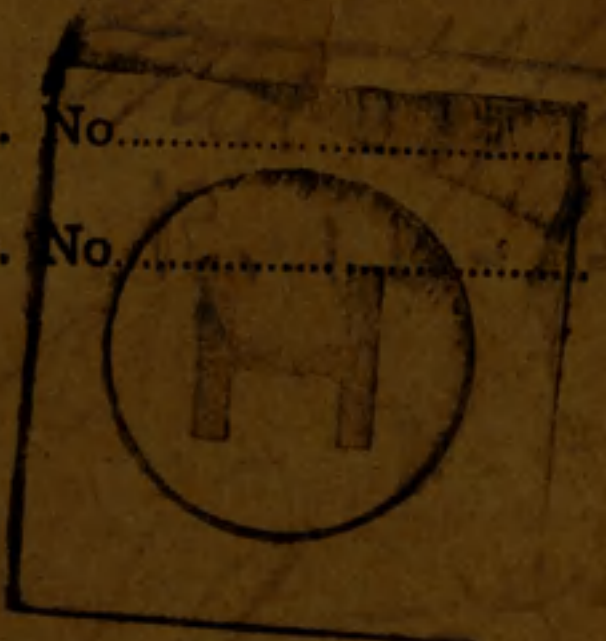




DISCHARGE DOCUMENTS

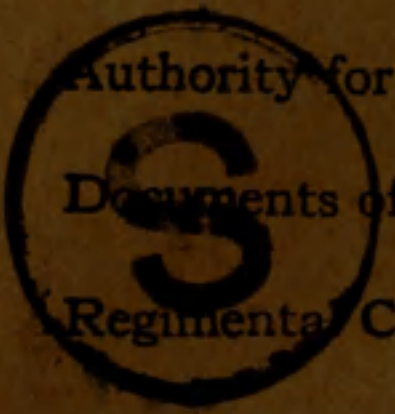
R. O. No. _____
H. Q. No. _____



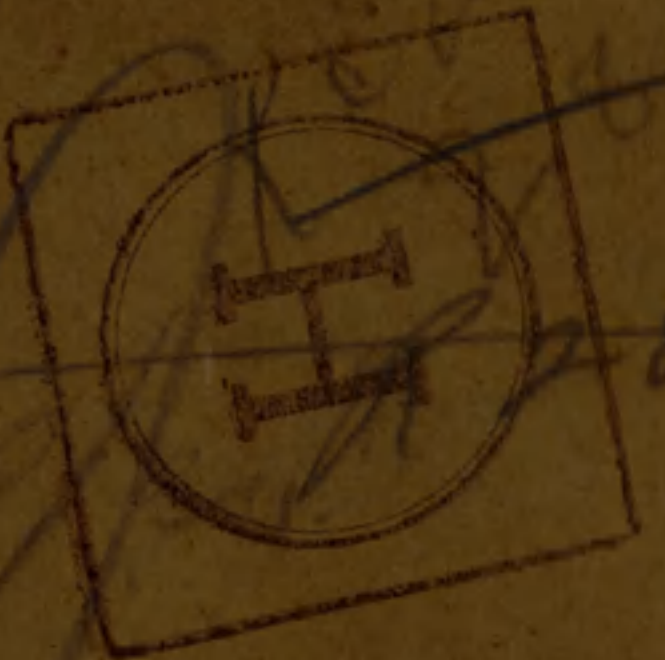
33087

Name Bowler, Harold, S.
Regt. No. 50931 Rank Sgt
Corps Co. M. C.

- Proceedings of Court of Inquiry or on reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

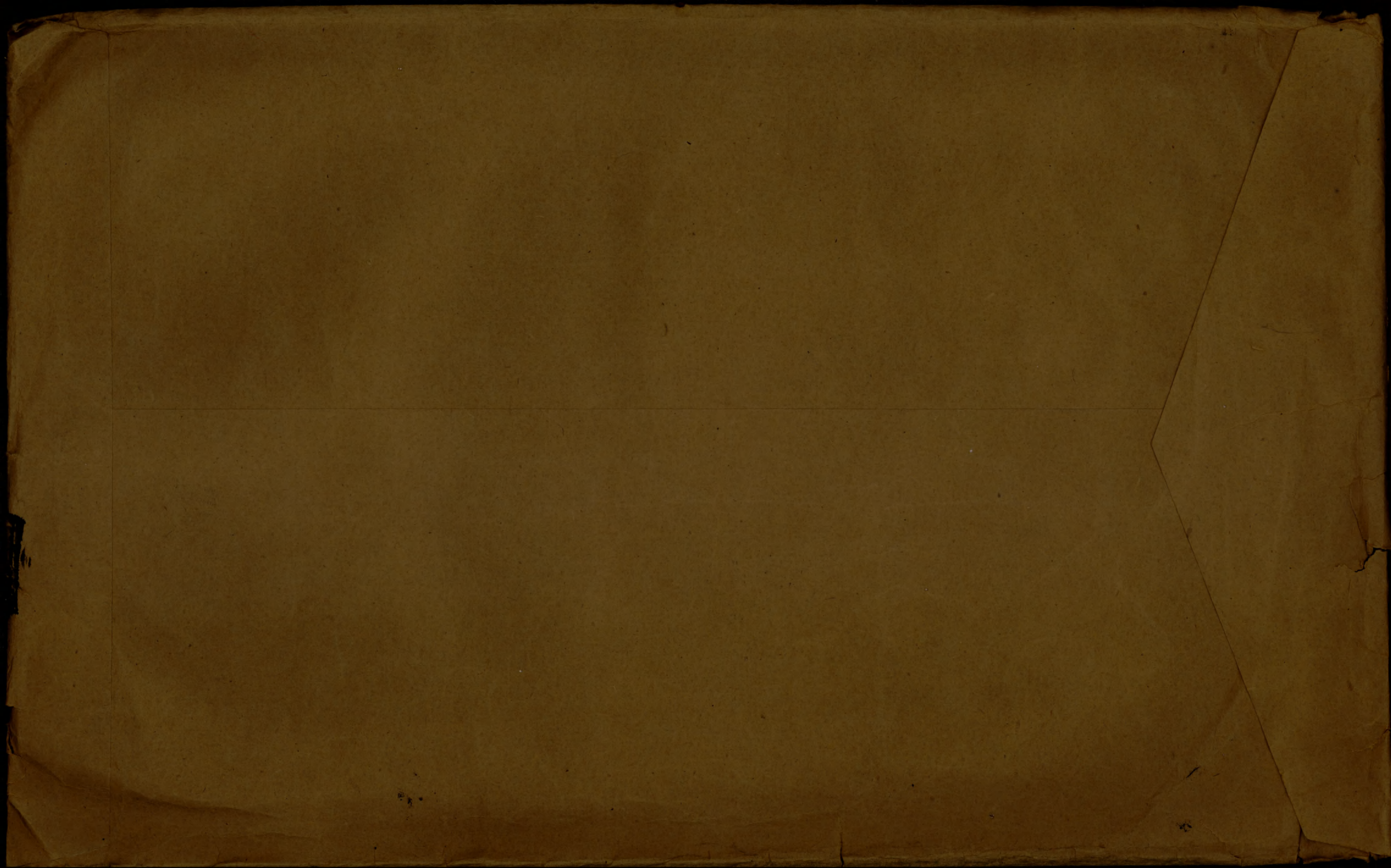


Mid Profit
1912
1913
1914
1915
1916
1917
1918
1919
1920
1921
1922



6.8.
25-8
27-8
<hr/>
2

3.9.1927-1
4.9.1937-3
4.9.1922-1



DUPLICATE

#50931

C.A.M.G. Reinforcements

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

- 1. What is your name? *Harold Sidney Bowler*
- 2. In what Town, Township or Parish, and in what Country were you born? *Hepthorpe, Bucks England*
- 3. What is the name of your next-of-kin? *Mr R. Bowler*
- 4. What is the address of your next-of-kin? *Weybridge, Putney Green, Amsterdam*
- 5. What is the date of your birth? *23 July 1885*
- 6. What is your Trade or Calling? *Wholesale*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *3rd A.S.B. L.I. (Terr)*
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*

H S Bowler (Signature of Man).
Justine Eden (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harold Sidney Bowler*, 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.

H. S. Bowler (Signature of Recruit)
Justine Eden (Signature of Witness)

Date *24/5/15* 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harold Sidney Bowler*, 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.

H S Bowler (Signature of Recruit)
Justine Eden (Signature of Witness)

Date *24/5/15* 1914.

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 *Le Report* this *24* day of *May* 1914.

Jeffrey Major (Signature of Justice)

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

Jeffrey Major (Approving Officer)

Description of Harold Sidney Bowler on Enlistment.

Apparent Age 30 years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft 10 1/2 ins.

Chest measurement { Girth when fully expanded 39 ins.
Range of expansion 3 ins.

Complexion fair

Eyes grey

Hair brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 24/5/15 1914.

Place Le Repot House

Stuyvesant Ellis Cupp Rime
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.

Harold Sidney Bowler 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.

J. M. [Signature] (Signature of Officer)
for Colonel.

Date 24/5/15 1914.

C. B. No 2 Canadian General Hospital

The disposition of this man
not known

Date

20.4.18

Clerk

R.J.

THE VANCOUVER GENERAL HOSPITAL.

XRAY DEPARTMENT.

Jan. 8, 1918.

Shaughnessy.

Sgt. Bowler.

E. Gillies.

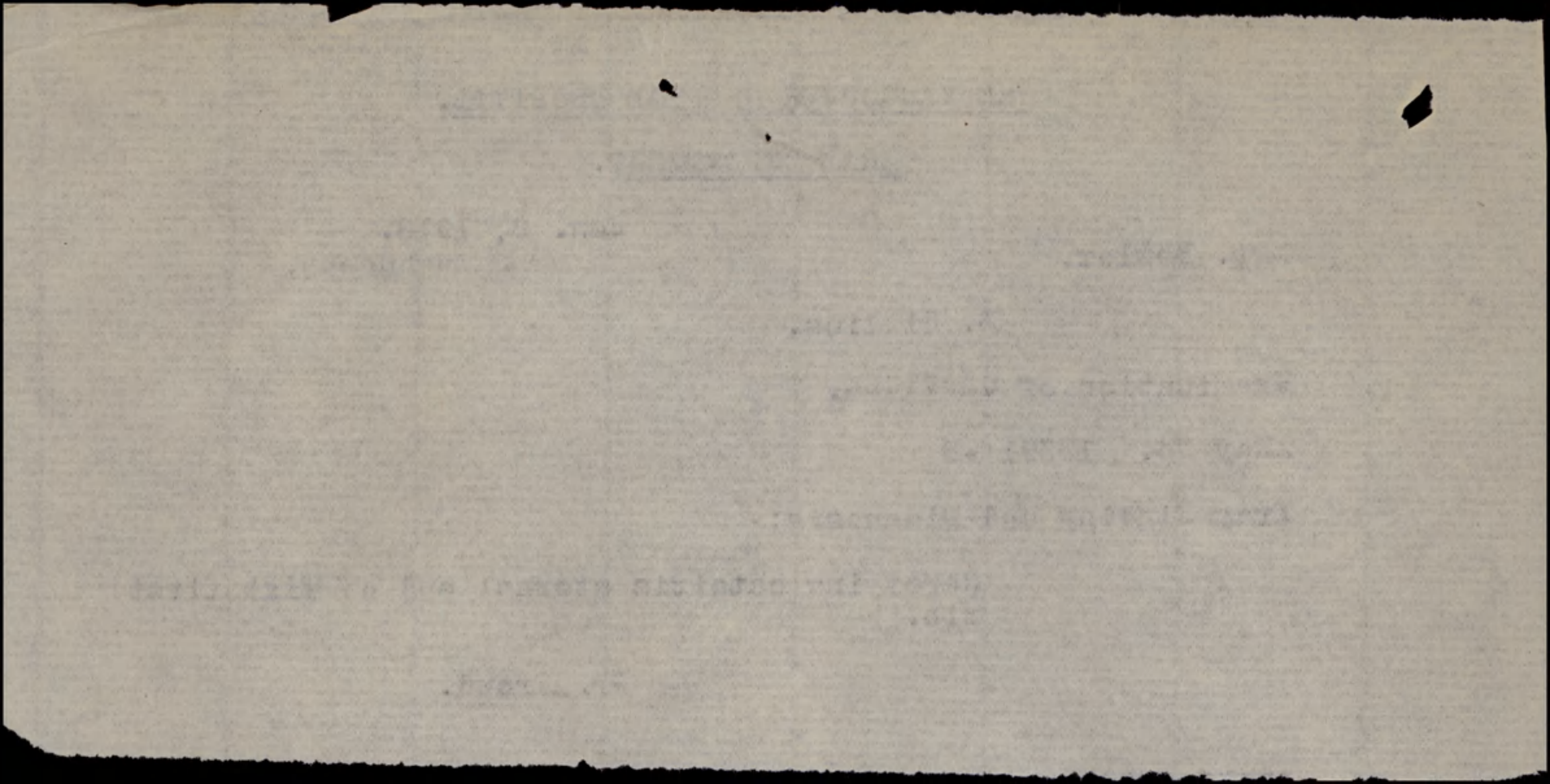
Examination of CLAVICLE.

XRay No. 13391 -D

Xray Finding and Diagnosis:-

Rarefying osteitis sternal end of ~~first~~ first
rib.

Dr. Prowd.



THE VANCOUVER GENERAL HOSPITAL.

Special Examination.

XRAY DEPARTMENT.

CLIN. LAB.

October 30, 1917.

Sgt. Bowler.

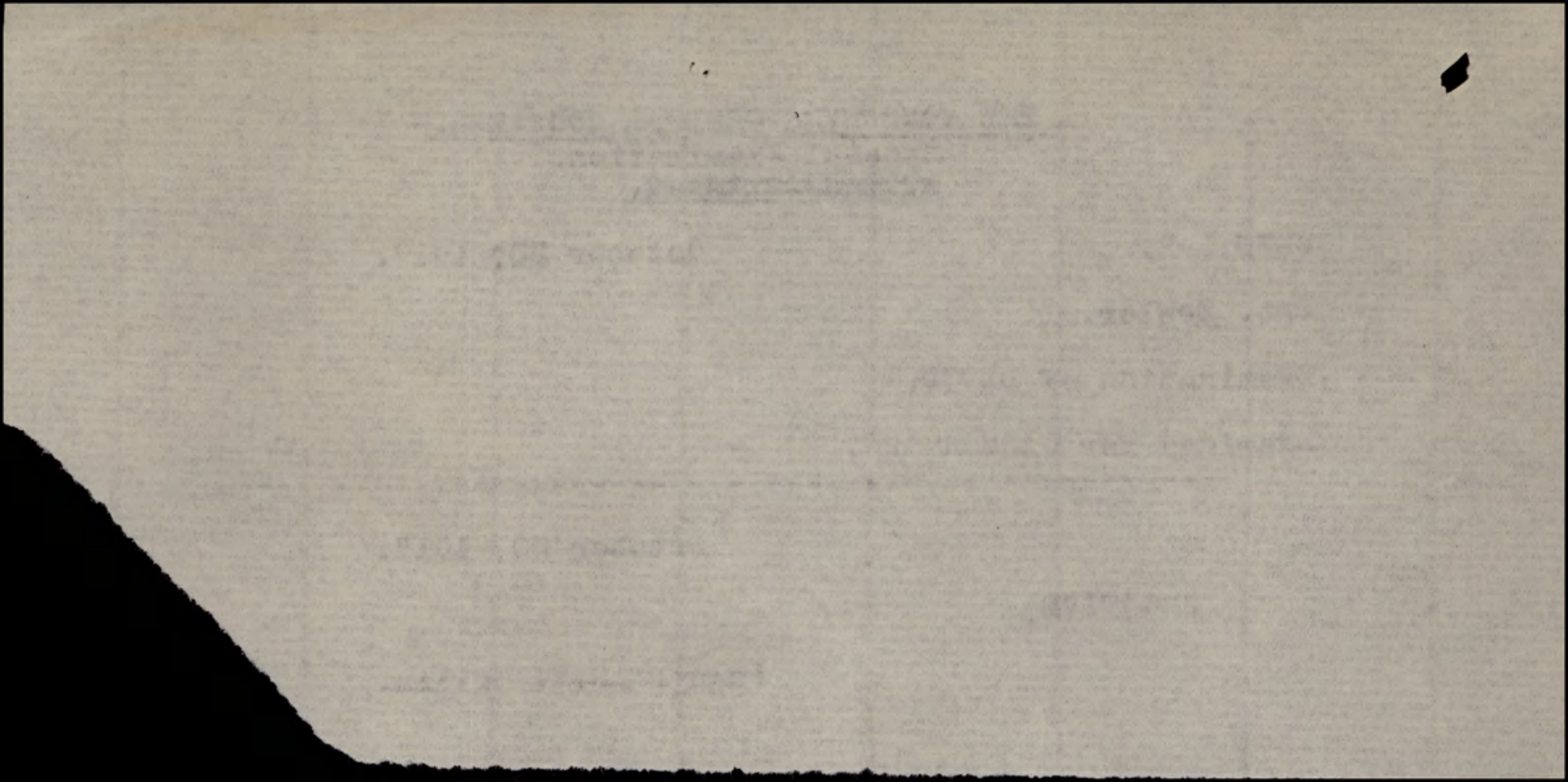
Examination of BLOOD.

Examined for WASSERMANN.

October 30, 1917.

NEGATIVE,

(sgn). R.H. Mullin.



OVERSEAS BOARD.

C.C.H. Bearwood, Wokingham, Berks.

June 1st, 1917.

#50931 Sgt. BOWLER, Harold S. C.A.M.C.

Disability:- TUBERCULIS OF RIGHT STERNO-CLAVICULAR JOINT.

His of Case :- Was engaged as Orderly Sergeant in #2 General Hospital, Bohougne and was quite well until October 1916, when he reported sick with a sore throat which had been troubling him for two months previously. His voice then became hoarse and has remained so ever since. Was examined by a Medical Officer, who discovered right Sterno-Clavicular joint slightly swollen. The joint became more swollen, and pains developed extending from the upper part of the Sternum along the clavicle to the right shoulder. The X-Ray shows much thickening of the joint involved. Has been treated in several Hospitals, including Le Treport, Glasgow, (Springbank) and Woodside Hospital, Bushy Park. Admitted Bearwood Park. 9-5-17.

Present Condition:- Right sterno-clavicular joint is considerably swollen. Slightly tender and quite painful after exercise. The swelling is fairly hard in consistence. The glands in axilla and Cervical region are shotty and palpable. Pain in the larynx at intervals, voice still hoarse. Pulmonary system harsh and bronchial breathing is heard over the right lung, particularly at the base, posteriorly. Diagnosed as tubercular joint, and recommended transfer to Canada by Col. George Armstrong.

Faint, illegible text, possibly bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.

THE VANCOUVER GENERAL HOSPITAL.

Special Examination.

~~xxxxxx~~

CLIN. LAB.

October 30, 1917.

Sgt. Bowler.

Examination of BLOOD.

Examined for WASSERMANN.

October 30, 1917.

NEGATIVE.

(sgn). R.H. Mullin.

1871
No. 1000

1871

1871

1871

1871

THE VANCOUVER GENERAL HOSPITAL.

XRAY DEPARTMENT.

Jan. 8, 1918.

Shaughnessy.

Sgt. Bowler.

E. Gillies.

Examination of CLAVICLE.

XRay No. 13391 -D

Xray Finding and Diagnosis:-

Rarefying osteitis sternal end of ~~first~~ first
rib.

Dr. Prowd.

THE UNIVERSITY OF CHICAGO

LIBRARY

June 18, 1913

Chicago, Ill.

Dr. Wilson

Department of Geology

Chicago, Ill.

Dear Sir:

Reference is made to the letter of the 11th inst.

and

Yours truly,
Dr. Brown

OVERSEAS BOARD.

C.C.H. Bearwood, Wokingham, Berks.

June 1st, 1917.

#50931 Sgt. BOWLER, Harold S. C.A.M.C.

Disability:- TUBERCULOSIS OF RIGHT STERNO-CLAVICULAR JOINT.

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Medical History

Presented by: [Name], M.D., [Institution], [Address], [City], [State], [Zip].
Date: [Date]

Chief Complaint: [Symptoms]

History of Present Illness: [Detailed description of symptoms, onset, duration, and progression. Includes information about associated symptoms, weight changes, and previous treatments.]

Review of Systems: [Summary of findings from a physical examination across various body systems, such as cardiovascular, respiratory, and gastrointestinal.]

MEDICAL CASE SHEET.*

C/6

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

50931.

Sgt.

Bowler

Harold S.

Unit.

Age.

Service.

C. A. M. C. No 2 Gen Hosp

33.

2 $\frac{3}{12}$ 1 $\frac{11}{12}$ Year
1917Station
and Date.

Disease

Pneumonia

Reported sick with pains in
upper chest. Diagnosed as osteo-
arthritis.

Patient was in Hospital during
whole of October 1916 with influenza
& cough in Jan. 1917 with a
swelling of the body but no
illuminance.

On admission gets well except for
indefinite pain in upper part of
stomach - not severe. There is a
bony swelling - not tender - at inner
end of st. clavicle.

20.3.17 - Few symptoms - is now
practically well. An x-ray has
been taken of upper chest.

H. B. Mackenzie Anderson

20.3.17

Admitted Woodside Hospital

31.3.17

Transferred to Kings Own Red Cross Hospital

Bushy Park.

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	50931	Sgt.	Bowler	H.S.
Year 1917.	Unit.		Age.	Service.
	C.A.M.C. (No. 2 Genl. Hospl.)			
Station and Date.	Disease <u>Osteo Arthritis.</u>			
Bushy Park	Born at--- High Wycombe Bucks.			
	Single		Occupation:- Manager Works.	
	Enlisted at- Vancouver		On-- 5th. Jany. 1915.	
	Inoc. T. 1		S.P.V. 1	
	Next of kin:-, Father... Ruben Bowler			
	Hazelmere Bucks.			
Feby. 28th.	<u>LeTreport</u>		Reported sick.	
	Had been sick and in and out of hospital for 4 weeks, with pain in upper right chest.			
	<u>2 Canad. Genl. Hospl.</u> Marked "Osteo Arthritis"			
Mch. 3rd.	<u>Glasgow</u>		Springburn and Woodside Hospl. Bed 1 week.	
	X Ray:- Very marked enlargement upper joint. No treatment			
Mch. 31st.	<u>Bushy Park C.C.H.</u>			
	On admission:- Slight pain in right sterno-clavicular joint. Feels quite well generally. Also has a little pain about the hips.			
	Exam:- Looks fairly well. Much thickening about right sterno-clavicular joint. No signs in the other joints.			
Apr. 5th	Taken off D.1 list for observation.			J.D.A.
" 10th.	Few pains at times.		Feels quite well. W.H.E.	
" 17th.	No change.			
	Moore Barracks for observation			W.H.E.
	<i>Diagnosis</i> <i>W.H.E.</i> <i>Cur</i>			

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

Station
and Date.

Report No.

Class **D.3.**

No. of M.H.C. File

No. of Local File

No. of H. Q. File

BOWLER H.S.
1848 5th Ave. West.
Vancouver, B.C.

No. **50931** Rank **Sgt.** Original Unit **C.C.** Present Unit
Age Height ft. ins. Complexion Eyes Hair Character
Date of enlistment Where enlisted Where seen service
Ship returned by Date of arrival Port of arrival
Birthplace Religion
Name and address next of kin

Cause of disability **Chronic osteo-arthritis, probably tubercular.**

Condition which prevents the soldier from earning a full livelihood

Both sterno-clavicular articulation are swollen slightly irregular and tender on pressure. He complains of pain on elevating the arm or when he tries to place hand behind his back. The upper third of sternum and inner thirds of each clavicle are increased to twice their normal size.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board
Probable duration of incapacity
Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board
Destination to which transportation issued
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment
Regular trade or profession
Average earnings previous to enlistment Any other income
Name and address of last employer
Rent per month If purchasing property, amount due and annual payment, \$ \$
Taxes If Homestead, when is patent due?
If carrying life or accident insurance, annual premium
If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$
If unable to follow previous occupation, name preference
At what age soldier left school? What grade, standard, etc., was he in?
Has he taken any Technical or Continuation classes, if so, what?
Whether given Vocational Training while in Hospital in England. If so, what subjects?
References I declare that the above statement is correct.
Witness Signature
Date **30-9-17.**

Recommended by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$
Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$
Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
First payment date.....

Class 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

Class 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

Class 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service, but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

1843 5th Ave. Wash. D.C. Vancouver, B.C.

No. 10031 Rank Sgt. Original Unit Present Unit Age Height Weight Complexion Eyes Hair Character

Date of enlistment Where enlisted Date of arrival Port of arrival Religion

Name and address next of kin Birthplace Ship returned by Date of arrival

Cause of disability Chronic osteo-arthritis, probably tubercular.

Condition which prevents the soldier from earning a full livelihood

Both osteo-arthritis and tubercular osteo-arthritis are swollen slightly, tubercular and tender on pressure. He complains of pain on elevating the arm or when he tries to place hand behind his back. The mass of the elbow and inner third of each clavicle are enlarged. The tissue their normal size.

Canadian Board

Degree of incapacity (Please state in fractions) Eng. Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Destination to which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment

Name and address of last employer

Rent per month

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, etc. was he in?

Has he taken any Technical or Continuation classes, if so, what?

Whether given Vocational Training while in Hospital in England. If so, what subject?

References

Witness

I declare that the above statement is true. Signature: [Handwritten Signature]

Date: 10-11-17

Recommended by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Co. \$ Dr. \$ Amount paid at Depot H. O. \$ L. P. C. leaving Depot \$

Amount forwarded to H. O. I. in \$ Credit Clothing allowance \$

Transferred to Unit—Date Transferred Class 1—Date

Transferred Class 2—Date Period granted for Dating from

First payment date

Vertical text on the right edge of the page, likely bleed-through or a separate column of text.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

"J" UNIT, M.H.C.C. M. D. XI. LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 50931 Rank Sgt Name Bowler, H.S.
 Corps J Unit M H C C who was* discharged
 On 28. 3- 1918 to 1- 3- 1918
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1- 3- 1918 to 28. 3- 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No			Reg'tl Pay <u>28</u> days at \$ <u>1 35</u>	<u>37</u>	<u>80</u>
by } No			Field Allow. <u>28</u> days at \$ <u>15</u>	<u>4</u>	<u>20</u>
Cheques } No			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No			Other Allowances* <u>clothing</u>	<u>10</u>	
Other charges			Other Credits*		
Payment on transfer or discharge No <u>20100</u>	<u>52</u>		Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)			Total	<u>52</u>	<u>00</u>
CHECKED BY <u>[Signature]</u>	<u>52</u>				

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... (to) Assignee..... and Sep'n Allee. for month of..... 191.....
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 24. 5-15
- (2) if married and if a Separation Allowance Card has been submitted [Signature]
- (3) cause of discharge..... authority.....
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 2-4-18
 Place Victoria B.C.
[Signature] Capt. Paymaster "J" Unit, M. H. C. C.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

NAVY CONTINGENT EXPEDITIONARY FORCE

LAST DAY CERTIFICATE

[The following text is extremely faint and illegible due to the age and quality of the document. It appears to be a series of lines of text, possibly a list or a set of regulations, but cannot be accurately transcribed.]

MEDICAL CASE SHEET.*

C.E.

No. in Admission and Discharge Book. <i>047999</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>50931</i>	<i>Sgt</i>	<i>Bowles</i>	<i>H.S.</i>
		Unit.	Age.	Service.
		<i>Came</i>	<i>33</i>	<i>29</i> <i>12</i>
Station and Date.	Disease			
<i>Sept 21</i>	<i>Osteo Arthritis</i>			
	<i>Gen. Le Troport</i>		<i>1st March 1917</i>	
	<i>To Springfield Glasgow</i>		<i>3rd " "</i>	
	<i>" Bush Park</i>		<i>3rd April "</i>	
	<i>" Bearwood</i>		<i>9th May "</i>	
	<i>G.E. food. - For X Ray. L. Chubb</i>			
<i>19-9-17</i>	<i>Invalided to Canada</i>			
	<i>R. Llewellyn Capt.</i>			



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

Station
and Date.

Station
D. C. 12345
Service Center

CHANGE OF ADDRESS.

To Record Office please note.

New address is—

14th. July, 1915.

Miss B. Bowler,

28 High Street,

Rugby.

instead (undated)

"Elmwood", Cranbourne Road,

Bournemouth.

S. S. Home

If this person is the next-of-kin to—

.Major.

Sgt. H. T. Bowler,

50931. No. 2 Gen'l Hospital.

Please note for your Records.

HWS

CHANGE OF ADDRESS

To Record Office please note

New address is

instead of

If this person is the next of kin

Please note for your records

Assigned Pay Branch,
CHANGE OF ADDRESS.

C

To Record Office please note.

P.L. 3-3-0 x 9654

23rd November 1915.

New address is—

1 Miss B. Bowler,

27 Middle Street

Yeovil, Somerset.

✓
noted
9-12-15
RIT e-1
JEP

22 instead of.

28 High Street,

Rugby.

If this person is the next-of-kin to—

S. S. Shaw

50931 Sgt. H.X T. Bowler

✓
No 2 Canadian General Hospital.

Please note for your Records.

CHANGE OF ADDRESS

To Record Office please note

If this person is the holder of this

Please note for your records

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 3293 Year 1917	Regimental No. 50931	Rank. Sgt. Unit. C.A.M.C. (No. 2 Gen.)	Surname. Bowler	Christian Name. H.S. Age. 33 Service. $\frac{3}{12}$ $\frac{2}{12}$
Station and Date. Bushy Park	Disease <u>Osteo. Arthritis</u> BORN AT <u>Hightwycombe, Bucks.</u> MARRIED OR SINGLE _____ OCCUPATION <u>Works Manager</u> ENLISTED AT <u>Vancouver B.C.</u> ON <u>5th Jan 1915</u> INOC T. / S.P.V. / NEXT OF KIN: <u>(Father) Reuben Bowler</u> <u>Hazlemere Bucks.</u>			
28 Feb 1917	<u>Laureport</u> Reported sick Had been sick and in and out of hospital for 4 weeks with pain in upper right chest.			
3 March 1917	<u>Glasgow Springburn Woodside Hosp.</u> Bed 1 week. X Ray: - Very marked enlargement upper joint (no treatment) sternum + clavicle.			
31 March 1917	<u>Bushy Park</u> <u>On Admission:-</u> Slight pain in Rt. sternoclavicular joint. Feels quite well generally. Also has a little pain about hips. <u>Examination:-</u> Looks fairly well Much thickening about Rt. sternoclavicular joint. No signs in other joints.			

Copied 7-4-17
 34

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

Station
and Date.

Apr. 5

Taken off (Di) list for
observation. DOA

Apr. 10

Less pain at times
Subs quite well. ME
~~DI~~

Apr 17.

No change.

Wrote Bancroft Hosp
for diagnosis ME

(93)

9.5.17

Transferred to Can. Convalescent Hospital
Bearwood.

Phanties
Major Case.

Casualty Form—Active Service.

Regiment or Corps B.A.M.C.

Regimental No. 50931 Rank Private Name Bowler H.S. (Harold Sydney)

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

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
5/5/15	O.C. Unit	joined N ^o 2 Genl Hosp	Le Zepost	26/4/15	01810 8/5/15
2.10.15	do	granted 7 days leave of absence	do	29.9.15	B213
9.10.15	do	Returned from leave	do	4.10.15	B213
8/10/16	do	Adm. Influenza	do	8-10-16	B213 W3034-64
29/10/16	"	To duty. (")	"	29/10/16	B213 W3034-99
12/11/16	2 C O N	Incident escort duty 151 st Can Div.	"	6/11/16	" DCS 321 d/21/11/16
14/11/16	"	Rejoined Unit	"	11/11/16	" DCS 321 d/21/11/16
8/1/17	"	Adm (Mys Med)	"	8/1/17	W3034/209
25/1/17	"	To duty (Influenza)	"	25/1/17	" 1236
27/1/17	"	granted 10 days leave	"	27/1/17	B213 W3034-9 d/-3/2/17
11/2/17	"	Rejoined Unit	"	11/2/17	" "
	"	tel. Ref ady T. 10991 d/-12 th 17	"		
1/3/17	"	Adm (Mys Med St)	"	1/3/17	W3034/287
1/3/17	"	To England (Osteo Arthritis)	"	1/3/17	" 1287

(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. 35, 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				

2/3/17 ~~20th~~ Sick Transfd to CAC Shoreham - on 2/3/17 W3083/8641
 W. W. W. arilda Sea (Osteo Arthritis) No 0-17 dt-16/3/17

J. L. Rawt
 Lt Col Comd for ady
 Com Sect. G.H.Q. 3rd Ech

14-3-17 CAME Rdep T. O. S. Pi. Langer 4-3-17 P110-5 + came Rdep P110-84

W. B. Lucas Lieut.
 for Colonel i/c Records, C. G. Mt

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

St Newman Major
 HOSPITAL REPRESENTATIVE,
 CANADIAN CONVALESCENT HOSPITAL,
 WOODWOOD PARK, WOKINGHAM,
 Victoria B.C.

15-10-17 Eng. P.O.S. of unit in H.Q. 13.10.17 D.O. 239-2195-0
 28.3.18 Discharged as being physically unfit for further service under K.R.O. Can. 322 TF
 Auth. Med. Board 28.3.18
 App. C. G. Mt 28.3.18

15-10-17
 28.3.18 D.O. 86-980 of
 28.3.18.

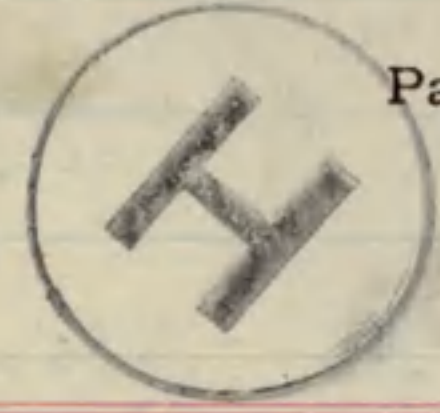
E. 11509.

Rank Name BOWLER, Harold Sidney Reg'l No. 50931 C
Unit C.A.M.C. If in perm. Corps, What Unit? Married or Single single

Place and Date of Enlistment Le Treport 24-5-15 Place of Birth High Wycombe, Bucks Eng

Name and Address, Next-of-Kin Mr R. Bowler, ~~The Gables Holmer Green nr Amersham,~~
The Cottage 1896 Green St. Hazelmere Bucks.
New address Miss B. Bowler, 22 High Wycombe Bucks. (RL69-26)
Cas. 1937

Assigned Pay Monthly \$ Payable to Relationship
Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason

N/E. R.B. No 1181
File R.L.
Character Mulvan

Handwritten blue scribble, possibly 'Lancashire'.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
2.5.15	2 Gen H	Taken on duty	Le Treport	28.4.15 P II. 0	
31.7.15		On Nom Roll 2 Can Gen H.			
2-10-15	" "	Proceeded on 7 days leave of absence	" "	28-9-15 P. II. 0. 2 ¹⁰ / ₁₅ . 4 P. II. 0. 28. 9 ¹⁰ / ₁₅	
9-10-15	" "	Reported for duty on return from leave.	" "	4-10-15 P. II. 0. 9 ¹⁰ / ₁₅	
17.10.16	C.A.M.C. Lt Jge.	Adm #2. Can Gen Hsp	" "	8.10.16 CHA 362. Influenza	
4.11.16	do	Discharged to duty	" "	27.10.16 CHA 378 do	
22.1.17	do	Adm #2. Can Gen Hsp	" "	8.1.17 CHA 440. N.Y. DQ	
1.2.17	do	Discharged to duty	" "	25.1.17 CHA 449 Influenza	
9.3.17	do	Adm #2. Can Gen Hsp	" "	1.3.17 CHA 480 N.Y.D. Ser.	
12.3.17	do	Adm Springburn Woodside Central Hsp Glasgow.	" "	4.3.17 CHB 228. Osteo Arthritis	

Handwritten red scribble, possibly 'overseas'.

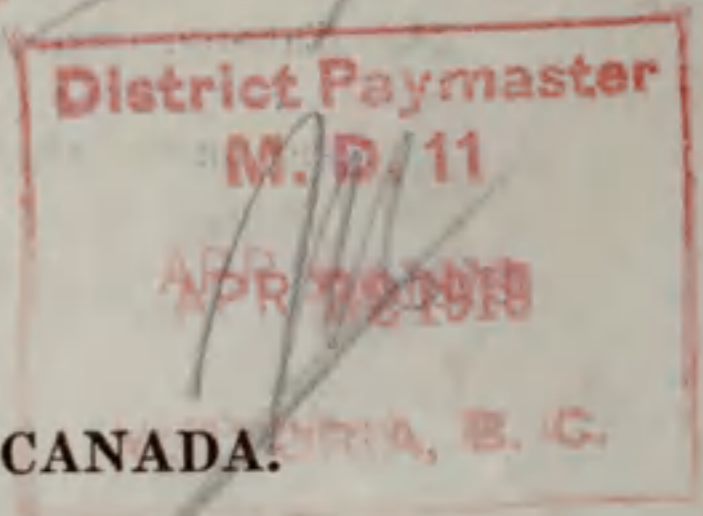
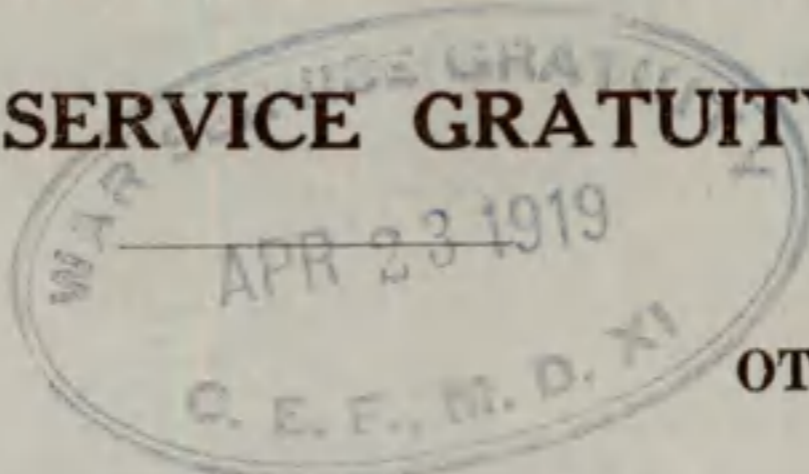
Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	
Date	From whom received					
16.3.17	2 Gen HP	Trans to ECAC.	Le Troport	2.3.17	Pt II 0-17	
14-3-17.	6 A.M. G. Reg Depot.	T.O.S. in Hosp from #2 Can Statist HP Shoreham-on-Sea	Westenhanger	4-3-17	Pt II DO #57 came Dept Pt II 84.	
7-4-17.	6 A.M. G. L.F.G.	Adm. Con HP Woodside Cent HP of Glasgow	Bushey Pk.	1-4-17	62 B248	
15.5.17	—	Adm G.C. HP	Bissod	Wideningham.	10.5.17	Ch B273. Ostea Bronchitis
27.9.17	C.S.M.C.D.	S.O.S. on being inv. to Canada as being no longer phys' fit for War Ser	Whanger	19.9.17	Pt 20. 270	
5-11-7	6 A.M. G. Dis Depot	Invol to Can R. Can Con HP. To Conr Home	Wideningham. M. G. No 11 Victoria BC	19.9.7 30.9.17	62 B 53. Arthritis. N.R 375	

5292

204

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Harold Sydney* 2. Surname *Bowler*
3. Rank *Sergeant* 4. Original Unit *C.A.M.C.* 5. Reg. No. *50951*
6. Address, in full, to which future payments of gratuity are to be forwarded
*1048 Fifth Avenue West
Vancouver, B.C.*
7. Date of enlistment in the C.E.F. *Jan 9th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent *not applicable*
10. Present address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
*C.A.M.C. enlisted Jan 9, 1915
Discharged March 28, 1918*
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? *not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *not applicable*
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 *Two years 3 months
C.A.M.C. (No 2 Gen. Hosp. -)*
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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistment 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 *Yes*
\$146.50
Paymaster M. D. 11.
20. Have you been issued with a War Service Badge? If so, what class? *A & B.*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to received, 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 *Not applicable*
- 23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *No*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*
24. Are you now serving in the C.E.F. *No* If not, give:—(a) Date of discharge *March 28th 1918* (b) Reason for discharge *Unfit for further service (T.B. disease)*
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 *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Yes*
No 2 Gen Hosp. C.A.M.C.
April 15 to March 17
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
 (b) If so, are you in receipt of full pay and allowances from that Department? *No*

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:

Place of Residence:

Declared before me at:

This

21st

day of

April

19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

W. Drummond

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>1918</i> <i>Mar 28.</i>	<i>136¹⁰</i>			
<i>Apr 29</i>				
<i>May 28</i>				

Certified Correct.

H. D. Peterson
 District Paymaster.

FOR DIST. PAYMASTER M. D. 11

POST DISCHARGE PAY SECTION

Duplicate

original sent to Ottawa - list 66.

1935-1614

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Harold Sydney* 2. Surname *Bowler*
3. Rank *Serjeant* 4. Original Unit *C. A. M. C.* 5. Reg. No. *6-0931*
6. Address, in full, to which future payments of gratuity are to be forwarded
*1848 Fifth Avenue West,
Vancouver B.C.*
7. Date of enlistment in the C.E.F. *Jan 9th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
9. Relationship of such dependent *Not applicable*
10. Present address, in full, of such dependent *Not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
*C. A. M. C. No 2 Gen Hosp - France
April 1915 to March 30 1917*
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? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *Not applicable*
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 *3 3/4 years*
*18th F. Amb (Van) No 2 Gen Hosp (France)
C.A.M.C. Training school*
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*

District Paymaster
JUN 30 1919
VICTORIA

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 applicable

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

*Post-discharge pay \$136.50
Paymaster G.D. No 11*

20. Have you been issued with a War Service Badge? If so, what class? .. *A. & B.*

21. Have you, during the present war, served in the Imperial Forces? .. *no applicable*

22. Are you entitled to received, 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

not applicable

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? .. *not applicable*

24. Are you now serving in the C.E.F. .. *no* If not, give:—(a) Date of discharge

March 28 1918 (b) Reason for discharge

unfit for further service (T.B. sternoclavicular joint-)

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 .. *no*

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

*no 2 Gun Hopt - April 1915 -
March 1917*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .. *no*

(b) If so, are you in receipt of full pay and allowances from that Department? .. *no*

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:

H S Bowler

Place of Residence:

1848 Fifth Avenue W.

Declared before me at:

Vancouver

This

24th

day of

June

19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

Walter Drinnan

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
-----------	--------------	----------------	----------------------	----------------

<i>1916. Mch 28</i>	<i>5.</i>			
<i>" 28</i>	<i>45.</i>			
<i>Apr. 27</i>	<i>45.</i>			
<i>May 28</i>	<i>41.50</i>			
	<i>136.50</i>			

Certified Correct.

H. D. Peterson
District Paymaster.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

35292/704
PK

Name **Bowler, Harold Sidney**
Surname Christian Name

Regimental Number **50931** Rank **Sgt.**

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

Original Unit

District where paid **McD.11.**

Date of Discharge **28-3-18**

P. D. P. Filing Number **17-158-11.**

Address (in full) **1848-5th Ave., W.
Vancouver, B.C.**

CP 1935-H-3

Rates:—Regimental pay \$ **1.35** per diem: Field Allowance \$ **.15** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 800P.

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		
136 50	1954	28-3-18	45 00	1908	27-4-18	58 00	1761	28-5-18	41 50	5 00	131 50

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks: **\$5.00 deducted amended L.P.C.**

Dec'n No. 35242/704 W. S. G. File No. 1935-14
 Award 182 days at \$ 70.00 per day \$ 420.00
 S. A. months at \$ per mo. \$ \$ 136.50
 Less P. D. P. Credited \$ 283.50
 Less further debit balance \$
 Net due paid as below \$ 283.50

74674
21/8/19

TO SOLDIER TO DEPENDENT						
O	Ag. No	Ch No	Amount	No	Ch No	Amount
1	14650	476149	140.00			
2	10038	50032	143.50			
3						
4						
5						
6						

L. 2 box
 J. Neville
 J. Jacques
 19/8/19

~~1848 Fifth Ave West~~
 1848 Fifth Ave West
 Vancouver
 B.C.

payment a 6 day ruling
 21/8/19

GEN'L AUDITOR
 lastly checked by
 [Signature]
 Date 19/8/19

Sgt. Name Bowler, Harold Sydney.

Regimental No. 50931 Bowler
Unit C. A. M. C.
Date of enlistment July 1915
Place of " Vancouver.
Married (yes or no) no.

Name and address of next-of-kin 1848-5 Ave N.
Vancouver B.C.
M.B. 30.9.17 Conv. Home.

Amount of pay assigned monthly \$ 25.⁰⁰ - to 30/17 = 625.⁰⁰
Reason for discharge England.
To whom payable Miss Bertha Bowler.
Lland Castle 3017 Somerset. Eng.
Character on discharge Code D-3. H.Q. 649. B-24231

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	8.6.17											21 55		E. L.P.C.
9.6.17	31.10.17	145	135	195 75	145	15	21 75					60 00		W D Halifax
												24 33	105 88	Annul'd L.P.C. 2-11-17 A.P. 590 C.C. Bearwood Works Reg
														L.P.C. reud on.
														showing a/c adj. to 31
														and ftd to J ⁿ Unit.
														Supp. h.P.C.
														S. h.P.C. to J Unit 19/18
														Ack'd 2/4/18
														" 5 Unit.

Eng A.P. C. by d. from. — to 30/17 = \$ 625.⁰⁰

John

2700

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom *Miss. B. Bowler.*
 Address ~~*Elmwood*~~
 ~~*Cranbourne Road*~~
 ~~*Bournemouth*~~
 Rate ~~*\$25 00*~~
 Date to Commence *June 1st 1915.*

By whom assigned *Bowler. H. T.*
 Regtl. No. *50931*
 Rank *Sergt.*
 Corps, &c. *No 2. General Hospital*

APPA checked OK. M. Baker

PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>New address</i> <i>28 High St,</i> <i>Rugby</i> <i>Eng.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>New Address 23/11/15 F.R.</i> <i>27 Middle Street</i> <i>Yeovil</i> <i>Somerset</i>
Feb.				
March				
Apl.				
May				
June		<i>12824</i>	<i>25</i>	✓ ✓ ✓ ✓ ✓ ✓ ✓
July		<i>14981</i>	<i>25</i>	
Aug.		<i>27065</i>	<i>25</i>	
Sept.		<i>39135</i>	<i>25</i>	
Oct.		<i>52236</i>	<i>25</i>	
Nov.		<i>65111</i>	<i>25</i>	
Dec.		<i>82628</i>	<i>25</i>	
Jan.	1916		<i>✓</i>	<i>Carried Forward.</i>
Feb.			<i>\$ 175</i>	
March				

ASSIGNED PAY.

By whom assigned

Bowler H. T.

Regtl. No.

50931 Sqn. no. 2 Gun Hosp.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916		175		
		107155	25	-	
Feb.		123166	25	-	
March		145687	25	-	
Apl.		2196	25	-	
May.		28204	25	-	
June		55716	25	-	
July		87448	25	-	
Aug.		120459	25	X	
Sept.		154276	25	X	
Oct.		190291	25	X	
Nov.		450.00 227296	25	X	
Dec.		267806	25	X	
Jan.	1917	309327	25	X	
Feb.		319421	25	X	
March		392835	25	X	
Apl.		3928	550		
May			75 525		
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

Rank Name

Bowler, Harold Sidney

Reg'l No.

50931

Unit

C.A.M.C.

If in perm. Corps, What Unit?

Married or Single

single

Place and Date of Enlistment

Le Treport 24-5-15

Place of Birth

High Wycombe,

Name and Address, Next-of-Kin

Mr R. Bowler, The Gables Holmer Green nr Amersham Bucks

Assigned Pay Monthly \$ 25⁰⁰

Payable to

Mrs Bertha Bowler, Elmwood, Bradbourne Rd, Leighton Buzzard, Bedfordshire

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Canada

Reason

Entered on N.E. Card Index
Checked
Geovil. Lopez
Relationship 27 Middle Street
Leovil. Lopez

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						
Apr 28*	May 31	34	1 ³⁵	45 90	34	15	5 10		51 00			30 00			30 00	21 00	
1/6/15	30/6/15	30	1 ³⁵	40 50	30	15	4 50	21 00	66 00			20 00	25 00		45 00	21 00	
1/7/15	31/7/15	31	1 ³⁵	41 85	31	15	4 65	21 00	67 50			10 00	25 00		35 00	32 50	
								32 50				60 00					
								adjust of back	1 60								
Aug 1	31	31	1 ³⁵	41 85	31	15	4 65	34 10	80 60			9 73	25		34 73	45 87	
Sept 1	30	30	1 ³⁵	40 50	30	15	4 50	45 87	90 87			36 10	25		61 10	29 77	
Oct 1	31	31	1 ³⁵	41 85	31	15	4 65	29 77	76 27			18 45	25		43 45	32 82	
Nov 1	30	30	v	40 50	30	15	4 50	32 82	77 82				25		25	52 82	
Dec 1	31	31	1 ³⁵	41 85	31	15	4 65	52 82	99 32			22	25		47	52 32	
Jan 1	31	31	1 ³⁵	41 85	31	15	4 65	43 50	142 32			13 08	25		38 08	104 24	43 ⁵⁰ = 29 days pay + P.A. 1-29 apr. 1915. with letter COM. 15-11-1915.
Feb 1	29	29	1 ³⁵	39 15	29	15	4 35	104 24	147 94			26 16	25		57 16	96 58	
Mar 1	31	31	1 ³⁵	41 85	31	15	4 65	96 58	143 08			17 44	25	3	45 44	97 64	credited with Pay + P.A. Apr 28 + 29 th divide
				457 65				97 64	553 60			202 96	250 00	300	455 96		\$ 97.64 Credit Balance

Carried forward to Large Ledger sheet

Name Sgt Bowler, W.S. *Starghousay*

Regimental No. 50931

Name and address of next-of-kin

Unit C.A.M.B.

Date of enlistment 24-5-15

Place of " "

Married (yes or no) no

Date and place discharged for P.I. 1st Nov 1917.
DD 86 Ditch 28-3-18

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Form 5351-M. & D. 6880.

	Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
	From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
<u>Nov</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>1³⁵</u>	<u>40 50</u>	<u>30</u>	<u>.15</u>	<u>4 50</u>	<u>111</u>	<u>62</u>	<u>111</u>	<u>62</u>		<u>111</u>		
<u>Dec</u>	<u>1</u>	<u>31</u>	<u>31</u>		<u>41 85</u>	<u>31</u>		<u>4 65</u>			<u>51</u>			<u>62</u>		
<u>Jan</u>	<u>1</u>	<u>31</u>	<u>31</u>		<u>41 85</u>	<u>31</u>		<u>4 65</u>	<u>25</u>		<u>46 75</u>			<u>46 75</u>		
<u>Feb</u>	<u>1</u>	<u>28</u>	<u>28</u>		<u>39 80</u>	<u>28</u>		<u>4 20</u>			<u>39 56</u>		<u>2 44</u>	<u>42</u>		
<u>Mar</u>	<u>1</u>	<u>28</u>	<u>28</u>		<u>37 80</u>	<u>28</u>		<u>4 20</u>	<u>10</u>		<u>52</u>			<u>52</u>		

C.Fd

Surname
Bowler.

Christian Name or Names
H. S.

Reg. No.

50931

Rank

Unit

Co.

Troop

Batty.

Hospital

C.A.M.E. (2.G)

Date of Admission
h. of C.

Transferred #2 Can Gen Le Depot
#2 do — do
2nd " " " "

Hosp. 8.10.16

Hosp. 8-1-17

Hosp. 1-3-17

Hosp. 4-3-17

Springburn Central Glasgow

Diagnosis

(1) Later Diagnosis (if changed)

Influenza

(2)

(3)

Influenza sll

Additional Diagnosis: if more than one state present

Osteo Arthritis

DISPOSITION

Dis. to duty. 27.10.16

Date

Ch. 14. 10. 16 #2362

To duty 25-1-17

REMARKS

4.11.16. A378.

Dis. - 19-9-17

22-1-17 A1440

Dis to Canada per HS "Llandoverly Castle" from Liverpool 19-9-17

1-2-17 A449

9-3-17. A480.

12-3-17 B228

15-5-17 B273

6-11-17 D. 5301

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

over

Rw.
Rw.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. Kings Banked Cross Conv. Hospital Bushy Pt.

31. 3. 17

2. Beorwood Wokingham

10-5-17

3.

4.

5.

6.

7.

649-B 24231

CARD NO.

10930

SURNAME. *Bowler*

CHRISTIAN NAMES

Harold Sidney

FOLL.

Books 25-3-18 II

REGL. No. *50931*

RANK *Pte.*

and Noe M.U.

UNIT *(R.D.)*

C.A.M.C.

FORMER CORPS

Territorials

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bowler, R.

RELATIONSHIP TO SOLDIER

ADDR

*The Cottage, 1896 Green St.
Haylemere, High Wycombe Bucks.
54-21-387, 18-5-17. Eng*

COUNTRY OF BIRTH

England.

DATE

PLACE OF ATTESTATION

Le Sreport, France

DATE

May 24th, 1915.

10-4-15 53

R/C. 30/9/17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Bowler H ¹¹ S

REGT'L No

50931

RANK AND CORPS

The 1st Army Med

H. Q. FILE No. 649-

FOLLOWS

No.

#2697

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

M D 13 . No 6.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 362	#2 Can Gen Hospital	8-10-16	#2 CH Influenza
A 378	Disch to " " "	27-10-16	Influenza. (Discharged)
A 440	#2 Can Gen, Let Report	8-1-17	N.Y.D. (#2 Can Gen Hosp)
A 449	Dis to sluty.	25-1-17	Influenza Slt.
A 480	#2 Can Gen, Let Report	1-3-17	N.Y.D. Slt
B 228	Springburn, Westside Central Glasgow	4-3-17	Osteo Arthritis
B 448	King's Langton, Busby Park	1-4-17	" "
B 273	Langton, Bearwood Wk	10-5-17	Osteo Arthritis
B 53	Invalided to Canada	19-9-17	(29) " "
251	M.H.B. Esquimaux	26-10-17	Temp out patient to Vancouver Gen Mill Annex
239	M.H.B. Esquimaux	13-10 to 25-10-17	Temporary outpatient
257	" " "	" "	" "

NAME *Bowler. H. S.*

REGT'L No. 5931
H. Q. FILE NO. 649.

RANK AND CORPS *Sgt. Regimental Depot*

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

NO.

DATE

352

24-9-17

*Sailed from Liverpool for Can
per H. S. Llandoverly castle Sept.
19th. 1917. Tubercular*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS



Reg. No. 50931 Name Bowler W S
 Rank Set Corps A M C Age 33 Service E 6/12 E 23/12 7/12
 Ledger No. 1298 Serial No.

HOSPITALS	DATE	DIAGNOSIS
^{1st} General Vancouver Dis	26 10 17 31 - 1 - 18	Tubercular Arthritis

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Name BOWLER Rank Pte.
Harold Sidney

Reg. No. 50931.

Unit C.A.M.C. No. 2 Can. Gen. Hosp.

The cottage 1896
Green Str

Next of Kin Mr. R. Bowler, ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~ Hazelmere

High Wycombe.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List Bucks
Oct. 2.	No. 2 Can. Gen. Hosp. Le	Treport.	Influenza.	A362.	E	
Oct. 27.	Discharged to Duty:-		do.	A378.	E	
1917.						
Jan. 8.	No. 2 Can. Gen. Hosp. Le	Treport.	N.Y.D. Q.	A440.		
Jan. 25.	Discharged to Duty:-		Influenza	Slt.	A449.	E
1-3	No. 2 Can. Gen. Hosp	Le Treport	N.Y.D. Slt	A480.		
4-3	Springburn Woodside Central Hsp	Glasgow	Osteo Arthritis	B 228.		
1-4	Con. Hosp. Woodside	PK	Do.	B248.		
	Kings Can. R. X. C. Hosp	Bushey Pk				
10-5	Can. Con. Hosp. Bear Wood		Do.	B273		
19-9	Invalided to Canada		do	B 53		1168

Registrar, Canadian Convalescent Hospital,

Bear Wood, Wokingham, Berks.

HOSPITAL.

A. & D. No.

OS. 7999

Ward

hut 4

Unit

6 Cmc

Sick or Wounded.

Regtl. No.

50931

Pl. of Act'n

Rank

Sgt

Name

Bowler AS.

Age

33.

Religion

CE.

Service Compl'd

29/12.

Time with Field Force

23/12.

Diagnosis

Osteo Arthritis

Admitted

Bushy Park

Discharged

19 SEP 1917

Transferred

Transferred to Canada

Lg. Report
Springburn Glasgow
Bushy Park
G. x Ray

Mar 1. 17
3
M 3

921677 Def

MAY 20 1921

M.A. 3099 Def

SEP 21 1921

N/K (Father) Mrs. R. Bowler,
Hazelmore, Bucks,
England.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Vancouver, B.C. DATE March 13, 1918

1. (a) Unit G.A.M.C. (b) Regimental No. 50931 (c) Rank SGT.

(d) Surname BOWLER (e) Christian name Harold Sydney.

2. Age last birthday 33 Date of birth July 23, 1884.

3. Enlisted at Vancouver, B.C. on Jan. 9, 1915.

4. Personal description :-

(a) Height 5' 11" (b) Weight 150 (c) Complexion Fair.

(d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks Two

vacc. marks on left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners)

1848 -5th Ave. West. Vancouver, B.C.

6. Former trade or occupation Upholsterer.

7. (a) Service

Years 3 Days 2 months.

			PERIODS	
			From	To
Canada.	Jan. 1915	March 1915.		
England	March 1915	April 1915.		
France	April 1915	March 1917.		
England	March 1917	Sept. 1917.		
Canada	Sept. 1917	Present.		

(b) Has he been overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible)

Rarefying osteitis, sternal and first rib.

(a) Date of origin Oct. 1916 (b) Place of origin Le Treport.

(c) Cause* Probably tubercular.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

This N.C.O. is in fair general health. He is well up to normal weight and except for disease mentioned has no disability. There is a small swelling below sternal end of right clavicle about size of small almond nut. This is hard but tender on pressure or percussion. No redness over swelling. Complains of sharp stabbing pain when arm is put in position of extension, and when hand is placed on lumbar region, also when carrying a weight in right hand, with arm hanging by side. Has occasional pain even when he is not moving arm or shoulder. The pain is less frequent and severe than it was. States that he believes the swelling is smaller than it was. X-Ray report of swelling attached.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M-12-17.
1772-39-117.

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

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
- The nomenclature of diseases to be followed is that 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 and Sons.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Wassermann examination done at Vancouver, B.C. and a negative report received. Report attached. Heart and lungs and other systems apparently normal.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

10%

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? N.A.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence; by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. 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.

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

Injections of tuberculin. Massage and radiant heat.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations

That he be placed in Class E for discharge.

SHAUGHNESSY MILITARY CONVALESCENT HOSPITAL VANCOUVER B.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 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

H. S. Bowler Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

9. Lifting, pulling, shoving, etc. involving that joint causes pain.

10. No history of gonorrhoea.

11. 20% diminishing in one year to nil.

12. One year.

22. Is the soldier 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). No.
(d) Temporarily unfit, (" D) (Yes or No). No.
(e) Unfit for service in Categories A, B and C, (" E) (Yes or No). Yes.

23. It is certified that the soldier

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

No.

- (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).

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

(1) Yes.

(2) Class E.

Signatures of Medical Board members: President, Members.

STATION Vancouver, B.C.

DATE March 13, 1918.

APPROVED BY

DATE MAR 21 1918

APPROVED BY

DATE

Signature of Assistant Director of Medical Services M.D. 11

Director-General of Medical Services.

N/K (Father) Mrs. R. Bowler,
Hazelmere, Bucks,
England.

311 B. 182

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Vancouver, B.C. DATE March 13, 1918

1. (a) Unit C.A.M.C. (b) Regimental No. 50931 (c) Rank BGT.

(d) Surname BOWLER (e) Christian name Harold Sydney.

2. Age last birthday 33 Date of birth July 23, 1884.

3. Enlisted at Vancouver, B.C. on Jan. 9, 1915.

4. Personal description :-

(a) Height 5' 11" (b) Weight 150 (c) Complexion Fair.

(d) Colour of hair D. Brown (e) Colour of eyes Brown (f) Identification marks Two

vacc. marks on left arm.

5. Address after discharge (for the use of the Board of Pension Commissioners)

1848 -5th Ave. West. Vancouver, B.C.

6. Former trade or occupation Upholsterer.

7. (a) Service

Years 3 Days 2 months.

	PERIODS	
	From	To
Canada.	Jan. 1915	March 1915.
England	March 1915	April 1915.
France	April 1915	March 1917.
England	March 1917	Sept. 1917.
Canada	Sept. 1917	Present.

(b) Has he been overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible)

Rarefying osteitis, sternal end first rib.

(a) Date of origin Oct. 1916 (b) Place of origin Le Treport.

(c) Cause* Probably tubercular.
(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

This N.C.O. is in fair general health. He is well up to normal weight and except for disease mentioned has no disability. There is a small swelling below sternal end of right clavicle about size of small almond nut. This is hard but tender on pressure or percussion. No redness over swelling. Complains of sharp stabbing pain when arm is put in position of extension, and when hand is placed on lumbar region, also when carrying a weight in right hand, with arm hanging by side. Has occasional pain even when he is not moving arm or shoulder. The pain is less frequent and severe than it was. States that he believes the swelling is smaller than it was. X-Ray report of swelling attached.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M-12-17.
1772-59-117.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Wassermann examination done at Vancouver, B.C. and a negative report received. Report attached. Heart and lungs and other systems apparently normal.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

10%

12. Did the disability arise on or off duty? On duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? N.A.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. 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.

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

Injections of tuberculin. Massage and radiant heat.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations.

That he be placed in Class E for discharge.

SHAUN MILITARY CONVALESCENT HOSPITAL VANCOUVER, B.C.

Signature of Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 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.

OPINION OF THE MEDICAL BOARD

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

9. Lifting, pulling, shoving, etc. involving that joint causes pain.

10. No history of gonorrhoea.

11. 20% diminishing in one year to nil.

13. One year.

22. Is the soldier 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) No.
(d) Temporarily unfit, (" D) (Yes or No) No.
(e) Unfit for service in Categories A, B and C, (" E) (Yes or No) Yes.

23. It is certified that the soldier

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

No.

- (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).

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

(1) Yes.

(2) Class E.

Signatures of Medical Board members: President, Members.

STATION Vancouver, B.C.

DATE March 13, 1918.

APPROVED BY

DATE MAR 21 1918

APPROVED BY

DATE

Signature of Assistant Director of Medical Services.

Director-General of Medical Services.

Medical Report on an Invalid.

Station **C.C.H. Bearwood, Wokingham, Berks.**

Date **June 1st, 1917.**

- 1. Unit **C.A.M.C.**
- 2. Regimental No. **5931**
- 3. Rank **Sgt.**
- 4. Name **BOWLER, HAROLD S.**
- 5. Age last birthday **32 yrs.**
- 6. Enlisted on **Jan. 5th, 1915.**
 at **Vancouver, B.C.**
- 7. Former Trade **Upholsterer.**
 or Occupation

8. Disability.

TUBERCULOSIS OF RIGHT STERNO-CLAVICULAR JOINT.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **October 1916.**
- 10. Place of origin of disability. **No. 2 General Hospital, Boulogne, France.**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Was engaged as Orderly Sergeant in No. 2 General Hospital, Boulogne and was quite well until October 1916, when he reported sick with a sore throat which had been troubling him for two months previously. His voice then became somewhat hoarse and has remained so ever since. Was examined by a Medical Officer, who discovered right Sterno-Clavicular joint slightly swollen. The joint became more swollen, and pains developed extending from the upper part of the Sternum along the clavicle to the right shoulder. The X Ray shows much thickening of the joint involved. Has been treated in several Hospitals, including Le Treport, Glasgow, (Springbank) and Woodside Hospital, Bushy Park. Admitted Bearwood Park, 9-5-17.

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

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

England, on the day of 1917.

Members of Board.

(iii) The rules of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when ascertaining the cause of the disability to differentiate between them (see Articles 441 to 448 of the Canadian Pensions and Allowance Regulations).

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 30. (a) Same whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- 31. Has the disability been caused or aggravated by:
 - (a) Intemperance?
 - (b) Misconduct?
- 32. Is the disability permanent?
- 33. If not permanent, what is its probable minimum duration?
- To be stated in months.
- 34. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- 18. Define the extent of his inability to earn a livelihood, estimate it as a % of total incapacity.
- 35. If an operation was advised and declined, was the refusal unreasonable?
- 36. Do the Board recommend:
 - (a) Fit for duty?
 - (b) Fit for home duty?
 - (c) Invalided to Canada?
 - (d) Discharge as permanently unfit?
- 37. Remarks.

Signatures:—

Signed at _____ this _____ day _____ Station _____
of _____, 1917. Date _____

Approved _____ Station _____
President. _____



Handwritten notes in blue ink: 13/1/17, 15/1/17

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Right-Sterno-Clavicular Joint is considerably swollen. Slightly tender and quite painful after exercise.

The swelling is ~~very~~ fairly hard in consistence. The glands in Axilla and Cervical region are shotty and palpable. Pain in the larynx at intervals, voice still hoarse. Pulmonary system harsh and bronchial breathing is heard over the right lung, particularly at the base, posteriorly. Diagnosed as tubercular joint, and recommended transfer to Canada by Col. George Armstrong.

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
(b) On active service?
(c) On duty?
(d) Off duty?

Not applicable.

15. Was a Court of Inquiry held on the injury?

- (a) When?
(b) Where?
(c) Opinion?

No.

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly attributable to active service?

Not applicable.

19. Do you recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

No.

No.

Yes.

No.

R. D. Cowan, Capt. C.A.M.C.

Officer in medical charge of case.

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

Station

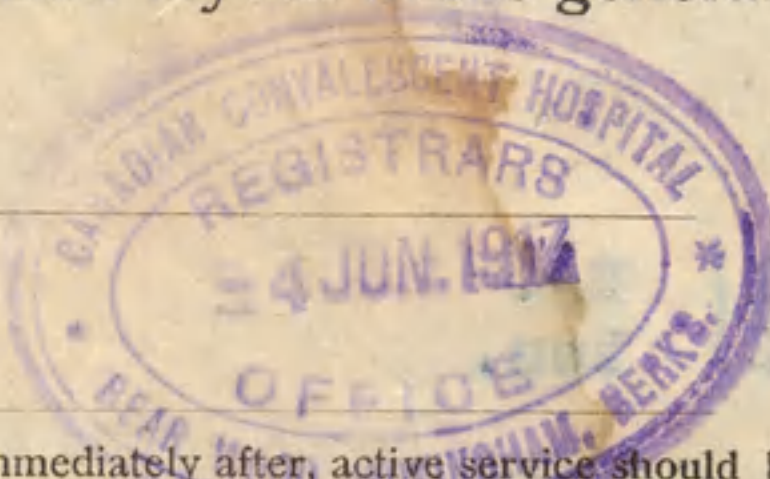
R.E. Wodehouse, Major, C.A.M.V.

Date

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 No. a2 Yes.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Rt. clavicular joint shows some outward displacement of clavicle all tissue thickened - some enlargement of bursa containing fluid.

21. Has the disability been caused or aggravated by

- (a) Intemperance?
(b) Misconduct?

No.

No.

22. Is the disability permanent?

No.

23. If not permanent, what is its probable minimum duration?

To be stated in months.

Six months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not Applicable.

26. Do the Board recommend

- (a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

No.

No.

Yes.

No.

27. Remarks.

Signatures:—

President.

Station Bearwood

G. F. Moffatt, Capt. C.A.M.C.

Date June 4th, 1917.

R.P. Bowen, Capt. C.A.M.C.

Members.

Approved.

Station A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Date

Captain C.A.M.C. Administrative Medical Officer for A.D.M.S., Canadians, London Area.

58 JUN 1917

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
Canadian Convalescent Hospital, Bearwood. 4 June 1917	Invalid to Canada R.P. Prosser Capt. C.A.M.C.
A.D.M.S. CANADIANS, LONDON AREA, LONDON.	Approved:- - 8 JUN 1917 W. Smaedonell Captain C.A.M.C., for A.D.M.S., Canadians, London Area.
	INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT J. Newman Mays HOSPITAL REPRESENTATIVE, CANADIAN CONVALESCENT HOSPITAL, BEARWOOD PARK, WOKINGHAM.

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

ORIGINAL.

50931

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 Bowler Christian Name H. J. R.

TABLE I.—GENERAL TABLE.

7-MAR-1917

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
On inspection - available

(b) Slight defects but not sufficient to cause rejection

Approved by .. (Signature) J. G. G. G.
(Rank)
Medical Officer.

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

Joined on Enlistment { Corps. C.A.M.C. Regt. No. 4188-0
50931

Transferred to

Became non-effective by

on .. day of .. 191 ..

(Signature)
(Rank)

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

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

CANADIAN

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



THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL



J. Unit M.H.C.C. Victoria B.C.

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				
1 Can. Gen Hosp Le Treport	8	10	16	27	10	16	Influenza		S.S.	A 302 A378
	3	3	17	31	3	17	Mumps	28.	Reported sick with pain in upper chest. Diagnosed as osteo-arthritis. Has been fairly free of symptoms during residence. Is now practically well. There is a large swelling - not tender at inner end of st. clavicle.	W. Mackenzie Anderson M.D.
	1	4	17	9	5	17	Osteo arthritis	28.	Transferred to King's Canadian Red Cross Hosp., Busby Park moderate slight pain in Rt sterns clavicular joint. Feels quite well generally. Also has a little pain about hips & arms. Looks fairly well. Much thickening about Rt sterns clavicular joint. No signs in other joints. Transferred to C.C.H. Bearwood Park - Nottingham.	W. Mackenzie Anderson M.D.
Bearwood	9	5	17				do		Right sterns clavicular joint swollen tender and painful. Cervical and axillary glands are palpable. Voice hoarse. Breath sounds especially in right base posteriorly are harsh and bronchial in type. Recommended transfer to Canada.	W. Mackenzie Anderson M.D.
	19	9	17				do			W. Mackenzie Anderson M.D.
J. Unit M.H.C.C. Victoria B.C.	13	10	17	28	3	18	Purifying arthritis sternal and first rib.	166.	Discharged as being physically unfit for further service under 12 P.O. Can. 500 F. Auth. Med. Board (app. A.D. M.S. J. 21. 3. 18.	Pine Cap Ramo



MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *High Wycombe Bucks.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs R. Bowler*
The Gables, Holmer Green, W. Amersham
Bucks. Eng.
 RELATIONSHIP OF NEXT OF KIN
 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

REG'L NO. *50931* RANK *Sergeant* NAME *Bowler, Harold Sydney*
 IF IN PERM. CORPS | UNIT *2 Gen Hosp* TRANSFERRED TO *C. C. A. C. '97* DATE *30.4.17* AUTHORITY *Ch. 17 228*
 WHAT UNIT | TRANSFERRED TO *Sub Sect. Ben & Bg* DATE *31/5/17* AUTHORITY *do*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Nottingham* DATE *31/5/17* AUTHORITY *do*
 PLACE OF ATTESTATION *Le. Treport.* TRANSFERRED TO *Appt 2* DATE *9.6.17* AUTHORITY *Bud 139/4*
 DATE OF ATTESTATION *May 24th 1915* TRANSFERRED TO *K Dis* DATE *9-6-17* AUTHORITY *do*
 ASSIGNED PAY MONTHLY \$ *25.00* DATE EFFECTIVE *June 1st 1915*
 PAYABLE TO *Miss Bertha Bowler, 27 Middle St, Yeovil, Somerset Eng.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *stopped* EFFECTIVE *1/7/17* REASON *Disch to Canada*
 DISCHARGE DATE AND PLACE *Canada 8.6.17* REASON AND AUTHORITY *Beaver 13^a 9.6.17*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
 Checked by *J. J. J. J.*



APSA checked OK M. Baker.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT				
			\$	C.			\$	C.			\$	C.																				NO.
March 1916	31	33q	508	50											45	10	553	60							250	3	00.	45	90	97	64	
April	1-30	30	135	40	50	30	15	4	50						45		285	10/2	229	29/2					25			42	43	100	21	
May	1-31	31	135	41	85	31	15	4	65						46	50	2329	14/5	2388	30/5					25			42	04	104	67	
June	1-30	30		40	50	30		4	50						45			20/2	12/6					35	5		42	03	117	64		
July	1-31	31		41	85	31		4	65						46	50	2494	30/6	2555	13/7					25			42	24	111	90	
Aug	1-31	31		41	85	31		4	65						46	50	2626	24/7	2692	7/8					25			42	44	115	96	
Sept	1-31	30		40	50	30		4	50						45		2757	24/8	2825	14/9					25			42	44	118	52	
Oct	1-31	31		41	85	31		4	65						46	50	2865	30/9	2925	10/10					25			42	44	122	58	
Nov	1-30	30		40	50	30		4	50						45	00	3001	2/11	3036	7/11					25			59	87	107	71	
Dec	1-31	31		41	85	31		4	65						46	50	3118	30/11							25			33	72	120	49	
Jan	1-31	31	1-35	41	25										46	50	3213	30/12							25			42	44	124	55	
Feb	1-28	28		42											42	00									25			25	00	111	55	
Mar	1-31	31		46	50										46	50	3422	1.3.17							25			131	05	5	00	
				704	1056	00									45	10	110	110								550	300	1044	10	700		

