

AS 22.4.19

REGIMENTAL DOCUMENTS

H

NAME **CLARK RANDOLPH**

M

REGT. NO. **931062**

UNIT **2<sup>nd</sup> Con Bn N.S.P.** Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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NON-EFFECTIVE BY

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~~Revised~~

22086

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DEATH

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Demob

DESERTION

41

10

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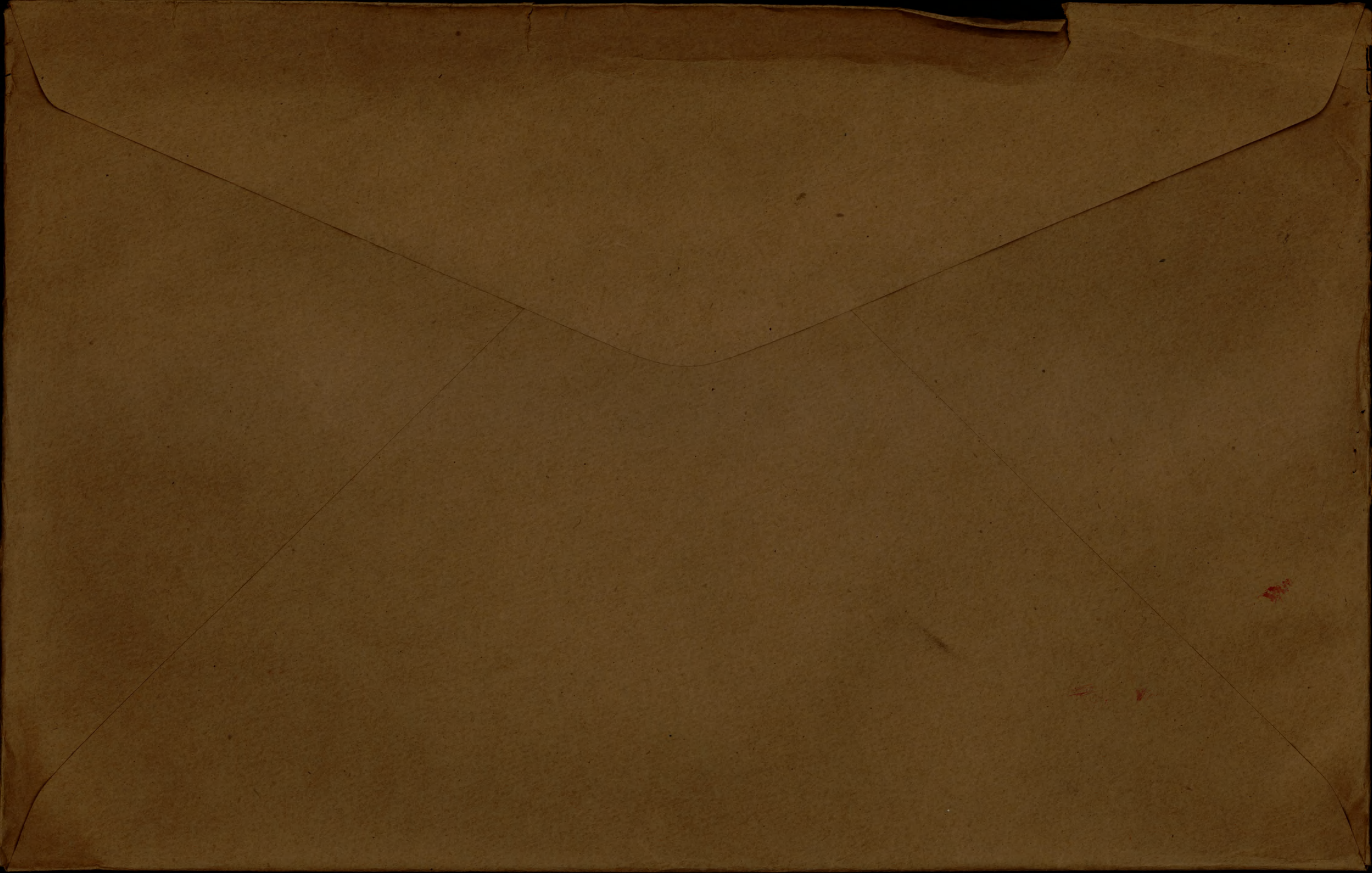
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ORIGINAL

931002  
Original

**ATTESTATION PAPER.**  
**No. 2 CONSTRUCTION, D'n. C.E.F.**  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

No.

Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname?..... *Clark.*
- 1a. What are your Christian names?..... *Randolph.*
- 1b. What is your present address?..... *New Aberdeen B.B.*
2. In what Town, Township or Parish, and in what Country were you born?..... *N.Y. Cambridge St Joseph B.N.I.*
3. What is the name of your next-of-kin?..... *Mrs. Constance Lambert*
4. What is the address of your next-of-kin?..... *Cambridge St Joseph. B.N.I.*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *October 10<sup>th</sup> 1895.*
6. What is your Trade or Calling?..... *Miner.*
7. Are you married?..... *No.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes. RB*
9. Do you now belong to the Active Militia?..... *No.*
10. Have you ever served in any Military Force?..... *No.*  
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*

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *Randolph Clark*, 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.

Date *July 28* 191*6* *Randolph Clark* (Signature of Recruit)  
*W. H. Chapman* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Randolph Clark*, 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.

Date *July 28* 191*6* *Randolph Clark* (Signature of Recruit)  
*W. H. Chapman* (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 *Osprey* this *28* day of *July* 191*6*  
*W. H. Chapman* (Signature of Justice)

Description of Randolph Clark on Enlistment.

Apparent Age 24 years 10 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 7 1/2 ins.

Three Scar "Scars"  
Upper arm

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

Small transverse Scar  
Middle of forehead

Complexion Black

Eyes Brown

Hair Wavy Black

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

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 July 28<sup>th</sup> 1916.

Place Sydney NS

W J Egan Stand  
 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.

Randolph Clark 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.

D.H. Sutherland (Signature of Officer)

Date AUG 1 0 1916 1916.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931062 (Rank) Private  
Name (in full) Randolph Clark enlisted in  
the No 2 Construction Battalion  
CANADIAN EXPEDITIONARY FORCE at Sydney on the 28th  
day of July 1916  
HE served in France  
and is now discharged from the service by reason of Demobilization

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

Age <u>23 years 6 months</u>	Marks or Scars
Height <u>5 feet 9 inches</u>	<u>One inch scar</u>
Complexion <u>Black</u>	<u>on forehead</u>
Eyes <u>Brown</u>	
Hair <u>Kinky Black</u>	

R Clark  
Signature of Soldier

R. Phurst  
Issuing Officer  
C. DISCHARGE SECTION NO. 9 DISTRICT DEPOT

Date of Discharge April 9<sup>th</sup> 1919  
Signed at Halifax this 7<sup>th</sup> day of April 1919  
in Military District No. Six  
File Reference No. \_\_\_\_\_

Rank \_\_\_\_\_  
Appointment \_\_\_\_\_

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.

**CANADIAN EXPEDITIONARY FORCE**  
**Discharge Certificate**

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

- 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.
- 3.—That wearing of uniform rendered liable to usual military discipline as if on the strength of a unit.

WAR SERVICE BADGE

CLASS "A" No .....

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

*Approved*

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

# Casualty Form—Active Service.

Unit, Regiment or Corps No. 2. Construction Batt. C.E.F.  
 Regimental No. 931062 Rank pte Name Randolph Clark  
 Enlisted (a) 28-7-16 Terms of Service (a) period of war Service reckons from (a) 28-7-16  
 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) .....

Embarked 20/10/17  
 Disembarked 7/4/17  
 LAPLAND  
 FEB 20 1919

CERTIFIED CORRECT.  
 17/1/17  
 6 JUN. 1917  
 CAN. RECORDS, LONDON.

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 17/1/17 From whom received O.C. No 2 Constn Batten	Embarked from Canada Halifax NS		25/3/17	
	Disembarked, England Liverpool		7/4/17	
	Proceeded Overseas	Seaford	12/1/17	Pt 2 D.O.# <i>[Signature]</i> An Capt & Ady
21/5/17	Landed in France		17-5-17	N.R.
	Forfeits 5 days pay for Making away with Iron Rations	Sea.	21/5/17	Br 209 P-20 119 25/7
17.5.17	appr <sup>2</sup> a/cpl with pay	Sea	16/5/17	P 295 135 dt 20/10/17
5/1/18	att to 1 Dist Alencou		30/12/17	B 213 NR.KG 16/25295

(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				
3/1/18	oc unit	Reduced to rank of Pte for whom on act det (1) Disobeying an order given by his sup officer (2) using insubordinate language to his superior officer		26/1/18	B 2069
31-8-18	oc 43 Co C Co	Granted 14 days leave	uk.	27-8-18	B 213 HQ 50.51 of Sept 1918
21-9-18	oc	Return from leave	2nd Lt	13-9-18	B 213
11 <sup>12</sup> /18	aaq	Trans to Eng & posted to N.S. Reg Depot	Bramshott	14 <sup>12</sup> /18	UK 344 ca Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17.12.18.	M.S.R.D.	T.O.S and att'd 2nd L.C.D for Quarters & Rations	Bramshott	14.12.18	D.O. 305 PART II D.O. N.S.R.D. 3/13 27 <sup>12</sup> /18
27/1/19	NSRD	ON COMMAND TO CDD Kimmel Sgt. O.M. McCon Trans. to C.C.F. Dist. Canada Sunderly Am. Hammond Kimmel	BRAMSHOTT		ca. Knight LIEUT. OFFICER IN RECORDS, NOVA SCOTIA REGTL. DEPOT.

20 FEB 1919  
20 FEB 1919



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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *W 06*  
 Regimental No. *931062* Rank *Pls* Name *Clark, Randolph*  
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B: 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>20/2/19</i>	<i>Sea</i>	<i>TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT reported to Co. Coy</i>	<i>W 06</i>	<i>1/3/19</i>	<i>W 06 3 Pls. huss of Records W 06</i>
<i>18/3/19</i>	<i>Coy</i>	<i>Trans. Hosp. Sec.</i>	<i>D. O. 80</i>	<i>April</i>	<i>W 06 O. C. CASUALTY COMPANY NO. 6 DISTRICT DEPOT</i>
<i>1-4-19</i>		<i>Trans to Casualty Coy.</i>	<i>Halifax</i>	<i>1-4-19</i>	<i>W 06 92. CAPTAIN. O. C. HOSPITAL SECTION No. 6 DISTRICT DEPOT.</i>
<i>9/4/19</i>		<i>DISCHARGED at Halifax, N. S.</i>	<i>D 097</i>		<i>C. W. McAlaney CAPTAIN. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.</i>

(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.]

Casualty Report - Active Service

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				
9-8-19	N.S. Reg. Pers.	S.O.S. of the 6 m Lt C on proceeding to Canada 20-2-19. (N.S.R. do.) Sailing List 17.			a-o. 2-  B. Langman Lieut for do of R.



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.				
27-12-18	NSRD	O/c to G.D.D. Rhyll	Pte Bissett	27-12-18	D.O. 313
9-8-17	NSRD	SOS to Canada S.L. 17	Pte <sup>London</sup> Willey	20-2-19	after Odr 2

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 No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 931062

(3) Full Name of Soldier Randolph Clouffe

(4) Place of Birth Barbadoes

B. W. 9.

(5) Are you married, or not? no

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

(b) Present Postal Address —

(7) Are you a widower? no

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

(9) Is your Father alive? *yes* *Joseph B. Lopez*  
If so, state name and address *40 Mrs Constance Comberbach*

(10) Is your Mother alive? *yes* *Ms Combridge St Joseph*  
If so, state name and address *Barbadoes B w 2*  
*yes name and address as above*

(11) If your Mother is a widow *no*  
Are you her sole support, or not? *—*

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

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

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

(15) Are you insured? *no*  
If so, in what Company? *—*  
Have you made arrangements for payment of your Insurance premium? *—*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*C. W. Rejs b apt*  
*for* Officer Commanding.

Date **NOV 8 1916**

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Randolph* 2. Surname *Clark*
3. Rank *Pvt* 4. Original Unit *2nd Const Bn* 5. Reg. No. *931062*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*New Aberdeen Post Office  
Glace Bay N.S.*
7. Date of enlistment in the C.E.F. *28-7-16*
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 *do*
10. Address, in full, of such dependent *do*
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:—  
*yes 2nd Const Bn 17-5-17 to 11-12-18*
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? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*
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 *from 28-7-16, 2nd Const Bn (Can Eng & France) RSCD (Eng)*
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*

500

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

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 .....

20. Have you been issued with a War Service Badge? If so, what class? *Class A 143.862*

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 .....

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

*9-4-19*

(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..... *no*

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

*yes 2nd Coast Bn. 17-5-17 to 11-12-18*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*

(b) If so, are you in receipt of full pay and allowances from that Department? *not applicable*

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: *R. Clark*

Place of Residence: *New Aberdeen, Glace Bay, N.S.*

Declared before me at: *Halifax, N.S.*

This *4<sup>th</sup>* day of *April* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*R. J. Huston*  
A Commissioner of the Supreme Court in and for the Province of Nova Scotia.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>APR 8 1919</i>	<i>70.00</i>	<i>no</i>	<i>153 days</i>	<i>\$ 350.00</i>
			<i>less w/p 64</i>	<i>70.00</i>
				<i>\$ 280.00</i>

Certified Correct. *[Signature]*  
District Paymaster.

*[Signature]*



931062  
ORIGINAL

MEDICAL HISTORY SHEET.

Surname Clark Christian Name Randolph

Examined { on 28<sup>th</sup> day of July 1916  
at Sydney C.B.S.

Approved by [Signature]

Birthplace { City of Town Cambridge St. Jago  
County Barbadoes

Rank Squad M.O.

Apparent age 21

Trade or occupation Miner

Height 5 Feet 7 1/2 Inches.

Weight 168 Lbs.

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

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Left  
Number

When Vaccinated last 10 years ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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.
<u>23/3/17</u>		<u>Doe Murray</u> M.O.
<u>21/3/17</u>		<u>Doe Murray</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/11/16</u>	<u>L.S.R.</u>	<u>D.M. Murray</u> M.O.
<u>10/11/16</u>	<u>L.S.R.</u>	<u>D.M. Murray</u> M.O.
<u>16/11/16</u>	<u>L.S.R.</u>	<u>G. Adunn</u> M.O.

Enlisted on 28<sup>th</sup> day of July 1916 at Sydney C.B.S.

COI'S	REG'T'L NUMBER.	HABITS.	DATE.
	<u>931062</u>		

Joined on enlistment

Transferred to... 2 CONSTRUCTION, B'n. C.E.P.

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.

Surname *Clark* Christian Name *Randolph*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Holiford, R.S. Archiehead.</i>		<i>18</i>	<i>3</i>	<i>19</i>	<i>31</i>	<i>2</i>	<i>19</i>	<i>Gonorrhoea. 73.</i>	<i>Admitted with gonorrhoea treated. Rest. Svinge P.P. 1 good hot tid. dilatation Instillation Discharged. No urethral dis. Ulcers. Sutures removed</i>	<i>W. Matthews C.M.C.</i>	



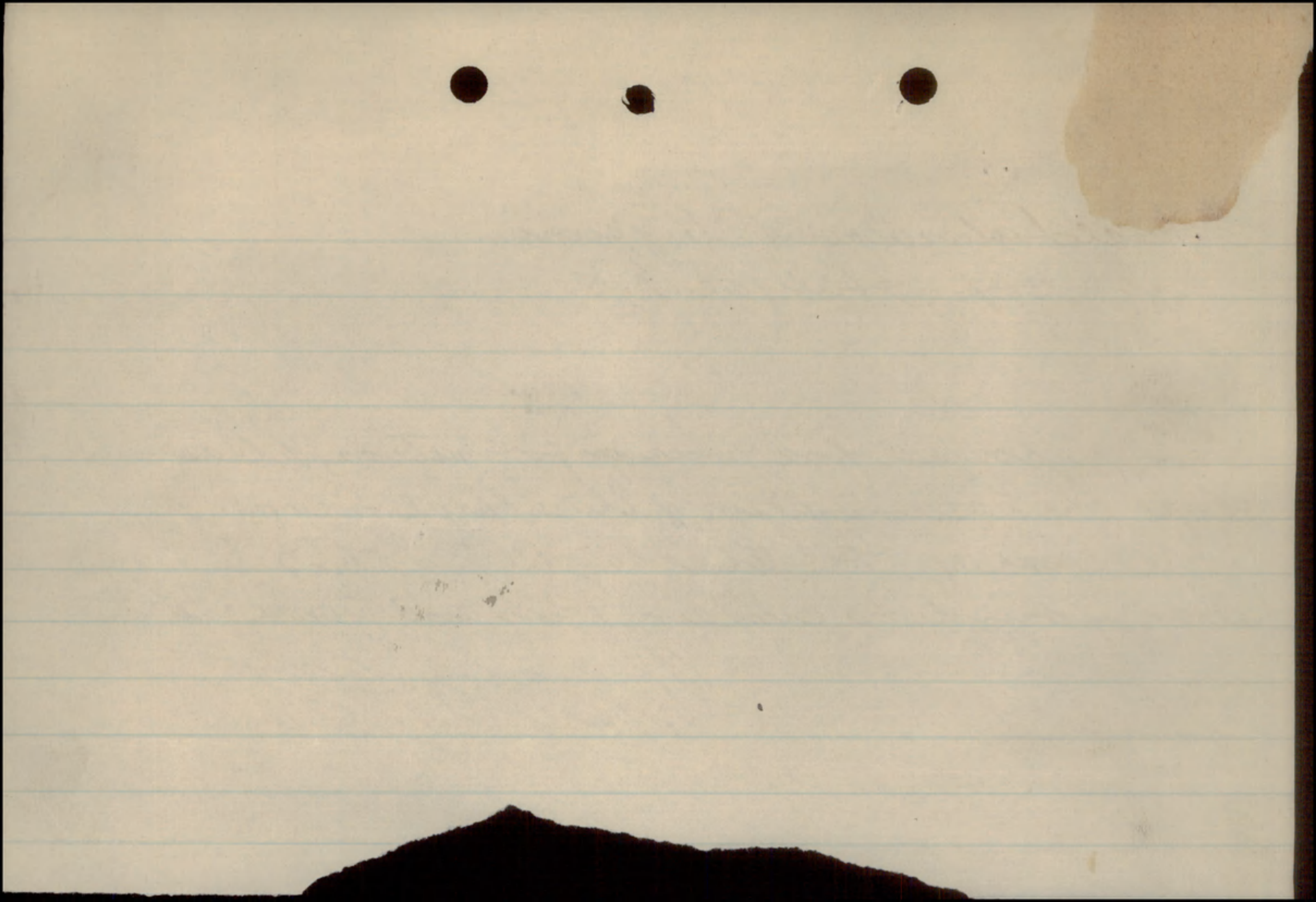


Central Laboratory of Hygiene  
Mil Hosp. Halifax, N. S.

It is reported for your information, please  
that the examination of Urethral Swab in  
the case of Pte Clarke - R. No 6 D.D  
was found to contain Pus and Gonococci.

18-3-19

Francis A. Law



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.P. 6.

NAME OF SOLDIER (Block Letters)

CLARK R.

REGIMENT

202 Construction

RANK

PLT

No.

931062

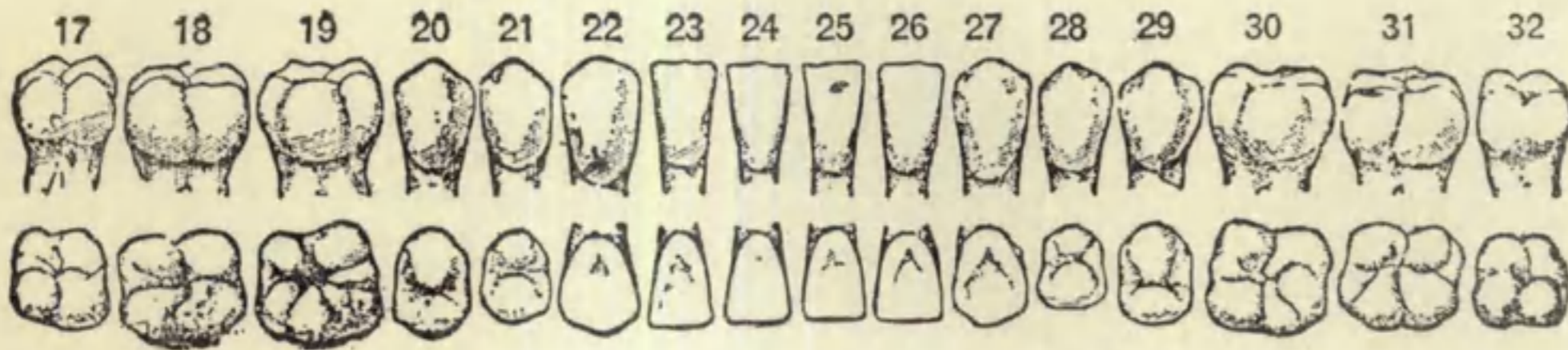
Date of Examination in England

31-12-18

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

*Nil*

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

*I. W. Reed*  
Capt.

Mr. J.

CLARK

No. 2. Construction

21-12-18.

R. A.

21-12-18.

Handwritten notes at the bottom left corner, including the word "Project".



\*Name CLARK, R. Randolph Rank PTE. Regtl. No. 931062  
 Original 2 C.C.D. Present unit #6 D.D. M. or S. Age 23 Religion C. of E. Fyle Depot 74-C-1066 Ref. H.Q.

Port, ship, and date of arrival Halifax, N.S. "Lapland" 1-3-19

Next of kin Mrs. Constance Cumberbach (Sister)

Address on leave Sydney, C.B.

Address on discharge

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation Miner Date and place of enlistment 28-7-16 Sydney, C.B.

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date.	Remarks	Pt. 2 Order No.
<u>20-2-19</u>	<u>T.O.S. #6 D.D. Posted to Cas. Coy. 1-3-19 D.O.</u>	<u>63</u>
<u>18/3/19</u>	<u>Trans. from Cas. Coy to Hosp. Sec. R. Road</u>	<u>80</u>
<u>2-4-19.</u>	<u>Trans. to Casualty Company, 1-4-19. H.S. D.O.</u>	<u>92.</u>
<u>9/4/19</u>	<u>DISCHARGED at Halifax, N. S</u>	<u>97</u>

\*—Name will be given in full; surname first.



LEDGER No. 1710

SERIAL No. Q34235 14

REG. No. 931062 NAME Clarke. R.

RANK Pte CORPS 6 D.D. AGE 24 SERVICE 32/12

HOSPITALS

DATE OF ADMISSION

1 Rockhead incl Halifax

18. 3. 19.

2

3

DIAGNOSIS V.D.B.

TRANSFERRED TO

DISPOSITION 2. 4. 19.

CATEGORY

REMARKS:

SURNAME.

*Clark*

CHRISTIAN NAMES

*Randolph.*

REGL. NO. *931062*

RANK *Pte.*

UNIT *No 2. Construction (coloured)*

FORMER CORPS *Nil.*

CARD NO. *808.9-4-19* ✓  
*AD. 97 of 7-4-19 10206*  
 FOLL.

*Bw.*

NEXT OF KIN.

NAMES IN FULL

*Cumberbach, Constance.*

RELATIONSHIP TO SOLDIER

*Sister.*

ADDRESS

*Cambridge, St Joseph. B.W.I.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*B.W.I. in Cambridge St Joseph.*

DATE

*Oct 10<sup>th</sup> 1895.*

PLACE OF ATTESTATION

*Sydney. N.S.*

DATE

*July 28<sup>th</sup> 1916.*

*98. 28-3-17.*

*R/c. 1-3-19<sup>273</sup> Pte. 47.*

From Halifax N.S. Southland 28.3.12

MARRIED SINGLE *yes* WIDOWER  
TRADE OR CALLING Miner RELIGION Church of England

DESCRIPTION.

APPARENT AGE 21 YEARS 10 MONTHS  
HEIGHT 5 FEET 7 1/2 INCHES  
CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Black EYES Brown HAIR Kinky Black

DISTINGUISHING MARKS Three vee scars L upper arm, small transverse scar middle of forehead.

MEDICAL EXAMINATION. PLACE Sydney N.S. DATE July 28<sup>th</sup> 1916.

Present Address New Aberdeen. C.B. N.S.

Number

931062

Rank

A/4pl V

Surname

CLARK

Christian Name

Randolph

Units

60.R.C.C. ~~submarine~~

Theatre of War

Tirane

Date of Service

17-5-17

Remarks

Latest Address

New Borden, Green Bay  
D.S.T.

Roll No

B Tap 18709.

200m. - 6-21.M.

AND HOW LONG

DISEASE OR INJURY.....

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....  
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT.....

IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN.....

ADDRESS.....

HOSPITAL.....

\* CROSS C

M. F. W. 142.

1772-39-1171.

50m.-2-19.

DESP  
FREGN. NO. 8219088  
WOM 4 109



No. 931062. RANK Pte

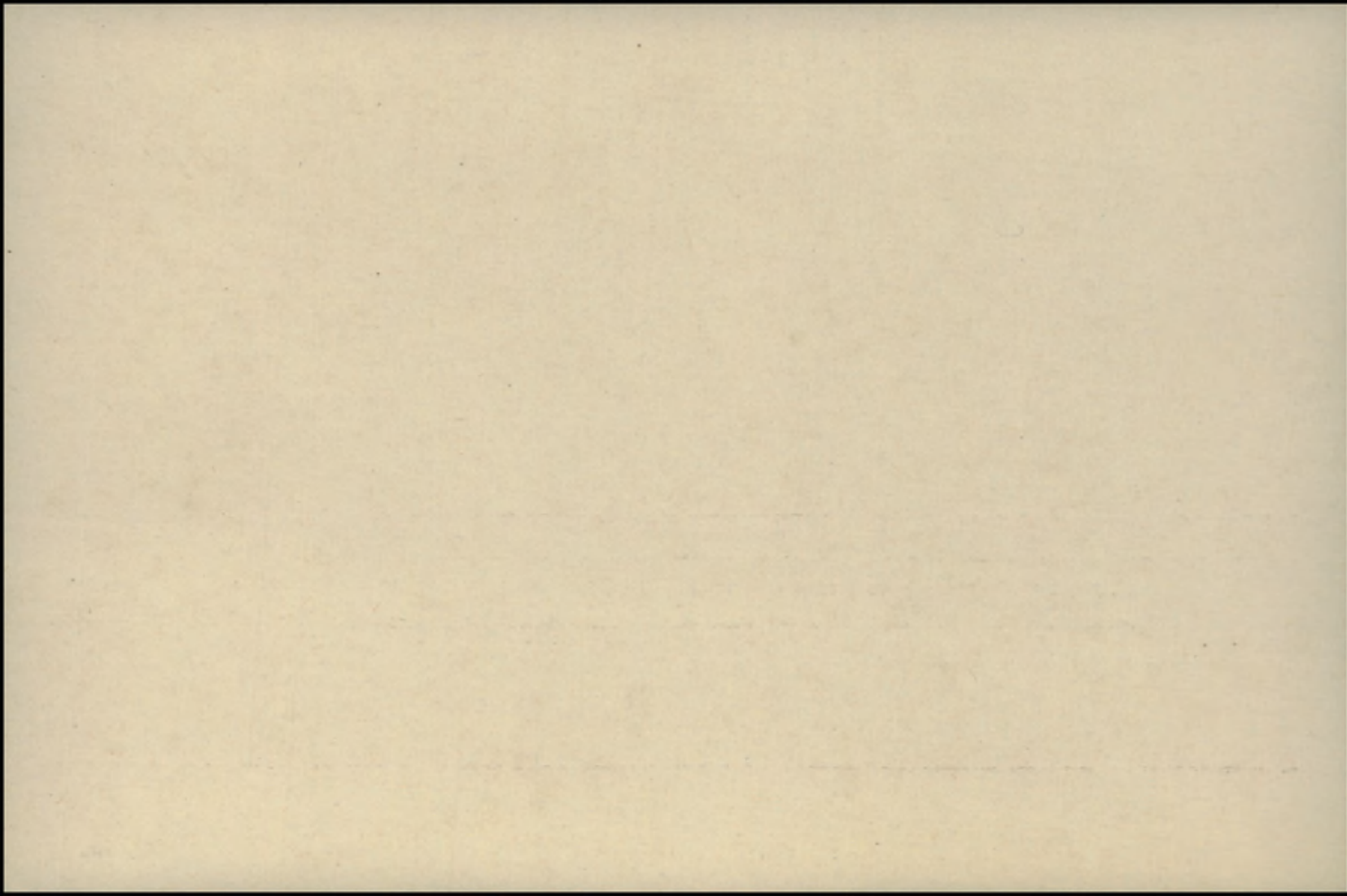
NAME Clark Randolph

T. O. S. 28-7-16  
D. O. S. 31-7-16

UNIT No 2 Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 28	1916 Aug 16	n	Temporarily S.O.S. while at course	D. O. 13. 16-8-16
	Sept.	n		
	Oct.	n		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917	✓		
	Feb	n		
	Mar	n		



Date of Enlistment

28-7-17

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

7237  
0041

Date of Assignment

April 1<sup>st</sup> 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

7237

15.00			
-------	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. **931062**  
 Rank **pte** Promoted Reverted Discharge  
 Soldier's Name **Clarke, R.**  
 Battalion **2 Grenade Bn.**  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address

1			
2			
3		15	15.00
4			

MRS. CONSTANCE CUMBERBATCH  
 CAMBRIDGE ST. JOSEPH  
 BARBADOS, B.W.I.  
 % 931062 PTE. R. CLARKE  
 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Apr 1918	X 12500		15	15	✓
May	K. 19361		15	15	✓
June	J. 23317		15	15	✓
July	T. 33332		15	15	✓
Aug	J. 36489		15	15	✓
Sept	J. 44867		15	15	✓
Oct	I. 54066		15	15	✓
Nov	D. 54051		15	15	✓
Dec 1919	M. 68626		15	15	✓
Jan	J. 74251		15	15	✓
FEB	M. 78396		15	15	✓
MAR	H. 85421		15	15	✓
			<b>180</b>	<b>180</b>	

*File 03258-R-71*

AUTHORITY FOR NEW ACCT.

M. F. W. 128.  
 40M. 6-7-1772-81-1144  
 1. L. 22220-M. & D. 7883

A/c Closed 31-3-19  
 Ret'd per... *Lapland*  
 Date... 1-3-19 M.F. 187  
 Closed... *J. Hanahan*  
 M.R.D. 75217 issued 6/19/19

AUDITED.

AUTHORITY FOR NEW ACCT.  
*22-22-18*  
*J.D. Doush...*



## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

§Only if discharged "Medically unfit."  
‡Only if man has not been overseas.

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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. 931062

Rank Pte

Surname Clark

Christian name Randolph

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

Corps (Squadron, Battery or Company) No 2 Construction Bn

Date of discharge April 9<sup>th</sup> 1919

Place of discharge Halifax N.S.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	<u>23</u> years	<u>6</u> months.
Height	<u>5</u> feet	<u>9</u> inches.
Complexion	<u>Black</u>	
Eyes	<u>Brown</u>	
Hair	<u>Kinky Black</u>	
Trade	<u>Miner</u>	
Intended place of residence	<u>New Aberdeen</u>	
(To be given as fully as practicable.)	<u>Glace Bay N.S.</u>	

Descriptive marks  
One inch scar on forehead

### 2. The above-named man is discharged in consequence of

Demob

Authority for discharge.....

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.

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

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.

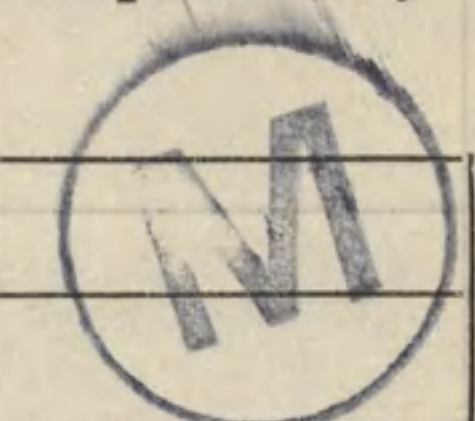
### 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

War Service Badge  
Class A/143862  
Issued



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

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).....

(Date).....

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, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. Clark R (Signature of Soldier.)

(Date) April 4<sup>th</sup> 19 H. J. Leggett (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)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

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

(Place) Halifax N.S.

(Signature) [Signature]

(Date) April 9, 1919

LIEUT. COL.  
No. 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  
R. Clark

APR 11 1919









ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>CLARKE Randolph</b>
EFFECTIVE DATE: <b>1st April, 1918.</b>	EFFECTIVE DATE: -	NUMBER: <b>931062</b>		
AMOUNT: <b>1500.</b>	AMOUNT: -	PARTICULARS OF RANK OR APPOINTMENT		
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		AUTHORITY		
(Sister) Mrs Constance Cumberbatch Cambridge, St Joseph Barbados B.W.I.		DATE EFFECTIVE		
		RANK OR APPOINTMENT		
		UNIT AND TRANSFERS		
		ORIGINAL UNIT: <b>2 Construction Bn</b>		
		DATE ACCOUNT FIRST OPENED: <b>1st April 1917.</b>		
		AUTHORITY		
		DATE EFFECTIVE		
		DATE LEDGER SHEET T'S'D		
		UNIT TRANSFERRED TO		
		<b>Canada</b>		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/1/18	6564	Field	466			Ledger Bal.	33935
18/12/18	3566	BRNS	972			L.P.L. Bal	23496
			1439				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1	-	-	10

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Canada and Ref MR. 161 d-17/12/18 2 bbs.

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								32237180		
apl	Pay a.	33		ass Pay				15		15	
				AR 115 6/4 C.F.C 201.	357						
				AR 297 20/4 - " -	357				33323186		
May	P.P.	33		ass Pay	714			15			
				AR 492 7/5 C.F.C 1	268						
				720 2/5 - " -	446				3457180		
June	P.P.	34	10		714			15			
				ass Pay				15			
				AR 907 7/6 C.F.C 1	357						
				GR 487 19/6 L.N.	5000					180	
				AR 1103 22/6 C.F.C 1	357				30605		
July	PP.	33		Can ad	5714			15			
				AR 1292 6/7 C.F.C 1	357						
				AR 1502 22/7	357			15	31801180		
Aug	PP	34	10	Can ad	714			15			
				AR 1697 6/8 C.F.C 1	357						
				AR 1996 26/8	178						
				CP 29282 31/8 Y/N	4867						
				AR 3184 24/8 C.F.C 1	9733						
				AR 1945 22/8	357				18219195		
Sep	PP.	34	10	Can ad	15492			15			
				AR 2441 23/9 C.F.C 1	357						
				AR 2678 7/10 C.F.C 1	373			15	19662195		
Oct	P.P.	33		Can ad	357			15			
				AR 2930 23/10	373				20826		
					746			15			

256

MR 161 d-17/12/18 2 bbs

COMPILED BY *Handwritten*  
CHECKED BY *Handwritten*

NUMBER

931062

RANK

NAME

CLARK

R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									20826		
Nov	P.R.	33-		C.O.D.				15-			
				AR. 3097 8/11 C7C1	1373						
				✓ 3304 25/11 ✓	1306						
				✓ 6567 10/12 Base.	486						
Dec	Pay P.	3410		C.A.P.				15	23935	195	
	✓ Int. on Def. Pay.	1078		35 tele. 18/12 WR	973				22496		
		79168			3118			20			
July				ad 30 10/79 Rly C	973				21523		
				Indemnity	973						

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

(This is to be completed only in the case of the Soldier taking his Discharge in England.) (Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of:—

11. Is the case of the disability fully described in Part I. (2) ?

12. From the medical information now adduced, was the disability caused or aggravated by (a) Negligence of the Soldier, (b) Misconduct of the Soldier, (c) Aggravated Cause?

13. THE ENTIRE DISABILITY—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and occupation?

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

18. REMARKS:— Extracts should be made from all entries on the Medical History Sheet. If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except..."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RE-CATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 931067 Rank Plt Surname Clark Christian Name Randall

Unit or Corps—(a) Overseas from United Kingdom... (b) in United Kingdom... 2 Const Batt

Born at—Town Barbados County or Province West Indies Country Barbados

Date of Birth—Day 10 Month Oct Year 1895 Age 24 yrs 3 months

Joined at Sydney N.S. Date July 28 1916

Former trade or occupation Blacksmith

Permanent Marks or any peculiarity that will serve for future identification:—

1 one inch scar on forehead 4 vaccination marks on left

Height—feet 5 inches 9 Colour of eyes Brown

Signature of Soldier (for identification purposes) R. Clark

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Disabilities Group (a) Traumatic Orchitis Group (b) N.A. Group (c) N.A.

2. CAUSE OF DISABILITY

Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Includes text: Ricked by horse, France Sept 1918.

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

(i) As to Group (a) above? No If yes, has Active Service aggravated it? No (ii) As to Group (b) above? No If yes, has Active Service aggravated it? No (iii) As to Group (c) above? No If yes, has Active Service aggravated it? No

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

(i) As to Group (a) above? Yes (ii) As to Group (b) above? No (iii) As to Group (c) above? No

5. MEDICAL HISTORY.

Soldier was kicked by a horse while shoeing horses back of the line in France and was attended to in his tent by M.O. Was kept in Bed 2 weeks. No entries on Medical History sheet.

6. PRESENT CONDITION.

His right testicle is swollen to the twice the size of the left. Very tender on pressure also has some tenderness on Right Groin. Swollen in left groin somewhat swollen. I was him considerable pain after heavy work or marching. Pain is gripping character. at times testicle becomes much larger. Denies ever having Venereal Disease. Can walk 3 miles with Pack at own pace then has to rest on account of Pain. Other systems Normal.

7. OPERATION. (i) Was one performed? No. (ii) If so, state what. No.

(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.

8. (i) Is there loss or decay of teeth attributable to Active Service? No.

(ii) If so, describe. No.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B II (b) Invalid to Canada? No. (c) Discharge from the Service as permanently unfit? No.

Date of Report: Jan 21 1919. Station: Kimmel Park. Signed: [Signature] Officer in medical charge.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except [Signature] (Officer in Hospital) Strike out one (S.M.O. Brigade) of these. Dated at Kimmel Park Station, on 21-1-1919.

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

10. Is the disability fully described in Part I. (1) (b)? If not, describe it. Yes.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes.

12. From the medical information now adduced, 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 }

13. 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, 5%, 10%, 15%, 20% etc.) N.A.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate. What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) N.A.

15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent? (ii) If not permanent, what is its probable minimum duration (in months)? N.A.

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not declined.

17. Can the former trade or occupation be resumed? Yes.

18. REMARKS:— Right testicle enlarged as described, but epididymus is also enlarged and very hard. CONDITION UNCHANGED. J. A. [Signature] Halifax N.S. 11-11-18.

19. RECOMMENDATION:— (a) Fit for duty? (state category) B II (b) Invalid to Canada? No. (c) Discharge from Service as permanently unfit? No.

Date of Board: Jan 21 1919. Station: Kimmel Park Wales. Signatures of the Board: [Signatures]. Approved: [Signature] A.D.M.S. Dated at Kimmel Park Station 21-1-1919.

~~SAILING LIST~~  
Extract D.O. No.,

14.

Unit:- 2<sup>nd</sup> C.C.?

Date:-

P. 878.

Reg. No.

Rank

Name

931062

Pte.

CLARKE S.

Struck off Strength of O.M.F. of C.  
on transfer to C.E.F. Canada. M.D. 6.

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