C.E.F. REGIMENTAL DOCUMENTS

NAME BLISS, ROBT. REGT. No. 53655 UNIT 18 BN H. Q. FILE No. 24468

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

1

Original

ATTESTATION PAPER.

No. 655

Folio. F

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Robert Bliss
2. In what Town, Township or Parish, and in what Country were you born?..... Folkestone England
3. What is the name of your next-of-kin?..... (Mother) Eliza. Bliss
4. What is the address of your next-of-kin?..... Folkestone England
5. What is the date of your birth?..... May. 1. 1892
6. What is your Trade or Calling?..... Saloon
7. Are you married?..... Single
8. Are you willing to be vaccinated or re-vaccinated?..... Inoculated forty years ago 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

Robert Bliss (Signature of Man).

W J Green (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Bliss, 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.

Robert Bliss (Signature of Recruit)

Date Nov. 2 1914. W J Green (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Bliss, 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.

Robert Bliss (Signature of Recruit)

Date Nov. 2 1914. W J Green (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 St Thomas this 2nd day of Nov. 1914.

a Notary Public (Signature of Justice)

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

W J Green Lt Col (Approving Officer)

25 Regt

200 M.—8-14.
H.Q. 1772-1-13.

Description of Robert Bliss on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

Chest measurement: Girth when fully expanded ..... 37 ins.

Range of expansion ..... 3 ins.

Complexion ..... Fresh

Eyes ..... Grey

Hair ..... Brown

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

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).

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 Nov 2 1914. .....

Place St. Thomas ..... F. D. Curtis
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.

Robert Bliss .....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 of Officer)

Date Nov 28th 1914.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. 53655 (Rank) PRIVATE

Name (in full) BLISS, Robert, enlisted in

the 18th Battalion, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at ST. THOMAS, ONT. on the SECOND.

day of NOVEMBER 1914

HE served in FRANCE (With 18th Battalion)

and is now discharged from the service by reason of MEDICALLY UNFIT.

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

Age 24 Years

Height 5' 9"

Complexion FRESH

Eyes GREY

Hair BROWN

Marks or Scars G.S.W. RIGHT ARM.

Signature of Soluier

DISCHARGE SECTION
JAN 18 1919
No. 1 District Depot

Date of Discharge

Issuing Officer J. R. Mellard ~~LIEUT.~~ Major

Rank

O.C. Discharge Section, No. 1 D.D.

Appointment

Signed at LONDON, ONT. this EIGHTEENTH day of JANUARY 19 19

in Military District No. -ONE-

File Reference No. ID 30-B-1400
IDD 10-B-293.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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 certificate will not be completed.

LAST PAY CERTIFICATE

Regt No 536555 Rank Pte Name Bliss Robert

Corps 18th Bn who was Discharged

Bn to 18-4-19

The following is a statement of the account of the above named

from to

1-12-18 18-1-19

Bal Dr from mon. of from L.P.C.				Bal Cr from mon. of from L.P.C.			
ASSIGNED PAY;				Regt Pay 41 days at $ 1—		41	44
1-12-18 to 31-1-19 held for C.P. in England		30	00	F'ld All 48 days at $ 10		48	00
SEPARATION ALLOWANCE:				SEPARATION ALLOWANCE: 48		4	80
OTHER CHARGES:				OTHER CREDITS: Clothing Allowance		35	00
PAYMENTS:				Subsistence, 17 12 & 5-1		16	00
# Paid		116	59	Transallce			25
Bal Cr (to be paid)				Bal Dr (to be deducted)			
P.A.F. Overseas		146	59	{from soldier $ " Dependant $}		146	59

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month	at $ per month	Subscribed $
has been to	has been 43. to	Paid by Other Units $
Jul	chgd 31-1-19 to C.C.P.M. Eng for transmittal	Paid by this Unit $ Jul

Dependant or Beneficiary; Mrs E. Bliss

Address;

REMARKS; Church Terrace Rolvenden & Cranbrooks Kent Eng

Disch Med Unfit 2016

Date of Enlistment

If married and if Separation Allowance card submitted No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit

date;

London, Ont.

Captain,
Paymaster, District Depot No.1

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 1.

No. 53655.

NAME OF SOLDIER Pte. Blair Robert

REGIMENT 18th Bn. RANK

M.F.B. 463.
150M.—6-18.
1772-39-950.

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.

No 1 District Depot
JAN 6 1919
I.D.D. 10-A-293

Condition on first Examination	Date 1919		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Jan 6												16									J. D. Campbell Capt.	1.	Complete on Discharge

R. & O. 6045 (*Revised*).

150416

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at West Sandling. Feb. 14th, 1917. 1916.

No. 53655 Rank Pte. Name Bliss, R.

Local Unit 4th. Res. Bn. Overseas Unit ---- Age 22

Examination held at West Sandling.

DISABILITY.
Overseas—Local.
(scratch one out)

Complains Shell Shock, gotten at Ypres.

PRESENT CONDITION.

Slight Tachycardia. Recruit exhibits signs of extreme nervousness.

B2.

BOARD RECOMMENDS:— B2.

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

B. C. Hardeman Capt .....President.

Members { W. A. Mc Mc [illegible] .....

.....

APPROVED 14 FEB 1917

Dated at.....1916.

[signature] (CAPT.)
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

For A.D.M.S.

F.S.M.A. Form

Dated at 19

APPROVED

Members

President

Signatures :—

2. Discharge .....

4. Fit for Permanent Base Duty .....

3. Fit for Temporary Base Duty ..... weeks.

5. Fit for duty after ..... weeks, physical training.

1. Fit for Duty .....

BOARD RECOMMENDS :—

PRESENT CONDITION.

DISABILITY.

Overseas—Local.
(scratch one out)

Examination held at .....

Local Unit ..... Overseas Unit ..... Age .....

No. ..... Rank ..... Name .....

Dated at 19

PROCEEDINGS OF A MEDICAL BOARD.

R. A. M. C. Form (Revised).

R. & O. 6045 (*Revised*).

OFFICE OF THE
STANDING MEDICAL BOARD.
SHORNCLIFFE
104832

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Shorncliffe Aug 20th 1916.

No. 53655 Rank Pte Name B Lisp R

Local Unit 39 Res. Overseas Unit 16th Batt Age 23

Examination held at Base

DISABILITY.
Overseas—Local.
(scratch one out)

Neurasthenia

PRESENT CONDITION.

11 mos in France.
For 3 mos has been growing nervous and shaky. nothing organic.

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION,

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after 8 weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members { D. F. McIntyre Capt. .....President.
W Hewitt Major .....
.....

APPROVED

Dated at Aug 21st 1916. D. F. McIntyre Capt.
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

No. ..... Rank ..... Name .....

Dated at 1918

PRESENT CONDITION

DISABILITY
Overseas—Local.
(scratch one out)

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

1. Fit for duty .....
2. Fit for duty after ..... weeks, physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures :—

BOARD RECOMMENDS :—

CANADIAN CASUALTY ASSOCIATION
CANADIAN CASUALTY & BOILER DIVISION
BRIGADIER GENERAL
COMMANDING
APPROVED

Dated at 1918

For A.D.M.S.

APPROVED

.....

.....

.....President.

CANADIAN ORIGINAL

MEDICAL HISTORY SHEET.

5'3633

Surname Bliss Christian Name Robert

8 Inf 23771

Examined { on 2 day of November 1914
at St Thomas, Ont.

Approved by D.H. Hogg Major

Rank R.A.M.C. 1st Lieut. M.O

Birthplace { City or Town Folkstone
County England

Apparent age 22 years

Trade or occupation Laborer

Height 5 Feet 9 Inches.

Weight 6 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 37 inches.

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right. 2 Left.
Number 6

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease 2

(b) Slight defects but not sufficient to cause rejection 1

Date	Fit or Unfit	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
18/12/14	good	D.H. Hogg M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
11/1/14	good	D.H. Hogg M.O.
22/1/14	good	D.H. Hogg M.O.
		M.O.

TELEGRAPHIC ADDRESS London 90 Euston

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	18 Batt'n	63655		
Transferred to..	D.O.R.D.			3-5-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brantford	5/5/18	Shell shock B.	Ed. Soldiers Aid
Witley	20/11/18	Nervousness	B/U Jas. L. Hammond Capt. R.A.M.C.

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.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

26 AUG 1916

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Base Details		1	5	16	7	5	16	G.S.W. rt arm	5.	Rejoined Unit	A213-220-223.

L. L. Job 70481—Req. 5220

Ens

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

3/8

M. F. W. 12.
10m. 11 14.
H. Q. 1772 39-819.

To Whom Mrs. E. Bliss.

Address 4 Wellington Mews.
Folkestone, Eng.

Rate $ 15.00 APR 1 1915

By Whom Assigned Bliss, R.

Regtl. No. 536555

Rank Pte.

Corps C Co'y. 18th Batt'n.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			ENGLISH
Sept.				Duplicate sent to England
Oct.				for payment.
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

L. L. Job 70481—Req. 5220.

2440

M. F. W. 12.
10m. 11 14.
H. Q. 1772-39-819.

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Duplicate.

To Whom Mrs. E. Bliss

Address 4 Wellington Mews
Folkestone. Kent
England.

Rate $15.00

APR ~~1~~ 1915
May.

By Whom Assigned Bliss, R.

Regtl. No. 53655

Rank Pte.

Corps C Coy, 18th Battn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		7331	45	} apl May June
July			- -	Do not pay July to adjust
Aug.		25468	15	
Sept.		39031	15	
Oct.		52102	15	
Nov.		70784	15	
Dec.		86770	15	
Jan.	1916			
Feb.			$120	Carried Forward.
March				

ASSIGNED PAY.

By whom assigned Bliss R.

Regtl. No. 53655 Pte "C" Coy 18th Battn

Month	Year	Cheque No.	Amt. 120		Pay Sheet		REMARKS.
Jan.	1916	106412	15	✓			
Feb.		122944	15	✓			
March		145461	15	✓			
Apl.		1984	15	✓			
May.		21525	15	✓			
June	✓	62550	15	✓			
July		87451	15	✓			
Aug.		120462	15	✓			
Sept.		153983	15	✓			
Oct.		198[illegible]7	15	✓			
Nov.	✓ 285.00	232021	15	✓			
Dec.		272541	15	✓			
Jan.	1917	314583	15	✓			
Feb.		35116	15	—			
March	CK	395263	15	✓			Checked Summers P.O. Paper
Apl.			345				
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							

Rank Pte. Name BLISS Robert Reg'l No. 53655

Unit 18th Battn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment St. Thomas Ont. 2nd Nov. 1914 Place of Birth Folkestone, ENGLA

Name and Address, Next-of-Kin Eliza Bliss, Folkestone Eng. Relationship Mother.

Assigned Pay Monthly $ 15.00 Payable to Mrs E. Bliss, 4, Wellington Mews, Folkestone, Eng. Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	31	31	10	310		3410			15	15	✓	30	410	
1/6	30/6	30		30	30		3		33			1750	15	✓	3990	740	1 dp 352
1/7	31/7	31		31	31		310		3410			1750	15	✓	2750	14	1 dp 364
								107	107			40.				1504	Ex Exchange
1/8	31/8	31	1	31	31	10	310		3410	274 318		1703	15	✓	3503	1714	
1/9	30/9	30	1	30	30	10	3		33	262		268	15	✓	18 78	31 36	1 dp 358
1/10	31/10	31		31	31		310		3410	433 483		5223	15	✓	20 23	45 23	
1/11	30/11	30		30	30		3		33	519		3268	15	✓	17 68	60 55	
1-12	31-12	31		31	31		310		3410	554 592 642 707		267 1134 261 261	15	✓	31 62	63 03	
1-1-16	31-1-16	31		31	31		310		3410	768		262	15		30 53	76 90	
1-2-16	29-2	29		29	29		290		3190	851 805		261 261	15		30 22	88 58	
March		31		31	31		310		3410	895 943		261 261	15		30 22	102 46	
				336			3370	107	33067			9991	165	330	36821		

Checked

BALANCE TRANSFERRED TO NEW LEDGER.

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						

Report Date	Report From whom received	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
23 8 16	CCAC	on Comd to 1st CCD for 8 wks Pt Etc	Folkestone	21 8 16	Pt II O 351
16.2.17	"	cease to be attd CDD & SOS Trans to 4 Res Bn	Hastings	31-1-17	— 80
1-2-17	4th Res.	T.O.S. from C.C.A.C.	W. Sandling	31-1-17	— 26
6-3-17	do	S.O.S. to CCAC & Att. 4th Res.	Bramshott	14-2-17	— 54
23-2-17	C.C.A.C.	T.O.S. & On Comm^d 4th Res	Hastings	14-2-17	— 92
19-3-17	WORD Dep.	T.O.S. from CCAC & Att 4th Res.	B'Shott	11-3-17	— 9 & CCAC. Pt O 119
26-3-17	4th Res.	Attached from Regtl. Depot.	Bramshott	11-3-17	— 71
3-5-17	do	Ceases to be Att. Rep^ns to WORD.	"	4-5-17	WORD. Pt O 52 of 7-5-17 Kon Comm Mytchett — 104
26.11.18	WORD	on Com to CDD Buxt	"	Pte 25.11.18	279.
24.12.18	"	off Com to me and SOS to CEF in Can	Witley	" 7.12.18	303.

Rank Name BLISS Robert Reg'l No. 53655

Unit 18th Battn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment St. Thomas Ont. 2nd Nov. 1914 Place of Birth Folkestone, ENGLAND

Name and Address, Next-of-Kin Eliza Bliss, ~~Folkestone Eng.~~ Church Terrace, Rolvenden, Nr. Cranbrooke, Kent. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 5741
File R.L.
Category CAN. OR

Discharge, Date and Place Reason Character

Report Date	Report From whom received	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
29-4-15	Oc 18	Arrived per SS. Grampian	England	29-4-15	Inform Form
12-6-15	Oc. 18	Forfeits 1 days pay AWL	West Sandling Camp	7-6-15	Part II Orders No 8
26-6-15	" "	" " " "	" "	21-6-15	" " " No 10
1.9.15	"	" 1 " " "	"	1.9.15	Pt. II - 358.
18.9.15	O.C. 18	Embarked Overseas (C.C.)	Folkestone	14.9.15	Inform. Form
19.4.16	18th	No 8 Stationary Hospital	Wimereux	10.4.16	Cas. List A 193 (G.S.W. Right Arm ON)
24.4.16	"	No 5 Convl. Depot	"	15.4.16	" " A 197 "
12.5.16	"	Discharged to Base Details	"	2.5.16	" A 213 "
20.5.16	"	Proceeding to rejoin Unit		7.5.16	" 220 "
24.5.16	"	Rejoined Unit	"	9.5.16	" 223 "
13.7.16	"	No 25 General Hospital	Hardelot	3.7.16	" 265 "
15.7.16	"	Discharged to Base Details		5.7.16	" 266 "
31.8.16	O.C. 18th	Class "C" and to CCAC	Field	18.8.16	Pt II 34.
21816	66ab	Taken on strength	Folkestone.	20.8.16.	← 346.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 18th Bn.

Regimental No. 53655 Rank Pte Name Blais Robert

C. E. F.

Enlisted (*a*) 2.11.14 Terms of Service (*a*) D/D Service reckons from (*a*) 2.11.14

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				
7.11.18	Form O/S	Taken on strength No. 1 District Depot London D.O. # 246 F. C. Hesman Lieut for O.C. No. 1 DISTRICT DEPOT			
JAN 18 1919		Discharged London Ont MEDICALLY UNFIT J. K. Millard Major for O.C. Discharge Section, No. 1 D.D.			

(*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				

Report: Date	Report: From whom received	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
31-1-17	O/C 4th Res. Bn.	T.O.S. 4th Res Batt^n from C.C.D.	W Sandling	31-1-17	Pt 2 order No 26.
6-3-17	do	On transfer to CCAC is S.O.S. and attached to 4th Res. Bn.	Bramshott	14-2-17	Pt 2 order No 54
3-5-17	do	Ceases to be att^d 4th Res. Bn. Reported back to W.O.R.D.	do	3-5-17	Pt 2 order No 104
					[signature] CAPTAIN, ADJUTANT, 4th CANADIAN RESERVE BATTALION.
11·3·17,	W.O.R.D.,	On Com. 4th Res. Bn.,	Bramshott,	6·3·17,	D.O. #9,
7·5·17,	do.,	On Com. Mytchett,	do.,	4·5·17,	D.O. #52,
20·11·18	W.O.R.D	attch Dep Coy	Witley	19·11·18	~~attch~~ D.O. 274
26-11-18	do	On Com. C.D.D Buxton	do	25-11-18	D.O. 279 [signature] Jackson Lieut. i/c Records: West Ont. Regtl. Depot.
26 NOV 1918		Attached C.D.D. Buxton for return to Canada, Part II Order No 280. Ceases to be attached C.D.D. Buxton on embarking for Canada. [signature] Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
7.12.18	Sailed for Canada				

Army Form B. 103. Regimental Number 53655

Casualty Form—Active Service.

Regiment or Corps 18TH BATT

Rank PTE Surname BLISS R. Christian Name

Religion Age on Enlistment years months.

Enlisted (a) Terms of Service (a) WAR 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

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...			
	Cases C C D +				
31/1/17	~~ATTACHED~~ TRANSFERRED FROM C.C.A.C. TO 4th Res Batt		PART II D.O. No. 80.8		16/2/17
	Retaken on Strength				
	ATTACHED ~~TRANSFERRED~~ FROM C.C.A.C. TO 4th Res Batt		PART II D.O. No. 92.7		23/2/17
	Transferred to W. Ont. Regt. Depot 10/3/17				
	Part II Orders No 119.4 Date 13/3/17				
			G L Mott Major		
			for O.C. CCAC		

(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, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 53655 Rank Pte Name Bliss Robert

Enlisted (a) 2nd Nov/14 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. 6 Jul 29 17

Extended Re-engaged Qualification (b)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	18th Bn	Disembarked in France	Boulogne	15-9-16	Nominal Roll
15-11-16	6 C.F.A.	Shr. wd. uppr. arm (alt)	Admitted	6 C.F.A.	10-11-16 A 36. DCS. 179.
do	do	do	Transferred	to C.C.S.	10-11-16 do do
do	10 C.C.S.	Shell wd. R. arm.	Adm.	No. 10 C.C.S.	10-11-16 do DCS. 170.
do	do	do	Trans.	to 23 Train	10-11-16 do do
10-11-16	No. 8 Stat.	G.S.W. arm R.	Admitted	No. 8 Stat.	10-11-16 W 30 D 4, 10/11/16.
15-11-16	do	do	Transferred	to No. 5 Conv. Dep.	15-11-16 do 15/11/16.
12-5-16	C.E.F. Rec. Off.	Discharged, ex No. 5 Conv. Dep.	To Base Details		2-5-16 Cas. List A. 213.
5-5-16	Base Details Boulogne.	Class A. Proceeded to join Base Depot, Harfleur.			5-5-16 Nom. Roll. DCS. 209.
7-5-16	Can Base Dep.	Class A.	Admitted	Can Base Dep.	7-5-16 Nom. Roll. DCS. 191.

(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.

OVER

[P.T.O.

19 SEP 1916

53655 Pte Bliss R.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
7-5-16	Can Base Dep.	Proceeded to rejoin unit	In the Field	7-5-16	Nom. Roll. DCS. 186.
12-5-16	18th Bn.	Rejoined unit	do	9-5-16	B. 213. DCS. 190.
3-7-16	5 C.F.A.	~~Nervous debility~~ W-shell contusion, back, Pyrexia } Adm	5 C.F.A.	3-7-16	A 36. DCS. 223, 16/7/16.
3-7-16	25 Gen.	VI. 1, slt. Adm.	No. 25 Gen.	3-7-16	W 3034.
5-7-16	do	do Dischgd. to Base Details		5-7-16	do.
26-7-16	Can Base Dep.	Class T.B. Admitted	Can Base Dep.	26-7-16	Nom. Roll. DCS. 231, 1/8/16.
19-8-16	O.C., Reinf., Havre.	Classified 'C' & transferred to England (to Can. Cas. Ass. Cent., Folkestone) (Auth: I.G.C. Rout Order 208, dated 25/7/15)		18-8-16	Letter 19/8/16. (Can. Sect. No. 6235) Pt. II Order 34, 31/8/16.

J W Logan
Captain,
for Lt.Col., A.A.G.,
Canadian Section, G.H.Q., 3rd Echelon.

Taken on strength C.C.A.C. Pt. II D.O. No. 346 - 21-8-16

ATTACHED
~~TRANSFERRED~~ FROM C.C.A.C. TO C M Harton 21-8-16 PART II D.O. No. 351.1 - 23-8-16.

AW Deacon
for OC CCAC

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

(1)

Name Bliss, Robert
Surname Christian Name

Regimental Number 53655 Rank Pte.

Unit 18th Bn.

Original Unit

District where paid M.D. 1.

Date of Discharge

P. D. P. Filing Number

Address (in full) 93 Centre St.,
St. Thomas, Ont.

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

L. L. 46038—M. & D. 9245.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks: Account opened 18-1-19.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent .....

Address.....

$

$

$

$

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Dec'n No ..... W.S.G. File No

Award ..... days at $ ..... per day $

S. A. ..... months at $ ... per mo. $

Less P. D. P. Credited

Less further debit balance

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

FORM P.305.
2283-7½M-6/12/15

Ref. No. Lat 1156 B.

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs. E. Bliss (mother) By whom assigned Bliss R.

Address Church Terrace Regtl. No. 53655

Roberden Nr Cranbrooke Kent. Rank Pte

ASSIGNED PAY SEPARATION ALLOWANCE Corps, &c. 18th W.O.R.D.

Rate 15.00

Date to commence 1-12-18.

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

voted on L.P.C.

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet Deduction.	REMARKS.
Jan.	1916				DISCHARGED TO CANADA.
Feb.					W.O.R.D. N.R. 16. - 20/11/18.
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		E47458	15		
Jan	1917	E94295	15		
Feb.		Stop Disch 18.1.19			
Mar.		Auth Cable 5952. 31.1.19.			
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

Date	Remarks	Pt. 2 Order No.
17-12-18	Granted furlough & Subs. to 8-1-19	7
18-1-19	Discharged from H.M.S. Med. unfit (P.D.P.)	16
28-1-19	Entitled to wear 4 blue chevrons	27

M. F. W. 192
150m.—5-18
1772-39-1243

*Name BLISS, Robert Rank Pte. Regtl. No. 53655

Fyle Depot 1 DD.10-B-293

Original unit 18th Bn Present unit W.O.R.D. M. or S. 26 Age Religion Prots Ref. H.Q. 1D 30-B-1400

Port, ship and date of arrival Halifax Olympic 14-12-18

Next of kin Eliza Bliss Folkestone, England (mother)

Address on leave

Address on discharge 93 Centre St.St.Thomas, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Laborer Date and place of enlistment St Thomas, Ontario 2-11-14

Diagnosis Nervous debility Date of Medical Boards London, 6-1-19.

Date. T.O.S.	Remarks.	Pt. 2 Order No.
7-12-18	No. 1. District Depot.	
17-12-18	Posted to Casualty Company	246
6-1-19	Ceases to Draw Subsistence from this date.	7

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

(over)

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

D.M.S. 1800.

Surname: Bliss
Christian Name or Names: R
Reg. No.: 53655

Rank: Pte
Unit: 18 Battn
Co.:
Troop:
Batty.:

Hospital:
Date of Admission:

Transferred 8 Stat Wimereux Hosp. 10·4·16
#5 Conval. Depot Wimereux Hosp. 15·4·16.
25 Gen. Hardelot Hosp. 3-7-16
Hosp.

Diagnosis: G. S. W. right Arm

(1)
Later Diagnosis (if changed): G. S. W. Spine
(2)
(3)

Additional Diagnoses: If more than one state present

DISPOSITION: Proceeding to rejoin Unit 4-5-16.
Date

C.L. 18·4·16 #a193
C.L. 24·4·16 #A197.
C.L. 12·5·16 A213 → Discharged to Base Details 2-5-16
C.L. 20·5·16 A220 Rejd Unit 9·5·16
" 24·5·16 a/223 Dis to Base details 5·7·16
C.L. 13-7-16 A265
C.L. 16·7·16 #a1260

REMARKS

A.M.D. 2 DEPT.
Bch of D.G.M.S. O.M.E.C. London.

RW. [illegible]

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Protestant.

DESCRIPTION.

APPARENT AGE 22. YEARS MONTHS

HEIGHT 5. FEET 9. INCHES

CHEST MEASUREMENT 34. INCHES EXPANSION 3- INCHES

COMPLEXION Fresh. EYES Grey. HAIR Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE St. Thomas Ont. DATE Nov. 2nd. 1914

1 CARD NO. 8827.

S.O.S. Dis 18-1-19 L
D.O. 16 of 16-1-19
M.U. D.D. # 1

SURNAME. Bliss.

CHRISTIAN NAMES Robert.

REGL. No. 53655. RANK Pte.

UNIT 18th. Bn.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Bliss. Mrs. Eliza.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS ~~Folkestone Eng.~~

Church Terrace, Rolvenden nr. Cranbrooke, Kent, Eng.

54-21-38-1 11/6/18

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Folkestone. DATE May 1st. 1892

PLACE OF ATTESTATION St. Thomas Ont DATE Nov. 2nd 1914

Sailed from Halifax Per. SS "Grampian" 18-4-15

R/C 14/12/18 232/13 1

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

R. 149.

Name Bliss, Robert *Rank* Pte. *Reg. No.* 53655

Unit 18th. Battalion. Notice Returned

Next of Kin Mrs. Eliza Bliss. Folkestone. Eng.

Date 1916.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
				GSW. Rt. Arm.		17/4/16	M. 5361	18/4/16.
10	4	No. 8. S.H.	Wimereux		A193			
15	4	No. 5. Conv. Depot.	do	do	A197			
2	5	Discharged to Base	Details	do	A213			
7	5	Pro. to Rejoin Unit		do	A220			
9	5	Rejoined Unit		do,	A223		M.	
3-7		No. 25 G.H.	Hardelot	GSW Spine.	A265	9661		13-7
5-7.		Discharged to Base Details.		do	A266.			

REGT'L No 53655

NAME Bliss, Robert J

H. Q. FILE No. 649-

RANK AND CORPS Pte 18th Batt-

FOLLOWS No. 17716

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M 5361	17-4-16	Adm to No 8 Stat Hosp. Wimereux April 10th. Wded Rt Arm.
M. 9661.	12-7-16.	Adm. to #25 Gen. Hosp. Hardelot July 3rd 1916. (G. S. W. spine.)

L. L. Job 9058l—M. & D. 6314.

M F. W. 42—50M—1-16.
H. Q. 17-2-39-853.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 193	#8 Stat. Wimereux	10-4-16	G.S.W. Right Arm.
A 197	#5 Convt. Depot Wimereux	15-4-16	" " " " "
A 213	Disch. to Base Details	2-5-16	" " " " "
A 220	#3 Gen Base Depot Proceding to join Unit	7-5-16	" " " " "
A. 223.	O.C. 15th Bn Reported joined Unit.	4-5-16	" " " " "
A 265	No. 23 Gen. Hardelot	3-7-16	G.S.W. Spine
A 266	Disch to Base Details	5-7-16	" " " " "

No. 6555 5365 5 RANK Pte NAME Bliss, R

T. O. S. UNIT 18th Battalion.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Nov 2	Nov 30	✓		
	Dec	✓		
1915	1915			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr.	✓		

UNIT SAILED
APR 18 1915

DEEP FEB 25 1924
REGN. NO. 2319

PP. Vac

Hold B

Number 53655 Rank Pte. Meds

Surname BLISS

Christian Names Robert James

Unit 18th Bn Can Inf Theatre of War France

Date of Service 16-9-15

Remarks Mrs Bliss High St
Rolvenden, Kent, England

INSANE

Latest Address 93 ~~Central~~ St
~~St Thomas~~

Roll No. B Page 2451

Out

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.

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

No. 53655 M. 18/2/19.

Rank PRIVATE

Surname BLISS,

Christian Name Robert,

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

Corps (Squadron, Battery or Company) 18th Battalion, C.O.M.F.

Date of Discharge JAN 18 1919 M.O. #16. dd. 16. 1. 19.

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years ..... months.	Descriptive Marks
Height 5 feet 9 inches.	G.S.W. RIGHT ARM.
Complexion FRESH	
Eyes GREY	
Hair BROWN	
Trade LABOURER	
Intended place of residence (To be given as fully as practicable.)	93 Centre St., St . Thomas, Ont.

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

MEDICALLY UNFIT

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

E. R. J.

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.

(Place) LONDON, ONT. R. J. Bliss .....(*Signature of Soldier.*)

(Date) JAN 18 1919 G. Reddon .....(*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) LONDON, ONT.

(Date) JAN 18 1919

(*Signature*) J. R. Millard Major

O.C. Discharge Section, L.o. 1 D.D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none

R. J. Bliss

(OVER)

AUDITOR | PAYMASTER

M. OR S. Single 2445 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. 53655 RANK Pte NAME (IN FULL) BLISS Robert 3

NEXT OF KIN Mrs E. Bliss RELATIONSHIP M.

ADDRESS Church Terrace Rolvenden N. Cranbrooks Kent England

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 18th Bn IF IN P.F. WHAT UNIT? P.O. St. Thomas (BLOCK LETTERS, G. SURNAME FIRST) Ont. 15/5/19

PLACE OF ATTESTATION TRANSFERRED TO 12 Selbst Lt R DATE AUTHORITY

DATE OF ATTESTATION 2-11-14 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 15 England DATE EFFECTIVE 1-12-18

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS same as above

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE London DATE 18-1-19 REASON Med Unfit AUTHORITY 20016/19 IF ENTITLED TO POST DISCHARGE PAY No

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
Balance from previous account					D 41 44															
12/12 18/4	49	1/10	49	35/16		146 59			9010 17/1/19			116 59	30				146 59			35% Clothing Rs & Towns allce
																				16% Suits 1 C £40
																				Leaves Ldn aug 6/19
18/1/19			70			70	H401 18/1/19			70							70			War service gratuity
15/2/19			70			70		4088 18/2/19		70							70			3 years £20
			280			280				280							280			Blue Book Mountain Army
17/3/19			280			280				70							70	210		208/14
18/4/19			210			210				70							70	140		71101
18/5/19			140			140				70							70	70		118670 17/8/19
			490			420				350	70		420				420	70		15/9/19 116828

WAR SERVICE GRATUITY

off strength 30-6-19 o/c now on leave

60m.-11-18 L. L. 51777. M. & D. 9585.

MARRIED OR SINGLE S

PLACE OF BIRTH Folkestone. Eng:

NAME AND ADDRESS OF NEXT OF KIN Eliza Bliss

4 Wellington Mews. Folkestone. Eng

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Af and Sa checked and sums correct 31/3 per WO Payer

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 53655 RANK Dte NAME Bliss Robert

IF IN PERMT. CORPS WHAT UNIT — UNIT 18 Bn

TRANSFERRED TO 6 Cab. DATE 1.10.16 AUTHORITY 20.34 21/3/16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 4 Res Bn DATE 2/4/17 AUTHORITY Orders

PLACE OF ATTESTATION St Thomas Out

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Nov. 1914

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 1-15 00 DATE EFFECTIVE 1/5/15

PAYABLE TO Mrs E Bliss. ~~4 Wellington Mews~~ 10/4/17 6 Marine Stables, Lower Sandgate Road, Folkestone RELATIONSHIP Mother

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)

61 Hosp

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY £.	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
March 31			336				3360							107 370 67												9991165		330 268 21	10246				
April 30	1 00	30			30	10	3							33												15		15	13046				
May 31	31	31			31		310							341 0	40% 158	107 27 8	677 9264	6653 17 5	3049 12 5	2203 2 5			87	88	426	15		20 37	12419				
June	30	30			30		3							3300												15		15 00	14219				
July	31	31			31		310							3410												15		15 00	16129				
Aug	31	31			31		310							3410												15		15 00	18039				
Sept	30	30			30		3							33			GBD 5256 11/7								436	15		30 70	18269				
														5791 97			4826 27/7								698			359 28					
																	5263 19/8								436								Trans C.R.A.G. 1-10-16 20.34
1/10	31/10/16	31			31		310							3810	1 CCR	100 21/3	3 12/10							730	973		15		139 09	7770				
1/11	30/11/16	30			30		3							33	3083 22/9	3015 19/9	2838 24/9								9733			2230	8840				
1/12	31/12/16	31			31		310							3410	2260 30/10	1 CCR	1 CCR							730			15		32 03	9047				
			61	10											3696 30-11 CCR	3401 16-11 CCR									973									
1/31/1/17	31	1 10	34	10										341 0	4708 31-1-17	4603 15-1								1947	487		15		37 34	8823				
Feb 8			308	0										3080	4844 CCR	24/1								973			15		24 73	9130				
			137											107 73807										5365	13394	2597	99.9 1330	330	64677					

53655 Pte Bliss R. QP 1500

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			7	37										1 07	788 07									5565	13394	25971 4811 9991		330	330	64677	9130				
Mar	30		34	10											34 10					34 H Rec		15/3				9 73		15	226	31 86	92 54				24005 # 1513 3/7
April	20		22												22					285 "		1/3													447576 2 Drafts + Rec & Rec
															794 17										10057		15		15	10054				
1-30	10	1 10	11												11							688 324						15	5516	6936 2	11154				
																193 284							14 60											
May	31		34	10											34 10	34 H 44				508 324			H 87			14 60		15		34 47	11117				
																										4 87								
June	30		33												33					113 2745 5455						14 87		15		53 94	90 23				
																284 1513				4 A51 798						14 60								
																155 317																		
																432 273 H Rec.																		
July	31		34	10											34 10					A81 132								15		15	109 33				
																				52 Dw Sig Co														
Aug	31		34	10											34 10					185 1516 A137 685						7 30		15		22 30	121 13		121 13	
																				524 1517 5 Dw Coy						9 73								
Sept	30		33												33					564 1517 A19 H419						9 73		15		34 46	119 67		119 67	
																				A230017								15						

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERVICE ALLCE ENG.
		119 67							119 67		
Oct.	31 Amt Pte 1/10	34 10		A230017			15				
				AR 149 1-6-17 5th Gun Dvr Sig Co	9 73						
				2M 10019 233 17-7-17 5 Dvr Engrs	9 73				119 31		
		34 10			19 46		15				
Nov.	30 QB.	33 00		QR Cheque No B34662 £3-1-8			15				
Dec.	31 QB.	34 10		AR 705 26/10/17 6th Div Engrs	7 30						
				AR 575 28/8/17 6th Div Sig Co	7 30						
				AR 343 14/11/17 5th Gun Div	9 73						
				AR 688 12/10/17 6th Div Engrs	9 73						
				QR Cheque No Q9068 £3-1-8			15				
				AR 638 28/9/17 4 DRD.	4 87						
				2M AR 450 16/8/17 Div Engrs	9 73		30		109 74		
		69 10			46 69		30				
Jan/18				B34662 £3-1-8			15				
	31. QB.	34 10		AR 473 5/2 5 Div Sig Co	17 03				109 81		
		34 10			17 03		15				
Feb.	28. QB.	30 80		D M.S.S. £3-1-8			15				
				AR 343 15/1/18 5th Div Sig Co	9 73						
				AR 662 20/1/18	7 30						
				813 15/2/18	9 73				98 85		
		30 80			26 76		15				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERVICE ALLCE ENG.
									98 85		
									34 10		
									132 95		
									68 53		
									64 42		
March	31 QB.	34 10		D M.S.S. £3-1-8			15				
				AR 920 26/2/18 5 Div Sig Co	7 30						
				927 10/3/18 Details Witley	9 73						
				AR 514 7/2. 5 Div S.C.	9 73						
				AR 514 23/3/18 Details Witley	7 30						
				AR 575 10/4/17 WORN.	19 47				64 42		
		34 10			53 53		15				

P 820
12474-1375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or ~~CANADA~~.

EFFECTIVE DATE:- 1/5/15

AMOUNT:- 15.00

SEPARATION ALLOWANCE. * ENGLAND or CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- BLISS Robert

NUMBER:- 53655

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs E Bliss (Mother)
~~6 Marine Stables Lower Sandgate Road~~
~~Folkestone Kent. Eng~~
Church Terrace, Rolvenden,
near Cranbrooke. Kent.
Stopped Eff 1/1/18.

1/6/18

ASSIGNED PAY ~~AND SEPARATION~~ ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 18th Batt

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
A Notes.	21/4/17		H.d Qrs
	1/1/19		CANADA Sec

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
12/10/18	12	Mytchett Camp Land	1				
Included in G.P.C. Balance							

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	- 10.		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transfer to Canada. Eff/15/5/18. Auth. W.R. 16 W.O.R.O. 28/4/18. Cr Bal # 91 77

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18.	Brought Forward								64 42		
April	30. G.C.	33-		A42847. L 3-1-8.			15.				
				A.R. 128. 14/4/18. Del. Willey	9 73						
				✓ 618 29/4/18 ✓ ✓	7 30				65 39		
		33-			17 03		15-				
May	31 P P	34 10		A 67648 L 3-1-8.			15				
				A.R. 820. 15/5/18. Del. Willey	9 73						
				A.R 1112 27/5/18. ✓ ✓	7 30				67 46		
		34 10.			17 03		15.				
June	30 G.C.	33		B 53448. L 3-1-8.			15				
				A.R. 1387 16/6/18. Del Willey	9 73						
				✓ 1682. 29/6/18. ✓ ✓	7 30				68 43		
		33.			17 03		15.				
July	31 —	34 10		B. 19846 L 3-1-8			15.				
				A.R. 1962 17/7/18. Del. Willey	7 30						
				✓ 2270. 30/7 ✓	9 73				70 50		
		34 10			17 03		15				
Aug	31	34 10		C. 53243. L 3-1-8			15				
				✓ 2534 13/8/18 Del Willey	7 30						
				✓ 2776. 27/8/18 ✓ ✓	9 73				72 57		
		34 10			17 03		15				
Sept	30 ✓	33 —		D 9827 L 3-1-8			15				
				A.R. 3174. 10/9/18. Del Willey	7 30						
				✓ 3504. 24/9/18 ✓	9 73				73 54		
		33 —			17 03		15				
Oct.	31	34 10		A 82473 L 3-1-8			15				
				A.R. 3574 15/10/18. ✓ ✓	7 30				85 34		
		34 10			7 30		15				

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									85 34		
Nov.	30 P.P.	33		Supp E0224 3-1-8.			15		118 34		
				ak. 221. 27/11/18. C.S. Marketry	12 17				36 90		
				. 3065. 27/12/18 Cwd C&D Buxton.	9 73				81 44		
		33		21.90	21 90		15				
				SOS. to Canada 7/12/19 5.4.91 WORKS. M.O. 1.							

Ashton
Hulls

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.
	VACCINATIONS.
18/12/14.	Good. D. H. Hogg.
	ANTI-TYPHOID INOCULATIONS, ETC.
11/11/14.	Good. D. H. Hogg.
22/11/14.	Good. D. H. Hogg.

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

MAB
M.S.1.
10-293

53655

DUPLICATE

Army Form B. 178.

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 B L I S S *Christian Name* Robert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Folkestone County England.

Examined ... ... on 2nd day of November 1914.
at St Thomas. Ontario

Declared Age ... ... 22 years ____ days.

Trade or Occupation ... labourer

Height ... ... 5 feet, 9 inches.

Weight ... ... ____ lbs.

Chest Measurement — Girth when fully Expanded. ~~34~~ 37 inches.

Chest Measurement — Range of Expansion 3~~4~~ 3 inches.

Physical Development ... good.

Vaccination Marks	Right	Left
Arm ...		
Number		

When Vaccinated ... ...

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*) D. H. Hogg,

(*Rank*) Major. ADMS. 1st. Div.
Medical Officer.

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

Enlisted ... ... at ____
on ____ day of ____ 191 .

Joined on Enlistment ...

Transferred to ... ...

Corps.	Regtl. No.
18th Battn	53655

Became non-effective by ____

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

on ____ day of ____ 191 .

(*Signature*) W.R.WARD,
Colonel in Charge of Records,
Canadian Contingents.

(*Rank*)

(1908) Wt. W2869—1662. 200000. 5/15. Sir J. C. & S.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
Base Details	2	5	16	7	5	16	G.S. Wnt arm	5.	Rejoined Unit	A 213-220-223

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.

Board agrees this seems to be genuine case of nervous debility,- says he feels very little better than 1 year ago and he has had easy duty for that length of time- functional murmur at apex, which disappears on lying down.

19. Is the invalid fit for

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

Placed in Category C11

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.

C C Richardson Capt President.
F. C. Eakins Capt
P. A. Scollick Capt. } Members

PLACE London Ont
DATE Jany 7. 1919

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE .....
DATE ..... } Members

APPROVED BY
A F Lavrolean
for Assistant Director of Medical Services.
DATE Jan 7 1919

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

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. 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."
3. 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.
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 London, Ont. DATE Jan. 6/1919.

1. 1 (a) Unit 1 D.D. (b) Regimental No. 53655 (c) Rank Pte.
(d) Surname Bliss (e) Christian name Robert
(f) Home address 93 Centre St., St. Thomas, Ont.
(g) Next of Kin Elizabeth Bliss (h) Relationship Mother
(i) Address of Next of Kin 6 Marine Stables, Lower Sandgate Rd., Folkstone, Kent, England.
2. Age last birthday 24 Date of birth May 1/1894
3. Enlistment, or Appointment (if an Officer) (a) Place St. Thomas, Ont. (b) Date Nov. 2/1914
4. Personal description:
(a) Height 5 ft. 9 in. (b) Weight 137 (stripped) (c) Complexion Fresh
(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.
5. Former trade or occupation Laborer.

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

Stamp: London Main C.R. 3.57 MAY 1 1919

	Periods From	Periods To
Canada	2-11-14 7-12-18	25-4-15 6-1-19
England	25-4-15 18-8-16	15-9-15 7-12-18
France or other theatres of War	15-9-15	18-8-16

7. Original disease, or injury Nervous Dibility
(a) Date of origin Since Enlistment (b) Place of origin England.
(c) Cause Service Conditions.

M. F. B. 227.
300M.—8-18.
1772-39-117.

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

Restriction in choice of occupation due to nervous dibility.

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; Soldier is well developed. Somewhat nervous temperament. Reflexes slightly plus tongue tremulous, coarse tremor of spread fingers, Pulse 72 sitting, on touching floor 10 times, 96, returning to 72 in two minutes. No evident Dyspnoea. Heart no enlargement, no murmurs, consider this No objective stomach findings. Some evidence of bronchitis at present, Temperature normal.

Subjective. Soldier complains of indefinite stomach trouble, belching of gas and shortness of breath, shooting pains through the head and of nervousness worse at times.

(*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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (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

Flesh wound left arm 2-5-16. Hospital 5 days, gives no trouble now, full movements, no atrophy, not tender.

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

France 11 months - nervousness began there. Has been more or less nervous ever since. States nervousness became worse since stomach became bad. About June 1917 had belching of gas after meals, no pain in stomach, pains in head began about this time, states he is about the same now as when in England.

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*).)

Nil

(*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.)

Not Applicable

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? 6 months

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

Hospitals France

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

No

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

17. Recommendations

Category C11

H A Simpkins Capt RAMC
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 R J Bliss 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

R. J. Bliss Rank.
Signature of invalid examined.

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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief details, and signature
20/8/10	C.C.A.C. neurasthenia 8 wks P.T. D.F. Midtype Capt.
12 OCT 1916	2 a B G.H. Jepson Captain, C... PRESIDENT STANDING MEDICAL BOARD. 1st Canadian Command Depot
14/2/17	Shell Shock, neurasthenia B II B. C. Hardiman Capt

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

France

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Bliss *Christian Name* R.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

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

Declared Age ... ... _____ years _____ days.

Trade or Occupation ... _____

Height ... ... _____ feet, _____ inches.

Weight ... ... _____ lbs.

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

Physical Development ... _____

Vaccination Marks { Arm .. Right Left Number _____

When Vaccinated ... ... _____

Vision ... ... { R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) _____

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*) _____

Approved by (*Signature*) _____

(*Rank*) _____ *Medical Officer.*

Enlisted ... ... { at _____ on _____ day of _____ 191 .

Joined on Enlistment ... { Corps: 18th Bn Regtl. No.: 53655

Transferred to ... ... { Corps: _____ Regtl. No.: _____

Became non-effective by _____

on _____ day of _____ 191 .

(*Signature*) _____

(*Rank*) _____

(8 82 62) W 2869—1662 20,000 5/15 H W V(R) Forms/B. 178 [P.T.O.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 53655 Rank Sergt Surname Bliss Christian Name Robert

Unit or Corps—(a) Overseas from United Kingdom 18th Batn (b) in United Kingdom W.U.H.D.

Born at—Town Folkestone County or Province Kent Country Eng

Date of Birth—Day 1st Month May Year 1884 Age 20 yrs. 2 months.

Joined at St. Thomas Ont. Date 22nd Nov 1914

Former trade or occupation Laborer

Permanent Marks or any peculiarity that will serve for future identification :— Lesser left arm — midupper arm — outer surface

Height—feet 5 inches 9 Colour of eyes blue

Signature of Soldier (for identification purposes) R. G. Bliss

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (a) Neurasthenia

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	GENERAL SERVICE	France	1916
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

(i.) As to Group (a) above ? No If yes, has Active Service aggravated it ?

(ii.) As to Group (b) above ? If yes, has Active Service aggravated it ? NA

(iii.) As to Group (c) above ? NA. If yes, has Active Service aggravated it ?

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

(i.) As to Group (a) above ? YES

(ii.) As to Group (b) above ?

(iii.) As to Group (c) above ? NA.

PART I. (continued).

5. MEDICAL HISTORY. Enlisted Nov-2nd/14 N. Nunnon Ont. 11 mos. in France (stat.) Evacuated for neurasthenia on Jul 1916 — two records. This on book — or [illegible] be procured. Capacity for [illegible] — Gassed Mt. Sorrel — Shell Concussion back [illegible] M.M.S. Discharged [illegible] hosp. Eng. — England, [illegible] wounded — [illegible] 20-5-18. Neurasthenia 14/2/17 Shell shock, 13th Boarded 15. [illegible] right N.D.H. Smithett - 5-5-15. Now complains of tremor, inability properly digest the food — Eructations etc, slight vomiting immediately after eating. Dyspnoea on exertion for the last [illegible]

6. PRESENT CONDITION. Complaints 1. Dyspnoea on exertion. 2. Tremor 3. Inability to digest food completely.

Man is a well developed well nourished young adult who appears to be in no apparent distress, but any slight tremor of hands present & latter are exaggerated.

Local Exam: Pulse 92. Rg. rate 52 Rhy. Thumping. Heart — No enlargment demonstrable — R.M.S. V: left slight systolic murmur at apex — P. P. being out a systolic murmur at [illegible] — Moderate intensity — slight transmitted to axilla — Basal sounds O.K.

Lungs & Digestive system Rg.

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. [illegible]

(iii.) Was one advised and declined? No

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? [illegible]

(ii.) If so, describe. [illegible]

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B II

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 22-10-1918 Signed [illegible] Officer in medical charge of case.

Station Witley Camp.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital

..... {Officer i/c Hospital / S.M.O. / Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

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

10. Is the disability fully described in Part I. (1)? Yes If not, describe it. Nervousness see #18

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier {Caused? No / Aggravated? No} (b) Misconduct of the Soldier {Caused? No / Aggravated? No}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (*Estimate at none, 5%, 10%, 15%, 20%, etc.*) five percent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3)*) *Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No
(ii.) If not permanent, what is its probable minimum duration (*in months*)? three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N.A.

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

18. REMARKS:— A 6 / 9/8/3 11/11/18
No heart murmur can be heard. The pulse rate increases to 90 after touching toes ten times, returning to 72 in a minute. Has a nervous man

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B II
(b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board 20/11/18 President.

Signatures of the Board: Lieut Col Cameron; Jas. P. Hammond Capt. CAMS

Station Witley

Approved [illegible] CAPTAIN, For A.D.M.S. CANADIAN TROOPS, WITLEY. A.D.M.S.

Dated at Station 191

CANADIAN A.D.M.S. HQ. 20 NOV 1918 WITLEY