Gnr NAME Carter Albert Edward REGT. NO. 43972 UNIT 5th Bty H. Q. FILE NO.

REGIMENTAL DOCUMENTS

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	16/7/19	Hdqrs 4-9-20		09890	DEATH
4	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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5	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
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2	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
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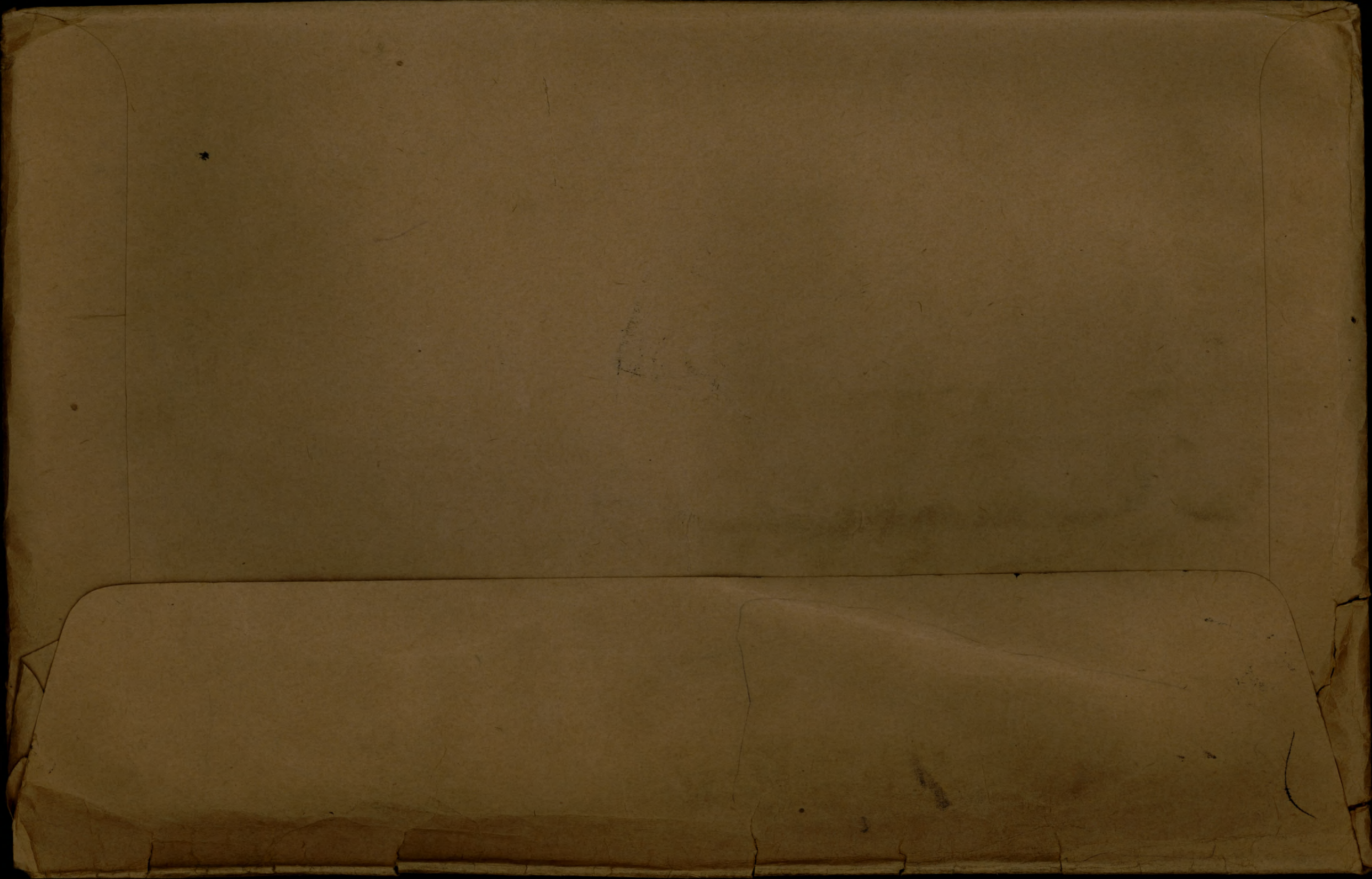
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	C03					
2	MyB 227					
1	ayB 115					
2	ayB 1239					
2	aya 2					
1	R107					
1	misc					
1	Casualty Form					

39 - 27
17 - 27
9 27
7

W. 2589
100M-11-18
1772-39-1377



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ATTESTATION PAPER.

No. 5539

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Albert Edward Carter
2. In what Town, Township or Parish, and in what Country were you born?..... Edinburgh, Scotland
3. What is the name of your next-of-kin?..... Albert E Carter (Father)
4. What is the address of your next-of-kin?..... Holloway Rd Islington
5. What is the date of your birth?..... 27th May 1894
6. What is your Trade or Calling?..... Farm Labourer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... Yes
10. Have you ever served in any Military Force?.. RCHA, 23/6/11 to date
    If so, state particulars of former Service.
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

A E Carter (Signature of Man).

L Moore (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Edward Carter, do solemnly declare that the above answers made by me to the above questions 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.

SEP 23 1914

A E Carter (Signature of Recruit)

Date ~~August~~ 1914. L Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Edward Carter, 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.

SEP 23 1914

A E Carter (Signature of Recruit)

Date ~~August~~ 1914. L Moore (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 Val Cartier, P.Q. this 23rd day of ~~August~~ September 1914.

5 Valcartier Camp (Signature of Justice)

Comdg. "B" Battery, R.C.H.A.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

Description of Albert Edward Carter on Enlistment.

Apparent Age.....21.....years.....3.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5 ft. 10 ins.
Chest measurement.	Girth when fully expanded	36½ ins.
	Range of expansion	4 ins.

Complexion ..... Light .....

Eyes ..... Grey .....

Hair ..... Fair .....

Religious denominations.

- Church of England .....
- Presbyterian ..... Member .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

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).

4 Vaccination Scars on Outer side of left arm.
Scar 1" long halfway between Umblicus & Pubis.
Mans head tattooed between Elbow & Wrist right arm.
Small scar over each instep
Birthmark ½" X 1" on left side of head.

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.....Aug 25.....1914. .....A.K. Graham.....

Place.....Val Cartier..... .....Lieut. C.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.

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

.....(Signature of Officer)

Date.....1914.

CANADIAN EXPEDITIONARY FORCE

War Service Badge 321323
Class ~~DISCHARGE~~

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 43972 (Rank) Gunner

Name (in full) Carter Albert Edward enlisted in

the D. A. C.

CANADIAN EXPEDITIONARY FORCE at Valcartier P.Q. on the 24th

day of September 1914.

HE served in France 5th Battery. C. F. A.

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

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

Age 24.

Height 5' 6½"

Complexion Ruddy

Eyes Blue

Hair Brown

A. E. Carter

Signature of Soldier.

Marks or Scars

nil.

S. R. C. Belliveau Capt

O. C. Dispersal Station "B"

Issuing Officer.

Rank

Date of Discharge

Dispersal Station "B" Military District No. 6 JUL 13 1919

HALIFAX, N.S. JUL 4 1919

Date ..... 19.....

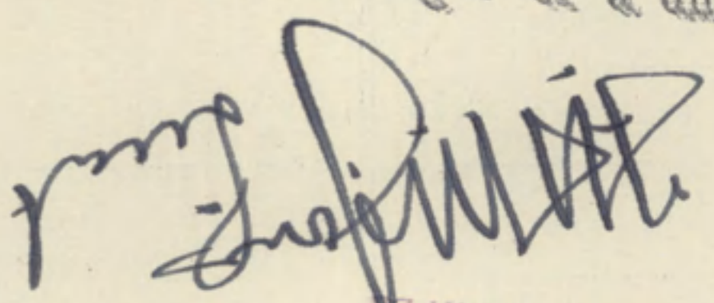
N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

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

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

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



WOUNDED STRIPE .....

AUTHORIZED TO WEAR

AUTHORITY .....

MEDALS & DECORATIONS

1915 Star

43972 Carter, A. E.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
5.12.16	2nd Bde	To Base Details	Field	26/11/16	B.L.A. 457.
1-8-17	"	Can Hosp. admitted whilst on leave	Ettenghall	26.7.17	C.L.B. 302. V.D.
5.8.17.	"	Posted to Can Art Reg Depot.	Shorncliffe	26.7.17.	Pt II O 120.
3.8.17	C.A.R.D.	T.O.S. from 2nd Bde.	"	26.7.17	" " 147.
30.8.17		S.O.S to 1st Res art	Dvr	28-8-17	" " 174 Pte O (1 Res Art) 69 & 29857
4.9.17.	2 Bde	Disc Can Hosp	Lympne	22.8.17	C.L.B. 30. V.D.
12-9-17	"	Can Military Hosp	Bramshott.	9.9.17	C.L.C. 37 " "
5-10-17	1st Res Brig	Discharged from "	" Dvr. "	5.10.17	" " 59. "
21.11.17	Res Bde CFA	S.O.S. from 1st Res art	Witley	18-11-17	Pt O 44 4 Res art 150 d/18th
18.12.17	"	S.O.S as Deserter Court of Inquiry held for being illegally absent	" " (CANCELLED BY PT II Do. 67 D. 8-3-18).	6.12.17	" 31
8-3-18	do	S.O.S on Proceeding of leave to Rejoin 2 Bde.	Witley	1-12-17	Pt II Do. 67.
3-3-18.	2nd Bde CFA	T.O.S. Having arrived in France	Field	30-11-17.	Pt II Do 22.
13.9.18	do	Wounded	do do	4.9.18	B.L.A. 346
21-3-19	2nd Bde Q Wing	Proceeded to England	By "	18-3-19	" 21
31-3-19	"	T.O.S. pending R.T.C.	Bramshott.	20-3-19	D.O. 13.
10-4-19.	" "	T.O.S. of P.C. from: 5th Bde CFA.	" "	8-2-19	Do 16.
5-7-19	" "	S.O.S. of P.C. to Canada.	" "	28-6-19	D.O. 38
		To Canada 94-B-11		28.6.19	

E-24477

Rank and Name TE CARETR, Albert E.

Regimental No. 43972

Unit D.A.C.

Date of enlistment 24 Sept.1914.

Place of birth England.

Married (Yes or No) No.

If in Permanent Force

Name and Address of Next-of-kin
H. Carter
67, St Paul Avenue,
Brantford, Ont..

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Absent.			A.F.B. 103 CHECKED (N.R) 3 JAN 1917
13.1.15	O/c D.A.C.	Forfeits 11 days pay + 7 days detn	Potterne	12.1.15	Part II O 578
9-5-15	O/C D.A.C.	Transf to A.C. 2nd Bde	Rouen	28-4-15	Part II O 411
4-6-15	H.O	Adm #4 Staty Hosp	St Omer	26-5-15	C.S. #70 Debility
8-6-15	H.O	Discharged to duty		28-5-15	" #73 "
28-8-15	O.C. 2 Bde	10 Days F.P. #1.	France.	15-8-15	Part II O. 27 Refusing order
4.9.15	O/C. D.A.C.	Taken on Strength of D.A.C.	"	22.8.15	" " 28
13.10.15	H.O.	Admtd No 2 Field Ambulance	"	30.9.15	Case Sheet 119 N.Y.D.
21.10.15	"	Rejoined Unit	"	4.10.15	" " 180 (2nd Bde)
1.1.16 ~~8.4.15~~	O/C D.A.C.	Granted leave 16.12.15 - 24.12.15	"		Part II O 1.
4.10.16	"	Posted to 2nd A Bde	"	4.10.16	" " 60
5.10.16	" 2nd Bde	Taken on Strength	"	5/10/16	" " 69
2.10.16	"	Admt No 6 Gen	Etaples	03/11/16	B.C.A 449 Contusion L Leg. Arm
4-12-16	"	To No 6 Conv Depot	"	24-11-16	" " 450 " "

Pte Carter A E

43972

No 12 Canadian General Hospital.
Bramshott Hants.

24-6-1919

This is to certify that the marginally named

is free from Vermin, Venereal, and Contagious Diseases, and is fit to travel.

W. L. Young

Capt C.A.M.C.

Army Form B. 103 — Sunk 7 — Div. Am. Col — Regimental Number 43977

Casualty Form—Active Service.

Regiment or Corps 2nd Brigade C.F.A.

Rank Driver Surname Carter Christian Name ~~A.E.~~ Albert, E.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (*a*) 24-9-14 Terms of Service (*a*) Dur. War Service reckons from (*a*) 24-9-14

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks: Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked...			
27-7-17	O/C Records London	admitted to Hospital in Eng. whilst on leave and posted to C.A.R.D.	Reliffe	26-7-17	Regt. No. 16314 R.T.O. 2-2-303 T.F. 27/7/17
3-8-17	C.A.R.D.	T.O.S. from 2nd Bde.	Reliffe	26-7-17	R.O. 147
30-8-17	" " " "	S.O.S. to 1st Res Arty.	"	28-8-17	" " 174
29-8-17	1st Res Arty	T.O.S. from C.A.R.D.	"	"	" " 69
18-11-17	" " "	S.O.S. to Res Bde. C.F.A.	"	18-11-17	" " 150
21-11-17	Res Bde. C.F.A.	T.O.S. from 1st Res Arty.	Witley	"	

N.L. Capt. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(*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*) Signaller, Shoeing-Smith, &c.

(6228) W. 13863/M1477 2,400.000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

P.T.O.

CERTIFIED CORRECT
C.R.O. LONDON

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
APR 1918 Date	From whom received				
2-3-18	Res Bde C.F.A.	S.O.S. to 2nd Bde. O/seas.	Witley	1-12-17	Res - 67
3-3-18	2nd Bde C.F.A.	T.O.S. having ret in France	Field	30-11-17	" - 22 & 25
					W Woods LIEUT FOR LT. COL. I/C. RECORDS C.O.M.F.
23-2-18.	A.G. Base O.M.F.C.	T.O.S. 2nd Bde. C.F.A. on arrival in France from England (Furlough - Auth)		30-11-17	A.G. 2a 2-C-1514 Field K.D. 23919. P II O. 22. + 25
7-12-17.	2nd Bde.	Joined Unit	Field	1-12-17	B 213.
7-9-18	do	To Hospl. Hounsden	N.S.	4-9-18	B 213.
5-9-18	23. C.C.S.	Sick. Admn to do	23. C.C.S.	4-9-18.	F 36/9163.
15-9-18	do	do to	Duty	11-9-18	do 9357.
14-9-18	2nd Bde C.F.A.	Rejoined Unit from do	Field	11-9-18	B 213.
16-11-18	do	Granted 14 days Leave to	U.K.	10-11-18	B 213. P.O. 124
14-12-18	do	Rejoined from Leave to	Field	12-12-18	B 213.
	C.C.S. Le Havre	PROCEEDED TO ENGLAND		18.3.19	N.R.
					G.J. Skelton Lieutenant for A.A.G.
10/4/19	A.W.O.G.	D.O.S. A.W.O.G.	B'Mont 9/ofg.	9/4/19	D.O. Pt II No 46

P. 880.

2797

1724

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Albert Edward 2. Surname Carter

3. Rank Gnr. 4. Original Unit 25 Bde Dragoons 5. Reg. No. 43972

6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Hamilton, Brantford, Ont.

7. Date of enlistment in the C.E.F. 24 Sept. 1914

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable

9. Relationship of such dependent Not applicable

10. Address, in full, of such dependent Not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable.

~~12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of~~ Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served in Canada from 24/9/14 in D.A.C. in England from 12/2/15 to 28/8/15 in D.A.C. in France from 22/8/15 to Date in D.A.C.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

5431. Wt. /30P. 150,0.0(8). 2,19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

~~20. Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No.

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable.

~~24. Are you now serving in the C.E.F.?~~ ~~If not, give: (a) Date of discharge~~ JUL 13 1919 ~~(b) Reason for discharge~~ DEMOBILIZATION

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

~~(b) If so, are you in receipt of full pay and allowances from that Department?~~

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A E Carter

Place of Residence: 12 Hotrye St Brantford Ont

Declared before me at: Brantford

This 12 day of June 1919

Questions 12, 13, 14, 20, 24, 25 26 & 27 Unanswered.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

H. H. Hastard Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183 days	$200.00
			less W.S.G.	70
				$350.00

Certified Correct.

District Paymaster.

HJ

PARTICULARS OF CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED.

The particulars below are required for statistical purposes and further reference. Unless these are furnished, the test will not be carried out.

Name Hartley Rank Gnr Reg No 43972

Unit 5th By. b.A.A

Diagnosis (if Syphilis, what stage)

Date of first sore? T. Pallidum found, date and place

Soecondaries, if any None Date

Other Symptoms Only Primary Sore

Treatment:- Arsenical preparations employed Yes 7

Total Dosage of Injections

Date of last

Mercurial preparations employed Yes 8

Total dosage of Injections

Date of last

Other treatment

Previous Was ermann date None Result

Where preformed

Station and date Signature

Result of test (original Wassermann) Quarter Systen

Date Serial Result Positive XXX

Remarks:

(sgd) b. Farquharson Capt. R.A.M.C.

b. Y. Laboratory
Wilby

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASES FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name Carter Reg.No 43972 Rank Spr

Unit 5th Bty C.F.A. Date of Service 12.7.4

If T.Pallidum found ..... Secondaries if any none

Other symptoms only primary sore

Treatment if any full course Arsenical ..... W.

Mercury ..... Previous Wassermann Date None

Result ..... Station and Date .....

Result of Wasserman (Original) Quarter System

Date ..... Serial No ..... Result .....

positive + + +

Major,
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey,

.....1919.

NORFOLK WAR HOSPITAL
THORPE, NORWICH

Forms
[redacted]237

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
~~8 5 6 9 1~~ Year C 31/14	8 5 6 9 1	D.	Carter.	H. G.

Unit.	Age.	Service.
Can. L.A. D 48th. Batt. 2nd Bdge.	23.	2 Yrs.

Station and Date.	Disease
	Abscess of Rt Groin
Jan 25.	has been opened and is now healing
" 29	Healed.
Feb 8.	Healed
13 FEB 1917	Sent to Can Convn per Frances Le Sage Hutchkand

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

NORFOLK WAR HOSPITAL,
THORPE, NORWICH

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps Can. F. A. Military Hospital The Norfolk War Hospital

No. 85691 Rank and Name Cadet Age 22 - Service 2 - 2 months

Disease Abscess Groin Date of admission 24th Jan. 1917 - Date of discharge 13-2-17 Result Healed

Dates of Observation																															
Days of Disease	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	72																														
Respirations per Minute	20																														
Motions per 24 hours	0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0	1 0																				

Dr admission

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

Signature _____ In charge of case.

RELIGION:
Church of England
Roman Catholic
Presbyterian
Congregationalist
Wesleyan
Baptist

NORFOLK WAR HOSPITAL
THORPE, NORWICH.

NORFOLK WAR HOSPITAL

Ward 4

Bed 1

Admitted into Hospital: Jany 24th 1914.

Resident Medical Officer Mr Le-Saye

Discharged from Hospital: 13th Feb 1917.

REGT. NO.	RANK	NAME (SURNAME FIRST)	CORPS	AGE	A & D NO.
45691	Dr.	Carter-H.G.	Can. F.A. D-48th Bde 2nd Div.	23	C 31/14

Disease or Injury: Gsw Abscess from (R)

Operation:

Complications:

Skiagram Report: No.

Pathological Exam. Report: No.

Abstract:

DATE	DIET	EXTRAS	TREATMENT	"BED" "UP, BED DOWN" "UP" or "OUT"
Jan 24	Ord	Bov		
29	Do	Do		

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 6 Th A. Military Hospital

No. 43977 Rank and Name Pte Carter A E Age Service

Disease Scabies. Date of admission 18-6-19 Date of discharge 24-6-19. Result Recovered

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M.P.M. (repeated)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature W Knight capt - In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P560 2,000,000 2/18 McA & W Ltd A.F B. 181/5 (E. 2565)

Signature_____ In charge of case.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	43977	Pte	Carter	A. E.
Year 1919.	Unit. 67A.		Age. 22	Service.

Station and Date. Bramshott Military Hospital.

Disease Scabies.

Typical scabies, in webs & arms. Very itchy and irritable.

Cleared up easily under Sulphur baths and ointment

fit for discharge & to duty.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

ORIGINAL

(304)

43972

MEDICAL HISTORY SHEET.

Surname Carter. *Christian Name* Albert Edward.

Examined { on 8 day of Sept 1914
at Valcartier.

Birthplace { City or Town Woolwich.
County Eng.

Apparent age 20 years.

Trade or occupation Tinsmith.

Height 5 Feet 7 Inches.

Weight 125 Lbs.

Chest measurement { Minimum 33. inches.
Maximum expansion 36 inches.

Physical development Good.

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number 4

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease Mole L. shoulder
2 Scars L. Knee

(b) Slight defects but not sufficient to cause rejection

Approved by D. Daniel

Rank Major A.M.S. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		28 JUL 1917 M.O.
1.10.17	Fit	Base Coy M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1914	O.K.	M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1914	O.K.	M.O.
24/8/17	Fit for Ch	A.P. Clee Capt M.O.
		M.O.

Enlisted on 24/8 *day of* Sept 1914 *at* Valcartier

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	D.A.C.	43972		8 Sept 1914
Transferred to..	Artillery O/S			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brantford	2.4.19	C.D.S.	A
Brantford	5-6-19	V.D.S.	"A"

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.

50M—8-14.
H. Q. 1772—39—139.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

W. MARKS, Colonel in charge of Records, Canadian Contingents, London.

CANADA

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE,		26	7	17	28	8	17	Gonorrhoea	34	Discharged to unit	Lieut Capt. C.A.M.C.
No 12. Can. Gen Hospital		8	9	17	5	10	17	Gonorrhoea & Syphilis	27	Gon. Moderate purulent discharge Syph. Sore on Side of penis Sign of patching no induration. Glands generally enlarged Mouth Slightly milky. Throat engorged Skin macular & papular. Ganglia Rad & Epitrochl Recovery	Capt. C.A.M.C.
CANADIAN SPECIAL HOSPITAL, WILLEY, SURREY.		11	4	19	16	4	19	C.D.S.	6	Generalised Syphilis Wass Positive +++ + All cases 9100 + Hg. Stopped ago as for date	Capt. R.A.M.C.
No 12 CAN. GENERAL HOSPITAL		18	6	19	24	6	19	Scabies.	7.	Typical scabies x. Both Arms. Good recovery left for discharge Obvis.	Capt. R.A.M.C.

66 10

PARTICULARS OF CASE FOR WHICH WASSERMAN'S TEST IS REQUIRED

The particulars below are required for statistical purposes and further reference. Unless these are furnished the Test will not be carried out.

Name..Carter A.E...Rank..Gnr.....Reg.No.43272.....

Unit..A.wing L.A.F.....

Diagnosis (If syphillis, what stage).....

Date of first sore..1917.....T.Pallidum found, date & Place.....

.....

Secondaries, if any.....Date.....

Other Symptoms.....

Treatment:- Arsenical preparations employed.....

Total Dosage..... Of Injections.....

Date of last.....

Mercurial preparations employed.....

Total Dosage..... of Injections..7.....

Date of last..23/5/19.....

Other Treatment.....

Previous Wasserman's date.....Result.....

Where performed.....

Station and date..... Signature.....

Result of Test(Original Wasserman) Quarter System.

Date..... Serial.....Result.....

REMARKS.....

.....

.....

.....

.....

.....

.....

.....

WASSERMANN NEGATIVE

Canadian General Laboratory 30 MAY 1919 WILLEY

P5

PARTICULARS OF CASE FOR WHICH WASSERMAN's TEST IS REQUIRED.

The particulars below are required for statistical purposes and further referehce. Unless those are furnished the Test will not be carried out.

Name A. E. Carter ..... Rank Gnr ..... Reg. No. 439772 .....

Unit 2 Bde C.F.A. .....

Diagnosis (If Sphillis, what stage) First .....

Date of first sore July 27 ..... T.Pallidum found, date and place .....

.....

Secondaries, if any ..... date .....

Other Symptoms .....

Treatment:- Arsenical preparations employed .....

Total Dosage ..... of injections .....

Date of last .....

Mercurial preparations employed .....

Total Dosage ..... of injections .....

Date of last .....

Other Treatment .....

Previous Wasserman's date ..... Result ....

Where performed .....

Station and Date ..... Signature .....

***

NORFOLK WAR HOSPITAL

DISCHARGE NOTICE

To the Sister of Ward 4

Arrangements have been made for the discharge of Cutler

Rank Pvt Regt. 67 A.

To Con Depot

on Date 13/2/17

A. M. HUMPHRY, MAJOR R.A.M.C.,
For Officer in Charge.

"A" Form

Army Form C. 2121
(in pads of 100).

MESSAGES AND SIGNALS.

No. of Message.....

Prefix .....Code .....m.	Words / Charge	*This message is on a/c of:*	Recd. at.....m
Office of Origin and Service Instructions.	Sent	.....Service	Date .....
.....	At.....m.		From .....
.....	To.....	.....	
.....	By	(Signature of "Franking Officer.")	By .....

TO { H3972 Depart D E

Sender's Number.	Day of Month.	In reply to Number.	AAA
*			

Reference A.F. H of 3814
of 11th ag[illegible] Ed K
Our R.P. 28.28

R2 7917 D. 7.9.17.

as this accident happened a
considerable time ago
there is no evidence available
now this injury took place

A.G.
R2 BI
04/12/17

From			
Place			
Time			

The above may be forwarded as now corrected. (Z)

..... *Censor.*

..... Signature of Addressor or person authorised to telegraph in his name

* This line should be erased if not required.

(227) Wt W492/M1647. 50,000 Pads. 5/17. A.C.Ltd. (E 1187)

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

ORIGINAL

Cert RL 2-2-91
R258117

K.G. 102/313

Army Form B. 103.

Casualty Form—Active Service.

#43972

Regiment or Corps Divisional Ammunition Column.

Regimental No. 43972 Rank ~~Driver~~ Gnr. Name Cartes. a.E. Albert C.

Enlisted (*a*) 24/9/14 Terms of Service (*a*) D. of War Service reckons from (*a*) 24-9-14

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada 29/9/14 Disembarked	St. Nazaire	12/2/15.	
28 4/15	D.C.D.A.C.	Trans.	2nd Cdn Bde Amm Coln.	28 4/15	930
26.5.15	G.C. 4 Stg. Hosp.	Debility admitted	4 Stg. Hosp	25.5.15	W.3034 26.5.15
29.5.15	G.C. " "	" " - Discharged to duty	—	28.5.15	" " 29.5.15
15-8-15	C 2nd Arty Bde.	I Refusing to obey an order. II Insolence to an N.C.O. 10 days F.P. No 1.	—	14-8-15	B 2068
22-8-15	1st Can Div	Transfd to D.A.C.	in the Field	22-8-15	R.M.T. MAURETANIA 28-6-19 LBKD. SPTN. 213 A.O. 54 SLC. B 805
2-10-15	Unit.	admitted	2 C.H.A.	30-9-15	B213
3-10-15	2 H.A.	Remaining. Entertns	"	30-9-15	
9-10-15	Unit.	Rejoined	Unit	4-10-15	B213
18-12/15	Unit.	Granted leave of absence from 16-12-15 to 24-12-15			B213. Pt.2 O d/-1-1-16.
23-8-16	"	Forfeits 10 days pay for Hesitating to obey [illegible]	Field	22 8/16	2069 Pt II O 34 d/31 8/16

(*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				
7-9-16	unit	1½ days F.P.#1 with forfeiture of 28 days Italy. 2 R.W. Absence v Drunkenness	Field	31 8/16	2069 ~~F.P.II~~ 0-4-5 d/-13 9/16
3-10-16	1st C.D. A.Hqrs.	Posted to 2nd C.F.A.Bde.	Field	4-10-16.	AHQ 9-122.Pt 2 0 60 d/- 4-10-16.
"	" "	Taken on 2nd Bge C Coy	"	8-10-16	9-122 P II Ord 67 d 5-10-16
23-11-16	26 Gen.	Contus. leg. l. (acc) adm	26 Gen	23.11.16	W 2034
26-11-16	Unit	to hospital	N. S.	21.11.16	B213 D68387 d 5-12-16
29-11-16	C.B.D	Class A from Etaples	C.B.D	29.11.16	Nom Roll
26-11-16	3 Aust C.C.S.	Contus. l. leg. 21-11-16 from 5 Can Corps to 30 A.T.		22.11.16	A36 D68387 d 5-12-16
25-11-16	116 Fd Amb	Contus. l. leg 20 11/16 to	C.C.S	20.11.16	A36 D68387 d 5-12-16
24.11.16	26 Gen	Contus. Thigh to	6 Con Depot	24.11.16	W 2034
"	6 Con Dep.	Contus Thigh adm	6 Con Dep	24.11.16	W 2034 D68 388 d. 8-12-16.
26-11-16	"	Class A to	Details Camp	26.11.16	W 2034 D68 388 d 8-12-16
5.12.16	C.B.D.	Left for Unit	Field	5.12.16	Nom Roll.
10-12-16	6. Unit	Rejoined Unit	Field	8-12-16	B213 D68 395 d. 30/10/16
14.7.17	Unit	Proceeded on leave to	England	11.7.17	B213 P II Ord 113

S 8202-19

Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
"A" Wing C.C.C.		43972	Gnr. Carter. A.E.	
12. 4. 19. N+HG				10-4-19
18. 4. 19. "	"			
25. 4. 19. "	"			REMARKS
2. 5. 19 "	"			
9. 5. 19. "	"			
16. 5. 19. "	"			
23. 5. 19. "	"			
28. 5. 19. Was.				
3.6.19. Dds.				

To O.C.

Station and date 12. 4. 19

R Mitt Capt

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

(9 15 1) W3196—M316 12,000 6/17 HWV(P1393) Forms/I./1239/8
2362—P362 50,000 12/17

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—1.
Part I.

(1) *Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname Carter	H 39792	
(5) Christian Names A E.		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) {Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 400 of 191-). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent." &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B. 103/3

Nothing to be written in this margin.

Army Form B. 103 (II.) to be gummed on here, if required.

(2) Carter A E. 43972

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
8-3-18	Res Bde C.F.A.	A.R. II 0 67	S.O.S. on force. O/S to rejoin 2 Bde	Witley	1-12-17	
3-3-18	2nd Bde C.F.A.	— 2-2	T.O.S. having arr in France	Field.	30-11-17	
13-9-18	do	C.R.O. 346	Wounded.	do	4-9-18	
21-3-19	do	— 21	proceeded to England.	do	18-3-19	

W. H. Chandler LIEUT.
FOR LT. COL. i/c RECORDS, C.O.M.F.

S.S. C.M.F. of C. ON
PROCEEDING TO CANADA FOR
DEMOBILIZATION.

Auth CCC
30-7-19 W. H. Gibbard Major.
1 Jun 1919

O/S 28/6/19 Res Bde C.F.A.

28/6/19 T.O.S. No. 6 D.D. from ..... and posted .....

13/7/19 S.O.S. on Discharge A. E. Ferguson Lieut.
Officer i/c Records No. 6 D.D.

Nothing to be written in this margin.

Temp replacing Orig

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1) *Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname — Carter (5) Christian Names — Albert E.		43972.

(6) Army Form, number of, Attestation Form or Record of Service paper

(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)

(8) Date of birth as stated on enlistment

(9) (*a*)

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer
A1			

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date) (Signature of Posting Officer)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended (23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent." &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B. 103/3

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460)

(1) Carter A. E. 43972

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			absent			
13-1-15	O/C D.A.C.	P.R.O. 578	forfeits 11 days pay 7 days detn.	Poltern	13-1-15	
9-5-15	"	— 11	Trf. to O.C. 2nd Bde.	Rouen	28-4-15	
4-6-15	W.O.	C.S. 70	adm. # 4 state Hosp.	St Omer	26-5-15	debility
8-6-15	"	" 73	Disch to duty	"	28-5-15	"
28-8-15	O/C. 2 Bde.	P.R.O. 97	10 days F.R. & A.	Frana	15-8-15	refusing order
11-9-15	O/C D.A.C.	— 28	T.O.S. of D.A.C.	"	02-8-15	
13-10-15	W.O.	C.S. 119	adm. # 2 Field ambulance	"	30-9-15	
21-10-15	"	" 180	Rejoined unit.	"	11-10-15	
1-1-16	O/C D.A.C.	P.R.O. # 1	Granted leave 16-12-15 — 24-12-15	"	"	
11-10-16	"	— 60	posted to 2nd a Bde	"	11-10-16	
5-10-16	" 2nd Bde	— 67	T.O.S.	"	8-10-16	
2-12-16	"	C.R.O. 449	adm # 26 Gen.	Etaples	23/11/16	Contusion & Leg ac.
1-12-16	"	" 450	To No. 6 Corps depot.	"	24-11-16	"
5-10-16	"	" 457	To base details	Field	21-11-16	
1-8-17	"	C.R.B. 302	Can Hosp adm whilst on leave.	Etchinghill	26-7-17	V.D.G.
5-8-17	"	P.R.O. 120	posted to C.A.R.D.	Shorncliffe	26-7-17	
3-8-17	C.A.R.D.	— 147	T.O.S. fm 2nd Bde	"	26-7-17	
30-8-17	"	— 174	S.O.S. to 1st Res art.	"	28-8-17	
4-9-17	2 Bde.	C.R.B. 30.	Disc Can Hosp.	Lyminge	22-8-17	V.D.G.
12-9-17	"	— 37	Can Mil Hosp.	Bisholt.	9-9-17	"
8-10-17	1st Res art.	— 59	Disch fm. "	"	5-10-17	"
21-11-17	Res Bde C.F.A.	P.R.O. 4th Res art. 150	T.O.S. from 1st Res art.	Witley	18-11-17	
18-12-17	"	— 31	S.O.S. as deserter Court of Inquiry held for being illegally absent.	"	6-12-17	"
			Cancelled by P.R.O. 67			dy 8-3-18

(Continued)

Nothing to be written in this margin.

C.A.D.C. 5009A

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

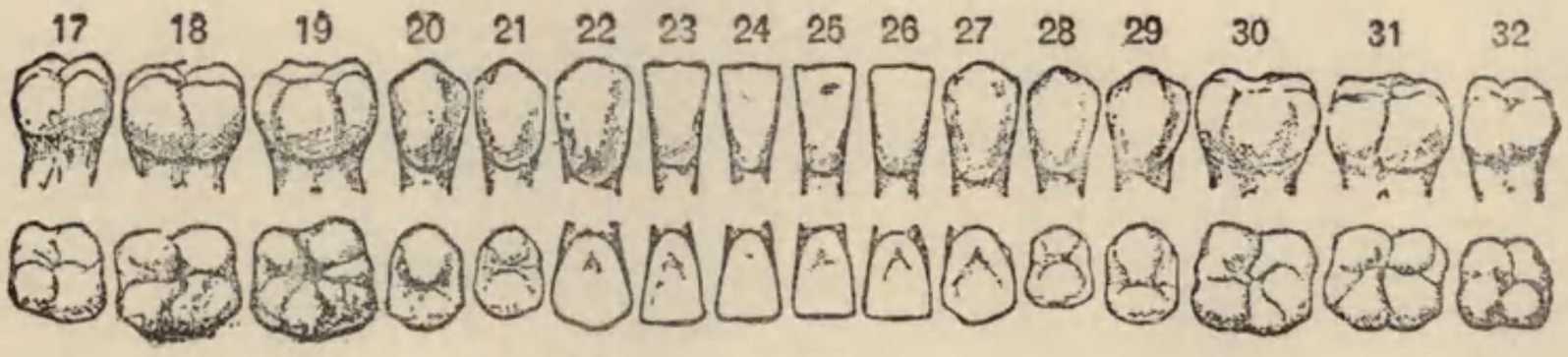
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) GARTER A. E.

REGIMENT 5th Battery C.F.A. RANK Gnr. No. 243972

Date of Examination in England 21/3/19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

6 Fr

PRESENT DENTAL REQUIREMENTS

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

ASSISTANT DIRECTOR OF 4 1919 M. D. NO. 6 DENTAL SERVICES

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France Yes

STRAMSHOTT, HANTS.

Signature of Dental Officer E. H. Berry Capt.

STRAMSHOTT CAMP HANTS

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME CAR TER, Albert E.

Regimental No.	43972
Unit	Div. Amm. Col.
Date of enlistment	Sept. 24th, 1914
Place of birth	England
Married (yes or no)	No
Amount of pay assigned monthly $	15.
To whom payable	As above.

Name and address of next-of-kin

H. Carter
67 St. Paul Avenue,
Brantford, Ont.

Date and place discharged

Reason for discharge

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914 22nd Sept	31st Oct.	40	1.00	40 ..	40	10c	4 ..		44 ..			40 ..			40 ..	
1st Nov	30th Nov.	30	1.00	30 ..	30	10	3 -	4 ..	37 ..			15 ..		15 ..	30 ..	10 days Awl 5 days det.
1st Dec	31st Dec	31	1.00	31 ..	31	10	3 10	7 ..	41 10.			35 25		2 90	38 15.	Clothing 2650
1915. 1st Jan	31st Jan	31	1.00	31 -	31	10	3 10	2 95	37 05.			15 25		18 ..	33 25.	11 days Awl. 7 det.
1st Feb	28th Feb	28	1.00	28 ..	28	10	2 80	3 80	34 60			3 ..			3 ..	
1st Mar	31st Mar	31	1.00	31 ..	31	10	3 10	31 60	65 70			6 ..	15 ..		21 ..	56 pcan 56.70
1st Apl	30th Apl	30	1.00	30 ..	30	10	3 ..	44 70	77 70			6 ..	15 ..		21 ..	To 1st to Canm Bde. 2nd A Bde. Lpc.
May		31	.	31 .	31	.	3 10	~~5 60~~	34 60				15		15 .	75: 80.
June		30	.	30 .	30	.	3 -		32 .			3 -	15		18 .	90 80
July		31	.	31 .	31	.	3 10		34 10			3 6	15		24 -	100 90 P.P. 2nd Bde. 9 6/15
								3 57							3 57	Ex. Depot
															104 42	
Aug		31	1.00	31 .	31	10	3 10	3 57	37 67			7 92	15 .	11 -	28 92	109 60. Forfeit 10 days pay D.O. 27
Sept		30	..	30 .	30	..	3 -		33 -			8 10	15 -		23 10	119 50 To Dec. 30 9/15
1 Oct	31 Oct	31	-	31 -	31	10	3 10		34 10			4 90	15 ..		22 90	130 40
1 Nov.	30 Nov.	30	1 ..	30 ..	30	10	3 ..		33 ..			18 44	15 ..		33 44	129 96
1 Dec.	31 Dec	31	1 -	31 -	31	10	3 10		34 10			40 61	15 ..		55 61	48 45
1916 1 Jan	31 Jan.	31	1 -	31 -	31	10	3 10		34 10			4 85	15		22 85	89 40.
1 Feb.	29 Feb.	29	1 -	29 -	29	10	2 90		31 90			8 42	15 ..	1 50	24 92	94 58. D-8,30 06 to 22 Jan 1915 1,50 " 8. Nov. 1914.
				526 -			5260	352	582 12			257 34	180 -	50 20	487 54	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1916									587 17			259 30	180			
1 Mch	31 Mch	31	1.	31.	31	.10	3 10		34 10			5 23	20.		25 23.	108.45 Bal
									616 22.			265 53	195	50 70	507 75	

Bal transf. to New Ledger Sheet

Checked WRLC

BALANCE TRANSFERRED TO NEW LEDGER.

29456 — THE MORTIMER SYSTEMS
OTTAWA, CANADA

M. F. W. 12.
5m. 11-14.
H. Q. 1772-39-819.

2M.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M

To Whom Mrs. H. Carter,

Address ~~Louise St~~ 12 Holme St
~~256 West Mill St.~~ Brantford, Ont.
7/5/17

Rate $15.00 per m. March 1/15

By Whom Assigned Carter, A.E.

Regtl. No. C 43972.

Rank Gr.

Corps Div. Ammn. Column

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March		D 7175	15	
Apr.		67070	15	
May		B7942	15	
June		A9313	15	
July		J 4603	15	
Aug.		J 5433	15	
Sept.		H 12437	15	
Oct.		G 13855	15	
Nov.		E 13245	15	
Dec.		D 15946	15	
Jan.	1916	C 16263	15	
Feb.		B 17013	15	B 17012 $15.00 Cancelled
March		B 17878	[illegible]	

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Name of Soldier Mrs H Carter Carter G. E.

PAYMENTS. C143972

15-00

Remarks. Dis Cemm-Cl

Month.	Year.	Cheque No.	Amt.	
April	1916	B152	15	
May		C1331	15	
June		8849	15	
July		E8754	15	
Aug.		10264	15	
Sept.		15631	15	
Oct.		D20040	15	
Nov.		25527	15	
Dec.		H31049	15	
Jan.	1917	F37429	15	
Feb.		43555	15	
March		47217	15	15 P.
April		8638	15	15 Cl.
May		6782	15	12 Holme St, Brantford Ont 7/5/17 NB
June		13718	15	15 Bn
July		F20665	15	93a
Aug.		K28358	15	93
Sept.		J35023	15	6
Oct.		P46384	15	
Nov.		B54765	15	
Dec.		M55009	15	510 00
Jan.	1918			
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.				

M. F. W. 42—100m.—8.18.
H.Q. 1772 39-893

CABLE		NATURE OF CASUALTY
No.	DATE	

NEXT OF KIN

RANK AND UNIT Pte. Inf.

NAME Lafferty. A. E. REGT. No. 34972

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
70	No 4 Stationary Hosp., St Omer	26-5-15	Debility
73	No 4 Stat. Hosp., St. Omer	28-5-15	Debility, Discharged to duty
119.	#2. Fld. Amb.	30-9-15	No diagnosis given
180.	Rejoined unit from hosp.	4-10-15	Enteritis.
A449	No 26 Gen Etaples	23-11-16	Cont. L. Leg Gsd Slt.
A450	To No 6 Convt Depot Etaples	24-11-16	Contusion of L. Leg
A451	Disc to Rebuts Camp	26-11-16	Contusion L. Leg Slt
B302	Can. Mil. Bramshott	26-7-17.	V.D.G. (Can. Artillery) admn. whilst on leave in France
B30.	Disc	29.8.17	" "
C37.	Can. Mil. Bramshott	9-9-17	V. D. G. (Can. Artillery)
C.59.	" Disc "	5-10-17	" " " "
A346	23 b 6 S	4-9-18	Sw L arm

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A.351.	Discharged	11-9-18	Sw. L. arm.

NAME Carter, Albert E.

RANK AND CORPS ~~Dvr.~~ Gnr. 2nd Brigade C.F.A.

H. Q. FILE No. 649-

REGT'L. No. 43972

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
NOK.	7-9-	Carter (R.N.S) 12 Holme St. Brantford Ont.
Q 532 5-4	16-9-18	Adm. 23 C C S Sept 4th. 1918 GSw L. arm.

NO. 527

Lt. FOLL.

L. L. Job 83225—M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39 803

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Loan Hosp. Edinghill	26.7.17
2.	Can. Mil. Brantford	9.9.17
	23.E.C.S.	4.9.18
3.	G.S. Witley	12.4.19
4.	12 G H B. Shott	19.6.19
5.		
6.		
7.		

CL. 23.4.19. C 531
25.4.19 C 533/2.
26.6.19. C 582
28.6.19. C 584

D.M.S. 1500.

Surname	Christian Name or Names	Reg. No.
Carter	A. E.	43972

Rank	Unit	Co.	Troop	Batty
~~Dvr.~~	C. F. A	~~2 b F A~~		1 R.B. (2 B.L.)

Hospital
Gnr.

Date of Admission

Transferred No 4 Stat Sl-Omer Hosp. 26. 5. 15

No 2 Fld amb Hosp. 30. 9. 15

#26 Gen Etapler Hosp. 23. 11. 16

6 Lond Depot Etapler Hosp. 24-11-16

Diagnosis

(1) Debility Scabies 1/.

Later Diagnosis (if changed)

(2) Enteritis

(3) Cont. F. Leg. Acqd. ~~DFT~~

Additional Diagnoses: If more than one state present

V. D. S. JR
V. D. S. A
Sic L. Am. N.
V. D. S. E.

DISPOSITION

Date

Dvr. to duty 28. 5. 15

REMARKS

Reported unfit from Hospt. 4. 10. 15

To Details Camp 26-11-16

Admitted whilst on leave from France 26. 7. 17

Disch 29-8-14

" 5-10-14

" 11. 9. 18

" 16. 2. 19.

" 24. 6. 19

A.M.D. 2 DEPT.

Bch. of D.S.H.S. Q.M.G. Headquarters

4. 6. 15. # 70

8. 6. 15. # 73

13 10. 15 # 119

21. 10. 15 # 180

2-12-16 A 449

4-12-16 a 450

1. 8. 17 B 302

5. 9. 17 B 30 2.

13. 9. 17 C 37

9-10-17 b 59

13-9-18 a 346-3

19. 9. 18 a 351 3

X

mt P 7 4/21

B

Number. 43973 Rank. Gnr

Surname. CARTER

Christian Names. Albert E

Unit. 6 Lt Theatre of War. France

Dates of Service. 12-2-15

Remarks.

Latest Address. 12 Holme St
Brantford
Ont

Roll No. 18

Page 1223

G.a 3493 Dept
S. 3685-0 Dept
APR 24 19
JUL 13 192

FORM R. 149.
7106—250m—7/2/17.

Albert E.

Name Carter Rank Dvr 1st Res Art Reg. No. 439 42

Unit 2nd Bde. Can Fld Artillery

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-7	Can Expl Echelon 1 Surrey		V.D.G.	B.302		
	admitted whilst in same from home					
29-8	Discharged 2d		do	B.30.		Ams 7002
9-9	Can Mil Hosp Bramshott		V.D.C.	C.37		1843
5-10	Discharged		do	C.39		569

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

Name Carter A.C. Rank Dvr. Reg. No. 43972.

Unit 2nd. Bde C.F.A.

Next of Kin Canada.

Date 1915.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26. 5	No. 4. Stat: Hosp.	St. Omer	Debility	70		
28. 5.	Dis: to Duty from above.		"	73.		
30. 9.	No. 2. Field Amb:		no diagnosis given.	119.	(1st D.A.C list.)	
			ENTERITIS			
4 10.	Rejoined Unit- from Hosp:		do (Enteritis)	180.		
1916						
23-11	No.26.Gen.Hosp. Etaples.		Cont.L.Leg.Accd. Slight.	A449.		
24-11	No.6.Conv.Depot, Etaples.		do	A450.		
26-11	Dis. to Details Camp		do	A451.		

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

Form R. 149.

Albert E.

Name CARTER Rank Gnr Reg. No. 43972

Unit 2nd Bde. C. F. A

Next of Kin Canada

cwl 13.9.18

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4.6	23 Can Fld Amb	SW	Scabies	6346	9/5/32	30483
11.6	Discharged	do	do	6357		30849
12.6	12 Can Gen Hosp	Bramshott	Scabies	6531		11312
16.6	Discharged	do	do	6533		11312
19.6.18	12 Can Gen Hosp	Bramshott	Scabies	6572		11312
24.6.18	Disch'd	do	do	6574		4471

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

NAME Carty A E REGT. NO. 43972

RANK AND UNIT Gnr Con Artillery

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100 M.—8-18.
H.Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.S-31	Con. Spl. Witley	12-4-19	42
C.S-33(21	Diskarged	16-4-19	42
6582	12 C. Gen. Brans.	19-6-19	Scabies.
6584	" " " Ellis.	24-6-19	"

From Quebec per S.S. "Megantic" 4-10-14

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Tinsmith RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 20 YEARS 11 MONTHS

HEIGHT 5' FEET 6 1/2 INCHES

CHEST MEASUREMENT 35" INCHES EXPANSION 2. INCHES

COMPLEXION Ruddy EYES Lt. Blue HAIR Brown

DISTINGUISHING MARKS Mole on left shoulder. 4 vacc. left arm. 2 scars left knee.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 25th 1914

Present Address,- Not stated.

C

SURNAME. Carter,

CHRISTIAN NAMES Albert E.

REGL. NO. 43972 RANK Gr.

UNIT ~~1st Div. Amm. Col.~~ 2nd Bdge. C.F.A

FORMER CORPS Nil.

673 CARD NO. C

jas

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Carter, H.

RELA

ADDI

17 Cannon St.

W. Hamilton, Ont.

Sask 18-10-18

COUNTRY OF BIRTH England, Woolwich DATE Oct. 26th 1894.

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 24th/1914

R/C 3/7/19 364/18 Gnr.

L. L. 94504. M. & D. 6512. O/S 4/10/14.

M. F. W. 22. 250M—2-16. H. Q. 1772-39-339.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C 2823

OVERSEAS CONTINGENTS

Date of Assignment March 1. 1915.

9-1-17 Bals.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. C 43972.

Rank Gnr. Promoted Reverted Discharge

Soldier's Name A. E. Carter.

Battalion Div Ammn. Col.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. H. Carter

Address 12 Holme St. Brantford. Ont.

Change of Address

1 17 ~~Cannon St. West~~

2 ~~Hamilton Ont.~~

3 12 Holme St. Brantford, Ont.

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		
Dec 31/17			5 10	5 10		
Jan 19/18	S 66427		15	15	Br.	
Feb.	D 91704		15	15		
March	a 109875		15	15		
April	L 7173		15	15		
May	J 18818		15	15		
June	G 19908		15	15		
July	T 29853		15	15		
Aug	E 33334		15	15		
Sept	H 47813		15	15		
Oct	J 50267		15	15		
Nov	S 50306		15	15		
Dec	M 65978		15	15		
Jan/19	L 70806		15	15		
Feb.	G 80926		15	15		
MAR	A 82512		15	15		
April	J 15-27		15	15		
MAY	F 7073		15	15		
JUN	E 10361		15	15		
JUL	C 12556		15	15		
			7 95			

3285 1-A-36

REMARKS

M R O 16636 issued 7/10/18
F 7073 retd & remailed 11-6-19 Tracer 13106

A/c closed

Ret'd per Mississauga

Date 4-7-19 M.M.O. #6

Clerk 99081

AUDITED.

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-38-1141
L. L. 22320—M. & D. 7993.

AUDITOR | PAYMASTER

Mauretania 4-7-19

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

M. OR S.

REGT. No. 43972 RANK Gnr NAME (IN FULL) Carter A E (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? N/A DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Tous	28-6-19	Leo. 190

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE 17-2-19 — AUTHORITY 15/1/19

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-8-19

PAYABLE TO Mrs H Carter — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS? 879 Pulman Ave. Detroit Mich. Bank of Hamilton Brantford Ont.

ADDRESS 12 Holme St Brantford Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Halifax — DATE JUL 13 1919 — REASON Demob. — AUTHORITY Leo. 190 — IF ENTITLED TO POST DISCHARGE PAY

L & P 6 adv

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																															39	55					Bal Dr & Allowances
30-6-19					35	00			119	30																											Less 2 Cr Bonds Col 3
13-7-19	13	1 10	14	30	70	00											487	50	70	00			15	00							134	42	15	12			Balance 70 17 9 6 D
																																						July
																																		8				
183 days	1		420	00	420	00											70	00													350	00					1st Pay Warrant
																	54	88					15	12							280	00					Dr Ball Canned Food
																	70	00													210	00					897624 5-6-19
																	70	00													140	00					1132333 3-9-19
																	70	00													70	00					1506512 7-10-19
																	70	00													Fwd						1765865 6-11-19
																	70	00																			1777894 9-12-19
		420	00		420	00											464	88					15	12							420	00					

Certified that all payments due on the above have been paid.

Completed

For Senior Officer Pay Services, M. D. 6

AUG 7 1919

WAR SERVICE GRATUITY W.S.G. R.A.

200M-3-19.—[illegible] 5878-[illegible] & D. 9985.
M. F. W. 2496.
1772-39-1890.

MARRIED OR SINGLE S

PLACE OF BIRTH England

NAME AND ADDRESS OF NEXT OF KIN H. Carter

67 St. Paul Ave Brantford Ont.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 43972 RANK Gnr. NAME Carter Albert E.

IF IN PERMT. CORPS WHAT UNIT | UNIT 1st Div. Amm. Col. TRANSFERRED TO 2nd Bde. DATE 16/10/16. AUTHORITY D.O.C. 11/10/16.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Res. Bde DATE 1/11/14 AUTHORITY Nom. Roll

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Sept 22nd 1914 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15. DATE EFFECTIVE 1st March 1915. (256 Westmiel St Cath. C 337 7/3/17)

PAYABLE TO A Carter ~~67 St Paul Ave~~ Brantford Ont. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
1916			55	7			55	70						3 57	616 77 / ~~58 47~~											262 57	195	50 20 / ~~48 57~~	507 77 / ~~458 87~~	108 40					
April 1-30	30	1 00	30		30	10	3								32	756 A 29 / 722 A 16								2 61 / 6 10 / 2 56 / 8 52				15		23 71	117 74				
May 1-31	31	1 00	31		31	10	3	10							34 10	1537 21/5/16 / 789 15/6/16												15		26 08	125 16				
June 1-30	30	1 00	30		30	10	3	00							33 00	878 15/6/16								2 86				15		17 86	141 20				
July 1-31	31	1 00	31		31	10	3	10							34 10	9 A 30/6	911 15/1/17							1 86	5 23			15		22 09	152 51				
Aug	31	1 00	31		31	10	3	10							34 10	1033 31/7								3 49				15		18 49	165 12		2	166 12	11.00 Forfeit 10 dys pay. Do 34.
Sept	30	1 00	30		30	10	3	10							33	1093 31/8 / 1058 16/9								2 62 / 3 49				15	11 00 / 33 00	61 62	139 50				33.00 15 dys ~~FP~~ No 1 until end of 28 days pay & 2 dys pay Rll 25/5/16 for L of L Leaves
Oct 1-15 16-10-16	15		18		15		1	50							16 50	1144 2/9/16								1 74				1500		20 22 / ~~1 35~~ 69 87	135 78 ✓				↳ 1 Rudd. D.C. 60 16/9/16.
30 11.16	46		46		30		4	60							6 34 02 / 50 60		1091 3 Nov 1236 1 Dec 1168 1 Mar				3 49 / 5 24						15 / 21 5	1 05	27 40	158 98				Issue on Ks-pay 1 Dec 15/10/16 1.05
Dec	31		31				3	10							34 10		9098 O.B.D.				12 71						15		27 71	165 87		-	165 87	
917			83	20												1827								3 49											
Jan	31	1.00 .10	34	10											34 10	1678								3 49				15		21 98	177 99				
Feb.	28		30	80											30 80	2037 30/1 / 1873 15/2								2 61 / 2 61				15		20 22	188 57				
			980	10											983 62									26 09	27 58	23 56	262 57	360	95 25	795 05					

Checked W.R.W. Ward

43972 Gnr. Carter Albert E

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Jun			980	10										352	983 62									26 09	27 58 262	23 56	262	360	95 25	795 05	188 57				
Mch	31	1/10	34	10											34 10	211	23/1	2193	24/3 13/3					523	261			15.		25 46	197 21				
Apl	30		33												33.				16 6/4						349			15		18 49	211 70				
May	31		34	10											34 10		89	24/4						610				15		21 10	724 47				
June	30		33												33		197	22/5						267											
																	146	10/5						267			4866	15		69	188 47		188 42		
July	31		34	10											34 10		253	7/6						446			24 33	15		39 33	183 49				
Aug	31		34	10											34 10		243	7/6						268	268			15		2483	192 74				
Sept	30		33												33		481	15/7						536	973. 876			15	20 40	138 09	87 68				
			1215	50										352	1219 02									55 26	38 98	120 89	335 56	465	115 65	1131 34				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Oct.	1st Bal Fwd	4768							8768		
	Gnr P4a	34 10									
				Each Do 10g 8/10/17 Rec Bde 4 days Stoppages 20/9/17 - 5/10/17 16 days @ 6od		9 60			97 18		
		34 10				9 60			15		
Nov	fp	33		ap					15		
				AR 3176 CRA 25/10/17		9 73					
				" 3153 - 24/10/17		9 73					
				" Prot CR 24/10/17		48 6d					
				AR AR/203 12 Cdg Hrs 7/11/17		2 43					
Dec	fp	34 10							15		
				S.R. 7104 5/11/17		48 67					
				Q 4005. VSO. CRA 5/9/17		1 28					
						71 84					
		67 10							30		
Jan	fp	34 10		ap					15		
				AB51. Y284. Bmkt. 8/10.		2 27					
				SR AR 1079. 2 Bde CFA 8/12		8 92			70 35		
		34 10				11 19			15		
Feb.	fp	30 80		AR 1227 2 CFA 18/1/18.		3 57					
				" 1178. 2 Bde. 5/1.		3 57					
				" 1127 2 CFA. 23/1/17.		8 92					
				apay		16 06			15 70 09		
		30 80				1606			15		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
1918.											70 09
Mch.	G.P.	34 10		Apay.						15	104 19
				RW. 52/511981 A. 29/11/17.		1 46					
				1399 2 Bde. 19/2.		3 57					
				1464 " 5/3.		4 46					76 13
				1570 " 20/3		3 57					76 13
		34 10				13 06				15	

General Stop: 24/4 - 28/9/17 34 days
Extract G.O. 78 - 7/4/17 (12 days)

OPINION OF THE MEDICAL BOARD

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

19. Is the invalid fit for

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

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.) In accordance Suggested that he Proceed to England per A.F. P.C. 04 of 20-1-19
(b) ~~Does not require treatment.~~
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It ~~is recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)
Authority A.G. 9083 of 11-11-18

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

L. A. Richmond Major President.

PLACE Bramshott

DATE 2.4.19 } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President

PLACE..... } Members

DATE.....

APPROVED BY A.D.M.S. Surrey Command
Assistant Director of Medical Services.
DATE 2-4-19

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE 2-4-19.

1. 1 (a) Unit 5th Bty CFA. (b) Regimental No. 43972 (c) Rank Gnr.
(d) Surname Carter (e) Christian name Albert Edward.
(f) Home address 17 Cannon St W Hamilton
(g) Next of Kin Mrs. H. Carter (h) Relationship Mother.
(i) Address of Next of Kin 17 Cannon St W Hamilton.

2. Age last birthday 25 Date of birth 1893 Oct 26.

3. Enlistment, or Appointment (if an Officer) (a) Place Brantford. (b) Date 27.9.14.

4. Personal description:
(a) Height 5' 8" (b) Weight 135 (stripped) (c) Complexion fair.
(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Mole L Shoulder. 2 Scars L Knee.

5. Former trade or occupation Tinsmith.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4.	233.

	Periods From	Periods To
Canada	~~27.9~~ 29.9.14	29.9.14.
England	29.10.14 26.7.17	12.2.15 30.11.17
France or other theatres of War	12.2.15 30.11.17	18.3.19 20.7.17

7. Original disease, or injury V.D.S.

(a) Date of origin July 1917. (b) Place of origin England
(c) Cause Infection

M. F. B. 227.
400M.—11-18.
1772-30-117.

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

V.D.S. - Wasserman positive

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

Can Gen Lab. Witley - March 1919.

Wasserman positive XXX

Sgd. C.D Farquharson Capt.

No subjective symptoms or signs.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Contracted V.D.S. in England.
Was given regular anti syphilitic treatment
at Ekthorphill Spec. P.

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

Debility - May 1915; Contusion Leg L. Nov 1916.; S.W. arm L. Sept 1918.
No disability now.

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

nil.

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

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

n.a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) yes (b) no:
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 months:

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

Regular anti syphilitic treatment - Sept 1917.

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)

Suggested that he be dealt with on arrival in Canada
in accord with PCO 47 of 20-1-19.

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

17. Recommendations

n.a.

H Mitchell Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned A E Carter 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 nil

A E Carter Gnr Rank.
Signature of invalid examined.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-3-15	EFFECTIVE DATE:-
AMOUNT:- 15⁰⁰	AMOUNT:-

NAME:- CARTER Albert E.

NUMBER:- 43972

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.

H barten
256 Westmill St
Brantford Ont.

~~Stopped - Eff 1-4-19~~
Stop 7/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gnr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Dac

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET TSF'D	UNIT TRANSFERRED TO
			CRa
22 33/18	31"/17	5⁴/18	2 Bde CFA

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
~~18/11/18~~		~~London 15~~	~~2 1 33~~	✓	~~30/5~~	~~Awing~~ ✓	~~9 73~~
~~1/3/19~~	~~1636~~	~~3 Bde. 30 hrs.~~	~~3 93~~	✓	~~1/6~~	~~London~~ ✓	~~4 87~~
~~13/3~~	~~6683~~	~~" 15 "~~	~~1 46~~	✓	~~5/6~~	~~Awing~~ ✓	~~4 87~~
~~23/3~~	~~902~~	~~A Wing 15.~~	~~73 00~~	✓	~~8/6~~	~~Awing~~ ✓	~~2 1 33~~
			105 77				43 80

L.P.C. Cancelled Bickett 4/19.

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Clock to Can 31/3/19. 70 5096 Bickett 39/19 Bickett M 26.~~ ~~L.P.C. 26 5 19~~ L.P.C. Dr. Bal. 39.55

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	~~Discharged Canada 30/6/19~~			~~10477 Wicker~~	11/6		10 ing	A			
Mar	Bal fwd.							8	76 13		
Apl	G. P	33		A.P.				15			
				ack 2. 11/4/18 2 Bde	4 46						
				✓ 95 21/4/18 "	3 57						
				DN. AIR. 1343. 9/7/18 "	4 46				81 64		
		33			12 49			15			
May	G. P	34 10		A.P.				15 -			
				ack 106 7/5/18 2 Bde	4 46						
				✓ 163 16/5/18 "	3 57				92 71		
		34 10			8 03			15 -			
June	✓ "	33 -		A.P.				15			
				ack 219 1/6/18 2 Bde	4 46						
				✓ 285 ~~26/6/18~~ "	3 57				102 68		
		33			8 03			15			
July	G.P.	34 10		A.P.				15			
				~ 327 3/7/18 1 Bde	4 46						
				✓ 341 13/7/18 2 Bde	3 57				113 75		
		34 10			8 03			15			
Aug	G.P.	34 10		A.P.				15	132 88		
				399 268a 7/8/18	3 57						
				451 ✓ 21/8/18	3 57				125 71		
		34 10			7 14			15			
Sep.	G.P.	33 -		Rem. 431 11/9/18	24 33						
				508 2 C.F.A. 11.9	3 57						
				A.P.	27 90			15			
				656 ✓ 25.9	3 57				112 24		
		33 -			31 47			75			
									Dwr		

COMPILED BY L. Poulton

CHECKED BY

NU MBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Fwd					112 24		
Oct	f	34 10		AP Can				15	131 34		
				701 2 Bde 11/10	3 73						
				802 " 24/10	3 73				123 88	a/c	agreed
		34 10			7 46			15			18/11/18
Nov	f	33 -		AP				15			
				913 2 Bde 2/11	3 73						
				36c " 8/11	97 33						
				982 " 10/11	4 66						
				6622 6 GBD 8/12	4 66				225 18		
Dec	f	34 10		AP	110 38			15	135 34		
Jan	"	34 10		AP				15	69 70		
		101 20			110 38			45			
Feb	f	30 86		AP				15			
				1199 2 C Ja 24/12	6 49						
				R 459 " 22/12	4 87						
				1249 " 4/1	3 77						
				1336 " 24/1	3 73						
				1461 " 8/2	3 73						
				1556 " 14/2	2 80						
Mch	GP	34 10		AP Mch	35 39			15	5 36		
				1638 " 3/3	3 73			30	4 31		
				6683 Have 13/3	4 66						
				7103 Away 22/3	73 00				2 18		
		64 90			106 78			30			
Apl	f	33 00		AP Apl				15			
				4044 Away 19/4	4 87						
				GP 66651 2/5	9 73						
				GP 66366 18/11/18 Dr P & J 4/4/19	24 33						
				5293 Away 2/5	4 87						
May	f	34 10		AP	43 80			15	8 88		
				7608 Away 19/5	4 87				13 75		
		67 10			48 67			30			
June	f	33 -		AP				15	4 25		
				9722 Away 5/6	4 87						
				10.000 " 8/6	24 33						
				9579 " 20/5	9 73						
				GP 72625 1/6	4 87				39 55		
		33 -			43 80			15			

Sol 2816 £ L 94

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Suggested he be dealt with on arrival in Canada in accordance with P.C.O. 47 of 20.1.19.

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

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

R.T.b. auth. A.H. tel 9083 of 11-11-18.

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

C.A. Richmond Major *President.*

PLACE Brantford

H.D. Swyer Capt.

DATE 5-6-19. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President*

PLACE.....

DATE..... } Members

APPROVED BY

for *Assistant Director of Medical Services.*

DATE 5/6/19

APPROVED BY

Director-General of Medical Services.

DATE.....

AWOL

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE June 5: 1919

1. 1 (*a*) Unit 5th Battery C.F.A. (*b*) Regimental No. 43972. (*c*) Rank Pte.

(*d*) Surname Baxter. (*e*) Christian name Robert Edward

(*f*) Home address 12 Hobre Street Brantford ont

(*g*) Next of Kin Mrs M Baxter (*h*) Relationship mother

(*i*) Address of Next of Kin 12 Hobre Street Brantford ont

2. Age last birthday 25 Date of birth 1893 ae 26

3. Enlistment, or Appointment (if an Officer) (*a*) Place Brantford (*b*) Date 24/9/14

4. Personal description:

(*a*) Height 5 feet 7 ins. (*b*) Weight 130 lbs (stripped) (*c*) Complexion ~~fair~~ dark

(*d*) Colour of hair brown (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. none.

5. Former trade or occupation Ironmoulder.

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

	Years	Days	Periods From	Periods To
	4	275		
Canada			24.9.14	29.9.14
			20.10.14	12.2.15
England			26.7.17	30.11.17
			12.2.15	18.3.19
France or other theatres of War			30.11.17	24.7.19.

7. Original disease, or injury V.D.S.

(*a*) Date of origin 8-9-17. (*b*) Place of origin Folkestone

(*c*) Cause Infection.

M. F. B. 227.
400M.—11-18.
J772-39-117.

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

V. D.S. Wassermann Neg.

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

No subjective } symptoms.
No objective }

Wassermann Neg. (Can. Gen. Lab. Witley.)

May 30 : 1919.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Imputed Folkstone 1917 He had some treatment but in 1919 his Wassermann was positive +++ again: And he had to have further treatment.

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

V.D.S. 1917.

Debility. 26-5-15.

Contusion L. Leg 26-11-16 Wounded in action Sept. 1918.

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

none.

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

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

n.a.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? ~~Two~~ 3 mos.

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

usual Specific treatment.

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)

Suggest that on arrival in Canada he be dealt with according to P.C.O. 47 of 20.1.19.

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

17. Recommendations. none.

Signature Capt. Cave
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned ~~Pte~~ Gunner Carter A.E. 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 nothing

A E Carter Gnr. Rank.
Signature of invalid examined.

LIST OF DISCHARGE DOCUMENTS.

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

War Service Badge
Class "A" No. 381323

381323 O.A. ~~F.H.~~ B.

O.F. 13

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 43972
2. Rank. Gnr
3. Name. Carter Albert Edward
4. Unit. 5th Bty C.F.A
5. Date of Discharge 13/7/19 Place ~~Woodstock~~ Halifax N.S.
6. Reason for Discharge Demobilization
7. Authority. R.O. 1420
8. Proposed Residence after Discharge ~~Hamilton Ont~~ 12 Holme St Brantford Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

A E Carter
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. JUL 4 1919

Date

Signature R C Bellman Capt
O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Group B
Checked by No. 5
Date 25 JUN 1919