

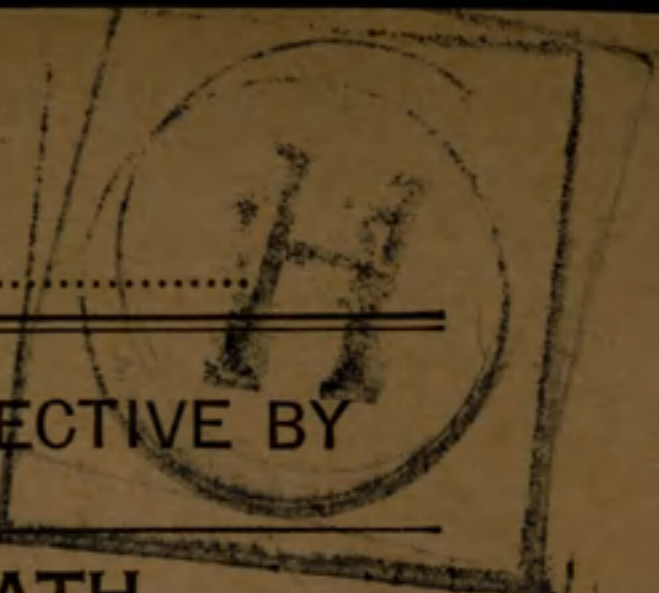
C.E.F. REGIMENTAL DOCUMENTS

NAME CLARK, LESLIE

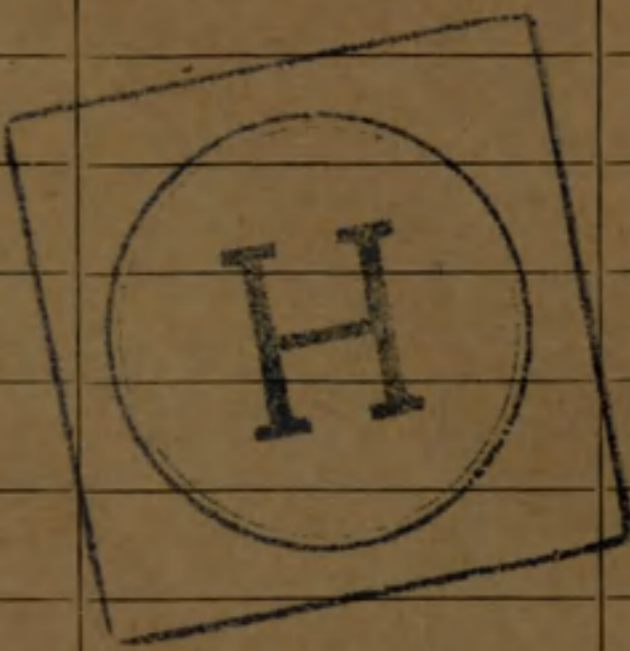
REGT. No. 189498

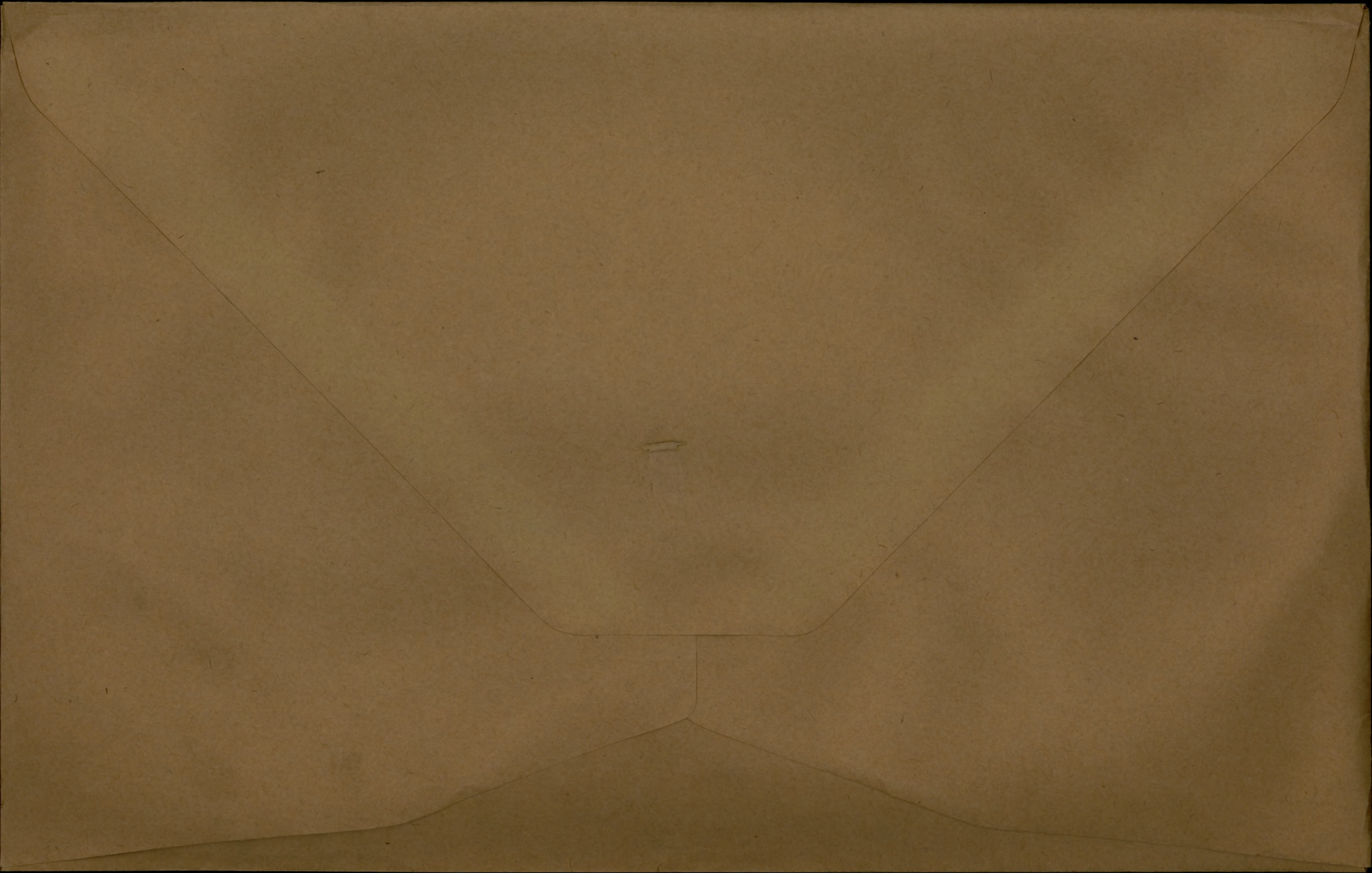
UNIT 91 BN

H. Q. FILE No. 21980



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)					K.A.
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					9-4-17
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)					
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)					DESERTION
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					





91 Battalion

ATTESTATION PAPER.

No: 189498.

Folio. C

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Clark*
- 1a. What are your Christian names? *Seslie*
- 1b. What is your present address? *P. O. Dutton Ontario*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dutton Elm City Ontario*
- 3. What is the name of your next-of-kin? *Mr. Tom C. Clark*
- 4. What is the address of your next-of-kin? *P. O. Dutton Ontario Canada*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *4 November 1884*
- 6. What is your Trade or Calling? *Farming*
- 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? *yes*
- 10. Have you ever served in any Military Force? .. *1 year 25th Regiment*
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, *Seslie Clark*, 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: *Nov 29* 1915 *Seslie Clark* (Signature of Recruit) *Wm J Yorket Hardy* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Seslie Clark*, 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: *Nov 29* 1915 *Seslie Clark* (Signature of Recruit) *Wm J Yorket Hardy* (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 *S. Thomas* this *29* day of *Nov* 1915

W. Green LT.-COL. (Signature of Justice)
O.C. 81st OVERSEAS BN., C.E.F.

Description of Leslie Clark on Enlistment.

Apparent Age 28 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. 5 1/2 ins.

Chest measurement { Girth when fully expanded..... 39 ins.
 Range of expansion..... 2 ins.

Complexion..... Dark

Eyes..... Grey

Hair..... Dark Brown

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist..... yes
 Roman Catholic.....
 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 declares that he is not subject to fits of any description.

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

Date..... Nov 29..... 191 5

Place..... St Thomas Cat

W F Cornett
 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.

Leslie Clark..... 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.

W F Green..... **LT.-COL.** (Signature of Officer)
O.C., 1st OVERSEAS BN., C.E.F.

Date..... DEC 29 1915..... 191 5

DEC 29 1915

Corps 36 TH

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Military Hospital MOORE BARRACKS,

No. 189498 Rank and Name S/Plt Clark L

Age 26 Service 10/12

CANADIAN HOSPITAL,

Disease Diphtheria (Carrier) Date of admission 10-9-16

Date of discharge

Result Recovered

Dates of Observation	Days of Disease																												
	10	23	24	25	26	27	28	29	30	1	2	3	4	5	6														
Temperature, Fahrenheit	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	60	72	76	80	80	72	88	64	96	104	96	96	142	96	96	64	60	64	64	64	55	56	64	48	64	96	80		
Respirations per Minute	20	20	20	20	20	20	18	20	24	24	20	20	22	20	20	18	18	18	18	18	18	18	18	18	20	20	20		
Motions per 24 Hours																													

Admission 6 p.m.

109.07

9:30 am

2 p.m.

9 am

3 pm

10-11 AM

6 pm

10-11 AM

6:30 pm

6 AM

10 AM

6 pm

8 pm

10 AM

6 pm

10 AM

6 pm

10 AM

8 pm

6 pm

10 AM

6 pm

10 AM

6 pm

10 AM

6 pm

10 AM

Signature [Signature] In charge of case.

Surname

Christian Name or Names

Reg. No.

Clark.

L.

189498

Rank

Unit

Co.

Troop

Batty

~~S/C~~ *pet*

~~36th~~ R.C.R. Battⁿ

Hospital

Date of Admission

Moore.

Bks. Shorn. 11-9-16

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

^{h.} Diphtheria carrier

not cut

(2)

(3)

Additional Diagnosis: if more than one state present

R. F. B. Killed in action. 9.4.14.

DISPOSITION

Date

C.L. 15. 9. 16 #193.

Dis 23 10. 16.

25. 10. 16 209.

REMARKS

23. 4. 14. A 366

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No 189498 RANK Pt.

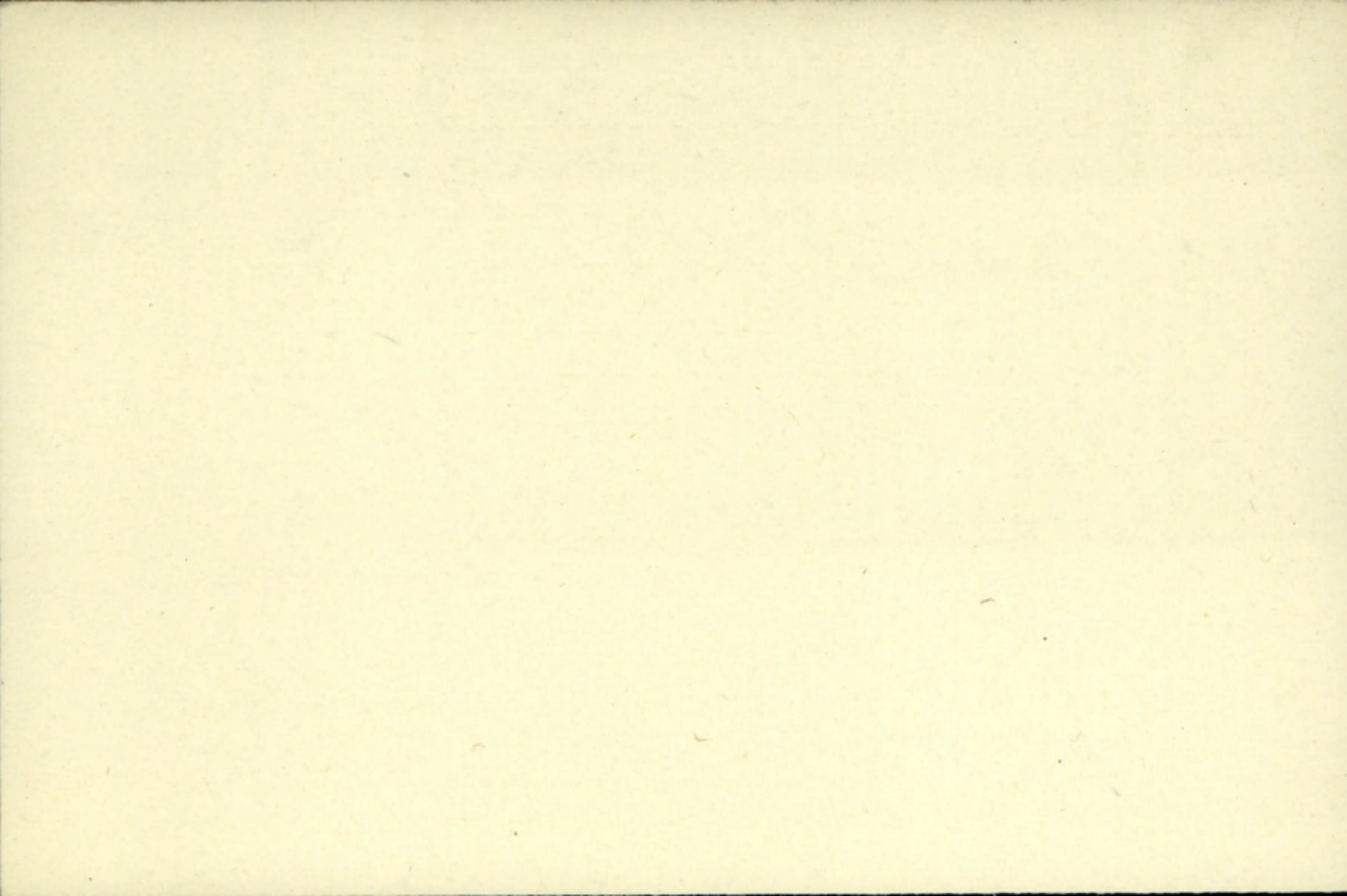
NAME Clark. Les.

T. O. S. 29-11-15, UNIT 91 Battalion C. C. F.
 (NO 34 of 30-11-15)

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 29	1915- Dec 31	✓		
	1916. Jan.	n		
	Feb	n		
	Mar	✓		
	Apr	n		
	July	n		
	July 15	n		
			Incom 31-3-16 to 6-4-16. Reuniting. apr. payroll - Prom. Rec Cpl. 1-5-16. NO 3 of 1-5-16. trans to 36 ^c Res Bu 15-7-16 al 125 of 20-7-16	

UNIT SAILED
 JUN 28 1916



SURNAME.

Clark

649-C-10942

CARD NO.

D

FOLL.

CHRISTIAN NAMES

Leslie

REGL. NO.

189498

RANK

Pte.

UNIT

91st

Bn.

FORMER CORPS

25th Regt. (1 yr.)

NEXT OF KIN.

NAMES IN FULL

Clark, Wm. Co.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

P.O. Dutton Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Dutton Ont.

DATE

Nov. 7th. 1887

PLACE OF ATTESTATION

St Thomas Ont.

DATE

Nov. 29th. 1915

18-28-6-16 466/5

Sailed from Halifax per *S.S. Olympic* 28/6/16

MARRIED SINGLE WIDOWER

TRADE OR CALLING *Farming* RELIGION *not stated.*

DESCRIPTION.

APPARENT AGE *28* YEARS MONTHS

HEIGHT *5* FEET *5 1/2* INCHES

CHEST MEASUREMENT *39* INCHES EXPANSION *2* INCHES

COMPLEXION *Dark* EYES *Grey* HAIR *dk. Brown*

DISTINGUISHING MARKS *not stated.*

MEDICAL EXAMINATION. PLACE *St. Thomas Ont.* DATE *Nov. 29th, 1915*

Present address, P.O. Dutton Ont.

REG. NO. 189498 NAME blank, L.
(SURNAME FIRST)

RANK Pte CORPS 91st Bath

AGE 26 SERVICE 4/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 30 - 5 - 16

DISEASE Hernia

DISCHARGE 1 - 6 - 16

OPERATION 14 - 6 - 16

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Lined area for writing remarks, consisting of approximately 14 horizontal lines.

not eligible for 1415. Star.

M 649. E-10942
✓ 14

#189498, Pte. L. CLARK

R.C.R.

✓ 1 1
Address of Legatee

Medals & Decorations

W. E. Clark (F)

Quetta

1842

Ort.

Name & Address of Next of Kin

P.&.S.

As above

APR 13 1921

Desp

Reqn. No 2-35770

See # 718769

Nov 1920

Desp

Reqn No P 15342

Name & Address of Female Next of Kin

Memorial

Mrs. Jane Clark (m)

Cross 806

As above

APR 10 1920

646 f 3

Desp



M

NAME *Clark, Leslie*

H. Q. FILE No. 649-

REGT'L. No. *189498*

RANK AND CORPS *L/C. (36th Bn.) R.C.R. Storm 91st Bn.*

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>M2588</i>	<i>22-4-17</i> <i>Received</i>	<i>Killed in action Apr. 9th /17 ✓</i>
<i>B5090a</i>	<i>18-4-17</i>	<i>" " " 9-4-17</i> <i>Rec'd. 15-6-17</i>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Ms193	More Bk. Can. Shunc.	11-9-16.	Diphtheria Carrier
209	" . . .	23-10-16	Discharged
9366	Rep. from Base	Killed	in action 9-4-17

ADMITTING CARD.

Regt. No. 189498 A. & D. No. 19330

Rank *Lt*

Name *Clark Leslie*

Corps *36 Batt C Coy*

Religion *Bapt*

Age *26*

M. H. Rec'd

M. H. Requested

M. H. Ret'd

Disease *Diphtheria Carrier*

Admitted *10-9-16*

Discharged *SET 23 1916* Discharged to *WSTV*

Place in Hospital *21 - 27*

Transferred

Results *10/12 St Thomas*

no no

12.20

REMARKS:

MEDICAL HISTORY	HELT.	Orig. recd. from	36 Bm	17/9/1916
		Dup. recd. from		/1916
		Orig. sent to	36 Bm	24/10/1916
		Dup. sent to		/1916
		Received from Registrar this	Orig. Dup.	14/10/1916
			Ward 27	

5pt

*Name**Rank**Reg. No.**Unit*

Clark. Leslie. L/C.

189498.

30th. Battn.

Next of Kin

CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-9-16.	Moore Barracks.	Diphtheria	Carrier			
23-10-16	Discharged	" " "	" " "	193.		
				209.		

Ent ✓

Number

189498 ✓

Rank

A/1/1915 ✓

Surname

CLARK ✓

Christian Name

Leslie ✓

Units

R.C.R. ✓

Theatre of war

France ✓

Date of Service

23.12.16 II

Remarks

(S) W. E. Clark ✓

Latest Address

Dutton, Ont.

Roll No.

200m. -6-21. vi.

B Page 22334

DESP. MAR 28 1923
GEN. NO. 41763

FRN.

Rank *Plt* Name **CLARK, Leslie.** Reg'l No. **189498**

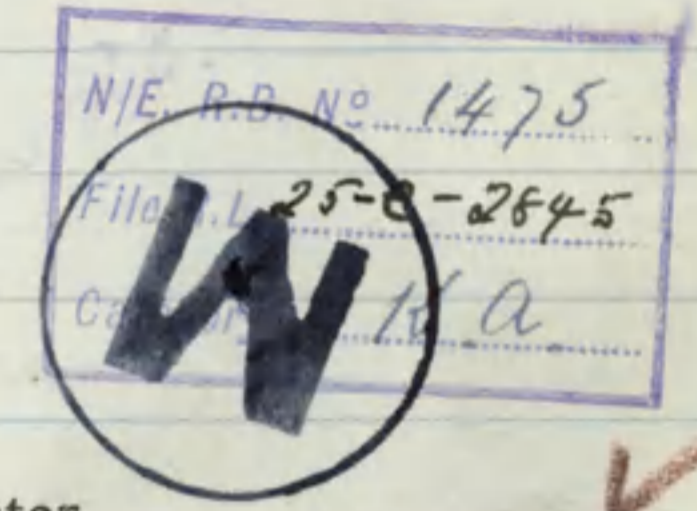
Unit **91st Bn.** If in perm. Corps, }
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **St Thomas. 29th Novr 1915.** Place of Birth **Dutton Elgin Cty Ont.**

Name and Address, Next-of-Kin **Mrs Wm E Clark.**
P.O. Dutton. Ontario Canada. Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
	<i>Plt</i>	<i>Arrived in England</i>	<i>6-JUL 1916</i>		
<i>20.7.16</i>	<i>91st</i>	<i>Up to 36th Bn</i>	<i>Wandling</i>	<i>15.7.16</i>	<i>S. Olympic</i> <i>W.I.D.O. #1754-199 (36th)</i>
<i>10.9.16</i>	<i>36th</i>	<i>Adm. Moore Bks. Hospital.</i>	"	<i>10.9.16</i>	" " <i>254. C.L.193.</i>
<i>21.8.16</i>	<i>91st Bn</i>	<i>Appointed Act/Lt/Epl</i>	"	<i>5.7.16</i>	" " <i>182</i>
<i>25.10.16</i>	<i>C.L.36th</i>	<i>Disch from Hosp.</i>	<i>S'cliffe</i>	<i>23.10.16</i>	<i>B.R.209</i> <i>W.I.D.O. #295</i> <i>Dep't Carrier.</i>
<i>19.12.16</i>	<i>36th Bn</i>	<i>Reverted to the above request.</i>	<i>Wandling</i>	<i>19.12.16</i>	<i>W.I.D.O. #355</i>
<i>22.12.16</i>	<i>do</i>	<i>S. B.S. to R. & R's</i>	<i>do</i>	<i>22.12.16</i>	" <i>356.</i>
<i>30.12.16</i>	<i>R. & R.</i>	<i>Taken on strength.</i>	<i>Field</i>	<i>23.12.16</i>	" <i>81</i>
<i>18.4.17</i>	<i>V</i>	<i>Killed in Action</i>	<i>V</i>	<i>9.4.17</i>	<i>W.I.D.O. #42.</i> <i>W.B.R. A366 d/23.4.17</i>

A.F.B. 103 CHECKED 4 JAN 1917

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

55

To Whom Wm. E. Clark.

Address Dutton,
Ont.

By Whom Assigned Clark, L.

Regtl. No. 189498.

Rank Plt.

Corps 91st. Batt.,
C. Coy.

Rate 15.⁰⁰

JUL 7 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			3m 26 $\frac{4}{17}$ Confirming C-1. Plt. 7 $\frac{6}{17}$
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Pensions Notified DATE 14-5-17
 Killed in Action DATE 9-4-17
 C.L. (2) 125-4-17
 J.H. Ostrom 14-5-17

11.2.11

11.2.11

11.2.11

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

56

Sheet No. 2. Wm. E. Clark.

L. L. Job 310.-Req. 8574.

PAYMENTS.

Name of Soldier Clark, L.
 # 189498 (Plt.)

91st. Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		V 11438	15.-	
Aug.		H 10639	15	
Sept.		L 15659	15	
Oct.		L 20333	15	
Nov.		L 25218	15	
Dec.		L 31639	15	
Jan.	1917	L 38501	15	
Feb.		L 43596	15	
March		X 50058	15	
April		T 1155	15	
May		J 7416	15	
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15.⁰⁰

JUL 9 1916

su

\$150⁰⁰ to 30-4-17. C.F.X. 14-5-17 JH Stron

ISR, Acct. closed 30-4-17. (Cas)

156 JH Stron 14-5-17.

J 7416 leave. (Cas) JH Stron 14-5-17.

J 150 A.F. X 26/10/17 JH

2016

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.				

Casualty Form—Active Service.

Regiment or Corps 91st Overseas Bn., C.E.F.
 Rank Private Surname Clark Christian Name Leslie
 Religion Baptist Age on Enlistment 28 years 0 months.
 Enlisted (a) 29-11-15 Terms of Service (a) duration of war service reckons from (a) 29-11-15
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Farmer
 or Corps Trade and Rate _____
W. A. Andrews Lt. Col. Signature of Officer i/c Records.

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				
		Embarked ...	<u>Halifax</u>	<u>29-6-16</u>	<u>H.M.T 2810</u>
		Disembarked ...	<u>Liverpool</u>	<u>5-7-16</u>	<u>S.S. Olympic</u>
		<u>Transferred to 36th Res Bn.</u>			
		<u>with Act. Rank of L. Coy. Lt.</u>			
			<u>W. Sandling</u>	<u>15-7-16</u>	<u>D.O. 175-2-1916</u>
			<u>W. J. Green Lt Col 91st Bn</u>		
<u>17/7/16</u>	<u>O.C. 36th Bn</u>	<u>Taken on strength</u>	<u>Sandling</u>	<u>7/7/16</u>	<u>D.O. 199</u>
<u>19/12/16</u>	<u>O.C. 36th Bn</u>	<u>Reverted to rank of Private at own request.</u>		<u>19/12/16</u>	<u>D.O. 353</u>
<u>22/12/16</u>	<u>O.C. 36th Bn</u>	<u>Disengaged to R.C.R.</u>	<u>W. Sandling</u>	<u>22/12/16</u>	<u>Part 2 Bn. 352</u>
			<u>W.S. Duell Lt. Col.</u>		
			<u>O.C. 36th Battalion C.E.F.</u>		
<u>23-12-16</u>	<u>O.C. 36th Bn ^{C.B.D.}</u>	<u>Arrived on strength.</u>	<u>C.B.D.</u>	<u>23-12-16</u>	<u>N.R. P.O. 81 30/1/16</u>
		<u>Taken on strength.</u>			
<u>20-1-17</u>	<u>O.C. C.B.D.</u>	<u>Left for 3rd Conty Bn</u>	<u>Fields</u>	<u>20-1-17</u>	<u>R.R.</u>
<u>23-1-17</u>	<u>O.C. 3rd Conty Bn</u>	<u>Arrived 3rd Conty Bn</u>		<u>23-1-17</u>	<u>R.R.</u>

CERTIFIED CORRECT.
 5 JAN. 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) Signaller, Shoeing Smith, &c.

[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				
5.3.17	OC 3 rd Ent Bn	Left to join unit	Field.	5.3.17	W. Roll.
10.3.17	OC RCR.	Joined unit	"	6.3.17	B2.13 Ser 169 K.D. 16/2271
14.4.17	"	Killed in Action	"	9.4.17	PHI O42d/18/4/17

Robert ...
 Lt. for ...
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

_____ Hospital

Whether U.K. or Field Force.
(If latter, state which)

Serial No. in A. & D. } 1930
Book

Regiment 36 Batt Troop, Battery or Coy. C Ward 21

Rank Lieut. Regimental No. 189498

Name Clark, Leslie

Age 26 Total Service 10 1/2

Date of admission Sept 10th 1916

„ transfer (state where from) _____

For U.K. Troops, Service in Command _____

„ Exped. Force Troops, Service }
with Field Force }

Date of discharge to duty _____

„ „ as an invalid _____

„ death _____

„ transfer (state where to) _____

If granted furlough, state period _____

No. of days under treatment _____

Observations :—

To be filled in by the Medical Officer in charge of case.

Disease Diph Carrier

Operations _____

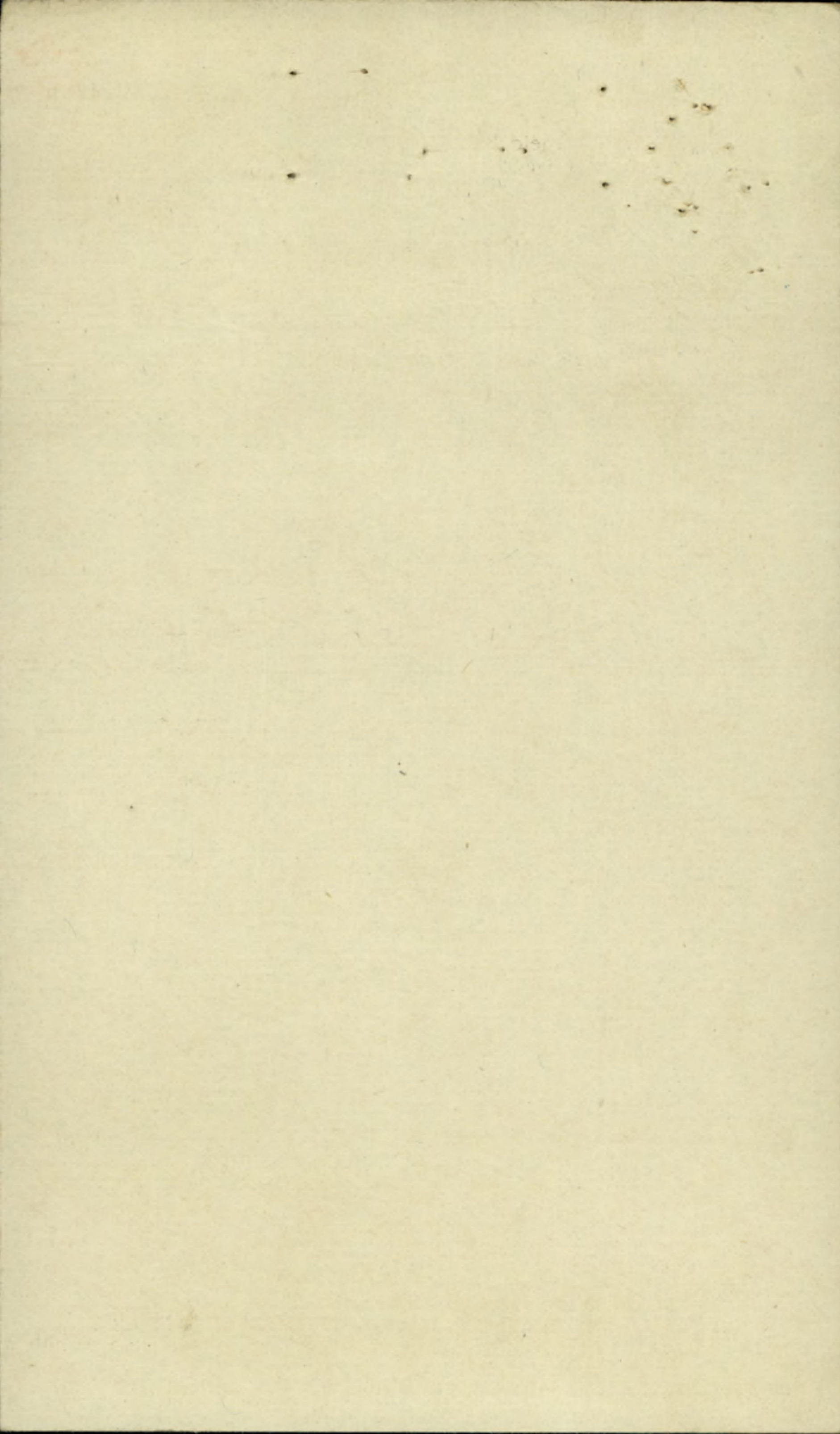
Result of operation _____

Complications in order of occurrence _____

Mumps
Orchitis

Signature of Medical Officer Jo. Park Capt

One of these cards is to be completed for every patient received into hospital



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.

STATION.	DATE.	DISEASE.	RESULT.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Transferred to.....				
Joined on enlistment	91st & 13th	189498	Good	Nov 29/15
CORPS.	REG'T NUMBER.	HABITS.	DATE.	

Enlisted on 29 day of November 1915 at St Thomas Gate

Examined on 29 day of Nov 1915	at St Thomas Gate		
Examined at	St Thomas Gate		
City or Town	Boston		
County	Essex		
Birthplace	Essex		
Apparent age	26		
Trade or occupation	Hammer		
Height	5 Feet		
Weight	155 Lbs.		
Chest measurement	Minimum 34 inches	Maximum expansion 39 inches	
Physical development	Good		
Small-Pox Marks	None		
Vaccination Marks	None		
When Vaccinated last	10/5/16		
(a) Marks indicating congenital peculiarities or previous disease	None		
(b) Slight defects but not sufficient to cause rejection	None		
Date	2/2/16		
Result	Fit		
ANTI-TYPHOID INOCULATIONS, ETC.			
Date	10/2/16		
Result	Fit		

Approved by W. J. Cornwell, Surgeon Major, M.C.

Surname Clark Christian Name Willie

Christian Name *Leslie*

Surname *Clark*

Moore Barracks Hpl.
Shorncliffe.

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>London</i>		<i>30</i>	<i>5</i>	<i>16</i>	<i>14</i>	<i>6</i>	<i>16</i>	<i>Hernia</i>	<i>16</i>	<i>R operation done.</i>	<i>B. Richardson</i>
		<i>10</i>	<i>9</i>	<i>16</i>	<i>13</i>	<i>10</i>	<i>16</i>	<i>Diph. Carrier</i>	<i>13</i>	<i>Mumps and orchitis Recovery</i>	<i>Jos. Wark Capt.</i>

RECEIVED
MEDICAL OFFICER
10/10/16

19330

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 19330 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	36 TH	L/cpl	Clark	Leslie
	Unit.		Age.	Service.
			26	10/12

Station and Date.
MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE

Disease *Diphtheria Carrier*
Admitted from 36th Bu. as Diphtheria Carrier.
T. Routine. Cultures.

13-10-16

Developed mumps on 26-9-16. Then an orchitis + was quite ill. Temp. came to normal. Orchitis disappeared.
Three neg. swabs have been obtained. His quarantine period has expired and he is ready for discharge.
J. Clark Capt.

Discharge to duty
23/10/16

Station
and Date.

3

Regtl. No., Rank and Name 189498 Lt. Clarke B Corps 36th

Disease Diph. Hospital MB

To Officer i/c Laboratory. Ward 27

Please carry out an examination of the accompanying specimen of _____

with special regard to Diph.

Date 6-10-16

Jos. Wark Capt.
O. i/c Ward.

LABORATORY REPORT.

No K. L.
found.

Jos. A. Little Capt.
O.C.
No. 2 Canadian Mobile Laboratory.



Date of Examination _____

O. i/c Laboratory.

Regt. No., Rank and Name _____ Corps _____

Disease _____ Hospital _____

To Officer in Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____

Office _____ Ward _____

LABORATORY REPORT.

No. R. L. _____
Year _____

John A. Little



Date of Examination _____

Office of Laboratory _____

57

Regtl. No., Rank and Name 189498 L. Cpl Clarke Corps 36th

Disease Diph Carrier Hospital MBCN.

To Officer i/c Laboratory. Ward 27

Please carry out an examination of the accompanying specimen of _____
with special regard to Diph

Date 10 - 10 - 16 Jo. Mark Capt
O. i/c 27 Ward.

LABORATORY REPORT.

No K. L.
found.



Jo. Mark Capt O.C.
No. 2 Canadian Mobile Laboratory

Date of Examination _____

O. i/c Laboratory.

27

Regt. No. _____ and Name _____
Disease _____
Hospital _____
Ward _____
To Officer in Charge _____

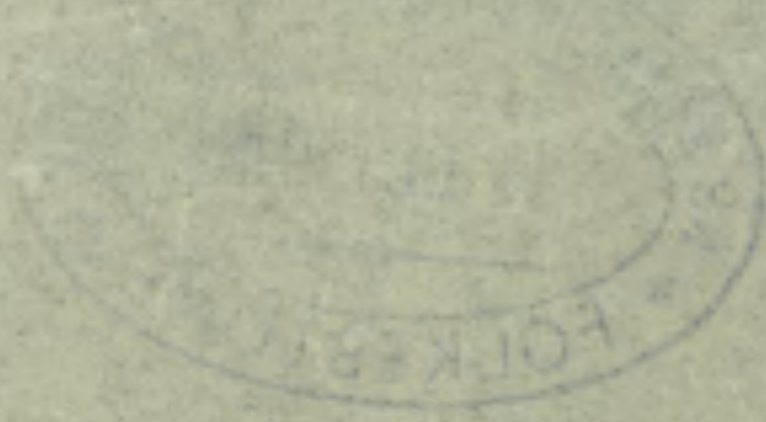
Please carry out an examination of the accompanying specimen of _____
with special regard to _____

Date _____
O. i. c. _____

LABORATORY REPORT

No. in _____
found _____

[Faint signature]
No. _____



Date of Examination _____
O. i. c. _____

Regtl. No., Rank and Name ⁵ 189498 Lt Col Clark Corps 36TH

Disease Diph Carrier Hospital M. B. G H

To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat Swab

with special regard to K L

Date 20/9/16

[Signature]
O. i/c Ward.

LABORATORY REPORT.

No K. L.
found.

21 SEP 1916

Date of Examination _____

[Signature]
for O. i/c Laboratory.

Handwritten notes at the top of the page, including the name "W. B. F. H." and other illegible scribbles.

Handwritten notes in the middle section, including a signature that appears to be "W. B. F. H." and the date "2/2/75".

LABORATORY REPORT

Handwritten signature and notes at the bottom left of the page.

9

Regtl. No., Rank and Name 189498 L/epi Clark Corps 36TH

Disease Diph (Carrier) Hospital M B - C H

To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat Swab
with special regard to K L

Date 17/9/16

Woodhannon Capt
O. i/c Ward.

LABORATORY REPORT.

POSITIVE

18 SEP. 1916

Date of Examination _____

[Signature]
O. i/c Laboratory.

1894

100

M. P. 24

1894

Biggs (Barner)

Don't touch T

K

17/11/10

LABORATORY REPORT

POSITIVE

Signature

100

12

Regtl. No., Rank and Name 189498 L/cpl. Clark L Corps 36TH

Disease Diphtheria Carrier Hospital M. B. C. A.

To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat Culture with special regard to K L

Date 11/9/16

W. J. Shannon
O. i/c Ward.

LABORATORY REPORT.

**No K. L.
found.**

Date of Examination 12 SEP. 1916

Thos. R. Little Capt.
O. i/c Laboratory.

181498

181498 K. H. ...

...

...

...

...

...

...

LABORATORY REPORT

No. 1

The P. ...

O. H. Laboratory

...

10
Regtl. No., Rank and Name 1894.98 L/c Clark Corps 36^{J.H.}

Disease Diphth (Barrier) Hospital M.B.C.H.

To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat Swab

with special regard to K L

Date 23/9/16

[Signature]
O. i/c Ward.

LABORATORY REPORT.

POSITIVE

24 SEP 1916

[Signature]
O.C.
No. 2 Canadian Mobile Laboratory.
FOLKESTONE.

Date of Examination _____

O. i/c Laboratory.

1894

74

1894

1894

W. B. C. A.

W. B. C. A.

W. B. C. A.

W. B. C. A.

W. B. C. A.

W. B. C. A.

LABORATORY REPORT

POST

12

Regtl. No., Rank and Name 1894982/Lt Col Clark L. Corps 36TH

Disease Diphtheria (Carrier) Hospital M. B. C. H.

To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat culture with special regard to K L

Date 14/9/16

W. S. Shannon
O. i/c Ward.

LABORATORY REPORT.

No K. L. found.

15 SEP

Date of Examination _____

Thos. R. Little
for O. i/c Laboratory.

Form 100-1 (Rev. 1-25-59)

100-100000-100000
100-100000-100000
100-100000-100000

100-100000-100000
100-100000-100000
100-100000-100000

100-100000-100000

LABORATORY REPORT

100-100000-100000

100-100000-100000

