733708	BOWER	RALPH HERMAN
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 952

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

C.E.F. REGIMENTAL DOCUMENTS

NAME BOWER, RALPH H. REGT. No. 733708 UNIT 17 RES. H. Q. FILE No. 32720

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

H 107869

BOX 952

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

22519

ATTESTATION PAPER.

ORIGINAL

No. 733708

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Bower
1a. What are your Christian names?	Ralph Herman
1b. What is your present address?	Upper Ohio, Shelburne Co. N.S.
2. In what Town, Township or Parish, and in what Country were you born?	Upper Ohio, Shelburne Co. N.S.
3. What is the name of your next-of kin?	Mrs Sarah Bower
4. What is the address of your next-of-kin?	~~Upper~~ Ohio Shelburne Co. N.S.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	July 20th, 1897
6. What is your Trade or Calling?	Lumberman
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Ralph Herman Bower (Signature of Recruit)

Date Jan 6th 1916. P. W. Churchill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ralph Herman Bower, 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.

Ralph Herman Bower (Signature of Recruit)

Date Jan 6th 1916. P. W. Churchill (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 Shelburne N.S. this 20th day of January 1916

John Ford (Signature of Justice)

Stipendiary Magistrate in and for the Town & Shelburne

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

2259

Description of Ralph H. Bower on Enlistment.

Apparent Age 18 years 6 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 6½ ins.
Chest measurement. Girth when fully expanded	35½ ins.
Chest measurement. Range of expansion	1 ins.
Complexion	light
Eyes	brown
Hair	black
Religious denominations. Church of England	Yes
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

140 lbs

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 2 1916. J. W. MacCarroll

Place Shelburne. C. for Allen
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.

R. H. Bower 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.

Stanley B. Freeman (Signature of Officer)

Date 10-7 1916

112th. "OVERSEAS" BATTALION, C. E. F

2259

M. D. 6.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Issued
Class ... No. ...

A 309156

THIS IS TO CERTIFY that No. 733708 (Rank) Pte

Name (in full) Bower Ralph enlisted in

the 112th Battalion

CANADIAN EXPEDITIONARY FORCE at Shelburne N. S. on the 2nd

day of March 19 16.

HE served in France and Belgium 25th/7th/13th

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age 21 8/12 years

Height 5' 6½"

Complexion Light

Eyes Brown

Hair Black

R. H. Bower
Signature of Soldier

Marks or Scars nil

O. C. Dispersal Station "B" Major
Issuing Officer

Rank

Date of Discharge

Dispersal Station "B" MAY 1 1919 Military District No. 6

APR 23 1919
Date 19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

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

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

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

Document H 7 21

France 2259

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

Dec III

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	233708	Pte	Bower	R E
Year	Unit.		Age.	Service.
	25th Can Bn		19	

Station and Date.	Disease
15-10-18	G.S.W. (Back) Right Buttock (flesh)
M.D. Hospl	wound. Healing. Very little if any
Epsom	disability - Gen condition O.K.
	P.U. + F.S. + Dress
	A.H. Cameron Lieut
	Capt C.A.M.C.
13/2/19	Boarded. B. III
15/2/19	Approved
25/2/19	T.A.B.
	2
	J.H. Mackenzie
	Capt C.A.M.C.

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

(6365) W[illegible] 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ... 112th. Overseas Battalion, C. E. F.

(2) Regimental Number ... 733,708

(3) Full Name of Soldier ... Ralph Herman Bower

(4) Place of Birth ... Upper Ohio, Shelburne Co. Nova Scotia

(5) Are you married, or not ? ... No

(6) If married, state,
(a) Full name of your wife ...

(b) Present Postal Address ...

(7) Are you a widower ? ... No

(8) Have you any children ? ... No

If so, give number of boys and girls ...

Also their names and ages ...

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes .....

If so, state name and address ..... William A. Bowen .....

(10) Is your Mother alive ?..... Yes .....

If so, state name and address... Sarah A. Bowen

..... Upper Ohio, Shelb. Co. N. S.

(11) If your Mother is a widow..... No .....

Are you her sole support, or not ?..... No .....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?..... No .....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Harold B. Pearson
.....
Officer Commanding.

Date..... July 6/16 .....

112th. "OVERSEAS" BATTALION, C. E. F

2259 ORIGINAL 112th BATTALION E.F. 33708

MEDICAL HISTORY SHEET.

Surname Bower Christian Name Ralph Herman

Examined on 2nd 5th day of January March 1916
at Shelburne N.S.

Birthplace City or Town Upper Ohio
County Shelburne

Apparent age 18

Trade or occupation Lumberman

Height 5 Feet 6 1/2 Inches.

Weight 140 Lbs.

Chest measurement Minimum 34 inches.
Maximum expansion 1 1/2 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by J.P.C. MacKay Capt
Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement.
5/2/16	B. III	J Hawkins 19 AUG 1918 M.O.
		Capt C.A.M.C. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
27/10/16		J.P.C. MacKay M.O.
		M.O.
TA.13 2	23/2/17	J Hawkins Capt C.A.M.C. M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
29/2/16		A.C. Wilson M.O.
14/7/16		B F Johnson M.O.
19/9/16		J.P.C. MacKay M.O.

Enlisted on 5th day of January 1916 at Shelburne N.S.

	Corps.	Regtl. Number.	Ranks.	Date.
Joined on enlistment	112th Battalion C.E.F.	733708		
Transferred to..	26 Reserve Bn 25th Battn.			2/11/17 Pt II Orders No. 33.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
M.C.R. Epsom.	13/6/19 ~~13/12/18~~ M.C.S	adherent scar R neck	B III A Hamm Smith Major
Epsom	5 FEB 1919	adherent Scar Back of neck	B III J Mundy Lt Col.
Epsom	29/3/19	adherent scar back of neck	B7 J Lyng Maj

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.

100m.—5-15.
H. Q. 1772-39-439.

CANADIAN

Surname Bower Christian Name Ralph Herman

2259

433708

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.
Isolation Hp. Aldershot.		1	10	16.	23	10	16	Mumps	23.	Recovered. Duplicate Medical History Sheet posted to here.	H Adee Capt RAMC
3rd WESTERN GENERAL HOSPITAL CARDIFF		16	8	18	14	10	18	Severe flesh wound Neck.	60	Large jagged wound nape of Neck. No complications 29/8/18 bac. Bkts. See Transfer. Transferred to Epsom. 5/2/19 B III	W Bowen Capt RAMC
Epsom	14	16	18	28	2	19	do.		38.		W Thompson Capt RAMC

Complains of pain at times at back of head with headaches and dizziness.

There is a wound 6" long, upper part of neck, back, at base of skull, healed. Good scar slightly adherent. Movements of head slightly impaired. Heart and lungs are normal. Other systems apparently normal. Urinalysis negative. Symptoms chiefly subjective.

Boarded B III 5-2-19.

1055

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian names Ralph 2. Surname Bower

3. Rank Pte 4. Original Unit 112 5. Reg. No. 733708

6. Address, in full, to which future payments of gratuity are to be forwarded G.P.O. Shulburn. N.S.

7. Date of enlistment in the C.E.F. Jan 5- 1916.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge no

9. Relationship of such dependent —

10. Address, in full, of such dependent no

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 112 Batt 1 yr 4 mos 25 Bde 8 mos.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

5431. Wt. /30P. 50,000(8). 2/19. S.O., F.Rd.

35

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

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

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

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

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge DEMOBILIZATION May 1, 1917 (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

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

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

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: R H Bowen

Place of Residence: Upper Ohio

Declared before me at: Upper

This 2 day of 4 19 Questions 12-13-14-20-24-25-26-27 not answerable

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

Nil

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183 days	$420.00
			Less W.S.G.	70.00
				$350.00

Certified Correct.

District Paymaster.

L.P.H

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name Bower Age_____ Service_____

Disease_____ Date of admission Aug 16 1918 Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time A.M.P.M. (repeated)

107°
106°
105°
104°
103°
102°
101°
100°
99°
98°
97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature, Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature_____ In charge of case.

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Form A.G. 10410 5M-10238-23-2-17.

ON ACTIVE MILITARY FORCES OF CANADA.

DATE Feb. 20th 1919.

310

TO:- Hospital Representative,
Military Convalescent Hospital,
Woodcote Park, EPSOM, Surrey.

733708 Pte
Bower L. H.
25th Rio.

The marginally-named soldier has this day been medically examined and placed in Category B III and is now available to be discharged.

I hereby certify that this man has been found at this Inspection this day free from Vermin, Venereal and Infectious Diseases. B III

TH3 25/2/19.

Capt., C.A.M.C.
For Commandant,
Military Convalescent Hospital,
Woodcote Park, EPSOM, Surrey.

17th N.S.

FURLOUGH ADDRESS:-

Beaur Plut-
London

NEAREST STATION:-

London

9-B-24

2259

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				
3/1/18	2 C-D B. Depot	Escort duty to	Unit	3/1/18	N Roa - 194
17/1/18	25 Bn	Granted 14 days leave to U.K		10/1/18	B213- Pt II O 24-1918
2/2/18	do	Reported 25 Bn	Field	25/1/18	B213
11/4/18	do	Awarded G C Badge		5/1/18	Pt II O - 41 - 1918
14.8.18	do	Wounded	Fld	9.8.18	K.J. 17/1180
10/8/18	1 Can F A	SW Back & Neck (9/8/18)	to CCS	9/8/18	A3L a 6998
10/8/18	12 Fge Hpe	do	12 Fge Hpe	10/8/18	G 7950
15/8/18	do	do to	England	15/8/18	G 8828
15/8/18	H/S St Patrick	Invalided (Wounded) & Posted to Nova Scotia Regt Depot	Bramshott	15/8/18	W3083-5771 O H O - 96 - 1918

J Whogan Major for Lt.-Col., A.A.G.
Canadian Section. G. H. Q. 3rd Echelon B.E.F.

Embarked Liverpool SS BELGIC April 16th 1919 Disembarked Halifax Apl 23/19

Capt & Adj

22-8-18	NSRD	T.O.S posted from 25th Bn	Bramshott. 14.8.19	— 205	
4 APR 1919	N.S.R.D.	S.O. to M.O. No.	RHYL	4-4-19	RIPON P. HD.O. To 78
	16 APR 1919				

Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada. Part II Order No:

Commanding Wing, Kinmel Park Camp.

LIEUT. FOR LT. COL. i/c RECORDS, C.O.M.F.

LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

2259

Army Form B. 103.

Casualty Form—Active Service.

War Service Badge

Class "A" No. ..... Regiment or Corps 112th Overseas Battalion C. E. F.

Regimental No. 733908 Rank Pte. Name BOWER, Ralph Herman

Enlisted (a) 5-1-16 Terms of Service (a) Duration of War Service reckons from (a) 5-1-16.

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

Extended ____ Re-engaged ____ Qualification (b) (Lumberman)

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.
		Embarked Canada	Halifax	23-7-16	
		Disembarked England	Liverpool	31-7-16	
1-1-17	12th Battn.	Trans. to 26th Reserve Battn	Bramshott	2-2-17	Part II Orders No 33 J F Lemming Capt W.P.A.
3-2-17	C.O., 26th	Taken on Strength	Bramshott	3-2-17	D.O. Part II. - No. 24.
9-3-17	O.C. 26th.	Proceeded Overseas for Service with 25th Bn.	Bramshott	9-3-17.	D.O. Pt. II No. 64 Capt & Adjt. for Lieut. Col. Commanding 26th Canadian Reserve Battn. (Nova Scotia)
20-3-17	Can B. Dep	Taken on strength on	Reinf to 25th Bn	20-3-17	Nom Roll. Pt II No 39 - 13-4-17
"	-	Left to Join Unit		14-4-17	-
27-4-17	25 Bn	Joined Unit	Field	23-4-17	B213 - 19 C.S. 309
11/12/17	do	To C C R		20/11/17	B213
29/12/17	do	Reprimed 25 Bn	Field	23/12/17	B213
30/12/17	2 C Res Bde	att Sig Coy (Lieut)	1 C I B Ley	30/12/17	Nom Roll 188

CERTIFIED CORRECT. 3rd APR. 1917 CAN. RECORD OFFICE LONDON

(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				

2259

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9?0.

Casualty Form—Active Service.

Unit, Regiment or Corps 112 Bn

Regimental No. 733708 Rank Pte Name Bower Ralph Herman
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16-4-19	O/S.	T.O.S. 6 D.D. posted Disp Sta. B.	Hfx.	23-4-19	D.O. 116.
1-5-19	-	S.O.S. on Discharge	"		D.O. 116.

Officer i/c Records No. 6 D.D. ..... Lieut.

(*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.

2259

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.
		Sailing No 44 d/14/4/19 Disp Area B Nom Roll 99			
29-4-19.	M.D.6.	S.O.S. to Canada	Ste Phyl	16-4-19	-119

R—122

A.C Rank Pte Name BOWER, Ralph Herman. 2259 Reg'l No. 733708

Unit 112th. Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Shelburne N.S. Jan. 5th.1916. Place of Birth Upper Ohio, Shelburne Co.N.S.

Name and Address, Next-of-Kin Mrs Sarah Bower.

Upper Ohio, Shelburne. Co. N.S. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to pte

Relationship

Discharge, Date and Place Reason Character

B. N/E. R.B. No. 8910 PTE R.L. OR CAN

H. W. & V., Ld.—7165-16.

Report. Date.	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.
		H.M.T. 2810.			
	8	Arrived England S.S. Olympic		31st July 1916.	
2/10/16.	C.C. 112th.	Admitted to Hospital.	Bramshott.	1/10/16.	Part II A.O. 259.
24/10/16.	do.	Discharged from Hospital.	do.	23/10/16.	Part II A.O. 263.
2-2-17	112th Bn.	T.O.S. to 26Th Res. Bn	B'shott	2-2-17	D.O. 33
3-2-17	26th Res. Bn.	T.O.S. from 112th. Bn	B'shott.	3-2-17	D.O. 27
13-4-17	25th Bn.	T.O.S. From 26th Res. Bn.	In the Field	20-3-17	Part II No. 99
4.4.18	"	Awarded 1 G.C. Badge	"	5.1.18	Part II No. 64 d/29/3/18 26 Res.
14.8.18	"	"Wounded"	Pte	10.8.18	Cha. 290
22.8.18	N.S.R.D.	T.O.S. posted from 25th Bn	"	14.8.18.	DO 205 T 25 Bn D.O. 96 d/26.8.18.
5.4.19	N.S.R.D	T.O.S. to No 6 M.D. W Rhyl	"	5-4-19	78+79 d/ 7/4/19 No 6

A.H.B. CHECKED 29 MAR 1917 W.B.

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Mrs
To Whom Sarah Bower
Address Upper Ohio Shel Co
Nova Scotia

By Whom Assigned Bower Ralph Seeman
Regtl. No. 733708
Rank Pte
Corps D' Co 112 Bn

Rate 15 cts

AUG 1 1916

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.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs Sarah Bowen PAYMENTS.

L. L. Job 310.—Req. 6574.

Name of Soldier Bowen Ralph Norman 733708 "D" Co 112 Bn Pte

AUG 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916			15 00 xx	
May					
June					
July					
Aug.		9 15077	15		
Sept.		E 15520	15		
Oct.		E 19851	15		
Nov.		M 24611	15		
Dec.		L 32505	15		
Jan.	1917	Z 37940	15		
Feb.		Z 43248	15	15	
March		A 49812	15	15	
April		9 902	15	15	Ch.
May		X 6756	15		
June		F 13425	15	15	
July		Z 22458	15	Ch	
Aug.		D 27563	15	03	
Sept.		D 34554	15	03	
Oct.		Q 46975	15	210.03 225 00	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

10050

Date of Assignment Aug. 1. 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

112 B34 Nfld

PARTICULARS OF SEPARATION ALLOWANCE

No. 733708

Rank Pte. Promoted Reverted Discharge

Soldier's Name Ralph Herman Bower

Battalion 112 Battn. (A. Co.)

Beneficiary

Relationship

Address

Oct 31-17 225 - 225-

PARTICULARS OF ASSIGNMENT

Name Mrs. Sarah Bower

Address Upper Ohio, Shel. Co. N. S.

Change of Address

1

2

3

4

1938-R-10

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Nov. 17	F 53378		15	15		
Dec	F 58313		15	15	M	
Jan 18	F 63574		15	15	Hd	
1046 apr	G 915		30	30		
apr	X 11851		15	15	ϕ	
May	E 11510		15	15	✓	
June	D 19514		15	15	✓	
July	X 33894		15	15	✓	adj cheque for Feb + Mar (1046) 1-4-18 G915 2-4-18
AUG.	G 31394		15	15	✓	
SEP	D 37649		15	15	✓	
OCT.	B 49451		15	15	✓	
NOV.	B 53040		15	15	✓	
DEC	C 66295		15	15	✓	
JAN - 1919	H 69111		15	15	✓	
Feb.	J 78309.		15	15	E	
Mar	J 84761		15	15	✓	
apr	G 457		15	15	✓	
			3 495			

~~A/P~~ A/c Closed 31-1-18

~~$270~~ Ret'd per ~~Acadian~~ 28/11/17 F. X. 7/4/18

Date ~~28/11/17~~ F. X. 7/4/18

Clerk ~~R Foley~~

A/c Closed 30-4-19

Ret'd per Belgic

Date 23/4/19 Mtl. W. 187-1/5/19

Clerk K Smith

AUDITED.

M.R.O. 91059 Dest. Rend. K.S. 1/5/19

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Bowen	R H. 2259	733708

RANK	UNIT	CO.	TROOP	BATTY
Gte.				

HOSPITAL: Y.S. 25. DATE OF ADMISSION

17. U.S.a. Q.R. Rouen 10. 8. 18.

1. 3rd. W. G. Cardiff HOSP. 16-8-18

2. Woodcote Park. Epsom. 15.10.18. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS E.S. w ne ck R (Contusion) Arm

1.

2.

3.

DISPOSITION

Cf 14 8. 18 a 290 v.
19-8-18 B/295-1
18.10.18 B 347 (2)
5. 3. 19 B 460.

Lieo - 28. 3. 19. DATE

REMARKS

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

No. 733708 RANK Pte. NAME Bower. Ralph Herman

T.O.S. 5-1-16 UNIT 112th Battalion

D.O.S. of 7-1-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan. 5	Jan. 31	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May.		✓		
June		✓		
July.		✓		

UNIT SAILED

JUL 23 1916

2259

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
B295	3rd West Gen. Cardiff	16-8-18	(25/1 9th W Kent
B347	Mil Cmth Epsom	15-10-18	" " " (Posterior
B460-1.	" " " Klvs.	28-2-19.	" " " "

2259

NAME Bower Ralph REGT'L NO. 733708

RANK AND CORPS Pte. Rifle Form H.Q. FILE NO. 649

FOLLOWS NO. 12 tel Bn.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
W 437 6-1	15-8-18	Adm. 12 Gen. H. Bowen
6-1		Aug. 10th K/A Shell Neck &
	Next of	Mrs Sarah Bower (mother)
HL 9290	16-8-18	Upper Ohio Shelburne Co. N.S.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

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

Form R. 149.

RALPH. Hermon.

Name Bower Rank Pte. Reg. No. 433708

Unit 25th Bn. 2259

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-8	12 (USA) G.H. Rouen		G.S.W. Neck (Posterior)	A.290		31/4/19
16-8	3 W.G. Cardiff		"	B.245		2/12/96
15-10	Mil Con. Epsom		"	B.347		29/3
28-2-19	Discharged.		"	B.460		12/14

Etp B 48 4a. Leave 28.2.19 to 10.3.19 to N.D. Ripon

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Lumberman RELIGION Church of England

DESCRIPTION.

APPARENT AGE 18 YEARS 6 MONTHS

HEIGHT 5 FEET 6 1/2 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 1 INCHES

COMPLEXION Light EYES Brown HAIR Black

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Shelburne, N.S. DATE Mar 21st 1916.

Present Address. Upper Ohio, Shelburne Co, N.S.

C

SURNAME. Bower

CHRISTIAN NAMES Ralph Herman

REGL. No. 733708 RANK Pte

UNIT 112th

FORMER CORPS nil.

6v CARD No. RR

S.H.S. 1st Depot FOLL. 26-4-19

Bn.

NEXT OF KIN.

NAMES IN FULL Bower, Mrs. Sarah

RELATIONSHIP TO SOLDIER mother

ADDRESS Upper Ohio, Shelburne Co., N. S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Upper Ohio, N.S. DATE July 20th 1897

PLACE OF ATTESTATION Shelburne, N. S. DATE Jan 20th 1916.

Sailed from Halifax, Per. S.S. Olympic 23-7-16 489/4

L. L. 94504. M. & D. 6512.

M. F. W. 22, 250M.—2-16. H. Q. 1172-39-339.

176 23-4-19 31/101A Pte

LEAVE THIS BLANK.

PROGRESS, Notes. 18/10/18 C-O.

1/11/18 Sx 13/11/18 Scarlet

Suggest Board.

22/11/18 Board

DISPOSITION. Board

Harry Griffiths Capt.

Officer i/c Gymnasium.

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS BLANK.

Place: Epsom

Regt.No. 133706 Rank Pte Name Bowen RH

Unit 25 Can Inf Age 19 (Adm. 16.10.18

Division Hut 46 Date of (Disch. 22-11-18

DISABILITY. Pain Neck

Date.

CLASS. Simple 15-11-18 Ex.

MACHINES.

Hours of Attendance, a.m. 10 to 900

p.m. 330

REMARKS. days near back
of neck no limitation
of movement

R.T.G.1. 20M-30-4-18. P.T.O.

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

JUN 20 1924
DEPT. REGN. NO. 5-297

868—D.P.—40M-1-12-19.

M&H.

Number 733708 Rank Pte

Surname BOWER

Christian Name Ralph Herman

Units 25 Bn Can Inf Theatre of War France

Date of Service 20-3-17

Remarks Jordan Bay Shelburne Co NS BPC

Latest Address Shelburne NS

42325

Roll No. 13 Page 1945 7.

200m.-6-21.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955

Army Form W. 3172.
(In pads of 50.)

Operation

12 Gen Hospital.

Ward Hut. 11 No. of Bed 3 Date 11. 8. 18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
733708	Pte BOWER	25 Canadian	Back Neck & Scalp

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Fb
Fracture
2259

Signature of M.O. [signature]

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 16218 8X10

NECK: Plate examination; two views:
Multiple MF's sizes ( ) throughout the posterior neck and scalp.

Signature of Radiographer Edwin C. ERNST Capt. M.R.C., U.S.A.

Date 11/8/18

PART I. (continued).

2259

5. MEDICAL HISTORY. In France 21 mos.
Note No 1 Can Fd amt. 9/8/18 G.S.W. back of neck.
No 48 C.C.S. 9/8/18 then No 12 Gen. H. 10/8/18 S.W. back
of neck at base of skull. Excision of wound and
removal of F.B. & of skull. 3rd West. Gen Hosp. Cardiff 16/8/18 to 14/10/18 Severe flesh wound
neck. large gaping wound nape of neck.
next Epsom 14/10/18 to date. G.S.W. nape of neck (flesh)
healing very little disability. Some improvement
while at Epsom

6. PRESENT CONDITION. Subjective Pain at times at back
of head with headaches & dizziness
Objective wound 6" long upper part of neck back at
base of skull healed. Good scar slightly adherent.
movement of head slightly impaired. Heart &
lungs are normal. Other systems apparently normal
Urinalysis negative. Symptoms chiefly subjective

7. OPERATION. (i.) Was one performed? yes. (ii.) If so, state what. Excision of wound + removal of F.B.
(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? yes.
(ii.) If so, describe. two teeth decayed. Filling at public expense recommended

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) B III
(b) Invalid to Canada? no
(c) Discharge from the Service as permanently unfit? no

Date of Report 4 - FEB 1919 191
Signed W H Scott
Officer in medical charge of case.
Station Epsom
Major RAMC

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

for (Officer i/c Hospital / S.M.O. Board) Strike out one of these
Major. RAMC

Dated at W. G. H. Epsom Station, on 4 - FEB 1919 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)? If not, describe it. Yes.

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.*) NA

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.*) NA

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? NA
(ii.) If not permanent, what is its probable minimum duration (*in months*)? NA

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

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

18. REMARKS:—
Authority A. G. Telegram 9083 11.11.18.

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B III
(b) Invalid to Canada?
(c) Discharge from Service as permanently unfit?

Date of Board 5 - FEB 1919
Station Epsom
Signatures of the Board: H. Macpherson Lt Col. President. J. Moody Capt.
Approved A. C. Houston Major A.D.M.S.
Dated at Epsom Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN NS LONDON AREA. FEB 15 1919 13 BERNERS ST. LONDON, W.1

191

Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

PART III.

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 ..... P Bowes ..... 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 :—

R H Bowes
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.

PART I. 3 Dw 22 B III -O-

A.F.B. 179 Canada (Revised 1918). 100m 18/11/18 D.464

Reserved for M.H.C.

Regt. No. 133708 Rank PTE Surname BOWER Christian Name RALPH

Unit or Corps (a) Overseas from United Kingdom 25th Bn (b) in United Kingdom 17th RES

Born at Town UPPER OHIO County or Province SHELBURNE Country CANADA

Date of Birth Day 20th Month JULY Year 1897 Age 21 yrs. 4 months.

Joined at SHELBURNE N.S. Date 5-1-1916

Former trade or occupation LUMBERMAN

Permanent Marks or any peculiarity that will serve for future identification :—

SCAR AS IN PARA 6

Height—feet 5 inches 6½ Colour of eyes BROWN

Signature of Soldier (for identification purposes) R H Bowes

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): ADHERENT SCAR BACK of NECK

Disabilities Group (b): NIL

Disabilities Group (c): NIL

2. CAUSE OF DISABILITY

		Place of origin	Date of origin
(i.) As to Group (a) above.	G.S.W.	FRANCE	9-8-18
(ii.) As to Group (b) above.	N.A.	N.A.	N.A.
(iii.) As to Group (c) above.	N.A.	N.A.	N.A.

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 ? N.A.

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

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

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 ? N.A.

(iii.) As to Group (c) above ? N.A.

Belgic 23.4.19

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

AUDITOR | PAYMASTER

M. OR S. | REGT. NO. 733708 | RANK A/C | NAME (IN FULL) Bowes R.S. (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT, C.E.F. C.A.S.C. | IF IN P.F. WHAT UNIT?

NEXT OF KIN | RELATIONSHIP

ADDRESS

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

ASSIGNED PAY $ 15-00 | DATE EFFECTIVE 1.6.19

TO WHOM PAID Nil | RELATIONSHIP

PAYABLE TO Mrs. Sarah Bowes | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Upper Ohio / Shell Co. N.S. | P.O. Shubenacadie, N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Halifax | DATE MAY 1 1919 | REASON Demob | AUTHORITY Do. 116 | IF ENTITLED TO POST DISCHARGE PAY

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte	16-4-19	Do. 116

1055

C.A.H.Q.

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								138	93																												
31.3.19 to 1-4-19																																				
1.5.19 to 30.4.19	31	1/10	34	10	35	00				278	03							4	87	5	00	228	43	30	00			9	75			278	03					
					WSGS	SA																				WAR SERVICE GRATUITY W.S.G. S.A.											
	183				420	00				435	00													10	00								365				
					15	00																		85									280				
																								70									210				
																								70									140				
																								70									70				
																								70								435	Nil				
			435	00						435	00													435	00							435	00				

All payments made

Completed

PARTICULARS OR REMARKS

Ex Bal 26 Staff Letter
Ltr W.S.G. 6-6-3.
Bal on boat 6-6-3
Bal on Dis. a/p. re
Proper pay Sarah N.S.

Pd Pictou in full.
595455 2-6-19
Refund Ltd. Ltd
877688 4-7-19
879589 2-8-19
1133455 3-9-19
4-0148 3-10-19

100M-1-19.—L. L. 52902—M. & D. 9723.
M. F. W. 2596.
1773-39-1280.

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Upper Ohio, Shel Co. N.S.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Sarah Bower
Upper Ohio, Shelburne Co. N.S.

RELATIONSHIP OF NEXT OF KIN: mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 733708 RANK Pte NAME Bower, Ralph Herman

IF IN PERMT. CORPS, WHAT UNIT } UNIT 112th Batt. TRANSFERRED TO 26th Res Bn DATE 1-2-17 AUTHORITY Ro. 69 22-1-17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 25 Bn. DATE 21/6/17. AUTHORITY Bo. 64 19/8/17.

PLACE OF ATTESTATION Shelburne, Nova Scotia TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Jan 5th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 DATE EFFECTIVE 1st Aug 1916

PAYABLE TO Mrs. Sarah Bower, Upper Ohio, Shel Co. N.S. 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)

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
July 31														14 10	14 10															14 10					Balance from Canada
Aug 1-31	31	1.	31		10	3 10									34 10									243				15		17 43	30 77				
Sept 1-30	30	1	30		10	3									33		9/31/8/16		150 5-9-16 44 18-8-16					130	973			15		29 33	24 44				
Oct 1-31	31	1	31		10	3 10									34 10		20 5 30-9-16							973				15		24 73	33 81				
Nov 1-30	30	1	30		10	3									33		330 30-10-16							14 60				15	1 16	30 76	36 05			36 05	H 005-40-8-11-16
Dec 1-31	31	1	31		"	3 10									34 10		1/5/13 30-11-16		506 15-11-16 373 10-11-16					487	244 730			15		29 61	40 54			40 54	
1917 Jan 1-31	31	1	15 34	30 10											34 10		751 31-1-17							973				15		15 59 64					
			20 2	40										14 10	21 6 50		622 15-1-17							974				90	1 16	15 56 86					
Feb	28	28 -	30	80											30 80		669 30-12-16							14 60				15		49 07	H 37				
																	78 28-7-17							7 30											D 1005-190-12-17. Repayment
March	31	1 22 10	34	10											34 10		42 15/-		171 15-6-17	12129	29/3/17	C 53 D.		7 30	7 30	436		15	62	41 88	33 59				
																												3			59				
Apr 1-30	30	.	33	-											33 -													15 -		15	51 93				
~~May 1-10~~	~~10~~	~~"~~	~~11~~												~~11~~ -									87 60				135		262 81	59				
																												~~15~~		~~15~~	~~47 93~~				
May	31	.	34	10											34 10													15		15 -	70 69				
June	22	.	22	-											22 -													15		15	77 69				
			356	40										14 10	370 50									87 60	34 07	436		165	1 78	292 81					

Transfd to 25 Bn. Bo. 64 - 19/3/17

Transfd to 25 Bn. Bo. 64 - 19/4/17

73370 8 Pte Bower R. H.

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
Ford.			35	40										14 10	370 50
June			11												11
July			34	90											34 10
Aug			34	10											34 10
Sept			33												33 .
															482 70

ACQUITTANCE ROLLS 1 No.	1 Date	2 No	2 Date	3 No.	3 Date	4 No.	4 Date
		154	9/5				
		327	27/6				
		241	13/6				
		164	5/6			140	5/6
		554	27/7	663			
		1170	13/7	735		73	28/6

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
87 60	34 07	4 36		165	178	392 81	77 69				Granted 6 26 Bx. 26. 6d. 1914.
2 68						2 68	86 01				
2 67				15		17 67	102 44				
2 68											
2 68		4 36		15		24 72	111 82				
2 64	2 68										
2 68	2 64	2 61		15		28 31	116 51				
						366 19					

MONTH 1917	PARTICULARS CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DUES PAY	SUB ALLCE.	ENG.
Oct.	~~$ 116 51~~							116 51			
"	Pte P. 34 10		Arrears Pay				15				
			AR. 856. 13/9 25 Bn		2 68			132 93			
	34 10		a/c		2 68		15				
Nov.	Pte Pay 33 00		a/c				15				
Dec	PP 34 10		1045. 17/10 "		3 54						
			951 30/9 "		2 68						
			1132 30/10 "		4 46						
			1213 15/11 "		4 46						
Dec			a/c				15	15H 86			
1919	64 10		a/c		15 14		30				
Jan	✓ 34 10		a/c				15				
			1288 30/11 "		12 49						
			1375. 4/12 "		8 92						
			42y 9838. 21/1 "		19 44						
			1401 2/1 2988.		4 46			128. 62			
	34 10				45 34		15				
Feb.	30 80		a/c				15				
			1490. 12/1 25 Bn		4 46						
			FC2 2933 9/1 "		94 33						
			~~H.H~~ 12/1 "		1 78						
			1590 11/2 "		8 03			32 82			
	30 80				111 60		15				
Mar	PP 34 10		a/c				15				
			3069 Bn 7/1 "		2 14						
			#668 4/3 "		3 54						
			1743 16/3 "		4 46						
			1813. 22/3 "		3 54			40 08			
	34 10				11 84		15				

P 820
174—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/8/16	EFFECTIVE DATE:-	
AMOUNT:-	15⁰⁰.	AMOUNT:-	

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. Sarah Bower. (mother)
Upper Ohio, Shel. Co. N.S.

Stopped 1/4/19

NAME:- BOWER. Ralph Herman

NUMBER:- Y33408.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 112 Bn

DATE ACCOUNT FIRST OPENED:- 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			25 Bn
205 16/8/18	1/9/18	20/9/18	N S R D

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
19/3	~~83069~~	~~BRD~~ L3.T.O	1.4.84				
		Disch Can 31/3/19	W.R. 47.65	13/3/19	Ripon-Ripon		

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		
Ld Bal	153 87			
LSb ✓	#138.93			

PARTICULARS OF RENDERING NON-EFFECTIVE:- N D 6 19/3

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar									40 cr		
Apr	P O	33 00		a P.				15			
				a R 3 16/4 25 Bn.	4 46						
				a F N 3069 16. 31/3	24						
				a R 133 30/4 — ✓ —	3 57				49 81		
		33			8 27			15			
MAY	1918 Do	34 10		Canada				15			
				a R 209 16/5 25 Bn	4 46						
				" 276 30/5 — ✓ —	3 57				60 88		
JUN	Do	34 10 / 33 00		C a P	8 03			15 / 15			
				a R 365 16/6 25 Bn	3 57				75 31		
JUL	1 Do	33 / 34 10		C a P	3 57			15 / 15			
				a R 489 25 Bn 3/7	4 46						
				" 561 " 13/7	3 57						
				" 631 " 22/7	4 46				81 92		
AUG	12 1918 ✓	34 10 / 34 10		C a P	12 49			15			
		34 10		C a P	—			15 / 15	101 02		
SEP	8 ✓	33						15	119 02		
		33						15			
Oct		34 10		C a P				15			
				3818 Repo. 15/10	4 87				133 25		
		34 10			4 87			15			
NOV		33		C a P				15			
Dec		34 10		3007 5/11 Repo.	4 87			15			
Jan		34 10		1383. 15/11 ✓	4 87						
				3857 14/12 ✓	9 73			15	169 98		
		10 20			19 47			45			

NUMBER 733708 RANK Pte NAME Bower. R H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									16 9 98		
Feb	P P	6 4 90		Cal				30	21 9		
	L F 28/2/19 - 10/3/19 10days	7 30		1177 14/1. Cpls.	4 87						
	120 HQ 3/3/19 NSRD			4876 14/1 V	4 87						
				1305 28/1 V 974	4 8 67				15 3 77		13893
				8309 13/3 R.A.S. 3375	14 84				13 8 93		
		47 7 50			73 25			30			
				1716 9/4/19 Rhyl. Gds Pc.	9 73				129 20		
					9 73				129 20		

SOS. 16-4-19 SList 44

20 7 32 38

2259

4

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or ~~No.~~)	137
(*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.)

Boarded for return to Canada
with A. D. Gelorum 93831 11-11-18.

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

PLACE Ripon — *President.*

DATE 29/3/19 — 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.

President

PLACE.....

DATE..... — Members

APPROVED BY .....
Assistant Director of Medical Services.

DATE.....

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

DATE.....

CAPTAIN, C.A.M.C.
RIPON CAMP, YORKS
29-3-19.

2259

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 Ripon Yorks. DATE Mar 29/1919

1. 1 (*a*) Unit N.S.R.D. (*b*) Regimental No. 73B708 (*c*) Rank Pte.

(*d*) Surname BOWER. (*e*) Christian name RALPH. H.

(*f*) Home address Upper Ohio. Charlotteton Co. N.S.

(*g*) Next of Kin Mrs. S. Bower. (*h*) Relationship Mother

(*i*) Address of Next of Kin Upper Ohio. Charlottetown. N.S.

2. Age last birthday Nineteen Date of birth January/1900

3. Enlistment, or Appointment (if an Officer) (*a*) Place Shilloam. N.B. (*b*) Date Jan 5/1916

4. Personal description:

(*a*) Height 5-6½ (*b*) Weight (Est) 150 (stripped) (*c*) Complexion med.

(*d*) Colour of hair Brown (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Nil
on enlistment

5. Former trade or occupation Lumberman

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
	Three	82

	Periods	
	From	To
Canada	Jan 25/1916	July 31/1916
England	July 31/1916	Apr 23/1917
France or other theatres of War	Apr 23/1917	Aug 15/1918
England	Aug 15/1918	to Date

7. Original disease, or injury Through and through wound upper part posterior aspect of neck - (Tangential wd from side to side)

(*a*) Date of origin 9 August 1918 (*b*) Place of origin Amiens Sector

(*c*) Cause GSW

M. F. B. 227.
400M.—11-18.
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.)

(Adherent scar, transverse upper part posterior aspect neck.)
Partial loss of function of the posterior muscles of the neck.

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 - Subject is a well nourished young man.
On the upper part posterior aspect of the neck there is a long [redacted] transverse scar. Be scar is four inches in length, irregular and puckered in the middle. Pink in colour and adherent throughout. Tender to touch.
Movments - Can bend head forward well. Can retract head 95%. Lateral movments of the head are unimpaired.
over the middle of the scar there is hole the size of a plum. Be base and lateral sides are formed by scar tissue. on upper and lower sides, [redacted] some skin has been drawn over.
Subjective - States he has pain up his head when standing with head erect. When bending head forward he feels a drawing pain up through the scalp causing some headache. Feels pain at borders of scar. Feels dizzy sometimes

(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 No

Osseous and Joint Systems No — Any other general condition No

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

Wounded in August 1918.
was at No 1 Can Fld Ambulance 9/8/18 - at 48 C.C.S 9/8/18. - No 12 Genl. 10/8/18. - 3rd Western General Cardiff 16/8/18 to 14/10/18 M.C.H Epsom. 14/10/18 to 28/2/19.
Now complains of pain in head and neck

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).)

Mumps - 1/10/16 to 23/10/16 no orchitis.

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

see 9a

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? Six months.

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

see 10a.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

B1

F. G. Pierpoint Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Ralph H. Bower 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 H Bower Rank.
Signature of invalid examined.

LIST OF DISCHARGE DOCUMENTS.

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

1. Pay Book, Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (C.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Certificate (C.A.F.C. 5739a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 20)
   (Dispersal by special convoy (XCOM)).
9. Copy of Discharge Certificate (M.F.W. 24a).
10. Dispersal Certificate (C.D.C.).
11. Equipment Statement O.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (W. 856).
13. Pay Book (M.F.W. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group A
Checked by No. 26
AAM
Date 8/4/19

6 APR 1919

War Service Badge
Class "A" No. 30916 ps

SHORT FORM.

2259

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

I 18/10/39

1. No. 733708
2. Rank. Pte
3. Name. Bower Ralph
4. Unit. 17th Res Orig 12th Bn
5. Date of Discharge 1/5/19 Place Halifax
6. Reason for Discharge Demobilisation
   Next of Kin Mother
   Occupation Group lumberman 8
   Permanent Group 19 mos.
   Category B.1
7. Authority. R.O. 1420
8. Proposed Residence after Discharge Half Shelburne NS

Dispersal Station B

Embarked Liverpool SS Apl 23/19
Apl 16th 1919 Capt
Disembarked Halifax Apl

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

R H Bower
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. APR 23 1919

Place

Date

Signature O. C. Dispersal Station "B" Major
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.