ORIGINAL

Unit 148th. 0/S Battalion, Rank Lieut. Name Whitehead, George Victor

## OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

13/19/15

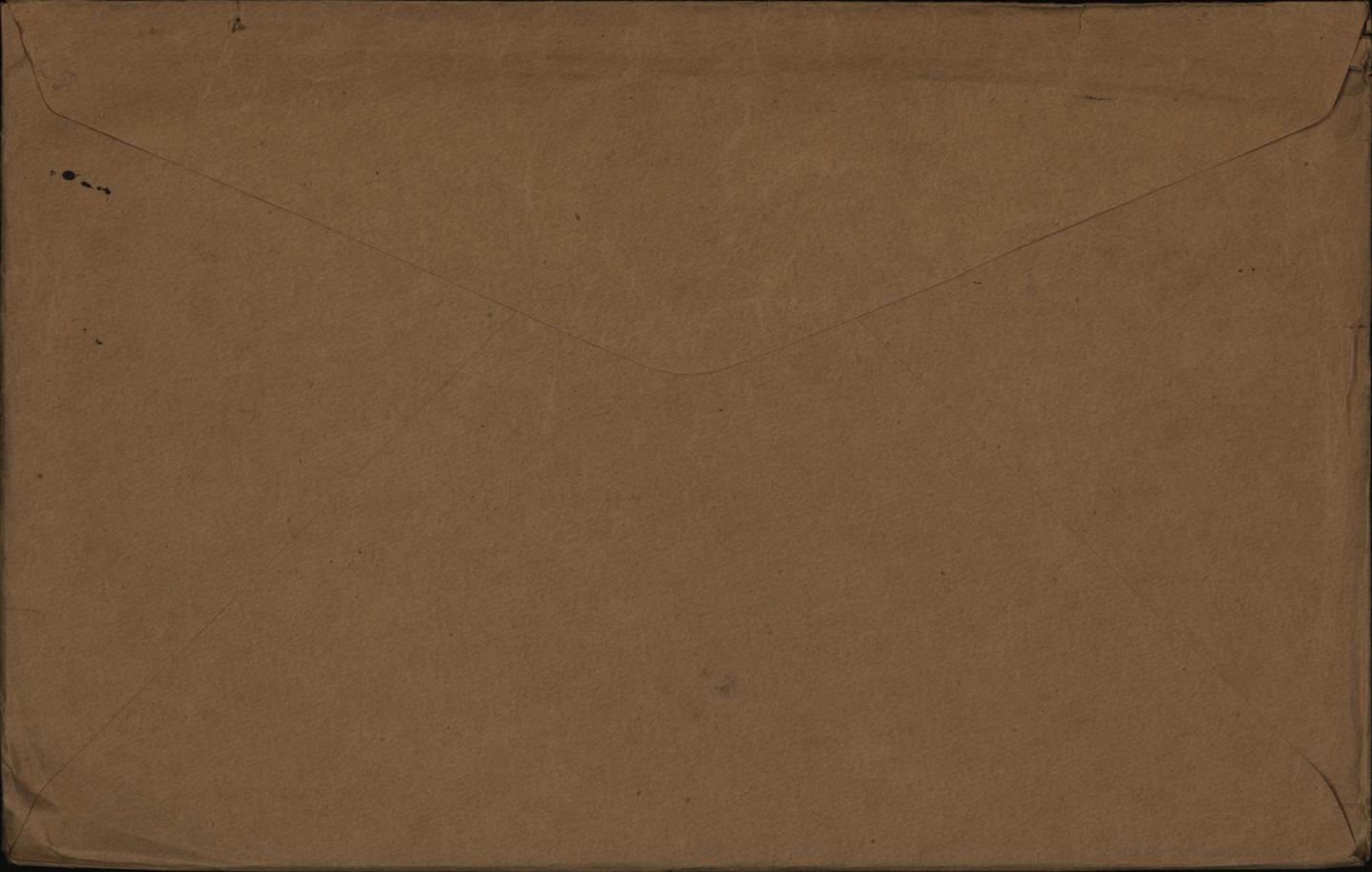
#### QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Whitehead,
(b) What are your Christian Names? George Victor
2. (a) Where were you born? (State place and country)
(b) What is your present address? 306 Peel St. CITY. Montreal Que
3. What is the date of your birth?8th., of October 1895
4. What is (a) the name of your next-of-kin?
(b) the address of your next-of-kin? 306 Peel St. City Montreal P.Q.
(c) the relationship of your next-of-kin?
5. What is your profession or occupation?
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated?
8. To what Unit of the Active Militia do you belong?Composite.&.3rdVR.C
9. State particulars of any former Military Service Piquet Duty in Composite
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes
The undersigned hereby declares that the above answers made by him to the above questions are true.
GUWhitehead (Signature of Officer.)
CERTIFICATE OF MEDICAL EXAMINATION.
I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.
I consider him* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.
Date 9 Dec 1915
Place montreel M'amele Contain
*Insert here "fit" or "unfit." Medical Officer.
M. F. W. 51.
20m.—10-15. H. Q. 1772-39 917.

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UNIT 148 then H. Q. FILE NO. NAME WHITEHEAD GEORGE VICTOR M. F. W. 2505 NON-EFFECTIVE BY CONTENTS DATE RECEIVED DATE FORWARDED TO WHOM FORWARDED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Docs. Desp to B.P.E. 16/6/19. 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) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) 8523 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) m 4W 2591 6 a. f. a. 45. Hrsm. C.D. 3 1237 8 3.3 Carmania d/10-4-19



NAME U	Mite	head yw Victor H.Q. FILEN W: 14 7 Bn. gam. 148 2 Bn.	0. 649.
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,			
L. L. 26438.	M. & D. 8207.	1	M. F. W. 42-50m8-17. H. Q. 1772-39-893.

DATE OF LIST NO. HOSPITAL ADMISSION REMARKS 

CAPI Number WHITEHEAD Christian Names .... CEORGE VICTOR ...... Theatre of War FRANCE Remarks Latest Address 306 Feel St Montreal Roll No.

B. C. 4787 Mergo MAY 5 - 1926

FORM	R.	149.	
7106-250	m-	-7/2/17.	

Name WHITEHEAD

Rank Lieut.

Reg. No.

Unit

George Victor 14th.Bn.

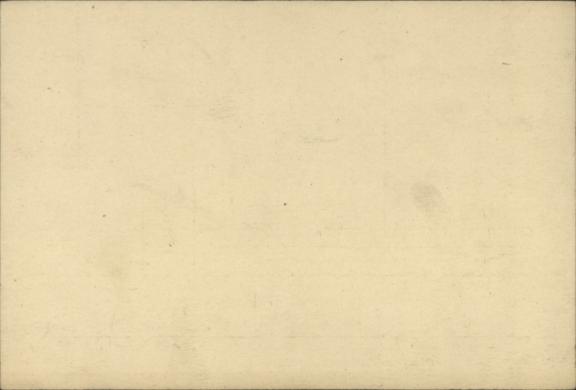
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RANK Linet NAME If hitchead Ses. V. No. T.O.S. /3-12-15. UNIT 148th. Battalion C.E. G. M. D. 4 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG. OR TO FROM REC'T PARTICULARS AUTHORITY Dec. 13 Dec.31 UNIT SAILED SEP 2 6 1916



D. M. S. 1347.	
Surname Christian Name WHITEHEAD G. V.	Reg. No.
Rank Unit Lieut. 14th. Batt'n.	
MEDICAL BOARD held at London Area 5-1-18.  (1)  do.  28-1-18.  Other Medical Boards at Bramshott Area 18-3-19	Serial No.
Bramshott Area 18-3-19 (3)	
(4)	
(5)	
Condition found by Board G.S.W.Shldr. Lac.tissues rt.Sh Disposition Recommended Unfit any service 3 weeks.	nldr.
Fit for General service.  (2) Fit for General service.	
(3)	
(4)	
(5)	100
PENSIONS & CLAIMS BOARD held at	Date
Disposition	

Remarks

Surname.	Christian Name.	
WHITEHEAD Rank.	G. V. Unit.	
Lieut.	14th. Batt.	
No. 44 Cas	. Clg. Station. Date of admission	17.
H.S.to Pr	eral Hospital, Camiers. 10-11- ince of Wales Hospital. 14-11-	-17.
	Hosp.	
	Hosp.	
	Hosp.	
	Marin State	
Reported Diagnosis.	from Base, Wounded: -9-11-17. S.W.Shoulder. rt.	
Later diagnos		
Disposition.	Discharged:-5-1-1	8
14-11-17	830 •	*
15-11-17	831-3.	
22-1-18 C.L. 22-1-18	887-4. A.M.D. 2 DEPT.	
C.L	Boh. of D.G.M.S. O.M.F.C. Lond	ion.
C.L.		

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

M. F. W. 54. (A. F. B. 10s. 500m.—9-16 H. Q. 1772-39-9:0.

Casualty Form-Active Service.

		- >	Unit, Regiment or Corps	Dw.			
	Regimen	ntal No		111 1.01.1.	ad y	? V.	
	Enlisted	l (a)	Terms of Service (a)	Ser	vice reckon	s from (a)	
	Date of pres	promotion to sent rank	Date of appointment to lance rank	tt}	Numer roll	rical position on of N. C. Os.	
	Extende	ed	Re-engaged.	Qualification (b	)		
		Report .	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-		1	Remarks	
	Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents	
3	49	M.H.Q. Oliawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No#	1049	C.E.F. R.O. No. 190	9-1,
41	14/19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. Not	21/4/19	C.E.F. R.Q. No.	
			Deliga for Dire	Lieuf.	s		

<sup>1)</sup> 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 dutie.

Date	The state of the s	casualties, etc., during active service, as re-	AND REAL PROPERTY OF THE PARTY	Sales Sales and	Remarks
110111111	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
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	on All	13.1 4. 101.014	al series de la constante de l		

#### Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of Ce to ue S. for the purpose of examining and reporting on the present state of a wound or injury sustained WHITEHEAD (GEORGE VICTOR) 14 CL- 73N at (Place of ) PASSCHENBAELE on the (Date of injury) The Board find this officer Surbaniers in of the above & Race & dra M. C. S. Sheer's GSW. Shoulder - Tem ell bround - Smoell Entrance War B. under Scapula - Wo Russel & wy- ardvere operation interfere usellolonerg\_ lesull-cured sain or des burel the Steven alevel-lie - aherry art- & Cun

The opinion of the Board upon the questions below is as follows:-

		Replies	
	As to first wound	As to second wound (if any)	As to third wound (if any)
.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent?  (Articles 639 to 644 of the Royal Warrant for Pay, &c.)	tev		
2.—If the case does not come under the category 1:—	Ted :		
(a) Was the injury, in the first instance, very severe in character?  (b) Are its effects still very severe?	w	2	100
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)			300 P
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—severe or slight and permanent or not permanent, as the case may be.	- 21	7 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ser de la companya del companya de la companya del companya de la
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	1 lur	Erun	ieus
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Signatures	9 H. M. B. S.	Mai Co	am C.
	Pay	0 1	al Care C
· C	( 4, 11 W	arou w	4
Date 5. 1. 18			
INSTRUCTIONS TO BE OBSERVED BY TH	F MEDICAL BOA	RD PREPARING THE	REPORT.

#### INSTRUCTIONS TO BE OBSERVED BY

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.

4. If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.

Next-of-kin of the undermentioned Officer.

The next-of-kin of

is changed to

Lieut G.V. WHITEHEAD

MRS B. A. WHITEHEAD

Authority letter dated

Quuen Ann's Mansions St James Park. London.

from

2-9-17

On file Mrs Whatehead

9-W-760

Extracted by

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### Fill Only.-Unit, Number, Rank and Na Casualty Form-Active Service.

M. F. W. 54. 150M. 10-15. H.Q. 1772-39-920.

Unit, Regiment or Corps 148TH "OVERSEAS "BATTALION, C.E.F.

	ntal No	C. E. F.	Mhitehead		rge Victor 76/18/18/18/18/18/18/18/18/18/18/18/18/18/
Date of	promotion to sent rank.		ent }	Numer	rical position on }  Il of N. C. Os. }
Date	From whom received	Becord 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. 218, Army Form A. 36, or other official documents.
		Embarked	Halifax	76/9/16	
		Disembarked	Liverpool	6/10/16	
8/1/17	0. C. 148 148 Btm	Transferred to 20th Reserve Tig Btn	Showham	8/1/17	D. O. PT. II NO 8
8/1/17	O.C. 20 Les. Tig Btn	Taken on Strugth roth Reserve Lig Bin	Shoreham	8/1/17	D. O. PTING AND JUTANT.
13/17	20 Res Bn	authority R.O. 1117. 11/3/17	Shoreham	9/3/17	J. O. PT. II NO 64. LT. & ASST. ADJUTAN
3-17	23 Mes /8	6. J. O. S. from 20 C. Res. /3	n. Shoreham	9/3/17	S.F. TO. 68
4-17	13 Rech	Lostea & DATAR.	Shorehan	4-17-17	Officer CAPT.
(a) (b)	In the case of a me.g. Signaller, Shoo	an who has re-engaged for, or callsted into Section D. eing Smith, etc., etc., also special qualifications in tech	Army Reserve, particular nical Corps duties,	re of such re-en	gagement or entitle the will be entered.

Date	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.
	C. B. D.	ARRIVED G. B. D.	FRANCE	10 4/17	N. R. D. 10 4/7.  PARTILIORDERS, 14/17.  No. 29 D. 14/17.
	C. B. D.	LEFT C. B. D, FOR	14 An	14 4/7	N. R. D. 14 17.
,	D. CBN	ARRIVED 14 BN.	FIELD	214/17	B. 213 D 28 1/17 U.S.
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21-11-17		TAKEN ON STREET, A DAGS	Bramol	PH	B.C. 227-14-11-17:
5-2-18	tst. (	Que. Regt'l. Depot. POSTED TO 2379	Res 1	enp	Pt. D. D. 3/. 3218
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					Ter. Quesec Rear L. Depor.

. The opinion of the Board upon the questions below is as follows:-

1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)

2 If the case does not come under the category

- (a) Was the injury, in the first instance, very severe in character?
- (b) Are its effects still very severe?
- If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)
- 4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—severe or slight and permanent or not permanent, as the case may be.
- 5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?

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	Replies	Market !
As to first wound	As to second wound (if any)	As to third wound (if any)
No		
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No		33
No		\$ 2.0
three mon	ot hs.	Capital Carlon of A
S.H.	McCOY MAJ.	CAMC.
J.H.	M.BELL MAJ.	CAMC.
G. H.	WILSON MAJ.	CAMC.

## Station LONDON W.1. Date 5-1-18.

#### INSTRUCTIONS TO BE OBSERVED BY THE MEDICAL BOARD PREPARING THE REPORT.

- 1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.
- 2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.
- 3. The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.
- 4. If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.

#### Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of A.D.M.S. LONDON AREA.

for the purpose of examining and reporting on the present state of a wound or injury sustained by LT.WHITEHEAD (Goerge Victor) 14th Bn.

at (Place of injury) PASSCHENDAELE. on the (Date of injury) 9-11-17.

The Board find this Officer sustained injuries at the above place and date. M.C.S. Shows G.S.W. Shoulder Penetrating Shell wound small entrance wound. F.B. under scapula. Mr. Russel Howard does does not advise operation interference. Tonsillectomy - result good. General health good. No pain or disability. Exam: - Small scar an inch above axilla betweenthe shoulder. No pain about the scapula. Free movements about the shoulder joints. Heart and lungs neg. General condition fair. Officer requires some leave.

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

#### DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London 1. This form will be NAME OF SOLDIER (Block Letters) made out for each Individual at the time of Demobilization in England or France. 2. Figures as per chart will be used Date of Examination in England Date of Examination in France. to designate teeth concerned. 3. In reference to Partial Dentures the numbers of teeth thereon will be stated 22 23 24 25 26 27 28 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 3. CROWNS 4. DENTURES (a) Full Upper (b) Part Upper

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(c) Full Lower (d) Part Lower

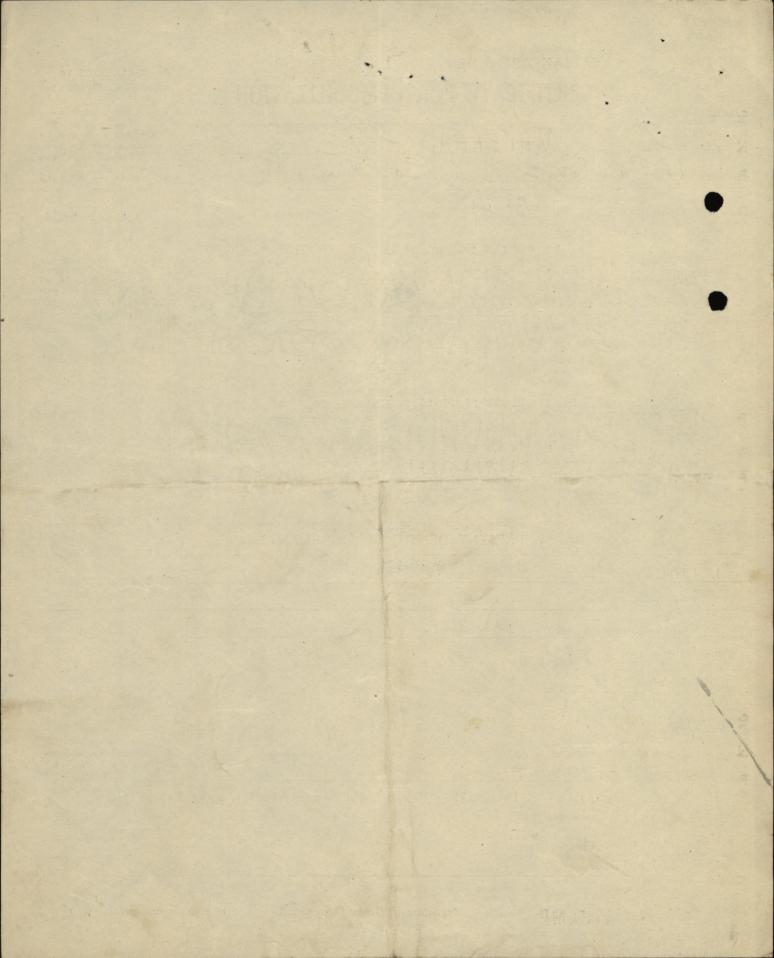
- (b) In England
- (c) In France

Signature of Dental Officer Con alum Copt

DIRECTIONS TO

DENTAL OFFICERS

BRAMSHOTT CAMP



#### (MILITIA SERVICE)

ATP.

Jamery 9th, 1932

# RECORD OF SERVICE Canadian Expeditionary Force

#### Major George Victor WHITEHEAD

1. Lieutenant,	148th	Battalion,	13-12-15
----------------	-------	------------	----------

- 2. Embarked for England, 26-9-16
- 3. Transferred to 20th Reserve Battalion, 3-1-17
- 4. Transferred to 23rd Reserve Battalion, 9-3-17
- 5. Proceeded to 14th Battalion, France, 4-4-17
- 6. Invalided to England, 14-11-17, "Wounded 9-11-17"
- 7. Taken on Strength 23rd Reserve Battalion, 28-1-18
- 8. Proceeded to 14th Battalion, France, 6-5-18
- 9. Appointed Acting Captain, 18-9-18
- 10. To be Temp. Captain, Quebec Regiment, 3-1-19
- 11. Proceeded to England with 14th Battalion, 14-3-19
- 12. Sailed for Canada, 10-4-19
- 13. Struck off Strength C.E.F., 21-4-19, on General Demobilization.

#### CERTIFIED CORRECT FROM RECORDS

(Clyde R. Scott)

Major
Asst. Director of Records

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#### 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.

18

- (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 1482/3 Batt CES,
(2)	Regimental Number ?- Lieut.
(3)	Full Name of Soldier George Victor Whitehead
(4)	Place of Birth Montreat Que Canada
(5)	Are you married, or not? Not
(6)	If married, state,  (a) Full name of your wife.
	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages.
1	

(9) Is	s your Father alive? No		Statistical state of the state of the
	If so, state name and address		
(10) Is	Is your Mother alive?	monach an sh	
	If so, state name and address &	lla may los	Litchead
	If so, state name and address. E.	1- Mont	teal
(11) If	If your Mother is a widow		Digat (fro si med blatte(s).
mbots	Are you her sole support, or not?	1	s is confler and server of the left
(12) If	If sole support of widowed mother, sta your enlistment, also reason she has	te what amount you have s no other support than yo	given her per month prior to urself.
enobere	er in altargo & Rederds C.E.F. Lor	BOE of specific flagments.	openiali apos stinios (* (3)
(13) If	If you have no wife, father, mother or address of your next of kin, to we concerning you.	children, state the name an whom you would desire an	d relationship with full postal ny communication to be sent
	If you have a wife, or children, or a wi have you applied to the Paymaste must be done.	dowed mother who dependent of your unit for Separa	ds on you as her sole support, tion Allowance? If not, this
(15) A1	Are you insured? ho		100000000000000000000000000000000000000
	If so, in what Company?		
	Have you made arrangements for p	ayment of your Insurance	premium
	If not, and it is a monthly premium assignment you wish to make.	a, you can assign the am	ount in addition to any other
Data	AUG 1 7 1916	a	Officer Commanding.
Date			

- acc...

STAL - STORY

# DUPLICATE DUPLICATE

### MEDICAL HISTORY SHEET.

Surname Whi:	tehead	Chr	istian	Name	Georg	e Victo	r 5 5	-
Examined {	day of December	r 191 <b>5</b>		oved by	e for	vell	Crisinal Med	
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( County	Que, Cana 20		Date	Fit or Unfit	EXAMI	NED FOR RE-EN	0 0	
Trade or occupation. Ge							S 43 M. (	1 ,
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When Vaccinated last						0		1
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disease Scar J			CONTRACTOR CONTRACTOR	The same of the sa		amain which in the later is a second of the la	NAME AND ADDRESS OF THE OWNER, TH	_
(b) Slight defects but	not sufficient to cau		The Lates of the l	Result	5'00 mill		J.M.	o. ·
Enlisted on 131h d	ay of Decem	ber	191	6 at 7	month	eal	P.Q.	
	Corps.	REGT'L NUMI	BER.	Habits	3.	D	ATE.	
Joined on enlistment	148 "Ball	Lieu	1					
Transferred to						,		
EXA	MINED OR DISC	CHARGEI	BY A	A MED	ICAL BO	DARD.		
STATION.	DATE.		DISEASE.			RESULT.		
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N. B —This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

STATION.	Date of Arrival at the	in	Admissio to Hospi		f o	Discharg m Hospi	e tal.	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.
	Station.	Day	Month	Year	Day	Month	Year		Hospital.	or inquiry was held appliances supplied. Particulars of prophylactic inoculations.	
lexandra Hos	spital	27	4	16	10	5	16	Rubella	14	Mild - Gargle. Fit.	D.G. Campbell Capt per EV.M.) WH)
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#### CONFIDENTIAL.

#### MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)
Station 13. Berners St., W.1.

Date 2	8-1-18
1. Rank and Name Lieut. WHITEHEAD (George Vic	tor)
2. Unit14th Battn.	
	(a) at home 22/12
3. Age 21 4. Total Service 38/12 War Service	e (b) abroad 16/12
5. Address Queen Anne's Mansions, St. James	Park. ST
STATEMENT OF CASE.  NOTE.—In answering the following questions the Board will carefully discrievidence recorded in his medical documents. When possible, a statement bisability G.S.W. SHOULDER.	
7. Date of origin of disability 9-11-17	
8. Place of origin of disability PASSCHENDABLE	
9. Give concisely the essential facts bearing on the history of history, etc.):—  NOTE.—Boards subsequent to the first should record here the progress of the	
This Officer reports after three weeks 1	eave.
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	40.
OPINION OF THE MEDICAL BOAR	RD.
NOTES(i.) The Board will on no account inform the officer of its opinion	
<ul> <li>(ii.) Clear and decisive answers should be filled in by the Board to enable the decision on the officer's claim to pension, etc.</li> <li>(iii.) Expressions such as "may," "might," "probably," should be avoided, if (iv.) When there is more than one disability the replies will distinguish between</li> </ul>	possible,
10. Was the disability contracted (a) before entering the service?	No.
(b) in the service?	Yes.
11. Was it attributable to military service?	Yes.
If so, to what specific military conditions is it attributed?	
	Mind a control of the city Manager
[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries when are to be regarded as attributable to military service.]	e there is a special liability to the disease
are to be regarded as attributable to military service.	N.A.
19 If not attributable to was it aggrevated by military service?	
12. If not attributable to, was it aggravated by, military service?	
12. If not attributable to, was it aggravated by, military service?	
If so, by what specific military conditions?	N.A.
If so, by what specific military conditions?	N.A.
If so, by what specific military conditions?	N-A-
If so, by what specific military conditions?	N.A.
If so, by what specific military conditions?	N.A.

14. What is the officer's present condition? States he is feeling quite fit.
EXAM: No disability from wound. No throat affection or other
disability. General condition good. The Board recommend
fit for General Service.
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Probability
Date of origin of disquiller
L. Place of origin of discharge the control of the control of the discharge that the control of
blasony, ofcolor, world
15. To what degree is the officer disabled at the present time?
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)
16. Is the disability permanent? No.
17. If not permanent, how soon is re-examination recommended? months.
18. Is it necessary that the officer should be re-examined by the same Board? No.
19. What treatment is the officer receiving, and where, and from whom?None.
The first was the first the second of the se
20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?no.
20. Is the omoer in need of special medical deatment of any kind, and, it so, of what nature?
OSYO, AYMEN WAS NO KINED
21. Does the officer require the constant attendance of another person? No.
22. Officers will be classified by the Medical Board under one of the following categories, the probabl period of unfitness for the higher categories being stated. Explanation of these categories is in
para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.
A.—Fit for general service.  B.—Fit for service in a garrison or labour unit abroad.
C.—Fit for home service :—  (i) Active duty with troops.
(ii) Sedentary employment only.
D.—For admission to a command depot.  E.—Requiring indoor hospital treatment:—
(i) In an officers' military or auxiliary convalescent hospital.  (ii) In an officers' hospital.
F.—Permanently unfit for any further military service.
00 7 17 0 00 00 1 00 1
23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?
nently unfit, has A.C.I. 1289 of 1917 been complied with?
nently unfit, has A.C.I. 1289 of 1917 been complied with?
nently unfit, has A.C.I. 1289 of 1917 been complied with?  S. H. MCCOY MA JOR CAMC. President.
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MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NU Station 3 30	
Station 1918	28.1. (8
1. Rank and Name LIE TO TO WHITEHEAD	GEORGE. VICTOR)
2. Unit 14 UC T3N	GR. C.
	(a) at home 22/
3. Age 29 4. Total Service 38 War Service	(b) abroad 17216
5. Address Queen Cures Maurious	Strames Purh /12
STATEMENT OF CASE.	sw-
NOTE.—In answering the following questions the Board will carefully discrived evidence recorded in his medical documents. When possible, a statement of Disability C.S. W. SHOULDER	iminate between the officer's statements and t by his medical attendant should be attached.
7. Date of origin of disability Pell-14	
8. Place of origin of disability Parschendae	le
9. Give concisely the essential facts bearing on the history of	
history, etc.):—	
NOTE.—Boards subsequent to the first should record here the progress of the	
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OPINION OF THE MEDICAL BOA	RD.
NOTES.—(i.) The Board will on no account inform the officer of its opini	ion on any of the following questions.
(ii.) Clear and decisive answers should be filled in by the Board to enable the decision on the officer's claim to pension, etc.	e Ministry of Pensions to come to a reliable
(iii.) Expressions such as "may," "might." "probably," should be avoided, if	possible.
(iv.) When there is more than one disability the replies will distinguish betw 10. Was the disability contracted (a) before entering the service?	teen them.
(b) in the service?	(les
	des
11. Was it attributable to military service?	Ceus
If so, to what specific military conditions is it attributed?	43 50
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[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries whe are to be regarded as attributable to military service.]	
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12. If not attributable to, was it aggravated by, military service?	
12. If not attributable to, was it aggravated by, military service?	. 4
	a , V

14. What is the officer's present condition?  Such and through affection, or other chiability  Survey and Consolidate for other chiability  Service  15. To what degree is the officer disabled at the present time?  (Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)  16. Is the disability permanent?  17. If not permanent, how soon is re-examination recommended?  19. What treatment is the officer receiving, and where, and from whom?  20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?  21. Does the officer require the constant attendance of another person?  22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfilness for the higher categories being stated. Explanation of these categories is in
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F.—Permanently unfit for any further military service.  23. In the case of officers suffering from neurasthenia found perma-
nently unfit, has A.C.I. 1289 of 1917 been complied with?
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IIII is a continue of account.
President.
Hom Entert Capt. Came

#### CANADIAN EXPEDITIONARY FORCE

D.W. 4-30. B.A.P.

### Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)
(Name in full)
Enlisted in 148th Battalian.
CANADIAN EXPEDITIONARY FORCE, on the
day of Mark and Was APPOINTED to COMMISSIONED RANK
in148th Dattolion.
CANADIAN EXPEDITIONARY FORCE on the day
of
He SERVED in CANADA, Ingland and France with the 149th Bettallon.
Quebec Regimental Depot .  and was STRUCK OFF THE STRENGTH on the
of
Dated at Ottawa, this day
of
Wounded 9-11-17.
Scharce Director of Personal Services.

148TH "OVERSEAS" BATTALION CANADIAN EXPEDITIONARY FORCE

ORIGINAL

# Surname Whitehead R. George Victor

Examined on 9 day of Dec 1915	Appro	oved by	Klowell
Birthplace { City or Town Montreal   County Que, Canada		Rai	ak Cest ame M.O
(County Que, Canada Apparent age. 20	Date	Fit or Unfit	Examined for Re-engagement OV 1917
Trade or occupation Gentleman Mititia			М.О
Height 6 Feet Inches.			M.O.
Weight 150 Lbs.			M.O.
Chest measurement { Minimum 35 inches.			M.O.
Maximum expansion 3 inches.			M.O.
Physical development fan			M.o.
Small-10x marks			M.O.
Vaccination Marks Arm Right Left.	Date	Result	VACOLMATIONS.
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disease Sea appendeclamy			М.О.
3 years ago.	Date	Result	ANTI-TYPHOID INOCULATIONS, KTC.
(b) Slight defects but not sufficient to cause rejection	16/3/16	6	sos millions 1881
	23/3/11	tool	1990
	30/2/11	9	1000 K/V DO DOS
	177	13/2.3	17 HAS.
Enlisted on 13th day of December	1916	at	Monheal 4g
148TH "OVERSEAS" CORPS TALIO REGT INUMBE	ER.	Habits	DATE.
Joined on enlistment			
Cieto del-			
Transferred to 23 d. Can.			
Res. Bri.			9-3-17
28rd BATTALION O. E.F.			
EXAMINED OR DISCHARGED	BY A	MEDI	ICAL BOARD.
STATION. DATE.	DISEASE.	The state of the s	RESULT.
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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.

DATES OF 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. Date of Arrival Number of days in Hospital. Signature Admission into Hospital Discharge from Hospital. STATION. DISEASE. at the of Medical Officer. Station. Day Month Year Day Month Year D. G. Campbell, Capit a.m. c. Per EVM. Soldenbur Capt, 7-1 mild Gargle Nove o may Rubella alteandea Sew. Flimeder No to dischilet. Touribblaig 13-1217 - ances Christian Name.

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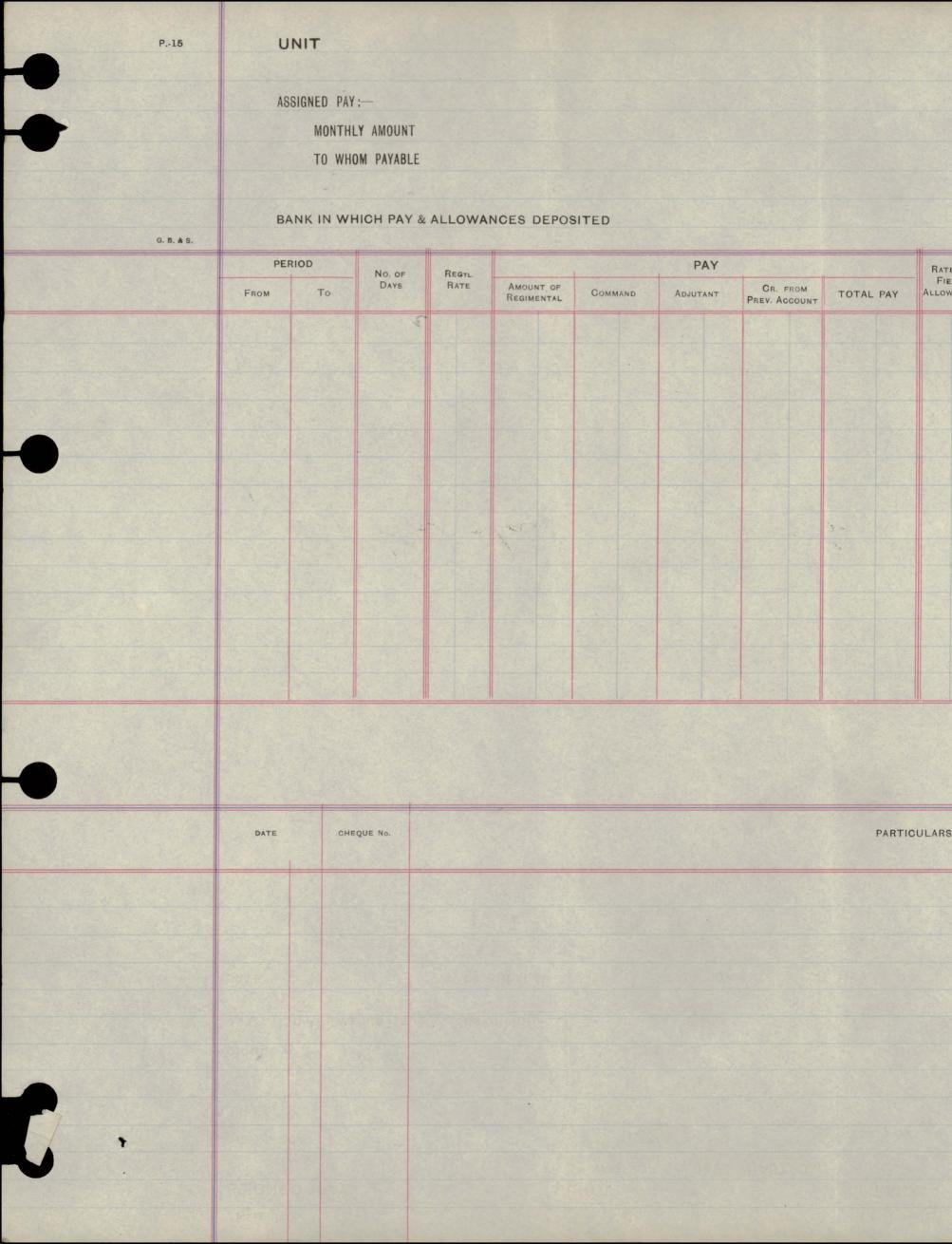
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### SUNDRY PAYMENTS

PARTICULARS

### PROCEEDINGS OF AN OFFICER OR NURSING SISTER 28.10.4 STRUCK OFF STRENGTH

OF THE

#### CANADIAN EXPEDITIONARY FORCE

War Service Badge Class "A" No

1. RANK

2. NAME

Captain WHITEHEAD

3. UNIT

4. DATE STRUCK OFF STRENGTH

PLACE

5. REASON

Sof 687 6anada 884 RO 21/4/19

6. AUTHORITY

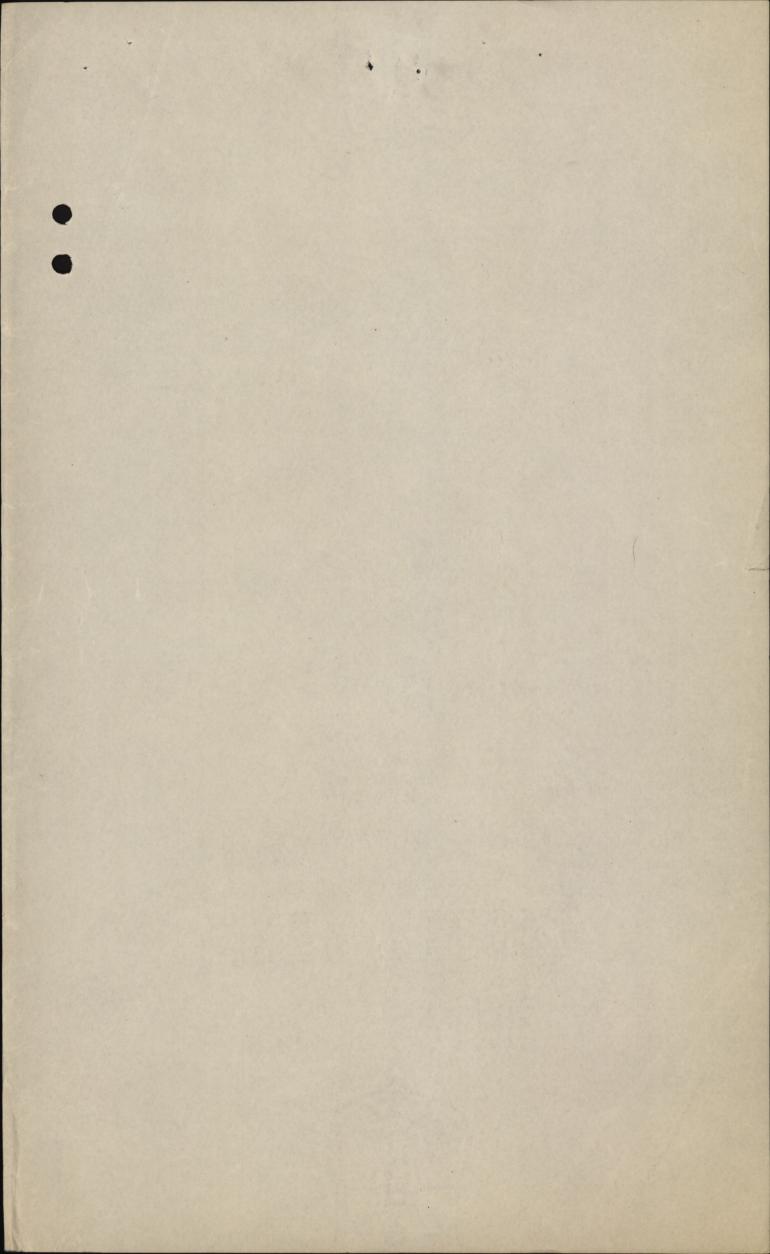
7. PROPOSED RESIDENCE

306 Peel St.



This folder should contain the following documents:

- 1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
- 2. Casualty Form, A. F. B. 103 or M. F. W. 54.
- 3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
- 4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
- 5. Medical Report M. F. W. 129.
- 6. Dental History Sheet, M. F. B. 465.
- 7. Last Pay Certificate, M. F. W. 44.
- 8. Certificate as to Missing Documents.





1. Triplicate Declaration Paper (M.F.W. 51), or . Triplicate Attestation l'aper (M.F.W. 23).

2. Casualty Form (A.F.B. 103).

3. Medical History B. 200 (M.F.B.313 or A.F.B.178)

4 Proceedings of Med Bound (Nor H 227 or M.F.W.129)

5. Dental Certificate (C.A.D.C. 5009a). 6 Proceeding on South a off Strongth (M.F.W. 2591).

7. Last Pay Certificate (P. 41) / Dup 8. War Service Gratuity Form (M.F.W. 2595).

9. Sundry Documents.



Whitehead B.V. Lt.
14 Canadrans.
Room 352

Surname

WHITEHEAL

Christian Names

George Victor. - M. 23 Res

Rank Lieut

Name and Address of Next-of-Kin

Mother.

Promotion

May Whitehead

Unit 148th Battn.

306, Post St. City.
St. games Park London Swo
Montreal. Quebec. Canada.

Place of birth Montreal. Canada.

Montreal. Quebec. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada 26. 9.16 Stq, 7.10.16 Date and Cause of Resignation

Report Record of Promotions, reductions, transfers, casualties, etc., during active Place service. The authority to be quoted From whom Taken from Official Documents Date received in each case. 8.1.17 148 Bn. Frans to 20 thes Batto. 9.3.17 At 1000 68. (23 Reobn) Fired 64. (20 Res) 12.3.17 23. fon. Jaken on Strength on Je from 20th Br 4. 4. 17 23 Res. Bn. S.O. S. on proceeding Treas to 14 "Bn. 4.4.17 Pt. I ord. 91, Pt I ord 39 (14 Br TOS) Reported from Base. "Woundled" 13. 11.17 CRO. 9.11.17 Ch 830. 14.11.17 CRO adm No 44 Casualty Cleaning Stat 9.11.17 (4831 SW. Shlow. 16.11.17 CRO adm. No 20 Gen Horp Games 10.11.17 CL833, GSW. B. Shlely 14 Bn Invalided Wounded & detached to 1° ORO 20.11.17 14.4.17 Pt 11 04/07 adm Prince of Wales Hop Marylebone NW 14.11.17 CL 834 21.11.17 1 PRD CRO 17.11.17 12. 1. 18. 13 P.RD. Granted Sick Leave 5. 1.18 to 26.1.18 Ptilo/11. 23.18 23 R. B. T. OS on Posting from 1 TRD 281.18 Ptag 33, Ptag 31 21.3.18 14 Bu SOS & Establishment of 14" Bu 9. 3.18 Pt 11 07 26

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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	
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14.1.19	do	Granted 14 days leave		3.1.19	Pt. 11. O. 14.	
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PROCEEDINGS OF A MEDICAL BOARD	
a mbled at /3 / servers Sheet - on 5.1.18	
by order of a D Tu S formalin area	
for the purpose of examining and reporting upon the present state of health of	
(Rank and Name) hn WHITEHEAD GEORGE Corps) 144-T3N	
Age. 22 Service 3 // Disability C.S.W. SHO TLDER	
Date of commencement of leave granted for present disability 5-,/./8	
Date on which placed on half-pay for present disability.	
The Board having assembled pursuant to order, and having read the instructions on the	
back of the form, proceed to examine the above-named officer and find that	0
This officer bustanted sufures clescribured	*
su rating form A. 45-A	
The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.	
1. Fit for General Service. We Low - three weeks	!
2. Fit for service in a Garrison or Labour,	1
Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category	
3. Fit for Home Service. We three Weeks	,
5. Fit for frome service.	,
4. Fit for Light Buty at nome.	3
5. Requiring indoor hospital treatment—	
(a.) In an Officers' Hospital	
(b.) In an Officers' Convalescent Hospital	
6. (a.) Fit for light duty at a Command Depôt.	
(b.) Fit for treatment only at a Command Depôt	
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treat-	
ment, the Board giving detailed reasons for any such recommendation	
8. Was the disability contracted in the service?	
9. Was it contracted under circumstances over which he had no control?	
10. Was it caused by military service?	
11. If caused by military service, to what	
specific military conditions is it	
12. If the disability was not caused by	
military service, was it aggra- vated thereby, and if so, by what	
10 11.1 0	
Officer's Address Park 5 7. H Welve Work & a we C	
Officer's There are Maurines 14/7. Bell- Maj- Cam C. Members.	
Address OSI-fances Park 5 7, H believe wolf en uce	-
Foundon [P.T.O.	

#### INSTRUCTIONS.

- 1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[228] Wt. W.1327-P.142. 100,000. 11/17. V. & S, Ltd.

[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

MEDICAL CASE SHEET.\*

Christian Name No. in Admission Regimental No. Rank. Surname. White head Discharge Book. Unit. Service. Age. 14 Canadian 22 -Pofaha Date. p Disease GSW 15-11-17 Passchendarle que 11-17 Penetraling weel wours Rr shoulder -Surfance wound. 78 ? under Wi looks fairly well-20.11.17. M? Munst Howard saw the spatient + will see him Ejai hi he weeks time to consider advocability Mr. Nuncle Howard does ust advise de witer frence for 13. 12.17 Touristoney & D? Elphick. result comed.
28.12.17 Junal health good, ho pain or disability Board. Recommended It duly last notice

<sup>\*</sup> 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. & Sr. (10938). Forms/I. 1237/12. (E239)

Station and Date.

# THE PRINCE OF WALES' HOSPITAL. MARYLEBONE, N.W. 1.

## X RAY REPORT.

Ward	Bed352
Rank U- Name Wh	itches G. V. Regt "he Canadians.
Disease on Admission	n Pt Shoulder-
Nature of { injury disease} suspected	
Examination required:—	location of Fragment if and
Date 17-10-17	M.O. i/c Ward.
Report:—	
(a) Screen	FYS+ mhally
	In Dehastre vater
(b) Plates	Musile
	Musile WNK
No. of Plate	
No. in Case Book	
Date	to.
	M.O. i/c X Ray Dept.

M.O. i c X Hay Dept

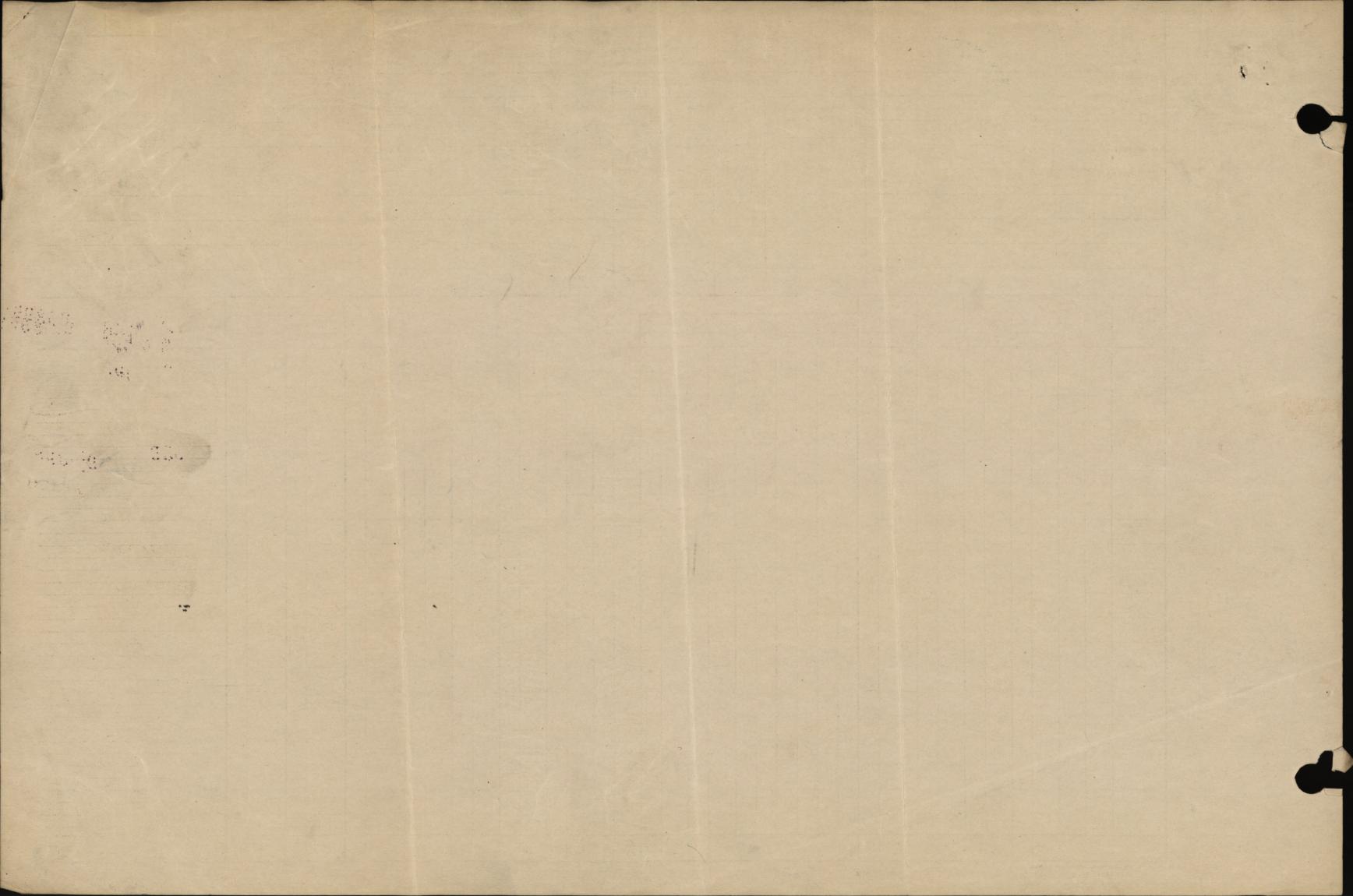
RANK CAPTNAME (IN FULL) WHITEHEAD PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING M. OR S. REGT. No. DAILY RATE OF PAY AND ALLOWANCES NEXT OF KIN EFFECTIVE PARTICULARS AUTHORITY PLACE OF ATTESTATION ADDRESS TRANSFERRED TO AUTHORITY DATE TRANSFERRED TO DATE AUTHORITY ASSIGNED PAY \$ IS SEPARATION ALLOWANCE PAID? RELATIONSHIP TO WHOM PAID PAYABLE TO RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS ADDRESS Bank of Brented Rendered, DATE

PLACE DATE

DISCHARGED PLACE DATE

DISCHARGED MONTRAL 21-4-19 BALANCE PAY AND F.A. ACQUITTANCE ROLLS OTHER TOTAL MENTAL CREDITS CREDITS PAY CHARGES DEBITS MONTH NO. OF DAYS CHARGES PARTICULARS OR REMARKS COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 AMOUNT 1240 WS 4 51 3 oyers 9 day Patsul 12460 400 12400 124 00 Cratuity War Service Other 175 90 Total WS - Cha 432 124 00 608 12000 51 901 51 \$5190 Def. TBR. as above. 1535134 732

100M-1-19.-L. L. 53962-M. & D. 9723. M. F. W. 2596.





715

Whitehead B.V. L. 14 Canadrans. Room 352

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