

OFFICERS' DECLARATION PAPER 749084

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Hamilton
- (b) What are your Christian Names? George Henry
2. (a) Where were you born? (State place and country) Bury Que Canada
- (b) What is your present address? Bury Que
3. What is the date of your birth? 27 October year 1889
4. What is (a) the name of your next-of-kin? Mrs ~~Andrew~~ ^{Julia} Hamilton
- (b) the address of your next-of-kin? Bury Que Canada
- (c) the relationship of your next-of-kin? Mother wife
5. What is your profession or occupation? Farmer
6. What is your religion? Church of England
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? B Squadron 7th Hussars
9. State particulars of any former Military Service none
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.

G. H. Hamilton (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 March 17 1916

Place Shelburne

E. E. Locke
Medical Officer.

*Insert here "fit" or "unfit".

Captaine

Name

Rank

Unit

OFFICERS' DECLARATION TABLE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(At least)

1. What is your name?

2. What is your Official name?

3. What was your rank at entry and leaving?

4. What is your present address?

5. What is the name of your last command?

6. What is the name of your last command?

7. What is the name of your last command?

8. What is the name of your last command?

9. What is the name of your last command?

10. What is the name of your last command?

11. What is the name of your last command?

12. What is the name of your last command?

13. What is the name of your last command?

14. What is the name of your last command?

15. What is the name of your last command?

16. What is the name of your last command?

17. What is the name of your last command?

18. What is the name of your last command?

19. What is the name of your last command?

20. What is the name of your last command?

RH 16-12-18

Officers
DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- 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..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

13



Name *HAMILTON GEO. HENRY*
 Form. *749084* Rank *Lieut*
 Regt. No. *749084*
 Corps *13th Bn. 117th Bn.*

04558



Do of W 29-9-18

recd 19-3-21



Last Pay Certificate.....
970 45- 3- PC - 1
M7W67 1

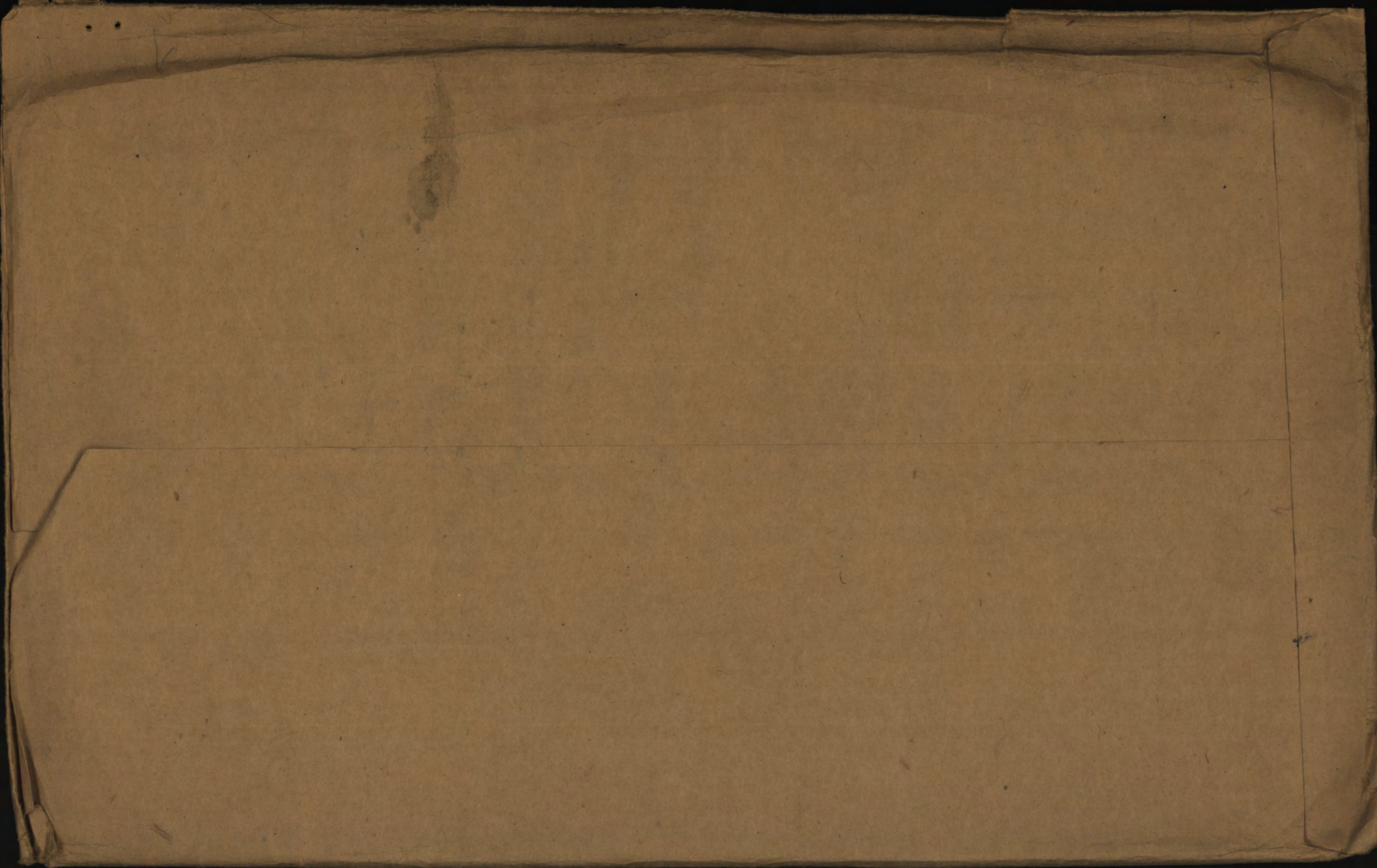
4
1-14
1-14

M.Y.
25-2-20
219

M. F. W. 62.
 100m.-6-17.
 H. Q. 1772-30-935.

1940
1971 1237

Will (Pay) - 1



SURNAME.

Hamilton,

CARD NO. *X*

CHRISTIAN NAMES

George. Henry.

FOLL.

REGL. No.

RANK

Lieut.

UNIT

117th

Bw.

FORMER CORPS

B. Squad; 7th Hussars.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hamilton, Mrs. Julia

RELATIONSHIP TO SOLDIER

wife.

ADDRESS

Bury. P.O.

COUNTRY OF BIRTH

Canada, Bury. P.O.

DATE

Oct. 27th 1889.

PLACE OF ATTESTATION

DATE

Sailed from Halifax per S. S. Empress of Britain 14/9/16.



Empress of Britain 14/9/16.

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Sherbrooke, P.Q.

DATE

Mar, 19th 1916.

Present Address. Bury, P.Q.

NAME

Hamilton-George Henry

REG'T'L NO

RANK AND CORPS

Lieut 20th Res. Bn.

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

~~711 6137~~~~30.9.17~~~~b.
Rep. wounded Sept 26th 1917~~

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
605 "	2nd East. Gen. Brighton	16-2-17	Lumbago.
622-4	Disc.	8-3-17	Lumbago.
645-4	2nd East Gen. Brighton	2-4-17	Neuritis
660 =	Gran. Can. Spec. Ramsgate	22-4-17	Myalgia.
696-3	Disc	4-6-17	Myalgia Back
726	1st Eastern Gen. Brighton	10-7-17	Bladder Trouble
739-0	Disc	27-7-17	Bladder Trouble
750-3	2nd East. Gen. Brighton	9-8-17	Dyspepsia
772-2	Disc	27-8-17	Dyspepsia

NAME *Hamilton George Henry*

RANK AND CORPS *Lieut*

13th Bd

REG'T'L. NO.

H. Q. FILE NO. 649

FOLLOWS
No.

(form 111 of B)

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<i>47-48.</i>	<i>2-10-18</i>	<i>Mrs. Julia Hamilton (Wife) Bury. P-Q</i>
<i>14 3 2</i>	<i>2-8-</i>	<i>ll. of W. Sept. 29th 1918.</i>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1100 ⁽¹⁾	Rept. from Base.	29-9-18.	Died of wds.
1120 ⁽⁵⁾	With reference to 1100 R. h.		cas. needs.
	Died of wds. 1. cam. cas. lcy. stat.		GSM. abdomen.

HAMILTON,

George Henry,

Lieut.

13th Bn.

231

not elig. for 1914-1915 Star.

✓

MEDALS &
DECORATIONS

Mrs. Julia Permilla Hamilton (Widow)
Bury, P. Q.

PLAQUE &
SCROLL

Widow, as above.

CROSS OF
SACRIFICE

Mrs. Julia Permilla Hamilton (Widow)
Bury, P. Q. ALSO
Mrs. Mary Hamilton,
Bury, P. Q.

Serial No 782600

scroll Desp. FEB 21 1921 Reqn. No. 2-21844

Plaque Desp. MAR 8 1922 Reqn. No. p3905

P.T.O.

W C 3314

M C 3306

Leap 24 $\frac{3}{10}$.

Name **HAMILTON,** Rank **Lieut.** Reg. No.
 Unit **George Henry**
20th. Res. Bn.
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-2-17.	2nd. E. G. H.	Brighton	Lumbago	605		
8.3.17	Discharged			622		
2-4-17	2nd East Gen. Hos.	Brighton	Neuritis	645		
22-4-17	Gran Gen Spec Hos	Ramsgate	Lumbago	660		
4-6-17	Discharged			696		
10-7-17	2nd East Gen Hos	Ston	Bladder Trouble	726		OR 127.
27 7 17	Discharged			737		
3-7-17	Brook Park Hos	Buff.				
9.8.17	2nd P. G. Hos.	Brighton	Dyspepsia	750		
27 8 17	Discharged			772		

No.

RANK

Lieut.

NAME

Hamilton, Geo. Henry.

T. O. S. 4-1-16.

(D. O. S. of 4-1-16.)

UNIT

*117th Battalion.*M. D. *4.*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

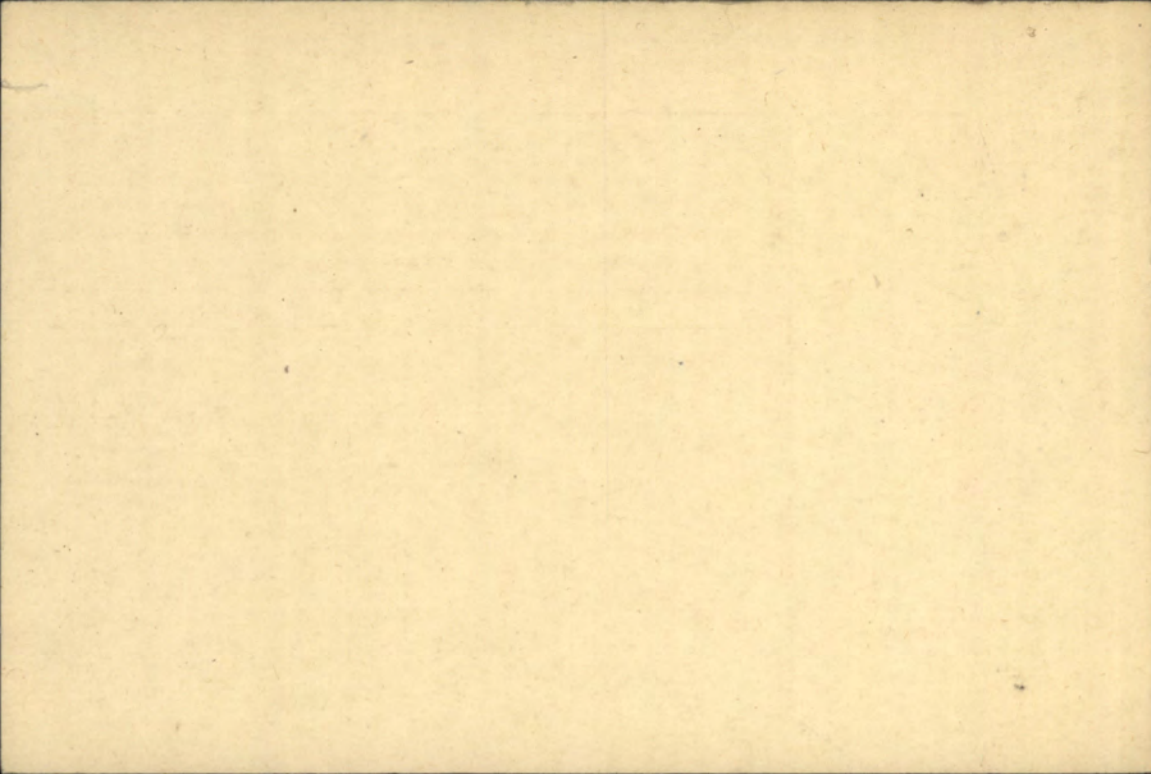
PARTICULARS

AUTHORITY

<i>1916.</i> <i>Jan. 4.</i>	<i>1916.</i> <i>Jan. 31.</i> <i>Feb.</i> <i>Mar.</i> <i>Apr.</i> <i>May</i> <i>June</i> <i>July</i> <i>Aug.</i>	<i>✓</i> <i>✓</i> <i>✓</i> <i>✓</i> <i>✓</i> <i>✓</i> <i>✓</i> <i>✓</i>
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UNIT SAILED

AUG 1 4 1916



Number

Rank

LIEUT

~~13~~

Surname

HAMILTON

Christian Names

GEORGE HENRY

Unit

Theatre of War

FRANCE

Dates of Service

Remarks

D

Latest Address

Mrs Julia Permillia Hamilton

Bury, P. Q.

Roll No. 13.

Page 1707

4. 10075. *Wash* APR 9 - 1921

9938289 *Wash* SEP 14 - 1921

✓ **HAMILTON**
 Name ✓ *George* ✓ *H. Henry* Rank
 Unit *13th Bn*
 Next of Kin *Canada*

✓ **LIEUT.**

WB 104-93
 Reg. No. *9 H 1077*
58
06772

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
29-9	Reported Base (KI 229)					
	<u>DIED OF WOUNDS.</u>			1100	<i>1/4/18</i>	<i>2/10</i>
	<i>Died at</i>					
	<i>1 Can. P. S. Sta (37446)</i>			1120		
			<i>Abdomen</i>			

Surname	Christian Name	Reg. No.
HAMILTON	G. H.	DMS. 4-H-173.
Rank	Unit	

Lieut.	20 th h. Res. Batt	
MEDICAL BOARD held at	Date	Serial No.

(1) London Area	30-6-17.	
-----------------	----------	--

Other Medical Boards at	Date	Serial No.
(2) Shoreham	28-8-17.	

(3) do.	28-9-17.	
---------	----------	--

(4)

(5)

Condition found by Board

Lumbago. Debility Gastritis.

Disposition Recommended

(1) Fit General service.

(2) Unfit any service 1 month. Retd. to Hospital for treatment.

(3) Fit General service.

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

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

Hamilton.

G.

H.

Lieut.

20th. Res. Bn. 13th. Batt'n.

2nd. Eastern Gen. Brighton.	16-2-17.
do. do.	2-4-17.
Granville Spec. Ramsgate.	22-4-17.
2nd. Eastern Gen. Hosp. Brighton	10-7-17.
do. do. do.	9-8-17.
Perkins Bull Hospital, Putney.	4-6-17.
do. do. do. do.	18-9-17.
1 Canadian Casualty Clearing Station.	29-9-18.

Lumbago.

Nauritis.

Myalgia. *l*

Bladder trouble *l*

Dyspepsia *l*

R.F.B., DIED of WOUNDS: -29-9-18. *R*

"G.S.W. Abdomen". *ooo*

Discharged: -. 8-3-17.

Disch; -4-6-17

do. 27-7-17.

do. 27-8-17.

do. 3-7-17.

do. 22-8-17.

C.L. 21-2-17. 605.

13-3-17. 622-4.

11-4-17. 645-4.

28-4-17. 660.

9-6-17 696-3. C.L. 1-10-18 1100.

16-7-17 726-2. 24-10-18 1120-5note

21-7-17 739-5.

13-8-17 750-3.

7-9-17 772 2.

15-10-17 Nom. Roll & Letter L.A.

R.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Julia P. HamiltonWife
PAYMENTS.

Name of Soldier

Hamilton Geo. Henry
Lieut.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G1031	30	30
May		2222	30	30
June		B3575	30	30
July		A7596	30	30
Aug.		212198	30	30
Sept.		A16086	30	30
Oct.		69549	30	30
Nov.		422192	30	30
Dec.		225826	30	30
Jan.	1917	K 28261	30	30. <i>K 28261 cancelled. re write</i>
Feb.		91-38536	30	30. <i>mailed 9-1-17</i>
March		K 34735	30	30
April		M1160	30	30
May		L 4260	30	30
June		B8125	30	30
July		29902	30	30
Aug.		V14161	30	30
Sept.		U17052	30	30
Oct.		21052	30	30
Nov.		S22831	30	30
Dec.		27284	30	30. <i>Bv 27283 came</i>
Jan.	1918	27283	30	30. <i>717 7.5</i>
Feb.				
March				
April				
May				
June				
July				

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.				

4-1-16

111

(110)

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Julia P. Hamilton*Name of Soldier *Hamilton Geo. Henry*Address *Bury, Que.*

Regtl. No.

Rank

Corps *Lieut.**117th Bn.*Relation to Soldier } *wife*

To what Corps belonging }

wife, child or mother }

when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916		27	
Feb.		<i>K 23528</i>	<i>57</i>	<i>54</i>
March		<i>J 27627</i>	<i>30</i>	<i>30</i>



600
60
87
717
860

MILITIA AND DEFENCE

M. F. W. 12a.
50m.-6-16.
1772-39-819.

ASSIGNED PAY

Sheet No. 2.

Mrs Julia P Hamilton

OVERSEAS CONTINGENTS

Name of Soldier

*Hamilton G. F.
Lieut 117th Opl Bde*

PAYMENTS.

L. L. Job 4503. -Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>30.00 Oct/16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 29503</i>	<i>60.</i>	}
Dec.		<i>F 35207</i>	<i>30.</i>	
Jan.	<i>1917</i>	<i>J 38415</i>	<i>30.</i>	
Feb.		<i>J 44781</i>	<i>30.</i>	
March		<i>H 49787</i>	<i>30.</i>	<i>30 F.</i>
April		<i>C 2261</i>	<i>30.</i>	<i>30 6</i>
May		<i>C 8302</i>	<i>30.</i>	
June		<i>F 15297</i>	<i>30.</i>	<i>30. 12m</i>
July		<i>J 22640</i>	<i>30.</i>	<i>W</i>
Aug.		<i>K 29652</i>	<i>30.</i>	<i>30 90</i>
Sept.		<i>R 36191</i>	<i>30.</i>	
Oct.		<i>J 42579</i>	<i>30.</i>	<i>450. 12m</i>
Nov.		<i>R 48667</i>	<i>30.</i>	
Dec.		<i>R 57475</i>	<i>30.</i>	<i>✓</i>
Jan.	1918	<i>R 57476</i>	<i>30.</i>	
Feb.				
March				
April				
May				
June				
July				<i>R 57475 cancelled</i>

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.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		1920		
Dec.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-319.

To Whom *Mrs Julia P. Hamilton* By Whom Assigned *Hamilton G. H.*
Address *Bury P. O. Can* Regtl. No.
Rank *Lieut*
Corps *117th O/s. Batt CEF*
Rate *30.00 Oct '16*
2 M. Oct 25/16 O/W 28/16 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



01000

Ar. M 410116

JE

Handwritten initials

Assignment as at
OCTOBER 1 1916

Hamilton, Lieut. George H. 117 Bns 20hes 30

Mrs. Julia P. Hamilton
Bury
J. G.

\$ 30 Payment Stopped,
Killed in Action
1 October 1918

Date	From	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.

✓

Register No. D 41047

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1824 G16

log
amp

Regt'l No. Name George Henry Hamilton
(Christian Name) (Surname)
Unit 13th Bn Rank Lieut. Date of enlistment
Date of casualty 29-9-18 B.P.C. File No.
Was service performed overseas? yes

DEPENDENT

Name Mrs. Julia P. Hamilton Relationship widow
Address Bury
P.O.

M.F.W. 2652
26M-6-30.
H.Q. 1772-89-1473

EMB ✓
Amount of Special Pension Bonus \$ 120.00 Abstracted by A.M. Mather

Eligible for Gratuity \$ 240.- ✓
Less amount of Special Pension Bonus paid \$ 120 ✓
Less Debit Balance of S. A. or A.P. \$
Total deductions \$ 120 ✓
Balance due \$ 120. ✓

Cheque No. 9-1900054 ✓ Date issued Aug 12 ✓

REMARKS :
.....
.....
.....
.....

Clerk R.P. Turner *DS 17*

Audited by
Heut
Date 11/8/20

120.00

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.

I. I. 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
1772-39-1140

Remarks:

FORM OF WILL.

RECORD OFFICE
BRANCH
21 JAN. 1919
CANADIAN
EXPEDITIONARY FORCE.
(Name in full)

I. **George Henry. Hamilton**

Regimental Number **248286-** serving in **117th B.T.O/S Batt of the**
the Overseas Military Forces of Canada, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Julia Permilla Hamilton

Bury

Canada Prov Que

)
) Name and Address
) of person or
) persons to whom
) it is to go.
)

absolutely, and my personal estate I bequeath to

Mrs Julia Permilla Hamilton

Bury

Canada Prov Que

RECORDS RECEIVED BY O.M.F.C. OFFICE
GR. N. 100000 TO USE
OLD BY THE OFFICE
21 JAN 1919
FILED IN... SINCE
TO...
ACTED ON

)
) Name and Address
) of person or
) persons to receive
) personal estate.
) (See note).
)

IMPORTANT NOTE

This must be signed
and dated by the
Soldier Himself.

this **20th** day of **October** A.D. 19**16**

George H. Hamilton

Signature of Soldier.

N.B. Personal estate includes pay, effects, money in bank, insurance
policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in
the presence of us both present at the same time, who in his presence at
his request and in the presence of each other have hereunto subscribed our
names as Witnesses.

Signature of First Witness **W.S. McCutcheon**

The Two Address of Witness **c/o Walter Blue & Co Sherbrooke Quebec**

Witnesses Must Sign Occupation of Witness **Lt. 117th. Batt C.E.F**

Here. Signature of Second Witness **H Edney**

Address of Witness **12 Island Street Sherbrooke Que**

Occupation of Witness. **Lieut 117 Battn C.E.F.**

I hereby certify the above to be a true copy of the original Will now on
file in Estates Branch, O.M.F.C.

Date **15 JAN. 1919.** for OFFICER I/C ESTATES, O.M.F.C.

NOTE ~~XXXXXX~~ D. OF WDS. 29-9-18. 8-191.

Died

15-1-19.

Transferred "LIEUT. G.H. HAMILTON. 13th. Bn."
(R.O.) 35457.

CANADIAN. 16 JAN 1919

THORPE.
Lieut.
REGISTRATION
WILLS-REG
16 JAN 1919
ESTATES, O.M.F.C., LONDON.

FORM OF WILL

I, the undersigned, of the County of ... State of ... do hereby certify that the within and foregoing is a true and correct copy of the original will of the said ...

Witness my hand and seal this ... day of ... 18... at ...

Notary Public for the State of ...

Signature of Testator
Signature of Witness
Signature of Second Witness
Signature of Third Witness
Signature of Fourth Witness

NOTE: This form is to be filled out by the testator and witnesses. It is not to be signed by the notary public.

Copyright © 1880 by ...

WILL

A. E. G.
Lynch

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
140		Lt	Hamilton	G. H.
Year	Unit.	Age.	Service.	
1917.	20 th Res Canadians	28	1 1/2	
Station and Date.	Disease			
10. vii	Debility Gastritis			
	<u>Hist.</u> In Hosp. Feb with pain in back - no pain on movement - when bed.			
	After a spell returned to Hosp. with same complaint - in Howard House. Sent for Board at Hasting. Urine normal.			
	Treated at Hasting - back etc - patient little better. No X-ray.			
	<u>Now complains</u> - pain in back & stomach, constipation, no trouble in water. Pain in middle-lumbar round 9-11 segments. K. J. normal. Pupils <u>react</u> : equal: rather sluggish. Some rigidity & tenderness R. rectus level of umbilicus. Pain worse at night <u>rather</u> food. No vomiting.			
26.7.17	Debility still present & gastric dis comfort. Convalesced Home advised			
	C. H. Bryant			
17. viii. 17	Wasserman —.			
24. viii. 17	General condition better but complains of pain: pain not definitely connected with food.			
	J. B. [Signature]			
	27/7/17			

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

Station
and Date.

84 178

PROCEEDINGS OF A MEDICAL BOARD

assembled at Staveland on Aug. 28/17

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

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Lieut. G.H. Hamilton (Corps) York Res. Balle R.H.C.

Age 28 Service 1914 Disability DEBILITY - GASTRITIS

Date of commencement of leave granted for present disability _____

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

that this officer has been in hospital from 10/7/17 - 24/8/17. M.C.S. states he entered hospital with pain in back - no pain in movement. Urinalysis normal. Was treated at Rawfegale with baths etc. and feel much improved. Now complains of pain in back + stomach, condition pain grade like 9-11 segments. R.S. normal, pupils react equally, reflexes sluggish. Pain worse at night & after food - no vomiting. Wassermann negative. General condition better, but still complains of pain in back and in stomach - not connected with food. (Male sent hospital - Perkins Base)
Board finds that this officer has much improved, but requires one month's treatment in convalescent hospital.

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? One 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? One month.
- c. If unfit for General Service at home, is he fit for light duty at home? No.
- d. If not so fit, how long is he likely to be unfit for light duty at home? One month.
- (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? Service and army ration
- (7.) If the disability was not caused by military service, was it aggravated by it? Not applicable

Signatures

Chas. Wheaton Capt
L. B. Deubahn Capt

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians
W. H. H. H.

Address: York Res Balle Staveland

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.

8 + 11 178

PROCEEDINGS OF A MEDICAL BOARD

assembled at St. John on Sept. 28/17.
 by order of D. Adams, Surgeon
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lt. G. H. Hamilton. (Corps) 20th Res Bde. R.H.
 Age 28 Service 20/17 Disability DEBILITY - Gastritis
 Date of commencement of leave granted for present disability Aug 28 - 17
 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
this officer has completed six months leave. He states that he has fully recovered now, as a result of his complete rest. He says he may be somewhat heavier now, and sleeps much better. General condition is good and he suffers from no disability at this date.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service Yes
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category*
- 3. Fit for Home Service
- 4. Fit for Light Duty at Home
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital
 - (b.) In an Officers' Convalescent Hospital
- 6. (a.) Fit for light duty at a Command Depôt
- (b.) Fit for treatment only at a Command Depôt
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
- 8. Was the disability contracted in the service? Yes.
- 9. Was it contracted under circumstances over which he had no control? Yes.
- 10. Was it caused by military service? Yes.
- 11. If caused by military service, to what specific military conditions is it attributed? Service & Army retires.
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? Not applicable.

I concur in the findings of the Board of Medical Officers here recorded. G. P. Kennerly
 Captain, D.A.D.C. for D.A.S., Canadians.

Officer's Address { 20th Reserve Bde.
St. John by Sea.

Signatures { Chas. Wheeler Capt. President.
H. A. Tomlinson 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. 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.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Shoreham By-Sea. on 27th July, 1917.
by order of O. A. D. M. S. Canadensis.

for the purpose of examining and reporting upon the present state of health of
(Rank and Name) LIEUT. G. H. HAMILTON. (Corps) York Res. BATTN.
Age 28 Service 19/14. Disability NEURASTHENIA. Shoreham.

Date of commencement of leave granted for present disability _____

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

this officer was in No. 2. Eastern General Hosp. Brighton 10/7/17 - 27/7/17. Suffering from "debility" + "Gastritis". Says he has been in hospitals since last February, complaining of same condition.

On Examination, he complains of tenderness over the Epigastric. He says he has constant pain in lumbar regions, but there is no tenderness to external pressure. Heart things are normal. Urinalysis is negative according to M. C. S.

The board recommends that a Wassermann be made. Ten months ago he had gonorrhoea.

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

- (1.) a. Is the officer fit for "General Service"? _____
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? _____
- (4.) Was it contracted under circumstances over which he had no control? _____
- (5.) Was it caused by military service? _____
- (6.) If caused by military service, to what specific conditions is it attributed? _____
- (7.) If the disability was not caused by military service, was it aggravated by it? _____

President.

Signatures { K. A. Drueholme 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; wherever 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.

PROCEEDINGS OF A MEDICAL BOARD

assembled at.....**13. Berners Street, W.1.**.....on.....**30-6-17**.....

by order of.....**A.D.M.S. LONDON AREA**.....

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

(Rank and Name).....**LIEUT. G. H. HAMILTON**.....(Corps).....**20th Res. B'n**.....

Age.....**28**.....Service.....**19-12**.....Disability.....**R. L. U. M. B. A. G. O.**.....

Date of commencement of leave granted for present disability.....

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

this Officer reported to-day from Perkins Bull Convalescent Hospital and is found fit for General Service.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service **Yes**
- 2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* } **Not applicable**
- 3. Fit for Home Service..... **Yes**
- 4. Fit for Light Duty at Home..... **Yes**
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital..... **-**
 - (b.) In an Officers' Convalescent Hospital..... **-**
- 6. (a.) Fit for light duty at a Command Depot..... **-**
- (b.) Fit for treatment only at a Command Depot..... **-**
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation } **Not applicable**
- 8. Was the disability contracted in the service?..... **Yes**
- 9. Was it contracted under circumstances over which he had no control? } **Yes**
- 10. Was it caused by military service?..... **Yes**
- 11. If caused by military service, to what specific military conditions is it attributed? } **Strain of Military life**
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? } **Not applicable**

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

W. J. ...

A.D.M.S. Invaliding For D.M.S. Canadian Contingents.

Officer's Address { **Shoreham-by-Sea**.....
 { **SUSSEX**.....

Signatures { **A. W. MCPHERSON. MAJ. CAMC.** President.
 { **R. H. MACDONALD. MAJ. CAMC.** Members.
 { **F. E. ROGERS. CAPT. CAMC.**

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.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. Est. No. 1069.

MEDICAL HISTORY SHEET.

Surname Hamilton Christian Name George Henry

Examined { on 17 day of Mar 1916
at Sherbrooke

Approved by E. E. Soeder

Birthplace { City or Town Bury
County Compton

Rank Captain M.O.

Apparent age 27 yrs

Trade or occupation Farmer

Height 5 Feet 10 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 32 inches.

Physical development good

Small-Pox Marks no

Vaccination Marks { A r m Right Left
Number

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date.	Result.	VACCINATIONS.
<u>7/28/16</u>		<u>OK</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/18/16</u>	<u>1/2 B</u>	<u>OK</u>
<u>7/18/16</u>	<u>1 B</u>	<u>OK</u>
<u>7/22/16</u>	<u>1 B</u>	<u>TAB 7/2/18 - OK</u>
		M.O.
		M.O.
		M.O.

Enlisted on 4th day of January 1916 at SHERBROOKE, QUE.

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>117TH EASTERN TOWNSHIP, O/S BATTALION C. I. F.</u>	<u>744084</u>		<u>4/1/16</u>
Transferred to	<u>18. Res. 20th CANADIAN RES. BTN. R.H.Q.</u>	<u>744084</u>		<u>13/2/16</u>

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.

Christian Name

Surname

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 general 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				
Palcaertes Camp Hospital		AUG 9	1916		AUG 11	1916	Vaccination Reaction	3	Tib.	R. H. S. <i>part</i> Capt., O.C. A.M.C. Training Depot No. 4.	
2nd EASTERN GENERAL HOSPITAL BRIGHTON.		30	8	17	15	6	17.	76	Fitis - Atropine - well. Improved	Arthur Vickers P. H. Bryant Capt.	
do		9	7	17	29	7	17		Debility & Gastritis		

APR 17 1917

23 - 1100
19/6/17

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

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

Casualty Form Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 117th EASTERN TOWNSHIP OVERSEAS BATT., C. E. F.

Regimental No. 749054 Rank Capt. Name George Henry Hamilton

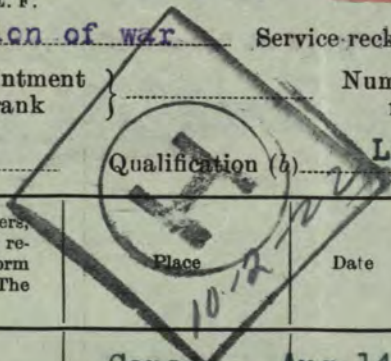
C. E. F.

Enlisted (a) 4/1/10 Terms of Service (a) Duration of war Service reckons from (a) 4/1/10 14.8.16

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) Lieutenant Farmer

Report Date	From whom received	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.
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		<u>Embarkation</u>	<u>Canada</u>	<u>Aug. 14/16</u>	
--	--	--------------------	---------------	-------------------	--

		<u>Arrival</u>	<u>England</u>	<u>Aug. 24/16</u>	
--	--	----------------	----------------	-------------------	--

		<u>Transferred to 148 Bn</u>	<u>Bramshott</u>	<u>Oct 26/16</u>	<u>Part II orders 2496.</u>
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Whitehead CAPT. & ADJT.
FOR O. C. 117th E. T. O/S BATT. C. E. F.

<u>27/10/16</u>	<u>O. C. 148th Bn</u>	<u>Taken On Strength 148th Bn</u>	<u>Bramshott</u>	<u>27/10/16</u>	<u>D. O. Pt. II No 227</u>
-----------------	-----------------------	-----------------------------------	------------------	-----------------	----------------------------

<u>8/1/17</u>	<u>O. C. 148th Bn</u>	<u>Transferred to 20th Res Trig Bn</u>	<u>Shoeham</u>	<u>8/1/17</u>	<u>D. O. Pt. II No 8</u>
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<u>8/1/17</u>	<u>O. C. 20th Res Bn</u>	<u>Taken On Strength 20th Reserve Trig Bn</u>	<u>Shoeham</u>	<u>8/1/17</u>	<u>D. O. Pt. II No 1</u>
---------------	--------------------------	---	----------------	---------------	--------------------------

<u>14/6/17</u>	<u>do</u>	<u>Transferred to 1st Que Reg Depot</u>	<u>Shoeham</u>	<u>14/6/17</u>	<u>D. O. Pt II 158</u>
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(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 20th CANADIAN RESERVE BN.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O.)

Lieut G. H. Hamilton

Date	From whom received	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.
2-4-17		TAKEN ON STRENGTH 1st. Quebec Regt'l Depot, SHOREHAM. PL II, D.O.			89 15-6-17
5-7-17		1st. Que. Regt'l. Depot. POSTED TO 20th Res Bn			PL II, D.O. 107. 6-7-17
					<p style="text-align: right;">B. M. Beckwith ADJUTANT, 1ST. QUEBEC REGT'L DEPOT.</p>
5/7/17	taken on	taken on strength	Shoreham	5/7/17	D.O. Part II 179
15/2/18	D.S.B. j Res Bn	D.O.S. on preceding course each service with 1st Bn.	Brampton	13/2/18	<p style="text-align: right;">D.O. 46 LT. & ASST. ADJUTANT 20th CANADIAN RESERVE BN.</p>
14/2/18	16 B D	On strength 13 Bn	16 B D.	14/2/18	Sh II 0.19 22/2/18
17/2/18	"	Left for	CCRC	17/2/18	D.H.
18/2/18	CCRC	Arrived	"	18/2/18	D.H.
25/5/18	13 Bn	Joined	13 Bn	17/5/18	B213 WCD 47/47 17/5/18
12/9/18	16 C.C.S.	Died of Wounds received in action	16 C.C.S.	29/9/18	Ym T 18714
		<p style="font-size: 2em; font-family: cursive;">J. Knorr</p>	<p style="font-size: 1.5em; font-family: cursive;">Hon. Ch.</p>		<p style="font-size: 1.5em;">Sh II 0.122 1/10/18</p>
			<p>for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.</p>		

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

117th EASTERN TOWNSHIPS
OVERSEAS BATT., C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 749084.....

(3) Full Name of Soldier George Henry Hamilton.....

(4) Place of Birth Bury Quebec Canada.....

(5) Are you married, or not? yes.....

(6) If married, state,
(a) Full name of your wife Julia Bernilla Hamilton.....

(b) Present Postal Address Bury Quebec.....

(7) Are you a widower?.....

(8) Have you any children? yes.....

If so, give number of boys and girls one boy.....

Also their names and ages Wallas Raymond
age one year.....

(9) Is your Father alive?.....no.....

If so, state name and address.....

(10) Is your Mother alive?.....yes.....

If so, state name and address.....
Mrs Mary Hamilton
Rural Quebec

(11) If your Mother is a widow.....yes.....

Are you her sole support, or not?.....no.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....yes.....

If so, in what Company?.....Canadian Order Foresters.....

Have you made arrangements for payment of your Insurance premium.....yes.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Whitehead

CAPT. & ADJT.

FOR O. C. 117th E. T. O/S BATT. C. E. F.

Officer Commanding.

Date *apl 26th 1916*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 30⁰⁰

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

20. Res
13 Br.

PAY. F.P. MESS
2⁰⁰ 60 100 = 30

Lieu

21⁵/₁₆ R.O. Brom. 65. 26⁵/₁₆

179-4
18
Name Hamilton
Initials G. H.
Bank Montreal

Died of Wounds 29⁹/₁₈ b.L. 1100 d/1¹⁰/₁₈

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918				1595.80				
April 19	A.P. Can Pay. Apr. R		105		30			
25	Bank	1174		78				
May 10	A.P. Can				30			
16	Pay R		111 60					
21	Bank	2645		81 60				
June 10	A.P. Can				30			
19	Pay R.		108					
24	Bank	4047		78				
July 11	A.P. Can.				30			
25	Pay R.		111 60					
	Bank	5625		81 60				
Aug	A.P. Can				30			
26	Pay R.		111 60					
	Bank	7142		81 60				
Sept 10	A.P. Can.				30			
25	Pay R.		108					
	Bank	9139		78				
Nov	Add Outfit Allow		100 -			100 -	Pat Cease Refer to Ledger 10/18 No deposits	18 11/11/18
22	C.D.E List 18 Nov	Vo 97		10.				
23	Adjust FA fr 12.30 ⁹ / ₁₈			7 60		107 70		
19/19 Feb-19	Storage Chgs List 48 Feb	Vo 646			03 41	104 29	State mt. ok send d. 21 ⁵ / ₁₉	
June 24	Cor Bal trans to Ctt List 125 June	Vo 1306			104 29	104 29	Dist form to Cttg 13 Feb 80 ⁵ / ₁₉	
					2074.60			

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

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$ 30.00

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

NAME OF DATE AUTHORITY

DATE AUTHORITY

20th Res Bn

Pay: F.A: MESS
2⁰⁰ 6⁰⁰ 1⁰⁰ 3⁶⁰

Lieut

24th 16
Canada
R.O. 68672
Draw. 26th 16

Name Hamilton

Initials G.H.

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
1917				671. 80				
April 17	at Canada.				30 -			
	Pay apr (R)		108					
25	Bank	3003		78		0		
May 15	at Canada				30 -			
18	Pay may (R)		111 60					
26	Bank	6022		81 60				
June 14	A.P. ban				30 -			
18	Adv. June P.A. £10-0-0 (Direct)			48 67				
18	Pay. June (R)		108 -					
20	Bank	9004		29 33				
July 3	Adv. P.A.	Bank	9288	48 67	48 67			
16	A.P. ban				30 -			
18	Pay. July. R		111 60					
	Bank	13082		32 93 81 60				
Aug. 14	A.P. ban.				30 -			
18	Pay. Aug. R		111 60					
24	Bank	17361		81 60				
Sep. 10	A.P. ban				30 -			
14	Adv. P.A.	Bank	19871	48 67	78 67			
17	Pay. Sep. R,		108					
21	Bank	21905		29 33				
Oct. 8	A.P. ban.				30			
12	Pay. Oct. R		111 60					
24	Bank	26190		81 60				
22	Rations 1- 8 th (less 5 dys)	7823						
				1202 20				

41/ bon

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary Address	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Canada.	20. Res		Rats. p.a. Pay. 2 nd F.A. 60 Mess 1 ⁰⁰ 3 ⁶⁰	Lieut.			Name Hamilton Initials G. H. Bank of Montreal
Amount. \$ 30 ⁰⁰							
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
				1202	20					
Nov. 1.	Adv. Pra.	26566		24	33		24	33		
. 12	A.P. ban					30				
14	Pay. Nov. R		108							
21	Bank	30733		53	67					
Dec. 6	A.P. ban					30				
. 6	Adv. Pra. £5.	32652		24	33		54	33		
"	Pay. Dec. R		111 60							
15	Bank	35096		57	27					
1918 Jan	A.P. ban					30				
"	Pay. Jan. R		111 60							
. 14	Adv. Jan. Pra. £5.	37124		24	33					
22	Bank	39354		57	27					
Feb. 1.	Adv. Pra. £5.	39783		24	33		24	33		
"	A.P. ban					30				
"	Pay. Feb. R		100 80							
20	Bank	40953		46	47					
26	Rations 1-30 ¹² / ₁₇	12031						2.0.0.		
28	✓ 1-26 ¹ / ₁₈	15309						1.14.8		
Mar	A.P. ban					30				
"	Pay. Mar. R		111 60							
22	Bank	42610		81	60					
"	Rations 10-30 ¹¹ / ₁₇	10558						£1-8-0		
				1595 80						

ASSIGNED PAY.

UNIT.

RANK.

In Cas.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

A.P. 180

Beneficiary

117th Bn.

Lieut.

24-8-16 From Canada

Name Hamilton

Address

P.O.#68 C.T.D.
(Bramshott)

Initials G.H.

Amount. \$ ^{30⁰⁰} ^{Canada.} ²⁰ / ¹⁶

d/26-8-16.

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.
1916								
Sept 7	Credit bal ford 31/8/16 Bank			50 60				
19	Amess. fr. 24-8-16 to 31-8-16. V. 821.		8 00					
	Credit Bal ford. V. 822.		50 60					
	Pay Sept (R)		108 00					
26	Bank.			116 00		0		
Oct 19	Pay Oct. R.		111 60					
Oct 23	At Can				30.			
26	Bank.			81 60		0		
Nov 22	At Can				30			
23	Pay Nov. R.		108 -					
" 28	Bank			78 -		0		
Dec 11	A.P. Canada				30 -			
" 14	Pay Dec R		111 60					
" 15	Bank			81 60		0		
1917	At Can				30.			
Jan 17	At Can				30.			
20	Jan Pay R.		111 60					
23	Bank.	19289		81 60		0		
Feb 19	At Can.				30			
21	Pay Feb R.		100 80					
22	Bank.	21932		70 80		0		
Mar 16	At Can.				30			
21	Mar pay R.		111 60					
24	Bank R.	21837		81 60		0		
				641 80				

NAME

RANK

UNIT

ASSIGNED BY

DATE

SIGNATURE

INITIALS

CLASS

INITIALS
SPECIAL AUTHORITY
TO BE ISSUED BY N.M. IN EVERY CASE

DATE

RANK

UNIT

ASSIGNED BY

SIGNATURE

DATE

[Faint, illegible handwriting]



Regtl. No., Rank & Name *Lt. Hamilton, G.H.* Corps. *20th Rest Bn.*

Disease *V.D.S.* Hospital

To Officer i/c Laboratory, Ward

Please carry out an examination of the accompanying specimen of *Blood* with special regard to *Wassermann Test*

Date *July 31st /17* *Douglas W. Gray*

Captain C.A.M.C.,
Sanitary Officer,
Shoreham, Sussex.

LABORATORY REPORT.

Reaction Negative



R. B. C. M.
Capt. R.A.M.C.,
O. i/c. Laboratory.
O. i/c Laboratory.

Date of Examination.....

Form 100, 1918

Received of _____
the sum of _____ Dollars
for _____

For _____
the sum of _____ Dollars
for _____

Capital G. A. D.
State of _____
Secretary of _____

LABORATORY REPORT

Reaction Negative



Received of _____
the sum of _____ Dollars
for _____

For _____
the sum of _____ Dollars
for _____

Shoreham.

July 27th, 1917.

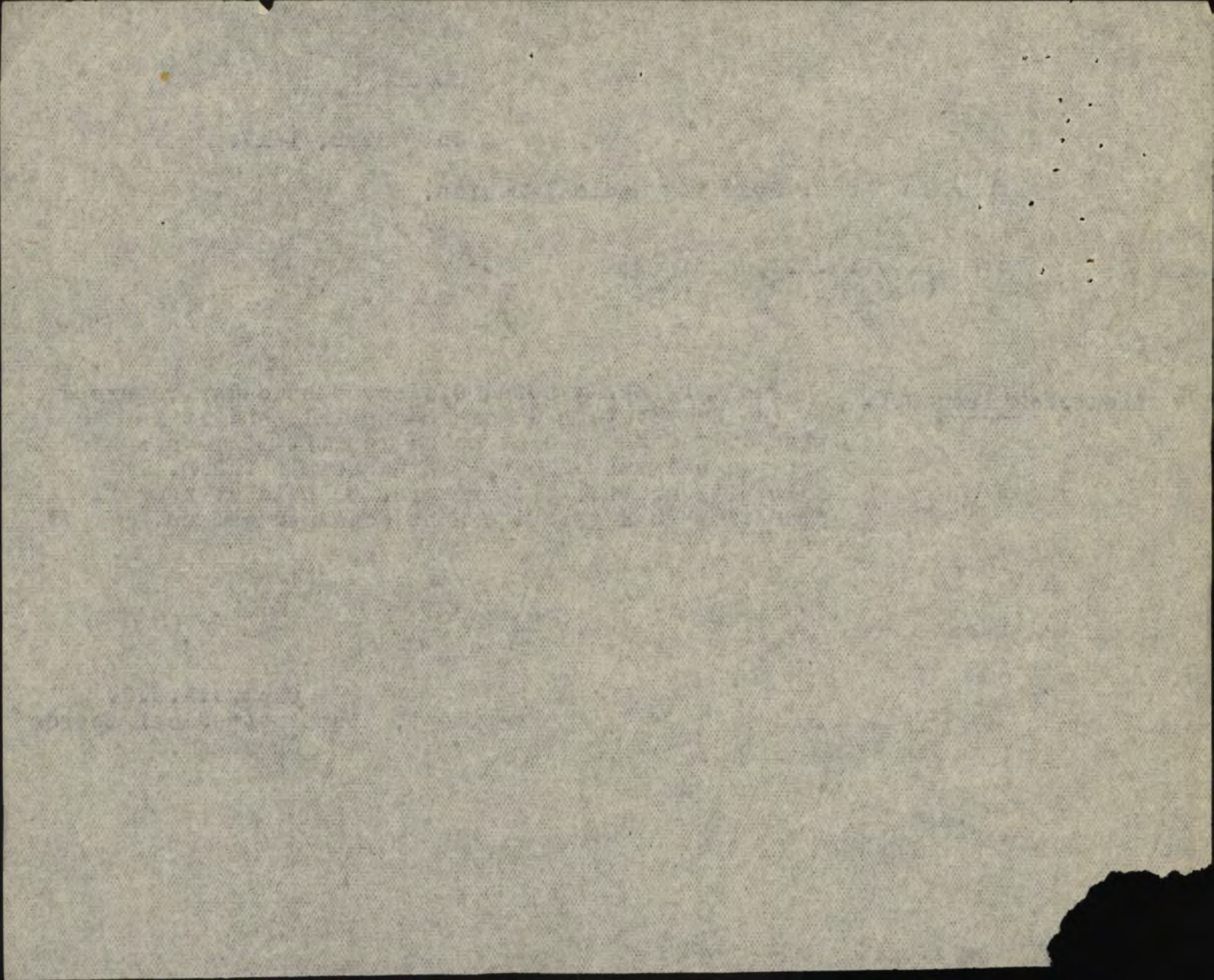
From: The Pres. Standing Medical Boards,
Shoreham.

To: D.A.D.M.S. Canadians,
Shoreham.

Lieut. Hamilton G.H.

The marginally noted Officer has to-day returned to the 2nd Eastern General Hospital, and it is the wish of the Board that he be readmitted to hospital for the purpose of having a Wasserman taken. His Medical Board will, therefore, be held over until such time as a report can be obtained please.

Capt. C.A.M.C.
President, Standing Medical Boards
Shoreham.



200 Brighton

2nd Lt. E. G. Brighton
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut.	Hamilton.	E.H.
Year	Unit.	Age.	Service.	
1917.	20th res Bn C.E.F.	27.	14/12.	
Station and Date.	Disease <u>Lumbago</u>			
Feb. 15	From Shoreham as above States had it five months - in bed one week & up the rest, followed a very severe "take" after vaccination in August. - G.C. food - G. 6/12 up no evidence of organic disease - One carmin shrimp only. D.G. Hall major			
23	On electrical treatment + massage Capt. Prowse - states u/B. "Sore throat & awful cold" nil objective - Temp. subnormal.			
March 5	Capt. Prowse reports no further treatment required. Evidence of disease subjective only. Dazed. Rec'd discharge to duty D.G. Hall major			
April 3	Readmitted - states as bad as ever - sat in one Court martial - otherwise done no duty at all. Will Capt. Weston kindly see & treat as O.P.? D.G. Hall major			
4	Put on radiant heat daily. In. Soda Sulphat. 3i t.i.d.			
12	No improvement in back. c/o "dull pain over heart" - sounds obvious ul.			
17	I.S.G. except that says pain is over wider area.			
19	Attending to-day med. Board at Haslemere			

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

Summons G
Wm Prowse
D.G. Hall major
RW. 559. Wp 18. 14

Station and Date.

Blank lined area for notes, divided into three columns.

C O P Y

12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	Hamilton	G.H
		Unit.	Age.	Service.
Year	20th Res Canadian's		28	197/12
Station and Date.	Disease <u>Debility.</u> <u>Gastritis.</u>			
10-7717	In Hospital in Feb- with pains in back-no pain on movement- not in bed.			
	After a spell returned to Hospital with same complaint			
	- In Howard Home <input checked="" type="checkbox"/> Sent for Board at Hastings.			
	Urine normal.			
	Treatment at Ramsgate- baths ect, felt a little better			
	No X ray.			
	Now complains- pains in back and stomach, constipation,			
	no trouble in water. Pain is girdle-like rounds 9-11 segments			
	K.T. normal. Pupils ext: equal: rether sluggish.			
	Some rigidity and tenderness R. rectus leval of umbilicus			
	Pain worse at night and after food. No vomiting.			
25.7.17	Debility still present and gastric discomfort.			
	Convalescent Home advised.			
	(Signed)		C.H. Bryant, Capt R.A.M.C	

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

Station
and Date.

Room 109

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Year

A 566

Regimental No.

Rank.

Surname.

Christian Name.

lieut Hamilton GH

Unit.

Age.

Service.

20th Res Bn 28 16/12

Station
and Date

Disease

lumbago

Entered: Jan 1916

England: Aug. 1914

Reported sick: Feb. 15th /17

Hosp. Brighton 2nd East - Feb. 15

5 Mar 8th - & again from 3rd 5 18th

REST



Hist. Vaccinated in Aug 1916. Arm became very inflamed & blebs formed on whole arm. Was in hospital until day before sailing for England. About a month after reaching England developed influenza which kept him with aching pain in back, lumbar region. Continued on until Feb when became more severe & entered hospital. Was improved with treatment.

P.C. Aching pain in lumbar muscles. Appetite - fair, sleep - fair - Bowels not regular - Diet - need attention & symptoms that sore is sore - nothing to note.

Treat - R.H. & massage & lumbar muscles. Steam vapour Baths & massage & lumbar muscles. See.

29/4/17 X-ray of back. Improving - negative.
13/5/17 Coughs still troublesome. Back much improved. Stop. Vapour Baths - Scotch Douches all days

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

Station
and Date.

May 27/17

Working a short distance - say a mile or so - plays him
right out. Back is much easier and he begins special
gym close to normal. G.H.M.

Still complaining of cough which irritates him a good deal at
night. Given R.

June 2/17

This patient has been breaking regulations by staying
out at night after hours. There appears to be very
little wrong with him now & my observation
of him since taking over charge of him would
lead to show that he has made the very worst
of his trouble if he really had anything much
to complain of in the first place.

I consider that after hardening he should
be fully fit for general service.

G.H.M. attached Capt.

Lt. Col. Clarke - O.C. is forwarding a report
on this case to the Medical Board.

G.H.M.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

4-1-16

Separation and Assigned Pay Branch

H 43

1327

Oct 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

30			
----	--	--	--

RATE OF ASSIGNMENT

30-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank *Lieut* Promoted _____ Reverted _____ Discharge _____
 Soldier's Name *G H Hamilton*
 Battalion *"117" Batt*
 Beneficiary *Mrs Julia P. Hamilton*
 Relationship *Wife* M.A. N. 2554-24-7-18 A2
 Address *Bury, Que.* Rtd & Mored. 24-11-18 A2

PARTICULARS OF ASSIGNMENT

Name *Mrs Julia P. Hamilton*
 Address *Bury Bury P. Q. Can.*
 Change of Address _____

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec. 31.		717	450	1167	
Jan	Q 68993	30	30	60	M ^c
Feb	N 74957	30	30	60	A
March	Y 94799	30	30	60	A
April	H 16021	30	30	60	A
May	B 11223	30	30	60	A
June	A 14113	30	30	60	A
July	A 29032	30	30	60	A
Aug	D 28593	30	30	60	A
Sept	C 35983	30	30	60	A
Oct	E 42847	30	30	60	A
		1017	750	1767	

KILLED IN ACTION }
 DIED OF WOUNDS } DATE 29-9-1918
 C. L. No. 320 DATE 3-10-18
 M. R. O. 42124 TO DESTROY RENDERED 8-10-18
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
 Fake Packet 7824-5-16
 CLERK *A. Langue* DATE 8/10/18

Pension Granted.. 1-11-1918
 No. in B.P.C. 5-0752 on f.D. 7824-16
 Clerk *A. Langue* DATE 25-11-18

C. F. rendered 18/7/19 C. 89

M. F. W. 128
 400M-617-1772-89-1141
 L. L. 22220-M. & D. 7693



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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
------	------------	------------	------------	-------	---------

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22520-M. & D. 1988.

35-457

35

FORM OF WILL.

I, George Henry Hamilton (Name in full)
 Regimental Number 755726 serving in 117th E.F. Batt
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
 made and declare this to be my last Will.

I bequeath all my real estate unto

59644

Mrs Julia Pennilla Hamilton
Bury
Canada Prov Que

Name and Address
 of person or
 persons to whom
 it is to go.

absolutely, and my personal estate I bequeath to

Mrs Julia Pennilla Hamilton
Bury
Canada Prov Que

Name and Address
 of person or
 persons to receive
 personal estate*
 (See note).

**IMPORTANT
 NOTE**
 This must be Signed
 and Dated by
**THE SOLDIER
 HIMSELF.**

this 20th day of October A. D. 1916

George H. Hamilton Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

ESTATES BRANCH
 FEB 4 1919
 MILITIA DEPT.

Signed and acknowledged by the Testator as and for his last Will in the presence
 of us both present at the same time, who in his presence, at his request, and in
 the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO
 WITNESSES
 MUST
 SIGN HERE**

Signature of First Witness W. S. McFadden
 Address of Witness c/o Walter Blues Co Sherbrooke Quebec
 Occupation of Witness St. 117th Batt C.E.F.
 Signature of Second Witness W. E. Dwyer
 Address of Witness 12 Grand Street Sherbrooke Que
 Occupation of Witness Lieut 117th Batt C.E.F.

Form of Will
I, _____ of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the original of the will of _____ deceased as the same appears from the records of the _____ Court of said County and State.



MISSING BOND

IMPORTANT
NOTE
This bond is void
unless countersigned
by the
MISSISSIPPI

_____ of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the original of the will of _____ deceased as the same appears from the records of the _____ Court of said County and State.

Occupant of _____
Address at _____
County of _____ State of _____
THE IN-
WITNESSE
MUST
SIGN HERE