ATTESTATION PAPER.

No. 1006106.

Folio.

S.R.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Welsh
1a.	What are your Christian names?	Jared
1b.	What is your present address?	Montreal River P.O. Ont.
2.	In what Town, Township or Parish, and in what Country were you born?	McArthurs Mills Hastings Co. Ont.
3.	What is the name of your next-of kin?	William Welsh
4.	What is the address of your next-of-kin?	Montreal River, Ontario
4a.	What is the relationship of your next-of-kin?	Father
5.	What is the date of your birth?	Sept. 2nd 1894
6.	What is your Trade or Calling?	Electrician
7.	Are you married?	no
8.	Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9.	Do you now belong to the Active Militia?	no
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	no
11.	Do you understand the nature and terms of your engagement?	yes
12.	Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	yes

Permanent address

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Jared 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.

Jared Welsh (Signature of Recruit)

Date April 14th 1916. W McCluskey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jared 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.

Jared Welsh (Signature of Recruit)

Date April 14th 1916. W McCluskey (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 North Bay this 14th day of April 1916.

James Stanley Curry (Signature of Justice)

Address

Occupation

M. F. W. 23.
600M.—8-15.
H. Q. 1772-39-841.

Description of Jared Welsh on Enlistment.

Apparent Age 20 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6½ ins.

Chest measurement: Girth when fully expanded 37 ins.; Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair black

Religious denominations:
- Church of England X
- 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).

fit

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 April 14 1916 A. T. McMurchy Lieut

Place North Bay

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.

Jared 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.

A Earchman Sgt Col (Signature of Officer)

Date April 14th 1916.

D. C. NORTHERN FUSILIERS 228TH O. S. BATTALION

REGIMENTAL DOCUMENTS

NAME Welsh Jared William REGT. NO. 1006105 UNIT 228th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
x x	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)			11 6/21		
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
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)					
	Misc.					
1	4/122					

13848

W. 2569
100M-11-18

6m
com

Number 100 6 10 5 Rank Spr

Surname WELSH

Christian Name Jared

Units C.R.T. Theatre of War France

Date of Service 3-H-17

Remarks Box 231
13½ Cobalt St

Latest Address ~~P.O.~~ Cobalt
Ont.

Roll No. B Cage 13165

200m.-2-21.M.

DESP. JUN 8 1922
REGN. No. 411377578

SURNAME. Welsh (649 W-11430)

CARD NO. Disp. Area

FOLL.

CHRISTIAN NAMES Jared.

REGL. No. 1006105 RANK Pte

UNIT 228th

FORMER CORPS Nil

L. S. & P. 29-8-17. ~~NEXT OF KIN.~~ Also Notify ← Instr: 54-21-38-1 →

NAMES IN FULL Welsh, William

RELATIONSHIP TO SOLDIER Father

ADDRESS P.O. Montreal River, Ont.

New Next of Kin.

Mrs. J.W. Welsh
P.O. Cobalt (Wife)
Ont.

S. & P. 7/8/19

COUNTRY OF BIRTH Canada McArthurs Mills, Ont. DATE Sept. 2nd, 1894.

PLACE OF ATTESTATION North Bay Ont DATE Apr. 14th, 1916

P. 6.11.6.19. 346 Spr.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-38-39.

From St. John N.B. Per S.S. "Missanabie" 16-2-17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Electrician RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS 4 MONTHS

HEIGHT 5 FEET 6 1/2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS nil

MEDICAL EXAMINATION. PLACE North Bay, Ont. DATE Apr. 14th, 1916

Present address Montreal River P.O. 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. J.W

REGIMENT 6th C.R.T. RANK Spr. No. 1006105

Date of Examination in England 25/2/19. | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Fit
3. CROWNS
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 yes.
- (*b*) In England
- (*c*) In France

KNOTTY ASH CAMP, LIVERPOOL.

Signature of Dental Officer A D Smart Capt

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

JJS.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 228 Dis Bn. C E F #4 Co

Regimental No. 1006105 Rank Pte Name Welsh Jared.

C. E. F.

Enlisted (a) 14/4/16. Terms of Service (a) duration of war + 1 months after. Service reckons from (a) 14/4/16

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

Extended Re-engaged Qualification (b) Electrician

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
			Embarked		Canada 16-2-17
			Arrived		England 27-2-17
1/3/17	228th Bn	Taken on strength 6th C.R.T.	Reinf	8/3/17	Part II D.O. 71
14.4.17	6th C.R.T	arrived in France	Field	3.4.17	" " " I
9.3.18	Do	Granted 14 days LEAVE	Do	2.3.18	B213. 20. 16.3.18.
6.4.18	Do.	Hospital	Hosp.	30.3.18	B213.
17.5.18	Do	returned Unit from Hosp		31.3.18	K.H. 17447.
16.4.18	Do	Returned from leave	Field	29.3.18	K.H. 17.1057.1.

R. H. Glover LIEUT:
FOR LT: COL: I/C RECORDS. C.O.M.F.

CERTIFIED CORRECT. 17 MAY 17 CAN. RECORDS, LONDON

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

[P.T.O.

Report 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.
11.2.18	CRT.	Cyc. trouble in Italy	Italy	4.2.18	2213.
17.2.18	Do.	Rejoined unit from Exposed	Exposed	11.2.18	K.H. 17:47.
23.2.18	Do	Granted 1/C. Badges	Issued	14.4.18	A.C.O. 51 of 1918.
24.1.19	CRTD.	Trans. to England for purpose of demob. Posted to CRTD Witley Ash. Bramar Liverpool		25/1/19	A.R. Dom 6 of/1919 Chas. L. Chapwell. Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
-1 FEB 1919		CRTD Taken On Strength	Witley Ask	31/1/19	pt II 27
25 APR 1919	CRTD. On Comd. 1st C.D.D.		TTY ASH	25 APR 1919	PART 2. 104
26/4/19		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 101			
3/6/19		Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part 11 Order No. 128			
		3-6-19 Embarked Liverpool			
		11-6-19 Disembarked Quebec			
		Sailing D, 17			
		A.S. Bracey Lt. Adjt			C.H. Lock. CAPT. For OFFICER COMMANDING CANADIAN DISCHARGE DEPOT.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 302929.

L

THIS IS TO CERTIFY that No. 1006105 (Rank) Sapper

Name (in full) Jared Welsh enlisted in

the 228th battalion

CANADIAN EXPEDITIONARY FORCE at North Bay on the 14th

day of April 1916

HE served in France in the 6th Canadian Railroad Troops.

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 24

Height 5'-6"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Nil

J. M. McLeish
Signature of Soldier

W. A. Powell
Issuing Officer

Capt. for Lt.-Col.
O. C. Clearing Services Command.
Rank

Date of Discharge

QUEBEC, DEPOT
JUN 13 1919
Clearing Services Command

Date JUN 13 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. (Rank) (Surname)

Name (in full) enlisted in

the 255th Battalion

CANADIAN EXPEDITIONARY FORCE at on the 13th

day of 19

THE served in as Private in the 255th Battalion the Forest Troops

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 24 Marks or Scars

Height

Complexion

Eyes

Hair

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

NOTE.—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.

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 .....

Regimental No. 100105 Rank ..... Name Welsh Jared.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	3-6-19	T. O. S. Quebec Depot Clearing Services Command Part 11. Order No. 163 9/12-6-19			
	13-6-19	S. O. S. Quebec Depot, Clearing Services Command, on being discharged from the Service under Demob'n. Ro 1420 para 6i Daily Orders Pt. 11 No. 163 9/12-6-19			
		A. Hunt ..... LIEUT OFFICER IN CHARGE RECORDS CLEARING SERVICES COMMAND			
24-7-19	Gen. Dpo. Res.	S.O.S. of orn 7b. to Canada.	36-19 ao 1		
		O.C. Pay Queen for D of R			

(*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				

Form R 122
2353—100M—9-12-16.

JM.

Rank | Name WELSH, Jared. | Reg'l No. 1006105.

Unit 228th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment North Bay. 14th April 1916. | Place of Birth McArthurs Mills, Hasings Co., Ont.

Name and Address, Next-of-Kin William Welsh. ~~Montreal River, Ontario.~~

Relationship ~~Father.~~

Assigned Pay Monthly $ | Payable to Mrs. J. W. Welsh

30 Kennedy St. Townhead, Glasgow. R.L. 29/5. 26.4.19. | Relationship Wife

N/E. R.B. No. 124091
File R.L.
Category CRDem

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

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 per S.S. MISSANABIE. 27.2.17			
		12:3:17 228th Bn. NOW KNOWN AS 6th. Bn. C.R.T. Pt. II. D.O. 71.			
28.5.17	6 C.R.T.	Proceeded O'seas	Field	2.4.17	P.S. II 9.
14.4.17	6 C.R.T.	Arrived in France	Field	3.4.17	P.S. II 1.
28.5.18	Hd Qrs	Granted on Good Conduct Badge	Fpr. Field	14.4.18	P.S. II 51
30-1-19	Do.	S.O.S. Posted to C.R.T.D.	"	" 25-1-19	6 C.R.T.D. Pt II O 6 27 A 1/2/19
21-2-19	C.R.T.D.	Marriage approved ~~on com to Base Pk~~	"	Ntly Asd	14.2.19 D.O. No 47
27-4-19	"	on com 1 C.D.D. Buxton pending embn for Canada	"	" "	25-4-19 D O 110
10.5.19	"	S.O.S. to Can Gen Depot Seaford	"	" "	25.4.19 — 123.

N.F.B. 103 CHECKED 8 APR 1917

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.
19.5.19	Gen. Depot.	T.O.S. from C.R.E.D. & on com. to 1st C.D.O. Buxton	Hpr. Seaford.	25.4.19	Pte. to 9.
		D17.J.11		3.6.19	
24.7.19	do	T.O.S. to Convn. Pte & Dvr & ceases to com. 1st C.D.O. Buxton.		3.6.19	do / & Gen. Depot do. 1285 of 13.6.19.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 228 Os. Battalion, C. E. F.

(2) Regimental Number 1006105

(3) Full Name of Soldier Jared William WELSH

(4) Place of birth McArthur's Mills, Ont.

(5) Are you married, or not? Single

(6) If married, state,

(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls

Also their names and ages

M. F W. 67
200M.2-16
1772-39-954

(SEE OTHER SIDE)

(9) Is your Father alive ? Yes.

If so, state name and address William XXXXX Welsh, Montreal River, Ont.

(10) Is your mother alive ? Yes.

If so, state name and address Mrs. Caroline Welsh, Montreal, River, Ont.

(11) If your mother is a widow

Are you her sole support or not ?

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

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

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

(15) Are you insured ? No.

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium ?

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

A Earnshaw

Officer Commanding.

Date Jan. 13th. 1917. O. C. NORTHERN FUSILIERS 228TH O. S. BATTALION

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Welsh *Christian Name* Jared

Examined { on 14 day of April 1916
at North Bay

Approved by A Thornley Ms.

Rank M.O.

Birthplace { City or Town McArthurs Mills
County Hastings

Apparent age 20

Trade or occupation Electrician

Height 5 Feet 6½ Inches.

Weight 141 Lbs.

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

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 0 1

When Vaccinated last 1909

(a) Marks indicating congenital peculiarities or previous disease nil

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

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

Date.	Result.	Vaccinations.
1916		
April 7		A Thornley M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916		
March		A Thornley M.O.
" 29		A Anon M.O.
Dec 6		A Anon M.O.

Enlisted on 14th *day of* April 1916 *at* North Bay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	228th Bn	1006105.		14/4/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Toronto Ont	July 8th 19		passed.
Knotty Ash	22-2-19	D/f Vision	B1 Bro R & Fullerton Capt

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.
400M.—1-16.
H. Q. 1772-39-439.

Surname Meelahe Christian Name James

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

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Waunita Welsh

Address Montreal River P.O. Ont.

Rate 15.00

FEB 1 1917

By Whom Assigned Jas. L. Wm. Welsh

Regtl. No. 1006105

Rank Pte.

Corps 228th Bn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503.—Req. 6332.

Name of Soldier Mrs Waunita Welsh / Jarrod Wm Welsh

Pte. 1006105. 228th Bn

FEB 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		P52152	30	30K
April	F6255	~~P5[illegible]~~	~~15~~	~~15R~~ J 5 8 30 Can 1/4
May		J12586	15.	15 Ch J
June		J19330	15.	Ch
July		~~J~~ 25484	15.	
Aug.		R33065	15.	
Sept.		H40472	15.	
Oct.		Q.H5523	15.	
Nov.		T J42 49	15	
Dec.		N63410	15.	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

165

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Medonthurs - Swills - Ont

NAME AND ADDRESS OF NEXT OF KIN: William Welsh
Mantreal Rivers, P.O. Ont.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $: Nil 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. 1006105 RANK Pte NAME Welsh Jared W.

IF IN PERMT. CORPS / WHAT UNIT: UNIT 228th Bn TRANSFERRED TO 1st Bn C.F. DATE 8/3/17 AUTHORITY Dog

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION North Bay, Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14/4/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/2/17

PAYABLE TO Miss Jeannita Welsh, Mantreal River, P.O. Ont. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

62

DATE 1917	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														12 50	12 50									Bal from Canada							12 50				
1-31/3	31	1.68	34	10											34 10					5157	3/3	191	3/3/17			230	273	15 -		3203	1457			
1-30/4			33												33													15		15	3257			
1-31/5			34	10											34 10	61	7 19/4							261				15		2073	4630			
1-30/6			33												33	64	158 31/5							268				15		2036	5908			
1-31/7			34	10											34 10													15		15	7918			
1-31/8			34	10											34 10	281	249 30/6							288				15		2036	9192			
1-30/9			33	00											33 00	303	365 31/8			440	31/8			264	264			15 -		2570	9922			
			235	40										12 50	247 90									2398	267	1703		105		1468					

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. RED. ALLCE. PAY ENG.
	Bal. 30/9/17 ~~99 22~~								9922	
Oct	28	34 10							15 118 32	
		34 10							15	

Assigned pay $15.00 — 1006105 — Pte Welsh — Jared N

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR.1	CR.2	PARTICULARS								DR.1	DR.2	DR.3	DR.4	BALANCE	OTHER DED. PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS					CR.	CR.2	PARTICULARS			DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SER. DED. ALLCE. PAY ENG.
1917																																		
Oct 31	Bal fwd																	118 32																
Nov						ck 526 30/9/17								2 68																				
						" 442 22/9/17								2 68																				
				33													15																
						" 582 16/10/17								2 68																				
						" 635 31/10/17								2 68																				
	Dec S P		34 10														15	144 71															
			67 10											10 71			3																
1918																																	
Jany						Bal											15																
"						" 682 30/11/17								8 92																				
						738 27.12.17								16 95																				
	January	P.P		34 10														137 92															
				34 10										25 87			15																
Febry						Bal											15																
		P.P		30 80		792 17.1.18								7 14				14660															
				30 80										7 14			15																
March 31		PP		34 10		Bal												52 31															
						3850 6 GRL 2-318								9 33																				
						862 do 28/2								7 14																				
						868 do 22/3								8 92			15-																
				3410										113 39																				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

SEPARATION ALLOWANCE. * ENGLAND OR ~~CANADA~~

NAME:- WELSH Jane W.

NUMBER:- 1006105

EFFECTIVE DATE:- 1-2-14 1/4/19

AMOUNT:- 15.00 3.

EFFECTIVE DATE:- 14-2-19

AMOUNT:- 30.00

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.

Miss Wanita Welsh.
Montreal River P.O.
"Sister." Ont.

~~Stopped eff 7/3/19.~~
Stopped 1/6/19

Mrs. Jas ~~Welsh~~ Welsh.
~~30 Kennedy St.~~
Town Head. Glasgow
wife P.O Cobalt Ont ~~Scot.~~

a/m. 27/1/19
This a/c not to be transferred to Canada Section
until further advice from Capt Howard

Sailed.

P 856

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- 228th Battn

DATE ACCOUNT FIRST OPENED:- 1-3-14

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
~~Canada Section~~			6th C.R.D.
Ledg. 8.30			
L'pl. 8.30			

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
~~21 12/18~~	~~1351~~	~~Hald~~	~~7 46~~				
~~14 1/19~~	~~1482~~	~~6 R Tko~~	~~3 73~~				
~~7 1/19~~	~~5581~~	~~6 R J~~	~~97 33~~				
			108 52				

DAILY RATES OF PAY AND ALLOWANCES

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

Dis & Can. 1/5/19. N.R. 659. 10/4/19. Kash. M.D. 1.

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Gratuity £5 Cash. Kit £8.13.6. Clothing £2.5.3~~ 1/4/19 ~~Kash MD 4~~ 12/12/19 Kash MD 4

~~Gratuity £5 Cash. Kit £8.13.6. Clothing £2.5.3~~ 1/4/19 ~~Kash MD 4~~ 12/12/19 Kash MD 4

Gratuity £5 Cash. Kit £8.13.6. Clothing £2.5.3 1/4/19 Kash MD 4

NUMBER 1006105 RANK Spr. NAME WELSH. J.W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Fwd.					175 39		
	Fwd.	30 80		Brot fwd	108 52			15			
				CK 9053 - 14/5/26 31/3. 11.13.3							56 75
				8502 - 13/3/19 - (100) CRDS.	19 47						
		30 80			127 99			15			
Mar	PP.	34 10		CK. Mar 9.4.11			15		8 30		30
Apr.	"	33 00		" Apr. 9.4.11			15		130 30		30
				" May 9.4			15		85 30		30
		97 90			127 99		45	15			56 75
				CK A304/6 Mar. 9.4.11			15		115 30		30
				" A304/4 Apr 9.4.11			15		100 30		30
				" A30468 May 9.4.11			15		85 30		30
				1357 - 14/4/19 - (2) CRDS.	14 60				70 70		
				3867 - 29/4/19 - (5) Buxton	9 85				60 85		
				5948 CRDBux 14/5 10	9 43				51 12		
					34 18		45				90
				9258 Buxton 30/5 2	9 73				41 39		
				82426 Paid by Buxton June			15		26 39		30
					9 73		15				30

S.O.S to Can 3/6 1.2.17 CRT

NUMBER OF DEPENDENTS 1

CANADIAN DISCHARGE DEPOT, BUXTON, DERBYSHIRE APR 26 1919 FILE

DISPERSAL AREA I.2.

RELIGION C of E.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

NEXT OF KIN Wife.

War Service Badge Class "A" No. 302929

1. No. 100610 S.
2. Rank. Sapper.
3. Name. WELSH. Jas Wm
4. Unit. C.R.E.D. 228th Batt
5. Date of Discharge JUN 13 1919 Place QUEBEC
6. Reason for Discharge Demobilization. CATEGORY. (B) B.1.

Trade Electrician OCCUPATIONAL GROUP. 13

SERVICE IN FRANCE. 22 Months.

7. Authority. R.O.1420 Para. 61
8. Proposed Residence after Discharge Toronto Ont.

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.? 39

J. W. Welsh
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place QUEBEC

Date 11-6-19

W. A. Lovelace
Signature (O.C. Discharging Unit.)

Capt. for Lt.-Col.
O. C. Clearing Services Command.

M.F.B. 218a—300M.-11-18—1772-39-113.

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)
   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 6

Enclosed by No. ..... 4 O.R.

Date ..... 9 to 19 ...

AUDITOR | PAYMASTER

Melita 11-6-19

W 4309

M. OR S.

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

REGT. No. 1006105 RANK Spr. NAME (IN FULL) WELSH J.W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? if so and closed by England — DATE EFFECTIVE 30-6-19

TO WHOM PAID Mrs J.W. Welsh — RELATIONSHIP wife

ADDRESS Cobalt, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
see adjustment		
Dispersed,		Quebec
Date		13-6-19
Ex.		Melita

ORIGINAL UNIT C.E.F. C.R.T. — IF IN P.F. WHAT UNIT? P.O. Cobalt. out.

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 14/4/16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 00 — DATE EFFECTIVE 30-6-19 closed by England

PAYABLE TO ~~Mrs J.W. Welsh~~ — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS Mrs J.W. Welsh.

ADDRESS ~~Cobalt, Ont.~~ Cobalt, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE Quebec — DATE 13/6/19. — REASON Demob.n. — AUTHORITY — 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								85	30	85	30																									85	30	Bal. R.P.C.
30-4-19																						45	00															
17-6-19	49	1.10	37	80																				Endorsed on R.P.C.														Pa 21-5-19 to 19-6-19
					35	00																																Clothing allce
					10	00				157	80																											WIG payment
																								15	00											Trans a P.
										243	10							4 87	5 00																	Boat and Train Money
										~~Repatriek~~								174	32													243	10			
			W.S.G.		S.A.																							W.S.G.		S.A.								AMOUNT DUE SOLDIER DEPENDENT
																												70	00								WIG payment
																												4	40								4 days P.a overseas
																														17	00						17 - La overpaid
183 days			420		180		600																					~~600~~		60		151	40	345	60	103		Last paid [illegible]
																														23							
												Gen 20	14	60	82			275	60	14	60	83		500	00	70	00	30										Cert 167
												Prov 4	14	62	332			70		14	62	333		30		600												Cert 180
			420	-	180	-	600	=																		345	60		74	40	180		600	-				
																																					W.S.G. PAID IN FULL
																																					CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1890.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Feb. 1 1917

RATE OF SEPARATION ALLOWANCE

W

4872

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1006105

Rank Pte Promoted Reverted Discharge

Soldier's Name Jared Wm. Welsh

Battalion 72 8th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Waunita Welsh

Address Montreal River P.O.

Change of Address Ont.

1

2

3

4

(Date)	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			165	165	
Jan	X 72097		15	15	W
Feby	W 71761		15	15	ark W 71761 cancelled
Feb.	M 73795		15	15	
March	X 91924		15	15	✓
April	W 14063		15	15	✓
May	W 19907		15	15	✓
June	R 27687		15	15	✓
July	B 23008		15	15	
Aug	V 37143		15	15	
Sept	V 47421		15	15	✓
Oct.	K 51248		15	15	✓
Nov.	Q 57223		15	15	✓
Dec 1919	H 64702		15	15	✓
Jan	N 73946		15	15	✓
Feb.	V. 79062		15	15	✓
Mar	M 89072		15	15	
Apr	V 1228		15	15	
May	7304		15	15	✓
June	W 10109		15	15	✓
			435	435	

REMARKS

019086-J-4

A/c Closed 30/6/19.

Ret'd per Melita

Date 11/6/19. M.F.W.128

Closed 20/6/19.

M R O L P 100248 Destroy

M.D. 12

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
4'Om. 6-7—1-72-39-1141
L. L. 22220—M. & D. 1933.

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.
40M. 6-7—172-39-1141
L. L. 22230—M. & D. 7933.

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.

KNOTTY ASH CAMP

STATION 100105 DATE 22-2-19

1. 1 (a) Unit C.R.T.D. (b) Regimental No. (c) Rank SAPPER

(d) Surname WELSH, (e) Christian name JARED

(f) Home address MONTREAL RIVER, ONTARIO.

(g) Next of Kin Mrs AGNES WELSH. (h) Relationship WIFE

(i) Address of Next of Kin 30 KENNEDY ST. TOWNHEAD. GLASGOW Scot.

2. Age last birthday 25 Date of birth 1894

3. Enlistment, or Appointment (if an Officer) (a) Place NORTH BAY, ONT. (b) Date April 14-16

4. Personal description:

(a) Height 5 ft 6½ in. (b) Weight Estimated 170 (stripped) (c) Complexion Dark

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

5. Former trade or occupation Electrician

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
	2	314

	Periods	
	From	To
Canada 38th Bn. C.E.F.	14.4.16	16.2.17
England 6th C.R.T.	16.2.17	8.3.17
France or other theatres of War 1st C.R.T.	8.3.17	22.2.19

7. Original disease, or injury Defective Vision

(a) Date of origin 1906 (b) Place of origin Montreal Quebec Can

(c) Cause Unknown

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.)

Weakness, Sight, of Eyes.

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 - Special Report

V.A. - R.E. 4/60 - L.E. 6/60

with glasses 6/40 6/30

Category B1. Myopia. Wearing glasses since age of 12. Condition was present before enlistment & has not been aggravated by service

(Sgd) D. Hewlett Captain

Subjective - Nil abnormal

(*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*).)

At age of 12 years, while at School had eyes injured while playing with Gunpowder. On recovery consulted Optician regarding eyes who prescribed Glasses he has worn 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*).)

Nil.

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

nil

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*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.)

no

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

The regimental documents will be referred to.

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

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

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? no

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

B 1

N Flinn Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Pte. J. McWelsh 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

J. McWelsh Rank. Pte

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.

We concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded for return to Canada.
Asst. D.G.S. Tel. 1/9083 - 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.

nil.

Geo F. L Fuller Capt RAMC *President.*

PLACE KNOTTY ASH CAMP, LIVERPOOL

DATE 22-2-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....