160th O. S. Battalion, C. E. F.

Original

ATTESTATION - PAPER.

No. 651894

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? JARRELL.
1a. What are your Christian names? WILLIAM. HENRY.
1b. What is your present address? LORNE. BRUCE COUNTY. ONTARIO. CANADA.
2. In what Town, Township or Parish, and in what Country were you born? KINCARDINE TOWNSHIP. BRUCE COUNTY. ONTARIO.
3. What is the name of your next-of kin? MRS. CATHERINE JARRELL.
4. What is the address of your next-of-kin? LORNE. BRUCE COUNTY. ONTARIO. CANADA.
4a. What is the relationship of your next-of-kin? MOTHER. (SOLE SUPPORT.)
5. What is the date of your birth? 17TH. FEBRUARY. 1895.
6. What is your Trade or Calling? FARMER.
7. Are you married? NO.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? YES.
9. Do you now belong to the Active Militia? NO.
10. Have you ever served in any Military Force? NO.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? YES.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? YES.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, WILLIAM. HENRY. JARRELL., 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.

William Henry Jarrell (Signature of Recruit)

Date MARCH. 4TH. 1916. Jas. A. Brown Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, WILLIAM. HENRY. JARRELL., 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.

William Henry Jarrell (Signature of Recruit)

Date MARCH. 4TH. 1916. J. A. Isaac Kerr J. P. (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 KINCARDINE. Ont. this 4TH. day of MARCH. 1916.

J. A. Isaac Kerr J. P. (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of WILLIAM HENRY JARRELL on Enlistment.

Apparent Age 21 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height	5 ft. 9 ins.
Chest measurement. Girth when fully expanded	34 1/2 ins.
Chest measurement. Range of expansion	3 1/2 ins.
Complexion	DARK.
Eyes	GREY.
Hair	DARK BROWN.
Religious denominations. Church of England	
Presbyterian	
Methodist	YES.
Baptist or Congregationalist	
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 he declares that he is not subject to fits of any description.

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

Date MARCH. 4TH. 1916.

Place KINGSTON. ONTARIO.

Jas. G. McDonald
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 Henry Jarrell 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.

A. Bell
(Signature of Officer)
Lt. Col.

Date March 4 1916.

REGIMENTAL DOCUMENTS

NAME Jarrell William Henry REGT. NO. 651894 UNIT H. Q. FILE NO.

	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.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				C3325	
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit.
	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)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Med Cert					3
1	M+W 67					10-21
1	R149					23-21
1	a 2 D					31. 21
1	Cert					3
1	Med Cert.					
1	M. F. W. 192					
1	Roll					

W. 2589
100M-11-18
1722-39-1327

AFE RS Ref replaced on payment.

Number 65-1894 Rank Pte.

Surname JARRELL

Christian Name William Henry

Units 18th Bn Can Inf Theatre of War France

Date of Service 28-8-18

Remarks 795 Colborne St. London Ont.

Latest Address ~~629 South Vickers St~~ Fort William, Ont 2/11/37

Roll No B Bag 13352

200m.-2-21.M.

DESP. MAY 18 1922
REGN. NO. 33842

DESP. NOV 8 37
REGN. NO. 459

REGT'L. No. 651894

NAME Jarrell. William Henry

H. Q. FILE No. 649

RANK AND CORPS Pte. 18th Bn. form 7th Bn

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	"6"	NATURE OF CASUALTY
			NOK. Mrs Catherine Jarrell (mother) RR.No1 Lorne P.O. Ont.
H 313 13-4	14-9-18		Adm. 4 Gen H. Sept 11th 1918. G.S.W. ankle. amp. foot.

L. L. 31493. M. & D. 8476.

M. F. W. 42–100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 309	#4 Can. Gen., Basingstoke	11-9-18	G.S.W. ankle Rt. amp. foot
B 435	#5 Can. Gen., Kirkdale	6-2-19	" " " " "
B 449	Invalided to Canada	24-2-19	" " " " "

Form R. 149.

William Henry.

Name JARRELL Rank Pte Reg. No. 651894

Unit 18th Bn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
11.6	4 C Gs Basingstoke		G.S.W. ankle & Lost foot	4313 B369		25322
6-2-	Con to Kirkdale		do	B435		6488
24-2-	Invalided to Canada		do	B449		7611

G.S.W. & Leg Amp.

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

LEDGER NO. _____ SERIAL NO. _____

REG. NO. 651 484 NAME Jewell W H

RANK Pte CORPS 160 Bde AGE 21 SERVICE 6/12.

	HOSPITALS	DATE OF ADMISSION
1	Military London	20. 9. 16.
2		
3		

DIAGNOSIS Bronchitis

TRANSFERRED TO _____

DISPOSITION 26. 9. 16. CATEGORY _____

Duff

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1832.

P.T.O.

HOSPITALS.	DATE.	DIAGNOSIS.
REMARKS:		
Ad: Military London	10. 3. 19	G/W Lt Leg (Amp. ?
Trans W Dm St London	25. 3. 19	
Trans Dom Ortho Hosp	11. 4. 19	
Trans Base Hosp Toronto	8. 7. 19	V D.S.
" Dom. Ortho Toronto	6. 8. 19	Amp Lt Leg
Do Unit	22. 7. 20	

No. 65 1894. Rank Pte. Name Jarrell. W. H.

T. O. S. 4-3-16. (Do 57-7-3-16) Unit 160th Battalion.

M. D. /

PAID FROM 1916.	PAID TO 1916.	SIG. OR REC'T
Mar. 4.	Mar. 31.	L
Apr.		✓
May		✓
June		✓
July		N.
Aug.		✓
Sept.		✓
Oct.		N.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED OCT 17 1916

Form DMS 1402

DOCUMENT CARD

.....HOSPITAL

A. & D. No. T 9165 AT INV. TO CANADA

ADMITTED 5 FEB 1919 DISCHARGED 24 FEB 1919 WARD No. MA

REGTL. No. 651894 RANK Pte. NAME JARRELL W. H.

UNIT 18th Bn. TRANSF'D FROM Basingstoke

DIAGNOSIS GSW L. Leg (amp.) DIAGNOSIS CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT.
	5 FEB 1919		GD		

M.H.S. IN HOSPITAL.

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

RECEIVED FROM M.O. COMPLETE.....191.....

[P.T.O.

REMARKS.

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

TCS

MCS

SURNAME. Jarrell

CHRISTIAN NAMES William Henry

REGL. No. 651894 RANK Pte.

UNIT 160th.

FORMER CORPS Nil

CARD NO. 2 V

Can 20 109 194-19

E.L. FOLL.

Bn.

NEXT OF KIN.

NAMES IN FULL Jarrell, Mrs. Catherine

RELATIONSHIP TO SOLDIER Mother

ADDRESS R.R. no 1, Lorne P.O., Ont.

S.a.a.P. 30-7-17

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kincardine, Ont. DATE Feb. 17th 1895

PLACE OF ATTESTATION Kincardine, Ont. DATE Mar. 4th 1916.

OPS 19/10/16 - C

R/C 7-3-19 277 I 3 Pte

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

M. F. W. 22. 250M.—2-16. H. Q. 772-39-230.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 21 YEARS MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 34 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Dark EYES Grey HAIR D. Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION. PLACE Knicardine, Ont. DATE Mar. 4th 1916

K-26-1.

Form DMS 1401.

No. 4 Canadian Gen. Hospital, HOSPITAL.
Basingstoke.

A. & D. CARD

AT

A. & D. No. M3 T4684 PL. OF ACTION France.

RANK Pte REG. No. 65894 UNIT 18 Can Bn. C SICK OR WOUNDED

NAME Janeee W.H. AGE 23 RELIGION Meth

PLACE IN HOSPITAL Ch

DIAGNOSIS GSW ankle (L) amptoot

ADMITTED 10.9.18 FROM H.S. Gouves 5 & 6

DISCHARGED TO

TRANSFERRED 5/2/19 5th C.G.H. Lyons.

SERVICE AT HOME 2 Bmo IN FIELD 7 mos

RESULTS

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

P.T.O.

REMARKS.

*Name JARRELL, Wm. Henry Rank Pte. Regtl. No. 651894

Fyle Depot I.D.D. 10-J-205

Original unit 160th Bn Present unit 18th Bn M. or S. S Age 24 Religion Methodist Ref. H.Q.

Port, ship, and date of arrival Portland, Maine. U.S.A. Essequibo, 7-3-19

Next of kin Mother - Mrs. Catherine Jarrell, Lorne, Bruce County Ont.

Address on leave

Address on discharge 629 South Vickers, Fort William, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Farmer Date and place of enlistment March 4th 1916, Kincardine, Ont.

Diagnosis Amputation left leg. Date of Medical Boards 17-7-20

Date T.O.S.	Remarks	Pt. 2 Order No.
24-2-19	No. 1 D.D.	
10-3-19	Posted to Hosp. Sect. (T?B?H) and granted furlough with subs. to 24-3-19	71 73
	W.S.G. submitted to P.O. Roll 15	

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

(over)

Date.	Remarks.		Pt. 2 Order No.
11-4-19	Tfd. from Hosp. Sect. No. 1 D.D. to Dom. Orth. Hpl No. 2 DD T.O.S. from D.D.#1 and posted to Hos. Sect. (To be transferred to D.D.#1 on completion of treatment. #109		104
	D.D.#1 to D.O.H. 11-4-19	H.S.	104
	D.O.H. Subs. From. 25-6-19 To 17-7-19	H.S	179
	D.O.H. - Subs. ceases 8-7-19.	H.S.	191.
	D.O.H. to B.H. 8-7-19.	H.S.	191.
	Base to D.O.H. 6-8-19.	H.S.	219
	Stoppage of 60¢ per diem whilst confined in Base Hospital with V.D. 25-7-19 to 5-8-19		245
25-10-19	Drunk. Neglecting to obey Regimental Orders. 1st Offence Admonished. (2) Forfeits 3 days pay under AA. Sec. 46-2-D. H.S. 303		
6-3-20	Subs. to 6-5-20. (D.O.H.)	H.S.	69
30.6.20	SOS. #2 DD. on transfer to General List C.E.F.		182 attpd
	1-7-20 S.O.S. General List C.E.F. #2 Det		memo 1 "#21
	23-7-20 S.O.S. #2 Det C.E.F. AS "MED. UNFIT"		

A.F.C. 192
150M—6-18.
1/12-39-1243

Surname	Christian Name or Names	Reg. No.
Jarrell	W. H.	651894
Rank	**Unit**	
Pte	W.O. 18.	

Cas. List.	
17.9.18. B309'	H CG P Base Hospital 17.9.18
	gsw ankle L. Amp Foot. dvt.
11-2-19 B435'	5 C.G. Kirkdale 6.2.19
27-2-19 B449'	Invalided to Canada 24.2.19

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

Cas. List.

R—122
8,401—50,000—21-10-16.

J.P.

Rank | Name JARRELL, William Henry | Reg'l No. 651894.

Unit 160th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Kincardine 4th March.1916. | Place of Birth Kincardine Twp. Bruce Co. Ontario.

Name and Address, Next-of-Kin Mrs. Catherine Jarrell.

Lorne .Bruce Co.Ontario.Canada. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 6442
File R.L.
Category CAN.INF

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C		ARRIVED IN ENGLAND "S.S. METAGAMA 28-10-16			
23.2.18	160 Bn	S.O.S to 4th Res Bn	Witley	23.2.18	Pte 28, 4th Res. 48d/26 2/18
29.3.18	4th Res	Posted TO 18th. BN. O/S BSHOTT 28.3.18, Pte 75218th BN 27d/15 4/18			
11.9.18	WOR(18)	WOUNDED	field Fa	28.8.18	HA 3908-15
16.9.18	WOR(18)	TOS from 18 Bn	Witley	11.9.18	Pte 021858 18 Bn 92d/24 9/18
27.2.19	WOR(18)	Invalided to Canada ex SCGH.	Kirkdale	24.2.19	CL.B.449 & WORD 2052 26/3.3.19

10 CHECKED 1918

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.					

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 160th O. S. Battalion, C. E. F.

Regimental No. 651894 Rank Pte Name Jarrell, William Henry.

Enlisted (a) 4-3-16 Terms of Service (a) ~~6 C F~~ Duration of War. Service reckons from (a) 4-3-16

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

Extended Re-engaged Qualification (b) (Farmer)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked - Canada	Halifax	17/10/16	
		Arrived - England	Liverpool	28/10/16	
23-2-18	160th Bn.	D.O.S. on transfer to 4th Can Reserve Battalion	Witley	23-2-18	D.O. part 2 #28 R B Hitchcock CAPTAIN ADJUTANT FOR O.C. 160th CANADIAN INFANTRY BATTALION
26-2-18	O.C. 4th Res. Bn.	T.O.S. 4th Res. Battalion	Bramshott	24-2-18	Pt. 2. Order No. 48.
29-3-18	O.C. 4th Res. Bn.	Having proceeded overseas to 18th Battn. is S.O.S. 4th Res. Battn.	Bramshott	28-3-18	Part 2 Order No. 75. J.O.B. E. V. Barlow Lieut. A/Adjt. 4th Canadian Res. Battalion.

CERTIFIED CORRECT. 24 APR 1918

OVER

(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.

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				
29-3-18	2 Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. of 18 Can Bn	2 Can IBD ETAPLES	29.3.18	Nom Roll Pt II Ord 27 d-5.4.18 also No 38 d-30.4.18
3-4-18	C.C.R.C.	Arr at Can.Corps Reinf. Camp		3.4.18	Nom Roll
4-5-18	18 Bn	Joined 18th Can Bn	In the Fld	2.5.18	AF.B.213
31-8-18	18th Bn	WOUNDED	In the Fld	27.8.18 ✓	AF.B.213
9-9-18	A.T. Gloucester Castle	Invalided to England, wounded Posted to Western Ontario Regtl Depot WITLEY		9-9-18	A.F.W. 3083 (Can. Sect. No. 5998) Pt. II Ord. 92, 24/9/18.
				Major Canadian	for Lt.-Col., A.A.G. Section. G. H. Q. 3rd Echelon B.E.F.
16-9-18	H.O.R.D.	T. O. S. from 18th Bn	Witley	11-9-18	Pt II 0218

FOR LT: COL: I/C RECORDS, C.O.

Sheet 2

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 651894 Rank Pte C. E. F. Name JARRELL William Henry

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

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

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24.2.19	O/S	Taken on strength No. 1 District Depot London D.O. 76 Lance Cpl.			
11-4-19	C.O.WOMH	S.O.S.No.1 D.D.(W.O.M.H) on transfer to Dominion Orthopaedic Hpl.No.2 D.D. Toronto Capt. for O.C.No.1 District Depot	London	11-4-19	DDO 104 HSO 104

(*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.

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				
10.3.19.		T.O.S. No. 2 District Depot, Part II, D.O. No. 73.			

Capt.
For O.C. No. 2 District Depot

Stoppage of 60¢ per diem whilst confined in Base Hosp. with V.D.
25-7-19 to 5-8-19. 245

Capt.
For O.C. No. 2 District Depot

30-6-20	S.O.S.#2 D.D. on transfer to #2 Det. C.E.F. with effect 30-7-20		#2 D.D.Pt. 11 D.O. #182
1-7-20	T.O.S.#2 Det. C.E.F. on transfer from #2 D.D. with effecr 1-7-20		#2 Det. C.E.F. Memo #1.
22-7-20	S.O.S.#2 Det. C.E.F.(discharged) with effect 23-7-20		#2 Det. C.E.F. Memo #21.

Major.
No. 2 Detachment C.E.F.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JARRELL W.H.

REGIMENT 18th Battn. RANK Pte. No. 651894

Date of Examination in England 9-2-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer O. Moore Capt.

CASE HISTORY SHEET.

Dominion Orthopaedic Hospital. Christie St, Toronto Station.

No. 65-1894 Rank Pte Name Jarrell W^m H Age 24

Unit D.D.# 2 Completed years of service (Where and how long) F. 6/12 E. 24/12, C. 7/12

Date of admission 6-8-19 Date of discharge 23-7-20

Diagnosis Amp L. Leg (L.B.K.) Place of origin Arras 26-8-19

CONDITION ON ADMISSION AND PROGRESS OF CASE



MAY 7 1920 Stumps skin open slightly. To have dressings.

MAY 14 1920 To continue dressings.

MAY 21 1920 Stumps entirely healed. To carry on.

MAY 28 1920 Has just received leg. To wear it 4 hrs per day.

June 3/20. Wears leg. does it 2-walk, back-ache.

JUN 11 1920 Having new socket. (B.S.) made.

JUN 18 1920 Has got new socket: good fit. To wear it and report.

FAMILY HISTORY (Tuberculosis, Mental or Nervous diseases.)

JUN 24 1920 Stump socket-leg is making stumps sore on end and inner side. skin is broken in two or three places. He should be able to wear a willow socket-on this leg. New leg ordered.

TREATMENT (Especially any specific or special form)

JUL 2 1920 Willow socket-leg fitted in for finishing. To carry on.

JUL 9 1920 To get leg this week. To keep it and report.

CONDITION ON DISCHARGE (and disposal made of case.) July 14/20. Leg gives fit. Pleased with it. To carry on.

Date .....

Medical Officer i/c case.

M. F. B. 813a.
100M.—6 18.
1772—39-4.9.

CASE HISTORY SHEET.

Hospital ..... Station .....

No. ..... Rank ..... Name ..... Age .....

Unit ..... Completed years of service { in this unit / in the Army }

Date of admission ..... Date of discharge .....

Diagnosis ..... Place of origin .....

CONDITION ON ADMISSION AND PROGRESS OF CASE

FAMILY HISTORY

(Especially any specific or special form.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(And disposal made of case.)

Date .....

Medical Officer in case.

#651894, Pte. Jarrell, W.H.

D.O.H.July 16/20. Condition when finally boarded for discharge.

Wounded, Aug. 26th, 1918, in left ankle joint. Wound cleaned and dressed at 42 C.C.S. and splint applied. At 47 Gen.Hospital, wound was opened & flushed out with Eusol. Sepsis developed and amp. was done Aug. 29th, 1918. Reamp. done Oct. 30/18. Reamp. 22-1-20. D.O.H. Stump healed by March 1/20. Artificial leg supplied D.O.H.

Left leg amputated below knee, stump 6" long. Scar well healed, not tender or painful. Movement of knee joint, normal. Has been supplied with satisfactory artificial leg.

V.D.S. Base Hospital, Toronto, July 1919.

L. B. Edmison

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. File

P.A.

Ottawa, Ont.

Date MAY 20 1966

Attention of

NAME JARRELL, William Henry

SERVICE NUMBER 651894 WW1

C.P.C. No. 205409

W.V.A. No.

NAVY
ARMY XXX
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. London, Ont. Tel Memo d/May 3, 1966

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death May 3, 1966
Cause of Death
Place of Death Westminster Hospital, London, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.V.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

CASE HISTORY SHEET.

Base Hospital. Toronto. Station.

No. 651894 Rank Pte. Name Jarrell, W. H. Age 24.

Unit 2 D.D. Completed years of service Where and how long C 1/12. E. 1 1/12 F. 7/12

Date of admission July 8. 1919 Date of discharge Aug 6/19

Diagnosis V.D.S. Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint.
Sore on foreskin discharge & sore throat

Past History — Enlisted Nov 4/6/16
Went to France (Nov/18) Wounded Aug 26/18.
at Cambrai. Amputation left 6" below knee.

Present History — Exposed to infection in June/19.
Toronto. First noticed sore on penis July 9/19.
No other symptoms.

State of Admission
Penis & sore on foreskin close to sulcus
size of 20¢ piece — ulcerated & bleeding
in centre. Inguinal glands palpable also
post-cervicals palpable.
July 19th Blood Test - negative
Progress notes Aug 1st Sore healed - Has had 4 shots
Penis still discharging - daily dressings

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Neg.

TREATMENT

(Especially any specific or special form.) 4 shots Neo Sal 5 intravenous
discharged.

CONDITION ON DISCHARGE, Fit for discharge. To report
(and disposal made of case.) monthly for further treatment.

Date Aug 5/19. R. Blanke Capt.
Medical Officer i/c case.

M. F. B. 413a.
100M.—6 18.
1772—39-439.

CASE HISTORY SHEET.

Dominion Orthopaedic Hospital. Christie St., Toronto Station.

No. 605894 Rank Pte Name Jarrell W.T.G. Age

Unit 42 D.D. Completed years of service (Where and how long)

Date of admission 11/4/19 Date of discharge

Diagnosis Amp leg left Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

10/4/19 Wounded - Aug 26th 18

Left leg amputated 7" below knee at No 47 Gen. Be Report.
Reamputated at Basingstoke 13/10/18

Length of Stump 7"
Well healed transverse scar. Bone well covered.
Scar ~~not~~ adherent.
No limitation of range.
Complains of some discomfort referred to missing leg, when antero-external portion of stump is manipulated or massaged.

Peg ordered today

25/4/19 - Peg will be finished ~~by~~ in few days.
End of stump is showing signs of breaking down, red & tender over bone in wall of pit.
R - Stump hardening solution

29/4/19 - Improving under Balsam Peru dressing

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.) 4/5/19 - Peg received.

10/5/19 - Skin over tibia still tender but improving under Balsam peru. Leave peg alone for one week.

CONDITION ON DISCHARGE (and disposal made of case.) 17/5/19 - Sore area much better for the rest. Ordered a cut-out on leather peg basket.

Date 26/6/19 Leg. Ordered today

Medical Officer i/c case.

M. F. B. 513a.
100M.—6 18.
1772—39 4.59.

23/4 - Wound held up in splint for leg. Patient states limb will not be ready for duties.

6/8 - Returned from Base

End of stump quite inflamed over tibia
X ray.

13/8. X ray shows flake of bone from tibia separated.

15/8/19. Removed by operation a flake of bone lying in the tissues.

3/9 - ~~Leg~~ Stump has been swollen both since operation. Small flake of bone came away spontaneously.
Slight discharge this morning.
Probed sinus. No bone felt.
X ray.
X ray shows clean bone stump.
No duties can commence.

10/9 - Probed sinuses. No dead bone felt.
Quite a discharge.
Daily Hot baths.

15/9 - Still discharging, perhaps a little less purulent. Carry on daily Hot baths.

22/9 - X ray shows no sequestrum. Bone stumps appear normal.
Hot baths & massage to increase circulation & lessen infection which exists.

7/10 - Carry on Duties other than those of Hot baths.

20/10 - Drain under local.

27/10/ - Under local Anaesth. deeply incised abscess pocket in stump & inserted rubber drainage. Badly infected & infiltrated stump.

11/11/ - X ray shows no bone lesion to account for unhealthy condition of stump. Apparently a chronically infected stump: low grade inflammation

24/11/ - Carry on for a walk & see Dr Mangin again.

4/12/19 - Operation. Scar and infected tissue on stump excised.

28/1/20 - Reamputation.

17/2/20 - Healing steadily
Pt discharged

P.H.M.

Military Hospital, M. D. No
Wolseley Barracks
LONDON, ONT.

CASE HISTORY SHEET.

No. 651894 Rank Pte Name Jarrell, W. H. Age 25

Unit 1st Depot Completed years of service Where and how long } 6-7/12 E. 1-8/12 F. 6/12

Date of admission 25.3.19 Date of discharge

Diagnosis G.S.W. lt. leg (amp.) Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Ob Sept. Left leg amputated at Quad 3/3 Stump Good Scar Healed Except a small Sear. Sept of size Size. Good action of Muscles resp and nervous System normal

Subj Symptoms —

no complaints

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

nil

TREATMENT

(Especially any specific or special form.) —

Rest, Dressing

CONDITION ON DISCHARGE,

(and disposal made of case.)

Transferred to D.O.H. Toronto for Artificial limb

Date Oct 11 - 1919

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

ORIGINAL Original

651894

MEDICAL HISTORY SHEET.

Surname JARRELL. *Christian Name* WILLIAM. HENRY.

Examined { on 4TH. day of MARCH. 1916.
at KINCARDINE. ONTARIO.

Birthplace { City or Town ARMOW.
County BRUCE, Ont.

Apparent age 21

Trade or occupation FARMER?

Height 5 Feet 9 Inches.

Weight 146. Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 34 1/2 Inches.

Physical development GOOD.

Small-Pox Marks NONE.

Vaccination Marks { Arm Right. Left.
Number NONE.

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

NONE.

(b) Slight defects but not sufficient to cause rejection

NONE

Approved by [signature]

Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		12 SEP 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
Jan 14/16	Pos	[signature] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/6/16		[signature] M.O.
30/6/16		[signature] M.O.
27/9/16		[signature] M.O.
24/8/17	2nd	Jas. W. Lord. M.O.

Enlisted on 4TH. *day of* MARCH. 191 6 *at* KINCARDINE? ONTARIO.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O. S. Battalion, C. E. F.	651894		
Transferred to	4th Res Bn. 18th Bn			FEB 23 1918

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont No 46646 Barnardstone	5.X.16	Board	Fit
	21-11-18	Amputation left leg - 7 inch stump	L. J. Schl Capt AMC Hosp 6. Ex/servs Capt AMC
		Amputation left leg	[signature]

JUL 16 1920

We recommend that he be Discharged as Medically unfit for service.

[signature]

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

Surname Jarrett Christian Name Wm Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No. 4 Canadian Gen. Hospital, Basingstoke.		10	9	18	5	2	19	g.s.w. L. ankle. amp. left leg.	148	Amputation left leg in middle third by a long posterior and a short anterior flap. Length of stump seven inches. Scar is healthy except for a small area which is healing rapidly by granulation. There is a good pad of muscle below bone. Circulatory, Respiratory and nervous systems normal. G.C. good.	Smith Lawson Capt CAMC
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		5 FEB 1919			24 FEB 1919			DO		Discharge. Condition Fair. Bloc Cpl. Sent to Canada	
H. M. A. T. "ESSEQUIBO"		FEB	24	1919	MAR 8		1919	"	13	Condition unchanged	R. H. Jardine Capt C.A.M.C.
No 6 M.A.		13	2	19	11	4	19	"		Transferred to D.O.H. Toronto. for Orthopaedic treatment	
D.O.H.		11	4	19				Soft sore in penis		transfer to Base	D. J. Hesbett Capt. Saw Brown Capt

651894. Pte Jarrell.W.H. 160th.Bn. 168274

Will with

Officer i/c Records

M.D.No.1.

London Ontario.

Rec'd from P.H. 160th.Bn. 10-3-17.

(B.C.)

SYPHILIS CASE-SHEET.

Regtl. No. 657894, Rank and Name Pte Jowell, W. H. Corps 2 D.D.

Placed on Syphilis Register at (Name of Hospital) Base Hospital Toronto. on July 5. 1918. No. in Register

Disease contracted at Toronto. Primary sore appeared on (date) July 2. 1918.

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site Scar of 10¢ piece in sulcus

Lymphatic glands Inguinal epitrochleas palpable.

Skin (nature and distribution of rash) neg.

Mucous membranes neg.

Other symptoms neg.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Wassermann reaction { Method employed (original or modification) / Result (positive or negative) Negative

Station Base Hosp. Date July 26/19 Signature of M.O. [illegible] Capt.

Struck off Syphilis Register at Base Hosp/ on Aug. 6/19

Cause of being struck off Register { (a) Recovered / (b) Transferred to Army Reserve / (c) Discharged from Army } Transferred to D.O.H

Station Base Hosp. Date Aug. 6/19 Signature of M.O. [illegible] Capt.

M. F. W. 145.
25m. 7-18.
1772-39-1174.

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, *e.g.*, "Blood test due 15.5.14."
The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine: Normal (N.) Albumen (Alb.)	Wasserman Reaction: Method { Original (O.) Modification (M.)	Wasserman Reaction: Results. { Positive (+) Negative (—)	Treatment: Arsenical: Intravenous Injection dose in grammes: Salvarsan	Treatment: Arsenical: Intravenous Injection dose in grammes: Neo-Salvarsan	Treatment: Mercurial: Intramuscular injection Dose of Metallic Mercury in grains.	Treatment: Mercurial: Inunctions or Oral (Preparation and dose)	Treatment: Other Methods	Signature of M.O (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
		admitted July 6/19										
Base Hosp	July 3/19						.45					Blanche Capt.
Base Hosp	July 16/19					—	.5					
BasecHosp	July 23/19						.45					
Base Hosp	July 30/19						.45					
							.45					
		Discharged Aug 6/19										
		Transferred to D.O.H.										
		To report weekly for further treatment										

SYPHILIS CASE-SHEET.

Regtl. No. 657894 Rank and Name Pte Jarrell, W. H. Corps 2 D.D.

Placed on Syphilis Register at (Name of Hospital) Base Hospital Toronto on July 8. 1919 No. in Register

Disease contracted at Toronto, Ont. Primary sore appeared on (date) July 2. 1919.

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site in Sulcus Jugi

Lymphatic glands Inguinal & post. cervical palpable.

Skin (nature and distribution of rash)

Mucous membranes normal.

Other symptoms nil.

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Wassermann reaction { Method employed (original or modification) / Result (positive or negative) Negative

Station Base Hosp. Date July 16/19 Signature of M.O. B Blanks Capt.

Struck off Syphilis Register at Base Hosp on Aug. 6/19

Cause of being struck off Register { (a) Recovered / (b) Transferred to Army Reserve / (c) Discharged from Army } Transferred to D.O.H.

Station Base Hosp Date Aug. 6/19 Signature of M.O. B Blanks Capt.

M. F. W. 145.
25m. 7-18.
1772-39-1174.

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		admitted July 8/19										
Base Hosp	July 3/19	Diarsenol					.45					O Blackett Capt
Base Hosp.	July 16/19						.5					
Base Hosp.	July 23/19						.45					
Base Hosp	July 30/19						.45					
		Discharged Aug 6/19										
		Transferred to D.O.H.										
		For treatment if for further treatment.										

CLINICAL CHART.

Military Hospital, M. D. No. 1
Wolseley Barracks
LONDON, ONT.

Corps 1. Div. Hospital Station

No. 651894 Rank and Name Pte. Jarrell, W. H. Age 25 Service 6. 7/12 C. 18/12 H. 6/12

Disease G.S.W. Lt. Leg (amp. Date of Admission 26. 9. 19 Date of Discharge Jan 11/20 Result same Serial No. A. & D. Book 325

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107° .8 .6 .4 .2																														
106° .8 .6 .4 .2																														
105° .8 .6 .4 .2																														
104° .8 .6 .4 .2																														
103° .8 .6 .4 .2																														
102° .8 .6 .4 .2																														
101° .8 .6 .4 .2																														
100° .8 .6 .4 .2																														
99° .8 .6 .4 .2																														
98° .8 .6 .4 .2																														
97° .8 .6 .4 .2																														
.8 .6																														
Pulse per Minute																														
Respirations per Minute																														
Motions																														

M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature D. J. Mustard Capt. In charge of case.

Duplicate

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....160th, O S,B'n,C.E.F.

(2) Regimental Number .....# 651894.

(3) Full Name of Soldier.....JARRELL. William, Henry.

(4) Place of Birth.....Kinsardine, Township, Bruce County.

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

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

(b) Present Postal Address.....nil,

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

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

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

Also their names and ages.....nil,

M. F. W. 67.

300M.—5-18.
1972-20-654.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Nil.

If so, state name and address ..... nil.

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

If so, state name and address..... Mrs. Catherine . JARRELL. Kinsardine, Ont.

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

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

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

..... yes.

(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.

..... yes.

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

..... yes.

(15) Are you insured ?..... Yes.

If so, in what Company ?..... Canadian Order Of Foresters.

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

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

A. Weir Lt. Col.
Officer Commanding.

Date Oct 2/16

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

MJC

War Service Badge
Class A
No. 119718

THIS IS TO CERTIFY that No. 651894 (Rank) Private

Name (in full) JARRELL, William Henry enlisted in

the 160th. Battalion

CANADIAN EXPEDITIONARY FORCE at Kincardine, Ont.n on the 4th.

day of March 19 16

HE served in ENGLAND AND FRANCE

and is now discharged from the service by reason of ~~Demobilization~~. Medical Unfitness.

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

Age 25 years and 5 months

Height 5 ft 9 ins.

Complexion Medium

Eyes Hazel

Hair Brown

Marks or Scars Vacc. scars left arm.

SCARS: G.S.W. left leg. 27-8-18.

Amputation of left leg, below knee.

GOLD STRIPE.....1.

Wm H. Jarrell
Signature of Soldier

Date of Discharge

No. 2 Det. C.E.F.
July 23rd. 1920.
TORONTO, ONT.

Issuing Officer Lieut- Colonel.
Officer Administering #2 Det. C.E.F.

Rank

Date July 23rd. 1920

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
100M-3-19.
H.Q. 1772-39-882.

Dominion Orthopaedic Hospital
Toronto. February 16th 1920

Venereal Section.

To Officer Commanding

Reg.No. 641894 Rank Pte. Name Jarrell Unit 16th Bn

The above noted soldier has been examined in accordance with instructions of D.G.M.S. Circular Letter No. 25.

FOR SYPHILIS

Further observation and treatment in this case is consedered necessary, and

Should be carried out in a Military Hospital before discharge.

STRIKE OUT SENTENCE NOT APPLICABLE

~~May be carried out by Department of Soldier's Civil Re-establishment after discharge.~~

Report on his last Wasserman taken March 3rd 1920 is Negative

He has been warned of the danger of transmitting infection. He has been informed that he may receive further treatment from the Department of Soldier's Civil Re-establishment after discharge.

Major C.A.M.C. & Registrar
for O.C. Dominion Orthopaedic Hospital
Venereal Section.

L. L. Job 4503 [illegible]. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Cath. Jarrett

Address R.R.#1 Lorne P.O. ~~Kincardine~~ Ont

Rate 15.00

OCT 1 1916

By Whom Assigned Jarrett W. H

Regtl. No. 651894

Rank Pte

Corps 160 Bn "D"

PAYMENTS

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

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2.

Mrs Cath Jarrett
(Assignee)

Name of Soldier Jarrett W H
651894 - 160Bn - Pte

L. L. Job 5470—Req. 6888.

15 00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			OCT 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.		W26793	15	
Nov.		M2961[illegible]	15	
Dec.		X32896	15	
Jan.	1917	U38922	15	
Feb.		V40797	15	
March		Q50225	15	15 P
April		M27415	15	15 W
May		M87[illegible]4	15	
June		M11174	15	By Regd. Letter P.O Oct 25 7/17 HB
July		M26789	15	
Aug.		V28727	15	
Sept.		K36738	15	
Oct.		V41494	15	
Nov.		R4[illegible]608	15	
Dec.		S56013	15	225
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

4-3-16

L. L. Job 310— & D. 6574.

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name Catherine Jarrell

Address Lorne R.R. No I
Ont

Relation to Soldier wife, child or mother } W. Mother

Name of Soldier Jarrell, William H

Regtl. No. 6518924

Rank Pte

Corps 160 Batt

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED 3 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—30—818.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier Catherine Farrell W. Mother — Farrell, William H. Pte

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		W2803	58		58
June		R3584	20		20
July		M10025	20		20
Aug.		W2707	20		20
Sept.		P1644	20		20
Oct.		W19662	20		20
Nov.		B 22641	20		20
Dec.		B 26183	20		20
Jan.	1917	H 28800	20		20
Feb.		H 31895	20	318	20
March		H 35033	20		20
April		J 1283	20		20
May		J 4492	20		20
June		K 7910	20		20
July		L 10898	20		20
Aug.		U 13828	20		B
Sept.		T 17640	20		X
Oct.		C. 21283	20		B
Nov.		H. 23868	20		M
Dec.		M. 27005	20		Hd
Jan.	1918				438
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 559.
MARRIED OR SINGLE S

PLACE OF BIRTH Armow Ont

NAME AND ADDRESS OF NEXT OF KIN Catherine Jarrell Kincardine Ont

RELATIONSHIP OF NEXT OF KIN mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

P. 697-789-

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 651894 RANK Private NAME Jarrell William Henry

IF IN PERMT. CORPS } WHAT UNIT UNIT 160th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Kincardine Ont

DATE OF ATTESTATION 4/3/16

TRANSFERRED TO	DATE	AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Catherine Jarrell Kincardine Ont RELATIONSHIP mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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)

C.

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														14 10	14 10																14 10				Ass'd Pay Paid by A Branch for period covered on Return Nil (Canada)
Nov 1-30/16	30	1.00	30		30	10	3								33	4	9/11/16	75	30/11/16					19 47	4 87			15		39 34	7 76		7 50	26	Balance from Canada
Dec 1-31/16	31	1.00	31		31	10	3	10							34 10			145	20/12/16						9 73			15		24 73	17 13		15 50	163	
1917 Jan	31	1.00	31		31	10	3	10							34 10	193	27/1/17	9	31/1/17					4 86	14 60			15		34 46	16 77		16 00	77	
Feb	28	1.00	30	80											30 80	278	16/2/17							4 86	12 17			15		32 03	15 54		15 54		
			13	00										14 10	14 6 10									29 19	11 14 60					139 57					
Mch	31	1.00	34	10											34 10										4 86			15		24 43	15 18		Nil	15 18	
Apl	33		33												33													15	770	22 70	25 48				7 Days 3rd No 2 R 30 10 1.
May	31		34	10											34 10	78	30/4							9 73				15	57						626 Q 4005 #230 - 29/4/17
June	30		33												33	123	16/5							2 43				15	990	35 20	24 38				9 Days 3rd #2 R 6 124 - 5/5/17
																166	31/5							4 87				15		22 30	35 08				
July	31		34	10											34 10													15		15	54 18				
																224	17/6							7 80											
Aug	31		34	10											34 10	303	30/6							9 73				15		32 03	56 25				
																385	19/7	582	31/8					7 30	14 60										
Sept	30		33	-											33 -	457	31/7	573	14/8					9 73	7 30			15		53 94	38 31				

6518th Pte Farrell Wm H

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.																							
Sept	Bal Fwd	~~35 31~~																																
									35 31																									
Oct	31 dy Pte Pay @ 1/-	34 10																																
				Can a/p					15																									
				a/R 658 160 Bn	17/9	730																												
				a/R 720 160 Bn	30/9	974																												
		34 10				17 04			37 37																								
Nov	30 P.P	33 —							15																									
				a/R 870 160 Bn	31/10	1217																												
				a/R 804 do	16/10	730																												
				a/R 938 do	16/11	730																												
Dec	31	34 10		Can a/p					15																									
				OHMS Y 219 OH/6/17		26			47 44																									
1918		67 10				27 03			30																									
Jan	PP	34 10		C.A.F.					15																									
				aR 1043 160 Bn	5/12	487																												
				✓ 1006 ✓ ✓	30/11	1217																												
						17 04																												
				✓ 1111 ✓ ✓	17/12	1460																												
		34 10				31 64			15																									34 90
Feb	28 R.P	30 80		Can					15																									
				1174 9/1/18 160 Bn	(6)	730																												
				1234 28/1 "	(9)	1217																												
						1947																												
				1249 12/2 "	(10)	730																												
		30 80				26 77			15																									23 93
Mch	31	34 10		Can					15																									
				1777 28/2 4 Res	(26)	730																												
				2001 20/3 "		1947																												
						26 77																												
		34 10				26 77			15																									16 26

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-16	EFFECTIVE DATE:-
AMOUNT:- #1500	AMOUNT:-

NAME:- JARRELL Wm Henry

NUMBER:- 651894

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.
Catherine Jarrell (mother) Kincardine Ont.	
Stopped effective 1.12.18	

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 160th Batt.

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
77	29.3.18	25.4.18	18th Bn Can Lect
	1/1/19		

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
~~11.9.18~~	~~9024~~	~~B'stoke £1~~	~~4 57~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	— 10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Invalided to Canada 1.12.18 Basingstoke 22nd/87 d/22.11.18 L.P.C. 1/14 04

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Bal. Fwd								16 26		
April	Pte. Pay	33 -		Cap.				15			
				A.R. 93. 9/4/18 2nd C.C.R.C.	4 46						
				A.R. 207 22/4/18 " "	3 57						
				Aupos-361- 27/3/18	32				25 91		
May	Pte. Pay	33 34 10		Can. AP.	8 55			15 00 15 -			
				AR.151. 16/5/18 18th Bn.	4 46				40 55		
June	Pte. Pay	34 10 33 -		Can. AP.	4 46			15 15			
				AR. 210 4/6/18 ✓	8 03						
				AR.264. 22/6/18 ✓	3 57				46 95		
July	Pte. Pay	33 34 10		Can. AP.	11 60			15 15			
				AR.397 9-7-18 ✓	4 46						
				✓ 512. 24-7-18 ✓	3 57				58 02		
Aug.	Pte. Pay	34 10 34 10		Can. AP.	8 03			15 15			
				AR.627. 19-8-18 ✓	3 57				73 55		
Sept		34 10		Cap.	3 57			15 15			
	"	33.		6357 18/9. 4 Gen Hos.	487				86 68		
		33.			487			15			
Oct.	✓	34 10		Can AP				15			
				AR 7757 10/10/18. Bstoke 3	487						
		34 10			487			15	100 91		
Nov	-	33.		Par				15	118 91		
				AR. 9024. 11/11/18. Bstoke 1	4 89						
				✓ 1073 17/1/18 ✓ L.P.C End 7	9 73						
		33			14 60			15	104 31		
				Forward							

Checked Sfill 25-11-18.

NUMBER 651894 RANK 1 NAME JARRELL Wm Henry

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR.	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Ford								10 4 31		
Feby	SS. 13-1-19 to 26-1-19 Bay. S.O. 1r			ak. 1386. 13-1-19. Bstoke 2 P.C. End	4 8 6 7				11 3 5 9		
	15-1-19. word. 2 P.C. End.	9 49		/ P831r. 7-2-19 Lpool ✓	10 4 8 7				6 0 2 6		
		9 49			5 3 5 4						

CASUALTIES

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)
M.J.C.

War Service Badge
Class A
No. 119718

1. No. 651894

2. Rank Private

3. Name JARRELL, William Henry

4. Unit 160th. Battalion.(#2 Det. C.E.F.)

5. Date of Discharge JUL 23 1920 | Place TORONTO, ONT.

6. Reason for Discharge

MEDICAL UNFITNESS

7. Authority (#2 Det. C.E.F. Memo #21 dated 21-7-20)

8. Proposed Residence after Discharge

629 South Vickers St., Fort William, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

Wm H Jarrell
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date JUL 23 1920

Signature
(O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

E. R. J.

1. No. 661694

2. Rank Private

3. Name ZARETT, William Henry

4. Unit 160th. Battalion.(2nd Det. C.M.R.)

5. Date of Discharge | JUL 2 3 1920 | Place PRESCOTT, ONT.

6. Reason for Discharge MEDICAL UNFITNESS

7. Authority (2nd Det. C.M.R. Memo #21 dated 21-7-20)

8. Proposed Residence after Discharge

659 Bonds Victoria Sq., Port William, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M.F.W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place PRESCOTT, ONT.

Date JUL 23 1920

Signature

(O.C. Disembarking Unit)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M.F.W. 129 or D.M.S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

Dominion Oath Hospital

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Gnr Harry Jarrell DISTRICT 2

REGIMENT 18 Bk RANK Pte No. 6-5-1894



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						
	Apl 24/19	Amalgam fillings in 11, 18, 20, 28																				
																				Completed		L. Theriault Capt
	July 8/19.	Transfer to Base Hospital																				
	May 12/20	Amalgam in 30																				
	" 14/20	a.w.d.																				
	" 19/20	a.w.d.																				
	" 20/20	Polished fillings. Prophylaxis																				Completed.
																				L. Theriault		

Examined July 16th 1920 Dentally Lieut. H. Goldstein.

F.B. 465.
Dm.—6-18.
1772-30-950.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1918	651894	Pte	Jarrell	W H

Unit.	Age.	Service.
16 Can.	23	3 yrs 11 mos

Station and Date.

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

7.2.19.

Disease G S W L ankle Amp foot.

~~D to ss~~ Stump healthy. Small granulating surface. Sutures removed.

F W Lander
Capt RAMC

---

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
M3/44684	651894	Pte	Jarrell	WH.
Year 1918	Unit. 18 Bn. Can.		Age. 23.	Service. 30/12 7/12

Station and Date. Sept 10.

Disease GSW L. ankle, Amp. foot.

OCCUPATION Farmer

NEXT OF KIN Mrs J. Jarrell Kincardine Ont

ENLISTED Aug 4/16 at Kincardine

ENGLAND Oct 25/16

FRANCE March 25/18

WOUNDED Aug 26/18

HOSPITALS 42 C.C.S.
47. British Gen.
Sept 10/18 4th Can. Gen. Hosp

OPERATION Amputation L. Ankle joint
Amputation above ankle joint

REMARKS Shock very severe

SUMMARY OF P.M.C.& N.H.S.

Amputation L. Ankle joint

PRESENT CONDITION He is a well developed

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[106] W3061/P1296 30m 7/18sv 5 88 Forms/I. 1237/14.

[P.T.O.

Station and Date.	
	and well nourished young man Age. 23.
	He has had left leg amputated by a circular method about 3" above left ankle joint.
	Stump is very painful. Circulatory System normal Respiratory System normal
Sept 21/18.	Wound is cleaning up. General condition improved
Oct 1/18	Wound is well cleaned & granulating normal
Oct 10/18.	Stump almost ready for re-amputation General condition good. He walks about on Crutches
Oct 30/18	He was taken to operating room and left leg amputated at junction of middle and lower third by a long posterior and short anterior flap. Drainage tube inserted
Nov 12th/18.	Sent to Canada
Nov 15th.	Wound almost healed General condition good

#651894, Pte. Jarrell, W.H.

D.O.H.July 16/20. Condition when finally boarded for discharge.

Wounded, Aug. 26th, 1918, in left ankle joint. Wound cleaned and dressed at 42 C.C.S. and splint applied. At 47 Gen.Hospital, wound was opened & flushed out with Eusol. Sepsis developed and amp. was done Aug. 29th, 1918. Reamp. done Oct. 30/18. Reamp. 22-1-20. D.O.H. Stump healed by March 1/20. Artificial leg supplied D.O.H.

Left leg amputated below knee, stump 6" long. Scar well healed, not tender or painful. Movement of knee joint, normal. Has been supplied with satisfactory artificial leg.

V.D.S. Base Hospital, Toronto, July 1919.

J.E. Edmison Capt

(*b*) S

Enlisted o

Joined on

Transferre

Land

Servi

M. F

H. C

Duplicate

651894

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Jarrell Christian Name William Henry

Examined on 4th day of March 1916
at Kincardine, Ont

Approved by [signature]

Rank Capt M.O.

Birthplace City or Town Ormow
County Bruce, Ont

Apparent age 21

Trade or occupation Farmer.

Height 5 Feet 9 Inches.

Weight 146 Lbs.

Chest measurement Minimum 31 inches.
Maximum expansion 34½ inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks Arm Right. Left.
Number None.

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease None.

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

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
June 14/16	Tas	[illegible] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16		[illegible] M.O.
30/8/16		[illegible] M.O.
27/9/16		[illegible] M.O.

Enlisted on 4th day of March 1916 at Kincardine, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O. S. Battalion, C. E. F.	651894		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	5.X.16.	Board	Fit L.J. Lebel Capt A.M.C.

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

M. F. B. 313.

200 M—11-15.
H. C. 1772 39-439.

Surname Jarrell Christian Name Wm. H.

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	Discharge from Hospital Day	Month
Base Hospl	Toronto	8	7	19	6	8
D.O.H		6	8	19		

#651894, Pte. Jarrell, W.H.

D.O.H. July 16/20. Condition when finally boarded for discharge.

Wounded, Aug. 26th, 1918, in left ankle joint. Wound cleaned and dressed at 42 C.C.S. and splint applied. At 47 Gen. Hospital, wound was opened & flushed out with Eusol. Sepsis developed and amp. was done Aug. 29th, 1918. Reamp. done Oct. 30/18. Reamp. 22-1-20. D.O.H. Stump healed by March 1/20. Artificial leg supplied D.O.H.

Left leg amputated below knee, stump 6" long. Scar well healed, not tender or painful. Movement of knee joint, normal. Has been supplied with satisfactory artificial leg.

V.D.S. Base Hospital, Toronto, July 1919.

J. E. Edmison capt

Duplicate

651894

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Jarrell *Christian Name* William Henry

Examined { on 4th day of March 1916 / at Kincardine, Ont.

Approved by C A Peters Capt

Rank Capt M.O.

Birthplace { City or Town Ormow / County Bruce, Ont.

Apparent age 21

Trade or occupation Farmer.

Height 5 Feet 9 Inches.

Weight 146 Lbs.

Chest measurement { Minimum 31 inches. / Maximum expansion 34½ inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number None.

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease None.

Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
June 14/16	Pos	C A Peters Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
22/8/16		Antivenin M.O.
30/8/16		Antivenin M.O.
27/9/16		Antivenin M.O.

n 4th day of March 1916 at Kincardine, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
alistment		651894		
60th O. S. Battalion, C. E. F.				
d to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
on Ont	5.X.16.	Board	Fit L. J. Sabet Capt AMC

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

B. 313.

4—11-15.
772 39-489.

Surname Jarrett Christian Name Wm. Reg. No.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.		
Base Hospl	Toronto	8	7	19	6	8	19	V.D.S.	29	Sore on penis July 8/19. Inguinal glands palpable. Had 8 intravenous diasenol Wass. July 19/19 Neg. To report weekly for treatment. Relapsed by syphilis Discharge as ord Capt.
D.O.H		6	8	19				emp. ulc- leg.		R.B. Mackenzie Capt

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

No. 42 CASUALTY CLEARING STATION. No. 40696 Date 26/8/18

P.P.S. 57

R.W. Digby Capt.

Plates taken of L Ankle A. Grubby

No. of Hospital 47 Gen H

Date of entry 26/8/18

G.S. wards Joint aspirated sutures removed + wound cut with ether solution

29 amputation 7 foot above ankle joint flaps good

Temp down wound clean

CB Orbell Capt

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

A.T. Serum Dose and date } 1st 750 26-5-18

2nd 750. 2.9.18

FIELD AMBULANCE NOTES.

Morphia Dose and time } gr ¼ at 9 p.m. Aug 27th

Date of wound or onset of illness } 26-5-18

Religion M

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 651894. Rank Pte

Name Jarrell W H

Unit 18 can Bde

Battle Casualty Accidentally Wounded. "Sick"

(Strike out description which does not apply)

No. of F.A. IV Field Ambulance C. E. F.

Date of admission 26-5-18

F.A. diagnosis Sprained ankle

MA

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

(1012) Wt. W15045/H3401. 1750m. 5-3-17. J.R. & C.

C.L. CL

PART I. 1 Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12485. 50M. 18-2-18.

Reserved for M.H.C.

Regt. No. 651894 Rank PRIVATE Surname JARRELL Christian Name WILLIAM H.

Unit or Corps—(a) Overseas from United Kingdom 19TH BATT'N (b) In United Kingdom 4TH RESERVE

Born at—Town ARMOW County or Province ONTARIO Country CANADA

Date of Birth—Day 17TH Month FEBRUARY Year 1895 Age 23 yrs 9 months.

Joined at SINCARDINE ONTARIO Date MARCH 4TH 1916

Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification

Amputation of left leg in middle third

Height—feet 5 inches 9 Colour of eyes HAZEL

Signature of Soldier (*for identification purposes*) William H. Jarrell

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*): AMPUTATION LEFT LEG IN MIDDLE THIRD

Disabilities Group (*b*): NIL

Disabilities Group (*c*): NIL

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

	~~Disease or injury to which the disability is due.~~	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	SHRAPNEL + SEPSIS	ARRAS FRANCE	AUG 26 1918
(*ii.*) As to Group (*b*) above.	NOT APPLICABLE		
(*iii.*) As to Group (*c*) above.	NOT APPLICABLE		

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? NO If yes, has Active Service aggravated it? NOT APPLICABLE

(*ii.*) As to Group (*b*) above? NOT APPLICABLE If yes, has Active Service aggravated it? NOT APPLICABLE

(*iii.*) As to Group (*c*) above? NOT APPLICABLE If yes, has Active Service aggravated it? NOT APPLICABLE

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

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

(*ii.*) As to Group (*b*) above? NOT APPLICABLE

(*iii.*) As to Group (*c*) above? NOT APPLICABLE

PART I. (*continued*).

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

(i.) While on duty? yes (ii.) While off duty? no

(iii.) Was a Court of Inquiry held no (iv.) Where? not applicable (v.) When? not applicable

(vi.) Opinion of the Court? not applicable

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*).

While with the 18th Battalion at Arras he was hit in the left ankle joint by a piece of shrapnel. He was sent to 42 C.C.S. where wound of ankle was dressed leg placed in splint and was sent to 47th General Hospital. On August 28 1918 wound was incised and flushed out with Eusol solution and on August 29th 1918 owing to sepsis his left leg was amputated just above ankle joint by a circular amputation. On Sept 10 1918 He arrived at 4th Canadian General Hospital where on October 30th a reamputation was done by a long posterior and short anterior flap. The scar is healthy except in an area about one inch in diameter which is healing rapidly by granulation

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

His left leg is amputated through middle third by a long posterior and short anterior flap. Scar is healthy except for a small area which is now healing by healthy granulation. Length of stump seven inches there is a good pad of muscle below bone. Circulatory Respiratory and nervous systems normal General condition good.

8. OPERATION. (i.) Was one performed? yes

(ii.) If so, state what. amputation and reamputation of left leg

(iii.) Was one advised and declined? no

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

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

(ii.) If so, describe. not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalid to Canada? yes

(d) Discharge from the Service as permanently unfit? no

Date of Report November 18 1918 Signed Sinclair Lawson Capt RAMC

Station No 4 Canadian General Hospital Officer in medical charge of case.

I have inquired into the general accuracy of the above Report, and concur therein * except

CANADIAN GENERAL HOSPITAL REGISTRAR'S OFFICE NOV 19 1918 BASINGSTOKE

Mcshanpeman fa { Officer i/c Hospital / ~~S.M.O.~~ Brigade } Strike out one of these.

Dated at Station, on 191

* Delete if inapplicable.

PART II.

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

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

11. Is the disability fully indicated in Part I. (1)? Yes
If not, indicate it. Not afflicable

12. Is the cause of the disability fully indicated in Part I. (2)? Yes
If not, indicate it. Not afflicable

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90% or 100%.)

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*, ⅛, ¼, ⅜, ½, *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. A

Date of Board 21-11-18

Signatures of the Board. E. Lewis Capt. CAMC President.
Wm Colvin Capt CAMC

Station K4 B&C 16. Basingstoke

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 7 1918 13 BERNERS ST. LONDON, W.1

Approved [illegible] A.D.M.S.
Major, C.A.M.C.

Dated at for A.D.M.S., Canadians, London Area Station 191

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

President.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

Dominion Military Orthopaedic Hospital DO..... JUL 16 192(Toronto Christie St.,

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

STATION D:O:H TORONTO DATE July 17. 1920

1. 1 (a) Unit D.D ~2 (b) Regimental No. 651894 (c) Rank PTE

(d) Surname JARRELL (e) Christian name WILLIAM H.

(f) Home address 629 SOUTH VICKERS ST. FORT WILLIAM. ONT

(g) Next of Kin MRS C JARRELL (h) Relationship MOTHER

(i) Address of Next of Kin KINCARDINE ONT

2. Age last birthday 25 Date of birth Feb 17. 1895

3. Enlistment, or Appointment (if an Officer) (a) Place KINCARDINE (b) Date Mar 4. 1916

4. Personal description:

(a) Height 5'. 9" (b) Weight 145 (stripped) (c) Complexion MEDIUM

(d) Colour of hair BROWN (e) Colour of eyes HAZEL (f) Identification marks, Scars, etc. Amputation Left Leg below Knee

5. Former trade or occupation FARMER

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	Days
	4	136

Patient Statement

	Periods From	Periods To
Canada	Mar 4. 1916	Oct 25. 1916
England	Oct 25. 1916	Mar 20. 1918
France or other theatres of War	Mar 20. 1918	Sept 10. 1918
England & Canada	Sept. 10. 1918	To Date

7. Original disease, or injury G.S.W. left Leg.

(a) Date of origin Aug 26/15. (b) Place of origin Ypres

(c) Cause Shrapnel

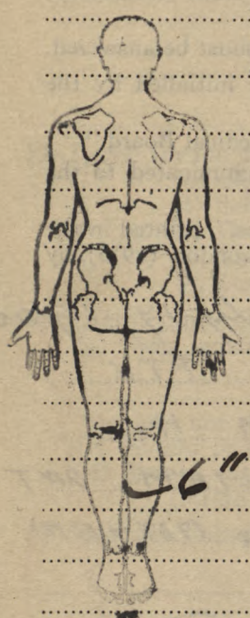
M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Amputation left leg.

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.)



Left leg amputated below knee. Stump 6" long. Scar well healed and tender to pinpull. Movements of knee joint normal. Has been supplied with satisfactory artificial leg.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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.

Nine Exam-ing.

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

Wounded Aug 26/16. Gsw left ankle joint. Wound closed & dressed at 42 C.C.S. and splint applied. Ad. 41 Gen Hosp. Wound was opened and flushed out with Carrel Dakins developed and Amp. was done Aug 29/16. Revamp. done Oct. 30/16. Revamp. 22/1/20. R.O.H. Stump healed by. March 1/20. Artificial leg supplied R.O.H.

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*).)

V.D. 2. Base Hosp. France. July 1919. See Hosp. report.

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

Nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*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.)

V.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a + 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.)

Hosp. - France — 2 weeks.
" - England — 5 mos.
" - Canada — 16 mos.

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)

V.A.

16. Can the former trade or occupation be resumed? No.

(If not, briefly state why)

17. Recommendations. Discharge as medically unfit. for further service.

R.G. McLaren Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned.....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.....

JPH

Wm H Farrell Rank.
Signature of invalid examined.

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.)

I recommend that he be discharged as medically unfit for service.

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.

Canadian Military Orthopaedic Hospital
JUL 16 1920
Christie St. Toronto

PLACE Toronto

DATE July 15th 1920

H. A. Gallivan Major *President.*
A. Travis Capt
J. D. Edmison Capt } 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.

.....*President.*

PLACE..... } Members

DATE.....

APPROVED BY

APPROVED
Assistant Director of Medical Services.
JUN 20 1920
DATE.....
.....Lieut. Col.
For A.D.M.S., M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE.....

10 - Ja - 65

AUDITOR: Taylor. | PAYMASTER:

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

M. OR S. | REGT. No. 651894 | RANK Pte | NAME (IN FULL) Jarrell Wm Henry (BLOCK LETTERS. SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 30- | DATE EFFECTIVE Pte 31-3-19

TO WHOM PAID | RELATIONSHIP

ADDRESS

Same as A P

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 18 Bn | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO #220 | DATE 11/4/19 | AUTHORITY Lottie 104

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $15- | DATE EFFECTIVE Pte 31-3-19

PAYABLE TO Mrs. C Jarrell | RELATIONSHIP W | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Kincardine Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

1 10

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																										9 73							
30-11-18					10 22	10	114	04	12	426													60	00			48 67							8 4/7 blotting Pty. L.L.P.L.
																										8 45							
																										4 87							
																										5 50							10 22 — Gr. sick furlough L.L.P.L.
1 12 31 12	31	1 10	34	10				34	10																			62	46	62	46	2	836	
1 1 31 1	31	1 10	34	10				34	10																			62	46	62	46			TOS - 24 2/19 20 71
1 2 28 2	28	1 10	30	80			5	74	36	54																		28	36	28	31		5	74
1 3	31	1 10	34	10	12	00	36	54	82	64	43	25 3/19				10														10	00		36	54
1 4 11 4	11	1 10	12	10			72	64	84	74																							72	64
																																	84	74

Sub 10 3 - 24 3 - 71

N.L.P.C. on file Pte raised 2L-7. J.T.

Bal on pay list

Asper L.P.C. on file J.T.

L.K. Mortimer Maj

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Sheet #2

AUDITOR Cook | PAYMASTER

No. 2 DISTRICT DEPOT

M. OR S.

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

REGT. No. 651894 RANK Pte NAME (IN FULL) Jarrell, W. H.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1-4-19

TO WHOM PAID Mrs. E. Jarrell — RELATIONSHIP Mother

ADDRESS Kincardine - Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT? D.O.H. Christie St. City.

PLACE OF ATTESTATION

TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 4-3-16

TRANSFERRED TO — DATE JUL 1 - 1920 — AUTHORITY No. 2 DETACHMENT C.E.F. 56

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-4-19

PAYABLE TO (Same) — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

Memo 21

DISCHARGED — PLACE Toronto. — DATE 23/7/20 — REASON Mu — AUTHORITY A019 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	SEPT'N ALLCE. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					39-90						33 11/5		452 1/5		42 2 1/5																				39.90 Ck. 325965 redeposited
May	31	1.10	34-10		46-80		30	-	150-80		330121		330998		331549		86-70		19-10				45	-							150-80					46.80 " 329650 "
June	30	1.10	33	-			30	-	63	-	332252				332925		18	-					45	-							63	-				
July	23	1.10	25-30		35	-	30		90-30		333482				333576						38-30		45	-			7	-			90-30					70.00 Ord 5a July
			92-40		121-70		90	-	304-10								104-70		19-10		38-30		135	-			7	-			304-10					

Wm Cook CAPTAIN
PAYMASTER, No. 2 DETACHMENT, C.E.F.

Cook

			W.S.C.	S.A.			AR	DATE	CK. No.	CK. No.		W.S.C.	S.A.				AMOUNT DUE SOLDIER DEPENDENT	
20-11-19	183	1.10	420 -	180 -	600 -		194	20/11	19	171159	171160 172371	140 -	60 -	200 -	280 -	120 -		Cook
	203	1/12							19	174940	197-2411	70 -	30	300 -	210 -	90		Cook
	229	2/1							20	180168	- 169	70 -	30 -	400 -	140 -	60 -		Cook
	256	3/2							20	95318	- 319	70 -	30 -	500 -	70	30		Cook
	279	1/3							20	325262	- 263	70 -	30	600 -	Nil.	Nil.		Cook
			70 -		70 -		45	27/5/20	~~33~~	331000		70 -		70	Complete			70.00 Ck. 325262 redeposited

200M-3-19.—L. L. 58788—M. & D. 9985.
M. F. W. 2596.
1772-29-1399.

#1

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 651894 RANK PTE, NAME (IN FULL) J A R R E L L W.H,

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1/4/19

TO WHOM PAID Mrs E Jarrell — RELATIONSHIP Mother

ADDRESS Kincardine Ont

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Subs	6/3 to 6/21	D.O. 69

ORIGINAL UNIT C.E.F. 18th Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE JUL 1 - 1920 — AUTHORITY No. 2 DETACHMENT, C.E.F. 56

ASSIGNED PAY $ 15 — DATE EFFECTIVE 1/4/19

PAYABLE TO Same — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 23/7/20 — REASON Mu — AUTHORITY Memo 21 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	SEPT'N ALLCE. $	SEPT'N ALLCE. C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
1919																																					
BALANCE FROM PREVIOUS ACCOUNT 30-4-19	19	1.10	20	90	30		84	74	135	64	137	4/39	5111819		138510		50	-	40	64			45								135	64					2os 11/4/19 from #100 Sydney N.S. D.O. 109 226 cr $84
May 1-31	31	1.10	34	10			30		64	10	5115420				5113940		19	10					45								64	10					30 cr S.A. May
June 1-30	30	1.10	33	-			30		63	-	118766 11-24/6				68-20/6/19 117257		18	-					45								63	-					30 cr S.A. June
July 1-31	31	1.10	34	10	18	40	30	-	82	50	121/51 96 12.7		122417 96-25/7		121624 92-21/7		15		15	30			45	-	7	20					82	50					Subs 23/6 to 17/7/19 D.O. 179. Subs ceases 8.7.1920 D.O. 191 7.20 overcr Subs. 30 cr S.A. for July.
Aug 1-31	31	1.10	34	10			30	-	64	10	125917 120-23.8				124950 116-19/8		5	-					45		10 7	20 80					67	40	3	30			Hosp. Sl. 8/7 to 5/8/19 29 days.
																									17	40										
Sept 1-	30	1.10	33	-			30	-	63	-	127530 136 12.9	145-26/9	164575		128498 144-22/8		5		2	50			45	-	3	30					55	80			7	20	Hosp. Sl. July 25 to Aug 5 12 days.
Oct.	31	1.10	34	10	7	20	30	-	71	30	165763 161-11/10	17/8	548		167009 170 23/10	17/9	10	-	16	30			45	-													WRT
Nov.	30	1.10	33	-			30	-	63	-	173380 198-25.11				172380 197-24.11		14	20					45	-	3	30					63	-					WRT 7 pts 3 days p/a #3 30 D.O. 304
Dec	31	1.10	34	10			30	-	64	10	178 275 219-19.12				176 152 211-10.12		19	10					45	-							64	10					WRT
Jan	31	1.10	34	10			30	-	64	10	183 279 250-27.1				182 278 244-20.1		19	10					45	-							64	10					CWL
Feb	29	1.10	31	90			30	-	61	90	193 297 273-23.2				192 304 270-19.2		16	90					45	-							61	90					CWL
Mar	31	1.10	34	10	20	80	30	-	84	90	304 305 277 285				327 214 301-26.3		39	90					45	-							84	90					CWL Subs 6-3 to 31-3-20 D.O. 69
Apl	30	1.10	33	-	28	80	30	-	91	80	329 650				328 980		46	80					45	-							91	80					CWL 28.80 Subs 1/4 - 6/5

See sheet #2.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

4/3/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch J 1005

OVERSEAS CONTINGENTS

Date of Assignment

Oct 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25 1/2/17~~	30 1-9-18	

PC 3257 PC 2753. M025428

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 65.1894

Rank Pte. Promoted Reverted Discharge

Soldier's Name W. H. Jarrell

Battalion 160. Battn. "D"

Beneficiary Mrs Catherine Jarrell

Relationship W mother MFW 2554. 24-7-18 Retd 7/8/18 O.K.

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Cath. Jarrell

Address ~~R.R. No Lobo P.O~~ Ont.

Change of Address

1 Kincardine, Ont. WHS. 26/12/17

2

3

4

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 9479-W-32
	Dec 31	—	438	225	663		
1918	Jan	0 69342	30	15	45		
	Feb	J 74870	25	15	40		
	Mar	J 98559	25	15	40		
	Apr	J 12932	25	15	40		
	May	J 8780	25	15	40		
	June	G 18836	25	15	40		
	July	K 28534	25	15	40		
	Aug	J 34211	25	15	40		
	Sept	D 42829	25	15	40		
	Oct	J 55179	25	15	40		
	Nov	E 51731	25	15	40		
	Dec	F 67136	45	15	60	—	—
1919	Jan	F 75289	30	15	45	—	—
	Feb	G 77052	30	15	45	—	—
	Mar	9 83654	30	15	45	—	—
			853	450			

A/c Closed 31-3-19

Ret'd per Ecclesiastical

Date 7/3/19 M.F.W.187 12/3/19

Clerk SBB

MRO 72079 Destroy 12/3/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.