ORIGINAL

ATTESTATION PAPER.

No. 775420

126th ~~Overseas~~ Bn.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — John Freeman Wilcox
2. In what Town, Township or Parish, and in what Country were you born? — Port Credit, Ont.
3. What is the name of your next-of-kin? — Mrs. Elizabeth Wilcox
4. What is the address of your next-of-kin? — Port Credit, Ont.
5. What is the date of your birth? — June 23, 1894
6. What is your Trade or Calling? — Drummer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — 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

John F Wilcox (Signature of Man).

H Madigan (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Freeman Wilcox, 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.

John F Wilcox (Signature of Recruit)

Date Dec. 1 1915 H Madigan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Freeman Wilcox, 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.

John F Wilcox (Signature of Recruit)

Date Dec 1 1915 H Madigan (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 Toronto this 1st day of December 1915.

F. K. Irvine Major (Signature of Justice)

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

F. K. Irvine Major Lt. Col. (Approving Officer)

O. C. 126th O. S. "Peel" Battn., C. E. F.

M. F. W. 23.
200 M.—5 15.
H. Q. 1772-39-841.

Description of John F. Wilcox on Enlistment.

Apparent Age 21 years 5 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 39 ins.; Range of expansion 3 ins.

Complexion Ruddy

Eyes Brown

Hair Dark

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

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

None
Scars on chest

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 Dec. 1 1915

Place Toronto

D. E. McKay Capt
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John F. Wilcox 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.

F. K. Prowse Capt. (Signature of Officer)
O. C. 126th O. S. "Peel" Battn., C. E. F.

Date December 1st 1915.

27-9-14

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... II

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet..... 1

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 3

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A. F. B.— 122- 1
M. H. Commission 1
M. F. W.- 39a- 1
M. F. W.- 192- 1
A. F. B. 268- 1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—31-935.

Mic.
Med Card Slate

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name WILCOX. JOHN. FREEMAN.

Regt. No. 77520 Rank Pte

Corps 126th Bn. (#2 D.D.)

Physically Unfit —

BPC
29-3-20
Spec — 20979
Ret 7-4-20 H

~~Ret 23-2-20~~

Ret 23-2-20 H

20979

39- 125
17- 25
9- 28

Number 775420 Rank pte.

Surname WILCOX

Christian Name John Freeman.

Units 18th Bn Can Inf Theatre of War France.

Date of Service 28-11-16.

Remarks

Latest Address ~~Port Credit Ont.~~
133 Macdonald Ave
Toronto
Ontario.

Roll No.

10m.-8-21. Page 20844

DESP NOV 11 1922
REGN. NO. GB1672

No. 775420 RANK Pte. NAME Wilcox, John Freeman

T. O. S. 1-12-15 UNIT 126th Pnl Battalion, C. E. F.
(DO 10. of 1-12-15)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 1	1915 Dec 31	✓		
1916 Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr		✓		
May		✓		
June		✓		
July		✓		
Aug		✓	Forfeits 1 days pay a. W. L.	P. O. 187 of 8-16

UNIT SAILED
AUG 14 1916

Reg. No. 775420 Name Wilcox J. T.

Rank Pte. Corps 18th Age 23. Service –

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Military Whitley	3-12-17	G.S.W. L forearm.

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

FORM R. 149.
7106—250m—7/2/17.

Name WILCOX, John *Rank* Pte. *Reg. No.* 775420

Unit 18th Bn. Freeman

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-4	3 Can. G.H.	Boulogne	S.W. R.F'arm slt	A486	M2363	20-4
19-4	1st B'ham War H.	B'ham	-do-	B337		
14-8	Woodcote Pk	Epsom	d.	B426.		
2-10	Can. Mil Hosp	Kirkdale	d.	B28		3032.
17-10	Invalided to Canada		d.	B48		953.

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

REGT'L No 775420

NAME Wilcot John Freeman

H. Q. FILE No. 649-

RANK AND CORPS Pte 18th Bn form 186th Bn

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
		6
M2363	20-4-17	Adm 3rd Gen Hosp Boulogne April 13th/17 G.S.W right arm
I 35 6	23-10-17	Sailed from Liverpool for Canada per the H.T. Araguay on Oct. 17th 1917. Lost Punch L. Arm.

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 486	No. 3 Can Gen. Boulogne	3-4-17	GSW R. F'arm Slt.
B 337	1st Birmingham War Hospital Rednal Birmingham	19-4-17	GSW R. F'arm
B426 to	C.C. Wilcote Pk Epsom	7-8-17	" " Gp. Fx. Rt. F'arm
B 28½ to	Can Mil Kirkdale L'Pool	2-10-17	" " R Forearm Slt. 25-10-17
1348	Invalided to Canada	17-10-17	" " " " " "
312 ②	M. H. C.C. Toronto	8-11-17	adm M. Toronto Cl 2
314 ④	" " " "	8 11 17	To C.P. M. Toronto with Subs from Nov 3rd Order.
319 ⑤	" " " "	13-11-17	To C.P. M Toronto from Nov 13th
339 (2)	" " " " "	3-12-17	From Whitby fr M. Toronto
2	" " " " "	1-1-18	To C.P. (ex th Subs) Whitby 7 Dec 22nd

(649 W 8328)

CARD NO.

SURNAME. Wilcox. /

CHRISTIAN NAMES John. Freeman.

REGL. No. 775420 RANK Pte.

UNIT 126th Bn.

FORMER CORPS Nil.

S.O.S. 21-9-18 2 FOLL. P.U.
D.O. 154 of 18-9-18 "D.D.

NEXT OF KIN

NAMES IN FULL Wilcox, Mrs. Eliz.

RELATIONSHIP TO SOLDIER not Stated.

ADDRESS Port Credit, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. PLACE OF BIRTH Port Credit, Ont. DATE June. 23rd 1894.

PLACE OF ATTESTATION Toronto. Ont. DATE Dec. 1st 1915.

O/S. 14.8.16. 5.09 18.

R/C. 25/10/17. 2

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Drummer. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 21. YEARS 5. MONTHS

HEIGHT 5. FEET 6. INCHES

CHEST MEASUREMENT 39. INCHES EXPANSION 3. INCHES

COMPLEXION Ruday. EYES Brown. HAIR Dark.

DISTINGUISHING MARKS Scar on chest.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Dec. 1st 1915.

Present Address, not Stated.

*Name L. Wilcox, J F Rank Pte Regtl. No. 775420

Original unit Present unit 18th M or S. Age 21 Religion Eng Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Halifax, 25-10-17

Next of kin Mother, Box 38 Prt Credit, Ont.

Address on leave Same

Address on discharge Port Credit, Ont.

Transportation issued Yes No Date Character on discharge Very Good

Previous occupation Sailor Date and place of enlistment Toronto 1 Dec. 1915

Diagnosis GSW comp. fracture lt. radius Date of Medical Boards 7-9-18

Date.	Remarks	Pt. 2 Order No.
	M.O.H.	
29-7-18	Sub. as from 25-7-18 M.O.H	103
11-9-18	Returned from leave as from 7-9-18 (M.O.H.)	147
12-9-18	Posted to Cas.	149
	Qtr L 15/9/18. Qtr L cancelled Trot. 17/9/18.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.
21-9-18	S.O.S. DISCHGD. "PHYS. UNFIT"; (to take OUT-patient treatment with ISC at DMH) 3 mos. PDP & cl. allce.	154

M.F.W. 192.
60M.—3-18 (D.P. 353).
1772-39-1243.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Wilcox	J. F.	775420

Rank	Unit	Co.	Troop	Batty.
Pte	18th Batt.	W. Ont. (18)		

Hospital — Date of Admission

Transferred 3 Can. Gen. Boulogne Hosp. 13-4-17
1st Birmingham B'Ham Hosp. 19.4.17
~~Canadian Convalescent Epsom~~ Hosp. 17.8.17.
Can. mil. Kirkdale Hosp. 2-10-17

Diagnosis S. W. R. Forearm sft. RW

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

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

DISPOSITION — Date

A486

C.L. 20-4-17
" 25.4.17 B 334
" 17.8.17 B 426.
" 5-10-17 B 280
" 29.10.17 B 48.

REMARKS

Invalided to Canada
17.10.17.

Dis to Canada per
HS"Araguaya" from
Liverpool 17-10-17

EPITOME OF HOSPITAL TREATMENT.

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

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

W2R.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 126th Overseas Bn.

Regimental No. 775420 Rank Pte C. E. F. Name Wilcox, John Freeman

Enlisted (a) 1st Dec. 1915 Terms of Service (a) War and 6 months Service reckons from (a) 1st Dec. 1915

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) (Drummer)

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 Canada	Halifax N.S.	14/8/16	
		Disembarked England	Liverpool	24/8/16	
14-10-16	O.C. 126th Bn.	Transferred to 116TH OVERSEAS BATTALION C.E.F.	Bramshott	15/10/16	D.O.Pt.2 # 38 14/10/16
25.10.16	O.C. 116th Bn.	Taken on Strength	Bramshott	15.10.16	Rn 11 Order 276
					J. J. Kenny Lt. Colonel O.C. 126th O.S. "Peel" Battn., C.E.F.
29.11.16	O.C. 116th Bn.	TRANSFERRED FOR OVERSEAS SERVICE WITH 18 BN. Witness Lieut.-Colonel Capt. & Adjt. FOR O.C. 116TH BN.	Witley	NOV 28 1916	Rn 11. O. 311
29-11-16	Can Base Depot	Arr from 116 Can Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	29.11.16	Nom Roll Pt II Ord 57 d-18.12.16
9-12-16	18 BN	Joined unit	In the Fld	3.12.16	B.213
18-4-17	18 Bn	WOUNDED	In the Fld	9.4.17	Letter 18-4-17 DCS.285
13-4-17	3 Can Gen. Hosp.	Adm.	No. 3 Can Gen.	13-4-17	W3034.

RATIFIED CORRECT. 5 DEC 1916 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.

OVER

[P.T.O.

775420 Pte. Wilcox J.F.

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				
18-4-17	H.S. Princess Elizabeth	S.W. f'orm L. Adm. (Ported to West. Ont. Regtl. Depot, Bramshott)	H.S. Princess Elizabeth	18-4-17	W3083 (Can. Sect. No. 5891) Pt. II Order 29, 28/4/17.
					J. Mahoney Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
27.4.17	WORD.	T.O.S on posting from 18th Bn.	Bramshott	19.4.17	Pte. 00.44 [illegible] Lt.-Col. FOR LT: COL: I/C RECORDS C.O.M.F.
18.4.18.		T.O.S. No.2 District Depot, Part II, D.C. No...../.....			[illegible] Capt Lieut. and Asst. Adj. For O.C. No. 2 District Depot
		Dis #2 D.D. Sept 21st 1918 Ptll #154			[illegible] Colonel For Lieut.-Colonel, O.C. No. 2 District Depot.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. [illegible] (Rank) Pte.

Name (in full) WILSON JOHN THOMAS enlisted in

the 126thBn

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 1st

day of Dec. 19 15

HE served in England and France

and is now discharged from the service by reason of Physical Unfitness

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

Age 24	Marks or Scars
Height 5' 6"	Vaccinated on left arm. Scar on
Complexion Dark	chest.
Eyes Brown	G.S.W. left forearm. 11-4-17
Hair Black	

J. J. Wilson
Signature of Soldier

H. B. Beemer
Issuing Officer

Captain,
For Lieut.-Colonel,
Rank
O.C. No. 2 District Depot.
Appointment

Date of Discharge Sept 21st 1918

Signed at Toronto Ont. this 21st day of Sept. 1918

in Military District No. 2

File Reference No.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 775420 (Rank) Pte. Name WILCOX JOHN FREEMAN

Unit 126th Bn

Address on Discharge Port Credit. Ont.

Character and Conduct Very good

Former Occupation Sailor

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Gold Stripes Cno. ——— 1

Signed at Toronto Ont. this 21st day of Sept. 19 18

H S Bell
Name of Officer

Captain,
Rank
For Lieut.-Colonel,
O.C. No. 2 District Depot.
Appointment

N.B.

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:-
775420 Pte. Wilcox John Freeman 126th Bn.

Previous civilian occupation:- Sailor

Is he able to resume previous civilian occupation:- No

Cause of disability:- Gun shot wound with Compound fracture of lower end R left Radius.

Condition, in detail, which prevents the Soldier from earning a full livelihood:-
a small discharging sinus on flexor surface of wrist 1½ inches from end of Radius - no bony union at this point Very little movement in left wrist joint - Hand in prone position - Elbow cannot be fully extended unable to flex fingers but slightly -
Some pain in arm at times
General condition good -

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 50%

Disability due to Service:- 50%

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

Recommendation of Medical Board:- Convalescent Home

Station:- Halifax, N. S.

Class:- # D 116

Date 28-10-17

J. P. Proudfoot Capt A.M.C. President

R. Elliot Capt Member

W. Purdie Capt Member

APPROVED

Date 28-10-17

Asst. Director Medical Services.

Date

Director General Medical Services.

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:-

Previous civilian occupation:-

To be able to resume previous civilian occupation:-

Cause 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:-_____

_____

Station:- Halifax, N. S. _____President

Class:- A _____Member

Date_____ _____Member

APPROVED

Date_____ _____

Asst. Director Medical Services.

Date_____ _____

Director General Medical Services.

ORIGINAL MC 31 ORIGINAL

MEDICAL HISTORY SHEET.

Surname ~~Wilcox~~ WILCOX Christian Name John Freeman

Examined { on 1 day of Dec. 1915 / at Toronto

Approved by O.G. McKay.

Birthplace { City or Town Port Credit / County Peel. Co. Ont

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-engagement, 24 APR. 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Apparent age 21 yrs 5 mos.

Trade or occupation Drummer

Height 5 Feet 6 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 36 inches. / Maximum expansion 39 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm — Right. — Left. / Number none

Date	Result	Vaccinations.
27.3.16	+	M.O.
		M.O.
		M.O.

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	Anti-Typhoid Inoculations, Etc.
25.3.16	+	M.O.
13.4.16	+	M.O.
20.4.16	+	M.O.

CANADIAN

Enlisted on 1 day of Dec. 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	126th Battn	775420		
Transferred to..	116TH OVERSEAS BATTALION C.E.F. 18thBn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Epsom	Aug. 25/17	G.S.W. Left forearm (1) Deformity 2/3 forearm (2) ununited fracture lower 1/3 left radius	I.D.C.

Military Orthopedic Hospital SEP 7 1918

The Medical Boards to all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

A. Reeves Betty Lieut.-Col. In Charge Records Canadian Contingent.

Wm. Leach Capt. Dental Surgeon for Pres. S. M. B.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Millichope Christian Name John Brennan

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
1st Birmingham War Hospital.		19	4	17	13	8	17		117		
M & H Epsom		13	8	17				G.S.W. left forearm.		14/7/17. G.S.W. left forearm discharging sinus 1½ inches lost all function of arm 17/8/17. There is a free rush scar over back of forearm also scar 1½ inches long over lower end of radius. The forearm has a limited movement of 25% flexion and no rotation of elbow. no movement of wrist. hand is generally wasted. there is a very slight movement of thumb & fingers. lower two phalangeal joints have limited motion 5%. Some para at night slightly increased breathing sounds over right chest. no improvement in forearm chest condition disappeared	
CANADIAN MILITARY HOSPITAL LIVERPOOL		1	10	17				— do —			Gd Salang Capt Came

"ARAGUAYA." WHITBY MILITARY HOSPITAL DEC 3 1917

17.10.17 27.10.17 — do —
28.2.18 — do — 46 Left a slight dressing Granford C.M.H.

Gd - Grant Capt Came.

No. _____

Name Pte Wilcox

HISTORY FORM No. 1

Month March 1918

Disease Op

DATE	TIME A.M.	TIME P.M.	TEMP.	PULSE	RESP.	URINE	STOOL	SLEEP	DIET	TREATMENT	REMARKS
	10		97 2	62					Light Diet		
		4	98 3	90							
		8	98 3	80	18				Fluids -	Elix Heroin 3i q 10 h	Cough not so troublesome Slept well
									Day - March 11th - 1918.		
	10.		96 1	72.					Light diet.		Still has considerable tenderness Rt. side neck
											Night of 11th Slept fairly well.
									Day - March 12th - 1918.		
	10.		97 1	78.					Light Diet		
		4	98	76.							Fairly good day.

D.S.C.

No. .....

Name Pte Wilcox F.J.

HISTORY FORM No. 1

Month March 15 19

Disease .....

DATE	TIME A.M.	TIME P.M.	TEMP.	PULSE	RESP.	URINE	STOOL	SLEEP	DIET	TREATMENT	REMARKS
		5 15									Returned to W.D. 5.15 Pulse. 102. Face quite cyanosed. Condition much improved
									- fluids -		
		8	99'	100	20						Rested fairly well. Slept at intervals coughing considerably
		4	98.3	84	22						
	8								Soft diet.		
	10		98'	88							
	12								Soft diet.		
	b.m.										
		3							Egg nog.		
		4	98.4	84							
		8	98.3	80	18				- fluids -		Has had quite a comfortable day.
		4	97	80	18				Hot milk	aspirin gr X	Pain in arm. Slept well. Cough troublesome.

INGRAM & BELL, Limited

Forms I. 1237. 11

1st Birmingham War Hospital
NO5. CAN'GEN. HOS P
KIRKDALE. LIVERPOOL

M6-31

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
70 72	477542O	Pte	Wilcox	John
Year 1917	Unit. 18th Canadians		Age. 20 yrs	Service. 16/12

VIII 4 Radius.

Station and Date.

Disease S. S. W. Left Forearm.

19.4.17 on 10.4.17 at Vimy Ridge.
Pain & Shell. Entered posterior
Surface of left Forearm & was
removed on 11/4/17.
There is a large wound of Fore
5" long — & 3" wide.
Sensation & function Normal
X-Ray
Bath. Wet Fomentation
Wet Dress
Med: Rawl

Comg. A. T. S. on 10/4/17.
21.4.17 2nd Dose. S.C. 10 4 B. A.T.S
22.4.17 X-Ray Report. 2½" of Radius missing
commencing about 2" above wrist.
and extending Nearly to Middle —
No apparent injury to Ulna.
There is a wound on Anterior Surface
of Wrist, & discharge of Pus —,
Wounds are Cleaning. W&D
6/5/17. Ante. & Heals —
Post. W. Granulating — No Swelling
Dressing Powder & Gauze. W&D
Inh. Anglia Splint taken Post. Effect
30.4.17. 3. A.T.S. S.C. W&D
1.5.17. 4. A.T.S. S.C. D76 — W&D

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

(23205) Wt. W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

Station and Date.	
17.5.17	Ante. W. almost healed
	Post. W. granulating. Very little discharge
27.5.17.	To-day. Considerable discharge. WD
	Joint Stiff & difficult to deal with
	on account of fracture. WD
14.6.17	almost no discharge - Still using
	packs & Iodoform powder & gauze
	Still in Splint. WD
22.6.17.	To-day. Much pus. Some Swelling.
	Severe WD
23.6.17.	Operation - Drainage. Anterior & Post.
	Surfaces. packs & Iodoform gauze.
18.7.17.	Still pus. Joint Stiff. WD
	Elbow flexes well.
	Cannot be fully Extended
	Pronation & Supination almost Nil.
	Wrist very Stiff.
	Ankle. Carp. Phalangeal joints. Very Stiff.
	Massage for wrist & hand joints. WD
22/7/17.	The massage had to be given up on account
	of increase of pain & discharge from wound.
27.7.17.	Small piece of bone & loose bone WD
	felt in Anterior wound - Still
	discharge of pus. WD
28.7.17.	Two Small pieces of loose bone removed
	to-day Cant Take sinuses - joint. Moved
	under Anaesthetic WD
8/8/17.	Still pus from wounds - will be
	a long time - Yet to Travel
	Require Hospital Treatment
	Left Leg.
	Maj. Ramsay

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER F. J. Gribeau

RANK Pte

REGIMENT

No. 775420



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	Sept 3/1918																					No dental history or chart.
Discharge exam	Sept 3/1918																					Pyrrhoea treat't
Hairgrindle	Sept 3/1918																			R. D. Thornton Capt		FOR REQUIREMENTS
																						Given Certificate

M.F.B. 465
200m.—6-18
1772-39-9

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	775420	Pte	Wilcox	John
1917	Unit. 18 Bn		Age. 20/yrs.	Service. 16/12

Station and Date.

CANADIAN MILITARY HOSPITAL LIVERPOOL. 1.10.17.

Disease F. S. W. left forearm.

Enlisted Dec 2/1915. Joined. Engl. Aug 19 7/1916.
France Nov 1916.
Wounded April 11th/1917 Vimy.
S. W. Extensor surface lower fork middle ⅓ left forearm. with comp fract of radius.
2nd Gen. Base Depot — 6 days. — Op. wounds enlarged. fragment of shell removed. Tubes — Carrel-Dakin treatment
1st Birmingham War hosp. 4 mos.
X Ray. Shows. 2½" of Radius missing. Commencing 2" above wrist and extending nearly 6" middle — No apparent injury to Ulna.
23/6/17. Incision 1½" made over lower end of radius flexor surface. for drainage.
25.7.17. Sequestra removed from sub wound under anaesthetic.
Woodcote Park Epsom. — 6 weeks.

Present Condition. General Condition good. Wd 5th long healed — Extensor surf. middle ⅓ L. forearm. Healed wound 1½ flexor surface, over radius, lower end. No bony union of radius. Elbow cannot be extended beyond ⌐ Very little movement possible at wrist. No pronation & Sup. Hand in semi-prone position. Unable to completely flex fingers. Other movements full.

A.B. Chamberlain Capt.

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

(44502) Wt. W 11203—M 1159. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

C 7737.

Station and Date.	

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps ..... Hospital Station Am. 9, 15

No. ..... Rank and Name Pte Wilcox ..... Age ..... Service .....

Disease ..... Date of Admission 3/8/18 Date of Discharge ..... Result ..... Case Book ..... Folio .....

Dates of Observation	4	8	9	9	10	10	11	12	13	14	15	17
Days of Disease												
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°												
106°												
105°												
104°												
103°												
102°												
101°												
100°												
99°												
98°												
97°												
Pulse per Minute	152 84	84	88	84 80	60	62	80	72 88	78	70	68	68
Respirations per Minute	20	18	20	20	20	18	18	16	16	16	16	16
Motions												

Evacuation

Sublines removed

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature ..... *In charge of case.*

FORM OF WILL.

I, John Freeman Wilcox (Name in full)

Regimental Number 775420 serving in 126th Peel Batt'n

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

.....
.....
.....

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 ..... day of ..... A. D. 191

..... 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 .....

Address of Witness .....

Occupation of Witness .....

Signature of Second Witness .....

Address of Witness .....

Occupation of Witness .....

M. F. W. 82
300M-5-16.
1772-39-983.

C.D. 2

No. 56

CANADIAN CONTINGENT EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE.

MM.
Reg.No. . . . . Rank . . . . . Name . . . . . .

Corps. 775420 Pte. WILCOX, J.F.

126th . . . . . who was Discharged . . . . . .

On . . . . . 191 , to . . . . . .

Sept. 21, 1918 I.S.C. (out patient) . . . . . .

The following is a statement of the account of the above named

from . . . . . 191 , to . . . . . 191 , the

inclusive date of transfer or dis Sept. 21, 1918. Sept. 1, 1918

Dr.			Cr.		
Bal.Dr.from prev.Month. .			Bal.Cr.from Prev.Month		
Advances by Cheques No. 78260	35		Reg.Pay . . dys.at $..¢.. 21 1	21	
No.			Fld.Allce. .dys.at $.¢ . . 21 10	2	10
A.P.& S.A.No.			Sep.Allce.		
Other Charges 78229	$20		Other Allces . . . . . Clothing	35	
Pyt.on transfer or Discharge No.			Other Credits Sub. 1-7.9.18	5	60
Bal.Cr.(to be paid by the New Unit). 78261	8	70	Bal.Dr.(to be deducted by the New Unit).		
TOTAL	63	70	TOTAL	63	70

A MONTHLY Stoppage of $. . . . . has. . been pd. on a/c.of Assigned.
20.00

(Pay for the month of . . . . . .191 ,) to Assignee . . . . .
(and S.A.for month of Sept. 1918 .191 ,) . . . . . Mrs. E. Wilcox,

Address. . . . . .

Port Credit, Ont.

On Transfer of an Officer.

Outfit Allowance of $. . . . . has been paid by P.M.,M.D. No. . . .

REMARKS-
State (1) Date of Enlistment . . . . . .
(2) If married & if a S.A. Card has been submitted . . . .
(3) Cause of Discharge . . . . . Authority. . . No. . .
(4) Authority for transfer . . . . . D.O.154 .

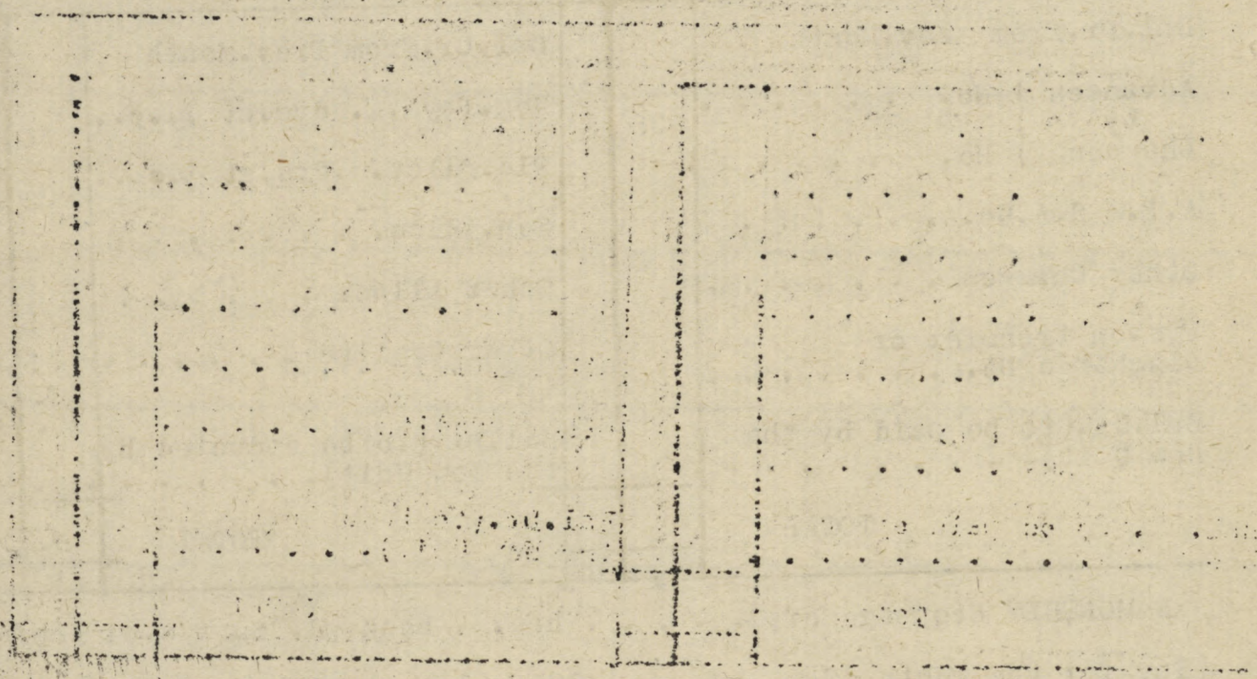
I have carefully examined this statement of account and find it to be a correct extract from the Pay-List of the Unit.

Date. . . . . Sept. 19/18

Place . . . . . Toronto.

W. Rawlings Capt. Capt.

PAYMASTER, No. 2 DISTRICT DEPOT



To be made out in duplicate. 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 ..... 126th Peel Batt'n

(2) Regimental Number 425410

(3) Full Name of Soldier ..... John Freeman Wilcox

(4) Place of Birth ..... Port Credit Ont.

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

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

(b) Present Postal Address .....

(7) Are you a widower ? .....

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

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

Also their names and ages .....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes Henry Wilcox

If so, state name and address Port Credit Ont.

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Wilcox
Port Credit Ont.

(11) If your Mother is a widow No.

Are you her sole support, or not?

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

/

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

/

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

/

(15) Are you insured? No

If so, in what Company? /

Have you made arrangements for payment of your Insurance premium /

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

F. Hamilton
Officer Commanding.

Date 1st Aug. 1916

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for HO file

Ottawa 4, Ont.
Date Nov 26, 1968

Attention of

NAME WILCOX John F. SERVICE NUMBER 775420 WW1 C.P.C. No. 47207 W.V.A. No. NAVY ARMY x R.C.A.F.

The DEPARTMENT has received information from

John H. Wilcox Chicago Illinois U.S.A. Date Nov 19, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Sept 18, 1968
Cause of Death
Place of Death Ste Anne Hospital CHICAGO U.S.A.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~RAN~~
~~DOX~~
H.O.

Destroy form if advice of death already received.
F.R.D.

E.C. Richards
for
Chief, Central Registry

DVA 24

R—122

J.P.

Rank Pte Name WILCOX, John Freeman Reg'l No. 775420.

Unit 126th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto. 1st. Dec. 1915. Place of Birth Port Credit. Ont.

Name and Address, Next-of-Kin Mrs. Eliz. Wilcox.

Port Credit. Ont. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

N/E. R.B. No. 3109
File R.L.
Category Can M.U.

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.
Arrived in England S.S. Empress Of Britain 24th. AUG. 1916					
14.10.16	126th Bn	S.O.S. on Trans. to 116th Bn	Bramshott	15.10.16	Part II D.O. #38
25-10-16	o.c. 116th.	T.O.S. from 126th. Bn.	B'shott.	I5*I0*I6	Pt. 2 D.O 276 W.R.
29.11.16.	Do.	S.O.S. overseas to 18th/Bn.	Witley.	28.11.16.	Pt II D.O. 311.
18.12.16	18th	Taken on strength.	Field	29.11.16	" " 57.
20.4.17	"	Adm 3. can. Gen Hosp	Boulogne	13.4.17	C.L. 2 a. 486
25.4.17	.	1st Birmingham War Hosp. Rednal. Invalided Wounded	Birmingham	19.4.17	C.L. B. 237 G.S.W. R. Forearm
28.4.17	"	Posted West. 6nd Reg. Depot. adm Hosp Ewell	Ewell	18.4.17	Pt. 80 # 29.
27.4.17	W.O.R.D.	S.A.S. on proceeding from 18th Bn Exc. Hosp. Bham.	Bramshott	19.4.19	Pt. 80. # 44 S.S.W. L. thigh R. Hand L.
17.8.17	18th Bn	To Can. Con. Hosp Woodcote	Epsom	14.8.17	C.L. B. 426

A.F.B. 103 CHECKED 4 DEC. 1916

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.
		Ex. Can Con Hosp. Nr. Colchester	Lapson		G.S.W.R. Forearm
	W.O.R.D.	to Can. Mil. Hosp.			
4.10.17	18th Bn	Ex Can Mil Hosp Kirkdale		2.10.17	L.L. B.28 G.S.W. R. Forearm
27.10.17	W.O.R. 18	Invalided to Canada		17.10.17	L.L.B.48
31-10-17	W.O.R.D.	Ceases to be shewn as Patient in Hosp & S.O.S. invalided to Canada	Bshott.	17-10-17	D.O.203.
	D Depot.	To Convalescent Home	Mil Hosp Toronto	25/10/17	N.R.391.

M. F. W. 41
10M—7-16
1772-39 889.

Name Pte Wilcox J. F.

Regimental No. 775420

Unit 126 Bn

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $ 20.00 pd to 31/10/17

To whom payable Mrs. E. Wilcox
Port Credit, Ont.

Name and address of next-of-kin
Wife
N. Ire.

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1917																
Nov.								Dr Bal	10 00	39561		10 00				N. O. L.
																Ont Nov 3 W.O. 314
Dec 1	31	31	1	31 -	31	10	3 10	38 37		46457			40 -	10 00		Can " -13 W.O. 319
								8 00	8 047	44688	20 -					
										50025	1047				8047	Dec P.L.
																Ont Dec 22 W.O. 2
Jan 1	31	31	1	31 -	31	10	3 10	9 60	43 70	54755			20 -			In Jan 3/18. W.O. 7.
										56723	23 70				43 70	Jan. P.L.
Feb 1	28	28	1	28	28	10	2 80		30 80	58807			20 -			
										60854	10 80				30 80	Feb. P.L.
Mar 1	31	31	1	31 -	31	18	3 10		34 10	63187	14 50		20 -		37 10	
										66359	14 10				34 10	
Apr 1	30	30	1	30 -	30	10	3 -		33 -	68757			20 -			
										70133	13 -				33 -	Apr P.L.
May 1	31	31	1	31 -	31	10	3 10		34 10	74593			20 -			
										76933	14 10				34 10	May P.L.

Acct Carried forward.

M. F. W. 41
1 0M—-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte. Wilcox. J. F.

Regimental No. 475420 ✓

Unit 126th Bn.

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $20.00

To whom payable Mrs. E. Wilcox
Port Credit Ont. #2.

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
June 1	30	30	1	30 —	30	.10	3 —		33 —	80110			20	2.56		2.56. Birmingham War Hosp. advances while in Hospital. 22-5-18. Casualty letter.
										83192		10.44	on Ltr		33.00	June P.L.
July 1	31	31	1	31 —	31	10	3 10		34 10	1325			20 — ✓			Aug. 25/7 Ind. Do 103 (Shown in Aug. P.L.)
										A.R. 76		1400			34. —	
									34.10				Cr Bdl.	.10.		
Aug 1	31	31	1	31 —	31	10	3 10	5 60							34.10	
								90		76040			20 —			
								24 80	6 460	76645		44 60			6 460	
Sept 1	21	21	1	21 —	21	10	2 10	5 60		78229			20 — ✓			Subs ceases 7.9.18 Do 147
								35 00	6 370	78260		35 00 ✓				
										78261		8 70 ✓			6 370	W.S.S. Cas 12/9 Do 149
																Disch. 21.9.18 Ont. pat. clsc. Addl allow. Do. 154

M. F. W. 41
100M-1-18.
1772-39-389.

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte Wilcox A W.

Regimental No. 775422

Unit 1st C.O.R.D. 126 Bn.

Name and address of next-of-kin

Date of enlistment SEPARATION ALLOWANCE AND ASSIGNED PAY OF $ 20 00 CHARGED TO Oct 31/18 BEING CONTINUED BY DIRECTOR OF S.A.A.P. OTTAWA Dec 6/18

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $ Mrs. M. Wilcox

Reason for discharge

To whom payable Mrs. E A. Williams

Character on discharge

65 Scotland St. Toronto Ont 730 O'Hara Ave Toronto

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1918																
	Oct							12 00		80299		10 -			10 -	2d 24/9 Posted to Nov 8/10
													1/2 bal		2 00	leave 8/10 - 22/10 to 01/16
														29 00		L.B.L entered in error
Sept 1	Nov 30	91	1 10	100 10	91	10	910	2 -	11120	82500		35 16		56 04	11120	adjusted Dec P.L.
																Disch. 9.12.18.
~~Dec 1~~	~~9~~	~~91~~	~~1 10~~	~~900~~	9	10		9935	~~4380~~ 4490	82810		35 -		~~910~~		Cloth Allow. DO. 232.
								1/2 bal	910					20 -	55 -	
									1920						6410	overpd 9 10 paid as Cpl. in Nov P.L.
																68 20
Dec 1	9	9	1 00	9 -	9	10	90	6820						910		underpaid 1/7 - 31/8
								521		82810		35 -		20 -		Tot from July 1/18 Dr bal 5083
								35 -	11831	82859		5421			11831	Pte overpd 9 10 paid as Cpl. in Nov P.L Sept 1 - Nov 30
																Disch. 9.12.18
																Cloth Allow. DO. 232

M. F. W. 41
100M-1-18.
1772-39-889.

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

18330/365

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Wilcox, J. F.
Surname Christian Name

Regimental Number 775420 Rank Private,

Unit #2 D.D.

Original Unit

District where paid M. D. #2,

Date of Discharge

P. D. P. Filing Number 8-719-2.

Address (in full)
Port Credit, Ontario.

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

L. L. 46038—M. & D. 9245.

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		
100 10	11791	20/9/18	33 00	11023	20/10/18	33 00	8173	20/11/18	34 10		100 10
1366 ~~1st~~	~~G.75608~~	~~1/3/19~~	~~70 00~~								
358A ~~2nd~~	~~G.39761~~	~~14-3-19~~	~~70-~~								

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks:

4-1-19

Dec'n No 8330/366 File No 9366-9-24.

Award ..... days at $ 70 per ... / $ 350.00

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

Less P. & P. Credited $ 100.10

Less further debit balance not due paid as below $ 249.90

TO SOLDIER TO DEPENDENT

	Ag. No	Ch No	Amount	Ag. No	Ch No	Amount
0						
1	1366	15608	70 00			
2	358a	39761	70 00			
3	1303B	H430086	30 00			
4	1150C	1162815	39 90			
5						
6						

1/3/19
4/3/19
19/4/19
14.5.19

B0438
Cost Credit
Out.

A.W.

GEN'L AUDITOR
Posting checked by
E.E. Bradley
Date 20/10/19

M. F. W. 41
1 0M—7-16
1772-39 889.

W 2165

E. Alta

Name Wilcox J. E. F.

Regimental No. 775420

Unit 126 Bn

Date of enlistment Dec 1915

Place of " Toronto

Married (yes or no) No (A/C chqd on the pay list Aug 1916)

Amount of pay assigned monthly $ 20.00 1-8-16 to 31-10-17

To whom payable Miss Elizabeth Wilcox Port Credit Ont

Name and address of next-of-kin Home Port Credit Ontario

MB 29-10-17 Con Home

Date and place discharged $300.00

Reason for discharge

Character on discharge

Acapulya 24-10-17 Cate D3 H.G. 649-W-8323

Form 6b 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	31/10/17							44 30 ✓								E.R.P.C.
4/10/17	30-11-17	58	1.00	58 00	58	.10	5 80							60 00		C.D. Hal.
									108.10					9 73		aR. 131 31/10/17
															69 73	L.P.C. rend'd 31/10/17
									108 10			Cr Balance			38 37	show ½ adj on 31/10/17
									108 10						108 10	t/f to "D" Unit
Cr Balance								38 37				Eng Sup L.P.O.		23/18 2 56		Birmingl. Hosp. Oct 1917
									38 37			Cr Balance		35.81	38 37	Sup L.P.O. "D" unit 7/5/18

ER 21-11-17

E A Rchgd Sept 1-16 to Oct 31-17 = 28

M. F. W 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

L. L. Job 4503.—M. & D. 6834.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs. Elizabeth. Wilcot,

Address Port. Credit
Ont.

Rate $20

By Whom Assigned Wilcox, J. H.

Regtl. No. 775420.

Rank Pte,

Corps 126th Batt.

PAYMENTS

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

CONSOLIDATED 3 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. Elizabeth Wilcot, PAYMENTS. Name of Soldier Wilcot, J. F.

L. L. Job 4503.—Req. 6832. #775420, Pte, 126th Batt,

Month.	Year.	Cheque No.	Amt. $20.	Remarks.
April	1916			
May				
June				
July				
Aug.		V16081	20	
Sept.		B19060	~~20~~	
Oct.		B23651	20	
Nov.		Z29403	20	
Dec.		O34101	20	
Jan.	1917	M42702	20	
Feb.		M48140	20	
March		L54434	20	
April		P5852	~~20~~	
May		C12445	20	
June		O19602	20	S
July		K26468	20	
Aug.		Z35342	20	
Sept.		P40276	20	
Oct.		W45351	20	300 00 / xx 6D 1.18
Nov.		A35598	~~20~~	A 35598 Cancelled.
Dec.				
Jan.	1913			A/c Closed 31-10-17
Feb.				Ret'd per Aranguay
March				Date 17/10/17 F. X. 6/11/17
April				Clerk J Martin
May				
June				
July				

300 00

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.				

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Fort Credit Ont. Can.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Elizabeth Wilcox, Fort Credit, Ont. Can

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 75420 RANK Pte NAME Wilcox, John Freeman

IF IN PERMT. CORPS WHAT UNIT UNIT 128th

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto, Can

DATE OF ATTESTATION 1/12/15

TRANSFERRED TO 116 Bn. DATE 15.10.16. AUTHORITY P.C. 038 Bo. 311

TRANSFERRED TO 18th Bn DATE 1-1-17 AUTHORITY 29.11.16

TRANSFERRED TO W. Ont. Regt Depot DATE 21-6-17 AUTHORITY C.R.O. 337 25/7/17 Epo. 12.2.37

TRANSFERRED TO Pay Th L. DATE 4.10.17 AUTHORITY 28.9.17 Pte. to Canada.

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE AUG 1 1916

PAYABLE TO Mrs. Elizabeth Wilcox, Fort Credit, Ont. Can RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.11.17 REASON Sick to Canada

DISCHARGE DATE AND PLACE Canada 3/10/17. REASON AND AUTHORITY Epo. 12.2.37 28/9/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card

Checked by

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.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														8 00	8 00																8 00				C
Sept.	30	1.00	30 00		30	10	3 00								33 00	21	1/9	67 88	15 30/9					487 ✓	244 ✓ 486 ✓			20 00		32 17	8 83				a.P is payable by a.P Br. from aug 1st + deduction for same to be made in any pay lists (Can.)
Oct.	14	1.00	14 00		14	10	1 40								15 40	146	13/10							243 ✓				20 00		22 43	1 80				Balce from Canada.
"	17		17		17		1 70								18 70															54 60	9 0 50				
Nov.	30		30		30		3 -								33 -			34 ✓ 375	31/10 15-11					4 ✓ 4 ✓ 17 ✓ 4 ✓				9 0		22 44	31 06				
Dec.	31		31				3 10								34 10 14 ✓ 40			387	20/11										117 ✓	35 78 11 ✓ 8 ✓	29 38				94.05 # 64 - 25-11-16. 2 Trans to 18th Bn 1-1-17 Bo. 311 - 29-11-16.
Jan	31	1.10	34 10												34 10			1594	23/1 ✓					5 23 ✓				20		25 73	38 25				
Feby	28	1.10	30 80												30 80														20		✓✓6✓	46 43				
March	31	1.10	34 10												34 10			1751	9/1 ✓	1904 1505	19/3 7/3			2 62 ✓	2 61 5 23 ✓			20		30 46	50 07				
April	30		33 00												33 00					34	4/4				262 ✓			20		22 62	60 45				
May	31		34 10												34 10														20		74 55				
			300 30											8 -	308 30									32 20	17 76	262		180 -	117	233 75					

Sailed per Hosp Ship "Llandovery Castle" 17/10/17.

775420. Private Wilcox, John Freeman.

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.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			300	30										8	308	30								32	20	17	76	2	62	180	1	17	233	75	74	55			Draw to a/cst. Regt. Depot 21/6/17
June	20	1/-	22	-											22	-													20	-			20	-	76	55			Auth. C.L.B. 337 28/4/17
"	10	"	11	-											11	-							S.7449 185 Birm May 1917															
July.	31	"	34	10											34	10							R.189a. " June. 1917			4	25							4	25	83	30		
Aug.	31	"	34	10											34	10							185 Birmingham			1	70							21	70	95	70		
Sept.	30	"	33	-											33	-							S.118 23/7			3	40							23	40	106	40		
Oct.	3	"	3	30											3	30													20	-			20	-	119	40			
			437	80										8	445	80								32	20	17	76	11	97	280	-	1	17	243	10	102	70	38	nil	Ypres to Pay Z. L. Sqt. 4th Egs. 12 a 37. 28.9.17.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERVICES ENR.
Oct	Balance								119 40		
	3 days Pd @ 1/-	3 30		Assign Pay Ack				20	102 70		
		3 30						20			
Nov				DNAR 2704. Epsom 27/8/17		48 66					
				" 2551 do 14/8/17		9 73			44 31		
						58 39					
1918											
Jan.				1st Birmingham Aug 17.		256					
				NOT ENDS							
				A.R. 131. 5th Gen Hosp 13/1/17.		973			3202		
						1229					
	Balance transferred to N. E. Branch.								nil		

A3M. FORM REN'D ... EFFECT ...
DISCHARGED TO ... DATE 3/10/17
PAYBOOK VERIFIED ... 3/10/17
BAL 44: 30 L.P.C. REN'D
AUTH. Epsom 12 37 28/9/17
Invoiced

Stopped 1.11.17

Checked Kyt. 2/C

Dep. L. V. P. 23.1.18
Cr. 41.74
" 4.2.18
Cr. 32.01

P. 697.

7754 20 Pte Wilcox J 7.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
14.8.17	2551		2		9	73	Epsom	B Kane	
27.8.17	2504		10		48	67		"	
					58	40			

... ...												

HEAVY DRAFT HORSES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROCK SALT			
VE ...										
HAND ...										
... ...										

LIGHT DRAFT, RIDING HORSES AND MULES.

HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROCK SALT			
VE ...										
HAND ...										
... ...										

* These Issues are only Equivalents in lieu of Oats if demanded by Units.

DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....191

APPROVED

.....

QUARTER MASTER.

.....

OFFICER COMMANDING

BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES TO BE MADE ON THE FOLLOWING DAY

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Aug 1—16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

70			

4 Fb 12 W48

Paid

PARTICULARS OF SEPARATION ALLOWANCE

No. 775420

Rank Pte Promoted Reverted Discharge

Soldier's Name J F Wilcox

Battalion 126 Batt'n

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Wilcox

Address Port Credit

Change of Address Out

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec	—		300	300	

Acct closed-31 10/17. Rtd per "Braguez" 17 10/17. 7.X.6 11/17
Last a/P cheque Oct-1917

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1698.

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—1772-39-141
L. L. 22320—M. & D. 7693.

PHYSICAL EXAMINATION
SECTION E.

Date Nov 18/17

Has a fracture of Radius wearing a gutters Splint Elbow to ends of metacarpal bones.
To have X ray of forearm a.p. & l. & see Dr. Wright on Monday p.m. Arm still discharging & being dressed daily. D.F.

Nov 19/17 - To have X Ray - Hand
Massage Below wrist - Open
To have a wire cock-up Splint made.
for left hand — D.F.

Nov 23/17 Wearing wire cock up Splint made at the Unit factory & receiving massage daily.
Wound is now healed for two days — D.F.

" 30. Cock up Splint altered to suit hand - Receiving massage daily. Small discharging wound on wrist probed - Sinus is 1" deep. Not taking Vocational work is Dental work.
X ray shows loss of about 2" of radius. D.F.
about 2" above wrist - Wound is still discharging. D.F.
To be transferred to Whitby and given massage till wound on wrist heals. D.F.

Jan 8th There is still a slight discharge from
Military Orthopedic Hospital
Feb 8 wearing Cock up Splint - Still slight discharge.
To have massage daily. D.F.

Feb 15th Wound is discharging - being dressings - wearing
Treatment recommended Cock up Splint: Continue massage. D.F.

Feb 23/18 Same as above - Carry on. D.F.

Continue Massage but have X Ray & position for wrist.
to find Cause of discharge.

March 1st X Ray shows sequestra - operate Friday. C.S.W.

Probable minimum duration of treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

Signature of Medical Officer

PROGRESS NOTES

SECTION F.

All Progress Notes must be signed and dated

Date

8/3/18. Operation. Opening out 2 sinuses & excision of three small pieces of dead bone.
Sutured with Cat Gut internally & silk worm externally - No drainage

22/3/18. Wound discharging considerably Improved.

26/3/18. Wound practically healed

2/4/18. Wound healed. Massaged wrist.

April 9/18 - Make a splint for night use. to keep hand & ulnar side - Send to Gym. for Gentle Stretching exercises of wrist - Osw

9/4. Special splint being made for support & Raising

26/4. Arm & hand much straighter. Splint to be further adjusted.

To wear splint at night time and by day - Osw

21/5. Forearm about same. Some slight improvement

21/5. Arm improving, under massage & exercise.

11/6 Very little change in arm. Splint not satisfactory.

June 17/18 - Use arm more by day & splint by night

Continue exercises - There is good improvement Practically Surgery exercise

24/6. Hand and forearm improving.

2/7. Some improvement

9/7. Having adjustment to splint.

Arm improving with treatment

19/7 Arm & hand still improving. Seen Dr Wright 24/7.

July 24/18. To Fix splint hand much better Osw

Transfer to Ottawa Osw

Aug 22 18. Three splints readjusted. Discharged S.D.C. - not. 3 mos. for transport

Form 1. 5M-3-17-S.P.

MILITARY CONVALESCENT HOSPITAL
TORONTO

SECTION A.

Date 13/11/17

Name Wilcox J J Age 21 ~~Married or~~ Single

Home Address P O Box 38

Enlisted on Dec 1915 at Toronto

Town or City Port Credit Province Ont

Unit 18th Rank and No. Pte 775420 Previous Conduct

Diagnosis and Recommendations of previous Boards.

G S W with Compound Fracture of lower end of left radius.

Complaint if any, regarding pay.

Complaint reported to .....

By .....

The above to be filled in by office when patient is admitted to hospital

Date .....

REPORT OF ADMITTING OFFICER

SECTION B.

DATE 13/11/17

HEIGHT

WEIGHT { Present / Best

CLASSIFICATION OF CASE

Indicate primary class by XX
secondary by X

1. MEDICAL
   a. Cardiac
   b. Pulmonary
   c. Gas
   d. Nervous
   e. Gastro Intestinal
   f. Rheumatic
   g. Miscellaneous
2. SURGICAL
3. ORTHOPEDIC XX
4. SPECIAL
5. DENTAL
6. LABORATORY EXAMINATIONS REQUIRED
   a. Wasserman
   b. Blood
   c. Urine
   d. Sputum
7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

FEB 7 1918 Military Orthopedic Hospital

J. L. Thompson Capt.

Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

Capt. Snelgrove

Date

Special questions for Soldiers' Aid Commission

1. Diagnosis

2. Degree of Disability (expressed by fraction)
   Permanent or otherwise

3. Can former occupation be resumed?
   If not, what class of work could be undertaken?

4. What military duty could he perform?

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge

REPORT OF MEDICAL OFFICER

SECTION D.

Date

1. COMPLAINT — G S W with compound fracture of lower end of Left Radius

DATE OF ORIGIN & CAUSE OF DISABILITY — April 11th 1917 Shrapnel

2. PREVIOUS HISTORY

Nil

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco, Tea and Coffee, Narcotics, etc. State amounts. — Moderate

Venereal Infection — No

Did patient reach England or France or remain in Canada? — France

4. PRESENT ILLNESS

If "Gassed" what kind? Duration of exposure. What were immediate effects? — Not Gassed

If wounds or injury how caused?

Is condition due to service or climate? If not, was it aggravated by them? How? — Due to Service

On or off duty? — On Duty

In action or in field service? — In action

If due to exposure on duty, what was nature?

Previous treatment and results. Where treated?

Dressing Station, Dressings
Boulogne and G. H. operation shrapnel a Bone
Birmingham first B. W. H. two slight operation under the Left wrist for drainage
Epsom Dressings
Liverpool "

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181

Corps_____ Military Hospital_____

No._____ Rank and Name Alt Wilcox Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation	June																															
Days of Disease	23	24	25	26	27	28	29	30	1	2	3																					
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	8 6 4 2																															
106°	8 6 4 2																															
105°	8 6 4 2																															
104°	8 6 4 2																															
103°	8 6 4 2																															
102°	8 6 4 2																															
101°	8 6 4 2																															
100°	8 6 4 2																															
99°	8 6 4 2																															
98°	8 6 4 2																															
97°	8 6 4 2																															
	8 6																															
Pulse per Minute	94 72																															
Respirations per Minute																																
Motions per 24 hours																																

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature_____ In charge of case.

Army Form W. 3172.

1st Siam War Hospital.

Ward 1C No. of Bed Date 27.7.17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
778420	Pte Wilcox	1st Canadian	L.S.W. Left Forearm

Short History of Case.
(To be completed by M.O. i/c case)

On 10.4.17.
Previous X-Ray Plate
Smashed - Please make
print of broken parts
& show fracture as it
was & also please
send new X-Ray to
show present Condition

Signature of M.O. J. Orr

Date 27.7.17

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 2994

Radiograph shows condition
of end of Bone and the
presence of a Sequestrum

Signature of Radiographer J. Hall-Edwards

Date 28 VII 17 Major R.A.M.C.

W 8290—3262 100,000 8/15 H W V(M 1318) G. 15/1043

PART I. A-O-DC-D 25/8 A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 775420 Rank Pte. Surname Wilcox. Christian Name John Freeman.

Unit or Corps—(a) Overseas from United Kingdom 126. (b) In United Kingdom 126.

Born at—Town Port Credit. County or Province Ontario Country Canada

Date of Birth—Day 23 Month June. Year 1896. Age 21 yrs. 1 months.

Joined at Toronto. Date 2d December 1915.

Former Trade or Occupation Deck Hand.

Permanent marks or peculiarities that will serve for future identification :— Scar from burn over chest.

Height—feet 5 inches 6. Colour of eyes Brown.

Signature of Soldier (*for indentification purposes*) J F Wilcox

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*). Loss of Function Left Arm.

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.	G.S.W (Shell) Left Arm	Vimy.	11th April 1917
(*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? No 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—

(*i*) As to Group (*a*) above? Yes Yes.

(*ii*) As to Group (*b*) above?

(*iii*) As to Group (*c*) above?

PART I. *(continued).*

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? No

(*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.)* Had been in the fighting & was seeking shelter in a dug out & was trying to dig with a shovel when a shell came over and burst throwing pieces & hitting him in left arm. Went to the Dressing Station. Then to Field Ambulance. Then C.C.S. to Boulogne. Thence to Birmingham on 19th April. Thence to Epsom on 13th August 1917.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)* There is a five" scar over back of forearm. also scar 1½" long over lower end of radius. The forearm has a limited movement of 25% flexion & no rotation. Elbow no movement of wrist hand is generally wasted there is very slight movement of thumb & fingers. Lower two phalangeal joints have limited motion 5%. Some pain at night slightly increased by breathing. Sounds over right chest Other systems normal.

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

(*ii*) If so, state what. Removal of shrapnel & sequestrum.

(*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?

(*ii*) If so, describe. Not applicable

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 August 17. 191 7. Signed Guy Dunbar Campbell
Officer in medical charge of case.

Station M.C.H. Epsom. Capt CAMC

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

R B Larkin Capt CAMC for {Officer i/c Hospital / ~~S.M.O.~~ ~~Brigade~~} Strike out one of these.

Dated at Military Convalescent Hospital Epsom Station, on 19 AUG 1917 191

* Delete if inapplicable.

PART II.

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 / Aggravated? No } (b) Misconduct of the Soldier { Caused? 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%.)
One hundred Percent.

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, 1/5, 2/5, 3/5, 4/5, or all).*
all

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? No
(ii) If not permanent, what is its probable minimum duration *(in months)*? Six months

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

18. Remarks.
X-ray report 4/8/17 2½" Radius missing commencing 2" above wrist and extending nearly to middle of forearm. No apparent injury to Ulna —
Sensation below wound is normal.

19. Recommendation :—(a) Fit for duty?
(b) Fit for base duty?
(c) Invalid to Canada? yes
(d) Discharge from Service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board Aug 25th 1917

Signatures of the Board: H. L. Davey Maj President.
S. L. Smith Capt

Station Epsom

Approved G. O. Jayle A.D.M.S.

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

Dated at ..... Captain C.A.M.C. Station
for A.D.M.S., Canadians, London Area.

25 SEP 1917

191

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

Signatures of the Board

President.

Next of Kin Mrs. E. Wilcox
Address Port Credit Ont.

MEDICAL HISTORY OF AN INVALID

Home Address Same.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

Med. Officer Capt. P?B. Brown

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 soldier 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 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Davisville Mil. Hosp. DATE Sept. 7th, 1918.

1. 1 (a) Unit D.D. #2 (b) Regimental No. 775420 (c) Rank Pte

(d) Surname WILCOX (e) Christian name John, Freeman

2. Age last birthday 24 Date of birth June, 23rd, 1894.

3. Enlisted at Toronto on Dec. 1st, 1915.

4. Personal description:—

(a) Height 5' 6" (b) Weight 153 Lbs. (stripped) (c) Complexion Dark

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

Scald scar centre chest. Vaccination mark one, left arm.

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

Port Credit, Ont.

6. Former trade or occupation Sailor

7. (a) Service

	Years	Days
	Two Years	278

	Periods	
	From	To
126th Battn.	~~Dec. 1st, 1915~~	~~Nov. 1916~~
18th "	Nov. 1916	Apr. 11th, 1917
Casualty	Apr. 1917	Nov. 3rd, 1917
~~M.H.C.C.~~	~~Nov. 1917~~	~~Apr. 1918~~
D.D. #2	Apr. 1918	Sept. 1918

(b) Has he been overseas? Yes 8. Original disease or disability

GSW. Left forearm with fracture of Radius.

(a) Date of origin April, 11th, 1917. (b) Place of origin Vimy.

(c) Cause* Shrapnel.

(d) Present disease or disability Deformity of left forearm with ununited fracture lower 1/3 left radius.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective:- Wrist and hand are very weak when trying to do any heavy work and is unable to turn hand at wrist fully.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Objective: The lower part of forearm and hand is deformed, the hand being abducted 15° Movements at wrist.

A.C.F. 180° A.C.E. 235°

Pronation is normal but supination is absent. is absent

There is loss of about 2" of Radius about 2" from distal end.

Scar on posterior surface.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part Yes Hist Ln 9(a)

Wassermann--negative

Urine negative.

10. History: (*a*) of Condition referred to in "a" section 9.

Wound left forearm Radius fractured in lower third, ununited, considerable sepsis which cleared up in 11 months. Had 5 operations.

(*b*) 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.

None.

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

Not applicable.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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).

Hospital in England 6 Months.

" " Canada 10 Months.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

Advise Bone graft in six months.

16. Can the former trade or occupation be resumed ? No
(If not, briefly state why.)

17. Recommendations To be discharged to Invalided Soldiers Commission as Outpatient to have operation--Bone graft in six months.

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 and either "satisfied" or "not satisfied" struck out.)

I, the undersigned J. F. Wilcox 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

J. F. Wilcox
Signature of soldier examinea.

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 criticized.

We concur

19. 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

20. It is certified that the soldier
(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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

We recommend
His discharge to the I.S.C. as
an "Outpatient"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

C. J. Connell Maj. *President.*

PLACE Davisville Military Hospital.

DATE Sept. 7th, 1918.

Members.

APPROVED BY

Assistant Director of Medical Services.

DATE 14-9-18.

APPROVED BY

Director-General of Medical Services.

DATE

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.

President.

PLACE

DATE

Members.

of forearm 5" long. Scar anterior surface 4" long. Flexion of fingers good at interphalangeal joints and limited 10° at metacarpo phalangeal joints.
He is now wearing a special splint to help correct deformity to hand.

Incapacity is due to partial loss of function of left hand and ununited fracture of left Radius.

(Sgd) C.J.C.

B.P.C. 47207.

26/1918

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

MEDICAL HISTORY OF AN INVALID

Form to be used: (a) For the medical examination of a Pensioner, when the Medical Examiner, or Medical Board, recommends him for treatment by the Invalided Soldiers' Commission; or, (b) For the medical examination of an Invalided Soldiers' Commission patient, when he is released from treatment.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL EXAMINERS

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.O., Ottawa, will be carefully followed.

2. In answering the questions, Medical Examiners will carefully obtain and record the man'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 man concerned, from witnesses, or from documents.

3. Special care is required in answering question 9. Please read the questions carefully. All questions must be answered.

4. If space provided under any section is insufficient, use blank space, page 4.

5. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the man, directly or indirectly. The Medical Examiner will obtain the signature of the man to the "Statement", page 4.

6. 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 Toronto, Ont. DATE 24/9/18

1. 1 (a) Former Unit I.S.C. "D" Unit. (b) Regimental No 775420 (c) Rank pte.

(d) Surname Wilcox. (e) Christian name John Freeman.

2. Age last birthday 24 Date of birth June 23rd, 1894

3. Enlisted at Toronto, Ont. on Dec. 1st 1915.

4. Personal description:—

(a) Height 5' 6" (b) Weight (stripped) 152 lbs (c) Complexion dk

(d) Colour of hair Black, (e) Colour of eyes Brown. (f) Indentification marks

Scald scar centre of chest, Vaco. mark oneleft arm

5. Present address Port Credit, Ont.

Address of next of kin Elizabeth Wilcox, Same Address.

6. Former trade or occupation Sailor.

7. (a) Service	Years	Days	Periods From	Periods To
126 Batt.			Dec. 1st 1915.	Nov ~~xxxx~~ 1916
			Nov. 1916	Apr 11 1917
			Apr. 1917	Nov 3rd, 1918
			Nov. 1917	April 1918

(b) Date of Discharge Sept 21st Pension No Apr 1918 Pension Class Sept 21 1918

8. Original disease or injury Deformity of left forearm with reunited fracture of lower part of radus.

(a) Date of origin Apr 11th 1917. (b) Place of origin Vimy (c) Cause Shrapnel

(d) Present disability Here state the exact nature of the disability resulting from the disabling condition;— (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.

Deformity of left forearm, with ~~re~~united fracture of lower 1/3 of radius.

B.P.C. Form 853 to be completed in quadruplicate
5 M—6—18 and disposed as follows;

1. Direct to B.P.C. Ottawa.
2. Local fyle District Office B.P.C.
3. Unit Medical Director I.S.C.
4. Head Office, I.S.C.

9. Present condition (a)

(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 are to be stated first, then subjective findings.)

Objective Signs.

The lower part of forearm and hand is deformed, the hand being abducted 15 o. Movements at wrist A. G. F. ~~xx~~ 180o A. G. E. 235o. Pronation is normal, but supination is absent There is loss of about 2" of radius about 2" from distal end Scars on post & out surfaces of forearm.

Subjective Symptoms. has slight ~~xkxng~~ aching pains in arm at times.

(b) Has the man, now, any affection of the following systems?

(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 abnormal, B.P. will be taken). — Genito-Urinary System no (Albumin and sugar will be excluded.)

Special Senses no — Resporatory System no — Integumentary System no

Disturbances of Mentality no — Digestive System no — Muscular System slight atrophy at wounds. ~~xxxxx~~

Osseous and Joint System as stated. — Any other general condition? no

Has he ever been exposed to gas? no — When? ——— — Where? ———

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

Wound left forearm, Radius fractured in lower third compound comminuted Un-united considerable sepsis, which cleared up in 11 months. Had 5 operations.

(b) (Here give a complete history, with dates of origin, of any affection from which the man has suffered, either prior to, or since enlistment, and not included in answer to section 10 (a) above.)

Has scald scar in centre of chest, deformities of left fore-arm as stated above.

(b) (Here give a description of wounds, scars, and deformities. This section cannot be completed without stripping the man, and subjecting him to a thorough physical examination.

11. (a) Did the disabling condition have its origin before enlistment? NO

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

Not applicable.

12. Was the disability caused or aggravated; (a) by intemperance, or improper conduct; or, (b) by unreasonable refusal to accept treatment? (If so, state the extent, in percentags, of the incapacity resulting from this cause.)

NO

13. What is the probable duration, in months, of the disability?

Permanent until operation for ~~xxxx~~ bone graft.

14. Treatment: if the man has received any treatment since discharge, state:

(a) Where treated NO

(b) Duration of treatment: from ..... to .....

(c) Nature of treatment .....

(d) Results of treatment .....

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? not at present

Recommended to return for bone graft in 6 months.

16. Can the former trade, or occupation, be resumed?
(If not briefly state why.)

17. (a) If the man requires any orthopoedic accessories, state exact requirements NONE

(b) If any such have been supplied, state date. (If not, and an appliance is required, I.S.C. Form 144 should be completed.)

18. (a) Is the identity of the man satisfactory? YES

(b) Has the discharge certificate been presented? YES

19. Recommendations To be placed in Hospital and operation for Bone ~~xxx~~ graft to be performed after 6 months.

20. It is certified that the soldier
(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).

Date 4/9/18. Signature [illegible] Medical Examiner

Approved 26/9 1918

R. Starr

For U.M.D. "D" and "F" Units
Invalided Soldiers' Commission

Members [illegible]

[illegible] (Of Board)

STATEMENT OF THE MAN.

(Sections 8, 9 and 10 are to be read to the man, and either satisfied or not satisfied, struck out.

I, the undersigned J. F. Wilcox. have read, or heard read, the description and history of my disability, and present condition, and am satisfied, (or not sa tisfied) with it, and have not withheld any information concerning any affection from which I suffered, either prior to, or during service. (If dissatisfied, statement should follow.)

I complain, in addition, of:—

Witness C. S. Chichester Signature J. F. Wilcox

TO BE COMPLETED WHEN TREATMENT IS REFUSED.

(Should refusal to accept treatment appear unreasonable, or man decline to sign, statement, it should be so stated by Medical Examiner, or Medical Board).

I, the undersigned,.....understand the nature of the treatment which it is recommended I should undergo, and refuse to accept it for the following reasons:—

Witness.....Signature.....

3017 BRB 47207

This space to be for numbers

Proceedings on Discharge.

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

M.B.

No. 775420

Rank Pte.

Surname WILCOX JOHN FREEMAN

Christian Name

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

Corps (Squadron, Battery or Company) 126th Bn (#2 D.D.)

Date of Discharge SEP 21 1918

Place of Discharge TORONTO, ONT

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years ... months.
Height 5 feet 6 inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Sailor
Intended place of residence (To be given as fully as practicable.) Port Credit Ont

Descriptive Marks

Vacc scars on left arm. Scar on chest.
G.S.W. left forearm. 11-4-17

2. The above-named man is discharged in consequence of

Physical Unfitness

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

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

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

Very good

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

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

Sailor

KCD 23-2-20

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W.S.G. Comp. 12-2-19 G.McD.

JB 19-2-54

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

Nil

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

6. Medals and Decorations..... Nil

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

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

(Place) TORONTO, ONT.

(Date) SEP 21 1918

Commanding H S Bennett Captain, For Lieut.-Colonel, O.C. No. 2 District Depot.

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

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

(Place) TORONTO, ONT. J. F. Wilcox *(Signature of Soldier.)*

(Date) SEP 21 1918 H S Bennett *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)....3 years 0 days.

Total.....1 years.....days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO, ONT.

(Date) SEP 21 1918

(Signature) H S Bennett Captain, For Lieut.-Colonel, O.C. No. 2 District Depot.

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.)

J F Wilcox.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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