

Water Det. 33646

No. 1111
Folio. NE

ATTESTATION PAPER.

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?..... *Jessie Alice Lockington.*
 - 4. What is the address of your next-of-kin?..... *526 Blinton St. Toronto.*
 - 5. What is the date of your birth?..... *Dec 25 - 1875*
 - 6. What is your Trade or Calling?..... *Tailor*
 - 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).
W.C. Shaddon (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)
W.C. Shaddon (Signature of Witness)
Date *Sept. 28* 1914.

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)
W.C. Shaddon (Signature of Witness)
Date *Sept 28* 1914.

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 *Edmonton* this *28* day of *Sept.* 1914.

J.M. McLaren (Signature of Justice)

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

H.L. Boyle (Approving Officer)

W.C. Shaddon
O.C. 10 Batt.

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.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 4 ins.

Chest measure -
 mont. { 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.....

*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.

Place McGill's Quarters

G. C. Sliddan
 (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. F. Boyle (Signature of Officer)

Date Sept 28 1914.

Lt Col
H. C. 10



LOCKINGTON

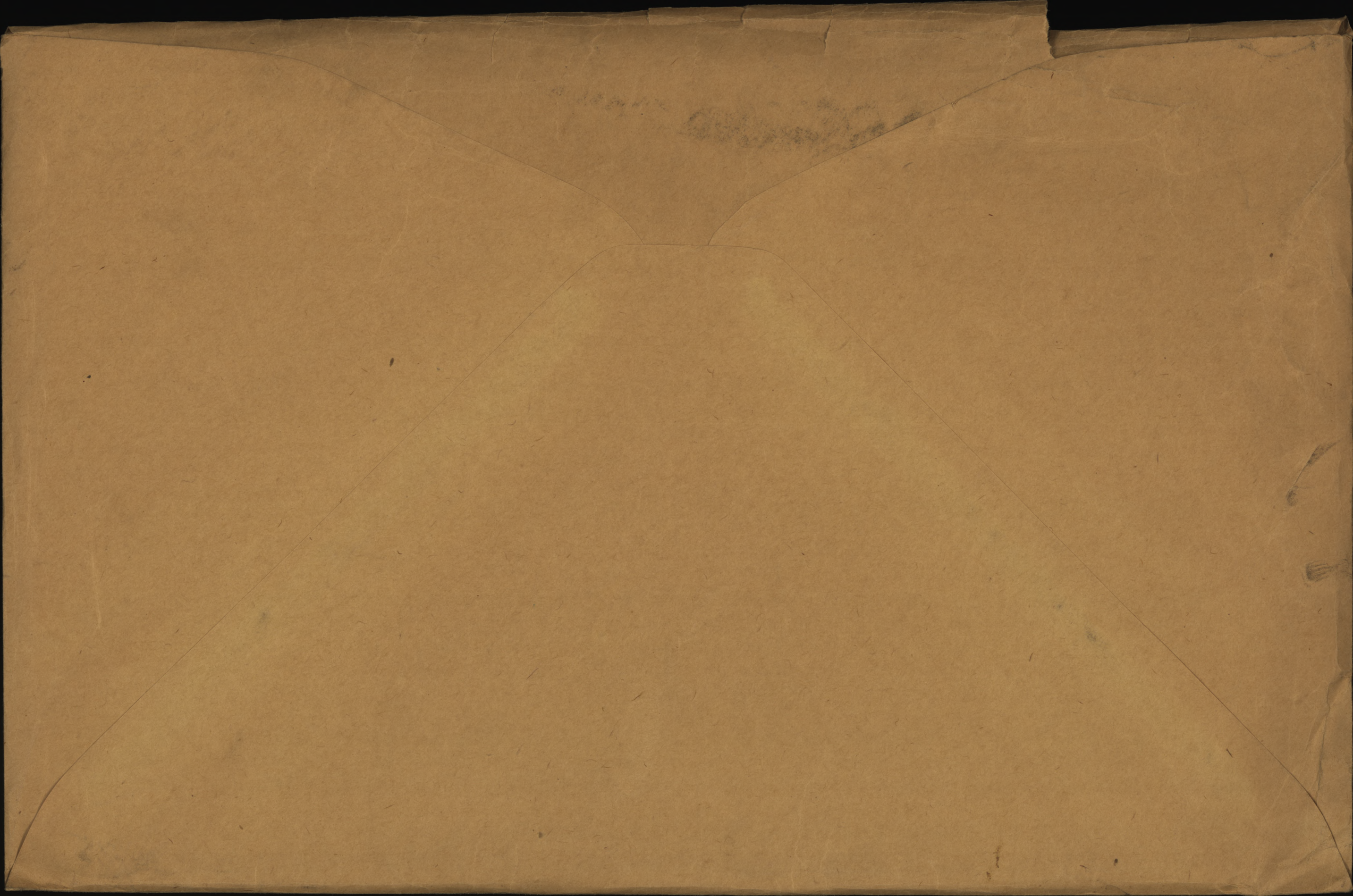
C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

WILLIAM ED.

33646

11TH BATTN. 29598

MED. UNFIT



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

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

Certificate of discharge of No. 33 646 (Rank) Corpl
 (Name) Wm Ed Lockington
 (Regiment) 11th Battalion BCT
 who was enlisted at Toronto
 on the August 1914.

He is discharged in consequence of being
medically unfit - para 392
(XVI) R.R. & D.
 after serving _____ years _____ days with the Colours, and
 _____ years _____ days in the Army Reserve.

(Place) Halifax N.S. Signature of _____ Capt
 Commanding _____
 (Date) 30-3-15 Officer ced. Discharge Report

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

Age	<u>38 yrs</u>	Marks or Scars, whether on face or other parts of body.
Height	<u>5ft 4 ins.</u>	<u>scar on first joint right thumb</u>
Complexion	<u>fair</u>	
Eyes	<u>blue</u>	
Hair	<u>brown</u>	

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

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 Depot 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
Lockington

Christian Name or Names
W.E.

Reg. No.
33646

Rank
Cpl.

Unit
10 Batt.

Co.

Troop

Batty.

Hospital

No 1 Gen.

Date of Admission
25.11.14

Transferred

NO 5 Gen Hospital

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

*To Duty
To Tidworth*

29.12.14

22.2.15

As D. 1 ylb.

378

REMARKS

A.M.D. 2 Dept.

Dep. 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

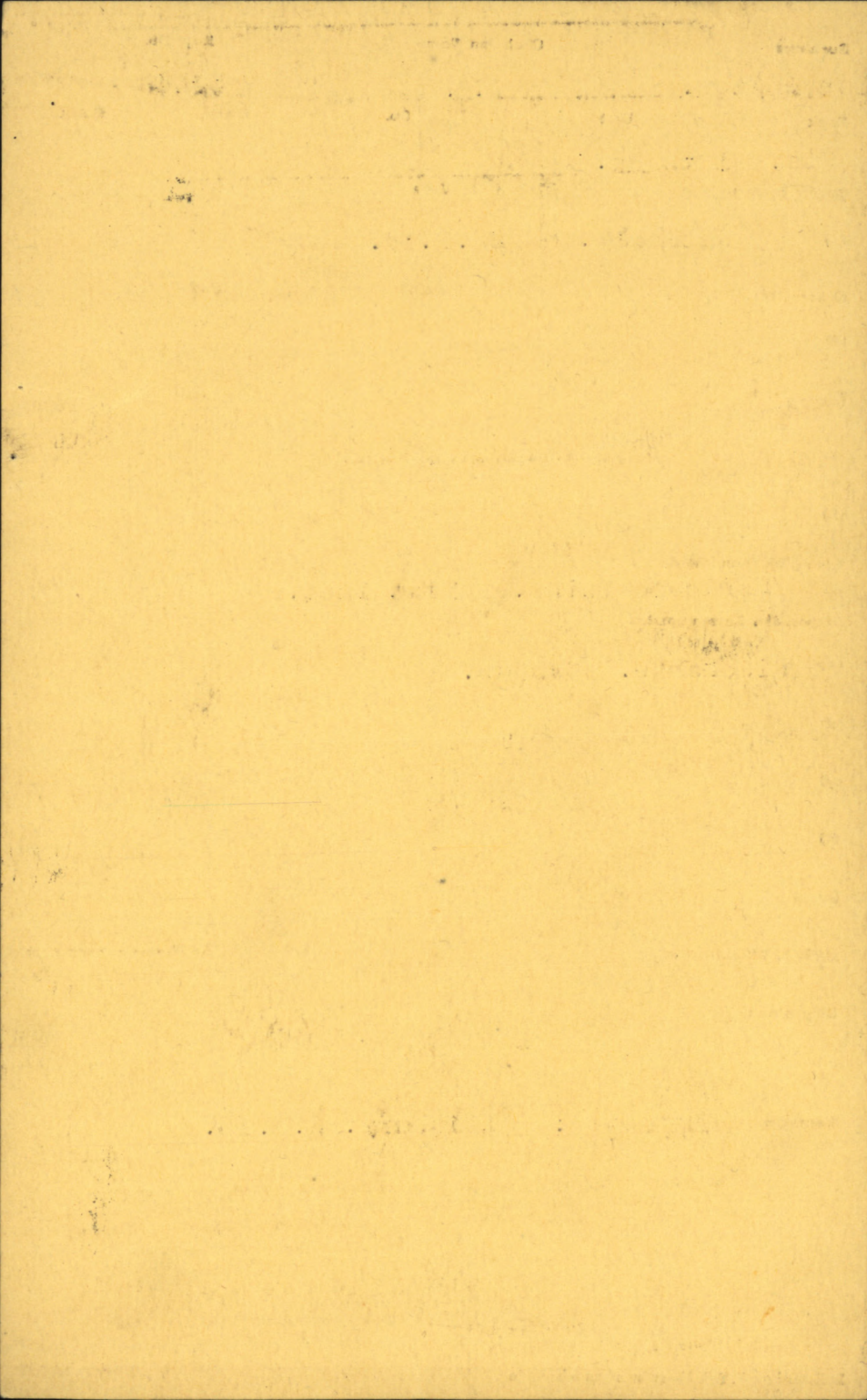
Netheravon

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.			



R.R.
90

~~B~~

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. 36 1/2 Clinton St

Toronto Ont

Roll No. "A" Page 19

9-18257 Resp -

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 Apr 1		Ret'd from England for discharge.	Apr pay list.



SURNAME.

Lockington

60-2 132

CARD NO. ✓

CHRISTIAN NAMES

William, Edward

FOLL

S.S. Div. 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

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

2

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 mar. 18 no a/c.	1915	n.	from 10 th Bw.	



No. 33646 RANK *Cpl.*

NAME *Lockington W. E.*

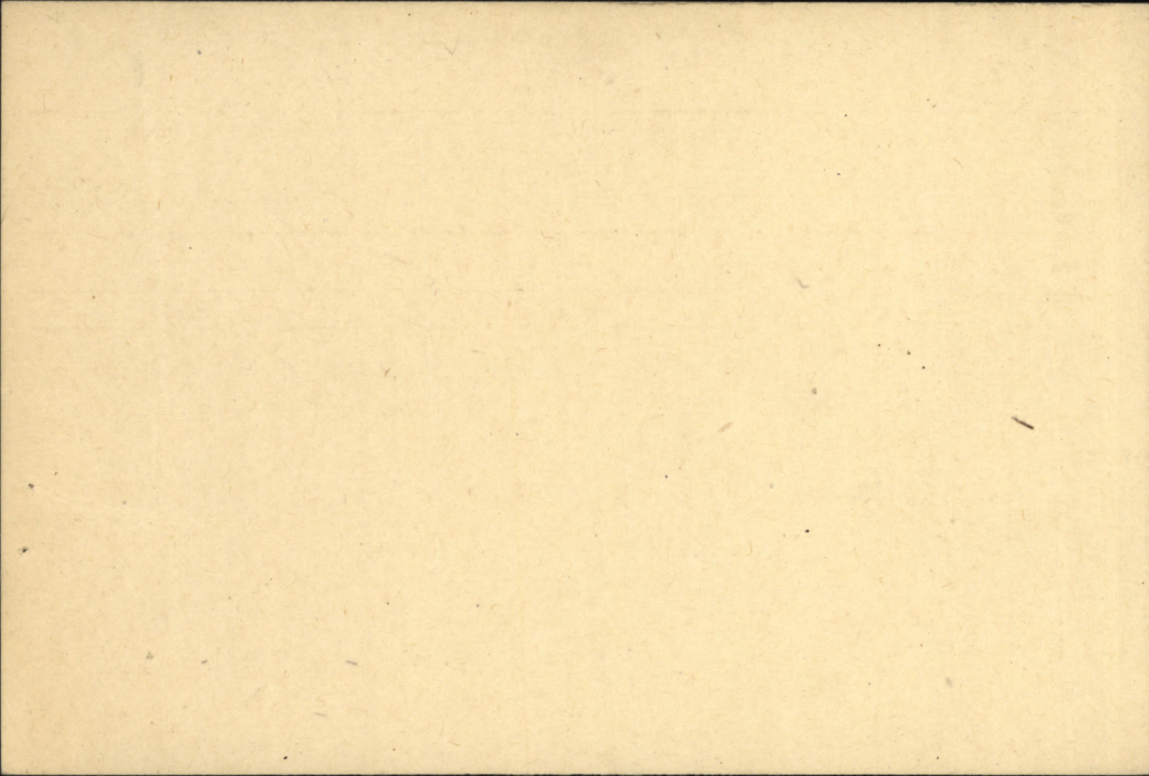
T. O. S.

UNIT *103rd Regt. Calgary Rifles.
(10th Battalion)*

M. D. *Valcartier*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
<i>1914</i>	<i>1914</i>			
<i>Sept. 16.</i>	<i>Sept. 21.</i>	<i>O.S.</i>	<i>Water Detail, Attached.</i>	<i>10th Bn. Sept. payroll.</i>
<i>Sept. 22.</i>	<i>Oct. 31.</i>	<i>O.S.</i>		

UNIT SAILED
OCT 3 1914



HOSPITALS**DATE****DIAGNOSIS**

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 Valcartier Que
 Birthplace { City or Town Port Hope
 County Ontario Canada

Approved by BC Hudson
 Rank Capt M.O.

Apparent age 38
 Trade or occupation Taylor
 Height 5 Feet 4 Inches.
 Weight 132 Lbs.
 Chest measurement { Minimum 37 inches.
 Maximum expansion 39 inches.
 Physical development Good
 Small-Pox Marks -

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

Vaccination Marks { Arm Right Left
 Number 1 2
 When Vaccinated last Oct. 5/14

Date	Result	VACCINATIONS.
<u>Oct 5/14</u>	<u>++</u>	M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1914 Aug 9</u>	<u>+</u>	<u>Wallace Scott</u> M.O.
<u>" 29</u>	<u>+</u>	" " M.O.
		M.O.

Enlisted on 10 day of August 1914 at Toronto Ont Can

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>13th Field Ambulance</u>		<u>Moderate</u>	<u>Aug 10/14</u>
Transferred to.. ..	<u>10th Battalion</u>	<u>33646</u>	<u>-</u>	<u>Sept 23/14</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Netheravon</u>	<u>20/2/15</u>	<u>Varicose Veins + Flat Feet</u>	<u>Recommend his return to Canada & then discharged as medically unfit</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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe: if completely recovered from; whether any particular treatment was adopted. In 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				
Dutton No 1 Gun Shop	Dec 1914	10	XII	14	29	XII	14	typhoid flat feet	20	Recovered Pain in foot complained of since Oct. 19/14. Is unable to march	Scoutmaster Capt Came G. H. Robson
Salisbury	3.3.15.									Proceedings of Medical Board approved this date.	LT. COL. ADMS CANADIAN TRAINING DEPOT. Lt Jeffrey Lunt came for

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
378	33646	CPL	Lockington	W.E.
Year	Unit.	Age.	Service.	
1914	10 th Bn.	31	3/12	
Station and Date.	Disease			
	Myalgia			
	P. I - Vague pains in legs & arms beginning about hour 15.			
	Appetite poor.			
	Ext. leg -			
	Dec. 23 Haemorrhoids about 3 mths			
	came on again yesterday.			
	No bleeding today.			
	24 - well.			

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

Form 100

MEDICAL CASE SHEET

Station and Date

Case No.

Regimental No.

Rank

Company

Branch

History

Present Illness

Physical

Examination

Diagnosis

Prognosis

Copyright 1917 by the Surgeon General, War Department, Washington, D.C. This form is used by the Medical Department of the Army.

Le H. U. C. Lockington - 33646 Mar 7/16

• - (Flat Feet) and Nervousness.
does not sleep well, wakes often.
dizzy after meals.

Pain and dead feeling up outer part of right thigh.

Exam - Organs normal.

no sensory or motor change in rt.
thigh or leg. Jo.
Eaton's Syrup.

Mar 8. Wasserman to be taken.
Condition unchanged. Jo.
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 Jo.
Has slight pain in rt. iliac region for 7 or 8 days.
Has dizziness & nausea after meals. Jo.
Wasserman negative.

Apr 12 - Complaints 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 14 - Pains are better. There is an area on outside
of 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.

(Apr 19) Still has pain in left side. One or
two spots resemble a herpes. (Shingles?)

Casualty Form—Active Service.

Regiment or Corps

11th Battalion C. 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.

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 E. 213, Army Form A. 36, or other official documents.
Date	From whom received				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Lockington, William Edward**
Surname Christian Name

11219-W-1

Regimental Number **33646** Rank **Cpl.**

Address (in full) **369½ Clinton St.**

Unit **11th Bn.**

Toronto, Ont.

Original Unit **10th Bn.**

District where paid **M.D.2**

Date of Discharge **5-6-16**

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

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

Remarks:

M. F. W. 127.
FORM - 6 17.
1772 33-1140.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

445

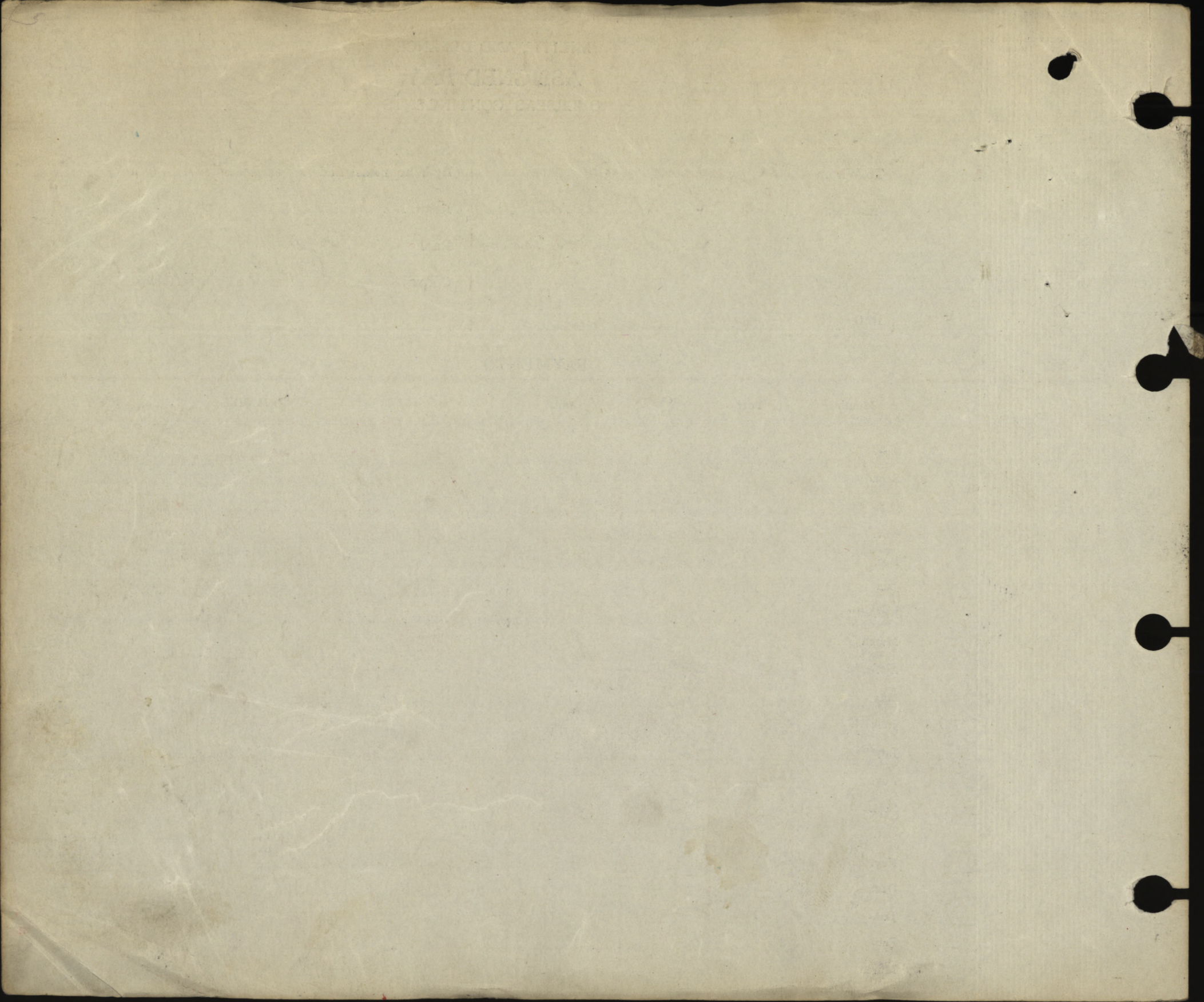
To Whom *Mrs Luisa Alice Lockington* By Whom Assigned *Lockington W.E.*
 Address *369 1/2 St. Quentin St Toronto Ont.* Regtl. No. *33646*
 Rank *Capt.*
 Corps *10th Prov Batta*
 Rate *\$20.00 per m* Staff

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		<i>8288</i>	<i>20</i>	
Nov.		<i>H1444</i>	<i>20</i>	
Dec.		<i>C2369</i>	<i>20 -</i>	
Jan.	1915	<i>B3871</i>	<i>20</i>	
Feb.		<i>A5313</i>	<i>20</i>	
March		<i>9279</i>	<i>20</i>	
Apl.		<i>H7090</i>	<i>20</i>	<i>Cancelled</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 2 CASUALTIES.

120.00 KX W/ 13/4/17
Discharged - flat footed - 60-L-137
Pension granted from June 6/16 A.K



21/12

279

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

acct closed

Name Lockington, L. A. Mrs

Name of Soldier Lockington W. E.

Address ~~526 Clinton St.~~

Regtl. No. 33646

369 1/2 Clinton St Toronto.
Toronto. Ontario.

Rank Corp.

Corps 10th Bn 7 a. a. m. c.

Relation to Soldier } wife.
wife, child or mother }

To what Corps belonging } 13. C. A.

when called out

PAYMENTS

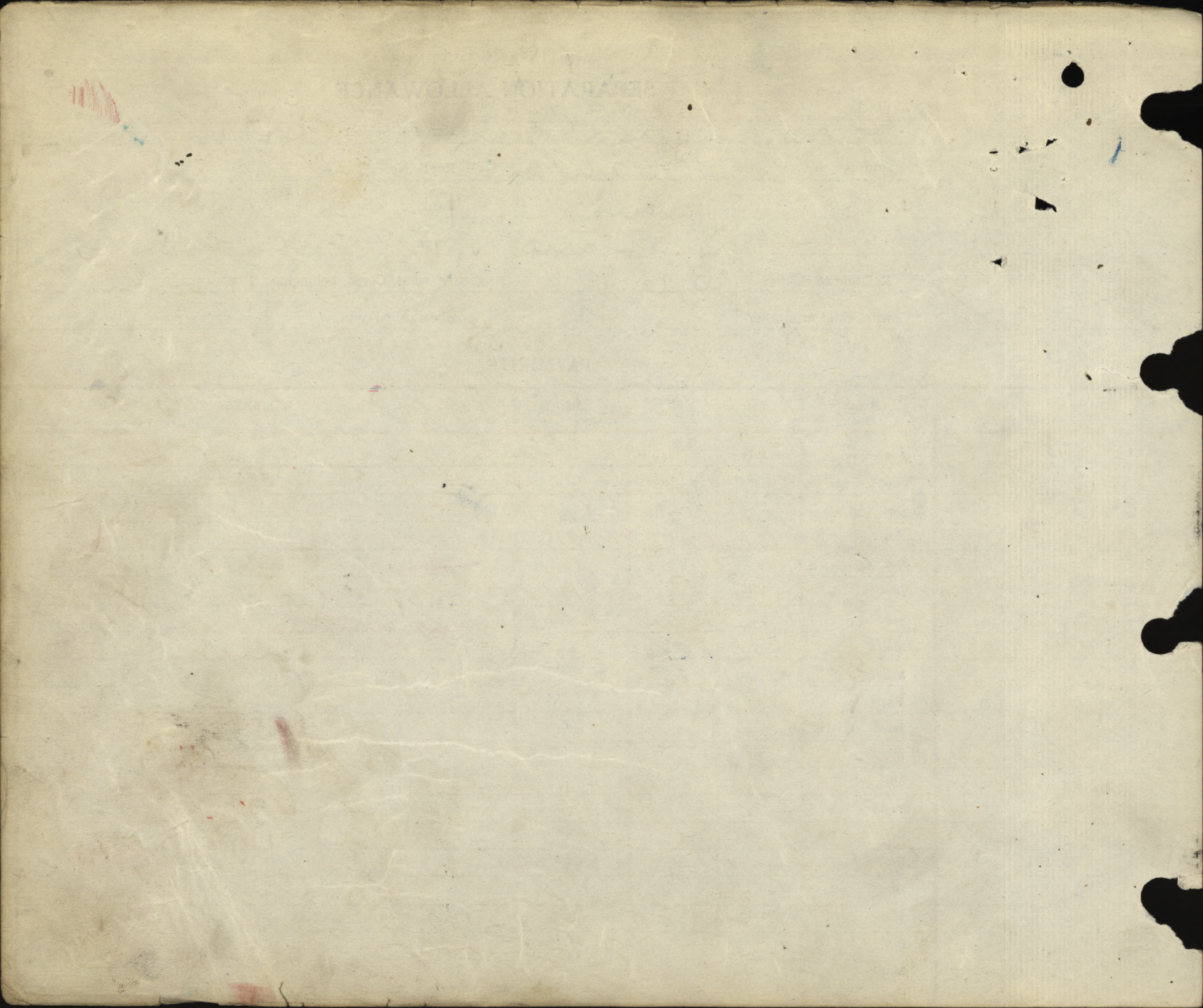
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		A 525	20 -	
Oct.		C. 2100	20 -	
Nov.		C 2773	20	
Dec. Aug		C-4222	30 -	
Jan.	1915	B 5960	20 -	
Feb.		B. 7114	20 -	Pension granted 6/6/16 Acct. closed
March		B. 8329	20 -	
Apl.		B 9516	20 -	Cancelled 23. 4. 15
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED

Discharged PER 16-1-25

DATE.....

W



SEPARATION ALLOWANCE

Name *Lockington L. A. Mrs*
Address *369 1/2 Clinton St.
Toronto
Ont*

Name of Soldier *Lockington W. E*
Regtl. No. *33646.*
Rank *Corp.*
Corps *10th Bn*
To what Corps belonging }
when called out } *13 e a*

Relation to Soldier }
wife, child or mother } *wife*

Acct Closed.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<u><i>Duplicate see Cas Ledger</i></u>
Sept.		<i>A 525</i>	<i>20</i>	
Oct.		<i>C 2100</i>	<i>20</i>	
Nov.		<i>C 2773</i>	<i>20</i>	
Dec.	<i>August.</i>	<i>C 4222</i>	<i>30</i>	
Jan.	1915	<i>B 5960</i>	<i>20</i>	
Feb.		<i>B 7114</i>	<i>20</i>	
March		<i>B 8329</i>	<i>20</i>	
Apl.	✓			
May	✓			
June	✓			
July	✓			
Aug.	✓			
Sept.	✓			
Oct.	✓	<i>B 16102</i>	<i>140</i>	
Nov.		<i>No MORE Cheques after Oct 31st 1915</i>		
Dec.			<i>29000</i>	
Jan.	1916			
Feb.				
March				<u><i>over</i></u>

ACCOUNT CLOSED
DATE.....PER.....
W

280

STATE OF TEXAS

County of ...
I, the undersigned, Clerk of the County of ...
do hereby certify that ...
is the true and correct copy of the ...
as the same appears from the records of the ...

ATTEST

CLERK

BY

[Signature]

NOTARY

Public

1911
1912
1913
1914
1915
1916
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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

M^{rs} L.A. Lockington

Name of Soldier

Lockington W.E

PAYMENTS.

wife
33646

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		<i>290</i>	
May				
June				<i>143. Seven months + 5 days back</i>
July				<i>s/a opened on Authority of</i>
Aug.				<i>Capt. Conger File H. Q 593-1-12</i>
Sept.		<i>J. 16161</i>	<i>143 -</i>	<i>mailed 19-9-16</i>
Oct.				
Nov.			<i>433</i>	<i>Overpaid #143⁰⁰ Refund Requested</i>
Dec.				<i>Hq File 60-L-137. Capt Amundson 24/10/16</i>
Jan.	1917			<i>27/01/16</i>
Feb.				
March				
April				ACCOUNT CLOSED
May				DATE.....PER.....
June				<i>32⁰⁰ of above overpayment is being</i>
July				<i>received through Pension Branch</i>
Aug.				<i>by stoppage of Pension to 5th June/17 when</i>
Sept.				<i>Pension Sifters Hq File 60-L-137</i>
Oct.				<i>27-1-17</i>
Nov.				<i>31-1-17</i>
Dec.				<i>adjustment of overpayment made</i>
Jan.	1918			<i>by Casualties Branch.</i>
Feb.				<i>Hq file 60-L-137. folio 129 30/12/16</i>
March				<i>5/2/17</i>
April				<i>Pension will not be in the</i>
May				<i>above amt see correspondence in letter</i>
June				<i>13 July 1917 also July 25th</i>
July				<i>WVW</i>

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
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Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

NAME LOCKINGTON, William Edward



Regimental No. 33646 Name and address of next-of-kin
 Unit 10th Battalion Lousie Alice Lockington, Mrs W.E. Lockington
 Date of enlistment Sept. 28th, 1914. 526, Clinton Street, Toronto, Ont.
 Place of birth Port Hope, Ont.
 Married (yes or no) Yes Date and place discharged Return Canada 18/3/16
 Amount of pay assigned monthly \$ 2.00 Reason for discharge Authority H. Q. 60-L-137.
 To whom payable Louise Alice Lockington Character on discharge
526 Clinton St Toronto Ont.

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					
1914																
Sept 22	Oct 31	40	1.10	44	40	1.10	44		48			20	20		40	
Nov 1	Nov 30	30	1.10	33	30	1.10	33	8	44			20	20		40	
1/1/15	3/1/15	31	1.10	34	31	1.10	34	4	41			20	20		40	
1/1/15	1/16/15	16	1.10	17	16	1.10	16	1	20				20		20	Taken off strength
1. 2. 15	2. 28	28	"	30	28	"	28	4	34				20		20	Taken on strength
1. 3. 15	1. 19/15	15	"	19	15	"	15	14	35			15	20		35	SPY rendered eff 1/14/15
Jan 17	Jan 31	15	1.10	16	15	1.10	15	2	18				20		35	1/16 March 15
								2	18				20		35	Discharged in Canada
									19				20		35	35 to be debited error in Balance 14-25-15
									19				20		35	instead of 14-25-15
									19				20		35	Jan 17-31-15 dep pay omitted.
									19				20		35	Return Canada Authority Ottawa H. Q. 60-L-137.
									19				20		35	Amended R.P.C. issued 9-12-15.
									19				20		35	2 nd Cr. Adjustment of Exchange.
									19				20		35	Trans & Acct of mfg fund
									19				20		35	Liability Can Dials

Balance Nil.

Name Lockington. Corpl. W.E.

M. F. W. 41.
10m.-11-15.
1772-39-889.

53

Regimental No. 33646.

Name and address of next-of-kin 269 1/2 Clinton St.

Unit 10th

Toronto, Ont.

Date of enlistment

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

Place of

Married (yes or no) Yes.

Date and place discharged

Amount of pay assigned monthly \$ 20.00 March 15.

Reason for discharge

To whom payable \$20.00 Oct. 15. 369 1/2 Clinton St.

Character on discharge

"Scandinavian" 27/3/15. Toronto. Class. II.

60-L-137.

Form 56 87694. M. & D. 6128.

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					
19/3/15.	9/6/15	83	1.10	91.30	83	10	8.30	Subs 2.50	102.10	584	10/2/15	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	Pm. 2nd Div.
"	"	122	1.00	12.20	122	10	12.20	Subs } OK								
10/10/15.	3/12/15.	83	1.10	91.30	83	10	8.30	Subs 62.25	186.25	1755	11/16	92.25	✓	* 94.00	186.25	* Spa. overpaid.
	10/3/15.								* 19.75	1755	25/16	19.75	✓		19.75	* L.P.C.
									521.60						521.60	

4/6/16 5/6/16 36 110 3960 36 10 360
 Subs 2160 }
 2335 } 9615
 Class III
 Pensioned
 P.C. 55304085
 9615 2nd Div. from 11/16
 Pd by med E, L.P.C. 15/16
 *C/P + Spa.

Spa adj. 2/16
 See Spa. charged back in
 arrow.
 P.P.P.
 2 877
 20/16

94.00

Handwritten signature or initials.

space to be left blank for the Chelsea Number.

Proceedings on Discharge.

12/21/25

31-5-2

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

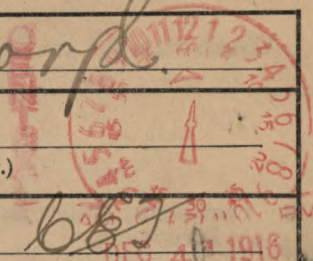
No. 23646 Army Rank Corpl

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

Corps 11th Battalion (formerly 13th Amb) B.S.
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 /11

Place of discharge Halifax N.S. Toronto



REC'D - 10-10-11

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) KRAB

(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.)

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.

[Signature]
Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

KEP 6-2-20

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

Carded 24-2-16
F.L.

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).

None

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

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) Lidworth
(Date) March 1/12

W. O. Day
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) Edinburgh Toronto
(Date) 18-3-15 May 6th 116

(date) _____
Signature C. J. Dunsen Major
D.A. & Q.M.G.

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.

CANADIAN TRAINING DEPOTS,

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.)

232:4-12-16.
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 depot 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. 2070 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 - 369 1/2 Clinton St, Toronto.
 Next of Kin - Wife, same address.

NO. 2
 MILITARY DISTRICT
 MAY 1 1916
 34 L-5

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
 (b) Habits. good
 (c) Temperance. good

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

Date April 19/16

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. 1915 in England
cause - Marching & standing.
Present condition - Hoar plates for feet.
Seems there is loss of sensation above st. knee on outside of thigh.

Has it been aggravated by intemperance, vice or misconduct?
Woman is negative. Urine normal.
Says his knees are slightly painful.
Feet still flat, provided with arch supports. The st. thigh is painful at times especially during wet weather. Has attacks of indigestion at times

MEDICAL HISTORY OF AN INVALID.

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. One quarter.
1/8 due to neuritis of leg
1/8 " " indigestion
Both conditions due to service

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

No 172 General Hosp — liniments applied
at Cent Mil. Com. Hosp. Since Dec 9th 1915
during which time he has been fitted with arch
supports and had massage & zander 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. O'Neil M.D.

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 :—

M. Anderson M.C. Amc President.

Station

Toronto

J. Steen

Genl Amc.

Members.

Date

April 20/16

A. B. Key Capt Amc

Date

5-3-16

A. Warren Maj
Assistant Director of Medical Services.

Approved.

Date

19/6/16

W. C. Hamer Capt
Director of Medical Services.

[OVER]

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
20th. - 10-15.
H. Q. 1772-89-117.

Date	Disability	Name	Regimental No.	Rank	Corps	Station	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.

Nest of Mrs - wife Louise A. Lockington
 36 9/2 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. MILITARY & DEFENCE

OCT 31 1917

STATION C.M.C.N. DATE OCT 12 1917

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

MILITARY & DEFENCE

OCT 19 1917

H.C. CANADA

4. Personal description:—
 (a) Height 5' 3 1/2" (b) Weight 135 (c) Complexion fair
 (d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks V -

shaped scar palmar surface R. hand

5. Address after discharge (for the use of the Board of Pension Commissioners.)
36 9/2 Clinton Toronto

6. Former trade or occupation Presser

7. (a) Service	PERIODS	
	From	To
<u>13 4 Cav. F.A.</u>		
<u>10 4 Bat</u>	<u>Aug 10. 14</u>	<u>Sept 16. 14</u>
<u>11 4 Bat</u>	<u>Sept 16. 14</u>	<u>Feb 6 1915</u>
	<u>Feb 6. '15</u>	<u>Nov 29. '16</u>

(b) Has he been Overseas? yes
 8. Present disease or disability (use authorized nomenclature if possible) (1) Flat Feet

(a) Date of origin (1) Feb 1st 1915 (2) Feb 1914 (b) Place of origin (3) Indigestion
(1) Tor. (2) Tor. (3) E. of land. Scarborough
 (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 tend. Achilles.
has pain in ball of foot, ankles and calves of legs.
ankles flaccid, which are satisfactory.
muscles are size of hand on external
surface of Rt thigh. mid third. complains
of sharp pain over external surface of
leg. on level with knee. increase of flesh over
the sciatic nerve. Indigestion - bad. has
poor & fluctuating appetite. fair.
Bowel sluggish. Eyes in always poor at his work

[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.]

15 4
 13-117
 14 33

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 Wassermann negative
knee normal Body fairly nourished
sleeps on average 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.

(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
plasters 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 1/5 disability.

20. Recommendations

Discharge

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, 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 Lodgeington
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 Major President.
W. Hughes Capt } Members.
J. D. London, Lt }

Central Military Convalescent Hospital

STATION *Toronto*

DATE *OCT 12 1917*

APPROVED BY

DATE *29/10/17*

APPROVED BY

DATE

APPROVED
 NOV 9 1917
Howland Collyer
 a D.G.M.S.

Arthur Myan Capt
 Assistant Director of Medical Services.

Director-General of Medical Services.

154

308-19-9-17

329 N
10.11.17

NOT RECORDED

OCT 19 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 February 1916

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

for the purpose of Examining and reporting on

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

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

PRESIDENT.

J. D. Rogers
Captain

MEMBERS.

Lawrence L. Storr
Lieutenant

Chas B. Smith
Lieutenant

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

1. Present condition

Feet - moderately flat - Has been exercising to improve condition - not much improved - Feet still flattened -

70
carded
21.11.16
2.2.16

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 1/4 incapacitated

3. Probable minimum duration of the disability

One month

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

Massage + exercises will improve condition. His foot plates to be provided - (3.50) (Philip Kinsman)

Carrie L. Stan
L. Ave.

Charles Whitworth
L. Ave.

J. J. Rogers
Capo Ave

Approved
Arthur Low
J. Col
W. Jones
Mar 12, 1946

APPROVED
MAR 21 1946
W. C. [unclear]
W. J. G. M. S.

Medical Report on an Invalid.

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

Station Netherwood

Date 2/18/15

1. Unit 10th Bu.
2. Regimental No. 33646
3. Rank Corporal
4. Name Lockington W E

5. Age last birthday 39
6. Enlisted { on Aug. 12/14
 { at Valcartier
7. Former Trade { Sailor
 or Occupation {

8. Disability.

Varicose veins
& Dilated feet

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, W. Ont.

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 pronic

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 Service

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 & valgus
Pain complained of on marching referred to Scaphoid & Proximal
Tenderness on Scaphoid
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?
- (d) Off duty?

Inapplicable

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

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

Inapplicable

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

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

Return to Canada and

C. H. Robson Capt.

Officer in medical charge of case.

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

Station

Ystravon

Murray MacLellan M.C.

Officer in charge of Hospital.

Date

Feb 20 1918

* 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 $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, 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 de-
 clined, was the refusal unreasonable? not applicable

26. Do the Board recommend Toronto Canada and
 (a) Discharge as permanently unfit,
 or yes
 (b) Change to England?

Signatures:—

Fred C. Fuley President.

Station *Zeffraron* *E. J. ...* } Members.
 Date *Feb 29 15* *J. ...* }

Approved.

Station *Salisbury* *F. L. ...* L. Col.
 Date *3. 3. 15* Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer	{	Date _____	Name	{	Conveyance _____
		Station _____			Vessel _____
or			of		
Embark- ation	{	Date _____	}	Officer in	} _____
		Port _____			

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.
	From	To			
Date					

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.

(s) (88534) Wt. 10047/1884 200,000 1-15 W B & L

Home Address 369 1/2 Clinton St.
 MEDICAL HISTORY OF AN INVALID. Toronto

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.	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**
 B.

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?

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. Col. A.M.C. President.

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

Station. Toronto

Date. April 20th 1916.

A. G. Ley Capt. A.M.C.

Members.

Date.

Ass't. 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.

Date							
Disability							
Name			Regimental No.	Rank			
Corps							
Station							
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.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-30-117.

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 (c) Complexion fair
(stripped)

(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	PERIODS	
	Years	Days
	From	To
<u>13th. ^{Can.} F.A.</u>	<u>Aug. 10-14</u>	<u>Sept. 16-14</u>
<u>10th. Bn.</u>	<u>Sept. 16-17</u>	<u>Feb. 6-15</u>
<u>11th. Bn.</u>	<u>Feb. 6-15</u>	<u>Nov. 29-16</u>

(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.

1. 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 1.)

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.

<u>C. J. CURRIE, Maj.</u>	<i>President.</i>
<u>F. N. HUGHES, Capt.</u>	} <i>Members.</i>
<u>A. D. LOUDON, Lt.</u>	

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 Mr W. E. Lockington
369 1/2 Clinton St. Toronto

PRESIDENT.

Lieut. Col. Geo. C. C. C. C.

MEMBERS.

Capt. R. M. C. C. C.
Capt. A. B. C. C.

Second
Divisional Area
NOV 30 1915
2. D. 34 - L - 5
DEPT
MILITIA & DEFENCE
DEC - 3 1915
I.C. CANADA

The Board having assembled pursuant to order, proceed to examine Mr 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 Plain during the winter of 1914-15, the

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.

3/1/15
Approved
C. C. ...
Geo. C. ... Lt Col
R. M. ... Capt. U.S.A.
A. H. ... Capt.

21/1/15
APPROVED.
for admission to Conv. Hosp.
J. H. ... Capt
Director General Medical Service.

Rank and Name LOCKINGTON William Edward

EV. NO. ~~3362~~ 1122

Regimental No. 33646

Name and Address of Next-of-kin

Unit 10th Batt.

Lousie Alice Lockington

Date of enlistment Sept. 28, 1914.

526 Clinton Street,

Place of birth Ontari-

Married (Yes or No) Yes

Date and place of discharge Halifax 30-3-15

If in Permanent Force

Reason for discharge *Medical Unfit*

Character on discharge

Promotions or appointments

NJE R 3 N 1
File R L
Category *M.C.*
REMARKS
Taken from Official Documents

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				
12-3-15	ARMS, Found	Medical Unfit	Northampton	20-2-15	A.F. B. 179.
18-3-15	oc. 11 th Co	Discharged in Canada	Halifax	30-3-15	A.F. B. 268

33646

LOCKINGTON W.E.

Rank and Name

Examination No.

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

