C.E.F. REGIMENTAL DOCUMENTS

NAME COLLINS, DAVID REGT. No. 73979 UNIT 28 BN H. Q. FILE No. 29456

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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CARDS					
PAY-SHEETS					

Deceased 13-11-51

H

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

1894

28th Bn ORIGINAL.

ATTESTATION PAPER.

No. 73979

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Collins, David
2. In what Town, Township or Parish, and in what Country were you born?	Ballingtrea Ireland
3. What is the name of your next-of-kin?	Cassey Collins.
4. What is the address of your next-of-kin?	Ballingatrea Ireland
5. What is the date of your birth?	21st May 1890.
6. What is your Trade or Calling?	Farmhand
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? If so, state particulars of former Service.	3 months
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

David Collins (Signature of Man).

C. McKay (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, David Collins, 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.

David Collins (Signature of Recruit)

Date 26th Oct. 1914. C. McKay (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, David Collins, 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.

David Collins (Signature of Recruit)

Date Oct 26th 1914. John Jackson (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 Saskatoon this 26th day of October 1914.

John Jackson (Signature of Justice)

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

J. L. Mclaurin (Approving Officer)

LT.-COL. 28TH BATTALION

200 M.—8-14.
H.Q. 1772-1-13.

Description of Collins, David on Enlistment.

Apparent Age 24 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 38 ins.
Range of expansion 2 ins.

Complexion fair
Eyes blue
Hair fair

Religious denominations.
Church of England
Presbyterian yes.
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).

none.

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 October 26 1914. C. L. Stewart

Place Saskatoon, Sask. Capt, 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.

Collins, David 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.

C. L. Hill, Capt. (Signature of Officer)

Date October 26 1914. Actg. O.C. 105th Regt

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 73979. (Rank) Pte.

Name (in full) COLLINS David. enlisted in

the 28th. Bn. Saskatoon. 26th.

CANADIAN EXPEDITIONARY FORCE at October. on the 14.

day of 19

HE served in England and France.

and is now discharged from the service by reason of Medically Unfit.

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

Age 28	Marks or Scars Gold Stripes Two.---2.
Height 5' 8"	Vacc. scars on left Arm.
Complexion Fair	G.S.W. Right Side. 25-11-15.
Eyes Blue	G.S.W. left Hand,Finger.(Amp)
Hair Fair	Right Fore-arm.(Amp)18-7-18.

David Collins
Signature of Soldier

J.R. Robertson Lieut
Issuing Officer

February. 4th.1919.
Date of Discharge

O. C. Discharge Section
No. 2 District Depot
Rank

Toronto. Ont. 4th. February. 19
Appointment

Signed at No 2 this day of 19

in Military District No. FEB 4 1919

File Reference No. DISTRICT DEPOT

R.L.

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

M F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

Army Form I. 1237.

M 9 I. 1 / 12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	No.	Rank.	Surname.	Christian Name.
Year 1918	79, 3979	Pte	Collins, T	

Unit.	Age.	Service.
28th Can Bn	24	4/12 3/12

Station and Date.

Disease G.S.W. Rt Forearm (Amp.)

H.S.B.H. Kirkdale L'pool 18

Occupation before Enlistment Farmer

Date of Enlistment Nov 1 - 1914

Came to England May 1915

Went to France Sept 1915

Wounded July 18 - 1918

Hospitals #42 C.C.S. July 18 - 18. 55 Gen Boulogne July 26 - 18. Canadian War Hosp. Chester Aug 10 - 18 G.C.S. Hosp. Repton. Sept 10 - 18. #5 Can. Gen. Liverpool 25 - 10 - 18

Operations. Rt arm amputated at the C.C.S. Left hand, the ring finger was amputated.

Specialists Report. Rt arm amputated just above the elbow, by a circular incision. Left Hand. Ring finger amputated at Metacarpo-Phalangeal joint.

Present Condition

21-10-18. Rt Arm amputated above elbow. healed. all movements of shoulder normal. Left Fore arm — fracture lower end of

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	
-	ulna healed strongly & in good position. Movements of wrist normal, Ring finger amputated, Loss of sensation & pain on that part of hand & little finger supplied by ulnar nerve. Action supination normal. I invalided to Convalescent Camp. A D Mangan Capt

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				
20/7/18	42 C.C.S.	Bomb wds R F Arm, Frac L arm & Shand	Adm 42 C.C.S.	19/7/18	A 36/ A 5951
27-7-18	Do	Do ~~adm~~ tro	6 A.G.	27/7/18	G5403.
27/7/18	55 Genl	do adm	55 General	27/7/18	G.5367
7/8/18	do	do tro	England	7/8/18	G7079.
9/8/18	Do	Invd (wd) & posted Sask Regtl Depot, Bramshott.	A.G. St Denis	9/8/18	W3083-5719. Pt II Ord 92d.
			J Whogan	Major	for Lt.-Col., A.A.G. Canadian Section. G. H. O. 3rd Echelon B.E.F.
29.8.18	S.R.D	T.O.S from 28th Bn	Bshott	9.8.18	Pt II 224
30/10/18	O/S				H P Charters Lieut. FOR LT: COL: I/C RECORDS. C.O.M.F.

T.O.S. No.2 District Depot, Part II, D.O. No. 211

Dis.#2. D.D. Feb.4th.1919. Pt. 11#31.

J R Robson Lt
O. C. Discharge Sections,
No. 2 District Depot

J Robson
Lieut. and Asst. Adj.
For O.C. No. 2 District Depot

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C & G. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 28th. North West Battn.

Regimental No. 73979 Rank Pte. Name Collins, David

Enlisted (a) 26.10.14 Terms of Service (a) duration of war Service reckons from (a) 26.10.14

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.
18.9.15	O/C	Disembarked	Boulogne	18/9/15	Nom. Roll. 101/28/1
26/11/15	"	Wounded	In the field	25.11.15	B213
27/11/15	O/C 6 C.F.A.	Cont. Rt. Side adm. No. 6 C.F.A.	"	24.11.15	A36
		Trans to DRS	"	27-11.15	"
"	O/C DRS	" adm. DRS	"	27-11.15	"
3.12.15	O/C	Rd to duty	"	2.12.15	B213
4.12.15	O/C DRS	"	"	1.12.15	A36
7.7.16	O/C unit	Div school Coll gun course	"	6.7.16	B213
21.7.16	"	Retd. to duty.	"	15.7.16	B213 D.C.S. 204
15.12.16.	do	Granetd 10 days leave.	Field.	13.12.16.	B213. Pt 2 O's 69.27.12.16.
29/12/16	do	Rejoined Unit	do	25/12/16	"
23.5.17	do	Awarded Good Conduct Badge	do	26.10.16	AAG Cdn Lect KI 16/7874. R.II O 49 d 31/5/17
15/12/17	do	Granted 14 days leave		13/12/17	B213. Pto 120 d/24/12/17
5/1/18	do	Rejoined Unit	do	27/12/17	B213
27/7/18	do	Wounded		18/7/18	B213.
19/7/18	6 C.F. Amb.	Bomb. Wd. R. Forearm. Frag. Arm & Head	Adv. 6 C.F. Amb. Tbd 42 Cas.	19/7/18	A36/ A5919

(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.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 739979 Rank Lte Name D. Collins (Surname first)

No. 2 District Depot. DISCHARGED

Unit .....who was* .....

On February 4 1919, to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to Feb 4 1919.

the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 4 days at $ 1 c			4	
Field Allowance 4 days at $ c 10				40
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay			70	
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No. assigned Pay Feb				
*Other Charges	15			
Balance on transfer or on discharge, cheque No. 19573	94	40		
Total	109	40	109	40

*Give particulars.

A monthly stoppage of $ 15 00 (†) has (‡) been chgd on account of

Assigned Pay for the month of February 191 9
and Separation Allce. for month of 191

(to) Assignee Mrs. C. Collins
Ballintra Co. Donegal Ireland

(Address)

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—Assigned Pay paid by England

State (1) date of enlistment.....married or single No

(2) Separation Allowance, entitled or not No (3) Reason for discharge M.U.

(4) Authority for discharge or transfer Do 31

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Feb 1 1919

Place TORONTO, ONT.

Malcolm Mackenzie
Capt.
Paymaster, No. 2 District Depot

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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 ....David..... 2. Surname .Collins.....
3. Rank ..Pte..... 4. Original Unit ..28 Batt. C.E.F. 5. Reg. No. ..73979..
6. Address, in full, to which future payments of gratuity are to be forwarded .....
....208 Spadina Rd.....
..... Toronto .....
7. Date of enlistment in the C.E.F. ..26th Oct. 1914.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ...Nil.....
9. Relationship of such dependent ..... Not applicable
10. Address, in full, of such dependent .....
.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ...Nil.....
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:—
..28 Batt. May 26 1915 to July 1918...
.....
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 ..28th Batt Oct 26th
1914 till February 4th 1919.....
.....
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....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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

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 ...Yes.
$70 Post discharge Pay H D H C

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

21. Have you, during the present war, served in the Imperial Forces ? ...N.O.....

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 ...N.O.....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ...N.O.....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ...~~Yes~~ N.O...

24. Are you now serving in the C.E.F. ...N.O..... If not, give:—(a) Date of discharge ...Feb 4th 1919... (b) Reason for discharge ...~~Disability~~ Medically unfit.

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....N.O.....

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.....
28 Batt. Sept. 1915 till July 1918.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ...N.O.
(b) If so, are you in receipt of full pay and allowances from that Department? ...N.O.....

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: David Collins

Place of Residence: 208. Spadina Rd. Toronto

Declared before me at: Toronto

This 24th day of February 19.19

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

D. Collins 73979

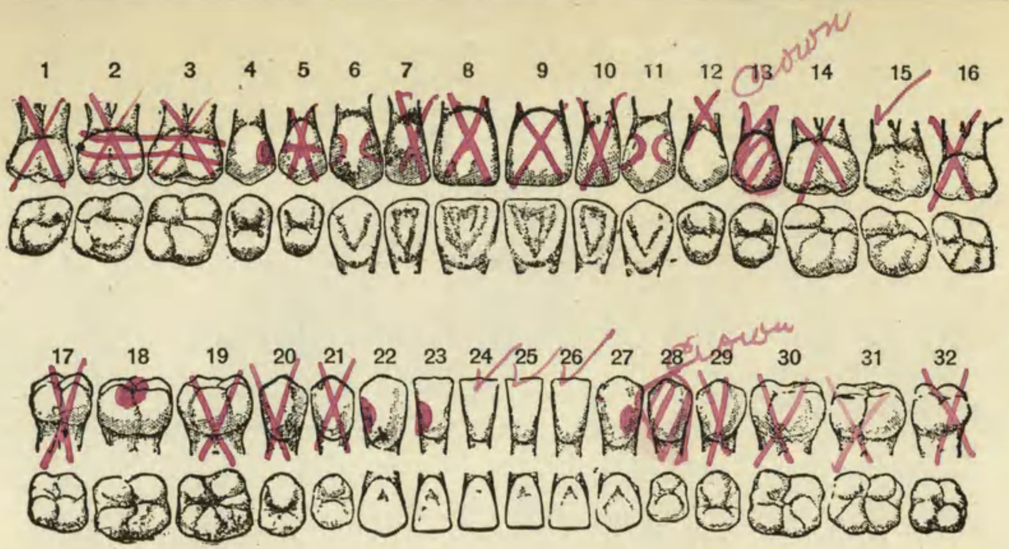
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER David Collins

DISTRICT 2

REGIMENT 28th Battn. RANK Pte. No. 73979



INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Dec 17th/18.	Dentures Reg. OK. 15, 24, 25, 26 Crowns #13/28 Filled OK. 4, 18, 22, 23, 27 Cavities #6, 11. Missing #1/3, 5, 7/10, 14, 16, 17, 19/21, 29/32																					
" " "	Impression for bilial offer & ~~lower~~																					
" 19 "	Bite Part. Upper. Jan. 22/19 Final Board Exam. M.A.H.N. Toronto																					
" 27 "	Impress. P. Upper & Lower																					
" 31 "	Try in. Requires { Prophylaxis P. Lower Dentures																					
Jan 8/19	Inserted Part Upper dent. (2 clasps)																					
Jan 13 "	Amalg. #6. 11. A. G. N. O_3. #11.																					
" 16 "	Amalgs #5. m. 5 d. 7 d. 27 d. o. 11 d.																					
" 20 "	Impress. for part lower.																					

H. S. Thomson Capt.

Received Certificate

M.F. 50M. 1772-39-950.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. T.2813

Year

Regimental No. 73979 Rank. Pte Surname. Collins Christian Name. D.

Unit. 28. Canadians Age. 27 Service. 4 3/12 3 5/12

Station and Date

Disease S.W. Rt Forearm (Amp.)

Occupation	Farmer
Enlisted	Nov. 1. 1914
Embarked	May 1915
France	Sept. 1915
Wounded	July 18 1918
42. C.C.S.	July 18. 1918
3'S Gend Boulogne	July 26 1918
Chesles War Hosp. Chesles	Aug 10 1918
R.C.S.H., Boulton	Sept 10. 1918

Wounded at Arras on July 18. 1918 by bomb fragments in right arm and left hand. At C.C.S. the right arm was amputated and left hand, the ring finger left hand was amputated and left wrist put into a splint.

Right arm amputated just above elbow by a circular incision, stump nearly healed. Left Hand - ring finger amputated at metacarpo-phalangeal joint nearly healed. Scar over ulnar border left arm in lower third ~~fracture~~ extension surface - fracture of ulna? ununited.

W Hammond

18 SEP. 1918

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S 10 SEP 1918 OFFICE BUXTON

6, CAN. GEN. HOSP. LIVERPOOL

PA 60/261

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

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

P.T.O.

Station and Date.	
Sept. 17/18	7 days daily massage exercises. Left hand
	H F B 179. Dve wounds
	EXAM. MED. BOARD 26 SEP 1918 G. C. S. H.
2-10-18	On Leave R.R.
16-10-18	Stump healed - R.R.
23-10-18	Stump healed no discharge movment of shoulder good C.R.B.
No 5 C.G.H. Kirkdale	Present Condition.
26-10-18.	R^t Arm amputated above elbow. healed. All movements of shoulder normal. Lt forearm — fracture lower end of ulna healed strongly & in good position. Movements of wrist normal. Ring finger amputated. Loss of sensation over thd part of hand & little finger supplied by Ulnar nerve. Otherwise normal Invalided to Canada
	A. D. Morgan Capt

Collins -

73979

Page . 5.

9 Contd.

3. Subjective - Stiffness in left wrist. Cramps
Thumb at wrist. Limitation extension
at wrist.

4. Objective - Specialists report attached

4. Subjective - Discharge from R San at Camp. Sept. 1918.
Slight deafness. From Concussion

Ind

CASE HISTORY SHEET.

Davisville Military Hospital. N. Toronto Station.

No. 73979 Rank Pte. Name Collins, David Age 27

Unit 28th Completed years of service Where and how long } 4 9/12

Date of admission 27-11-18 Date of discharge

Diagnosis Amp. R. Arm Place of origin Arras

CONDITION ON ADMISSION AND PROGRESS OF CASE

1/ Amp. R. Arm. 6" Stump. Circ. Amp.

1/ Amp. 3rd finger left Hand at metacarp. phalangeal joint.

1/ G.S.W. Left wrist. - Old Comp. fr. Radius.

Dec 10-18 - Measure for arm -

Dec. 23. 18 - Rec'd finished arm

Jan 2/19 - 127. [signature]

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

DAVISVILLE MILITARY HOSPITAL NOV 27 1918

Date

Medical Officer i/c case.

CAPT. LIVINGSTON

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

CASE HISTORY SHEET.

D. M. R. Hospital. N. Toronto Station.

No. 73979 Rank Pte Name Collins, David Age 28

Unit 28th Completed years of service Where and how long } 4 9/12

Date of admission 13-11-18 Date of discharge

Diagnosis Amp. R. Arm Place of origin Arras

CONDITION ON ADMISSION AND PROGRESS OF CASE

Amp R. arm 3" Stump.
abduction limited 80° — Other
movements OK Nerve Sutured.
Measure for arm Nov. 20/18.
~~Fitted for arm~~ for Stump Harness
Dec. 9/18 — Measure for arm.
Dec 16/18 — To report ~~RBC~~ 23. for fitting
Jan 6/19 — Has finished arm. 227.
Jan 22/19 — 427

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date NOV 13 1918

Medical Officer i/c case.

2278

CAPT. LIVINGSTON

WASSERMAN
NEGATIVE
DATE Dec 7th 1918

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

٨

ORIGINAL

MEDICAL HISTORY SHEET.

Surname: Collins Christian Name: David

Q.P.I.

Examined on 26th day of October 1914 at Saskatoon

Birthplace: City or Town Ballintra County Donegal Ireland

Apparent age 24 yrs 4 mths.

Trade or occupation Farmer

Height 5 Feet 8 Inches.

Weight ... Lbs.

Chest measurement: Minimum 38 inches. Maximum expansion 2. inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks: Arm Right. Left. + Number 3

When Vaccinated last Feb 3rd 1915

(a) Marks indicating congenital peculiarities or previous disease ... M.O.

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

Approved by J A Cameron

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		16 AUG 1918 M.O.
		M.O.
		MR M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
	+	J Abercrombie Capt M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3/12/14		J Abercrombie Capt M.O.
13/12/14		J A C M.O.
23/12/14		J A C M.O.

June 1917 Mild T R 2 4 & 6

Enlisted on 26th day of October 1914 at Saskatoon

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	28th BATTALION	~~74107~~ 73979		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Graville Can Sp Hosp	26.9.18	Amputation R Arm Amp. L Ring finger	I. to C. 29 Dec Capt Canc
I II III		Amp. Right Arm " Ring Left Hand Right Haemorrhoids.	Discharge as Impl. for Service

DAVISVILLE MILITARY HOSPITAL JAN 22 1919

CANADIAN

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.

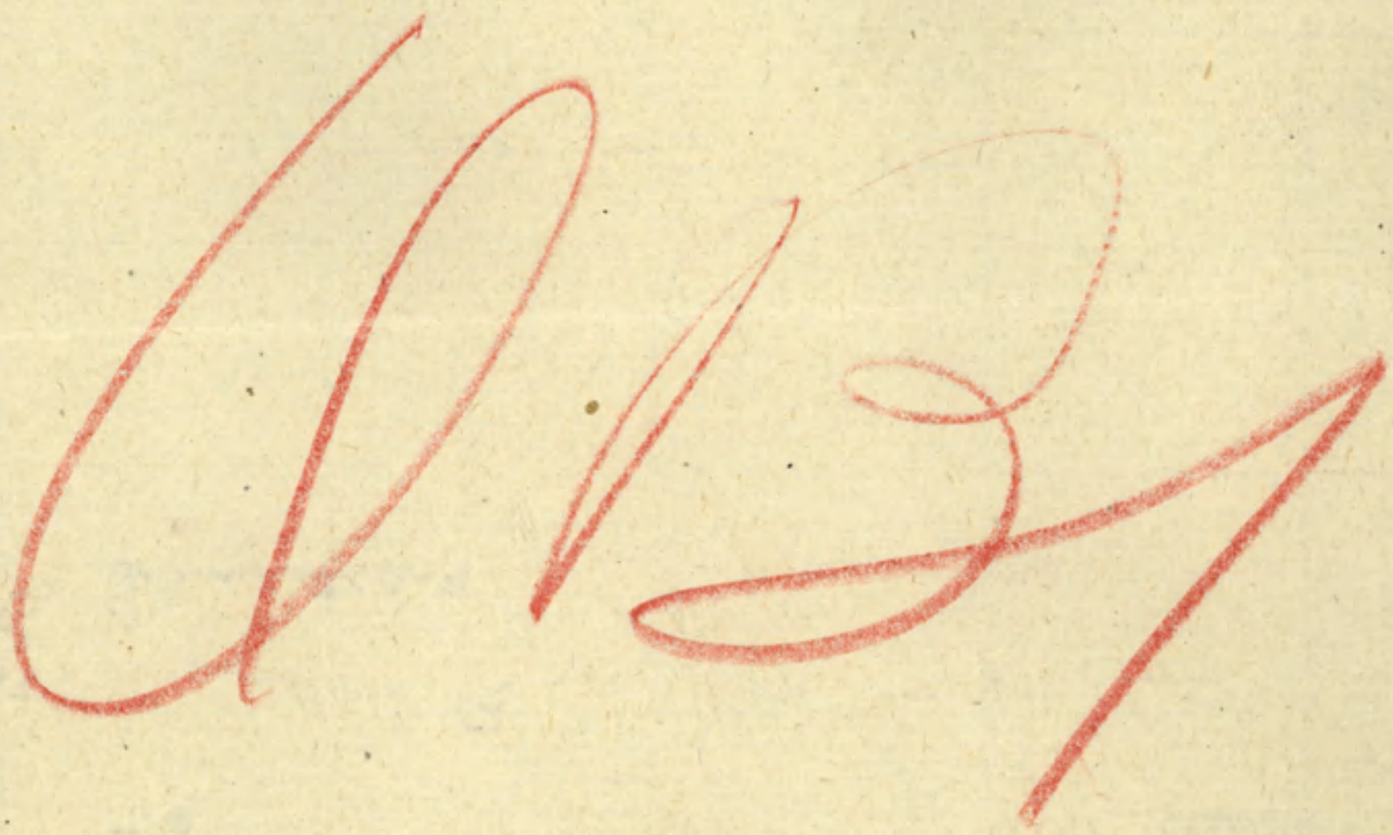
M. F. B. 513.

100M.—1-15.
H. Q. 1772-39-439.

Christian Name

Surname

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.
Field Hospital St Martins Plains GRAYLINGWELL WAR HOSPITAL. CHICHESTER.		7	Aug	1918	30	8	18	Gonorrhea	23	Apparently cured	Lieut E Parsons Capt
		~~10~~	~~Aug~~	~~1918~~	~~10~~	~~Sep~~	~~1918~~	~~G.S.W. Rt Thigh (R)~~	~~32~~	~~Flesh wd, F. & T.~~	~~Lieut B Jones Major~~
								Bomb. wd fore arm (Rt) & fore arm & hand (Lt)		Amputation of Rt arm above elbow. Amputation of ring finger (L. hand)	Lieut B Jones Major
		10	Aug	18	10	Sep.	18	"	32	C. fract. left ulna ✻	
Granville Can. Spec. Hosp Buxton Derbyshire ✻		10	9	18	25	10	18	Amputation Rt'd Arm	47	Wounds not quite healed ✻ T. C	W Parnell Capt.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL		25 OCT 1918			30 OCT 1918						
								do.		Rt arm amputated above elbow, healed. All movements of shoulder normal L. forearm — fracture of lower end of ulna strongly healed & in good position, movements of wrist normal. Rt'g finger amputated. Loss of sensation to pain over that part of hand & little finger supplied by ulnar nerve, Other systems normal. Invalided to Canada.	A D Morgan Capt
H M A Thessalia		30	10	18	10. 11. 18			do		Card sauce	A Whitehead Capt
Dover H		13	11	18	22	11	19	"		Boarded with arm.	Knight Capt



ONE FORM ONLY to be used for each case.

Graylingwell War Hospital at Chichester.

Name Collins Pte. *No.* *Date* August 12th 1916.

Section Queens. *Block* B. *Ward No.* 1. *Bed* 12.

Regiment 28th Canadians.

Nature of case

Part to be X-Rayed Left forearm & wrist.

Information Required whether bones are fractured.

NOTICE.

Kindly state nature of case.	
STRETCHER	+
COUCH	
WALK	

Surgeon Lt B. Jones major

Impacted fracture of the ulna in
the lower third.
2 Xs. present.
E.K.

W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955-

GRAYLINGWELL WAR HOSPITAL.
CHICHESTER.

Army Form W. 3172.
(In pads of 50.)

_____ Hospital.

Ward 2 B1 No. of Bed 12 Date _____

No.	Rank and Name.	Corps.	Part to be X-Rayed.
	Collins	28 Coy A.S.C.	L forearm

Short History of Case.
(To be completed by M.O. i/c case.)

Signature of M.O. _____

Date _____

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 861

Impacted fracture of the ulna in the lower third.

Signature of Radiographer E. Knight.

Date 12 AUG 1918

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

No. of C.C.S.

Date of entry

No. 42 CASUALTY CLEARING STATION. No. 39378 Date 19 JUL 1918

Lac. W. finger Chest & wrist. ~~X-ray~~

Large dirty W. forearm (R).

Operation front 19 7/18

~~Sa.~~ Gum acacia infusion 1 litre.

Forearm gangrenous amputation thro lower end of humerus.

Ring finger left hand amputated.

Condition bad.

J. P. Wood Capt.

No. of Hospital

Date of entry

22 7/18. Dullness on percussion Rt. base behind V.R. ++.

No bronchial breathing

Rusty sputum.

Pneumonia may have been partly traumatic in origin.

Mental condition throughout has been peculiar

26 7/18 Evac.

J. P. Wood. Capt.

55 Gen. 27 July

55 GENERAL HOSPITAL DATE

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient. 31 July Has done well UKB Gerald Sichel major

A.T. Serum 10 } 1st 1500 19/7/18
Dose and date }

2nd 500 26-7.18 Y.C.
500 6 8 18

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }

Date of wound or onset of illness } 18 7 18

Religion Pres

8508

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 73979 Rank Pte.
Name COLLINS D
Unit 28 Bn 2 Bdn Inf

Battle Casualty Accidentally Wounded. "Sick"
(Strike out description which does not apply).

No. 6 CANADIAN FIELD AMBULANCE.

No. of F.A.
Date of admission 19 7 18
F.A. diagnosis
Bomb wds R Fore arm, fracture, & wd L arm & Hand P.A.
Dr McKechnie
Major Came
Rural

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

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

Base Hospital diagnosis (alterations or additional)

W3159/M2063. 1,750M. 6-17. M. & H., Ltd. (M65413).

L

*Name COLLINS, David Rank Pte. Regtl. No. 73979

Original unit 2[illegible]th Can Present unit 28th Bn. Fyle Depot

M. or S. S Age 27 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival Halifax, Neuralia, 10-11-18

Next of kin CASSIE COLLINS BALLINTON IRELAND.

Address on leave SAME

Address on discharge 208 Spadina Ave. Toronto.

Transportation issued Yes / No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Saskatoon, 26-10-14

Diagnosis Amp. Rt. Arm Date of Medical Boards 22-1-19.

Date.	Remarks	Pt. 2 Order No.
TOS#2D	30-10-18 posted to Hosp sect. 10-11-18	
	leavefrom 13-11-18 to 27-11-18	
	~~subs~~ " " " " to be trans to # 12DD	
	on completion of treatmnet 211.	

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

(over)

Date.	Remarks.	Pt. 2 Order No.
	Clearing depot to M.O.H.13-11-18	H.S.213
	Sub. from 14-11-18 to 23-11-18 (M.O.H.)	H.S.215
	Entitled to wear 4 blue chevrons	236
28.1.19	Hos. Section to C.C.P.S.	25
D.O.25	Amended to read Remaining in D.H.P.	28
4-2-19	S.O.S DISCHARGED HAVING BEEN FOUND MED.UNFIT(91 days PDP & CIO' ALL'CE)	31

M.F.W. 192
150M—6-18.
1772-39-1243.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	5th Gen. Liverpool	26.10.18
2.		
3.		
4.		
5.		
6.		
7.		

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Collins.	D.	73979.

Rank	Unit	Co.	Troop	Batty.
Pte.	28th. Battn.	sask.		

Hospital Div Rest Station — Date of Admission 26.11.15

Transferred 42 C.C. Stn. — Hosp. 19.7.18

55 Gen. Boulogne — Hosp. 27.7.18

Graylingwell War. Chichester — Hosp. 10.8.18.

Granville. Buxton. — Hosp. 11-9-18.

Diagnosis — Contusion Side.

(1) Later Diagnosis (if changed) Bomb Wd. R. F'Arm Wd. L. Arm & Hand R.W.

(2) & R. Arm Amp. Add

(3)

Additional Diagnoses: If more than one state present

Inv To Canada 30-10-18

DISPOSITION — Dis. to duty:-. — Date 2-12-15.

C.L. 10.12.15 # 89

REMARKS

C.L. 13-12-15. 91.

24.7.18 A 272.1 Dang. Wd. 19.7.18.

3.8.18 A 281-2

26.8.18 B 301.

13.9.18 B. 317 (2)

31.10.18 B 358

4-11-18 B 361.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

P.T.O.

REMARKS.

Form DMS 1401.

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.

..... HOSPITAL. 2 **A. & D. CARD** 0

AT .....

A. & D. No. 16180 PL. OF ACTION .....

RANK Pte REG. No. 73979 UNIT 28th Bn SICK OR WOUNDED

NAME Collins D AGE 27 RELIGION C

PLACE IN HOSPITAL MPR + Lt Ring Finger

DIAGNOSIS GSW Rt. Forearm Amp.

ADMITTED 25 OCT 1918 FROM Lyzon Buxton

DISCHARGED 30 OCT 1918 TO INV. TO CANADA

TRANSFERRED

SERVICE AT HOME 1 1/12 IN FIELD 2 1/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

Saskatoon Sask

F.P.O.

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

Name COLLINS .David *Rank* PTE. *Reg. No.* 73979.

Unit 28th.Battalion.

Next of Kin Mrs.C.Collins Ballintra. Ireland.

Date	Movement	Place	Casualty	List No.	Notified	W.O. List
25-11-15.	ADMITTED TO HOSPITAL.		WOUNDED.	85.6.2473.6.		
26-11-15.	D.R.S.		Contused Side.	89		
2-12-15.	DISCHARGED TO DUTY.		""	91.		

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

Form R. 149.

Name COLLINS David Rank Pte. Reg. No. 73979

Unit 28th. Bn.

Next of Kin Cassie Collins, Ballintra, Ireland.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-7	42 C.C.S. DANGEROUSLY WOUNDED (Not Stated)			A242	K 241 H 218	P129603 K241
22-7	No Change.	Bomb Wd. Rt. Forearm, Fract. & Wd L. Arm & Hand. S.R.		257-18		33714 P.130255
27.7.18	55. G H Boulogne.	Do		A281		2880/18
10-8-18	Graylingwell W. H Chichester	B.W. Arms, R. Arm			B301	Amp. 23730
11.9.	G C Spec Buxton	do		B317		26400
26.10.	5 C G Kirkdale	do		B358		30173
30-10-18	Inval. to Canada			B360		4226

REMARKS.

Form DMS 1401.

Granville Can. Spl. Hospital,

.....HOSPITAL.

A. & D. CARD

AT..... Buxton .....

A. & D. No. T2813 PL. OF ACTION 73979

RANK Pte REG. NO. UNIT 28 Cans SICK OR WOUNDED

NAME Collins D. AGE 27 RELIGION Pres

PLACE IN HOSPITAL P.A.

DIAGNOSIS SW R Forearm amp.

ADMITTED 10 SEP 1918 FROM Gray Ward Chichester

DISCHARGED 25 OCT 1918 TO.....

TRANSFERRED 5th Can. Gen. Liverpool

SERVICE AT HOME 4 3/12 IN FIELD 3 6/12

RESULTS .....

46 days

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS:

LEDGER NO. 87. SERIAL NO. 2278

43

REG. NUMBER 729779 NAME Collins D.

RANK Pt CORPS O/S 2 D D

AGE 28. SERVICE 4y/12, 6 8/12 C 4/12 F 35/12

NAME OF HOSPITAL Davisvill Mil PLACE Toronto

DATE OF ADMISSION 13-11-18

DISEASE Amp R. Arm

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 4.2.19 to Unit for disc IN CATEGORY

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

P. T. O.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
85	Ob. 28th Batt reports	25-11-15	Wounded - Adm to Hosp
89.	Div Rest Stat.	26-11-15	Contused side flank.
9161	Disch to Duty	2-12-15	" " "
a 272	42 Cas Clg Station	19-7-18	Dangwd.
A 281	55 Gen, Boulogne	27-7-18	Bomb. Wd. rt Farm Wd
B 301	Graylingwell Hat, Chichester	10-8-18	B Warms (Lt, arm + hand (rt arm amp)
B 317	Granville Can. Buxton	11-9-18	B. W. arms. R arm Amp
B 358	5 Can Gen H Liverpool	26-10-18	" " " " "
B 361.	Invalided to Can.	30-10-18	" " "

H. Q. FILE No. 649-

NAME Collins, David

REGT'L. No. 73979

RANK AND CORPS Pte (28th Batt) 20th Bn

CABLE		NATURE OF CASUALTY
NO.	DATE	
M. 24731-5	6-12-15	Ireland.
P 218.	21-7-16.	Wounded, Nov. 25th.
		Daug. Wdd, 42. C.C.S.
		July 19th 1916.

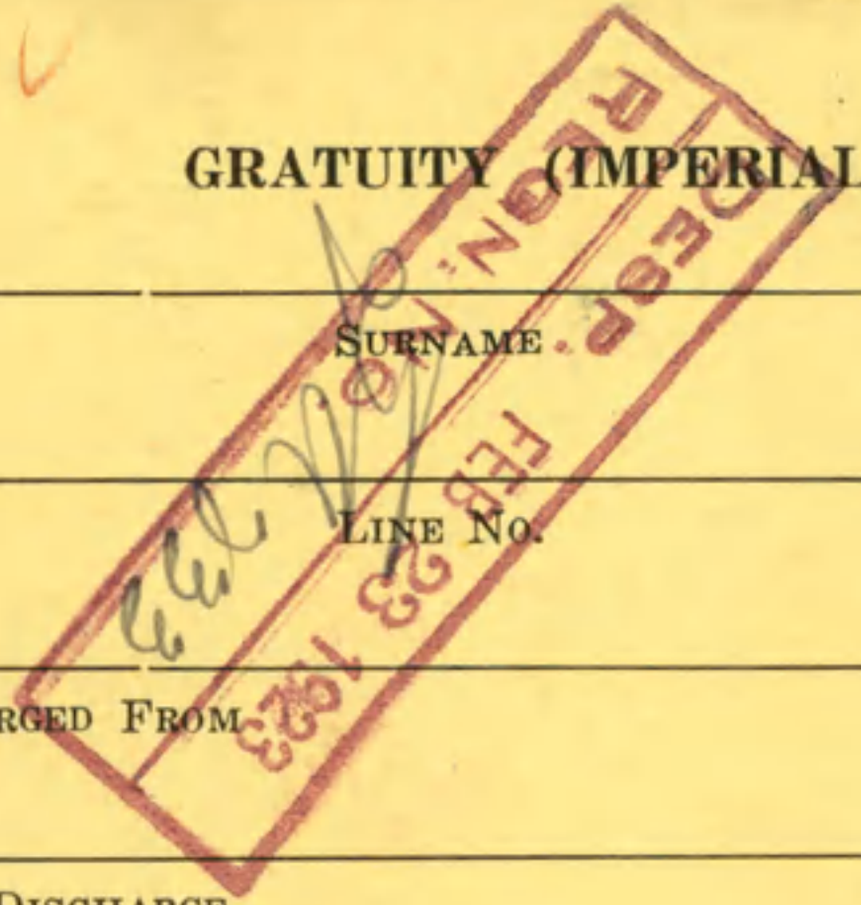
NO. 1661

FOLL.

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

GRATUITY (IMPERIAL)



CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

68—D.P.—40M-1-12-19.

Number 73979 Rank Pte.

Surname COLLINS

Christian Name David.

Units 28th Bn Can Inf Theatre of War France

Date of Service 17-9-15.

Remarks

Latest Address 208 Spadina Ave.,
Toronto, Ont.,

Roll No. B Page 22162

200m.-6-21.

No 73979 RANK Pte NAME Collins D

T. O. S. UNIT 28th Battalion

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T
1914 Nov 9	1914 Nov 30	✓
Dec		✓
1915	1915	
Jan		✓
Feb		✓
Mar		✓
Apr		✓
May		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED MAY 29 1915

Sailed from Montreal per. S.S. "Northland" 29/5/15

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Present Address.

C. SURNAME. Collins,

CARD NO.

Dis 4-2-19 2 m u.
D0317 FOLL. 1-19 #2 Dh

CHRISTIAN NAMES David

REGL. NO. 73979 RANK Pt.

UNIT 28th. Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Collins, Cassie

RELATIONSHIP TO SOLDIER

ADDRESS Ballintra, Ire.

COUNTRY OF BIRTH Ireland, Ballintra DATE

PLACE OF ATTESTATION Saskatoon, Sask. DATE Oct. 26th 1914

O/S 29-5-15 92/7

R/C. 10-11-18 230/12 ~~3~~ II

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

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

24. (*a*) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

(*b*) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army ?

25. If an operation was advised and declined, was the refusal unreasonable ?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (*a*) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only ?

Opinion of Military Member in case of disagreement.

OR

(*b*) In what other grade do the Board place him ?

(*c*) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station) ?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service ?

28. Is treatment being recommended on Army Form B. 179c ?

29. Does the soldier require :—

(*a*) An attendant for his journey home ?

(*b*) Transport from railway station to his home ?

(*c*) The constant attendance of another person in his own home ?

Signatures :—

..... } President or Chairman.

Station ..... } Members.

Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.

Officer in charge, Central Hospital.

Date .....

OR

Discharge Approved under Para. 392 ( ) King's Regulations.
or Transfer Approved to Class of the Reserve.
(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

O.C. Discharge Centre.

Date .....

Q.81.

60 & 61

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. 28 Canadian

2. Regtl. No. 73979. 3. Rank. Pte.

4. Name COLLINS David
(*Surname*) (*Christian Names*)

5. Age last birthday.....

6. Posted for duty on..... at.....
in category (or grade).....

7. Former Trade or Occupation

7*a*. If the soldier claims previous service in Army, he should state—
(*a*) Former Regts. or Corps ; with Regtl. Nos.

8. If the disability is an injury was it caused
(*a*) in action (*b*) on field service
(*c*) on duty (*d*) off duty ?

(*b*) Date of Discharge ;
(*c*) Cause of Discharge.

9. If a Court of Inquiry was held on an injury state :—
(*a*) When
(*b*) Where
(*c*) Opinion of Court

(*d*) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(*Other disabilities should be reported upon in answer to question No.* 19). If no disability enter "nil."

11. Date of origin of disability. } France . 19.7.18.

12. Place of origin of disability. }

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

Bomb wd & fr forearm necessitating amputation through lower third of arm for sapsuppn.
Fracture of lower end of left ulna communicated - impaired. Wd of left hand necessitating amputation of ring finger

3496. Wt.18789/1320. 500,000(8). 8/18. S.O.,F.Rd.

14. State whether the disabilities are (a) attributable to (b) aggravated by

(i.) Service during the present war .. ..Yes.....

(ii.) Previous active service.. .. .. —

(iii.) Climate in pre-war service .. .. —

(iv.) Ordinary military service before the war .. .. —

(v.) Serious negligence or misconduct on the man's part. } ..... —

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? } —

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

(*A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.*)

Has granulating stump to right arm which will require reamputation – granulating wd to stump of ring finger left hand. Two small F.B's. one over lower end of radius & one over head of 4th left metacarpal bone

16. Was an operation performed ? If so, when and what was its nature ?

yes in France. See Para 13

17. If not, was an operation advised and declined ? —

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? —

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

Had perforation drum of right ear.

20. Do you recommend—

(a) Discharge as permanently unfit ? —

(b) Change to United Kingdom ? —

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

L. B. Green Major
Medical Officer in charge of case.

Station .....

Date .....

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is* (a) *caused or aggravated by service in the present war.* (b) *Due to causes not connected with the present war, viz.,* (1) *Previous active service.* (2) *Climatic diseases in pre-war service.* (3) *Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of :—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

22. State whether the disabilities are :— (a) Attributable to (b) Aggravated by

(i) Service during the present war .. ..

(ii.) Previous active service.. .. ..

(iii.) Climate in pre-war service .. ..

(iv.) Ordinary military service before the war .. ..

(v.) Serious negligence or misconduct on the part of the soldier .. ..

Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it ? .. ..

23. Is the disability in a final stationary condition ? If not

(a) How long is the present degree of disability likely to last ?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all ? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Rank Name COLLINS. David Reg'l No. 73979.

Unit 28th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Saskatoon. 26th Oct. 1914. Place of Birth Ireland.

Name and Address, Next-of-Kin Cassie Collins. Ballintra. Ireland.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 7536.
File R.L.
Category M.U.C.

Discharge, Date and Place Reason Character

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
C.					
		Embtd for England per S.S. Northland		29.5.15.	✓
		Embarked for France		17.9.15	Nom Roll 28th Bn. O.N.N.R. 19.10.15
6.12.15.	O.C. 28th Reports	Admitted to Hosp. Wounded		25.11.15.	Cas Rpt. # 85. (M. 2473)
10.12.15.	W.O.	Admitted Div. Rest Station		26.11.15.	" " # 89. (Contus. Side Flank
13.12.15.	W.O.	Discharged to Duty		2.12.15	" " # 91.
31-5-17.	28th Bn	awarded I.G.C. Badge	Field	26.10.16	Pt. II 6.49.
24-7-18	✓	Dany Wounded	Pte Field	OC 19.7.18	C.L.A. 272
6.8.18	✓	Inv Wnded & posted to S.R.D	Pte "	9.8.18	Pt II 92 + S.R.D Pt II 224/29.8.18
4.11.18	✓	Inv to Can (Ex #5 G.G.H)	Lpool	30.10.18	ChB 361
7.11.18	S.R.D	S.O.S. on Inval & to Canada	Pte Bohott	30.10.18	Pt II 284

1919. Collins D.

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					

M. F. W. 41
100M-1-18.
1772-39-389.

Name Cte. D. Collins

Regimental No. 73979

Unit

Date of enlistment

Place of "

Married (yes or no) no.

Amount of pay assigned monthly $ 15.00 chgd 31-10-18

To whom payable Mrs. C. Collins (mother)
Ballintra Co., Donegal, Ireland

Name and address of next-of-kin
Neuralia 10-11-18

Date and place discharged A.P. pd. by Eng.

Reason for discharge

Character on discharge

From Overseas (#12 DD.)

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.
																T.O.S. 10-11-18 Do. 211
Nov. 1	30	30	1	30 -	30	10	3 -	8 -	517 43	118	19	502 43		15 -	517 43	Subs. 14-11 to 23-11
								476 43								Do. 215
									517 43						517 43	A.P. Nov. Nov.
Dec. 1	31	31	1	31 -	31	10	3 10		34 10	14	11	19 10		15	34 10	A.P. Dec

TRANSFER

Name.....

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

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					

Q.P._03443-D-13.

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No. Le 654

Name Collins, David

Regt'l No. 73979 Rank Pte. File Numbers P.M. 25-83. P.M. 25-Leo.

Former Units S.R.H. Original Unit 28th Battalion.

Date of arrival in Canada 10.11.18. Boat Neuralia Port of Disembarkation Halifax.

Rates of Pay:—Regt'l. $1.00 Field 1.04 Date of arrival in M.D. 2.

Separation Allowance. Date paid to nil Rate nil If continued by Chief Paymaster, England nil.

Assigned Pay. Date paid to 31.10.18. Rate $15.00 If continued by Chief Paymaster, England yes.

England.

Name and address of Beneficiary { Mrs. L. Collins (Mother) Ballintra Leo., Donegal, Ireland.

Pay claimed on English L.P.C. to 31.10.18. to be paid by new Unit from 1.11.18.

Name of new Unit #2 District Depot. Date L.P.C. forwarded to new Unit 19/11/18

A/P charged on English L.P. Le. to 31.10.18.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out: On Boat		At Cl. Depot ~~&c.~~ Q.P.		OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT: Credit		BALANCE TO NEW UNIT: Debit		REMARKS
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	
531	43.			531	43.													Temle.-18.11.18. N.P.S. 19/11/18
						5	00.											Halifax-10.11.18.
						50	00.											Halifax-10.11.18.
												55	00.					
												Credit Balance		446	43.			
				531	43.							531	43.	446	43.			

M. F. W. 41a.
120m. 1-18
1772-39-1213

English L.P.C. No.....

Name.....

Regt'l No.....Rank.....File Numbers { .....

.....

Former Units.....Original Unit.....

Date of arrival in Canada.....Boat.....Port of Disembarkation.....

Rates of Pay:—Regt'l.....Field..... Date of arrival in M.D.....

Separation Allowance. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Assigned Pay. Date paid to.....Rate.....If continued by Chief Paymaster, England

.....

Name and address of Beneficiary { .....

.....

Pay claimed on English L.P.C. to.....to be paid by new Unit from.....

Name of new Unit.....Date L.P.C. forwarded to new Unit.....

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	$	c.	

Rank | Name COLLINS. David | Reg'l No. 73979.

Unit 28th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Saskatoon. 26th Oct. 1914. | Place of Birth Ireland.

Name and Address, Next-of-Kin Cassie Collins. Ballinta. Ireland.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

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	Balance	Remarks, Casualties, etc.
1915.																	
June	1-30	30	1.00	30	30	.10	3		33			30 ✓			30	3	
July	1-31	31	"	31	31	"	3 10		34 10			32 50 ✓			32 50	4 60	
								168	168							628	Adj: of Ex:
Aug	1-31	31	"	31	31	"	3 10		34 10			14 60 ✓			14 60	25 78	
Sep	1-30	30	"	30	30	"	3		33			5 12 ✓			5 12	53 66	
Oct	1-31	31	"	31	31	"	3 10		34 10			5 24 ✓			5 24	82 52	
Nov	1-30	30	"	30	30	"	3		33			2 67 ✓			2 67	112 85	
Dec	1-31	31	"	31	31	"	3 10		34 10			16 56 ✓			16 56	130 39	
Jany	1-31	31	"	31	31	"	3 10		34 10			5 23 ✓			5 23	159 26	
Feb	1-29	29	"	29	29	"	2 90		31 90			5 23 ✓			5 23	185 93	
Mar	1 31	31		31	31		3 10		34 10			5 23 ✓			5 23	214 80	
				305			30 50	1 68	334 18			122 38			122 38	214 80	

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

A—315.

ASSIGNED PAY.

List F. 844

PAID IN ~~CANADA.~~

To whom Mrs C Collins (Mother)

Address Ballintra
Co. Donegal
Ireland

By whom assigned Collins D.

Regtl. No. 73979

Rank Pte

Corps, &c. SRD

ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Noted on DRC

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	15	
Date to Commence	1-11-18	

Month.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Amt. Debited.	REMARKS.
~~1914.~~ 1918 Oct.				DISCHARGED TO CANADA.
Nov.	D 78556	15		
Dec.	E46188	15		
1915. Jan.	E.94802	15		
Feb.	F51481	15		L.333
March		Discharged 4 2/19 Ott T344bd 20 2/19		
April				
May				
June				
July				Sailing no 66 - 30. 10. 18
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1916. Jan.				
Feb.				
March				

ASSIGNED PAY.

Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1916. April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917. Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1918. Jan.				
Feb.				
March				
April				
May				
June				

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20

NEURALIA Saskatoon
Sailed October 30th
Arrived Nov 10th 1918

This space to be left blank for the Chelsea Number.

Army Form B. 268.

12

A 2

Proceedings on Discharge.

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

No. 73979. Army Rank Private

Name Collins, David
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Saskatchewan Regt.

Battalion, Battery, Company, Depôt, &c. 28th Bn.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge Canada.

1. *Description at the time of discharge.*

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

Descriptive marks.

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

2. The above-named man is discharged in consequence of
Being no longer fit for War Service under para 392. Dis. Regs. KR & I 1912

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

To be filled in on the soldier quitting the Colours.

3. Military character :

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
(A8689) Wt. W7717/M2626 500,000 9/17 Sch. 39 Forms B. 268 41

23-1-52 AS

[OVER.

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

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

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

6. Campaigns, Medals and Decorations

_____

_____

_____

_____

_____

Certificate of education .....

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

(Place)_____ _____

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

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

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

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

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

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

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

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

_____(*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to_____(the date to which the record of service is completed)_____years_____days.

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

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

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

(Place)_____

*Signature*_____

(Date)_____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

_____

PART III.

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

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

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

President.

PART I. A.F.B. 179 Cana[illegible]evised).

Reserved for M.H.C.

Newsville Direct

Regt. No. 73979 Rank PTE Surname COLLINS Christian Name DAVID

Unit or Corps—(a) Overseas from United Kingdom 28TH CAN BATTN (b) In United Kingdom 28TH BATTN

Born at—Town BALLINTRA County or Province DONEGAL Country IRELAND

Date of Birth—Day 21 Month MAY Year 1891 Age 27 yrs. 4 months.

Joined at SASKATOON SASK Date OCT. 26. 1914

Former Trade or Occupation FARMER

Permanent marks or peculiarities that will serve for future identification:—

NONE

Height—feet 5 inches 8 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) D Collins

Medical Report.

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

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

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

Disabilities Group (*a*). AMPUTATION Right ~~FORE~~ HY ARM

Disabilities Group (*b*). AMPUTATION LEFT RING FINGER

Disabilities Group (*c*). N.A

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	WOUNDED by BOMB FRAGMENTS	FRANCE ARRAS	July 18. 1918
(*ii.*) As to Group (*b*) above.	IN Right FOREARM AND LEFT HAND	ARRAS	July 18. 1918
(*iii.*) As to Group (*c*) above.	N.A		

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

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

(*i.*) As to Group (*a*) above? No If yes, has Active Service aggravated it? N.A.

(*ii.*) As to Group (*b*) above? No If yes, has Active Service aggravated it? N.A.

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

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

(*i.*) As to Group (*a*) above? Yes

(*ii.*) As to Group (*b*) above? Yes

(*iii.*) As to Group (*c*) above? N.A

PART I. (continued).

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

(i.) While on duty? Yes (ii.) While off duty? No

(iii.) Was a Court of Inquiry held? No (iv.) Where? N.A. (v.) When? N.A.

(vi.) Opinion of the Court? N.A

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

Wounded July 18. 1918 by bomb fragments at Arras. in left hand and arm and right arm. At C.C.S. right arm amputated thro' lower end of ~~femur~~ humerus 29 on account of gangrene, and ring finger left amputated at metacarpo-phalangeal joint. Pneumonia at Boulogne. Left ulna was fractured - impacted -

Hospitals 42. C.C.S. - 18.7.18 - 26.7.18
45 Genl Boulogne - 26.7.18 - 10.8.18
Graylingwell, Chichester - 10.8.18 - 10.9.18
G.C.S.H., Buxton - 10.9.18.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Right arm amputated just above elbow by circular incision - scar not healed - granulating
Left Arm - ring finger amputated at metacarpo-phalangeal joint - not healed - granulating. F. vacture, in lower third left ulna X Ray, Impacted fracture lower third ulna left. Two F.B. present. The left wrist is a little stiff.
Other systems normal.

8. OPERATION. (i.) Was one performed? Yes

(ii.) If so, state what. Amputation right arm and left ring finger

(iii.) Was one advised and declined? No

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

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

(ii.) If so, describe. N.A

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? No

Date of Report Sept 20 1918 Signed W. Lunnell Capt
Officer in medical charge of case.
Station Buxton Canc

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Capt. C.A.M.C.
Registrar, for O.C.,
Granville Can. Sp. Hosp.,

{ Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

Dated at Station, on 191

GRANVILLE CAN. SP. HOSP. REGISTRAR 23 SEP 1918 OFFICE Buxton

* Delete if inapplicable.

PART II.

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

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

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

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)
Not applicable

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.*)
Not applicable

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

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

18. Remarks.
Walking case Wounds now healed.

19. Recommendation:—(a) Fit for duty? No
(b) Fit for base duty? No
(c) Invalid to Canada? Yes
(d) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.
N A F.J.

Date of Board
Station

EXAM. MED. BOARD 26 SEP 1918 G.C.S.H.

Signatures of the Board { W. J. Turner St Col Canc President. / F.J. Tees Capt Canc }

Approved Walter Ross A.D.M.S.
Dated at Major, D.A.D.M.S. For A.D.M.S. Canadians Buxton Area. Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES 7 OCT 1918 CANADIANS BUXTON AREA

191

OPINION OF THE MEDICAL BOARD

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

We concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

We recommend that he be discharged "Having been found medically unfit for service."

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.

DAVISVILLE MILITARY HOSPITAL JAN 22 1919

[signature] Capt. President.

PLACE

DATE

[signature] Capt. 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 [signature] Assistant Director of Medical Services.

DATE 29-1-19

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 D. M. H. DATE Jan 22nd / 19

1. 1 (a) Unit DD No 2 (b) Regimental No. 73979 (c) Rank Pte

(d) Surname Collins (e) Christian name David

(f) Home address 208 Spadina Rd Toronto

(g) Next of Kin Mrs Catheline Collins (h) Relationship mother

(i) Address of Next of Kin Donegal Ireland

2. Age last birthday 28 Date of birth May 21st 1890.

3. Enlistment, or Appointment (if an Officer) (a) Place Saskatoon (b) Date Oct. 1914

4. Personal description:

(a) Height 5' 8" (b) Weight 150 lbs. (stripped) (c) Complexion fair

(d) Colour of hair fair (e) Colour of eyes blue nil. (f) Identification marks, Scars, etc.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	3 months.

	Periods From	Periods To
Canada	Oct. 1914.	May 1915.
England	May 1915.	Sept. 1915.
France or other theatres of War	Sept 1915	Aug 1918
England & Can	Aug 1918	To date

7. Original disease, or injury 1. Comp. Fract. R. Humerus
2. " " 3rd Finger Left Hand.
3. G.S.W. Left wrist. 4. Deafness R. Ear.

(a) Date of origin 1.2.3. 4. July 18th 1918. (b) Place of origin 1.2.3. 4. Arras.

(c) Cause 1.2.3. Shrapnel.
4. Concussion.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

1. Loss. R. Arm – 6" Stump from axillary fold.
2. Loss 3rd finger left hand at metacarpal phal. joint.
3. Impaired use left wrist.
4. Slight deafness R. Ear.

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.)

1. Objective – Amp. R. arm. 6" from axillary fold – middle third. Circular amp. Scar adhesed to bone. Small nerve bud present. Supplied with arm – fairly satisfactory.
1. Subjective. Loss of R. Arm.
2. Objective – Amp. of 3rd finger left hand at metacarpal phalangeal joint. Healed for 4 mos.
2. Subjective – Loss of 3rd finger left hand.
3. Objective – 1" linear scar back of left wrist. Small scar about 1" above pisiform bone. Site of entrance & exit of shrapnel. Wrist is somewhat stiff. Perhaps 10° limitation in extension of wrist. Otherwise movements are normal. About 3/4 power.

alsk 200°
als. 7100

See Page 5 Contd.

(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

Urinary Sugar – negative.
Wasserman – " "

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

Only one operation on arm & hand in France.

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

nil.

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

nil.

11.—(a) Did the disabling condition have its origin before enlistment? 1.2.3.4. 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.)

1.2.3.4. no.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1.2.3.4. 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? 1.2.3.4. Permanent

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

Hospital in France – 1 month.
" " England – 2 " .
" " Canada – 2 " .

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)

1.2.3.4. no.

16. Can the former trade or occupation be resumed? ~~1.2.3.~~ no. (If not, briefly state why)

17. Recommendations that he be discharged as medically unfit for service.

F. Livingston
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 ..... 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 .....

[signature] D. Collins Pte. Rank.
Signature of invalid examined.

MARRIED OR SINGLE S.

PLACE OF BIRTH Ireland.

NAME AND ADDRESS OF NEXT OF KIN Cassie Collins Ballintra Ireland.

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. 73979 RANK Pte NAME Collins. David.

IF IN PERMT. CORPS WHAT UNIT UNIT 28th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Saskatoon Sask.

DATE OF ATTESTATION Oct 26th. 1914.

TRANSFERRED TO / DATE / AUTHORITY

A-2-M

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-9-17

PAYABLE TO Mrs E Collins, Ballintra, Co Donegal, Ireland. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

62

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
Mar			305				30	50						168	337 18												122 38			122 38	214 80				
Apl	30	1.00	30		30	10	3								33 -	904	15/4	991	27/4					2 62 ✓	2 62 ✓					5 24	242 56				
May	31	1	31		31	10	3	10							34 10	1077	11/5/16	1079	23/5/16					2 55 ✓	2 56 ✓					5 11	271 55				
June	30		30		30		3	-							33 -															304 55				
July	31	1	31	-	31	10	3	10							034 10	1182	29/7/16	1147	7/8/16	1224	11/8/16			2 56 ✓	2 55	2 62 ✓				4 43	330 92				
Aug	31	1.00	31	-	31	10	3	10							34 10	1246	29/7/16							2 62 ✓	-					2 62	362 40				
Sept	30	1	30		30	10	3	—							33 —	1297 1343	21/8 14/9	1347	21/9					2 61 ✓ 2 62 ✓	2 62					7 85	387 55				
Oct	31	1	31		31	10	3	10							34 10	1457	14/9							2 62 ✓						2 62	419 03				
Nov	30	1	30		30	10	3	—							33 -	1535	11/10	1548	31/10					2 62 ✓	2 62 ✓					5 24	446 79				
Dec	31		31		31		3	10							34 10	1660 1648	30/11	1725	5/12					2 61 ✓	11 34 ✓					16 56	464 33		180 -		
			58				58	00																												
1917 Jan	31	1.12	34	10											34 10							1811	12/12	F.C.3			97 33 ✓				97 33	401 10		195 -		
Feb	28		30	80											30 80	1845	15/1	1895	29/1					2 62 ✓	5 23 ✓					7 85	424 05		210 -		
			702	90										168	704 58									31 21	29 61	97 33	122 38			280 53	424 05				

73979 Pte. Collins. D.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $ c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $ c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $ c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1: No.	Acquittance Rolls 1: Date	Acquittance Rolls 2: No.	Acquittance Rolls 2: Date	Acquittance Rolls 3: No.	Acquittance Rolls 3: Date	Acquittance Rolls 4: No.	Acquittance Rolls 4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			702 90								1 68	704 58									31 21	29 61	97 33	122 38			280 53	424 05		210 00		
Mar	31	1.10	34 10									34 10	2032 1952	28/2 15/2	2182	31/3					2 62 2 61	5 23					10 46	447 69		225		
Apl.	30		33									33 00																480 69		240		
May	31		34 10									34 10	89 7	29/4 6/4							2 61 2 61						5 22	509 57		255		
June	30		33									33	192 146	28/5 14/5					FR 578	6/6	2 68 2 67			48 67			54 02	488 55		270		
July	31		34 10									34 10	309 248	28/6 8/6							2 68 2 67						5 35	517 30		285	232 30	
Aug	31		34 10									34 10							FR 570	15/8/17				48 67			48 67	502 73		300	202 73	
Sept	30		33									33 939 95	397 370 309 457	27/7 10/7 28/8 27/7					a187232		2 68 2 68 2 68 2 68 6 30 8	34 84	97 33	2 19 72	15 15		25 72 29 97	510 01		300	210 01	

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Oct 1	~~Balce fwd~~	~~510 01~~							510 01	300	
	Pte Pay	34 10		A24036			15				
				AR 602 10/9 28th Bn	2 67				526 44	300	
		34 10			2 67		15				
Nov	"	33		B49233 £3-1-8			15				
				AR 724 8/10 28th	4 46						
				" 787 21/10 "	3 57						
				" 668 22/9 "	2 68 10 71						
Dec	"	34 10		B74830 £3-1-8			15				
				AR 849 11/11 "	4 46				548 37	300	
1918		67 10			15 17		30				
Jany	"	34 10		C43033 £3-1-8			15				
				AR 2212 12/12 " FC(2)	97 33						
				" 892 23/11 "	12 49						
				" 950 17/12 "	4 46						
				" 951 " "	8 92				444 27	~~315~~ 300	
		34 10			123 20		15		30 80		
Feby	" "	30 80		C80635 £3-1-8			15		475 07 27 49 447 58		
				AR 1057 18/1 "	4 46						
				" 1149 11/2 "	4 46						
				" 1104 26/1 "	3 57				447 58		
		30 80			12 49		15				
Mar	"	34 10		D57435 £3-1-8			15				
				AR 1171 22/2 "	3 57						
				" 1225 15/3 "	4 46						
				" 1282 22/3 "	3 57						
					11 60				455 08	300	
		34 10			11 60		15				

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR ~~CANADA~~.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/9/17.	EFFECTIVE DATE:-
AMOUNT:- 15.00 Stopped 1/11/18	AMOUNT:-

NAME:- COLLINS. David

NUMBER:- 73979

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. L. Collins.
Ballintra, Co Donegal.
Mother Ireland.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 28th Bn.

DATE ACCOUNT FIRST OPENED:- 1/6/15

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			28th Bn
224	10/8/18	20/9/18	SRD
	1-11-18	23/11/18	7 E 7

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
Dick Ford	1/10/18	13/10/18	8 76	2 PC	Bal		53 143

DAILY RATES OF PAY AND ALLOWANCES

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

New A.S.P issued 21/8/18 No 90072

PARTICULARS OF RENDERING NON-EFFECTIVE:- Ffd Con. 31/10/18 Granville 6 a 95 9/10/18 Invalided

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Wan 31	Bal-Ford.								455 08	300	
Apl	P. P.	33 00		A25249 £ 3-1-8			15 -				
				aR 18 11/4/18 28th Bn	4 46						
				" 76 21/4 "	3 57				465 05	300 -	
		33 -			8 03		15				
May	P. P	34 10		" 132 4/5 "	4 46						
				A74648 £ 3-1-8			15				
				aR195 23/5 "	3 57						
		34 10			8 63		15		476 12	300 -	
June	PP	33		B74847 £ 3-1-8			15				
				aR 258 11/6 28 Bn	3 57						
		33			3 57		15		490 55	300	
July	PP.	34 10		B. 81645 £ 3-1-8			15				
				aR319 1/7 - 28 Bn	4 46						
				" 385 9/7 "	3 57				501 62	300	
		34 10			8 03		15				
Aug	P.P.	34 10		C.28048 £ 3-1-8			15 -		520 77		
				HR aR 25040 £2 26/8/18	9 73 ✓				510 99	300	
		34 10			9 73		15		543 99		
Sept	"	33		6825-34— £ 3-1-8			15				
				aR 7044 20/9/18. 1st Canton	4 87 ✓						
				" 7477 25/9/18 "	4867 ✓				475 49	300	
		33			5354		15		506 43		
Oct	✓	34 10		C 73330 £ 3-1-8			15		491 55		
	Int on Defd Pay 31/8/18	28 17							520 67		
	SF 1-10-18 - 4 12 - 10 - 18 12 days Auth. Gran to aR5 - 9-10-18 - 20 - 261 - 11-10-18 SRD.	8 76							531 43		
		78 98			- -		15 -				

NUMBER 73979. RANK NAME COLLINS. David.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

C654

No. 2 DISTRICT DEPOT

AUDITOR	PAYMASTER
CRC	7

4

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

M. OR S. S. | REGT. No. 73979 | RANK Pte | NAME (IN FULL) COLLINS, D. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP | ADDRESS

D.C. ✓

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? 208 Spadina Road Toronto

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

PARK SCHOOL

DATE OF ATTESTATION 26/10/14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 | DATE EFFECTIVE 1/1/19 | Pd by Eng

PAYABLE TO Mrs C. Collins | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Ballintra Co. Donegal, Ireland. | Ltr notified 1/2/19 Imw.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE ✓

DISCHARGED | PLACE Toronto | DATE 4/2/19 | REASON M.U. | AUTHORITY Do. 31 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																		a/c Jany 15.00
Jan ✓	31	1.10	34	10 ✓			✓	34	10	18608						19	10 ✓									15	00 ✓		34	10 ✓				
FEBY 1-4	4	1.10	4	40 ✓	70 - ✓ 35 -			109	40	19573						94	40 ✓									15	- ✓		109	40				35.xx clothing 70.xx War Service Gratuity 15.xx a/c February
6 mos ✓			~~350~~		~~300~~ 420 ✓											Feb 14							70 ✓					70 ✓				1st WSG 200
																MAR 1st	205712						70 - ✓					140 ✓				
																Mar. 31	241357						70 - ✓					210 ✓		Due Soldier		a/c 241357 mailed 1-4-19.
																May 2	340008						70 - ✓					280 ✓		140 - ✓		
																" 30	655920						70 - ✓					350 ✓		70 - ✓ W		
																AR 77 July 2	668665						70 ✓					420 ✓		~~350~~ -		
			420 ✓																				420 - ✓					420 - ✓				W.S.G. PAID IN FULL A. Wass CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

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

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS.
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	