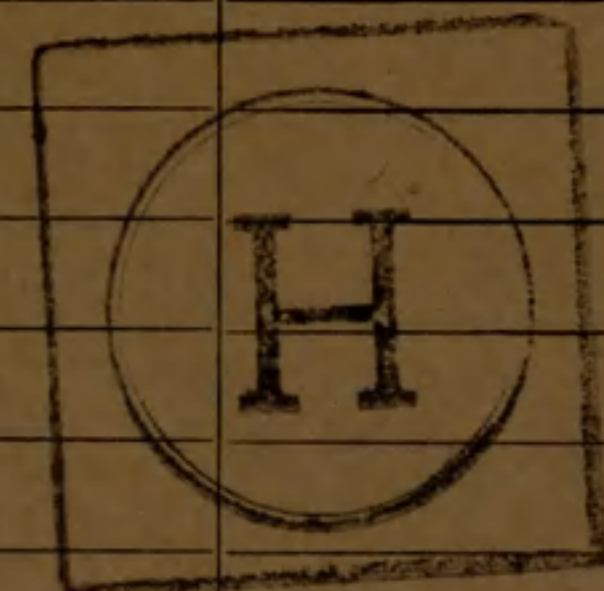
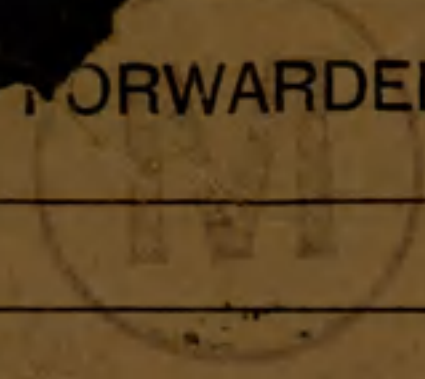


NAME ALWAR Charles H.

H. Q. FILE NO. _____

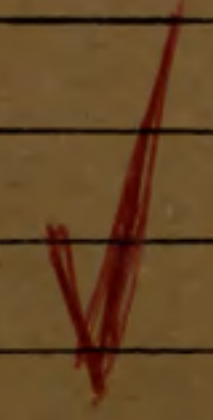
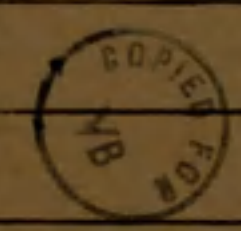
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NOI.
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					L
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113) <i>Record sheet</i>					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
6 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/ LAST PAY CERTIFICATE (M.F.W. 44)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 MFW 126 <i>Pay sheet</i>					
9 <i>misc cards</i>					

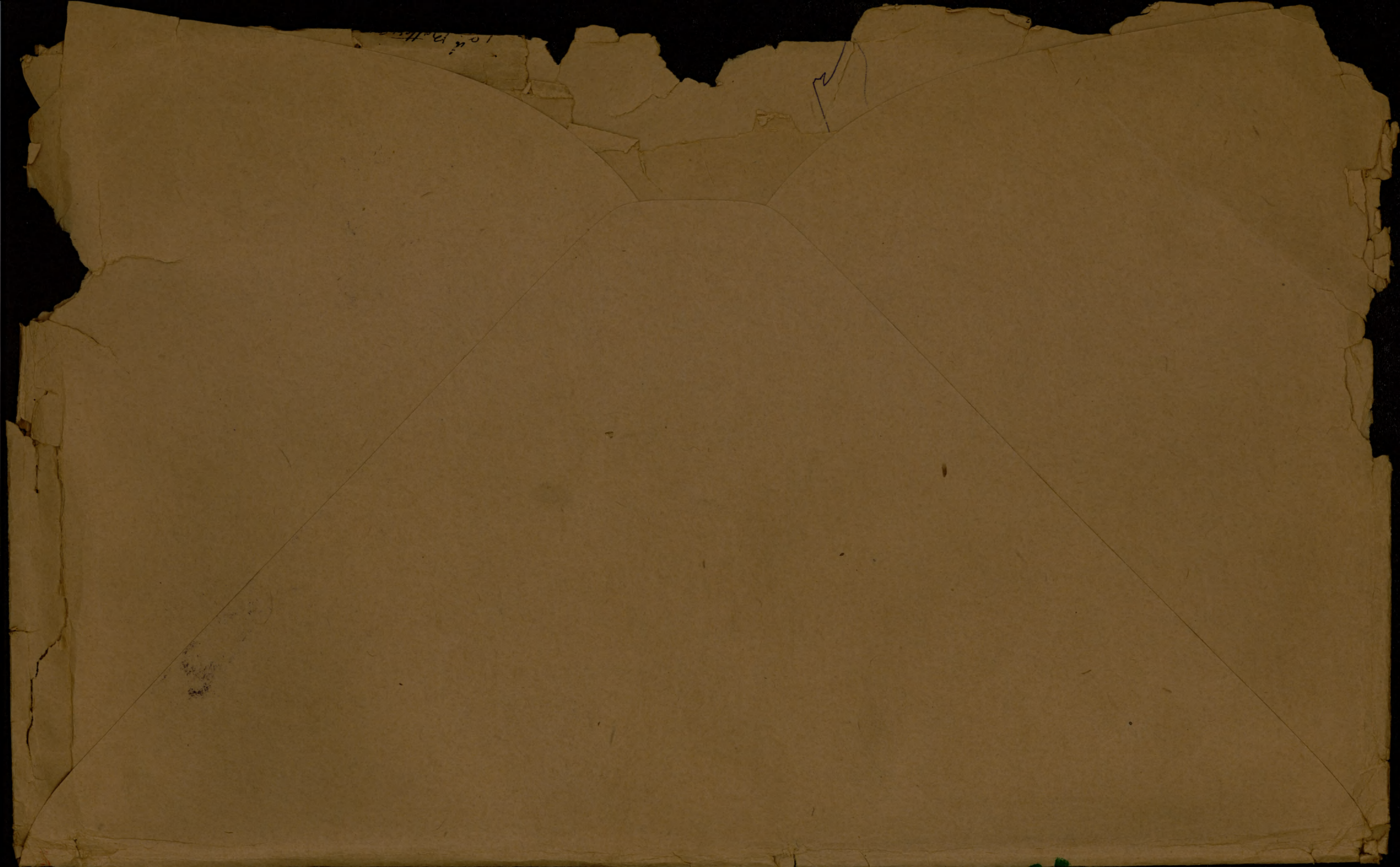


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ATTESTATION PAPER.

No. 331601

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)



- 1. What is your surname? ALWARD
1a. What are your Christian names? CHARLES HINSON
1b. What is your present address? 250 - 13th. Ave. E. Vancouver B.C.
2. In what Town, Township or Parish, and in what Country were you born? Lower Ridge - Kings County N.B.
3. What is the name of your next-of kin? Minnie Alward
4. What is the address of your next-of-kin? Lower Ridge, Kings Co. N.B.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? 18th. March 1889
6. What is your Trade or Calling? Cannery-man
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date FEB 22 1916
Signature of Recruit: C.H. Alward
Signature of Witness: H.J. Cannell

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, CHARLES HINSON ALWARD, 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 FEB 22 1916
Signature of Recruit: C.H. Alward
Signature of Witness: H.J. Cannell

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 Vancouver B.C. this 22nd day of February 1916
Signature of Justice: [Signature]

Description of Alward Charles Hinson on Enlistment.



Apparent Age 26 years 11 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 7 3/4 ins.

1 scar L

Chest measurement: { Girth when fully expanded 36 ins.
 Range of expansion 2 1/2 ins.

Complexion Light

Eyes Blue

Hair Reddish

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Feb 22 1916

Giles B. Murphy
Quint Camo

Place Vancouver

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:—

Dental Corps

CERTIFICATE OF OFFICER COMMANDING UNIT.

CHARLES HINSON ALWARD 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)

Date APR 15 1916 1916

CAPT. O.C.

68th O/S Depot Field Battery

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 331601 (Rank) Private

Name (in full) Charles Hinson. Alward enlisted in
the 68th. Battery.

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 22nd
day of February 1916

HE served in CANADA ENGLAND AND FRANCE

and is now discharged from the service by reason of being no longer fit for War
Service. K.R.&.O. 1912 Para 392 Sec XVI.

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

Age 27 years 6 months
Height 5 feet 9 inches
Complexion Reddish.
Eyes Blue
Hair Red

Marks or Scars
Shrapnel wound back.

Signature of Soldier

Issuing Officer

LIEUT COLONEL

Rank

Date of Discharge September 7th 1918.

O.C. DISTRICT DEPOT NO 7

Appointment

Signed at Fredericton, N.B. this 7th day of September 1918

in Military District No. 7

File Reference No. 86-A-50

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate



No. 331601 (Rank) Private Name Charles Hinson Alward

Unit 68th. Battery

Address on Discharge Havelock Kings Co N.B.

Character and Conduct "VERY GOOD"

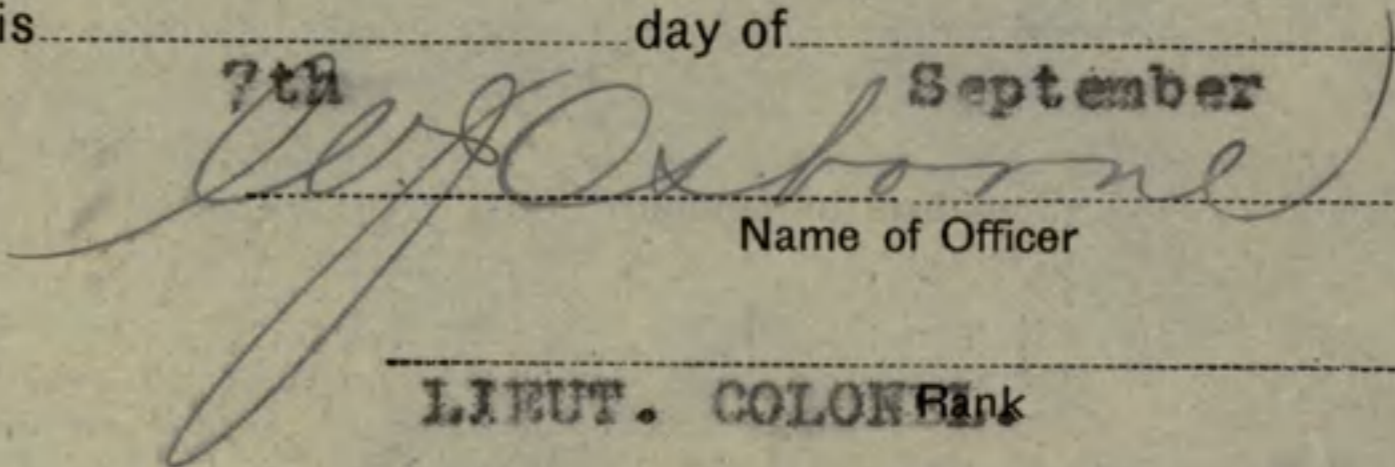
Former Occupation Machinist

Special Qualifications of Value in Civil Life

Medals and Decorations NIL.

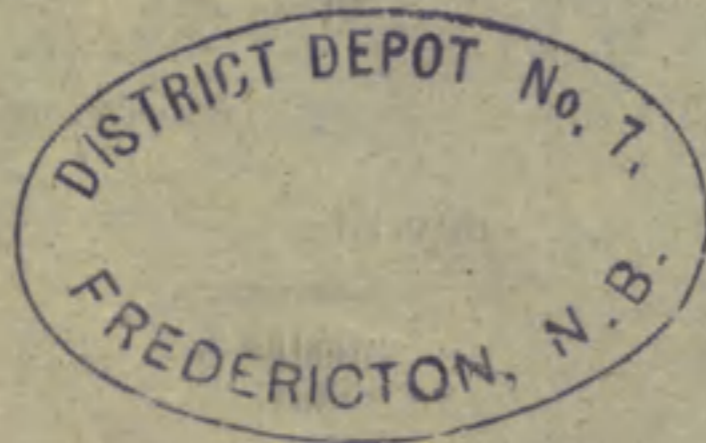
Remarks 1 Casualty Stripe. TWO BLUE SERVICE CHEVRONS.

Signed at Fredericton.N.B. this 7th day of September 1918


Name of Officer

LIEUT. COLONEL Rank

O.C. DISTRICT DEPOT NO 7. Appointment



Ward 2 No. of Bed

No. of Sheet



Index No. on Register 3014

Patient's Name and Age 331601. Bar. Charles ALWARD, age 27 Married, Single, Widowed

Patient's Address Canadians F.A. Shorncliffe.

Occupation Soldier.

Physician or Surgeon Mr Barrington Ward.

Nature of Case and Result of Treatment G.S.W. back & l shoulder.

Date of Admission September 27th, 1917. Date of Discharge November 28th, 1917.

DATE.

HISTORY AND NOTES OF CASE.

21.9.17. Wounded in back and L. shoulder.

Morphia gr $\frac{1}{4}$ given.

No 22 C.C.S. 22.9.17.

A.T.S. 500 units Given.

Projectile removed from left shoulder, & 2 from back.

Fracture 11th & 12th ribs.

Wound excised : H O & B.I.P.P.

Wound over left shoulder sutured.

Iodoform gauze pack in back wound.

All wounds excised.

No 56 Gen. Hosp.

Redressed B.I.P.

General condition poor on admission but improved.

C.O.A.

Clean sutured wound. L. shoulder.

Gaping wounds in back. All fairly clean.

Strapped and dressed eusol.

*Can. Conv. Hosp.
Bromley Kent*

Boarded and passed for Canada.

Transferred to Kirkdale, for Liverpool, for disposal.

18/2/18

Contracts V.D.G. Transferred to Mil Hosp., Helsea, Portsmouth, for treatment. P.I.O. *St. Campbell* Capt. Cannon

This space to be left for binding.

Notes to be written one side of the paper only.

12.3.18 Transferred to Nos 5 Can Genl Hosp. Liverpool for disposal
to Canada.



Nos 6, 9, 11.
L./pool.

Scars on 2nd Dorsal Vertebrae -
" 3" long parallel to and 1" above left spine of scapula
reaching to acromion process - Scar 7" long crossing
spine in lower dorsal and upper lumbar region, also
below lower border of ribs posteriorly on left side. Another
scar below angle of scapula on right side - Given history
of haemoptysis and paralysis of lower limb - The only
disturbance at the present time appears to be, inability
to sleep, and aching in muscles of right side after
exertion.

W. A. Howes
Capt.

Duplicate

MEDICAL CASE SHEET.*



No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

331601

Boi.

Alward.

Chas.

Unit.

Age.

Service.

Year

1918.

48th How. Bty.

28.

25/12

12/12

Station and Date.

Disease

1. No. 5. Can. Genl.

Occupation before Enlistment: - Mechanist.

2. Kirkdale. 2.

When he Enlisted: - 21. 2. 16.

3. L'pool. 3.

Came to England: - 28. 4. 16.

4.

went to France: - 13. 9. 16.

5.

was wounded: - 21. 9. 17.

6.

In Hospital: 56th Gen. Detaches Dates: - 23. 9. 17.

St. Nor. Can. Holloway.

28. 9. 17.

Bromley.

28. 11. 17.

Kirkdale.

12. 3. 18.

7

Operations: - No. 22. C.C.S. 22. 9. 17.

8.

Specialist Report

Nil

9.

Present Condition

Scars on ~~two~~ dorsal vertebrae -

" 3rd inch long parallel to and one inch above left spine of scapula, reaching to acromion process.
Scars 7" long crossing spine in lower dorsal and upper lumbar region, also below lower border of ribs posteriorly on left side. Another scar below angle of scapula on right side. - His history of haemoptysis and paralysis of lower limbs - His only disability appears to be inability to stoop, and aching of muscles of left side after exertion.

W. A. How
Capt.

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

DENTAL HISTORY SHEET

DISTRICT

IAN ARMY DENTAL CORPS

C

SOLDIER

RANK

No.

No.



INSTRUCTIONS

Office Copy

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Fusing	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
1918																					
May 25																					
May 31																					
June 1																					
June 5																					
June 15																					

Examined by W. R. Currie

Do
A. H. Blane
W. R. Currie
L. R. Davidson
Ho. R. Davison

Apr. 15. 1819. 2032
Ex.

Completed.
Completed

ORIGINAL

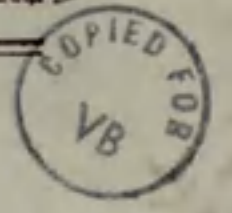
ORIGINAL

MEDICAL HISTORY SHEET.

ML

Surname *Bomb Edward*

Christian Name *Charles Huson*



Examined { on *22nd* day of *Feb* 191*6*
at *Vancouver*
Birthplace { City or Town *Lower Ridge*
Kings Co
County *W.B.*

Approved by *Geo B Murphy*
Rank *1st Lt* M.O.

Apparent age *26 1/2*
Trade or occupation *Cannery man*
Height *5* Feet *7 3/4* Inches.
Weight *147* Lbs.
Chest measurement { Minimum *38 1/2* inches.
Maximum expansion *2 1/2* inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<i>5</i> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

OCT 1917

Physical development
Small-Pox Marks

Vaccination Marks { Arm Right Left
Number *1*

Date.	Result.	VACCINATIONS.
<i>10/3/16</i>	<i>-</i>	<i>J.W. Woodley</i> M.O.
<i>14/4/16</i>	<i>+</i>	<i>W.S. Baird</i> M.O.
		M.O.

When Vaccinated last *9 years ago*
(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>19.6.16</i>		<i>ak Farrell</i> M.O.
<i>29.6.16</i>		<i>ak Farrell</i> M.O.
		M.O.

Enlisted on *22nd* day of *February* 191*6* at *Vancouver B.C.*

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<i>68th O/S Depot Field Battery</i>	<i>331601</i>		<i>FEB 22 1916</i>
<i>Res. Bde. C.S.A.</i>			<i>4.5.16</i>
<i>1st F.A.C.</i>			

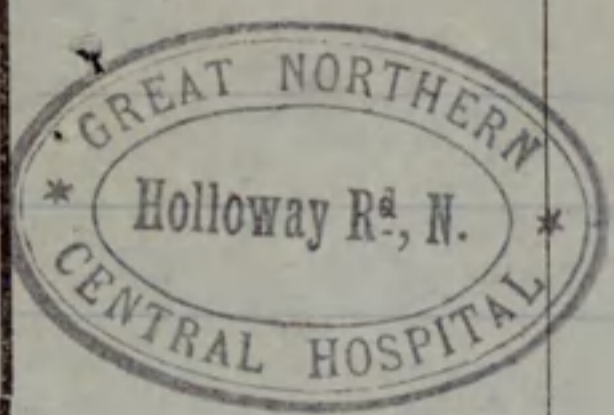
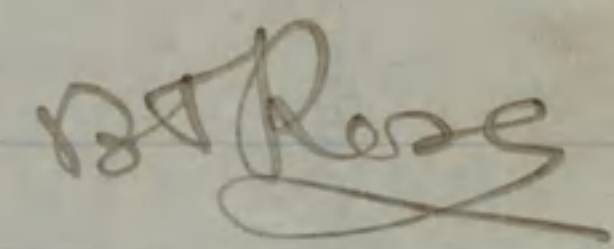
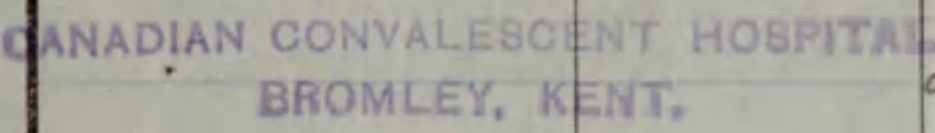
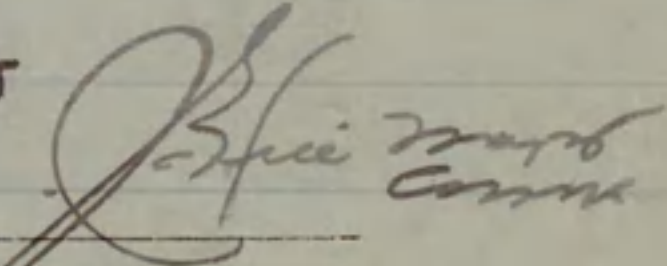
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

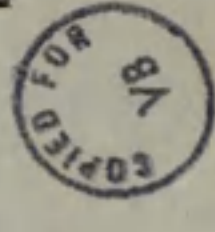
STATION.	DATE.	DISEASE.	RESULT.
<i>VANCOUVER</i> <i>Kingswood</i>	<i>APR 19 1916</i> <i>30/1/16</i>	<i>Apparent mumps</i> <i>back</i>	<i>Fit of Buller Capt</i> <i>J.W. Woodley Capt.</i>

CANADIAN

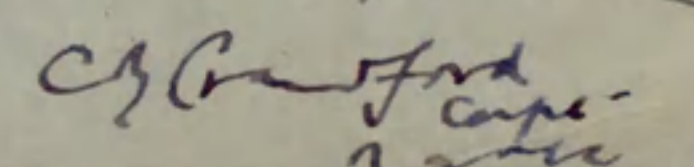
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname Alward. Christian Name Charles Augustus

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 Ho-pital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		27	9	17.	28	11	17.	g.S.W of Back	62	Two fractured ribs. Very extensive raw surface granulating well	 President Medical Officer. GREAT NORTHERN CENTRAL HOSPITAL.
		28	11	17	18	2	18	SW Back	83	Three healed scars on back and operation scar on left shoulder and back. A large curved healed scar extending from lower angle of scapula down and across spine at level of 9th dorsal vertebrae and adherent to spine. Complaints of pain at this point on stooping or walking for or fast due to jarring of vertebrae. No X ray report available. Some dyspnoea or exertion. Heart normal. Other symptoms normal.	



Hilsea Hants. 18.2.18. 11.3.18. 20. ^{V.D.G.} ^{Goimbra} 22. Cleared up with 10% O₂ drug. Not to risk with


 C. J. Crawford

be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Alward Christian Name CH

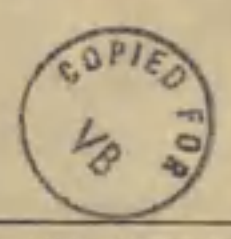


TABLE I.—General Table.

Birthplace { Parish..... County

Examined { on.....day of.....191 , at.....

Declared Ageyears.....days.

Trade or Occupation.....

Heightfeet.....inches.

Weight.....lbs.

Chest Measurement { Girth when fully Expanded }inches. Range of Expansioninches.

Physical Development

Vaccination Marks { Arm..... RIGHT | LEFT Number

When Vaccinated

Vision { R.E.—V = L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—

(b) Slight defects but not sufficient to cause rejection—

Approved by Rank Medical Officer.

Enlisted { at..... on day of191.....

Table with 2 columns: Corps, Regtl. No. Row 1: CFA, 331601

Became non-effective by on day of191..... (Signature)..... (Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief details, and Signature

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Can. Conv. Hosp. Bromley, Kent	11	3	18	12	3	18	LW Back	2	Wounded and unaided to land Trans. to 705 Can Genl Hosp. Kirkcaldy, Liverpool	A. R. Perry Capt.
NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	1	2	MAR 1918	1	5	APR 1918			Scars over 2 nd dorsal vertebrae, " 3" long parallel to and 1" above spine of left scapula, reaching to acromion process Scars 9" long crossing skin in lower dorsal and upper lumbar region, also below lower border of ribs posteriorly on left side - Another scar below angle of scapula on rt side. Givis history of haemoptysis, and par- alysis of limbs (lower) The only disability at present time appears to be inability to stoop and aching in muscles of right side after exertion. Eats food good.	W. A. How Capt.



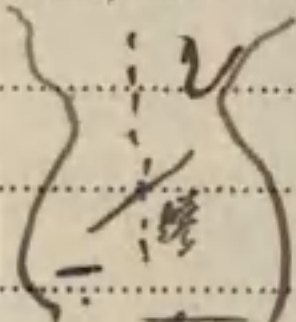
CASE HISTORY SHEET.



N.B. Military Hospital. Fredericton Station.
No. 331601 Rank Bdr. Name Edward C.H. Age 28
Unit 48. How. Batt Completed years of service Where and how long } B 3/12 E 3/12 F 13/12
Date of admission 4-7-18 Date of discharge 6-9-18.
Diagnosis S.W. on Back. Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

G. S.W. L. shoulder superior border of scapula, one corresponding level midline of back one 1" inch below inferior angle of scapula on R side, one high scar &



Complains of cough at irregular intervals. Has some pain R. chest. Smokes about 10 cigarettes a day. A few moist rales at base of R & L lung. Muscles of back seem swollen + splinted in region of S.W. of R side

4/9/18 General Condition Improved
Revised and placed in Category E

FAMILY HISTORY

Neg

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

Ins. Massage and Electricity

CONDITION ON DISCHARGE

(and disposal made of case.)

Discharged to at E. for discharge from service.

Date 4/2/18

J.H. Mastitt
Medical Officer i/c case.

2639



Mr. [Name] [Address]
 [City] [State] [Zip]
 [Phone Number]
 [Date]

P. O. Box [Number]
 [City] [State] [Zip]

[Faded text, possibly a list or description of items]

[Faded text, possibly a signature or date]

[Faded text, possibly a note or comment]

[Faded text, possibly a footer or additional information]

CASE HISTORY SHEET.

N. B. Military Hospital. Fredericton Station.

No. 331601 Rank Bdr. Name Edward C.H. Age 28.

Unit 4 P. How. Batt. Completed years of service _____ Where and how long _____

Date of admission _____ Date of discharge _____

Diagnosis SW. on Back. Place of origin _____



CONDITION ON ADMISSION AND PROGRESS OF CASE

G. S. W. L. Shoulder at superior border of scapula on corresponding level, midline of back; 1" below inferior angle of scapula on R. side. One huge focus +

Complains of cough at regular intervals. Has some pain R. Chest. Smokes about 10 cigarettes a day. A few moist rales at base of R. + L. lung. Muscles of back seem swollen + splinted in region of S.W.D. of R. side.

4/9/18 General Condition somewhat improved. Bronchial and pleural in category III

FAMILY HISTORY Neg.
(Tuberculosis, mental or nervous diseases.)

TREATMENT
(Especially any specific or special form)
Iron, Electricity and Massage

CONDITION ON DISCHARGE,
(and disposal made of case.)

Date 11/7/18 J.H. Hasbitt
Medical Officer i/c case.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

8656

Paymaster General's Branch.
 JAN 27 1919
 Militia Headquarters, Ottawa.

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 *Charles Hinson* Surname *Edward*
3. Rank *Bdr* 4. Original Unit *68th Battery C.F.A.* Reg. No. *331601*
6. Address, in full, to which future payments of gratuity are to be forwarded
Butternut Ridge, Kings Co., N.B.
7. Date of enlistment in the C.E.F. *February 22nd 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *NOT APPLICABLE*
9. Relationship of such dependent *NOT APPLICABLE*
10. Address, in full, of such dependent *NOT APPLICABLE*
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:—
*1st Reserve Battery Shorncliffe, Eng. May 7
 Oct 13 1916 48 How Battery, France Oct 13/16 Sept 21/17*
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? *Yes*
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 *2 yrs 6 Months, 68 Battery C.F.A. Canada Feb 22nd May 7th 1916. 1st Reserve Battery, Shorncliffe, Eng. May 7th Oct 13th 1916 48 How Battery, France Oct 13/16 Sept 21/17*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *Yes*

*\$100.00 Post Discharge Pay By Paymaster i/c
Post Discharge Pay M.P. 7.*

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

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F.? *No.* If not, give:—(a) Date of discharge

Sept. 7, 1918 (b) Reason for discharge *Being no longer fit for war service through wounds received while on active service.*

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 *No.*

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 *Yes*

*H. S. Howitzer Battery C.F.C. Oct 13/16
Sept 21/17*

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? *No.*

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:

Charles H. Howard

Place of Residence:

*Butternut Ridge, Hawke's Bay
King's Co., N.Z.*

Declared before me at:

This *13th* day of *Jan* 191*9*.

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

Burke W. Howard J.P.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>7/9/18 MS7</i>	<i>33.00</i>			
<i>30/9/18 MS7</i>	<i>22.00</i>			
<i>30/10/18</i>	<i>22.00</i>			
<i>30/11/18</i>	<i>23.10</i>			

Certified/Correct.

H. S. Howitzer District Paymaster *1287*

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

DISTRICT DEPOT No. 7

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

Regimental No. 331601 Rank Bdr. Name Alward C.H.

Corps C. F. A. who was* Discharged

On 7-9-19 191... to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 191... to 7-9-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay..... <u>7</u> days at \$ <u>1 00</u>	<u>7</u>	<u>00</u>
by } No.....			Field Allow. <u>7</u> days at \$..... c <u>10</u>		<u>70</u>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>Clo. Allee.</u>	<u>35</u>	<u>00</u>
M.F.C. 512 Issue & Repayment		<u>30</u>	Other Credits*.....		
Other charges ck. #4635 J.P. Farrell	<u>32</u>	<u>15</u>	Bal. Dr. (to be deducted by new unit).....	<u>33</u>	<u>00</u>
Payment on transfer or discharge No. <u>4634</u>	<u>43</u>	<u>25</u>			
Balance Cr. (to be paid by the new unit).....			Total.....	75	70
Total.....	75	70			

*Give particulars.

A monthly stoppage of \$ Nil (†) has not (‡) been paid on account of Assigned Pay for the month of.....191... } (to) Assignee..... }
 and Sep'n Allee. for month of.....191... }

(Address) **Butternut Ridge,
Kings Co., N. B.**

(†) 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.

Made By [Signature]
 Checked By [Signature]
 No. Last Part 11, D.O.
 Date 7/9/18

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted..... Nil
- (3) cause of discharge..... authority O.C. D.D.#7.
- (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..... 7-9-18

Place..... Fredericton, N. B.

[Signature] Captain
 Paymaster District Depot No. 7.
 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.

M. F. W. 44.

AMERICAN CONTINENTAL LIFE INSURANCE COMPANY

Policy No. 123456789
Face \$100,000.00
Date of Issue 10/15/1925

Insured by
Name of Insured
Address of Insured
City and State

Beneficiary
Name of Beneficiary
Address of Beneficiary
City and State

Amount of Policy
Date of Maturity
Premiums Paid

Signature of Insured
Signature of Agent
Date of Signature

Bert RL 2-291
R2.S 817

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

M. F. W. 54.
150M. 10-14
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 68th O/S Depot Field Battery

Regimental No. 331601 Rank Gunner Name Alward, Charles
Arllinson.

Enlisted (a) 22-2-16 Terms of Service (a) Duration of War + 6 mo Service reckons from (a) 22-2-16

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

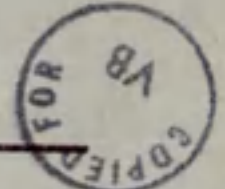
Extended _____ Re-engaged _____ Qualification (b) Bannerman



CERTIFIED CORRECT.
4 OCT 1916
LONDON

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			
	Embarked, Halifax, Can....		1-5-16.	Posted to Reserve Brigade, C. F. A. 7-5-16.
	Arrived Liverpool, Eng....		7-5-16.	Shorncliffe Part II No 109 110 Reserve Brigade, C. F. A.
13/10/16	o.c. B. Bde / Drafted to France to 1st D. A. C.	SHORNCLIFFE.	13/10/16	pt II 210 13-10-16
14-10-16	C.B.D. Reinforce. Attd 1st. C.D.A.C. Field.		14-10-16	N.ROLL P.O. 71 dated 17-10-16.
15-10-16	C.B.D. Left for Unit.	Field.	15-10-16	Nom. Roll.
20-10-16	C.R.A. Posted to 2nd. Bge C.F.A. Field. 1st. C.D.A.		20-10-16	9-132 P 11 Orders 80 dat. d 30-10-16.
20-10-16	Do. Taken on 2nd. Bge C.F.A. Field.		21-10-16	9-132 P 11 Orders 91 d/30-10-16.
11-8-17	Undt. App'd. ac/Bas. without Pay. Field.		9-8-17	B213. Pt II 158 of 8-9-17
22-9-17	22lls Sw Bask adm	22lls	22-9-17	236
23-9-17	26lls Wd 354 adm	56lls	23-9-17	W Coast

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



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
26.9.17	56 Gen.	wd. §. to England		26.9.17	W3034
22-9-17	Unit	to hospital Wounded & Gassed		22-9-17	B213
26.9.17.	56 Gen.	Invalided Wounded & posted to Canadian Arty. Reg. Depot. Withey H's Stad Antwerpen		26.9.17	W3082/HO 10. Part II Ord 155
13-10-17	CARD	Taken on Strength	Witley	27-9-17	<p><i>Chas R. Stowell</i> LIEUT. OFFICER in RECORDS CANADIAN SECTION G.H.Q. 3RD ECHELON Pr: 0218. PP</p> <p><i>H. H. Moody</i> LIEUT. FOR LT COL: HQ RECORDS, C.O.M.F.</p>
25-4-18	England	TAKEN ON STRENGTH D.S.#7 PART II. ORDER NO 16	Fredesington	3-5-18	<p><i>W. Rand McNelly</i> Capt, & Adj., For O. C. District Depot. No. 7.</p>
9-9-18		<p>"DISCHARGED" FROM HIS MAJESTY'S SERVICE K. R. & O. 1912 Par 392 Sec. XVI. D.S.O.# 142 7-9-18</p>		7-9-18	<p><i>R. W. Lindsay</i> Lieut. for O. C. Discharge Section For O. C. District Depot No. 7.</p>

TLH. Rank *gvt.* Name **ALWARD, Charles Hinson,** Reg'l No. **331603.**
 Unit *Dft. 68th. Bty. to R.B. C.F.A.* If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Vancouver, B.C. Feb 22 1916.** Place of Birth **Lower Ridge, Kings County, N.B.**
 Name and Address, Next-of-Kin **Minnie Alward,**

Lower Ridge, Kings Co. N.B. Canada. Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to Relationship
 Relationship **M.U.C.**



Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England. per Olympic</i>		<i>7-5-16</i>	
<i>8.5.16</i>	<i>oe R. Bde</i>	<i>Taken on Strength</i>	<i>Shorncliffe</i>	<i>7-5-16</i>	<i>Pt II O. 110</i>
<i>13.10.16</i>	<i>O.C.-R Bde</i>	<i>S.O.S. To Ist D A C</i>	<i>S'Clife</i>	<i>13-10-16</i>	<i>Pt 2, O, 280</i>
<i>17.10.16</i>	<i>of 1000</i>	<i>Taken on Strength (attached)</i>	<i>Graves</i>	<i>14.10.16</i>	<i>Pt II O 71</i>
<i>30.10.16</i>	<i>"</i>	<i>Causes to be attached & posted to 2nd Alpha</i>	<i>"</i>	<i>20.10.16</i>	<i>" 80</i>
<i>"</i>	<i>" 2nd Bde</i>	<i>Taken on Strength</i>	<i>"</i>	<i>21.10.16</i>	<i>" 91</i>
<i>27-9-17</i>	<i>"</i>	<i>ad no 22. CC Sta</i>	<i>"</i>	<i>22-9-17</i>	<i>CLA-50 S.W. Back</i>
<i>3.10.17</i>	<i>"</i>	<i>Itd 56 Gen Hosp</i>	<i>Staples</i>	<i>23.9.17</i>	<i>4 55</i>
<i>8.9.17</i>	<i>"</i>	<i>apped of Bde</i>	<i>Field</i>	<i>9.8.17</i>	<i>Pt 135</i>
<i>8.10.17</i>	<i>"</i>	<i>Itd 56 Gen Hosp</i>	<i>Holloway</i>	<i>27.9.17</i>	<i>CLB 59</i>
<i>11.10.17</i>	<i>"</i>	<i>W So S L Reg Dep</i>	<i>Field</i>	<i>26.9.17</i>	<i>Pt 155 4 C.A.R.D. P-10 218 d/13-10-17</i>

A.F.B. 103 CHECKED
24 JAN. 1917

A.F.B. 103 CHECKED

19 OCT. 1916

413.



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.				
3.12.17	2nd	Fgd cert	Bombay	29.11.17	CLB 107 SW BACK
18-4-18	" "	Invalided to Canada.	L'pool.	15-4-18	Ch. B. 2194 TT II 1154/25-4-18 CARD 4
	Dis Depot	For Further Treatment	MDT St John	24/4/18	NR445

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 4503. - Req. 6332

Mrs Minnie Alward.

PAYMENTS.

Name of Soldier

331601.

Alward. C. H.
68th Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 20⁰⁰ Oct 1/16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 29/83</i>	<i>40</i>	
Dec.		<i>V 34839</i>	<i>20</i>	
Jan.	<i>Ch</i> 1917	<i>H 35559</i>	<i>20</i>	
Feb.		<i>H 41508</i>	<i>20</i>	<i>20 (fw)</i>
March		<i>H 47518</i>	<i>20</i>	<i>20-h</i>
April		<i>I 1181</i>	<i>20</i>	<i>20 L</i>
May		<i>I 6129</i>	<i>20</i>	
June		<i>I 12711</i>	<i>20</i>	<i>20 W</i>
July		<i>Q 19607</i>	<i>20</i>	<i>h</i>
Aug.		<i>M 26750</i>	<i>20</i>	<i>h</i>
Sept.		<i>J 34121</i>	<i>20</i>	<i>09</i>
Oct.				<i>240</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Minnie Alward* By Whom Assigned *Alward. C. H.*
 Address *Butternut Ridge* Regtl. No. *331601.*
Kings Co. N.B. Rank *Genl.*
 Corps *68th Btn.*
 Rate *\$ 20.00 Oct 1/16*

2M. 4¹⁰/₁₆ WD 28¹¹/₁₆ PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated accts.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

POST DISCHARGE PAY OFFICE

8656/172

Three months pay and allowances after discharge.

Name Alward, Chas. Henson,
Surname Christian Name

Regimental Number 331601 Rank a/Bdr. Address (in full) Havelock,
 Unit 68th Bn. Kings Co. N.B.

Original Unit _____

District where paid M.D. 3

Date of Discharge _____

P. D. P. Filing Number 14-38-7

Rates:—Regimental pay \$ _____ per diem: Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

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	455	30-9-18	22 00	437	30-10-18	22 00	398	30-11-18	23 10	33 00	67 10
	<i>1st-ly. 9275</i>	<i>15-2-19</i>	<i>70 00</i>								
	<i>5651 2nd-ly. 26484</i>	<i>5-3-19</i>	<i>70 00</i>								

M. F. W. 127.
25M.-8-18.
1772-39-1140.

Remarks:

Dec'n No 8656/172 W. S. G. File No 302-C-4
 Award..... days at \$ 70 per day \$ 350.00
 S. A..... months at \$ per mo. \$
 Less P, D. P. Credited \$ 100.10
 \$ 249.90
 Less further debit balance \$
 Net due paid as below \$ 249.90

*Butternut Ridge
 Kings Co NB.*

*15-3-19
 5-3-19
 9.4.19
 7/5/19*

TO SOLDIER			TO DEPENDENT			
0	Ag. No.	Ch. No	Amount	Ag. No.	Ch. No	Amount
1	721	9275	70.00			
2	565a	26484	70.00			
3	679B	417311	70.00			
4	564C	482735	39.90			
5						
6						
Total			249.90	Total		

alite

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date. 12.7.19

[Handwritten mark]

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
26/3/18	Fair	no T. E. Hoban Cape Code	no	Treat Canada

DENTAL CERTIFICATE

The following certificate will be attached to the dental record. Other facts being referred to in this report.

Date of Examination	Dental Condition	Cause of Injury or Disease	Treatment	Remarks
11/1/55	No dental work	No injury or disease	No treatment	No dental work

T. 100 AT

*Name Rank Regtl. No. 331002

Original unit Present unit M. or S. Age 28 Religion Fyle Depot 86-A-50

Port, ship, and date of arrival Halifax, Annapolis, 24/4/18

Next of kin Mother, Mrs. Marie Alward, Havelock, Kings Co., N.S.

Address on leave as above

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Machinist Date and place of enlistment Vancouver, 21/2/18

Diagnosis Back, shrapnel wound Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
7.0.18	Posted to Details company 3-5-18	Leavetree 11-5-18 16-9
24-5-18	Posted to Hospital Section	35-41
6.9.18	Casualty Co.	138-113
7-9-18	To Discharge Section	C.O. 143 (7-9-18)

*—Name will be given in full; surname first. (over)

Date.

Remarks.

Pt. 2 Order No.

9-9-18

Discharged from H.M.S. Fredericton, D.S.O. # 142

9-9-18

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ALWARD

C.H.



331601

RANK

UNIT

Co.

TROOP

BATTY.

~~Capt.~~ A. Bdr

CA 2B 1/2

HOSPITAL

DATE OF ADMISSION

22 C.C.S.

22-9-17.

1. 56 Gen. Etaples

HOSP. 23-9-14

2. G. N. C. Holloway Aff. 2 Hon Gen. HOSP. 24-9-14

Bau. Capt. Bromley. 29. 11. 17.

3. Mrs. Mrs. Hiesea HOSP. 19. 2. 18

4. Bau. Con. Mrs Bromley HOSP. 18. 2. 18

DIAGNOSIS

1 SW Back. R.

1

2 T.D.G. 1/40

2

3

DISPOSITION

DATE

CL. 28-9-17 A50.

Dis 18. 2. 18
REMARKS

4-10-14 A55(3)

Inv. to Canada 15-4-18

9-10-14 B59(1)

H. 12. 17. B107(2)

21. 2. 18. B173 - I

21. 2. 18. B173 Dis. to Canada per HS. Araguaya

14. 3. 18 B191 from Liverpool 15-4-18.

18. 3. 18 B194. 1

18. 4. 18. B219. 2.

22. 4. 18 B222. 2.

This mass rank changed.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT



ADM.

HOSPITAL

1. *San. Gen. Hos. Bromley*
S. Gen. Hos. Liverpool

12.3.18
13.3.18

2.

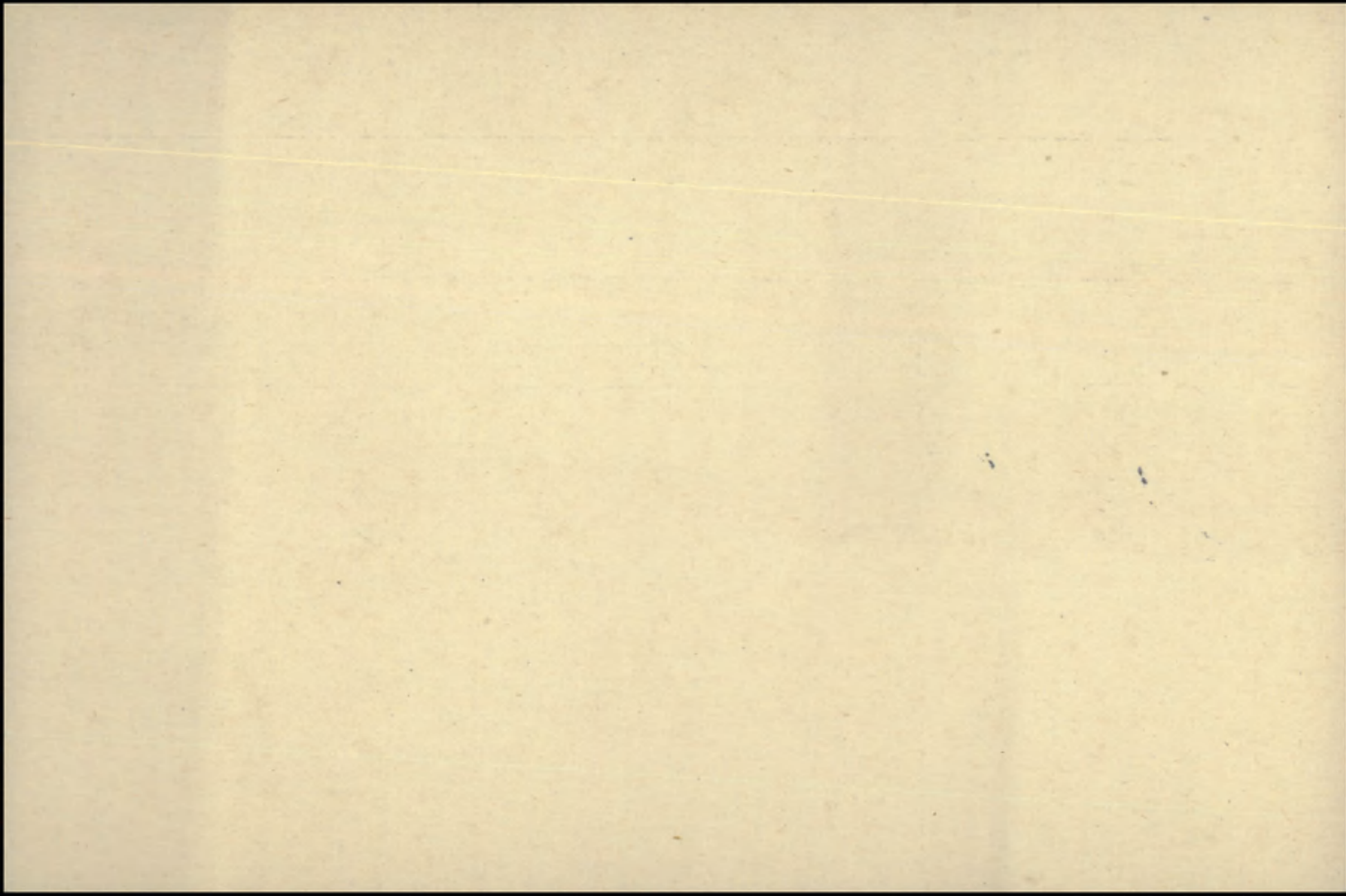
3.

4.

5.

6.

7.



No. 331601

RANK *SNW*

NAME *Alward Chas Lanson*

T. O. S.

UNIT *68th Depo. Field Battery*

M. D. //

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1916
apr 1
a*

*1916
apr 30*

✓



No. 331601

RANK

Gunner

NAME

Alward Charles Hinson

T. O. S. 22-2-16

10373-2-16

UNIT

*3rd Field Artillery Draft C.F.A
Man Vol Res)*

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 22	1916 Feb 29	<i>N.</i>	<i>Artillery Ser. V. V. R. C. F. A.</i>	
<i>Man</i>		<i>u</i>	<i>shown in 68 1/2 Depot Field Bty.</i>	

REMARKS.

See Old band.

Form DMS 1401

8289 100M 9/3,17.

**A. & D.
CARD**

F

B. C. & W.

HOSPITAL

AT

Bromley Kent

A. & D. No. T408

PL. OF ACTION

48th Bty

RANK Pmb. 331601

UNIT

6. F. A.

331601

SICK OR
WOUNDED

NAME Alward J. H.

AGE

28

RELIGION

Presley

PLACE IN HOSPITAL

DIAGNOSIS

S.W. Back.

ADMITTED

11-3-18.

FROM

Mil. Hos. Hilsea

DISCHARGED

TO

TRANSFERRED

10/2/18. #5 Can. Gen. Hosp. France.

SERVICE AT HOME

13

months

IN FIELD

12 months

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

A series of horizontal lines for writing, consisting of solid top and bottom lines with a dashed midline, typical of a ledger or account book.

Mechanic

Form DMS 1401

8289 100.M 9/8.17.



HOSPITAL.

A. & D. No. A 23 PL. OF ACTION _____

RANK Bomb. 331601 UNIT C.F.A. 48th How SICK OR WOUNDED

NAME Alward C AGE 27 RELIGION Pres

PLACE IN HOSPITAL _____

DIAGNOSIS VDG

ADMITTED 18/2/18 FROM Old Disease F.T. 3912

DISCHARGED _____ TO _____

TRANSFERRED _____

SERVICE AT HOME 1/12 IN FIELD 1/12

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS:.....

.....

.....

.....

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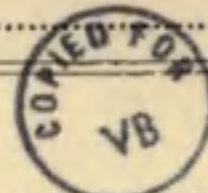
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LEDGER No.....

SERIAL No. *41 2639*



REG. NUMBER *331601* NAME *Alward, C. H.*

RANK *B. dr.* CORPS *48 Howitzer Battery*

AGE *28* SERVICE *6 ²/₁₂ E ¹²/₁₂ of ¹⁵/₁₂*

NAME OF HOSPITAL *U. S. Military* PLACE *Frederick.*

DATE OF ADMISSION *4. 7. 18.*

DISEASE *S. N. Back.*

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO *Dis from Service 6. 9. 18.* IN CATEGORY *16*

ALWARD

See a/bk

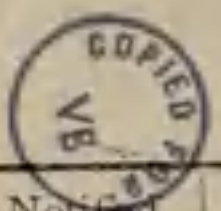
12 4/18 70

Name *Charles Hinson* Rank *Br*

Reg. No. 331601

Unit *2nd Bde 6701*

Next of Kin *Canada*



1/2K.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>22-9</i>	<i>22 bar by Hat</i>	<i>✓ S.W.</i>	<i>Back</i>	<i>050</i>	<i>✓</i>	<i>3779</i>
<i>23-9</i>	<i>56 by Hpt Elaple</i>	<i>✓</i>	<i>do</i>	<i>050</i>	<i>HA</i>	<i>14601</i>
<i>24-9</i>	<i>Great North Gen Hpt Holloway</i>		<i>do</i>	<i>050</i>		<i>530</i>
<i>29-11</i>	<i>Gen Gen Hpt Bromley</i>		<i>do</i>	<i>B104</i>		<i>4283</i>
<i>9-2</i>	<i>Discharge</i>		<i>do</i>	<i>B173</i>		<i>3234</i>
<i>10-2</i>	<i>C.C.H. Bromley</i>	<i>New course supervising</i>	<i>V.D.G.</i>	<i>B173</i>		<i>3234</i>
<i>14-2</i>	<i>Gen Hpt Hillson</i>		<i>V.D.G.</i>	<i>B173</i>		<i>12853</i>
<i>12-3</i>	<i>C.C.H. Bromley</i>		<i>S.W. Back</i>	<i>B191</i>		<i>14187</i>
<i>13-3</i>	<i>5 Gen Gen Hpt Herkdale</i>		<i>do</i>	<i>B191</i>		<i>14339</i>
<i>15-4</i>	<i>Mattalies to Canada</i>		<i>do</i>	<i>B191</i>		<i>0824</i>
<i>Ref</i>	<i>above entries Rank should read:</i>			<i>B229</i>		
			<i>a/bk</i>			

9-7710-7,

REGT'L No. 331601

NAME

Alward, Charles Neilson

H. Q. FILE NO. 649.

RANK AND CORPS

Spr. 1/Bdr 2nd Bde C. F. A.

FOLLOWS

No.

Form 312 Fla. Aug

FOLLOWS

CABLE

NO.

DATE

Casper H. 13222
NATURE OF CASUALTY

¹⁰⁻⁵
m 6122

28-9-17

Adm. # 22 Cas. Cl. Stat. Sept 22nd 1917
G. S. W. back. ✓

Auth: Letter 8th April 18
O.C. Records M. T. D.
London. Eng.

Wounds are completely healed. Disability
at present time consists in inability
to stoop and some aching of muscles
of right side after exertion. General
health good.





LIST No.

HOSPITAL

DATE OF ADMISSION

REMARKS

A 50	22 Bas & Co Strat	22-9-17	J W Back
A 55	No 5 Gen Hospital	23-9-17	" " " 22-10-17
B 59	Great Road, Central Holloway		
	Off. 2nd London Gen Hosp	27-9-17	J W Back
B 107	2 Can Conv, Bromley	29-11-17	" " " " 28-12-17
B 173	Mil: Hulsea	19-2-18	U.S. Canadian Art.
B 173	Can. conv. Hos. Bromley	18-2-18	L W. Back.
B 173	Re adm -	18-2-18	U.S. New disease supervening
B 194	No 5 Can Gen Liverpool	13-3-18	S W. Back.
B 191	Can. Conv; Bromley	12-3-18	" " "
B 2172	No 5 Can G. Liverpool	15-4-18	" " "
B 222	Carriest Road		● should be A/Bdr

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1st/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

*1412185
887*

PARTICULARS OF SEPARATION ALLOWANCE

No. *331601.*
 Rank *Gnr.* Promoted Reverted Discharge
 Soldier's Name *C. H. Alward.*
 Battalion *68th Battn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Minnie Alward*
 Address *Butternut Ridge Kings Co. M.B.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept 30, 17</i>			<i>240</i>	<i>240</i>
<i>Oct</i>	<i>F 50867</i>		<i>20</i>	<i>20</i>
<i>Nov. D</i>	<i>52026</i>		<i>20</i>	<i>20</i>
<i>Dec.</i>	<i>C 60379</i>		<i>20</i>	<i>20</i>
<i>Jan 18</i>	<i>C 65412</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>B 91957</i>		<i>20</i>	<i>20</i>
<i>March</i>	<i>G 99183</i>		<i>20</i>	<i>20</i>
<i>April</i>	<i>G. 8948</i>		<i>20</i>	<i>20</i>
			<i>\$ 380⁰⁰</i>	<i>\$ 380⁰⁰</i>

REMARKS *302. C. 4*

..... A/c Closed 30/4/18 MR02B. destroy 1/5/18
Ret'd per Araguaya
Date 27/4/18 F.X. 1/5/18
..... Clerk J.W. Barrow

Op. m. 11 instructed to open SA from Sept 1st 1918 auth ruling P. & B. 21-8-18. KOG. 59-18

Pension Granted on account of 743043 Pte W. H. Alward. Sept 1-1918.



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

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

- (a) Proceedings on Discharge
(b) Attestation.
(c) Medical History Sheet.

§Only if discharged "Medically unfit."
‡Only if man has not been overseas.

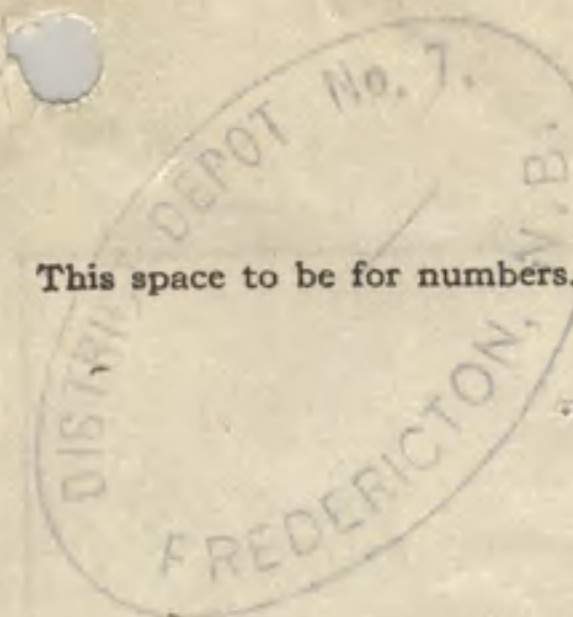
Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.



Proceedings on Discharge.

27-9-34
7/11/34

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	331601
Rank	Private
Surname.....	Alward
Christian name.....	Charles Hinson.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	68th.Bty.
Date of discharge	September 7th.1918.
Place of discharge	Fredericton.N.B.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....27.....years.....6.....months.	Descriptive marks Shrapnel wound back
Height.....5.....feet.....9.....inches.	
Complexion	Reddish.
Eyes	Blue
Hair	Red
Trade	Machinist
Intended place of residence	Havelock Kings. Co. N.B.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of being no longer fit for War Service K.R.&O. 1912. Para.392. Sec XVI.	
Authority for discharge..... <i>Med unfit</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
" VERY GOOD"	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

W.S.G. Compo.
31-12-19

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

NIL.

To be copied by the Commanding Officer to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Fredericton, N.B. *C. J. Osborne* Lieut. Col.

O. C. District Depot No. 7.

(Date) September 6th 1918. *C. J. Osborne* Commanding.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Fredericton, N.B. *C. H. Alward* (Signature of Soldier.)

(Date) September 6th 1918 *G. M. Beatty Sglt* (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 on his own request.

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

C. H. Alward (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....~~2~~ years.....~~1917~~.

Total.....~~2~~ years.....~~1917~~.

11. Confirmation of Discharge.

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

(Place) Fredericton, N.B. *C. J. Osborne* Lieut. Col.

(Signature) O. C. District Depot No. 7.

(Date) September 7th 1918.

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.)

None.
C. H. Alward

Date of enlistment.....22-2-16

Date left Canada.....1-5-16

Date returned to Canada.....24-4-18

TWO BLUE SERVICE CHEVRONS.

Served in CANADA ENGLAND AND FRANCE

1 Casualty Stripe wounded22-9-17

82.9
8/16/92
A.C.

OPINION OF THE MEDICAL BOARD—(Continued).

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

That 331001 Pte. Alward, Charles be placed in Cat. B. Further treatment not indicated. Disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Fredericton, N.B. H.P. Joseph Capr President.
Thomas J. Capr Members.
 DATE Aug. 28/1918

APPROVED BY Alm. Linton Major APPROVED BY _____
Assistant Director of Medical Services. MD Director-General of Medical Services.
 DATE 3-9-18 DATE _____

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.

PLACE _____ President.
 DATE _____ Members.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

MILITARY SERVICE
 SEP 20 1918
 H.Q. CANADA.

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Fredericton, N.B. DATE 28.8.18
 1. 1 (a) Unit D.D. 7 (b) Regimental No. 331001 (c) Rank Bombadier
 (d) Surname ALWARD (e) Christian name Charles Hansen
 2. Age last birthday 27 yrs. Date of birth 19 March 1890
 3. Enlisted at Vancouver B.C. on 31/2/18.

4. Personal description:—
 (a) Height 5'0" (b) Weight 145 (c) Complexion reddish
 (d) Colour of hair Red (e) Colour of eyes Blue (f) Identification marks _____

5. Address after discharge (for the use of the Board of Pension Commissioners) Havelock, Kings Co., N.B.

6. Former trade or occupation Wabinist

7. (a) Service	PERIODS	
	From	To
Canada		
England		
France	<u>31.2.18</u>	<u>21.4.18</u>
England	<u>31.3.18</u>	<u>13.9.18</u>
Canada	<u>31.8.18</u>	<u>31.8.18</u>
	<u>31.8.18</u>	<u>Present</u>

(b) Has he been overseas? Yes 8. Original disease or disability Shrapnel wound back

(a) Date of origin 21.9.17 (b) Place of origin Lezay, France
 (c) Cause* Shrapnel wound in action
 (d) Present disease or disability Weak back

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.
 [After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(b) Signs) There are three wound scars on back and one operative scar, also an operative scar on left shoulder 4" long. The operative scar on back is 9" long situated about midway between post auxiliary line and spine and on level of 2nd lumbar vertebrae. A large wound scar on back commences about 2 1/2" below inferior angle of scapula and runs downward and inwards, across the spine.

9. Present condition.—(Continued.)

at level of 8th and 9th Dorsal vertebrae and ends about one inch from spine on level of 2nd lumbar vertebrae. The spine is quite tender at the point and slightly curved to left.
(Subj) Complains of pain on walking, has slight cough. Examination of sputum for T.B. negative. General condition good.

X Ray Findings Re Bor C.H. Alward # 331601 - 23-12-18.
Normal lumbar + dorsal spine - fracture
11th + 12th ribs right side - union - good position
W.S. Kelly X Ray Operator
Victoria Public Hospital
Medicine 2B

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous... Yes Digestive... Yes Respiratory... Yes Cardiac... Yes
Genito-Urinary... Yes Skin, Middle Ear, Eye or any other part... Yes

This man can walk two miles - then feels very tired
He can stoop to angle of 75°; and can lift
15 lbs. which tires him for 1/2 an hour.
O.S. Thomey Capt. All
U.S.A.

10. History: (a) of Condition referred to in "a" section 9.

Shrapnel wound of back received while on duty at Lens 21.9.17. Previous to enlistment back was strong. After being wounded was sent to No. 22 C.C.S. where operation was performed. No. 56 Gen. Hospital then to Lonson Gen. then to C.C.H. Bromley, 23.11.17

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

N.A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No

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

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

Indefinite

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

Massage and electricity

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No

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

Yes

17. Recommendations That #331601 Bomb. C.H. Alward be placed in Cat. E. No further treatment indicated. Disability due to service,

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

STATEMENT OF THE SOLDIER.

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

I, the undersigned 331601 C.H. Alward have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Charles H. Alward
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

yes.

19. 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

20. 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).

B. P. C. FOLIO
FALSE DOCKET

OPINION OF THE MEDICAL BOARD

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

Yes.



19. Is the invalid fit for

- | | | |
|--|--------------|-------------------------|
| (a) General service, | (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) |

20. It is certified that the invalid

(a) ~~Does not 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.

x (d) ~~Should pass under his own control~~
(Strike out condition not applicable.)

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

That #331601 Pte. Alward, Charles be placed in Category "E". Further treatment not indicated. Disability due to Service.

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

(Sgd) H.P.O'Neill, Capt. President.

PLACE Fredericton, N.B.

(Sgd) H.McAulay, Capt. C.A.M.C.

Members

DATE Aug. 28, 1918.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President.

PLACE

Members

DATE

APPROVED BY

APPROVED BY

(Sgd) R.M. Luton, Major.

M.F. #7.

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 3/9/18.

DATE

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



INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Fredericton, N.B. DATE 28/8/18.

1. 1 (a) Unit D.D. #7. (b) Regimental No. 331601. (c) Rank Bar.

(d) Surname ALWARD. (e) Christian name CHARLES HANSON.

(f) Home address Havelock, Kings Co., N. B.

(g) Next of Kin (h) Relationship

(i) Address of Next of Kin

2. Age last birthday 27. Date of birth Marc 18, 1890.

3. Enlistment ~~xx xxxxxxxxxxxxxxxxxx~~ (a) Place Vancouver, B.C. (b) Date 21/2/16.

4. Personal description:

(a) Height 5'-9". (b) Weight 145. (c) Complexion Reddish.

(d) Colour of hair Red. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.

None.

5. Former trade or occupation Machinist.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	6 months.

	PERIODS	
	From	To
Canada	31/2/16.	21/4/16.
	24/4/18.	Present.
England	21/4/16.	13/9/16.
	21/9/17.	24/4/18.
France or other theatres of War	13/9/16.	21/9/17.

7. Original disease, or injury Shrapnel Wound in Back.

(a) Date of origin 21/9/17. (b) Place of origin Lens, France.

(c) Cause S hrapnel Wound Back.

M. F. B. 227.

800M.-8-18
1772-39-117.

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

Weak Back.



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

OBJECTIVE SIGNS: There are three wound scars on back and one operative scar. Also an operative scar on left shoulder 4" long. The operative scar on back is 2" long situated about midway between post auxiliary line and spine on level of 2nd lumbar vertebrae. A large wound scar on back commences about 2 1/2" below inferior angle of scapula and runs downward and inwards, across the spine at level of 8th and 9th Dorsal Vertebrae and ends about one inch from spine on level of 2nd lumbar vertebrae. The spine is quite tender at the joint and slightly curved to the left.

SUBJECTIVE SIGNS: Complains of pain on walking, has slight cough. Examination of sputum for T.B. negative. General condition good. Shrapnel wound of back received while on duty at Lens on 21/9/17. Previous to enlistment, back was strong. After being wounded was sent to No. 22 C.C.S. where operation was performed. No. 56 Gen. Etaples then to London Gen. Hospital to C.C.H. Bromley, 23/11/17.

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

- Nervous System..... Cardio-Vascular System..... Genito-Urinary System..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... Respiratory System..... Integumentary System.....
Disturbances of Mentality..... Digestive System..... Muscular System.....
Osseous and Joint Systems..... Any other general condition.....

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

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



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

11.—(a) Did the disabling condition have its origin before enlistment? N.A.

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

N.A.

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

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

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

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

Massage and Electricity.

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

(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations..... That #331601, Bdr. C.H. Alward be placed in Category "E". Further treatment not indicated. Disability due to Service.

(Sgd). H.B. Lawson, Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

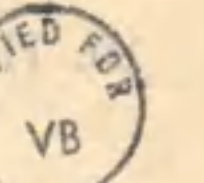
I complain in addition of

(Sgd). Charlie H. Alward, Bdr Rank. Signature of invalid examined.

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... Fredericton, N.B. DATE... 28/6/18

1. (a) Unit... D. D. # 7. (b) Regimental No... 331601. (c) Rank... Bdr.
(d) Surname... Alward. (e) Christian name... Charles Hanson.

2. Age last birthday... 27. Date of birth... March, 18, 1890.

3. Enlisted at... Vancouver, B. C. on... 21/2/16.

4. Personal description:—

(a) Height... 5'-9" (b) Weight... 145. (c) Complexion... Reidish.
(d) Colour of hair... Red. (e) Colour of eyes... Blue. (f) Identification marks... None.

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

Havelock, Kings Co., N. B.

6. Former trade or occupation... Machinist.

7. (a) Service

PERIODS	Years	Days
	2 6 Months.	
Canada.	31/2/16	21/4/16
England.	31/4/16	13/9/16
France.	13/9/16	21/3/17
England.	21/3/17	24/4/18
Canada.	24/4/18	Present.

(b) Has he been overseas? Yes.

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

Weak Back.

(a) Date of origin... 21/9/17. (b) Place of origin... Lens, France.

(c) Cause*... Shrapnel Wound in action.

Shrapnel Wound Back.

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

Obj: Signs: There are three wound scars on back and one operative scar. Also an operative scar on left shoulder 4" long. The operative scar on back is 2" long situated about midway between post auxiliary line and spine and on level of 2nd lumbar vertebrae. A large wound scar on back commences about 2 1/2" below inferior angle of scapula and runs downward and inwards across the spine at level of 8th and 9th Dorsal Vertebrae and ends about one inch from spine on level of 2nd lumbar vertebrae. The spine is quite tender at the joint and slightly curved to the left. Subj:— Complaints of pain on walking, has slight cough. Examination of spine for T. B. negative. General condition good.

[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.]

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

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- 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.
- 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.
- Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
- 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.

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.

Shrapnel wound of back received while on duty at Lensa on 21/9/17. Previous to enlistment back was strong. After being wounded was sent to No. 22 C.C.S. where operation was performed. No 56 Gen. Hospital then to London Gen. Hospital, to C.C.H. Bromley, 23./11/17.



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.

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? N.A.

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? Indefinite.

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

Massage and Electricity.

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. That #331601 Bomb. C.H. Alward be placed in Category "E". Further treatment not indicated. Disability due to Service.

(Sgd) H. B. Lawson, Capt. 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 C. H. Alward, 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

(Sgd) Charlie H. Alward. 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).

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).

That #331601 Pte. Alward, Charles be placed in Category "E". Further treatment not indicated. Disability due to Service.

(Sgd) H. P. O'Neill, Capt. President

(Sgd) H. McAulay, Capt. C.M.C. Members.

STATION Fredrickton, N. B.

DATE Aug. 28, 1918

APPROVED BY

DATE 3/9/18

APPROVED BY

DATE

(Sgd) R. M. Luton, Major. Assistant Director of Medical Services.

Director-General of Medical Services.

This space to be left blank for the Chelsea Number.

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Proceedings on Discharge

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

No. 331601 Army Rank BDR.

Name A L W A R D, Charles, H.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps _____

Battalion, Battery, Company, Depot, &c. Art. (0)
(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 _____

Place of discharge Invalided to Canada for further treatment.

1. Description at the time of discharge.

Age _____ years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measurement { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence (To be given as fully as practicable) { _____	
{ _____	

(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 _____

(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:— _____

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

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*

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.

To be filled in on the soldier quitting the Colours.

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) _____ Commanding _____ Battn. _____ 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.)

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Lower Ridge, Kings County, N.B.*

NAME AND ADDRESS OF NEXT OF KIN *Minnie Alward,
Lower Ridge, Kings Co. N.B. Canada*

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Bdr</i>	<i>9/3/14</i>	<i>No 138</i>

REG'L No. *331601* RANK *1st Bdr* NAME *Alward, Chas. Winson*

IF IN PERM. CORPS | WHAT UNIT *Off. 68th Bty.* TRANSFERRED TO *1st D.C.* DATE *23-10-16* AUTHORITY *260*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *2 Bde* DATE *6/3/19* AUTHORITY *13-10-16*

PLACE OF ATTESTATION *Vancouver,* TRANSFERRED TO *2 Bde* DATE *1-11-14* AUTHORITY *13-10-16*

DATE OF ATTESTATION *Feb. 22nd, 1916.* TRANSFERRED TO *718 J.* DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20⁰⁰* DATE EFFECTIVE *1/10/16.*

PAYABLE TO *Mrs. Minnie Alward, Butternut Ridge, Kings County N.B.* RELATIONSHIP *11 SEP 1916*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped 1/4/18* EFFECTIVE REASON *Discharged to Canada*

DISCHARGE DATE AND PLACE *18/3/18 Canada* REASON AND AUTHORITY *Granley 19th 13/3/18 Invalided*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

Checked *Alward*

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
	1916	NO. OF DAYS	RATE		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
<i>May 31</i>	<i>10⁰⁰</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>									<i>487</i>	<i>487</i>			<i>974</i>	<i>2436</i>	<i>1550</i>									
<i>June 30</i>	<i>10⁰⁰</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>										<i>33</i>				<i>730</i>	<i>5006</i>	<i>3050</i>									
<i>July 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>									<i>34</i>	<i>10</i>	<i>2091</i>	<i>306</i>	<i>2209</i>	<i>1417</i>	<i>4650</i>									
<i>Aug. 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>									<i>34</i>	<i>10</i>	<i>2328</i>	<i>317</i>	<i>2458</i>	<i>1518</i>	<i>4650</i>									
<i>Sep. 30</i>		<i>30</i>		<i>30</i>		<i>3</i>										<i>33</i>	<i>00</i>	<i>2600</i>	<i>318</i>	<i>2771</i>	<i>1419</i>	<i>4650</i>									
<i>Oct. 22</i>		<i>22</i>		<i>22</i>		<i>2</i>	<i>20</i>									<i>24</i>	<i>20</i>			<i>2000</i>	<i>10680</i>	<i>7650</i>									
<i>23/10-30/11</i>		<i>39</i>		<i>39</i>		<i>3</i>	<i>90</i>									<i>192</i>	<i>50</i>			<i>436</i>	<i>8570</i>	<i>7650</i>	<i>3910</i>							<i>A 2 M. 1/10/16. Trans 1st D.C. 23-10-16. D.O. 260. 13-10-16</i>	
<i>Dec. 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>									<i>34</i>	<i>10</i>			<i>20</i>	<i>3410</i>	<i>11560</i>	<i>7650</i>	<i>5320</i>							
<i>Jan 31</i>		<i>31</i>		<i>31</i>		<i>3</i>	<i>10</i>									<i>34</i>	<i>10</i>			<i>2000</i>	<i>2000</i>	<i>12970</i>	<i>7650</i>	<i>5320</i>							
<i>Feb. 28</i>		<i>30</i>		<i>30</i>		<i>3</i>	<i>80</i>									<i>50</i>	<i>80</i>			<i>2000</i>	<i>20</i>	<i>14390</i>									
<i>Mch 1-5</i>		<i>5</i>		<i>5</i>		<i>5</i>	<i>50</i>									<i>550</i>				<i>2000</i>	<i>2000</i>	<i>14240</i>	<i>7650</i>							<i>To 2 Bde 6/3/17</i>	
<i>6-31</i>		<i>28</i>		<i>28</i>		<i>28</i>	<i>60</i>									<i>286</i>	<i>272</i>	<i>12</i>	<i>266</i>	<i>1846</i>	<i>2712</i>	<i>132058</i>	<i>201</i>								
<i>Apr 30</i>		<i>30</i>		<i>30</i>		<i>30</i>										<i>33</i>				<i>20</i>	<i>20</i>	<i>15206</i>									
				<i>401</i>		<i>50</i>										<i>40150</i>				<i>3686</i>	<i>3668</i>	<i>3590</i>	<i>140</i>	<i>24944</i>							

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:—

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 unskilled labour?

THE PENSIONABLE DISABILITY—(see Part I. (3)). Application on Active Service of a disability existing previous to joining is to be included in the estimate.

Permanency of the Pensionable Disability, estimated next above in (16).

Remarks

Classification for the Military Hospitals Commission

Dated at this day of 191

Signatures of the Board

Signature of the President

Reserved for M.H.C.

Regt. No. 331601 Rank Bomb Surname Alward Christian Name e. H. Unit or Corps—(a) Overseas from United Kingdom 48th How Bty (b) In United Kingdom CFA, CEF Born at—Town Havelock County or Province New Brunswick Country Canada

Date of Birth—Day 18th Month March Year 1890 Age 27 yrs 10 months

Joined at Vancouver B.C. Date 21st Feb 1916

Former Trade or Occupation Machinist

Permanent marks or peculiarities that will serve for future identification:—

Height—feet 5 inches 9 Colour of eyes Blue

Signature of Soldier (for identification purposes)

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).

Weak Back

Disabilities Group (b).

Disabilities Group (c).

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

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: Shrapnel wound, Lens, 21.9.16

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?
(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?



Not applicable



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? _____ (v.) When? _____

(vi.) Opinion of the Court? _____

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.)

Shrapnel wound of back received while on duty, at Lens 21.9.17 previous to enlistment back was a long. He has served eleven months in France - After being wounded was sent to no 22 C.C.S. where operation was performed - from then sent to no 56 Gen. Hospital, then to 2nd London General Hospital - 28.11.17

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

There are 3 wound scars on back, and one operation scar also an operation scar on left shoulder. The operation scar on left shoulder is about 4" long. The operation scar on back is about 2" long. Situated about midway between 1st and 2nd vertebrae and on level of 12th vertebra a large wound scar on back commences about 2 1/2" below the inferior angle of scapula and runs downward and upwards across the spine of back. Superiorly it extends about 1" from spine on level of 7th vertebra. The spine is quite tender at this point and slightly curved to left. The feet are weak and painful. Otherwise his general condition is good - He has some tubercles in throat.

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

(ii.) If so, state what. *removal of shrapnel bullet and cleaning wound*

(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.

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

(ii.) If so, describe. _____

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? _____

Date of Report *Jan 2 1918* Signed *A.R. Perry Capt* Officer in medical charge of case.

Station *Bromley Det Regt*

I have satisfied myself of the general accuracy of the above report, and concur therein except _____

G. L. G. [Signature] Officer i/c Hospital Strike out one of these. *S.M.O. Brigade*

Station, on *Bromley Det Regt* Jan 25 1918

W. M. [Signature]

* 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)? *no*

If not, indicate it. *Pain and weakness in back at region of 9th dorsal vertebra*

12. Is the cause of the disability, fully indicated in Part I. (2)? *no*

If not, indicate it. *S.W. Back, fracture 11th and 12 ribs.*

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%)

15. THE PENSIONABLE DISABILITY—(see Part I. (5). 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, 1/3, 2/3, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent? _____

(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?

18. Remarks.

Three healed scars on back and left shoulder left shoulder and back. A large curved ^{healed} scar extending from lower angle of scapula down and across spine at level of 7th dorsal vertebra, and adherent to spine. Sample of pain at this point on stooping or on walking far or due to jarring of vertebrae. No X-ray report available. Some dyspnoea on exertion. Heart normal. Other systems normal.

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. *C*

Date of Board *30/1/18*

Station *Kingwood*

Approved *[Signature]* Major, C.A.M.C. A.D.M.S.

Dated at *London Area* Station *London Area*

Signatures of the Board: *[Signature] President.* *[Signature] A.D.M.S. CANADIANS LONDON AREA LONDON*

5 FEB 1918