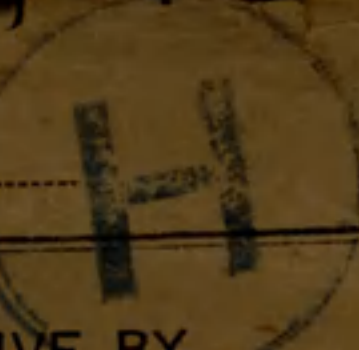


REGIMENTAL DOCUMENTS

8625

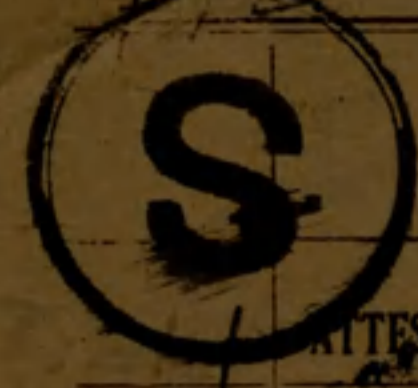


NAME **BECK WILYRED ELGIN**

REGT. NO. **796702**

UNIT **75th Co**

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

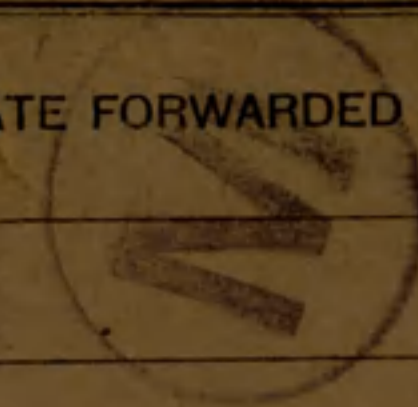
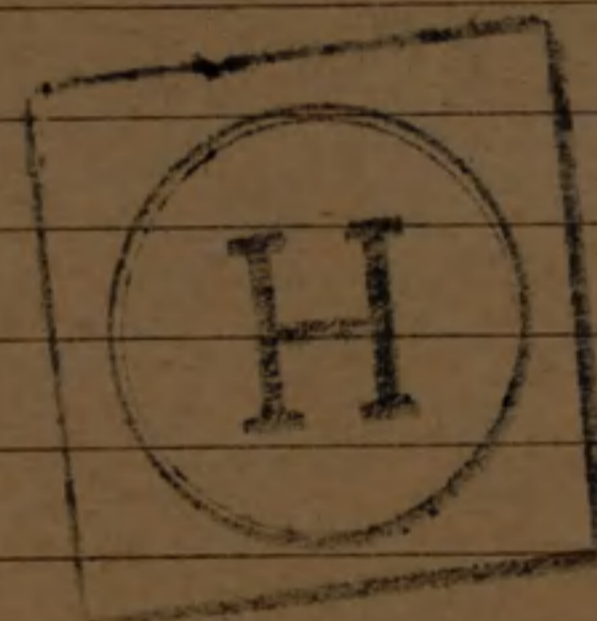
Category

DEMOB.

DESERTION

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.



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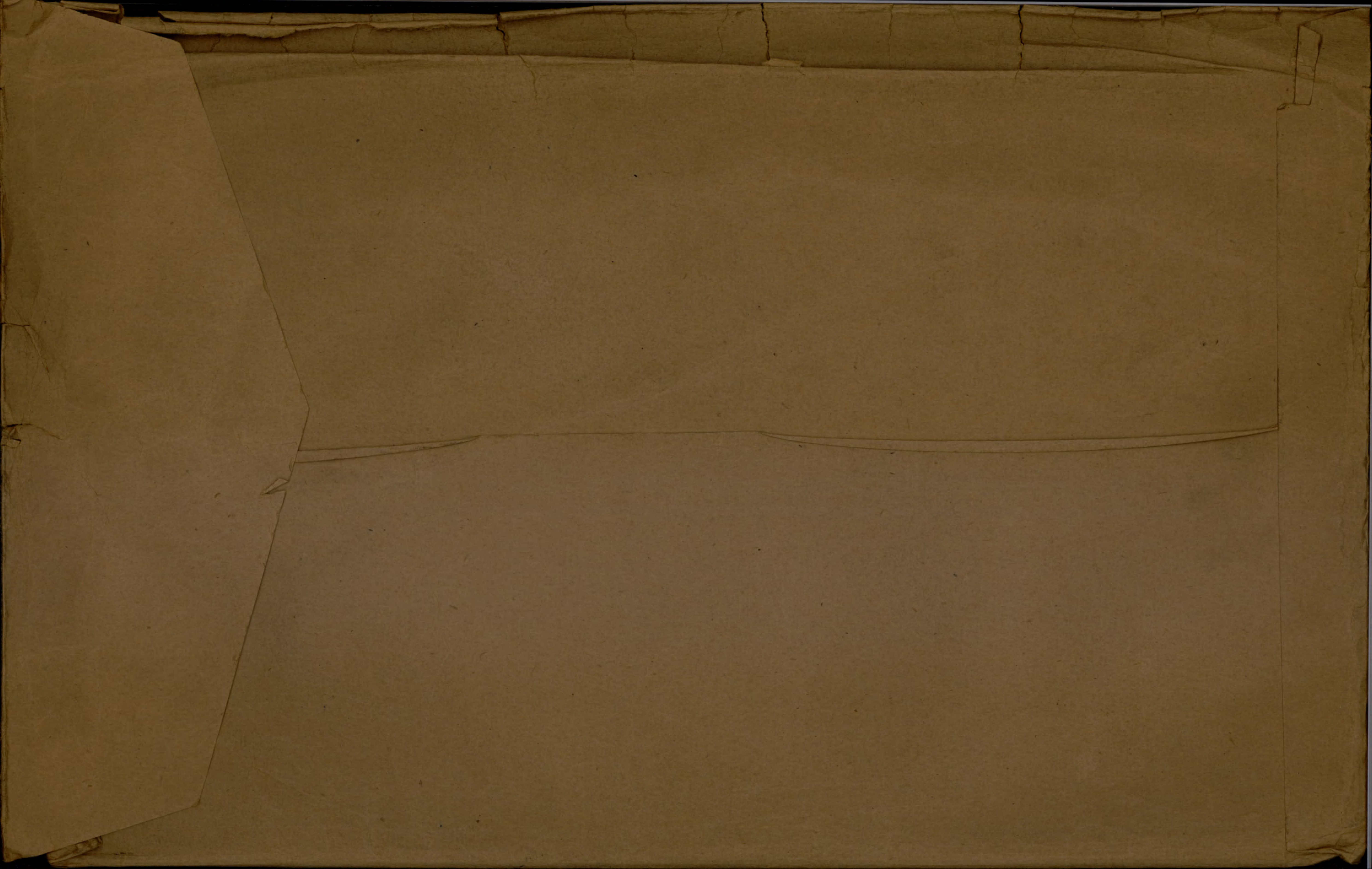
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AO-24-573



ATTESTATION PAPER.

ORIGINAL B.

No. 796702

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? Beck
1a. What are your Christian names? Wilfred Elgin
1b. What is your present address? Waterford. Ont.
2. In what Town, Township or Parish, and in what Country were you born? nr. Waterford. Ont.
3. What is the name of your next-of-kin? Calvin Beck
4. What is the address of your next-of-kin? Waterford. Ont.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? May 14th. 1898
6. What is your Trade or Calling? Farmer
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? 39th. Regt.
10. Have you ever served in any Military Force? No
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, Wilfred Elgin Beck, 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 March 17th. 1916. Elgin Beck (Signature of Recruit) L. F. Aiken (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wilfred Elgin Beck, 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 March 17th. 1916. Elgin Beck (Signature of Recruit) L. F. Aiken (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 Simcoe. Ont. this 17th. day of March 1916.

L. F. Aiken (Signature of Justice)

Description of **Beck. Wilfred Elgin** on Enlistment.

Apparent Age.....**18**.....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.....**6** ft. **1** ins.

Chest measurement { Girth when fully expanded.....**38½** ins.
 Range of expansion.....**4** ins.

Complexion.....**Fair**

Eyes.....**Brown**

Hair.....**Brown**

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist ~~xxxxxx~~ **x**.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

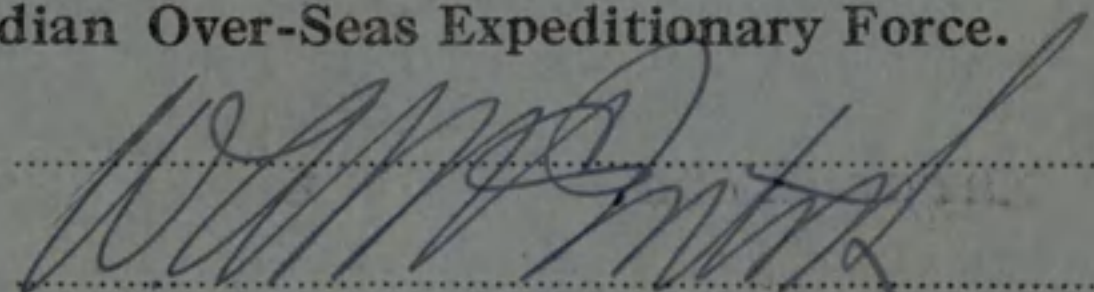
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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

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

Date.....**March 17th.** 191 **6.**

Place.....**Simcoe. Ont.**



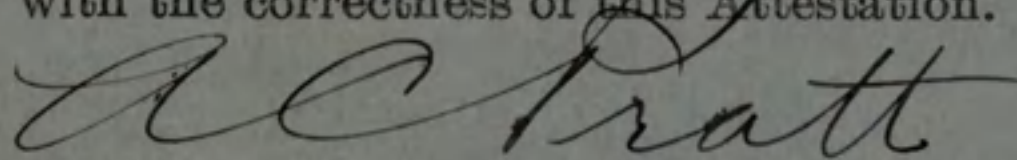
Major. Medical Officer.

*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.

Wilfred Elgin Beck......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.



(Signature of Officer)

Date.....**March 17th.** 191 **6,** **Lt.Col. Command. 133rd.Batt. C.E.F.**

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No.

DISCHARGE CERTIFICATE

133253

THIS IS TO CERTIFY that No. 796702 (Rank) Pte

Name (in full) Beck, Wilfred Wignia. enlisted in
the 153rd Bn Inf.

CANADIAN EXPEDITIONARY FORCE at Simcoe. on the 17th
day of March. 19 16

HE served in France. 75th Bn Inf.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 21 Yrs

Marks or Scars _____

Height 5ft 11in

Nil

Complexion Fair

Eyes Brown

Hair Brown

W. E. Beck.

Signature of Soldier

H. Sargeant

Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT
JUN 8 1919
TORONTO

..... Capt.
Rank
FOR 'O. C. No. 2 D. D.

Date JUN 8 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

To be made out in duplicate.

H.Q. 54-21-23-53

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.

(1) Name of Overseas Unit which Soldier joins 133rd. O. S. Bn. C. E. F.

(2) Regimental Number 796702

(3) Full Name of Soldier BECK Wilfrid Elgin

(4) Place of Birth Waterford Ont.

(5) Are you married, or not? No.

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

 (b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

6

(9) Is your Father alive? **Yes.** Calvin Beck
If so, state name and address Waterford Ont.

(10) Is your Mother alive? **Yes.**
If so, state name and address Marine Beck
Waterford Ont.

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(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? **No.**
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Schmitt
..... Lieut. Col.
Commanding 133rd, Overseas Bn. G. E. F.
.....
Officer Commanding.

Date **Sept. 18th. 1916.**.....

ORIGINAL
DUPLICATE
ORIGINAL

MEDICAL HISTORY SHEET.

Surname Beck Christian Name Wilfred Elgin

Examined { on 17 day of March 1916
 at Simcoe Ont.

Birthplace { City or Town Waterford
 County Ont.

Approved by [Signature]
 Rank Major M.O.

Apparent age 18

Trade or occupation Farmer

Height 6 Feet 1 Inches.

Weight _____ Lbs.

Chest measurement { Minimum 34 $\frac{1}{2}$ inches.
 Maximum expansion 4 inches.

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

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
 Number _____

Date.	Result.	VACCINATIONS.
<u>AUG 10 1916</u>	<u>[Signature]</u>	M.O.
		M.O.
		M.O.

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>JUL 27 1916</u>	<u>[Signature]</u>	M.O.
<u>Aug 2 "</u>	<u>[Signature]</u>	M.O.
<u>10.12.16</u>	<u>TAB</u>	M.O.

Enlisted on 17 day of March 1916 at Simcoe Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>133rd. Bn.</u>	<u>796702</u>		
Transferred to	<u>3rd Res. Bn.</u>			
	<u>125th Bn.</u>			
	<u>75th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramahatt</u>	<u>10/5/19</u>	<u>Deafness following mumps</u>	<u>Cat "A" No. 10000 Capt. Clarke</u>

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.

Surname • Beck Christian Name Wilfred Elgin

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Isol. Hos. Aldershot		24	3	17	24	4	17	Mumps	32	Recovery	E. Brown, Capt. RAMC (WH)

To: Officer Commanding.....

The following is a Special Ear Report on the undermentioned. Your H.Q.'s attention should be called to it and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Report to the LONG Board as there is a disability of the EAR.

NAME... *Beck W.E.* ... NUMBER... *796702* ... RANK... *pt2* ... UNIT... *75 CIB*
 FORMER OCCUPATION... *frame mumps*
 ORIGINAL DISEASE OR INJURY... *mumps*
 DATE OF ORIGIN... *Apr 19 17* ... PLACE OF ORIGIN... *Aldershot*
 PRESENT DISABILITY... *Impaired Hearing*
 HISTORY OF PRESENT CONDITION... *Deafness after mumps*
 DID THE DISABLING CONDITION HAVE ORIGIN BEFORE ENLISTMENT? *no*
 IF SO HAS IT BEEN AGGRAVATED OR ACQUIRED IN SERVICE? *no*
 HAS THE DISABILITY BEEN CAUSED OR AGGRAVATED BY INTEMPERANCE OR IMPROPER CONDUCT OR UNREASONABLE REFUSAL TO ACCEPT TREATMENT? *no*
 WHAT IS THE PROBABLE DURATION (IN MONTHS) OF THE DISABILITY? *permanent*
 CAN THE FORMER TRADE OR OCCUPATION BE RESUMED? *yes*
 NOTE:-

EAR:- *+* - *clot normal*
 Rt: *20*
 VOICE:- STOWATCH: WEBER: RIMMEL: SCHWABACH: MARCUS: BRILLHEAD:
 Lt:- *20* + + *Clear normal*

CATEGORY RECOMMENDED *A.*
DATE *9/15/19*

[Signature]

 Officer in Charge & Far Dept
 Medical Board CIB Branch.

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Certified this document checked with
DEPARTMENT OF MILITIA AND DEFENCE.
WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names WILFRED ELQIN 2. Surname BECK
3. Rank PTE. 4. Original Unit 133rd Battⁿ 5. Reg. No. 796702
6. Address, in full, to which future payments of gratuity are to be forwarded.....
MOLSONS BANK - SIMCOE
7. Date of enlistment in the C.E.F. MARCH. 18. 1916.
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
9. Relationship of such dependent.....
10. Address, in full, of such dependent.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
RMB
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
RMB
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 133rd BATTⁿ - 9 MONTHS IN CANADA
23rd RESERVE - 3 WEEKS ; 12th RESERVE - 3 WEEKS ; 125th BATTⁿ -
4 MONTHS IN ENGLAND ; 75th BATTⁿ - 2 YEARS IN FRANCE
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. No

20. ~~Have you been issued with a War Service Badge? If so what class?~~ *RMB*

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? _____

24. ~~Are you now serving in the C.E.F.? If not, give:— (a) Date of discharge~~ *RMB*

JUN 8 1919

(b) Reason for discharge. **DEMOBILIZATION**

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *RMB*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. _____

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? _____ *RMB*

(b) ~~If so, are you in receipt of full pay and allowances from that Department?~~ _____

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act. *Questions 12-13, 14, 20, 24, 25, 26, 27 unanswered*

Signature of Applicant: P.O. W. E. Beck

Place of Residence: R.R. #5 Waterford, Ont. Can.

Declared before me at: Bramshott England

This 5 day of May 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

RMB Bradford

Major 75th Canadian

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BECK, W. E.

REGIMENT 76th BATTN RANK PLT No. 796702

Date of Examination in England 4/6/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



u I

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 14.
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? _____

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) ~~In Canada~~
- (b) In England
- (c) ~~In France~~

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer *[Signature]*

B = C K, W. E.

1/10/11

A

—————

—————

—————

—————

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

W.S.B. CLASS. A

M. E. W. 54.
15th. 10.15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 133rd O.S. Bn. C.E.F.

Regimental No. 796702 ✓ Rank Pte. ✓ Name Beck Wilfred Elgin. ✓

Enlisted (a) 17/3/16 ✓ Terms of Service (a) Duration of war. ^{C.E.F.} Service reckons from (a) 17/3/16. 17/3/16

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) Farmer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Canada	30-10-16	
		Disembarked	England	11-11-16	
12-11-16	OC 133rd	Transferred to 23rd Bn	Dibgate	12-11-16	Pt. II, 261 <i>W. Sandling</i>
12-11-16	23rd Bn.	Taken on strength from 133rd Battalion.	Dibgate	12-11-16	Lieut. For OC 133rd Bn D.P. II O. 282
20.12.16	23rd Bn.	Transferred to 12th Bn.	West Sand's	20.12.16	D.P. II O. 320 ✓
		<i>J. W. Mactenzig</i> Lieut. for O.C. 23rd Battalion, C.E.F.			
22.12.16	12th	Taken on Strength 12th Bn.	W. Sandling	20.12.16	Pt. II 344 ✓
4.1.17	12th	Transferred to 3rd Res. Bn.	W. Sandling	4.1.17	Pt. II 4 ✓
		<i>J. S. Pulley</i> Capt & Adjutant. Capt & Adjutant.			

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
4/1/17	O. C. 3rd Res Bn	Taken on strength	W. Sandling	4/1/17	Part 2 Bn. 0 1 ✓
JAN 31 1917	O.C. 3rd Res	TRANSFERRED TO 125th BATTN. C.E.F.	do	JAN 31 1917	A. W. R. O. 28 ✓ O.C. 3rd RESERVE BN. C.E.F.
1-2-17	125th Bn	Taken on strength 125th Bn	Hitley	31-1-17	Part II. S.O. 32 ✓
24-5-17	125th Bn	Proceeded overseas for service with 75th Bn.	Hitley	23-5-17	Part II D.O. 144 ✓ 125th Bn. by Bn.
31 MAY 1917	G.B.D.	TAKEN ON STRENGTH 75th		25 MAY 1917	N.R. 80
	»	Left for Unit	FIELD	13 JUN 1917	N.R.
	Unit	Joined Unit	FIELD	14 JUN 1917	B. 213. DCS. 162.
23/9/17	CERC	(Minor) Co 4 San Remo Camp.	Field	23/9/17	Letter: H. 2. 46/23350. B. 213 dt 6/10/17 (75)
16/11/17	»	To unit	do	16/11/17	N.R. 38. K.R. 347.
11/12/17	unit	Joined Unit	do	11/12/17	B. 213
2/12/17	4CB	Taken on strength - Minor	do	2/12/17	N.R. 161.
6/12/17	aas.	To be retained at Base until 14/5/18	do	-	K.F. 21413.
8/12/17	unit	Evac. to Base - Minor	do	1/12/17	B. 213.
22. 7. 18	Base	S.O.S. to. to. to. to. to.	Base	24. 7. 18	nR.
24. 7. 18	66th Bn	Taken on strength	Field	24. 7. 18	nR 1136.
12. 8. 18	do	S.O.S. to unit.	do	12. 8. 18	2 R 1375.
17. 8. 18	75th Bn	Joined unit	do	do	B. 213.
20. 8. 18	Unit	Granted 14 days to Eng.	do	29. 8. 18	B. 213 100 97

CERTIFIED CORRECT.
 JAN. 31 1917
 CAN. RECORDS DIVISION

Surname **Beck.** Christian Name or Names **W.E.** Reg. No. **796702.**
 Rank **Pte.** Unit **125th. Bn.** Co. Troop **796702.** Batty.
 Hospital Date of Admission

Transferred **Isolation. Aldershot.** Hosp. **25-3-17.**

Hosp.

Hosp.

Hosp.

Diagnosis **Mumps.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis.

Date

24-4-17

C.L. 3-4-17. 68.

C.L. 3-5-17. 78

REMARKS

A.M.D. 2 DEPT.

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

11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME

Beck W

REGT'L NO

796702

H. Q. FILE NO. 649-

RANK AND CORPS

Plt.

125th In

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

68. Mels Isolation's Aldershot 25.3.17

78. Dusch " " 24.4.17

Parotiditis

"

SURNAME.

Beck

02 CARD NO.
D.D. 8-6-19
Demob FOLL.
no 164 of 13-6-19
D.W.

CHRISTIAN NAMES

Wilfred Elgin

REGL. No.

796702

RANK

Pte

UNIT

133rd

FORMER CORPS

39th Regt.

NEXT OF KIN.

NAMES IN FULL

Beck, Calvin

RELATIONSHIP TO SOLDIER

father

ADDRESS

Waterford, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Waterford, Ont.

DATE

May 14th 1898.

PLACE OF ATTESTATION

Simcoe, Ont.

DATE

May 17th 1916.

Sailed from Halifax Per S.S. Lofland.

30-10-16-1466614

*343
87 Me*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

farmer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

18 YEARS

— MONTHS

HEIGHT

6 FEET

1 INCHES

CHEST MEASUREMENT

38½ INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Simcoe, Ont.

DATE

May 17th 1916

Present address.

Waterford, Ont.

No. 796702 RANK Pte.

NAME Beck William E.

T. O. S. 18-3-16 (20-6-16) UNIT 133rd. Battalion C. E. #
20-3-16.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 18th	1916. Mar. 31st	✓		
April.		✓		
May.		✓		
June		N.		
July.		N.		
Aug.		N.		
Sept.		N.		
Oct.		N.		

UNIT SAILED

OCT 30 1916



~~10~~
mt

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B

Number... 796702

Rank

Plt

V

Surname... BECK

Christian Name... Wilfred Elgin

Unit, 75th Br. Can. Inf. Theatre of War, France

Date of Service... 23-5-17

Remarks

Latest Address

~~RR No 5 Waterford, Ont.~~

43 Walnut St. Brantford, Ont.

Roll No.

B Page 35/3

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

8 MAR

Ship 616-525

A.G.R. Rank Name **BECK, Wilfred Elgin** Reg'l No. **796702**
 Unit **133rd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Simcoe, Ont., 17th March, 1916** Place of Birth **Nr. Waterford, Ont.**
 Name and Address, Next-of-Kin **Calvin Beck,**
Waterford, Ont. Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship
Relationship
Relationship



Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>	<i>S. S. Lapland</i>	<i>11-11-16</i>	
<i>14-11-16</i>	<i>of 23rd Bn.</i>	<i>Taken on strength.</i>	<i>Dibgate</i>	<i>12-11-16</i>	<i>Pt. II D.O. 284</i>
<i>20-12-16</i>	<i>"</i>	<i>S.O.S. on trans. to 12 Bn-Dibgate</i>	<i>Dibgate</i>	<i>DEC 1916</i>	<i>Pt. II, O 220</i>
<i>22-12-16</i>	<i>12th Bn</i>	<i>Taken on strength.</i>	<i>W Sandling</i>	<i>20-12-16</i>	<i>Pt II D.O. 344</i>
<i>4-1-17</i>	<i>"</i>	<i>So I to 3rd Res Bn</i>	<i>"</i>	<i>4-1-17</i>	<i>" 4</i>
<i>4-1-17</i>	<i>3rd R. BN</i>	<i>TOS of 3RD RES BN</i>	<i>W.S'ling</i>	<i>4-1-17</i>	<i>PT. 2 D.O 1</i>
<i>31-1-17</i>	<i>do</i>	<i>S.O.S. to 125th Bn</i>	<i>do</i>	<i>31-1-17</i>	<i>" 28</i>
<i>1-2-17</i>	<i>of 125th Bn</i>	<i>LOB from 3rd Res Bn</i>	<i>Whitley</i>	<i>31-1-17</i>	<i>" 32</i>
<i>3-4-17</i>	<i>of 116th Bn</i>	<i>Admitt. Mil. Isolation Hospit.</i>	<i>Aldershot.</i>	<i>25-3-17</i>	<i>of 68 Paratichip</i>
<i>25-4-17</i>	<i>175th.</i>	<i>Discharged</i>	<i>Whitley</i>	<i>24-4-17</i>	<i>WD. 11526.78</i>

F.B. 103 CHECKED
 27 JUL 1975

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.				
24-5-17	125TH. S. G. S. 1975 th Bn.		Witley	23.5.17	D.O. 144 (80 ^d 31.5.17) 75BN
7 5	19 75	PROC. TO	ENG		2 5 19 28
12 5	19	A WING TO	75 Bn	4 5 /9	22
9 6	19	A wing	SOS TO	CAN	31 5 19 Pt 31 68-1-61 31/5719

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. C. Beck*
 Address *Waterford*
Out-

✓ By Whom Assigned *Beck, W. E.*
 ✓ Regtl. No. *796.702*
 ✓ Rank *plc*
 ✓ Corps *133. Batt*

Rate *15^{xx}*

NOV 1 1916

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				



10.11.12
10.11.12
10.11.12
10.11.12
10.11.12

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Mrs. G. Beck

Name of Soldier

Beek. W. E.

PAYMENTS.

796702

ple

133/2

NOV 1 1916

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>K 29893</i>	<i>15</i>	
Dec.		<i>U. 34834</i>	<i>15</i>	
Jan.	1917	<i>E 37002</i>	<i>15</i>	
Feb.		<i>G 43436</i>	<i>15</i>	<i>15 R</i>
March		<i>F 48009</i>	<i>15</i>	<i>15 B</i>
April		<i>F 710</i>	<i>15</i>	<i>15 W</i>
May		<i>E 6979</i>	<i>15</i>	
June		<i>H 13239</i>	<i>15</i>	<i>15 E</i>
July		<i>E 20181</i>	<i>15</i>	<i>B</i>
Aug.		<i>I 26934</i>	<i>15</i>	<i>O3</i>
Sept.		<i>H 34011</i>	<i>15</i>	<i>O3 165. e</i>
Oct.		<i>P 47241</i>	<i>15</i>	<i>180 B.</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15 x x

15 R

15 B

15 W

15 E

B

O3

O3 165. e

180 B.

AA

W

W

15

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.				

921139
212

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

OVERSEAS CONTINGENTS

4164

Nov-16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 796 702
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *H. E. Beck*
 Battalion *133rd Batta.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. C. Beck*
 Address *Waterford, Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Oct 31			180 -	180 -	
Nov D	54884		15 -	15 -	
Dec B	60381		15	15	
Jan A	54913		15	15	<i>Pte.</i>
Feb B	98903		15	15	
Mar A	95227		15	15	✓
Apr X	8032		15	15	
May E	5705		15	15	c
June D	13936		15	15	c
July X	28193		15	15	✓ c
AUG B	33149		15	15	c
<i>ok Warn</i> SEP B	38057		15	15	c
OCT B	43034		15	15	c
NOV A	59253		15	15	c
DEC B	68632		15	15	c
JAN D	70601		15	15	c
FEB D	78686		15	15	c
MAR D	89648		15	15	c
APR E	1224		15	15	c
MAY B	6260		15	15	c
JUN B	9641		15	15	c
			480	480	

M. F. W. 128
400M-617-1772-39-141
L. L. 2320-M. & D. 1583.

AUDITED.

30.6.19

Atc Closed *Mauretania*

Ret'd per 6

6.14.187.12.6 M.D. 2

Cancelled M.D 122462



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. 22320 - M. & D. 7493.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

- Particulars of Release (M.F.W. 129)
2. Casualty Form (A.F.B. 103).
 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
 5. Dental Certificate (C.A.D.C. 5009a).
 6. Field Conduct Sheet (A.F.B. 122)
 7. Proceedings on Discharge (M.F.B. 218a)
 8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
 9. Copy of Discharge Certificate (M.F.W. 39a).
 10. Dispersal Certificate (C.D. 3).
 11. Equipment Statement Q.M.G. Form (D.O.S. 2),
and Clothing
 12. Last Pay Certificate (P. 851). *and dup*
 13. Pay Book (A.B. 64).
 14. War Service Gratuity (Form M.F.W. 2595).
 15. Sundry Documents.

Group B
 Checked by No. 10
 Date 29. 5. 19

Dist. Area. I
 Occupational Group No. 1

M

War Service Badge
 Class "A" No. 133255

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

77th S. Mauritania Emb. 31-5-19

1. No.	<i>796702</i>		
2. Rank.	<i>Pte.</i>		
3. Name.	<i>BECK. Wilfred Elgin</i>		
4. Unit.	<i>75th Battr.</i>		
5. Date of Discharge	<i>JUN 8 1919</i>	Place	<i>TORONTO, ONT.</i>
6. Reason for Discharge	<i>Demob.</i>		
DEMOBILIZATION			
7. Authority.	<i>No. 2, D.D., Part II, D.O. No. 164 po</i>		
8. Proposed Residence after Discharge	<i>Waterford, Ont. R.R. #5.</i>		
9. CERTIFICATE TO BE SIGNED BY SOLDIER.			
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate			
M. F. W. ?.....			
<i>Wilfred Elgin Beck</i>			
Signature of Soldier.			
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place	<i>No. 2 DISTRICT DEPOT</i>		
Date	<i>JUN 8 1919</i>		
<i>TORONTO</i>			
Signature <i>H. J. [unclear]</i> Capt.			
FOR O. C. No. 2 D.D. (O. C. Discharging Unit.)			

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

yes

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
 " B) (Yes or No.)
 " C) (Yes or No.)
 " D) (Yes or No.)
 " E) (Yes or No.)

yes "a"

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

authority 98 9083 of 11/1/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Bramshott* *L. A. Richardson Major* President.
 DATE *10/5/19* *D. G. James in Capt. James* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....
 DATE.....
 APPROVED BY *J. G. James* Assistant Director of Medical Services. DATE *10.5.19*
 APPROVED BY..... Director-General of Medical Services. DATE.....

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION *Bramshott* DATE *10-5-18*

1. 1 (a) Unit *75th Bn* (b) Regimental No. *796702* (c) Rank *pte*
 (d) Surname *Beck* (e) Christian name *Wilfred Elgin*
 (f) Home address *Waterford St*
 (g) Next of Kin *Mrs. Beck* (h) Relationship *mother*
 (i) Address of Next of Kin *Same*
 2. Age last birthday *19* Date of birth *May 14, 1899*
 3. Enlistment, or Appointment (if an Officer) (a) Place *Simcoe* (b) Date *17-3-16*
 4. Personal description *6'1"* (a) Height *170* (b) Weight *Simcoe* (c) Complexion *dark*
 (d) Colour of hair *Brown* (e) Colour of eyes *Brown* (f) Identification marks, Scars, etc. *Small scar L. cheek*
 5. Former trade or occupation *Farmer*

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<i>3</i>	<i>53</i>

	PERIODS	
	From	To
Canada	<i>17-3-16</i>	<i>30-10-16</i>
England	<i>30-10-16</i>	<i>13-6-17</i>
France or other theatres of War	<i>13-6-17</i>	<i>2-5-19</i>

7. Original disease, or injury *Mumps*
 (a) Date of origin *April 1917* (b) Place of origin *England*
 (c) Cause *Infection*

3 = 5
4 = 3

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective hearing R.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Spec. Report Bramshatt. 9-5-19.
Right 4/20 + - clear normal
Voice - Weber: Rinne: Schwabach: Meatus: drumhead.
Left 20/20 + + clear normal

Lga J. Foley Capt.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

10. (a) History (of the condition referred to in Section 9 (a).)

Mumps. April 1917 - following which he was deaf - and has remained so.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

nil

(c) (Here give a description of wounds, scars and deformities.)

nil

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

na.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a x h no.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

nil
Spec report attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? (If not, briefly state why)

yes

17. Recommendations

na.

Hamitchee Capt. Cant
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, W.E. Beck, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

W.E.

W.E. Beck Rank.
Signature of invalid examined.

NUMBER 796702 RANK

Pte

NAME BECK W.E.

FIP 15

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bal. Fwd.					10696	Nil	
Nov	P. P	33		Cap				15			
				AR 1079 17/11 75 Bn. 11 Bde	306						
				" 1007 7/11 "	373						
				" 1233 3/12 "	373						
Dec	"	34 10		Cap				15			
Jan	"	34 10		Cap				15	14264		
		10120			2052			45			
Feb	✓ (Feb & Mar)	6490		AR 1496 - 6/1/19 - 1, 11 Bde.	373						
				1291 - 20/12 - ✓	373						
				1626 - 16/1 - ✓	373						
				1983 - 1/2 - ✓	373						
				2157 - 15/2 - ✓	373						
				2263 - 2/3 - ✓	365						
				2826 - 13/3 - ✓	18.25						
				2320 15/3 - ✓	365						
				Capay (Feb & Mar)				30	13534		
April	P. Pay (Apr)	6490		Cap	4420			30	6710		
	✓ (May)	3410		4 2 1/4 ✓	349			15	70044		
				277 12 1/4 ✓	349				4063		
				3454 21/4 ✓	365				15081		
				Capay (May)	1063			15	3892		
				6482 11/5 Rohott	3893				12088		
		6710			4956			30			

2056 Canada 2/1/17

SL69