

ATTESTATION PAPER.

No. 808
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? Wright
- 1a. What are your Christian names? William Douglas
- 1b. What is your present address? 27 Chesterfield Ave., Westmount, Que.
- 2. In what Town, Township or Parish, and in what Country were you born? Montreal, Que. Canada
- 3. What is the name of your next-of-kin? William Samuel Wright
- 4. What is the address of your next-of-kin? 27 Chesterfield Ave. Westmount, Que.
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? Sept. 21st 1896
- 6. What is your Trade or Calling? Customs Clerk
- 7. Are you married? No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? 58th Regt. W.R.
- 10. Have you ever served in any Military Force or Naval Force? 3 yrs. 6 mo. (58th Regt. W.R.)
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

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
 14. If so, what was the nature of the disability?
 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? E.C.D. Underweight
 16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Douglas Wright, do solemnly declare that the above are answers made by me to the above questions and that they 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 Sept 12/17 1917
 Signature of Recruit: W Wright
 Signature of Witness: W J Gully

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Douglas Wright 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 Sept. 12th 1917
 Signature of Recruit: W Wright
 Signature of Witness: W J Gully

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 12th day of Sept. 1917.
 Signature of Justice: And W Bradley

Description of William Douglas Wright on Enlistment.

Apparent Age 21 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 9 ft. 9 ins.

Chest measurement { Girth when fully expanded 31 ins.
 Range of expansion 3 ins.

Complexion Light

Eyes Gray

Hair Fair

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

Eyesight R. D. = 20
 " L. D. = 20
 Hearing R. Ear OK
 " L. " OK

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* _____ for the Canadian Over-Seas Expeditionary Force.

Date SEP 12 1917 191

Place _____

*Insert here "fit" or "unfit."

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. #4

Francis de Hartog
 Medical Officer.
 President, S. M. B.

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:—

"B" Fit for Service Abroad
 (but not for General Service)

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Douglas Wright 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.

Fred W. Bradley (Signature of Officer)

Date Sept 24 1917

A. D. D. S. M. D. No. 4

1-11-18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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.....

A. F. B. 132-
M. F. W. 29-
Dental Hist Sheet-1
Index Card

Name WRIGHT, WILLIAM DOUGLAS

Regt. No. 808 Rank Pte

Corps Can. Army Dental Corps, M.D. No 4

So. I. S. C. for further med treatment

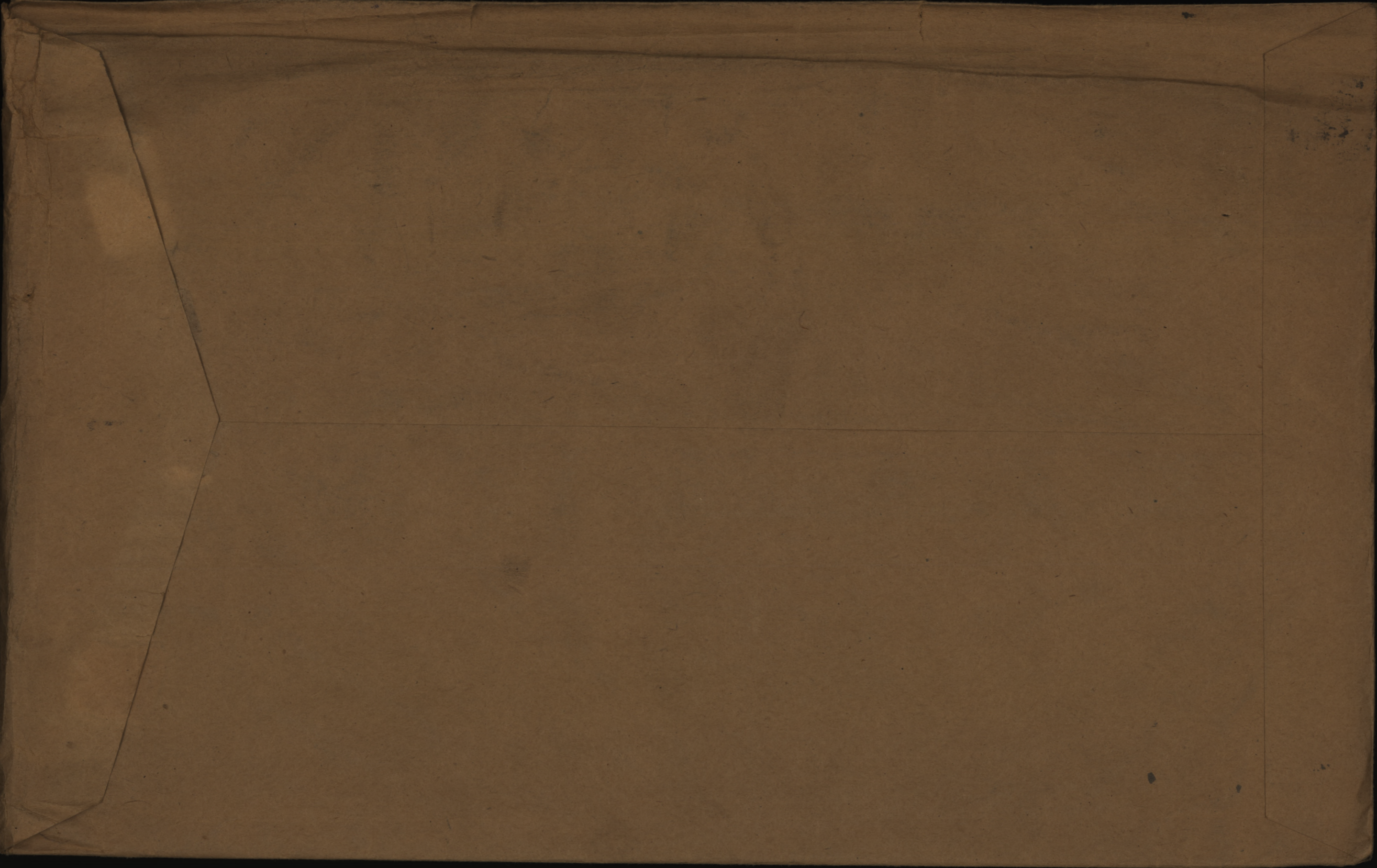


~~35766~~

*Soc. Despt to D.O.C
on M. F. W. 2505
Ref. B.D.G. Spec. 1305
d/11/12/19.
M.H.*

PT 13-12-19

*1
1-17
1-17*



LEDGER NO.

SERIAL NO.

REG. NUMBER *808* NAME *Wright - W.D.*

RANK *Pte* CORPS *I S.C.*

AGE SERVICE

NAME OF HOSPITAL *D.M.C.H.* PLACE *Montreal*

DATE OF ADMISSION

DISEASE *V.B.C. B. amble*

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO *3.2.19* IN CATEGORY

5-10-20
D.C.R.

CHRISTIAN NAMES
9-20

REG. NO. 808

UNIT C. A. D. C.

FORMER CORPS 58th Regt.

NAMES IN FULL Wright, William Samuel

RELATIONSHIP TO SOLDIER Father

ADDRESS 27 Chesterfield Ave.
415 Victoria Ave. Westmount, P. Q.
S. (under D.C.R. 9-10-20)

COUNTRY OF BIRTH Canada, Montreal P. Q.

PLACE OF ATTESTATION Montreal, P. Q.

CARD NO. 98.
S.O.S. Dis. 1-10-18 4 J.S.C.
FOLL. 50.121929-18 C.A.D.C.

CHANGE OF ADDRESS

DATE Sept 21st 1896.
DATE Sept 12th 1917.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Customs

RELIGION

Presbyterian

Clerk

DESCRIPTION.

APPARENT AGE

21

YEARS

—

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

31

INCHES

EXPANSION

3

INCHES

COMPLEXION

Not Stated

EYES

Not Stated

HAIR

Not Stated

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Sept. 12th, 1917

*Present Address, 27 Chesterfield Ave,
Westmount, P. Q.*

No.

808

RANK

Pte

NAME

Wright W. 70

T. O. S. 1-6-18

R.O. 1 of 6-18

UNIT

Miscellaneous Units, C. A. 70. C.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 June 1</i>	<i>1918 June 30</i>	<i>u</i>	<i>Shoop. 24-6-18</i>	<i>R.O. 26 of 6-18</i>



REG. NO.

215-98. 808

NAME

Wright W. D

B 38993
311943

(SURNAME FIRST)

RANK

pte

CORPS

C. A. D. C

AGE

21

SERVICE

C 11/2

NAME OF HOSPITAL

Royal Victoria

D.M.C.H.

PLACE

Montreal

DATE OF ADMISSION

24. June 18. 11. 1. 10

DISEASE

Pleurisy with Effusion X Ray & Surgical Treat

DISCHARGE

7 Aug. 18

reclos. TB b of Ankle

OPERATION

DISCHARGED TO DUTY

yes. Duty 30 1. 19.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Blank lined area for writing remarks.

Handwritten red scribble.

Handwritten blue scribble.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 808 Rank Pte. Name Wright, W.D.

Corps. C.O.D.C. who was* Discharged

On Oct. 1st. 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct 1st 1918 to ----- 191---, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay..... <u>1</u> days at \$ <u>1 00</u>	<u>1</u>	<u>00</u>
by } No.....			Field Allow. <u>1</u> days at \$..... <u>10</u>		<u>10</u>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>15 dys. Gratuity</u>	<u>16</u>	<u>50</u>
Other charges			<u>Clothing Allee. R.O.716</u>	<u>35</u>	<u>00</u>
Payment on transfer or discharge No. <u>6399</u>	<u>53</u>	<u>40</u>	Other Credits* <u>1 day Subs.</u>		<u>80</u>
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>53</u>	<u>40</u>	Total.....	<u>53</u>	<u>40</u>

* Give particulars.

A monthly stoppage of \$ N I L (†) has -- (‡) been paid on account of Assigned Pay for the month of --- 191--- } (to) Assignee ---
 and Sep'n Allee. for month of --- 191--- }
 (Address) ---

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

On Transfer of an Officer

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

REMARKS:—

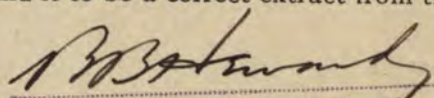
- State (1) date of enlistment 12 - 9 - 1917
 (2) if married and if a Separation Allowance Card has been submitted N I L
 (3) cause of discharge Med Unfit authority R.O.693 para 3, d/19-6-18
 (4) authority for transfer ---

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

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

Date October 5th 1918.

Place Montreal, P.Q.


 Capt. Paymaster
 Miscellaneous Units, M. D. No. 4
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

THE NATIONAL ARCHIVES
COLLECTIONS

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INSTRUCTIONS

1. On examination the position of certain points to be marked on

diagram in red ink.

On first line of report record of same to be made in red ink.

Only such entries as are indicated by this sheet as will show

1. Condition of examination in red.

2. Condition on leaving Canada.

3. Condition on return.

RECEIVED
DEPARTMENT OF
INDUSTRIAL INVESTIGATION
OTTAWA

RECEIVED
DEPARTMENT OF
INDUSTRIAL INVESTIGATION
OTTAWA

DEPARTMENT OF INDUSTRIAL INVESTIGATION
OTTAWA

Copy

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 808 (Rank) PRIVATE
(Name in Full) William Douglas Wright enlisted in
Canadian Army Dental Corps M.D. No.4
Canadian Overseas Expeditionary Force, on the 12th of September
1917, and accompanied said unit to Montreal. Que.
was returned to Canada, and discharged from the service at Montreal. Que.
on the 1st of October 1918, in consequence of
Medical Disability (R.O. 693 para 3)

DESCRIPTION ON DISCHARGE

Age 22 years
Height 5ft. 7 1/2 in.
Complexion Fair
Eyes Blue
Hair Fair
Trade Customs Clerk

Marks or Scars
NIL

Signature of Man *W. Wright*

Fred H. Bradley, Lt. Col.
Officer in charge Discharge Depot.
C.A.D.C. M.D. No.4

Place and Date Montreal. Que. Oct. 1st. 1918

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 808
Rank Private
Name William Douglas Wright
Unit Canadian Army Dental Corps M.D. No. 4
Address on Discharge 27 Chesterfield Ave.,
Westmount,
Que.

His conduct and character while in the Service have been : Very GOOD

Place Montreal, Que.

Date October 1st. 1918

Commanding

And H. Bradley

Lt. Col

Campaigns NIL

Canadian Army Dental Corps M.D. No. 4

Medals and Decorations NIL

File No. 0.19799-W-128.

WAR SERVICE GRATUITY.

Register No. W 2316.

Reg. No. 808.

Name Wright. W.D. Pte

Address _____

Dependent _____

Address _____

Cheque drawn in favour of S.G.R. Ottawa.

Pay Soldier \$ 70⁰⁰

Graham-Bradbury

Pay Dependent \$ _____

Days 31 Rate 70⁰⁰ Due 70⁰⁰

Less P.D.P. credited _____

Clerk RA 25/11/20.

Less further Dr. Bal. or overpayment. _____

Net 70⁰⁰

*R 134
w 12 20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 26/11/20	65336	1882419	70 ⁰⁰		1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
[Signature]
Date 25/11/20

1305

1305

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.	808
Rank	PRIVATE
Name	WRIGHT, William Douglas.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	CANADIAN ARMY DENTAL CORPS. M.D.No.4
Date of Discharge	October 1st, 1918.
Place of Discharge	Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....22.....years.....1.....months.

Height.....5.....feet.....7.....inches.

Complexion Fair

Eyes Grey

Hair Fair

Trade Clerk

Intended place of residence } 27 Chesterfield Ave.

(To be given as fully as practicable.) } Montreal, Que.

Descriptive Marks



2. The above-named man is discharged in consequence of

Transfer to I.S.C. for further Medical treatment.
(Under 623 para. 3)

Auth. A.A.G.'s letter Sept. 20th. 1918 File MD 4
22-W-737

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.

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

Very good.
A.A.G.

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:

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

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

Clerical
A.A.G. Clerk

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

N I L

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

6. Medals and Decorations.....

N I L

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) Montreal, Que.....

Fred W Bradley Lt Col
A. D. B. S. M. O. No. 4

(Date) October 1st, 1918.....

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, Que.....

L. Wright (Signature of Soldier.)

(Date) October 1st, 1918.....

Lester Coy (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)...1 years...30 days.

Total...1 years...30 days.

11. Confirmation of Discharge.

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

(Place) Montreal, P.Q.....

Fred W Bradley
(Signature)

(Date) Oct. 25th, 1918.....

21. 61

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.)

None.
M. J. King

List of Discharge Documents.

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

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.	808
Rank	Private
Name	WRIGHT William Douglas
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Canadian Army Dental Corps. M.D.No.4
Date of Discharge	October 1st.1918
Place of Discharge	Montreal, Que.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....22.....years.....1.....months.	Descriptive Marks
Height.....5.....feet.....7.....inches.	
Complexion Fair	
Eyes Grey	
Hair Fair	
Trade Clerk	
Intended place of residence } 27 Chesterfield Ave. (To be given as fully as practicable.) } Montreal, Que.	
2. The above-named man is discharged in consequence of Transfer to Inv. Soldiers Commission (Under. R.O.693 para.3) Auth. A.A.G'S letter Sept. 20th,1918 File MD.4 22-W-737	
<small>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.</small>	
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. <i>Very good.</i> <i>W.B.</i>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Clerical</i> <i>W.B.</i>
<small>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:</small>	

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

NIL

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

6. Medals and Decorations.....

NIL

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) Montreal, Que.

And W Bradley Lt. Col.

(Date) Oct. 1st. 1918

Commanding A. D. D. S. M. D. No. 4

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, Que.

[Signature] (Signature of Soldier.)

(Date) October 1st, 1918.

[Signature] (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)...1 years..30 days.

Total 1...years..30 days.

11. Confirmation of Discharge.

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

(Place) Montreal, P. Q.

And W Bradley Lt. Col. (Signature)

(Date) Oct. 25th 1918.

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.)

None.
D. Wright

List of Discharge Documents.

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

CASE HISTORY SHEET.

ROYAL VICTORIA HOSPITAL Hospital. MONTREAL P.Q. Station.

No. 808 Rank Private Name Wm. D. Wright. Age 21

Unit C.A.D.C. Completed years of service ^{Where and how long} c/11

Date of admission 24th June 1918 Date of discharge 7th August 1918

Diagnosis Pleurisy With Effusion. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Weakness and pain in chest rt. side.

Signed on with C.A.D.C. Classed B.2, quite well at that time. Patient states that about March 1st felt pain in right side, would catch his breath. June 16th while on the street car felt chilled and cold up and down back, went to bed Temp. 102, diagnosed as Grippe, Wednesday following said to be Pleurisy.

Physical Examination - General Condition - Physique poor, Nutrition poor. Breathing normal, but shallow (mouth breather) No cough, no sputum. Mental state good. Complexion pale. Mucus membranes and fingers tips anaemic. Skin smooth and moist.

Head - Normal size and shape. Eyes - Pupils equal, symmetrical. React to L & A. Nose - Normal. Ears - Normal. Teeth well preserved and kept. Tongue slightly coated, Pharynx slightly injected. Tonsils normal.

Glandular Sys. - Normal.

Thorax. - Flat. sulci well marked, symmetrical. Resp movements shallow but symmetrical.

Lungs - Percussion dullness from ant axillary line to posterior base of right lung. Breath sounds diminished in same area. Slight friction on palpation and pronounced on auscultation.

Heart - Sounds clear and loud, No murmurs or enlargement.

Abdomen, - Normal. No abnormal masses palpable.

Reflexes - Normal. No pathological.

Spine straight - freely moving.

Blood pressure 118 - 70

Urine - Negative.

W.B.C. - 10,000

Xray of lungs - Dull area right, from 7th to 11th ribs, Scattered areas small, fibrosed Tubercular, both Lungs.

Fluid aspirated - 20 cc. No growth.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Symptomatic Hospital Treatment.

(Especially any specific or special form)

CONDITION ON DISCHARGE Recommend return to Unit - to be granted six weeks sick Furlough to recuperate.

(and disposal made of case.) M.F.W. 180 sent to O.C. Montreal Hospital Group. 6-8-18

Date 7th August 1918

W. H. Herbert
M. O. i/c case. Royal Victoria Hospital
Medical Officer i/c case.

1918 HISTORY SHEET

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