

# ATTESTATION PAPER.

No. ~~70~~ 861

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- |   |   |
|---|---|
| 1. What is your name?.....  | <i>Henry Walker</i>                                   |
| 2. In what Town, Township or Parish, and in what Country were you born?.....                                    | <i>Lancashire, England</i>                            |
| 3. What is the name of your next-of-kin?.....   | <i>(Wife) Mrs Henry Walker</i>                        |
| 4. What is the address of your next-of-kin?.....  | <i>111 St Louis St, Lachine, Que, Can.</i>            |
| 5. What is the date of your birth?.....   | <i>13<sup>th</sup> December 1879</i>                  |
| 6. What is your Trade or Calling?.....  | <i>Laborer</i>  |
| 7. Are you married?.....  | <i>Yes</i>  |
| 8. Are you willing to be vaccinated or re-vaccinated?.....  | <i>Yes</i>  |
| 9. Do you now belong to the Active Militia?.....  | <i>No</i>   |
| 10. Have you ever served in any Military Force?..<br><small>If so, state particulars of former Service.</small> | <i>6 yrs North Lancashire Inf. (2 yrs s.a. nitel)</i> |
| 11. Do you understand the nature and terms of your engagement?.....   | <i>Yes</i>  |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}                | <i>Yes</i>  |
|   | <i>Henry Walker</i> .....(Signature of Man).          |
|   | <i>R B Smith</i> .....(Signature of Witness).         |

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Henry Walker*....., 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 *Dec 1<sup>st</sup>* 1914. *H Walker*.....(Signature of Recruit)  
*R B Smith*.....(Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Henry Walker*....., 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 *Dec 1<sup>st</sup>* 1914. *H Walker*.....(Signature of Recruit)  
*R B Smith*.....(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 *Montreal* this *1<sup>st</sup>* day of *December* 1914.

*James J P*.....(Signature of Justice)

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

*R S Raby Lieut.*.....(Approving Officer)

# Description of Henry Walker on Enlistment.

Apparent Age 25 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. 7 1/2 ins.  
 Chest measurement { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.  
 Complexion ..... Healthy  
 Eyes ..... Dark Hazel  
 Hair ..... Brown

*Face Marks: left arm 4*  
*Scars: - left upper arm 2*  
*" " calf*  
*minus large toe left foot*

Religious denominations.  
 Church of England .....  
 Presbyterian .....  
 Wesleyan .....  
 Baptist or Congregationalist .....  
 Other Protestants ..... Go  
 (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 him\* fit for the Canadian Over-Seas Expeditionary Force.  
 Date ..... December 1st ..... 1914. W G Dalpe (MD)  
 Place ..... Montreal ..... AME Lt  
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.

Henry Walker ..... 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.

Date ..... Dec 1st ..... 1914. W Stewart ..... Mayd (Signature of Officer)  
C. Reserve Park

DISCHARGE DOCUMENTS

Reg. No. 86  
H. Q. No. 86

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 37

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name Walker, Henry

Regt. No. 861 Rank 1st Lt.

Corps 1st An. Army Service Corps G. G. A. C.

*Medically unfit*

**M**

02120

**H**

*M + 11.1.24  
219 1619*

41 28  
10 28  
3 28  
1

*Army form B-122-11  
med certificate*

Box  
10 d 12

Name Walker H.

Rank Sgt.

Reg. No. 861

Unit C.A.S.C. TRAINING DEPOT (2nd Res. Pk.)

Next of Kin Canada

1946	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Mar. 5	Western Favell Aux Hosp.	Northamptonshire	Bronchitis	202	ER.	
April 22	Con. Hosp. Woodcote Pk. (Pysora) (Can.)		Tuberculosis	213.		
Apr. 28	Ontario Mil. H. Orpington		do	244		
June 9	Discharged		do	322	FR	



No. 861.

RANK

Sgt.

NAME

Walker. L.

T. O. S.

UNIT

Discharge Depot. Quebec.

M. D.

5

PAID  
FROMPAID  
TOSIG.  
CR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

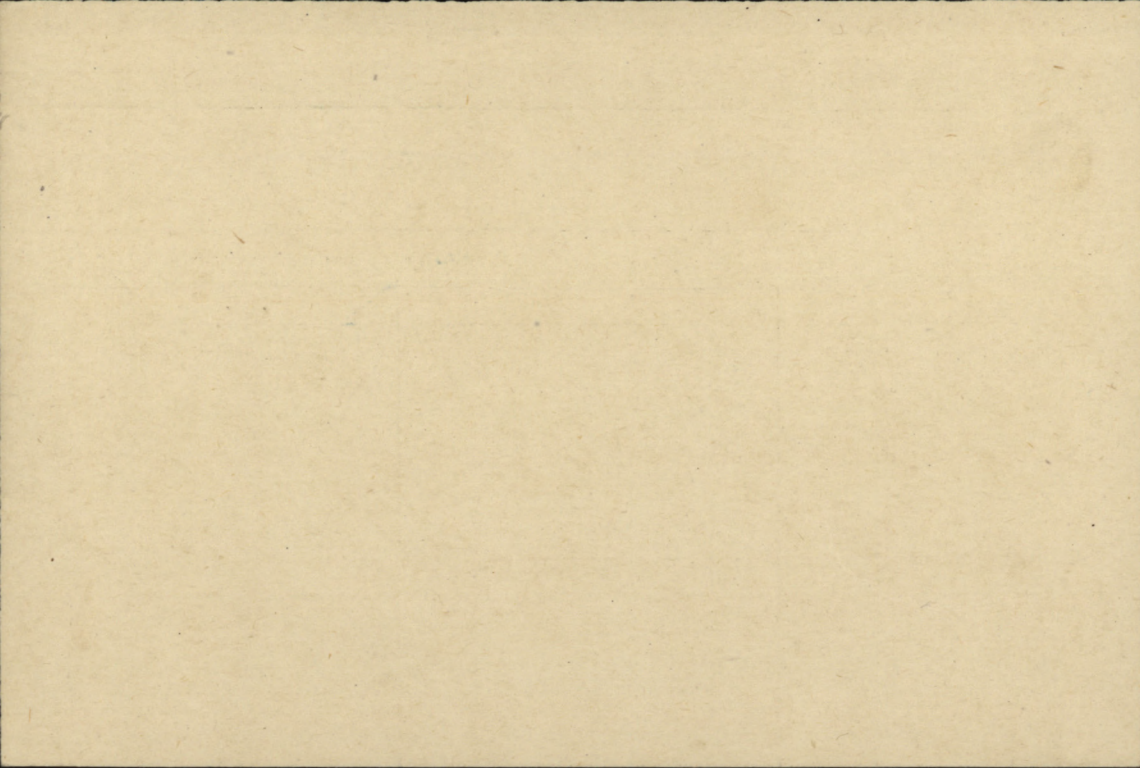
1906

1916

✓

C. A. S. C.

June no dates





S. Med. Confit 26. 12. 16. M.D.4

RPC 8024  
or 8025

WALKER, Henry No. 861 Sgt. C.A.S.C. H.O. 649-W-2661

*2nd Res. Park*

M & D. widow

Mrs. Hannah Walker,  
6 Hill St., Hurst Nook, Ashton-under-  
Lyne, Lancashire, England.

*(M)*

P & S. "  
*991848*  
Memorial X "

"  
"

also mother

Mrs. Elizabeth Walker,  
Cutcheth Hall, Newton Heath,  
Manchester, England.

*(M)* Death attributable to  
Military Service.

*Eligible for 14.15 Star Sgt. 2nd Res Park.*  
" " *V.M.*  
" " *B.W.M.*

*Ms.*

JAN 23 1924 54311 Men + widow

JAN 23 1924 54312 Men + mother

APR 20 1929  
Scroll Desp. \_\_\_\_\_ Reqn. No. 3704

NOV 21 1929  
Plague Desp. \_\_\_\_\_ Reqn. No. 4277

424  
B  
MC  
13  
Number 8. 101..... Rank..... *Serjt V*

Surname. *W.A.L.K.E.R.*

Christian Names *Henry*

Unit *C.A.S.C.* Theatre of War *France*

Date of Service *18/9/13*

Remarks *Mrs. Hannah Walker<sup>(w)</sup> 6 Hill St.,  
Christ. Hook, Buxton - under - Lyne,  
Lancashire, England.*

Latest Address *111 St Louis St*

Roll No, *Ladine Locks*  
*Ladine Locks*

*Page 2399*

DESP. DEC 27 1923

REGN. NO.

492

REG'TL NO 861

NAME Walker, H.

H. Q. FILE NO. 649-

RANK AND CORPS Sgt C.A.S.C. No 2. Res Park

FOLLOWS  
No. 140X  
FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 182	No 20 Castle St	26-2-16	Bronchitis
"	No 20 Gen. Lamier	2-3-16	Bronchitis, Catarrhal Sep
B 19	Weston Favell Curp Northants	5-3-16	Bronchitis
202	" " " "	5-3-16	"
B. 38	1st Eastern Gen, Cambridge	10-4-16	"
213	Convl, Woodcote Pk, Epsom	22-4-16	Tuberculosis
B. 44.	Convl, Woodcote Pk, Epsom	20-4-16	Bronchitis
244.	Ontario Mil, Orpington, Kent	28-4-16	Tuberculosis (Q)
B 110	" " " "	27-4-16	Bronchitis
B 110	" " " "	8-6-16	" (Disch.)
322	" " " "	9-6-16	Tuberculosis (Disch)

649 W 2661

CARD NO. ✓

SURNAME.

Walker.

CHRISTIAN NAMES

Henry

S.O.S. Dis 26-12-16 4

REGL. NO.

861

RANK

Pte.

M.C. Auth.  
Rec'd card

UNIT

2<sup>nd</sup>. Reserve Park, C.A.S.C.

FORMER CORPS

S.A. 2 yrs. w/ Hants Inf. pyro.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Walker, Mrs. Henry

RELATIONSHIP TO SOLDIER

wife

ADDRESS

111 St. Louis St., Lachine, P.Q.

COUNTRY OF BIRTH

England. Lancashire

DATE

Dec. 13<sup>th</sup>, 1879.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Dec. 1<sup>st</sup>, 1914.

From Montreal P. Q.

"Scandinavian" 13-5-15.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Protestant

DESCRIPTION.

APPARENT AGE

35 YEARS

— MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

2 INCHES

COMPLEXION

Healthy

EYES

dk. Hazel

HAIR

Brown.

DISTINGUISHING MARKS

Vacc. marks: - left arm Scars; -

left upper arm, left calf. Minus large toe  
of left foot.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Dec 1<sup>st</sup>, 1914.

Present address: - Not stated



A2

# Canadian Convalescent Hospital, Woodcote Park, Epsom.

No. 861 Rank Sgt. Name Walker H.  
Corps 2nd Res. C.A.S.C. Religion Meth. Age 38 Page, A. & D. 23  
Disease or injury Tuberculosis  
When and where wounded \_\_\_\_\_  
Admitted from Cambridge Date 22/4/16 Discharged to \_\_\_\_\_ Date \_\_\_\_\_  
Hut No. A2 Bed No. \_\_\_\_\_  
Service 14/1/2 Service Field Force 5/1/2  
Transferred on 27/4/16 to Copington Results \_\_\_\_\_

Sick leave

EPITOME OF HOSPITAL TREATMENT.

Name WALKER H.

Rank Sgt.

Reg. No. 861

Unit C.A.S.C. No.2 Res.Park.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1916						
Feb 26	No.20.Cas.Clg.Station		Bronchitis	A182	E.	
Mar 2	No.20 Gen.Hos.Camiers		do	do		
"	5. Weston Favell Aux:Hosp.Northants.		do.	B19.		
Apr. 10.	1st Eastern Gen.Hosp.Cambridge.		Bronchitis.		B38.	
"	20 Gen. Hosp. Woodside Pk. Epsom		do		B74.	
"	27. Ontario Mil.Hosp.Orpington.		Bronchitis.	B110.		
June 1918	8. Discharged:-		do.		B110. E	



Surname

Christian Name or Names

Reg. No.

Walker

H.

861

Rank

Unit

Co.

Troop

Batty.

Sgt

C. A. S. Co. (Train Depot)

Hospital

Date of Admission

#20 Gas Clearing Station

26.2.16

Transferred #20 Gen. Camiers

Hosp. 2.3.16

Weston Favell VAW Northants

Hosp. 5.3.16

1st Eastern Gen Cambridge

Hosp. 10.4.16

Western Aux Dept. Northamptonshire

Hosp.

Diagnosis

Bronchitis (Catarrh)

(1) Later Diagnosis (if changed)

Tuberculosis

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Dis 8.6.16 Date

C.L. 11.3.16 #a182

C.L. 29.3.16 B19

C.L. 13.4.16 #4202

C.L. 26.4.16 #B/38

C.L. 28.4.16 #2/13

C.L. 3.5.16 #B/44

" 5.6.16 244

" 13.9.16 B110

REMARKS

A.M.D. 2 DEPT.

Gen. of D.G.M.S. O.M.F.C. London.

P.L.

Handwritten mark

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm...

1. *Can Cross Woodstock Pk. Epsom* 22 H. 16

2. *Ontario Mill Orpington* 28 H. 16

3.

4.

5.

6.

7.

OS. VV  
 Rank *Sgt. (Cook)* Name **WALKER, Henry**  
 If in perm. Corps, What Unit?

Reg'l No. **861**

Unit **2nd Res Park C.A.S.C**

Married or Single **married**

Place and Date of Enlistment **Montreal Dec 1st 1914**

Place of Birth **Lancashire Eng.**

Name and Address, Next-of-Kin **Mrs. Henry Walker,  
 111, St Louis St. Lachine Que, Can.**

Relationship **wife**

Assigned Pay Monthly \$ *ccac* Payable to

Relationship

Separation Allowance \$ *ccac* Payable to

Relationship

N/E. R.B. No *1186*  
 File R.L. *Mulan*  
 Category *Mulan*

*R 139-18.*

*m.t.  
 11.1.24*

Discharge, Date and Place Reason Character

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>Emb for England as Scandinavian</i>		<i>13 5/15</i>	<i>Mul Can. R.</i>
<i>9-6-15</i>	<i>Ob. 2nd R.P.</i>	<i>Appointed 1st Class Cook</i>	<i>New Inn Green</i>	<i>1-6-15</i>	<i>Part II orders. 164</i>
<i>16-6-15</i>	<i>- - -</i>	<i>Leave 11-17-6-15</i>	<i>- " -</i>	<i>16-6-15</i>	<i>Mustering Roll</i>
<i>27-7-15</i>	<i>- " -</i>	<i>To be Sgt book confirmed</i>	<i>- " -</i>	<i>1-7-15</i>	<i>Nom Roll - WO &amp; NCO's</i>
<i>10 8 15</i>	<i>"</i>	<i>Present with unit</i>	<i>"</i>	<i>10-8-15</i>	<i>Nom Roll</i>
<i>23-10-15</i>	<i>" "</i>	<i>Drunk on line of march. Severe reprimand</i>	<i>In the field</i>	<i>13-10-15</i>	<i>Part II (6)</i>
<i>11-3-16</i>	<i>case of</i>	<i>Adm No 20 Cas Cly Stn</i>	<i>- " -</i>	<i>26-2-16</i>	<i>CL A182. Bronchitis</i>
<i>- " -</i>	<i>- " -</i>	<i>- " - Gen Hosp Carriers</i>	<i>2-3-16</i>	<i>- " -</i>	
<i>14-3-16</i>	<i>Ob 2 R.P.</i>	<i>Grant to Sgt Sick</i>	<i>In the field</i>	<i>6-3-16</i>	<i>Part II 12.</i>
<i>13.4.16</i>	<i>Ob. Case.</i>	<i>Adm. Weston Fenella Hosp. N. Hamptonshire</i>	<i>3/16</i>	<i>Ob. 202</i>	<i>Bronchitis.</i>

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				
29.3.16.	CCAB	Taken on strength.	Folkestone	5/3/16.	Pt. II. 79
26.4.16.	BAMC. Lofc.	1 <sup>st</sup> East-Gen. Hpl.	Cambridge	10/4/16	Ed. B. 38.
28.4.16.	BASC. J.D.	Can. Con. Hpl. Woodcote Pk. Epsom.	— " —	22.4.16	Ed. 213. Tuberculosis.
3.5.16.	" Lofc.	Adm. Con. Hpl. Woodcote Pk.	— " —	20.4.16.	Ed. B. 44. Bronchitis.
4.6.16	Ed. Case	Trans. Ont. Invl. Hosp.	oxington.	28.4.16	Ed. 244 Tuberculosis
13.9.16	B.A.S.C.	Reg. One. mil. Hosp.	" Kent	8.6.16	Ed. B. 110. Bronchitis & Ex. 322
25.8.16	CCAC.	S.O.S. to Canada for dis.	Folkestone	29.6.16	Pt. II. 355

CHECKED. 5th Dec, 1916.





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				

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

861. Sergt. Walker H. C.A.S.C.

Previous civilian occupation:- Seboures-

Cause of Disability

Pulmonary-Tuberculosis

DEPT  
MILITIA & DEFENCE  
JUL 13 1916  
H.Q. ~~1st Div 2949~~  
CANADA  
649-W-2661

Condition: in detail, which prevent the soldier earning a full livelihood.

Loss of weight and strength, night sweats, cough, expectoration and pain in chest. Active Tuberculosis - back and front of both apices and both lower lobes posteriorly

Opinion of the Board.

Degree of Incapacity, (Please state in fractions).

Total

Probable duration of incapacity:-

6 months

Does it render him permanently unfit for Military Service? yes

Would operation, special treatment, or the use of appliances, etc., lessen incapacity? T.B. Sanitarium for 6 months

Signature:-

W. H. Carnell Major President

Station

Quebec

Conrad Gleggie Capt. M.C.

} Members

Date

18-6-16

R. H. Bonycastle Capt.

Approved.

Date

June 18/16

W. H. Carnell Major  
Asst. Director Medical Services.

Date

13<sup>7</sup>/16

W. H. Carnell Capt.  
Director General Medical Services.

17  
X  
Carnell



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.  B.L.T.B Year 1914	Regimental No.	Rank.	Surname.	Christian Name.
	861	Serjt.	Walker.	H.
	Unit.		Age.	Service.
	C.A.S.C.		38	1 <sup>4</sup> / <sub>12</sub> .

Station and Date.  
Oxford  
27/4/16.

Disease Tubercle of lung.

Complaints: ① Cough ② Expectoration ③ night sweats ④ loss of weight ⑤ shortness of breath ⑥ Pain in right chest ⑦ Weakness.

Hist. of Camp: Enlisted at St. Henry, Montreal on Dec 1/14. Billeted in an old cotton mill until May 12/15. left for Thorncliffe & arrived May 29/15. left for France Aug. 1/15. about Oct 25/15 began to feel sick & complained of ① weakness ② easily tired ③ night sweats. ④ Expectoration ⑤ loss of weight ⑥ shortness of breath ⑦ no pain until later. ⑧ no hemoptysis ⑨ appetite good. Did not report sick until Feb. 26/16. getting worse in the meantime Entered No. 20 Clearing station at St. Omer for 3 days then to No 6 Clearing station at Etalles until Nov 5/16 ⑩ V. A. D. Hospital Northampton until Apr. 10/16 ⑪ Cambridge until Apr. 22/16. ⑫ Epsom until Apr. 27/16. ⑬ C. M. H. May 27/16.

Fam. Hist: Two brothers & two sisters living well. One brother dead cause unknown.

Prev. Ill: ① Gonorrhoea ② Dysentery while in Boer war ③ Denies venereal infection.

Habits: Uses tobacco moderately also a little alcohol.

Phys Exam: ① Dullness at right & left supra and infra clavicular spaces. ② Crepitant rales over some areas especially right infra clavicular space ③ Increased breath sounds over some area.

Station  
and Date.

⊕ Dullness along borders of both scapulae  
with crepitant rales and increased breath  
sounds. Right ~~side~~ side chest not marked  
signs.

B.P. 108 Weight: Previous:

Minimum:

Sputum Analysis:

147 lbs.

Apr. 28/16. Aug. Aug.  
All. Neg.

Apr. 28/16 J.B. Present May 7/16 - 126.

May 14/16 - 129.

May 18/16 - 129.

May 24/16 - 130

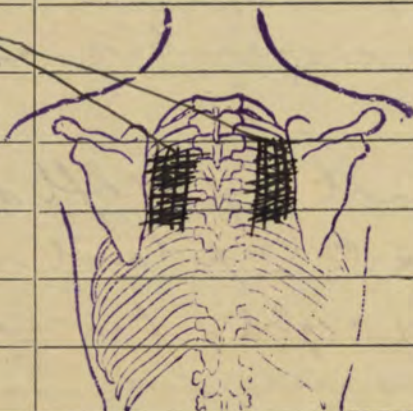
June 7/16 - 126

General Condition: Apr. 11/16 stationary, appetite not  
so good. May 25/16. Stationary. May 31/15. slight  
improvement, cough better. June 7/16. Stationary

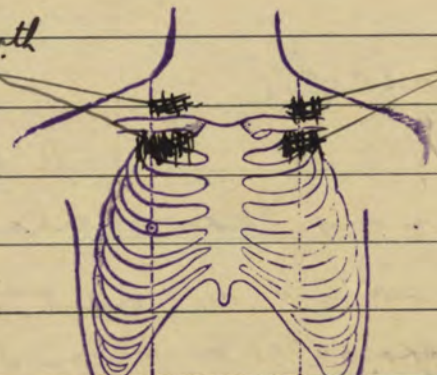
June 8/16 transferred to Canada

G. H. Jepson  
Capt. Canine

Dullness.  
Rales.  
Increased  
breath  
sounds.



Increased breath  
sounds.  
Dullness  
and  
Rales



Increased breath  
sounds.  
Dullness  
and  
Rales

SPUTUM EXAMINATION.

+

2

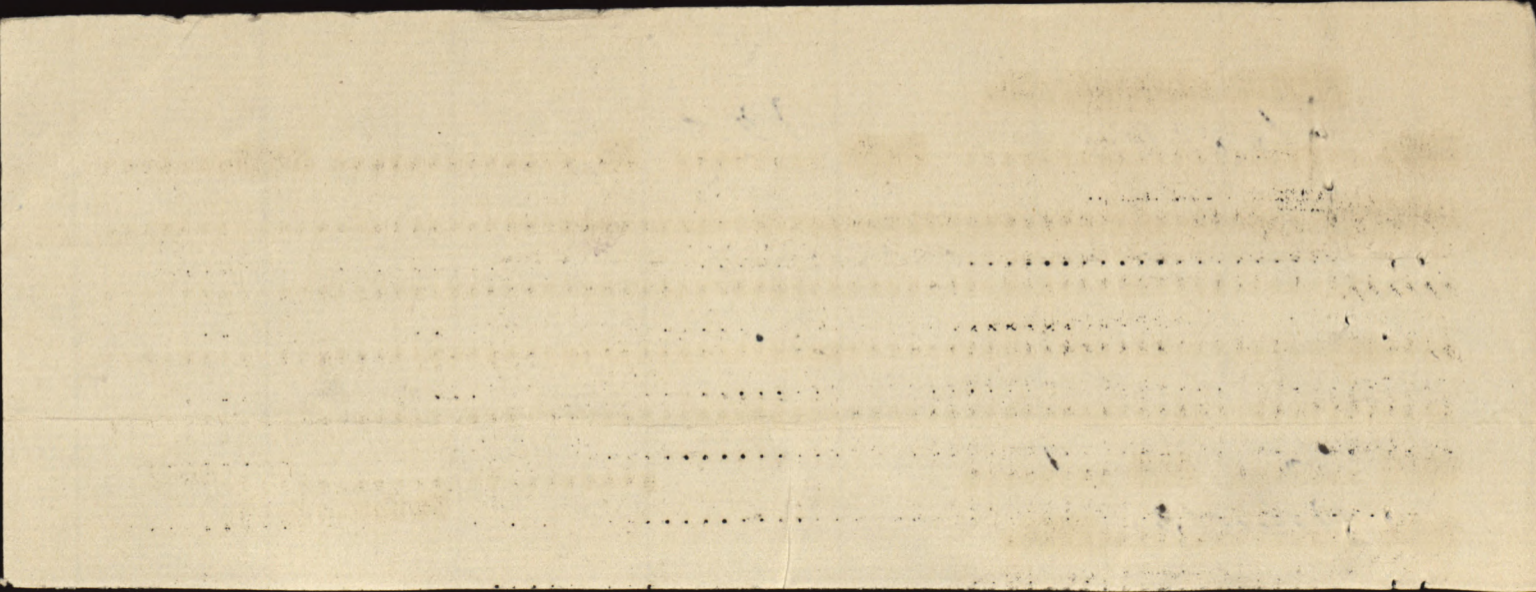
Name *Baker* Rank *Plt* No ..... Regt.....

Remarks .....  
*10 B. Pouch*  
.....  
.....  
.....

Ward *20* Bed *1*.....

Date *June 3* 1916.

.....: Capt.  
Pathologist.









# CLINICAL CHART.

Army Form B. 181.

Corps C. A. S. C.

(To be attached to Case Sheet.)

Military Hospital \_\_\_\_\_

No. 861

Rank and Name Sergt. Walker. H.

Age 38.

Service 1 1/2.

Disease Tuberculosis

Date of admission 27/4/16.

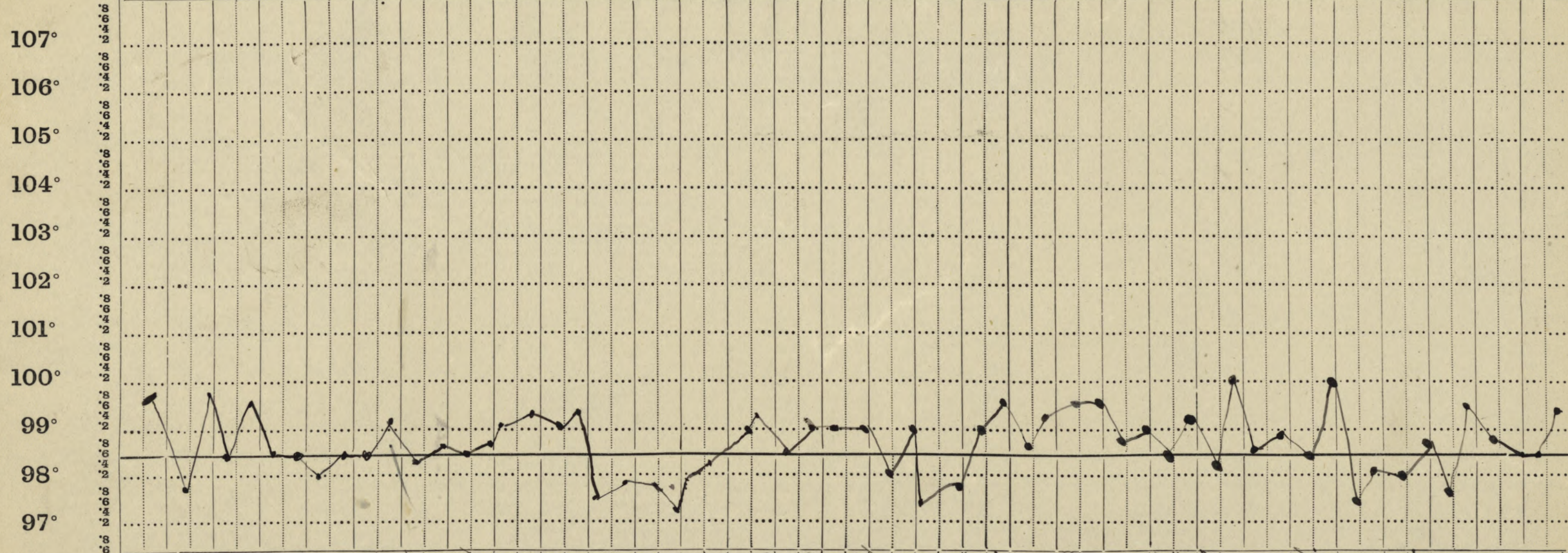
Date of discharge June 5/16

Result Convalescent

ONTARIO MILITARY HOSPITAL  
ORPINGTON, ARMY.

Dates of Observation	<u>April</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>
Days of Disease	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	

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.	A.M.P.M.



Pulse per Minute	<u>98</u>	<u>101</u>	<u>96</u>	<u>90</u>	<u>72</u>	<u>72</u>	<u>66</u>	<u>68</u>	<u>72</u>	<u>74</u>	<u>80</u>	<u>76</u>	<u>80</u>	<u>81</u>	<u>80</u>	<u>82</u>	<u>84</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>88</u>	
Respirations per Minute	<u>22</u>	<u>20</u>	<u>24</u>	<u>24</u>	<u>28</u>	<u>28</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>	<u>24</u>
Motions per 24 Hours			<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>

Signature R. S. Pinhey A.S. In charge of case.



# MEDICAL HISTORY SHEET.

861

Surname Walker Christian Name Henry

Examined { on 1 day of Dec 1915  
 at Montreal  
 Birthplace { City or Town Yarborough  
 County England

Approved by [Signature]  
 Rank Captain M.O.

Apparent age \_\_\_\_\_  
 Trade or occupation Laborer  
 Height 5 Feet 7 1/2 Inches \_\_\_\_\_  
 Weight 140 Lbs. \_\_\_\_\_  
 Chest measurement { Minimum 34 inches \_\_\_\_\_  
 Maximum expansion 2 inches \_\_\_\_\_  
 Physical development Good \_\_\_\_\_  
 Small-Pox Marks \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right \_\_\_\_\_ Left 4  
 Number 4

Date	Result	VACCINATIONS,
<u>Feb 20</u>	<u>Good</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

When Vaccinated last February 20<sup>th</sup> 1915  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 19</u>	<u>OK</u>	<u>[Signature]</u> M.O.
<u>19</u>	<u>OK</u>	<u>[Signature]</u> M.O.
		M.O.

Enlisted on 1<sup>st</sup> day of December 1914 at Montreal

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment				
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.



## MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

11/2/14.

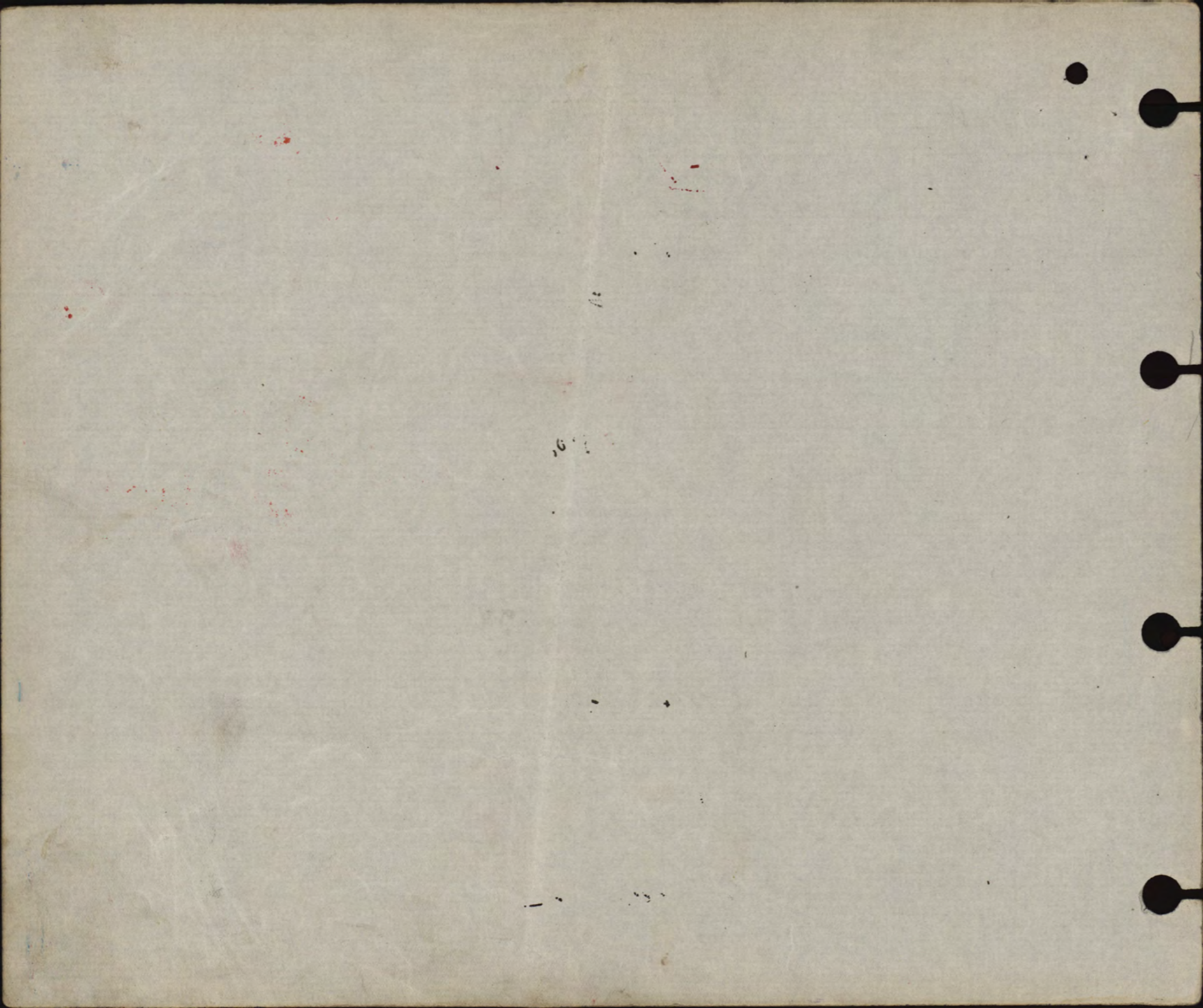
Name *Mrs. Hannah Walker* Name of Soldier *Walker Henry.*  
 Address *111 St. Louis St.* Regtl. No.  
*Lachme Que.* Rank *Driver*  
 Corps *Reserve Park. C. A. S. C.*  
 Relation to Soldier }  
 wife, child or mother } *Wife.*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amount	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915	<i>E 2932</i>	<i>40 -</i>	
Feb.		<i>F 2555</i>	<i>20 -</i>	
March		<i>J 599</i>	<i>20</i>	<i>20</i>
Apl.		<i>F 7311</i>	<i>20 -</i>	<i>20</i>
May		<i>G 9907</i>	<i>20</i>	<i>20</i>
June		<i>M 1275</i>	<i>20</i>	<i>20</i>
July		<i>K 2450</i>	<i>20 -</i>	<i>20</i>
Aug.		<i>K 3475</i>	<i>20</i>	<i>20</i>
Sept.		<i>O 3789</i>	<i>20 -</i>	<i>20</i>
Oct.		<i>K 8996</i>	<i>20</i>	<i>20</i>
Nov.		<i>F 20765</i>	<i>20</i>	<i>20</i>
Dec.		<i>M 15541</i>	<i>20 -</i>	<i>20</i>
J.n.	1916	<i>K 19860</i>	<i>20 -</i>	<i>20</i>
Feb.		<i>N 23942</i>	<i>20</i>	<i>20</i>
March		<i>N 28282</i>	<i>20</i>	<i>20</i>
			<i>320</i>	

ACCOUNT CLOSED  
 DATE JUL 3 - 1916 PER *W*

*Acit: Closed*





Rank

Name

Reg'l No.

861

Unit

C.C.A.C.  
2nd Res Bnk C.A.S.C.WALKER, Henry  
If in perm. Corps,  
What Unit?

Married or Single

married

Place and Date of Enlistment

Montreal Dec 1st 1914

Place of Birth

Lancashire Eng.

Name and Address, Next-of-Kin

Mrs. Henry Walker,  
111, St Louis St., Lachine, Que, Can.

Relationship

wife

Assigned Pay Monthly \$ 15. -

Payable to Mrs Henry Walker,  
111, St. Louis Str, Lachine, Que. Can

Relationship

Wife

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

31-5-16 Canada.

Reason

Character

WPSF

Date		PAY			Field Allowance			Other	Total	Voucher		Cash	Assigned	Other	Total	Balance	Remarks,
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	Credits	Credits	No.	Date	Payments	pay	Charges	Debits		Casualties, etc.
June 1	- 30	30	1.-	30	30	10	3	WP 30	63			35	15		50	13	1 <sup>st</sup> Lt. Cook. June 1. # 164
July 1	- 31	31	-	31	31	"	3	10 31 13	78 10			50	15		65	13 10	
Aug 1	Aug 31	31	1	31	31	10	3	10 227 31	50 47			19	47	15	34 47	46 00	Diffin Exchange
Sept 1	Sept 30	30	1	30	30	10	3	39 46	109			43	81	15	58 81	50 19	
Oct 1	Oct 31	31	1	31	31	10	3	10 31 50 19	115 29			5	23	15	20 23	95 06	10 days F.A. #1, Order #6 charged in November
Nov 1	Nov 30	30	1	30	30	10	3	30 95 06	158 06			15	88	15	40 88	117 18	
Dec 1	1 - 31	31	"	31	31	"	3	10 31 147 18	182 28			20	94	15	35 94	146 31	
Jan 1	31	31	"	31	31	"	3	10 31 146 34	180 44			15	69	15	30 69	149 75	
Feb 1	1-29	29	"	29	29	"	2	90 149 75	181 65			5	23	15	20 23	161 42	
Left March 11	10	10	"	10	10	"	1	00 161 42	172 42					15	15 00	157 42	Transf. to C.A.S.C. D. Part. TE 20. # 12 14/3/16
	11	21	"	21	21	"	2	10 157 42	190 52						190 52	190 52	#102 obs #52 - R Post, 5 PF Br in hand
				305 -			30	50 226 27	561 77			211	25 150 - 10 -	37	125 190 52		Carried forward to Large Ledger sheet

BALANCE TRANSFERRED TO NEW LEDGER. 10



61

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

2nd Contingent

*E*  
*JR*

To Whom

*Mrs Hannah Walker*

By Whom Assigned

*Walker Henry*

Address

*111. 5<sup>th</sup> Louis 5<sup>th</sup>  
Lachine  
Que*

Regtl. No.

*#861.*

Rank

*Driver*

Corps

*2<sup>nd</sup> Reserve Pakt @A.S.C*

Rate

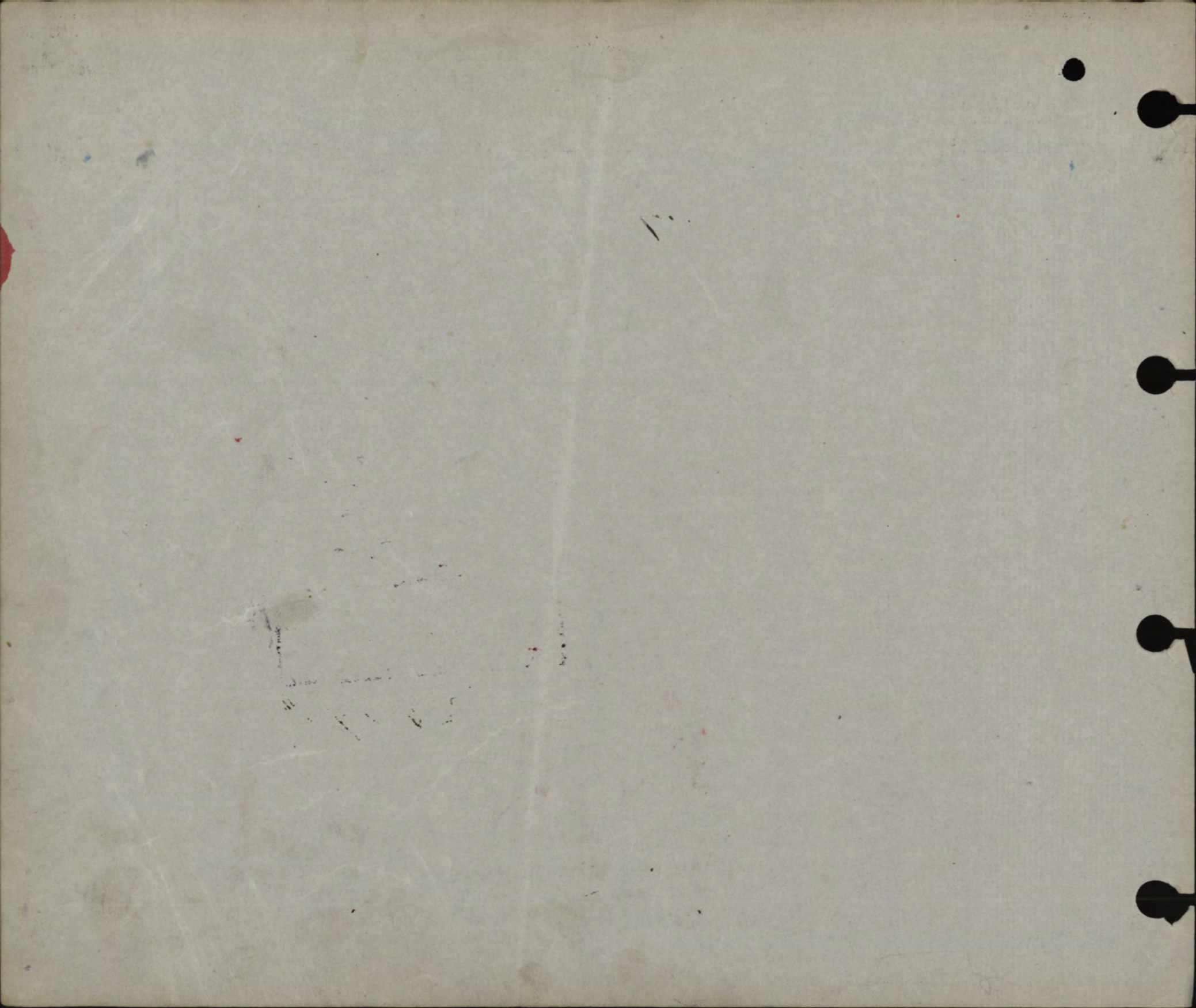
*\$ 25<sup>00</sup>*

MAY 1 1915

*Discharged June 1<sup>st</sup> 3M. 5<sup>1/2</sup> ~~26<sup>5/16</sup>~~ PAYMENTS*

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May		<i>911041</i>	<i>25-</i>	
June		<i>0-1880</i>	<i>25-</i>	
July		<i>U 814</i>	<i>25-</i>	
Aug.		<i>M6384</i>	<i>25-</i>	
Sept.		<i>K913</i>	<i>25-</i>	
Oct.		<i>M7922</i>	<i>25-</i>	
Nov.		<i>PA029</i>	<i>25-</i>	
Dec.		<i>Q11614</i>	<i>25</i>	
Jan.	1916	<i>7 11034</i>	<i>25</i>	
Feb.		<i>V12609</i>	<i>25</i>	
March		<i>X15334</i>	<i>25</i>	

*F.X 28/6/16 a.k.*



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Hannah Walker*

## PAYMENTS.

Name of Soldier

*Walker Henry*  
*Dr 2<sup>d</sup> Res Park* *Case*

L. L. Job 8902.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			25 <sup>00</sup>	
April	1916	1417	25 <sup>-</sup>	
May		194977	25 <sup>-</sup>	
June		<del>108371</del>	<del>25</del>	<i>Cancelled</i> <i>F.X. 28/6/16 O.K.</i>
July				
Aug.				<i>We paid 25<sup>00</sup> per month. A.P. card</i>
Sept.				<i>shows 25<sup>00</sup></i>
Oct.				<i>Pay sheets show 12<sup>00</sup>.</i>
Nov.				<i>Capt. Aumond's Branch to adjust</i>
Dec.				<i>difference OK. 3/7/16 <u>Hylding</u></i>
Jan.	1917			
Feb.				
March				<i>Pension granted 27/12/16 <u>SHS</u></i>
April				<i>6/2/17</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted	13/4/17
B.P.C. to recover \$	✓
Clerk	<i>D.S.</i>
Date	9/7/17

*PD 12 7/17 Hylding*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**

M. F. W. 11a.  
 60m.-12-15.  
 1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

Hannah Walker

*Wife*  
 PAYMENTS.

Name of Soldier

Walker Henry

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M 2509	20	
May		7138	20	
June		6876	20	
July		Bit: forward	320	
Aug.			380	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Acct: Closed*

*380, P.D.P.*

*Retd: on S.S. Scandinavian 17/6/16.*

*Pension granted 27<sup>10</sup>/16.*

**ACCOUNT CLOSED**  
 DATE *JUL 3* 1916 PER *W*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

LL 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 300M-1-19  
 1772-30-1140

Remarks:

File No. 018695-H-147

**WAR SERVICE GRATUITY.**

Register No. ....

6A. 2786  
Reg. No. 861

Name Walker Henry

Address Deer

Dependent Mrs Hannah Walker

Address 6 Hill St Hurst Hook  
Ashton Under Lyne  
England

Pay Soldier \$ nil

Pay Dependent \$ 339.90

Days \_\_\_\_\_ Rate \_\_\_\_\_ Due \_\_\_\_\_

Less P.D.P. credited \_\_\_\_\_

Clerk Wm

Less further Dr. Bal. or overpayment. Net £ 69.17 0.

15-10-20,

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>29/10/20</u>	<u>OB.</u>	<u>2492</u>	<u>£69.17 0</u>		1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
 Posting checked by  
 .....  
 Date.....

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name \_\_\_\_\_ Surname \_\_\_\_\_ Christian Name \_\_\_\_\_

Regimental Number \_\_\_\_\_ Rank \_\_\_\_\_ Address (in full) \_\_\_\_\_

Unit \_\_\_\_\_

Original Unit \_\_\_\_\_

District where paid \_\_\_\_\_

Date of Discharge \_\_\_\_\_

P. D. P. Filing Number \_\_\_\_\_

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127  
 306M-1-19  
 1772-89-1140

Register No. D 25760

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 018695. A. 747

*live*  
*all*

Regt'l No. 861 Name Henry Walker  
(Christian Name) (Surname)  
Unit L.A.C.B. Rank Sgt. Date of enlistment  
Date of casualty 12.4.17. B.P.C. File No. 8924  
Was service performed overseas? Yes

DEPENDENT

Name Mrs Hannah Walker Relationship Widow  
Address 6 Hill St.  
Hurst Prook,  
Ashton-Under-Lyne-Eng.

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-80-1473

Amount of Special Pension Bonus \$ 85 Abstracted by M. Knox

Eligible for Gratuity \$ .....

Less amount of Special Pension Bonus paid \$ .....

Less Debit Balance of S. A. or A.P. \$ .....

Total deductions \$ .....

Balance due \$ .....

Cheque No. .... Date issued .....

*Noted 25/8/20*  
*D.G. 18*

REMARKS: This case is passed to "W" for action  
as per. P.C. 3165. D.G. 20-12-8-24

Clerk .....

Audited by  
.....  
Date .....

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Walker, Henry**  
Surname Christian Name

*018695-H-10*

Regimental Number **861** Rank **Pte.**

Address (in full) **c/o Director of Military,**

Unit **C.A.S.C. 2nd Res. Park.**

**Estates,**

Original Unit

**Ottawa, Ont.**

District where paid **Ottawa.**

Date of Discharge **26-12-16.**

P. D. P. Filing Number **24036**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
<i>160 10</i>	<i>7802</i>	<i>15/7/18</i>	<i>160 10</i>								<i>160 10</i>

**M. F. W. 127.**  
50M-617.  
1772 39-1140.

Remarks: **Deceased.**

File No. 018695-H-147

**WAR SERVICE GRATUITY.**

Register No. W 2296

*Inv: 5.10.20*

Reg. No. 861 *Sgt.* Dependent Mrs. Hannah Walker  
 Name Walker, Henry Address 6 Hill St, Hurst Nook.  
 Address (Deceased) Ashton under Lyne.  
England.

Dee'n No. 1313 File No. 131022  
 Award ... days at \$ 100 per day \$ 160.10  
 Less P, D. P. Credited 26.20  
 Pay Soldier \$ - Pay Dependent \$ 339.90  
 Less further debit balance -  
 Net to be paid as below 339.90

TO SOLDIER			TO DEPENDENT		
Ag. No	Ch No	Amount	Ag. No	Ch No	Amount
1					
2					
3					
4					
5					
6					

Pay Soldier \$ - Pay Dependent \$ 339.90  
 Days 153 Rate 100 Due 500.00  
 Clerk R.H. 12/10/20 Less further Dr. Bal. or overpayment. 160.10  
 Net 339.90

*P.A.B. ruling to pay W.S.G. in full to (Widow)*  
*R 11/2 13-10-22*

Date	Ck. Order	Ck. No.	Amount	Total	Remarks	Date	Ck. Order	Ck. No.	Amount.
1						1	<i>6.A.M.</i>	<i>2786.</i>	<i>339.90</i>
2						2			
3						3			
4						4			
5						5			
6						6			

GEN'L AUDITOR  
 Posting checked by [Signature]  
 Date 12/10/20

*12/10/20*

Name Walker H. Oke

M. F. W. 41.  
10m.-4-16.  
1772-39-880.

Regimental No. 861

home 111 St. Louis St.  
Name and address of next of kin Lachine

Unit 2nd Res Park Co. P.C.

18 1/16 N.B. Recou Bros. Sanitorium  
Montreal

Date of enlistment

Place of

Married (yes or no)

S.A. 1<sup>12</sup>/<sub>14</sub> to 30<sup>6</sup>/<sub>16</sub>

Date and place discharged

Discharged Dec 27/16

Amount of pay assigned monthly

2500 as per card 1<sup>15</sup>/<sub>15</sub> to 31<sup>5</sup>/<sub>16</sub> 1000 per mo. 1<sup>15</sup>/<sub>15</sub>  
15.00 as per pay sheet to May 31/16

Reason for discharge

649-W-2661

To whom payable

Mrs Hannah Walker  
111 St. Louis St  
Lachine P.Q.

Character on discharge

S.S. Scandinavian 17/6/16

Class 2

L. L. Job 502 M. & D. 6378.

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					
	31 <sup>5</sup> / <sub>16</sub>							22519								
1 <sup>6</sup> / <sub>16</sub>	30 <sup>6</sup> / <sub>16</sub>	30	1-30-	30	10	300		25819				130.00				<u>L.P.C.</u> <u>10.00 per mo. overpaid</u> <u>from 1<sup>15</sup>/<sub>15</sub> to 31-5-16</u> <u>+ Paid on Boat</u> <u>@ D.D. Quebec P.Q.</u>
													973			
													100.00			
																<u>Balance Trans 1846 25819</u>
																<u>From 1-7-16 <sup>of</sup> m.d.</u>
																<u>Pensioned</u> <u>Dec 27/16</u>
																<u>Prep. 14/8/17</u> <u>20.91</u>
																<u>E.A.P. May 3/16</u>









6646.

2441 W-167

Casualty Form—Active Service.

00A.355

Regiment or Corps

2nd Reserve Tank Co

Regimental No.

861

Rank

Cook

Name

Walker, Henry

Enlisted (a)

Dec 1/15

Terms of Service (a)

duration

Service reckons from (a)

Dec 1/15

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
20/10/15	O.C. 2 Rank	Disembarked Dunk on line of march severe Rep. 15/1/15	Havre Field	15.9.15 15.10.15	R 2069 20/10/15
26/2/16	O.C. 20 Cas Bg Shi.	Bronchitis. Admitted	20 Cas Bg Station	26/2/16	A 36 no 6923 26/2/16
5/3/16	O.C. 20 Gen Hosp	Trans to Hospital Ship S/S. Brighton for U. K.	Hospital Ship Brighton	6/3/16	A. F. W. 3083 dt- 5/3/16
2/3/16	O.C. no 20 Gen Hosp.	Catarrh Bronchitis. Admitted	no 20 Gen Hosp.	2/3/16	W. 3034 dt- 2/3/16
5/3/16	no 20 Gen Hosp.	Rhinois long. dt. Bronchitis. Trans to	England.	6/3/16	W. 3034. dt 5/3/16
4/3/16	no 20 Cas Bg Shi.	Bronchitis adm. Trans to Base.	20 Cas Bg Shi. 20 Gen Hosp.	26/2/16 1/3/16	A 36 dt- 4/3/16. do do.

(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 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
5/3/16	U.S. Brighton	Phthisis adm	H.S. Brighton	5/3/16	Q 36 dt. 5/3 D.C. Skinner LIEUT. OFFICER IN RECORDS CANADIAN SECTION C.M.C. 25-8-16 3RD ECHELON
TRANSFERRED FROM C.C.A.C. TO		Canada for Dis 9-6-16	PART II D.O. No. 355-2		
			<p><i>W. H. G. ...</i> for C/C C.C.A.C.</p>		

SPS 16-25-6-17

JAN 25 1917  
 I 546  
 07/25-6-17



13. What is his present condition ?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

Both apices of the Lungs in front and behind and the apices of the lower lobes ~~show~~ posteriorly in the interscapular space show dulness. Loss of 21 lbs. weight progressive.

*tubercle bacilli in sputum*

14. If the disability is an injury, was it caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

Not applicable

15. Was a Court of Inquiry held on the injury ?

Not applicable

If so—(a) When ?

(b) Where ?

(c) Opinion ?

16. Was an operation performed ? If so, what ?

Not applicable

17. If not, was an operation advised and declined ?

Not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

Not applicable

19. Do you recommend

- (a) Discharge as permanently unfit,
- or
- (b) Change to England ?

(a) Yes.

Not applicable

*A. Wilson Captain*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Station

Date



*D. W. M. Cherson Lt Col*  
Officer in charge of Hospital.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

(i) yes  
(ii) yes  
(iii) no

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

exposure + infection

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

(c) Any of the conditions mentioned in question 20, and if so, which?

active service

22. Is the disability permanent?

yes

23. If not permanent, what is its probable minimum duration?

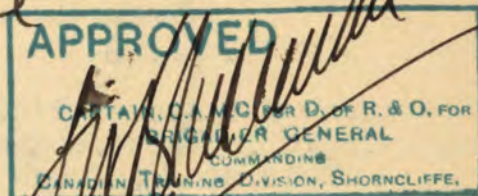
not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

total

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or total incapacity.



24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

not applicable

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable

26. Do the Board recommend

(a) Discharge as permanently unfit,

yes

or

(b) Change to England?

Canada

yes

Signatures:—

*Shorncliffe* President.

Station *Orpington*

*W. Campbell* Capt

Date *11<sup>th</sup> May 1916*

*Harley Smith* Capt

Members.

Approved.

Station *London*

*D. Clark*

Date *12 MAY 1916*

.....Administrative Medical Officer.  
Major, D.A.D.M.S.  
for D.M.S.  
Canadian Contingents.

(On leaving Corps or Station where invalided.)

2253-211117  
 10/11/17

Transfer	Date _____	Name of	Conveyance _____
	Station _____		Vessel _____
Embarkation	Date _____	}	Officer in medical charge _____
	Port _____		

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or Station \_\_\_\_\_ } Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

---

Station	_____
Corps	_____
Regimental No.	_____
Rank	_____
Name	_____
Disability	_____
Date	_____

Hospital or Station transferred to for final disposal	_____
Date of final disposal	_____
How finally disposed of	_____

The original Report is invariably to accompany the discharge documents of Invalids.  
 Wt. W8530/2774 500M 9-15 M.&C.I.d.  
 Forms B. 179 34



**Medical Report on an Invalid.**

Station Ontario Military Hospital  
 Date May 5 1916

DEPT  
 MILITIA & DEFENCE  
 JUL 12 1916

- 1. Unit C. A. D. C.
- 2. Regimental No. 861
- 3. Rank Sergeant
- 4. Name H. Walker
- 5. Age last birthday 38
- 6. Enlisted { on 1<sup>st</sup> December 1914  
 at St. Henri, Montreal, Que.
- 7. Former Trade or Occupation { Labourer

**8. Disability.**

44 Tubercle of lung.

**Statement of Case.**

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability. 25<sup>th</sup> October 1915.

10. Place of origin of disability. Frank, France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Took ill 25<sup>th</sup> October but didn't go sick until 5<sup>th</sup> January 1916. Suffer from cough, expectoration, night sweats, pain in right chest, shortness of breath, loss of 21 pounds weight. Sputum analysis showed tubercle bacilli.

12. (a) Give your opinion as to the causation of the disability.

lighting up of an old infection.  
 Result of climate.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

10

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Both apices of the lungs in front and behind and the apices of the lower lobes posteriorly in the interscapular space show dullness. Lvs of 2, lla. weight progressive tubercle on Os pubis

14. If the disability is an injury, was it caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

} Not applicable

15. Was a Court of Inquiry held on the injury ?

- If so—
- (a) When ?
  - (b) Where ?
  - (c) Opinion ?

} Not applicable

16. Was an operation performed ? If so, what ?

not applicable

17. If not, was an operation advised and declined ?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

not applicable

19. Do you recommend

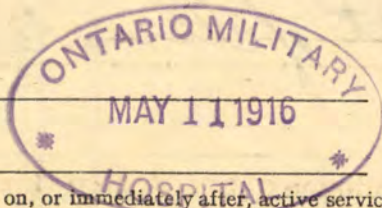
- (a) Discharge as permanently unfit, or
- (b) Change to England ?

yes.  
not applicable

H. Wilson  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station \_\_\_\_\_



D. W. McPherson Lt Col  
Officer in charge of Hospital.

Date \_\_\_\_\_

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

## Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*(i) yes  
(ii) yes  
(iii) no*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Exposure + infection*

21. Has the disability been aggravated by

(a) Intemperance?

*no*

(b) Misconduct?

*no*

(c) Any of the conditions mentioned in question 20, and if so, which?

22. Is the disability permanent?

*yes*

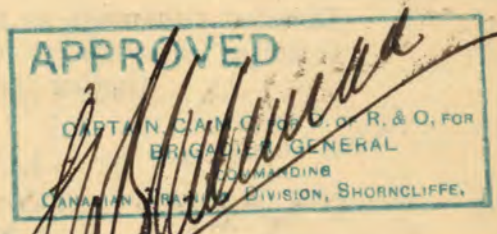
23. If not permanent, what is its probable minimum duration?

*not applicable*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Total*



In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ , or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*not applicable*

25. If an operation was advised and declined, was the refusal unreasonable?

*not applicable*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*Canada*

(b) Change to England?

*yes  
yes*

Signatures:—

*Nathan Chambers* President.

Station *Orpington*

*W.C. Campbell*

Date *11<sup>th</sup> May 1916*

*Harley Smith* Members.

Approved.

Station *London*

*D. Blair*

Date *12 MAY 1916*

Administrative Medical Officer:.....  
Major, D.A.D.M.S.  
for D.M.S.  
Canadian Contingents.

(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 Station \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_  
 Vessel \_\_\_\_\_ }  
 or Embarkation { Date \_\_\_\_\_  
 Port \_\_\_\_\_ } { Officer in medical charge } \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or Station \_\_\_\_\_ } Officer in medical charge. \_\_\_\_\_

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

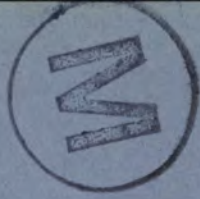
Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_  
 Administrative Medical Officer.

Army Form B. 179.  
 MEDICAL REPORT ON AN  
 INVALID.

Station \_\_\_\_\_  
 Corps \_\_\_\_\_  
 Regimental No. \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Name \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Date \_\_\_\_\_  
 Hospital or Station transferred to for final disposal } \_\_\_\_\_  
 Date of final disposal } \_\_\_\_\_  
 How finally disposed of } \_\_\_\_\_

The original Report is invariably to accompany the discharge documents of Invalids.  
 Wt. W8530/2774 500M 9-15 M.&C.L.D.  
 Forms B. 179  
 34



No Class

This space to be for numbers.

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)



No. 861
Rank Sergeant
Name Walker, Henry <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>
Corps (Squadron, Battery or Company) Canadian Army Service Corps.
Date of Discharge December 26th 1916.
Place of Discharge Montreal, P.Q.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years months.  
 Height 5 feet 7½ inches.  
 Complexion Healthy  
 Eyes Dk. Hazel  
 Hair Brown  
 Trade Tool-Maker  
 Intended place of residence 111 St Louis Str.,  
 Lachine Locks,  
 Lachine, P.Q.  
(To be given as fully as practicable.)

### Descriptive Marks

*Died 12-4-17  
 auth'd 29-1-29*

2. The above-named man is discharged in consequence of **Medical Unfitness due to:- Tuberculosis. H.Q. Authority Dated December 1st 1916.**  
 4. D. 22--W--167. "Under Prov: H.Q. 60--4--8. of Sept 1915!"

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

*Good*

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

*Unable to work*

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-39-113.

(OVER)

*noted  
 18-1-17  
 P.S.*

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, P.Q. Henry Walburn (Signature of Soldier.)

(Date) December 26th 1916. S. P. Welding (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total 2 years 25 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, P.Q.

(Signature) G. E. Hall

(Date).....



O. C. "A" Unit, Military Hospital's Commissions Command

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS.

*Henry Walker*

## List of Discharge Documents.

---

Reg. Conduct Sheet, Militia form B. 263.  Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235.  Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.  Med. Hist. Sheet, Militia Form B. 313  Medical Report for Invalid* " B. 227.  Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



98/4/16  
1214. *Alpenstein* 24/4/14  
**ORIGINAL**

Army Form B. 178.

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

**MEDICAL HISTORY of**

Surname Walker Christian Name Harry

28 MAR 1916

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Ashm-on-Lyne County Lanc.  
Examined ... { on 9 day of August 1915  
at Heminggreen, Kent Eng  
Declared Age ... 37 years ... days.  
Trade or Occupation ... Cook  
Height ... 5 feet, 7 1/2 inches.  
Weight ... 147 lbs.  
Chest Measurement { Girth when fully Expanded. 36 inches.  
Range of Expansion 2 inches.

Physical Development ... good

Vaccination Marks { Arm ... Right Left 4  
Number

When Vaccinated ... February 20<sup>th</sup> 1915

Vision ... { R.E.—V= } Normal  
L.E.—V= }

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

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

Approved by (Signature) [Signature]  
IK 19/12/14 (Rank) [Rank] Medical Officer.

Enlisted ... { at Montreal  
on 1<sup>st</sup> day of December 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>2<sup>nd</sup> Reserve Parach. Coy</u>	<u>861</u>
Transferred to ...		

Became non-effective by ...  
on ... day of ... 191 ...


(Signature) ...  
(Rank) ...

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

C

Lieut.-Col.  
In Charge of Records  
Canadian Contingent.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing use. In subsequent given in t
	Day	Month	Year	Day	Month	Year			
Weston Savell Northampton	5	3	16	10	4	16	Phthisis	36	Trans
	10	4	16	20	4	16	do	10	Trans
	22	4	16	27	4	16		68	Trans
Out Mil Hosp <sup>l</sup> Oxford	27	4	16				Tubercle of Lung		Caught - in R. che front ob Spec

to the Sick List in the case of Warrant Officers treated in quarters.

Number of days in Hospital	Remarks 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 will 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
36	Transferred to Cambridge	Ambooke
10	Transferred to Woodcote Park Epsom	R. M. Bell Major R. M. Bell
68	Trans. to Ottrington.	H. Bell Capt
	<p>Caught - expectoration - loss of wt. dyspnoea - pain in R. chest. weakness - Both apices involved front &amp; back &amp; apices of lower lobes. Sputum - Bac. Tuberculosis present.</p>	G. H. Jepson Capt C.M.B.

