

REGIMENTAL DOCUMENTS

NAME BELL, Frederick Clifford (M.A.) REGT. NO. 2175323 UNIT 4th Univ. Co. H. Q. FILE NO. _____

Sig. **S**

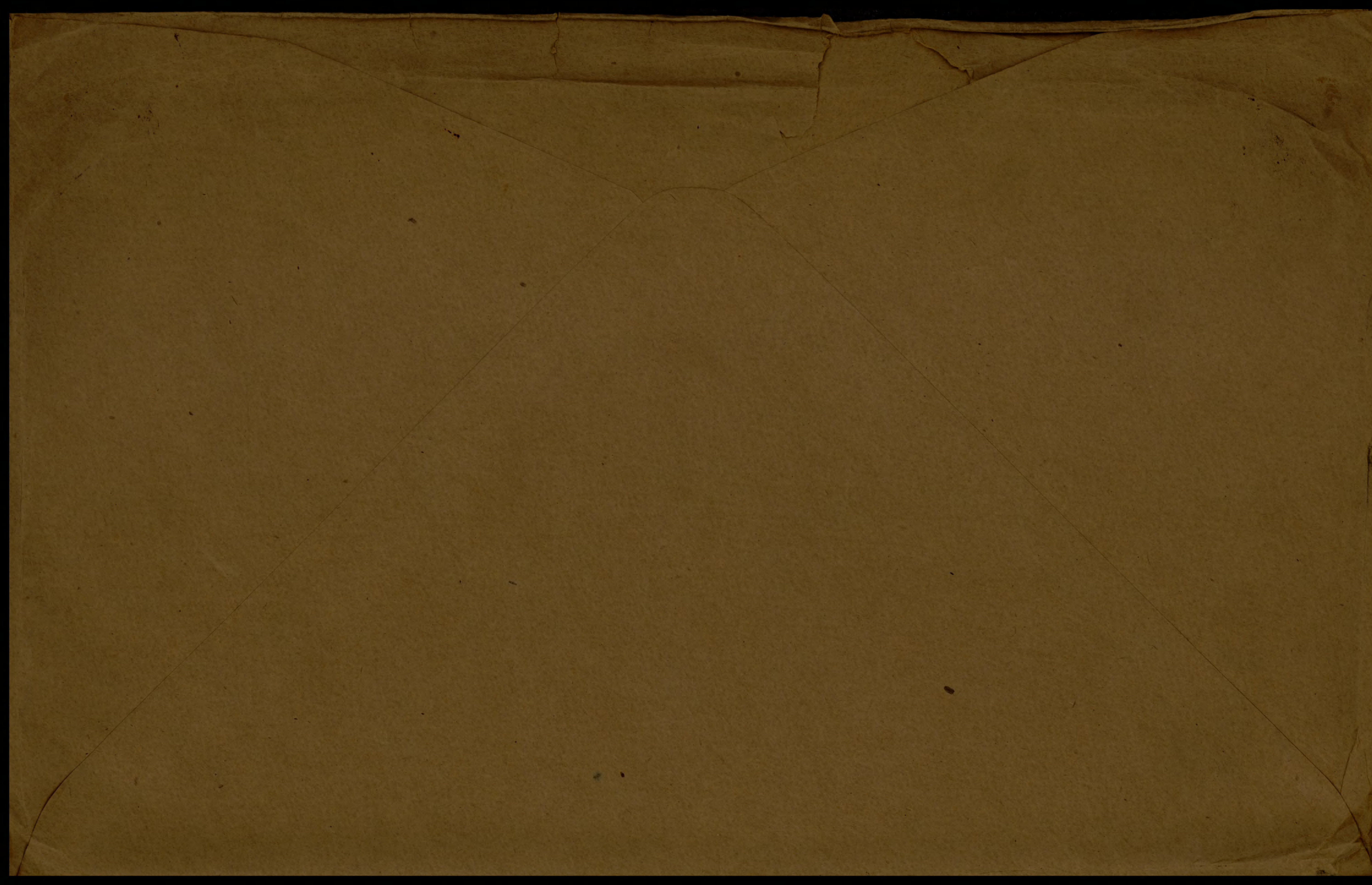


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1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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1 M.F.W. 192.					
1 S.C.R. Form 132.					
1 C.A.S. C 5009A.					
1 Cas Card					
1 md card					

M

P

H



Original

ATTESTATION PAPER.

No. 475323

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS) BELL, Frederick Clifford

- 1. What is your name?..... Frederick Clifford Bell
- 2. In what Town, Township or Parish, and in what Country were you born?..... Toronto, Ontario, Canada
- 3. What is the name of your next-of-kin?..... Margaret Bell (Mother)
- 4. What is the address of your next-of-kin?..... 175 Galley Ave. Toronto, Canada
- 5. What is the date of your birth?..... January 23rd 1887
- 6. What is your Trade or Calling?..... Clerk
- 7. Are you married?..... Single
- 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
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} Yes

Frederick Clifford Bell (Signature of Man).

H. S. Pretty (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick Clifford Bell, 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.

Frederick Clifford Bell (Signature of Recruit)

Date September 23rd, 1915 H. S. Pretty (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick Clifford Bell, 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.

Frederick Clifford Bell (Signature of Recruit)

Date September 23rd, 1915 H. S. Pretty (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 Toronto, Canada this 23rd day of September 1915.

[Signature] (Signature of Justice)

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

[Signature] (Approving Officer)

Description of Frederick Clifford Bell on Enlistment.

Apparent Age 28 years 7 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 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 4 ins.

Slight scar on Right side of Forehead

Complexion Fair

Eyes Grey

Hair Fair

Religious denominations. { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist Congregation-
 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 September 23rd, 1915

Place Toronto, Canada

Jas. W. Barber
 Captain
 Medical Officer.
Toronto Recruiting Depot
 C.E.F.

*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.

Frederick Clifford Bell 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 29. 9 1915

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 455323. (Rank) Sig.

Name (in full) BELL, FREDERICK CLIFFORD. (Military Medal) enlisted in
the 4th University Co.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 23rd.
day of Sept. 19 15.

HE served in England and France.

and is now discharged from the service by reason of

"DEMOBILIZATION."

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

Age 24.

Height 5'9½"

Complexion Fair.

Eyes Grey.

Hair Fair.

Marks or Scars

Voces. Scars on left arm.

F. C. Bell

Signature of Soldier

[Signature]

Issuing Officer

Date of Discharge Apr. 1st, 1919.

For Rank No. 2 District Depot.
Appointment

Signed at Toronto, Ont. this 1st. day of Apr. 19 19.

in Military District No. APR 1 1919

File Reference No. TORONTO

FVC.

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. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

ORIGINAL MEDICAL HISTORY SHEET.

3 475,323

Surname Bzell Christian Name Frederick Clifford

Examined { on 23 day of September 1915
 at Toronto
 Birthplace { City or Town Toronto Ont. Can.
 County \

Approved by Jas W. Barton
 Rank Captain M.O.
Toronto Recruiting Depot

Apparent age 28 yrs.
 Trade or occupation Clerk, Commission
 Height 5 Feet 9 1/2 Inches.
 Weight 145 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 35 inches.
 Physical development Fair
 Small-Pox Marks

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

Vaccination Marks { Arm Right Left 1
 Number 1
 When Vaccinated last 1899

Date	Result	VACCINATIONS.
<u>17/11/15</u>		<u>R. Shaw</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease
 (b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/19/15</u>		<u>T.P.</u> M.O.
<u>8/10/15</u>		<u>T.P.</u> M.O.
<u>16/10/15</u>		<u>T.P.</u> M.O.
<u>2/9/16</u>		<u>W.H.</u>

Enlisted on 23 day of September 1915 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>4th University</u>	<u>475323</u>		<u>23/9/15</u>
Transferred to..	<u>11th Res. Batt'n</u>			
	<u>4th Res. Bde.</u>		<u>Good</u>	<u>4-1-17</u>
	<u>Res. Bde. I.F.A.</u>		<u>Good</u>	<u>15-1-17</u>
	<u>1st S.A.C. France</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>11/2/19</u>	<u>fit</u>	<u>RRK issued 58</u>
<u>Ex Camb</u>	<u>27/3/19</u>	<u>ulcerative leucorrhoea</u>	<u>A. J. Sandall</u> <u>Cap</u>

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

2

S.F.B. 465.
200M-6-18.
1772-39-950.

NAME OF SOLDIER

Bell Frederick C.

REGIMENT

RANK

Sgt

No. 475323



INSTRUCTIONS

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
				</																			

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 475323 Rank Sig Surname BELL
(Given name in full)
Fredric Clifford
 Unit or Corps CARD Birthplace Toronto Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 9 1/2 in. Colour of Eyes Grey
 Nutrition Good
 Pulse 72
 Condition of arteries normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

scars on jaw

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at..... (Overseas)

Date *11-2-19* Signed *[Signature]* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *[Signature]*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CONFIDENTIAL INFORMATION
CATEGORY

Report No.	Unit	BELL	F.C.	No. of S. C. R. File	No. of Local File	No. of H.Q. File
		Surname Permanent Address		Christian Name		
M.D. No.		399 Dupont St., Toronto, Ont.			MAY 13 1920	

No.* **475333** Rank **Sgt.** Original Unit _____ Service Unit* _____
 Age* _____ Height _____ ft. _____ ins. Complexion _____ Eyes _____ Hair _____ Conduct _____
 Date of enlistment _____ Where enlisted _____ Where seen service* _____
 Ship returned by **vacantic** Date of arrival **5-3-19** Port of arrival **gix.**
 Birthplace* _____ Religion _____
 Present disease or disability _____ Cause or origin _____

Condition in detail which prevents the soldier from earning a full livelihood

649-B-33000

- E. 1. Discharge, no pensionable disability.
- E. 2. Waiting Reclassification.
- E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place

Date

19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin

Notification of return to be sent to **Mrs. M. Bell, above add.**

Occupation prior to enlistment

And for how long followed

Regular trade or occupation

Clerk

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment

Any other income

Name and address of last employer

Rent per month

If owner of or purchasing property, amount due and annual payment \$

\$

Taxes

If Homestead or Farm, where located

If carrying life or accident insurance, annual premium \$

Name of Society

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

References

Witness

Date

Place

Signature **F.C. Bell.**

Remarks by Interviewer :

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L.P.C. leaving Depot, \$ _____

Amount forwarded to H.Q. Unit, \$ _____ Credit Clothing allowances, \$ _____

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment of.....

- A. General Service.
- B. Service abroad, not general.
- C. Service in Canada.
- D. Treatment.

CONFIDENTIAL INFORMATION

CATEGORY

Serial No. [redacted]

Unit [redacted]

Permanent Address [redacted]

Service No. [redacted]

Christian Name [redacted]

No. of [redacted]

E.C.R. [redacted]

No. [redacted]

Rank [redacted]

Original Unit [redacted]

Service Unit [redacted]

Age [redacted]

Height [redacted]

Complexion [redacted]

Hair [redacted]

Eyes [redacted]

Conduct [redacted]

Date of enlistment [redacted]

Where enlisted [redacted]

Date of arrival [redacted]

Part of arrival [redacted]

Where seen service [redacted]

Religion [redacted]

Present disease or disability [redacted]

Reason of origin [redacted]

(Condition in detail which prevents the soldier from earning a full livelihood)

Canadian Board

Degree of Incapacity—[redacted]

Is disability due to or aggravated by service? [redacted]

Probable duration of incapacity [redacted]

Does it render him unfit for Military Service? [redacted]

Is further treatment or use of appliances recommended, if so, which? [redacted]

Destination to which transportation issued [redacted]

Members of Board [redacted]

Date [redacted]

Place [redacted]

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Name and address next of kin [redacted]

Notification of return to be sent to [redacted]

Occupation prior to enlistment [redacted]

Regular trade or occupation [redacted]

Do you consider that your disability will prevent you from following your previous occupation? [redacted]

Average earnings previous to enlistment [redacted]

Name and address of last employer [redacted]

Net per month [redacted]

If owner of or purchasing property, amount due and annual payment \$ [redacted]

Taxes [redacted]

If carrying life or accident insurance, annual premium \$ [redacted]

Name of Society [redacted]

If work should not be available at old occupation, name preference [redacted]

If work should not be available at old occupation, name preference [redacted]

I declare that the above statement is correct. [redacted]

References [redacted]

Witness [redacted]

Date [redacted]

Place [redacted]

Signature [redacted]

Interviewer [redacted]

Amount paid at Depot H.Q. \$ [redacted]

Amount paid at Depot H.Q. \$ [redacted]

Amount forwarded to H.Q. Unit \$ [redacted]

Amount forwarded to H.Q. Unit \$ [redacted]

First payment [redacted]

Allowance per year \$ [redacted]

Period granted for [redacted]

Dating from [redacted]

Costly Clothing Allowance \$ [redacted]

L.P.C. leaving Depot \$ [redacted]

This form is to be filled in by the soldier and returned to the Canadian Board. It should be filled in as soon as possible after the soldier has been discharged from the service.

Rank Pte. Name BELL, Frederick Clifford. Reg'l No. 475323.
 Unit 4th Iniversities Co. If in perm. Corps, What Unit? Married or Single Single
 Place and Date of Enlistment Toronto Canada, 23rd Sept 1915 Place of Birth Toronto, Ont. Can.
 Name and Address, Next-of-Kin Margaret Bell, 173 Galley Ave, Toronto, Canada.
 Relationship Mother.

Assigned Pay Monthly \$ 15⁰⁰ Dec 1/15 Payable to R.W. Bell 108 Ulesander St Toronto
 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			No.	Date						
<u>Dec 1916</u>	<u>31</u>	<u>31</u>	<u>1⁰⁰</u>	<u>31</u>	<u>31</u>	<u>.10</u>	<u>3 10</u>	<u>x 10</u>	<u>44 10</u>	<u>954</u>	<u>14 60</u>	<u>15</u>	<u>29 60</u>	<u>14 50</u>	<u>x Bal on L.P.C from Depot.</u>		
<u>Jan</u>	<u>31</u>	<u>31</u>	<u>1⁰⁰</u>	<u>31</u>	<u>31</u>	<u>.10</u>	<u>3 10</u>	<u>5</u>	<u>34 10</u>	<u>1157</u>	<u>9 73</u>	<u>15</u>	<u>24 73</u>	<u>23 87</u>			
<u>Feb</u>	<u>29</u>	<u>29</u>	<u>1⁰⁰</u>	<u>29</u>	<u>29</u>	<u>.10</u>	<u>2 90</u>		<u>31 90</u>	<u>1427</u>	<u>19 47</u>	<u>15</u>	<u>39 34</u>	<u>16 43</u>			
<u>March</u>	<u>31</u>	<u>31</u>	<u>1⁰⁰</u>	<u>31</u>	<u>31</u>	<u>.10</u>	<u>3 10</u>		<u>34 10</u>	<u>1233</u>	<u>14 87</u>	<u>15</u>	<u>15</u>	<u>35 53</u>			
				<u>122</u>			<u>12 20</u>	<u>10</u>	<u>144 20</u>		<u>48 67</u>	<u>60</u>	<u>108 67</u>	<u>35 53</u>			

Leg 21
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS
Brother.

2nd Contingent

To Whom *Robert Wood Bell,*
Address *108 Alexander St.,
Toronto, Ont.*

By Whom Assigned *Bell, Fredk, Clifford*
Regtl. No. *475333*
Rank *Pte.*
Corps *4th Overseas Universities Co., C.E.F.*

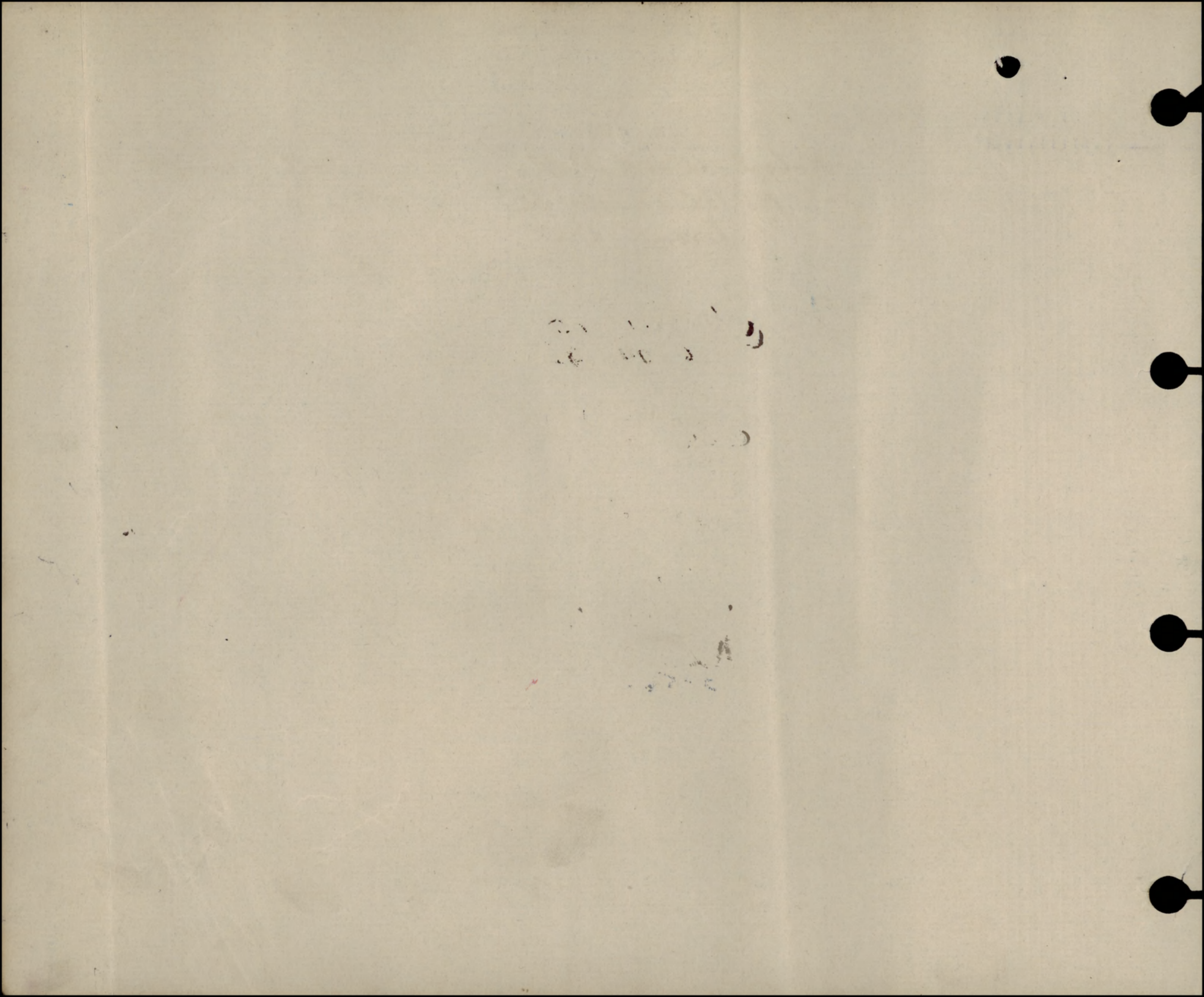
Rate *\$5.00.*

DEC 1-1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>Z 6194</i>	<i>15 -</i>	
Jan.	1916	<i>0 13257</i>	<i>15</i>	
Feb.		<i>0 13812</i>	<i>15</i>	
March		<i>ll 15835</i>	<i>15</i>	





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2 *Robert Wood Bell*

Name of Soldier *Bell Frank Clifford*
4th Unit Co.

L. L. Job 8902.-Req. 6213.

PAYMENTS.

475323

\$15.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 1019	15 -	
May		L 3814	15	
June		M 7760	15	
July		B 7505	15	
Aug.		C 11641	15	
Sept.		T 16475	25	
Oct.		T 21492	15	
Nov.		C 25 156	15	
Dec.		C 34258	15	
Jan.	1917	G 36111	15	
Feb.		G 42689	15	
March		H 47908	15	15 R 15 E. H. 47908 Cancelled P.S. 15 W.
April		G 24778	15	
May		G 6553	15	
June		J 13416	15	15 CA
July		H 20326	15	
Aug.		K 27210	15	
Sept.		J 34565	15	330
Oct.		R 47430	15	330
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Retn

CA

330

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Casualty Form - Active Service.

Regiment or Corps **2nd Bde. C.F.A.**

Rank **Gr.** Surname **Bell** Christian Name **Federick Clifford**

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
13-3-18	London Gazette	Awarded the Military Medal for Bravery in the Field			No 10571.
30-3-18	2nd Bde C.F.A.	Rejoined for Course		28-3-18	Ph 770 No. 33.
23-11-18	do	Classified Signaller			B 211.
25-1-19	1st Loan Coy	S.O.S. on proceeding to England for return to Canada on leave		25/19	B 213. P. O. 128.
		Grounds & posted to C.A.R.D.			Wire. F.B. 168. A.G.
		Witley			Badms. Ad. 36
					2-B-4252. d. 8/19.
					File KE. 38142.
					P. O. 9.

George J. Skelton, Lieut.
TOP Lt.-Col., A. A. G.

(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) Signaller, Shoing-Smith, &c.
W. 5527-M2093 1000m 7/17 (25686) C. P. & S. Ltd. Form B. 103 B/1555. [P.T.O.]

Report

Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty

Date of Casualty

Remarks
Taken from Army Form B.213, Army Form A.36, or other official documents.

Date

From whom received

17-2-19

CARD.

SOS + R. Hyl for R.T.C.

Witley.

18-2-19

D.O. 70

J. J. Donald
for CARD

19 FEB 1919

Attached C.G.C. Kimmel Park for return to Canada. Part II Orders No. 62
Ceases to be attached C.G.C. Kimmel Park on embark- ing for Canada; Part II Order No. 62

Barstie Capt. 14/4/09
Commanding Wing, Kimmel Park Camp.

25-2-19 EMBARKED LIVERPOOL

25 1919 O.S.

O.S. No. 2 DIST. DEPOT, TORONTO

1919 PART II D. O. 70

S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 78

Lieut.
For O. G. No. 2 District Dep.

For

O.G. No. 2 District Depot

Casualty Form—Active Service.

Regiment or Corps P.P.C.R. - I

Regimental No. 475 323

Rank Plt

Name Bell

Fredrick Clifford

Enlisted (a) 23/9/15

Terms of Service (a) War & no

Service reckons from (a) 23/9/15

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) Signaller (Clerk)

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.

Embarked Canada 27-11-15

Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.

Date From whom received

Place

Date

21.3.16
Transferred
Joined 3rd Bde
Ex.

3rd Bde Signal Base 39th Bn.
from 11th Bn.

West Sandling 2.1.3.16

Part II No. 70

21.3.16

P.P.C.R.I taken on strength 39th Bn.

W. Sandling 2.1.3.16

Part II No. 70

4-1-17

O.C. 39th transferred 6th Res Bn.

W. Sandling 4-1-17

Part II 3

W. J. G. Smith Lt. Col.
89th Bn. C.E.F.

4-1-17
15-10-16

O.C. 6th taken on strength 6th Res Bn.

W. Sandling 4-1-17

Part II 1

O. 6th Res transferred C.F.A.

W. Sandling 15-10-16

Part II 10

J.C. Smythe Lieut.
Adjutant, 6th Res Bn.

16.1.17

O.C. Res. Bde. C.F.A.

Attached to Res. Bde 6th Res Bn. Shorncliffe

15.1.17 B.O Part II No. 16

16.1.17
Subaltern
Reserve Brigade, C.F.A.

(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.

CERTIFIED CORRECT.

14 MAR. 1917

CAN. RECORDS, 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			
22.4.17	OC. Res. Bde 63A	Sharncliffe	10-1-17	B.O. Party No. 53. 22.2.17 Adjutant, Reserve Brigade, C.F.A.
6/3/17	OC. Res. Bde 63A	Sharncliffe	6/3/17	Pt. 11 65 d 6/3/17 Adjutant, Reserve Brigade, C.F.A.
9-3-17	C.B.D.	Field.	9-3-17	N.R.
10-3-17	do	do	10-3-17	Pt. 11 O.No. 60 d/13-3-17 N.R.
17-3-17	Unit.	do	12-3-17	B.213
18-3-17	A.H.Q.	do	9-3-17	9-36.Pt.11 70 24-3-17
22.4.17	Att'd	do	22.4.17	9-59 Pu Ord. 103 d 9.5.17
"	"	do	22.4.17	9-59 Pu Ord 71. d 9.5.17
21-7-17	Unit	Not stated	20-7-17	B213 D.L.S. 477
21-7-17	937 Am	27 L.S.	20-7-17	A36/5219 D.L.S. #478
21-7-17	867 Am	22 L.S.	20-7-17	A36/5231 D.L.S. #479
22-7-17	27 L.S.	27 L.S.	20-7-17	A36/5251 D.L.S. #479
11-8-17	Unit	Field	5-8-17	B213 D.L.S. 487
20.10.17	Unit	Badges	23.9.17	B213 Pu Ord. 165
12.1.18	Unit		6.1.18	B213 Pu Ord. 7
26-1-18	"		23-1-18	3x3 Pu Ord 12.
23.3.18	do	Field.	18.3.18	B.213

Rank *Pte.* Name BELL, Frederick Clifford.

Reg'l No. 475323,

Unit 4th Iniversities Co. ^{If in perm. Corps,} What Unit?

Married or Single Single

Place and Date of Enlistment Toronto Canada. 23rd Sept 1915 Place of Birth Toronto. Ont. Can.

Name and Address, Next-of-Kin Margaret Bell, 173 Galley Ave, Toronto, Canada.

Relationship Mother.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

Stamp: N/E. P.S. No. 17515, File No., Category, with signature.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Arrived in England "Laford" 7.12.15.			
		On strength "13" S'cliffe 8.12.15.			
21-3-16	OC 11th Bn	Struck of strength to Bg de Sig Base (39th Bn)	W Sandling	21-3-16	Pt II 69
	OC 39 th	Taken on strength 39 th Bn			Pt II 70
11-1-14	39 th	S.O.S. to 6 th Res Batta		11-1-17	--- 3
4.1.17	6th Res	En Taken on strength	S'horncliffe	4.1.17	Pt. II. O.
16.1.17	6 th Res. Bn	S.O.S. to Res. Bde. C.F.A.	J. Sandling.	15.1.17	---
16.1.17	6 th Res Bde.	T.O.S. from 6 th Res Bn	S'cliffe	15.1.17	- 16
6.3.17	- - -	S.O.S. to 1st D.A.C.	- - -	6.3.17	--- 65.

Red stamp: 11 FEB. 1918, 12 MAR. 1918

475323

Gell F.L.

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				
13.3.17	of 10ac	J.O.S. from Reserve Brigade (attached)	Field	9.3.17	PTII 60
24.3.17	"	Cases to be attached & posted to 600	"	9.3.17	" 70
9.5.17	2. at 3rd	Posted from 1. B.A.C.	"	22.4.17.	7176ac 103 d/9.5.17
4.8.17	"	admt to Hospital Rept'd from	Base	20.7.17	C.A. 3. Not stated
7.8.17	"	to 93 casualty cleared Sick	Field	20.7.17	" 5 P.H.O.
"	"	" 22 " " "	"	20.7.17	" 5 "
15.8.17	"	discharged from " "	"	5-8.17	" A.12 "
27-10-17	"	Awarded anc. good conduct badge. Comm.	"	23-9-17	P.H.O. 165.
7-11-18	"	Awarded the Military Medal for Bravery	"		PTII 33
7.12.18	"	classified Signaller	Gen.	228/8	" 128
26-2-19	2 Wing	J.O.S. from B.A.R.D.	Withey	17-2-19	" 48
30.1.19	2nd Bde	J.O.S. posted to C.A.R.D. Sig.	Field.	25.1.19	" 9 C.A.R.D No 35 4/2/19
18.2.19.	CART.	S.O.S. to Rhyt.	" Witley	17-2-19.	49.
14.3.19	2nd Bde	J.O.S. on proceeding to Canada	Rhyt	25.2.19	" 62
		10 Canada			
		25-2-19			
19-2-19					

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Bell F. E.
REGIMENT C.A.R.W. RANK Sig No. 475323
Date of Examination in England 11.2.19 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.



PRESENT DENTAL REQUIREMENTS

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

wt

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

Signature of Dental Officer W. H. Shepherd Capt.



Faint, illegible text and markings scattered across the page, possibly bleed-through from the reverse side. Some faint lines and shapes are visible, but no clear words or figures can be discerned.

137

Urinalysis Report
(for Board)

Reg. No. 475323 RANK Sig
Name BELL F. C. Unit CANADIAN ARTY. RESERVE DEPOT

Sp. Gravity..... 1.020

Reaction..... acid

Albumen..... nil

Sugar..... nil

Microscopic.....



W. J. Witley
Capt. M.A.M.C.
for Major G.A.H.C.
O.C. Can. General Laboratory.

Utah Valley Hospital
(For Board)

NAME

John

1000

Medical Unit - General Hospital

John

Address

141

2

141

City

State

John
for the
Utah Valley Hospital

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 475323 Rank Sgt Name Bell J
(Surname first)
 Unit No. 2 District Depot who was* **DISCHARGED**
 On APR 1 1919 191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to APR 1 1919 191.....
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		114.82
Regimental Pay..... <u>22</u> days at \$..... <u>1</u> c. <u>10</u>		35.20
Field Allowance..... <u>22</u> days at \$..... c.		35
Separation Allowance		70
Clothing Allowance		12
Post Discharge Pay		
*Other Credits <u>Subs 50.70</u>		
Advances <u>5 106109</u>	100	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>5 108816</u>	167.02	
Total	267.02	267.02

*Give particulars. *Jm*

Name **L BELL Frederick Clifford** Rank **Sig** Regtl. No. **475323 LH**

Fyle Depot **24 Be 410**

Original unit Present unit **8th Bn** M. or S. Age **31** Religion **Congreg** Ref. H.Q.

Port, ship and date of arrival **Megantic Halifax 5-3-19**

Next of kin **Margaret Bell, Mother 175 Galley Ave., Toronto**

Address on leave **Same**

Address on discharge **39¹ Dupont St., Toronto, Ont.**

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation **Clerk** Date and place of enlistment **Toronto Sept 23-15**

Diagnosis **Demobilization** Date of Medical Boards **27-3-19**

T.O.S. Date.	Remarks.	Pt. 2 Order No.
25-2-19.	Posted to Cas. Co. (Ex. Camp) 5-3-19.	
	Leave & Subs. from 8-3-19 to 22-3-19.	70
1-4-19	DISECH NOTED "DMM B' E" ENTITLED TO W.S.G	88

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

Date.

Remarks

Pt. 2 Order No.

Surname

Christian Name or Names

Reg. No.

Bell

J. C.

475,323

Rank

Unit

Co.

Troop

Batty.

Gen.

Can Art.

2 B.

Date of Admission

Hospital

Transferred

93 Cas. Cl. Str.

Hosp. *20-7-17*

22 Cas. Cl. Str.

Hosp. *20-7-17*

Hosp.

Hosp.

Diagnosis

M.S.

P.V.O. RW.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

dis. 5.8.17

Date

6.7.14.8.17 A3⁽¹⁾

REMARKS

u.l. 7-8-17 A5 (224) R. H. B. Admtd. to Hosp. 20.7.17

u. 15.8.17 A12 (2)

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*amp
smbr*

*B
V*

Number.....475323.....Rank.....Gwr.....

Surname.....BELL.....

Christian Name.....Frederick Clifford.....

Unit.....C. Y. A.....Theatre of War.....France.....

Date of Service.....6-3-17.....

Remarks.....

Latest Address.....[#]399 Dupont Street
Toronto.....

Roll No. *B* Page 3887 *Out*

Apr 11 2/75

JUN 2 1875

SURNAME.

Bell.

M. M. (308-78)

404

CARD NO. 5089

CHRISTIAN NAMES

Frederick Clifford

80/Disp 1-4-19
FOLL.
2088 of 29-3-14
200

REGL. No.

475323.

RANK

Pte

UNIT

4th University Co.

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Bell, Mrs Margaret

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

~~173 Galley Ave.~~ Toronto,
399 Dupont St. Ont.

CHANGE OF ADDRESS

Letter 8/9/18.

COUNTRY OF BIRTH

Canada. Toronto, Ont

DATE

Jan. 23rd 1887.

PLACE OF ATTESTATION

Toronto, Ont

DATE

Sept. 23rd 1915.

o/s 27/11/15 285

R/C 5-3-19. 278

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Clerk.

RELIGION

Congregationalist.

DESCRIPTION.

APPARENT AGE

28

YEARS

7

MONTHS

HEIGHT

5

FEET

9 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair.

EYES

Grey.

HAIR

Fair.

DISTINGUISHING MARKS

Slight scar on right side of forehead.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Sept. 23rd, 1915.

NAME

Bell S. C.

REGT'L No. 475323
H. Q. FILE No. 649.

RANK AND CORPS

Gm. - Cam. Art.

FOLLOWS
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Q 3. Rept from Base Adm. to Hqs. 20-7-17 not stated

Q 5- #93 Cas. Ct. Station 20-7-17 PUC.

" " #22 Cas. Ct. Station 20-7-17 " " "

Q 12. Discharged 5-8-17 " " "

Name Bell,
F. C.

Military Medal.

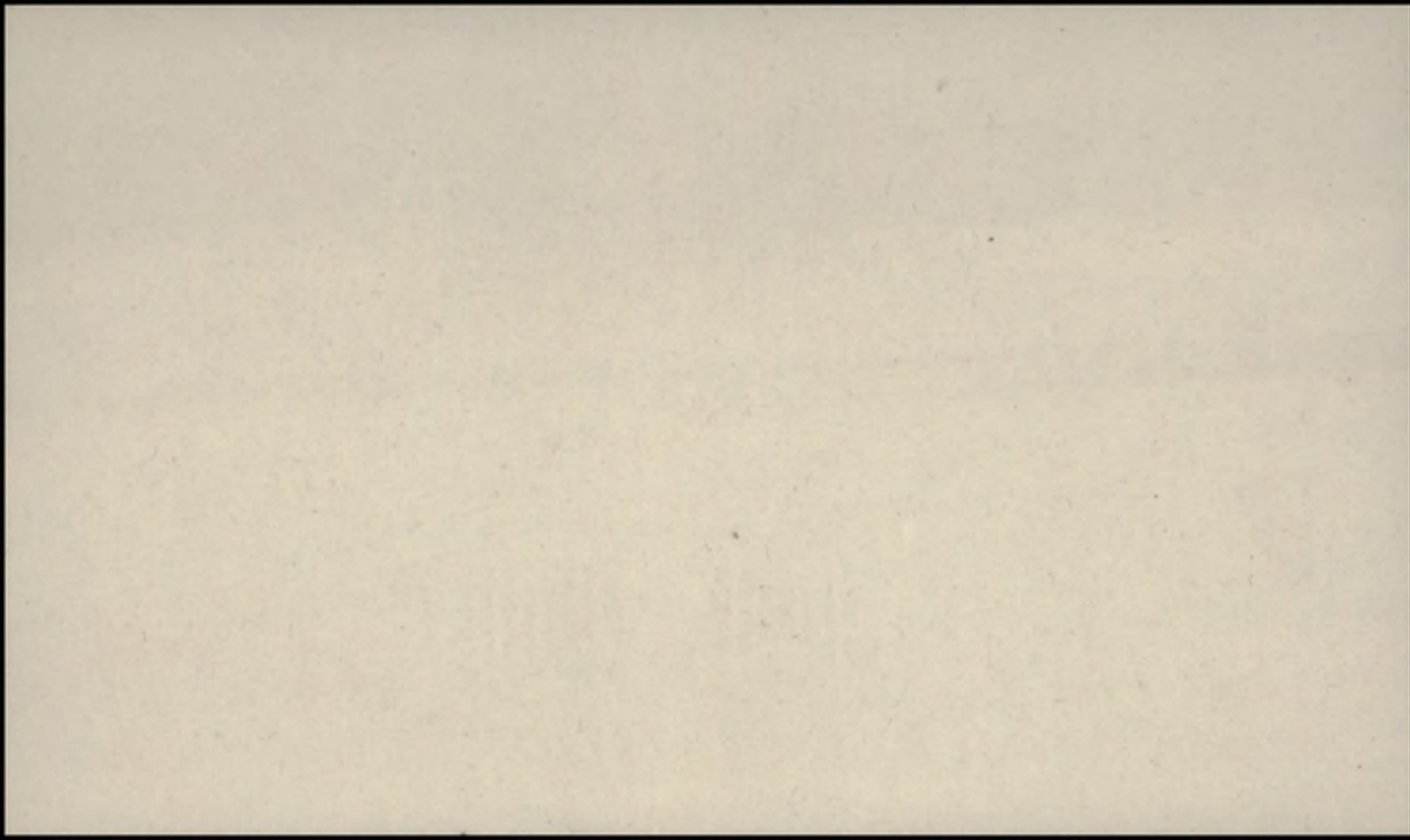
Rank Gunner
475323.

Date 13-3-18.

Unit C. F. A.

Auth. L. G. #30573

noted
S.S.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **B**

4333

Dec 1/15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *475323*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Fred'k Clifford Bell*
 Battalion *4th Overseas Universities Co. C.E.F.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Robert Wood Bell (brother)*
 Address *108 Alexander St, Toronto*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31 17</i>			<i>345</i>	<i>345</i>	
<i>Nov</i>	<i>51507</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>D 59105</i>		<i>15</i>	<i>15</i>	<i>B</i>
<i>1918</i>	<i>Jan 65958</i>		<i>15</i>	<i>15</i>	<i>D</i>
<i>Feb</i>	<i>B 99526</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>A 95843</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>K 8662</i>		<i>15</i>	<i>15</i>	<i>C</i>
<i>May</i>	<i>E 6350</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>D 14561</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>X 28826</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>AUG</i>	<i>B 33806</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>SEP</i>	<i>B 38768</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>OCT</i>	<i>B 43741</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>NOV</i>	<i>A 59950</i>		<i>15</i>	<i>15</i>	
<i>DEC</i>	<i>C 62278</i>		<i>15</i>	<i>15</i>	
<i>JAN</i>	<i>D 71258</i>		<i>15</i>	<i>15</i>	
<i>FEB</i>	<i>D 79299</i>		<i>15</i>	<i>15</i>	
<i>MAR</i>	<i>D 90220</i>		<i>15</i>	<i>15</i>	

M. F. W. 128
400M.-6-17-1772-38-1141
L. L. 25220-M. & D. 7563.

AUDITED.
 A/c Closed *31/3/19*
 Ret'd per *Megantic*
 Date *5/2/19* M.F.W.187 *10/3/19*
 Closed *1/2/19*
m. R. O. 47493

CANADIAN ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE *20/5/19*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	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.	
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		
§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.



War Service Badge.
Class 1
No. 149911 issued rd.

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

EVC.

No. 457323.

Rank Sig

Surname BELL, FREDERICK CLIFFORD. (Military Medal)

Christian name
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 4th University Co. (#2 D.I.)

Date of discharge APR 1 1918

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24. years..... months.
Height 5 feet 9½ inches.
Complexion Fair.
Eyes Grey.
Hair Fair.
Trade Clerk.
Intended place of residence 399 Dupont St., Toronto, Ont.
(To be given as fully as practicable.)

Descriptive marks
Vaccs Scars on left arm.

2. The above-named man is discharged in consequence of

Authority for discharge #2 D.D. D.C. Pt. II. #88.

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.

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)

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.....

To be copied by the Commanding Officer on 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).....

(Date)..... 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) **TORONTO, ONT** *Frederick August Bell* (Signature of Soldier.)

(Date) **APR 1 1918** *[Signature]* (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.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) **TORONTO, ONT**.....

(Date) **APR 1 1918** (Signature) *[Signature]*

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.)

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.

No concur

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 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.)

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

Returned to duty Oct. A.S.

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.

PLACE *Exhibition Camp Toronto* DATE *27/3/19*

President
Members

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.

PLACE..... DATE.....
 APPROVED BY..... APPROVED BY.....
 Assistant Director of Medical Services. Director-General of Medical Services.

APPROVED
 MAR 28 1919
 Assistant Director of Medical Services.
 DATE.....
 FOR A. D. M. S. M. D. 2

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 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 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 *Exhibition Camp* DATE *27/3/19*

1. 1 (a) Unit *2 D.D.* (b) Regimental No. *475323* (c) Rank *31g.*

(d) Surname *Bell* (e) Christian name *Frederick Clifford.*

(f) Home address *399 Dupont St. Toronto*

(g) Next of Kin *Mrs Margaret Bell* (h) Relationship *Mother*

(i) Address of Next of Kin *399 Dupont St. Toronto*

2. Age last birthday *32* Date of birth *Jan 25 1887*

3. Enlistment, or Appointment (if an Officer) (a) Place *Toronto* (b) Date *Sept 23 1915*

4. Personal description:

(a) Height..... (b) Weight *150* (c) Complexion *Medium*
 (stripped)

(d) Colour of hair *Brown* (e) Colour of eyes *Grey* (f) Identification marks, Scars, etc. *One*

wage on left upper arm "x" shaped scar on right side of chin.

5. Former trade or occupation *Clerk*

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).

	PERIODS	
	From	To
Canada	<i>Sept 23 1915</i>	<i>Dec 6 1915</i>
England	<i>Dec 6 1915</i>	<i>Mar 6 1917</i>
France or other theatres of War	<i>Mar 6 1917</i> <i>Jan 25 1919</i>	<i>Jan 25 1919</i> <i>to date.</i>

7. Original disease, or injury *Otitis Media*

(a) Date of origin *May 1917* (b) Place of origin *France*

(c) Cause *Active service.*

EAR, NOSE AND THROAT REPORT.

Exhibition Camp, Toronto,

..... March 27 1919.

NAME BELL Friedrich RANK Sig. NO. 475323 AGE 32

COMPLAINT:- deaf
 Examination shows:-
deafness hearing. Regular
otitis media chronic suppurative.

Nose

Nasopharynx

Pharynx

Tonsils

Larynx

Ears { Right M.E. Scars of 2 perforations Discharge { R. none
markedly infected { L. none
 Left M.E. normal

Hearing	Right	Left
Voice	8'	25'
Rinne	-	+
Weber	<	
Schwabach	+	+

Condition due to service

~~Condition existed prior to service~~

~~Condition aggravated by service.~~

Treatment not indicated

RECOMMENDATION

G.H. Hill
Capt. C.A.M.C.

Category as to ears, nose and throat A.

[Signature]

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).)

P.U.C.—See M.H.S.—developed only during changeable weather—same as referred to in Sect 9(b) —only former more severe.

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

X—should scar on right side of chin Shrapnel March 1918. No disability from it.

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.)

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? Permanent.

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

None.

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)

See specialists report.

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

17. Recommendations

A.11.

W.A. Cunningham
 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 F.C. Bell Sig. 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

F.C. Bell Rank Sig.
 Signature of invalid examined.

CHAPMAN DE 16 6014 1030 ONE 111000

REGIMENTAL MEDIC

CONCEPTION WEATHER-RELATED
CONCEPTION EXPLOSION PRIOR TO ENLISTMENT
CONCEPTION ONE TO ENLISTMENT

SHRAPNEL
WOUND
MARCH
1918

HEARING

STENT

DEAF

DEAF P...
HEARING...
DEAFNESS

HEARING

HEARING

HEARING

HEARING

HEARING

HEARING

HEARING

HEARING

Partial loss of function of right ear.

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 findings See specialists report on hearing.

Subjective (no)

Cannot hear nearly so well with right ear as left.

When telephone receiver is left ear, cannot hear conversational voice with right.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? Yes (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 (If pulse rate is abnormal, R. P. will be taken) (Albumen and Sugar will be excluded)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System yes

Osseous and Joint Systems no Any other general condition no

No evidence of hernia, haemorrhoids, goitre, Varicose veins or varicocele. No albumin or sugar in urine. Slight myalgia pains See M.H.G. running up ant. surface of both legs beyond knees usually affects him when damp weather prevalent. These pains began in July/17 has had recurrences-quite frequently up to date-no disability.

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

Had suppurative Otitis media in May 1917 of right ear. Since then hearing on right side has been defective. Thinks that condition has been aggravated by concussion from shell explosion.

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).)

P.U.C.—See M.H.G.—developed only during changeable weather—same as referred to in Sect 9(b)—only former more severe.

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

X—should scar on right side of chin Shrapnel March 1918. No disability from it.

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.)

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? Permanent.

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

None.

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)

See specialists report.

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

(If not, briefly state why)

17. Recommendations

All.

W. C. Bell, M.D. 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, F.C. Bell, Sig. 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

J. C. Bell, Rank. Sig. Signature of invalid examined.

"LEGATION" 5-3-19

No. 2 DISTRICT DEPOT

B2502

AUDITOR PAYMASTER

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

REGT. No. 475323 RANK 3ig NAME (IN FULL) BELL, F.C.

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	DATE	AUTHORITY
NEXT OF KIN					D-48	399 Dupont St. Toronto		
ADDRESS					DATE OF ATTESTATION 23-9-15	TRANSFERRED TO	DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$ 15.00	DATE EFFECTIVE		
TO WHOM PAID	RELATIONSHIP				PAYABLE TO Robt W. Bell	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS					ADDRESS 108 Alexander St Toronto Ont			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
					DISCHARGED	PLACE Toronto	DATE 1.4.19	REASON demob.
								AUTHORITY Do 88
								IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

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
28-2-19	110			169 69														
				169 69			7			487								March 1919
								Boat		30 00								
										500								
												15 00						
1-3-19	32	1 10	35 20	11482			267 02			100		167 02		5487		11482		
1.4.19				35			70 -											
																		Due
183 days			W.S.G.	420 00			420 00					70 00		70 00		350 00		1st W.S.G. Paid by #2 D.D.
														140 00		280 00		
																310		W.S.G. PAID IN FULL
																280		
																350		
																420		
							420 -									420 -		

#495323. *Ho Bell, F.C.*

\$15.00 Assigned Pay

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				CREDIT	DEBIT												
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	
Jan 1-31	31	1.00	34 10																																					
Feb 1-15	15	1.00	16 50																																					
Mar 1-10	10	1.00	11 00																																					
Apr 1-20	20	1.00	22 -																																					
May 1-31	31	1.00	34 10																																					
June 1-20	20	1.00	22 00																																					
July 1-31	31	1.00	34 10																																					
Aug 1-31	31	1.00	34 10																																					
Sept 1-30	30	1.00	33																																					
Totals			727.00																																					

Spec. Res. Pda. Oct 11-3-17 RD. 11/17

Nil 5981 1st R.A.C. D.O. 70. 2/2/17

To 2 Bde 2/16/17 D.O. 103

94 34

MONTH PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED	SEEK	MONTH PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED	SEEK
Oct 1st Bal Fwd								140 16			Feb. G.P.								182 45		
Gen P.A.	34 10							15			3080.			-a.p.					15		
			al 498. 22.9.14 2nd Bde	8 03				151 23						al 1746 4/1/18 2Bde					97 33		
				8 03				15						" 1204 5/1/18 "					3 57		
Nov. Gen P.A.	33 00		al 804 5.10.14 2nd Bde	3 57										" 1148 23/12/17 "					8 92		
			" 929 20.10.14 "	4 46										" 1315 4.2.18 "					4 46		
			a.p.					15											83 97		
Dec. Gen P.A.	34 10		a.p.					15			3080.								114 28		
			al 994 1.11.14 2Bde	4 46				175 84			34 10			a.p.					15		
								30						al 449 2/1/18 2Bde					3 57		
				12 49				18 245						" 1441 5/3/18 "					4 46		
Jan G.P.	34 10		a.p.					15						" 1553 28/2/18 "					8 03		
			al 1098 8/12/17 2Bde	8 92										" 1576 2/3/18 "					3 57		
			" 1066 26-11-17 "	3 57				182 45											19 63		
				12 49															83 44		
								15											19 63		

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>BELL Fred Clifford</i>				
EFFECTIVE DATE: <i>1-12-1915</i>		EFFECTIVE DATE: -		NUMBER: <i>475.323</i>				
AMOUNT: <i>15.00</i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <small>WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.</small>				AUTHORITY				
				DATE EFFECTIVE				
<i>R. H. Bell 108 Alexander St Toronto</i>				RANK OR APPOINTMENT				
				<i>Sur</i>				
<i>stopped 3-19 1-18-16</i>				UNIT AND TRANSFERS				
				ORIGINAL UNIT: <i>P.P.C.S.</i>				
				DATE ACCOUNT FIRST OPENED: -				
				AUTHORITY				
				DATE LEDGER SHEET T'S'D				
				UNIT TRANSFERRED TO				
				<i>2 Bu C.F.A.</i>				
				<i>14-3-19 CANADA SECTN.</i>				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS <small>UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK</small>								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
<i>3/2/19</i>	<i>3040</i>	<i>Bde</i>	<i>2433</i>					
<i>9/3/19</i>	<i>1138</i>	<i>"</i>	<i>199</i>					
			<i>4380</i>					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
				<i>Sur</i>	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

Discon 29/19 Auth N.P. 29/19 with Willy MD 2 Cible 169.69

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar</i>	<i>Bde</i>								<i>83.44</i>		
<i>Apr</i>	<i>C.P.</i>	<i>33-</i>		<i>A.P.</i>				<i>15-</i>			
				<i>AR 78 21/4/18 2 Bde</i>	<i>357</i>				<i>97.87</i>		
					<i>357</i>			<i>15</i>			
<i>May</i>	<i>C.P.</i>	<i>3410</i>		<i>A.P.</i>				<i>15-</i>			
				<i>132 7/6/18 2 Bde</i>	<i>446</i>						
				<i>189 14/6/18</i>	<i>357</i>				<i>108.94</i>		
					<i>803</i>			<i>15-</i>			
<i>June</i>		<i>33-</i>		<i>A.P.</i>				<i>15-</i>			
				<i>AR. 245 1/6/18 2 Bde</i>	<i>446</i>						
				<i>311 20/6/18</i>	<i>357</i>				<i>118.91</i>		
					<i>803</i>			<i>15-</i>			
<i>July</i>	<i>C.P.</i>	<i>3410</i>		<i>A.P.</i>				<i>15</i>			
				<i>351 2/7/18 1 Bde</i>	<i>446</i>						
				<i>365 12/7/18 2 Bde</i>	<i>357</i>				<i>129.98</i>		
					<i>803</i>			<i>15</i>			
<i>Aug</i>	<i>C.P.</i>	<i>3410</i>		<i>A.P.</i>				<i>15</i>	<i>149.08</i>		
				<i>AR 75 7/6/18 1/18</i>	<i>357</i>						
				<i>AR 76 7/8/18</i>	<i>357</i>				<i>144.94</i>		
					<i>714</i>			<i>15</i>	<i>141.94</i>		
<i>Sept</i>	<i>C.P.</i>	<i>33</i>		<i>AR 72 2 C.F.A. 18.9.18</i>	<i>357</i>						
				<i>535</i>	<i>357</i>						
				<i>A.P.</i>				<i>15</i>	<i>152.80</i>		
					<i>714</i>			<i>15</i>			
<i>Oct</i>	<i>C.P.</i>	<i>3410</i>		<i>C.F.A.</i>				<i>15</i>	<i>172.90</i>		
				<i>AR 800 24/10</i>	<i>746</i>				<i>164.44</i>		
					<i>746</i>			<i>15</i>			

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Gbay	33		cap					164.44		
				at 911 262a 2/11	373			15	10120		
Dec	"	3410		cap				15	26864		
				at 1086 4/12	1679				6857		
Jan	"	3410		cap				15	20012		
		10120			2052			45			
Feb	"	3080		at 17518 28/11/19	243						
				cap				15			
				at 3046 3/2	2433						
				at 4138 8/2	1947				16969		
		3080			4673			15			

SOS Canada Eff 25-2-19 Do 22 C. 30.

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 20-5-78

4380
243
4623
15

20012
3080
23092
6123
16969

23092
4123
16969