Officers 42 Hqrs. 6. Inf Bde Lieut Dental S.

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Wilbert Harold Gilroy.
2. In what Town, Township, or Parish, and in what Country were you born? — Holstein, Ontario, Canada.
3. What is the name of your next-of-kin? — Carrie Louisa Gilroy. (mother)
4. What is the address of your next-of-kin? — Mount Forest, Ontario.
5. What is the date of your birth? — May 6th, 1889.
6. What is your trade or calling? — Dental Surgeon.
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated? — Yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? If so, state particulars of former Service. — Yes. 3yrs in 90th Rifles. Wpg.
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.

W H Gilroy (Signature of Man.)

R Ramon Sergt (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W H Gilroy (Signature of Recruit.)

Date May 8th, 1915. 191 . R Ramon Sergt (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

W H Gilroy (Signature of Recruit.)

Date May 8th, 1915. 191 . R Ramon Sergt (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg. this 8th day of May 1915.

H B Sherbe Capt (Signature of Justice.)

Commanding 6th Infantry Brigade, Can. Ex. Force

I certify that the above is a true copy of the Attestation of the above-named Recruit.

R Ramon (Approving Officer.)

Major

Brigade Major 6th Infantry Brigade, Can. Exp. Force

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Wilbert Harold Elroy ON ENLISTMENT.

Apparent Age 26 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 11 ins.

Chest measurement:
- Girth when fully expanded ..... 38 ins.
- Range of expansion ..... 2 ins.

Complexion Fair

Eyes Blue

Hair L. Brown

Religious Denominations:
- Church of England .....
- Presbyterian .....
- Methodist yes
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

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.)

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 May 9/15 191 .

Place Wpg Mon

J A Cameron Capt
No 2 Sn Batt
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

..... 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.

H A Fletcher Colonel
(Signature of Officer.)
Commanding 6th Infantry Brigade,
Can. Ex. Force

Date May 10 191 5

C.E.F.

GILROY WILBERT HAROLD LIEUT CAN RECORDS LIST 13147

M.U. DECEASED 4-12-48

H

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

RANK.

	NAME OF	DATE	AUTHORITY		DAT
Beneficiary	Kawl.	Pay	"b.	pd.	Capt.
Address	all R & C.				Flying Officers 14

Amount. $

Separation Allowance issued. Yes or No..... Ceases to be seconded to the R.A.F. 10/7/18

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID CANADA
1918	Brot Forward				
Apl 20	April Pay R.		180		
May 15	Pay May R. ~~Bank~~		186 -		
June 13	Pay June R.		180 -		
July 19	Pay July R		186 -		
Aug 10	Overpt Pay 1-1-18 to 31-7-18 b.f. P.E. Vo. 137			1272	
" 31	Chgd. to Can. Vo. 859		2246		
	$22.46 Recovered by Ottawa Authy on File 9. G. 9				

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Can'd. all R 7 b.	Pay	4 b. pd.	Capt. Flying Officer	14 4/17	HQ 4180. 2 5/17	Name Gilroy Initials W. J.H. Bank of Montreal

es or No..... Ceases to be seconded to the R.A.F. 10 7/18 & R.G. 438 of 25 9/18 V.O. 12202

ARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918-19							
Brot Forward					517 54	Sick leave to Canada to 20 5/18.	
R.		180			697 54	RPC to 31 12/17. Pra to be	
~~Bank~~		186 -			Cr. 883 54	Carried fwd. until return.	
R.		180 -			Cr. 1063 54		
		186 -			Cr. 1249 54	Pf to R.E. Leage.	
18 to 31-7-18 Cr. P.E. V.O.	137		127 2		Dr 22 46	26 7/18 Cy LPC to bank Bal $22 46	
V.O. 889		22 46				Fr £5 to £12 - 5 8/18.	
ed by Ottawa Authy on File 9. G. 98							

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.			RANK.		
NAME OF	DATE	AUTHORITY		DATE	AUTHORITY

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	To

DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
					Name Initials Bank

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

From No 10

P—15.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.
Beneficiary	6th Inf Bde			Capt Dental Surge
Address				
Amount. $				
Separation Allowance issued. Yes or No.				

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.
apl 26	Pay apl		142 50	
" "	Bank			142 50
May 24	Pay May R		147 25	
" 29	Bank			147 25
June 21	Pay. June R		142 50	
" 28	Bank			142 50
July 20	Pay July R		147 25	
26	Bank			147 25
Aug 18	Pay Aug (R)		147 25	
24	Bank			147 25
Sept. 21	Pay Sept (R)		142 50	
28	Bank			142 50
Oct. 21	Pay Oct. (R)		147 25	
28	Bank			147 25
Nov. 21	Pay Nov. (R)		142 50	
24	Bank			142 50
Dec 12	Pay Dec.		147 25	
18	Bank			147 25
1917 Jan 20	Pay Jan (R)		147 25	
23	Bank.	19286		147 25
Feb 20	Pay Feb. (R)		133	
23	Bank (R)	21943		133
March 21	Pay March		147 25	
28	Bank	24837		147 25

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
6 Inf Bde			Capt Dental Surgeon			Name Gilroy Initials W H Bank Bank of Montreal

Yes or No.

916-17

PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
		142 50			142 50		
Bank			142 50		0		
R		147 25					
Bank			147 25		0		
R		142 50					
Bank			142 50		0		
		147 25					
			147 25		0		
		147 25					
			147 25		0		
t (R)		142 50					
			142 50		0		
		147 25					
			147 25		0		
R)		142 50					
			142 50		0		
		147 25					
			147 25		0		
(R)		147 25					
	19286		147 25		0		
R)		133					
	21943		133		0		
		147 25					
	24837		147 25		0		

NAME Gilroy W. H. Lieut. Capt 1/6/15

DATE OF APPOINTMENT Winnipeg, 8th May, 1915. Staff

MARRIED (~~YES~~ OR NO)

NEXT OF KIN:— NAME Carrie Louisa Gilroy, (Mother)

ADDRESS Mount Forest. Ontario.

DATE NON-EFFECTIVE AND CAUSE

PERIOD From 1915	To	No. of Days	Regtl. Rate	PAY Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	Total Pay	Rate of Field Allowance	Amount of Field Allowance	Al
1/6	30/6.	30	2	60				60	~~2~~ 3	90	
1/7	31/7	31		62				62		93	
1/8	31/8	31		62				62		93	
1/9	30/9	30		60				60		90	
1/10	31/10	31		62				62		93	
1/11	30/11	30		60				60		90	
1/6	30/11	183	1	183				183			
1/12	31/12	31	3	93				93		93	
1/1/16	31/1/16	31		93				93		93	
1/2	29/2	29		84				84		84	
1/3	31/3	31		93				93		93	
				915						918	

DATE 1915.	CHEQUE No.	PARTICULARS
6/16	2340.	Outfit all

roy W. H. ~~Lieut.~~ Capt. 1/6/15

nipeg, 8th May, 1915.

Staff

arne Louisa Gilroy, (Mother)
Mount Forest, Ontario.

UNIT 6th Bn

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWAN

PAY						ALLOWANCES					TOTAL PAY AND ALLOWANCES	ASSIGNED PAY
AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT	TOTAL PAY	RATE OF FIELD ALLOWANCE	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE	TOTAL		
60				60	3 ~~60~~	90		30		120	180	
62				62		93		31		124	186	
62				62		93		31		124	186	
60				60		90		30		120	180	
62				62		93		31		124	186	
60				60		90		30		120	180	
183				183							183	
93				93		93		31		124	214	
93				93		93		31		124	214	
84				84		84		29		116	203	
93				93		93		31		124	214	
915						918		305				

SUNDRY PAYMENTS

PARTICULARS	A $	c.
...ffi all	760	

UNIT 6th Infty Bde Headquarters. (6th Field Ambulance)

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

1915-16

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal

WANCES			TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDRY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
ESSING	SUBSISTENCE	TOTAL								
0		120	180			180		180		
1		124	186			186		186		
1	✓	124	186 ✓			186 TOTAL DR.		186 ✓		
0		120	180					180	36 19 a ✓	
1		124	186				Balance. 186	✓186		
0		120	180					180 ✓		
			183					183	✓	Diff Between Lt & Capt rates. 1915-30/4/15. (Vol 177). Pay as Capt in future
1		124	214					217		
					3 29	3 29 ✓			3 29	Amount to pay Cr adv. O.S.B. (Vol 179)
1		124	214		⊙ 3 29	3 29		213 71		Dr balance
9		116	203					203		
1		124	214					214		
								2131 71		
5										

ORY PAYMENTS

	AMOUNT $	C.	£	S.	D.	REMARKS
	760		51	7	5.	

MENT
NO)
NA
ADDRESS
IVE

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.
Beneficiary	CAFC R.F.C.			Capt. Flying Officer
Address ~~Canada~~				
Amount. $60.00 + 2/17				
Separation Allowance issued. Yes or No.....				

1917-

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASS PAY CA
1917					
Apl. 16.	Direct. (Flying Pay 25/16. to 31/3/17. less Allm. fr O.C. 26 Res Sqd. R.F.C.	1587.		94	
	Do Do		94		
	Pay ~~Marc~~ April (R) with Flying Pay.		157 50		
27	Bank	3010		157 50	
May 11th	Adjst Capt & F. P to F. O's rates 14/4/17-30/4/17 Bank	14523		12 75	
17	" " " " " 14/4/17-30/4/17 Vo 4014		12 75		
22	May Pay R		186		
26	Bank	6029		186	
June 15	Adv in fld 125 Frcs. 21/4/17 Vo 993. List 3			21 80	
20	June Pay R		180		
26	Bank	7999		158 20	
July 13	Adv in fld 125 Frcs. 25/4/17 Vo 882 List 14			21 80	
13	" " " 125 " 28/5/17. Vo 481 " 13			22 30	
13	" " " 125 - 28/5/17 Vo 482 " 13			22 30	
21	Ad Flying Pay @ 50c p/d. 25/9/16-13/4/17. Vo 1656.			100 50	
21	July Pay R		186		
26	Bank	13071		119 60	
Aug 14	Adv in fld 125 Frcs. 19/6/17. Vo 423 List 1			22 30	
20	Pay R		186		
26	Bank	17361		163 70	
Sept 14	Adv in fld 125 Frcs. 25/6/17. Vo 339 L 1			22 30	
14	" " " 125 " 2/7/17. Vo 550 L 1			22 30	
20	Pay R		180		
24	Bank	21814		110 40	
Octr 6	Adv in fld 125 Frcs 18/7/17. Vo 278 L 1			22 30	
6	" " " 125 " 1/8/17. Vo 417 L 1			22 30	

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
CAFC R.F.C.			Capt. Flying Officer	14/4/17	LGH 180 d/25/5/17	Name Gilroy Initials W H. Bank of Montreal

s or No.....

1917-18

TICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
/6. to 31/3/17 Cert Clm. fr O.C. 26 Res Sqd. R.F.C.	1587.		94			To rec. Fly: Pay @ 50 per Day in future	
Do		94					
(R) with Flying Pay.		157 50					
	3010		157 50			Transferred fr Ledger 11 to 5 d/11/5/17	
rates 14/4/17-30/4/17 Bank	14523		12 75				
14/4/17-30/4/17 Vo 4014		12 75					
		186					
Bank	6029		186				
s. 21/4/17 Vo 993. List 3.			21 80				
		180					
Bank	7999		158 20				
5/4/17 Vo 882 List 14			21 80				
5/5/17. Vo 481 " 13			22 30				
5/5/17 Vo 482 " 13			22 30				
25/9/16-13/4/17. Vo 1656.			100 50			Carry fwd until instr.	
		186					
Bank	13071		119 60		100 50	Recover @ $25.00 pm. commencing Sept.	
6/7/17. Vo 423 List 1			22 30				
		186					
Bank	17361		163 70		100 50		
25/6/17. Vo 339 L 1			22 30				
2/7/17. Vo 550 L 1			22 30				
		180					
Bank	21814		110 40		75 50		
s 18/7/17. Vo 278 L 1			22 30				
1/8/17. Vo 417 L 1			22 30		120 10	Carried overleaf	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY
Beneficiary	Attd R F C		Pay # 6 cc p.D.	Capt - Flying Officer	14 4/17	LG #180 of 2 5/17
Address						
Amount. $						
Separation Allowance issued. Yes or No.....						

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPE To be in
							#75.5 @ #2
Octr 6	Balance forward					120 10	
6	Adv in fld 125 Fcs. 5 8/17 Vo448 List 2			22 30			
6	" " " 125 " 11 8/17 Vo458 " 2			22 30			
12	Pay R		186				
12	Adv in fld 125 Fcs. 29 8/17 Vo979 List 32			22 30			
12	" " " 125 " 1 9/17 Vo978 " 32			22 30			
22	Bank	26125		27 20		50 50	
Nov. 8	Adv in fld 125 Fcs. 6 9/17 Vo326 List 13			22 30			
8	" " " 125 Fcs 14 9/17 Vo368 List 13			22 30			
15	" " " 125 Fcs. 6 10/17 Vo898 List 52			22 30			
15	" " " 125 Fcs. 11 10/17 Vo882 List 52			22 30			
16	Pay Nov. R		180				
22	Bank	30733		65 80			Brick L.
Dec 3	Dec Allo A. Bank	31060		160 50		Dr. 25 50	Tra
11	Pay R. Dec.		186			0	Jan
Jany 7	Unpg Ch 125 Frcs £4-12-3 Franc 6500 - 12 11/17 Bank	37172		22 45		Dr 22 45	
21	Pay R. Jany		186			Cr 163 54	
Feb 15	Feby Pay R		186			331 54	
Mch 19	March Pay R.		186			517 54	

F	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
-6		Pay* 6.00 p.m.	Capt - Flying Officer	14/4/17	LG#180 of 2/5/17	Name GILROY. Initials W. H. Bank OF MONTREAL

	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
					120 10	$75.50 to be deducted @ $25 p mth	
t 2			22 30				
2			22 30				
		186					
2			22 30				
2			22 30				
nk	26125		27 20		50 50		
13 R			22 30 R				
13 R			22 30 R				
52			22 30				
52			22 30				
		180				Pick Leave to Can to 20/2/18 L. of C to 31/12/17	
	30733		65 80		Dr. 25 50		
nk	31060		160 50			Trans to be carried forwd. Mthly return	
		186			0		
ank	37172		22 45		Dr 22 45		
		186			Cr 162 54		
		188			331 54		
		186			517 54		

H. Q. FILE No. 649-

NAME Gilroy, W. H.

REGT'L No.

RANK AND CORPS Lieut. C. A. D. C. att. 6th. C. F. Amb.

CABLE

NO.	DATE

NATURE OF CASUALTY

NO. 696.

FOLL.

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
258'	Adm. 6th Can. Fld. Amb.	1-1-16	Tracheitis
265 to	D.R. Stat. Mt. Noir	4-1-16	"
270.	D.R.S. Mt. Noir.	11-1-16	" Disc. to duty.
331	No. 14 Stat., Boulogne	1-4-16	Sus. measles.
342(2)	Miss Pollock's 50 Weymouth St. W.	15-4-16	ex H. S. (Tonsilitis)
424	Discharged	11-5-16	Tonsillitis

H. Q.

M. D. No. 10

Surname Gilroy

T. O. S. 19

Christian names J. Wilbert Harold

D. O. Pt. II 20-9-18 of

Regtl. No. Rank Capt.

S. O. S. ~~10-9-18~~ 19

Unit ~~C.A.D.C. 6th Inf Bde~~ R.F.C.

Reason M.U.

Auth R.O. 1095 "E"

Date Amended by R.O. 1318 "E."

Next of kin Gilroy Mrs. Carrie Louisa

Relationship Mother

Address Mount Forest Ont.

Also notify:

BORN—Place Canada, Holstein Ont. Date May 6th 1889.

ATTESTED—Place Winnipeg Man. Date May 8th 1915.

Trans. to R.F.C. 14-4-17. Auth. G. Branch 11-8-17.

O/S 24-6-15 ~~1.31~~

R/C

W. 22—75M-5-18. 1772-39 ~~800~~.

appt. Auth. L. C.R. 64-87-1 Date 2-3-16

Name Gilroy, W.H. Rank ~~Capt.~~ Lieut. Reg. No.

Unit ~~C.A.D.C.att.6th C.F.Amb.~~ MRD RAF

Next of Kin Canada.

Date		Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1-1-16		6th Can.Fd.Amb.		Tracheitis	257		
4	1	do.	To D.R.S. Mt Noir	–	265		
11	1	do.	Dis. to duty	–	270		
1	4	1st Stat. Hosp.	Boulogne	Sus. Measles	331		
15.4.		Miss Pollocks 50 Ukymouth St		Tonsulitis	342		
		Ex. H.S. Westeth Australia					
11.5	16	do	Deceased		424		

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

332-90-22(C.E.F.)

GILROY, Wilbert Harold Capt.

Medals: Prev. Despd.

Cross-- Widow-- letter re marriage

Mother-- ?

S~~O~~S 10-9-19

Pro forma to Aw Ministry 3-2-23. P

Number B.R.V. by Air Min 332-90-22 Rank CAPT.

Surname GILROY.

Christian Name WILBERT HAROLD.

Units Theatre of War FRANCE.

Date of Service Secd. to R.A.F. 14.4.17 L.G. 30254 d-27.8.17
Ceases to be " " " 10.7.18 L.G. 30933-d-4.10.18

Remarks AIR FORCE ROLL #2 PAGE 50 A.M. 252361 | 20 | 67 | 10720

Latest Address Mount Forest. Ont.

Roll No. B. Page 22786.

200m.-6-21.... C.A.P.C.

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No.....

NUMBER	RANK	SURNAME	INITIALS
.....	.....	.....	.....

Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board.....Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502.
50 M.—1-19.
1772—39—1269.

Surname	Christian Name	Reg. No.
GILROY.	W.H.	

Rank	Unit
Capt.	C.A.D.C.

MEDICAL BOARD held at	Date	Serial No.
(1) D.M.S.Office, London.	3-5-16.	

Other Medical Boards at	Date	Serial No.
(2) C.C.A.C.	25-5-16.	
(3)		
(4)		
(5)		

Condition found by Board

Tonsillitis.

Disposition Recommended

(1) Unfit for any service - 3 wks.

(2) Fit for General Service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Address. 50, Weymouth Street, London, W.
" 44, Marine Parade, Hythe.

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—3594·15.

Gilroy. W. H.

Caot. (Lieut.). C.A.M.C. att. 6 C.F.Amb.

Div. Rest Sta. Mt. Noir. 1-1-16.
No..6. Can. Fld. Amb.
to Div. Rest Sta. Mt. Noir. 4-1-16.
No. 14. Sta. Boulogne. 1-4-16.
H.S.
Miss. Poldocks. 50 Weymouth St. 15-4-16.

Tracheitis.
Sus. measles.
Tonsilitis.

Dis. to duty:-. 11-1-16.
Disch. 11-5-16.

C.L.	11-1-16.	258.
	19-1-16.	265.
	25-1-16.	270.
	5-4-16.	331.
	18-4-16.	342-2.
	24-7-16.	424-3.

TN/R.

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

Name Gilroy, Wilbert Harold.		C.E.F. Rank / Unit	Militia Rank / Unit
File No. 332-90-22		Captain C.A.D.C.	Lieut. C.A.D.C.
M.D. No 2.	Date		Reference
Appointed Lieut. C.A.D.C.	12. 5. 15	Struck off C.E.F. 20. 9. 18	1098. 18
Promoted Captain Man Regt.	15. 4. 14	Reason Med Unfit.	
		Struck off C.E.F.	
Transferred Lieut. R.F.C.		Reason	
		Transfer to R.O., C.E.F. 21. 9. 18	1511-19
		Transfer to Active List on appt. as	
Sailed Lieut.	18. 5. 15	Date	
		Transfer to R.O., C.E.F.	2.18
O.M.F.C. to C.E.F. 10. 7. 18	1098. 18	Transfer to Active List on appt. as	
4 months C.A.D.C.		Transfer to R.O., C.E.F.	
Active Operations 7 months R.F.C.			

TRANSFERRED TO R.O

G.O. 26

(OVER)

REMARKS

Dentist.
Average report.

M. F. W. 2579.
5m-9-18.
1772—39-13t 6.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Gilroy Capt. Wilbert Harold

332-90-22

Regimental No.

Unit C.A.D.C. & R.F.C.

Date of enlistment

Place of " S.A+A.P. nil Canada.

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

450 Spadina Ave.
Toronto.

Date and place discharged Sick leave to 20-2-18
Extended to 20-3-18
Retained for treatment.

Reason for discharge

Character on discharge S.O. 10-7-18. P.O. 1098.

Justetia 7/12/17-19/12/17 own expense.

I.L.P.C. clear. 31-12-17 C.P.

Bb 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																259
1.1.18	20.2.18	51	6.00	306 00				306 00						32 85		Transportation
21.2.18	30.4.18	69	3.00	207 00	69	.75	51 75	117 30						165 00		adj. ck. 1374 d/ 1/2/18 M.D.2
									682 05	Cr. balance.				464 20	682 05	Subs 21/2/18 to 30/4/18.
				513 00			51 75	117 30	682 05					682 05	682 05	

Transferred to M.D. 2. L.P.C. Sent 30-4-18.

Rec in Mo 2 Sept P.Lish 2246 — 2246 — and LPC

M. F. W. 41
1 0M – -16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

30390-60 B

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

6949-W-7.

Name Gilroy, Wilbert Harold
Surname Christian Name

Regimental Number

Rank Capt.

Address (in full) 490 Spadina Ave.
Toronto, Ont.

Unit C.A.D.C.

Original Unit

District where paid Ottawa

Date of Discharge 10-7-18

P. D. P. Filing Number 16HQ77.

Rates:—Regimental pay $ 3.00 per diem: Field Allowance $ ~~.75~~ 1.00 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
~~34125~~				~~8006~~	~~16 12/18~~	~~186 94~~	~~7798~~	~~27 1/19~~	~~2275~~	~~154 31~~	~~186 94~~
~~2275~~										~~22.75~~	
36400				8006	16 12/18	186 94	7798	27 1/19	2275	154.31	209.69

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: $22.75 Diff in field allce pd in error. should have been deducted on acct of debit of $85.31 which is still to be recovered.
Amended L.P.6 shows debit of $154.31 only
Imperial Service.

Raymond H Bradbury
W J Tolin

Dec'n No 3039/606 C. File No 694407
Award 183 days at $ 4.00 per day $ 732.00
S. A. .....months at $ per mo. $ .....
Less P. D. P. Credited $ 364.00
$ .....
$
Less further debit balance
Not due Paid as below $ .....
$ 368.00

LEDGER TO DEPENDENT

0	Ag. No	Ch. No	Amount	Ag. No	Ch No	Amount
1						
2						
3	9201	449383	368.00			
4						
5						
6						
	Total		368.00	Total		

15/8/19 acc

GEN'L AUDITOR
Posting checked by
RCT
Date 13/8/19

CANADIAN EXPEDITIONARY FORCE

J.C.F. 2-15.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) Wilbert Harold GIBBON,

Enlisted in Canadian Army Dental Corps.

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Dental Corps.

CANADIAN EXPEDITIONARY FORCE on the Eighth day

of May 191 8

He SERVED in CANADA, England and France with the Canadian Army

Dental Corps, 6th Can. Infantry Brigade, 6th Can. Field Ambulance, C.N.F.D.

and C.C.D.

and was STRUCK OFF THE STRENGTH on the Twentieth day

of September 191 8 by reason of being medically unfit

Dated at Ottawa, this Tenth day

of September 191 8

Wounded 16/10/17.

Seconded to R.F.C. 14/4/17.

Ceases to be Seconded to R.F.C. 10/7/18.

for Director of Personal Services.

M. F. W. 2618a.
30m.—4-19.
1772-39-1428.

KCD 13-1-20

KCD 7.10.19

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

AMENDED

Regimental No..... Rank.....Capt..... Name....GILROY.....W.H.....R.F.C.....
(Surname first)

Unit .....No. 2. D.D.....who was* .....SOS.....

On .....20.....9.....1918....., to.....Surplus.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from adj. to 20.9.18 incl.....191...
the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month.....				
Regimental Pay.....days at $....3...c.....				
Field Allowance.....days at $....1...c.....				
Separation Allowance.....				
Clothing Allowance.....				
Post Discharge Pay.....				
*Other Credits ....subs. 10-7-18. 20-9-18.....			124	10
.....				
Advances				
Separation Allowance and Assigned Pay Cheque No.....				
*Other Charges				
.....				
Balance on transfer or on discharge, cheque No..19458.....	124	10		
Total	124	10	124	10

*Give particulars.

A monthly stoppage of $.....N.I.L.....(†) has.....(‡) been paid on account of

Assigned Pay for the month of.....191.....
and Separation Allce. for month of.....191.....
(to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....married or single.....

(2) Separation Allowance, entitled or not.....NO..... (3) Reason for discharge.....

(4) Authority for discharge or transfer.....D.O..163&217.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date ....30-1-19.....

Place .....Toronto, Ont.....

CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

AMF

AMENDED

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

DEPT. MILITIA & DEFENCE H.Q. CANADA
No. 56

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No .....Rank...Capt.....Name ..GILROY..W.H.....R.A.F.....

Corps #2.D.D.....who was*.....S.O.S.....

On .....20-9-18.....191...., to.....Surplus.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from .....11-7-18.....191....,

to .20-9-18.....191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from ~~prev. month~~ orig. L.P.C.	426.	56	Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l. Pay 72 days at $ 3 c.	216.	00
Advances by Cheques No.			Field Allow. 63 days at $ 1 c. 75	47.	25
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly) 9	9.	00
Other charges			Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	154.	31
Total	426.	56	Total	426.	56

*Give particulars.

A monthly stoppage of $.....NIL.....(†) has.....(‡) been paid on account of Assigned

Pay for the month of .....191... and Sep'n Allce. for month of .....191... (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $.....has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted .....NO.....

(3) cause of discharge .....authority D.O. 163 & 217.....

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date ...31-11-18.....

Place ...Toronto, Ont.....

Captain.
Paymaster, No. 2 District Depot.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

141

Hd. Qrs 6th Can Inf Bde

ORIGINAL.

MEDICAL HISTORY SHEET.

69-5

Surname Lieut Gilroy *Christian Name* Wilbert Harold

Examined { on 9th day of May 1915 / at Winnipeg

Birthplace { City or Town Holstein / County Ontario

Apparent age 26

Trade or occupation Dental Surgeon

Height 5 Feet 4 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 38 inches. / Maximum expansion 3 inches.

Physical development

Small-Pox Marks NIL

Vaccination Marks { Arm ~~Right.~~ Left. / Number Two.

When Vaccinated last 1911

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by J A Cullum

Rank Capt M.O.

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

APR 19 1916

Date	Result	Vaccinations.
Infancy	took	J A Cullum Capt M.O.
1911	took	JAC M.O.
		JAC M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
28/6/15		J A Cullum Capt M.O.
		M.O.
		M.O.

Enlisted on 8th *day of* May 1915 *at* Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Hd. Qrs 6th Infty Bde	Lieut		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

100M.—1-15.
H. Q. 1772-30-439.

Surname ..... Christian Name .....

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.
Miss Pollock's S/O Weymouth S.A	15.4.16	15.4	April	1916	11.5	May	1916.	Tonsillitis	25.	Tonsillitis. Had tonsils enucleated whilst here. ~~[illegible]~~ successful recovery	F. H. Clarke

Duplicate Medical History [illegible] posted to here.

1078

Army Form A. 45.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at London. on May 3/1916.

by order of D.M.S. Canadian Contingents.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Capt. W.H. GILROY. (Corps) C.A.D.C.

Age 26. Service 3½ yrs. Disability Tonsillitis.

Date of commencement of leave granted for present disability May 3/1916.

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

he reported sick with measles on March 31/1916 and during convalescence had a severe attack of tonsillitis (one of many milder attacks). Was sent to England and the tonsils were removed 21st April. Is now thin and a bit run down.

50, Weymouth Street, London, W.

I concur in the findings of the Board of Medical Officers here recorded.

3.5.16.

Major, C.A.M.C.
For D.M.S.
Canadian Contingents.

The opinion of the Board upon the questions herein is as follows:—

(1.) *a.* Is the officer fit for "General Service"? No.

b. If not so fit, how long is he likely to be unfit? Three weeks.

(2.) *a. If unfit for General Service, is he fit for* any *service at home?* No.

b. If not so fit, how long is he likely to be unfit for any *service at home?* Three weeks.

(3.) Was the disability contracted in the service? Yes.

(4.) Was it contracted under circumstances over which he had no control? Yes.

(5.) Was it caused by military service? Yes.

(6.) If caused by military service, to what specific conditions is it attributed? Exposure and infection.

Signatures
(Sd) DAVID DONALD, Maj. C.A.M.C. President.
" C.WOOLLARD, Capt.C.A.M.C. Members.

92291 W4184/2038 300,000 6/15 J. J K. & Co., Ltd. Forms A.45 24

[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. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. 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.

Lieut

DUPLICATE

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname G I L R O Y *Christian Name* Wilbert Harold

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Holstein County Ontario

Examined ... ... on 9th day of May 1915.
at Winnipeg

Declared Age ... ... 26 years days.

Trade or Occupation ... Dental Surgeon

Height ... ... 5 feet, 4 inches.

Weight ... ... 160 lbs.

Chest Measurement: Girth when fully Expanded. ~~40~~ 41 inches.
Range of Expansion 2 3 inches.

Physical Development ...

Vaccination Marks: Arm ... Right Left
Number Two

When Vaccinated 1911

Vision ... ... R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) J.A.Cullum (?)
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at Winnipeg
on 8th day of May 1915.

Joined on Enlistment ... Corps: Hd Qrs 6th Inf. Bgde Regtl. No. Lieut.

Transferred to ... ...

Became non-effective by

on day of 191

(*Signature*)

(*Rank*)

Release 4-12-48
332-90-22

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.
C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

This Medical History Sheet has been compared with the Corresponding Attestation Paper and entries made in red have been taken from the Attestation Paper.
W. R. WARD,
Colonel, in Charge of Records,
Canadian Contingents.

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L.

[P.T.O.

11349

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.	
1911	Vaccination	JAC
28/6/15	Anti-typhoid inoculation	do.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Ren
	Day	Month	Year	Day	Month	Year			
Miss Pollocks 50 Weymouth Street	15	4	16	11	5	16	Tonsillitis	25	25

List in the case of Warrant Officers treated in quarters.

arks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
Has Tonsils enucleated whilst here. Uneventful recovery.	J.B. Blackie

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. | RANK Capt. | NAME (IN FULL) GILROY W.

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Amended	P.O.	
2W.2.	Nov.	

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 20.9.18 | REASON Surplus | AUTHORITY 20/1638/17 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					Pay 10.7.18 - 20.9.18 20.38
Jan					134	10			134	10	19458						134	10													134	10					

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIO
H. Q. CIRCULAR No. 102 (LOCAL 1?)

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL 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.	

12465

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—C.C.A.C. (19, Westbourne Gardens, Folkestone.) on May 25/16

by order of A.D.M.S. Canadians.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Capt. W.H. Gilroy. (Corps) C.A.D.C

Age 27 Service 12/12 Disability Tonsillitis

Date of commencement of leave granted for present disability May 4/16

Date on which placed on half-pay for present disability Not applicable.

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

This Officer who had his tonsils removed April 21st last has now redovered

I concur in the findings of the Board of Medical Officers here recorded.

Major, C.A.M.C.
For D.M.S.
Canadian Contingent.
26. 5. 16.

The opinion of the Board upon the questions herein is as follows:—

(1.) *a.* Is the officer fit for "General Service"? Yes

b. If not so fit, how long is he likely to be unfit? not applicable

(2.) *a. If unfit for General Service, is he fit for service at home?* not applicable

b. If not so fit, how long is he likely to be unfit for service at home? not applicable

(3.) Was the disability contracted in the service? Yes

(4.) Was it contracted under circumstances over which he had no control? Yes

(5.) Was it caused by military service? Yes

(6.) If caused by military service, to what specific conditions is it attributed? Exposure + infection

Signatures { [signature] President. / [signature] Members. }

44 marine Parade. Hythe

92291 W4184/2038 300,000 6/15 J. J K. & Co., Ltd. Forms A.45 24

[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. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. 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.

from C.E.F. R.F.C.

Rank and Name GILROY Wilbert Harold, ~~Lieut.~~ Capt. Dental Surgeon

Regimental No. C.A.D.C.

Unit Hq. 6th Infy Bde.

Date of enlistment Winnipeg, 8 May 1915

Place of birth Canada

Married (Yes or No) No

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin Carrie Louisa Gilroy Mount Forest, Ontario, (Mother)

A.F. 158.

1 AUG 1915

Rl. Gr. G-98.

C.A.D.C. NOV 1 1915

6th Bde DEC 1 1915

Date and place of discharge

C.A.D.C. JAN 1 1916

Reason for discharge Shorn 13/9/16 6th Bde 1-2-16

Character on dischatge 19/9/16 A.F.B. 103 do 1-3-16 do 1-4-16 158

Left Canada 22.6.15 Lieut.

6th Bde

Man R X

Report Date	Report 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
					Pt II ord. 13 6th Fld Amb C.A.D.C.
22/12/15	D.M.S.	Attch'd for dental duty	6 Fld Amb	9/12/15	C.O. 12-30. Pt II ord 16 18/12/15
11/1/16.	D.C.S.	Admitted 6th Fld. Amb.		1/1/16	C.R. 258 (Tonsilitis)
19/1/16	D.C.S.	Transferred to D.R. Stat. Mt Noir	Discharged to duty	11-1-16 / 4/1/16	C.L. 270 / C.L. 265. (do)
5-4-16.	W.O.	Adm'd to No 14. Sta Hosp	Boulogne	1-4-16	C.L. 331. (Sus. Measles)
18.4.16.	D.D.M.S.	Adm. 60 Heymouth St. W.	Miss Pollock's Hosp.	11-5-16 / 15.4.16	C.L. 424 / C.L. 342. (Tonsilitis)
			Discharged Ex. H.T.		
30/4/16	6 Fld Amb	Invalided & Transf'd to England (sick)		16/4/16	Pt II ord 18. Pt II ord 18 (CADC.)
12/6/16	CADC Sh'cliff	Det'd for duty at St Martin's Plain		12/6/16	Pt II ord 86.
26-6-16.	D°	Detailed for Dental Services with B.E.F.D.		26-6-16	Pt. II Ord. 95.
26-9-16	C.A.D.C.	Attached to R.F.C for instructional course: Oxford		25-9-16	Pt. II ord. 152
2.5.17	W.O.	To be Flying Officer (Mil. Wing R.F.C)		14.4.17	L.G. 30045
		From C.A.D.C.			
16/7/17	Gen Depot	Left on posting from C.A.D.C. & remains on Command to the R.F.C. Oxford		15.7.17	Pt. II ord 111. S.O.S. Pt. II 168 (CADC)

Reports		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				
27.8.17	W.O.	Sec'd. for duty with the R.F.C.		14.4.17	L.G. 30254
30-11-17.	Can Reg'l List	Trans to R.F.C. of R.F.C. & posted to Gen Sidcliffe Depot (Canadian)		14.11.17	P.R. 11 0192
1-6-18	W.O.	From C.A.D.C. to be Temp. Capt. Man Regt. + to remain Sec'd. to R.A.F.		15.4.17	L.G. 30715
4.10.18	W.O.	Ceases to be Sec'd to R.A.F.		10-7-18	L.G. 30933
26.10.18	Hq. Com'd	S.O.S. Transferred to C.C. of Canada Resigned Comm't		10-7-18	R.O. 4852

9304

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

No. 2 MILITARY DISTRICT
JAN 26 1918
15-4-2-5
MILITIA & DEFENCE
FEB - 1 1918
H.Q. CANADA

Station Toronto

Date 22nd January 1918

1. (*a*) Unit Can.Army Dental Corps.(Attached R.F.C.)
   (*b*) Rank Captain
   (*c*) Surname G I L R O Y (*d*) Christian name Wilbert Harold
2. Age last birthday 28 Date of birth 6th.May 1889
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 12th.May 1915
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (*a*) Height 6 ft. (*b*) Weight 150 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Brown
   (*e*) Colour of eyes B/Gray (*f*) Scars or tattoo marks Small scar on left ear
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 490 Spadina Avenue,Toronto
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent G.O.C.,M.D.No.2
6. Former trade or occupation Dentist

7. (*a*) Service 6 Years 7 Days

	Periods	
	From	To
90th. Regiment	15th. January 1912	12th.May 1915
Can.Army Dental Corps	12th. May 1915	20th.September 1915
R.F.C.	20th.September1915	Present date

(*b*) Has he been Overseas? Yes

8. Disease or disability (use authorized nomenclature if possible). 1. Neurasthenia 2. Rheumatism
   (*a*) Date of origin One year ago (*b*) Place of origin England
   (*c*) Cause* Service

*(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

Appetite good sleeps well,slightly nervous. Pain in side sharp,none at present. Pain in back and sharp and runs out at shoulders then down the arms and to the f finger tips. Heart and lungs normal.
Incapacity due to necessity for rest.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

B. P. C. FOLIO
PAGE 2

M. F. B. 380.

50M.—9-17.
1772—39—274.

81/2 S
L.O.S.D
R.C.
FEB 5 1918
403-5--2-18

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. The nomenclature of diseases to be followed is that 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.

291-04-2-18

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Nil

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

20%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?
Yes No t applicable
(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No
(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 2. Two months from date

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

No treatment but rest

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Not necessary

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

20. Recommendations.

Continue the rest treatment and one month extension of leave from the expiration of present leave viz:-20th.February 1918

S. C. A. Hewitt Capt.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. Gilroy
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the Officer fit for (*a*) General service (Category A.) (Yes or No.) No
(*b*) Service abroad (not general service) (" B.) (Yes or No.) No
(*c*) Home service (Canada only) (" C.) (Yes or No.) No
(*d*) Temporarily unfit (" D.) (Yes or No.) Yes
(*e*) Unfit for service in Categories A, B and C. (" E.) (Yes or No.) No

23. It is certified that the Officer

~~(a) Does require treatment.~~
(*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.)

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

It is recommended that he be granted extension of sick leave for one month from expiration of present leave 20 - ii - 18

Station Toronto
Date 28/1/18

President.
Members.

APPROVED BY

Date Jany. 29th 18

Charles Carter Lt Col
Assistant Director of Medical Services.

APPROVED BY

Date 5. 2. 18

for Director General of Medical Services.

CHECK FOLIO
FALSE DOCKET

18

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

NO. 2 MILITARY DISTRICT
JUN 15 1918
54-9-5

Station Toronto

Date 5th. June 1918

JUN 22 1918
CANADA

1. (*a*) Unit Canadian Army Dental Corps (Attached R.A.F.)
   (*b*) Rank Captain
   (*c*) Surname G.I L R O Y (*d*) Christian name Wilbert Harold
2. Age last birthday 29 Date of birth 6th. May 1889
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) 12th. May 1915
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (*a*) Height 6 ft. (*b*) Weight 150 lbs.
   (*c*) Complexion Fair (*d*) Colour of hair Brown
   (*e*) Colour of eyes B/Grey (*f*) Scars or tattoo marks Small scar on left ear
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 490 Spadina Avenue Toronto
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent G.O.C.,R.A.F.in Canada,56 Church Street,Toronto
6. Former trade or occupation Dentist

7. (*a*) Service 3 Years 24 Days

	Periods From	Periods To
Can.Army Dental Corps	12th. May 1915	20th. September 1915
R.F.C.	20th. September 1915	1st. April 1918
R.A.F.	1st. April 1918	Present date

(*b*) Has he been Overseas? Yes

8. Disease or disability (use authorized nomenclature if possible). Chronic endocorditis
   (*a*) Date of origin January 1918 (*b*) Place of origin Canada
   (*c*) Cause* Service

*(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)

Subjective symptoms:- Shortness of breath without exertion on wet days;with exertion, such as walking,at ordinary times.;if he lies on his left side,when there is coughing also. Blackness in field of vision,without exercise,but no definite dizziness. No swelling of feet.

Objective symptoms:- Quite thin;poor colour;distinct bulging of chest in praecordial area from 2nd.left cartilage downwards to lower end of sternum and all chiefly on the left side but most noticeable above.Pulse:-Corrigan type but not markedly so,has rapid rise and collapse. Radial artery thickened appreciably. BP.134/68. 108 sitting;108 standing;132 after a 50 yard walk;returning to 96 in one minute. After the 50 yard walk respiration rose to 30 per minute and he was breathing slightly labouriously. Respirations 24 after one minute's rest.Heart,enlarged to slightly beyond mid-clavicular line. The 1st.sound is poor in quality with an o ccasional systolic whiff. There is an aortic diastolic murmur regurgitation heard best at inner end of 4th.left interspace but also in aortic area. His disability is quite high.

Other systems normal.

Incapacity due to impaired function of the heart.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (*a*) weakness (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

B. F. C. FOLIO POCKET

M. F. B. 380.

50M.—9-17.
1772—39—274.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the officer'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 officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. The nomenclature of diseases to be followed is that 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.

Section 9 continued

" Toronto, June 12th.1918

"Dr.Elliott reports as follows:-

" There is no evidence of pulmonary disease,but at "the mitral area an inconstant systolic murmur is present,propagated to the axilla. At "the mitral area there is also a diastolic murmur,not heard at the base.The pulse is "somewhat collapsing and the blood pressure bu anscultation is 134/65,giving a pulse pres- "sure of 69 m.m. The P.M.I.is diffuse and displaced towards the left,with evidence of "some hypertrophy. On lying down a friction rub is heard along the left margin of the peri "cardium. This would appear to be pleural in origin,but induced by the action of the heart "From the above there is little doubt of the presence of an aortic insufficiency for which "it is suggested that he be examined by Dr.Oille at this Hospital on Friday afternoon.

(sgd) Ruggles George. Capt.A.M.C.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Nil

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes No t applicble

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? Permanent

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

No records

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

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

20. Recommendations. Discharge for physical unfitness

S. C. Hewitt Capt.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. Gilroy, Capt.
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the Officer fit for (*a*) General service (Category A.) (Yes or No.) No
(*b*) Service abroad (not general service) (" B.) (Yes or No.) No
(*c*) Home service (Canada only) (" C.) (Yes or No.) No
(*d*) Temporarily unfit (" D.) (Yes or No.) No
(*e*) Unfit for service in Categories A, B and C. (" E.) (Yes or No.) Yes

23. It is certified that the Officer

~~(a) Does require treatment.~~

(*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.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.) for physical unfitness

Geo. A. Cheney Col. *President.*

S. E. Stewart Capt. *Members.*

Station Toronto

Date 13th. June 1918

APPROVED BY

Date 20/6/18

J. R. Christian Capt. *Assistant Director of Medical Services.*

APPROVED BY

Date 2,7,18

Jas. Macklin Capt. *Director General of Medical Services.*

R.C.F.D. FALSE DOCKET 3

Army Form B. 103. Temporary

Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps Can. Records List

Rank Capt. Surname GILROY Christian Name WILBERT HAROLD

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

Enlisted (a) 8.5.15 Terms of Service (a)..... Service reckons from (a) 22.6.15

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

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and rate.....

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

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...		24.6.15	
		Disembarked	S.S. Dover	14.4.17	
30.9.17	R.F.C. Rec. 3rd Ech.	Taken on Can. Rec. List on arrival in France for duty with R.F.C.	Field		16-75563
			H. Lgn	18.4.17	
20.10.17	3.C.C.C.S.	G.S.W. Leg R. Adm		16.10.17	9.36
		Dis.	Duty	16.10.17	x 890
26.11.17	R.F.C. Records 3rd Ech.	Transfd. to Home Establishment of R.F.C. & Posted to Can. Gen. Depot. Shorncliffe	Field	14.11.17	16-21454 Pt II 92 of 30.11.17

Mac R. Maxwell LIEUT.
CHIEF OF MILITARY RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B/103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
1-6-18	WO	From CAJC to be Temp Capt.			
	Man Regt	& to remain Secd. to RAF.		15-4-17	LG 30715
4-10-18	WO	Ceases to be Secd. to RAF.		10-7-18	LG 30733
26-10-18	HQ OMFC	SOS Transferred to			
		C.E.F. in Canada.		10-7-18	RO 4852.
					McNaughton CAPT FOR ASST MIL SEC GN
					F.S. 20.9.18
					M 21.9.18

M. F. W. 41
100M-1-18.
1772-39-889.

Name Capt. Gilroy W. H.

Regimental No.

Unit R. F. C.

Date of enlistment

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ No.

To whom payable

Name and address of next-of-kin Mount Forest Ont. ~~490 Spadina Ave Toronto~~

Date 20 Q. Am. t 20.9.18 D.O. 217 D.O. ~~D.O. 82~~ D.O. ~~#~~162

Date and place discharged 10.7.18

Reason for discharge D.O. 163

Character on discharge Surplus to Estab. See way not $60

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
May 1	June 30	61	3	183 -	61	75	45 75	464 20		84735		796 65				Cont May 1
								103 70								
									796 65						796 65	June
July	31	31	3	93	31	75	23 25	52 70	168 95	3609		168 95			168 95	Cont 1.5.18 - 10.6.18
																D.O. 76 Cont 11.6.18 D.O. 76
Aug 1	31	31	3	93	31	75	23 25	52 70	168 95	6139		168 95			168 95	
~~Sept 1~~	~~30~~	~~30~~	~~3~~	~~90~~	~~30~~	~~75~~	~~22 50~~	~~54~~	~~163 20~~	~~8170~~		~~141 04~~		~~22 46~~	~~163 50~~	~~22 46 Cap. & P.C.~~
																D.O. 76 12 Subs Cancelled
Sept.							Dr. Bal		426 56					22 46		D.O. 163. overcred P.&C.
														195		11.7.18 - 31.8.18. overcred.
														209 10	426 56	Subs 1.5.18 - 31.8.18
July 11	Sept 30	72	3	216	63	75	47 25							426 56	426 56	Dr. Bal of 154.31 recovered
Over P.C.					9	1	9		272 25							from P.O.P. per letter from Ottawa
								Dr. Bal	154.31							to office dated 16.12.18.

M. F. W. 41
100M-1-18.
1772-39-889.

Name

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

SPADINA MILITARY HOSPITAL
Toronto, June 12th, 1918.

To:- President, S.M.B.,
149 College St.,
Toronto.

Capt. Gilroy.

In accordance with your request for chest examination of the marginally noted Officer, Dr. Elliott reports as follows:

There is no evidence of pulmonary disease, but at the mitral area an inconstant systolic murmur is present, propogated to the axilla. At the mitral area there is also a diastolic murmur, not heard at the base. The pulse is somewhat collapsing and the blood pressure by auscultation is 134/65, giving a pulse pressure of 69 m.m. The P.M.I. is diffuse and displaced towards the left, with evidence of some hypertrophy. On lying down, a friction rub is heard along the left margin of the pericardium. This would appear to be pleural in origin, but induced by the action of the heart. From the above, there is little doubt of the presence of an aortic insufficiency for which it is suggested that he be examined by Dr. Gilleat in this Hospital on Friday afternoon.

Douglas George
CAPTAIN, C.A.M.C.
FOR O.C. SPADINA MIL. HOSPITAL

B.P.C. FOLIO
FALSE DOCKET
4

~~44~~
61