

NAME

BECKMAN Wm. Conrad.

REGT. NO.

328973

UNIT

C.F.A.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Med. Unfit

DESERTION

M

H

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *M. F. W. 192*

1 *A. F. W. 3997*

1 *M. F. W. 192*

1 *Eng. Med Board*

1 *Eng. Med Board*

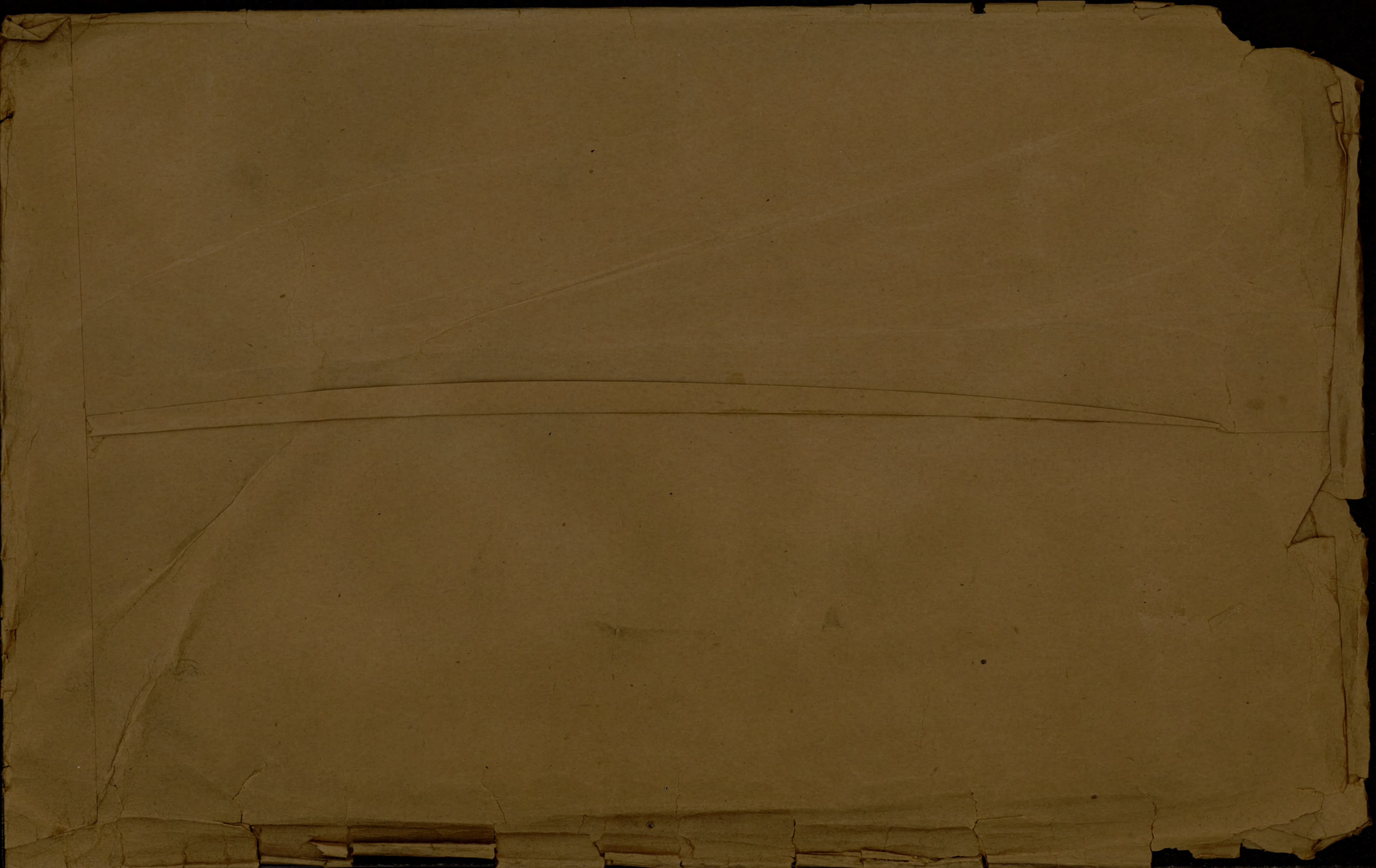
1 *Eng. Med Board*

1 *AWOL 1237*

1 *AWOL 1237*

1 *AWOL 1237*

1 *Photo of Will*



15th O.S. Brigade C.F.A. ORIGINAL ATTESTATION PAPER.

No. 328973

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Beckman
1a. What are your Christian names? William Conrad
1b. What is your present address? Scott, Saskatchewan, Canada
2. In what Town, Township or Parish, and in what Country were you born? Rotterdam, Holland
3. What is the name of your next-of-kin? Alida A. Beckman,
4. What is the address of your next-of-kin? 3A Vrouw Jannestraal, Rotterdam, Holland
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? April 22, 1874
6. What is your Trade or Calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Signature of Recruit: W.C. Beckman
Signature of Witness: J.G.W. Mills
Date: March 18, 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Conrad Beckman, 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.

Signature of Recruit: W.C. Beckman
Signature of Witness: J.G.W. Mills
Date: March 18th 1916

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 Regina Sask this 18th day of March 1916.
Signature of Justice: [Signature]

Description of William Conrad Beckman on Enlistment.

Apparent Age 25 years -- months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 9 $\frac{1}{2}$ ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Very slight varicocele, left side.

Complexion Red

Eyes Grey

Hair Dark

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

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 March 18, 1916.

Place Regina

G. B. Sleepor
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Conrad Beckman 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.

[Signature]
 (Signature of Officer)

Date March 18th 1916.

Capt.
 O.C. 60th Overseas Battery C.F.A.

Reference copy of original C.E.F. Discharge Certificate
issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. 328973 (Rank) Gunner
(Name in Full) William Conrad Beckman enlisted in
C. F. A.
Canadian Overseas Expeditionary Force, on the 18th of March
1916, and accompanied said unit to France Twelve months with the C.F.A.
was returned to Canada, and discharged from the service at Regina
on the 20th of March 1919, in consequence of being M.U.
"wounds".

DESCRIPTION ON DISCHARGE

Age 28 years
Height 5 feet 9 1/2 inches
Complexion Red
Eyes Grey
Hair Dark
Trade File No. 450-E-12 D.D.

Marks or Scars _____

Signature of Man W.C. Beckman

Lt-Col.

Officer in charge Discharge Depot.
O.C. #12 District Depot.

Place and Date Regina, Sask. 20-3-19

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

War Service Badge, Class
Issued
A. No. 66059
B. No. 45518.

No.

Rank

Name

Unit

Address on Discharge

Discharge Section
MAR 20 1919
NO. 12 DISTRICT DEPOT

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

On demobilization the particulars called for on the back of this certificate will not be completed.

His conduct and character while in the Service have been :

On demobilization the particulars called for on the back of this certificate will not be completed.

Place

Date Commanding

Campaigns

Medals and Decorations Entitled to wear Three (3) Blue Service Chevron.

Also One (1) Gold Casualty Stripe: -13-8-18.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. 27-9-18.

Officer Commanding.
P.P.C.R.C. Hospital.
Cooden Camp.
Bexhill / Sea.

G.S.W. Forehead. &
Left eye. (Enucleated)

The marginally named man was
admitted to this Hospital 18-9-18.
~~Left vision 6/12.~~

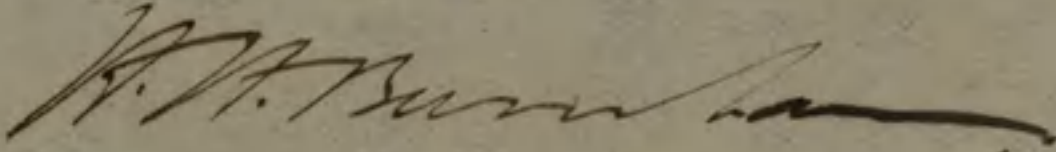
Right vision 6/12.
Left eye enucleated.

Gnr. Beckman, W. A.
No. 328975.
C. F. A.
60th Battery.

He was wounded August 9th 1918 at Villiers
Bret. Left eye was injured and removed
at No. 3 G.H. France. He was also wounded
in left knee but states that this ^{does} not
bother him now.

Artificial eye has been ordered
and we are transferring him to your Hospital
to await same, please.

BHM/V 4.
27918.


Major. C.A.M.C.
for O/C West Cliff Canadian Eye & Ear Hospital.

1855-16
Beard
New

2nd Copy

ATTESTATION PAPER.

No. 328973

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Beckman
- 1a. What are your Christian names?..... William Conrad
- 1b. What is your present address?..... Scott, Saskatchewan, Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Rotterdam, Holland
- 3. What is the name of your next-of kin?..... Alida A. Beckman,
- 4. What is the address of your next-of-kin?..... 34 Vrouw Jannestreet, Rotterdam,
- 4a. What is the relationship of your next-of-kin?..... Holland
Mother
- 5. What is the date of your birth?..... April 22, 1891
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

..... W. Beckman (Signature of Recruit)
Date..... March 18, 1916..... J. G. B. Miles (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Conrad Beckman, 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.

..... W. Beckman (Signature of Recruit)
Date..... March 18th 1916..... J. G. B. Miles (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 Regina Sask this 18th day of March 1916.
..... [Signature] (Signature of Justice)

Description of William Conrad Beckman on Enlistment.

Apparent Age 25 years -- months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 9 $\frac{1}{2}$ ins.

Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 3 ins.

Very slight varicocele, left side.

Complexion Red

Eyes Grey

Hair Dark

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

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..... March 18, 1916.

Place..... Regina

[Handwritten Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Conrad Beckman 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.

..... (Signature of Officer)

Date March 18th 1916.

..... Capt.
 O.C. 60th Overseas Battery C.F.A.

WEST BLES CANADIAN EYE AND
HOSPITAL
CE. MEDICAL CASE SHEET.*

27

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8698.	328973.	Gnr	Beckman	WC.
Year	Unit.	Age.	Service.	
1918	C. 7 A. 60 th Bty.	27.	30 1/2	13 1/2

Station and Date. 18/9/18
Disease GSW Forehead. Left Eye Enucleated. 0

R.V. = 6/12 +.

L.V. = Enucleated.

19/18

Eye ordered

Wounded Aug. 9. 1918 near Villiers-Bret.
Left Eye injured & removed at No. 3 Gen. Hosp.
Also wounded in left knee.

P.P. Ch. Hq. Bexhill 7-10-18

W. W. Bussell M.D.

Princess Patricia Canadian Red Cross Hospital,
Gorden Camp, Bexhill.

25/10/18.

Misc Bn to duty
no disability
P. A. Munnally

7 OCT 1918

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 4C T 544 Year 1918	Regimental No.	Rank.	Surname.	Christian Name.
	328973	GNR.	BECKMAN.	W. G.
	Unit.		Age.	Service.
	CAN. F. A.	60 th BATTERY.	27.	2 1/2.

Station and Date. Aug 24

Disease Shrapnel wound - forehead
 Excision of left eye
 Wound Aug 10 near Villers Bretonneux
 Wound, faint chan, above left eye -
 Complete destruction of left eye - which has been removed.
 No symptom of Brain involvement.
 I.B. X-rays
 " I.B. in region of left eye. I.B. removed."
 Dry dressing

1.	A.T.S.	750.	10.8.18	France
25.8.18	A.T.S.	500	12.7.16	
1.9.18	"	"	"	
8.9.18	"	"	"	

Sep 14 Referred to Canadian Eye Hospital

W. S. Smith M.B.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (6365) W2914, P. 38 - 950,000 1/18 McA & W Ltd. Forms I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

MEDICAL HISTORY SHEET

B552

Surname Beekman Christian Name William Conrad

Examined { on 18 day of March 1916
at Regina, Sask
Birthplace { City or Town Rotterdam
County Holland

Approved by G. Bilgort
Rank Private M.O.

Apparent age 25 yrs
Trade or occupation Farmer
Height 5 Feet 9 1/2 Inches.
Weight 150 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>22/10/16</u>	<u>B II</u>	<u>28 AUG 1918</u> M.O.
<u>15/11/16</u>	<u>B II</u>	<u>Monmally</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left Yes
Number 2

Date.	Result.	VACCINATIONS.
<u>15/8/16</u>	<u>Good</u>	M.O.
		M.O.
		M.O.

When Vaccinated last 1904
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
very slight Varicocoe
left side

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/10/16</u>	<u>Good</u>	<u>Monmally</u>
<u>6/7/16</u>	<u>Good</u>	M.O.
<u>15/7/16</u>	<u>Good</u>	M.O.
<u>25/7/16</u>	<u>Good</u>	M.O.
<u>14/8-17</u>	<u>Good</u>	M.O.

Enlisted on 18 day of March 1916 at Regina, Sask

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Coth Battery</u>	<u>328973</u>	<u>good</u>	<u>March 18/16</u>
Transferred to	<u>14th Brigade C.F.A.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Cooden</u>	<u>14.10.18</u>	<u>Lt Eye enucleated B II</u>	<u>scrubbed</u>
<u>Bordon</u>	<u>20 1 19</u>	<u>Lt Eye enucleated B II</u> <u>Defective vision R eye</u>	<u>scrubbed</u>
<u>Regina</u>	<u>17/3/19</u>	<u>227</u>	<u>John Whyte</u> Capt

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.

CANADIAN

M.O.

Surname

Beetman

Christian Name

William

Barnes

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
1st Birmingham War Hospital		24	8	18	18	9	18	G.S.W of forehead	26	Small W above left eye. Complete destruction of left eye excision. Small G.B. still present apparently. Ethmoid cells	W. S. White, M.B.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		18	9	18	7	10	18	G.S.W Forehead L. Eye Enucleated	20	D.V. = 6/12. Cornea and left eye ordered. Transfer to P.P.C.A.C. Hosp. for cure - essence of the absent eye.	W. S. White, M.B.
P.P.C.A.C. Hosp		7	10	18	15	11	18	do		Miss B. to duty	P.H. Bennett, M.B.

W. S. White, M.B.
 Adjt. & Regt. for Officer Commanding
 WEST CLIFF CANADIAN EYE & EAR HOSPITAL
 FOLKESTONE, KENT

MD12.

Army Form W. 3997 "A"

Regtl. No. 320973 Rank: Sqr. Military District

Name: William Conrad Beckman
(Christian Name in full) (Surname)

Unit: 60th Bty. C.F.A. of C.A.R.D. Corps

Category: B II Next of Kin: mother

REASON FOR RETURN

Medical Board held at Brandon 20-1-19

INTENDED PLACE OF RESIDENCE Regina, Sask

COVER

for

DISCHARGE DOCUMENTS

CAMPAIGNS, MEDALS AND DECORATIONS 12 months in France

Civil Occupation: Farmer

Service Group - 23

available.

M.D. 18.

William ...
...
...
...

...

...

...

...

2nd copy

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 60th Overseas Battery C.F.A.
15th O/S Brigade C. F. A.

(2) Regimental Number... 328973

(3) Full Name of Soldier... Beckman, William Conrad

(4) Place of Birth... Rotterdam, Holland

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

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

(b) Present Postal Address... Nil

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

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

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

Also their names and ages... Nil

(9) Is your Father alive?..... No.....

If so, state name and address

(10) Is your Mother alive?..... Yes.....

If so, state name and address Alida Anderthea Beckman,.....

..... Vrouw, Jannestraat, Rotterdam, Holland.....

(11) If your Mother is a widow..... Yes.....

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

(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.

..... \$25.00 Per Month..... Only Son.....

(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.

..... Nil.....

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

..... Yes.....

(15) Are you insured?..... No.....

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

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

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

H.C. Walker
.....
Officer Commanding.

O.C. 60th Overseas Battery C.F.A.

Date..... May 1st 1916.....

RECORD OF SERVICE
HAS BEEN VERIFIED
WITH THIS SOLDIER'S
DOCUMENTS.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Signature

W. H. Kiesig

OTTAWA, CANADA.

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

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

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

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

- B 576*
- Christian names *William Conrad* 2. Surname *Beckman*
 - Rank *Private* 4. Original Unit *60th Bty CFA* 5. Reg. No. *328973*
 - Address, in full, to which future payments of gratuity are to be forwarded
*2229 Barnes St.
Regina Sask*
 - Date of enlistment in the C.E.F. *18. 3. 16*
 - Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
 - Relationship of such dependent
 - Address, in full, of such dependent
Not applicable
 - Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
 - Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
C. 7. 9. to 8. 17 8. 8. 18
 - Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
 - Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *No*
 - Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served
*60th Bty CFA 18. 3. 16 to 20. 8. 17
+ C. 7. 9. to 8. 8. 18 to Hospital 12. 12. 18 to 14. C. C. D. 15. 1. 19 to Borden
22. 1. 19 to Kemnal Camp 10. 2. 19 to Canada 10. 2. 19*
 - Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
 - Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so, what class? *Yes Class A*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *no*
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *20-3-19* (b) Reason for discharge *Disability*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *no*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. *C.F.A. 20 8.17 to 8.8.18*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*
 (b) If so, are you in receipt of full pay and allowances from that Department? *no*

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

Signature of Applicant: *W. Beckman*

Place of Residence: *2229 Garnet St Regina, Sask.*

Declared before me at: *Regina*

This *20th*

day of *March*

19*19*

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Cooden Camp 17. 10. 18 1917.

No. 328973 Rank G.N.R. Name BEEKMAN W.C.

Local Unit C.R.A.D. Overseas Unit 60th CAN BATTERY Age 27

Examination held at P.P.C. R.C. Hqs. Cooden

DISABILITY. LEFT EYE, ENUCLEATED.
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

*Left eye enucleated due G.S.W. left eye + forehead.
Right eye vision 6/12
Bin not likely to be raised in category.*

BOARD RECOMMENDS :-

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

Signatures :-

(G. P. Howlett Maj President.
 (
 Members (scratched capt name
 (
 (

APPROVED

Dated 18-10-18 1917. H. Borden Capt For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at London Camp, A.S.C. 1917.

No. 3242 Rank C.A.R. Name BEERMAN, H.G.

Local Unit C.A.A. 11 Overseas Unit 1st Canadian Battalion

Examination held at P.O. R.C. H.Q. Camp

DISABILITY LEFT EYE, ENFRANCHED

Overseas-Local
(tick one out)

PRESENT CONDITION

*Left eye - some improvement since 1st. 10. 17
Right eye - some improvement since 1st. 10. 17
Both eyes - some improvement since 1st. 10. 17
In California*

BOARD RECOMMENDATIONS

1. fit for duty
2. fit for duty after _____ weeks' physical training.
3. fit for Temporary Base Duty _____ weeks
4. fit for Permanent Base Duty _____
5. Discharge

Signatures:-

Dr. G. W. Johnston President.

Members

APPROVED

Dated 18/11/17 For A.D.M.S.

TLH. Rank ^{2nd Lt} 60 Name BECKMAN, William Conrad. Reg'l No. 328973. ✓
 Unit ~~10th~~ Btty., 15th. Bgd. What Unit? <sup>If in perm. Corps, }
 C.F.A. Married or Single Single. ✓
 Place and Date of Enlistment Regina, Sask. March 18th. 1916. ✓ Place of Birth Rotterdam, Holland ✓
 Name and Address, Next-of-Kin Alida A. Beckman, ✓
 3a, Vrouw Jannestraat, Rotterdam, Holland. ✓ Relationship Mother. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship</sup>

N/E. P.S. #3 11035
 File #
 Category

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		ARRIVED IN ENGLAND S S CAMERONIA		22-9-16	
10/10/16	^{OC} 15th Bde C7A	To be acting Bombardier	Witley Camp	11/9/16	PT II D.O #106
23-10-16	^{OC} 15th Bde C7A	Reverts to his <u>permanent</u> grade	Witley Camp	23-10-16	PT II D.O #117
31-12-16	"	The date of appointment to of Bde, amended to read			
		Now New 14th. Bde, Witley		22-1-17, Auth. 4th CDA	90 I 61 24 I I7
20-8-17	"	Proceeded of seas	Witley	21-8-17	- 232
17-8-18	"	wounded	Dol Field	13-8-18	PT L.A. 322
31-8-18	C.A.R.D	T.O.S (Wd) from 14th Bde	DW Witley	24-8-18	PT. 243 + PT 65439/18 14th Bde
18-11-18	"	On Command Leg Camp Rhyd	Barton	15-11-18	- 322

A.F.B. 103 CHEG 21 AUG 1917

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
17-12-18	CARD	ceases on com to Rhyl & on com to attached	Jan Bodan.	29-11-18	PH 351. 1st Lt. Pt II 543 of 12-12-18 =
12-12-18	1st Lt. D.		Witley	29-11-18	PH 343.
21-1-19	BARD	ceases on com to 1st Lt. D.	Witley	17-1-19	Pt II 21.
10-2-19	12 Wing.	S.O.S. to B.A.R.D.	Rhyl.	10-2-19	Pt II 34.
25-2-19	CARD	ceases on com to Rhyl & is SOS to Canada.	Witley	10-2-19	" 56.
28-1-19	CARD	com att'd to Depot Coy & Lt Kimmel back Rhyl	Witley	22-1-19	" 28

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BECKMAN W.C. MD12
REGIMENT 60th Bty C.F.A. RANK Gp. No. 328973.

Date of Examination in England 25-1-19 Date of Examination in France _____



~~1-2-11~~
6
DIRECTIONS TO
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17, 18
2. EXTRACTIONS 13, 20, 21
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer [Handwritten Signature]

11

BECKMAN W.C. 1911
1000
1000

1000
1000

1000
1000

1000

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

Regina

DATE

12/3/19

NAME

Beckman W.C. ple

RANK

528923

NUMBER

UNIT

Co. Ball.

AGE

27

HISTORY

Enucleation of left eye. Complaints of

SYMPTOMS

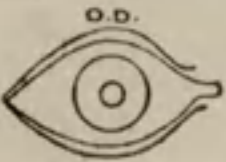
defective vision right eye
nil

GLASSES WORN

OBJECTIVE EXAMINATION

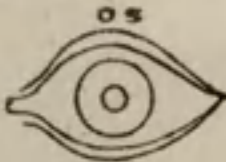
EXTERNAL APPEARANCE

OD



nil

OS



absent eye

RETINOSCOPY AND OPHTHALMOMETER

OD

+6.0
+6.25

OS

OPHTHALMOMOSCOPE

FUNDUS

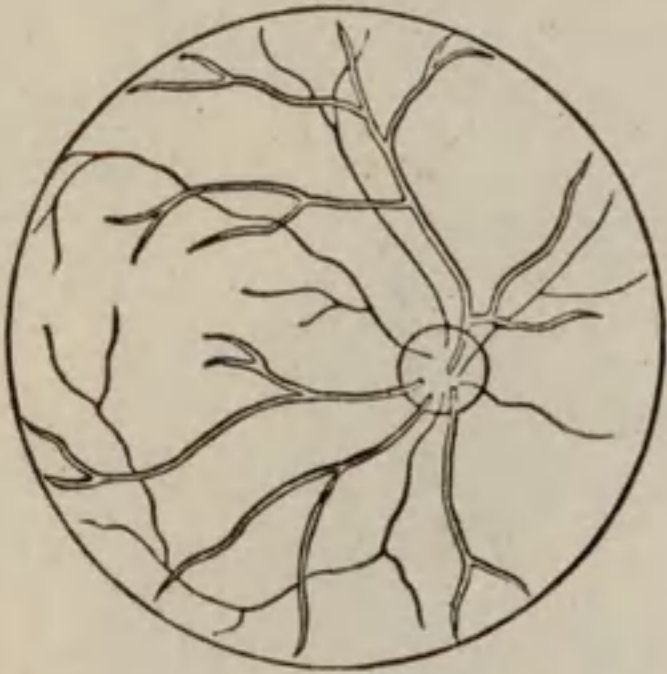
nil

LENS

nil

CORNEA

nil



FIELDS

Hypermetropia not due to
or aggravated by error

MUSCLE BALANCE

small piece of Ophthalmitis
in orbit not causing trouble

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

OD

BEFORE

20/24

SPH.

+2.50

CYL.

plano

AX.

AFTER

20/15

OS

P.P.

P.R.

A. ACC.

PRESBYOPIA

GLASSES PRESCRIBED

OD

OS

As prescribed
above

TREATMENT:—

M. F. W. 144

10M.—3-18

1772-39-1173

MILITARY HOSPITAL

10/15/45 22819

OBJECTIVE EXAMINATION
EXTERNAL APPEARANCE

RETINA, PROXY AND OPHTHALMOSCOPE

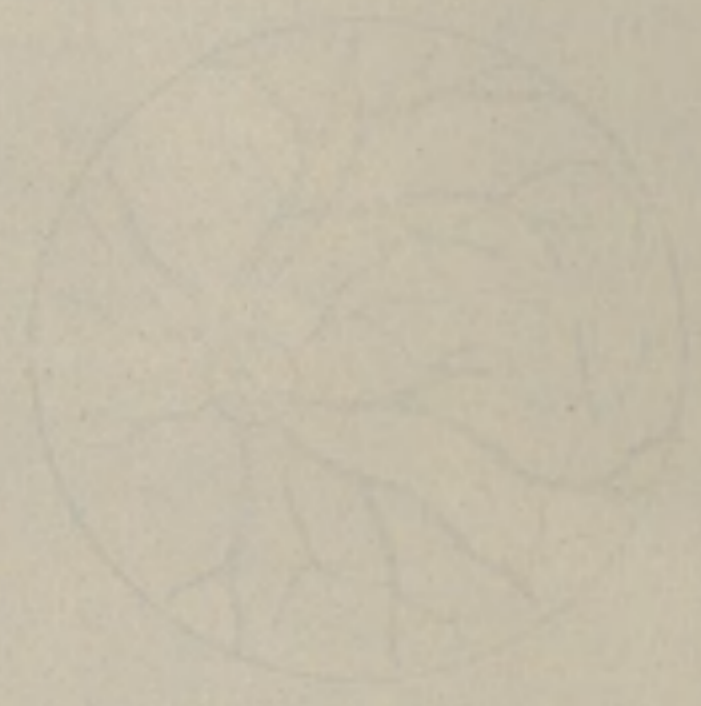
OPHTHALMOSCOPE

VISION

INTERNAL BALANCE

SUBJECTIVE EXAMINATION
HISTORICAL

GLASSES PRESCRIBED



TREATMENT

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16,
H. Q. 1772-39-920.

Y/B.

Casualty Form—Active Service.

Unit, Regiment of Corps 60th Overseas Battery C.F.A. 15th O/S Brigade C.F.A.

Regimental No. 325973 Rank Private Name Beckman, William Conrad

Enlisted (a) Jan 18/16 Terms of Service (a) War 96 months Service reckons from (a) 18.3.16

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Farmer

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				
		Embarked--Canada	Halifax	9-11-16 9.16	
		Disembarked--England	Liverpool	2-22-16 22.9.16	
<u>10/10/16</u> <u>11 SEP 1916</u>	<u>ofc 15th Brigade</u>	<u>To be acting Bombardier "with pay"</u>		<u>11 SEP 1916</u>	<u>Part II O. #106 10/10/16</u>
<u>23/10/16</u>	<u>ofc 15th Brigade</u>	<u>Reverted to per. grade of gunner, "absence without leave."</u>	<u>Witley</u>	<u>23/10/16</u>	<u>Part II. O. #117 23/10/16</u> <u>also Part II O #184 24/12/16</u>
<u>22.1.17</u>	<u>OC., 15th BDE, CFA.</u>	<u>Absorbed by 60th Battery, Milford 14th. Brigade, C.F.A.</u>		<u>22.1.17</u>	<u>Pt. 2, # 22a, 22.1.17.</u>
	<u>OC. 14th Bde, CFA</u>	<u>Proceeded Overseas on service.</u>	<u>Witley Camp.</u>	<u>21.8.17</u>	<u>Part 2 order No. 232</u> <u>J. H. Gillespie Capt.</u> <u>For Adjt 14th Bde, CFA</u>

CERTIFIED CORRECT.
30 AUG 1917
CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shuster Smith, etc., etc. also special qualifications in technical Corps duties.

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				
28.8.17	L.R.	Landed in France	Caen	22.8.17	8851 & 5
26.3.18	6 C.C.Stn.	Lacerated Wd. R leg (acc)	Adm. 6 C.C.Stn	26.3.18	A 36 59717.
26.3.18	12 C.F.A.	Lac. W ^d Leg R (mule kick)	Adm Trans 12 C.F.A. & 6 CCS	25.3.18 27.3.18	} " E 196.
4.4.18	6 C.C.Stn	" " " (acc)	Trans. 5 A.T.	4.4.18	
4.4.18	83 Genl	" " "	Adm 83 Genl.	4.4.18	W.3034 E 2447.
8.4.18	"	acc. Wd R leg.	Trans. 1 Gen. Depot	8.4.18	" " E 2935
8.4.18	1 Gen. Dep.	Sick	Adm	8.4.18	" " E 2954
10.4.18	"	W ^d Leg R (acc)	Trans. 10 Gen. Dep.	10.4.18	" " E 2981.
10.4.18	10 Gen. Dep.	W ^d Leg R (acc)	Adm	10.4.18	" " E 4143
17.4.18	6 G.B.D.	Class A	Adm 6 G.B.D.	16.4.18	Non Roll R & R 788
13.4.18	14 Bde CFA	To Hosp. Injured	NS	27.3.18	B 213.
21.4.18	6 G.B.D.	Left G.B.D.	for Bde Corps	21.4.18	Non Roll R & R 1178
14.4.18	10 Gen. Dep.	W ^d Leg R (acc)	Trans. 5 Rest Camp	14.4.18	W.3034 E 6793
26.4.18	14 Bde CFA	Rejoined from Hosp.	Field	23.4.18	B 213
18.4.18	St. Martin Camp.	Class A	Trans. 6 G.B.D.	16.4.18	Non Roll D. 14973. R & R 7798.
16.8.18	14 Bde CFA	To Hosp. Wounded (S)	NS	8.8.18	B 213.
13.8.18	3 Genl	ey S.W. Head + Leg L.	Adm 3 Genl	13.8.18	W.3034 E 9889
22.8.18	"	" " "	Trans to England	22.8.18	" " H 1648
23.8.18	"	Invalided Wounded + posted to C.A.R.D., Witley	England	23.8.18	H/S Panama W.3083 (5.8.19) Part II 65 d/3.9.18
31.8.18	C.A.R.D.	565. from 14 th Bde CFA.	Witley	24.8.18	RB 243

Albert
 for Lt.-Col. A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
D. Draxill
 LIEUT.
 FOR LT. COL. I/O RECORDS, C.O.M.F.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps

~~214th OVERSEAS BATTALION~~

60th Battery

Regimental No.

328973

Rank

Pvt

Name

Beckman to go Conrad

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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)

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				
<i>19-3-19</i>	<i>cas. co.</i>	<i>Discharged</i>	<i>Regina</i>	<i>20-3-19</i>	<i>78-494</i>
		<i>M. I. Injury</i>			
		<i>[Signature]</i>			

Lieut. & A/Adjt.

No. 12 District Depot

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

27.12.18

ceases to be attached on proceeding to

Borden Depot Gp. O. No. 358 D/27.12.18
[Signature]
 Lt.

17/1/19

ceases to be attached on proceeding to

Borden Depot Gp. O. No. 16 D/17/1/19
 8 rps
 1st Canadian Command Depot
[Signature] Lieut
 for Adjutant

24-1-19

CARD

O-c to Rhyd for R.T.C

Borden 23-1-19
[Signature] Lt
 for OC. BRDG.

23/1/19

8 FEB 1919

Attached C.C.C Kimmel Park for
 re... orders
 No 20... Ceases to be attached
 C.C.C Kimmel Park on embarking
 for Canada, Part II Order
 No: _____

Commanding _____, Wing,
 Kimmel Park Camp.

[Signature]
 Lieut.
 i/c Records, M.D. 12.

10-2-19

Embarked for Canada
 R.M.G. Royal George
 Sailing 10

[Signature]
 Capt.
 Adj., No. 14, C.T.O.S.

25.2.19. 56-259.

D.D.O. Part II O.S. No 12 DISTRICT DEPOT
 REGINA
 From 6 Leamy Depot.

10.2.19
[Signature]
 O.C. Casualty Company, No. 12 District Depot

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G.W.P.Co.(3,490)

(1)*Substantive rank *Acting rank * <small>[To be entered in pencil to facilitate alteration.]</small> (4) Surname (5) Christain Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of Posting Officer)
(18) Demobilizer (f)	(Date)	
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

*Name BECKMAN, W. C. Rank Gnr Regtl. No. 328973

Original unit Present unit C.F.A. M. or S. Age Religion Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Royal George 20-2-19

Next of kin

Address on leave #12 D.D. Regina, Sask.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer. Date and place of enlistment Regina, 18-3-16

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<u>10-2-19</u>	<u>T.O.S. #12 D.D. and posted to Cas. Coy 24-2-19</u> <u>Granted leave from 25-2-19 to 11-3-19 inc.</u> <u>Entitled to wear 3 Blue Chevrons.</u>	<u>56/359</u>

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

Date.

Remarks.

Pt. 2 Order No.

19-3-19 Posted from Casualty Coy. to Discharge Sec. 78-495

20-3-19 Discharged - M.U. Injury 78-494

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. 27-9-18.

IMP.

TO: Officer Commanding.
P.F.C.R.C. Hospital.
Cooden Camp.
Berhill / Sea.

G.S.W. Forehead. &
Left eye. (enucleated).

The marginally named man was
admitted to this Hospital 18-9-18.

~~XXXXXXXXXXXXXX~~

Right vision 6/12.

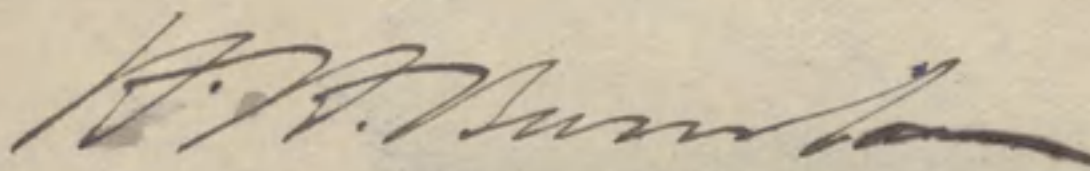
Left eye enucleated.

Gnr. Beckman. W.C.
No. 328973.
C. F. A.
60th Battery.

He was wounded August 9th 1918 at Villiers
Bret. Left eye was injured and removed
at No. 3 G.H. France. He was also wounded
in left knee but states ^{does} that this ₁ not
bother him now.

Artificial eye has been ordered
and we are transferring him to your Hospital
to await same, please.

BHM/V 4.
27918.


Major. C.A.M.C.
for O/C West Cliff Canadian Eye & Ear Hospital.

1-1

Wm. W. W.

Hospital.

Ward 4 B. No. of Bed _____ Date 25.8.18

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
328973	Beckman Snr	Can I A.	left side of head

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

b^o of forehead. Left eye destroyed and removed
I.B. or fracture of skull

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

No. of Plate 739

I.B. in region of left eye to be re-rad.

J. H. Edwards

Signature of M.O. J. Smith
Date 25.8.18

Signature of Radiographer MAJOR R.A.M.O.
Date _____

Princess Patricia Canadian Red Cross Hospital
Cooden Camp, Beazhill.

T 2078

ADMITTING CARD.

F. F. FRANCE.
Armed. Serv.

Regt. No. *328973* A. & D. No.

Rank *Sgt.*

Name *Beckman, W.C.*

Corps *C.F.A. 60. Btry.*

Religion *C.F.* Age *27*

~~Service~~ M. H. Rec'd *30/12* M. H. Requested *In France 13/12* M. H. Ret'd

Disease *Sw. Head. & Leg (L). Lt Eye enucleated*

Admitted *7-10-18* *Westcliff Eye & Ear Dept Folkestone*

Discharged *15-11-18* *Kaimel Park Rhyf*

Place in Hospital *Sw II 11*

Transferred

Results

DISCHARGED TO DUTY *Cap B II*

REMARKS:

Lat.

James.

—

WEST CLIFF CANADIAN EYE AND

EAR HOSPITAL, FOLKESTONE

HOSPITAL. 0.

A. & D.
CARD

AT

A. & D. No. 8698. PL. OF ACTION

RANK. Gnr REG. No. 328973 UNIT. C. F. A. 60th Bty. SICK OR WOUNDED

NAME. Beckman WMC AGE. 27 RELIGION. CR.

PLACE IN HOSPITAL. 27.

DIAGNOSIS. 28 W. Forehead. Left Eye Enuc.

ADMITTED. 18/9/18. FROM. 1st Birmingham War Hospital Resenal

DISCHARGED. 7-10-18. TO. P.P.C. R.C. Sp. Bexhill

TRANSFERRED

SERVICE AT HOME. 30/12. IN FIELD.

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

No. 328973 RANK Pte

NAME Beckman, William, Conrad,

T. O. S. 18-3-16

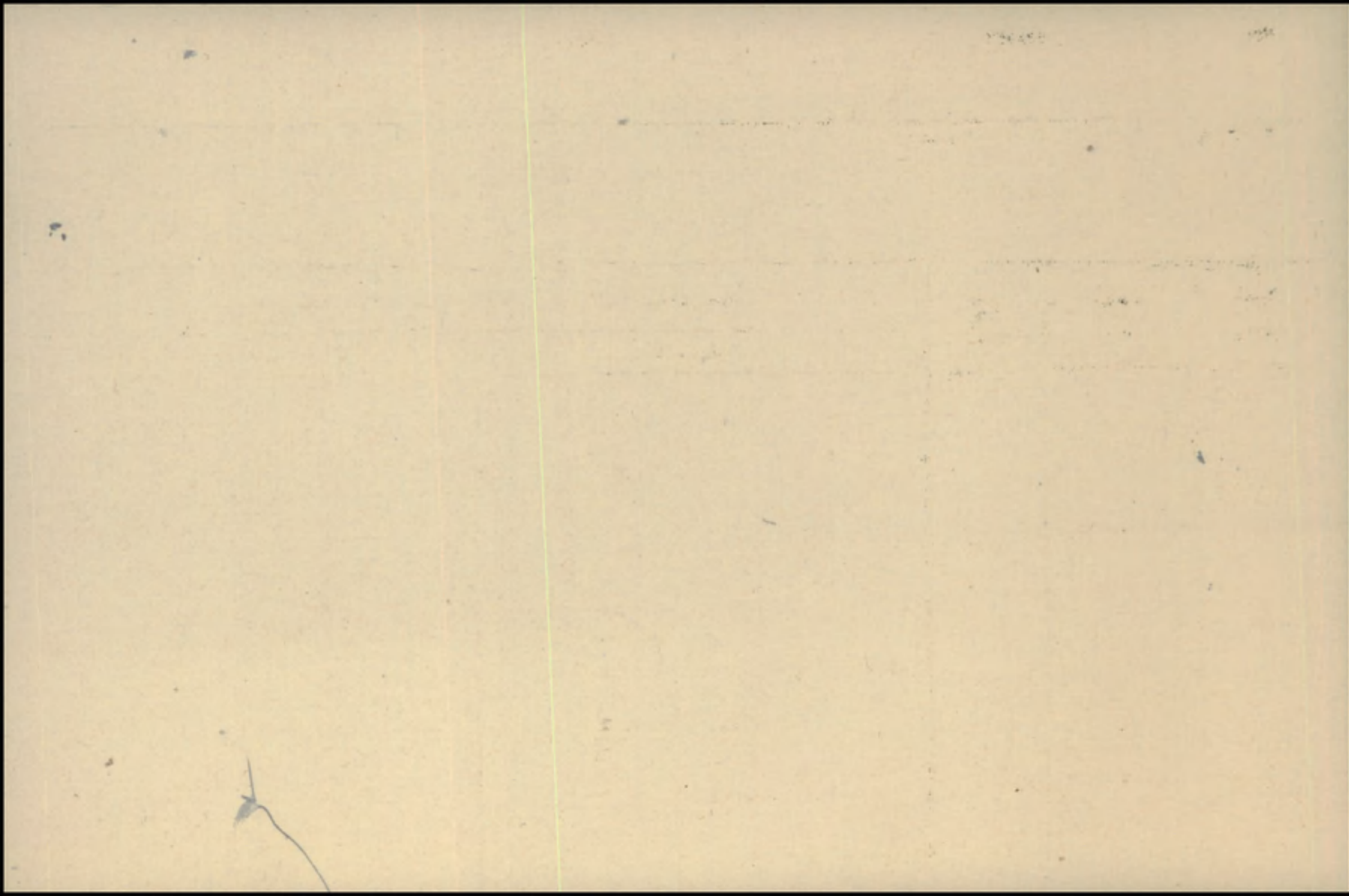
UNIT

60th Bty. Battery C. F. A. (15th Bde.)

D.O. 40 of 18-3-16

M. D. 10-3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 18	Mar. 31	✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept.		✓		
			Dis. Bomb. 9-5-16.	D.O. 49 of 9-5-16.



William Conrad

Name BECKMAN Rank Pvt

Reg. No 328913

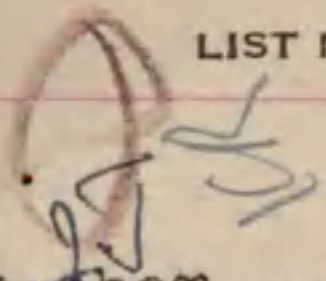
Unit 14th Bde C. Co.

Next of Kin Alida A. Beckman

3rd Vrouw Jannestraat Rotterdam

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
2-3	6 th Co. 10 th Stot	Sac. W ^o Rt Leg (acc)			20615856	
4-4	83 rd GH Boulogne		do	212	4A 626	
8-4	1 st Hono Dep Boulogne		do	214	110 21635	
10-4	10 th Hono Dep Escault		do	214	4A 443	
11-5	5 th Rest Camp St. Marcien		do	A252	4A 1390	
4						
13-8	3 rd Yppe Le Repert	G.S.W. Heere				32143
24-8	1 st B'ham War Yppe B'ham		do	B352	21082	
19	9 th West Cliff B'ham	Ilkestone	do	B353	26916	
8-10	P. P. CR X 7th	Bechele	do	B376	28613	
15-11	Discharged		do		9513	

RK 15/11/18 will proceed home date to be notified to Hannel Pth Phyl

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
 Number.....	328973.....	Rank.....	A/Bdr.....
Surname.....	BECKMAN.....		
Christian Name.....	William Conrad.....		France
Unit.....	U.F.A.....	Theatre of War.....	
Date of Service.....	22-8-17.....		
Remarks.....	2432 Montague St.....		
Latest Address.....	900 Regina St.....		Last
Roll No.	B. Page 3652		

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

G. a. 20013 Lep

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 206	No. 6 bus. bly Str.	26-3-18	Lac. wd. R. Leg. Acc.
A 217.	701 Corn. D'ep Boulogne	8-4-18	" " " "
A 212.	83. Gen. Boulogne	4-4-18	" " " " see above
A 219	#10 Corn. Clault	10-4-18	" " " "
A 252.	Disc.	14-4-18	" " " " "
A 322-2	3 Gen. Le Depart	13-8-18	Gsw. Head. + Lt. leg.
B 332-1.	1st Birmingham War.		
B 334-2	Rednal. "	24-8-18.	" " " " "
B 338-3-2	^{at} to W. Cliffe C. & G. Folkestone	19-9-18	" " " " "
B 371-2	to P. P. C. R. C. Bexhill	8-10-18	enucleation. G. S. W. Head, Lt. leg. Eye.
B 404-3	" " " " " "	15-11-18	" " " " "

NAME *Beckman William (Conrad)* REGT'L. No. *328973*
H. Q. FILE NO 649

RANK AND CORPS *1st Lt. 14th. Bde. C. H. A. (Formerly 6th Bty.)*

FOLLOWS
No. *15th. Bde*
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>Q164</i> ⁸⁻¹	<i>3-4-18</i>	<i>Holland. Adm. 6 Cas. Clear. Stat. Mar. 26th. 1918. Wounded accidentally leg. ✓</i>
<i>Q443</i> ⁵¹⁻³	<i>19-8-18.</i>	<i>Adm. 3 Gen. H. Fe Report Aug. 13, 1918 G. S. W. Head left leg.</i>

SURNAME.

Beckman

12 CARD NO.
80.8. - 1012 20-3-19 M.V.
10078 of FOLL. 19-3-19
12 1060

CHRISTIAN NAMES

William Conrad

REGL. NO.

60th

328973

RANK

1st Lt.

UNIT

Inf. (15th Bde.)

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Beckman Mrs. Alida A.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

3A. Vroouw Jannestraat
Rotterdam
Holland.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Holland Rotterdam

DATE

Apr. 22nd 1891.

PLACE OF ATTESTATION

Regina, Sask.

DATE

Mar. 18th 1916.

10/20/19. 269 12 Per - 50

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer ^{yes}

RELIGION

Lutheran

DESCRIPTION.

APPARENT AGE

25

YEARS

MONTHS

HEIGHT

5

FEET

9 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Red

EYES

Grey

HAIR

Dark.

DISTINGUISHING MARKS

Very slight varicocele
left side

MEDICAL EXAMINATION.

PLACE

Regina, Sask.

DATE

Mar. 18th, 1916.

Present Address —

Scott, Sask.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BECKMAN

W.C.

328973.

RANK

UNIT

Co.

TROOP

BATTY

Dvr.

CA.14B.

HOSPITAL

DATE OF ADMISSION

6 C.C.S.

26-3-18.

1. 83 Gen. - Boulogne HOSP. 4.4.18

1 Conv. Dep. Boulogne 8-4-18

2. 10 Gen. - Boulogne HOSP. 10-4-18

3. Gen Hosp Le Treport 13-8-18.

3. 1 B'ham. War Rednal HOSP 24-8-18

Westcliff C. & G. 19.9.18.

4. P. P. G. R. G. Bexhill HOSP. 8-10-18

DIAGNOSIS

1. Pac. Wd. Rt. Leg. Accid. No

P.S.W. Head & R. Ey. Rev.

2. + L. eye. Enucleation. Rev

3.

DISPOSITION

CL. 3-4-18. A206.

Dis. 14-4-18
Dis. 15-11-18. DATE

REMARKS

10.4.18 A 212³

16-4-18 A 217-3

18-4-18 A 219-4.

24-5-18 A 252-2

17-8-18 A 322-1.

28-8-18 B 332

21-9-18. B 353. 2.

12-10-18 B 371-2

20-11-18 B 404-3

A.P.D. 1 1 1

A.M.D. 2 Dept.

Dep. of C. G. M. S. D. W. F. G. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

1750 HAMILTON ST.

PARKER WILKINS, LTD.

Optometrists and Manufacturing Opticians

1749 SCARTH STREET (OPPOSITE KING'S HOTEL)

1750 HAMILTON ST.
REGINA

17/3/19

R for *Buckman WC*

	Spherical	Cylindrical	Axis	Prism	Base
Distant Vision	OD	<i>+2.50</i>			
	OS	<i>Plain Glass</i>			
Reading	OD				
	OS				

Reg or Toric. *Hypermetropia*

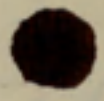
Size of Eye *John G. Whyte Capt*

Advised

Eyeglasses

Dr. *Star*
Chase

Spectacles



PARKER WILKINS LTD

118-119 SOUTH STREET, LONDON, E.C. 4

TELEGRAMS: "PARKER" WILKINS LTD

FORM 1

Date	Particulars	Debit	Credit	Balance

FOREIGN

MILITIA AND DEFENCE

37902

ASSIGNED PAY.

To whom ^D Alida Bettmeyer,
 Address 3A, Vroux Jammestraat,
 Rotterdam,
 Holland.

By whom assigned Beckman, W.C.,
 Regtl. No. 328973,
 Rank Gnr.,
 Corps, &c. 60th Battery, 15th Bde. C.F.A.

Rate \$15.00
 Date to Commence 1st September, 1916.

Alida checked found correct

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.		207437	30	X	
Nov.		231029	15	X	
Dec.		245041	15	X	
Jan.	1917	341272	15	X	
Feb.		389600	15		
Mar.			15		
April					
May					
June					
July					
Aug.					



ASSIGNED PAY.

By whom assigned *Beckman. W. C.*

Regtl. No. *328973*

Gur.

60th Battery.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

ASSIGNED PAY.

PAID IN CANADA.

To whom *Mrs. Alida Dettmayer,*
 Address *3A Trouw Jammuslaan,*
Rotterdam, Holland.

By whom assigned *Beckman H. G.*
 Regtl. No. *328973*
 Rank *Grv.*
 Corps, &c. *14th. Bde. C.F.A.*
Pay 2 "X" A/c's

Rate

Date to Commence

Month.	Slip Cheque No.	Amt. PA	Amt. Debited	Amount	Dft. Number	REMARKS	Mailed
1914.							
SEP 1918	1	20 -	4 2 2	Flas 42 55	65938		10 OCT 1918
Oct.	1	20 -	4 2 2	45 95	66628		20. 11. 18
Nov.	1	20 -	4 2 2	45 15	66936		26. 12. 18
Dec.	1	20 -	4 2 2	45 35	80041		22. 1. 19.
1915.							
Jan.	3	20 -	4 2 2	46 60	80228		18. 2. 19
Feb.	1	20 -	4 2 2	47 40	82879		24. 3. 19
March	1	20 -	4 2 2	46 80	97591		29. 4. 19
April							
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							
1916.							
Jan.							
Feb.							
March							

ASSIGNED PAY.

Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1916.				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1918.				
Jan.				
Feb.				
March				
April				
May				
June				

J.H. ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to *Alida Dettmayer.*
Address *3a Vroux Gammestraat
Rotterdam, Holland.*

Name *BECKMAN. W.C.*
From Canada: No. *328973* Rank *Ens* Unit *Card.*

Rank	Authority	Unit

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ADVANCE
FROM CANADA OF DISCHARGE OF SOLDIER
NAMED HEREIN.

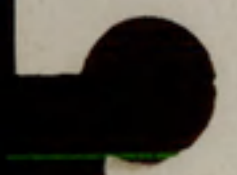
Noted on IPl

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY	"	"
SEPARATION ALLOWANCE	"	"
<i>20⁰⁰</i>	"	"
<i>1.2.19</i>	"	"

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 191					<i>DISCHARGED TO CANADA. 31.1.19</i>
JAN.					
FEB. <i>20.2.19</i>	<i>Lloyds</i>	<i>20</i>			
MARCH <i>17.3.19</i>	<i>do</i>	<i>20</i>			
APRIL					
MAY					
JUNE					
JULY					
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

*Stop Disc 20/3/19
Auth table 4803 20/3/19*



1870
 20
 1870

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	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		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44	(a) Proceedings on Discharge.	
Duplicate Discharge Certificate	" W. 39A	(b) Attestation.	
‡Form of Will	" W. 82	(c) Medical History Sheet.	

§Only if discharged "Medically unfit."
‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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



This space to be for numbers.

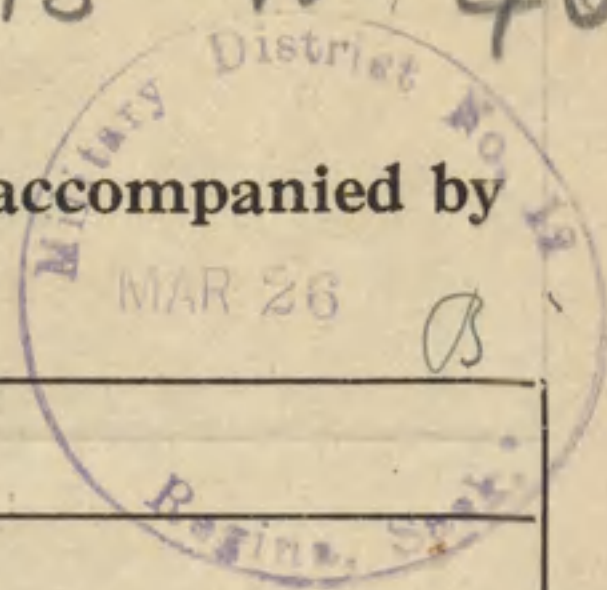
War Service Badge, Class
Issued

A. No. 6605-9

B. No. 45518

Proceedings on Discharge. 15-B-466

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



No. 328973

Rank *Int.*

Surname *Beckman*

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

Corps (Squadron, Battery or Company) *6th Regt.*

Date of discharge *20/3/19*

Place of discharge *Regina*

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age <i>28</i> years <i>7 1/2</i> months.	
Height <i>5</i> feet <i>7 1/2</i> inches.	
Complexion <i>red</i>	
Eyes <i>grey</i>	
Hair <i>dark</i>	
Trade <i>farmer</i>	
Intended place of residence <i>Regina</i>	
(To be given as fully as practicable.)	

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

M. H. Wounds
Authority for discharge *201425 D. A.D. 18494*

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.

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

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.)

M. F. B. 218.
200M.—5-18.
H. C. 1772-39-113.

Medical Documents
forwarded to
~~S. C. R.~~ B. P. C.
on
MAR 27 1919

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Regina (Signature of Soldier.) W Beckman

(Date) 20.3.19 (Signature of Witness.) J. G. Gullaspi

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)..... years..... days.

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

11. Confirmation of Discharge.

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

(Place) Regina (Signature) Lt. Col. W. Bradburne

(Date) 20.3.19 Officer Commanding No. 12 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.)

I hereby certify that there are no reservations.

W Beckman

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

n.a.

20. It is certified that the invalid

(a) ~~Does not 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 pass under his own control.~~ (Strike out condition not applicable.)

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

n.a.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Regina, Sask. W. E. Bracegirdle President. Members: [Signature]

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

APPROVED BY [Signature] Assistant Director of Medical Services. DATE 18-3-19

Director-General of Medical Services.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed. 2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. 4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered. 5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board. 6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board." 7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly. 8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Regina Sask DATE March 17 1919

1 (a) Unit 4, 900 (b) Regimental No. 328973 (c) Rank Gun (d) Surname BECKMAN (e) Christian name William Conrad (f) Home address Regina P.O. Sask (g) Next of Kin Mrs. Deftmeyer Beckman (h) Relationship Mother (i) Address of Next of Kin Rotterdam Holland 2 Age last birthday 27 Date of birth April 22 1891 3 Enlistment, or Appointment (if an Officer) (a) Place Regina Sask (b) Date March 18 1916 4 Personal description: (a) Height 5'9 1/2 (b) Weight 150 (stripped) (c) Complexion Medium (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scars on Fore head Artificial Eye 5 Former trade or occupation Farmer

Table with 3 columns: Service, Years, Days. Row 1: Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted). Years 2, Days 365

Table with 3 columns: Country, From, To. Row 1: Canada, Feb 20 1919, Present Service. Row 2: England, March 18 1916, Sep 11 1916. Row 3: England, Aug 9 1918, Feb 10 1919. Row 4: France or other theatres of War, Sep 22 1916, Aug 8 1919. Row 5: France or other theatres of War, Aug 5 1917, Aug 9 1918

7. Original disease, or injury (1) Loss of left eye (2) Defective vision; right eye (a) Date of origin Aug 9 1918 (b) Place of origin Amiens (c) Cause (1) G.S.W. (2) Unknown

1113

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

(1) Loss of left eye
(2) Defective vision; right eye

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: Man is physically in good shape Nutrition strength and weight normal. Heart negative. Lungs clear. Other systems normal. There is a scar, 1" long above left eye, this entered orbit, requiring enucleation of eye. there is a piece of metal still in orbit not causing any trouble. Artificial eye fits well, no discomfort can close eye perfectly. Subjective: No pain or discomfort. (2) There is a condition of hypermetropia right eye, this is corrected and brought to 20/15. by Sph. +2.50 lens. (See Specialists report attached) Subjective: Complaints of vision of right eye, reading or writing, after reading a short time eyes tire and vision blurs, especially noticeable at night.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no Genito-Urinary System no
Special Senses no Respiratory System no Integumentary System no
Disturbances of Mentality no Digestive System no Muscular System no
Osseous and Joint Systems no Any other general condition no

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

Enlisted March 18th 1916. In France 12 months Sustained knee by a horse March 26th 1918, lacerated wounds right leg, in C.F.A. 83 Gen. Hoop. Boulogne, 2 weeks, recovery, no disability. On Aug. 9th 1918, at Amiens, G.S. H. left eye & left leg, eye enucleated No 3 Gen. Le Depot, leg wound superficial. England Aug. 24/18 - Birmingham War Hoop. 24/8/18 to 18/9/18 - 26 days. Westcliffe Eye Hos - 18/9/18 to 7/10/18 - 20 days. R.P. C.A. Hoop - 7/10/18 to 15/11/18 - B'nj. Washg. to duty Canada Feb 10/19.

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

n.a.

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

not applicable

11. (a) Did the disabling condition have its origin before enlistment? (1) no (2) yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) (1) not applicable (2) no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) no - (2) 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? (1) permanent (2) permanent, corrected by glasses

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

(1) Hospital France, enucleation of left eye - (2) none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (1) no (2) glasses furnished to correct defect

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

17. Recommendations

John Whyte, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned William Beckman 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: stub

W.C. Beckman Rank.
Signature of invalid examined.

* Strike out whichever inapplicable.

ASSIGNED	FOREIGN ENGLAND OR CANADA	SEPARATION	ENGLAND OR CANADA
PAY		ALLOWANCE	
EFFECTIVE DATE	1.10.17	EFFECTIVE DATE	
AMOUNT	2.00	AMOUNT	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		PARTICULARS OF RANK OR APPOINTMENT	
Aida Detmayer mother 3A Street Farnborough, Rotterdam, Holland.		BECKMAN, Wm E NUMBER: 328943	

UNIT AND TRANSFERS	ORIGINAL UNIT	DATE ACCOUNT FIRST OPENED	AUTHORITY	DATE EFFECTIVE	DATE LOGGED SHEET T.S.F.O.	UNIT TRANSFERRED TO
	15 Bde 6 SA	1.9.16		22.1.17		14 Bde
				24.3.31.8.18		243.31.8.18

DATE OF NUMBER	UNIT PAID BY	AMOUNT	DATE OF PAYMENT OF A.R.
23-12-18	1st 688	£1	4/87
10-1-19	9535	-	4/87

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

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918	March			1918 Roe Form					54.51		
	April	33		Lloyd							
	May	33		Lloyd							
	June	33		Lloyd							
	July	33		Lloyd							
	Aug	34		Lloyd							
	Sept	33		Lloyd							
	Oct	33		Lloyd							
	Nov	33		Lloyd							
	Dec	33		Lloyd							
	1919			Lloyd							
	Jan			Lloyd							
	Feb			Lloyd							
	Mar			Lloyd							
	Apr			Lloyd							
	May			Lloyd							
	Jun			Lloyd							
	Jul			Lloyd							
	Aug			Lloyd							
	Sept			Lloyd							
	Oct			Lloyd							
	Nov			Lloyd							
	Dec			Lloyd							

CHECKED BY
 J. G. Jones

PARTICULARS OF RENDERING NON-EFFECTIVE: 31-1-19, NO. 2210 (London 25-1-19) 7m 8 2
 22877 20

MONTH	PARTICULARS	RANK		NAME	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
		CR. 1.	CR. 2.								
									8893		
							20		10996		
Nov	Gray	33		at Lloyds	1/11	973			19889		
				at 11465							
				at 4153							
				Row 17	23/11	2433					
Dec	"	3410		at Lloyds Dec			20				
				at 2978	28/11	4881					
				at 7749	16/12	973					
Jan	Gray	3410		at Lloyds		10720	20		3169		
		10996				10720	60				
				at 9535	11/1	487					
				at 9020	23/12	487					
				at 24 Clb	3/2	973			1222		
						1947					

"SOS Canada 10/2/19 St. 10 call"

2229 YARNET STREET
REGINA, SASK.

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

John B. 576

S/S. Royal George
20. 2. 19

AUDITOR PAYMASTER

M. OR S.

Eschbacher

REGT. No. 328973 RANK Sgt NAME (IN FULL) BECKMAN W. C.

BECKMAN W. C.

NEXT OF KIN *Tako Sam* **RELATIONSHIP** *Son*

ADDRESS *2229 Yarnet Street Regina Sask*

PARTICULARS *Discharged* **EFFECTIVE DATE** *20/3/19* **AUTHORITY** *5078*

ORIGINAL UNIT C.E.F. *60 Battery* **IF IN P.F. WHAT UNIT?**

PLACE OF ATTESTATION *12 D.D.* **DATE** *18.3.16* **TRANSFERRED TO**

DATE OF ATTESTATION *18.3.16* **DATE EFFECTIVE** *17* **OPEN ENG.**

ASSIGNED PAY \$ *20.00* **PAYABLE TO** *Mrs. Alida Detmeyers* **RELATIONSHIP** *Mother*

ADDRESS *Vroude Jannestraat 3A Rotterdam Holland*

STOP PAYMENT FORM RENDERED, DATE *REGINA, SASK, MAR 20 1919* **REASON** *M.V* **AUTHORITY** *5078*

DISCHARGED *REGINA, SASK, MAR 20 1919* **REASON** *M.V* **AUTHORITY** *5078* **IF ENTITLED TO POST DISCHARGE PAY**

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	Debit for Crew etc	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2						COL. NO. 3	DEBIT	
31. 1. 19				21 95				9 73										
28/28	28	1/12	30 80	42 80				4 97							39 60	17 65		
3/20	20	1/10	22 -	57 00				5 -							20 90	27 65		5 15
1/3	3	20	22 -	62 15				20 -							132 15	70 -		
			52 80	121 75				49 60	35 -					40 -	191 75	70 00		

I certify that all payments due
on this account have been computed
and paid by me in full.
Paymaster Military District No. 18

CAMPBELL
CAPTAIN
CHIEF OF PAY SERVICES
MILITARY DISTRICT No. 18

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned, William Beckman, have heard the description of my disability read, and am satisfied (or not satisfied) with it.

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet. If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except..."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 228993, Rank: PRIVATE, Surname: BECKMAN, Christian Name: WILLIAM BECKMAN, Unit or Corps: (a) Overseas from United Kingdom, (b) in United Kingdom, Born at: POTTEY DAM, County or Province: HANTS, Country: ENGLAND, Date of Birth: Day 22, Month APRIL, Year 1891, Age 27 yrs. 10 months, Joined at: RECINA, Date: 15 MARCH 1916, Former trade or occupation: FARMER.

Permanent Marks or any peculiarity that will serve for future identification: SCAY ON FOYE HEAD, AYTIEGIBAL LEFT EYE, Height: feet 5, inches 9 1/2, Colour of eyes: GREY, Signature of Soldier (for identification purposes): W. Beckman

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups. Disabilities Group (a): Loss of Left Eye - DEFECTIVE VISION. Disabilities Group (b):. Disabilities Group (c):.

2. CAUSE OF DISABILITY

Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above, Place of origin, Date of origin. Includes entries for France 1918 and France 1917.

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i) As to Group (a) above? No. If yes, has Active Service aggravated it? (ii) As to Group (b) above? No. If yes, has Active Service aggravated it? (iii) As to Group (c) above? No. 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. (ii) As to Group (b) above? Yes. (iii) As to Group (c) above? No.

5. MEDICAL HISTORY

Came to England Sept. 9/16
Went to France August 1917
W. Coy. 24-8-18 to 18-9-18 GSW forehead
Complete destruction left eye - Westcliffe Hoop
18-9-18 to 7-10-18 GSW L. Eye - enucleated at Le Trost
in France (Glass eye ordered at Westcliffe & P.P.C.R.C. Hoop
7-10-18 to 15-11-18 (Convalescence) - Strickland Barr
to duty.

6. PRESENT CONDITION

Complains of Defective Eye sight
due to loss of left eye - which was
enucleated because of destruction by
Shrapnel - R.V. 6/2 - Cat. B II not likely to
be raised in Category. Signed: P. White, Capt.
Heart: - negative Lungs negative -
Other systems negative.

7. OPERATION

(i) Was one performed? Yes (ii) If so, state what. Enucleation
Left Eye -
(iii) Was one advised and declined? No

8. (i) Is there loss or decay of teeth attributable to Active Service?

(ii) If so, describe. none

9. DO YOU RECOMMEND:-

(a) Fit for duty? (state category) Yes B II
(b) Invalid to Canada? No
(c) Discharge from the Service as permanently unfit? None

Date of Report... Jan 20 1919

Station... Bordon

Signed... O. Natan Capt.

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

Dated at... Station, on... 1919

*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)?
If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it. Yes

12. From the medical information now adduced, 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

13. 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 untraded labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation of Active Service of a disability existing previous to joining is to be included in this estimate.
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) NA

15. Permanency of the Disability due to Service estimated next above in (14).
(i) Is it permanent?
(ii) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

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

18. REMARKS:- AUTH FOR BOARD A.C.I. 9083A W/A-18

Question 6—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report in answer- ing show clearly the condition of the Soldier at the time of examination. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual findings.

Specialist reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be kept in the hand- writing of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible for the accuracy of the original.

19. RECOMMENDATION:-
(a) Fit for duty? (state category) B II
(b) Invalid to Canada? NA
(c) Discharge from the Service as permanently unfit? NA

Date of Board JAN 20 1919

Station BORDON

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

Dated at BORDON Station JAN 20 1919 1919