ORIGINAL
Canadian

ATTESTATION PAPER.

No. 3105028

1st Depot ~~Battalion 2nd Ontario~~ Regiment Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — W E L S H
1a. What are your Christian names? — Charles Andrew
1b. What is your present address? — Picton Ontario. Canada.
2. In what Town, Township or Parish, and in what Country were you born? — Picton Ontario. Canada.
3. What is the name of your next-of kin? — Rebbeca Welsh
4. What is the address of your next-of-kin? — Picton Ontario. Canada
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — July 1st 1879
6. What is your Trade or Calling? — Sign Painter
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 naval or Military Force? — No.
If so, state particulars of former Service. C.A.W.
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?
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, Charles Andrew Welsh, 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.

Chas. A. Welsh (Signature of Recruit)

Date October 1st 1917. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Andrew Welsh, 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.

Chas. A. Welsh (Signature of Recruit)

Date October 1st 1917. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto Canada this 1st day of October 1917.

(Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Charles Andrew Welsh on Enlistment.

Apparent Age 30 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft 6 ins.

Chest measurement:
- Girth when fully expanded 34 ins.
- Range of expansion 6 ins.

Complexion Medium

Eyes blue

Hair Brown

Religious denominations:
- Church of England C. of E
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

Tattoo on right Thumb and Finger

Hearing O.K. Nose & Throat O.K.
V R.20 L.20
Perforation of Readrium

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date 1st Oct 1917.

Place Toronto Canada

H. B. Proctor Lt. M.O.
Medical Officer PRESIDENT

*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.

Charles Andrew Welsh 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.

F. W. Belson Lt. Col.
(Signature of Officer)
OC 1st Depot Bn. 2nd C.O.R.

Date Oct 5 1917.

REGIMENTAL DOCUMENTS

NAME WELSH CHAS. ANDREW REGT. NO. 3105028 UNIT C.A.M.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)			19-6-20		DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
9	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
2	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			13781		DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	CD3					
1	Dent Cert					
3	Misc Medical					

W. 2589
100M-11-18
17.2-39-1377

bm

com Number 310028 Rank Pte

Surname WELSH

Christian Name Charles Andrew

Units 2nd C.O.R. Theatre of War ENG

Date of Service 16.2.18

Remarks

Latest Address Picton

Ont

Roll No. A page 2694

200m.-2-21.M.

Disposal B.C.

CARD NO. 6.

SURNAME. Welsh

CHRISTIAN NAMES Charles Andrew

POLL. S0324/8/19 Demob D0233-21-8-19

REGL. No. 31659 28. RANK Cpl

UNIT 1st Depot (2nd Can. Ont. Regt.) 1st Bde

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Welsh, Mrs. Rebecca

RELATIONSHIP TO SOLDIER Mother

ADDRESS Picton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Picton, Ont. DATE July 1st 1879.

PLACE OF ATTESTATION Toronto, Ont. DATE Oct. 1st 1917.

O/S. 5-2-18. 1064/15.

Rj. 17-8-19 389/84 Pte

L. L. 10437. M. & D. 7253.

M. R. W. 22. 100M.—11-16. H. Q. 1772-35-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Sign Painter RELIGION Church of England

DESCRIPTION.

APPARENT AGE 38. YEARS 3. MONTHS

HEIGHT 6. FEET 6 1/4. INCHES

CHEST MEASUREMENT 34. INCHES EXPANSION 5. INCHES

COMPLEXION Medium EYES Blue. HAIR Brown.

DISTINGUISHING MARKS Tattoo on R. thumb.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Oct. 1st, 1917.

Present Address, Picton, Ont.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

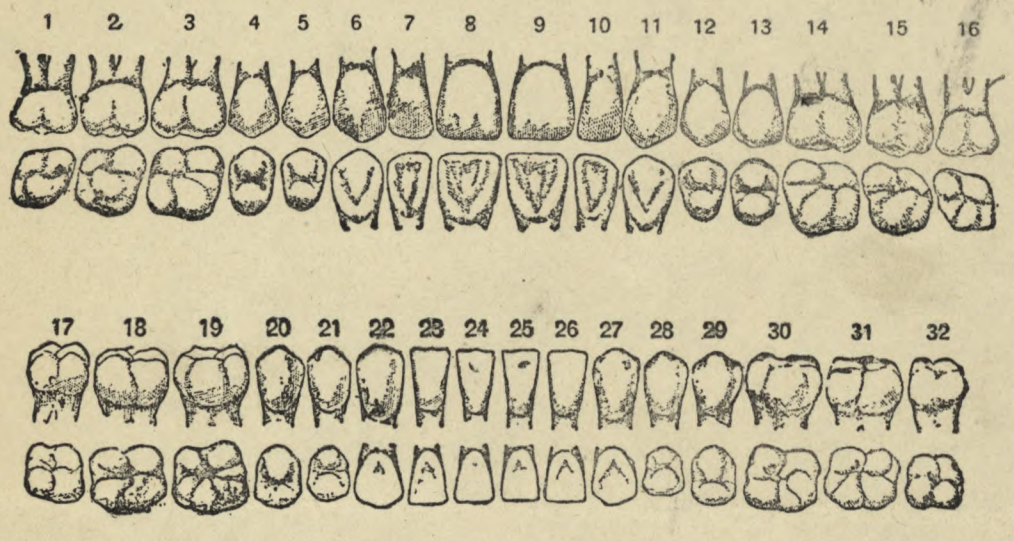
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) WELSH C A

REGIMENT CORD RANK PRIVATE No. 3105028

Date of Examination in England 14/7/19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1-10
2. EXTRACTIONS ~~X~~
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Propylaxis

ASSISTANT DIRECTOR OF DENTAL SERVICES
AUG 17 1919
M. D. NO. 6

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
- (c) In France

Signature of Dental Officer H H Rutherford Capt

D.M.S. 1394-50M.
5958-18-2-18.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 10/5/ 1918.

No. 3105025 Rank Pte. Name WELSH, CHARLES ANDREW

Local Unit 8 Res. Bn Overseas Unit — Age 40

Examination held at Witley

DISABILITY. INJURY (OLD) WRIST RT.
~~Overseas~~-Local
(SCRATCH ONE OUT.)

PRESENT CONDITION.

Injured rt. wrist 8 years ago; since then (he states) he has pain in it on using hard for any heavy work; gets this pain and a "snapping" on doing B.7. drill; no deformity of wrist.
looks older than 40; states he has been troubled by haemorrhoids.

BOARD RECOMMENDS:-

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

Signatures:-

President.

Members

APPROVED

Dated Witley May 11th 1918. For A.D.M.S.

Ref. No. 141 Date 7/10/18

FINDING, TRAVELLING BOARD ON TEMPORARY NON-EFFECTIVES.

No 310528 Rank Pte Name Welsh, E.A. (2nd B.O.R.D)

has been selected as an Orderly for employment with

E.A.M.C. Unit.

If for any reason this man is found unsuitable for employment as allocated, reason for unsuitability must be stated hereunder.

(Sgd) [illegible] Lt.

President,
Travelling Allocating Board.

O.C's Remarks:

(Sgd)

Officer Commanding.

N.B. This paper must not be detached from the man's Documents.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3105028 (Rank) Pte

Name (in full) Charles Andrew Welsh enlisted in

the 1st Depot Bn C.O.R.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 1st

day of October 1917

HE served in 8th Reserve Bn, England Canada.

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 40

Height 5' 6½"

Complexion Medium

Eyes Blue

Hair Brown.

Marks or Scars Tattoo on right thumb & finger

Chas. A. Welsh

Signature of Soldier.

Major

Issuing Officer.

Date of Discharge

Dispersal Station "B" AUG 24 1919 Military District No. 6

Rank

HALIFAX, N.S. AUG 17 1919

Date 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B 39A.

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

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

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

D.M.S. 1394-50M.
5958-18-2-18.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 10/5/ 1918.

No. 3105026 Rank Pte. Name WELSH, CHARLES ANDREW

Local Unit 8 Res Bn Overseas Unit — Age 40

Examination held at Witley

DISABILITY. INJURY (OLD) WRIST RT.
~~Overseas~~-Local
(SCRATCH ONE OUT.)

PRESENT CONDITION.

Injured rt. wrist 8 years ago; since then (he states) he has pain in it on using hand for any heavy work; gets this pain and a "snapping" on doing B.7. drill; no deformity of wrist. looks older than 40; states he has been troubled by haemorrhoids.

BOARD RECOMMENDS:-

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

Signatures:-

President.

Members

APPROVED

Dated May 11th 1918. Major For A.D.M.S.

ORIGINAL

A2

MEDICAL HISTORY SHEET

3105028

Surname Welsh Christian Name Charles Andrew

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
PRESIDENT

Examined on 2 nd day of Oct 191 7
at Toronto Canada

Approved by Exmined by W White.
Rank M.O.

Birthplace City or Town Picton
County Ontario.

Apparent age 38 yrs 3 mos.

Trade or occupation Sign Painter

Height 5 feet 6½ Inches

Weight 127 lbs.

Chest measurement Minimum 29 inches
Maximum expansion 34 inches

Physical development fair

Small-pox Marks —

Vaccination Marks Arm Right 1 Left
Number 4

When Vaccinated last Infancy

(a) Marks indicating congential peculiarities or previous disease —

Perforation of Reardruim

(b) Slight defects but not sufficient to cause rejection

Hearing O.K. Nose & Thraot O.K.

V. R.20 L.20

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

Date	Result	Vaccinations
27-10-17		T.R. Adams Pt M.O.
		— M.O.
		— M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
19/10/17		M.O.
27/10/17		T.R. Adams Pt M.O.
2/15/17		M.O.

Enlisted on 1st day of Octbher 191 7 at Toronto Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Depot Bn.	3105028		
Transferred to	2nd Central Ont. Regt. 18th RES. Bn.			FEB 3 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Witley Camp.	10/5/18	Injury (old) wrist rt. B 1.	Relieved [illegible]
Major, D.A.D.M.S. Canadians, Witley.		do	[illegible]
WITLEY CAMP, SURREY. 14.7 1919			

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

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname Welsh Christian Name Charles Andrew

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 121 Dep. Bn CDR

Regimental No. 3105028 Rank Pte. C. E. F. Name Welsh Chas. A.

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

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Orders				1/4	
21-8-19	T. O. S. No. 6 D. D. from 9-8-19 and posted Dep. Ste. B			17/8/19	D.O. 233
21-8-19	101	on Discharge 24/8/19			DO 233

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

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn. 2nd. C. O. R.

Regimental No. 3105028 Rank Pte. Name WELSH, Charles Andrew.

C.E.F.

Enlisted (a) Oct. 1st-17 Terms of Service (a) D. OF W. Six Months after. Service reckons from (a) Oct-1-17

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) Sign Painter.

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				
26-2-18	8th R.Bn.	Embarked Canada Disembarked England T.O.S. from 1st Depot Bn. 2nd C.O.R., on arrival from Canada.	Halifax Liverpool E.Sandling	3-2-18 16-2-18 3-2-18	D.O. Pt 2. 57 & 58.
28-5-18	8th Res.	S.O.S. to 2nd. C.D.R.D.	Witley	22-5-18	D.O. #148 Capt. Adjutant, 8th Canadian Reserve Bn.
27-5-18	2nd CORD	T.O.S.& A. to 8th.Res.Bn.	Witley	22-5-18	D.O.123 J.S. Bagnall Capt. Record Officer, 2nd C.O.R.D.
28-5-18	8th Res.	Attached from 2nd.C.O.RD	Witley	22-5-18	D.O.#148

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

P.T.O

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
13-9-18	8th Res.	Ceases to be attached to this unit from 2nd. C.O.R.D.	Witley	13-9-18	D.O.256
					M. Sayles
14-9-18	2nd C.O.R.D.	Ceases to be A 8th Res Bn & A to Depot Coy	Witley	13-9-18	D.O. 217
9 OCT. 1918	2nd C.O.R.D.	S.O.S. to C.A.M.C. Depot, Shorncliffe	Witley	9-10-18	D.O. 238
					J. M. Jackson LIEUT. OFFICER I/c RECORDS.
12.6.19		T.O.S. PART II D.O. No. 15		10.6.19	
		S.O.S. EMBARKED FOR CANADA ~~AUG 2 1919~~ AUG 2 1919			
		A. Dotsonley CAPT. I/c RECORDS "S" WING C.C.C. WITLEY.			

HMT CALONIA SAILING NO 101 SAILS LIVERPOOL 9 8 19

Form R 122.
2353—100M—9-12-16.

1st Sec 1st Depot Bn and C O R To 8th Res Bn

TLH Rank Name WELSH, Charles Andrew, Reg'l No. 3105028

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

Place and Date of Enlistment Toronto, Octr.1st.1917 Place of Birth Picton, Ont. Canada

Name and Address, Next-of-Kin Rebecca Welsh,

Picton, Ontario, Canada Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 15345
File R.L.
Category C R Can

Gen Dep

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		16-2-18	S/S SCANDINAVIAN
26 FEB 1918	8 Res Bn	T.O.S. FROM Canada	E. Sand'g	3.2.18	D'O 57
27-5-18	2 COR RD.	TOS from 8 Res - attch to 8 Res	Witley	22-5-18	Pte DO. 123 {8 Res Pts DO 148 9/28 5/18.
13.9.18	8 Res Bn	Cease to be attached	"	13.9.18	WO 256
13-6-19	Gen Dep	Having Reported to TOS	Witley pte	10-6-19	Do 128 & 2 COR Do 144d 12 7/19
13-6-19	"	TOS to 5th Wing Witley	"	10-6-19	Do 128 (TOS Swing. Do 15d 11-6-19
12-8-19	5 Wing	TOS to Canada	pte Witley	9 8 19	— 55

2 COR

S.L. 101 B: 26
9.8.19

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.					

P. 559.
MARRIED OR SINGLE: single

PLACE OF BIRTH: Picton Ont

NAME AND ADDRESS OF NEXT OF KIN: Rebecca Welsh
Picton Ont

RELATIONSHIP OF NEXT OF KIN: mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 3105028 RANK Pte NAME Welsh, Charles Andrew

IF IN PERMT. CORPS WHAT UNIT | UNIT 2nd Draft 2nd C.O.R. TRANSFERED TO 8th Res. Bn DATE 26.2.18. AUTHORITY D.O. 57.

8TH RESERVE BN. (CENTRAL ONTARIO)

PERMANENT FORCE ALLOWANCES TRANSFERED TO DATE AUTHORITY

PLACE OF ATTESTATION Toronto Ont TRANSFERED TO DATE AUTHORITY

DATE OF ATTESTATION October 1st 1917. TRANSFERED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE February 1st 1918.

PAYABLE TO Rebecca Welsh, Picton Ont RELATIONSHIP mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERED TO OFFICERS' PAY BRANCH (DATE)

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 $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				CREDIT	DEBIT			
MONTH	PARTICULARS				CR. 1			CR. 2	PARTICULARS					DR. 1	DR. 2	DR3	DR4	BALANCE																	
31/1/18 ~~FEB 1~~	1918	Bal from Canada																													73	01			
Feb	3 Pay				30	80			AR 2603	27 7/8	8 Rs.			4	87																				
Mar	2				34	10			v. 3199	17 3/8	"			34	07																				
									AP Feb Mch.															30	19	16									
					64	90								38	94									30											

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-2-18		EFFECTIVE DATE:-	
AMOUNT:- $15.00		AMOUNT:-	

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

Rebecca Welsh (mother) M/R.
Pueton Ont.

NAME:- Welsh Charles Lindsay

NUMBER:- 3105028

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.6. from Can.		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Draft 1 Depot 2 Bde

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
L.P.6. from Can.	1-2-18		8th Res.

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
7/6	3808	Lions	9 73				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.6. from Can.	1 00	10		
				25

27/6/18

PARTICULARS OF RENDERING NON-EFFECTIVE:- To Canada 7/5 B 1210 - Tuitte & long leave 29 hrs c

MONTH 1918.	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31.	Bal. Forward								19 16.		
April	P. Pay	33		A. P.				15			
				A.R 298. 14.4.18. 8 Res.	9 73						
				" 582. 26.4.18 "	7 30				20 13		
		33			17 03			15			
May	"	34 10		AR 1231. 13.5.18 "	7 30						
				A.P				15			
				DN. aR 1714 23 5 18 "	9 73				22 20		
		34 10			17 03			15			
June	Pte Pay	33		A P				15			
				aR 2371 14 6 18 "	9 73						
				" 2776 27.6 18 "	9 73				20 74		
		33			19 46			15			
July	Pte Pay	34 10		a P				15			
				5 days F P #2 for Drunkenness. 8 Res DO. 88. 29. 3. 18.		5 50					
				aR 2831 10/18 "	19 47				14 87		
		34 10			19 47	5 50		15			
August	Pte Pay	34 10		aPay				15			
				aR 3787 12/8/18 " Awarded 3 day F.P.2. 16/8/18 for AWL from MN 14.8.18 to 6.30 PM 15 8 18	9 73						
				Forfeit 4 d pay 8 Res. D 0229 17/8/18	~~4 40~~	4 40					
				aR 4344 29/8/18 8 Res	2 43				17 41		
		34 10			12 16	4 40		15			
Sept	Pte Pay	33		aPay				15			
				aR 4662 12/9/18 "	9 73						
				" 5054 26/9/18 "	9 73				15 95		
		33			19 46			15			

Forward

F. 48

NUMBER 3105028 RANK PTE. NAME WELSH Charles Andrew

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									15 95		
Oct.	P.P.	34 10		a/c				15			
				AR5523 11/10/18 8 Res	9 73						
				" 9053 28/10/18. G. Depot	9 73				15 59		
		34 10			19 46			15			
Nov	PP	33		a/c				15			
				AR10996 29/11/18 G. Depot	7 30						
				" 10157 14/11/18 "	9 73						
				" 11706 12/12/18 "	9 73						
				" 12560 18/12/18 "	26 76 19 47						
Dec	PP	34 10		a/c				15			
Jan	P.P.	34 10		a/c				15	25 56		
		101 20			46 23			45			
Feb	"	30 80		a/c				15			
				AR15471 14/1/19 "	9 73						
				" 17750 28/1/19 "	9 73						
				" 20901 13/2/19 "	7 30						
Mch	"	34 10		a/c				15			
				AR6811 24-2-19 "	4 87						
				" 2737 11-3-19 R.D.G. Wilsey	7 30				21 53		
		64 90			38 93 38 93			30			
Apr.	"	33		a/c				15			
				" 5344 26/3/19 "	9 73						
				" 904 10/4/19 "	9 73						
May	"	34 10		a/c				15			
				" 2232 26/4/19 6 Cy. Dep.	9 73						
				" 3738 14/5/19 "	7 30				32 14		
		67 10			36 49			30			
June	"	33		6 a/c				15			
				" 3037 17/6/19 Sloing	48 67						
				" 1311 28/5/19 13 Res.	7 30				15 83		
		33 —			55 97 55 97			15 —			
				3974 18/7 Sw Ens	24 53						
				3508 26/6 Sloing	9 73				49 89		
					34 26						
Aug				AR3513 Hecc 29.7.19	4 87				54 76		
					4 87						
				SUS. 9/8.	101 — 6						

Br 14
2 2
33 00
5-5-14
5 0
10 0
5-5-17
9 73
80 70
5 0 14
25 56
Balance
28-6-19

DISTRICT RECORD OFFICER,
M. D. #6
HALIFAX. N. S

ELIGIBLE FOR CLASS "C" BADGE NOT AVAILABLE AT TIME OF ISSUE.

HALIFAX, N.S. AUG 17 1919

CAPTAIN.
OFFICER I/C WAR SERVICE BADGES.

L.P.P.

O.G. 23
S.G. 30
D.A. B

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 3105028.

2. Rank. Pte.

3. Name. WELSH. Charles. Andrew.

4. Unit. CAMC. ONT. REGT. 1stC.O. DEPOT. BATT.

5. Date of Discharge 24/8/19 Place Halifax N.S.

6. Reason for Discharge DEMOBILIZATION. B.

Category B.
Next of Kin Mother
Intended Town of Residence Picton (Toronto)
Demobilization 23 Group
Service in France C.E.

R.O. 1420

7. Authority.

8. Proposed Residence after Discharge Picton Ontario

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.?

Chas. A. Welsh
Signature of Soldier.

LAT CALONIA SAILED LIVERPOOL 8 8 19

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. AUG 17 1919

Place

Date

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

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

E.R.L.

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.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

DJL.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley C C C DATE 14-7-19.

1. 1 (a) Unit 2nd CORD (b) Regimental No. 3105028 (c) Rank Pte

(d) Surname Welsh (e) Christian name Charles Andrew

(f) Home address Picton Ont

(g) Next of Kin Mr R Welsh (h) Relationship Mother

(i) Address of Next of Kin Picton Ont

2. Age last birthday 42 Date of birth 1-7-1879

3. Enlistment, or Appointment (if an Officer) (a) Place Detroit Mich (b) Date 1-10-17

4. Personal description: Est

(a) Height 5ft 2 (b) Weight 148 (stripped) (c) Complexion Medium

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

C W Tattoo Right Hand

5. Former trade or occupation Painter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	285

	Periods	
	From	To
Canada	2-10-17	3-2-18.
England	18-2-18	14-7-19.
France or other theatres of War		

7. Original disease, or injury Sprained Right Wrist

(a) Date of origin June 1918 (b) Place of origin England

(c) Cause Bayonet Practice

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Nil

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective:- General condition good, examination negative

Subjective- weakness of right wrist

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no — Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no — Respiratory System no — Integumentary System no

Disturbances of Mentality no — Digestive System no — Muscular System no

Osseous and Joint Systems no — Any other general condition no

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

In June 1918 sprained Right wrist while at bayonet practice states it has been weak since

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

States he has had haemorrhoids (slight) Now 1918 Examination negative

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

See 4 f

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

NA

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? A&B No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Nil

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

Nil

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

No

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

17. Recommendations

S P Staples Capt. CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Chas A Welsh have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pte Chas A Welsh Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*b*) Does not require treatment.

(*c*) ~~Should pass under his own control~~

(*d*) ~~Should not pass under his own control~~

(Strike out condition not applicable.)

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

RTC Auth A G Tel 9083 of 11-11-18.

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

Fred W W Hipwell Capt. CAMC *President.*

PLACE Witley — J H Macdonald Captain CAMC } Members

DATE 14-7-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President.*

PLACE..... } Members

DATE.....

APPROVED BY — APPROVED BY

W S Quint Capt. CAMC for *Assistant Director of Medical Services.* — *Director-General of Medical Services.*

DATE..... DATE.....

Original

S. Wing

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley C.C.C. DATE 14/7/19.

1. 1 (a) Unit 2nd C.O.R.D. (b) Regimental No. 3105028 (c) Rank Pte.

(d) Surname (Welsh) WELSH (e) Christian name Charles Andrew

(f) Home address Picton Ont.

(g) Next of Kin (R) Mother R. Welch (h) Relationship mother

(i) Address of Next of Kin Picton Ont.

2. Age last birthday 42 Date of birth 1.7.77

3. Enlistment, or Appointment (if an Officer) (a) Place Detroit Mich (b) Date 1/10/17

4. Personal description:

(a) Height 5'2" (b) Weight 148 (stripped) (c) Complexion medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. C.W. Tattoo Rt Forearm

5. Former trade or occupation Painter

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

	Years	Days
	~~1/10/17 – 16/2/18~~ Canada	~~106~~
	~~16/2/18 – 14/7/19~~ England	~~646~~
	1	285

	Periods From	Periods To
Canada	2.10.17	3.2.18
England	16.2.18	14.7.19
France or other theatres of War		

7. Original disease, or injury SPRAIN. RT. WRIST.

(a) Date of origin June 1918 (b) Place of origin England

(c) Cause Bayonet practice

M. F. B. 227.

400M—11-18.
1772-39-117.

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

nil

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective. Genl condition good. Examination negative

Subjective. weakness of right wrist.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System. no Cardio-Vascular System. no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System. no (Albumen and Sugar will be excluded.)

Special Senses. no Respiratory System. no Integumentary System. no

Disturbances of Mentality. no Digestive System. no Muscular System. no

Osseous and Joint Systems. no Any other general condition. no

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

In June 1918 sprained Rt wrist while at Bayonet practice. Stiff at times since

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

States he has had haemorrhoids (slight) nov. 1918. Examination negative

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

See 4 (p)

11.—(*a*) Did the disabling condition have its origin before enlistment? no

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

na

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? nil

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

nil

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

no

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

17. Recommendations

Charles J. Moore
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Chas. A. Welsh have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pte Chas. A. Welsh Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

B.C. Aux Agtee 9583 7.11.11.18

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

WITLEY CAMP, SURREY.

PLACE 14 7 1919 — *President.*

DATE — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE — Members

DATE

APPROVED BY — APPROVED BY

Assistant Director of Medical Services — *Director-General of Medical Services.*

DATE — DATE

Barovia 17.8.19

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 3105028 RANK Pte. NAME (IN FULL) Welsh C.G. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes $30 | DATE EFFECTIVE 1.9.19

TO WHOM PAID Same as A.P. | RELATIONSHIP

ADDRESS

E.L.P.B.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Ms	9-8-19	Leo. 233

ORIGINAL UNIT C.E.F. 2 C.O.R.D. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $18.00 Rebecca | DATE EFFECTIVE 1.9.19.

PAYABLE TO Mrs R Welsh | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Picton Ont

Bank of Montreal, Picton, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Hfx DATE 24-8-19 REASON Demob AUTHORITY Leo. 233 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30.8.19																																					
248.19	65	1st	60	50	35 70	00 00			165 50								487	00	708	7			30	00			25 56 29 20				165 50						
					W.S.G.																																
122 days					280 00	120 00			280 00														70	00			6	00					210	00	120	00	Amount S.A. 28 Paid to M.O.H.
																							70	00	54	00							140	00	60	00	23-8-19, # 1493883-4
																							70	00	30	00							70	00	30	00	18-10-19, # 1509938-9
																							70	00	30	00							nil		nil		18-11-19, # 1773394-5
					280		120		400	00													280	00	114	00	6	00			400	00					

Certified that all payments due on this acct. have been paid

W. A. Bradshaw

Senior Officer Pay Services, M.D. 5

SEP 17 1919

200M-3-19.—L. L. 38786-... & D. 9985.
M. F. W. 2896.
1772-39-1390.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Enlistment: 1.10.17

Date of Assignment: 1-2-18

RATE OF SEPARATION ALLOWANCE

20	$ 25.00	30	
	1-12-17	1-9-18	
	P.C.3257	PC 2753	
		mo. 39612.	

RATE OF ASSIGNMENT

15-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3105028

Rank Pte Promoted Reverted Discharge

Soldier's Name Charles Andrew Welsh.

Battalion 1st Depot Bn. 2nd C.O.R.

Beneficiary Mrs Rebecca Welsh.

Relationship widowed mother MTW 2554 Ren 30-7-18

Address Picton. Ont.

PARTICULARS OF ASSIGNMENT

Name Mrs Rebecca Welsh

Address Picton. Ontario.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						019082 C-5
Dec	E-51604	60		60	R	Mailed 7/12/17. ap acct on stop ledger. HP 5 4/18
Jan. 1918	H 60692	30		30		MTW 2554. Ren 5-2-11-18. OK
Feb 15	C 78317		15	15		
March	M 80009		15	15		
April	Y 2109	50		50		a co SP 3136 issued 5 4/18 mailed 6 4/18
April	H 810	25	15	40		a co SP. 4655 issued 29 4/18 Mailed 30-4-18
*May	L 4897	25	15	40		*a co LP 7924 Ren 4-6-18 b/o & alfa May Mailed 5-6-18
June	R 27658	25	15	40	✓	m R 01 C Ren 4-6-18
July	B 22280	25	15	40		N-73919. Cancelled per A.G. List.
Aug	D 37115	25	15	40	✓	
Sept	V 47394	25	15	40	✓	
Oct.	K 51221	25	15	40	✓	
Nov.	Q 57195	25	15	40	✓	
Dec. 1919	P. 62818	45	15	60	✓	
~~Jan~~	~~N 73919~~	~~30~~	~~15~~	~~45~~	✓	
Jan	Y 72088	30	15	45	✓	
Feb	V 79039	30	15	45	✓	
Mar.	M 89050	30	15	45		
Apr	V 1209	30	15	45		
May	J 7285	30	15	45	✓	
June	W 10099	30	15	45	✓	
July	V 13157	30	15	45		
Aug	W 14669	30	15	45		
		625	285	910		

A/c Closed 31/1/19 M.O. destroy L.A. 110 F 20

Ret'd per Calonia AUDITED.

Date 1/8/19 M.F.W. 187 27/7/19 M.O. #6

Clerk M. Ventura

m R 01 B rendered 5-4/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—4-17—1772 89-1141
L. L. 22830—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment 1-2-18

RATE OF SEPARATION ALLOWANCE

AUTHORITY FOR NEW ACC'T. } H.R.

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3105208

Rank Pte. Promoted Reverted Discharge

Soldier's Name Welsh. Chas. Andrew

Battalion 1st Depot Bn. 2d C.O.R.

Beneficiary

Relationship Brother

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Rebecca Welch. Sr.

Address Picton - Ontario. Canada.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Feb 1918	C 78317		15	15	R	
Mar	M 80009		15	15	R	
April			~~15~~	~~15~~		

Cancelled

Cancelled S.A + A.P acct. on current ledger

H.P. 5-4

Cancelled

28-2-18

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39—141
L. L. 22320—M. & D. 7993.