

REGIMENTAL DOCUMENTS

1945

NAME **BEAUMONT**

BERT

REGT. NO. 51002

UNIT 3rd CJA

H. Q. FILE NO.

S

H

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demol

DESERTION

*8-6
18-6
17-7
2*

M

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1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

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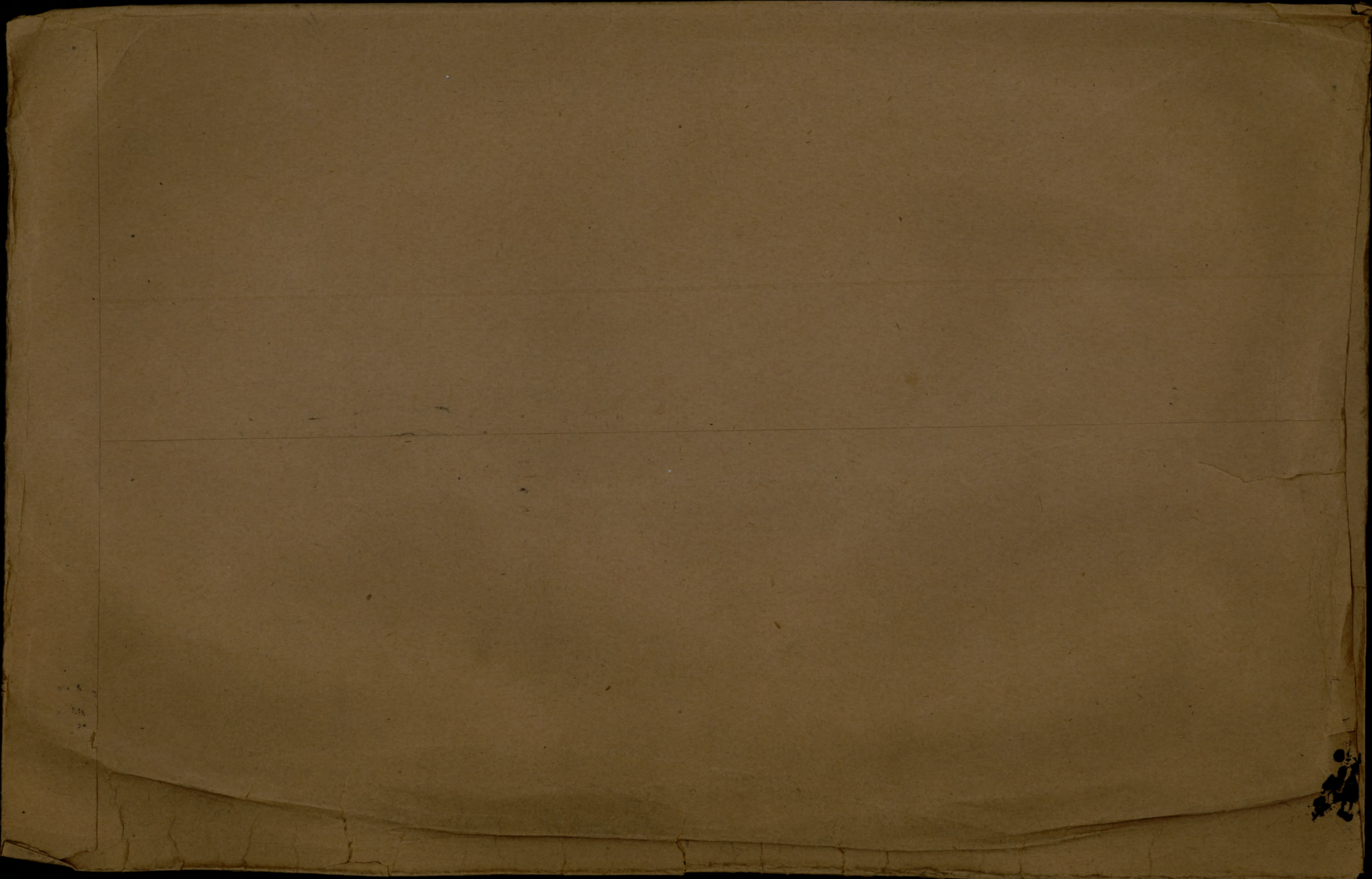
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 CW3

1 *Co. A 5099A*

1 *Coyard*

1 *49*



card
A.S.

ATTESTATION PAPER.

No. 51002

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Beaumont, Bert
2. In what Town, Township or Parish, and in what Country were you born?..... Barnet, England.
3. What is the name of your next-of-kin?..... Mrs. E. Beaumont (mother)
4. What is the address of your next-of-kin?..... R.M.D. No 3, Victoria B.C.
5. What is the date of your birth?..... May 19th 1897
6. What is your Trade or Calling?..... Electrician
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Bert Beaumont (Signature of Man).

Howard G. Buntline (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Bert Beaumont (Signature of Recruit)

Date April 13th 1915 Howard G. Buntline (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bert Beaumont, 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.

Bert Beaumont (Signature of Recruit)

Date Apr. 13 1915 W. S. Shannon (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Victoria this 13 day of April 1915

Richard H. Parkin (Signature of Justice)

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

C. D. Pollard (Approving Officer)

x-82

Description of Beaumont Bert on Enlistment.

Apparent Age 19 years.....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. 9 ins.

Two vaccination marks on left arm.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....5 ins.

Complexion.....medium

Eyes.....green

Hair.....dark brown

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

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.....March 22nd 1914

Harward G. Coulthard Leut

Place.....Victoria B.C.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Bert Beaumont.....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.

C. Mollard - Capt (Signature of Officer)

Date.....April 13th 1914

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 62878

THIS IS TO CERTIFY that No. 51002 (Rank) Pte.

Name (in full) Beaumont Bert enlisted in
the C. A. M. C.

CANADIAN EXPEDITIONARY FORCE at Victoria on the 13th
day of April 1918

HE served in 3rd Field Am. France

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (1)
~~Medical Unfitness.~~

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

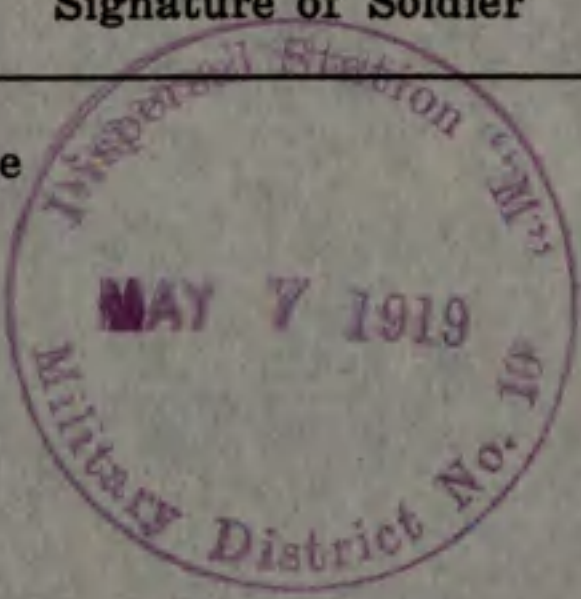
Age 21 yrs.
Height 5ft. 9 ins
Complexion Medium
Eyes Brown
Hair Dark Brown

Marks or Scars Two Vax marks
on left arm

B. Beaumont
Signature of Soldier

J. A. Daesh
Issuing Officer

Date of Discharge



A. Veer
Rank

Date May 7 1919

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

THIS IS TO CERTIFY THAT NO. 51282 (Rank) [Signature]

Name (in full) [Signature] enlisted in [Signature]

the [Signature] CANADIAN EXPEDITIONARY FORCE at [Signature]

on the [Signature] 19[Signature]

He served in [Signature]

and is now discharged from the service by reason of [Signature]

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

THE DESCRIPTION OF HIS UNIFORM IS AS FOLLOWS: [Signature]

Mark of Corps [Signature]

Height [Signature]

Complexion [Signature]

Eyes [Signature]

Hair [Signature]

Signature of Soldier [Signature]

Date of Discharge [Signature]

Leaving Officer [Signature]

Rank [Signature]

Date [Signature]

A duplicate of this certificate will be issued, any person having same is requested to forward it to the [Signature] [Signature] [Signature]

The Will of Mr. B. Beaumont

51002.

Alone

14

WILL

In the event of my death, I give the whole of my property effects and money to my mother, Mrs. F. C. Beaumont R. M. D. 3. Victoria B. C. Canada.

(Signed) Private Bert Beaumont
No 51002

May 21. 1915
Society Division
1 ST. Canadians.

Extracted from a S P B this
Twenty first day of September
1917.

(Signature)

for Dan Sgh
3rd BA HCU

THIRD BATTALION (First Canadian Division)

March 22nd. 1917.

CASUALTY LIST "B"

No. B. 305.

Date Adm. Number Rank & Name. Nature of Casualty.

FIRST ADMISSIONS

COUNTESS OF LYTTON'S HOSPITAL BERKLEY SQUARE S.W.

16-3-17 201664 Pte. Philips, C. ✓ Pneumonia.

MILITARY HOSPITAL FRENHAM HILL FARNHAM.

17-3-17 237337 Pte. Theobald, C.S. ✓ Influenza Slt.

HOSPITAL TRANSFERS DISCHARGES ETC

CANADIAN RED CROSS SPECIAL HOSPITAL BUXTON.

Ex Canadian Convalescent hospital Bromley.

16-3-17 201282 Pte. Tierney, C. Myalgia.

ONTARIO MILITARY HOSPITAL ORFINGTON.

Ex King George Hospital Stamford Street.

18-3-17 18034 L.C. Drolet, R. GSW. Spine.

CANADIAN CONVALESCENT HOSPITAL ~~XXXXXX~~ MONKS HORTON

Ex Bevan Military Hospital Sandgate.

17-3-17 201154 Pte. Duffy, T. GSW. Frac Ribs Slt.

CANADIAN CONVALESCENT HOSPITAL HILLINGDON HOUSE UXBRIDGE.

Ex Suffolk Hospital Bury St Edmunds.

17-3-17 9906 Pte. Graham, R. P.U.C.

BARNWELL MILITARY HOSPITAL CAMBRIDGE.

Ex Military Hospital Shorncliffe.

16-3-17 140209 Pte. Walls, C.K. V.D.G.

CANADIAN CONVALESCENT HOSPITAL MONKS HORTON.

Discharged.

9-5-16 44083 Pte. Gazard, H. (Sciatica.)

17-11-16 172204 Pte. Hamilton, W.C. (GSW. L. Arm.)

GRANVILLE CANADIAN SPECIAL HOSPITAL RAMSGATE.

Discharged.

19-3-17 461150 Pte. Pringle, T. (GSW. R. Leg & Hammer Toe L.)

1404

14-37-1

P. 880.

SHE

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Bert 2. Surname Beaumont
3. Rank Pte 4. Original Unit C.A.M.C. 5. Reg. No. 51002
6. Address, in full, to which future payments of gratuity are to be forwarded
R.M.D. 3 Victoria B.C.
7. Date of enlistment in the C.E.F. Mar 20 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge no
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:—
~~.....~~
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?
~~.....~~
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
~~.....~~
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 C.A.M.C. four
years 10 days
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

SWA

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
not applicable

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

no
not applicable

not

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

not applicable

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.? If not, give:—(a) Date of discharge

7.5.19

(b) Reason for discharge

not

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.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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: *B. Beaumont*

Place of Residence: *R. H. D. 3. Victoria. B. C.*

Declared before me at: *Braunschott.*

This *29th* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

G. White

Major. C. A. M. C.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>42000</i>	<i>35000</i>
			<i>7000</i>	

Certified Correct.

District Paymaster.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BEAUMONT. B.
REGIMENT 3rd F. Amb RANK Pte No. 54002

Date of Examination in England 29/3/19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

LM



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? /

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

F.D. J. Robb

BRANSHOTT CAMP
HANTS.

Signature of Dental Officer *J. [unclear] Capt.*

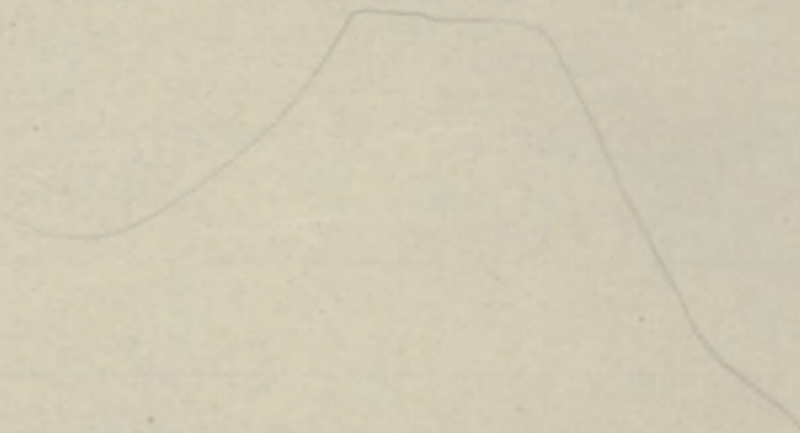
BEAUMONT B

21003

147 Ave

9/1/11

M 116



ORIGINAL

51002

MEDICAL HISTORY SHEET.

Surname Beaumont Christian Name B

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W. R. WARD, Colonel in Charge of Records, Canadian Contingents, London.

Examined on 12 day of May 1915 at Shornecliffe (City or Town) Barnet (County) England Apparent age 18 Trade or occupation Electrician Height 5 Feet 10 Inches Weight 150 Lbs. Chest Measurement (Minimum 35 inches, Maximum expansion 38 inches) Physical development Good Small-Pox Marks Vaccination Marks (Arm Right, Left yes) Number When Vaccinated last March 1915 (a) Marks indicating congenital peculiarities or previous disease 2

Approved by Thomas Lyon Rank Capt comd M.O.

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT, Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 'twice' and 'March 1915'.

Enlisted on 20th day of March 1915 at Victoria BC

Table with columns: CORPS., REG'TL. NUMBER., HABITS., DATE. Includes handwritten entry: No. 1 Field Amb. Camb. 51002

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION., DATE., DISEASE., RESULT. Includes handwritten entry: Bramshott 31/3/18 L Inguinal Hernia

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.

Entries in Red Ink made from Attestation Sheets.

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

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

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 6. a. m. c

Regimental No. 51002 Rank Pte Name Beaumont Bert
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<p>26.4.19 T.O.S. Dispersal Station M and Dispersed..... 7.5.19 A. Dack, Lieut. for O. C. 10 District Depot.</p>	<p>DO 132 do</p>	<p>Par 2 .. 3</p>	

(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, Shoing 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				

Rank Name **BEAUMONT Bert.**

Reg'l No. **51002.**

E. 11799.

Unit **C.A.M.C. Reints.**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Victoria 13th April 1915.**

Place of Birth **Barnet England.**

Name and Address, Next-of-Kin **Mr F.C. Beaumont R.M.D. No3 Victoria B.C.**

Relationship **Father**

Assigned Pay Monthly \$ Payable to

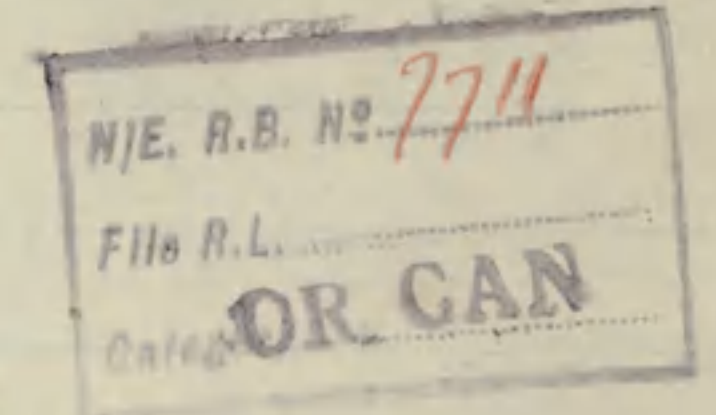
Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason

Character



*Amb
B3*

100R

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>C</i> 11.5.15 <i>14.5.15</i>	O.C. Depot Co.	Taken on strength of Depot Co. <i>Proceeding Overseas</i>	<i>Shorncliffe</i>	10-5-15	Part II Orders. No 76.
30.5.15	San. Sec.	Taken on strength from Eng <i>a. 5 M. 8. 22. 5. 15</i>	HQ. 3 rd Ech	19.5.15	" " 10
31-7-15		On strength of Can. San. Sec.			nom. Roll.
21.4.16	"	Granted 9 days leave from	In the field	8.4.16	Pl II O# 17.
30.4.16	"	Rejoined unit from leave	"	18.4.16	Pl II O# 18.
21.7.16	1. "	Struck off strength & ret'd to came for att: 3 rd Batt as Water Detail	"	12.7.16	Pl II - 29
21.7.16	Gen	Taken on strength from 1. San Sec	"	13.7.16	" 29
21.7.16	do	Att: 3 rd Batt as Water Detail	"	13.7.16	" 29
21.7.16	3 rd Bn	— do — — do —	"	14.7.16	" 29.
31.3.17	3 Bn	No 2 Field Can Amb desch No 2 7 ca	"	13.2.17	
"	"			15.2.17	CR above
12.6.18	"	Cease attached to 3 rd Bn on return to 3. C.F. Am	Plu Field	18.5.18	Pl II 052 1

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				
5.6.18	6 AMBENT	Cease to be att'd to 3 rd Bu	RT Field	18.5.18	P TH D.O. 34
5.6.18	3 rd Lt Amb	T.O.S from 6 AMBENT	" do	20.5.18	33 <i>6 AMBENT</i> P TH D.O. 34 4/5/18
14.7.19	do	Granted Good Con Badge	" Field	13.4.19	- 1
31.3.19	do	Emb. Leave for Eng. 22.3.19	" - - -	27.3.19	- 15
<i>Sailing No 56 d/26/4/19</i>			<i>Disp Area M Emb. Roll 63</i>		
31.3.19	1 Wing. 666	TD from 3 rd Lt Amb pending RTB	B'shott	28.3.19	P TH 11.
30.4.19	"	S.O.S. to Canada	"	26.4.19	- 17

Canadian Sanitary Section
Casualty Form—Active Service.

Regiment or Corps C.A.M.C.

Regimental No. 51002 Rank Pte Name Beaumont, B.

Enlisted (a) 20/3/15 Terms of Service (a) War Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
28/5/15	O.C. Unit	Joined from England taken on strength	In the field	17/5/15	B213 22.5-15
8.4.16	O.C. 1 San Sec	Proceeded on 9 days leave	do	8.4.16	B213 Pt II Ord No 17 d/21 ⁴ / ₁₆
22/4/16	do.	Rejoined Unit from leave	do	18.4.16	B213 Pt II Ord No 18 d/31 ⁴ / ₁₆
15.7.16	do.	Struck off strength of 1 st Can San Sec to Camc Gen.	do.	13.7.16	B213. Pt II Ord No 29 d/21 ⁷ / ₁₆
15.7.16	do	Taken on strength of Camc Gen & att to 3 rd Bn as water detail Auth ADMS. 1 st Can Don 9/93 d/13 ⁷ / ₁₆ .	do	14.7.16	B213 Pt II Ord No 29 d/21 ⁷ / ₁₆
8.10.17	3 Bn.	Granted 10 days leave.		11.9.17	K1116/24336 Pt II 108 d/17 ¹⁰ / ₁₇
25.5.18	3 Bn	Rejoined from leave. Cases to be att'd to W.E. 3 rd Can Batt and Ported to 3 G Famb. Authy ADMS. 1 Dis Com. 1/69 d/17.5.18		26.9.17	B213.
				14.5.18	B213 Pt II 34 d/5.6.18
25/5/18.	3 B. F. Aub.	T.O.S. No 3 Bdn Hd. Aub.	Field.	20/5/18.	B.213. Pt II 33. 19/18.
29/9/17	O. de R.	Granted extension of leave 21/9/17	to	24/9/17.	1 Roll. Pt II 3 rd Bn. 101 d/30/9/17.

(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				
24/8/18	367 Amb	Evacuated sick		23/8/18	B213
29/8/18	12 (USA) Gen	I.C.T. Rt knee.	A	12 (USA) Gen.	29/8/18 W3034 /H.3708
30/8/18	"	"	To 24 AT. Trouville	30/8/18	" 1H3699
25/8/18	4668	"	A	4668	22/8/18 A36 /H4625
31/8/18	48 CCS	"	T	35. A.T.	28/8/18 " 1H4915.
	"	"	A.	48 CCS	26/8/18 " 1H4915.
30/8/18	73 Gen.	"	A	73 Gen.	30/8/18 W3034 /H6362
11/9/18	69 B.D.	A. Arrived 69 B.D.	Staples	11/9/18	MR. 1291
11/9/18	4668	I.C.T. knee RT	T	48 668	26/8/18 A36 /H7812
5/9/18	14 Con Dep	"	A	14 Con Dep	5/9/18 W3034 /H.8924
5/9/18	73 Gen.	"	T	"	5/9/18 " 1H.9026
17/9/18	69 B.D.	Left 69 B.D. for Unit.	Field	17/9/18.	MR 1390
9/9/18	14 Con Dep	I.C.T. Knee	To base	9/9/18.	W3034 /H. K 867
21/9/18	367 Amb	Rejoined Unit from base	Field	18/9/18	B213.
2/11/18	"	Granted 14 days leave	U.K.	28/10/18.	B213. Pt & O.
16/11/18	"	Rejoined from leave.	Field	14/11/18	B213.
25/1/19	"	Granted Good Conduct Badge	"	13/4/17	B213
22/2/17	"	Temp. att'd 50 C.E.S.	"	21/2/17	B213 (Caret. O.D.M.S. etc. Div 17.A. 523 d/21-2-19)
	C.E.C. have proceeded to Eng			27.3.19	N.M. P.H.O 1919
26/4/19					

IMPRESS O. 31711. 2
 EMPARKED 26-4-19

S.O.S. OF O.M.F.C. ON
 PROCEEDING TO CANADA.
 Lt. Col., A.A.G.,
 Canadian Section
 "F" WING CDN. CORPS CAMP.

9 22930 Dis

MAY 2 6 1884

9 52967 Dis

SEP 17 1884

P 114
21

B
X
V

Number, 51002 Rank, Pte

Surname, BEAUMONT

Christian Names, Bert

Unit, C.M.C. Theatre of War, France

Date of Service, 17-5-15

Remarks,

Latest Address, ~~R.M.O. 3 Victoria B.C.~~

Dom. Exp'l Farm, Agassiz, B.C.

Roll No, ~~Page 2/30~~ C.M.C. 1000

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 607	#2. b. F.A.	13-2-17	Susp. Nephritis
A 607	Discharged	15-2-17	" "
A 305-	4 b. b. b. S.	23-8-18	D. C. J. Kue.
A 307.	12 Gen. Rouen	29-8-18	D. C. J. R. Kue.
A 309-1.	43 Gen. Ironville	30-8-18	" " " " "
A 314-2	14 Cow. Hepo. "	5-9-18	" " " " "
A 320	" " " Miss.	9-9-18	" " " " "

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L No

51002

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

Beaumont B
Plt. 3rd Bn

BERT

Name BEAUMONT

Rank PTE

Reg. No. 51002.

Unit CAMC. #3 C.F. AMB.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
23 8	A to B Co	St. J. Tree		a. 305	H.S.	35567
29 8	12 Gen Ho	Rouge	W.D. R	a. 307		3664/12
30 8	73 Gen Ho	Louville	St. J. Tree R	a. 309		3750/12
5-9	14 Con Dep			a. 312		3911/12
9 9	Base Dep	Etaples		a. 315		4082/13

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

10
104
COPY.

SURNAME.

Beaumont

CARD NO.

CHRISTIAN NAMES

Bert.

505 Disc x 82
7-5-19
Dimitrov 1320
12-5-19 10228

REGL. NO.

51002

RANK

Pte.

UNIT

"A" Sect No. 1 Fld. Amb. Depot (1st R.D.)

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Beaumont H C

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

ADDRESS

R. M. D. No. 3. Victoria, B. C.

COUNTRY OF BIRTH

England, Barnet

DATE

May 19th 1897

PLACE OF ATTESTATION

Victoria, B. C.

DATE

April 13th 1915

0/8/15/15 ⁶⁷/₁

19/6. 45-19. ³¹³/₃₉ Pte. "M" 10

Surname

Christian Name or Names

Reg. No.

Beaumont.

B.

51002.

Rank

Unit

Co.

Troop

Batty.

Plt

3rd Btry C.A.M.C 37A

Hospital

2nd Can. Ft. Amb.

Date of Admission

13.2.17.

Transferred

4 C.C.C.S.

Hosp. 23.8.18

12 G. Rouen

Hosp. 29.8.18

73 G.H. Trouville

Hosp. 30.8.18

14. Cow-D.

Hosp. 5.9.18.

Diagnosis

Susp. Nephritis

(1) Later Diagnosis (if changed)

J.C.T.R. Knee at

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 15-2-17. Date

Disic!- 9-9-18

REMARKS

Cl. 31-3-17. A607.
31-8-18 A305
3-9-18 A307
5-9-18 A309
11. 9.18. A314.2.
18-9-18 A/320-2.

A.M.D. 2 DEPT.

Buh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name **BEAUMONT Bert.** Reg'l No. **51002.**
 Unit **C.A.M.C. Reints.** If in perm. Corps, ()
 What Unit? _____ Married or Single **Single**
 Place and Date of Enlistment **Victoria 13th April 1915.** Place of Birth **Barnet England.**
 Name and Address, Next-of-Kin **Mr F.C. Beaumont R.M.D. No3 Victoria B.C.**
 Relationship **Father**

Assigned Pay Monthly \$ **15⁰⁰** Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						
1/5/15	15/5/15	15	1	15	15	10	150	2	80	29	30	15 00	15 00	14 30	Rein Canada 1/5
16/5/15	31/5/15	16	1	16	16	10	160	14	30	31	90	3	3	28 90	France 15/5
1/6/15	30/6/15	30	1	30	30	10	300	3	28	90	61	6	21	58 90	
1/7/15	31/7/15	31	1	31	31	10	310	40	90	45	54	6	21	54	
1/8	31/8	31	1	31	31	10	310	3	10	88	10	5	20	48 64	62
1/9	30/9	30	1	30	30	10	300	3	64	62	101	5	20	36 80	101 02
1/10	31/10	31	1	31	31	10	310	3	10	80	66	2	14	64	76
1/11	30/11	30	1	30	30	10	300	3	94	15	130	5	30	30	109 85
1/12	31/12	31	1	31	31	10	310	3	10	109	85	16	31	83	112 92
1/1	31	31	1	31	31	10	310	3	10	112	12	5	20	23	125 99
Feb 1	29	29	1	29	29	10	290	2	90	125	99	30	45	22	112 67
Mar 1	31	31	1	31	31	10	310	3	10	112	67	5	20	24	126 53
				336			3360	13	20	382	80	91	256	27	126 33
		534		336			3360	13	20	382	80	91	256	27	126 33

Checked *Awbne*

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.-12-15.
 1772-39-319.

Sheet No. 2. J. C. Beaumont

OVERSEAS CONTINGENTS

Name of Soldier Beaumont B.

L. L. Job 89002.-Req. 6213.

PAYMENTS.

Pte a. Sec. No 1 F. a. D. B. a. m. C.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 15 ⁰⁰
April	1916	K 844	15 -	
May		L 3640	15 -	
June		M 7590	15	
July		B 4344	15	
Aug. ✓		C 11238	15	
Sept.		S 16077	15	
Oct. ✓		S. 21068	15	
Nov.		B 24797	15	
Dec.		B 34270	15	
Jan. 7/1	1917	E 36885	15	
Feb.		G 43315	15	15 R
March		F 47885	15	15.6
April		F 584	15	15.7/16
May		F 6850	15	
June		H 13121	15	15 E
July		F 20043	15	B
Aug.		J 26882	15	B
Sept.		H 33876	15	B 8 450. C
Oct.		P 47097	15	460 B.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

8/13

8/13

450 ↑

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

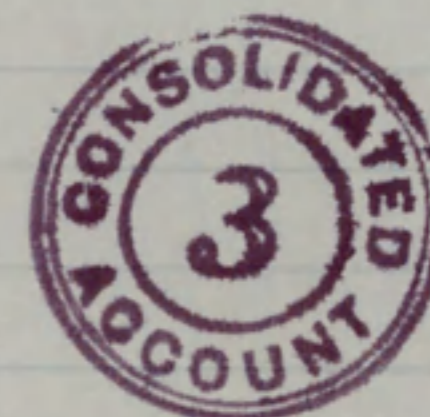
Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *J. C. Beaumont* By Whom Assigned *Beaumont J. C.*
 Address *R.M.D. No. 3.* Regtl. No. *51002*
Victoria B.C. Rank *Plt*
 Rate *15⁰⁰* *APR 1 1915* Corps *A Sec No 1 F.A.D. Cam. Co*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		<i>N1314</i>	<i>30.00</i>	}
June		<i>P. 2188</i>	<i>15 -</i>	
July		<i>V 662</i>	<i>15</i>	
Aug.		<i>R 5346</i>	<i>15 -</i>	
Sept.		<i>M 6452</i>	<i>15 -</i>	
Oct.		<i>n 7390</i>	<i>15 -</i>	
Nov.		<i>R 8384</i>	<i>15</i>	
Dec.		<i>R 10726</i>	<i>15 -</i>	
Jan.	1916	<i>V 10483</i>	<i>15</i>	
Feb.		<i>V 13425</i>	<i>15</i>	
March		<i>V 13395</i>	<i>15</i>	



~~Handwritten scribbles~~

Handwritten scribbles

Handwritten scribbles

155
131
224

315-5
465

Handwritten scribbles

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

4008

Apr 1-15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>N-</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *57 002*
 Rank *Plt* Promoted Reverted Discharge
 Soldier's Name *B. Beaumont*
 Battalion *A. sec. no 1 F.A.D. C.A.M.C.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *F. C. Beaumont*
 Address *R. M. D. no 3*
 Change of Address *Victoria B.C.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>1141 - B-C</i>
<i>Oct</i>	<i>31</i>		<i>465 -</i>	<i>465 -</i>	
<i>Nov</i>	<i>D 54734</i>		<i>15 -</i>	<i>15 -</i>	
<i>Dec</i>	<i>B 60238</i>		<i>15 -</i>	<i>15 -</i>	<i>S</i>
<i>Jan</i>	<i>A 54769</i>		<i>15</i>	<i>15</i>	<i>Bri</i>
<i>Feb</i>	<i>B 98765</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>A 95092</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>X 7891</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>E 5559</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>June</i>	<i>D 13796</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>July</i>	<i>X 28049</i>		<i>15</i>	<i>15</i>	<i>✓ c</i>
<i>AUG</i>	<i>B 32996</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>SEP</i>	<i>B 37888</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>OCT</i>	<i>B 42862</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>NOV</i>	<i>A 59085</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>DEC</i>	<i>B 68517</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>JAN</i>	<i>D 70446</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>FEB</i>	<i>D 78539</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>MAR</i>	<i>D 89509</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>APR</i>	<i>E 1108</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>MAY</i>	<i>B 6165</i>		<i>15</i>	<i>15</i>	
			<i>750</i>	<i>750</i>	

M. F. W. 128
 400M-6-17-1772-88-141
 L. L. 22320-M. & D. 1433.

AUDITED.

A/c Closed *31-5-19*
 Ret'd per *Emp Butam*
 Date *4-5-19* *M.F.W. 187* *9-5-19*
ma 10 *Sauer* *mro 99274*



6275

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Rate of Separation Allowance table with 4 columns.

RATE OF ASSIGNMENT

Rate of Assignment table with 4 columns.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

Labels for Particulars of Separation Allowance: No., Rank, Promoted, Reverted, Discharge, Soldier's Name, Battalion, Beneficiary, Relationship, Address.

Labels for Particulars of Assignment: Name, Address, Change of Address, 1, 2, 3, 4.

Table with columns: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS.

Main table area for recording transactions and remarks.

M. F. W. 128
4003-6-17-1772-39-1141
L. L. 22320-M. & D. 1968.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 179).
4. Proceedings of M. A. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 23)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 11
 Date 23 APR 1919

mb Imp. of Br 264/19

War Service Badge
 Class "A" No. 162878



SHORT FORM.

A.A. M
 Occupational Group No. 13

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

MEDICAL DOCUMENTS
 FORWARDED TO
 S. C. R. or P. B. C.

1. No.	51002	
2. Rank.	Pvt	
3. Name.	Beaumont Bert	
4. Unit.	3rd Co Field Amb.	
5. Date of Discharge	7-5-19	Place Victoria B.C. M
6. Reason for Discharge.	Demobilization	
		
7. Authority.	Do 132	
8. Proposed Residence after Discharge	Victoria, B.C.	
R. Mail Delivery		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W. ?		
		B. Beaumont Signature of Soldier.
10.	CONFIRMATION.	
The discharge of the above named man is hereby confirmed.		
Place		
Date		
		Signature <u>J. A. Daulton</u> (O. C. Discharging Unit.)

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, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) Yes Cat 1. (" B) (Yes or No.) (" C) (Yes or No.) (" D) (Yes or No.) (" E) (Yes or No.)

20. It is certified that the invalid

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

Requires an operation for Left Inguinal Hernia. (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.)

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

Referred to nature to Canada with a G. Feb 9 1919 of 11/1/18

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.

Chas. P. J. ... President.

PLACE Bramshott DATE 31/3/19 Members W. ...

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned Burt Beaumont understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. in England but will in Canada. Witness Hamkell Capcane Signed B. Beaumont

PLACE Bramshott DATE 31/3/19 Members W. ...

APPROVED BY Assistant Director of Medical Services. APPROVED BY Director-General of Medical Services. DATE 31/3/19

54

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 1. 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. 2. 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. 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. 4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered. 5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board. 6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board." 7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly. 8. 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 Bramshott DATE 31/3/19

1 (a) Unit 3rd Field Amb. (b) Regimental No. 51002 (c) Rank Plt. (d) Surname Beaumont (e) Christian name Burt (f) Home address Victoria B.C. (g) Next of Kin J.H. Beaumont (h) Relationship Father (i) Address of Next of Kin Victoria 21 Mrs. Date of birth 19/5/97 3. Enlistment, or Appointment (if an Officer) (a) Place Victoria (b) Date 26/3/15 4. Personal description: (a) Height 5' 9" estimated (b) Weight 150 (c) Complexion dark (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. nil

5. Former trade or occupation Electrician

Table with 2 columns: Years, Days. Values: 4 years, 15

Table with 2 columns: From, To. Rows: Canada (20/3/15 to 17/5/15), England (17/5/15 to 17/5/15), France or other theatres of War (17/5/15 to 27/3/19)

7. Original disease, or injury Left inguinal hernia.

(a) Date of origin: 1917. (b) Place of origin France. (c) Cause Strain of G.S. conditions

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.)

Weakness abdominal wall.
left inguinal region

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.)

Small tumor left inguinal region. Impulse on coughing. Does not descend into scrotum. Complains of a dull dragging pain on much walking or exertion

(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... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

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

Onset insidious with no apparent relation to any traumatic or special cause.

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).)

DC T. R. R. Aug 1918. Recovery

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

nil

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

na.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a r b - 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? permanent unless operated on.

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

nil

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)

yes.

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

17. Recommendations

na.

Hamittell Capt Camc
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, B. Beaumont, 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

B. Beaumont, Plt. Rank.
Signature of invalid examined.

DUPLICATE

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname BEAUMONT. Christian Name B.

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Barnett. County England.

Examined { on 12th day of May 1915.
at Shorncliffe.

Declared Age 18 years days.

Trade or Occupation Electrician.

Height 5 feet 10 inches.

Weight 150 lbs.

Chest Measurement { Girth when fully Expanded 38 inches.
Range of Expansion 3 inches.

Physical Development Good.

Vaccination Marks { Arm Right Left
Number

When Vaccinated March, 1915

Vision { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease (a)

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

Approved by .. (Signature) Thomas Lyon.
(Rank) Capt. C. A. M. C.
Medical Officer.

Enlisted { at Victoria B.C.
on 20th day of March 1915

Joined on Enlistment	Corps.	Regtl. No.
	<u>No.1 Field Amb.</u>	
Transferred to	<u>C.A.M.C.</u>	<u>51002.</u>

Became non-effective by
on day of 191
(Signature)
(Rank)

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.
W. R. Ward, C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

Table III.—Boards; Courts of Inquiry, 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.

Date	Brief details, and signature
Mar. 1915	twice.
31/3/19	Board of Inquiry L. Eugene Dennis Capt. W. R. Ward

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Camp of Britain

AUDITOR *DLW* PAYMASTER *37*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. *51002* RANK *Lt* NAME (in FULL) *Beaumont AB*

M. OR S.

NEXT OF KIN RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE
TO WHOM PAID RELATIONSHIP
ADDRESS

ORIGINAL UNIT C.E.F. *C.A.M.C.* IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION *Dis. H.Q. M.* TRANSFERRED TO
DATE OF ATTESTATION *March 20/15* TRANSFERRED TO
ASSIGNED PAY \$ *15.00* DATE EFFECTIVE
PAYABLE TO *J. B. Beaumont* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS *R. N. D. #3
Victoria Bldg*
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
DISCHARGED PLACE *M. D. 10* DATE *MAY 7 1919* REASON *D* AUTHORITY *D.O. 132* IF ENTITLED TO POST DISCHARGE PAY *yes*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
				<i>75.39</i>													<i>75.39</i>	<i>BAL. ENG. L.P.C. 75.39</i>
<i>30-4-19</i>				<i>75.39</i>														<i>Pr to 16/6/19</i>
<i>15/6</i>	<i>16</i>	<i>15.10</i>	<i>17.60</i>	<i>35.00</i>				<i>4.87</i>				<i>15.00</i>						<i>Clothing Allow. 1st payment W.S.G.</i>
				<i>70.00</i>				<i>5.00</i>						<i>197.99</i>				<i>Advances - Boat - Train</i>
								<i>173.12</i>										<i>A.P. encl. on Eng. L.P.C. to</i>
									<i>War Service Gratuity</i>	<i>4.50</i>								<i>1st Payment W.S.G. as above</i>
<i>18/3</i>	<i>20</i>			<i>420.00</i>						<i>70.00</i>								<i>B. 9.90 off P & D</i>
											<i>9.90</i>							<i>70.00 2nd part W.S.G.</i>
<i>June 1</i>											<i>1.10</i>							<i>70- 8th</i>
<i>July 1</i>											<i>1.70</i>							<i>70- 4th</i>
									<i>578.92</i>	<i>1.10</i>								<i>70- 5th</i>
									<i>777.23</i>	<i>1.70</i>								<i>60- 2nd</i>
									<i>688.70</i>	<i>1.70</i>								<i>60- 3rd</i>
									<i>313.70</i>	<i>1.70</i>								<i>60- 4th</i>
									<i>716.78</i>	<i>1.77</i>								<i>60- 5th</i>
										<i>1.60</i>								<i>60- 6th</i>
										<i>420.00</i>								
										<i>410.00</i>								
										<i>9.90</i>								
										<i>420.00</i>								

BALANCE FROM PREVIOUS ACCOUNT

AUDITED
OCT 2 1919
Audit Clerk
W.P. 10

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Barnet, England*
 NAME AND ADDRESS OF NEXT OF KIN *Mr H. C. Beaumont.
 R.M.S. No 3 Victoria B.C.*
 RELATIONSHIP OF NEXT OF KIN *Father.*
 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

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *51002* RANK *Pte.* NAME *Beaumont B.*
 IF IN PERM. CORPS WHAT UNIT *Hosp. Det.* TRANSFERRED TO *comd. T.S.* DATE *Aug 1/16* AUTHORITY *D.O. 29 2/17*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *3 Bn* DATE *10/1/17* AUTHORITY *M.M. 2. Rolling dated 12/1/16*
 PLACE OF ATTESTATION *Victoria* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *13th April 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *May 1, 1915.*
 PAYABLE TO *Mr. J. C. Beaumont, R.M.S. #3, Victoria B.C.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE		AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				C	CREDIT	DEBIT					
		\$	c.	\$	c.		\$	c.	\$	c.		No.				DATE	No.																		DATE	No.	DATE	No.	DATE
<i>Mar 31</i>	<i>336</i>		<i>336</i>		<i>3360</i>									<i>13 20</i>	<i>382 80</i>																								
<i>April</i>	<i>30</i>	<i>1 00</i>	<i>30 00</i>		<i>30 10</i>										<i>33 00</i>																								
<i>May</i>	<i>31</i>	<i>✓</i>	<i>31 00</i>		<i>31 ✓</i>										<i>34 10</i>																								
<i>June</i>	<i>30</i>	<i>✓</i>	<i>30</i>		<i>30 ✓</i>										<i>33 00</i>																								
<i>July</i>	<i>31</i>	<i>✓</i>	<i>31</i>		<i>31 ✓</i>										<i>34 10</i>																								
<i>Aug 31</i>	<i>31</i>	<i>✓</i>	<i>31</i>		<i>31 ✓</i>										<i>34 10</i>																								
<i>Sept 30</i>	<i>30</i>	<i>✓</i>	<i>30</i>		<i>30 ✓</i>										<i>33</i>																								
<i>Oct 31</i>	<i>31</i>	<i>✓</i>	<i>31</i>		<i>31 ✓</i>										<i>34 10</i>																								
<i>Nov 30</i>	<i>30</i>	<i>✓</i>	<i>30</i>		<i>30 ✓</i>										<i>33</i>																								
<i>Dec 31 1914</i>	<i>31</i>	<i>✓</i>	<i>31</i>		<i>31 ✓</i>										<i>34 10</i>																								
<i>Jan 15 1915</i>	<i>15</i>	<i>1 00</i>	<i>16 50</i>												<i>16 50</i>																								
<i>Jan 31 1915</i>	<i>16</i>	<i>1 00</i>	<i>17 60</i>												<i>17 60</i>																								
<i>Feb 28 1915</i>	<i>28</i>	<i>1 00</i>	<i>30 80</i>												<i>30 80</i>																								
	<i>170</i>		<i>737 00</i>												<i>1320 750 20</i>																								

Checked... *Ad. Rose*

Rest of roll N 151 3 6 20 1/16
To 3 Bn 24. 16/1/17 with
M.M. 2. Rolling dated 24/1/16

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1/5/15		EFFECTIVE DATE: -	
AMOUNT: 1500		AMOUNT: -	

NAME: BEAUMONT B. A.
NUMBER: 51002

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: H. Beaumont R.M.D. #3
Victoria B.C. (Father)
Dropped & Effect. 1/5/19.

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		D/C	
UNIT AND TRANSFERS			
ORIGINAL UNIT: -			
DATE ACCOUNT FIRST OPENED: -			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 57 D	UNIT TRANSFERRED TO
N.R.	17/8		3rd Bn 6. A.M. 6. G.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
27.2.19		50.668	466				
13.3.193995			273				
12.3.194013			973				
1.4.19411		J. Wray	907				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.S.B.	100	10		
L.P.C.	16611			
	7539			

PARTICULARS OF RENDERING NON-EFFECTIVE: *IN CAN 30419 MA 56026 Balot 3419 Balot MA 10*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31 st B.F.									11669	nil	
April P. Pay		3300		H. 3rd Bn 748	446			15			
				6. V. H. L. 576 Serial 6999	20						
May		33		48. 3rd Bn 748	446			15	12577		
		3110			892			15			
				105. " 2878	357						
				469 " 1724	257						
				154 " 3518	446						
June		3410		211 " 18518	357			15	13327		
		33			1166			15			
				926. 3rd F. Amb. 1878	357			15	14770		
July P.P.		3410			357						
				CR 1316 15/1/18 107A W 3	357			15	16680		
Aug P.P.		3410			357			15	16323		
				MA 1610 2/8 107A W 2	446			15	18233		
				1677 14/8 " W 6	357				17787		
					863			15	17430		
Sep P.P.		3410									
		33		AR 1764 13/9 194 W 3	446			15	19230		
					446			15	18784		
Oct P.P.		3410									
				MA 2197 4/10 107A W 6	373			15	20694		
				1461 17/10 1250 W 33	373				20321		
								15	19948		
				20-0-0 231	746						

L.R. Mayers
COMPTROLLER
GENERAL