


## C. E. F. REGIMENTAL DOCUMENTS

 NAME BEARD Maitland Arnold

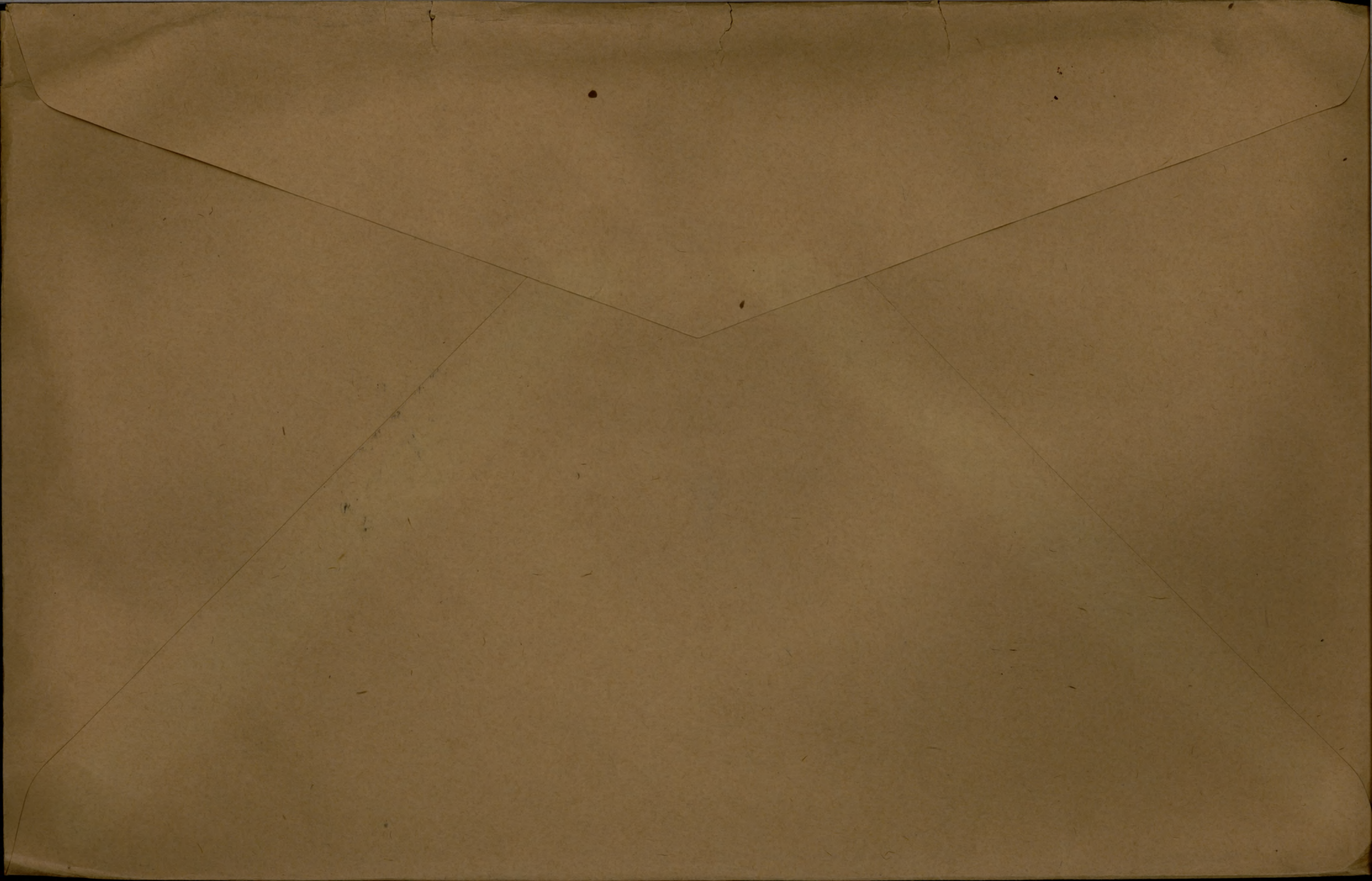
 REGT. No. 12 715

 UNIT 39 Batt

 H. Q. FILE No. 60-B 355

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<del>TEMPORARY ENVELOPE</del>			CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		TEMPORARY			
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)		ENVELOPE			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					DISCHARGE
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 17a)					CATEGORY
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
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)					
CARDS					
PAY-SHEETS					

M.F.W. 2589  
 20M-4-46 (9113)  
 H.Q. 1772-39-1377



A. 12715

no card  
MILITIA & DEFENCE  
JUN 29 1915  
H.Q. 60-13-355  
CANADA  
DEPT. MILITIA & DEFENCE  
JUN -7 1915

# MEDICAL HISTORY SHEET.

Surname Beard Christian Name Maitland Arnold

Examined { on 20 day of Jan 1915  
at Napaul  
Birthplace { City or Town Presque Isle  
County Ontario

Approved by C. Miller Stratton  
Rank Lieutenant M.O.

Apparent age 19  
Trade or occupation Woodworker  
Height 5 Feet 6 1/4 Inches.  
Weight 125 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 35 1/4 inches.  
Physical development Good  
Small-Pox Marks none

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

THIRD DIVISIONAL AREA  
JUN 5 1915  
3.D. H4-3-757

Vaccination Marks { Arm Right Left 2  
Number 2

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last Jan 1915

(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection none

Enlisted on 20 day of Jan 1915 at Napaul

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39<sup>th</sup> Bn. C.E.F.</u>			
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname *Beard* Christian Name *Martland* *April*

STATION.	Date of Arrival at the Station.	- DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.		
		Admission into Hospital.			Discharge from Hospital.								
		Day	Month	Year	Day	Month	Year						
<i>Bellerille</i>	<i>April 6</i> <i>Apr 1</i>	<i>6</i>	<i>4</i>	<i>15</i>	<i>29</i>	<i>5</i>	<i>15</i>	<i>1915</i>	<i>1915</i>	<i>Meningitis</i> <i>meningitis</i> <i>Central Spinal M.</i>	<i>15</i> <i>54</i>	<i>Spinal M. but microscopically did not seem to be the usual type of germ. rather severe serum - lumber puncture</i>	<i>A. E. McCall</i>

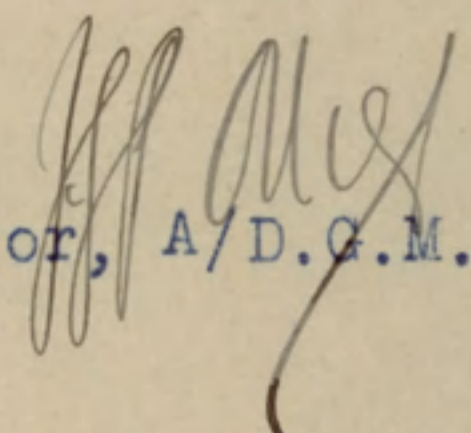
Memorandum.DEPARTMENT OF MILITIA AND DEFENCE.*To*

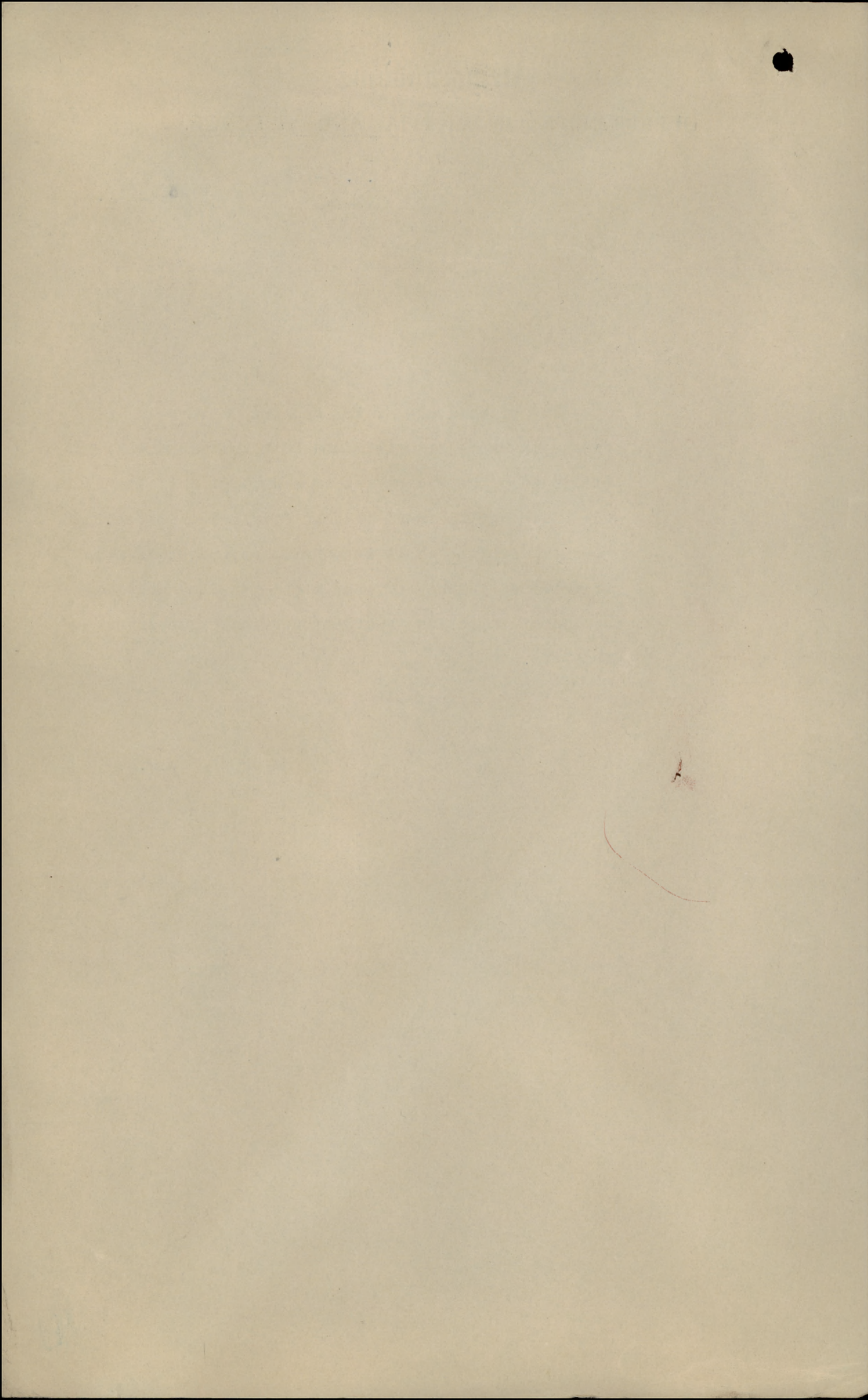
A. A.G.(1)

H.Q.60-B-355

Ottawa, July 26<sup>th</sup> 1915.Medical Report:No.12715, Pte.M.A. Beard, 39th  
Battalion, C.E.F.

The proceedings of the Medical Board held on the man were returned June 28th for amendment, (folio 5). These were returned July 5th, (folio 7) the Board having found the man "fit!" The proceedings are not approved as it is considered that this man, if retained in the service, might possibly prove a source of infection to others for some time after recovery.

  
Major, A/D.G.M.S.



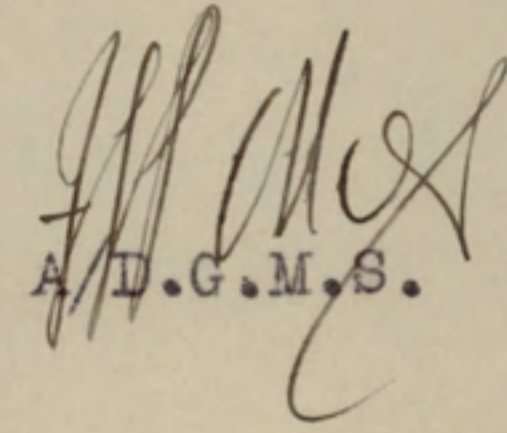
Memorandum.DEPARTMENT OF MILITIA AND DEFENCE.*To*

H.Q. 60-B-355

A.A.G. 1

*Ottawa,* June 25th 1915Medical Report:No. 12715, Pte. M. A. Beard,  
39th Battalion, C.E.F.

This man's condition is noted as good (Sec 11); therefore he is fit for discharge. A month's convalescence is noted as sufficient. I would recommend he be at once discharged and compensation allowed for that period. Draft letter attached if you concur.



Major A.D.G.M.S.

6





NAME.

*Beard.*

RANK. *Pte.*

REC. FILE.

No. *412715.*

*S.O.S. 9-7-15-3*

CORPS. *39<sup>th</sup> Bn.*

H. Q. FILE.

ENLISTMENT, PLACE.

*Napanee, Ont.*

DATE.

*Feb. 5<sup>th</sup> 1915.*

BIRTH DISCHARGE, PLACE.

*Canada. Presque Isle Ont.*

DATE.

*Oct. 13<sup>th</sup> 1895.*

REASON.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

*Beard Richard A.*

*Father.*

ADDRESS

*Napanee, Ont.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED  
BY

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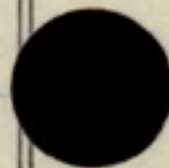
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# MEDICAL HISTORY OF AN INVALID.

THIRD DIVISIONAL AREA  
 3.D. 144-3-237

- 1.—Station. *Bellerive*
- 2.—Regiment of Corps. *39<sup>th</sup> Batt. C.E.F.*
3. Regimental No. and Rank. *12715 Private*
- 4.—Name. *Maitland Arnold Beard*
- 5.—Age last Birthday. *19<sup>th</sup>*
- 6.—Enlisted { on *21. 1. 15*  
 at *Napanee*
- 7.—Former Trade or Occupation. *Woodworker*
- 8.—General remarks on his:—
- (a) Conduct. *good*
- (b) Habits. *regular*
- (c) Temperance. *abstainer*
- (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
- Date *29.5.15*

DEPT. MILITIA & DEFENSE  
 JUL 1915  
 H.Q. CANADA

(At Station or Hospital where finally disposed of)

Station and Hospital } Arrived from }  
 Date

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

SUMMARY of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

9.—Service.	Years.		Days.
	PERIODS.		
	From	To	
<i>39<sup>th</sup> Batt C.E.F.</i>	<i>21. 1. 15</i>		

- 10.—Disease or Disability. *Spinal Meningitis*
- 11.—Date of origin, cause, present condition, and whether the same is the result of service or climate. *6-4-15 - Defective good but weak service - close contact with Germans*

Has it been aggravated by intemperance, vice or misconduct? *no*

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

**DETAILED MEDICAL HISTORY OF INVALID**

Militia Form B. 227.  
 5m.-3-15.  
 (H. Q. 1772-38-117.)

Date	Disability	Name	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

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

*Carded 7-3-16*  
 [OVER]

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

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

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

*Disability due to exposure to carriers while on duty & close contact in sleeping bunks in barracks otherwise.*

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

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

*I do not think so  
He will probably recover his usual health in about a month.  
I do not think it will prevent him from earning his full livelihood.*

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

*Lumbar puncture  
Serum inoculation as indicated  
Morph - as required - tonics and rest.*

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

*no*

*A. E. MacCall*

*Med. Officer*

Medical Officer by whom the case is brought forward

**OPINION OF THE MEDICAL BOARD.**

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

*The board having assembled pursuant to orders proceed to examine Pt. No 12715 - Pte Maitland Arnold Beard 39<sup>th</sup> Batt C.E.F. Concur with the above report. + find him fit.*

Signatures:—

*A. E. MacCall*  
Capt.

President.

Station

*Bellville*

*R. M. Culloch St. Amc*

Members.

Date

*29-5-15*

Date

*5.7.15*

*R. J. Henderson*  
Assistant Director of Medical Services.

Approved.

Date

Director of Medical Services.

[OVER]

JUL 27 1915

NUMBER.	PURPORT OF COMMUNICATION.	FOR CROSS REFERENCE NUMBERS.
60-B-355	MEDICAL REPORT. No. 12715, Private, M. A. Beard, 39th Battalion, C. E. F.	

TO BE LEFT BLANK.

CENTRAL REGISTRY.	DATE.	P. A. OR B. F.	INITIALS.	REFERRED TO	FOR REMARKS.	INITIALS.	DATE.
					(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
JUN 10 1915	9/6/15	B. J. F.			WITH PAPERS C.R.		JUN -7 1915
JUN 12 1915				Dgms	Passed	BTB	8/6/15
JUN 20 1915				Dgms	WITH PAPERS C.R.		JUN 20
JUN 20 1915				aaq	With minute & draft.		28.6.15
JUN 30 1915	10/15	B. J. F.		SFMS	Letters signed & despatched		29.6.15
JUN 29 1915				SFMS	WITH PAPERS C.R.		6/7/15
JUL 26 1915	26/7/15	F. G.		aaq	with minute and draft for signature pl.		26-7-15
JUL 26 1915				A.P.F.	please note pass to		26.7
AUG -4 1915				b.D.	passed		3.8.15
AUG -7 1915	7/15	P. A.		Dgms		BTB	6/8/15
DEC 13 1914	11/15	P. A.		Dgms	PER REQUISITION C.R.		DEC 10
MAR -7 1916	7-3-16	P. A.			PER REQUISITION C.R.		MAR -6 1916
JUN 17 1916	17/6/16	P. A.	F. B.		PER REQUISITION C.R.		105 JUN 15 1916
APR 9 1918	8/18	P. A.	D. G. R.		WITH PAPERS		

NUMBER.	PURPORT OF COMMUNICATION.	FOR CROSS REFERENCE NUMBERS.

CENTRAL REGISTRY.	DATE.	P. A. or B. F.	INITIALS.	REFERRED TO	FOR REMARKS.	INITIALS.	DATE.
(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")							

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