DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name CAMERON CHARLES A

02044

Regt. No. 2001234 Rank Gnr

Corps Siege Art. Draft

Med Unfit

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	1
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	2
Proceedings on discharge	2
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	1
Medical Report for Invalids	
Medical History Sheet	
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	1
Inventory of Kit	
Last Pay Certificate	1

a 7 B 122-1
G.A.O. 67 - 1
B 179 1 - 1
Discharged 1
A.F.D. 1237-B

M. F. W. 62.
50M.-9-16.
H. Q. 1772—99—935.

21-16
16-16
3-17
2

SIEGE ARTILLERY DRAFT C. E. F.
FROM
NOVA SCOTIA.

ORIGINAL

ATTESTATION PAPER.

No. 200234

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	~~Knight~~ Cameron
1a. What are your Christian names?	~~Chamberlin~~ Charles
1b. What is your present address?	Glace Bay, Cape Breton, N.S.
2. In what Town, Township or Parish, and in what Country were you born?	~~Antigonish~~ Antigonish, ~~[illegible]~~ N.S.
3. What is the name of your next-of kin?	Annie Cameron
4. What is the address of your next-of-kin?	Glace Bay, Cape Breton, N.S.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	20th Feb. 1873
6. What is your Trade or Calling?	~~[illegible]~~ (mechanic)
7. Are you married?	yes.
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.	yes. (3 mos. 94th Regt)
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I Charles Cameron, 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 Cameron (Signature of Recruit)

Date 14th 10 1916 [illegible] Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I Charles Cameron, 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 Cameron (Signature of Recruit)

Date 14th 10 1916. [illegible] Sgt (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 Halifax this 14 day of Oct 1916.

[illegible] (Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N. S.

M. F. W. 23.
400M.—1-16.
H. Q. 1772-39-841.

Description of Chas. Cameron on Enlistment.

Apparent Age 43 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 44½ ins.
Range of expansion 4½ ins.

Complexion Med.

Eyes Brown

Hair Iron Gray.

Religious denominations:
- Church of England
- Presbyterian Yes
- 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).

Two scars similar to vaccination mark on right & left arms. But never vaccinated

Weight 193 lbs.

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 Oct 14th 1916. Arthur Cameron

Place Halifax N.S. Capt A.M.C.
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.

Charles Cameron 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 Crawford (Signature of Officer)
O.C. Siege Artillery Draft C.E.F. from Nova Scotia

Date Oct. 14th 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

Copy 2119

This is to Certify that No. 2001234 (Rank) Gunner

Name (in full) Charles A. Cameron enlisted in

the Siege Artillery Draft

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 14th

day of October 1916

HE served in France

and is now discharged from the service by reason of Being found

medd unfit for further service

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 50 Years

Height 5 Feet 7 1/2 Inches

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars

Nil

C. A. Cameron

Signature of Soldier

A. McRae

Issuing Officer

Lt Colonel

Rank

Date of Discharge November 30th 1918.

Commanding #6 Disb Depot

Appointment

Signed at Halifax N.S. this 30th day of November 1918

in Military District No. 6

File Reference No.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2001234 (Rank) Gunner Name Charles A. Cameron

Unit Siege Artillery Troops

Address on Discharge Sterling Glace Bay C.B.

Character and Conduct Very Good

Former Occupation Miner

Special Qualifications of Value in Civil Life

Medals and Decorations Not Awarded

Remarks

Signed at Halifax N.S. this 30th day of November 1918

D. A. Morkan
Name of Officer

Lt Colonel
Rank

Commanding #6 Dist Depot
Appointment

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G. O. C. District.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Cameron, Chas. A.
Surname Christian Name

Regimental Number 2001234 Rank Gnr.

Address (in full)

Unit S.Attly.Dft.

Original Unit

District where paid M.D.6

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem: Field Allowance $ per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Account opened 1-15th Dec.1918.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No..... W. S. G. File No .....
Award ..... days at $ ... per day $
S. A. ..... months at $ ... per mo. $ ..... $
Less P. D. P. Credited $
$
Less further debit balance $.....
Net due paid as below

TO SOLDIER

	Ag. No				
0					
1					
2					
3					
4					
5					
6					

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Amount

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

L.L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Mrs C. A. Cameron (Wife)

Address Glace Bay C.B. N.S.

Rate 15.00

FEB 1 1917

By Whom Assigned Cameron Chas. A.

Regtl. No. 2001234

Rank Pdr.

Corps Siege Art Dft N.S.

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819

Sheet No. 2. Mrs C. A. Cameron (Wife) PAYMENTS.

Name of Soldier. Cameron Chas. A.
200123 4 Bdr. N.S. Siege Art

L. L. Job 4503.—Req. 6832.

FEB 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
			15.00	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		A 47702	15	
March		B49074	15	15 L
April		X490	15	15 6
May		W 7341	15	
June		I 13461	15	15 Bu
July		Z 22650	15	Bu
Aug.		E27650	15	Cu
Sept.		E34477	15	D
Oct.		H 47029	15	
Nov.		S 48652	15	
Dec.		D 1382	15	
Jan.	1918			$165
Feb.				
March				
April				
May				
June				
July				

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.				

L. L. Job 4503.—M. & D. 6832.

1/- ~~12.10.16~~ 12 10/16.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-318.

47

SEPARATION ALLOWANCE

Name Mrs Annie Cameron

Address Glace Bay.
C.B.- N.S.

Relation to Soldier wife, child or mother } Wife.

Name of Soldier Cameron Chas. A.

Regtl. No. 2001234

Rank Gnr.

Corps Siege. Art: Draft.

To what Corps belonging when called out }

PAYMENTS

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.-6-16.
1772—39—818.

Sheet No. 2. Mrs. Annie Cameron

Name of Soldier Cameron Chas. A. Gnr.

L. L. Job 4503.-Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		J 23877	32	32
Dec.		W 27654	20	20
Jan.	1917	Q 27934	20	20
Feb.		Q 31223	20	20
March		Q 34517	20	20
April		R 348	20	20
May		Q 3668	20	20
June		S 7055	20	20
July		R 10585	20	20
Aug.		W 12542	20	
Sept.		T 16681	20	
Oct.		B 23806	20	T
Nov.		Q 25501	20	
Dec.		B 27131	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

Forms
I. 1237

C.E. Hut 3.

Army Form I. 1237.

"D"

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	200 1234	Gnr.	Cameron Et	Chas A

Year	Unit.	Age.	Service.
1918.	6 G.A.	50	24/12 14/12.

Station and Date.

17-6-18.

Disease Chronic myalgia

Clark

Reported sick at Vimy May 1918. Has been ~~to~~ suffering from myalgia since Dec 1917. Complained pain in practically all joints of a shifting character. Pain legs more acute. Sent to 53 G.H. Boulogne, evacuated to Eng. May 3/18

Present Condition. – Gen. app. fair. Does not look his age. States he could not sleep last night because of the pain in legs etc. Joints not swollen at present but some tenderness in knee joints. Finger joints stiff and slightly swollen. Drawer to Can. R. Cross Sp. Buxton for treatment and disposal.

W Burns.

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

179 LB. B.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1c-T.2073.	2001234.	Gnr.	CAMERON,	Charles, A.
Year	Unit.		Age.	Service.
1918.	Canadian Garrison Artillery.		50.	23/12.

Station and Date.

Disease MYALGIA. (General).

ENLISTMENT. 10-2-16 Sydney, N.S. mastoiditis

ARRIVED IN ENGLAND. 4-2-16.

FRANCE. 21-4-16 to 6-6-18

COMPLAINT. Pains in knees, legs, elbows, sometimes all over.

DURATION OF PRESENT ILLNESS. Since Nov 1917.

PAST ILLNESSES. Had slight pains at times before enlistment which caused him to stop work for few days. Typhoid 18 yrs ago..

Pains started about Nov 1917 & have continued ever since, at times slight, at others severe. Reported sick 29-5-18, sent to a British F.A. on 29-5-18 "Rheumatism chronic", thence to 53rd Q.H. Boulogne on 2-6-18, thence to No 1 M.H. Exeter, thence Monks Horton 17-6-18. thence Buxton.

CONDITION ON ADMISSION.

Gen Cond good; abdomen protuberant, acne.
Arcus senilis present BP. 116-84.
No swelling of joints, but movements are slow & stiff, grating at left shoulder on movt.
Slight tenderness at origin of Erector Spinae muscles with some rigidity of spine.
Heart - 1st sound at apex accentuated, interval between 1st & 2nd sounds shortened.
Urine neg.

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

Station and Date.	
	TREATMENT. Vapor bath & massage. alt days. W. C. Gratz Capt
5-7-18.	no improvement.
12-7-18.	Less pain in arms, otherwise unchanged
24-7-18	Local board 179. rec Pt C. W. C. Gratz Capt
	CONDITION ON DISCHARGE. It looks his age.
25-7-18.	Arcus Senilis, moderate arterio Sclerosis B.P. 78-112. Systole shortened, 1st sound at apex accentuated. Lungs urine, nervous system neg. Grating at left Shoulder. Pain, tenderness & rigidity of lumbar Erector spinae muscles. Abdomen pendulous. W. C. Gratz Capt Pl.

Pinehill Hospital
HALIFAX, N.S.

CASE HISTORY SHEET

Pine Hill Hospital. Halifax Station.

No. 200/1234 Rank L/Cpl Name C. A. Cameron Age 50

Unit 9th Sig. Bty. Completed years of service Where and how long 2 yrs 1 mth

Date of admission 11. 11. 18 Date of discharge 26. 11. 18

Diagnosis Myalgia Place of origin Civil Life

CONDITION ON ADMISSION AND PROGRESS OF CASE

He looks healthy & is heavily built & well nourished. He complains of subjective pains in the lumbar region & the hips, which are most severe in damp weather. On bending forwards he is unable to touch his toes with the tips of his fingers (gap of 10 inches). Nothing objective can be detected in the hip joints & they can be moved freely by passive manipulation, though voluntary movement is accompanied by a slight degree of stiffness.

Other systems normal

FAMILY HISTORY none

(Tuberculosis, mental or nervous diseases.)

TREATMENT General Convalescent

(Especially any specific or special form.) Massage & Passive Movement

CONDITION ON DISCHARGE He has been Boarded in Cat E as unfit for further Service & overage

(and disposal made of case.)

Date 26. 11. 18. John Cameron
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

'6 D Depot
Wellington Bks

Capt
CAMC

18094

COPY.

CASE HISTORY SHEET.

Pine Hill. Hospital. Halifax, N. S. Station.

No. 2001234 Rank Gr. Name C. A. Cameron. Age 50

Unit 9th Sge. Bty. Completed years of service (Where and how long) 2 yrs. 1 mth.

Date of admission 11-11-18. Date of discharge 26-11-18.

Diagnosis Myalgia. Place of origin Civil Life.

CONDITION ON ADMISSION AND PROGRESS OF CASE

He looks healthy and is heavily built and well nourished. He complains of subjective pains in the lumbar region and the hips, which are most severe in damp weather. On bending forward he is unable to touch his toes with the tips of his fingers (gap of 10 inches). Nothing objective can be detected in the hip joints and they can be moved slowly by passive manipulation, though voluntary movement is accompanied by a slight degree of stiffness.

Other systems normal.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) None.

TREATMENT

(Especially any specific or special form.) General Convalescent.

Massage & Passive Movement.

CONDITION ON DISCHARGE,

(and disposal made of case.) He has been Boarded in Cat. E. as unfit for further service and overage.

Date 26-11-18.

John Cameron, Capt. C.A.M.C.
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

ORIGINAL

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 SIEGE ARTILLERY DRAFT C. E. F. FROM NOVA SCOTIA.

(2) Regimental Number 2001234

(3) Full Name of Soldier Cameron, Charles Augustus.

(4) Place of Birth Addington Forks, Antigonish, Nova Scotia.

(5) Are you married, or not? Yes.

(6) If married, state,
(a) Full name of your wife Annie Cameron

(b) Present Postal Address Glace Bay, C.B., N.S.

(7) Are you a widower?

(8) Have you any children? Yes.

If so, give number of boys and girls 3 boys, 1 girl

Also their names and ages Hugh Murray ~~Ch~~ 17 yrs.
George Milton 16 "
Wilfred Basil 12 "
Bessie Gleaspy 19 "

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(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.

yes.

(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.

H Cantley Capt.
For *Officer Commanding.*

Date Dec 1/16

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 2001234 Rank Gnr Name Cameron C.A.

Corps C.D.A. who was* Discharged

On Nov 30/18 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/11/18 191...., to 30/11/18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. 9112	36	00	Regt'l Pay 30 days at $ 1.00 c.	30	00
Advances by Cheques } No.			Field Allow. 30 days at $ 10 c.	3	00
Assigned Pay and Sep'n Allce. No. Dependents Allowance	15	00	Separation Allowances* (Monthly)		
Other charges			Other Allowances* Auto 25/10-11/11/18	14	40
Payment on transfer or discharge No. 9108	32	40	Other Credits* Clo allce	35	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	82	40	Total	82	40

*Give particulars.

A monthly stoppage of $ 15.00 (†) has been paid (‡) been paid on account of Assigned Pay for the month of Nov 191.... and Sep'n Allce. for month of Nov 191.... (to) Assignee Mrs C O Cameron

(Address) .....

Made by
Checked
Date

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Yes Dd to 30/11/18

(3) cause of discharge ..... authority D.O. 226

(4) authority for transfer .....

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

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

Date December 1/18

Place Halifax, NS

W W Doughney
No. 6 DISTRICT DEPOT.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Cameron Christian Name Charles

Examined on 14th day of Oct 1916 at Halifax N.S.

Birthplace City or Town Antigonish County Nova Scotia

Apparent age 44 years.

Trade or occupation Machanist

Height 5 feet 6½ Inches

Weight 193 lbs.

Chest measurement Minimum 40 inches Maximum expansion 44½ inches

Physical development Good.

Small-pox Marks nil

Vaccination Marks Arm Right Left Number

When Vaccinated last never.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by Arthur Lipman, Rank Capt. A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
16/4/17	Fit	J. H. White	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

10 JUN 1918

Date	Result	Vaccinations	
14/4/17		J. H. White	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
15/11/16	1st	G. W. B. Morton	M.O.
22/11/16	2nd	G. W. B. Morton	M.O.
29/11/16	3rd	G. W. B. Morton	M.O.

Enlisted on 12th day of October 1916 at Sydney C.B. N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	N.S. Siege Artillery Draft	2001234		Oct 12/16
Transferred to				

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Canadian Red Cross Special Hospital, BUXTON, DERBY.	30-7-18.	Myalgia	Invalid to Canada (Major)
Halifax	Nov 18 1918	Myalgia	E. R. Dixon Capt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Cameron Christian Name Charles

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				
		6	6	18	17	6	18	Inflammation of joints	12	Creaking in knees & ankles. Age 50.	
Hd-Qtrs. War Hospitals Central Registry Exeter		17	6	18	25	6	18	Myalgia	8	Transferred to Buxton for further treatment.	Dan MacDougall
Canadian Convalescent Hospital, Monks Horton, Kent.											
Canadian Red Cross Special Hospital, BUXTON, DERBY.		25	6	18	22	9	18.	Myalgia, (general.)	89.	Patient inclined to obesity, abdomen pendular. Arcus senilis present B. Press 112.-78. Heart regular 1st sound at apex accentuated, interval between 1st & 2nd sound shortened; Lungs, urine, nervous syst. neg. No swelling of joints, grating at left shoulder. Pain & slight tenderness in lumbar muscles & at origin of erector spinae muscles; rigidity of lumbar & erector spinae muscles, causing impaired flexion of spine. Patient looks his age.	R B Byrd Major C.A.M.C.

EMPKD SEPT 24 1918
DISCHD OCT 7 1918

Temporary

MEDICAL HISTORY SHEET.

Surname Cameron *Christian Name* C. A

Examined { on ..... day of ..... 191 ..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches. / Maximum expansion ..... inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm ..... Right. ..... Left. ..... / Number .....

When Vaccinated last .....

(*a*) Marks indicating congenital peculiarities or previous disease .....

.....

(*b*) Slight defects but not sufficient to cause rejection .....

.....

.....

Approved by

.....

Rank ..... M.O.

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.
		..... M.O.
		..... M.O.
		..... M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		..... M.O.
		..... M.O.
		..... M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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. 1772-39-433.

Surname..... Christian Name.....

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				
Pine Hill Halifax		11	11	18	26	11	18	Myalgia	15	Discharged in Cat E.	John Cameron Capt CAMC

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 2001234 Rank Gnr. C. E. F. Name Cameron, P. 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		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24-9-18 7-10-18	Oseas	TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT Posted to Hosp Sect.	Halifax	DO 183	Geo. T. Shaw CAPTAIN ADJUTANT NO. 6 DISTRICT DEPOT
26-11-18		Trans. to Cas Coy.	Halifax	26-11-18	H.S. DO 223 F. J. Dimp CAPTAIN. 2nd. IN COMMAND HOSPITAL SECTION No. 6 DISTRICT DEPOT.
26-11-18		Taken on strength of Casualty Comp'y from H.S.			Geo. W. Baulds for ..... LIEUT C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT
30-11-18		DISCHARGED at Halifax, N. S STRUCK OFF STRENGTH NO. 6 DISTRICT DEPOT	Halifax	DO 227	A M Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT.

(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				

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				
18. 1. 18.	11 C. F. Amb.	Gen. Debility Adm.	11 C. F. Amb.	14. 1. 18.	9/36. G/C 5508
Do.	9 C. S. B.	Sick to Hospital	not Stated.	15. 1. 18.	B. 213
~~21. 1. 18.~~	~~11 C. F. Amb.~~	~~Gen. Debility~~ ~~Cancelled~~	~~Auth. A.D.M.S. 2nd Corps~~	~~21. 1. 18.~~	~~9/36. Pte. 2/1889~~
13. 2. 18	Do.	Do. to Duty	not Stated.	12. 2. 18	Do. G/B 3089.
16. 2. 18.	9 C. S. B	Rejoined Unit from Hospital	Field	Do	B. 213.
29/5/18	1/2 L Fa	Rheumatism 29/5/18	to 7 CCS	29/5/18.	F 4302
29/5/18	7 CCS	do	7 CCS	29/5/18.	F 4597
1/6/18	1 Bde Sig	Sick	to Hospital	29/5/18	B 213
1/6/18	7 CCS	Rheumatism 29/5/18	to 14 A.T.	1/6/18	F 5053
2/6/18	53 Gen	do	53 Gen	2/6/18	F 5304
5/6/18	53 Gen	do	to England	5/6/18	F 5635
5/6/18	do	Sick & Posted to Cdn Arty Res Depot Witley A.T. Jan Breydel		5/6/18	W 3083/5521 Pte II 33 a/18/6/18

Chas. B. Chafnell, Lieut.
for Lieut-Col., A.A.G.
Canadian Section. GHQ.

14. 6. 18	C.A.R.D.	T.O.S from 1st Bde C.F.A.	Witley	6. 6. 18	Pte II 165
25. 3. 18	9th S. Bty	Now Known as 1st Bde C.F.A.	Field	20. 3. 18.	Pte II

For Lt-Col i/c Records, Ottawa

SEP 24 1918 H.M.T. "K" Embarked LONDON
H I G NO. 64 Disembarked QUEBEC

SEP 24 1918

OCT -7-1918.

SIEGE ARTILLERY DRAFT C. E. F.
FROM
NOVA SCOTIA.

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

1st Bde 6th (How)

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

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 2001234 Rank Gdr. Name Cameron Charles

Enlisted (a) 14 12/10/16 Terms of Service (a) C. E. F. War 96 mos. Service reckons from (a) 14 12/10/16

Date of promotion to present rank. } Date of appointment to lance rank } 6/11/16 Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Mechanic

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	Halifax	24/1/17	Alexander Douglas Lieut.
		Disembarked	Liverpool	6/2/17	Ofc. N.S. Siege Arty Draft.
		Promotted & Bdr.	Halifax	Oct 45	Nov 14/16
		Transferred to 9th Canadian Siege Battery,	France	19/4/17	Pt. II D.O. No. 93 APR 19 1917 Richard Henry. Lieut for O.C. CANADIAN DEPÔT, SIEGE ARTILLERY.
8.2.17	6 D S A	Taken on Strength	Stowlangtoft	7.2.17	Pt II O. 34
8.2.17	6 D S A	To know pay of Acting Bdr.	Stowlangtoft	7-2-17	— — — 34
21-4-17.	C. B. D	Having arrived as Reinforcement & T.O.S. of 9th Can Siege Bty.	Field	21-4-17	N.R. Pt II O No 70 of 24-4-17.
do	do	Left for Unit	do	23-4-17	N.R.
28-4-17.	OC. Unit	Arrived at Unit	do	26-4-17	B213, Ref K.T. 16-8038
17-4-17	C D S.A.	Reverts to permanent Grade	England	17-4-17	Auth. Off i/c Records RL.2-43-91 Pt II O No 93 R.S. 23517.

(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.

Regtl. No. Rank and Name 200 1234 Pte. Carrison C. Corps R. E. F. A.

Disease Myalgia General Hospital C. R. H. S.

To Officer i/c Laboratory. Ward B. 30 – 69

Please carry out an examination of the accompanying specimen of urine

with special regard to Routine

Date 25-6-18

W. E. Napleton
O. i/c Ward.

LABORATORY REPORT.

S. G. 1.027

Sugar nil

Albs nil

Reaction acid

Date of Examination

R. E. Coleman Capt
O. i/c Laboratory.

W.3212. 50M-4-4-18.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Mechanic. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 43. YEARS 7. MONTHS

HEIGHT 5. FEET 6 1/2. INCHES

CHEST MEASUREMENT 44 1/2. INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Medium. EYES Brown. HAIR Iron Grey.

DISTINGUISHING MARKS Two scars similar to vacc. marks on right and left arms but never vaccinated.

MEDICAL EXAMINATION. PLACE Halifax. N. S. DATE Oct. 14th, 1916.

Present Address - Glace Bay. C. B. N.S.

SURNAME. Cameron.

CHRISTIAN NAMES Charles.

REGL. No. 2001234. RANK Bomb.

UNIT ~~Liege Artly (1st Draft)~~ (6. 20. 20)

FORMER CORPS Nil.

CARD No.

S.O.S. des. M.U. 30-11-18

O.O. 227 f FOLL 30-11-18 6

NEXT OF KIN.

NAMES IN FULL Cameron, Mrs. Annie.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Glace Bay. C.B. N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Antigonishe N.S. DATE Feb. 20th. 1873.

PLACE OF ATTESTATION Halifax. N.S. DATE Oct. 14th. 1916.

R/C. 7-10-18 212/18 MDL

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

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

(This form to be filled in by all ranks on voyage to Canada.)

D.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al address..... (Street) ..... (City or Town) ..... (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....

DEP. MAY 29 1925 REGN. NO. 13 P/5

2502.

Number 200/234 Rank a/Bdr.

Surname CAMERON

Christian Name Charles

Units C. G. A. Theatre of War France

Date of Service 21-4-17

Remarks

Latest Address ~~Stirling. Glace Bay~~ NS ~~C.B., N.S.~~ New Aberdeen Glace Bay N.S.

Roll No.

200m.-6-21. Page 2263

REMARKS:

LEDGER NO. 134 SERIAL NO. 18094

REG. NUMBER 2001234 NAME Cameron C. A

RANK Gnr CORPS C. G. A.

AGE 50 SERVICE 25/12.

NAME OF HOSPITAL Pine Hill PLACE Halifax

DATE OF ADMISSION 9-10-18 11. 11. 18

DISEASE Myalgia myalgia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Discharge 26.11.18. IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form R. 149.

Charles

Name CAMERON *Rank* Dvr *Reg. No.* 2001234

Unit ~~9th Siege Battery~~ 1st Bde C.F.A.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-1	11 Can Fld Amb.		Gem Debility	9147		12065
~~19-1 xxxxx 11 C~~						
12-2	Discharged		do	9170		12663
24-5	1 Can Clg Stat		ac Articular Rheumatism	9261		31123
2-6	53 G Hpl Boulogne		do	9262		HA 1466
6-6	W Gen Hpl Exeter		do	B264		19325
18-6	66 Hpl Monks Horton		do	B274		19964
26-6	C.R.C. Hpl - Buxton		do	B280		20351
24-9	Inv to Canada		do	CW B361		2497

No. 2001234 RANK Pte NAME Cameron, Charles, A

T. O. S. 12-10-16. UNIT Siege Artillery Draft. C. E. F.
(D.O.# 22 of 23-10-16)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct-12	1916. Oct-31	✓	Late of 94th Regt	Oct paylist.
Nov		✓	Promoted Bdr. 6-11-16	D.O.# 45 of 14-11-16.
Dec		✓		
1917 Jan	1917	✓		

REGT'L. No. 2001234

H. Q. FILE No 649

NAME Cameron C.

RANK AND CORPS Pvt. 9 S.

CABLE	
No.	Date

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	~~REMARKS~~ Art
A 147 2	no 11 Can. Fld. Amb	17-1-18	Debility Gen.
A 170	" " Discharged	12-2-18	" "
A 261.	No. 7 C. C. S.	29-5-18	Ac. Articular Rheumatism
A 262	#53 Gen. Boulogne	2-6-18	" " " "
B 264	War Exeter	6-6-18	" " "
B 274.	to Can. Conv. Mont Horton	18-6-18	Ac " "
B 280	Can Spec, Bupton	26-6-18	" " "
B 361	Invalided Can	24-9-18	" " " "

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.	C. R. C. S. Buxton	26. 6. 18.
2.		
3.		
4.		
5.		
6.		
7.		

FORM D.M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. No.
CAMERON	C.	2001234.

RANK	UNIT	CO.	TROOP	BATTY.
Dvr.	CA.9S.	(1.B.C.G.A.)	6 B m G S.	

HOSPITAL

DATE OF ADMISSION

11 C.F.A. 17-1-oB.

1. 7.6.6.S. HOSP. 29.5.18.
2. 53 G. Boulogne. HOSP. 2-6-18.
3. War Hsp Exeter HOSP. 6.6.18
4. C.C. Marks Horton HOSP. 18-6-18

DIAGNOSIS

1 Debility General.

2. Ac. Articular Rheumatism

3

Invalided to Canada 24-9-18.

DISPOSITION

XL. 22-1-18 A147-2.

18.2.18 a170.
6-6-18 @ 261 ①
7.6.18 @ 262 ①
10.6.18 B 264.
21-6-18 B 274.2
28.6.18 B 280.
1-10-18 B/261-6

REMARKS

DATE

12.2.18.

L 38695

NOV 30 1931

▷7.50

107,192 T

.,

A.

L 38696

NOV 30 1931

▷30.00

RDSON,

107,193 T

Canaan,

ERMONT,

L 38697

NOV 30 1931

Pay card

for 94th

Regt., yes -

to Cont.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 7.

Date of entry 29-5-18.

Chronic rheumatism.

Esse - Kitten

Illegible name
Major RAMC

No. of Hospital NO. 53 GENERAL HOSPITAL.

Date of entry 2 JUN 1918.

Pains in joints and all over since Dec 1917.

Aet at 50. Vide. C.O. orote etc.

E.D.

J.H. Thursfield
Maj. R.A.M.C. T

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

2nd L.F.A., R.A.M.C.(T.)

A.T. Serum Dose and date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness }

Religion Pres.

50-2-14

Army Form W. 3118.

FIELD MEDICAL CARD.

50 2/15 P.

No. 200123U Rank Gnr.

Name CAMERON Chas. Aquaduc

Unit RGA 9 Can. SGE BTY. C.G.A

~~Battle Casualty~~ ~~Accidentally Wounded.~~ "Sick"

(Strike out description which does not apply)

No. of F.A. ~~[illegible]~~ 1/2 L.F.A.

Date of admission 29/5/18

F.A. diagnosis Rheumatism (Acute)

Plus

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

GM

(1012) Wt. W15045/H3401. 1750m. 5-3-17. J.R. & C.

Date of Enlistment

12-10-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

633

Date of Assignment

Feb. 1/17.

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25.00~~ 1/12/17	30 1-9-18	

P.C. 3257 Pc. 2753
MRO. 44076

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 200234

Rank Bdr. Promoted Reverted Discharge

Soldier's Name Charles C. Cameron

Battalion Siege Art. Dft. N.S.

Beneficiary Mrs. Annie Cameron

Relationship Wife

Address

M.F.W. 2554. 25-7-18
Rcd OK. 24 11/18

PARTICULARS OF ASSIGNMENT

Name Mrs. C. A. Cameron (Wife)

Address Glace Bay C.B. N.S.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31st		292	165	$457		02702-6-4.
1918 Jany	D 65924	30	15	45	a/f	..... ~~A/c Closed~~ Acct. open.
Feb.	B 100596	25	15	40		Bl. $547.00 Ret'd per Khyber
Mar	A 107845	25	15	40	✓	Ad. $315.00 Date 9-10-18 F.X. 10-10-18 MD. 6.
Apr.	A 4948	25	15	40		31-10-18 Clerk J.H. Goldsmith
May.	H 19803	25	15	40		
June	E 18693	25	15	40	✓	Discharged 21/11/18. Auth. D.P.M.
July	V 34345	25	15	40	✓	A/c. closed 30/11/18. M.F.W. 187 rendered.
Aug	E 31210	25	15	40		MRO 2B (24876) J.H.G. 30/11/18.
Sept	H 45541	25	15	40	✓	
Oct.	F 49086	25	15	40	✓	
NOV.	B 60583	25	15	40	✓	D 62769 cancelled. J.H.G. 11-12-18 (660.4740)
~~DEC~~	D 62769	45	15	60	✓	
Nov.	N 2987	15		15	✓	Alo 12633 (N2987-$7.50) to adj. S.A as per P.C. 2753 from 1-9-18 to 30/11/18 J.H.G. 30/11/18 — mailed 2/12/18.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1493.

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—177-39-1141
L. L. 22320—M. & D. 7193.

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name CAMERON, Charles. | Reg'l No. 2061234.

Unit Nova Scotia Siege Art Draft to Can Siege Art Depot. | If in perm. Corps What Unit? | Married or Single Married.

Place and Date of Enlistment Halifax. 14th Oct.1916. | Place of Birth Antigonish.

Name and Address, Next-of-Kin Annie Cameron. Glace Bay, Cape Breton, N.S. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 5896.
File R.L.
Category M.U. B.

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. O/S. B.	REMARKS Taken from Official Documents.
"C"		Arrived in England.	S.S. Scandinavian	6.2.17.	
8.2.17.	C.D.J.A.	Taken on strength.	Stowlangtoft	7.2.17.	Pt II 034
8.2.17	C.D.J.A.	To draw pay of Acting Bdr.	Stowlangtoft	7.2.17	Pt II 034
18.4.17	"	Reverts to Permanent grade at own request		17.4.17	" " 97
21.4.17	9th S.B	T.O.S on arrival fr England	Field	21.4.17	" " 70
29.8.17	Hy T.M.B.	On sem. 2 Cadet Wing RFC	Hursley	Milford 29.8.17	" " 16
25-3-18	9.C.S.Bty.	Now Known as 1st Bde C.G.A. (Howitzer)	Field.	gen. 20-3-18	Pt II 90. 11. & Pt II 90. 10. D 19-4-18.
14.6.18	C.A.R.D.	T.O.S from 1st Bde C.G.A.	"	5.6.18 6.6.18	Pt II 165 + 1st Bde. C.G.A Pt II 33/18.6.18
1-10-18	1st Bde C.G.A	Invalided to Canada	Buxton	24-9-18	Ch B 361
4.10.18	Can I.	S.OS. invalided to Canada	Witley	24.9.18	D 277.

24 APR. 1917

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.					

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
787	200 1234	Gnr	Cameron	Charles Agustus A. E.

Year	Unit.	Age.	Service.
1918	6th Canadians Seige Bat.	50	2 yrs

No 1 Exeter

Station and Date.	Disease Chronic Rheumatism 203 Rept. of joints
6.6.18	Admitt: from France.
	Rep with 29.5.18 at Petit Ving. Has been troubled with last December frosting in hands & ankles. Radiant heat.
8.6.18.	Rec'd for transfer to Canadian hospt. for dis. good. q.v. C.O.'s orders.
17.6.18	Transfer Monkseaton

A H Eastes

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

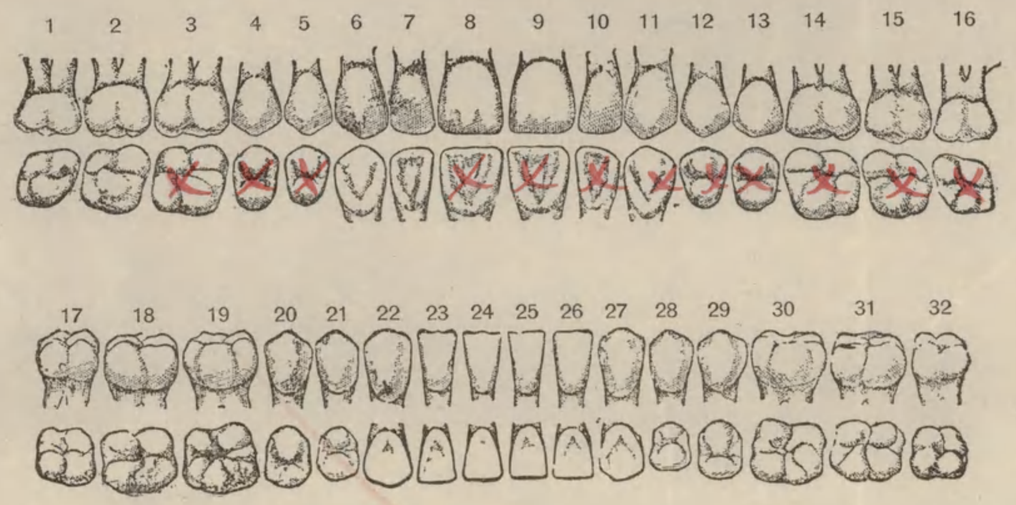
District 6

No. 100,1234

Name of Soldier Cameron C. A.

Regiment 99th Siege

Rank



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

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

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination 25-11-18												3.4.5. 8 to 16	1		2						Capt. McIntyre	6	
Returned.																							O.K.

M. F. B. 463.
150M.—6-18.
177-59-950.

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

PLACE Halifax, N. S.

DATE Nov. 18th, 1918.

Members.

APPROVED BY

Assistant Director of Medical Services.

DATE 21-11-18

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

DATE

Members.

DUPLICATE.

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Pine Hill Hospital. DATE 18-11-18.

1. 1 (a) Unit #6 District Depot (b) Regimental No. 2001234 (c) Rank Gnr.

(d) Surname CAMERON (e) Christian name CHARLES A.

2. Age last birthday 50. Date of birth Feb. 20th, 1868.

3. Enlisted at Halifax, N. S. on Oct. 12th, 1916.

4. Personal description:—

(a) Height 5' 7½" (b) Weight 193 (stripped) (c) Complexion Medium.

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks None.

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

Sterling, Glace Bay, C. B.

6. Former trade or occupation Miner.

7. (a) Service	Years	Days

	Periods	
	From	To
Darft to 9th Siege Battery	Oct. 1916	Oct. 1918,
#6 District Depot	Oct. 1918	Date.

(b) Has he been overseas? Yes. 8. Original disease or disability Myalgia.

(a) Date of origin Several years ago. (b) Place of origin In civil life.

(c) Cause* as Uncertainable.

(d) Present disease or disability Myalgia.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

He looks healthy and is heavily built and well nourished. He complains of subjective pains in the lumbar region and the hips, which are most severe in damp weather. On bending forward he is unable to touch his

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

toes with the tips of his fingers (gap of 10"). Nothing objective can be detected in the hip joints and they can be moved slowly by manipulation, but their voluntary movement is accompanied by a slight degree of stiffness. His disability is chronic muscular rheumatism.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Yes. Digestive Yes. Respiratory Yes. Cardiac Yes.

Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part. As noted.

10. History: (*a*) of Condition referred to in "a" section 9.

No history of Acute Rheumatism.

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

None additional.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? Yes.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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).

Exeter Hospital - 8 weeks, Monks Horton Hospital - 1 week, Buxton Hospital - 3months, Pine Hill Halifax - 3 weeks.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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? No.
(If not, briefly state why.)

17. Recommendations That Gnr. C. A. Cameron be discharged from the Service as unfit and overage.

John Cameron Capt
CA M C
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned C. A. Cameron. 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

C A Cameron
Signature of soldier 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 criticized.

Yes.

19. Is the soldier 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 soldier
(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).

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.2.17 Stopped 1/9/18		EFFECTIVE DATE:-	
AMOUNT:- 15.		AMOUNT:-	

NAME:- CAMERON Chas. A

NUMBER:- 2001234

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.

Mrs C. A. Cameron
Glace Bay C.B.
N.S.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		gr

UNIT AND TRANSFERS

ORIGINAL UNIT:- CDSA

DATE ACCOUNT FIRST OPENED:- 1.2.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			9 CSB
165 6/6/18	1/7/18		CRA
	1/9/18	20/9	JNE
	13/2/19		Canada Sec

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
30/7/18	1432	Buxton L/1	~~48~~				
12/8/18	1472	do L/10	~~48~~ 67 53 54				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: 31/8/18 Discharged to Canada Bux. 20 A/30 12/8/18 Balance $148.16

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	~~Bal 2ord~~								125 76		
Apl	G.P.	33		G.P.				15			
				ak 181 9 CSB 8/4	446				139 30		
		33			446			15			
May	G.P.	34 10		G.P.				15			
				ak 776 1st b.G.A 17.5.18	357						
				066 " 6.5.18	446				150 37		
		34 10			803			15			
June	G.P.	33		G.P.				15	168 37		
		33						15			
				ak 1214 " 27/6/18	243				165 94		
		33			243			15			
				1037 " 25/6/18	487				161 07		
		33			730			15			
July	Gnr's pay	34 10		ak 1512 15/7/18 Credit Buxton	487						
				Aux pay Can				15	175 30		
		34 10			487			15			
Aug.	G.P.	34 10									
	S.P. 13/8 – 22/8/18	7 30		G.P.				15	~~198 70~~ 201 70		
				ak. 1737. 6.8.18. Pro Bde	487						
				ak. 1772. 12.8.18: Cant. Hosp Buxton	48 67 53 54			15	148 16		
		41 40									
Sept.				ak. 2178 Buxton 3/9/18 Endorsed	9 73				138 43		
					9 73						
Nov				SDU 1968 To Close a/c	138 43				Nil		
					138 43						
				Bn 138.43 11-12-18							

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation

P. 559.

Married or Single: Married

Place of Birth: Antigonish.

Name and Address of Next of Kin: Annie Cameron
Glace Bay C.B. N.S.

Relationship of Next of Kin: wife

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
Reverts to Gunner	17-4-17	Ch II 92, 12-4-17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 2001234 Rank Bombardier ~~Gunner~~ Name Cameron, Charles

If in Perm. Corps What Unit: Unit C.D.S.A. Transferred to 9 C.S.B. Date 16-7-17 Authority Ch II 93, 19-7-17

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Halifax. N.S. Transferred to Date Authority

Date of Attestation Oct 14-1916 Transferred to Date Authority

Assigned Pay Monthly $15.00 Date Effective 1-2-17

Payable to Mrs C. A. Cameron, Glace Bay, C.B. N.W. Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Canada 31/8/18. Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

#2.

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
														14 52	14 52																14 52				Bal. from Canada.
Feb	1-28	28	1 05/10	32 20											32 20													15		15	31 72				
Mar	1-31	31	1 10	35 65											35 65	168 156	28 2/2 15 1/2	200 186	31 3-17 15 1/3					14 60 Y 30	9 73 Y 30			15		53 93	13 44		50	12 94	
	1-16	16	1 05/10																																
Apr.	1-30	30	1 10	33 80											33 80													15		15	32 24				Reverts to Gnr 24-4-17 Ch II 92 19-4-17
May	1-31	31		34 10											34 10		28 18-4 3 10-4							4 86 7 30				15	57	27 73	38 61				I.O.R. 326 19-4-17
June	1-30	30		33											33					25	15-5-17	5 C.S.B.				5 35		15		20 35	51 26				
July	1-15	15		16 50											16 50													15		15 147 01	52 76				Trans. 9 C.S.B. Ch II 92 19-7-17
		16		17 60											199 77 17 60																70 36				
Aug		31		34 10											34 10	47 Y1		29 11 Y 27/8		35	24/5			Y 67 Y 68	Y 67 Y 68	4 46		15		27 48	76 98				
Sept		30		33											33		50 18/7	60	31/7					Y 68	Y 68			15		23 04	86 94				
				269 95										14 52	284 47									42 09	25 06	9 81		120	57	197 53					

2001734. Gnr. Cameron Charles. Ass Pay 15% C.

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	DEFERRED PAY	SER. ALLCE. ENG.																								
Brt Forward.		~~86 94~~							86 94																										
Oct.	Gnr Lay	34 10		C.A.P.				15																											
"				a.R. 234, 11-9-17 C.C.H.A	268																														
"				a.R. 252, 14-9-17, C.C.H.A	893				94 43																										
		34 10			11 61			15	109 10																										
Nov.	" "	33		C.A.P.				15	161 53																										
	Dec Lay.	34 10		A.R. 585. 17-10-17. C.C.H.A.	3 57				45 16																										
				" 493 7-10-17 "	4 46				116 31																										
				" 50 19-8-17 "	2 67																														
					10 90																														
				C.A.P. Dec.				15																											
		67 10		A.R. 693 4/11/17 9 Corps	4 46			30	116 37																										
					15 16																														
1918.																																			
Jany.	Gnr Pay.	34 10		C.A.P. Jan.				15																											
				a.R. 855. 2.12.17. 9 CSB.	16 95																														
				" 1024 15.12.17 "	3 57				114 95																										
		34 10			20 52			15																											
Feb	Gp	30 80						15	130 75																										
				76 7/11 9 C.S.B	4 46				126 29																										
		30 80			4 46			15																											
Mch	Gp	34 10						15	145 39																										
				415 27/2 .	8 03																														
				462 19/2 .	3 57																														
				540 3/3 .	4 46																														
					16 06																														
				698 18/23 .	3 57				125 76																										
		24 10			19 63			15																											

To new sheet.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 200,234 RANK Gnr NAME (IN FULL) Cameron, Charles A (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Mrs C A Cameron wife RELATIONSHIP

ADDRESS Glace Bay Cape Breton N.S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Dft S.A. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE 21 AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY. $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Glace Bay C.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Halifax N.S. DATE 20.11.18 REASON AUTHORITY DO 236 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
									500		War Gratuity																										
	153 days		35000		15000				~~317 00~~			Jan 6 1919					B 2720		33	00							6						~~63 00~~				Pay List 220
									~~120 00~~			Jan 6 1919					B 2721		30	00																
												FEB 22 1919					B 3421		70	00																
												FEB 22 1919					B 3422		30	00													m		N	
												Mar 17/19			145220				70													140		30		
												17/19			145221				30																	
																			70														70		Nil		153797/8 25/4/19
																			30																		
																			70														Nil				588842 24/5/19
	35000		15000						50000										43700								6300				50000						

Completed

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

A Barthrum CAPT.
For Senior Officer Pay Services, N.D.6

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	FAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						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		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

President.

Reserved for M.H.C.

Regt. No. 1001234 Rank Gnr. Surname CAMERON Christian Name CHARLES A

Unit or Corps—(a) Overseas from United Kingdom C. Garr. Art. (b) In United Kingdom

Born at—Town Antigonish County or Province Nova Scotia Country Canada

Date of Birth—Day 20 Month Feb. Year 1868 Age 50 yrs. 5 months.

Joined at Sydney N. S. Can. Date 10-2-16

Former Trade or Occupation Mechanic

Permanent marks or peculiarities that will serve for future identification :

none

Height—feet 5 inches 7½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) C A Cameron

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)	MYALGIA
Disabilities Group (*b*)	n a
Disabilities Group (*c*).	n a

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	CLIMATIC	Canada. N. S.	before enlistment
(*ii.*) As to Group (*b*) above.	n a	n a	n a
(*iii.*) As to Group (*c*) above.	n a	n a	n a

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? yes If yes, has Active Service aggravated it ? yes

(*ii.*) As to Group (*b*) above ? n a If yes, has Active Service aggravated it ? n a

(*iii.*) As to Group (*c*) above ? n a If yes, has Active Service aggravated it ? n a

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? no

(*ii.*) As to Group (*b*) above ? n a

(*iii.*) As to Group (*c*) above ? n a

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? (*ii.*) While off duty? not applicable

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).
Patient had slight pains at times before enlistment which caused him to stop work for a few days. In France pains commenced in Nov 1917 & have continued ever since. He reported sick on 29-5-18 & was sent to a British Fwd dressing station "rheumatism chronic". Transferred on 2-6-18 to 53rd G.H. Boulogne, thence to No 1 M.H. Exeter, thence to Monks Horton on 17-6-18, thence to Buxton & RX C of Lisf on 25-6-18, movements slow & stiff grating at left shoulder joint, tenderness at origin of erector spinae muscles. 1st heart sound accentuated at apex

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)
Patient inclined to obesity, abdomen pendulous. Arcus senilis present, B. Press 112-78. Heart regular 1st sound at apex accentuated interval between 1st & 2nd sound shortened. Lungs, urine, nervous syst neg.
No swelling of joints, grating at left shoulder. Pain & slight tenderness in lumbar muscles & at origin of erector spinal muscles; rigidity of lumbar & erector spinae muscles causing impaired flexion of spine.
Patient looks his age

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what.

(*iii.*) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? no

(*ii.*) If so, describe. no

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? ✓

(*b*) Fit for base duty? ✓

(*c*) Invalid to Canada? yes

(*d*) Discharge from the Service as permanently unfit? ✓

Date of Report 26/7/18 191 Signed W C McCartney
Officer in medical charge of case.

Station Canadian Red Cross Special Hospital, BUXTON, DERBY.

I have satisfied myself of the general accuracy of the above Report, and concur therein *~~except~~ Philip Burnett Lt Col CAMC { Officer i/c Hospital / ~~S.M.O.~~ ~~Brigade~~ } Strike out one of these.

Dated at Canadian Red Cross Special Hospital, BUXTON, DERBY. Station, on 26/7/18 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? yes
If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? no / Aggravated? no } (*b*) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
nil

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
nil

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? nil
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? nil

18. Remarks.
Condition fully described in part I

19. Recommendation:—(*a*) Fit for duty? ✓
(*b*) Fit for base duty? ✓
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit? ✓

Classification for the Military Hospitals Commission.
F.

Date of Board 30/7/18

Station CANADIAN RED CROSS SPECIAL HOSPITAL BUXTON, DERBYSHIRE.

Signatures of the Board. H B Byd major *President.* J M Morton capt CAMC

Approved Colonel ~~Major, D.S.D.M.S.~~ A.D.M.S.

Dated at ~~Bux~~ A.D.M.S. CANADIANS BUXTON AREA. Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES 9 AUG 1918 CANADIANS BUXTON AREA.

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Halifax ..... President.

DATE Nov 18 1918 ..... } Members.

APPROVED BY ..... *Assistant Director of Medical Services.*

APPROVED BY ..... *Director-General of Medical Services.*

DATE 21-11-18 DATE .....

APPROVED D.G.O.C. M.D. No. 6

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... *President.*

PLACE ..... } Members.

DATE .....

ORIGINAL.

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

Pine Hill Hospital

STATION Halifax DATE 18. 11. 18.

1. 1 (a) Unit No 6 D Depot (b) Regimental No. 200 1234 (c) Rank Gr

(d) Surname Cameron (e) Christian name Charles A.

2. Age last birthday 50 Date of birth Feb. 20th 1868

3. Enlisted at Halifax on Oct. 12th 1916

4. Personal description:—

(a) Height 5 ft 7½ (b) Weight (stripped) 193 (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks None

ASSISTANT DIRECTOR OF MEDICAL SERVICES MILITARY DISTRICT NO. 6 NOV 19 1918 M.D. No. 6

5. Address after discharge (for the use of the Board of Pension Commissioners) 59-C-1165 M.D. No. 6

Sterling Glace Bay

6. Former trade or occupation Miner

7. (a) Service

	Years	Days	Periods From	Periods To
Draft to 9th Siege Bty			Oct 1916	Oct 1918
No 6. D. Depot			Oct 1918	Date

(b) Has he been overseas? yes 8. Original disease or disability Myalgia

(a) Date of origin Several years ago (b) Place of origin In civil life

(c) Cause* Undiscertainable

(d) Present disease or disability Myalgia

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

He looks healthy & is heavily built & well nourished. He complains of subjective pains in the limbs, region

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

& the hips, which are most severe in damp weather. On bending forward he is unable to touch his toes with the tips of his fingers (gap of 10 inches). Nothing objective can be detected in the hip joints & they can be moved slowly by manipulation, but their voluntary movement is accompanied by

(b) Are the following systems normal? If not, briefly state abnormality

Nervous yes, Digestive yes, Respiratory yes, Cardiac yes

Genito-Urinary yes, Skin, Middle Ear, Eye or any other part as noted.

a slight degree of stiffness

His disability is chronic muscular rheumatism.

10. History: (a) of Condition referred to in "a" section 9.

no history of acute rheumatism

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

none additional

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? yes

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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).

Exeter Hospital 2 weeks
Monks Horton Hospital 1 week
Buxton Hospital 3 mths
Pine Hill Halifax 3 weeks

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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? no.
(If not, briefly state why.)

17. Recommendations. That ~~Dr.~~ C. A. Cameron be discharged from the Service as unfit & overage

John Cameron Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned C. A. Cameron 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

C A Cameron
Signature of soldier 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 criticized.

yes

19. Is the soldier fit for

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

20. It is certified that the soldier
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(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).

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 2001234

Rank Gunner

Surname Cameron

Christian Name Charles A.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Siege Artillery Draft

Date of Discharge November 30th 1918.

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 50 years months.
Height 5 feet 7½ inches.
Complexion Medium
Eyes Brown
Hair Brown
Trade miner
Intended place of residence (To be given as fully as practicable.) Sterling Scene Bay Cape Breton

Descriptive Marks: nil

2. The above-named man is discharged in consequence of Being found med. unfit for further service

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc. Very Good

E.R.J.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

RCW 26.7.20 mb

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations: Not Awarded

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Halifax N.S.

(Date) November 30th 1918

Geo. W. Oants LIEUT
for O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT
Commanding

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Halifax N.S. C A Cameron *(Signature of Soldier.)*

(Date) November 30th 1918. H. Wren *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 47 days.

Total 2 years 47 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Date) November 30th 1918

(Signature) D A McRae Lt. Colonel
Commanding #6 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil

C A Cameron

(OVER)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

6-632 6

This space to be left blank for the Chelsea Number.

Glace Bay ex S.S. Khyber

Army Form B. 268.

Proceedings on Discharge.

Meyelgra Wks

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 2001234 Army Rank Gnr.

Name Cameron, Charles A.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Can. Garr. Artly.

Battalion, Battery, Company, Depôt, &c. Artillery Regt Depot.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge Canada.

1. *Description at the time of discharge.*

Age years months
Height feet inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer fit for Military Service under K.R.O. 1912. Para 392. Sec. 16.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Deceased Dec. 3, 1934.
649-C-26696.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
(A868g) Wt. W9717/M2626 500,000 9/17 Sch. 39 Forms B. 268 41

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations _____

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

_____