

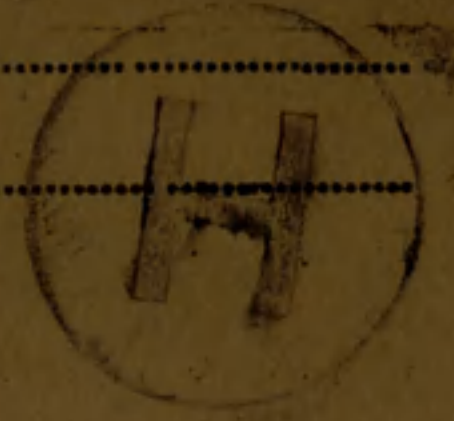
22-8-18 LP

DISCHARGE DOCUMENTS

2953

R. O. No.....

H. Q. No.....

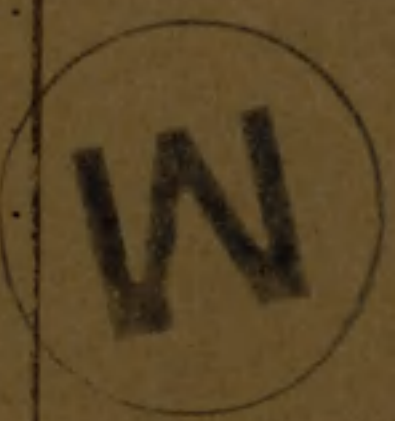


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 13
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 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..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name BAKER OSWALD H  
 Regt, No. 189775 Rank. PLT  
 Corps. 91st OS BN.

DECEASED 29-6-16

- Casualty Card.....
- Non-Effective Card.....
- Part II Order Card..... 1
- Change of Address Card.....
- Honour & Award Card.....



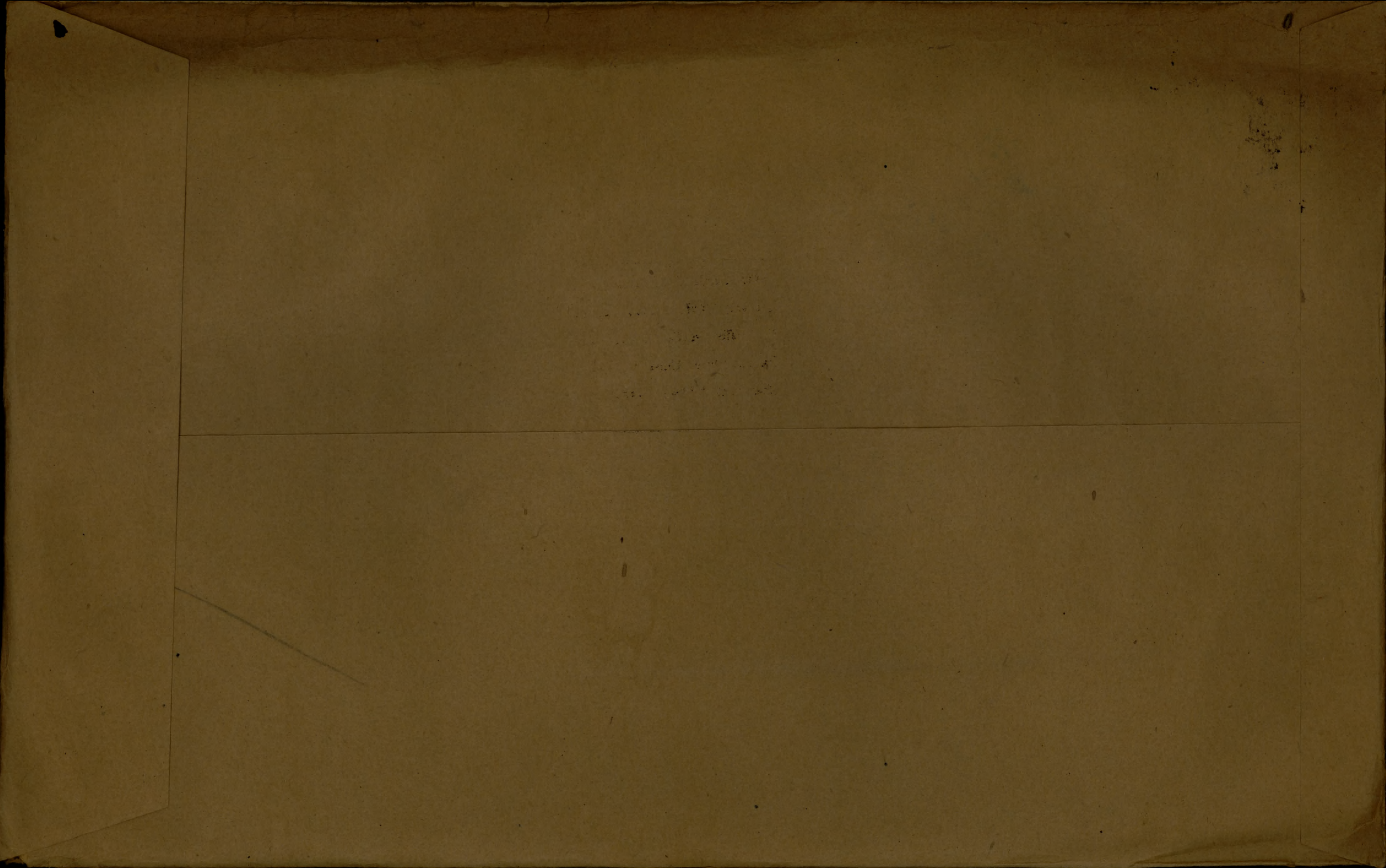
1R49  
 was sent  
 AF 91237

M-X  
 26-1-21  
 R.R

12-19  
 19-19  
 29-19  
 1

Unaccounted for  
 Pay card







91 Barreles

ORIGINAL

# ATTESTATION PAPER.

No. 189775

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. *P*

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... *Baker*
- 1a. What are your Christian names? ..... *Oswald H.*
- 1b. What is your present address? ..... *Belmont, Elgin, Ontario*
2. In what Town, Township or Parish, and in what Country were you born? ..... *St. Sallette, Ontario*
3. What is the name of your next-of-kin? ..... *Mrs Sarah Baker*
4. What is the address of your next-of-kin? ..... *P.O. Belmont Ont*
- 4a. What is the relationship of your next-of-kin? ..... *Mother*
5. What is the date of your birth? ..... *Feb 18 1898*
6. What is your Trade or Calling? ..... *Labourer*
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? ..... *no*
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*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Oswald H Baker*, 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 *Dec 28* 1915 *Oswald H Baker* (Signature of Recruit)  
*Wm J York Hardy* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Dec 28* 1915 *Oswald H Baker* (Signature of Recruit)  
*Wm J York Hardy* (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 *St. Thomas* this *28* day of *Dec* 1915  
*W. J. York Hardy* (Signature of Justice)  
*LT.-Col.*



# Description of Oswald H Baker on Enlistment.

Apparent Age 19 years 10 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 6 3/4 ft. ins.

Chest measurement { Girth when fully expanded 32 1/4 ins.  
 Range of expansion 1 1/4 ins.

Complexion Medium

Eyes Blue

Hair Dark Brown

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

## 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 declares that he is not subject to fits of any description.

I consider him\* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Dec 28 1915

Place St Thomas Cal

W. F. Cornett  
 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.

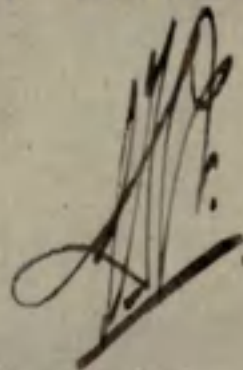
Oswald H. Baker having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

W. F. Cornett (Signature of Officer)  
 LT.-COL.  
 S.C., 91st OVERSEAS BN., C.E.F.

Date Jan 3 1916



Second initial indicates no other name.  
This man's complete name is Oswald H. Baker.

A handwritten signature in dark ink, appearing to read "Oswald H. Baker", written in a cursive style with a horizontal line underneath.



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

# Casualty Form—Active Service.

M.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps 91st. Os. Bn. C.E.F.

Regimental No. 189775 Rank Private Name Baker, Oswald H  
C. E. F.

Enlisted (a) 3-1-16 Terms of Service (a) Duration of War Service reckons from (a) 3-1-16

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) \_\_\_\_\_

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				
		<u>Embarked Halifax. 29.6-16</u>			<u>F M T 2810</u>
		<u>Disembarked Liverpool 5-7-16</u>			<u>S S Olympic</u>
		<u>Transferred to 36th. Bn. W. Sandling 15-7-16.</u>			<u>D O 175 Pt II 1916</u>
<u>17-7-16</u>	<u>O. 36th</u>	<u>Taken on strength W Sandling</u>			<u>W. Sandling Lt Col</u> <u>D.O. 199</u>
<u>23/9/16</u>	<u>"</u>	<u>Deceased, Moore Barracks Hospital, Shorncliffe (auth. Cas. List 36-183)</u>	<u>"</u>	<u>29/6/16</u>	<u>Part II (diphtheria)</u> <u>D.O. 272 ; 29.9.16</u> <u>W. Kelly Lt Col.</u> <u>36th Canadians</u>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



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



Regtl. No., Rank and Name 189775 pte Baker Corps 36 Batt.  
 Disease Diphtheria Hospital M. B. G. H.  
 To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat Culture  
 with special regard to K. L.  
 Date Aug 15th 1916. [Signature] O. i/c Ward.

**LABORATORY REPORT.**

No K. L.  
found.

Date of Examination 17 AUG. 1916

[Signature]  
 Captain—Officer in Charge, O. i/c Laboratory.  
 Moore Barracks Laboratory,  
 Shorncliffe.



Regt. No. \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Ward \_\_\_\_\_

To Officer in Charge, \_\_\_\_\_  
 These carry out an examination of the accompanying specimen of \_\_\_\_\_  
 with special regard to \_\_\_\_\_  
 Date \_\_\_\_\_

LABORATORY REPORT

No. K. L. found

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Chief, \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Examination 17 AUG 1956



Regtl. No., Rank and Name 189775 pt Baker Corps 36 Batt  
 Disease Diphtheria Hospital M.B. C. H.  
 To Officer i/c Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat Culture  
 with special regard to K. L.  
 Date Aug 19, 1916  
 O. i/c \_\_\_\_\_ Ward \_\_\_\_\_

**LABORATORY REPORT.**

No K. L.  
found.

Date of Examination \_\_\_\_\_

*W. Campbell*  
 Captain, Officer in Charge, O. i/c Laboratory.  
 Moore Barracks Laboratory,  
 Shorncliffe.







Regtl. No., Rank and Name 189775 Baker D Corps 36 Bde

Disease Typhus Hospital M. B. G. H

To Officer i/c. Laboratory. Ward 21

Please carry out an examination of the accompanying specimen of Throat culture  
with special regard to K.L.

Date Aug 21, 1916

[Signature]  
O. i/c [Signature] Ward.

**LABORATORY REPORT.**

**POSITIVE**

of Examination 22 AUG. 1916

[Signature]  
Captain, - Officer in Charge, O. i/c Laboratory.  
Moore Barracks Laboratory,  
Shorncliffe.



Regt. No. 15th and Name 15th Infantry

Regt. No. 15th and Name 15th Infantry

Corps 1st

Corps 1st

Hospital 10th

Hospital 10th

Ward 10

Please carry out an examination of the accompanying specimen of Typhoid

with special regard to H. P.

*[Signature]*

Date 10/1/18

Ward 10

LABORATORY REPORT

POSITIVE

*[Signature]*

of Examination 10/1/18

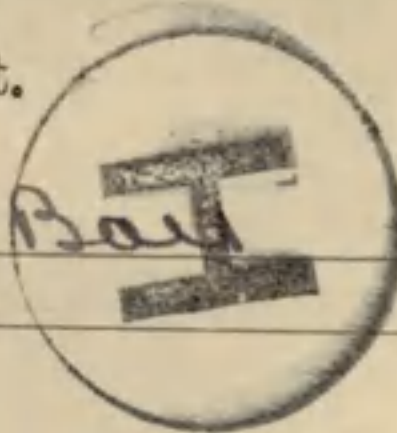
Medical Laboratory  
The Laboratory



18229

SHOULDLIFE

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 18229 Year 1916	Regimental No. 189775	Rank. P. T.	Surname. Baker	Christian Name. Oswald H.
		Unit. 36 Bldg		Age. 18
Station and Date.	Disease <u>Diphtheria</u>			
<p>Present Condition - T101 P112 R24          Patient looks very ill, headache, sore throat, cough, bleeding from mouth and nose. Breath very foul. Soft palate and uvula gangrenous, a dirty brown color. Entire throat covered by dirty membranous patches colored.</p>				
<p>Treatment -          12000 u antitox in intravenously on admission, 8000 u subcutaneously three hours later.          Borothymol mouth wash.          Hot fomentations to throat.</p>				
<p><u>Died</u>          23/8/16 August          Circulatory System - Heart normal size - sounds are clear          Respiratory System - Lungs normal.</p>				
Aug 18/16	T98 P80. Feels better. very husky voice. Has coughed up many patches of membrane during last few days. Various parts of throat now discernible. Sloughy membrane still visible on left tonsil and ant pillar.			
Aug 21/16	Very weak. Throat shows pus exudate on left side throat. Styck gr $\frac{1}{30}$ 4 times day			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S.



Station  
and Date.

2-8-16. 30 3 normal saline solution  
with 20,000 units diphtheria  
antitoxin given intravenously.  
Jewickham  
Capt.

23/8/16  
child 6 P.M.



# MEDICAL HISTORY SHEET.

Surname Baker Christian Name Cswala H.

Examined { on <u>28</u> day of <u>Dec</u> 191 <u>5</u> at <u>St Thomas Ont</u> Birthplace { City or Town <u>St Salette</u> County <u>Ontario</u> Apparent age <u>19</u> <u>10/12</u> Trade or occupation <u>Shower</u> Height <u>5</u> Feet <u>6 3/4</u> Inches. Weight <u>130</u> Lbs. Chest measurement { Minimum <u>32 1/2</u> inches. Maximum expansion <u>33 3/4</u> inches. Physical development <u>Good</u> Small-Pox Marks <u>None</u>	Approved by <u>W. F. Cornett</u> Rank <u>Inspector</u> M.O. <hr/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																														
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,																																
Vaccination Marks { Arm Right Left Number When Vaccinated last <u>not vaccinated</u> (a) Marks indicating congenital peculiarities or previous disease <u>None</u> (b) Slight defects but not sufficient to cause rejection <u>None</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>11/4/16</u></td> <td> </td> <td><u>J. W. Johnston</u> M.O.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>20/3/16</u></td> <td> </td> <td><u>J. W. Johnston</u> M.O.</td> </tr> <tr> <td><u>30/3/16</u></td> <td> </td> <td><u>J. W. Johnston</u> M.O.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	Result	VACCINATIONS.	<u>11/4/16</u>		<u>J. W. Johnston</u> M.O.													Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>20/3/16</u>		<u>J. W. Johnston</u> M.O.	<u>30/3/16</u>		<u>J. W. Johnston</u> M.O.						
Date	Result	VACCINATIONS.																																
<u>11/4/16</u>		<u>J. W. Johnston</u> M.O.																																
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.																																
<u>20/3/16</u>		<u>J. W. Johnston</u> M.O.																																
<u>30/3/16</u>		<u>J. W. Johnston</u> M.O.																																

Enlisted on 28 day of December 1915 at St Thomas Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>91st St. Br.</u>	<u>18977<sup>s</sup></u>	<u>Good</u>	<u>3/1/16</u>
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.







CONSENT OF PARENT TO ENLISTMENT

I hereby give my consent to my son,  
Oswald H. Baker, to enlist for Active Service  
in the 91st. Overseas Battalion.

Date Dec 30<sup>th</sup> 1915 ~ Signed,

R. Baker  
Address Belmont Ont



CONSENT OF PATIENT TO TREATMENT

I hereby give my consent to my son,  
Captain S. Baker, as called for Active Service  
in the 1st Cavalry Division.

Signed,

Date

Address



Surname *Barker* Christian Name or Names *O. H.* Reg. No. *189775*  
 Rank *Pte.* Unit *36. Batt.* Co. Troop Batty.  
 Hospital *Moore. Bks. Shorncliffe* Date of Admission *15-8-16*

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

*Diphtheria*

(1) Later Diagnosis (if changed)

*Died 23-8-16*

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

*C.L. 16-8-16 #180*

*21.8.16. 181.*

*Ch. 23. 8. 16 #182*

*25. 8. 16 #183*

REMARKS

*Admitted 15-8-16  
Struck off. Ser. ill list. 19.8.16  
Ser. Ill 21.8.16*

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London,

*92*



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



No. 189745, RANK *Pl.*

NAME *Baker, O.* *26*

T. O. S. *28-12-15* UNIT *9/1st Battalion C. E. F.*  
*(O. O. 244-1-16)*

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Dec 28</i>	<i>1916</i> <i>Jan 31</i>	<i>Pl.</i>		
	<i>Feb</i>	<i>Pl.</i>		
	<i>Mar</i>	<i>Pl.</i>		
	<i>Apr</i>	<i>Pl.</i>		
	<i>May</i>	<i>Pl.</i>		
	<i>June</i>	<i>Pl.</i>		
<i>July 1</i>	<i>July 15</i>	<i>Pl.</i>	<i>On com 2-5-16, Signalling school</i>	<i>20104.</i>
			<i>Trans to 36th Res Bn 15-7-16</i>	<i>20175 of 30-7-16.</i>

**UNIT SAILED**  
**JUN 28 1916**







REGT'L NO 189775

H. Q. FILE No. 649-

NA ● Baker Oswald. H.

RANK AND CORPS

Pte. 36th Bn (Form. 91st Bn)

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

c.

No.	DATE	NATURE OF CASUALTY
M. 11241	15-8-16	Ser. ill Moore Bks. Hosp Aug. 15th. 1916. Diphtheria. ✓
M. 11468	19-8-16	Struck off list seriously ill Moore Barracks Hosp. Aug 19th 1916. ✓
M. 11553	21-8-16	Seriously ill Moore Bks. Hosp Shorncliffe Aug. 21st 1916 Diphtheria ✓
M. 11687	24-8-16	Died at Moore Bks Hosp Aug 23rd 1916 Diphtheria ✓
A. G. B. 2090 a.	London, SW. 28-8-16	Died at Moore Bks. Hosp 23rd 1916 Diphtheria
	Slone, Aug.	



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
180	moore Barr. Shorne.	15-8-16	seriously ill
181	" " "	19-8-16	Struck off list of seriously ill. Diphtheria
182	moore Barr. Shorne	21-8-16	seriously ill. diphtheria
183	moore Barr. Shorne. Died	23-8-16	Diphtheria



Name *Baker, Oswald H.*  
 Rank *Pte*

Reg. No. *189775*

Unit *36<sup>th</sup> Bn.*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
15.8.16.	Moore Bks Hoop.	Shorncliffe	Seriously ill. Diphtheria	180	<sup>M</sup> 11241	
19.8.	Struck off list of Ser ill.			181	<sup>M</sup> 11468.	
21.8.	Moore Barr	Hoey St	Seriously ill. Diphtheria	182	<sup>M</sup> 11883.	
23.8.	Moore Barr.	<u>Died.</u>		183	<sup>M</sup> 11687.	







Number 189775

Rank

Plt

Surname

BAKER

Christian Name

Oswald H

Units

91<sup>st</sup> Bn C Inf

Theatre of War

England

Date of Service

6.7.16

Remarks

(P) Lewis Baker, Esq.

Latest Address

Belmont, Ont.

Roll no.

A Page 4201



(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

address.....  
(Street) (City or Town) (Province)

the person to be notified of arrival.....

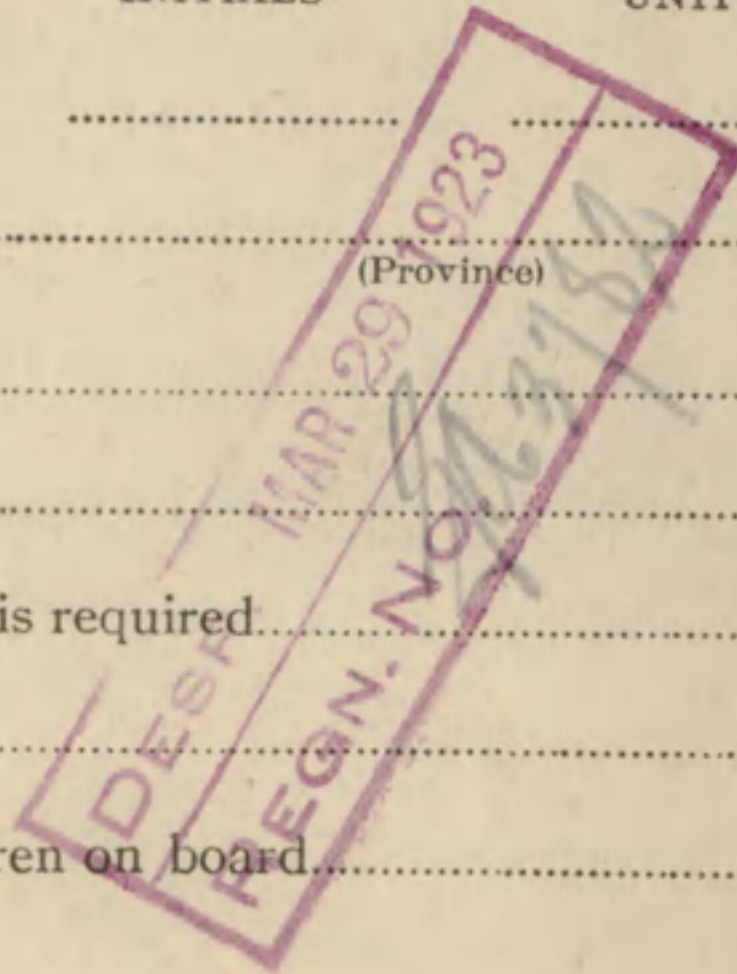
Station in Military District to which a furlough warrant is required.....

..... Railway.....

is your wife on board..... Number of children on board.....

..... nation.....

(Sgd.).....





M

✓ Baker, O.H., Pte. 189775 36th Batt. 649-B-5107

*form 91st Bn*

Med. & Dec. ( Father ) Lewis Baker, Esq.,  
Belmont,  
Ontario.

P. & S. ( Father ) Address as above.

*(Serial no. 784636.)*

Mem. Cross. ( Mother ) Mrs. Sarah A. Baker.

FEB 25 1921

Address as above.

*England Only*  
*Eligible for B.W.M.*

Scroll Desp. \_\_\_\_\_ Reqn. No. *2-23535*

DEC 5 - 1922

Flagie Desp. \_\_\_\_\_ Reqn No. *P47990*

*R.R*



72P

~~NY~~ 643628 FEB 2 1921

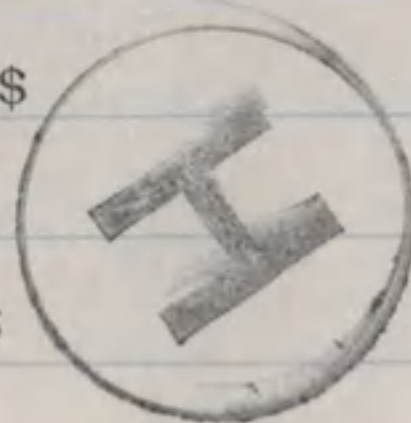


J.P.

Rank Name **BAKER. Oswald H** Reg'l No. **189775.**  
 Unit **91st. Bn** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **St. Thomas. 28th Dec. 1915.** Place of Birth **La Salette. Ontario.**  
 Name and Address, Next-of-Kin **Mrs. Sarah Baker.**  
**P.O. Belmont. Ont.** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship



*M-X 26-1-21 R.R.*

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>		<i>6 - JUL 1916</i>	<i>S.S. Olympic</i>
<i>20.7.16</i>	<i>91<sup>th</sup></i>	<i>Up to 36<sup>th</sup> Bn</i>	<i>W Sandling</i>	<i>14.7.16</i>	<i>Pl II D.O. # 195 &amp; 199 (36<sup>th</sup>)</i>
<i>15.8.16</i>	<i>36<sup>th</sup> Bn</i>	<i>Adm. Moore Bkps Off</i>	<i>S'cliffe</i>	<i>15.8.16</i>	<i>CL 180 O.N.</i>
<i>21.8.16</i>	<i>"</i>	<i>App list of seriously ill.</i>	<i>"</i>	<i>19.8.16</i>	<i>CL 181</i>
<i>23.8.16</i>	<i>"</i>	<i>On seriously ill list</i>	<i>"</i>	<i>21.8.16</i>	<i>" 182 O.N.</i>
<i>25.8.16</i>	<i>"</i>	<i>Died Diptheria</i>	<i>"</i>	<i>23.8.16</i>	<i>" 183 O.N.</i>
<i>29.9.16</i>	<i>36<sup>th</sup> Bn</i>	<i>Having died at Moore B. Hosp. S'cliffe 23/8/16 is struck off the strength with effect from that date. Auth. Casualty list 36-183.</i>	<i>W Sandling</i>	<i>23.8.16</i>	<i>P.O. 272.</i>

*WERB-2*









MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

139  
 M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. *Mrs Sarah Baker*

Name of Soldier *Baker O. H.*

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

**PAYMENTS.**

*189775, Plt., Coy., 91<sup>st</sup> Batt*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July		<i>U 11320</i>	<i>15</i>
Aug.		<i>B 11824</i>	<i>15</i>
Sept.			
Oct.			
Nov.		<i>X 27424</i>	<i>30</i>
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

15,  
 Remarks. **JUL 9 1916**  
*Casualties*  
*\$30<sup>00</sup> F.V.-9-9-16. File # 649-B-5107.*  
*Account closed. Cas.*  
*Sp. Reg 16-11-16. FL.*  
*Nov. cheque \$30.00 for Sept. & Oct. a/c. closed Nov. 1/16 - J.H.*  
*F X 16/2/17 JG*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

138

*W.M.*

To Whom *Mrs Sarah Baker*  
 Address *Belmont, Ont*

By Whom Assigned *Baker O H*

Regtl. No. *189775*

Rank *Plt*

Corps *C Coy, 91<sup>st</sup> Bn*

*Casualties*

Rate *15.*

**JUL 1 1916**

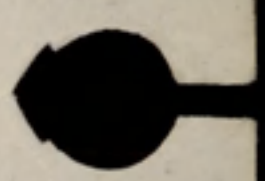
**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>"Killed in Action"</i> <i>Stop Nov. 1/16</i> <i>3 M. Oct. 10/16</i> <i>J.H. 14/11/16</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Died, Aug. 23/16. C.L. 24/8/16. J.H.G.</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



2 21/21

21





# CLINICAL CHART.

(To be attached to Case Sheet.)

MOORE BARRACKS  
Army Form B. 181.  
CANADIAN HOSPITAL  
SHORNCLIFFE.

Corps 36 Baw

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

No. 189775

Rank and Name PL Baker

Age 18

Service 712

Disease Typhus

Date of admission Aug 14 1916

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation	Days of Disease																									
	14		15		16		17		18		19		20		21		22		23							
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	
107°																										
106°																										
105°																										
104°																										
103°																										
102°																										
101°																										
100°																										
99°																										
98°																										
97°																										
Pulse per Minute	112	90	100	94	92	92	90	94	93	94	92	90	90	92	88	88	80	80	92	80	84	88	86	82	80	
Respirations per Minute	24	22	20	20	24	24	22	20	20	20	20	20	20	20	20	20	20	20	20	24	20	22	22	22	24	
Motions per 24 hours																										

Signature J. W. Sutherland In charge of case.



*Faint handwritten notes, possibly a list or index.*

*Faint handwritten notes, possibly a list or index.*

*Faint handwritten notes.*

*Faint handwritten notes.*

*Faint handwritten notes.*

