Water Det. 33646

# ATTESTATION PAPER.

No. 11th NF

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... William Edward Lockington.
2. In what Town, Township or Parish, and in what Country were you born? ..... Port Hope, Ont.
3. What is the name of your next-of-kin? ..... Louie Alice Lockington
4. What is the address of your next-of-kin? ..... 526 Clinton St. Toronto.
5. What is the date of your birth? ..... Dec 25 - 1875
6. What is your Trade or Calling? ..... Sailor
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
10. Have you ever served in any Military Force? ..... Yes, militia 10 years
    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

Wm E Lockington (Signature of Man).

D C Gladon (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm E Lockington, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Wm E Lockington (Signature of Recruit)

Date Sept. 28 1914. D C Gladon Lt (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm E Lockington, 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.

Wm E Lockington (Signature of Recruit)

Date Sept 28. 1914. D C Gladon Lt (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 Val Cartier this 28 day of Sept. 1914.

J McLaren Major (Signature of Justice)

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

R F Boyle Lt Col O.C. 10 Batt. (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

## Description of William Edward Lockington on Enlistment.

Apparent Age 35 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Light

Religious denominations.
- Church of England
- Presbyterian ✓
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Scar on Right Thumb
Outer Side of Terminal
Phalanx

### 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 Sept 26 1914. G. C. Sheridan

Place Val Cartier Que. (Lieut).

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

### CERTIFICATE OF OFFICER COMMANDING UNIT.

William E. Lockington 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.

R. J. Boyle (Signature of Officer)

Lt Col
O.C. 10 Battalion

Date Sept 28 1914.

C.E.F. RECORDS
WAR SERVICE RECORDS D.V.A.

LOCKINGTON

WILLIAM ED. 33646 11TH BATTN. 29598

MED. UNFIT

Army Form B. 2079.

**WARNING**—*If you lose this Certificate a duplicate cannot be issued.*

Certificate of discharge of No. 33646 (Rank) Corpl.

(Name) Wm Ed Lockington

(Regiment) 11th Battalion 65th

who was enlisted at Toronto

on the August 1914.

He is discharged in consequence of being medically unfit - para 392 (XVI) K.R. & O.

after serving _____ years _____ days with the Colours, and _____ years _____ days in the Army Reserve.

(Place) Halifax N.S. Signature of Commanding Officer [signature] Capt

(Date) 30-3-15 C.O. Discharge Depot

Character Good

*Description of the above-named man on 15/3/15 when he left the colours.

| | | Marks or Scars, whether on face or other parts of body. |
|---|---|---|
| Age | 38 yrs | Scar on first joint right thumb |
| Height | 5ft 4 ins. | |
| Complexion | fair | |
| Eyes | blue | |
| Hair | brown | |

* *Should agree with the description on Character Certificate, Army Form B. 2067.*

*N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.*

(7 22 12) W 6538—936 120,000 10/14 H W V Forms/B. 2079/21

# Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

"Any man, whether Soldier or Civilian, who brings a Recruit to "a Recruiter, or to a Military Barrack, is a Recruiting Agent, "and it is not necessary that he should have been formally "appointed as such."

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

(*a*) Boys under 17 years of age.

(*b*) Re-enlisted Pensioners.

(*c*) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.

(*d*) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz. :—

**5s. to 2s. 6d. Regular Army.**

**1s. 6d. Special Reserve.**

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depôt nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Lockington | W. E. | 33646 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Cpl. | 10 Batt. | | | |

Hospital: No 1 Gen. — Date of Admission: 25. 11. 14

Transferred: No 5 – Gen Hosp — Hosp. 10. 12. 14

" " " — Hosp. 6. 2. 15

Hosp.

Hosp.

Diagnosis: Varicose Veins

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnoses: If more than one state present

| DISPOSITION | Date | REMARKS |
|---|---|---|
| To Duty | 29. 12. 14 | |
| To Tidworth H 378 | 22. 2. 15 | |
| A. D. 1 Lft. | | |

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

## EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

## MEDICAL BOARD

Netheravon 20.2.15

Varicose veins & Flat Feet.

Return and Discharge.

| Surname | Christian Name | Reg. No. |
|---|---|---|
| Lockington. | W.E. | 33646 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Pte. | 10th Bn. | | | |

MEDICAL BOARD held at — Date — Serial No.

(1) Netheravon 22.2.15.

Other Medical Boards at — Date — Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Varicose Veins. Flat feet.

Disposition Recommended

(1) Discharge. Canada.

(2)

(3)

(4)

(5)

CASUALTY BOARD held at — Date.....

Disposition

Remarks Approved: Salisbury. 3.3.15.

Indicate by a P.T.O. if continued on other side.

R.R.
9c

Number 33646 Rank Pte

Surname LOCKINGTON

Christian Names William Edward

Unit 10th Bn. Can. Inf. Theatre of War England

Dates of Service

Remarks

Latest Address 365½ Clinton St
Toronto Ont

Roll No. "A" Page 19

Q-1825f Neis-

MAY 9 - 1920

No. 33646 RANK Corpl. NAME Lockington, Wm E

T. O. S. UNIT Discharge Depot

M. D. 6

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 Mar 19 | 1915 Apl 1 | L | Rel'd from England for discharge. | Apl paylist. |

SURNAME. Lockington

CO-L 132.

CARD NO. V

CHRISTIAN NAMES William, Edward

FOLL. S.O.S. Dis. 5/6/16. 2.

REGL. No. 33646 RANK Corpl.

UNIT 10th Bn.

FORMER CORPS Can. Mil. 10 yrs.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Lockington, Louisa, Ella

RELATIONSHIP TO SOLDIER Not stated

ADDRESS 526 Clinton St., Toronto, Ont.

COUNTRY OF BIRTH Canada Port Hope, Ont. DATE Dec 25th 1875

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sep 28th 1914

P/S 4-10-14 10/21

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Quebec per S.S. Scandinavian 4-10-14

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Tailor RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 38 YEARS 9 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Light

DISTINGUISHING MARKS Scar on r. thumb Outer side of Terminus Phalanx.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sep 26th 1914

Present Address Not stated

No. 33646 RANK Cpl. NAME Lockington, W. E.

T. O. S. UNIT Casualties.

M. D. H. Q.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 | 1915 | | | |
| Mar. 18 | no a/c. | N. | From 10th Bn. | |

No. 33646 RANK Cpl. NAME Lockington W. E.

T. O. S. UNIT 103rd Regt. Calgary Rifles. (10th Battalion)

M. D. Valcartier

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1914 | 1914 | | | |
| Sept. 16. | Sept. 21. | O.S. | Water Detail, attached. | 10th Bn. Sept. paylist. |
| Sept. 22. | Oct. 31. | O.S. | | |

UNIT SAILED
OCT 3 1914

Reg. No. 2653 Name Lockington W E

Rank Seaman Corps R N C V R Age 42 Service

Ledger No. Serial No.

| HOSPITALS | DATE | DIAGNOSIS |
|---|---|---|
| College Military Toronto | 26. 12. 17 | Neurasthenia |
| Discharged | 2-10-18 | |

P. T. O.

| HOSPITALS | DATE | DIAGNOSIS |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

# MEDICAL HISTORY SHEET.

Surname Lockington Christian Name William Edward

Examined { on 11 day of September 1914
at Val Cartier Que

Approved by E C Gleadow

Rank Capt M.O.

Birthplace { City or Town Port Hope
County Ontario Canada

Apparent age 38

Trade or occupation Tinsmith

Height 5 Feet 4 Inches.

Weight 132 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 39 inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right. Left.
Number 1 2

When Vaccinated last Oct. 5/14

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Haemhorroids - Slight

| 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. |
|---|---|---|
| Oct 5/14 | ++ | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 1914 Aug 19 | + | Wallace Scott M.O. |
| " 29 | + | " " M.O. |
| | | M.O. |

Enlisted on 10 day of August 1914 at Toronto Ont Can.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 13th Field Ambulance | | Moderate | Aug 10/14 |
| Transferred to.. | 16th Battalion | 33646 | — | Sept 23/14 |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Netheravon | 20/2/15. | Varicose Veins + Flat Feet | Recommend his return to Canada + then discharged as Medically unfit |

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.

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname..... Christian Name.....

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Netheravon No 1 Stn Hosp | Dec 10/14 | 10 6 | XII 2 | 14 15 | 29 | XII | 14 | Erysipelas Rheumatic fever | 20 | Recovered Pain in feet complained of since Oct 19/14. Discharged to march | Temp Captain & Adjt Canadian Contingent C.A.M.C. |
| Salisbury 3.3.15. | | | | | | | | | | Proceedings of Medical Board approved this date. | |
| | | | | | | | | | | E S Jeffrey Lieut Colonel for LT. COL. A D M S CANADIAN TRAINING DEPOT. | |

Forms:
I.1237
10

Army Form I. 1237.

# MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book | Regimental No. | Rank. | Surname. | Christian Name. |
|---|---|---|---|---|
| 378 | 33646 | Cpl | Lockington | W.E. |
| Year 1914 | Unit. 10th Bns. | | Age. 31 | Service. 3/12 |

Station and Date.

Disease Myalgia

P.I – Vague pains in legs & arms beginning about Nov 15.
Appetite poor.

Lt – leg –
Dec. 2 Haemorrhoids about 3 mths came on again yesterday.
No bleeding today.
29 – well.

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[98] W2835/177 100m 8/14v 5 89

[P.T.O.

| Station and Date | |
|---|---|

Cpl H. W.E. Lockington – 33646 Mar 7/16

E – (Flat Feet) and Nervousness.
does not sleep well. Wakes often.
dizzy after meals.

Pain and dead feeling up outer part right thigh.

Exam – Organs normal.
no sensory a motor change in rt.
thigh a leg.
Castors Syrup. J.A.O.

Mar 8. Wasserman to be taken.
Condition unchanged. J.A.O.
Pain rt. thigh.

Mar. 16 – Urine normal
Wasserman Negative.
Sensation is less acute over right thigh
to touch pain and temperature today
Tenderness over rt. iliac fossa J.A.O.
Has slight pain in rt iliac region for 7 or 8 days.
Has dizziness & nausea after meals. J.A.O.
Wasserman negative.

Apr 12 – Complains of pain in rt. axillary region.
Pectoral Muscles are tender. Some blotches resembling
bites to be seen in this area.
aching in left thigh & knees.
Given thyroid Ext for 1 week.

Apr 19 – Pains are better. There is an area on outside
rt. thigh which he says is numb and over which
he says sensation to touch and pain is lessened.
Says he has pains in his knees.

(April 9) Still has pain in left side. Over two spots resemble a herpes. (Shingles?)

(1001)—Wt. W8208—4372—600,000.—11-14.—K. & K. Forms B. 103/1.

Army Form B. 103.

## Casualty Form—Active Service.

Regiment or Corps 11th Battn. R.E.F.

Regimental No. 33646 Rank Pte Name Lockington. W.E.

Enlisted (a) 23-9-14 Terms of Service (a) duration of War. Service reckons from (a) _____

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 | | | | |
| | | | | | |

(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 | | | | |
| | | | | | |

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

11219-W-1

Name Lockington, William Edward
(Surname, Christian Name)

Regimental Number 33646 Rank Cpl.

Unit 11th Bn.

Original Unit 10th Bn.

District where paid M.D.2

Date of Discharge 5-6-16

P. D. P. Filing Number 8 -35-2

Address (in full) 369½ Clinton St.
Toronto, Ont.

Rates:—Regimental pay $1.10 per diem: Field Allowance $ .10 per diem. Separation Allowance $20.00 per month.

L. L. 22573—M. & D. 8000.

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Over-payments 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 | | |
| 169 20 | 593 | 17-8-17 | 56 00 | 587 | 17-9-17 | 56 00 | 587 | 17-10-17 | 57 20 | | 169 20 |

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

Dec'n No 90931/180 W. S. G. File No 1219-W-5

Award ... days at $ .... per day $

S. A. ..... months at $ .... per mo. $ ..... $

Less P, D. P. Credited $ .....

$

Less further debit balance $ .....

Net due paid as below

| TO SOLDIER | | | TO DEPENDENT | | |
|---|---|---|---|---|---|
| 0 | Ag. No | Ch N. | Amount | Ag No | Ch No | Amount |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| | | | | Total | | |

365½ Sherbourne St
Toronto,

~~Not payable at Present.~~

Ineligible. Never served actual Theatre of war. Claim referred to Naval service.

Mrs Bell $143.00 as being recovered through Dep Naval Services Accounts file 1219-W.S.

A. M. W.

29370 THE MORTIMER SYSTEMS, OTTAWA, CANADA

445

# MILITIA AND DEFENCE

## ASSIGNED PAY

### OVERSEAS CONTINGENTS

E 1 6

To Whom Mrs Louisa Alice Lockington

Address 369½ ~~326~~ Clinton St Toronto Ont.

By Whom Assigned Lockington W.E.

Regtl. No. 33646

Rank Corpl.

Corps 10th Can Batt'n Staff

Rate $28.00 per m

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | D288 | 20 | |
| Nov. | | H1444 | 20 | |
| Dec. | | C2369 | 20 - | |
| Jan. | 1915 | B3871 | 20 | |
| Feb. | | A5313 | 20 | 120.00 to X'mas 13/4/17 |
| March | | 9279 | 20 | |
| Apl. | Cancelled | ~~H7090~~ | ~~20~~ | Discharged - flat footed - 60 - L - 137 |
| May | | | | |
| June | | | | Pension granted from June 6/16 A.K |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

COPIED FOR 2 CASUALTIES.

29281 THE MORTIMER SYSTEMS
OTTAWA, CANADA

21/10/16

279

# MILITIA AND DEFENCE
# SEPARATION ALLOWANCE

Accepted

| | | | |
|---|---|---|---|
| Name | Lockington, L. A. Mrs | Name of Soldier | Lockington W. E. |
| Address | ~~526 Clinton St~~ 369½ Clinton St Toronto. Toronto. Ontario. | Regtl. No. | 33646 |
| | | Rank | Corpl. |
| | | Corps | 10th Bn ~~T. A. A. M. C.~~ |
| Relation to Soldier wife, child or mother | Wife. | To what Corps belonging when called out | 13. C. A. |

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | A 525 | 20 – | |
| Oct. | | C. 2100 | 20 – | |
| Nov. | | C 2773 | 20 | |
| Dec. Aug | | C-4222 | 30 – | |
| Jan. | 1915 | B 5960 | 20 – | |
| Feb. | | B. 7114 | 20 – | Pension Granted 6/6/16 |
| March | | B. 8329 | 20 – | Ait: Closed. |
| Apl. | | ~~B. 9516~~ | ~~20~~ | Cancelled 23.4.15 |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

ACCOUNT CLOSED
Discharged 16/1/25
DATE ..... PER .....

L. L. Job 8.095—M. & D. 5353.

MILITIA AND DEFENCE

M. F. W. 11.
10m—9-15.
H. Q. 1772 - 39-818.

280

# SEPARATION ALLOWANCE

Name Lockington L. A. Mrs

Address 369½ Clinton St.
Toronto
Ont

Relation to Soldier wife, child or mother } wife

Name of Soldier Lockington W. E

Regtl. No. 33646

Rank Corp.

Corps 10th Bn

To what Corps belonging when called out } 13 C. A

Acct Closed.

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | Duplicate see Cas Ledger |
| Sept. | | A 525 | 20. | |
| Oct. | | C 2100 | 20. | |
| Nov. | | C 2773 | 20. | |
| Dec. August. | | C 4222 | 30. | |
| Jan. | 1915 | B 5960 | 20. | |
| Feb. | | B 7114 | 20. | |
| March | | B 8329 | 20. | |
| Apl. | ✓ | | | |
| May | ✓ | | | |
| June | ✓ | | | |
| July | ✓ | | | |
| Aug. | ✓ | | | |
| Sept. | ✓ | | | |
| Oct. | ✓ | B 16102 | 140. | |
| Nov. | | No more Cheques after Oct 31st 1915 | | |
| Dec. | | | 90 00 | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

ACCOUNT CLOSED
PER W
DATE

over

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mrs L. A. Lockington

Name of Soldier Lockington W. E

L. L. Job 310.—Req. 6574.

wife

33646

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | 290 | |
| May | | | | |
| June | | | | 143. Seven months + 5 days back s/a opened on authority of Capt: Conger File H.Q 593-1-12 |
| July | | | | |
| Aug. | | | | |
| Sept. | | J. 16161 | 143 — | mailed 19-9-16 |
| Oct. | | | | |
| Nov. | | | 133 | Overpaid #143.00 Refund Requested Hq file 60-L-137. Capt Ammond 24/10/16 |
| Dec. | | | | 27/10/16 |
| Jan. | 1917 | | | ACCOUNT CLOSED |
| Feb. | | | | DATE..... PER..... |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | 32.00 of above Overpayment is being recovered through Pension Branch by stoppage of Pension to 5th June/17 when Pension Stops Hq file 60-L-137 |
| July | | | | 27-1-17 |
| Aug. | | | | 31-1-17 |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | Adjustment of Overpayment Made by Casualty Branch. |
| Jan. | 1918 | | | Hq file 60-L-137 - folio 129 3/12/16 |
| Feb. | | | | 5/2/17 |
| March | | | | |
| April | | | | Pension will not accrue this above cost See correspondence in letter 13 July 1917 also 7 July 25th |
| 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. | | | | |

29247 THE MORTIMER STATIONERY
OTTAWA, CANADA

**NAME** LOCKINGTON, William Edward

PAY OFFICE, H. E. BRANCH
MAR 31 1916
CANADIAN EXPEDITIONARY FORCE

**Regimental No.** 33646.

**Unit** ~~10th~~ 11th Battalion

**Date of enlistment** Sept.28th,1914.

**Place of birth** Port Hope, Ont.

**Married (yes or no)** Yes

**Amount of pay assigned monthly $** 20.00

**To whom payable** Lousy Alice Lockington
526 Clinton St
Toronto Ont.

**Name and address of next-of-kin**
Lousie Alice Lockington, Mrs W. E. Lockington
Toronto,
526, Clinton Street, Toronto, Ont.

**Date and place discharged** Return Canada 18/3/15

**Reason for discharge** Authority H. Q. 60 - L - 137.

**Character on discharge**

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1914 | | | | | | | | | | | | | | | | |
| Sep 22 | Oct 31 | 40 | 1.10 | 44 ~~40~~ — | 40 | 1.10 | 4 — | | 48 — | | | 20 | 20 — | | 40 — | |
| Nov 1 | Nov 30 | 30 | 1.10 | 33 | 30 | 10 | 3 | 8 — | 44 | | | 20 | 20 | | 40 | |
| 1/12 | 31/12 | 31 | 1.10 | 34 10 | 31 | 10 | 3 10 | 4 | 41 20 | | | 20 - | 20 - | | 40 — | |
| 1/1 1915 | 16/1 | 16 | 1.10 | 17 60 | 16 | 10. | 1 60 | 1 20 | 20 40 | | | - | 20 | | 20 — | Taken off strength |
| 1.2.15 | 28.2 | 28 | " | 30 80 | 28 | " | 2 80 | - 40 | 34 - | | | | 20 | | 20. | Taken on strength SPTrenderes 28/1/14/15 |
| 1.3.15 | 18/3/15 | 18 | " | 19 80 | 18 | " | 1 80 | 14 35 | 35 95 | | | 15 25 60 | 20 | | 35 85 | 1 pc Mark 18 |
| Jan 17 | Jan 31 | 15 | 1.10 | 16 50 | 15 | 10 | 1 50 | 2 10 3/4 | 18 2/3 10 3/4 | | | | | 35. | | Adjustment of Exchange Arrears in Canada Error in Balance, 14.35 to be debited & 35¢ to be debited to Pay Services in error in entries of 14th & 28th Feb & 5th March. |
| Feb 1 | March 1916 | | | | | | | | | | | | | | | 1 Jan 17 - Jan 31 - 15 days pay omitted. |
| We do not keep Co. Books. | | | | | | | | 19 75 | 19 75 | | | | | 19 45 | 19 45 | Balance Nil. |

Return Canada. Authority Ottawa H. Q. 60-L-137. Amended P.R.C. issued 9.12.15.

2 Cr. Adjustment of Exchange. Dans & Acct & P.M.G. Final Liability Can Disb

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | | | | | | | | | |

M. F. W. 41.
10m.—11-15.
1772-39-889.

53

Name Lockington. Corpl. W.E.

Regimental No. 33646.

Unit 10th

Date of enlistment

Place of "

Married (yes or no) Yes.

Amount of pay assigned monthly $ 20.00 March. 15.

~~To whom payable~~ Sja. $20.00 Oct. 15. Sja Pd 5-6-16. 369½ Clinton St. Toronto.

"Scandinavian". 27/3/15.

Name and address of next-of-kin 269½ Clinton St. Toronto. Ont.

Adm Central Mil. Conv. home Toronto. 9/12/15.

Date and place discharged

Reason for discharge

Character on discharge Class. II.

60-L-137.

H [illegible] 87694. M. & D. 6128.

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19/3/15. | 9/6/15 | 83. | 1.10 | 91.30 | 83 | 10 | 8.30 | Subs. 2.50 | 102.10 | 584 | 10/12/15 | 82.80 | ✓ | × 19.30 | 102.10 | × Hal. Paid. |
| 10/6/15. | 9/10/15. | 122. | 1- | 122 - | | | | Subs 91.50 | 213.50 | | | 213.50 | | | 213.50 | P.M. 2nd Div. |
| " | " | 122. | 10 | 12.20 | 122. | 10 | 12.20 | ~~OK~~ | | | | | | | | |
| 10/10/15. | 31/12/15. 18/3/15. | 83. | 1.10 | 91.30. | 83. | 10 | 8.30 | Subs 62.25 | 186.25 | 1755. | 11/1/16 | 92.25 | ✓ | ×× 94.00 | 186.25 | ×× S/a. overpaid. |
| | | | | | | | | | × 19.75 | B145. | 25/1/16 | 19.75 | ✓ | | 19.75 | × L.P.C. |
| | | | | | | | | | 521.60 | | | | | | 521.60 | |

Class III

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6/5/16 | 5/6/16 | 36 | 1.10 | 39.60 | 36 | 10 | 3.60 | Subs. 21.60 | | | | | | | | |
| | | | Sep allce | | | | | 23.35 | 96.15 | | | 55.30 40.85 | | | 96.15 | To 2nd Div. from 7/1/16 Pd by mid Fr, L.P.C. 15/5/16, Cap + S/a. |

Pensioned P.C. Fr 6/6/16.

S/a ~~[illegible]~~ See S/a. Charged back in error.

9.00

PDP 2.8.17

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned Pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | |

Space to be left blank for the Chelsea Number.

Army Form B. 268.

12/3/15

# Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 33646 Army Rank Pte Corpl.

Name Wm Ed. Lockington

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 11th Battalion (formerly 13th Amb) C.E.F.

Battalion, Battery, Company, Depôt, &c. Shorncliffe

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge ~~30-3-15~~ June 5th/16

Place of discharge Halifax N.S. Toronto

1. *Description at the time of discharge.*

Age 38 years ____ months

Height 5 feet 4 inches

Chest measurement { girth when fully expanded 39 ins. / range of expansion 2 ins.

Complexion fair

Eyes blue

Hair brown

Trade Sailor

Intended place of residence (To be given as fully as practicable) Toronto Ont.

Descriptive marks.

scar on first joint right thumb

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being medically unfit — para 392 (XVI) K.R.&O.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good

4. Character awarded in accordance with King's Regulations :—

Good

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* K.E.D. 6.2.20

1145 Wt. W. 6538/936 125,000 10/14 D. D. & L. Sch. 11* Forms B. 268 39

* Strike out if not applicable.

[OVER.

H.S.G. Comp 25/3/19 G.G.

carded 24-2-16 T.E.

5. He is in possession of the following number of G C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

None

Classification for service, or proficiency pay... ... ... ... ... ... Class _____

6. Campaigns, Medals and Decorations

None

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Tidworth

(Date) March 1/18

D. C. O. Cameron

*Commanding* 11th *Battn.* 68th *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

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

(Place) ~~Tidworth~~ Toronto

(Date) ~~18-3-18~~ May 6th /18

(date) R. Pulsford Major

*Signature* C. J. Drennan Major D.A. & Q.M.G.

CANADIAN TRAINING DEPOTS,

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

23-8-4-12-16.
DEC 5 1916
R.O. 24-2-16.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required

See section 11 on second page

19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

---

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B. 178)

# Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Address - 369½ Clinton st, Toronto.
Next-of-Kin - Wife, Same Address.

NO. 2
MILITARY DISTRICT
MAY 1 1916
34-2-5
DEPT. OF MILITIA & DEFENCE
MAY 1 1916
H.Q. CANADA

# MEDICAL HISTORY OF AN INVALID.

1.—Station. Toronto

2.—Regiment of Corps. 11th Bn.

3.—Regimental No. and Rank. 33646 Cpl.

4.—Name. Lockington W.E.

5.—Age last Birthday. 40

6.—Enlisted { on Aug 10/1914 / at Toronto

7.—Former Trade or Occupation. Presser

8.—General remarks on his :—

(a) Conduct. Good 137

(b) Habits. good

(c) Temperance. good

DEPT. OF MILITIA & DEFENCE
JUN 16 1916
H.Q. CANADA

(*For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.*)

Date April 14/16

| 9.—Service. | Years. | Days. | PERIODS. | |
|---|---|---|---|---|
| | | | From | To |
| | | | | |

10.—Disease or Disability. Flat feet and neuritis. Indigestion

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. Feb 1. 1915 in England
Cause - Marching & standing.
Present Condition. - Has plates for feet.
Says there is loss of sensation above st. knee on outside of thigh.
Wasserman is negative. Urine normal.
Says his knees are slightly painful.
Feet still flat. provided with arch support. The st. thigh is painful at times especially during wet weather. Has attacks of indigestion at times

Has it been aggravated by intemperance, vice or misconduct?

80

M. F. B. 227.
20m.—10-15.
H. Q. 1772-39-117.

[OVER]

cordod 21-11-16 LH

12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ?

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Cold & Wet weather during the winter of 1914-1915 at Salisbury Eng.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Flat feet caused by service

15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ?

yes. the greater.
½ due to neuritis Left leg
½ " " indigestion
Both conditions due to service

16.—Full particulars of medical treatment of case up to date of invaliding.

No 1 T 2 General Hosp — treatments applied
at Cent Mil. Conv. Hosp. Seine Dec 9th 1915
during which time he has been fitted with arch
supports and had massage & tender treatment

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

18—State if for discharge on account of unfitness for service.

Unfit for Service

John A. Ellis Lieut. A.M.C.

Medical Officer by whom the case is brought forward.

## OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The Board concurs in above report

Signatures :— J. M. Anderson Lt. Col. A.M.C. President.

J. A. Ellis Lieut A.M.C.

A. E. Ley Capt. A.M.C. } Members.

Station Toronto

Date April 25/16

Date 3-5-16

A. Warren Major
Assistant Director of Medical Services.

Approved.

Date 19/6/16

Duncan Cameron Col.
Director of Medical Services.

[OVER]

f

79

(At Station or Hospital where finally disposed of.)

Station and Hospital } ---------- Arrived from } ----------

Date ----------

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| | | | | | |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } ----------

Administrative Medical Officer.

Militia Form B. 227.

20m.—10-15.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of. }

The original Report is invariably to accompany the discharge documents of invalids.

Next of Kin - wife Louisa A. Lockington
369½ Clinton. Toronto

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

# MEDICAL HISTORY OF AN INVALID

DEPT. MILITIA & DEFENCE OCT 21 1917 OTTAWA

STATION C.M.C.H. DATE Oct 12/17

1. (a) Unit 11th Bat. (b) Regimental No. 33646 (c) Rank Cpl.
(d) Surname Lockington (e) Christian name William Edward
2. Age last birthday 41 yrs. Date of birth Dec 25 1875.
3. Enlisted at Toronto on Aug 10 1914

DEPT. MILITIA & DEFENCE OCT 19 1917 H.Q. CANADA

4. Personal description :—
(a) Height 5'. 3½". (b) Weight 135 (stripped) (c) Complexion fair
(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks V-shaped scar palmar surface Rt. thumb
5. Address after discharge (for the use of the Board of Pension Commissioners.)
369½ Clinton Toronto
6. Former trade or occupation Cleaner

| 7. (a) Service | Years | Days | Periods From | Periods To |
|---|---|---|---|---|
| 13th Can. F.A. | | | | |
| 10th Batt | | | Aug 10. 14 | Sept 16. 14 |
| 11th Batt | | | Sept 16. 14 | Feb 6 1915 |
| | | | Feb 6. '15 | Nov 29. '16 |

(b) Has he been Overseas? yes

8. Present disease or disability (use authorized nomenclature if possible). (1) Flat Feet- (2) Neuritis (3) Indigestion
(a) Date of origin (1) Feb 1st- 1915 (2) Feb. 1917 (3) Feb 1914 (b) Place of origin (1) (2) (3) N2 England Salisbury Plain
(c) Cause* (1) Marching + standing (2) Cold + exposure (3) Camp conditions

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
marked flat feet. thickening of fonds. Achilles
has pain on ball of foot + ankles and calves of legs.
Varicose veins which are satisfactory
Anaesthesia area size of hand on external
surface of Rt thigh + mid third. Complains
of sharp pain over external surface of
leg on level with knee + soreness of skin over
Anaesthetic area. Indigestion - bad. has
pain + fullness after eating. Appetite fair.
Bowels sluggish. Eyesight always poor at times worse
than others.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.
150M.-6-17.
1772-39-117.

13-4
DMS Secd 13-11-17
1433

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Health good till he joined the army. Heart + lungs normal. Varicocele + epididymitis. Urine normal. Body fairly nourished. Sleeps an average of 4 hours. My boldy

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) 1/10 (2) 1/10. (3) nil. ~~total 1/5~~

12. Did the disability arise on or off duty? on duty

13. Was a Court of Inquiry held? not applicable

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No. 1283 not applicable

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? no

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (a) permanent. (b) one year. (c) one year

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

massage. electricity. application of plaster to feet.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

no

19. Can the former trade or occupation be resumed? Could resume it with ½ disability.

20. Recommendations

Massage

A T Bould

*Medical Officer by whom the case is brought forward.*

---

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Pte. W. E. Tockington have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of nothing else

William Edward Tockington

*Signature of soldier examined.*

# OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

| | | | |
|---|---|---|---|
| (a) General service, | (Category A) | (Yes or No). | no. |
| (b) Service abroad, not general service, | ( " B) | (Yes or No). | no. |
| (c) Home service, (Canada only), | ( " C) | (Yes or No). | no. |
| (d) Temporarily unfit, | ( " D) | (Yes or No). | no. |
| (e) Unfit for service in Categories A, B and C, | ( " E) | (Yes or No). | yes. |

23. It is certified that the soldier

~~(a) Does require treatment.~~
(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).

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

We recommend

That he be discharged on account of physical unfitness

E. J. Currie Maj. — President.
J. Hughes Capt. — Members.
J. D. London, Lt. — Members.

Central Military Convalescent Hospital

STATION Toronto

DATE OCT 12 1917

APPROVED BY

DATE 29/10/17

APPROVED NOV 9 1917 for D.G.M.S.

Edw. Ryan Capt.
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

303-19-9-17



OCT 1 9 1917

## 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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

## INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Central Military Convalescent Hospital, Toronto.

on the 15th/4th February 1916

by order of A.D.M.S. div.2

DEPT. MILITIA & DEFENCE MAR 1 1916 H.Q. CANADA 60-2-137

for the purpose of Examining and reporting on

# 33646. Cpl. W.E. Lockington. 10th Batt.

PRESIDENT.

L.B. Rogers Capt A.M.C.

MEMBERS.

Clarence L. Starr Lieut A.M.C.

Chas B. Shuttleworth Lieut A.M.C.

The Medical Board having assembled pursuant to order, proceed to to examine # 33646. Cpl. W.E. Lockington. 10th Batt. and find:-

1. Present condition

Feel moderately well - Have been exercising to improve condition - Has much improved - Feet still tender -

M. F. B. 303.

75 m.—9-15.

H. Q. 1772—39—133.

10

carded 21-11-16 L.M.

2. Extent to which his capacity for earning a full livelihood in the general labour market at present is lessened

At present time would be about ¼ incapacitated

3. Probable minimum duration of the disability

One month.

4. Whether treatment in a Convalescent Home would materially assist in his recovery

Massage & exercise will improve condition.
Feet foot plates to be provided -
(B 0.500 Philip Kinsman)

Clarence L. Starr
Lt. A.M.S.

Chas B. Shuttleworth
Lieut A.M.S

S.D. Rogers Capt A.M.S

Approved
Hutchison Lieut Col
A.D.M.S.
Mar 12-1916

APPROVED
MAR 21
for D.G.M.S.

Army Form B. 179.

# Medical Report on an Invalid.

DEPT. MILITIA & DEFENCE
MAR 31 1915
H.Q. CANADA

Station Netherdown

Date 2/18/15

1. Unit 10 Bn.
2. Regimental No. 33646
3. Rank Corporal
4. Name Lockington WE
5. Age last birthday 39
6. Enlisted { on Aug. 19/14 / at Valcartier
7. Former Trade or Occupation { Sailor

8. **Disability.**

Varicose Veins
& Dilated Sept

## Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability. Oct. 9. 14

10. Place of origin of disability. Pond Farm, Wilts

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

No trouble with feet until after an 18 mile march on Oct. 9/14 after which he began to suffer from pain on inner side of both feet & along pronrii

12. (*a*) Give your opinion as to the causation of the disability.

Strain

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page* 3).

Ordinary military duties

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

Both feet have fallen arches with pronation and Valgus
Pain complained of on marching & referred to Scaphoid & pronii
Tenderness on Scaphoids
Small Varicose Veins
General condition otherwise Good

14. If the disability is an injury, was it caused

(a) ~~In action?~~
(b) ~~On field service?~~
(c) ~~On duty?~~ Inapplicable
(d) ~~Off duty?~~

15. Was a Court of Inquiry held on the injury?

If ~~so—(a) When?~~
~~(b) Where?~~ Inapplicable
~~(c) Opinion?~~

16. Was an operation performed? If so, what? No

17. If not, was an operation advised and declined? not advised

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Inapplicable

19. Do you recommend Return to Canada and

(a) Discharged as permanently unfit,
or
~~(b) Change to England?~~

E. A. Robson Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Netheravon
Date Feb 20/1915

Murray MacLaren N.C.
Officer in charge of Hospital.

*Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

# Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
1 no
2 no
3 no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? yes

23. If not permanent, what is its probable minimum duration?

*To be stated in months.*

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? 3/4

*In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.*

24A. Is the man suffering from a disability which would *obviously*, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act? No

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend Return to Canada and

(*a*) Discharge as permanently unfit, yes

or

(*b*) Change to England?

Signatures:— Fred^{ck} G. Fuller Lt.-Col. President.

Station Netheravon — Capt. R. Lyon — } Members.

Date Feb 26/15 — J. Hill Capt. —

**Approved.**

Station Salisbury — F. L. Vaux Lt Col.

Date 3. 3. 15 — Administrative Medical Officer.

*(On leaving Corps or Station where invalided.)*

Transfer { Date _____ / Station _____ }
*or*
Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge } _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

---

*(At Station or Hospital where finally disposed of.)*

Station and Hospital _____

Arrived from _____ Date _____

| If admitted | If under treatment | | Disease | How finally disposed of | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Date | From | To | | | |
| | | | | | |

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

---

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

(8) (8834) Wt. 10047/1884 200,000 1-15 W B & L

Forms B. 179 35.

Home Address 369½ Clinton St. Toronto

# MEDICAL HISTORY OF AN INVALID.

1. Station. Toronto
2. Regiment or Corps. 11th Bn.
3. Regimental No. and Rank. #33646 Cpl.
4. Name. Lockington W.E.
5. Age last Birthday. 40
6. Enlisted on Aug. 10th 1914
   at Toronto.
7. Former Trade or Occupation. Presser

Date. April 19th, 1916.

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Good

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.

| | Years. | Days. | PERIODS. From. | PERIODS. To. |
|---|---|---|---|---|
| | | | | |

10. (a) Disease or disability. Flat feet and neuritis. Indigestion.
    (b) Date of origin. Feb. 1st, in England.
    (c) Place of origin. England.
    (d) Cause. Marching and standing.

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Has plates for feet. Says there is loss of sensation above right knee on outside of thigh. Wasserman is negative. Urine normal. Says his knees are slightly painful, feet still flat, provided with arch supports. The right thigh is painful at times, especially during wet weather. Has attacks of indigestion at times.

12. (a) Is the disability the result of service or climate? Result of service and climate
    (b) Has it been aggravated by intemperance, vice or misconduct?

M. F. B. 227.
100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

---

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Cold and wet weather during the winter of 1914-1915 at Salisbury, Eng

14. Treatment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Flat feet caused by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions.

One quarter (1/4)
1/8 due to neuritis right leg.
1/8 " " indigestion.
Both conditions due to service.

18. State if for discharge on account of unfitness for Service.

Unfit for service.

J. A. Oille Lieut. A.M.C.

Medical Officer by whom the case is brought forward.

# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion.

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. Yes.

20. Recommendations :

The Board concur with above report.

Signatures :—

H.B.Anderson Lt.Co. A.M.C. President.

J. H. Elliott Lieut A.M.C.

A. C. Ley Capt. A.M.C. } Members.

Station. Toronto

Date. April 20th 1916.

Date. .....

Asst. Director of Medical Services.

Approved.

Date. .....

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

| If admitted. | If under treatment. | | Disease. | How fully disposed of. | Date of Discharge, &c. |
|---|---|---|---|---|---|
| Index No. | From | From | | | |
| Date | | | | | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

**Militia Form B. 227.**

100 m-2-16.
H. G. 1772—39—117.

## DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

Next of Kin - Wife, Louisa A. Lockington, 369-1/2 Clinton St., Toronto.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

# MEDICAL HISTORY OF AN INVALID

STATION C.M.C.H. Toronto DATE Oct. 12/17.

1. (a) Unit 11th. Bn. (b) Regimental No. 33646 (c) Rank Cpl.

(d) Surname LOCKINGTON (e) Christian name William Edward

2. Age last birthday 41 yrs. Date of birth Dec. 25th, 1875

3. Enlisted at Toronto on Aug. 10th, 1914.

4. Personal description :—

(a) Height 5'3-1/4" (b) Weight 135 (stripped) (c) Complexion fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks "V" shaped scar palmar surface right thumb.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

369-1/2 Clinton St., Toronto.

6. Former trade or occupation Presser.

7. (a) Service

| | Years | Days | Periods From | Periods To |
|---|---|---|---|---|
| 13th/Can. F.A. | | | Aug. 10-14 | Sept. 16-14 |
| 10th. Bn. | | | Sept. 16-17 | Feb. 6-15 |
| 11th. Bn. | | | Feb. 6-15 | Nov. 29-16 |

(b) Has he been Overseas ? Yes.

8. Present disease or disability (use authorized nomenclature if possible). (1) Flat feet. (2) Neuritis. (3) Indigestion.

(a) Date of origin 1. Feb. 1-15. 2. Feb. 1915 3. ? 1915. (b) Place of origin England - Salisbury plains.

(c) Cause* (1) Marching & standing. (2) Cold & exposure. (3) Camp conditions

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Marked flat feet, thickening of Tendo Achilles, has pain in ball of foot and arches and calves of legs. wears plates which are satisfactory. Anaesthetic area size of hand on external surface of right thigh, mid third. Complains of sharp pain over external surface of leg on level with knee, and soreness of flesh over the right sciatic nerve. Indigestion-bad has pain, flatulence after eating. Appetite fair. Bowels sluggish, digestion always poor at times worse than others.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Health good till he joined the army. Heart and lungs normal. Wassermann negative, urine normal. Body fairly nourished, sleeps on average of 4 hours nightly.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

R. 1/10. 2. 1/10. 3. Nil.

12. Did the disability arise on or off duty ? On duty.

13. Was a Court of Inquiry held ? Not applicable.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... No (1) & (2) & (3) Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? (a) Permanent. (b) One year. (c) One year.

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

Massage, electricity, application of plates to feet.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

No.

19. Can the former trade or occupation be resumed ? Could be resumed with 1/5 disability.

20. Recommendations

Discharge.

" A.T.BOND"

*Medical Officer by whom the case is brought forward.*

---

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Cpl. W.E.Lockington have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

" William Edward Lockington"

*Signature of soldier examined.*

# OPINION OF THE MEDICAL BOARD

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

We concur.

22. Is the soldier fit for

| | | | |
|---|---|---|---|
| (a) General service, | (Category A) | (Yes or No). | No. |
| (b) Service abroad, not general service, | ( " B) | (Yes or No). | No. |
| (c) Home service, (Canada only), | ( " C) | (Yes or No). | No. |
| (d) Temporarily unfit, | ( " D) | (Yes or No). | No. |
| (e) Unfit for service in Categories A, B and C, | ( " E) | (Yes or No). | Yes. |

23. It is certified that the soldier

(a) Does require treatment.
(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).

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

We recommend that he be discharged on account of physical unfitness.

C. J. CURRIE, Maj. — *President.*

F. N. HUGHES, Capt. } *Members.*

A. D. LOUDON, Lt. }

STATION Central Military Conv. Hospital, Toronto, Ont.

DATE October 12th, 1917.

APPROVED BY

DATE ..... *Assistant Director of Medical Services.*

APPROVED BY

DATE ..... *Director-General of Medical Services.*

## 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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

## INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Exhibition Camp. Toronto

on the 29th Nov. 1915

by order of A.D.M.S. 2nd Div.

for the purpose of Examining and reporting on the physical condition of Pte W.E. Lockington 369½ Clinton St. Toronto

PRESIDENT.

Lieut. Col. Geo Ackerson

MEMBERS.

Capt. R.R.M. Flanahan

Capt. A.A. Rolph

Second Divisional Area
NOV 30 1915
2. D 34-L-5

DEPT MILITIA & DEFENCE
DEC - 3 1915
H.Q. CANADA

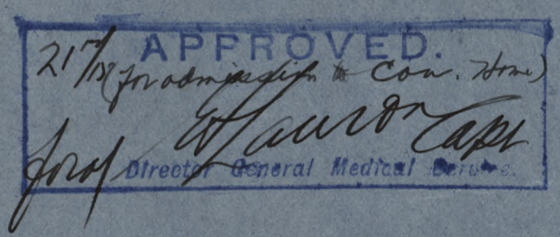
The Board having assembled pursuant to order, proceed to examine Pte W.E. Lockington, and find that he is suffering from broken down arches of both feet; the right arch being specially affected, also pain and numbness of right leg from knee to hip, with occasional shooting pains in nearly all the joints. He suffers also from flatulent dyspepsia. As his present condition is the result of exposure on Salisbury Plains during the months of 1914-15.

M. F. B. 303.

50 m.—6-15.
H. Q. 1772—39—133.

Board recommends that he be sent to a Military Convalescent Hospital for observation and treatment for a period of three months, and that he be given pay and allowances for that time.

3/4/15 Geo. Cheney Lt Col
Approved R.K. McClenahan Capt. A.M.C.
Concurred in
pro tem. A. H. Ralph. Capt.



C

| | |
|---|---|
| Rank and Name | LOCKINGTON William Edward |
| Regimental No. | 33646 |
| Unit | 10th Batt. |
| Date of enlistment | Sept.28,1914. |
| Place of birth | Ontari- |
| Married (Yes or No) | Yes |
| If in Permanent Force | |

Ev. No. ~~3362~~ 1122

Name and Address of Next-of-kin

Lousie Alice Lockington
526 Clinton Street,
Toronto, Ont,

Date and place of discharge Halifax 30-3-15

Reason for discharge Medically Unfit

Character on discharge

Promotions or appointments

NJE R B No. 1
File G.L.
Category M.C.

| Report Date | Report From whom received | 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 |
|---|---|---|---|---|---|
| 12-3-15 | A.D.M.S. | Found Medically Unfit | Northerwon | 20.2.15 | A.F.B. 179. |
| 18-3-15 | O.C. 11th Bn | Discharged in Canada | Halifax | 30.3.15 | A.F.B. 268 |

33646 LOCKINGTON W.E.

| 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 | | | | |