

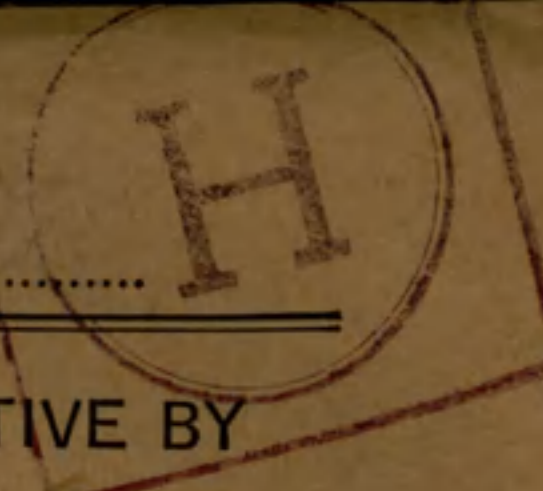
C.E.F. REGIMENTAL DOCUMENTS

NAME CANADA, WILLIAM

REGT. No. 718455

UNIT 107 BN

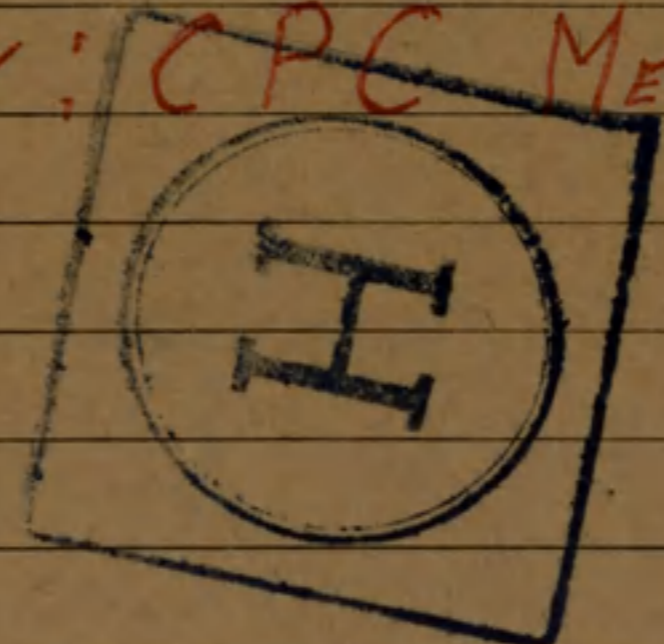
FILE No. 05446



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					M.U.
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

718455 KENNEDY, WILLIAM PATRICK (TRUE NAME)

Authority: CPC MEMO d/25 JUL 60



203385



Triplicate

# ATTESTATION PAPER.

No. 718459

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Canada
- 1a. What are your Christian names?..... William
- 1b. What is your present address?..... Sandy Lake, Man.
2. In what Town, Township or Parish, and in what Country were you born?..... Winnipeg - Man.
3. What is the name of your next-of-kin?..... Ellen Canada
4. What is the address of your next-of-kin?..... Sandy Lake, Man.
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... April 22nd, 1890
6. What is your Trade or Calling?..... Engineer
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... 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 Canada, 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.

Date February 7th 1916.  
William Canada (Signature of Recruit)  
Robertson (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Canada, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date February 7th 1916.  
William Canada (Signature of Recruit)  
Robertson (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Winnipeg this 7th day of February 1916.

Walter Scott (Signature of Justice)  
Com. M.A.

Description of William Canada on Enlistment.

Apparent Age 27 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. 11 ins.

Scar in front left ear.

Chest measurement { Girth when fully expanded..... 42 ins.  
 Range of expansion..... 6-1/2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic..... yes  
 Jewish.....  
 Other denominations.....  
 (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 February 7th 1916

*[Signature]*

Place Winnipeg - Manitoba

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 Canada

.....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.

107TH  
 OVERSEAS BATTALION C. E. F.  
 Date FEB 12 1916  
 ORDERLY ROOM

*[Signature]* (Signature of Officer)  
 Lieut-Col  
 O. C. 107th Overseas Batt. C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

NO. 10  
DISTRICT DEPOT  
APR 15 1919  
DISCHARGE SECTION  
NO. 10, WINNIPEG

3 Blues

THIS IS TO CERTIFY that No. 718455 (Rank) Pte.

Name (in full) William Canada enlisted in the 107<sup>th</sup> Bn.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the seventh day of February 1916

HE served in France, 107<sup>th</sup> Bn. 1 year 7 months

and is now discharged from the service by reason of Demobilization. Medical Unfitness. R.O. 14.20<sup>a</sup>  
★ C.O. 87 - 1048 D.O. 101 ★

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

Age 30

Marks or Scars G.S.W. Right foot

Height 5'11 in

Complexion Dark

Eyes Brown

Hair Brown

Wm Canada  
Signature of Soldier

J. Forbes  
Issuing Officer

Date of Discharge  
15-4-19

Rank Major  
Officer Commanding No. 10 District Depot

Date April 15<sup>th</sup> 1919

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.

prescribed by the War Office, and the War Office will be pleased to supply the necessary forms.

The War Office will be pleased to supply the necessary forms.

<p>NAME OF DISCHARGE</p>	<p>DATE</p>
<p>NAME OF SELLER</p>	<p>NAME OF BUYER</p>
<p>REGIMENT</p>	<p>REGIMENT</p>
<p>COMPANY</p>	<p>COMPANY</p>
<p>POST</p>	<p>POST</p>
<p>THE DESCRIPTION OF THIS SOLDIER ON THE DAY OF HIS DISCHARGE IS AS FOLLOWS:</p>	
<p>He is now discharged from the service by reason of <i>Wounded in Action</i> <i>Demobilization</i></p>	
<p>HE WAS DISCHARGED AT</p>	<p>ON THE</p>
<p>OF THE</p>	<p>OF THE</p>
<p>OF THE</p>	<p>OF THE</p>
<p>OF THE</p>	<p>OF THE</p>

On demobilization the  
 particulars called for on  
 the back of this cer-  
 tificate will not be com-

CLASS A No. 47741  
 A 165038

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

PROCEEDINGS of a\* MEDICAL BOARD.

\*N.B. — The Form being applicable to any Board of Officers, or Committee, or Court of Inquiry, this blank to be filled in accordingly.

The proceedings should be signed by each Officer composing the Board, etc.

assembled at NO 4 GENERAL HOSPITAL, B.E.F., FRANCE.

on the 2nd day of September, 1918.

by order of COLONEL G.H. BAREFOOT, C.B., C.M.G., A.M.S.  
Deputy Director of Medical Services,  
Etaples Administrative District.

for the purpose of examining and reporting on:-

No. 718455, Spr W. Canada, Canadian Engineers,  
8th Battalion.

PRESIDENT.

Colonel G.H. Barefoot, C.B., C.M.G., A.M.S.

MEMBERS.

Captain J.R. Lloyd, R. A. M. C.

Lieut. R.A. Webb, MORC. USA.

IN ATTENDANCE.

The BOARD having assembled pursuant to order, proceed to examine No. 718455, Spr W. Canada, 8th Battalion Canadian Engrs, and read the statement of his case. They find that he is suffering from a G.S.W. through and through the right foot. The remains of the 5th metatarsal bone and digit have been removed. The 4th metatarsal bone was found fractured but left. The Plantar Artery



was tied. The foot is maimed, and there is a deep discharging sinus.

They consider:-

1. That he is unfit for duty at the Front or Base for a period of at least three months.
2. That he is unfit for trial.
3. That he is unfit for punishment.
4. They recommend that he be transferred to the United Kingdom.

*Tommy*

Colonel, A.M.S.

President.

*J. R. Lloyd*

Captain, R.A.M.C. )

Members.

*R. A. W. J.*

Lieut. MORC. USA. )



H

NW

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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 107th Overseas Battalion C.E.F.

Regimental No. 718455 Rank Private Name Canada, William  
 C. E. F. Depot

Enlisted (a) 7/2/16 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 7/2/16

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) \_\_\_\_\_

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.
20-1-17 5 MAR 1917	O.C. 107th	Embarked <sup>(Canada)</sup> Halifax	Halifax	18/9/16	
		Arrived England	Liverpool	25/9/16	
		Proceeded Overseas	Witley Camp	20-2-17	D.O. 51. Part 2. d/20-217.
			Alshouse, Kent		For O.C. 107th Battalion. C.P.
5/3/17	M.H.O.	Disembarked in France	Boulogne	25/2/17	L.R. 7675
9/2/18	O.C. 107th	Awarded one good Conduct Badge		7/2/18	B213 Pt 2-D.O. #15 d/18-2-18
16/2/18		Granted 14 days leave to Paris		13/2/18	B213 Pt 2-D.O. 15 d/
2-3-18		Returned from Leave		28/2/18	B213.
2-3-18	do	Sentenced to 14 Days S.P. No. 1. 17.3.18 for when on active service (i) Drunk (ii) Absent without leave from 6 P.M. 14.3.18 to 2 P.M. 15.3.18, Forfeits 2 Days Pay under R.W.			B2069 Pt 1 D/25-3-4-18

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

718455 Pte Canada W.

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				
3-4-18	2 UTA	V.D. G.	adm TO 3 CTA	24-18 2-4-18	E 1192
2-4-18	467A	✓	adm	2-4-18	E 1511
3-4-18	3 CTA	✓	adm	2-4-18	E 1712
5-4-18	467A	✓	TO 6 Stat. ?	4-4-18	E 2005
6-4-18	OC 107 <sup>th</sup>	To Hosp.		2-4-18	B 213
8-4-18	51 Gen	V.D.G. (M)	adm	8-4-18	E 3108
5-4-18	467A	✓	TO 39 AT	4-4-18	E 3431
21-3-18	OC 107 <sup>th</sup>	Forfeits one Good Conduct Badge		20-3-18	B 2069 (amended)
30-4-18	aaq.	Left to Cdn Eng <sup>r</sup> Reinf Pool		30-4-18	Pt 2 DO 37 d/20-4-18 KA. (S) 290/281. KR. 498 d/29-4-18 Lootel. 76962 SD 2 d/3-4-18 Pt 2 DO 44 d/3-5-18 P/45 du 1918
do	do	TOS C, E, R Pool <del>19-4-18</del> from 107th Pioneer Bn.	Fed	1/5/18	
2/5/18	5-1 Gen <sup>r</sup>	Debitatus etc.	To G. C. Dep.	30 4/18	E 1942
6-5-18	51 Gen.	Forfeits F.A. and 50 cents per dy while in Hosp. from 8-4-18 to 30-4-18 (23 dys)		30-4-18	O 16 H3/3498 P/47
30 4/18	G. Condep.	Debitatus	A G. C. Dep.	Do	E 9247.
2/5/18	G DO	Do	To 5 DO	2/5/18	E 9516
2/5/18	5 DO	Do	adm 5 DO	2/5/18	F 236.
5.6.18	Class	T.O. S. A.	Class	5.6.18	WR. 847.
do	S. C. Dep.	Debitatus	to do	do	F 2749.
18.6.18	6910	To 6666		18.6.18	WR 1270
18.6.18	6666	arrived	6666	18.6.18	WR 920

A.G.R. Rank Name **CANADA, William** Reg'l No. **718455**

Unit **107th Bn.** If in perm. Corps, }  
What Unit? }

Married or Single **Married**

Place and Date of Enlistment **Winnipeg, 7th Feb., 1916.** Place of Birth **Winnipeg, Manitoba.**

Name and Address, Next-of-Kin **Ellen Canada,**  
**Sandy Lake, Manitoba, Canada** Relationship **Wife.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **5088**  
File R.L.  
Category **CANADA**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<b>6.</b>					
					<b>ARRIVED IN ENGLAND SS "OLYMPIC" 25-9-16</b>
					<b>A.F.B. 103 CHECKED</b>
					<b>25 2 17 00107 PROCEEDED O'SEAS WITLEY 25 2 17 PT 2D 10-MAR-17</b>
18.2.18	---	Awarded 1 G.C. Badge	Ms Field	7.2.18	R.D. 15
		<b>Now known as 107th Pioneer Canadian Engrs.</b>			<b>MAR 10 1918</b>
20.4.18	107th Inv. C.E.	Punishment in P.O. 28 bread & Forfeits One G.C. Badge	Ms Field	17.3.18	D.O. 37
3.5.18	"	S. C.E. to C.E. R. Pool.	"	30.4.18	D.O. 44 + G.E.R.P. 45/65/18
20.7.18	8/10th C.E.	T. O.S. from C.E. R. P.	Sp.	3.7.18	D.O. 5 + C.E.R.P. 75/187
16.10.18	---	S.O.S. Inv "W" to C.E.R.P.	"	4.10.18	D.O. 28 + G.E.R.P. 276/19 <sup>10</sup> /18
18.1.19	C.E.	Invailed to Canada by 605 C.E.H.	L'pool	13-1-19	C.L.B. 424 + C.E.R.P. 10224/22/19



ORIGINAL

MEDICAL HISTORY SHEET.

4

Surname Canada Christian Name William

Examined { on 7 day of February 1916  
at Winnipeg  
Birthplace { City or Town Winnipeg  
County Man

Approved by Hulbannon  
Rank Capt M.O.

Apparent age 27  
Trade or occupation Engineer  
Height 5 Feet 11 Inches.  
Weight 200 Lbs.  
Chest measurement { Minimum: 36 1/2 inches.  
Maximum expansion 5 1/2 inches.  
Physical development Good  
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		X
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

12 OCT 1918

Vaccination Marks { Arm Right Left  
Number None

Date.	Result.	VACCINATIONS.
<u>8/9/16</u>	<u>+</u>	<u>Hulbannon</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last ✓  
(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.
<u>24/8/16</u>	<u>R</u>	<u>Hulbannon</u>
<u>1/9/16</u>	<u>R</u>	<u>Hulbannon</u>
<u>8/9/16</u>	<u>R</u>	<u>Hulbannon</u>
		M.O.
		M.O.
		M.O.

Enlisted on 7 day of Feb 1916 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>107th Overseas Battalion</u>	<u>718455</u>	<u>Good</u>	<u>Feb. 7/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Mc. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, OREGON, KENT.</u>	<u>17-3-19</u>	<u>Es. R. Foot Imp. func. R. foot</u>	<u>Amaloid L. foot For discharge H. Stewart Capt</u>

CANADIAN

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.

*[Handwritten initials]*

Surname *Canada* Christian Name *William*

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				
<i>Winnipeg</i>	<i>Feb 7/16</i>	<i>7</i>	<i>4</i>	<i>16</i>	<i>9</i>	<i>4</i>	<i>16</i>	<i>La Grippe</i>	<i>2</i>		<i>H.M. Cameron</i>
<i>Camp Hughes</i>	<i>30/5/16</i>	<i>1</i>	<i>6</i>	<i>16</i>	<i>13</i>	<i>6</i>	<i>16</i>	<i>Gonorrhoea</i>	<i>13</i>		<i>H.M. Cameron</i>
		<i>9</i>	<i>10</i>	<i>18</i>	<i>18</i>	<i>10</i>	<i>18</i>	<i>R.H.A. foot</i>	<i>10</i>	<p><i>Admitted - apts. of little use. foot as well as old fracture of 4th &amp; 5th metatarsals. Sinus discharging - over outer side of foot. P.C. I.S.P. Transferred to Canadian Hosp.</i></p>	<i>W. Mackay C.M.D.</i>
<i>U.C.H. Spain</i>		<i>18</i>	<i>10</i>	<i>18</i>	<i>28</i>	<i>10</i>	<i>18</i>	<i>Go.</i>	<i>11</i>	<p><i>Open wound Right foot. Transf to Springfield</i></p>	<i>W. Mackay</i>
<i>16 Lear. Gen (Ontario) Hosp.</i>	<i>28.10.18</i>	<i>28</i>	<i>10</i>	<i>18</i>	<i>19</i>	<i>DEC</i>	<i>1918</i>	<i>G.S.W. Rt foot.</i>		<p><i>G.S.W. of Rt foot. wound of entrance on lat. surface just below and somewhat behind tip of foot. <sup>matt. and abs.</sup> matter penetrates dorsal surface of foot &amp; <sup>exposed</sup> coming out about base of fifth <sup>and</sup> metatarsal bone causing fracture of fourth <sup>metatarsal</sup> as well as fracture and wounds over fifth metatarsal <sup>metatarsal</sup> tissues covering some 5th metatarsal &amp; <sup>metatarsal</sup> osip <sup>metatarsal</sup> even <sup>metatarsal</sup> beyond wound still discharging cannot completely flex ankle on leg and cannot walk any distance. Can only put medium weight on heel but not on toes. Other systems normal. X-ray shows 5th metatarsal &amp; 4th <sup>metatarsal</sup> carried away. <sup>metatarsal</sup> <sup>metatarsal</sup> of the proximal half of 4th metatarsal <sup>metatarsal</sup>.</i></p>	<i>Capt. C. C. C.</i> <i>J. McKinnon Capt. C. C. C.</i>

SOUTH AFRICAN MILITARY RICHMOND PARK

Duplicate Medical History Sheet posted to here?

MEDICAL CASE SHEET.\*

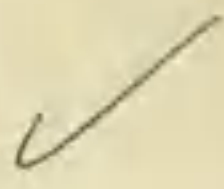
No. in Admission and Discharge Book.	Regiment No.	Rank.	Surname.	Christian Name.
6450 Year 1918.	418455	Spv.	CANADA.	W.
	Unit.	Age.	Service.	
	Canadian Engineers.	29 Yrs.	2 8/12 Yrs.	
Station and Date.	Disease <u>Injured S.I. (G.S.W. Foot R)</u>			
	<u>B. Neg. Self Infl.</u>			
	<u>Not Yet Treated</u>			
	18-7-18. Injury T+T.			
	Op :- Remain 5 <sup>th</sup> Metatarsal + digit removed.			
	4 <sup>th</sup> Metatarsal bone fractured.			
	Plantar artery - tied.			
4 general.				
13-8-18.	Deep sinus discharging.			
16-8-18.	X-Ray = 4 <sup>th</sup> Metatarsal			
26-8-18	Board RE. DR. H. J. Allen.			

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

Station  
and Date.



# CASE HISTORY SHEET.



Hospital W. H. G. Station   
 No. 1184 Rank  Name Canada Wm Age 29  
 Unit 107 Completed years of service 6 3/12 6 5/12 6 19/12 Where and how long 6 3/12 6 5/12 6 19/12  
 Date of admission 10-2-19 Date of discharge MAR 21 1919  
 Diagnosis Metatarsal Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE. Admitted to 6th ward.

Impairment of function of left foot.  
Was wounded in July 1918. Bullet penetrating  
inner side of foot and emerging on outer surface  
of foot. Shattering, metatarsal bone. Wound healed by  
Nov 1918. Removal of 4th & 5th metatarsal bone  
at present. 3 in scar, depressed & depressed on outer  
border of foot. Evidence of injury to metatarsal  
bones. Slight tenderness on side of foot. Can bear  
weight on foot fairly well. Can walk about 2 miles  
without difficulty. All other systems normal.  
X-ray report: - The 5th toe has been removed at the metatarsal  
articulation. The 4th toe is dislocated at the  
metatarsal articulation and is lying in front of the  
3rd toe in the upper part. (Spd) General  
orthopedic report: No orthopedic treatment except  
orthopedic boots with outer border of sole steel raised  
1/4 in & cushion pad added to cover scar area.  
20-3-19 - on leave - care 2 10 days. Spd. W. H. Reilly

10-3-19 - No treatment. Boots supplied. Forward. P. B. Grand

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Legionist

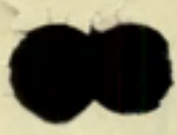
TREATMENT

(Especially any specific or special form.) By orthopedic report  
Orthopedic boots to be ordered, with  
outer border of sole steel raised, 1/4 in  
to be furnished.  
No further orthopedic treatment.

CONDITION ON DISCHARGE

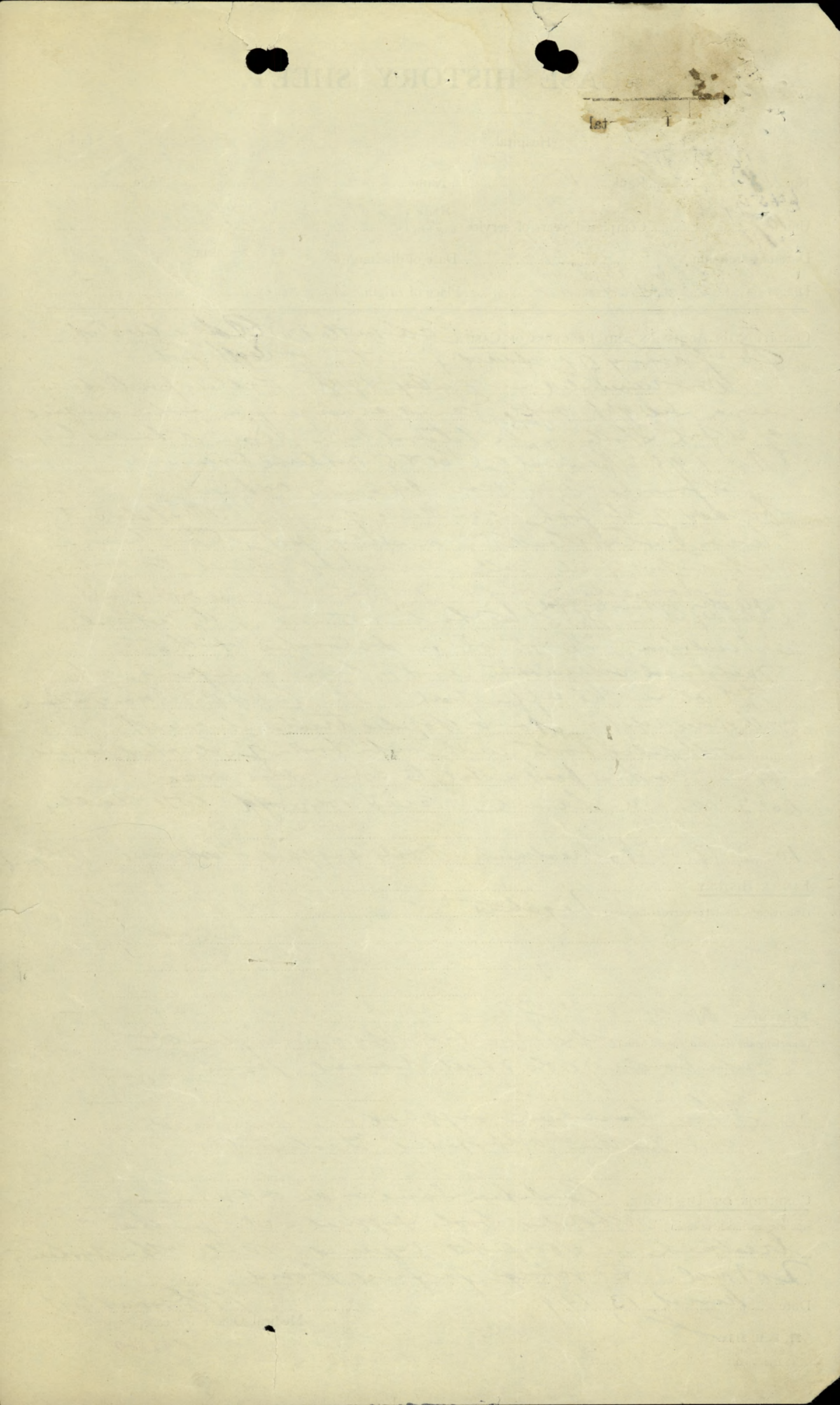
(and disposal made of case.) Condition same as on admission.  
Orthopedic boots supplied. No further  
treatment in hospital required. All other systems  
normal. Discharge in final Board

Date March 13, 1919. Medical Officer i/c case. P. B. Grand



OF HISTORY SHEET

181



# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_ No. \_\_\_\_\_ Rank and Name \_\_\_\_\_ Age \_\_\_\_\_ Military Hospital \_\_\_\_\_  
 Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Service \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation																														
Days of Disease																														
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 Hours																														

# CLINICAL CHART.

(To be attached to Case Sheet.)

No. 70 CANADIAN GENERAL (DN) (1100) HOSPITAL  
Army Form B-181.

Military Hospital  
CINCINNATI, KENT.

Corps 8 Cav

No. 718455

Rank and Name Pte Canada William

Age 29

Service 34

Disease S. S. W. Rt Foot.

Date of admission 28-10-18

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation	Oct																												
	28				29				30				31																
Days of Disease																													
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

On Admission

Signature \_\_\_\_\_

In charge of case.

Station  
and Date.

MEDICAL CASE SHEET.\*

R.C.

42

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	71846'S	Pte	Canada	William
		Unit.	Age.	Service.
		8 Can	29	34 12
Station and Date.	Disease <u>Gsw Rt Foot</u>			
Oct 28/18	Enlisted 1st Feb 1916 Embarked for France 5th Feb 1917.			
	Wounded at Arras on 18th July 1918.			
	Taken to 46 C.C.S 18 of July there some time then to 59 C.C.S at Meudin there four or five			
on 13/8/18	days then to No 4 Gen. Left on Eve of 8 Oct for W.K. and admitted Richmond Park Hosp (South African Military) on 9th Oct 1918.			
	Were sent from Richmond to Epsom on 18 Oct there till 28 Oct then transferred			
28/10/18	to No 16 Can. Military, Orpington.			
	Had operations at no 46 C.C.S (one operation on 19 Oct 1918) Explosive Bullet Wound!			
Oct 30/18	Present Condition			
	X Ray Report:-			
	Fifth metatarsal. & 5th toe carried away. Communion of the proximal half of the 4th (4th) metatarsal. Signed. L. Litchest Capt. Camm			
29/11/18	Transferred to Ward 34			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/13 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	718455	Pie	Canada	U.
		Unit.	Age.	Service.
Year		82 Can Bn	29	
Station and Date.	Disease			
M.C.N.	GSW. R. Foot, Fract 4 <sup>th</sup> & 6 <sup>th</sup> Metatarsals			
Epsom	Open wound right foot. Transfer to Orpington.			
	J. H. Kempster Capt. C.A.M.C. S.M.O. 7 <sup>th</sup> Div.			
C.G. Asst. No 5	Condition same. Foot remains weak but is gradually improving in amount. With every fall of excretion well born.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]



I certify that the dates of service shown hereon are correct according to official records in our possession.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

NO. 10 DISTRICT DEPOT APR 1919 DISCHARGE SECTION M.D. 10. WINNIPEG

W. Wood For Officer Commanding

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.

- 1. Christian Names William 2. Surname Canada
3. Rank Pte 4. Original Unit 107th Bn 5. Reg. No. 718455
6. Address, in full, to which future payments of gratuity are to be forwarded Sandy Lake Man
7. Date of enlistment in the C.E.F. 7-2-16
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Ellen Canada
9. Relationship of such dependent wife
10. Present address, in full, of such dependent Sandy Lake Man
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
12. 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: no
13. 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
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service no
15. 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 107th Bn 7-2-16 to 2-7-18 C.E.R.D. 9-10-18 M.D. 10-13-19 to discharge 15-4-19
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. 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? *no*
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?
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge *15-4-19*  
 (b) Reason for discharge *Medically unfit: Rouzo*
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 *same as Para 13*
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:

Place of Residence:

Declared before me at:

This *15<sup>th</sup>* day of *Apr.* 19*19*

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

*Edmond JP*

**POST DISCHARGE PAY.**

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>M</i>	<i>\$600<sup>00</sup></i>

Certified Correct.

District Paymaster.

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

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *10*

NAME OF SOLDIER *Canada W*

REGIMENT *9<sup>th</sup>*

RANK *Plt*

No. *718456*

No. *718456*



## INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge from the Service.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain					
<i>1919</i>																						
<i>Feb 18</i>																		<i>Capl. P.A. McEwan 10</i>				<i>Cavities</i> <i>Extractions</i>

*Complete  
P.A. McEwan*

DENTAL HISTORY SHEET

OMAHA DENTAL ASSOCIATION

DATE OF EXAMINATION

EXAMINER

TOOTH NO. 1 2 3 4 5 6 7 8 9 10 11 12  
TOOTH NO. 13 14 15 16 17 18 19 20 21 22 23 24  
TOOTH NO. 25 26 27 28 29 30 31 32  
TOOTH NO. 33 34 35 36 37 38 39 40



TOOTH NO. 41 42 43 44 45 46 47 48 49 50  
TOOTH NO. 51 52 53 54 55 56 57 58 59 60  
TOOTH NO. 61 62 63 64 65 66 67 68 69 70  
TOOTH NO. 71 72 73 74 75 76 77 78 79 80

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..... *104<sup>th</sup> Overseas Battalion*

.....

(2) Regimental Number..... *718 455*

(3) Full Name of Soldier..... *William Canada*

.....

(4) Place of Birth..... *St Boniface Man.*

.....

(5) Are you married, or not?..... *yes*

(6) If married, state,  
 (a) Full name of your wife..... *Helen Ellen Canada*

.....

(b) Present Postal Address..... *Sandy Lake Man.*

.....

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

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

If so, give number of boys and girls..... *1 Girl*

Also their names and ages..... *Mystle Canada*  
*2 years*

.....

.....

.....

(9) Is your Father alive? *Yes*  
If so, state name and address *Peter. Canada. Sandy Lake. Man.*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Kenow. Canada.*  
*Sandy Lake. Man.*

(11) If your Mother is a widow.....  
Are you her sole support, or not?.....

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

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

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

(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.

107TH  
BERGLAS BATTALION C. E. F.  
Date *SEP 2, 1916*  
ORDERLY ROOM

*W. J. M. Major*  
for Officer Commanding.

William

Name CANADA Rank Spr Reg. No. 718455Unit ~~10th Inf. Br. C.E. C.E.R. Pool~~Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
2	4	46 Fld Amb	do	A185		16470
5	4	51 G. S. Staples	do	A189	do	736/11
30	4	6 Cond Dep	do and			
			Debit	A208		1002/14
2	5	5 " " Cayeux	do	A213		1194/14
11	5	11 Car Fld Amb	Cont. Dead	A215		
			see			30153
18	5	Dis to Duty	do	A221		30515
1918						
19	7	46 C. C. S.	45th R Foot	A223		
			(rel. notified)	A274		33679
29	8	59 C. C. S. Logans	do do	A290		34553
			see			

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919 13 8	4 G.I. carriers	USAR I	R. Foot	A 245		
10 10	St. African Richmond	PR	Sgt. Ingha	B 345		32713
19 10	No. 6 G.I. Woodcote	PR	do	B 352		28662
29 10	16 G.I. Crispington	PR	do	B 360		29556
20-17-18	7 G.I. Kirkdale		P. Spence			30415
1919 13 1	Invalided to Canada		do	B 3404		6323
				B 321		



LIVERPOOL

HOSPITAL.

10

A. & D. CARD

0.

✓

AT.....

A. & D. No. T-7787 PL. OF ACTION.....

RANK PTE REG. No. 418455 UNIT 8 CE SICK OR WOUNDED

NAME CANADA WAR AGE 29 RELIGION RC

PLACE IN HOSPITAL X

DIAGNOSIS GLW. Ri. Foot. CF 4+5 Metatarsals

ADMITTED 19 DEC 1918 FROM ORPINGTON

DISCHARGED 18 JAN 1919 TO INV. TO CANADA

TRANSFERRED.....

SERVICE AT HOME 1 4/12 IN FIELD 1 7/12

RESULTS.....

Sandy Lake  
man. (2029)

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

9/16.

REMARKS.

M.

No 13.

V D G 13 6 18.

LEDGER NO. 74

SERIAL NO. 22260

REG. NUMBER 418455 NAME Canada Wm 38

RANK Plt CORPS 5th

AGE 29 SERVICE 6/3/12 to 5/12/19

NAME OF HOSPITAL Winnipeg PLACE Winnipeg

DATE OF ADMISSION 30.1.19

DISEASE G SW of foot to 4 Metatarsal

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 21.3.19 IN CATEGORY

REMARKS:



**DOCUMENT CARD**

HOSPITAL

A. & D. No. T-7787 AT TRINITY TO CANADA  
 ADMITTED 19 DEC 1918 DISCHARGED 13 JAN 1919 WARD No. X  
 REGTL. No. 718455 RANK Pte NAME CANADA W.  
 UNIT 868 TRANSF'D FROM Corp  
 DIAGNOSIS Open W Foot CF DIAGNOSIS CHANGED 4th Metatarsals

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	To	DATE	To	DATE	TO WHOM SENT.
		<u>19 DEC 1918</u>	<u>OD</u>		

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c.....FLOOR.....WARD.....ON.....191.....  
 RECEIVED FROM M.O. COMPLETE.....191.....

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

MCS

TCS

LIST No.	HOSPITAL	DATE OF ADMISSION	V. No.	REMARKS
A189	4. Fr. Amb	8-4-18	" " "	
A208	6 bono Staples	30-4-18	" " "	Debility
A213	5. " Caput	2-5-18		Debility
A215	11 Can. Fr. Amb	11-5-18		Cont Head. Acc
A221	Dis to duty	18-5-18	" " "	" " "
A274	46 bas. blystr	19-7-18		Glw Rft. S. I.
A290	59 Cas Cle. Slab	9-8-18	" " " " "	" "
A295	4 Gen, Carriers	13-8-18	" " " " "	" "
B345	Sufi Surrey	10-10-18	" " " " "	" "
B352	Mil bono Epsons	19-10-18	" " " " "	" "
B360	16 Can. Dupingtons	24-10-18	" " " " "	" "
B404	5 Can. Kirkdale	20-12-18	" " " " "	" "
B424 <sup>(2)</sup>	Invalided to Canada	13-1-19		e/9. 4th + 5th. Mch. R.

REGT'L. No. 718455

NAME

Canada, William

H. Q. FILE NO 649

RANK AND CORPS

Pte. Can. Eng. form. 108

FOLLOWS  
NO.

Max  
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

N.O.X.

Mrs

Ellen Canada (wife), Sandy Lake

H223

26-7-18

Adm. 46 C.C.S July 19th/18

Ysu R. foot. S.I. wd.



No. 718455

RANK

Plt

NAME

Canada, W

718445. May. furlist.

T. O. S. 7-2-16

UNIT

107th Battalion

DO. 32-8-2-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb 7	Feb 29	✓		
Mar		✓		
April.		✓.		
May.		✓.		
June.		✓.		
July.		N.		
Aug.		✓.		
Sept.		N.		

UNIT SAILED

SEP 18 1916



*Ind*  
*mul*

Number 718455 Rank Spr

Surname CANADA (now KENNEDY, I.)

Christian Name William

Units 6E Theatre of War France

Date of Service 25-2-17  
Box 597 Dauphin P.O.

Remarks

Latest Address ~~Sandy Lake~~ Man

Roll No. B. Page 78325

# GRATUITY (IMPERIAL)

NOTE: TRUE NAME:  
KENNEDY, William

Patrin

(CPC MEMO

d/25-7-60

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

2281 & NON  
2086119  
NOV 7 1922

10 CARD NO.

SURNAME. *Canada.*

CHRISTIAN NAMES *William*

REGL. No. *718435* RANK *Pte.*

UNIT *104th.*

FORMER CORPS *Nil.*

S.O.S. *Mis. 15/4/19*  
M.U. FOLL  
D.O. *101 11/4/19*

*#1000*  
*Batt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Canada Mrs Ellen*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *Sandy Lake, Man.*

*Auth. A.A.P. 12-6-16.*

COUNTRY OF BIRTH *Canada. Winnipeg Man.*

DATE *Apr. 27<sup>th</sup> 1898*

PLACE OF ATTESTATION *Winnipeg Man.*

DATE *Feb. 7<sup>th</sup> 1916*

*O/S 18-9-16 541*  
*5*

*R/16-26-1-19 257*  
*21 Pte*

Sailed from Halifax per S.S. "Olympic" 18/9/16.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Engineer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

27

YEARS

—

MONTHS

HEIGHT

5

FEET

11

INCHES

CHEST MEASUREMENT

42

INCHES

EXPANSION

6 1/2

INCHES

COMPLEXION

Park

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Scar in front left ear.

MEDICAL EXAMINATION.

PLACE

Winnipeg Man.

DATE

Feb. 7<sup>th</sup>. 1916

\*Name Canada, William Rank Co. Regtl. No. 718455

Original unit 107th Present unit  M. or S.  Age 30 Religion M. Fyle Depot  Ref. H.Q.

Port, ship, and date of arrival 13-1-19, S.S. "Issequibo", St. John, 36.1.19.

Next of kin Wife, Ellen Canada, Sandy Lake, Man.

Address on leave

Address on discharge

Transportation issued No Yes  Date  Character on discharge

Previous occupation Engineer Date and place of enlistment 7-2-16, Winnipeg, Man.

Diagnosis  Date of Medical Boards #

to Discharge

OK

Date.	Remarks	Pt. 2 Order No.
13-1-19.	T.O.S. #10 D.D. & Posted to Hosp. Sect.	D.O. 36. Pa. 2.
	Standing leave with arms. 31-1-19 to 13-2-19. DO 37-5	
	A.W.L. 13-2-19 to 17-2-19. Fined 2 days. Forfeits 5 days pay	50-
	A.W.L. 3-3-19 to 10-3-19. Fined 5 days pay. Forfeits 11 days pay	73-

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

Date.

Remarks.

Pt. 2 Order No.

21-3-19.

Trans

to

Cas

Coy.

81-



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Canada

W.

718455.

RANK

UNIT

Co.

TROOP

BATTY.

Sp<sup>t</sup>.  
HOS.ITAL

Law Eng

107 P.

C E.R.P.  
DATE OF ADMISSION

46 Head Amb

2. 4. 18

1. 51. General E. Staples

HOSP. 8. 4. 18.

6 Conv Dep Staples

30. 4. 18

2. 5 " " Cayeux.

HOSP. 2. 5. 18

11 Canadian Field Amb

11. 5. 18

3. 46 Cas. C. Station

HOSP. 19. 7. 18

59 C. C. D.

4. 4 5th Camero

HOSP. 9. 8. 18  
13. 8. 18

DIAGNOSIS

V.D.G. Ho and Debility Ho ad.

1. Cont Head Acc to

2. G.S.W. Rt. Foot Self Inf.

3. 9 C. 7. 4<sup>th</sup> & 5<sup>th</sup> Metatarsals Right

DISPOSITION

DATE

Ch. 11. 4. 18 a 185'

Dist Duty 18. 5. 18

REMARKS

16. 4. 18 a 189 (3)

8. 5. 18 A 208 III

14. 5. 18 a 213 (3)

16. 5. 18 A 215 I

23. 5. 18 A 221 I

25. 7. 18 A 274 ✓

Inv. to Canada 13. 1. 19

13. 8. 18 a 290-1.

18. 8. 18 1295 I.

15. 10. 18 B 345

29. 10. 18. 0352 3

1. 11. 18 B 360. 1

23. 12. 18 B 404

18. 1. 19 B 424-2

A.M.D. & DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

- |    |  |                      |
|----|--|----------------------|
| 1. | S. A. Hoop. Richmond Pk<br>Mil Cowal Epsom         | 10-10-18<br>19-10-18 |
| 2. | 16 Can G. Orpington<br>5 & 8 H. Kirkdale Liverpool | 29-10-18<br>20-12-18 |
| 3. |  |                      |
| 4. |  |                      |
| 5. |  |                      |
| 6. |  |                      |
| 7. |  |                      |

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Ellen Barada*  
 Address *Sandy Lake*  
*Man.*

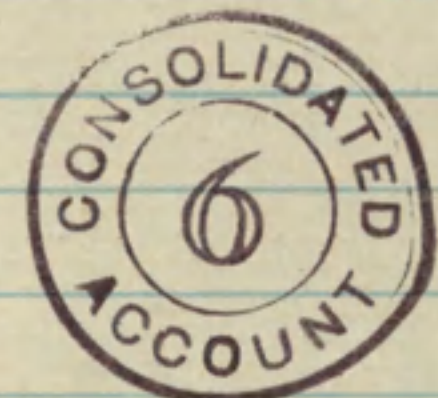
By Whom Assigned *Barada Wm.*  
 Regtl. No. *718455*  
 Rank *Pte.*  
 Corps *107 Bm.*

Rate *15.00*

**SEP 1915**

**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				



1881

1882

1883

1884

1885

1886

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs. Ellen Lamada Wife.  
(Assignee)

Name of Soldier Lamada Wm.

PAYMENTS.

718455

Pt.

107 Bm

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15. <u>50</u>
April	1916			
May				
June				
July				
Aug.				
Sept.		<u>R 21728</u>	<u>15</u>	
Oct.		<u>a 20348</u>	<u>15</u>	
Nov.		<u>A 25522</u>	<u>15</u>	
Dec.		<u>D 30949</u>	<u>15</u>	
Jan.	1917	<u>B 34503</u>	<u>15</u>	
Feb.		<u>B 43175</u>	<u>15</u>	<u>15 H</u>
March		<u>D 49486</u>	<u>15</u>	<u>15 B</u>
April		<u>Q 728</u>	<u>15</u>	<u>15 L</u>
May		<u>Y 7403</u>	<u>15</u>	
June		<u>K 13727</u>	<u>15</u>	<u>15 T</u>
July		<u>C 20259</u>	<u>15</u>	<u>15 B</u>
Aug.		<u>H 27767</u>	<u>15</u>	<u>15 B</u>
Sept.		<u>G 34386</u>	<u>15</u>	<u>15 B</u>
Oct.		<u>M 46664</u>	<u>15</u>	
Nov.		<u>O 54950</u>	<u>15</u>	
Dec.		<u>J. 55139</u>	<u>15</u>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Just*

*leo*

*240*

*V*

CANADIAN  
ASSIGNED PAY AUDITED  
*W. Binks*  
AUDIT CLERK  
DATE 22/5/19

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.				

1/3/16

MILITIA AND DEFENCE

M. F. W. 11. 211  
50m.—4-16.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mr Ellen Canada*

Name of Soldier *Canasa William*

Address ~~156 Kate Street~~

Regtl. No. *718455*

*Sandy Lake* ~~Winnipeg~~  
*Man*

Rank *Ot*

Corps *107th Bn*

Relation to Soldier }  
wife, child or mother } *wife*

To what Corps belonging }  
when called out } ✓ ✓

PAYMENTS

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







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

# Separation and Assigned Pay Branch

1680

Sept 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	44/1	301-9-18
			PC2753

P.C. 3257 M.O. 31134

RATE OF ASSIGNMENT

15			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 718455  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Wm Canada  
 Battalion 107th Battn  
 Beneficiary Mrs. Ellen Canada.  
 Relationship wife.  
 Address

## PARTICULARS OF ASSIGNMENT

(wife)  
 Name Mrs. Ellen Canada  
 Address Sandy Lake, Man.  
 Change of Address  
 1  
 2  
 3  
 4

MFW 2554  
Rem on Jan 24/18

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31		440	240	680	
Jan	M 65551	30	15	45	7 P.
Feb.	D 90675	25	15	40	
Mar	A 108826	25	15	40	✓
Apr	A 5891	25	15	40	✓
May	J 17717	25	15	40	✓
June	E 19692	25	15	40	✓
July	T 28781	25	15	40	✓
Aug	E 32232	25	15	40	✓
Sept.	H 46640	25	15	40	✓
Oct	L 49077	25	15	40	✓
Nov.	B 61681	25	15	40	✓
Dec	A 63059	45	15	60	✓
Jan	J 69711	30	15	45	✓
		795	435	1230	

2729.70.15

M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 22320-M. & D. 7483.

Alc Closed  
 Ret'd per Essequibo  
 Date 26/1/19 MFW 187  
 Clerk J. H. Clark M.D. 10  
 M.R.O. La 67703 Desh

CANADIAN  
 ASSIGNED PAY AUDITED  
 W. Binks  
 AUDIT CLERK  
 DATE 22/5/19



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

24  
 17  
 175  
 23  
 425  
 480  
 32  
 542

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Ellen Canada* *wife*  
**PAYMENTS.**

Name of Soldier

*Canada William*

L. L. Job 310.—Req. 6574.

# *718455*

*etc*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	+ +		
May		<i>Q 3241</i>	<i>60</i>	<i>60 + adj</i>
June		<i>D 2797</i>	<i>20</i>	<i>Remailed 5-2-16</i>
July		<i>7 C 5682</i>	<i>20</i>	
Aug.		<i>D 1601</i>	<i>20</i>	
Sept.		<i>D 15148</i>	<i>20</i>	
Oct.		<i>Q 18060</i>	<i>20</i>	
Nov.		<i>22189</i>	<i>20</i>	
Dec.		<i>S 22201</i>	<i>20</i>	
Jan.	1917	<i>R 28231</i>	<i>20</i>	
Feb.		<i>R 31428</i>	<i>20</i>	
March		<i>R 34639</i>	<i>20</i>	
April		<i>S 471</i>	<i>20</i>	
May		<i>R 3946</i>	<i>20</i>	
June		<i>T 7164</i>	<i>20</i>	
July		<i>S 10450</i>	<i>20</i>	
Aug.		<i>V 13540</i>	<i>20</i>	
Sept.		<i>U 16455</i>	<i>20</i>	
Oct.		<i>C 23374</i>	<i>20</i>	
Nov.		<i>P 25770</i>	<i>20</i>	
Dec.		<i>C 26681</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*200*

*Remailed 5.8.*

*L*

*Sheet 2*

**Casualty Form - Active Service.**

Regiment or Corps.....

Rank *Spr*..... Surname *Canada*..... Christian Name *W.*.....

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { ..... } Re-engaged { ..... } Qualification (b).....  
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or to other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
<i>JUL 1918</i>	<i>CCCE</i>	<i>8<sup>th</sup> SOS to 8th BATTN C E</i>	<i>2 JUL 1918</i>	<i>17/51</i>	
<i>6-7-18</i>	<i>8<sup>th</sup> Bn. C.E.</i>	<i>T.O 8<sup>th</sup> BATTN C E</i>		<i>13-7-18</i>	<i>PT.2 D.O. N° 5</i>
<i>do</i>	<i>do</i>	<i>JOINED UNIT</i>		<i>5,7-18</i>	<i>B 213</i>
<i>19-7-18</i>	<i>8.C.C.S.A.</i>	<i>G.S.W. Foot, R. (acc), adm</i>	<i>P.C.S.A.</i>	<i>11-7-18</i>	<i>9.3244</i>
<i>do</i>	<i>46.C.C.S.</i>	<i>do. (Def Inf), adm</i>	<i>C.C.S.</i>	<i>19-7-18</i>	<i>9.3244</i>
<i>20-7-18</i>	<i>8 Bn. C.E.</i>	<i>do (acc) to 404.</i>		<i>18-7-18</i>	<i>B.213.</i>
<i>3-8-18</i>	<i>46 C.C.S.</i>	<i>Still a Patient</i>	<i>46 C.C.S.</i>	<i>5-8-18</i>	<i>K.G. 17/1920-1</i>
<i>8-8-18</i>	<i>46 C.C.S.</i>	<i>G.S.W. Foot, R.S.I.W. (Acc) to</i>	<i>59 C.C.S.</i>	<i>9-8-18</i>	<i>A.6925, G 7044</i>
<i>13-8-18</i>	<i>4 Gen'l</i>	<i>Do.</i>	<i>4 Gen'l</i>	<i>13-8-18</i>	<i>W.9982 H.537.</i>
<i>13-8-18</i>	<i>59 C.C.S.</i>	<i>Do. To</i>	<i>38 A.T.</i>	<i>13-8-18</i>	<i>A.7129 H.350</i>
<i>12-9-18</i>	<i>4 General</i>	<i>Still a Patient</i>	<i>11-9-18</i>	<i>11-9-18</i>	<i>K.G. 17-2121.</i>

(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) Signaller, Shoeing-Smith, &c. W. 5635-M2733 20000 9.17 (35011) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
9.10.18.	4 Gen. Hosp.	S.O.S. of 8 <sup>th</sup> Batt <sup>n</sup> C.E. on being invalided injured (S.I.) to England and posted to C.E.R.D. SEAFORD		9.10.18.	A.T. VILLE DE LIEGE A.F.W. 3083/6195 D.O. Pt. 2, No. 28, dated 16.10.18.
			C.B. Johnson		
			Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.		
19-10-18.	C.E.R.D.	T.O.S from 8 <sup>th</sup> Bn C.E. (Adm Hospital from ops. sec.)	Seaford	10-10-18.	Pt. II - D.O. 276. WSL
			L. J. Lundy		
			LIEUT: FOR LT. COL. I/C RECORDS, C.O.M.E.		
13-1-19	T. O. S. of No. 10 District Depot, Part 2 Order No. 36 Para 2 Lt.-Col. 10 District Depot.		♦Discharged 15-4-19, ♦ ⇒C, O. 87/1048 D. O, 101⇐		
			P. B. Eckell Capt		
			Major Officer Commanding No. 10 District Depot		

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	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  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

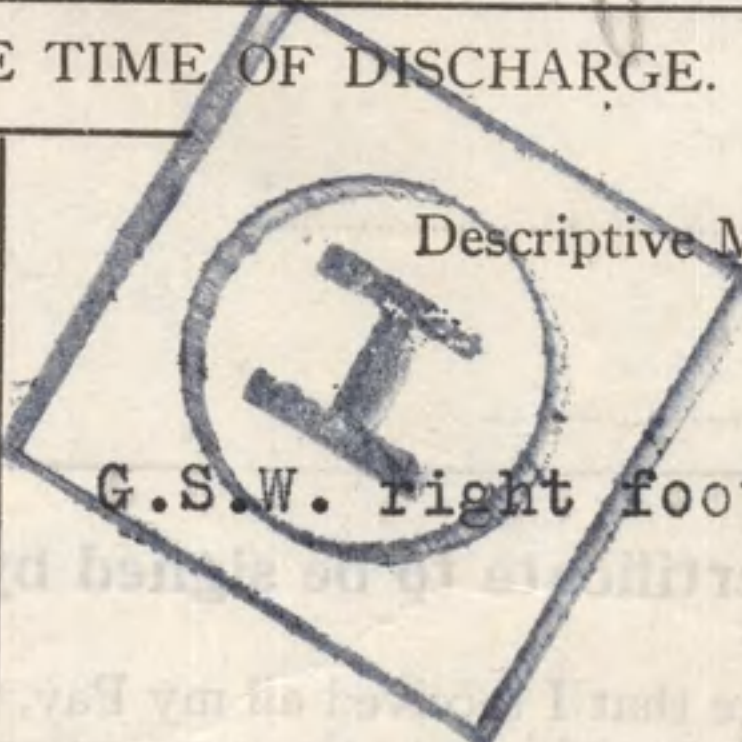
\*Only if discharged "Medically unfit."

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.

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).

No.	718455.
Rank	Private
Surname.....	Canada.
Christian Name.....	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	107th Batt.
Date of Discharge	15-4-19.
Place of Discharge	Winnipeg.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 30..... years..... months.	
Height 5..... feet..... 11..... inches.	
Complexion Dark.	
Eyes Brown.	
Hair Brown.	
Trade Engineer.	
Intended place of residence } Sandy Lake Man. Man	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
<p><i>Medically Unfit-No. 1420</i></p> <p>★ C. O. 87 - 1048 D. O. 101 ★</p>	
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.	
<p>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.</p>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<p><i>Xlo D</i> <i>30/1/20</i></p>	

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

WAR SERVICE BADGE  
CLASS "A. B." NO. *a 165038* 47741 ISSUED

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.

(Place) Winnipeg Wm Canada (Signature of Soldier.)

(Date) 15-4-19. A. J. Sinclair (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).....years.....days.

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

11. Confirmation of Discharge.

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

(Place) Winnipeg.

(Signature) A. J. Forbes Major.

(Date) 15-4-19.

O.C. No. 10 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.)

Wm Canada



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

20. It is certified that the invalid

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

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

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

As medically unfit.

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.

PLACE Winnipeg, Man. M.D. #10.

DATE March 17, 1919.

*[Signature]* President.  
*[Signature]* Members

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.

PLACE

DATE

APPROVED BY

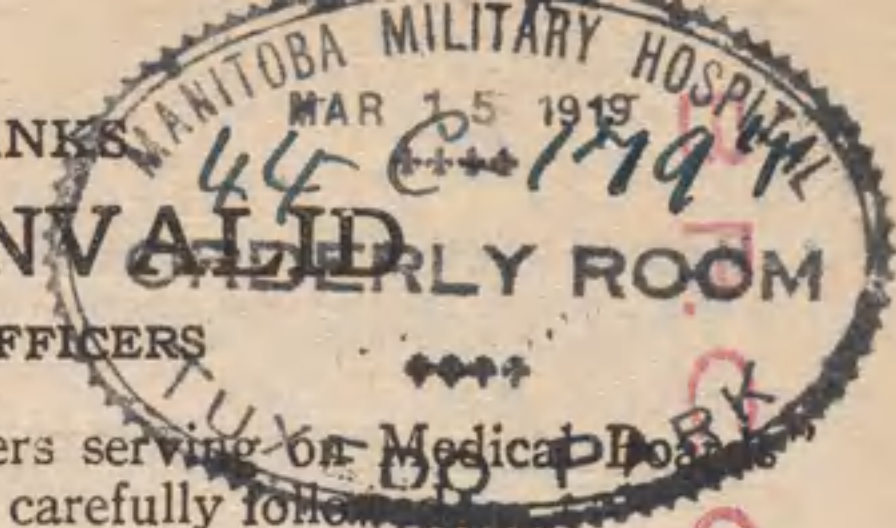
*[Signature]* Assistant Director of Medical Services.  
*[Signature]* Director-General of Medical Services.

DATE MAR 20 1919

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



- 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.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Winnipeg, Man. M.D. #10 DATE March 17, 1919

1. (a) Unit 107th Bth #10 D.I. (b) Regimental No. 718455 (c) Rank Pte.

(d) Surname CANADA (e) Christian name William

(f) Home address Sandy Lake, Man.

(g) Next of Kin Mrs. Ellen Canada (h) Relationship Wife

(i) Address of Next of Kin Sandy Lake, Man.

2. Age last birthday 30 Date of birth April 22, 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man. (b) Date Feb. 7, 1916

4. Personal description:

(a) Height 6' 0" (b) Weight 205 (c) Complexion Dark  
(stripped)

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

G.S.W. scar right foot. Tattoo both forearms.

5. Former trade or occupation FARMING

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	YEARS	
	Years	Days
	<u>3</u>	<u>38</u>

7. Original disease, or injury	PERIODS	
	From	To
	Canada	<u>Feb. 7, 1916</u> to <u>Sept. 25, 1916</u>
	England	<u>Jan. 13, 1919</u> to <u>March 17, 1919</u>
France or other theatres of War	<u>Sept. 25, 1916</u> to <u>Feb. 25, 1917</u>	
	<u>Oct. 9, 1918</u> to <u>Jan. 13, 1919</u>	
	<u>Feb. 25, 1917</u> to <u>Oct. 9, 1918</u>	

7. Original disease, or injury G.S.W. of right foot.

(a) Date of origin July 18, 1918 (b) Place of origin France

(c) Cause Bullet penetrating right foot and fracturing 4th and 5th metatarsal bones.

M. F. B. 227.

300M-8-18  
1772-99-117.

TW.

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

Impaired function of right foot. (a) NO (b) Partial loss of function of metatarsal and phalangeal region of right foot. (c) No (d). No.

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.)

Patient well developed, and well nourished, good healthy appearance: No objective signs of disability except B.S.W. scars and deformity of right foot. there is a 4" irregular scar on outer border of right foot. Most of scar depressed and adherent to bone. Scar well healed and not specially tender. Absence of 5th toe and 5th metatarsal bone; 4th metatarsal bone has been shortened and shows considerable callous formation. Disarticulation of 4th toe at metatarsal articulation. Movements of ankle normal in extent but slightly weak. Some stiffness in metatarsal region. Movements of 2nd and 3rd toes normal. Cannot stand full weight on outer border of foot and has been fitted with an orthopedic boot with outer sole raised to draw weight to inner border. Can walk about 2 miles after which foot would be painful around ankle and over area of scar. foot swells after walking 2 or three miles. X-ray report attached. No subjective symptoms when foot is at rest, but foot tires easily after walking or standing.

(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 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses NO Respiratory System NO Integumentary System NO Disturbances of Mentality NO Digestive System NO Muscular System NO Osseous and Joint Systems NO Any other general condition NO

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

In good health till wounded July 18, 1918, by bullet entering foot, inner side of right ankle and piercing through tarsal region emerged on outer border of foot. Shattering 4th+5th metatarsal bones, operation for removal of 5th metatarsal and 5th toe right foot. Repair of 4th metatarsal. Wounds all healed in 2 months. Strength of foot has gradually improved. No further orthopedic treatment of any avail. Fitted with special orthopedic boots.

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).)

Nil

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

B.S.W. scar outer border right foot. Bullet scar inner side of right ankle.

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

(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.)

Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No (b) 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, France, 2 months. Exploratory operation and dressing of foot.

Hospital, England, 3 months Dressing and convalescence.

Hospital, Canada, 4 weeks and convalescence.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations Discharged as medically unfit.

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, Wm. Canada, 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 Nil

Pte W. Canada Rank. Signature of invalid examined.

**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:—

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation or to what extent he is capable of earning a full livelihood in the general market for unskilled labour (Estimate at not more than 10% 20% 30% 40% 50% 60% 70% 80% 90% or 100%)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation or Active Service of a disability existing previous to joining is to be included in the estimate. But part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at not more than 10% 20% 30% 40% 50% 60% 70% 80% 90% or 100%)

16. Permanence of the Pensionable Disability estimated next above in (14) is (i) Is it permanent? (ii) If not permanent, what is its probable minimum duration (in weeks)?

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

18. Remarks

19. Recommendation:—(a) Fit for duty? no  
 (b) Fit for base duty? no  
 (c) Invalid to Canada? yes  
 (d) Discharge from service as permanently unfit? no

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signature of the Board President: \_\_\_\_\_  
 Signatures of the Board: \_\_\_\_\_  
 Station: \_\_\_\_\_

13 BERNERS ST. LONDON, W.1. 1918

Reserved for M.H.C.

Regt. No. 718455 Rank Pte. Surname Canada Christian Name William

Unit or Corps—(a) Overseas from United Kingdom 107th BATT. (b) In United Kingdom 107th BATT.

Born at—Town St Boniface County or Province Manitoba Country Canada

Date of Birth—Day 22 Month Apr. Year 1889 Age 29 yrs. 6 months.

Joined at Winnepeg, Manitoba Date 24 Feb 1916

Former Trade or Occupation Engineer (Stationery)

Permanent marks or peculiarities that will serve for future identification  
Scars from G.S.W. of Right Foot, Internal and External Surfaces

Height—feet 6 inches 6 Colour of eyes Brown

Signature of Soldier (for identification purposes) Pte. William Canada

**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) Removal of 5th Metatarsal 2nd Digit (Right)  
Fracture of 4th Metatarsal, Right.

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.	<u>G.S.W.</u>	<u>Arres.</u>	<u>18th July 1918.</u>
(ii.) As to Group (b) above.		<u>France</u>	<u>1918.</u>
(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?

(i.) As to Group (a) above? \_\_\_\_\_ If yes, has Active Service aggravated it? \_\_\_\_\_

(ii.) As to Group (b) above? \_\_\_\_\_ If yes, has Active Service aggravated it? \_\_\_\_\_

(iii.) As to Group (c) above? \_\_\_\_\_ If yes, has Active Service aggravated it? \_\_\_\_\_

4. Is the disability due to disease contracted or injuries received while on Active Service—yes

(i.) As to Group (a) above? yes

(ii.) As to Group (b) above? \_\_\_\_\_

(iii.) As to Group (c) above? \_\_\_\_\_

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

(i) While on duty? **Yes**

(ii) While off duty? **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.)

Documentary evidence. Wounded at Arras on 18 July 1918. Transf. to 46 C.C.S. - 18/7/18. Then transferred to 59 C.C.S. after seven three weeks stay at 46 C.C.S. Then transferred to No 4 General Hosp. on 13 Sept 1918. Remained at No 4 till 8 Oct 1918. Transferred to South African Hosp. Richmond Park on 9 Oct 1918. Transferred to Epsom on 18 Oct 1918. Transferred to No 16 Canadian General on 28 Oct 1918.

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

G. S. Fr. of Right Foot - traces of sutures on heel. Sutures just below heel covered but beyond tip of foot. Malloles protrudes dorsal surface of foot - also coming out about base of 5th Metatarsal bone. Causing fracture of 4th Metatarsal as well as fracture and wound over fifth metatarsal & base of 5th Metatarsal & origin of peroneus tertius. Discharging - cannot completely flex ankle in foot and cannot walk accidentally - can only put heel on floor - feet on toes - cannot walk. Other injuries dorsal & right foot's 5th Metatarsal & 4th toe. Cause of fracture of 4th Metatarsal.

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

(ii) If so, state what. - Acceptation of 5th Metatarsal & 4th toe

(iii) Was one advised and declined? **No**

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

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

Table with 2 columns: Disease or injury to which the disability is due, and Place of or time when the disability is due.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

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

(c) Invalid to Canada? **Yes** - Will not be fit for duty for at least 6 months

(d) Discharge from the Service as permanently unfit?

Date of Report: **Nov. 12 1918**

Station: **No 16 Canadian Gen. Hosp.**

Signed: **L. M. Keenan Capt. C.M.C.**  
Officer in medical charge of case.

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

Dated at: **No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.**

\* Delete if inapplicable.

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

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

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

**Yes**

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

**Yes**

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier **No** (b) Misconduct of the Soldier **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%.)

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

16. Permanency of the Pensionable Disability estimated next above in (15). (i) Is it permanent?

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

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

18. Remarks.

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

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

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

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

Classification for the Military Hospitals Commission.

**C**

Date of Board: **20 NOV 1918**

Station: **No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.**

Approved: **L. M. Keenan**

Dated at: **Orpington, Kent.**

Signatures of the Board.

**L. M. Keenan Capt. C.M.C.**  
**W. Post Capt. C.M.C.**  
**M. J. Kennedy Capt. C.M.C.**

ASISTANT DIRECTOR OF MEDICAL SERVICES, DISTRICT OF LONDON AREA. **NOV 23 1918**

Station

**13, BERNERS ST. LONDON, W.1**

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

REGT. No. *718455* RANK *Pte* NAME (IN FULL) *Canada, W.* 43  
 IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

RELATIONSHIP *Wife*  
 ADDRESS *Sandy Lake Man*  
 IS SEPARATION ALLOWANCE PAID? *yes* DATE EFFECTIVE *1-2-19*  
 TO WHOM PAID *Mrs. E. Canada* RELATIONSHIP *Wife*  
 ADDRESS *Sandy Lake Man*

ORIGINAL UNIT C.E.F. *107*  
 PLACE OF ATTESTATION *107* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION *7-2-16* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-2-19*  
 PAYABLE TO *Sandy Lake P.O.* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS *Man*  
 ADDRESS \_\_\_\_\_  
 STOP PAYMENT FORM RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_  
 DISCHARGED *M.D 10* PLACE *15/4/19* DATE *M.V.* REASON *D.O. 101* AUTHORITY *183 days W.S.S.* IF ENTITLED TO POST DISCHARGE PAY *yes*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
<i>1/19 28/2</i>	<i>59</i>	<i>1.00</i>	<i>64 90</i>	<i>30 00</i>	<i>106 10</i>										<i>47 06</i>	<i>47 06</i>		<i>Trans. 5-47-06 for pay on 1-1-19</i>
<i>1/3 3/3</i>	<i>31</i>		<i>34 10</i>	<i>30 -</i>	<i>64 10</i>										<i>106 10</i>			<i>U.S. H. Sec. 13-1-19 D.O. 36</i>
<i>1/4 15/4</i>	<i>15</i>		<i>16 50</i>	<i>15 -</i>	<i>66 50</i>										<i>64 10</i>			<i>U.S. H. Sec. 13-1-19 D.O. 36</i>
			<i>115 50</i>	<i>106 20</i>	<i>15 -</i>	<i>236 70</i>									<i>77 40</i>	<i>10 90</i>		<i>U.S. H. Sec. 13-1-19 D.O. 36</i>
															<i>172 82</i>	<i>294 66</i>	<i>57 96</i>	<i>cc cheque issued 35.00</i>
<i>April 15</i>	<i>13</i>			<i>180 00</i>	<i>420 00</i>										<i>9 90</i>			<i>390 00</i>
<i>29.6.19</i>															<i>1 00</i>			<i>119 00</i>
<i>29.6.19</i>															<i>24 33</i>			<i>315 47</i>
<i>4.5.19</i>															<i>4 50</i>			<i>311 97</i>
<i>11.6.19</i>																		<i>241 97</i>
<i>July</i>																		<i>119 -</i>
																		<i>171 97</i>
																		<i>89 -</i>
																		<i>101 27</i>
																		<i>59 -</i>
																		<i>29</i>
																		<i>31 27</i>
																		<i>30 27</i>
																		<i>31 -</i>
																		<i>29 -</i>

AUDITED  
 SEPT 10 1919

*600 ✓* *39 27 119 ✓* *39 731* *670 30*

P. 559.  
MARRIED OR SINGLE

Married  
PLACE OF BIRTH *Winnipeg Man Canada*  
NAME AND ADDRESS OF NEXT OF KIN *Ms Ellen Canada  
Sandy Lake, Man. Canada*  
RELATIONSHIP OF NEXT OF KIN *Wife*  
NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. No. *718455* RANK *Private* NAME *Canada William*  
IF IN PERM. CORPS WHAT UNIT UNIT *107 An* TRANSFERRED TO DATE AUTHORITY  
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
PLACE OF ATTESTATION *Winnipeg Canada* TRANSFERRED TO DATE AUTHORITY  
DATE OF ATTESTATION *7<sup>th</sup> February 1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1st Sept*  
PAYABLE TO *Ms Ellen Canada, Sandy Lake, Man. Canada* RELATIONSHIP *Wife*  
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
PAYABLE TO RELATIONSHIP *Canada*  
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

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

RELATIONSHIP OF NEXT OF KIN  
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
PAYABLE TO  
RELATIONSHIP OF DEPENDANT

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
<i>1916</i>																																				
<i>Sept</i>																																				
<i>Oct/31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																												
<i>Nov/30</i>	<i>30</i>	<i>1<sup>00</sup></i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>																													
<i>Dec/31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																												
<i>1917</i>																																				
<i>Jan/31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>																												
<i>Feb/28</i>	<i>28</i>	<i>1<sup>00</sup></i>	<i>30</i>	<i>80</i>																																
<i>Mar/31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>	<i>10</i>																																
<i>Apr</i>	<i>30</i>	<i>1<sup>00</sup></i>	<i>33</i>	<i>00</i>																																
<i>May</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>34</i>	<i>10</i>																																
<i>June</i>	<i>30</i>	<i>1<sup>00</sup></i>	<i>33</i>																																	
<i>July</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>34</i>	<i>10</i>																																
<i>Aug</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>34</i>	<i>10</i>																																
<i>Sept</i>	<i>30</i>	<i>1<sup>00</sup></i>	<i>33</i>																																	
			<i>401</i>	<i>50</i>																																

*Assigned pay paid by a/d branch for Sept amount received from Sept pay rolls - Canada Credit from Canada*  
*Forfeited 3 days pay amount of \$20.19*  
*Forfeited 3 days pay - using three times language - P's 33*

# 718455 Canada Jim Pte 15<sup>00</sup> ad

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.																
Howard HOI 50									11 90	413 40					53 30	49 77			180	18 40	301 80	111 57					
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	OFFER	SEP																
Howard		111 57							111 57																		
Oct	P.R.	34 10							15																		
				AR 800 107 <sup>14</sup> Pon 15 9 17	2 68																						
				" 892 " " 29 9 17	4 46				15	123 53																	
Nov	P.R.	34 10							15																		
		33		AR 962 107 <sup>14</sup> Pon 15 10 17	3 57				15																		
				" 1032 " " 30 10 17	4 46																						
Dec 1918		34 10							15	152 60																	
Jan	P.R.	34 10							15																		
				AR 1087 " " 11 11 17	3 57																						
				" 1170 " " 14 12 17	3 57																						
				" 1125 " " 30 11 17	13 38																						
				" 1720 " " 30 12 17	4 46				15	146 42																	
		34 10			24 98																						
Feb		30 80		AR 1284 " " 10 1 18	3 57				15																		
				" 1311 " " 9 1 18	4 46																						
				" 1337 " " 30 1 18	4 46				15	150 03																	
		30 80			12 49																						
Mar		34 10		AR 17289 Paris 14 2 18	17 84				15																		
				" 17516 " " 16 2 18	26 77																						
				" 1416 107 <sup>14</sup> Pon 14 2 18	3 57																						
				" 1450 " " 24 2 18	8 92																						
				" 17993 Paris 19 2 18	17 84																						
				" 18459 " " 21 2 18	26 77																						
				" 18820 " " 23 2 18	17 84																						
				" 19268 " " 25 2 18	22 81																						
				" 1485 " " 15 3 18	8 03																						
				" 1589 " " 30 3 18	4 46				15	114 78																	
		34 10			154 35				15																		

CANADIAN  
ASSIGNED PAY AUDITED  
6 31/12/18  
E. J. Roadley  
AUDIT CLERK  
DATE 23/5/19

\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1.9.16.	EFFECTIVE DATE:-	
AMOUNT:-	\$1500	AMOUNT:-	

NAME:- CANADA. *William*  
NUMBER:- 718455

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
<i>Mrs Ellen Canada Sandy Lake man wife Canada.</i>	
<i>Stopped 1-19</i>	

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<i>Private</i>	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>107<sup>th</sup> Inf</i>			
DATE ACCOUNT FIRST OPENED - <i>1.10.16</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
<i>45. 6.5.18.</i>	<i>1.5.18.</i>	<i>20.6.18</i>	<i>C.E.R.P.</i>
	<i>1.6.18</i>		<i>88 France</i>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>4/1/18</del>	<del>705</del>	<del>London</del>	<del>9.73</del>				
<i>4/1/18</i>	<i>705</i>	<i>Orpington</i>	<i>9.73</i>				
<i>3/1/18</i>	<i>582</i>		<i>21.33</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>		<i>10</i>	

3818

PARTICULARS OF RENDERING NON-EFFECTIVE: *Transferred to Canada 1/19 Ref Orpington 18A/120 4/6/18*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	DEFERRED	SEPARATION
<i>March</i>	<i>Baldwin</i>									
<i>April</i>	<i>P.P.</i>	<i>33</i>		<i>6 PM. 14.3.18. 15.3.18. CAP. 1517314</i>					<i>14.48</i>	
				<i>30 28. 14 days 1/2 mo. av. 14.2.18</i>					<i>15</i>	
				<i>2 days under RW. 14 Feb 18</i>						
				<i>AR. 5. 107 P.M. 6.4.18</i>	<i>3.57</i>					<i>11.61</i>
		<i>33</i>			<i>3.57</i>				<i>15</i>	
<i>May</i>	<i>P.P.</i>	<i>34.10</i>		<i>C.A.P.</i>					<i>15</i>	
				<i>1982 6.4.18 12.5.18</i>	<i>4.46</i>					
				<i>Hosp. Stoppage 30.4.18. 9.5.18.</i>						
				<i>8.4.18 to 30.4.18. 23 days @ 60c</i>					<i>13.80</i>	
				<i>1371 5.6.18 6.5.18</i>	<i>1.78</i>					<i>10.67</i>
		<i>34.10</i>		<i>6 A.P.</i>	<i>6.24</i>				<i>15</i>	
<i>June</i>	<i>99</i>	<i>33</i>		<i>AR 2869 5.6.18 20/3/18</i>	<i>1.78</i>					
				<i>AR 2136 5 " 13/8/18</i>	<i>1.78</i>					
				<i>AR 4200 6.6.18</i>	<i>4.46</i>					
				<i>" 4349 3.6.18 5 Con Dep.</i>	<i>3.57</i>					
				<i>" 3607 27.5.18 " " "</i>	<i>1.78</i>					
				<i>" 3607 27.5.18 " " "</i>	<i>3.57</i>					
				<i>" 961 24.6.18 2 Wing C.C.P.</i>	<i>3.57</i>					<i>8.16</i>
		<i>33</i>			<i>20.51</i>				<i>15</i>	
<i>July</i>		<i>34.10</i>							<i>15</i>	
				<i>1779 5.7.18 8 Bn.</i>	<i>3.57</i>					<i>23.69</i>
<i>Aug</i>		<i>34.10</i>		<i>car</i>	<i>3.57</i>				<i>15</i>	
		<i>32</i>							<i>15</i>	
<i>Sept</i>	<i>Pod</i>	<i>34.10</i>		<i>cap</i>					<i>15</i>	
		<i>33</i>							<i>15</i>	
<i>Oct</i>	<i>Pod</i>	<i>33</i>		<i>cap</i>					<i>15</i>	
		<i>34.10</i>							<i>15</i>	
				<i>AR 47827 London 16<sup>th</sup> 18</i>	<i>9.73</i>					
				<i>5185 Epsom 21-10-18</i>	<i>4.87</i>					<i>6.529</i>
		<i>34.10</i>			<i>14.60</i>				<i>15</i>	
<i>Nov</i>	<i>Pod</i>	<i>33</i>		<i>cap</i>					<i>15</i>	
				<i>Rem. 975 " 1/18</i>	<i>4.745</i>					
<i>Dec</i>	<i>Pod</i>	<i>34.10</i>		<i>cap</i>					<i>15</i>	
	<i>100 320 CERD 10<sup>th</sup></i>	<i>34.10</i>								
	<i>Sub. July - 6/1/18 to 16/1/18</i>	<i>7.30</i>								
	<i>Dep 18<sup>th</sup> no. 9/2/18</i>									

*Forward*



NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brot Ford -	7440			4745			30-			
				AR 8682 Orpington			3/12/18	2433						
				78003 London			6/12/18	2433						
				5578 Kirkdale			23 <sup>12</sup> 27 <sup>16</sup> Endorsed	487						
				7105 Orpington				973						
					7440			11071			30-		102 Dr	
				Mar				487					589	
								1187						

*J. O. J. of O. M. Y. of G.  
 on transfer to C.R.F. Canada.  
 Eff. 12.1.19 D.O. 22 C.R.F. 22.1.19*

CANADIAN  
 ASSIGNED PAY AUDITED  
*to 31/12/18*  
*[Signature]*  
 AUDIT CLERK  
 DATE *22/5/19*