

139
Card
S.R.

DUPLICATE

ATTESTATION PAPER.

No. 874698

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Arthur Frederick*
2. In what Town, Township or Parish, and in what Country were you born? *Ottawa Canada*
3. What is the name of your next-of-kin? *Wilhelme. Frederick (mother)*
4. What is the address of your next-of-kin? *Cyrville Ont. Canada*
5. What is the date of your birth? *18 July, 1895* : *20 yrs.*
6. What is your Trade or Calling? *Labourer*
7. Are you married? *no*
8. Are you willing to be vaccinated or re-vaccinated? *A J. yes.*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *no*
11. Do you understand the nature and terms of your engagement? *yes.*
12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes.*

AND INOCULATION

Arthur Frederick (Signature of Man.)
Mahoney M. (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur Frederick*, 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.

Date *28th January* 1916 *Arthur Frederick* (Signature of Recruit)
Mahoney M. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *28th January* 1916 *Arthur Frederick* (Signature of Recruit)
Mahoney M. (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 *Ottawa* this *28th* day of *January* 1916.

W. Birch (Signature of Justice)

JUSTICE OF THE PEACE
 FOR CARLETON COUNTY

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

W. Birch (Approving Officer)
O.C. 139th Bde 689

Description of Arthur Frederick on Enlistment:

Apparent Age 20 years 6 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. 6 ins.

Chest measurement: (Girth when fully expanded) 34 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Med

Eyes Blue

Hair Brown

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

1. What is your name?
2. In what Town, Township or Parish, and in what County were you born?
3. What is the name of your kin?
4. What is the address of your next-of-kin?
5. What is the date of your birth?
6. What is your Trade or Calling?
7. Are you married?
8. Are you willing to be vaccinated or re-vaccinated?
9. Do you now belong to the Active Militia?
10. Have you ever served in any Military Force?
If so state particulars of former service.
11. Do you understand the nature and terms of your engagement?
12. Are you willing to be attested to serve in the CASADIAN OVER-SEAS EXPEDITIONARY FORCES?

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 28 January 1916

Place Ottawa

[Signature]
 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.

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

[Signature] (Signature of Officer)
O.G. 139th OVERSEAS BATTALION, C.E.F.

Date Janry 28th 1916

June

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. 4th 192
Army Book 84
3
TR 11067-1
92512373
9251012
x Rep - 2

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

19272

Name *Arthur*
~~FREDERICK ANTHONY~~

Regt. No *814698* Rank *Pvt*

Corps *19th BN*

Physically unfit

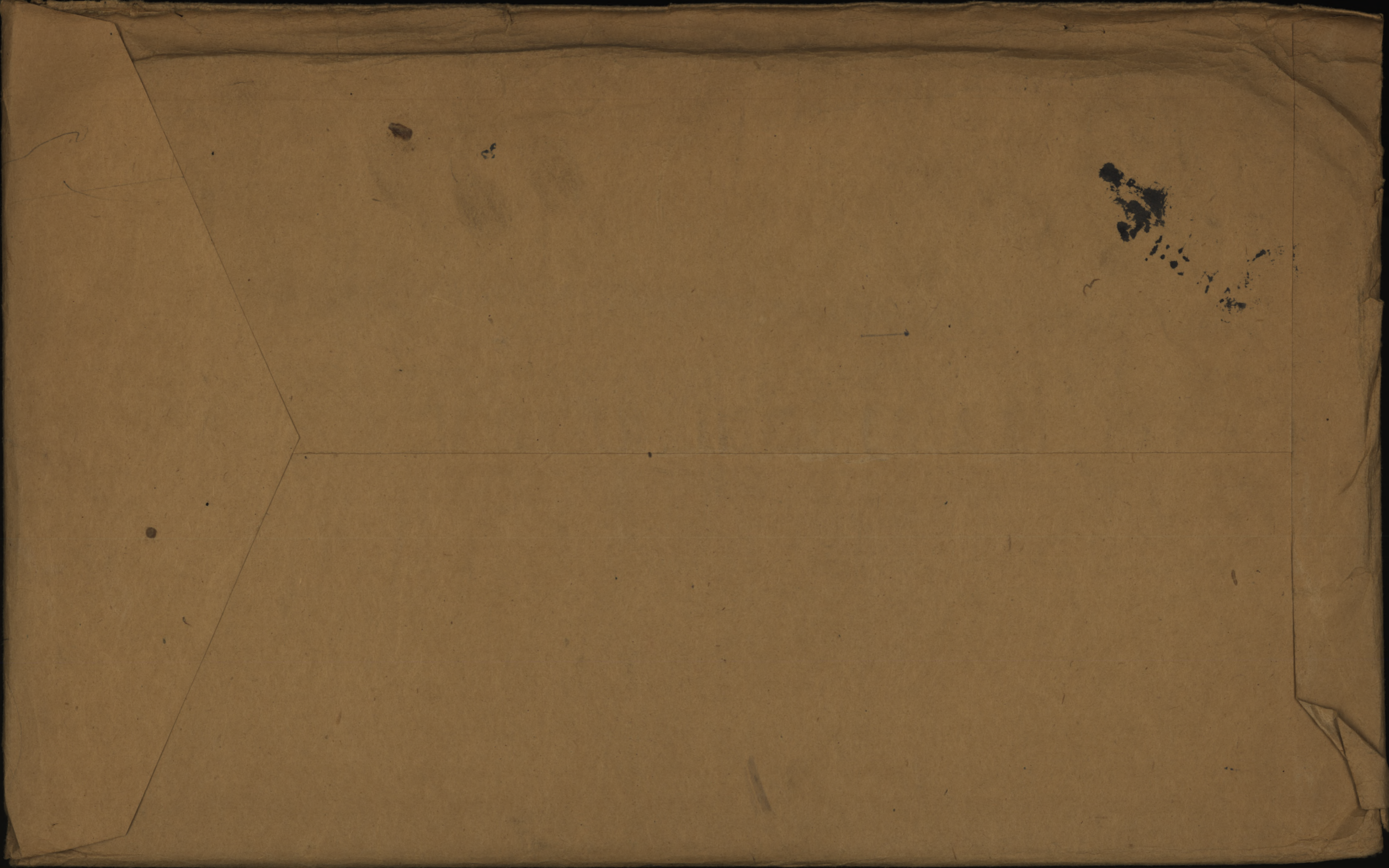
RECEIVED
MAY 1 1927
MILITARY DEPARTMENT
WASHINGTON



Ref 23 3 20

405225

20
16-21
16-21
3-23
20



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

INSTRUCTIONS.

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

139th OVERSEAS BATTALION, C. E. F.

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number **814698**
- (3) Full Name of Soldier..... **ARTHUR FREDERICK**
- (4) Place of Birth..... **OTTAWA**
- (5) Are you married, or not? **NO**
- (6) If married, state,
 - (a) Full name of your wife.....
 - (b) Present Postal Address.....
- (7) Are you a widower?
- (8) Have you any children?.....
 - If so, give number of boys and girls.....
 - Also their names and ages.....

(9) Is your Father alive?.....**YES**.....

If so, state name and address**ARTHUR GEORGE FREDERICK**.....

(CUMINGS POST OFFICE OTTAWA
BRIDGE.....

(10) Is your Mother alive?.....**YES**.....

If so, state name and address.....**WILLHAL MINA FREDERICK**.....

CUMINGS BRIDGE POST OFFICE. OTTAWA......

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

Are you her sole support, or not?.....

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

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

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

(15) Are you insured?.....**YES**.....

If so, in what Company?.....**ST JOSEPH CO**.....

Have you made arrangements for payment of your Insurance premium.....**YES**.....

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

Date July 5/16.....

W. H. Lloyd **Lt. Colonel**
O.C. 139th OVERSEAS BATTALION, C.E.F.
Officer Commanding

com.

Number 814698.

Rank Plt.

Surname FREDERICK

Christian Name Arthur

Units 19th Bn Can Inf Theatre of War France

Date of Service 19. 1. 17

Remarks

Latest Address ^{4 Leming Home} 213 Chapel St Sturgeon Falls
Ottawa Ont.

Roll No. B Page 16197

200m.-2-21.M.

PT

DESP AUG 26 1922

REGN. NO. 6V3596

Reg. No. 814698 Name Frederick .a.
Rank Pfc Corps 139 Age 22 Service 65 65 7 9/12
Ledger No. 12651 Serial No. ~~7781~~ 42

HOSPITALS

DATE

DIAGNOSIS

St Lukes Gen Hospl. Ottawa

5. 12. 17

1/2 GSW. Rt ankle

05

Leis no date

27-4-18

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

REGT'L NO 814698

H. Q. FILE NO. 649-

NAME

Frederick Arthur

RANK AND CORPS

Pte. 19th Bn (Dorm) 139th Bn

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

b.

M 2306

19-4-17

Adm 32 Stat Hosp Wimereux
April 12th 1917 GSW ankle ✓W.S.M.
M 3541

3-5-17.

Progressing favourably.

W.S.M.

M 4611

18-5-17.

Wound not serious progressing favourably.

W.S.M.

M 4804

20-6-17

King Geo. Hosp. London lettered
from nursing sister states
seriously ill undergone
another operationW.S.M.
M 6228

21-10-17

Ont Mil Hosp Arington GSW right ankle
in good condition up on crutches 5/11/17.Sailing from Liverpool per
(etc. o. m. p. 3)

H.M.P.S.

H.M.P.S.

Glenash Castle, Co. Wick, Ireland

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 483	#32 Stat. Wimereng	12-4-17.	G.S.W.P. Ankle Slit.
B 342	King George's Stamford St. London, E	3-5-17.	Gsw. R. ankle slit.
B 422	Ex " " " " " " " "	10-8-17.	" " " " " " " "
B 422	Oxpt. Mil. Orpington no 16 can gen	10-8-17.	G.S.W. R. ankle. Frac. Fibula
B 49-2	to no 5 can. gen. Kirkdale,	25-10-17	" " " (1st Cent. Ont. Regt)
B. 77.	Invalided to Canada	15-11-17.	G.S.W. R. Ankle, Comp.
343	M. H. C. C. Kingston.	5/12/17	Frac. Tibia.
340	" " " " " "	5/12/17	G. R. with Subs) Fleming Queens
340	" " " " " "	5/12/17	Fleming from Queens
No 5.	" " " " " "	3/7/18	" Du Pat.

NAME

Frederick Arthur

L No.

814698

H. Q. FILE No. 649.

RANK AND CORPS

Pte, 19th Bn. (Form 139th Bn.)

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

M6466

4-12-17

Invalided home 15/11/17 wounds
healed in good condition.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS



MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

20 YEARS

6 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

34 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Medium

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

Jan 28th 1916.

SURNAME. *Frederick*

CARD NO. ✓

CHRISTIAN NAMES *Arthur.*

*S.O.S. Dis 27/4/18. 3
Pt II 10 of 27-4-18 No 3 Dis Dep*

REGL. NO. *814698*

RANK *Pte.*

UNIT *139th.*

Batt.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Frederick, Mrs. Wilhelmine*

RELATIONSHIP TO SOLDIER

Mother.

AD

*Box 259, Cummings P.O.
Ottawa, Ont*

Enquiry Off 23-4-17

COUNTRY OF BIRTH *Canada, Ottawa, Ont.*

DATE

July. 18th. 1895.

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

Jan. 28th. 1916.

o/s. 25-9-16. $\frac{557}{6}$



R/L 26/11/17. 3 H.J.

No. 914678

RANK

1st

NAME

Frederick Arthur

T. O. S. 31-1-16

DU 26. 31-1-16

UNIT

139th Battalion. C. B. F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 31	1916 Jan 31	OX		
	Jan	v		
	April	v		
	May	v		
	June	v		
	July	v	a. w. L.	
	Aug	v		
	Sept.	v	96 hrs detn. forfeits 4 days pay.	Do. 254 20-9-16.
				UNIT SAILED SEP 25 1916



Surname **Frederick.** Christian Name or Names **A.** Reg. No. **814698.**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
 Pte. **19th. Bn.** *1st Co Reg.* Date of Admission _____
 Hospital _____

Transferred **32. Stat. Wimereux.** Hosp. **12-4-17.**

King Geo. Stamford St. Hosp. **3.5.17**

Out. Mil. Buxington Hosp. **10.8.17**

5. ban. Gen. Kirkdale. Hosp. **25.10.17.**

Diagnosis **G.S.W. Rt. Ankle. Slt.** **146**

(1) Later Diagnosis (if changed) *Frac. Tibula 146*

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 19-4-17. A/483.

REMARKS

8.5.17 B342 Inwound to Canada.

15.8.17 B422 N.11.14.

30.10.17 B492

1.12.14 B443

A.M.D. 2 DEPT.

Dep. of D.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

498

*Name Frederick Arthur Rank PL Regtl. No. 814698
 Original unit 139th Bn Present unit M. or S. Age Religion Fyle Depot F.P.
 Ref. H.Q.
 Port ship, and date of arrival
 Next of kin
 Address on leave
 Address on discharge Cummings' Bridge Ontario
 Transportation issued Yes No Date Character on discharge
 Previous occupation Date and place of enlistment

MILITARY SERVICE
 AUG 25 1918
 H.Q. CANADA

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
18-4-18	Posted to Hospital Section - Fleming	H.5.1
18-4-18	Transferred from Fleming to Casualty Company.	H.5.10
27/4/18	Discharged for	H.5.10

Date.

Remarks.

Pt. 2 Order No.

570-26-8-11

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

23708/473
6351-A-2

Handwritten initials/signature

Name **Frederick, Arthur**
Surname Christian Name

Regimental Number **814698** Rank **Pte.**

Address (in full) **Cummings Bridge,**

Unit **139th Bn.**

Ottawa, Ont.

Original Unit

District where paid **M.D. 3**

Date of Discharge **27-4-18**

P. D. P. Filing Number **8-116-3**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ 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		
100 10	2283	4-5-18	33 00	2204	4-6-18	33 00	1971	4-7-18	34 10		100 10
	<p><i>Handwritten notes:</i> 1955 per G36880 12/3/19 70 00 15031 2d G133749 12/3/19 70</p>										

Remarks:

M. F. W. 127.
60M-6 17.
1772-39-1140.

P. O. Box 259

Cummings Bridge

Via Ottawa Ont.

Dec'n No 23288.473 W. S. G. File No 6371A.7
Award..... days at \$ 70 per day \$
S. A..... months at \$ per mo. \$ 350
Less P, D. P. Credited \$ 100.10
\$
Less further debit balance \$.....
Net due paid as below 249.90

TO SOLDIER		TO DEPENDENT				
0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1	1735	36880	70 00	u		
2	1503	33749	70 00	u		
3	1637	431966	70 00	u		
4	1410	266721	39 90	u		
5						
6						
	Total		249 90	Total		

12/3/19
12/3/19
19/4/19
20/5/19

GEN'L AUDITOR
Posting checked by
[Signature]
Date 25.7.19

eh.

10 71 10 10
 10 71 10 10
 10 71 10 10

Ple Name Frederick Arthur

M. F. W. 41
 1 0M-7-16 P. C. No.
 1772-39-889.

F 1256

Regimental No. 814698

Name and address of next-of-kin Home Cummings Bridge

Unit 139 Bn

Ottawa Ont

Date of enlistment 23-1-16

MPB 29-11-17 Cow Home

Place of " Ottawa

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ 18.00 1-10-16 to 31-12-17 = \$ 270.00
 Reason for discharge

To whom payable Mrs W Frederick Character on discharge

Glenart Castle 26-11-17 Ottawa Ont Cate D Hg 649 D - 1921

L. L. Job 5351-M. & D. 6880.

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					
							37.53							ERPC
26 ⁹ / ₁₇	30 ¹¹ / ₁₇	66	1.00	66.00	66	.10	6.60					10.00		CD Help
								110/13				24.33		DR 259
									404819 ¹² / ₁₇	25.00				Cas PM
											54.00			Oct Nov Dec 17
													113.33	LPD pend on 28 ¹² / ₁₇
													113.33	show ye ady to 30 ¹¹ / ₁₇
														ifd to "E" Unit
														Letter to Sarah P.
														re at. Oct Nov
														Dec. 17. 28 ¹² / ₁₇
														Letter to B.P. more
														man's pay book
														28 ¹² / ₁₇

Dr Balance 3.20
113.33

ER
19-12-17

ERPC pd 1-10-16 to 30-9-17 = \$216.00

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Mrs W. Frederick*
 Address *Cummings Bdge.*
Ottawa Ont.

By Whom Assigned *Frederick J Arthur*
 Regtl. No. *814698*
 Rank *Pte.*
 Corps *139th - Ball - C. L. F.*

Rate *18.00*

OCT 1916

PAYMENTS

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



10/10/10

10

10/10/10

10/10/10

10

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. Mrs W. Frederick
 (Assignee)

Name of Soldier Frederick J. A.
814698-Plu. 139th Ball.

L. L. Job 5470—Req. 6888.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				008 ¹⁰ 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		H 24237	18	
Nov.		O 29439	18	
Dec.		S 34081	18	
Jan.	1917	T 38908	18	
Feb.		D 44423	18	18 B.
March		B 50228	18	18 C.
April		I 1682	18	18 B.
May		X 8144	18	
June		X 14910	18	18 B.
July		E 22126	18	B.
Aug.		F 32328	18	B.
Sept.		L 35907	18	B.
Oct.		N 42225	18	
Nov.		X 47386	18	
Dec.		I 54157	18	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

290 AD
 A/c Closed 31-12-17
 Ret'd per. Glenart Basth
 Date 15-11-17 F. X. 18-12-17
 Clerk. M. Allen

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
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.				

LTR

Rank _____ Name **FREDERICK, Arthur** - Reg'l No. **8146 98** -
 Unit **139th, Bn.** If in perm. Corps, }
What Unit? } Married or Single **Single.** -
 Place and Date of Enlistment **Ottawa, Jan, 28th, 1916.** Place of Birth **Ottawa, Canada** -
 Name and Address, Next-of-Kin ~~Miss~~ **Wilhelme Frederick** -
Cyrville, Ont. Canada. Relationship **Mother.** -

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

N/E. R.B. No.	9972
File R.L.	<i>Can M U</i>
Category	<i>breast</i>

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____

Reason _____

Character _____

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England. S, S, Southland. 6-10-13.					
6-10-16	I 39 Bn. S. O. S.	Trans. to 33th. Bn,	W, Sandling	6-10-16	Pt. ii DO. 266
<i>7-10-16</i>	<i>36th Bn</i>	<i>Taken on strength</i>	<i>do</i>	<i>6-10-16</i>	<i>.. 280.</i>
4-1-17	36th Bn	SOS to 3RD RES BN	W. S'ling	4-1-17	PT. 2 D. O 4
4-1-17	3rd Bn	TOS of 3RD RES BN	W. S'ling	4-1-17	PT. 2 D. O 1
<i>19-1-17</i>	<i>do</i>	<i>SOS to 19th Bn</i>	<i>do</i>	<i>19-1-17</i>	<i>do 16.</i>
<i>16-2-17</i>	<i>19th Bn</i>	<i>T.O.S. from 3rd Res Bn</i>	<i>Field</i>	<i>20-1-17</i>	<i>do 10. 9. s.w. Ankle</i>
<i>19-4-17</i>	<i>do</i>	<i>Adm # 32 Staty Hospl</i>	<i>Wimereux</i>	<i>12-4-17</i>	<i># has Rept A 483</i>
<i>8-5-17</i>	<i>do</i>	<i>King George's Hospl</i>	<i>Stamford St London</i>	<i>3-5-17</i>	<i>" " B342 do</i>
<i>10-5-17</i>	<i>1CORD</i>	<i>T.O.S from # 101</i>	<i>W. Sandling</i>	<i>3-5-17</i>	<i>PT II O 62</i>
		<i>19th Bn</i>			<i>PT II O 35 dt 21.5.17. 19th Bn</i>

28 JAN 1917

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.					
15-8-17	19th Bn.	Tfd. Ont. Milit. Hosp. Orpington		10-8-17	G.L. B422	Grat. <i>Feb 1918</i> G.S.W. R. Cunkle
29-10-17	1st CORP	" No. 5 Can. Gen. Hosp. Kirkdale		25-10-17	G.L. B49	✓
30-11-17	1st COR (19)	Invalided to Canada ex Gen Hosp. Kirkdale	No. 5 Can.	15-11-17	G.L. B77	✓
4-12-17	1st CORP	S.O.S. to Canada Para. 392-16	Pte. W. Sling	15-11-17	Pt. II D.O. 240	
	Dis. Depot	To Convalescent Home	No. 3 Kingsley	26/11/17	NR 412	

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

✓ Unit, Regiment or Corps. **139th OVERSEAS BATTALION, C. E. F.**

Regimental No. *814698* Rank *Private* Name *Frederick Arthur*

C. E. F.

Enlisted (a) *Jan 28/16* Terms of Service (a) *C.E.F. 7890* Service reckons from (a) *Jan 28/16*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Disembarked 6-10-16 O.C. 139 Transferred to 36th Bn W Sandling	Malifax Liverpool	27-9-16 6-10-16	<i>Order No 266 6/10/16</i> <i>3046</i> <i>Bde Order 280 3rd CTB</i> <i>7-10-16</i> <i>W.D. A. Wilson Major</i> <i>Adjutant 139th Bn CEF</i>
7-10-16	OC 36th	Taken on strength 3rd Res TRANSFERRED TO BATTN. C.E.F.	"	6/10/16	<i>Pr 2 A. O. 280</i> <i>JAN - 4 1917 Pr 2 Bn 0-4</i>
1-1-17	OC 3rd OC 3rd Res	Taken on strength Transferred to 19th Bn	W Sandling do	4/1/17 19-1-17	<i>Part 2 Bn. I</i> <i>Part 2 Bn. 0-16</i> <i>W.D. A. Wilson Lt. Col.</i> <i>O. C. 1st Battalion C. E. F.</i>

CERTIFIED - CORRECT.
 25 JAN. 1917
 CAPT. RECO. DS, LONDON.

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service

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				
20-1-17	C.B.D.	Arrived & taken on strength of 19 th Batta.	C.B.D.	20-1-17	N.R., Pt. II Ord 10 dt 16-2-17
20-1-17	do	Left for 2nd. Entg. Bn.	Field	23-2-17	N.R.
27-2-17	2nd. Ent. Bn.	Arrived	do	27-2-17	N.R.
2-3-17	do	Left for Unit	do	3-3-17	N.R.
11-3-17	19th, Bn,	Joined	19th. Bn.	6-3-17	B. 213
12-4-17	32 Sty.	Sh. Rt Ankle slt. Adm.	32 Sty.	12-4-17	W 3034
2-5-17	H.S. St Andrew	G.S.W. Ankle, Rt. Invalided to Eng & Posted to 1 st Central Ontario Regtl. Depot Chorncliffe	England.	2-5-17	W 3083 a 15/6. Pt II Ord. 35 dt 21-5-17
		Whogun Canadian		Capt. for Lt.-Col., A. A. G. Section, G. H. Q. 3rd Echelon, B. E. E.	

10-5-17.	1st CORO	T.O.S. from 19th	W-Sandling	3-5-17	Pt. II D.O. 62
WS.					Lieut. J.C. Pratum Capt for Colonel i/c Records Com 7.
<p>INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT</p> <p><i>Wm Lewis</i></p> <p>HOSPITAL REPRESENTATIVE, ONTARIO MILITARY HOSPITAL, ORPINGTON.</p>					

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Arthur* 2. Surname *Frederick*
3. Rank *Pte* 4. Original Unit *139th* 5. Reg. No. *814698*
6. Address, in full, to which future payments of gratuity are to be forwarded
Cummings Bridge P.O. Box 259 Ottawa Ont.
7. Date of enlistment in the C.E.F. *28th January 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... *Wilhelmina Frederick*
9. Relationship of such dependent ... *Mother*
10. Address, in full, of such dependent ... *Cummings Bridge P.O. Box 259 Ottawa Ont.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... *Not Applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
139th 5 months in Canada
Transferred to 19th Batt. Div France
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ... *Not Applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
Not Applicable
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Enlisted 28th day of January 1916*
went overseas with the 139th in August. Transferred to the 19th unit
in France. Wounded April 9th Invalided to Canada 1917
Discharge 27 April 1918
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not Applicable*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... *No*

38

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units

Not applicable

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *I have received 3 months Post Discharge Pay amounting to \$98.⁰⁰*

M.D. # 3-

20. Have you been issued with a War Service Badge? If so, what class? *A - Service in France*

21. Have you, during the present war, served in the Imperial Forces? *Not applicable*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

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

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

27th April 1918 (b) Reason for discharge *Wounded in the ankle (Right foot)*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *Not applicable*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. *In France with the 19th Batt. Wounded at Vimy Ridge on the 9th of April 1917.*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No.*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

X G. Friedrich

Place of Residence:

Cummings Bridge

Declared before me at:

Castroville

This

15th day of *January* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

Abner Davies

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>1918 May 4-</i>	<i>33⁰⁰</i>			
<i>June 4-</i>	<i>33⁰⁰</i>			
<i>July 4-</i>	<i>34¹⁰</i>			

Certified Correct.

District Paymaster.

Clumney

Total amt pd \$100¹⁰

MEDICAL HISTORY SHEET.

Surname Frederick Christian Name Arthur

Examined on <u>25th</u> day of <u>Jan'y.</u> 191 <u>6</u> at <u>Ottawa</u>	Approved by <u>J. C. Mackay</u>
Birthplace { City or Town <u>Ottawa</u> County <u>Canada</u>	Rank <u>Major</u> M.O.
Apparent age <u>20 yrs. 6 mth</u>	<p>INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT M.O.</p> <p><i>Wm. [Signature]</i> M.O.</p> <p>HOSPITAL REPRESENTATIVE, M.O. M.O.</p> <p>ONTARIO MILITARY HOSPITAL, ORRINGTON. M.O.</p>
Trade or occupation <u>Laborer</u>	
Height <u>5</u> Feet <u>6</u> Inches.	
Weight <u>125</u> Lbs.	
Chest measurement { Minimum <u>31</u> inches. Maximum expansion <u>34 1/2</u> inches.	
Physical development <u>Good</u>	
Small-Pox Marks <u>none</u>	
Vaccination Marks { Arm <u>Right</u> <u>Left</u> Number <u>None</u>	
When Vaccinated last <u>4.8.16</u>	
(a) Marks indicating congenital peculiarities or previous disease <u>none</u>	
(b) Slight defects but not sufficient to cause rejection	<p>ANTI-TYPHOID INOCULATIONS, ETC.</p> <p>Date Result</p> <p><u>5.7.16</u> + <u>J. Campbell</u> M.O.</p> <p><u>14.7.16</u> + <u>J. Campbell</u> M.O.</p> <p><u>26.7.16</u> + <u>J. Campbell</u> M.O.</p>

Enlisted on 25th day of January 1916 at Ottawa Ont.

	CORPS.	REG'TL NUMBER.	MARKS.	DATE.
Joined on enlistment	<u>139th O/B Batt.</u>	<u>814698</u>		<u>Jan. 28, 1916</u>
Transferred to.....	<u>36th Bn C.E.F.</u>	<u>814698</u>		<u>OCT. 26 1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141 Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 814698 Rank Pte. Name Frederick, A.

Corps 139th Battalion who was* Discharged

On April 27th 1918, to Class 3, Medically unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st 1918 to April 27th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Reg't Pay <u>27</u> days at \$ <u>1</u> c.	<u>27</u>	<u>00</u>
Cheques } No.			Field Allow. <u>27</u> days at \$ <u>10</u> c	<u>2</u>	<u>70</u>
Assigned Pay and Sep'n Allee. No. <u>724</u>	<u>18</u>	<u>00</u>	Separation Allowances* (Monthly)		
Other charges <u>D.O. 102 A.V.L.</u>	<u>2</u>	<u>20</u>	Other Allowances*		
Payment on transfer or discharge No. <u>746</u>	<u>17</u>	<u>50</u>	Other Credits* <u>Clothing</u>	<u>8</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	37	70	Total	37	70

* Give particulars.

A monthly stoppage of \$ 18.00 (†) has (‡) been paid on account of Assigned
 { Pay for the month of April 1918 } (to) Assignee Mrs. W. Frederick,
 { and Sep'n Allee. for month of 1918 }
 (Address) Cummings Bridge,
Ottawa, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment Jan. 28th, 1916

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge authority 3MD 88-F-98

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date April 23rd, 1918

Place Kingston, Ont.

W. Peters &
 Paymaster No. 3 District "Depot"
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CONTINGENT EXPEDITIONARY FORCE

EAST INDIES CERTIFICATE

IN WITNESS WHEREOF, the said Board of Directors has caused this Certificate to be signed by its Secretary, and the Seal of the said Company to be hereunto set, at the City of London, this 10th day of June, 1857.

SECRETARY

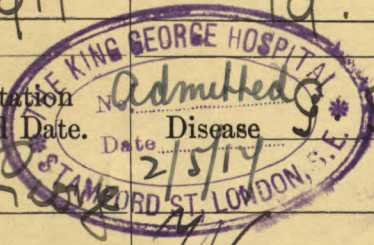
THE EAST INDIA COMPANY
CHARTERED 1600
INCORPORATED BY ACT OF PARLIAMENT
1857

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.
C 47 428
Year
1917

Regimental No. 814698 Rank. Pfc Surname: Frederick Christian Name. A.
Unit. 19. Canadian Age. 21 Service. 15/12

Station and Date.
King George Hospital



Disease: S.W. Ankle, R. part Feb 17th

Wounded April 9th 17 on Trench.

Struck ante with R ankle joint
sparell bullet removed in Trench
barrel tubes.

May 3.

BOA Perforating w. thro R ankle
joint. w. septic tubes removed

Thomas knee splint

Report hemorrhage reacted
Ext. Malloles de tibia.

May 30.

Wds healing
back splint
Marsupial.

17.7.17

small ^{sinus} below ante malloles
slight dorsiflexion movement of foot.
small ulceration base of 5th Metatarsal.
dry dressing.

20.7.17.
9/8/17

Trans to Ban Hospel
E. Dyball

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

#814698 Pte Frederick A.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE				1	2				3	4	CREDIT	DEBIT
Food			334	40											334																				
Aug/20	20	100%	22												22																				
21/31	11		12	10											12	10																			
Sept 22			24	20											24	20																			
23-25	3		393	30											393	30																			

Trans to 6002 C.L.R. 342 8/17

Pay 2/23/9

A3M. FORM REND. EFFECT. 1.10.17
 DISCHARGED TO Paul DATE 25/9
 PAYBOOK VERIFIED 25.9.17
 CASH BAL. 837.53 L.P.C. REND. 7/7
 AUTHY. Orington 18.8.20 19/9/17

Invalidated.
 Less Endors C. Bal. 8/3-20

Checked H. D. Williams
 P.P. 6

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. RED. PAY	SER. ALLOC. ENG.
Oct/Nov	Belgo								95 93		
	AR 710 Comm. Oct/Nov 1st 8				1 87				91 06		
	" 259 7/11/17 Indorsement N.S.C. & Nos				24 33				66 73		
					24 33						
Jan	Shan. 4/61 2/1/17 C.M.A.				4 84						
	" 482 27/1/17 Dep. Mtd.				48 64				13.19		
					53 54						
	Balance transferred to N. E. Branch.								Nil		

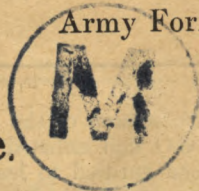
FREDERICK : Arthur
 814698

November 26th

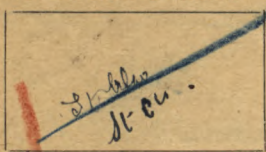
Army Form B. 268.

1917

Proceedings on Discharge.



This space to be left blank for the Chelsea Number.



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

No. 814698. Army Rank Private

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

Corps 1st Central Ontario

Battalion, Battery, Company, Depôt, &c. 19th Bn (3rd Res)

Date of discharge 27/4/18 **INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT** ↑↑

Place of discharge [scribbled out]

1. Description at the time of discharge.

Age 22 years 1 months

Height 5 feet 6 inches

Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion _____

Eyes Blue.

Hair _____

Trade Laborer.

Intended place of residence _____
(To be given as fully as practicable)

Descriptive marks.

horizontal scar on internal malleolus right side.

(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 no longer physically fit for war service para 392. Sec. 16. M.R. & O. 1912.

(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:—

To be filled in on the soldier quitting the Colours.

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*

Handwritten initials and scribbles

Handwritten notes: WSB Comp OVER 28-2-19

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?

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

6. Campaigns, Medals and Decorations

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) _____

(Date) _____



INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Major H. J. Smith
HOSPITAL REPRESENTATIVE,
ONTARIO MILITARY HOSPITAL, ORPINGTON,
for 9th Canadian Regiment.

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

I 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 _____ (date)

(Place) _____

Signature _____

(Date) _____

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.)

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, dispatch, 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.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

814698 Pte. Frederick A.

Date of Payment.	No of Acq. Roll	A M O U N T					Place of Payment.	Name of Paymaster.	Remarks.
		francs	£	S.	\$	¢			
15.8.17.	710	1	-	486	-	486	Wilmington	H. Taylor	
20.9.17.	782	10	-	4867	-	4867	✓	✓	
12.9.17.	761	1	-	487	-	487	✓	✓	

-58.40

DEDUCT:—NUMBER OF RATIONS ON HAND ...

NUMBER OF RATIONS REQUIRED ...

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS. **HEAVY DRAFT HORSES.**

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	*
TOTAL RATIONS AUTHORIZED AS ABOVE ...								
DEDUCT:—NUMBER OF RATIONS ON HAND ...								
NUMBER OF RATIONS REQUIRED ...								

LIGHT DRAFT, RIDING HORSES AND MULES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* RICE
TOTAL RATIONS AUTHORIZED AS ABOVE ...								
DEDUCT:—NUMBER OF RATIONS ON HAND ...								
NUMBER OF RATIONS REQUIRED ...								

* These issues are only Equivalents in lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT.

APPROVED

QUARTER MASTER.

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES

1-5-22

Name

Frederuch

28-1-16

Date of Embarkation for England

28-9-16

Proceeded to France.

19-1-17

Returned to England.

2-5-17 au Wd

Date returned to Canada.

15-11-17

P.R.2855.

Name

Date of embarkation for England

Proceeded to France.

Returned to England.

Date returned to Canada.

P. R. 2558.

No. 32.
STATIONARY
HOSPITAL.

No.

Date

814698

FREDERICK ~~Q. #~~ Pto

How Ankle

Penetrating point - inflamed +

Open -

Shrapnel ball at center -

Ext. walling damaged - fragments

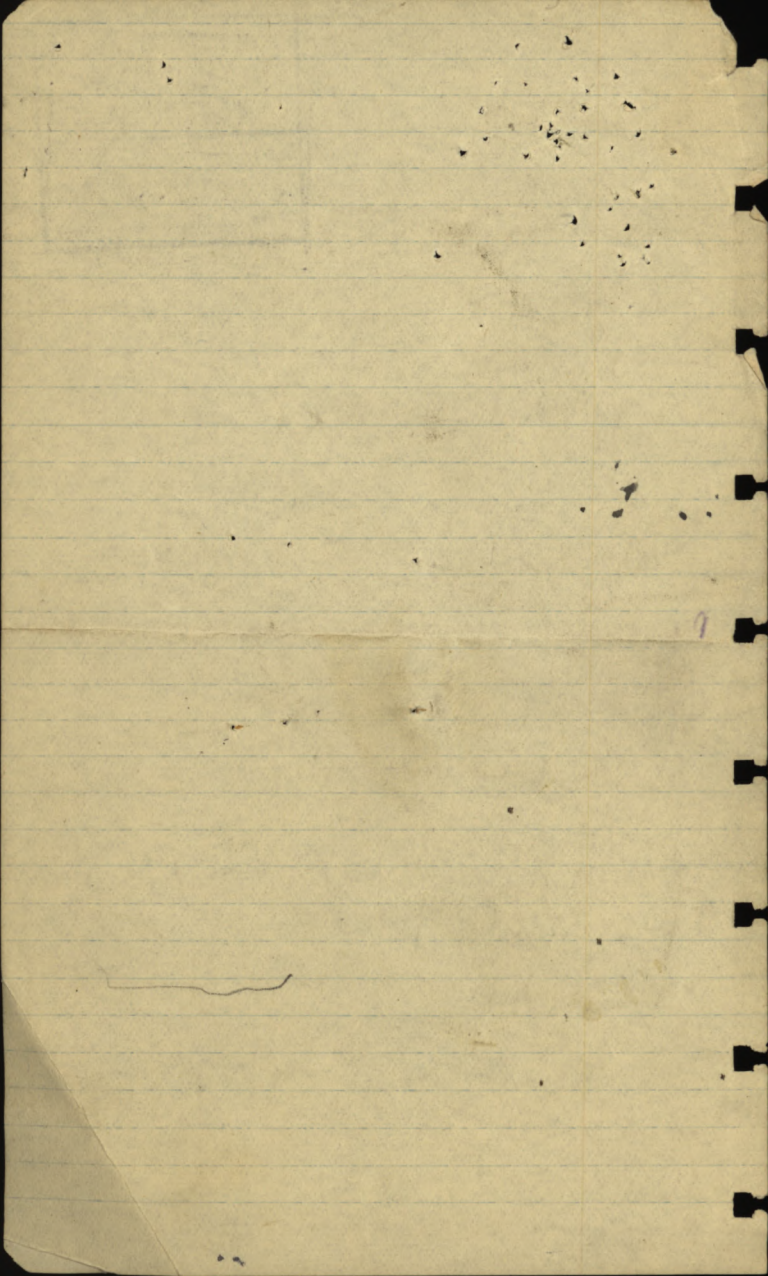
Ext opening into joint.

2 Canal tubes

No internal in opening in joint
no external into wound.

1 of Canal 2 tubes

see





Frederick A 8

ONTARIO MILITARY HOSPITAL

Ward No. 75 8

Plate No. R C 555 A.P.

Name Fredericks A. Pte.

Regt'l. No. 814698

Unit 19th. Canadian

Brigade 4th.

Division 2nd.

Part Right ankle
View Posterior
Date 10/8/17

Report

Comminuted fracture of the External Malleolus and the Os Calcis at their articulation. Some callus has formed. A few minute particles of metal in the region a little evidence of necrosis.

4229

ONTARIO MILITARY HOSPITAL

Ward No. 8

Plate No. R C Lat.
555

Name Fredericks, A. Pte.

Regt'l. No. 814698

Unit 19th. Can.

Brigade 4th.

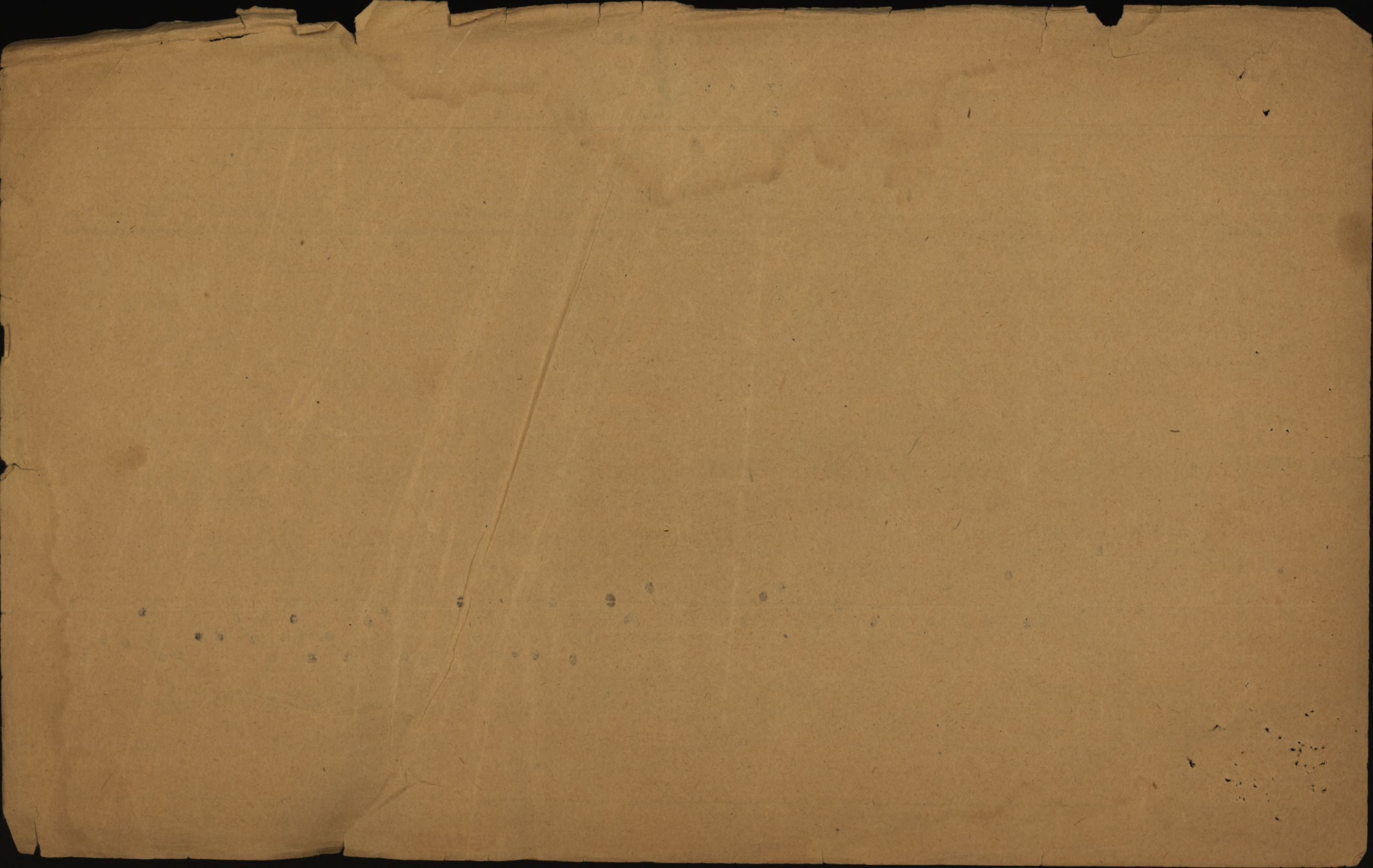
Division 2nd.

Part --- Right Ankle.

View -Lateral.

Date 10-8-17

Report See report on Posterior.



CLINICAL CHART.

Army Form B. 181

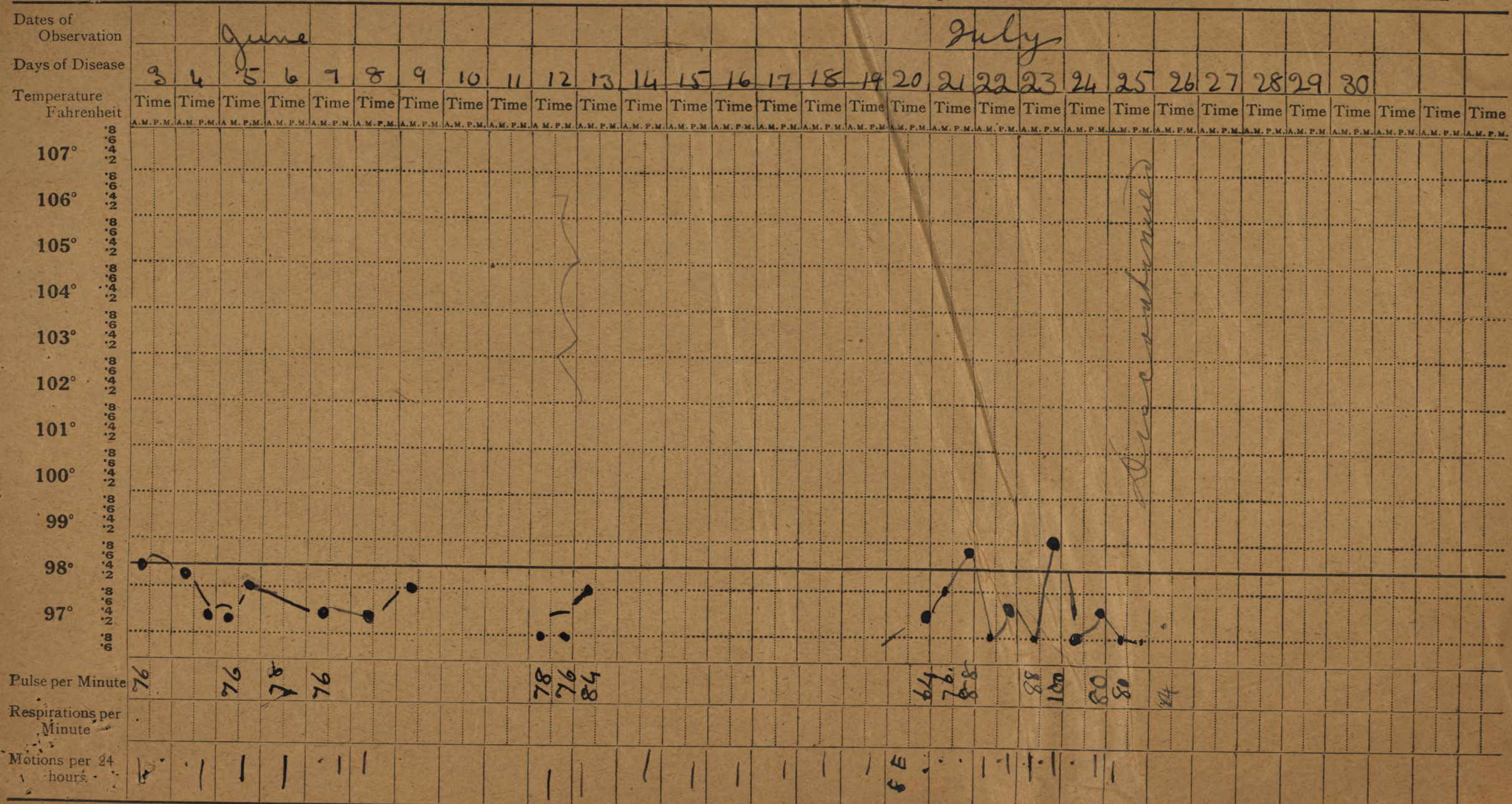
(To be attached to Case Sheet.)

Corps 19th Cav.
 No. 814698

Rank and Name Pte Frederick A.

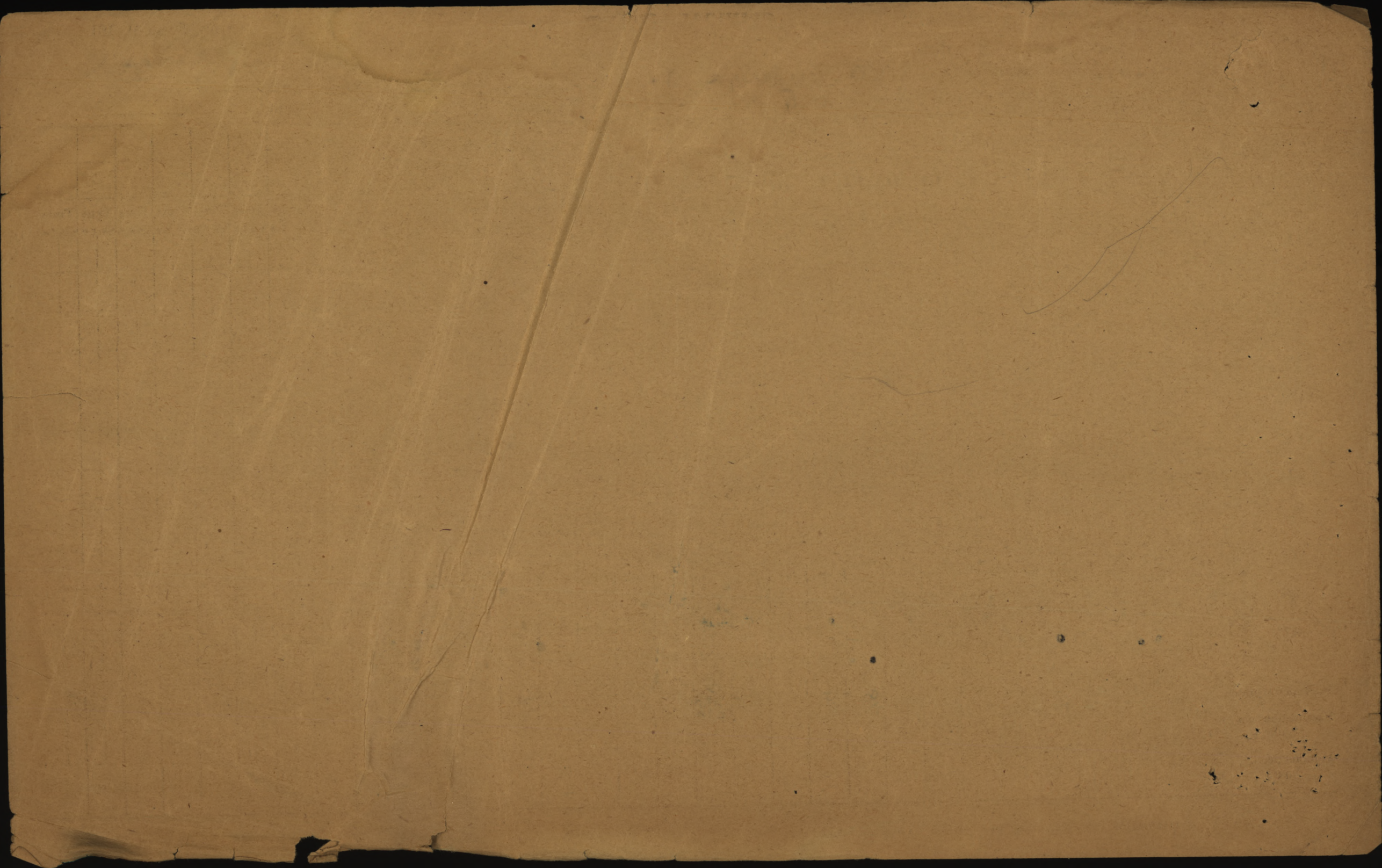
Military Hospital King George
 Service 1 1/2

Disease _____ Date of admission 2.5.17 Date of discharge _____ Result _____



Discontinued

Signature Alma D. ... In charge of case.



To Kinross Canada.

24/10/17
W. CAN. GEN. H. H. H. H.
LIVERPOOL

MEDICAL CASE SHEET.*

M 211

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
Station and Date.	Disease <u>the ankle joint. Fibula</u>			
9-8-17	Wounded April 9 th 1917 at Vimy Ridge by shrapnel ball in Right Right ankle			
	Sent to C.C.S. and 4 days then sent to 32 aux genl Hosp at Boulogne and YB removed + Canal tubes put in - Sent to King George Hosp			
	May 2/1917 - Sent to D. Genl Hosp 8/7/17 wound was very septic Opn 20/7/17 for removal of sequestra			
	Enlisted Ottawa Oct ²⁴ 1915 Trade Clerk - Bom at Ottawa			
	July 18 / 1895			
24-8-17	<u>Examination</u> - Muscular atrophy of leg muscle. Foot in position of hyper extension with very little voluntary movement of ankle joint - A sinus exists on outer side opposite External Malleolus. Leads to sequestra in Fibula. Vascular Reaction normal.			
	<u>Treatment</u> -			
2-9-17	Wound healed slightly.			
Sept 12	Foot inverted slightly and "dropped" to wear club foot shoe at night.			
	James Stalker Capt. C.M.C.			
Limped. 30/10/17.	Foot at rt angle to leg. movement ankle slight. Sensation normal.			

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

~~both~~ Both wounds healed. W. Stalker

Station
and Date.

Liverpool. 15-11-17 transferred to H.S.

W. J. Syer

CHARGE.16th Canadian Genl. Hospital, Orpington Kent Army Form B. 252.
(See King's Regulations.)**BATTERY
SQUADRON
TROOP or
COMPANY***CHARGE* against No. 814698 Pte. Frederick A. 19th Bn.

Place	Date of Offence	Offence	Names of Witnesses	Punishment awarded	By whom awarded
Orpington	25-9-17	Overstaying pass from 8 pm 25-9-17 till 7 pm 26-9-17.	Documentary	Forfeits 2 days pay by R.W.	



CHARGE.

Army Form B. 252.

16th Canadian Genl. Hospital, Orpington Kent, (See King's Regulations.)

**BATTERY
SQUADRON
TROOP or
COMPANY**

CHARGE against No. 814698 Pte. Frederick A. 19th Bn.

Place	Date of Offence	Offence	Names of Witnesses	Punishment awarded	By whom awarded
Orpington	25-9-17	Overstaying pass from 8 pm 25-9-17 till 7 pm 26-9-17.	Documentary	Forfeits 2 days pay by R.W.	

W. H. Crawford

for Commanding Battery, Squadron, Troop or Company.

Ward 8. OSUN. Hospital. No. of Bed 16. Date Aug 9th /17

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
814698.	Pl. Friedrichs. A.	19 th C.E.F.	Right ankle.

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Wounded Apr 9th 1917.

8th Division

4th Bgt.

32nd Station Hosp. France

King Geo Hosp. Louison

admitted OSUN, Aug 8th /17

To ascertain extent of injury
to ~~lower~~ External malleolus
and ankle joint - presence
of any recent bones.

Signature of M.O. Gunn

Date _____

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate R 655² 10x8 A.P. L

Commminuted fracture
of the External Malleolus
and the Os calcis at their
articulation. Some Callus
has formed. A few minute
particles of metal in the region
A little evidence of necrosis

Signature of Radiographer R. Gilchrist

Date Aug 10 /17
Capt



Ward X 8.2 X Hospital. X
X No. of Bed _____ Date X

Regl. No. 814698 Rank and Name Fredrick A Corps 19 barndons Part to be X-Rayed At ankle joint/foot

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

SS W. Earl Malleby

REPORT ON RESULT OF X-RAY EXAMINATION.

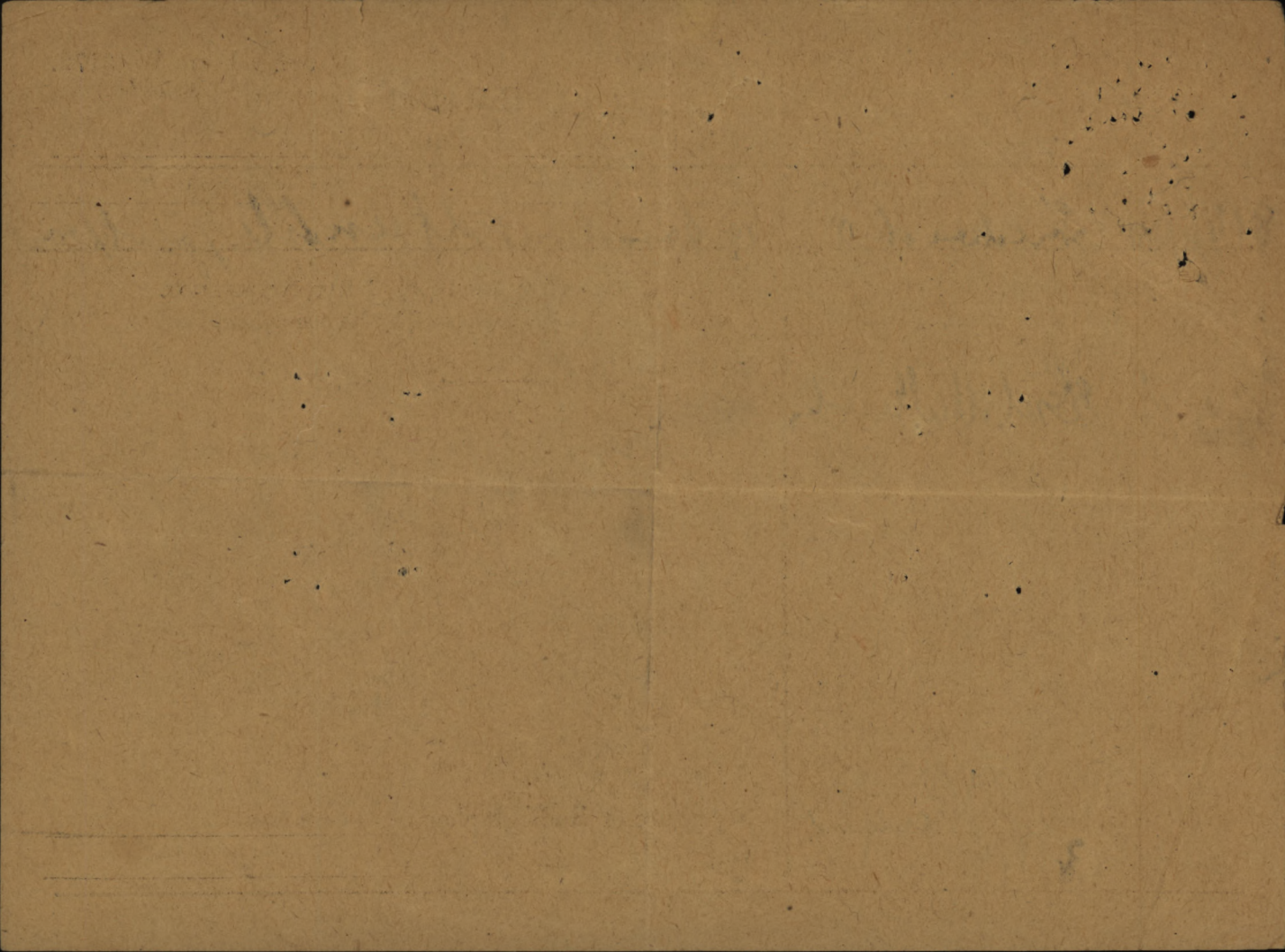
(To be completed by Radiographer.)

No. of Plate 8682

Fracture of upper end of tibia & fibula.

Signature of M.O. [Signature]
Date May 31/19

457
Signature of Radiographer [Signature]
Date _____



Reserved for M.H.C.

Regt. No. **814698** Rank **Pte.** Surname **FREDERICK** Christian Name **ARTHUR**

Unit or Corps—(a) Overseas from United Kingdom **139th Bn.** (b) In United Kingdom **19th Bn.**

Born at—Town **Ottawa** County or Province **Ontario** Country **Canada**

Date of Birth—Day **18** Month **July** Year **1895** Age **22** yrs. **11** months.

Joined at **Ottawa, Ont.** Date **22nd Jan 1916**

Former Trade or Occupation **None**

Permanent marks or peculiarities that will serve for future identification
Horizontal scar on internal malleolus right side.

Height—feet **5** inches **6** Colour of eyes **Blue**

Signature of Soldier (for identification purposes) **A. Frederick**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

PARTIAL LOSS OF USE OF RIGHT FOOT.

Disabilities Group (b)

Disabilities Group (c)

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin, (as)	Date of origin.
(i.) As to Group (a) above.	G.S.W. RIGHT ANKLE.	Vimy Ridge,	9/4/17.
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? **No.** If yes, has Active Service aggravated it? **No.**
- (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? **Yes.**
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? **Yes.**
- (ii) While off duty? **No.**
- (iii) Was a Court of Inquiry held? **No.**
- (iv) Where? **No.**
- (v) When? **No.**
- (vi) Opinion of the Court? **No.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient states:- Wounded in Rt. ankle 9/4/17 at Viny Ridge. Sent to CCS. at Four Winds and dressed. Sent 32nd. Genl. Hosp. Boulogne 13/4/17 where F.B. was removed and Carrell tubes installed. Thence to King George Hosp. 2/5/17. where neurotic bone was removed. X-Ray report:- comminuted fracture external malleolus and lower end of tibia. Operation for removal of sequestra. Transferred to Ontario Military Hosp. 9/8/17. Here massage treat. was given.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

X-Ray 9/8/17:- Comminuted fracture of external malleolus and os calcis at their articulation. Some callus has formed. a few minute pieces of metal in this region. A little evidence of necrosis. Aug. 24/17. Muscular atrophy of rt. leg muscles. Foot in position of hyper extension with very little voluntary movement of ankle joint. A sinus exists on outer side opposite external malleolus leading to sequestra in tibia. Electrical reaction normal. Circulatory system sound. Respiratory system normal, Genito-urinary system normal, nervous system normal.

8. OPERATION. (i) Was one performed? **Yes.**

(ii) If so, state what. **Removal of F.B.**

(iii) Was one advised and declined? **No.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **No.**

(ii) If so, describe.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
- (b) Fit for base duty? **No.**
- (c) Invalid to Canada? **Yes.**
- (d) Discharge from the Service as permanently unfit? **No.**

Date of Report... **Aug. 25th.** 191 **7**

Signed... **D. C. Evans, Capt. C.A.M.C.**
Officer in medical charge of case.

Station... **ONTARIO MILITARY HOSPITAL,
ORPINGTON, KENT.**

I have satisfied myself of the general accuracy of the above Report, and concur therein ***except**

Sd. D. W. McPherson, Col. C.A.M.C. (Officer i/c Hospital) (Strike out one of these.)
ONTARIO MILITARY HOSPITAL (S.M.O. Brigade)

Dated at... **ORPINGTON, KENT;** Station, on... **5 SEP 1917** 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes**
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes**
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? **No**
Aggravated? **No**
(b) Misconduct of the Soldier { Caused? **No**
Aggravated? **No**

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
Not app.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)
Not app.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? **Yes**
Not app.
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not app.**

18. Remarks.

19. Recommendation :—(a) Fit for duty? **No**
(b) Fit for base duty? **No**
(c) Invalid to Canada? **Yes**
(d) Discharge from service as permanently unfit? **No**

Classification for the Military Hospitals Commission.

Date of Board **5. SEP 1917**

Station **ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.**

Signatures of the Board. **W.H. Merritt Major CAMC
James W Ross Capt CAMC
Adam E Hilker Capt CAMC**

President.

Approved **[Signature]** **A.D.M.S.**
..... Captain G.A.M.C.,
Dated at **for A.D.M.S., Canadians, London Area, Station**

**A.D.M.S. CANADIANS,
LONDON AREA,
LONDON,
15 SEP 1917**

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.

(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

DUPLICATE

STATION Ottawa, Ont. DATE April 11th 1918

1. (a) Unit 139th Battalion. (b) Regimental No. 814698 (c) Rank Private
(d) Surname Frederick. (e) Christian name Arthur.

2. Age last birthday 22 Date of birth July 18th 1895.

3. Enlisted at Ottawa, Ont. on Dec. 1916.

4. Personal description :-

(a) Height 5' 6" (b) Weight 144 (c) Complexion Dark.
(d) Colour of hair Black. (e) Colour of eyes Blue. (f) Identification marks (stripped)

Gunshot wound right ankle-scar on right leg.

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

Cummings Bridge, P.O., Ont.

6. Former trade or occupation Clerk.

7. (a) Service

	PERIODS	
	From	To
<u>139th Battalion. To 19th B'n.</u>	<u>Dec. 1916.</u>	<u>Daye.</u>

(b) Has he been overseas? Yes-France 7 months.

8. Present disease or disability (use authorized nomenclature if possible) Ankylosis right ankle.

(a) Date of origin April 9th 1917. (b) Place of origin France.

(c) Cause* Shrapnel wound right foot.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

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

Admitted to Fleming Home Dec. 5th 1917-transferred to C.C.G.P., Hospital Ottawa Feb. 18th 1918 for purpose of X Ray examination and removal of a dead bone right ankle. Re-admitted to Home April 5th 1918. Subjective symptoms- Lameness and pain in right foot also is troubled with indigestion. Findings- General condition good-heart and lungs normal-all systems negative. There is a scar in front of inner malleolus right foot and scar over outer malleolus due to wound-some tenderness over outer scar evidently bones were fractured and some bony tissue lost. Foot is ankylosed firmly at right angle to leg. There is some deformity in joint area. Right calf $\frac{1}{2}$ " less than left due to muscle atrophy from disuse, he is lame. He complains of distress in stomach after eating-no vomiting-this troubles him at intervals of a few days.

[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.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

25%.

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

13. Was a Court of Inquiry held? *****

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

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

Hospitals in England and Ottawa.

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? Yes.

20. Recommendations Discharge.

J. H. ...
Medical Officer by whom the case is brought forward.

Capt. A.M.C.

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

A. ...
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.

Yes.

22. Is the soldier fit for

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

No.
No.
No.
No.
Yes.

23. It is certified that the soldier

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

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

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

His disability is due to service

and amounts to 25%.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

[Signature] President
[Signature] Lt.-Col R.M.S.
[Signature] Capt. A.M.C. } Members.
[Signature] Capt. A.M.C.

STATION..... Ottawa, Ont.

DATE..... April 11th 1918.

APPROVED BY

DATE APR. 17 1918

[Signature] Captain A. M. C.
For A. D. S. 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. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--	--

\$

RATE OF ASSIGNMENT

18			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 814698

Rank *pte* Promoted Reverted Discharge

Soldier's Name *Arthur Frederick*

Battalion *139th Btltn*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs W. Frederick*

Address *Cummings Bdge, Ottawa Ont*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

1917
Dec 31

			<i>270 -</i>	<i>270 -</i>
			<i>x7</i>	<i>x4</i>

.....*a/p*..... A/c Closed *31-12-17.*

A.P. 270.⁰⁰ Ret'd per *Glenart Castle*

Date *15.11.17. F. X. 17.12.17.*

No *S.A. a/c* Clerk *E.H.C.*

A.P. overpayment - 54.⁰⁰ for Oct Nov & Dec 1917

recovered by C.P. auth: H.Q. 649 - F. 1921

C.P. letter 7/1/18 on file 6371 - A-7

D. Atkins 8/1/18

M. F. W. 128
400m. -6-17-1772-39-1141
L. L. 22520 - M. & D. 7593.

