

Originals

ATTESTATION PAPER.

No. 23200

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... William James Matters
2. In what Town, Township or Parish, and in what Country were you born?..... Lamlia Valley - Stewartson - Co Tyrone, Ireland.
3. What is the name of your next-of-kin?..... (Father) John Matters
4. What is the address of your next-of-kin?..... Lamlia Valley - Stewartson - Co Tyrone, Ireland.
5. What is the date of your birth?..... 13 Feb 1887
6. What is your Trade or Calling?..... Clerk
7. Are you married?..... no
8. Are you willing to be vaccinated or re-vaccinated?..... *innoculated* } Yes
9. Do you now belong to the Active Militia?..... no
10. Have you ever served in any Military Force?..... no
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

..... (Signature of Man.)
 J. Shurton..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William James Matters, 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.

Date Oct 13th 1915 (Signature of Recruit)
 J. Shurton..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date Oct 13th 1915 (Signature of Recruit)
 J. Shurton..... (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 Thompson this 16th day of Oct 1915.

..... (Signature of Justice)
 J. Shurton

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

..... (Approving Officer)
 J. Shurton

Description of William James Watters on Enlistment.

Apparent Age 28 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Grey

Hair Light Brown

Religious denominations.
 Church of England
 Presbyterian X
 Wesleyan Methodist
 Baptist or Congregationalist
 Other Protestants
 (Denomination to be stated.)
 Roman Catholic
 Jewish

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 h'm* fit for the Canadian Over-Seas Expeditionary Force.

Date October 13th 191 5 W.H. Secord

Place Winnipeg Lieut. C.B.L.C.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William James Watters 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.

J. Edsonhume (Signature of Officer)

Date Oct. 13/15 191 5 MAJOR
COMMANDING 44th OVERSEAS Bn. C. E. F.
FOR O. C. ON LEAVE.

REGIMENTAL DOCUMENTS

NAME

WATTERS WILLIAM JAMES

REGT. NO.

623208

UNIT

44th Bn

H. Q. FILE NO.

LM
2449

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Misc

R122

1149

DEATH

Category

DISCHARGE

Category

Demob.

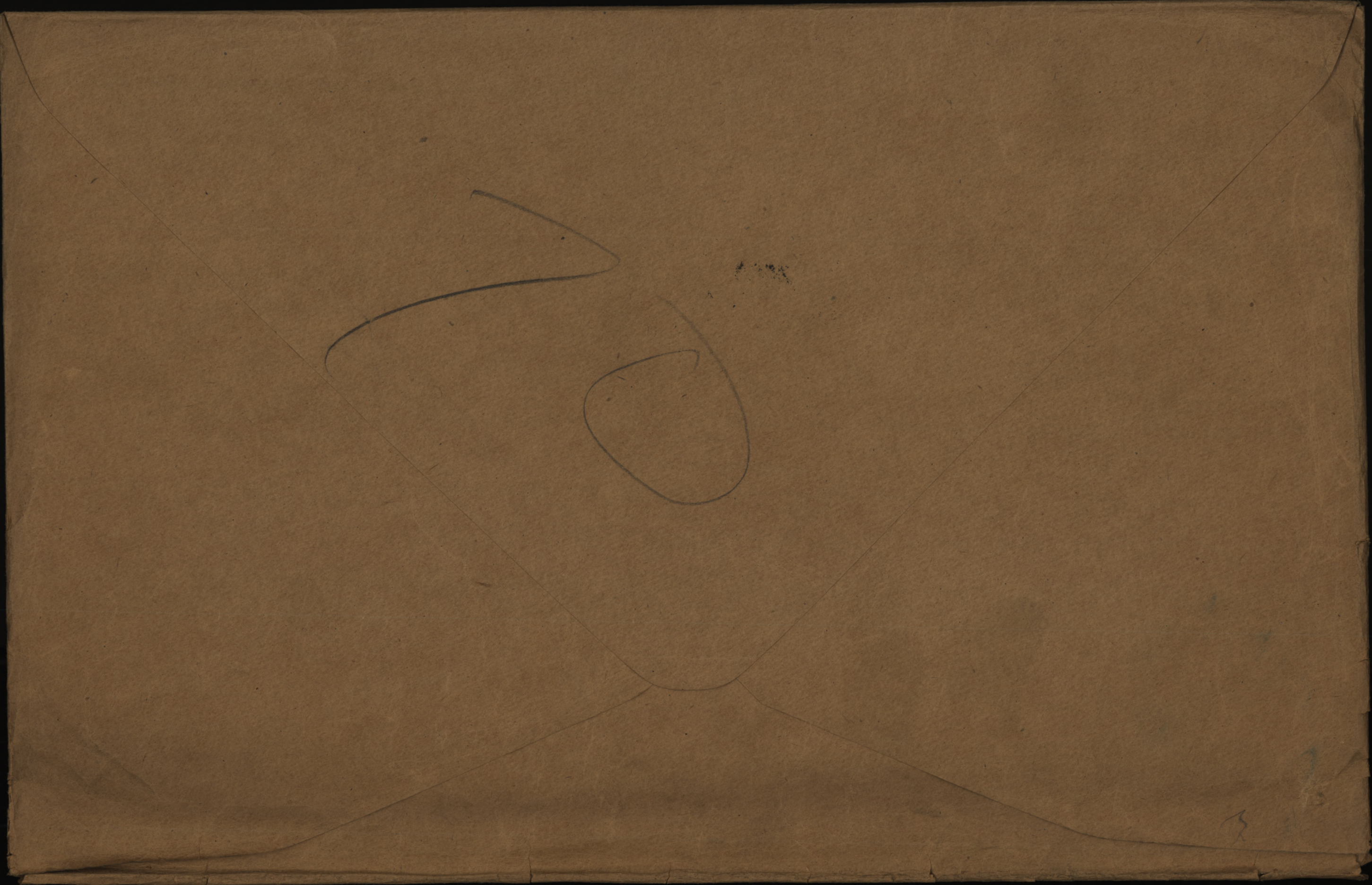
DESERTION

M

H

69928

41	13
8	13
5	13
4	



*dup
5m*

Number 623200 Rank Sgt.

Surname WATERS

Christian Name William James

Units 52nd Bn Can Inf Theatre of War France

Date of Service 14. 7. 16

Remarks 794 Ashburn St.

Latest Address ~~533 Sergeant Ave.~~
William. pag. Man.

Roll No. B. Page 17846



DESP. MAY 13 1922

REGN. NO.

W15428

NAME *Watters* William James *Sos. No 31-3-19. & 10*
 RANK & No. *Pte.* *Co 94 of 4-4-19#10000*
 CORPS *44th* *Sgt. 6423200*
 ENLISTMENT, PLACE *Winnipeg* DATE *Oct 16/15* *Battalion*
 FORMER CORPS *nil* *5*
 COUNTRY OF BIRTH *Ireland* *Lamla Valley, Stewartstown, Co. Tyrone*
 NEXT OF KIN *Watters John (Father)*
 ADDRESS OF NEXT OF KIN *Lamla Valley, Stewartstown, Co. Tyrone, Ireland*
 DISCHARGE, PLACE DATE

Sailed from Halifax Per S.S.

L. L. 85093—M. & D. 5952

"Laplond" 23-10-15-243
24

M/b 29-3-19

290 *& m d 10*
 M. F. W. 22-50m. *191* *15*
 H. Q. 1772-39-339 *Sgt.*

REMARKS:

H. Q. FILE No. 649-

NAME

Watters, William James

REGT'L No.

623200

RANK AND CORPS

Pte 52nd Bn (44th BATT)

NO.

716x

CABLE

NO.

DATE

Sgt

Irish.

NATURE OF CASUALTY

FOLL.

26-4
Yb 274

26-8-18

Adm. no 47. Gen. Yb.
Gsw. R. Shlar. ✓

Aug. 15th 1918

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
23	Mil Isolation, Aldershot Discharged	15-1-16 19-1-16	Meningococcal carrier " "
A 384	No. 22 Gen. Hannes Carrier	29-6-17	Sprain L Ankle
A 392	Base Details	9-7-17	" " "
A 405	Rejoined unit	17-7-17	Sick L.
A 301-4	Hq. Gen. Le Greport Birmingham	15-8-18	S W R Shldr
B 304-1	1st Birmingham War Chom.	24-8-18	cont. abdomen buried by shell & gas. Rt Shldr as per Hq. A 329-5
B 317-5	Mil. Conv. W. Cote	10-9-18	
B 335	Discharged	27-9-18	cont. Abdomen Buried

No 423200 RANK

Pvt

NAME

Walters W. J.

~~T.O.S.~~ trans from UNIT

UNIT

44th

Battalion C. E. F.

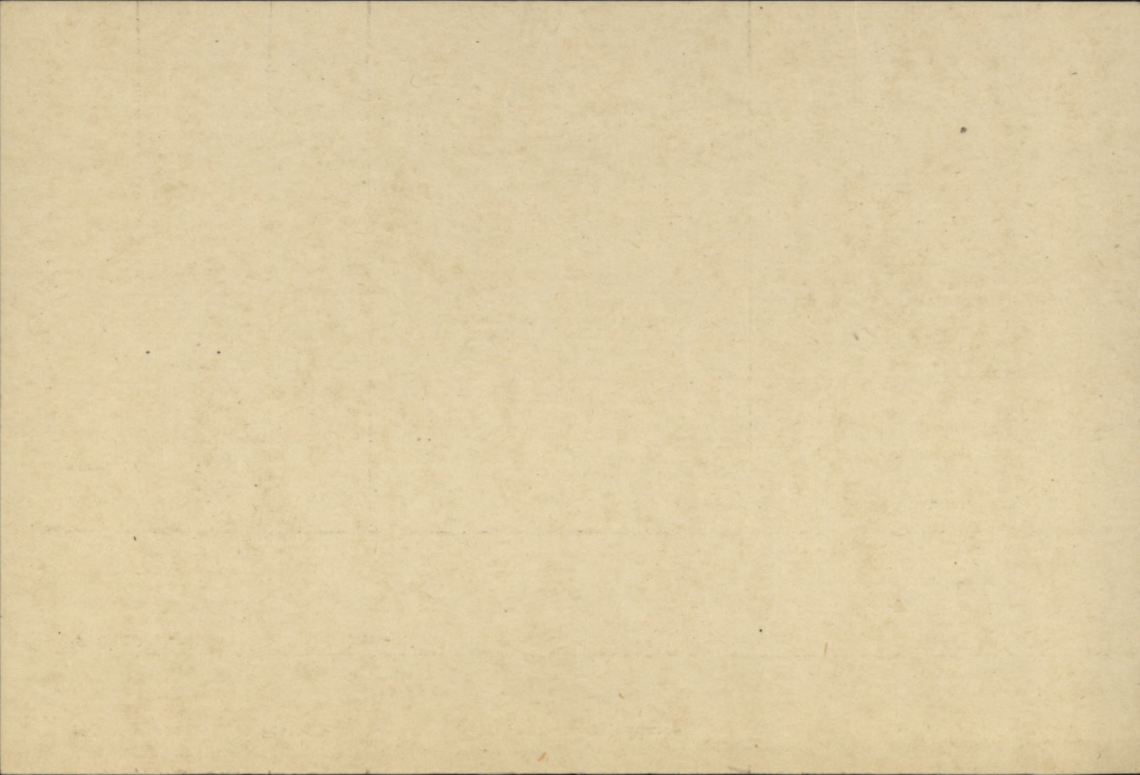
90th mg Rifles 16-10-15

(No. O. 212 Oct 1915)

M. D. / 0

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct 16	1915 Oct 31	✓ n.		
	now			

UNIT SAILED
OCT 23 1915



Woodcote Park, Ipswich.

HOSPITAL.



IV

AT.....

A. & D. No. 714653 PL. OF ACTION.....

RANK Sgt. REG. No. 623200 UNIT 52. Cav Bn. SICK OR WOUNDED

NAME Matters W. J. AGE 30 RELIGION Pres.

PLACE IN HOSPITAL.....

DIAGNOSIS Contusion of Abdomen, Compound Fracture S. W. Elbow, Peritonitis

ADMITTED..... FROM 1. B. Law War.

DISCHARGED A 27 SEP 1918 TO 18 Res. Seaford.

TRANSFERRED.....

SERVICE AT HOME 2 10/12 IN FIELD 2 1/12.

RESULTS.....

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

REMARKS.

10 Sep. 18 Recovered - suffering no pain
or discomfort free fit - PT 2

16.9.18 no wound

Fit a

B. C. Hardman,
Major

Name *Watters W.J.* Rank *Pte.*

Reg. No. *623200.*

Unit *44 a Batta.*

Next of Kin *John Watters*
Yamela Valley, Stewarton by Tyrone Ireland

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
10-1-16	<i>Med - Isolation</i>	<i>Hos. Aldent St.</i>	<i>meningococcal</i>			
19-1-16	<i>Discharged</i>		<i>curative. 23</i>			

William James.

Name WATTERS Rank Sgt. Reg. No. 623200Unit 52nd. John Watters,
Lamla Valley,Next of Kin Stewarton, Co. Tyrone, Ireland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
15-8	47 th Gen Le Troport.	SW of the		9301	2518	3418-5
24-8	10 th Bn W.N. B'ham.	do		13304	H: 41	24982
10-9	W. Watters	do		13317		26317
19-9	5 th Bn 1 st Div. G.S.W. Sldt. Rt.					
	changed to "cont. Absent (Buried					
	by shell) & G.S.W. Sldt. Lt.			6309		2315
27-9	Discharged			13335		8368
27-9	Will proceed on 9-10-18 to					
	18 th Res Bn Belfast (with Lt.)					
	& on 25-10-18					

Cont abs buried by shell 26317
G.S.W R Thugh 24982

Convalescent Hospital,
Woodcote Park, Epsom.

**DOCUMENT
CARD**

HOSPITAL

Watters

A. & D. No. AT

ADMITTED **9 - SEP 1918** DISCHARGED WARD No. *IV*

REGTL. No. *623200* RANK *Sgt* NAME *Watters W J*

UNIT *52* TRANSF'D FROM *Bham War*

DIAGNOSIS DIAGNOSIS CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	To	DATE	To	DATE	TO WHOM SENT.
	9 - SEP 1918		<i>Bham</i>	27 SEP 1918	HR

M.H.S. IN HOSPITAL.

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

RECEIVED FROM M.O. COMPLETE 191

REMARKS.

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

W B S
G M B
J C S

Surname **Watters.** Christian Name or Names **W. J.** Reg. No. **623200.**
 Rank **Pfc. Plgt.** Unit **44th Batt.** Co. **52 Batt.** Troop **Man** Batty.
 Hospital _____ Date of Admission _____

Transferred **Milita Isolation Hosp Aldershot** Hosp. **10-1-16.**
22 Gen Carrier Hosp. **29-6-17**
47 Gen De Trepont Hosp. **15-8-18**
1st. Birmingham War. Rednal. Hosp. **24. 8.18.**

Diagnosis **Meningococcal Carrier.**

(1) Later Diagnosis (if changed) **Spr. L. Ankle Ho.**

(2) **Y. S. W. R. Shurt**

(3) **Cont. Abdomen. buried by shell**
 Additional Diagnoses: If more than one state present

DISPOSITION

Date

Discharged. 19-1-16
B. Detail 9.7.17
 REMARKS
Rej Unit 17-7-17
Dis: 27.9.18

C.L. 27-1-16 # 23.
6-7-17 A 304
17.7.17 A 392
2.8.17. A 405.
24.8.18 A 301 (4)
28.8.18 B 304 (1)
12-9-18 B 317 (2)
26.9.18 B 329 (3) Note: Re Ch. B. 317. Diag. changed.
3.10.18 B 335.4

A.M.D. 2 DEPT.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Woodcote Pk. Epsom.*

10.9.18

2.

3.

4.

5.

6.

7.

Rank *a/c* Name *Walters* **WAITERS William James**

Reg'l No. **423200**

R-122.

Unit **44th Bn** If in perm. Corps, }
What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Winnipeg, 13 Oct 1915**

Place of Birth **Tamla Valley, Stewartson, -son Cy Tyrone, Ireland**

Name and Address, Next-of-Kin **John Waiters**

Tamla Valley, Stewartson, Cy Tyrone, Ireland

Relationship

(Father)

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

NJE, R.B. No. **21696**
File R.L.
Category **O.R. Can.**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		<i>Arrived in England</i>			
		<i>part Lapland</i>			
		<i>Mil. Isolation Hosp.</i>			
<i>27.1.16</i>	<i>OCL 23</i>	<i>Admitted to hosp. Men. Carrier.</i>	<i>Aldershot</i>	<i>10.1.16</i>	
"	<i>DBL 23</i>	<i>Discharged hosp.</i>	"	<i>19.1.16</i>	
<i>8.2.16</i>	<i>Adj. 44th</i>	<i>d.o.s. 24.6.16 11th. Res. Bn. Shotcliffe.</i>	<i>Bramshott.</i>	<i>3.2.16</i>	<i>Pr II D.O. 39. (Auth. D.O. 503. 7.2.16)</i>
<i>4.2.16</i>	<i>OC. 11th Bn.</i>	<i>Taken on strength.</i>	<i>Shotcliffe</i>	<i>4.2.16</i>	<i>" " 30.</i>
<i>9.3.16</i>	"	<i>Wounded. Admonished.</i>	"	<i>9.3.16</i>	<i>" " 59.</i>
<i>22.4.16</i>	"	<i>S.A. L. 4 days 28 days delay 32 days pay. H. Sandberg.</i>		<i>21.4.16</i>	<i>" 96.</i>
<i>12.7.16</i>	"	<i>Left for 52nd Bn. Shotcliffe.</i>	<i>Shotcliffe</i>	<i>12.7.16</i>	<i>" 185.</i>
<i>21.7.16</i>	<i>OC 52</i>	<i>Taken on strength.</i>	<i>Field.</i>	<i>14.7.16</i>	<i>" 19.</i>
<i>20.2.17</i>	"	<i>Appointed vice b22338. Acting Corp Cpl Bates F (with pay) (Wounded)</i>	"	<i>23.1.17</i>	<i>PT II O No.</i>

623200

Watters W.J.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
21-7-16	OC 52nd	<u>Taken on strength.</u>	Field.	14-7-16	Pt II Oiq.
24-3-17.	"	<u>Confirmed Corp.</u>	"	18-3-17.	" - 28.
18-4-17.	"	<u>To be L. Sgt.</u>	"	12-1-17.	" 36.
6-7-17	---	adm 22. Gen Hosp. Danneo	1/Sgt Camiers	29-6-17	CL A 384. Sprain L ankle
17-7-17	---	Base Details.	---	9-7-17	CL A. 392 ---
2-8-17	---	Rejoined Unit	Field	17-7-17	CL A. 405.
22-6-18	---	<u>Promoted Sgt;</u>	Sgt.	26-5-18	Pt II: 54.
24-8-18	CL. Chan.	Wounded.	Sgt.	15-8-18	CRNA 301.
3-9-18	52nd B.	Invalided Wounded & Footed to	"	23-8-18	Pt II 2078 MRD Pt II 2026 4/5. 9 15
1-10-18	MAD	SOS to 18th Res Bn.	Seaford	24-9-18	Pt II 244 + 18th Res Pt II 291 18-10-18
11-1-19	18 Res.	A.W.H. M.V.	Sgt.	7-1-19	--- 11.
1-3-19	---	SOS to 52nd Bn	"	3-3-19	--- 62.
15-3-19.	52nd Bn.	S.O.S on proceeding to Canada	Sgt B'sholt	17-3-19	Pt II 19
4-3-19.	"	Sailing List 41 Dispi Centre K T.O.S. from 18 Res Bn.	Sgt.	3-3-19	Pt II 16.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 1M 5/18 G.W.P.Co.(3490)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin		
(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps, trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918.] [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

623200 191 Matters N. J.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

3. 3. 19 18 Resusc

S.O.S. to 52nd Can Bn Bramshott 3. 3. 19.

H. Metherell Lt
Adjutant, 18th Res. Bn.

S.O.S. omf.c. to 667 daily order part II
19 15/3/19

Am
Sarguhar Singh Lieut.-Col.,
O.C. 52nd Canadian Infantry Battalion.

EMBARKED S S OLYMPIC
SOUTHAMPTON 17-3-19

A. S. Blanford Capt. Staff
Adjutant, No. 8 Trans-Atlantic Conducting

17-3-19 T.O.S. Dispersal Station 2096 Pa 2

and Dispersed 31-3-19 " do " 3

J. A. Sack Lieut.
for O. C. 10 District Depot.

Nothing to be written in this margin.

W.S.B. Class A

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Army Form B. 103.

War Service Badge

Class "A" No. *74042*

Regiment or Corps *44th Battalion C.E.F.*

Casualty Form - Active Service.

Regimental No. *623200*

Rank *Plie*

Name *Watters William James*

Enlisted (a) *13/10/15*

Terms of Service (a) *D of W.*

Service reckons from (a) *Enlistment*

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
--------	--	-------	------	--

Transferred to 11th Reserve Battalion.

FEB 3/16

J.W. McFarlane
Major & Adjutant.
44th Battalion, C.E.F.

12-7-16 O.C. 11th Transferred to 52nd Bn Overseas 12-7-16 Pt. II. B.O. 165

O.C. C. B. D.

Landed in France. Taken on strength 52nd Cdn. Bn. *14/7/16* Pt II D.O. *d/21/7/16*

C.B. Smith
Lieut & act adj
11th Res. Bn

— do. —

Left for Unit. *6/8/16* Nom. roll *d/6/8/16*

O.C. 52nd Bn.

Arrived Unit for duty *12/8/16* B. 213 *d/19/8/16*

12/8/16

3 E Bn

Left for unit.
Acting

12/8/16

roll

10/2/17

O.C. 52nd

Apptd. ~~LANCE~~ *LANCE* Corpl. with pay Fld. vice 622338 Cpl. Bates F. - Wounded.

23/1/17

B213 Pt. 11 No. 16 20/2/17.

18/3/17.

"

Confirmed in the rank of Corpl.

18/3/17

B213 Pt. 11 No. 28 d24/3/17.

24.3.17

"

Course - Cdn. Corps School

19.3.17

B213

7.4.17

"

Repd. unit

Fld.

6.4.17

B213

7/4/17.

O.C. 52nd

Apptd. Lance Sergt.

"

12/1/17

B213 Pt. 11 36 d18/4/17.

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

623200 Pte. Matters M.J.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
30.6.17	ob. 52th	Wounded to hospital		29.6.17	B 213. D. C. S. 278 dated 27/17
1-7-17	10 CDA	sw contus r leg spr r ankle	10 CDA.	28.6.17	a3684801 #219 13/7/17
			to 13.		
10.7.17	36.2 BD	T O S A.	Etapes	10.7.17	UK
29.6.17	22 gye	Spr l ankle set	22 gye	29.6.17	W3034/W4168
9.7.17	" "	" " L. set	"	9.7.17	W3034/W4924
" "	" "	" " "	To Base Details	"	"
14-7-17	36.2 BD	To unit	Fed.	14-7-17	UK
21.7.17	ob. 52th	Rejs. unit	"	17.7.17	B213 #233 28/7/17
1-9-17	"	granted leave to	Paris	2-9-17	B213 #2958 15/9/17
15.9.17	"	Rejs from leave	Is	13.9.17	B213 #251
23.2.18	"	14 days Leave	UK	22.2.18	" 20.2.18
14.3.18	"	2 fts 1 days pay under R.W. for w.m.s. A.M.L. from 8 am to 10 pm. 11.3.18		11/3/18	B2069 12.25/18
16.2.18	"	From Leave	Is.	9.3.18	B213
15.6.18	52 B.	Promoted Sergt.	"	26.5.18	" 1454 22/6/18
13.8.18	4 CDA	sw Rt. Shldr contusion	CCS	13.8.18	A7203
15.8.18	47 gen	"	47 gen	15.8.18	A354
23.8.18	"	" posted to Man Regt Depot. Seaford	4 P. Panama	23.8.18	W3083/5819 940 048/18
3 9 18	M RD	T O S from 52nd Bn	Sgt Seaford	23 8 18	Pl II 246 Lt for Lt. Col a/cy load lect. 3 tech g/c

Appointed for Lt. Col.
 1st Infantry Battalion

Res on O.B. to Lt. J. Dooly order
 P.II no 19 15/3/19

Resentment

M. J. Charter

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 72043

THIS IS TO CERTIFY that No. 622200 (Rank) Dgt

Name (in full) WATTERS William James enlisted in
the 44th Bn

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 13
day of Oct 1915

HE served in 52nd Battalion A.R.

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

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

Age 28 years

Marks or Scars

Height 5' 10 1/2"

Complexion fair

Eyes grey

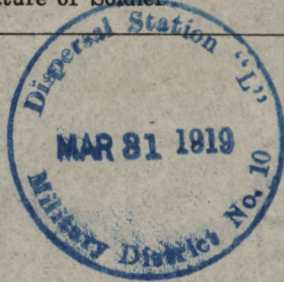
Hair light brown

W. J. Watters
Signature of Soldier

C. H. R. ...
Issuing Officer

Date of Discharge

Lieut.
Rank



Date Mar 31st 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class A No

THIS IS TO CERTIFY that No. (Rank) _____

Name (in full) _____ enlisted in

the _____ CANADIAN EXPEDITIONARY FORCE on the _____

day of _____ 1918

He served in _____

and is now discharged from the service on reason of _____

Demobilization _____

THE DESCRIPTION OF THIS SOLDIER on the L.A.P.R. below is as follows:

Age _____ Marks or Scars _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Issuing Officer _____

Date of Discharge _____

Rank _____



If this certificate is to be used for any purpose other than that for which it was issued, it should be forwarded to the Secretary, Military Control, Ottawa, Canada.

12251

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 12251 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	623200	Pte	Walters	William J.
		Unit.	Age.	Service.
		11th Res. Bde	28	5/12
Station and Date.	Disease <i>Scarlet fever</i>			
M.B. Ct 20-3-16	<p><i>Single - not recurrent.</i> <i>Complaints of sore throat.</i> Family history: - neg. Personal history: - no illness <i>denies unusual.</i></p>			
	<p><i>H.P.I. no such as complaint of sore throat.</i> <i>Reported sick - Gungah off duty.</i> <i>morning of 20th throat became worse.</i> <i>Sent in to hospital.</i> <i>pharynx. Luteal poor - Tongue coated.</i> <i>Tonsils enlarged & reddened & small membranes.</i> <i>pharynx. uvula - soft palate injected.</i></p>			
Specimen req.	<p><i>Specimen to Streptococci - no urentis.</i> <i>Culture to follow.</i></p>			
21-3-16.	<p><i>Throat improved - membrane absent.</i> <i>Feels much better.</i></p>			
	<p><i>Culture req. to H.P.I.</i> <i>Specimen req.</i></p>			
23-3-16.	<p><i>ord. diet.</i></p>			
	<p><i>1st Primary Capt.</i></p>			
	DISCHARGED.			
	25 MAR. 1916			

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

Station
and Date.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

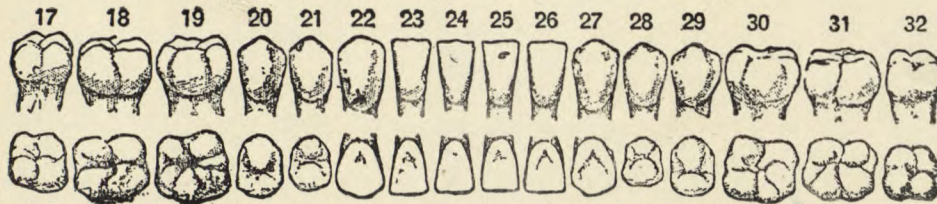
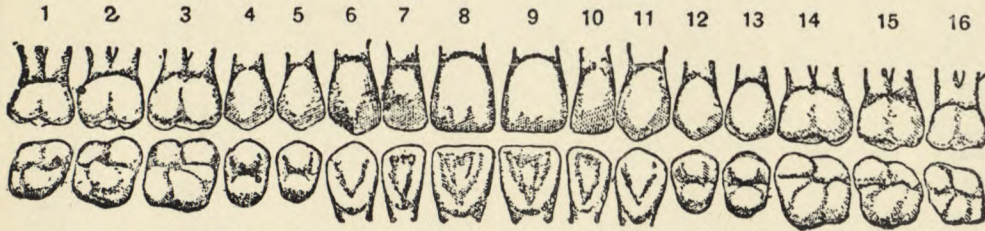
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) WATTERS. W. J.

REGIMENT 18 Res RANK Sgt No. 623200

Date of Examination in England 26-2-19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer *J. B. McCarroll*

WATERS, W. J.

03200

SEP

18 FEB

20-2-70

No

Yes

()

Waters

37
T.C. 541

ORIGINAL
MEDICAL HISTORY SHEET.

Surname Watters Christian Name William James

Examined { on 13th day of Oct 1915
 at Winnipeg
 Birthplace { City or Town Lamn Valley
 County Lyon Ireland
 Apparent age 28 years
 Trade or occupation clerk
 Height 5 Feet 10 1/2 Inches
 Weight 165 Lbs.
 Chest measurement { Minimum 37 inches
 Maximum expansion 38 inches
 Physical development good
 Small-Pox Marks None
 Vaccination Marks { Arm | Right | Left
 Number 1
 When Vaccinated last Dec 20th
 (a) Marks indicating congenital peculiarities or previous disease

Approved by C. M. Strona
 Rank Capt. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,	M.O.
<u>16.9.18</u>	<u>Dr.</u>	<u>DRB.</u>	<u>28 AUG 1918</u>
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	VACCINATIONS	M.O.
<u>16.9.18</u>	<u>DRB.</u>	<u>EMS</u>	<u>M.O.</u>
<u>23.9.18</u>	<u>DRB.</u>		<u>M.O.</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>Nov 4th</u>	<u>EMS</u>		<u>M.O.</u>
<u>Dec 9th</u>	<u>EMS</u>		<u>M.O.</u>
<u>Dec 20th</u>	<u>EMS</u>		<u>M.O.</u>

Medical History Sheets of all men proceeding overseas, must be
 sent by the Officer commanding their unit to the Record Office
 at their home in England.

Enlisted on 13th day of Oct 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>4th Battr</u> <u>18th Res. Bn.</u>	<u>623200</u>	<u>good</u>	<u>13th Oct 1915</u>
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 Services, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

Surname Watson

Christian Name William

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from : whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>1st Isolation H.Q. Alderhot</i>		10	1	16	19	1	16	<i>Meningococcal Carrier</i>	10	<i>Two negative nasopharyngeal swabs obtained before discharge</i>	<i>P.W. MacLynn</i>
No. 22 G.H. Camiers		29	6	17	9	7	17	Spr. L. ankle.			
Base Details.		9	7	17	17	7	17	-do-		Re joined Unit.	
<i>1st Birmingham War Hospital</i>		24	8	18	9	9	18	<i>Contusion Bumid</i>	14	<i>Shell explosion contusion abdomen</i>	<i>J. A. King</i>
<i>Mp. Co Epsom</i>		9	9	18	27	SEP	1918	"do"	19	<i>Recovered - suffering no pain or discomfort. Fully fit. Has had course in P.T. 2. Now discharged by P.T. Dept. as fit for A.</i>	<i>B.E. Hamilton</i> MAJOR C.A.F.

Duplicate Medical History Sheet
ported to here
A. 384-A. 392
Medical Registrar
A. 405 Record No.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 623200 Rank Sgt. Surname WATTERS
(Given name in full)
William James
 Unit or Corps 52nd Batta Birthplace Jannabally, Ireland

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:
 Physique Good Weight 165 lbs. Height 5 ft. 5/8 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 78 Regular
 Condition of arteries Good
 Vision Rt. 9/2 Left 9/2
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
1 Vacc. in Rt. Arm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

10/4/16 Mumps coccal curion 19/7/16 Negative.
24/6/17 Spr. P. ankle. no disability.
24/8/18 Contusion Rt. Shoulder humer. no disability.
No Disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at *Guam* (Overseas)

Date *14/3/19*

Signed *R. B. [unclear]* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *W. J. Waters*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

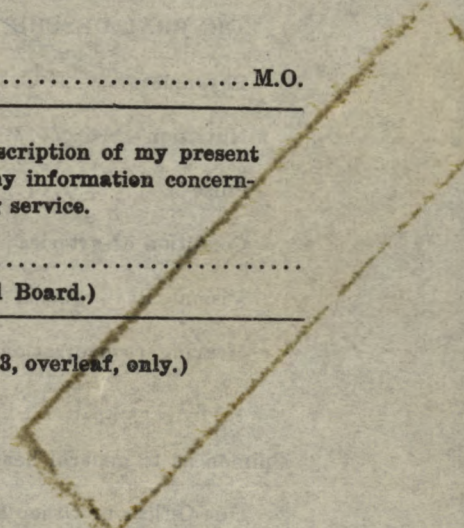
Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)



J.P. [unclear]

[OVER]

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Sgt* Name *WILLIAM J* Surname *WATERS*
 Unit or Corps *18 Can Res* (If a soldier) Regtl. No. *623200*
 Born at *Lamnewalby Ireland* on, date *13/2/87*
 Signature (for identification) *W J Waters*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *165* lbs.
 Height *5 ft 9 3/4* ins.

2. NUTRITION AND DIATHESIS ?

good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM ?

no

4. RESPIRATORY SYSTEM.

no

5. HEART ?

Abnormal Sounds? *roughening of first sound*
 Abnormal Size? *no*
 Pulse Rate? *72* Intermittence or irregularity? *no*

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

no

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? *1005* Reaction? *acid* Albumen? *neg* Sugar? *neg*

9. SKIN, MIDDLE EAR, EYE
or any other part?

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Complains of slight precordial pain on exertion.

11. Opinion as to the health and physical condition of the one examined?

good

Examined at *Seaford* Signed *J. S. Smalesman Capt. M.O.*
 Date *Jan 30/19* Signed *J. H. Cheesemore. Lieut. M.O.*

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty

The Surgeon General has directed that the Surgeon General's Office be notified of the results of the examination of all officers and soldiers who are reported as unfit for service.

Name: W. A. ...
Rank: ...
Regiment: ...
Company: ...
Service No.: ...

1. PHYSICAL - General appearance, height, weight, color of skin, hair, eyes, nose, mouth, throat, chest, abdomen, back, spine, limbs, feet, and ears.

2. NUTRITION AND DIGESTION - Appetite, food habits, weight, and general condition of the digestive system.

3. NERVOUS SYSTEM - Mental condition, memory, and general condition of the nervous system.

4. RESPIRATORY SYSTEM - Condition of the nose, throat, larynx, trachea, and lungs.

5. HEART - Condition of the heart and blood vessels.

6. BLOOD - Condition of the blood.

7. URINARY SYSTEM - Condition of the kidneys and bladder.

8. EYES - Condition of the eyes.

9. EARS, NOSE, AND THROAT - Condition of the ears, nose, and throat.

10. IS THERE ANY EVIDENCE OF IMPAIRMENT OF HEALTH OR OF A DISEASE WHICH IS NOT REPORTED ALREADY IN THE HISTORY?

11. OPINION AS TO THE HEALTH OF THE OFFICER OR SOLDIER.

Signature of Surgeon: ...
Date: ...

Rank

Pte.

Name

WATERS William James

Reg'l No. 23200

P-56

Unit

44th Bn

If in perm. Corps,
What Unit?Married or Single *Single*Place and Date of Enlistment *Winnipeg, 13 Oct 1915*Place of Birth *Tania Valley, Stewartson
-son Cy Tyrone, Ir*Name and Address, Next-of-Kin *John Walters**Tania Valley, Stewartson, Co Tyrone, Ireland*

Relationship

(Father)

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1915.</i>																	
<i>Nov. 30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>250</i>	<i>2550</i>			<i>2434</i>			<i>2434</i>	<i>1116</i>		<i>\$ 50 from P. & C.</i>
<i>Dec. 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>11</i>	<i>16</i>	<i>4536</i>				<i>3407</i>			<i>3407</i>	<i>1119</i>		
<i>Jan. 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>11</i>	<i>19</i>	<i>4529</i>				<i>1947</i>			<i>1947</i>	<i>2582</i>		<i>2582 from P. & C.</i>
<i>Feb. 29</i>	<i>29</i>	<i>29</i>	<i>29</i>	<i>29</i>	<i>2</i>	<i>9</i>	<i>2582</i>	<i>5772</i>						<i>2860</i>	<i>2860</i>	<i>2911</i>	<i>2911 from P. & C.</i>
<i>Mar. 3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>30</i>	<i>2582</i>	<i>2912</i>								<i>2912</i>		
<i>4th 31</i>	<i>57</i>	<i>100</i>	<i>57</i>	<i>57</i>	<i>10</i>	<i>570</i>	<i>6270</i>				<i>1217</i> <i>1460</i> <i>973</i> <i>973</i>			<i>4673</i>	<i>4559</i>		
				<i>152</i>			<i>1520</i>	<i>25016970</i>			<i>12411</i>			<i>12411</i>			
<i>BALANCE TRANSFERRED TO NEW LEDGER</i>																	
				<i>152</i>			<i>1520</i>	<i>25016970</i>			<i>12411</i>			<i>12411</i>	<i>4559</i>		<i>6 Bal Crawford's New Ledger Sheet</i>

Checked *[Signature]*

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

ASSIGNED PAY: ENGLAND or CANADA: SEPARATION ALLOWANCE: ENGLAND or CANADA: NAME: **WATTERS, William James** NUMBER: **623200**

EFFECTIVE DATE: **1-10-1917** EFFECTIVE DATE: **1-10-1917**

AMOUNT: **15⁰⁰ 21** AMOUNT: **15⁰⁰ 21**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY		PARTICULARS OF RANK OR APPOINTMENT	
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY	DATE EFFECTIVE
No. 10 Sarah Watters, Jamnavalley, Stewartson, Mother, Co. Tyrone, Ire.		190.36	18/4/17
		190.54	22/6/18
			12-1-17
			26/5/18
			L. Sgt.
			Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT: **11th Res Bn.**

DATE ACCOUNT FIRST OPENED: **1-11-17**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			52 nd Bn.
246	1-9-18		M.R.P.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
15/11/17		Section Deb. Subd.	1/80				
20/11/17	362	Seaford	7/133				
26/11/17	361		4/62				
			1/380				

visah to Canada 21.2.19 E 3813. Seaford 26 Seaford MA 10

Ledge for Br 40632 LRC for 362 362 24 SA. M.

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918									310 24	344 25	
March 31	Bal. fwd.										
April	Sept P.	39		a/r. CR 12935 £ 3 1 8			15				
				a/r 6 52 Bn 7. 4. 18	7 14				327 10		
		39			7 14		15				
May	L/s. P.	40	30	B 6753.			15				
				a/r 703 52 Bn 4. 5. 18	14 28						
				160 ✓ 18/5	7 14						
				under debited in Mar 18/5	21 42		20		330 78	344 25	
		40	30		21 42		20 15				
June	Sept P.	39		B 56990			15				
	From Sgt 26/5/18 increased 36 days @ 20	720		194 ✓ 3/6	7 14						
		46 20		41 ✓ 18/6	8 03				346 81	344 25	
		46 20			15 17		15				
July	Sgt P.	46	50	B 73598 £ 3. 1. 8			15				
				260 ✓ 3/7	7 14						
				492 ✓ 24/7	8 03				363 14		
		46 50			15 17		15				
Aug	S.P.	46	50	621990			15		394 64		
		46 50					15			344 25	
Sept	S.P.	45		D 23662 £ 3. 1. 8			15				
				a/r 2439. C.C.H. Eps 12. 9. 18	9 73						
				39167 London 27. 9. 18	24 33						
				a/r 6222. C.C.H. Eps 27. 9. 18	24 33				366 25	344 25	apagued
		45			58 39		15				
Oct	S.P.	46	50	Sup. Cr. 67368 £ 3. 1. 8			15				
	27. 27. 9. 18 - 9. 10. 18 12 days.	276		a/r 2063 29. 10. 18. 18 Res	7 30						
	RO 294. 11. 10. 18. 18 Res			a/r 1823A. f. 9. 12 Sept. 1918.	1 70						
				D 64572 see over			15		382 50		
		55	26		9 3		30				

NUMBER 623200

RANK Sgt

NAME WATTERS W.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									382.51	344.25	
1918.	Oct Fwd										
Nov	S.P.	91.50		Nov 23.18				15.1			
Dec				E.A.P. Dec.							
Jan		46.50		aR 2263 12.11.18 18 Res	24.33						
				643972				15.1			
				aR 403 17.10.18 ^{Soldier out.} Dublin	4.87						
				" 2415 25.11.18 18 Res	19.47						
				" 2577 2.12.18	38.92						
				" 2784 14.12.18	17.03						
				73255.	104.63			15.1	385.87		
		138.			104.63			30.			
Feb	S/P	112		aR 3351 20.1.19 18 Res	14.60						
	Ext on D.P.	37.86		" 3531 29.1.19	14.60						
				755779.				15.1			
				75116 ✓ March E.A.P.				15.1	406.51		
		80.92			27.2			30.			
		77.51		aR 3863 21.2.19 18 Res	24.45						
				" 3961 28.2.19	53.65						
				" 1150 15.1.19 Dublin	4.87						
				" 3. 8.3.19 52 Res	9.73						
		79.86			82.85			30.	352.89		
				Sailed to Canada 17.3.19							
				S.L.H.I.M.R.D							

406.51
 47.80
 362.71
 L.P.C.

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Tamla Valley, Stewartown, Co Tyrone*

NAME AND ADDRESS OF NEXT OF KIN *John Watters,
Tamla Valley, Stewartown, Co Tyrone*

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>app. 4/17 (with pay)</i>	<i>23.1.17</i>	<i>120 16</i>
<i>app. 1/17</i>	<i>2.1.17</i>	<i>202 17</i>
		<i>80. 26. 24/17</i>

REG'L No. *623200* RANK *Private* NAME *Watters, William James*

IF IN PERM. CORPS WHAT UNIT UNIT *11th Res Battalion* TRANSFERRED TO *52nd Bn* DATE *1.8.16* AUTHORITY *50165 17/17*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Winnipeg* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *13th October 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1st October 1917*

PAYABLE TO *M^{rs} Sarah Watters* *Tamnavally Stewartown* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4			CREDIT	DEBIT				
			\$	c.			\$	c.			\$	c.																			No.
<i>1/16</i>			<i>152</i>				<i>15 20</i>						<i>2 50</i>		<i>169 70</i>											<i>124 11</i>	<i>45 59</i>				
<i>Apr-30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>									<i>33</i>	<i>169 3</i>	<i>17/16</i>								<i>14 60</i>		<i>35 20</i>	<i>49 80</i>	<i>28 79</i>	<i>for 32 days pay. 1/10/16</i>	
<i>1-5-16</i>															<i>34 10</i>	<i>1827</i>	<i>15/16</i>									<i>2 43</i>		<i>2 43</i>	<i>60 46</i>	<i>Pay restricted to 20% p.d. B.O. 6(10) 15/16</i>	
<i>June 1-30</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>20</i>	<i>10</i>	<i>200</i>									<i>33 00</i>	<i>1856</i>	<i>15/16</i>								<i>2 43</i>		<i>2 43</i>	<i>91 03</i>			
<i>1-31</i>	<i>31</i>	<i>100</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>									<i>34 10</i>	<i>1894</i>	<i>30/6</i>								<i>2 43</i>		<i>2 43</i>	<i>122 70</i>			
<i>1/8 31/8</i>	<i>31</i>		<i>31</i>			<i>3 10</i>									<i>33 10</i>	<i>192</i>	<i>15/8</i>								<i>2 62</i>		<i>1 82</i>	<i>62 154 18</i>			
<i>1/9 30/9</i>	<i>30</i>		<i>30</i>			<i>3 00</i>									<i>33 00</i>	<i>192</i>	<i>31/8</i>	<i>5163 1/10/16</i>	<i>4872 2/10/16</i>						<i>2 62</i>		<i>4 36</i>	<i>11 34</i>	<i>175 84</i>		
<i>1/10 31/10</i>	<i>31</i>		<i>31</i>			<i>3 10</i>									<i>34 10</i>	<i>1883</i>	<i>30/9</i>	<i>631 15/10</i>	<i>1330 11/10/16</i>						<i>2 23</i>	<i>1 75</i>	<i>2 61</i>	<i>9 59</i>	<i>200 35</i>		
<i>1/11 30/11</i>	<i>30</i>		<i>30</i>			<i>3 00</i>									<i>33 00</i>	<i>192</i>	<i>15/10</i>										<i>233 35</i>	<i>165 00</i>			
<i>1/12 31/12</i>	<i>31</i>		<i>31</i>			<i>3 10</i>									<i>34 10</i>	<i>1849</i>	<i>30/10</i>	<i>702 15/10</i>							<i>5 23</i>	<i>11 34</i>	<i>16 57</i>	<i>250 88</i>	<i>180</i>	<i>-70 88</i>	
<i>1917</i>			<i>4270</i>			<i>4270</i>																									
<i>Jan 31</i>	<i>31</i>	<i>100</i>	<i>34 10</i>												<i>34 10</i>	<i>764</i>	<i>30/11</i>								<i>5 23</i>		<i>5 23</i>	<i>279 75</i>			
<i>Feb. 28</i>	<i>28</i>		<i>30 80</i>												<i>30 80</i>	<i>822</i>	<i>30/11</i>								<i>5 23</i>		<i>5 24</i>	<i>305 31</i>	<i>214 25</i>		
			<i>534 60</i>												<i>2 50</i>	<i>537 10</i>										<i>16 72</i>	<i>18 14</i>	<i>11 33</i>	<i>35 20</i>	<i>231 79</i>	<i>Carried forward</i>

Checked *J. Watters*

English

623200.

of Lt. Col. Watters, William James

Assigned Pay Nil.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT					
			\$	C.						\$	C.																	NO.	DATE	NO.	DATE	NO.
1917 Feb.			534	60				250	537	10				167	12	18	14	11	23		35	20	231	79	305	31	214	25				
March	31	1 ³⁰	37	20				370	37	20	916	1024	1573	3	61	7	85							21	49	324	42					
130 Apr	30	1 ³⁰	39					790	46	90	38	747												5	23	366	09					
31 May	31	1 ³⁰	40	30				110	41	40	91	1417	142	7617										4	36	3	57					
June	30							39			249	215													53	13	385	42	283	25	102	18
July	31	1 ³⁰	40	30				40	30																							
Aug.	31	1 ³⁰	40	30				40	30		251	216																				
Sept	30		39					39			260	226	589	1078	698	119																

app. of Cpt. (with Pay) 23.17
 20.16. 20.217
 app. of Sgt. 2/1/17 D.O. 56 6/4/17
 left pay 49 days @ 10%
 then paid as Lt. from 12/1/17 to 22/1/17
 8 1/2 11 days @ 10.0

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ALLOWANCE
Oct	Bal b/d down								355 147		
Oct	L/S Pay	40	30						239528		
Nov		40	30	52 Bn 675 19/8/17					893		
Nov		39	--	AR 823 " "					1354188		
Nov				AR 823 " "					4/10/17		625
Nov				" 853 " "					18.10.17		714
Nov				769 " "					19.9.17		536
Dec		40	30	B91783					AP		
Dec				AR 918 " "					5.11.17		625
Dec				963 " "					20/11		1338
Dec		79	30						3838		30
1918 Jan		40	30	C56820							15
Jan				1001 ✓					3/12 0		1249
Jan		40	30	1034 ✓					26/2 0		803
Jan									20 52		15
Feb	L.S.P.	36	40	B9786							15
Feb				AR 1075 ✓					7.1.18		714
Feb				" 1113 ✓					16.1.18		414
Feb		36	40	" 1163 ✓					2/1/18		803
Feb									2231		15
Feb									38630		341 25

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ALLOWANCE
1918 Feb	Bal fwd.								386 30		341 75
Mar	L.S.P.								15		371 30
Mar		40	30	AR. 2657. 52 Bn. 21/2/18					6813		
Mar				✓ 1214 ✓					724		
Mar				✓ 1485 ✓					15/2/18		1071
Mar				✓ 1266 ✓					17.3.18		714
Mar				1 day pay under R.A. A.W.T. from 8 AM 11/3/18 to 10 pm 11/3/18							110
Mar				AR. 1276 ✓					19/3/18		714
Mar									10026		110 15
Mar									31024		344.25

Dispensary area #10
Occupational Group #3

17-11-39

SHORT FORM.

War Service Badge
Class "A" No. 74043

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

ea P

1. No. 6 23 500	
2. Rank. Sgt	
3. Name. WATTERS William James	
4. Unit. 5 Bna Battalion M/R	
5. Date of Discharge	Place
MAR 31 1919	Post Arthur
6. Reason for Discharge. Demobilization	
7. Authority. DO 94	
8. Proposed Residence after Discharge. Winnipeg Man	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W. ?	
Signature of Soldier. W J Watters	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	
Date. MAR 31 1919 PORT ARTHUR, ONT.	
Signature. [Signature]	
(O. C. Discharging Unit.)	

General Discharge	MINUTE BOOK B 3800
Refugees Discharge	MINUTE BOOK B 382
Medical Reports	M. B. M. 125 OF IX. M. B. 125
Dental History Book	MINUTE BOOK B 382
Proceedings of Medical Board	M. B. R. 382. V. B. R. 125 OF V. B. R. 125
Medical History Book	MINUTE BOOK B 382 OF V. B. R. 125
Certificate that invalid documents are authentic	
First Day Certificate	MINUTE BOOK M. 31
General Book	MINUTE BOOK M. 31 OF V. B. R. 125
First Discharge Book	MINUTE BOOK M. 125 OF V. B. R. 125
of Particulars of Discharge	MINUTE BOOK M. 125
Association Paper, Discharge	MINUTE BOOK M. 31

Signature

UNIT NUMBER (U.S.)

Date

Place

The contents of this report shall be treated as confidential

To

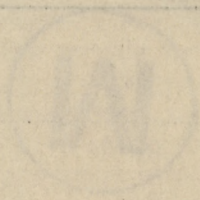
COMBINATION

Signature of Soldier

U.S. No.

I hereby acknowledge that I have read and understand the contents of this report and that I accept the discharge conditions

CEBLANCULE TO BE SIGNED BY SOLDIER



1. Name of Soldier

2. Address

3. Name of Discharge Officer

4. Date of Discharge

5. Unit

6. Branch

7. Post

8. No.

(Discharge Officer)

PROCEEDING ON DISCHARGE

SHORT COPY

UNIT NUMBER (U.S.)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 4009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *+ duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group *B*

Checked by No. *[Signature]*

Date *14/3/19*

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

Sgt *Watters* *W* 9
 PAYMASTER
Watters *Jas W 56*
 NAME (IN FULL) BLOCK LETTERS SURNAME FIRST

M. OR S. _____ REGT. NO. *23200* RANK *Sgt* NAME (IN FULL) *Watters Jas W 56*

ORIGINAL UNIT C.E.F. *44th* IF IN P.F. WHAT UNIT? _____

PLACE OF ATTESTATION _____ TRANSFERRED TO *Nislink* DATE *MAR 17 1919* AUTHORITY *W 094*

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *Can Bank of Commerce* _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *Closed 11.4.19.* EFFECTIVE _____

DISCHARGED *M 10* PLACE _____ DATE *MAR 31 1919* REASON _____ AUTHORITY *W 094* IF ENTITLED TO POST DISCHARGE PAY _____

31

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
<i>2/1/19</i>				<i>362 74</i>											<i>362 74</i>		<i>BAL. ENG. L. P. O.</i>	
				<i>362 74</i>				<i>9 73</i>									<i>Clothing Alice. 1st payment W.S.G.</i>	
<i>3 31</i>	<i>31</i>	<i>1 50</i>	<i>46 50</i>					<i>4 87</i>									<i>Advances - Boat - Train</i>	
				<i>514 24</i>				<i>5 00</i>	<i>49 64</i>				<i>574 24</i>				<i>A.P. chgd. on Eng. L. P. O. to</i>	
				<i>684 94</i>													<i>War Service Gratuity</i>	
				<i>420 -</i>				<i>70 -</i>									<i>Soldier dependent</i>	
<i>183 days admiss</i>				<i>420 -</i>				<i>558 28</i>	<i>70 -</i>				<i>350 -</i>				<i>1st Payment W. S. G. as above</i>	
<i>May 1</i>								<i>572 77</i>	<i>70 -</i>				<i>280 -</i>				<i>400 Indu 11</i>	
<i>21</i>								<i>767 326</i>	<i>70 -</i>				<i>210 -</i>				<i>70-3rd</i>	
<i>June 7</i>								<i>1204 012</i>	<i>70 -</i>				<i>140 -</i>				<i>70-4th</i>	
								<i>1221 343</i>	<i>70 -</i>				<i>70 -</i>				<i>70-5th</i>	
													<i>nil</i>				<i>4000 final</i>	
				<i>420 00</i>				<i>70 00</i>					<i>350 00</i>		<i>420 00</i>			
																	<i>Account closed.</i>	

183

AUDITED
 1919
 Audit Clerk
[Signature]

1588

MEDICAL CASE SHEET.*

TC 541
 No. in Admission and Discharge Book. **623200**
 Rank. **Sgt.**
 Surname. **Hellers**
 Christian Name. **W. J.**

3A
 Year **1918**
 Unit. **52nd Cav.**
 Age. **30**
 Service. **2 1/2**

Station and Date. **22.8.18**
 Disease **Contusions - Buried.**
R.T.S. 500 units D1276 (Kellcome)

Aug 24. In Aug 12th at **W. H. H. H.**
 Shell explosion & was buried
 in trench. slight gage on
 the shoulder.
 Some contusion of abdomen &
 Hypos - stiffness
 30 Improving

2.9.18 R.T.S. 500 units D1276 (Kellcome)
Sept 4. 14 C. H. J. F. C. H.

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	6232 00	Sgt.	Wattus	W. J.
Year	Unit.	Age.	Service.	
	52 Can Bn	30		

Station and Date
10 SEP 1918
16 SEP 1918

Disease *Contusion of Abdomen (caused by shell) 14.8.18*
Recovered - suffering no pain or discomfort, pulse fir - fixi
no wound. Lit a.

FURLOUGH ADDRESS IN FULL.

Damma Valley
Stewartstown
Co Tyrone

TAB 16.9.18
23.9.18

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 11 Res Batt.

Military Hospital M. B.

No. 623200

Rank and Name Pvt W. J. Walker

Age 28

Service 5/12

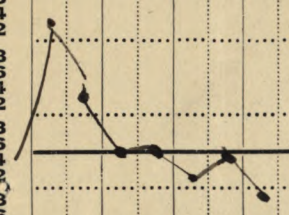
Disease Scarlet

Date of admission 20-3-16

Date of discharge 25-3-16

Result Improved

Dates of Observation	20	21	22	23	24																														
Days of Disease																																			
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time		
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.			
107°																																			
106°																																			
105°																																			
104°																																			
103°																																			
102°																																			
101°																																			
100°																																			
99°																																			
98°																																			
97°																																			
Pulse per Minute	100	80	72	72	72	68	68																												
Respirations per Minute	22	18	18	18	18	18	18																												
Motions per 24 hours																																			



Signature [Handwritten Signature]

In charge of case.

101
102
103
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110

111
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114
115

CHARTER

Regtl. No., Rank and Name 623200 Watterott Corps 11th Res Batin

Disease Peritonsillar abscess Hospital MBH

To Officer i/c Laboratory. Ward 12

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

Date 20/3/16 O. i/c _____ Ward _____

LABORATORY REPORT.

Smear - streptococci
no Vincent's organisms

Culture to follow.

Date of Examination 20/3/16

L. Farrant Jones
Capt CAME
O. i/c Laboratory.
for

Regt. No. Rank and Name 623200 *Walters* Corps 11th Cavalry
Disease *Paratyphoid* Hospital *2nd CA*
To Officer in Charge of Laboratory *12* Ward

Please carry out an examination of the accompanying specimen of *Stool*
with special regard to _____
Date *20/10*

LABORATORY REPORT

Paratyphoid
for Vincent's organism
to follow

Date of Examination *20/10*
L. J. ...
Officer in Charge of Laboratory *for*

DISCHARGE FROM HOSPITAL

Canadian Form A.M.S 7002.
For W.O's, N.C.O's & Men.

Do not fail
to strike out
two of these
on each sheet

1. To Chief Paymaster, Canadians,
7, Millbank, London, S.W.
 2. To Officer in Charge of Records, Canadians (Casualty Branch),
7, Millbank, London, S.W.
 3. To Officer Commanding, 11th Reg Bn
(Name of Unit to which discharge is made)
- At Landing Station.

Unit or Corps 11th Reg Bn Regt. Number 623200 Rank Pvt Name (Surname first) Harris

The above mentioned Canadian soldier will be discharged from this Hospital on the 25th day of March 1916.

He may be expected to arrive at the hospital Railway Station,
at 11 o'clock a m. on the 25th day of March 1916.

- | | |
|--|---|
| <ul style="list-style-type: none"> i. I consider him "Fit for duty" ii. I do not consider him "Fit for Duty" *iii. I consider him fit for his former "light duty" *iv. I do not consider him fit for his former "light duty" | } Strike out that which is
inapplicable. |
|--|---|

Name of Central Hospital 11th Reg Bn Home Life
Signed [Signature] Officer in Charge.

This return is to be made out in quadruplicate. If discharge is made to the Canadian Casualty Assembly Centre, one copy is to be forwarded to each of the Officers specified 48 hours previous to discharge. If discharge is made to any other Unit, the copies are to be forwarded 24 hours previous to discharge. One copy is to be retained by Hospital for its records.

*For patients admitted to hospitals from "light duty Service" only.

DISCHARGES FROM HOSPITALS.

HOSPITALS.	Patients from Troops serving Overseas from the United Kingdom.	Patients from Troops stationed in the United Kingdom.			
		Admitted from "Light Duty Service."		Other Patients.	
		All Patients.	If fit to resume former "Light Duty."	If not fit to resume former "Light Duty."	If "Fit for Duty."
British Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Military Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Convalescent Hospitals.	Discharge to Canadian Casualty Assembly Centre.	Discharge to former "Light Duty."	Discharge to Canadian Casualty Assembly Centre.	Discharge to Unit or Reserve Unit.	Discharge to Canadian Casualty Assembly Centre.

This form may be obtained from Officer in Charge of Purchases, Canadians, 14, Gt. Smith Street, London, S.W.

DISCHARGE FROM HOSPITAL

DICKINSON BOND

1804

MADE AT CROXLEY

DISCHARGE FROM HOSPITAL

No.	Name	Age	Sex	Religion	Marital Status	Occupation	Address	Signature	Date
1	John Smith	45	M	Anglican	Married	Teacher	12, Green St., London E.C.	[Signature]	15/10/18
2	Mary Jones	38	F	Roman Catholic	Single	Housewife	45, White St., London W.	[Signature]	16/10/18
3	James Brown	52	M	Methodist	Married	Labourer	78, High St., London E.	[Signature]	17/10/18
4	Elizabeth White	60	F	Anglican	Widowed	Retired	23, Park St., London W.	[Signature]	18/10/18
5	Robert Black	40	M	Baptist	Married	Shopkeeper	56, Market St., London E.	[Signature]	19/10/18
6	Sarah Green	35	F	Anglican	Single	Teacher	10, School St., London W.	[Signature]	20/10/18
7	William Grey	55	M	Methodist	Married	Labourer	34, Brick St., London E.	[Signature]	21/10/18
8	Ann King	48	F	Roman Catholic	Married	Housewife	18, Church St., London W.	[Signature]	22/10/18
9	Thomas Lee	65	M	Anglican	Widowed	Retired	9, Station St., London E.	[Signature]	23/10/18
10	Elizabeth Hall	30	F	Methodist	Single	Teacher	27, School St., London W.	[Signature]	24/10/18

This form may be ordered from the General Hospital, 41, St. Giles Street, London E.C.

DICKINSON BOND

623200

Regtl. No., Rank and Name Pte. Walters. W. J. Corps 11th Res Bn

Disease _____ Hospital Moore Bldg.

To Officer i/c Laboratory. _____ Ward 12.

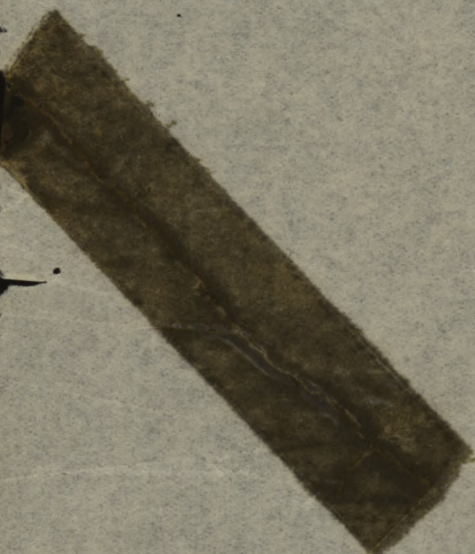
Please carry out an examination of the accompanying specimen of Throat Culture

with special regard to K. L.

Date 21-3-16 _____ O. i/c _____ Ward. _____

LABORATORY REPORT.

Culture - negative for K. L.



Date of Examination 21-3-16

L. Farrant Jones
Capt CA MC
for O. i/c Laboratory.

62200

Regt. No., Rank and Name Private [illegible]
Hospital [illegible]
Disease [illegible]

To Officer in Laboratory [illegible]
Ward [illegible]

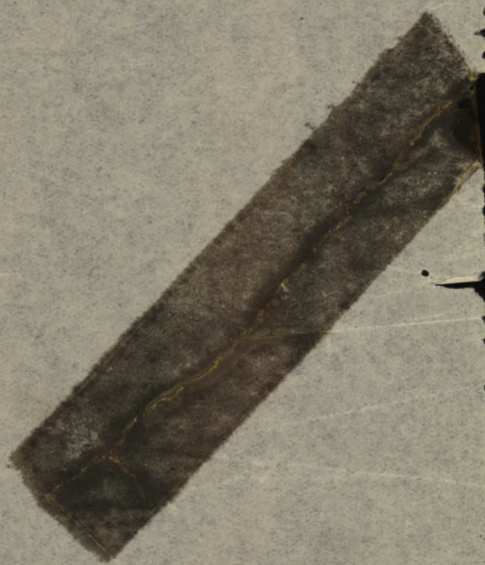
Please carry out an examination of the accompanying specimen of [illegible]

with special regard to [illegible]

Date [illegible]
O. I. No. [illegible]
Ward [illegible]

LABORATORY REPORT

[Faint handwritten signature]



Date of Examination [illegible]
O. I. Laboratory [illegible]