

ORIGINAL.

ATTESTATION PAPER.

No. 2684133

Folio. 49

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... WEEKS
- 1a. What are your Christian names?..... Reginald Neale
- 1b. What is your present address?..... R. N. W. M. Police REGINA, SASK.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Bath, ENGLAND
- 3. What is the name of your next-of-kin?..... William Weeks
- 4. What is the address of your next-of-kin?..... 40 Newbridge Hill BATH, ENG
- 4a. What is the relationship of your next-of-kin?..... FATHER.
- 5. What is the date of your birth?..... MAY 22. 1889
- 6. What is your Trade or Calling?..... R. N. W. M. Police
- 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?..... Yes, Trade Police Force and Retired
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... No
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, REGINALD NEALE WEEKS, 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.

R Weeks (Signature of Recruit)

Date MAY 2 1918 191

R Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, REGINALD NEALE WEEKS, 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.

R Weeks (Signature of Recruit)

Date MAY 2 1918 191

R Smith (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 Regina this 2 day of MAY 2 1918 191

[Signature] (Signature of Justice)

Description of Reginald Neale Weeks. on Enlistment.

Apparent Age 28 years 11 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. 11½ ins.

Chest measurement { Girth when fully expanded..... 37 ins.
 Range of expansion..... 4 ins.

Complexion Medium

Eyes Blue

Hair D. Brown.

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

CERTIFICATE OF MEDICAL EXAMINATION.

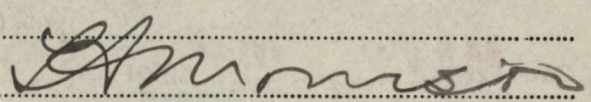
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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..... 1st May 1918. 191 .

Place..... Regina, Sask.


 Medical Officer.

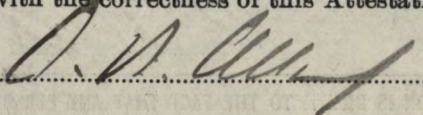
*Insert here "fit" or "unfit."

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.

Reginald Neale Weeks. having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

 (Signature of Officer)

Date..... 1st May 1918. 191 .

REGIMENTAL DOCUMENTS

NAME **WEEKS, REGINALD NEALE.**

Pfc REGT. NO. **2684133**

UNIT **RNWM P**

H. Q. FILE NO. _____



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

S

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2-4-19 JPH

M

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

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

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

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

1 *Dental Certi*

2 *C. & #3*

2 *Miscellaneous*

1 *ad 10*

1 *was found*

H

12290

DEATH

Category

DISCHARGE

Category

demo

DESERTION

12-15

12-15

7 17

M
Home

Number 2684133

Rank Pte. B

Surname WEEKS

Christian Name Reginald Neal

Units Can. Cav. Bde. Theatre of War England

Date of Service 21-6-18

Remarks c/o E. de B. Sand Esq., Chief of Investigation Dept. C.P.R.
Montreal

Latest Address ~~R. N. W. Police Barracks~~
Regina Sask.

Roll No a Page 2819

200m.-2-21.M.

DESP. DEC 31 1926

REQN. NO. 2F227

Reginald Neale

Name WEEKS

Rank

pte

Reg. No. 2684133

Unit C.R.C.F.

Next of Kin W. Weeks.

40 Newbridge Hill, Bath.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
27. 9	10-11. C. G. H. S'cuffe	Injury Lt Leg "G"		C290		27455-
	Ref. C290 D/5-10-18 report		26 "			
	changed to:- "Contusion Lt Leg (Dec)			C305		3738
16. 11	P.P.C. to Bath			C324		1385-
	202 Direct			C343		701

Princess Patricia Canadian Red Cross Hospital,
Condens Camp, Bexhill, HOSPITAL.

T 15121



AT _____

Reg. No. 2684133 PL. OF ACTION Moore BAs

RANK Pvt REG. No. _____ UNIT Co R B R SICK OR WOUNDED _____

NAME Weeks R. AGE 30 RELIGION CoFE

PLACE IN HOSPITAL Dw II

DIAGNOSIS Injury to Leg. 17. (Horse Kick)

ADMITTED 15-11-18 FROM Moore B Co. War. Shorncliffe

DISCHARGED 20-12-18 TO C. R. R. Borden

TRANSFERRED _____

SERVICE AT HOME 4/12 IN FIELD _____

RESULTS _____

DISCHARGED TO DUTY.

Cuba

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

W.M. 1
W. B. 1

11 81 17

NAME *Weeks R m.*

REGT. No. *2684133*

RANK AND UNIT *Pte bR bR*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6290.
C 305-111. Can. Gen. Sharncliffe 27-9-18. Inj. L. Leg.
changed to read Contusion R. Leg. acc-

C 324.

P. O. Hart + Beshell 16-11-18. Cont. L. Leg.
acc

C 343.

Discharged

20-12-18

" " " "

Surname Weeks H. Q.
 Christian names Reginald Keale M. D. No. 12
 Regtl. No. 26841 33 Rank Pte T. O. S. May 15th 1918
 Unit R. N. W. M. P. (Gen. R.D.) D. O. Pt. II 1 of 13-3-18
 Reason 19
 Auth.

Next of kin Weeks William Relationship Father
 Address 40 Newbridge Hill Also notify:
Bath Eng.

BORN—Place England Bath Date May 22nd 1889
 ATTESTED—Place Regina Sask Date May 2nd 1918
 O/S 9-6-18 ¹²⁷⁷/₁₈ R/C 9-3-19 979 ^{m D}/_{0.12}
51 Pte



Surname

Christian Name or Names

Reg. No.

WEEKS.

R.N.

2684133.

Rank
Pte.

Unit
Cav. CRGR.

Cas. List.

5-10-18.C290.

11. C.G.H. S'Cliffe.

27-9-18.

Inj.L. Leg. "Q" noted

25-10-18 6305.0

6290 to read "Cont L Leg Accd"

20-11-18 86324

P.P.P.P.X Darlice

16-11-18

Cont L Leg accd

31-12-18 6343

Dis

20-12-18.

A.M.D. 2 Dept.

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

Cas. List.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.R.

NAME OF SOLDIER (Block Letters) WEEKS, R.N.
REGIMENT RNWMF. RANK PTE No 2684133.

Date of Examination in England 20-2-19. Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 23.
2. EXTRACTIONS _____
3. CROWNS Cement 9.
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

- (a) In Canada _____
- (b) In England no
- (c) In France _____

KINMILL PARK,
NORTH WALES.

Signature of Dental Officer New Reid
capt

DENTAL CENTRE FOR RECONSTRUCTION

WEEKS 3, 4, 5

KNWHP 5 PTE

RECONSTRUCTION OF
DENTAL CENTRE FOR RECONSTRUCTION

RECONSTRUCTION OF
DENTAL CENTRE FOR RECONSTRUCTION

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

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

No. 2684/133 Rank Private Surname WEEKS
 (Given name in full)
REGINALD NEALE
 Unit or Corps R. N. W. M. P. Birthplace BATH ENGLAND

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

I. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 6 ft. - in. Colour of Eyes Blue
 Nutrition good
 Pulse 78
 Condition of arteries soft
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 18 ft.
 Left 18 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Scar on left forehead
Vaccination 2 left arm.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
- Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of Mentality no Muscular System YES Digestive System no
 Osseous and Joint System no Any other general condition no

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

Had inflammatory rheumatism 1916 in Canada.
No resulting disability.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Kennel Park.....(Overseas)

Date 19th Feb 1919..... Signed [Signature].....M.O.

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

Signature [Signature].....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

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

Signature

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

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

MILITARY SERVICE ACT, 1917.

ORIGINAL.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Weeks Christian name Reginald
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Rummel - Lethbridge

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of April 1918, by the undersigned medical board sitting at Lethbridge, Alta.

- 5. Age as stated 28 Years 11 Months. 6. Apparent age 28 Years 11 Months
7. Height 5 Feet 11 1/2 Inches. 8. Weight 165 Pounds.
9. Chest measurement { Minimum 33 Ins. Maximum 37 Ins.
10. Complexion Medium { Eyes Blue Hair
11. Physical development Good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm 2
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Inflammatory Rheumatism 9 months ago.

16. Slight defects but not sufficient to cause rejection none
The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A II DEC 1918
Vice President CAPTAIN C. A. H. C.
Member CAPTAIN C. A. H. C.

CAPTAIN C. A. H. C.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC.
Rows include dates like 14/3/18 and 21/5/18 with names like J. G. Morrison.

Joined Fifteenth day of May 1918 at Regina, Sask.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE.
Row: R. M. P. Cavalry Draft 2684133. May 2nd 1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.
Row: Shamcliffe Rummel PR 22.6.18 19-2-19 A.

Signature of Man Reginald Neal Weeks

N. B.—This sheet is 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. The copy of this document which is delivered to the man examined will be attached by him to the report for service, or claim for exemption made by him, or his behalf, when the Proclamation under the Military Service Act calling Class 1, has been issued.

Surname *Aleksa* Christian Name *Reginald*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, SHORNCLIFFE		26	SEP	1918	15	11	18	Injury leg. 50		Struck by horse, on parade. all swelling oedematous condition of leg subsided, under fomentation & massage. No disability - Fit for C.C.M.	
Princess Patricia Canadian Cooken Camp, Bexhill,	Red Cross Hospital,	15	11	18	20	12	18			Disco. fit for duty. <i>Stamant</i>	

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2684133 (Rank) PRIVATE.

Name (in full) WEEKS REGINALD NEALE enlisted in
 the R.N.W.M.P. Cavalry. Draft.

CANADIAN EXPEDITIONARY FORCE at Regina on the Second
 day of May 1918.

HE served in England.

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:—

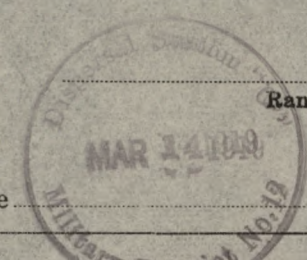
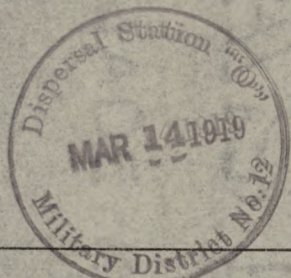
Age <u>29 years & 9 months.</u>	Marks or Scars <u>Scar on left</u>
Height <u>5 feet 11 1/2 inches.</u>	<u>forehead.</u> <u>Vaccination</u>
Complexion <u>Medium</u>	<u>2. left arm.</u>
Eyes <u>Blue.</u>	
Hair <u>Dark Brown.</u>	

R. Weeks
Signature of Soldier

G. B. ...
Issuing Officer

Date of Discharge _____ Rank _____

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 10743

Name (in full) WILKINS, REGINALD NEALE

R.N.W.M.P.

enlisted in Private

on the 1st day of April 1917

at England

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

THE DESCRIPTION OF THIS SOLDIER ON THE DATE above is as follows:

Rank Private

Regiment 1st Battalion

Service No. 10743

Signature of Soldier [Signature]

Signature of Discharge Officer [Signature]

Date 1st April 1917

This certificate will be issued only upon receipt of the appropriate medical certificate from the Medical Officer in charge of the hospital to which the soldier is being sent.

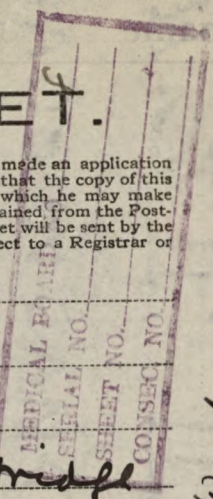
2017-10-10

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained, from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Weeks. Christian name Reginald.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it).
4. Address (including street and number, if any) Rismacree - Lethbridge



The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of April 1918, by the undersigned medical board sitting at Lethbridge, Alta.

5. Age as stated 28 Years 11 Months. 6. Apparent age 28 Years 11 Months.
7. Height 5 Feet 11 1/2 Inches. 8. Weight 165 Pounds.

9. Chest measurement { Minimum 33 Ins. Maximum 37 Ins.
10. Complexion medium
Eyes blue
Hair dark brown

11. Physical development Good
12. Smallpox marks None

13. Number of vaccination marks { Right arm 1 Left arm 2
14. When vaccinated last Bloodwood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Inflammatory Rheumatism 9 months ago

16. Slight defects but not sufficient to cause rejection None
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 1/11
vision rt 20/20 left 20/20

CAPTAIN C. A. M. C. Member. President. CAPTAIN C. A. M. C. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 14/5/18, 14/5/18, 21/5/18, and JUN 18 1918.

Joined Fifteenth day of May 1918 at Regina, Saskatchewan

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entry: R.M.W.M.P. Cavalry Dept. C.E.F. 2684133. May 2nd 1918.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N. B.—This sheet is 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.

The copy of this document which is delivered to the man examined will be attached by him to the report for service, or claim for exemption made by him, or on his behalf, when the Proclamation under the Military Service Act calling out Class 1, has been issued.

Signature of Man Reginald Hale Weeks

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

Diagram in red ink.

2. On first line of report record of signs to be made in red ink.

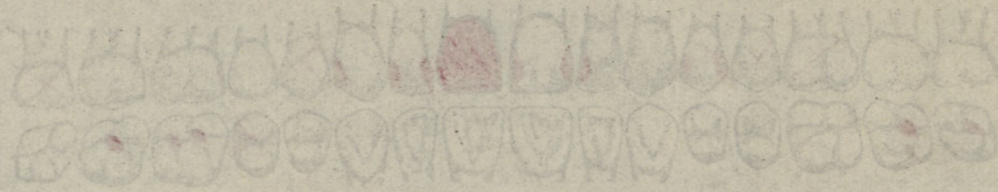
Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).

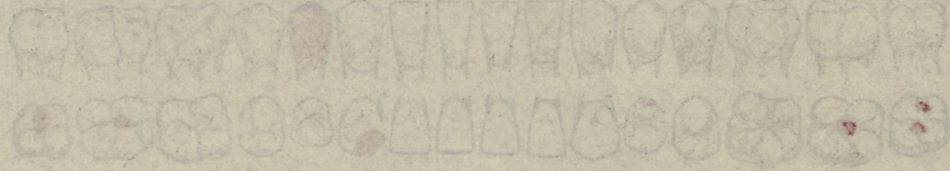
2. Condition on leaving Canada.

3. Condition on discharge.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



Handwritten notes in Cyrillic script.

Handwritten notes in Cyrillic script.

САНІТАРНИЙ РАЙОН СКАРБ
ДЕНТАЛ ХІСТОРИ ШЕЕТ

Имя и фамилия

Дата

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps..... *R. N. W. M. Police Cavalry Draft C.E.F.*

Regimental No. *2684133* Rank *Hooper* Name *REGINALD NEALE WEEKS*
C. E. F.

Enlisted (a) *May 2-1918* Terms of Service (a) *C.E.F.* Service reckons from (a) *May 15th 1918*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. *None*

Extended Re-engaged Qualification (b) *Policeman*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24-6-18	CRGR	Embarked	M'real	3-6-18	H.M.T. Bellerophon
		D'embarked	Gravesend	21-6-18.	
		T.O.S. on reporting from Canada	S'cliffe	21-6-18	Pt. 11.D.O. No 175.
<p><i>Granted New Years Leave with Free Warrant 30-12-18.</i></p> <p>Attached C.O.C. Kinmel Park for return to Canada. Part 11 Orders No. S.O.S. Ceases to be attached C.O.C. Kinmel Park on embarking for Canada, Part 11 Order No: 58.</p> <p><i>Vic Spalding Lt.</i> Commanding ASST. ADJUTANT, Kinmel Park Camp, COMMANDING, CANADIAN RESERVE CAVALRY REGIMENT.</p>					

EMBARKED FOR CANADA
MAY 1-1919

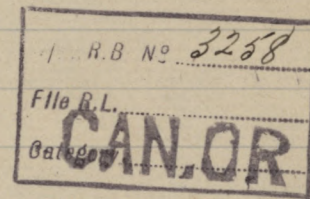
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service

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				
13. 3. 19	O'Sear	Discharged on De-mobilization	Regina	14. 3. 1974. 477	
			Ball		Lieut. & A/Wit. 12 District Det

LTR Rank Name **WEEKS** Reginald Neale Reg'l No. **2684133**
 Unit **Dft R, N, W, M, P** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Regina May 2nd, 1918.** Place of Birth **Bath England.**
 Name and Address, Next-of-Kin **William Weeks**
40 Newbridge Hill Bath England Relationship **Father.**

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



Discharge, Date and Place Reason Character

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.				
	C	Arrived in England		21-6-18	S/S BELLEROPHON
24.6.18	CRCR	TOS from CANADA	Shorncliffe	21-6-18	PT*11*0 175
24 10 18	bBRD	SOS from BRBR	Pt ..	14 10 18	PT 0255 42960/23 10 18 BRBR
23 12 18	..	SOS to BRBR	.. Borden	20 12 18	PT 00019360d/27.12.18 BRBR
3 3 19	BRBR	SOS to Canada MD 12 of 25.	Phyl	1 3 19	PT 058

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: WEEKS, Reginald Neale			
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 2684133			
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
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.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
				R.O. 175. 24.6.18	21.6.18	Pte	
				UNIT AND TRANSFERS			
				ORIGINAL UNIT:- R. N. W. M. P. Draft.			
				DATE ACCOUNT FIRST OPENED:- 1.6.18			
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
				S.P.C. Canada			C. R. C. R.
					1.4.19.	16.4.19	Canada Sec

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
25/1/19	2	#23. C.R.C.R.	5/10.				1 42
10/2/19	4929	C.R.C.R.	27.				34 07

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
S.P.C. Canada	1.	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Trans to Canada's Dec 19/19. NR 3046 Re Rly to Rly 15/2/19. NR 12 CR # 139 62**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
May 31	Balance from Canada		28 60						18 60		
July	Pay. Done - July	67 10		J.O.R. 524: 7/7/18. C.R.C.R.	62 1				65 62		
				AN. 918. 5/7/18.	9 73						
				" 1508: 30/7/18	9 73				65 62		
		67 10			20 08						
Aug		34 10		1877. 12/8	24 33						
				5161 30/8	24 33				57 06		
		34 10			48 66				84 06		
SEP 1918		33		AR. 2367. 10/9/18	12 60				69 46	60	Acct agud
		33			12 60				69 46		
OCT		34 10							103 56	75	
		34 10									
NOV 1918		33		AR. 12583. 19/11/18. Bexhill	9 73						
Dec/18		34 10		" 1252 17/12/18	9 73						
Jan/19		34 10							185 30		
		101 20			19 46						
Feb/19		30 80		AR. 1431 28/2/18 G. R. D.	24 33						
	Labour def ^t pay to 28/2/19.	2 81		" 4717 24/1/19. C.R.C.R.	19 47				218 91	135	
				AR. 4005 #823 25/1/19. C.R.C.R.	1 42						
				AR. 4929 10/2/19	34 07				139 62		
		33 61			79 29						
				80 25. C.R.C.R. S.O.A. to bda 1/3/19.							

Ward 18
Bed 22

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 3681 Year 1918	Regimental No. 2684133	Rank. Plt	Surname. Weeks.	Christian Name. R.
	Unit. C.R.C.R.		Age. 30	Service. 5/12

Station and Date. XI Can. Gen. Hosp. 26-9-18	Disease Injury Lt. Leg.
--	-----------------------------------

Sept 26th was kicked while riding in squadron, by a horse in front. Was sent to M. B. Hoops.

Most of heel of hoof over upper part of ant. surface tibia. Leg swollen oedematous, also greatly discolored.

Moist Dressing.

Hot. Compresses. 4 days.

Massage following

23-10-18. Leg much improved - swelling diminished & less painful. Can bear weight on it now.

28-10-18. Improving under massage.

4-11-18. Leg looks well. Fit for C.C.M.

J.R. Flaherty

Princess Patricia Canadian Red Cross Hospital
Cooden Camp, Bexhill.

15-11-18

Rise fit for duty - no disability permanently

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

Station
and Date.

DISEMBARKED, HALIFAX, 8-3-1919

EMBARKED FOR CANADA

M.D. 12

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 2684133

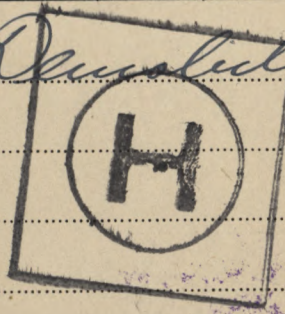
2 Rank. PTE.

3. Name. WEEKS REGINALD NEALE

4. Unit. R.N.W.M.P.

5 Date of Discharge 14-3-19 Place Regina

6 Reason for Discharge Demobilization



7. Authority. D.O. 74-477

Category A

8. Proposed Residence after Discharge..... Next of Kin FATHER

Intended Town of Res Regina

Occupation Policeman 32

Service in France NIL

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. Weeks

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....



Signature.....
(O. C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE

(To be filled in by the Discharge Authority)

3481

1. Name of Soldier		2. Grade	
3. Unit		4. Date of Discharge	
5. Reason for Discharge		6. Reason for Discharge	
7. Authority			
8. Proposed Action after Discharge			
9. Signature of Soldier			
10. CONFIRMATION The discharge of the above named man is hereby confirmed. Place Date Signature			



LIST OF DISCARDED DOCUMENTS

Allegation Paper, Physicians	Missis Form W. 20
of Particulars of Receipt	Missis Form W. 10
Field Contact Sheet	Missis Form W. 15 or A. 1. B. 12
Charity Form	Missis Form W. 30 or A. 1. B. 10
Leaf for Certificate	Missis Form W. 40
Certificates that missing documents are identifiable	
Medical History Sheet	Missis Form B. 10 or A. 1. B. 11
Proceedings of Medical Board	Missis Form A. 1. B. 12 or A. 1. A. 20
Dental History Sheet	Missis Form B. 40
Medical Report	Missis Form W. 10 or A. 1. B. 11
Physiological Contact Sheet	Missis Form B. 10
Company Contact Sheet	Missis Form B. 30

1. This list was prepared by the [unclear] on [unclear] 19[unclear].
 2. Documents listed here are to be discarded unless otherwise noted.
 3. Documents listed here are to be discarded unless otherwise noted.
 4. Documents listed here are to be discarded unless otherwise noted.
 5. Documents listed here are to be discarded unless otherwise noted.
 6. Documents listed here are to be discarded unless otherwise noted.
 7. Documents listed here are to be discarded unless otherwise noted.
 8. Documents listed here are to be discarded unless otherwise noted.
 9. Documents listed here are to be discarded unless otherwise noted.
 10. Documents listed here are to be discarded unless otherwise noted.

Checked by [unclear]
 Date [unclear]

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A

Checked by No. 17

Date 28/2/19

file w. 475

s/s admnistr 839

AUDITOR [Signature] PAYMASTER [Signature]

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

M. OR S. REGT. No. **2684133** RANK **Pte.** NAME (IN FULL) **WEEKS - R. N.**

NEXT OF KIN RELATIONSHIP: **215 Mc Intyre Blvd - Bank of Montreal, Lethbridge, Alta.**

ORIGINAL UNIT C.E.F. **R.N.W.M.P.** PLACE OF ATTESTATION **15-5-18.** TRANSFERRED TO **No. 12 DISTRICT DEPO** DATE

DATE OF ATTESTATION **15-5-18.** TRANSFERRED TO DATE

IS SEPARATION ALLOWANCE PAID? **ml** DATE EFFECTIVE

TO WHOM PAID **ml** RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED **Regina** PLACE **14-3-19.** DATE **Demob. - amended Do 74/477 - Do 76/484** REASON **Do 74/477 - Do 76/484** AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.				\$
29-2-19					139 62		139 62													
						57 00														
1-20-19	20	1 ¹⁰	22	35	139 62		196 62									6 60	273 22	76 60	913	Boat
			22		174 62		196 62									6 60	273 22	76 60		Cheque

WAR SERVICE GRATUITY. I certify that all payments due on this account have been completed. [Signature]

WAR SERVICE GRATUITY M.D. 12

for 35.00 clothing allow -
Dr 6.60 overpaid 1st to 20.3.19

[Signature] JO Campbell
ASST. DIR. OF PAY SERVICES
CAPTAIN
MILITARY DISTRICT NO. 12
12 DD.

1930.94
1997.36
14/5/19

