

9442
14-11-17

Duplicate

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name?..... Leslie McLean Wilson
2. In what Town, Township, or Parish, and in what Country were you born?..... Montreal, Quebec
3. What is the name of your next-of-kin?..... (Father) Thomas Wilson
4. What is the address of your next-of-kin?..... 834 Wolsley Ave. Winnipeg, Man
5. What is the date of your birth?..... 29th June 1887
6. What is your trade or calling?..... Manager
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... Yes
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

Leslie McLean Wilson (Signature of Man.)
Charles Donald (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leslie McLean Wilson, 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 July 23 2nd June, 1915 1915
Leslie McLean Wilson (Signature of Recruit.)
Charles Donald (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leslie McLean Wilson, 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 July 23 2nd June, 1915 1915
Leslie McLean Wilson (Signature of Recruit.)
Charles Donald (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Winnipeg, Manitoba this 23 day of July 1915.

Wm. Zorn (Signature of Justice.)

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

Wm. Zorn (Approving Officer.)
 LIEUT. COLONEL

DESCRIPTION OF Leslie McLean Wilson ON ENLISTMENT

Apparent Age 21 years 11 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 not been examined before, he will, unless the man acknowledges to any previous examination, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 11 ins.

Chest measurement { Girth when fully expanded 30 ins.
 Range of expansion 5 ins.

Complexion Dark

Eyes Blue

Hair Dark brown

Religious Denominations { Church of England
 Presbyterian
 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 him Fit for the Canadian Over-Seas Expeditionary Force.

Date July 23 1915

Place Winnipeg, Manitoba

F. Stewart Lieut. 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

Leslie McLean Wilson

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 July 23 1915

Wm. Jean Lt. Colonel (Signature of Officer.)
 Commanding 90th W'peg Rifles.

Original

Unit 61st Overseas Batta. Rank Lieut. Name Wilson Leslie McLean

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Wilson
- (b) What are your Christian Names? Leslie McLean
2. (a) Where were you born? (State place and country) Montreal, Quebec, Canada.
- (b) What is your present address? 834 Wolsley Avenue, Winnipeg.
3. What is the date of your birth? 29th June 1887
4. What is (a) the name of your next-of-kin? Thomas Wilson
- (b) the address of your next-of-kin? 834 Wolsley Avenue, Winnipeg.
- (c) the relationship of your next-of-kin? Father.
5. What is your profession or occupation? Manager.
6. What is your religion? Congregational
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 90th. Regiment.
9. State particulars of any former Military Service. Nil.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Wilson (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 23rd July 195

Place Winnipeg, Man.

*Insert here "fit" or "unfit."

Affordson Capt. Lawrence
Medical Officer.

M. F. W. 51.

officer's
DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



Name *WILSON LESLIE McLEAN*

Regt. No. _____ Rank *Private*

Corps *8th In (Form. 61st In)*

Died of Wounds 12-11-17

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

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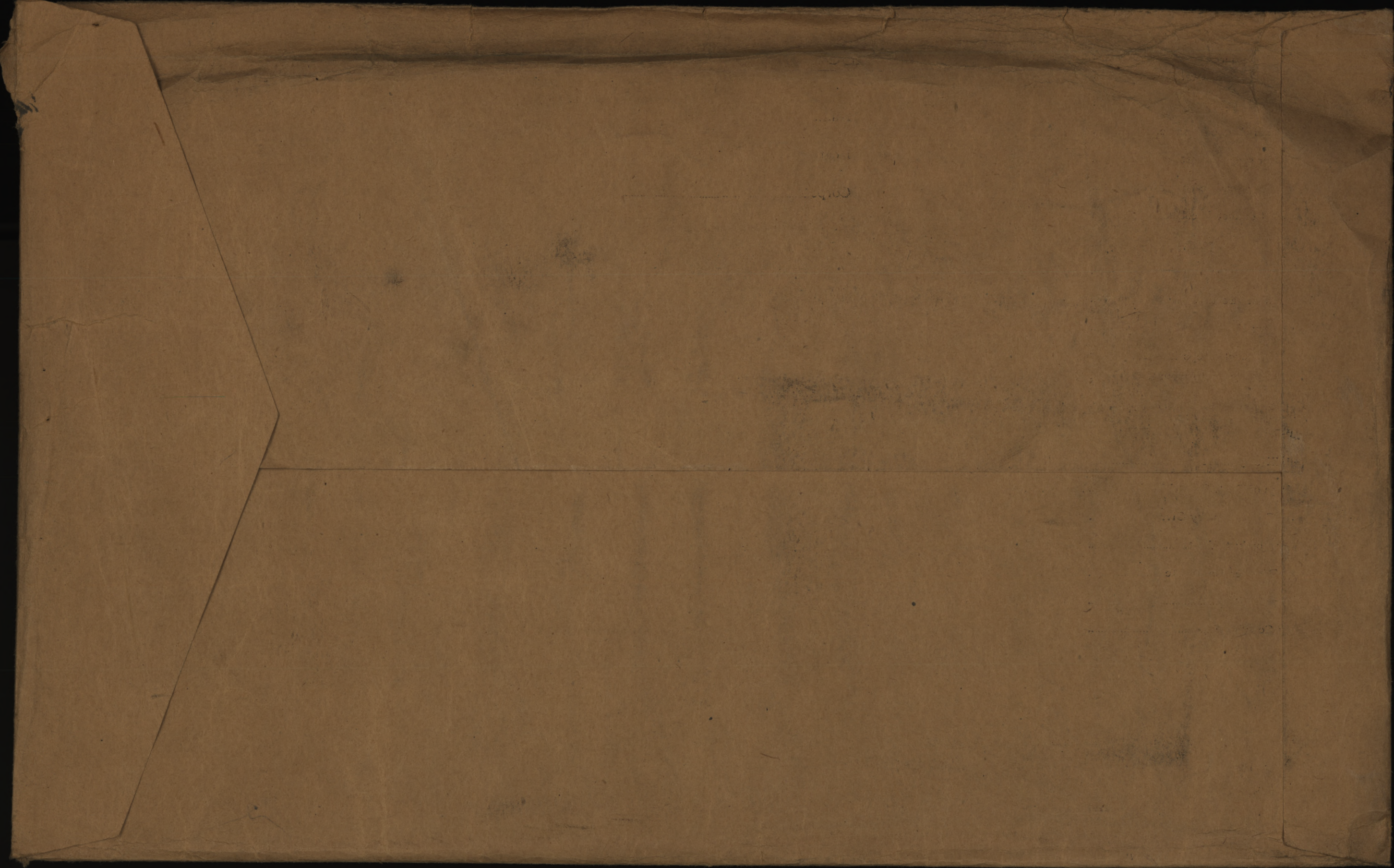
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M. F. W. 62.
50m.-9-16.
H. Q. 1772-30-935.

1st Caval

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2-7
2-7
10



Number

Rank

LIEUT

B

Surname

WILSON.

Christian Name

LESLIE McLEAN

V

Units

Theatre of War

FRANCE

Date of Service

2.4.16

5-9-14

12.11.17

Remarks

Latest Address

(7) Thos. Wilson
834 Wolseley Ave.,

D

Roll No.

B. Page 14667.

Winnipeg, Man.

200 .-2-21.

ham

DESP. AUG 10 192

REGN. NO.

L.V. 20

not elig. for star.

WILSON, Leslie, McLean, Lieut. 8th Bn.

MEDALS &
DECORATIONS

Thos. Wilson (Father)
834 Wolseley Ave., Winnipeg, Man.

PLAQUE &
SCROLL

Father, as above.

Serial No 784365

MEMORIAL
CROSS

Mrs. Margaret Wilson (Mother)
834 Wolseley Ave., Winnipeg, Man.

Scroll Desp. **FEB 24 1921** Reqn. No. 2-23153

H Plaque Desp. **NOV 5 1921** Reqn. No. P 15080

Desp 28/10/20 (m) c 28220 **28364**

M

447

460426 Wilson, Leslie McLean

July Posttest - 1915 - appointed to 612

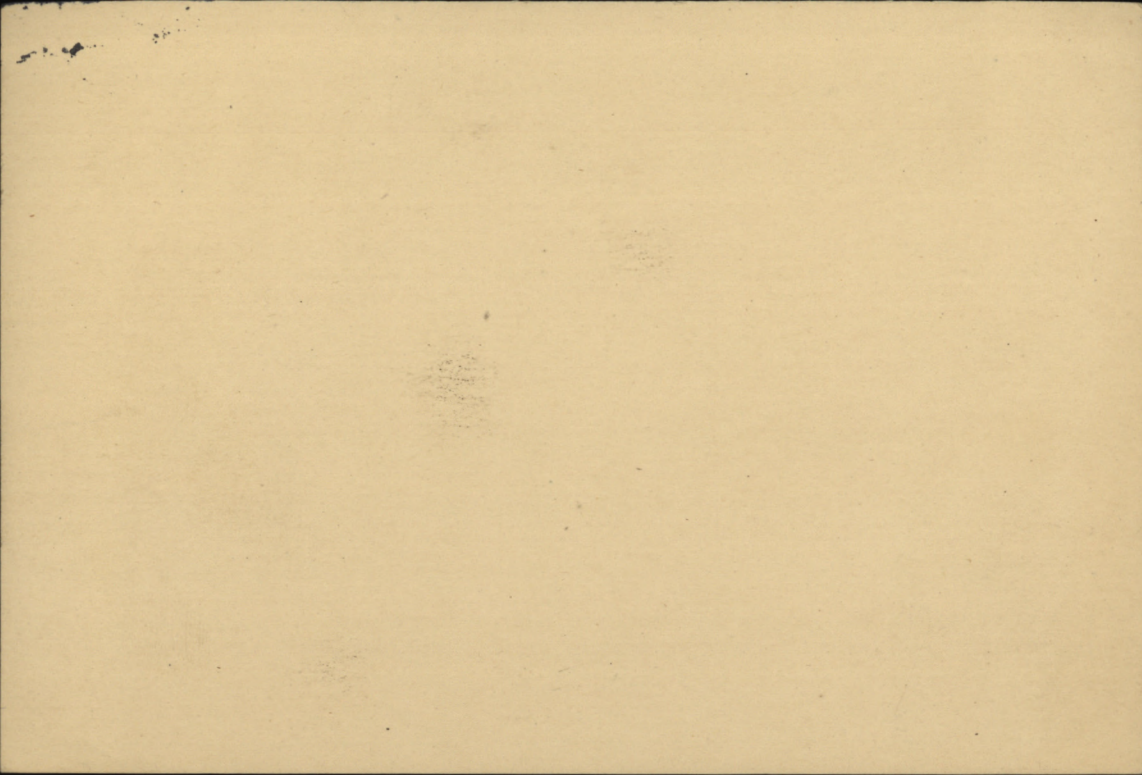
23-7-15. — Reported for duty

26-7-15

Reported on duty on 4701 29-7-15 Sewell Camp

up 27-7-15 Lieutenant L M Wilson

No record of service as other rank
Next appt to Comm. Enl. 23-7-15 - 612.



Name **WILSON** Rank **Liet.**

Reg. No. *9 M-565*

Unit **Leslie McLean**

8th. Bn.

Next of Kin **Canada**

AFB 104-93

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-11-17	Rep. from Base		WOUNDED	830M6340		14-11
12-17-17	Now Dred of Wounds			831 M 6341		-15711
	Died at H+ bus by Sn		SW High L frac	833		

REGT'L NO

NAME

Wilson Leslie McLean

H. Q. FILE NO. 649-

RANK AND CORPS

Lieut (form 61st Battn) 8th Bn.

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
M ⁸⁻¹⁰ 6349	13-11-17	Reported wounded. Nov 10th. 1917.
M ⁵⁻¹ 6361	16-11-17	Died of wds. Nov. 12th. 1917. ✓
A7B 2090a		Died of wds Recd in action Nov 12 th 1917 in the
Rowen	14-11-17	Field France or Belgium noted 24-1-18

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
445 ¹	Granville Can. Spe. Ramsgate	12-8-16	Appendicitis
471 ¹	Granville Can. Spe. Ramsgate	12-9-16	Appendicitis Disch.
830-1	Rep from base	10-11-17	wounded
831 ⁽¹⁾	Prev. rept. wounded now. Died of wounds.	12-11-17.	(Q.)
833-3	it is now been ascertained base. Cg. Stat from Sw. frac Lt. Thigh		(died in no 44)

SURNAME.

Wilson.

CARD NO.

(332-90-7A.)

CHRISTIAN NAMES

Leslie McLean.

FOLL.

REGL. No.

460426.

RANK

a/cpl.

UNIT

61st

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Wilson, Thomas

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

not-stated.

ADDRESS

*834 Wolseley Ave. Winnipeg
Man.*

COUNTRY OF BIRTH

Canada, Montreal, P. Q.

DATE

June 29th 1887.

PLACE OF ATTESTATION

Winnipeg Man.

DATE

July 23rd 1910.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Manager.

RELIGION

Congregationalist

DESCRIPTION.

APPARENT AGE

28

YEARS

MONTHS

HEIGHT

5-

FEET

11 3/4

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

DK Brown.

DISTINGUISHING MARKS

Wid.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

July 23rd 1910.

(332-90-74)

CARD NO. 4

SURNAME *E. Wilson*

CHRISTIAN NAMES

Leslie McLean

FOLL.

REGL. NO.

RANK *Lieut*

UNIT

61st 8th

Bn.

FORMER CORPS

90th Regt

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wilson Thomas

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*834 Wolseley Ave,
Winnipeg, Man.*

COUNTRY OF BIRTH

Canada Montreal, P.Q.

DATE

June 29th 1887

PLACE OF ATTESTATION

Winnipeg, Man

DATE

July 23rd 1915

auth for Trans M6361-16-11-17

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Manager

RELIGION

Congregationalist

DESCRIPTION.

APPARENT AGE

28 YEARS

MONTHS

HEIGHT

5 FEET

11 ³/₄ INCHES

CHEST MEASUREMENT

38 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Dark brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

July 23rd 1915

Present Address Not stated

No

RANK

Lieut.

NAME

Wilson L. M.

T. O. S. 27/7/15
(D.O.47) of 29/7/15

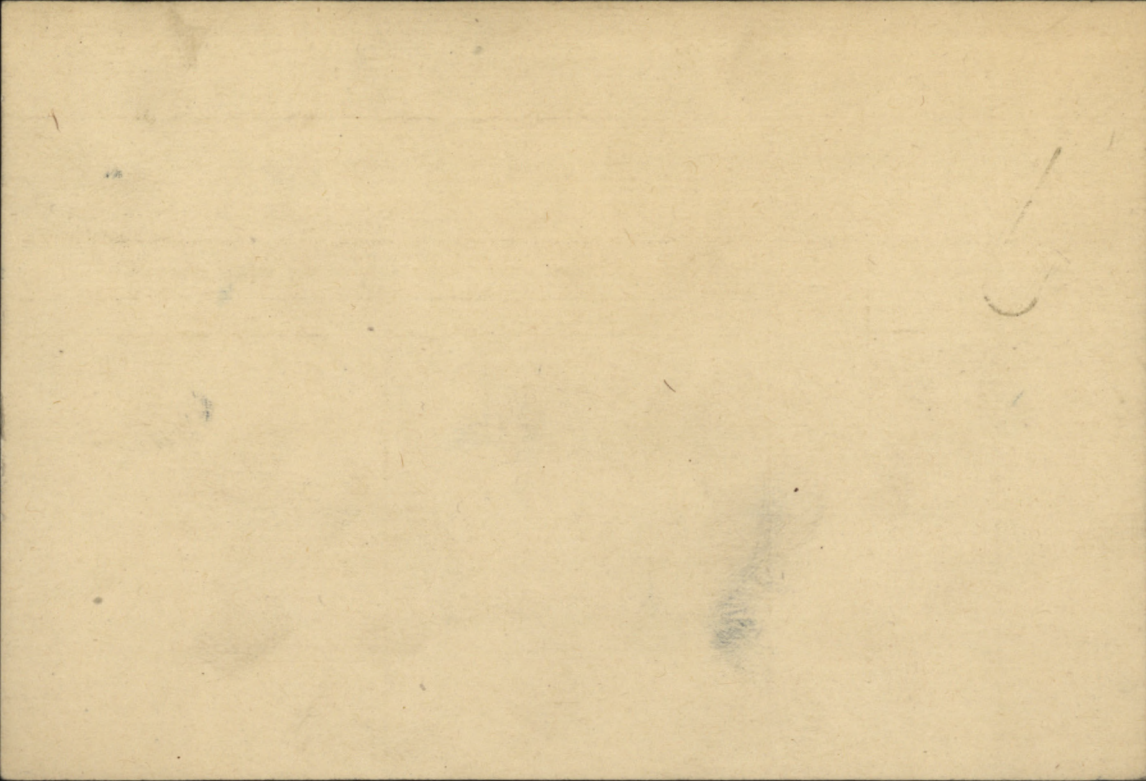
UNIT

61st. Battalion

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915-	1915-			
July 25	July 31	✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916	1916			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr. pay list not available.				

UNIT SAILED
APR 21 1916



PROCEEDINGS OF A MEDICAL BOARD

assembled at 86 Strand on 12-10-16
 by order of D.M.S., (Canadians)
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lieut. L.M. WILSON (Corps) 61st Bn.
 Age 29 Service 13/12 Disability Appendicitis.
 Date of commencement of leave granted for present disability 12-9-16.
 Date on which placed on half-pay for present disability _____

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that he is now recovered.

ADDRESS:- 61st Bn.
Shorncliffe.

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

- (1.) a. Is the officer fit for "General Service"? Yes.
 b. If not so fit, how long is he likely to be unfit? -
- (2.) a. If unfit for General Service, is he fit for service at home? -
 b. If not so fit, how long is he likely to be unfit for service at home? -
 c. If unfit for General Service at home, is he fit for light duty at home? -
 d. If not so fit, how long is he likely to be unfit for light duty at home? -
- (3.) Was the disability contracted in the service? Yes
- (4.) Was it contracted under circumstances over which he had no control? Yes
- (5.) Was it caused by military service? Yes
- (6.) If caused by military service, to what specific conditions is it attributed? Active service conditions.
- (7.) If the disability was not caused by military service, was it aggravated by it? Not applicable;

Signatures { (Sgd) DAVID DONALD, Major CAMC. President.
M. BROWN, " " Members.
" G.M. DAVIS Capt. " Members.

In concurrence with the findings of the Board of Medical Officers here recorded
 W. Macdonnell
 Captain, C.A.M.C.
 For D.M.S.
 Canadian Contingents.

13 OCT 1916

Instructions

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

MEDICAL CASE SHEET.*


No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut.	Wilson	Leslie
Year 1916	Unit.		Age.	Service.
	61st Battalion		29	13/12.
Station and Date.	Disease - APPENDICITIS -			
G.C.S.H. Ramsgate - 11th Aug.	Reported June 1916.			
	COMPLAINT - Cramps and gnawing dragging pain in right abdomen.			
	HISTORY - Five years ago had a severe attack of pain in right lower abdomen, followed by vomiting - lasted 3 days.			
	Since then has had many similar attacks and is constantly troubled with a feeling of weight and tightness in left lower abdomen, with at times sharp attacks of pain lasting a day or two and accompanied by vomiting. Patient says he is always protecting this side. He has lost 15 to 20 lbs in last two months.			
	PRESENT CONDITION - Gnawing ache in ^{right} left abdomen, which is more localized over McBurney's area. Tender over McBurney's spot - also rigidity of muscles.			
	(Sd) D.A.Clark.			
14.8.16	OPERATION - Appendectomy - Appendix 5" long removed.			
	Simple catarrhal. A small band 1 1/2" long removed from region of ileo caecal valve. This was producing a Lane's kink.			
5.9.16.	Wound healed, and local condition fine.			
	Leaving Hospital - Monday 11th inst.			
	(Sd) Wm. Beggs.			
	Capt., C.A.M.C.			

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Margaret Wilson* By Whom Assigned *Wilson Leslie M.*
 Address *834 Wolbley Ave* Regtl. No.
Winnipeg Man. Rank *Lieut*
 Corps *61st Bn*
 Rate *35⁰⁰ June 16 2 m 19⁵/₁₆ ASD*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<div data-bbox="1232 1015 1823 1258" style="border: 1px solid black; padding: 5px;"> <p>Pensions Notified Date.....<i>30-11-17</i>.....</p> <p>Killed in Action</p> <p>Died of Wounds } Date...<i>12-11-17</i>.....</p> <p>Missing</p> <p>C. L. <i>4-15-17/1/17</i> Clerk <i>J. H. Goldsmith</i></p> <p>Date Noted.....<i>30-11-1917</i>.....</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

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Ar m 5-6-16

Assignment as at
June 1st. 1916.

Wilson Lieut L. McLean. 61st Battr.

\$ 35⁰⁰

M^{rs} Margaret Wilson (Mother)
834 Belsley Avenue
Winnipeg, Man.

\$ 35

Payment Stopped
A. 3 M Form

Died of Wounds
1 December 1917

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

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Mrs Margaret Wilson
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *Wilson Leslie M.*
Lieut 61st Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>35⁰⁰ June 1/2</i>
April	1916			
May				
June		<i>C 6170</i>	<i>35</i>	
July		<i>3 11600</i>	<i>35</i>	
Aug.		<i>R 16082</i>	<i>35</i>	
Sept.		<i>E 19033</i>	<i>35</i>	
Oct.		<i>E 23688</i>	<i>35</i>	
Nov.		<i>H 27726</i>	<i>35</i>	
Dec.		<i>S 33669</i>	<i>35</i>	
Jan.	1917	<i>H 41762</i>	<i>35</i>	
Feb.		<i>V 43677</i>	<i>35</i>	
March		<i>U 49394</i>	<i>35</i>	
April		<i>V 54476</i>	<i>35</i>	<i>35 (W)</i>
May		<i>V 12441</i>	<i>35</i>	
June		<i>2 18879</i>	<i>35</i>	<i>B</i>
July		<i>R 26260</i>	<i>35</i>	
Aug.		<i>3 3033</i>	<i>30</i>	
Sept.		<i>W 42477</i>	<i>35</i>	
Oct.		<i>Z 45352</i>	<i>35</i>	
Nov.		<i>L 54166</i>	<i>35</i>	
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

C.P.X. 30/11/17 630⁰⁰
Acct. closed 30/11/17. Cao. J. H. Goldsmith
30/11/17

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.				

Original not available
Casualty Form—Active Service.

*m x 10 20
5 20*

Regiment or Corps 61st Battalion

Regimental No. _____

Rank Lieut.

Name Wilson, L. ^{eslie} mcLean

Enlisted (a) _____

Terms of Service (a) D of W.

Service reckons from (a) 2/4/16

Date of promotion to present rank _____

Date of appointment to lance rank _____

Numerical position on roll of N.C.Os. _____

Extended _____

Re-engaged _____

Qualification (b) _____

CERTIFIED-CORRECT
19 OCT 1917
CANADIAN RECORD OFFICE

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				
2-11-16	O.C. 11th	Attached to 11th Bn. Shorncliffe from General List	Shorncliffe	12-9-16	Pt. II Bn. O. 262
22/3/17	O.C. 11th	Taken On Strength 11 th CR Bn	Shorncliffe	3.1.17.	Pt II Bn O. 67.
22/3/17	O.C. 11th	Struck off attachment 11 th CR Bn	"	31.1.17.	Pt II Bn O. 67.
30-5-17	-	Struck to Hon. By Depot	Detgate	21-5-17.	- 125
21-5-17	G.L.O.	J.O. Reported to Man Regl Depot	Detgate	21-5-17	
31.5.17.	J.O.S.	16 th RD on passing from 11 th Res Bn	(M.R.D. Do 87-	4/6/17)	
23.7.17.	J.O.S.	16 th RD. " " to 18 th " "	(M.R.D. Do 138.	25/7/17)	
24.7.17.	J.O.S.	18 th Res Bn (18 th Res Bn Do 192.	25/7/17)		
16.8.17.	"	Off Comd from 2 nd CR Bn. to 18 th Res (18 th Res Do 216)			
4.9.17.	S.P.L.	18 th Res Bn - O'Leary to 8 th Bn (M.R.D. Do 189.	14/9/17)	4.9.17	

G. J. Atkinson
Lieut. & Adjutant,
11th Res.) Battalion.

H. Shulley
Lieut. & Adjutant,
Manitoba Regimental Depot.

Man-W-018.

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

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *M^r M. Wilson*
 Address *Canada*
 Amount. \$ *35.⁰⁰ 1⁶/₁₆.*
 Separation Allowance issued. Yes or No.

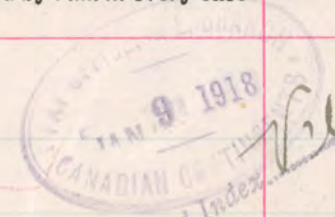
NAME OF UNIT DATE AUTHORITY
6113m

DATE AUTHORITY
12⁴/₁₆ fr. Canada
R.O. 604 6113
d/12⁴/₁₆

Name *Wilson*
 Initials *W. M.*
 Bank *of Montreal*

Sheet 1

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
<i>April 28</i>	<i>Pay April mess. from 12⁴/₁₆ V.O. 694</i>		<i>97</i>					
<i>29</i>	<i>B. bal fwd. Can. per L.P.O. V.O. 731</i>		<i>36 10</i>					
	<i>Bank</i>	<i>1705</i>		<i>133 10</i>		<i>0</i>		
<i>May 16</i>	<i>Pay May (A)</i>		<i>111 60</i>					
<i>30</i>	<i>Bank</i>			<i>111 60</i>		<i>0</i>		
<i>June 23</i>	<i>Pay June (R)</i>		<i>108</i>					
	<i>A.P. Can</i>				<i>35</i>			
				<i>73</i>				
<i>July 20</i>	<i>A.P. Can.</i>				<i>35</i>			
<i>21</i>	<i>July pay R</i>		<i>111 60</i>					
	<i>Bank</i>			<i>76 60</i>				
<i>Aug 21</i>	<i>August pay R</i>		<i>111 60</i>					
	<i>A.P. Can</i>				<i>35</i>			
	<i>Bank</i>	<i>7408</i>		<i>76 60</i>				
<i>Sep 21</i>	<i>A.P. Can</i>				<i>35</i>			
<i>22</i>	<i>Sep pay R</i>		<i>108</i>					
<i>27</i>	<i>Bank</i>			<i>73</i>				
<i>Oct 20</i>	<i>Oct pay</i>		<i>111 60</i>					
	<i>A.P. Can</i>				<i>35</i>			
<i>26</i>	<i>Bank</i>			<i>76 60</i>				
<i>Nov 17</i>	<i>Nov pay</i>		<i>108</i>					
<i>22</i>	<i>A.P. Can.</i>				<i>35</i>			
<i>25</i>	<i>Bank</i>			<i>73</i>				
<i>Dec 15</i>	<i>Dec Pay</i>		<i>111 60</i>					
	<i>L.P. Can</i>				<i>35</i>			
	<i>Bank</i>		<i>101 5 10</i>	<i>76 60</i>				



Entered on N.E. Card Index
Checked by *W.*

Statement of
62 431.85
 MAR 14 1918
 Account rendered

ASSIGNED PAY.

UNIT.

RANK.

NAME. *Sheet 3*

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

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

*61 Bn.
11 Res Bn
8 Bn*

Lieut

Name *Wilson*
Initials *L.M.*
Bank *of Montreal*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>	<i>Danward</i>							<i>7/19</i>
<i>Sept 13</i>	<i>at Canada</i>				<i>35</i>			
<i>14</i>	<i>Pay Sept</i>		<i>108</i>					
<i>21</i>	<i>Bank</i>	<i>21905</i>		<i>73</i>				
<i>29</i>	<i>Rations 1-31 7/17 1-31 8/17</i>	<i>5990</i>					<i>4-28</i>	
<i>Oct 10</i>	<i>at Canada</i>				<i>35</i>			
<i>12</i>	<i>Pay Oct</i>		<i>111 60</i>					
<i>22</i>	<i>Bank</i>	<i>26193</i>		<i>76 60</i>				
<i>Nov 12</i>	<i>Rations 1-4 7/17</i>	<i>8537</i>					<i>5/4</i>	
<i>18</i>	<i>at Can</i>				<i>35</i>		<i>Hold no P.A. Tfn. 726 ledger</i>	
	<i>Pay Nov</i>		<i>108</i>			<i>73 -</i>	<i>L. 25-12.</i>	
<i>Dec 6</i>	<i>Unpd ck ap. Nov. 6 773 Cash 32694</i>			<i>22 33</i>		<i>50 67</i>		
<i>14</i>	<i>Ord issue France (ck to N.O) Cash 32936</i>			<i>18 82</i>		<i>31 85</i>		
<i>1918</i>	<i>Jan Balance transferred to Demand 4588</i>			<i>31 85</i>				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Name

Address

Initials

Bank

Amount. \$

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

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT. *leapey*

RANK.

NAME.

NAME OF DATE AUTHORITY DATE AUTHORITY

Beneficiary *Mrs. M. Wilson*

Address *Leauada*

Amount. *\$35⁰⁰ 1/16*

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

*61 On
8 On*

*Rank 12⁴/₁₆ Dr. Canada
P.O. 604 C.T.D.
4/12⁴/₁₆*

Name *Wilson*
Initials *L.M.*
Bank *of Montreal*

Filed of records 12⁴/₁₇ C.R. 881-14¹¹/₁₇

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1916								<i>7/18</i>
Apr. 18	Pay April mensfr. 12 ⁴ / ₁₆ N# 694		97					
19	Label food Can. post. P.C. N# 731		36 10					
	Bank	1205		133 10				
May 16	Pay May		111 60					
30	Bank			111 60				
June 13	Pay June		108					
1	at Can.				35			
	Bank			73				
July 10	at Can.				35			
21	Pay July		111 60					
	Bank			76 60				
Aug 11	Pay Aug		111 60					
	at Can.				35			
	Bank	7408		76 60				
Sept 11	at Can.				35			
27	Pay Sept.		108					
	Bank			73				
Oct 10	Pay Oct.		111 60					
	at Can.				35			
26	Bank			76 60				
Nov 17	Pay Nov		108					
24	at Can.				35			
	Bank			73				
Dec 15	Pay Dec		111 60					
	at Can.				35			
	Bank			76 60				
	<i>Demanded</i>							

ASSIGNED PAY.

UNIT.

RANK.

NAME. *sheet 2*

Beneficiary
Address
Amount. \$
Separation Allowance issued. Yes or No.....

NAME OF UNIT
DATE
AUTHORITY

DATE
AUTHORITY

Name *Wilson*
Initials *W*
Bank *of Montreal*

*61 P.M.
11th St
8th Br*

Lieut

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>1917</i>	<i>Demanded</i>							
<i>Jan 20</i>	<i>a.p. leave</i>				<i>35</i>	<i>—</i>		
<i>21</i>	<i>Pay Jan</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>19283</i>		<i>76 60</i>		<i>—</i>		
<i>Feb 15</i>	<i>Pay Feb</i>		<i>100 80</i>					
<i>16</i>	<i>a.p. leave</i>				<i>35</i>			
<i>21</i>	<i>Bank</i>	<i>21903</i>		<i>65 80</i>		<i>—</i>		
<i>Mar 12</i>	<i>Pay Mar</i>		<i>111 60</i>					
<i>14</i>	<i>a.p. leave</i>				<i>35</i>			
<i>27</i>	<i>Bank</i>	<i>24837</i>		<i>76 60</i>		<i>—</i>		
<i>Apr 19</i>	<i>a.p. leave</i>				<i>35</i>			
<i>23</i>	<i>Pay April</i>		<i>108</i>					
<i>27</i>	<i>Bank</i>	<i>3017</i>		<i>73</i>		<i>—</i>		
<i>May 20</i>	<i>a.p. leave</i>				<i>35</i>			
<i>23</i>	<i>Pay May</i>		<i>111 60</i>					
<i>25</i>	<i>Bank</i>	<i>6049 9884</i>		<i>76 60</i>		<i>—</i>		
<i>June 18</i>	<i>a.p. leave</i>				<i>35</i>			
<i>20</i>	<i>Pay June</i>		<i>108</i>					
<i>22</i>	<i>Bank</i>	<i>9004 13028</i>		<i>73</i>		<i>—</i>		
<i>July 17</i>	<i>a.p. leave</i>				<i>35</i>			
<i>24</i>	<i>Pay July</i>		<i>111 60</i>					
<i>27</i>	<i>Bank</i>	<i>13028 17361</i>		<i>76 60</i>		<i>—</i>		
<i>Aug 14</i>	<i>a.p. leave</i>				<i>35</i>			
<i>20</i>	<i>Pay Aug</i>		<i>111 60</i>					
<i>24</i>	<i>adv. pay Aug</i>	<i>Bank</i>		<i>76 60</i>		<i>—</i>		
	<i>Demanded</i>							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Sheet 3 ✓

Beneficiary

Address

Amount. \$

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

Name

Initials

Bank of Montreal

Canada
11 Rex Bw.
8 Bw

61 Bw.

11 Rex Bw.

8 Bw

Lieut

12/4/16

From Canada

No. 604 C.T.D.

1/2.4.16

Name Wilson

Initials L.W.

Bank of Montreal

\$ 35⁰⁰ _{1/16}

Died of wounds 12/17 C.L. 831-1477

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

1917

Mar. 31 Balance Forward

1339 10

Apr. 19 A.P. Can. Apr.

35

23 Pay R. Apr.

108

24 Bank

3017

73

May 20 A.P. Can May

35

23 Pay R. May

111 60

25 Bank

6049

76.60

June 18 A.P. Can June

35

20 Pay R. June

108

22 Bank

9004

73

July 17 A.P. Can. July

35

24 Pay R. July

111 60

27 Bank

13028

76.60

Aug 14 A.P. Can. Aug.

35

20 Pay R. Aug.

111 60

24 Adv. P.A. Aug. Bank

17361

76.60

Sept 13. A.P. Canada

35

14 Pay R. Sept.

108

21 Bank 21905

73

29 Rations 1-31/17. 1-31/17 5990

5990

4-2-8.5

Oct 10. A.P. Canada

35

12 Pay R. Oct

111 60

22 Bank 26193

76.60

Nov 12 Rations 1-4/17 8537

8537

5/4

15 A.P. Can

35

Pay R

108

73

leaving home

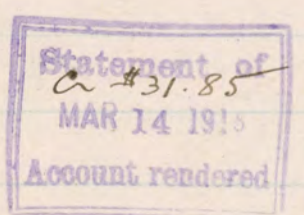
2717 50

Head man Bra
T.P. McEggen
He from 25 to 12.



Entered on N.E. Card Index
Checked by.....

18
35
90
50



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary Address	UNIT.	RANK.		NAME.	
	NAME OF	DATE	AUTHORITY	DATE	AUTHORITY
	8 Bn.		Lieut		Name Wilson Initials L.M. Bank of Montreal

Amount. \$
Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917	Brought forward			2217 50		73 -		
Dec 6	Unpd ck a/c No. 6773. Con No. 17/125 for Cash 32694			22 33		50 67		
14	Ord. issue Drance (ck to H.O) Cash 32936			18 82		31 85		
1918	June Chk 1182 Jst 27 Vo 123.			9 16		22 69	Lieut Dates	
	1181 — 122			4 62		18 07	Gov of Coy 200	
	1180 — 121			18 07			" " Name 60 " " Mrs 100	

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary *Mrs. M. Wilson*

UNIT. *61 Ball's*

RANK. *Lieut*

Name *Wilson*

Address *Canada*

Initials *L.M.*

Amount. \$ *35⁰⁰*

Bank *of Montreal*

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

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
	<i>Aug 10 A.P. Can.</i>		<i>101.50</i>		<i>35</i>			
	<i>12 Pay June R</i>		<i>111.60</i>					
	<i>23 Bank</i>	<i>19283</i>		<i>76.60</i>				
	<i>Feb 15 by H.R.</i>		<i>100.80</i>					
	<i>10 Ass. pay Can.</i>				<i>35</i>			
	<i>21 Bank</i>	<i>21903</i>		<i>65.80</i>				
	<i>Mar 12 March Pay R</i>		<i>111.60</i>		<i>35</i>			
	<i>14 A.P. Can</i>				<i>35</i>	<i>76.60</i>		
	<i>27 Bank</i>	<i>24837</i>	<i>1339.10</i>	<i>76.60</i>				

Entered on N.E. Card Index
Checked by *V.W.*

2258.65
2217.50
41.15

Statement of
62 131.85
MAR 14 1918
Account rendered

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

ET.

Rank and Name **WILSON, Leslie McLean**

Lieut.

Regimental No.

Name and Address of Next-of-Kin

Father,

Unit **61st Battn.**

Thomas Wilson.

Date of enlistment

834, Wolsley Ave, Winnipeg.

Place of birth **Montreal. Quebec. Canada.**

Manitoba. Canada.

Married (Yes or No) **No.**

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 2-4-16.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The name to be quoted in each case.	MAN. REGT.		REMARKS Taken from Official Documents
Date	From whom received		Place	Date	
7-7-16.	61 Bn.	Appointed Asst Adjutant in effect		6-7-16	correcting Pt record 162 by Pt record 166.
19-7-16.	406672.	Proc' o/s conducting duty. Returned Discharged.		7-6-16. 16-7-16	Pt record 162. Pt record 172a
17-8-16	A.M.S.	Admitted Granville Hosp. Rams-gate		17-7-16.	DO 3767.
20-10-16	406672	Attached from Gen List to ^{61 Bn} 11 Bn		21-7-16.	DO 3872 Pt record 178.
1-11-16	"	Transf'd to Gen List & attached 11 Bn		12-9-16	CL 471.
21-3-17.	11 th Res Bn	D.O. S. from Gen List		12-8-16	C.F. 445 Pt record 192 Appendicitis Cancelled by DO. 5675
"	"	D.O. attached with effect		131016.	DO 5467. Amended by DO. 5550
20-7-17	Over Reg. Dep.	D.O. of 18 Res. on reporting from Over Reg. Dep.		12-9-16.	DO 5574 & 5575. Pt record 162 (11)
5-9-17	46-1	Embarked for 8 Bn overseas		31. 1. 17	D.O. 1442, 105, 24, 0488.
14-9-17	MR.D.	105 Res Bn provided of sea to 8 Bn		3. 1. 17	Not d. 66.
13-11-17	CR.O.	Left for base wounded		31. 1. 17.	" " "
				24-7-17	DO 143
				5-9-17	Gen List # 71
				5-9-17	DO 100 8 Bn
				4-9-17	DO 189
				10-11-17	th 300

A.F.B. 103.

19 OCT. 1917

A.F.B. 103.

8 OCT. 1917

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				
14-11-17	C.R.O.	Previously reported dead now died of wounds		12-11-17	CL 831 Food 1508 Rn
16-11-17	do	Dead in "44 Gas Cbg. Station from S.W. Franc. L. Shugh			CL 833 (970104-93. 20907) (estate 14-12-17)

5403

942

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at C. C. O. O. on Sept 12.
 by order of Adms. Canadian
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lieut. L. Wilson (Corps) 61st Bn
 Age 29 Service 13 1/2 Disability Appendicitis
 Date of commencement of leave granted for present disability Sept 12. 16
 Date on which placed on half-pay for present disability not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has had operation for appendicitis at Gravelle Special Hospital. He has made a good recovery. He is not yet fit for duty.

61st Batt. St. Martins Plain

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

W. B. Macdonald

Captain, C.A.M.C.
For D.M.S.

Canadian Contingents.

14 SEP 1916

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

- (1.) a. Is the officer fit for "General Service"? no
 b. If not so fit, how long is he likely to be unfit? 1 month
- (2.) a. If unfit for General Service, is he fit for service at home? no
 b. If not so fit, how long is he likely to be unfit for service at home? 1 month
- (3.) Was the disability contracted in the service? no
- (4.) Was it contracted under circumstances over which he had no control? yes
- (5.) Was it caused by military service? no
- (6.) If caused by military service, to what specific conditions is it attributed? not applicable

Signatures

W. J. Ferguson Capt. President.
J. R. Drupin Capt. Members.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

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

4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Surname

WILSON.

Christian Name

L.M.

Reg. No.

(DMS. 10-W-661)

Rank

Unit

Lieut.

61st. Bn.

MEDICAL BOARD held at

Date

Serial No.

(1) Shorncliffe.

12.9.16.

Other Medical Boards at

Date

Serial No.

(2) D.M.S. Office

12-10-16

(3)

(4)

(5)

Condition found by Board

Appendicitis.

Disposition Recommended

(1) Unfit for any service - 1 month.

(2) Fit for General Service.

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

61st. Bn. St. Martins Plain.

41

Wilson. L. McL.

Lieut. 61st. Battn. 8th. Batt.

Granville Spec. Ramsgate. 12-8-16.

No. 44 Cas. Clg. Station. 12-11-17

Appendicitis.

Reported from Base, Wounded:-10-11-17.

Now reported DIED of WOUNDS:-12-11-17.

Nature of Wounds " S.W.Frac. lt.Thigh".

Discharged:-. 12-9-16.

C.L. 17-8-16. 445.
16-9-16. 471.
14-11-17 830.
17-11-17 833-3.note.(Wds)

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

Q

No. in Admission and Discharge Book.

Regiment

Christian Name.

Leslie

Unit.

Age.

Service.

Year

61st Bn.

29

13/12

Station and Date.

Disease

Appendicitis.

Reported: June 1916

Complaint: Cramps & gnawing dragging pain in left right abdomen.

History: Five years ago had a severe attack of pain in right lower abdomen followed by vomiting - lasted 3 days. Since then has had many similar attacks and is constantly troubled with a feeling of weight & tightness in left lower abdomen with at times sharp attacks of pain lasting a day or two & accompanied by vomiting. Patient says he is always protecting this side.

Present Condition: ^{He has lost 15 or 20 lbs in last two months (right)} Gnawing ache in right abdomen which is more localized over McBurney's area. Tender over McBurney's spot - also rigidity of muscles.

D. Black

14-8-16.

Operation. Appendectomy - Appendix 5" long removed. Simple Catarrhal. A small band 1 1/2" long removed from region of ileo caecal valve. This was producing a Lani's kink.

of 9/16

Wound Healed and local condition fine. Leaving hospital Monday 11th inst.

W. Beag



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

Station
and Date.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-30-920.

Unit, Regiment or Corps 61st. Battalion. C.E.F.

Regimental No. _____ Rank Lieut. Name Wilson, Leslie McLean.
C. E. F.

Enlisted (a) 23-7-15. Terms of Service (a) D. of War. Service reckons from (a) 23-7-1915. 2/4/16

Date of promotion to present rank. } 7-6-1915. Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Lieut. Platoon, a/Adj. P.T. Instr.

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				
		Embarked, Halifax Disembarked, Transferred to General List. S'cliffe	Halifax Liverpool	1-4-16. 11-4-16. 22-10-16.	D.O. 5510. <i>St. Murray</i> Lieut. Colonel. Commanding, 61st. Battalion.
<i>25/7/17</i>	<i>18th Res: B</i>	TAKEN ON STRENGTH.	<i>DIBGATE</i>	<i>24-7-17</i>	<i>Part II D.O., 192.</i>
<i>4-9-17</i>	<i>18th Res: B</i>	<i>S.O.S. to 8th Bn France.</i>	<i>DIBGATE</i>	<i>4-9-17</i>	<i>Part II D.O., 232.</i> <i>Asst. Adjutant, 18th Res. Bn</i>
<i>5-9-17</i>	<i>C.B.D.</i>	<i>Reinforcement</i>	<i>C. B. D.</i>	<i>5-9-17</i>	<i>11.0 letter. 121/246/7556.</i>
<i>8-9-17</i>	<i>so</i>	<i>Left for 1st Inf Bn</i>	<i>Field</i>	<i>8-9-17</i>	<i>PTO No 123 dt 11-9-17.</i> <i>nd.</i>
<i>9-9-17</i>	<i>1st Inf Bn</i>	<i>joined 1st Inf Bn</i>	<i>so</i>	<i>9-9-17</i>	<i>nd.</i>
<i>7-11-17</i>	<i>8th Bn</i>	<i>left for 8th Bn</i>	<i>so</i>	<i>20-10-17</i>	<i>nd.</i>
<i>27-10-17</i>	<i>8th Bn</i>	<i>joined 8th Bn</i>	<i>so</i>	<i>23-10-17</i>	<i>B 213.</i>
<i>12-11-17</i>	<i>so</i>	<i>Wounded</i>	<i>so</i>	<i>10-11-17</i>	<i>20.14. H. A. T. 2759.</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B, 213, Army Form A. 36, or other official documents.
Date	From whom received				
13. 11. 17	O.B. 44. C.C.S.	Order of wounds received in action	Field	12. 11. 17	Telegram 7545. a.g.g. X. B. T. 2809. p. 110. 150 of 14. 11. 17. <i>J. Johnson</i> Lieutenant for 1st Lt. a.g.g.



ORIGINAL

MEDICAL HISTORY SHEET.

Surname Wilson Christian Name Leslie McLean

Examined { on 23 day of July 1915
at Winnipeg
Birthplace { City or Town Montreal
County Que - Canada

Approved by [Signature]
Rank Capt. Occas M.O.

Apparent age 28 years 1 month
Trade or occupation Manager
Height 5 Feet 11 3/4 Inches.
Weight 158 Lbs.
Chest measurement { Minimum 35 inches.
Maximum expansion 3 inches.
Physical development good.
Small-Pox Marks nil

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

Vaccination Marks { Arm... Right... Left...
Number 1 2
When Vaccinated last 1906
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS.
<u>2/13/16</u>		<u>yo Bedford</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/2/16</u>		M.O.
<u>18/2/16</u>		M.O.
<u>3/13/16</u>		M.O.
<u>23-8-17 TAB</u>		<u>Health - Capt. [Signature]</u> M.O.

Enlisted on 23rd day of July 1915 at Winnipeg

	CORPS	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>6th Overseas Battalion</u>	<u>Leslie</u>		<u>2/1/15</u>
Transferred to..	<u>8th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>C.C.M.C.</u>	<u>Sept 12/16</u>	<u>Appendicitis</u>	<u>One month's sick leave</u> <u>RM Ferguson Capt</u>

Duplicate Medical History Sheet posted to here.

STANDING MEDICAL BOARD

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.

J.M.C.

Surname: *Wilson* Christian Name: *Jessie M. Seaman*

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				
		11	8	16	12	9	16	Appendicitis	32	Dis. to Off. Standing Med. Board 19 Westbourne Gardens, Fulham <i>P. M. O. M.</i>Capt. C. A. M. C. a Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate.	



Duplicate Medical History Sheet
posted to here. *13*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Jun. 1/16

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>35</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Lieut* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *Leslie M. Wilson*
 Battalion *61 Bn.*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name *Mrs. Margaret Wilson*
 Address *834 Walsley Ave,*
Wmfg, Man.
 1
 2
 3
 4

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

<i>1917</i> <i>Dec 31</i>	<i>✓</i>	<i>✓</i>	<i>630</i>	<i>630</i>	<i>Ac closed. 30/11/17</i> <i>630 X. 30/11/17. bas. died of wounds. 12/11/17</i> <i>E.7X. 30/11/17 - 630⁰⁰ (left 20-5-18)</i>
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Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.