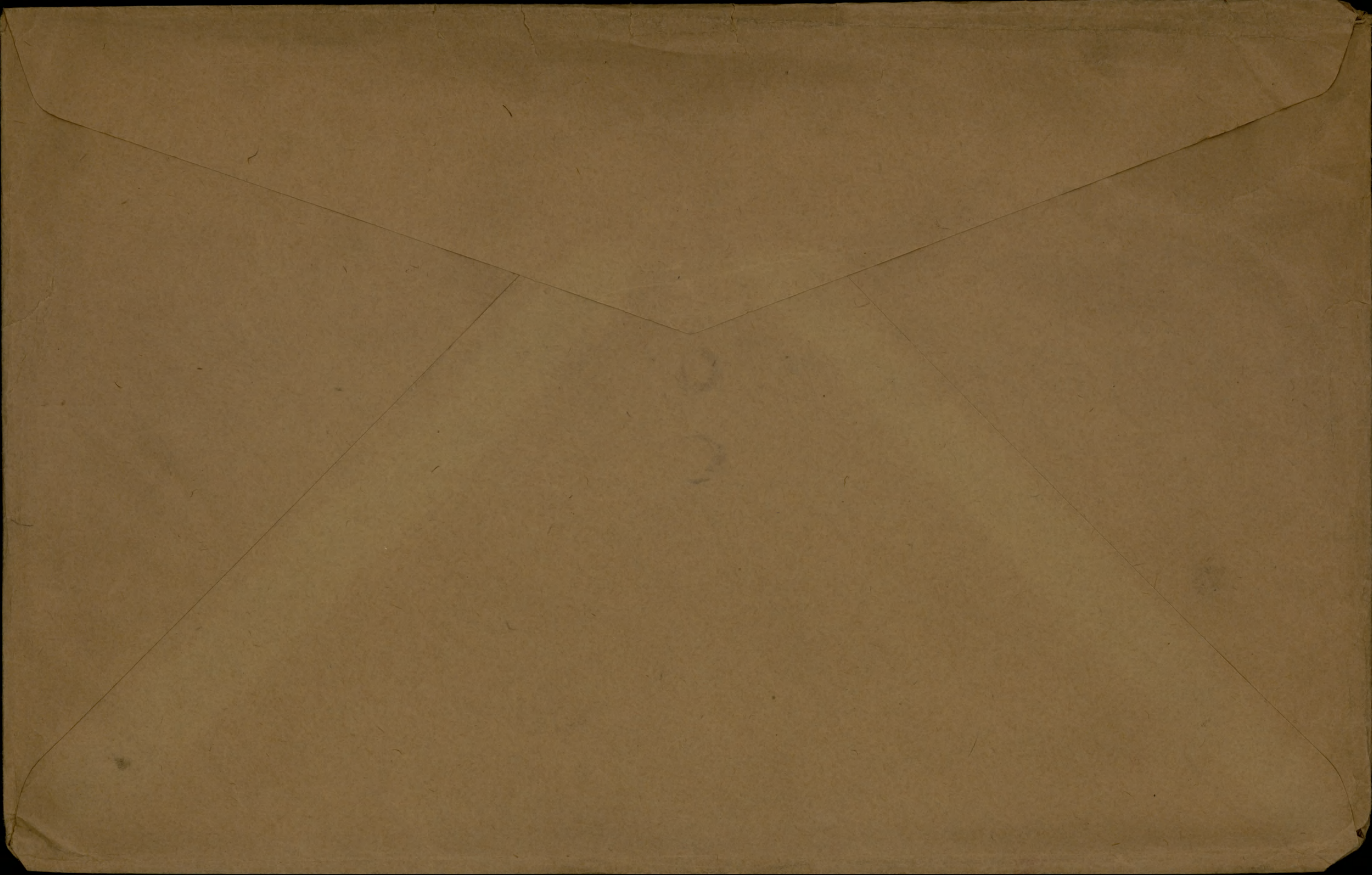


C.E.F. REGIMENTAL DOCUMENTS

NAME ABBOTT WILLIAM WALTER M. REGT. No. 305050 UNIT 4 BN. H. Q. FILE No. 281



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)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					DISCHARGE
REGT. CONDUCT SHEET (M.B.W. 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. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)		<i>Deceased 5-5-53</i>			DISCHARGE
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)					DISCHARGE
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					DISCHARGE
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					DISCHARGE



Duplicate

ATTESTATION PAPER.

No. 305050.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... William Walter Abbott
- 2. In what Town, Township or Parish, and in what Country were you born?..... Port Dover Norfolk County
- 3. What is the name of your next-of kin?..... Emma Abbott Wife
- 4. What is the address of your next-of-kin?..... ~~New Durham Ontario~~
- 5. What is the date of your birth?..... January 17th, 1891
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated? and inoculated *W.W.M.A.* Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

W.W. Montague Abbott (Signature of Man.)
Geo E Stephenson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *OCT 23 1915* 191 *W.W. Montague Abbott* (Signature of Recruit)
Geo E Stephenson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Walter Abbott*, 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.

Date *OCT 23 1915* 191 *W.W. Montague Abbott* (Signature of Recruit)
Geo E Stephenson (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 *BRANTFORD* this *OCT 23 1915* day of 191

Morman Andrews J.P. (Signature of Justice)

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

A. J. Heald (Approving Officer)
captain

show to 40th Battalion

105 Sydneyham Brantford Ont

C. 101

Description of WILLIAM WALTER ABBOTT on Enlistment.

Apparent Age 24 years 8 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 5 3/8 ins.

Chest measurement. { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Light

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date October 9th 191 5

Place Brantford

R. S. Palmer
R. S. Palmer
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Walter Abbott 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.

Date NOV -1 '15 191 .

W. J. [Signature]
 (Signature of Officer)

3 CAN GEN M.H
LIVERPOOL

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	305050.	Pte.	Abbott.	W. J.
Year		Unit.	Age.	Service.
		4 Can Bn.	26.	24/12.

Station and Date	Disease
17-9-17	Glu. Tact. L. (Track Jaw L. Lower.)

5th Can Gen. Hosp.
 Wound healed. Scars partially adherent. Unable to masticate solid food properly.
 C. B. Hodges
 Cap

15. 11. 17 Discharged to Canada
 C. B. Hodges
 Cap

A T O

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

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

305050 Pte Abbott Wm M. 4th Can Bn

Previous civilian occupation:- Farmer

Is he able to resume previous civilian occupation:- No

Cause of disability:- G.S.W. face

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

This man had a fracture of asc. ramus left side of jaw from G.S.W. Scar on left side of face from tip of ear to near ala of nose. Wound completely healed. History of salivary fistula. Cannot chew very well yet. Alignment of teeth not perfect. Still some deviation to the left of the mouth. Massage + electricity should improve the condition.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 25%

Disability due to Service:- All due to service

Probable duration of incapacity:- Permanent with improvement

Does it render him permanently unfit for Military Service:- Yes

Would operation, special treatment or the use of appliances etc., lessen incapacity:- Yes massage + electricity

Recommendation of Medical Board:- Convalescent Home

Station:- Halifax, N. S.

Category:- D III

Date 28/11/17

J. J. Jantzen Capro resident

V. F. Blomfield Capt Member

Member

Date 28-11-17

APPROVED

R. R. R. R. R.
Asst. Director Medical Services.

Date

Director General Medical Services.

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE REPORT

Number, Rank, Name, Name & Corps of disabled Soldier:-

Previous civilian occupation:-

Is he able to resume previous civilian occupation:-

Grade of disability:-

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions)

Disability due to Service:-

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service:-

Would operation, special treatment or the use of appliances etc., lessen incapacity:-

Recommendation of Medical Board:-

President

Member

Member

APPROVED

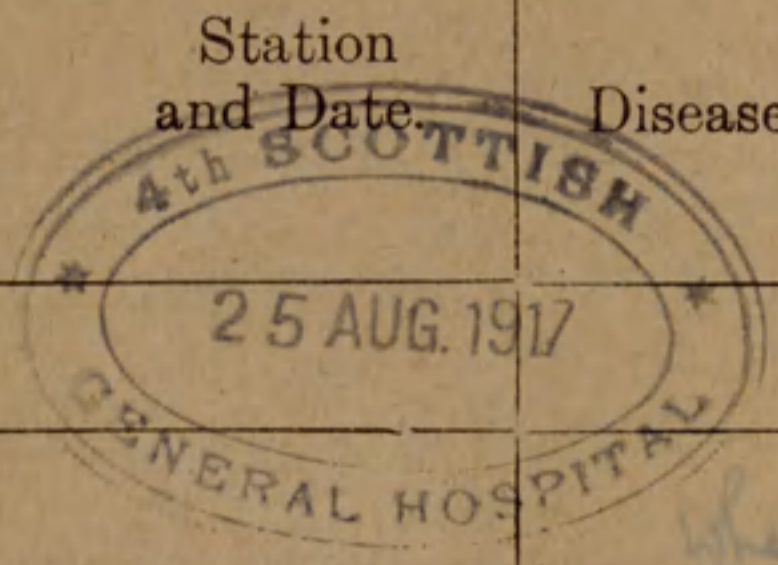
Asst. Director Medical Services

Director General Medical Services

MEDICAL CASE SHEET.*

E. F. → FRANCE

No. in Admission and Discharge Book. <i>Cal 4499</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>305050</i>	<i>Pte.</i>	<i>Abbott</i>	<i>Wm W.</i>
Year <i>4A</i>	Unit.	Age.	Service.	
	<i>4 Canadians D Co.</i>	<i>26</i>	<i>2</i>	



Station and Date: _____
 Disease: *Gas kept since 11.2.17*
Wounded 22.4.17 at Vimy Ridge.
Was in Hosp in France for few days + then in St. Thomas where wound treated. Has been in various hospitals & convalesced long since.
Wound after which damaged upper jaw & teeth.
 31.8.17 *Exploded wound & removed small portion of bone & metal. 500 mgts ATN given.*
 2.9.17 *Rehospitalized. I have not done anything.*
 16.9.17 *Better but still has headache.*

J. Macarwen Capt. Ramon.

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

Station
and Date.

MEDICAL CASE SHEET.*

Edward S

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
169	305050	Pte	Abbott.	William
Year	Canada	Unit.	Age.	Service.
1917	4 th	Canadians	26	20 mths
Station and Date.	Disease, S.S.W. face - 22.4.17 - Very Red			
5 th London	making Parotid Gland			
General	Work			
May 1 st 17	A.T.S. 500 mths			
May 14 th	Plastic operated face			
11 Aug	21/5/17. Aspirin fr X			
13 "	Sol. Brom gr xx 5-0-5			
24.8.17	Healing well			
	Work			
	17			
	2412			
	17			
	2319			
2.5.17	Please X Ray left side of face			
	? hy Bone			

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

Station
and Date.

305050
 4th
 305050
 4th
 305050

125th. O.V. REGIMENT C.E.F.
ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

Surname Abbott Christian Name William Walter Montague

Examined { on 9th day of October 1915
 at Brantford Ont

Birthplace { City or Town Port Dover
 County Norfolk

Apparent age 24

Trade or occupation Farmer

Height 5 Feet 5 3/4 Inches

Weight 148 1/2 Lbs.

Chest measurement { Minimum 33 inches
 Maximum expansion 27 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
 Number 2

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by R. H. Palmer

Rank Lt Col M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>5 MAY 1917</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
U. W. Palmer
 HOSPITAL REPRESENTATIVE
 ONTARIO MILITARY HOSPITAL, ORPINGTON

Date	Result	VACCINATIONS
<u>30/11/15</u>		<u>W. H. C. Capt</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/12/15</u>		<u>W. H. C. Capt</u>
<u>11/3/16</u>		M.O.
<u>20/3/16</u>		M.O.
<u>1/9/16</u>	<u>TAC</u>	<u>W. H. C. Capt</u>

Enlisted on 13th day of September 1915 at Brantford Ont

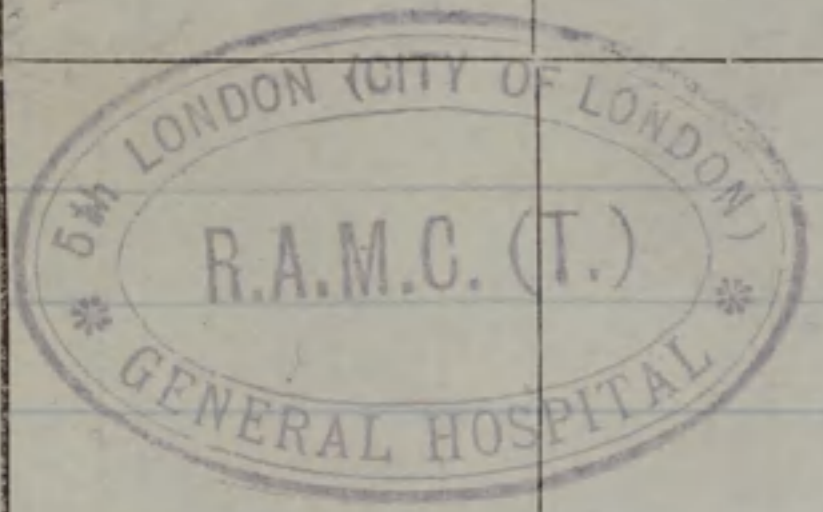
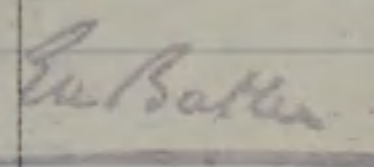
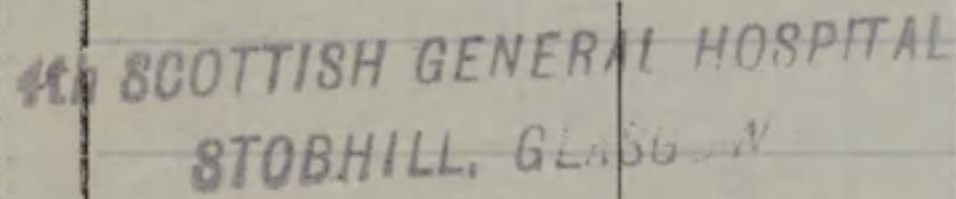
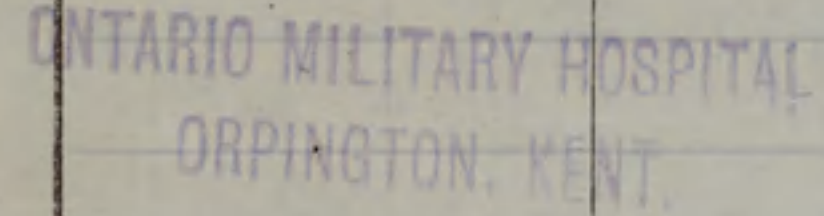
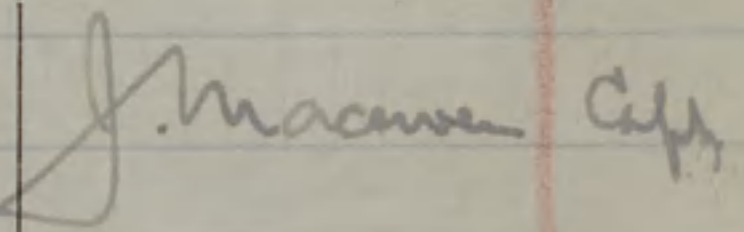

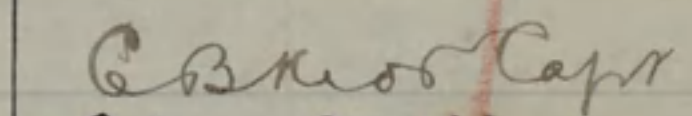
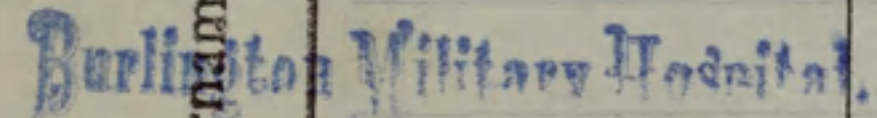
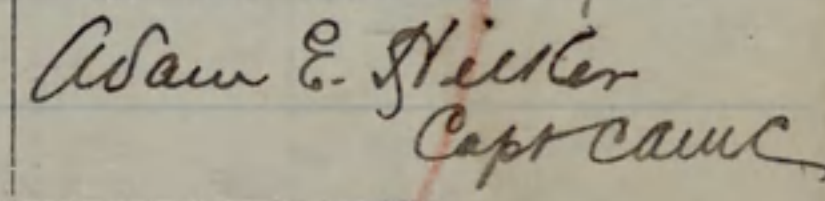
	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>3rd Battery C.F.A.</u>	<u>2nd</u>	<u>Temperate</u>	
Transferred to..	<u>40th Battery</u> <u>1200s. Bn</u> <u>4th Bn Canadian</u>	<u>305050</u> <u>115</u>		<u>Oct 23/15</u> <u>Nov 23/15</u> <u>Dec 10/15</u> <u>Oct 1/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.	<u>10 OCT 1917</u>	<u>G.S.W face</u>	<u>Invalid to Canada</u>
<u>Brantford</u> <u>Orpington Military Hospital.</u>	<u>October 9th</u> <u>1-3-18</u>	<u>Inability to</u> <u>maxillate</u> <u>and deformity</u>	<u>President Medical Board</u> <u>MAJOR</u> <u>C.A.M.C.</u>

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

CANADA
 MAJOR
 C.A.M.C.
 President Medical Board
 W. H. C. Capt

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge f. om Hospital.						
		Day	Month	Year	Day	Month	Year				
		1	5	17	24	8	17	Ess. face + hands.	115		 Capt. R. A. Mill (T)
 		25	8	17	16	9	17	pw. face	22	<p>metal bone removed</p> <p>X Ray shows fracture of lower jaw left ascending ramus with bony union progressing. Salivary fistula closed. Still requires plastic operation skin not in condition for several months. Invalid to Canada.</p>	 Capt.
		24	10	17				- Do -		<p>Wound healed. Scars partially coherent. Tenderness of tissues at site of fracture acc. ramus of</p>	 Capt.
		7	1	18				"		<p>Recommended for discharge Inability to articulate properly</p>	 Capt. CAUL

Christian Name

Surname

FORM OF WILL.

I, Abbott, William Walter Montague (Name in full)
 Regimental Number 305 ~~125~~ 305 050 serving in 125th Bn. Battn.
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
 made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

my wife, Emma Abbott,	}	Name and Address of person or persons to receive personal estate* (See note).
103 Sydenham street		
Brantford.		

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

this 30th day of July A. D. 191

W. W. M. Abbott 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 A. B. Preston
 Address of Witness Brantford, Can.
 Occupation of Witness Journalist
 Signature of Second Witness Wilfrid Vicary
 Address of Witness 28 Glenville ave Brantford
 Occupation of Witness Machineist

FORM OF WILL

(Last Name)

I, _____, of the County of _____, State of _____, do hereby certify that I am of sound mind and memory, and I hereby declare this to be my last will.

I designate all my real estate unto

_____ and _____
of the County of _____
State of _____

_____ and _____

_____ and _____
of the County of _____
State of _____

This will is made on this _____ day of _____, 19____.

WITNESSETH
That I, _____
do hereby certify that I am of sound mind and memory,
and I hereby declare this to be my last will.

Subscribed and sworn to before me on this _____ day of _____, 19____.

Notary Public for the State of _____
My Commission Expires _____, 19____.

Signature of Testator

Signature of Witness

Signature of Witness

Signature of Witness

Signature of Witness

Signature of Witness

DUPLICATE

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... 125th Overseas Battalion C.E.F.

(2) Regimental Number... 305050

(3) Full Name of Soldier... Abbott, William Walter Montague.

(4) Place of Birth... Port Dover, Ontario, Norfolk County, Canada.

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

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

(b) Present Postal Address... ~~143 Darling St.~~ 103 Sydenham Street
Brantford, Ontario, Canada.

(7) Are you a widower? No.

(8) Have you any children? yes

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

Also their names and ages... Violet Elsie Elixabeth Abbott 2 years

(9) Is your Father alive? Yes

If so, state name and address Thos. Andrew Abbott Port Dover Ont.

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Abbott

Port Dover Ontario.

(11) If your Mother is a widow no

Are you her sole support, or not? no

(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.

yes

15) Are you insured? yes

If so, in what Company? Canadian Order of Foresters

Have you made arrangements for payment of your Insurance premium yes

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

Mrs Blutchiff Lt. Col

Officer Commanding.

Date July 24th 1916

MEDICAL CASE SHEET.* *M O 28*

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

305050

Plt

Abbott

Wm

Year

1917

Unit.

4th Bn.

Age.

26

Service.

2 yrs

Station and Date

Disease *GSW Face. Fract. Jaw. Left*

Wounded - Arras - 22.4.17. In England from France May 1st 1917.

Depressed scars left side of jaw. Left ala to left of ear. Salivary fistula. Open mouth 1.5 cm to left. Occlusion not correct. Considerable fragments probable fracture left ascending ramus. & bony union progressing. Some malocclusion left.

Pharynx negative - nose free space Rr. Septal spur Rt.

Drums intact some tenderness left - impaired vision

Left eye - ^{24. Sept 1917} anterior puncture left. no discharge

Slight purulent discharge from entrance wound.

4/X/17

Open mouth well improving.

5th Can. Gen. Hosp. Wound healed. Scars partially adherent. Discharge 24.X.17. Still unable to masticate solid food properly but open mouth well

C. M. St. Cape

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

Station
and Date.

13652

FILE No. 272
RECEIVED
JAN 23 1919
PAYMASTER
MILITARY DISTRICT No. 2

DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- Christian Names *William Walter Montague* 2. Surname *Abbott*
- Rank *Plt* 4. Original Unit *32nd Battery, Inf. 125th Inf.* 5. Reg. No. *305050*
- Address, in full, to which future payments of gratuity are to be forwarded
W^m W. M. Abbott
103 Lydenham St Brantford Ontario
- Date of enlistment in the C.E.F. *October 23rd 1915*
- Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Emma Abbott*
- Relationship of such dependent *Wife*
- Address, in full, of such dependent *103 Lydenham St Brantford*
- Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
Loaded in England with 125th Batty Aug. 19th 1916 -
left with a draft to 4th Batty France Oct 2nd 1916
Back in Canada Nov. 25th 1917
- Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Not Applicable*
- Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *Not Applicable*
- Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Enlisted 32nd Batty -*
Transferred 125th Inf. Batty Transferred to 4th Batty -
Enlisted October 23rd 1915 Discharged March 18th 1918
- Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not Applicable*
- Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units... *Not Applicable*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependants have already received and by whom paid...
\$174 Paymaster Discharge Depot 149 Collyer St Toronto M.D. No 2
20. Have you been issued with a War Service Badge? If so, what class? ... *A.*
21. Have you, during the present war, served in the Imperial Forces? ... *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled...
Not Applicable
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ... *No*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? ... *Not Applicable*
24. Are you now serving in the C.E.F. ... *No* If not, give:—(a) Date of discharge
March 18th 1918 (b) Reason for discharge
Wounds Received in France
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit... *Not Applicable*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit...
Oct 8th 1916 to April 22nd 1917 with 4th Inf Bn
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... *No*
 (b) If so, are you in receipt of full pay and allowances from that Department? ... *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *William Walter Montague Abbott*
 Place of Residence: *103 Sydney St Brantford Ont*
 Declared before me at: *Brantford Ont*

This *21* day of *January* 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Johnson
 JP

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>S.A.</i>	<i>10.45</i>			
<i>19-3-18</i>	<i>58.00</i>			
<i>19-4-18</i>	<i>58.00</i>			
<i>19-4-18</i>	<i>48.65</i>			
<i>Deposited</i>	<i>75.10</i>			

Certified Correct.

W. Kimpton CAPTAIN O.A.C. S.E.E.
 for PAYMASTER, MILITARY DISTRICT No. 2

AJS

Certificate of Service

WAR SERVICE BADGES

Class "A" # 26316.

Class "B" # 039796

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

This is to Certify that No. 305050 (Rank) Private

(Name in full) ABBOTT, William Walter Montague.

Enlisted in 32nd Battery, C.F.A. (Trans to 4th Infantry Battalion)

Canadian Expeditionary Force, on the Twenty-third day

of October 1915

He served in CANADA ENGLAND FRANCE & BELGIUM

and was discharged at Toronto, Ontario. on

the Eighteenth day of March 1918

by reason of Medical Unfitness (Wounds)

His conduct and character while in the Service were "GOOD"

Description on Discharge; Age 26 Years; Height 5' 5 1/2";

Complexion Fair; Eyes Blue; Hair Light.

Wounded G.S.W. Face & Hands
22-4-17.

Address 12 Bruce St. Major,

Assistant Director of Records.

Brantford, Ontario. Ottawa 20th day of May 1919

H. Q. 649-A-4103

CERTIFICATE OF DISCHARGE

I hereby certify that the following is a true and correct copy of the original certificate of discharge of the following named person:

Name of Person Rank or Grade Company or Post Regiment or Battalion Date of Discharge Place of Discharge	This is to certify that the following is a true and correct copy of the original certificate of discharge of the following named person: Name of Person Rank or Grade Company or Post Regiment or Battalion Date of Discharge Place of Discharge
Date of Discharge Place of Discharge	Date of Discharge Place of Discharge

No. 1-17
1917

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-220.

125TH. OVERSEAS BATTALION, C. E. F.

413.

Unit, Regiment or Corps _____
 Regimental No. 305050 Rank Private Name Abbott, William Walter ~~Montague~~ Montague
 C. E. F.
 Enlisted (a) 23/10/15 Terms of Service (a) Duration of war Service reckons from (a) 23/10/15
 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) (Farmer)

CERTIFIED CORRECT.
 24 OCT. 1916
 CAN. RECORDS, LONDON.

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 Canada Disembarked England	Halifax Liverpool	6/5/16 18/8/16	
10/10/16	125 th	Proceeded overseas for service with 4 th Canadian Infantry Bn	Bramshott.	10/10/16.	Pt 10.10.16 P2 D.O. 240 do Summary Capt 10/10/16 for ob. 125 th Bn. P.L. D.O. 240
11-10-16	C B D	Reinforcement	C B D.	11-10-16	P. 2. 8 # 57-d. 24-10-16
11-10-16	C B D	Left for unit	Field	1-11-16	MR
5-11-16	O.C. Bn	Joined Unit	Field	4-11-16	B213 D.C.R. 387
28-4-17	do	Wounded	do	22-4-17	B. 213 " 446
22-4-17	No 26 Gen	S.W. Face	Adm No 26 Gen	do	W 3034.
1-5-17	Cambria	S.W. Face, Hands. Posted to 1st Central Ontario Regtl Depot	Shorncliffe	1-5-17	W. 3083 No. A. 1231 Pt 2 O. No. 57 d/- 21-5-17.

Lieutenant
 For Major. A.A.G.
 Canadian Section.
Charles B. Maxwell

(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, Shoing 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				
19.5.17	M. CARD	T. O. S. from 4 th Bn.	N. Sandling	2.5.17	P. 110-71 J. S. C. Praturin for Colonel i/c Records, Capt C. 27
8 18-12-17	D. Unit	T. O. S.	Toronto	3-12-17	P. 110 no. 542

Darlington Military Convalescent Hospital,
Feb 25th. 1918

From:-

O.C.i/c C.A.D.C.
B.M.C.H.

Sir:-

15050 Pte. Abbott W.W.

With regard to marginally noted man.

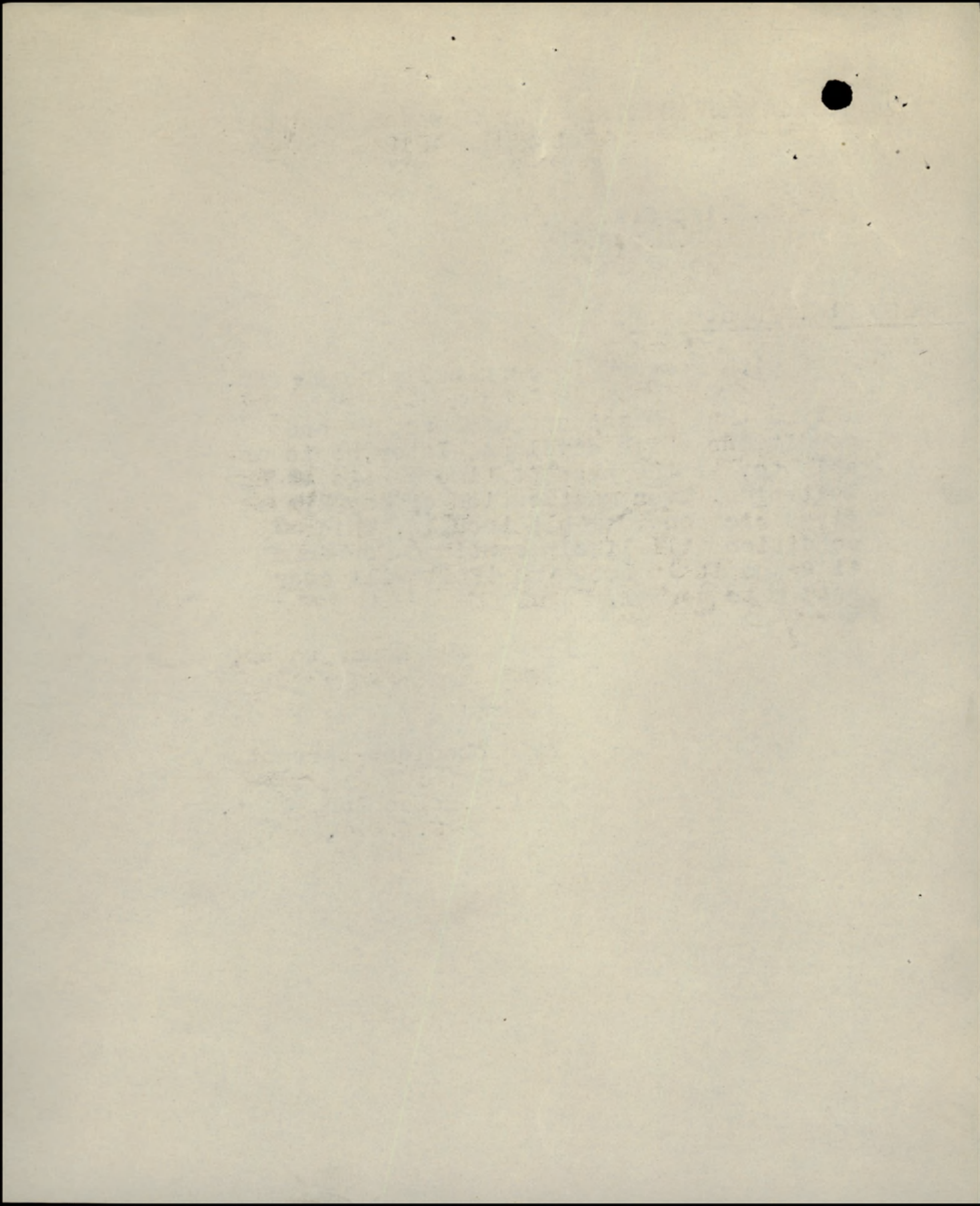
I find that on account of fracture and conditions which developed later, he is unable to, at the present time masticate on left side. Even mastication of any kind gives him considerable trouble. This condition will likely continue for some time and it is doubtful if it will ever return to normal.

I have the honor to be,

Sir.

Your obedient servant,

C.C. McLachlan, Capt.
C.A.D.C?



Burlington Military Convalescent Hospital,
Feb. 25th, 1918.

From:-

O. i/c C. A. D. C.,
B. M. C. H.

Sir:-

#305050,
Pte. Abbott, W.W. With regard to marginally noted man,
I find that on account of fracture and
conditions which developed later, he is un-
able at the present time to masticate on
left side. Even mastication of any kind
gives him considerable trouble. This
condition will likely continue for some
time and it is doubtful if it will ever return
to normal.

I have the honor to be,

Sir,

Your obedient servant,

C. C. Maclachlan,
Capt.

C. A. D. C.

Name *Pte W. M. Abbott*

Regimental No. *305050*

Name and address of next-of-kin *103 Sydenham St Brantford*

Unit *~~4th~~ 125th Bn*

Date of enlistment

Place of

D.O. 361

Married (yes or no) *Yes Paid for Dec.*

Date and place discharged *10th Mar 12/18*

Amount of pay assigned monthly \$ *20⁰⁰ Paid for Dec.*

Reason for discharge *Med unfit*

To whom payable *Mrs Emma Abbott*
103 Sydenham St. Brantford Ont.

Character on discharge *D.O. 77*
Spa.

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<i>1917</i>														
	<i>Dec 1/31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31 00</i>	<i>31</i>	<i>10</i>	<i>3 10</i>	<i>28 41</i>	<i>800</i>	<i>70 51</i>	<i>50415</i>	<i>45 51</i>	<i>70 51</i>	<i>Out Dec 3-13 D.O. 342</i> <i>B.P.R.</i>
<i>Jan</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31 -</i>	<i>31</i>	<i>10</i>	<i>3 10</i>	<i>25 -</i>		<i>52547</i>	<i>5 00</i>		<i>59 10</i>	<i>5 39 30</i> <i>B.P.R.</i>
<i>Feb</i>	<i>1</i>	<i>28</i>	<i>1</i>	<i>28</i>	<i>28</i>	<i>10</i>	<i>2 80</i>	<i>25 -</i>		<i>57644</i>	<i>5 -</i>		<i>55 80</i>	<i>59 219</i> <i>B.P.R.</i>
<i>Mar</i>	<i>1</i>	<i>18</i>	<i>1</i>	<i>18</i>	<i>18</i>	<i>10</i>	<i>1 80</i>	<i>25 -</i>		<i>62800</i>	<i>5 -</i>	<i>36</i>	<i>62 572</i>	<i>B.P.R.</i>
							<i>13</i>	<i>57 80</i>		<i>62577</i>	<i>46 80</i>			<i>B.P.R.</i>

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

136572/272

Name Abbott, ~~W.M.~~ *W.* Surname Christian Name

Regimental Number 305050 Rank Pte.

Unit 4th Bn.

Original Unit *E*

District where paid M.D.2.

Date of Discharge 18-3-18.

P. D. P. Filing Number 1-379-2.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

129-W-9

Address (in full) 103 Sydenham St.,
Brantford, Ont.

Mrs Emma Abbott

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	6347	19-3-18	58 00	6202	19-4-18	58 00	5903	19-5-18	48 65	10 45	164 65
<i>1383</i>	<i>18586</i>	<i>3-3-19</i>	<i>70 00</i>								
"	<i>18587</i>	" "	<i>30 00</i>								
<i>1228A</i>	<i>441906</i>	<i>15-3-19</i>	<i>70 00</i>								
<i>1228A</i>	<i>441907</i>	<i>15-3-19</i>	<i>30 00</i>								

Remarks: Debit 13 days S.A.

M. F. W. 127.
50M-6 17.
1772 39-1140.

Dec'n No. 1365 2/27 W. S. G. File No 29-W-19

Award..... days at \$ 7.00 per day \$ 500.00
 S. A..... months at \$ 30 per mo. \$ 115.10
 Less P. D. P. Credited \$ 314.90
 Less further debit balance \$
 Net due paid as below \$ 314.90

Mrs Emma Abbott.
 103 Lydenham St.
 Braintree, Mass.

TO SOLDIER		TO DEPENDENT					
0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount	
1	1383	18586	70.00	1383	18587	30.00	
2	17280	41906	70.00	17280	41907	30.00	
3	565B	410312	34.90	565B	410313	30.00	
4				930C	489125	30.00	
5					483561	30.00	
6							
Total			174.90	Total			150.00

3-3-19
 15-3-19
 7/4/19

7/4/19
 12-5-19

GEN'L AUDITOR
 Posting checked by
 W. L. Abbott
 Date 8/9/19

Handwritten initials

Pte Name *Abbott Wm Walter Montague*

M. F. W. 41
1 0M-7-16
1772-39 889

L.P.O. No. *2989*

Regimental No. *305050*

~~Name and address of next of kin~~ *Home 105 Sydenham St Brantford Ont.*

Unit *125th Bn*

Date of enlistment *Oct 23-16*

M.B. Nov. 27-17

Place of " *Brantford*

Spa \$20.00 to 31-12-17 \$551.00

Married (yes or no) *Yes*

Date and place discharged

Amount of pay assigned monthly *\$20.00 to 31-12-17* Reason for discharge *\$340.00*

To whom payable *Mrs Emma Abbott* Character on discharge

Glenart. 26-11-17 103 Sydenham St Brantford Ont (Rate D) N.O. 649. a. 1403

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>25-10-17</i>						<i>38.81</i>							<i>E. L. P. L.</i>
<i>26-10-17</i>	<i>30-11-17</i>	<i>36</i>	<i>1.00</i>	<i>36.00</i>	<i>36</i>	<i>.10</i>	<i>3.60</i>					<i>10.00</i>	<i>50.00</i>	<i>C.P. Halifax</i>
										<i>40.00</i>			<i>28.41</i>	<i>Noo Hk. 1917</i>
										<i>Car Bal.</i>			<i>78.41</i>	<i>C.P. Runday 19. 1917</i>
													<i>78.41</i>	<i>showing of ad/d to 30 1/2 17</i>
														<i>and yfd to D Unit</i>
														<i>saep pay: 940.00</i>

Al 18-12-17

Eng A.P. 1-8-16 to 31-10-17 \$300.00

14-9-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Mrs. Emma Abbott.*
Address *New Durham,
103 Sydney Lane St
Brantford Ontario.*
Relation to Soldier }
wife, child or mother } *Wife.*

Name of Soldier *Abbott, Wm. M.*
Regtl. No.
Rank *Gunner.*
Corps *32nd Battery C. R.A.*
To what Corps belonging *Transferred to 40th Battery 23/11/15 (from 30/12/15).
Plus 175th Battery for New Camp 1/3/16*
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.		<i>L11218</i>	<i>51-</i>	<i>51</i>
Dec.		<i>O14993</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>E25019</i>	<i>20</i>	<i>20</i>
Feb.		<i>E27592</i>	<i>20</i>	<i>20</i>
March		<i>F30379</i>	<i>20</i>	<i>20</i>



1913

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs Emma Abbott

wife
PAYMENTS.

Name of Soldier Abbott Wm M.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	<i>Gm</i>	Remarks.
April	<i>P 3</i> 1916	<i>F 40</i>	<i>40</i> <i>20</i>	<i>20</i>	
May	<i>u 2012</i>	<i>u. 4485</i>	<i>20</i>	<i>20</i>	
June	<i>u 1741</i>	<i>A 1765</i>	<i>20</i>	<i>20</i>	<i>A 1765 cancelled address 28.6.16. Complain 80% owing to Dept of. Refund asked for 28/6/16</i>
July					
Aug.					
Sept.					
Oct.					
Nov.		<i>A 21541</i>	<i>20</i>	<i>20</i>	
Dec.		<i>A 24931</i>	<i>20</i>	<i>20</i>	
Jan.	1917	<i>A 28487</i>	<i>20</i>	<i>20</i>	
Feb.		<i>A 31432</i>	<i>40</i>	<i>40 R</i>	
March		<i>A 34636</i>	<i>20</i>	<i>20</i>	
April		<i>B 66</i>	<i>20</i>	<i>20</i>	
May		<i>B 3519</i>	<i>20</i>	<i>20</i>	
June		<i>C 7090</i>	<i>20</i>	<i>20</i>	
July		<i>B 11400</i>	<i>20</i>	<i>20</i>	
Aug.		<i>B 13738</i>	<i>20</i>	<i>20</i>	
Sept.		<i>C 17193</i>	<i>20</i>	<i>20</i>	
Oct.			<i>20</i>	<i>20</i>	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

B 491⁰⁰ ✓

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.				

1-3-16
SEPARATION ALLOWANCE

Name *Emma Abbott*

Name of Soldier *Abbott, Wm W M*

Address *New Durham P.O.*

Regtl. No.

~~145 Darling St. Ont~~

Rank *Pte*

Brantford

Corps *125 Batt*

Relation to Soldier

103 Sydenham St

To what Corps belonging

wife, child or mother

Wife

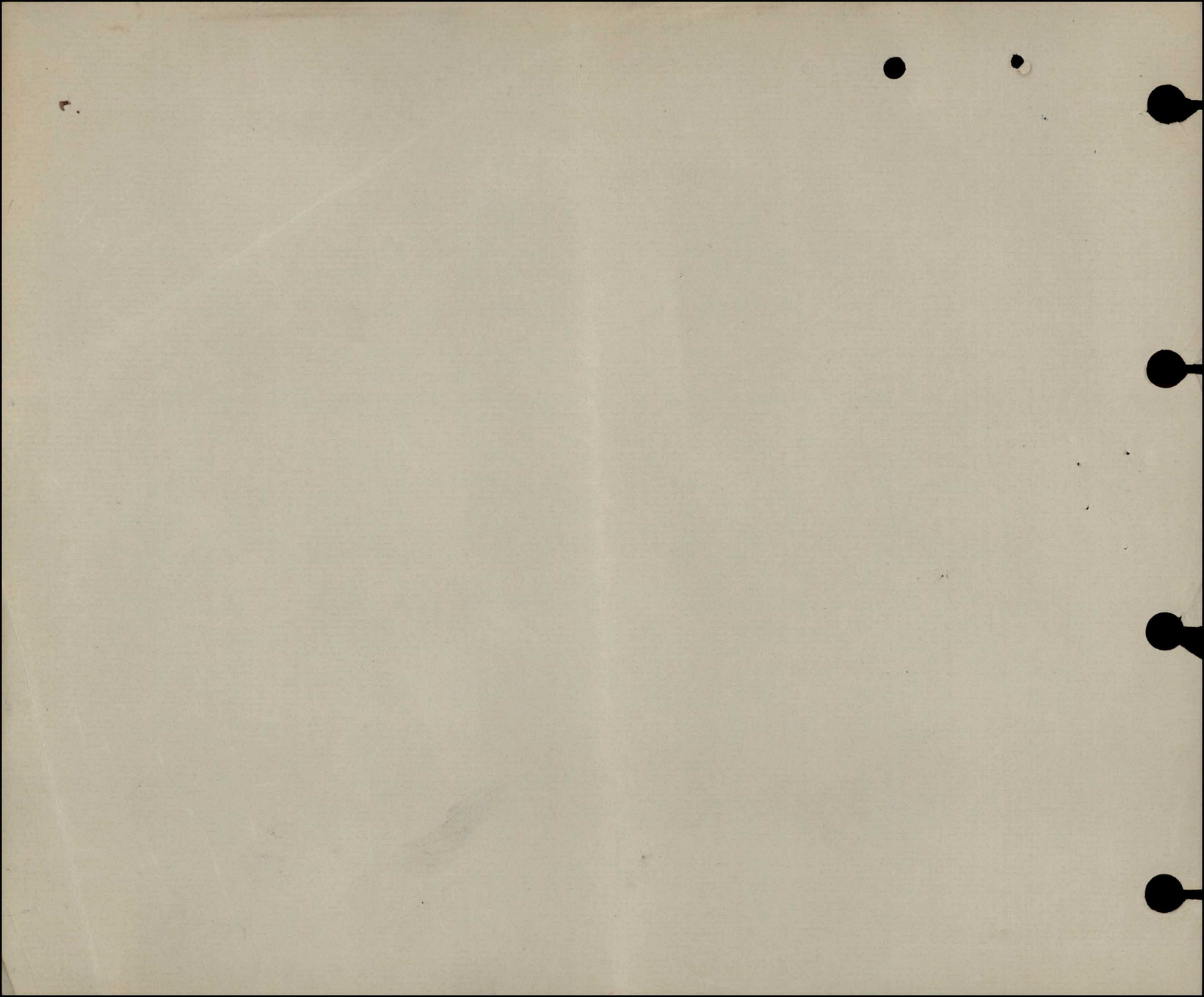
when called out

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				

See tray

Sub 1/2



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs Emma Abbott Wife
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier

Abbott Wm Wm
 Pte 125th Bn

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

305050
 20⁰⁰

Remarks. **AUG 1 1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		W15850	20	✓
Sept.		A15280	20	
Oct.		A19705	20	
Nov.		A24487	20	
Dec.		A34494	20	
Jan.	1917	A38334	20	
Feb.		A43309	20	20 p
March		A49228	20	20-2-
April		B 73	20	20 E
May		B6045	20	
June		B13979	20	20. 5.
July		B21112	20	5
Aug.		C26073	20	lu
Sept.		C33343	20	lu 280 ⁰⁰ ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Rund

lu

mrc

20 p

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

16⁴/₇
P. 1510

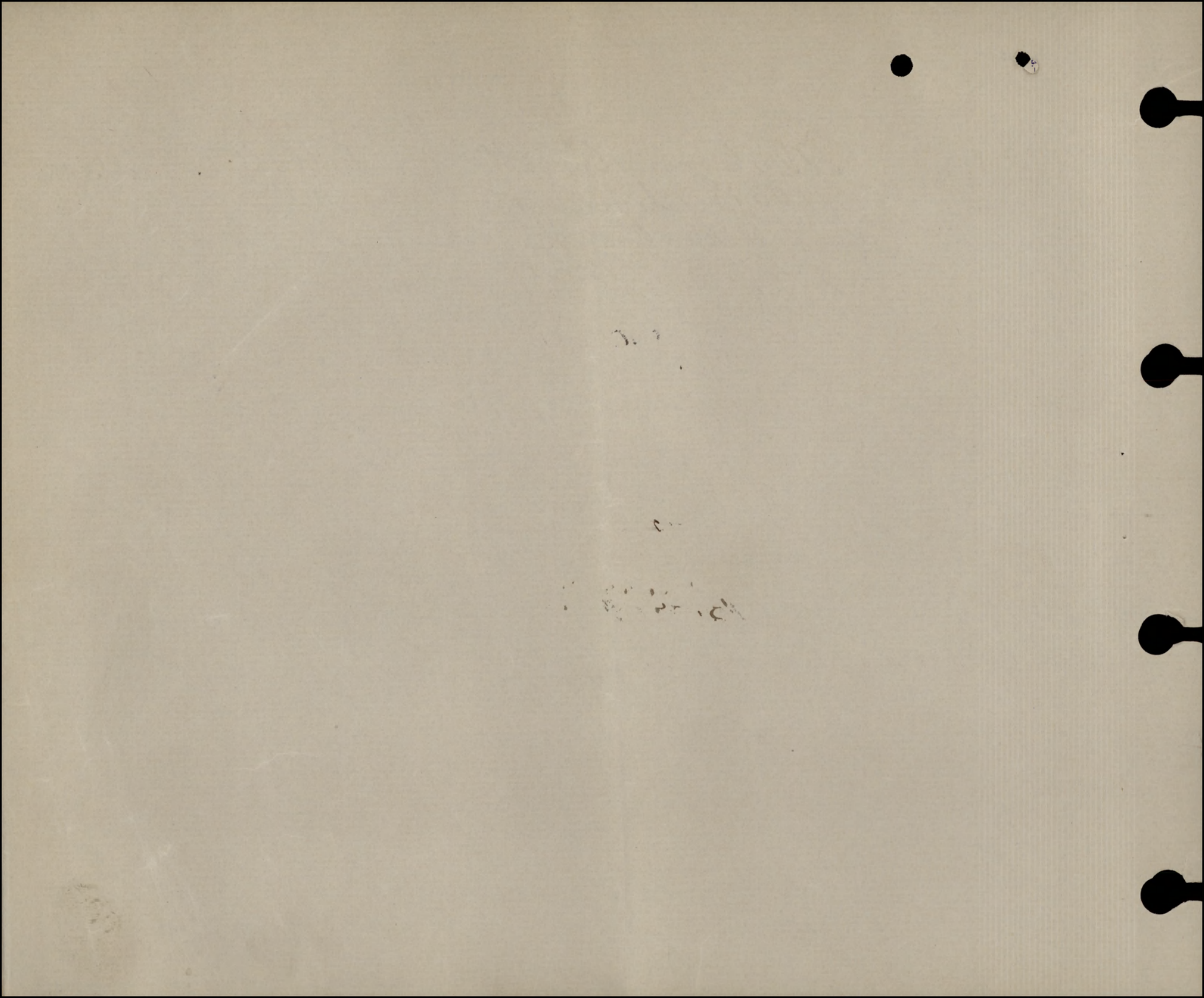
M. F. W. 12.
 50m.-6-16.
 H. Q. 1772-39-319.

To Whom *Mrs Emma Abbott* By Whom Assigned *Abbott Wm W. M*
 Address *103 Sydenham St* Regtl. No. *305050*
Brantford Rank *Pte*
Ont. Corps *125th Bn*
 Rate *20⁰⁰*

AUG 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Account;</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Emma Abbott *Wife*
PAYMENTS.

Name of Soldier *Abbott, Wm W. M*
Rte

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P3	40	40
May	8th 2	2012	20	20
June		2174	20	20
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

A.G.R.

R-122

Rank **ABBOTT, William Walter Montague** Reg'l No. **305050**
 Unit **125th Bn.** If in perm. Corps, }
 What Unit? } **Married or Single** **Married**
 Place and Date of Enlistment **Brantford,**
23rd Octr., 1915. Place of Birth **Port Dover,**
Norfolk Co.,
 Name and Address, Next-of-Kin **Emma Abbott,**
103 Sydenham St., Brantford, Ont. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Relationship

N/E R.B. No. **9924**
 File R.L.
 Category **Sea M U**

Oscar

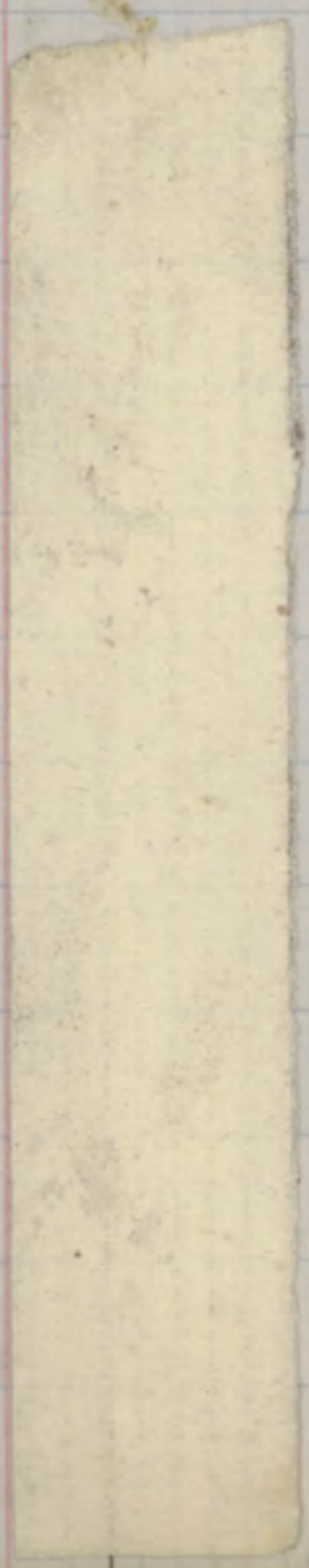
Discharge, Date and Place Reason Character
 H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received				
<i>6</i>		<i>Arrived in England</i>		<i>14.12.16</i> 18 AUG 1916	<i>S.L. Scandavian</i>
10.10.16	125Bn.	Tfd to 4th. Bn. O. Seas	B'shott	10.10.16	Pt 2DC240
24.10.16	4th. Bn	Taken on Strength	Field.	11.10.16	Pt, * 57
30.4.17	4th	26 Gen Hosp	Etaples	22.4.17	Ch a 636 <i>Face severe</i>
17.5.17	4 Bn	5 Lond Gen Hosp <i>St Thomas</i>	London	21.5.17	Ch B 344
21.5.17	4th Bn	In posted to 1 CORP	Field	1.5.17	Pt 57-71 of 1 CORP <i>4/19.5.17</i>
19.9.17		Cont. Mil Hosp	Ospington	18.9.17	6 L B 15
19.10.17		nos Gen Gen Hosp	Widgale	26.10.17	6 L B 49 <i>S.S.W. Face</i>
30.10.17	160th	In to Canada	Lehdale	15.11.17	6 L B 77
4.12.17	160th	SOS to Canada Para 397 Sec 16 <i>#120. 1912</i>	Sensling	15.11.17	6 L B 270 S.S. 18.3.18

A.F.S. 103 CHECKED
9411208 PM
18 OCT 1916

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

	As Dept	Conralescent Home	7th D ² Toronto	26/11/17	NR 412.
--	---------	-------------------	-------------------------------	----------	---------



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

14-9-15

Separation and Assigned Pay Branch

Aug. 1. 16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
----	----	--	--

1-12-17
P.C. 3257.

RATE OF ASSIGNMENT

20.			
-----	--	--	--

Mial
HST

PARTICULARS OF SEPARATION ALLOWANCE

No. 905050
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Wm. W. M. Abbott
 Battalion 125th Bn.
 Beneficiary Mrs Emma Abbott
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Emma Abbott (wife.)
 Address 103 Sydneyham St, Brantford, Ont.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17.		491	280	771	
Oct-	B 50085	20	20	40	See old S.A. a/c under "Abbott"
Nov.	B 51792	20	20	40	
Dec.	B 57395	20	20	40	
Jan/18	B 63834	30	20	50	
		551	340		

apclosed 31-12-17 S.A.
 A.P. 340. A/c Closed 31-12-17 A.P.
 Ret'd per. Glenart. Castle
 Date 15-11-17... F. X. 15-12-17.
 S.A. 551. E.H.C. S.A. + A.P.
 A.P. overpaid 40⁰⁰ for Nov & Dec
 recovered by C.P. on file
 29-10-17
 W. Peterkin 2-1-18

REGT'L NO 305-05-0

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

M3135	29-4-17	Adm Twenty, Six Gen. Hosp. Chaplcy April 22nd 1917 (U.S.W. Fair severe.)
M4701	20-5-17	5th London Gen. Hosp. Wsm.
M4983	22-5-17	Progressing favorably.
M4765	20-5-17	Wsm - satisfactorily sailing per H.M.A.S. Glenart Castle from Liverpool 15-11-17. Inab. to mas. solid food.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 636	#26 Gen. Staples.	22-4-17	GSW Face sev.
B 344	5th London Gen St Thomas St	2-5-17	" " " " "
B 15 (2)	Ont mil Orpington	18-9-17	" " " " Comp Frac Lower jaw (atent. Out)
B 15 (2)	" " " "		13-10-17
B 492	5 Can Gen Kirkdale	25-10-17	GSW face Comp Fr Lower jaw
B 772	5 Can Gen Kirkdale Invalided to Canada	15-11-17	Comp Fr Lower jaw
342.	M. H. C. Toronto.	3-12-17	Adm Spadina
342.	" " " " "	3-13/12/17	To O-P Spadina at Home
349.	" " " " "	13-12-17	To I.M. Spadina from " "
356.	" " " " "	20-12-17	Spadina to Mil St. Ham

Name ABBOTT, William Rank Pte.

Reg. No. 305050

Unit Walter Montague
4th Battalion

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-4	26 ^G Gen Hosp. Dannes	Cam.	Gsw. Face	M636	M3135	
2-5	5th Lon Gen Hos Lon	S.E.	do	B344	30/4	
18-9	Ontario Mil Hosp (Orpington)	(2245)	do, camp	B15		
25-10	No 5 Can Gen L'Pool	(4431)	do	B49		
15-11	Inw Canada	(1774)	do	B77		

us. 1.30. A
24
Number, 305050 Rank, Pte.

Surname, ABBOTT

Christian Name, William Walter Montague

Unit, 4th Bn Can Inf Theatre of War, France

Date of Service, 10-10-16

Remarks,

Latest Address, 103 Sydenham St.
Brantford, Ont

Roll No. Page 2872

8

16/7/15

Wux

MAY 2 - 1877

13

SURNAME.

Abbott

SO S. Dis. 18/3/18
12th 2
3

CHRISTIAN NAMES

William Walter Montague

REGL. No.

305050

RANK

UNIT

125th

Batt.

FORMER CORPS

Nil.

NAME

Abbott, Mrs Emma (Wife

REL

103 Sydenham St,

ADDRESS

Brantford, Ont.

CHANGE OF ADDRESS

also notify
Mrs. A. Simpson (sister)
Port Dover, Ont.
G.N.W. Tel 119-55-17.

also (and M.F.)

List. O.C. 125th 16-8-16

COUNTRY OF BIRTH

Port Dover Norfolk County,

DATE

Jan 17/1891.

PLACE OF ATTESTATION

Brantford, Ont.

DATE

Oct 20/1915.

Trans. from 40th Batsy to 125th Batt

attd 125th 7 R 5/2/16.

L.L. 6945. M. & D. 8994.

W. S. S. Sandinarian 1/8-16

509a

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

Rb. 26-11-17.

M.D.

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

farmer.

RELIGION

Church of E.

DESCRIPTION.

APPARENT AGE

24.5

YEARS

MONTHS

HEIGHT

FEET

5 ³/₄ ⁸

INCHES

CHEST MEASUREMENT

37.

INCHES

EXPANSION

4

INCHES

COMPLEXION

fair

EYES

blue

HAIR

Light

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Brantford.

DATE

Oct 9/1915.

Present Address. not stated.

No. 305057 RANK Pte.

NAME Abbott, Wm

T.O.S.

UNIT

125th Battalion, C.E.F.

Trans. fr. 40th Bty., C.F.A.
(200.9 of 10-12-15)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec. 10	Dec. 31	✓		
1916	1916			
Jan.		✓	Enlisted 14/9/15 (unit not stated)	Mar. Paylist
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June		✓		
July		✓		
Aug.		N.		

UNIT SAILED

AUG 7 1916



NO.

RANK *Gunner*NAME *Abbott W. M.*

T. O. S.

UNIT

*Brantford Recruiting Depot*M. D. [#]2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Oct 1 Nov 1</i>	<i>1915 Oct 31 Nov 23</i>	<i>✓ ✓</i>	<i>From 32nd Battery C.F.A. Transfd to 40th Battery Nov 23</i>	<i>Act. pay list. S. O. # 1-11-15-</i>



No. 305050 RANK

Pte.

NAME

Abbott Stm.

T. O. S. 23-11-15

UNIT

8th Brigade 40th Battery C. I. 9.

D.O. 15, 23-11-15

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 24 Dec 1	1915 Nov. 30 Dec 9	✓ ✓	Transfd to 125 th Bn. 9-12-15	D.O. 23, 9-12-15.



Surname **Abbott.** Christian Name or Names **W. W.** Reg. No. **305050.**

Rank **Pte.** Unit **4th. Bn.** Co. **1st C.O.** Troop Batty.

Hospital **26 Gen. Etaples.** Date of Admission **22-4-17.**

Transferred **5 London Gen.** Hosp. **2.5.17**

Ontario Mil Orpington Hosp. **18.9.17**

5 Can. Gen. Kirkdale. Hosp. **25.10.17.**

Hosp.

Diagnosis

GSW Face, sev. R

(1) Later Diagnosis (if changed)

Comp. Frac. Lower Jaw R

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Invalided to Canada 15.11.17.
REMARKS **D**

C.L. 30-4-17. A.636.

11.17.5.17 B344

20.9.17 B15

30.10.17 B49 (2)

1.12.17 B.44-3.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

305050. Inval. Abbott. W.W. M. A.R. 20⁰⁰

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT													
			\$	c.			\$	c.			\$	c.														NO.	DATE				NO.	DATE				NO.	DATE	NO.
1917																																						
June 26			361	90																																		
July 5	10	5	50																																			
July 31			34	10																																		
Aug 31			34	10																																		
Sept 30			33																																			
			468	60																																		

4126 1883 959 487 220 . 294 55 294 55 67 35
 788 50
 487 20 34 60 72 35
 973 20
 487 20 24 87 81 58
 487 20 24 87 89 71
 4126 1883 989 29 21 280 . 294 55 294 55 87 89

MONTH	PARTICULARS	CR.1	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALICE
1917									
Sept. 20							89 71		
Oct 1-20	Pls pay	27 50					20 97 21		
Jan.									
	Draw 224 - No. 16634 - 16/9/17								
	175 - Out Mile 19/1/17								
	334 - Out Mile 22/10/17						38 80		

Balance transferred to N. E. Branch. Nil

A.P.
 Discharged to Cav DATE 25-10-17
 PAYBOOK VERIFIED 25-10-17
 Cr. 38.81 P. 3880 25-10-17
 AUTH. Exp. 15/36 20/17

Invalidated
 Checked

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.



D GLENART CASTLE
November 20th 1917
Proceedings on Discharge.

Army Form B. 268.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>305050</u>	Army Rank <u>Private</u>
Name <u>Abbot, William Walter M.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>12th Central Outpost</u>	
Battalion, Battery, Company, Depot, &c. <u>4th Bn (3rd Res)</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT MAR 18 1918</u>	
Place of discharge <u>"D" Unit M.H.C.C.</u>	
1. Description at the time of discharge.	
Age <u>26</u> years _____ months	Descriptive marks. <u>Nil.</u>
Height <u>5</u> feet <u>5 3/4</u> inches	Deceased 5'5" 53
Chest measure { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Dark</u>	
Trade _____	
Intended place of residence (To be given as fully as practicable) _____	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Being no longer fit for war service.</u> <u>Para. 392, Sec. 16 K. R. & O. 1912</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— <u>Good</u>	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="flex-grow: 1;"> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right; margin-right: 50px;"><u>26-6753</u></p> <p style="text-align: right;">Initials of Commanding Officer.</p> </div> </div>	
Army Form B. 2088 has been issued to*	

D. D. & L., London, E.C.

Forms B. 268

W.S.G. comp
7/2/1918

* Strike out if not applicable.

[OVER.]

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Nil

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Service in France

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON,
Commanding *21901*
fn. A.P. Canadians

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) **"D" Unit M.H.C.C.** (Signature of Soldier.)

(Date) **MAR 18 1918** *See Copy* (Signature of Witness.)

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

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

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

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to **MAR 18 1918** (the date to which the record of service is completed) **2** years **15** days.

Further service " " (the date of confirmation of discharge) " "

Total " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for **MAR 18 1918** (date)

(Place) **"D" Unit M.H.C.C.** Signature *J. H. ...*

(Date) **MAR 25 1918** *Officer in charge*

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

See Copy

Name ABBOTT, WILLIAM WALTER MONTAGUE 103 Sydenham St. Brantford, Ont.
Wife, Emma Abbott Same address
Med Ex R.H. Palmer M. Col. J. C. ...

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Burlington Military Hospital DATE Feb. 25th. 1918

1. (a) Unit D. (b) Regimental No. 308050 (c) Rank Pte.

(d) Surname ABBOTT (e) Christian name WILLIAM WALTER MONTAGUE

2. Age last birthday 27 years Date of birth Jan. 16th. 1892

3. Enlisted at Brantford, Ont. on Oct. 11th. 1915

4. Personal description:—

(a) Height 5'4" (b) Weight 160 lbs. (c) Complexion Fair

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks

Scar on left side of face, extending from middle of cheek and across lobe of ear. Also depressed scar midway between left ala of nose and middle of cheek.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

103 Sydenham St. Brantford, Ont.

6. Former trade or occupation farm laborer

7. (a) Service	PERIODS	
	From	To
32nd. Batt.	Oct. 11/15	Dec. 4th. 1915
125th. Batt.	Dec. 4th. 1915	Oct. 9th. 1916
4th. Batt.	Oct. 9th. 1916	Nov. 26/17
D. Unit	Nov. 26/17	date

(b) Has he been Overseas? yes B. Deformity to Feature of face

8. Present disease or disability (use authorized nomenclature if possible). A. Inability to masticate properly

(a) Date of origin Apr. 22nd. 1917 (b) Place of origin Vimy Ridge France

(c) Cause* Shrapnel wound causing fracture of left lower jaw
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

SUBJECTIVE SYMPTOMS Has pain in left side of face on opening and closing the mouth, worse on mastication. **B. SUBJECTIVE SYMPTOMS** none
A. OBJECTIVE SIGNS Loss of muscle with depressed scar on left side of face. Loss of two molars in upper jaw and one in lower jaw. Fracture well united. Dental report attached.
Circulatory, Respiratory, Genito Urinary and Nervous systems normal
Incapacity is due to pain in using lower jaw.

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

INSTRUCTIONS

- 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 soldier'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 soldier 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 on 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 and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Wound in left side of face healed, bony union of fracture of jaw complete. Depressed scar midway between left ear and middle of cheek 1" long. Depressed irregular scar 2 1/2" long extending from middle of cheek across lobe of ear to outer edge with loss of muscle tissue.

11. To what extent, state in percentages, is capacity 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.

A. 20% B. 5% Combined 25%

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? no

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... not applicable
(If the answer is in the affirmative, state in percentages, to what extent the soldier 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? no no
(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? Permanent

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

Foreign body and bone removed at 4th. Scottish General, Glasgow

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

Elastic operation might improve deformity to features but would not advise. such

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

20. Recommendations Discharge

Adam E. Nicker Capt. Casual
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, William W. M. Abbott have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

William W. M. Abbott
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). No.
- (b) Service abroad, not general service, (" B) (Yes or No). No.
- (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). Yes

23. It is certified that the soldier

- (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 soldier be discharged. (When not for discharge add special recommendation).

Discharge physically unfit

A. B. O'Boone President
Adam E. Nicker Capt. Casual
Arthur Gunn
Capt. Casual
Members.

STATION Burlington Military Hospital.

DATE March 1st 1918

APPROVED BY

DATE Mar 7th 18

APPROVED BY

DATE

Charles Carter M.D.
Assistant Director of Medical Services.

Director-General of Medical Services.

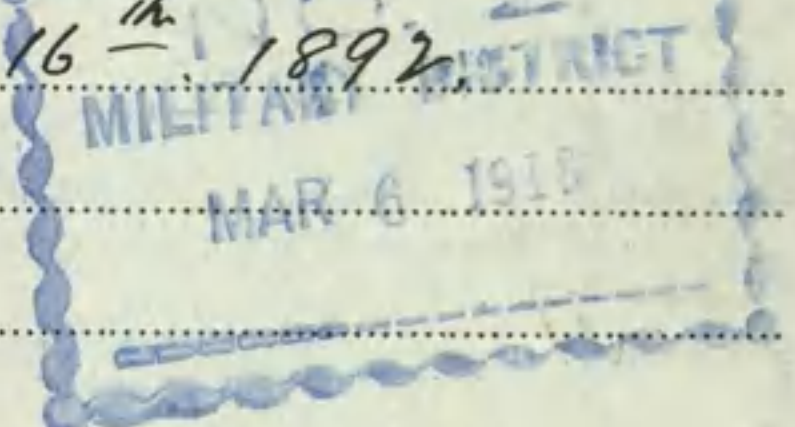
FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Burlington Military Hospital DATE Feb 25th 1918.

1. (a) Unit D. (b) Regimental No. 305050 (c) Rank Private
 (d) Surname ABBOTT. (e) Christian name WILLIAM WALTER MONTAGUE.

2. Age last birthday 27 years. Date of birth Jan 16th 1892.

3. Enlisted at Brantford Ont. on Oct 11th 1915.



4. Personal description :-
 (a) Height 5' 4" (b) Weight 160 lbs. (c) Complexion Fair
 (d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks

Scar on left side of face extending from middle of cheek & across lobe of ear. Also depressed scar midway between left ala of nose & middle of cheek.

5. Address after discharge (for the use of the Board of Pension Commissioners.)
103 Sydenham St Brantford. Ont.

6. Former trade or occupation Farm Laborer.

7. (a) Service	Years	Days
		<u>2.</u>

	PERIODS	
	From	To
<u>32nd Bty.</u>	<u>Oct 11/15</u>	<u>Dec 4th 1915</u>
<u>125th BATT</u>	<u>Dec 4/15</u>	<u>Oct 9/16.</u>
<u>4th BATT.</u>	<u>Oct 9/16</u>	<u>Nov 26/17</u>
<u>D Unit</u>	<u>Nov 26/17</u>	<u>Present date</u>

(b) Has he been Overseas? Yes. B. Deformity to Features of Face A Inability to Masticate properly.

8. Present disease or disability (use authorized nomenclature if possible).
 (a) Date of origin April 22nd 1917. (b) Place of origin Vimy Ridge, France.

(c) Cause* Shrapnel wound, causing fracture of left lower jaw
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

A. Subjective Symptoms - Has pain in left side of face on opening and closing the mouth, worse on mastication. B. Subjective Symptoms None.
A+B. Objective Signs - Loss of muscle with depressed scar on left side of face. Loss of two molars in upper jaw & one in lower jaw. Fracture well united. Dental report attached.
Circulatory, Respiratory, Genito-Urinary & Nervous systems normal.
Incapacity is due to pain in using lower jaw.

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

INSTRUCTIONS

- 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 soldier'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 soldier 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 on 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 and Sons.

W. J. ... Abbott

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Wound in left side of face healed. bony union of fracture of jaw complete. Depressed scar midway between left ala & middle of cheek 1" long. Depressed irregular scar 2 1/2" long extending from middle of cheek across lobe of ear to outer edge with loss of muscle tissue.

11. To what extent, state in percentages, is capacity 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.

A. 20% B 5% Combined 25%

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable

Yes..... No..... (If the answer is in the affirmative, state in percentages, to what extent the soldier 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? No

(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? Permanent.

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

Foreign body & bone removed. at 4th Scottish General Hospital Glasgow.

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

Plastic operation might improve deformity to features but would not advise such.

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

20. Recommendations Discharge

Adam E. Miller Captain Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned William W. M. Abbott have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

William W M Abbott Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No) No
(b) Service abroad, not general service, (" B) (Yes or No) No
(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) Yes

23. It is certified that the soldier

- (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 soldier be discharged. (When not for discharge add special recommendation).

Discharge physically unfit

Members: Adam E. Miller Capt, Arthur Gunn, Capt Cause

STATION Burlington Military Hospital.

DATE March 18 1918

APPROVED BY

DATE Mar 27 1918

APPROVED BY

DATE

Charles Carter Elliot Assistant Director of Medical Services.

Director-General of Medical Services.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at _____ this _____ day of _____ 191_____

President.

Signatures of the Board

Reserved for M.H.C. **HC 31849**

Regt. No. **305050** Rank **Pte** Surname **ABBOTT** Christian Name **WILLIAM WALTER**
 Unit or Corps—(a) Overseas from United Kingdom **4th Can. Btn.** (b) In United Kingdom **125th Btn.**

Born at—Town **Port Douer** County or Province **Norfolk Ontario** Country **Canada.**

Date of Birth—Day **17** Month **January** Year **1890** Age **27** yrs **9** months.

Joined at **Brantford Ontario** Date **Oct 9 1915.**

Former Trade or Occupation **Farmer**

Permanent marks or peculiarities that will serve for future identification:—
Gsw. Scars left cheek.

Height—feet **5** inches **3** Colour of eyes **blue**

Signature of Soldier (for identification purposes) **W.M. Abbott.**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

- Group the disabilities, placing those resulting from separate causes in separate groups.
- Disabilities Group (a)
INABILITY TO MASTICATE SOLID FOOD
 - Disabilities Group (b)
 - Disabilities Group (c)

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	SHRAPNEL WOUND FACE.FRACTURE LOWER JAW LEFT. ARRAS		Apr. 23. 17.
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?
No.
 (i.) As to Group (a) above? If yes, has Active Service aggravated it?
 (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
 (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—
Yes.
 (i.) As to Group (a) above?
 (ii.) As to Group (b) above?
 (iii.) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **Yes.** (ii.) While off duty?
- (iii.) Was a Court of Inquiry held? (iv.) Where? (v.) When?
- (vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records) **From patient's statements—**

Wounded Apr. 22. CGS. Dressings and inoculations.
26. Genl. Hosp. Etaples " " "
May 1. 1917. St. Thomas Hosp. London. Secondary closure of wound about June 1917.
Aug 25 - Sept. 16. 4th. Scottish Genl Hosp. Glasgow - metal and bone removed,
from face left, about Sept. 7th. 1917.
Sept 7th. Admitted No 16 Can. Genl. Ont. Hosp. with salivary fistula parotid
left. Tri-sinus and tendency to ~~total~~ -occlusion.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Nervous, Respiratory, circulatory, alimentary, and G.U. systems apparently normal. Special Facial and Jaw Report - Fracture of mandible left ascending ramus with bony union progressing. Opens mouth fairly well and improving - can eat minced or soft diet. Plastic operation necessary at a later date; cannot be performed for several months on account of slight infection and recently healed salivary fistula.

8. OPERATION. (i.) Was one performed? **Yes.**

- (ii.) If so, state what. **Removal of F.B. & bone L side of face 4th. Genl. Scottish Hosp. Glasgow,**
- (iii.) Was one advised and declined? **No.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalid to Canada? **Yes.**
- (d) Discharge from the Service as permanently unfit?

Date of Report **Oct. 4th, 1917.**

Signed **G.W. Waldron. Capt. CAMC.**

Officer in medical charge of case.

Station **ONTARIO MILITARY HOSPITAL,
ORPINGTON, KENT.**

I have satisfied myself of the general accuracy of the above Report, and concur therein ~~except~~

sd. D.W. McPherson. Col. CAMC. Officer i/c Hospital. Strike out one

~~NAME~~ ~~INSTEAD~~ of these.

Station **ONTARIO MILITARY HOSPITAL,
ORPINGTON, KENT.**

Dated at **ORPINGTON, KENT.** Station, on **10 OCT 1917** 1917

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes.**

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	Caused? No.	(b) Misconduct of the Soldier	Caused? No.
	Aggravated? No.		Aggravated? No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
Not app.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)

Not app.

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

Not app.

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not app.**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No.**

(b) Fit for base duty? **No.**

(c) Invalid to Canada? **Yes.**

(d) Discharge from service as permanently unfit? **No.**

Classification for the Military Hospitals Commission

Date of Board **10 OCT 1917**

W.H. Merritt Major CAMC. President.

James W. Ross Capt CAMC.

Adam E. Hilker Capt CAMC.

Signatures of the Board.

Station **ONTARIO MILITARY HOSPITAL,
ORPINGTON, KENT.**

Approved **[Signature]** A.D.M.S.

Dated at **ORPINGTON, KENT.** Station, on **10 OCT 1917** 1917
for A.D.M.S., Canadians, London Area.

A.D.M.S. CANADIANS,
LONDON AREA.

15 OCT 1917