

*Welsh,
20-6-18*

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

DUPLICATE

(Class One.)

1. Surname Welsh.

2. Christian name Walter James.

3. Present address College Street, Antigonish, N.S.

4. Military Service Act letter and number Defaulter.

5. Date of birth June 12th, 1895.

6. Place of birth Issacs Harbor, Guysboro County, N.S.
(town, township or county and country)

7. Married, widower or single Married.

8. Religion Roman Catholic.

9. Trade or calling Farmer.

10. Name of next-of-kin Mrs Tresa Welsh.

11. Relationship of next-of-kin Wife.

12. Address of next-of-kin College Street, Antigonish, N.S.

13. Whether at present a member of the Active Militia No.

14. Particulars of previous military or naval service, if any No.

15. Medical Examination under Military Service Act:—
(a) Place Halifax, N.S. (b) Date 6/5/18. (c) Category "A02"

DECLARATION OF RECRUIT

I, James Walter Welsh., do solemnly declare that the above particulars refer to me, and are true. *(Per. a Junio)*

Walter James Walsh *his mark* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>23.</u>	yrs.	<u>0.</u>	mths.	Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height	<u>5.</u>	ft.	<u>8.</u>	ins.	
Chest measurement	fully expanded		<u>33 1/2.</u>	ins.	
	range of expansion		<u>1 1/2.</u>	ins.	
Complexion			<u>Fresh.</u>		
Eyes			<u>Grey.</u>		
Hair			<u>Dk. Brown.</u>	<u>Nil.</u>	

G. B. Macdonald *Lieut*

for O. C. Ist. Depot Btln. Nova Scotia. Regt.

Place Halifax, N.S. Date 7/5/18.

PARTICULARS OF RECRUIT

GRAATED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname
 2. Christian name
 3. Present address
 4. Military service number and number
 5. Date of birth
 6. Place of birth
 7. Married, widow or single
 8. Religion
 9. Trade or calling
 10. Name of next of kin
 11. Relationship of next of kin
 12. Address of next of kin
 13. Whether applicant member of the Army Reserve
 14. Particulars of previous military or naval service
 15. Medical examination under Military Service Act

DECLARATION OF RECRUIT

I, James Walter Smith, do solemnly declare that the above particulars refer to me and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	5 ft 6 in	Weight	140 lbs	Complexion	Fair
Build	Slender	Stature	Well developed	Complexion	Fair
Complexion	Fair	Stature	Well developed	Complexion	Fair
Complexion	Fair	Stature	Well developed	Complexion	Fair
Complexion	Fair	Stature	Well developed	Complexion	Fair

Date

Place

Regt

Depot Bdm

DESERTERS
DISCHARGE DOCUMENTS

43
1549
S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on ^{desertion} discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

m. d. B. 465 - 1
m. d. W. 113 - 1
a. d. B. 122 - 1
m. d. W. 82 - 1
m. d. B. 259 - 3

Name WELSH. WALTER. JAMES.

Regt. No. 4050554 Rank pte.

Corps 1st. D.B. - M.S.R.

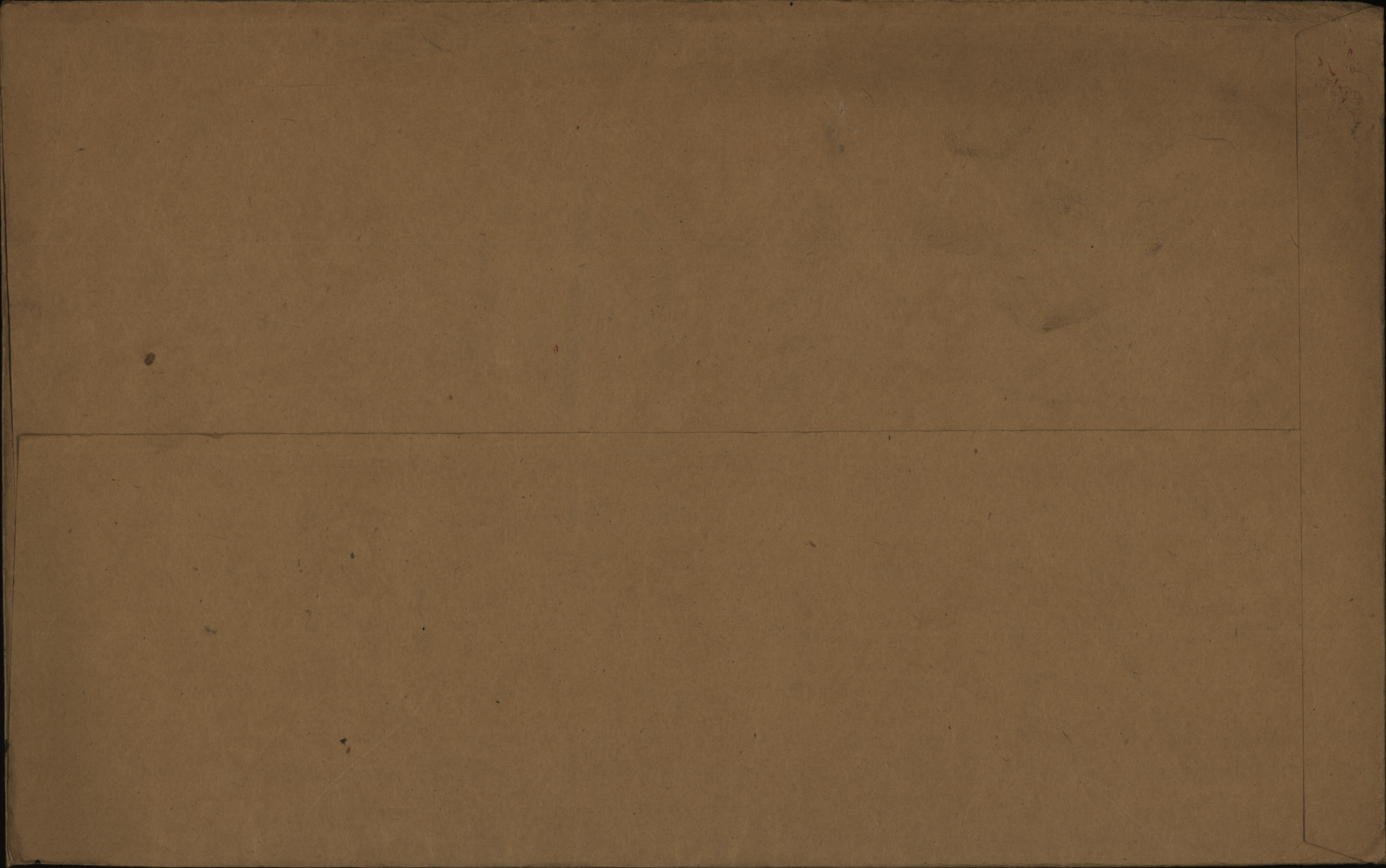
S.O.S 12-8-18.



13928

R. O. No.
H. Q. No. 649-W-16842

Doc's To D.P.O. M.D. 6
en MFW 2505
Ref. 6
353d 21-6-19
37



Surname Welsh
Christian names Walter James
Regtl. No. 4050554 Rank Pte
Unit N. A. Regt. 1st. Dep. Bn.

H. Q.
M. D. No. 6
T. O. S. 11/11/1917
D. O. Pt. II 126 of 8/5/18
S. O. S. 12/8/1918
Reason S. A.
Auth. D. O. Pt. II 266 of 25/9/18

Next of kin Welsh Mrs. Tresa Relationship Wife
Address College St,
Antigonish
N. S.
Also notify:

BORN—Place Canada, Isaac's Harbour ^{N. S.} Date June 12th 1895
ATTESTED—Place Halifax N. S. Date May 7th 1918
O/S..... R/C.....

Complexion Fresh

Eyes Grey

Hair Lt. Brown

Original not available
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. E. R. 10s.)
 500M.—9-16
 H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps *10th Depot Bn. Para. Nova Scotia Regt.*

Regimental No. *4050554* Rank *Pvt.* Name *P. W. E. L. S. H. W. J.*

Defaulter

Enlisted (a) *11.11.17* Terms of Service (a) *10 of war* Service reckons from (a) *11.11.17*

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)

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				
<i>8.5.18.</i>	<i>11/8. Regt.</i>	<i>A. W. L. from M/N. 10.11.17 to 6.5.18. forfeits 148 days P. & A.</i>	<i>Halifax N.S.</i>	<i>11.11.17.</i>	<i>Q.O. 126.</i>
<i>25.9.18.</i>	<i>" " "</i>	<i>A. W. L. from 22.7.18 Declared Desertion. By Col I Red 12.8.18 & S.O.S.</i>	<i>" "</i>	<i>22.7.18 12.8.18</i>	<i>Q.O. 266.</i>
<i>appreh. from desertion auth. 649.4.16840 d/20.6.19.</i>					

Jan 1919 P.T.O.

(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, Shoehing 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				
26-9-19.	666.0	Declared Ids as deserter effective fr. 27-8-19 by Col. [unclear] 19-9-19.	Holifey	27-8-19	666.267

~~closed sent to~~
for [unclear]



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. 4050554 RANK Pfc NAME (IN FULL) Welsh W. J.

M. OR S.

ORIGINAL UNIT C.E.F. 181 Depot Bn. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

RELATIONSHIP T.O.S. EFFECTIVE DATE 21/6/19 AUTHORITY Do 181

ADDRESS PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE ASSIGNED PAY \$ DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ADDRESS

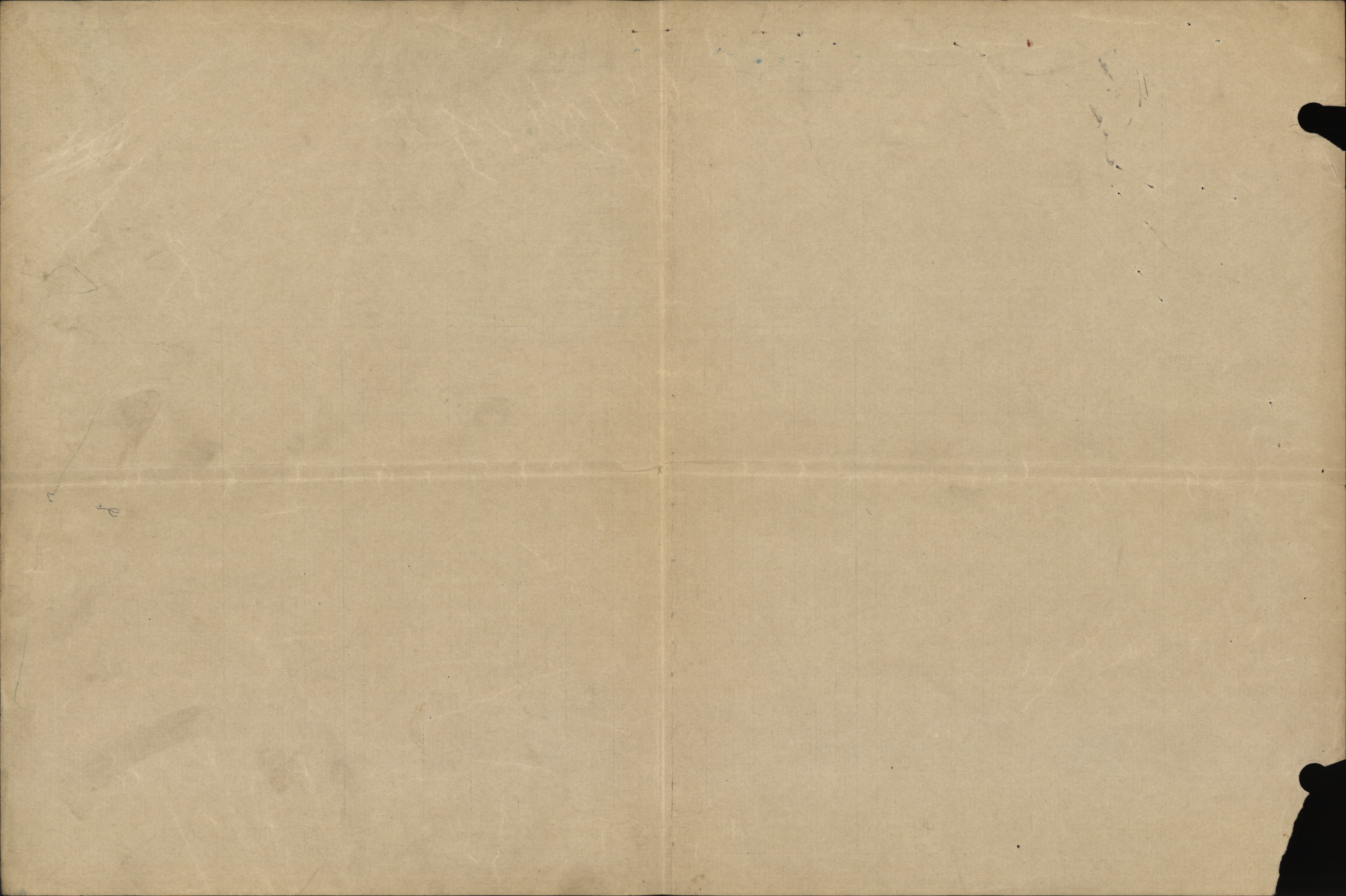
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED H. 28 PLACE DATE 19-9-19 REASON Desater AUTHORITY Do 269 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
1919																	
<u>July</u>																	<u>B.D.I. 512 Repayment</u>
																	<u>Escort's Expenses</u>
																	<u>* 17m. Chg. W. 788</u>
<u>21/6/19</u>	<u>91</u>	<u>1¹⁰</u>	<u>100 10</u>														<u>10/7/19</u>
				<u>100 10</u>													<u>29/8/19</u>
																	<u>D. Bal on Discretion</u>
																	<u>with 27-6-19</u>
																	<u>Do Bal previous discton</u>
				<u>100 10</u>													<u>and on approbation</u>
																	<u>Lab as deserter</u>
																	<u>no heard of present address</u>

Certified that all payments due on this account have been paid as far as possible.

[Signature]
 For Senior Officer Pay Service, M. D. 9



CAMP HILL MILITARY HOSPITAL.

HOSPITAL

Date 29-7-19.

REQUISITION FOR TREATMENT OR EXAMINATION

Reg. No. 902484 Rank PTE. Name WALSH. Unit

Bed Ward COGSWELL ST. MIL. HOSPITAL.

Injury or disease Part affected LUNGS.

Treatment or Examination:

X RAY EXAM. ✓

Report:

Thickening ~~of~~ roots of
both lungs extending into lobes
upper
Apices "light" fairly well.
Heart shadow enlarged to the right.



L. B. Morse

MAJOR.M.O., i/c
X RAY DEPT.

Signed

HOSPITAL

1918

PROVISION FOR TREATMENT OR EXAMINATION

Name

Rank

Branch

Post No.

Ward

Room or location

Date of admission

Statement of Examination

Remarks



17
18
19

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 initialed 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.

MILITARY DISTRICT No. 6
HALIFAX N.S.
AUG 15 1919
179-20-22

No. S.R. M.D. 6 STATION HALIFAX DATE Aug 7 1919

1. (a) Unit 6 B.D. (b) Regimental No. 4050554 (c) Rank Pte
 (d) Surname Walsh (e) Christian name JAMES WALTER
 (f) Home address Springfield Antigonish N.S.
 (g) Next of Kin Mrs J.W. Walsh (h) Relationship Wife
 (i) Address of Next of Kin as above

2. Age last birthday 22 y 5 Date of birth June 12th 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Antigonish (b) Date 1916
Halifax May 1918

4. Personal description:
 (a) Height 5-9 (b) Weight 155 (c) Complexion dark
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. nil

5. Former trade or occupation Farmer

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).

	PERIODS	
	From	To
Canada	June 1916 MAY 1918	Sept 30 1916 date
England		
France or other theatres of War		

7. Original disease, or injury Broncho Pneumonia

(a) Date of origin Nov 1918 (b) Place of origin Antigonish Co.
 (c) Cause INFECTION

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.)

PAIN IN CHEST COUGH WEAKNESS

Diagnosis CHRONIC BRONCHITIS

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.)

COMPLAINTS OF PAIN IN CHEST ALSO PRECORDIAL. 32 year old man of good general physique. Mentality sluggish. Examination of chest. Expansion good less than two inches. Marked dullness left base posteriorly browned with moist rales. Impaired resonance right apex. Precordial sounds diminished left base. Has morning cough 29-7-19 Xray. The main roots both lungs extending into lobes upper. Apices high fairly well. Heart shadow enlarged to right. Signed [Signature]

(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... yes (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

Pulse current 88 after exercise 120 returning to 84 in 2 minutes. BP 134-92 Impure first sound, overcupped area functional. Heart shadow enlarged to right.

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

Pneumonia Nov 1918. Ill three months, since that time has had pains in chest with cough was discharged from army 30 Sept 1916 as medically unfit

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? *no*

(b) If ~~no~~, 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.)

not app

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? *indefinite*

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

Medical histories being referred

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 *Discharged from Army at E*

[Signature]
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, *[Signature]* 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.....

W A Mitchell

[Signature]
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

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (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.)

no

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

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

Case

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

PLACE

Huey

DATE

11/8/19

W. Prater Capreau President.
A. Louis Coffey 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.

PLACE

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

APPROVED
13-8-19

DATE

President.

Members