opt
rejected

217th Overseas Battalion

ATTESTATION PAPER.

No. 276194

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Currie
1a. What are your Christian names? — Kenneth
1b. What is your present address? — Red Jacket
2. In what Town, Township or Parish, and in what Country were you born? — Red Jacket, Sask.
3. What is the name of your next-of kin? — Amy Currie
4. What is the address of your next-of-kin? — Red Jacket Sask.
4a. What is the relationship of your next-of-kin? — Father
5. What is the date of your birth? — 25 July 1897
6. What is your Trade or Calling? — Farming
7. Are you married? — no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — yes
9. Do you now belong to the Active Militia? — no
10. Have you ever served in any Military Force? If so, state particulars of former Service. — no
11. Do you understand the nature and terms of your engagement? — yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Kenneth Currie, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Kenneth Currie (Signature of Recruit)

Date Mar 25 1916. R D Leask (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Kenneth Currie, 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.

Kenneth Currie (Signature of Recruit)

Date Mar 25 1916 R D Leask (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 Humboldt, this 25 day of March 1916

J B Leask J.P. (Signature of Justice)

M. F. W. 28.
600M.—2-16.
H. Q. 1772-39-341.

Description of Kenneth Currie on Enlistment.

Apparent Age 19 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement: Girth when fully expanded 37 ins.
Range of expansion 4 ins.

Complexion fair
Eyes Blue
Hair Brown

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

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 Mar 25 1916 — D. C. Hart

Place Moncton — Capt. M.C. 217th Bn. 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.

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

(Signature of Officer)

Date March 26th 1916. W. B. Wood. Major
2nd I/C 217th O/S Battalion.

29
13-5-19

REGIMENTAL DOCUMENTS

NAME CURRIE KENNETH PTE REGT. NO. 276194 UNIT 1ST E.M.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1+1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				49686	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M2W67					
1	CA085009					
1	Misc					
1	Despatches					
2	pc.					

W. 2589
100M-11-18
1772-39-1372

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 217th Overseas Battalion.

(2) Regimental Number 276194.

(3) Full Name of Soldier Currie, Kenneth.

(4) Place of Birth Red Jacket, Saskatchewan.

(5) Are you married, or not? No.

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Alex. Cusie, Red Jacket, Saskatchewan

(10) Is your Mother alive? No.

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not? .....

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

.....

.....

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

.....

.....

.....

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

.....

(15) Are you insured? No.

If so, in what Company? .....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A B Gillis LIEUT. COLONEL
COMMANDING 217th, BATTALION
Officer Commanding.

Date 17 · 10 · 16 ~~March. 25. 1916~~

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names Kenneth 2. Surname Burrie

3. Rank Pte 4. Original Unit 21st Bn 5. Reg. No. 276194

6. Address, in full, to which future payments of gratuity are to be forwarded

K Burrie
Red Jacket, P.O. Sask

7. Date of enlistment in the C.E.F. 25-3-16

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

9. Relationship of such dependent not applicable

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

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

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

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

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

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

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.

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

No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid

No

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

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

No

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

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

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

MAR 25 1919 DEMOBILIZATION

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

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

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

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

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

Signature of Applicant: H Currie

Place of Residence: Red Jacket Sask. Beaverhott.

Declared before me at:

This 3 day of March 1919

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

Barnett Lawe LIEUT.-COL.
C.O.C. 1ST C. M. R. BN.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			$420.00	$350.00
			70.00	

Certified Correct.

District Paymaster.

M.D.108.

CANADIAN CORPS CAMP, BRAMSHOTT.

Date 18.2. 1919.

To:-

Officer Commanding, ...

The following is a special EYE report of the undermentioned of your Unit. Your M.O.'s attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and Casualty Form to the LONG Board as there IS a disability of the EYE.

Major, C.A.M.C.
Officer i/c. Eye & Ear Dept.,
Medical Board, C.C.C., Bramshott.

Name Currie. K. Number 276194 Rank Pte. Date 18.2.19

Unit 1. Ce. M. R. . . . . Former Occupation . Farmer.

Original Diseases or Injury . Asthenopia Comp. Hypermetropia Co. Squint

Date of Origin . Congenital Infancy Place of Origin . . . . . .

Cause . . . Congenital . . . . . .

Present Disability . . Defective Vision Squint . . . . . .

Present Condition:-

Vision R.- 6/12 R.-

" L.- 6/12 with glasses 6/12.

Hearing

Category Recommended . . A . . . . .

History of present condition . . Vision always poor left . . Squint since childhood . . . . . .

. . . . . .

Did the disabling condition have origin before Enlistment? Yes.

If so has it been aggravated by service? . . . No . . . . . .

Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment? . . . . . No . . . . . .

. . . . . .

What is the probable duration (in months) of the Disability? permanent

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

[illegible] C.A.M.C.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Currie Christian Name Kenneth

Examined on 25 day of Mar 1916 at Moosomin Sask

Approved by D C Hart Pte. 217th Bn
Joseph Wark Lieut.

Birthplace City or Town Red Jacket County Sask

Rank Lieut AMC M.O.

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 7 Inches.

Weight 160 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 37 inches.

Physical development good

Small-Pox Marks absent

Vaccination Marks Arm Right. Left. 2 Number — two

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
27/4/16	+	D C Hart M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1/16		D C Hart M.O.
apr 14		D C Hart M.O.
3/7/16		D C Hart M.O.
7/7/17 TAB-1		J. W. S.
15/4/17 TAB-2		

Enlisted on 25 day of March 1916 at Moosomin, Sask.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	217th Battn	276194		March 28-1916
Transferred to	19th Res. Bn.			5-7-1917.
	15th Rel. Bn.			14.10.17.
	1st Cm.R.			FEB 28 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	20-2-19	Deviation	"A" D.D. Discharge

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Lowrie Christian Name Kenneth

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital			DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

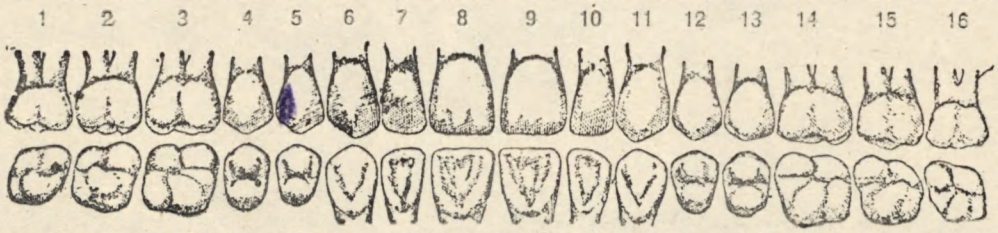
DIRECTIONS TO DENTAL OFFICERS

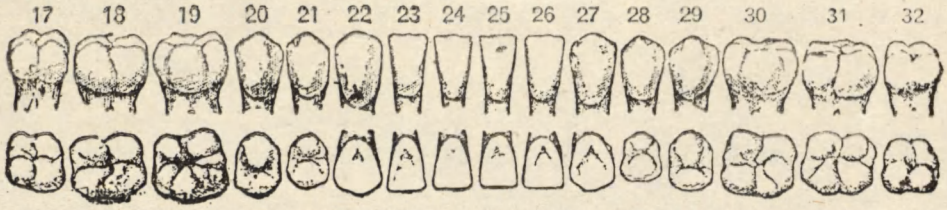
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) CURRIE K.

REGIMENT 1st CMR. RANK Pte. No. 276194.

Date of Examination in England ..... Date of Examination in France 15-1-19.





PRESENT DENTAL REQUIREMENTS

1. FILLINGS 57
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

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

Signature of Dental Officer G. R. Gillespie Capt.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 276194 Rank Pte C. E. F. Name Lurrie Kenneth

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12-3-19	T.O.S. Dispersal Station	D.O. 92-2			
N and Dispersed	25-3-19	D.O. 92-3			
	W M Stallery Lieut. for O. C. 10 District Depot.				

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

H.B.108.

CANADIAN CORPS CAMP, BRAMSHOTT.

Date 18.3.1919.

To:-

Officer Commanding, ...

The following is a special EYE report of the undermentioned of your Unit. Your M.O.'s attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and Casualty Form to the LONG Board as there IS a disability of the EYE.

Major, C.A.M.C.
Officer i/c. Eye & Ear Dept.,
Medical Board, C.C.C., Bramshott.

Name Currie. K. Number 276194 Rank Pte. Date 18.3.19

Unit I. C. M. R. . . . . Former Occupation . Farmer

Original Diseases or Injury . Astigmatism Comp. Hypermetropia C.O. Squint

Date of Origin . Congenital Place of Origin . . . . . .

Cause . . . Congenital . . . . . .

Present Disability . . Defective Vision. Squint . . . . .

Present Condition:-

Vision R.- 6/12 R.-

" L.- 6/12 with glasses 6/12

Hearing

Category Recommended . A . . . . .

History of present condition . Vision always poor left . Squint since childhood . . . . . .

. . . . . .

Did the disabling condition have origin before Enlistment? Yes.

If so - has it been aggravated by service? . . . No . . . . . .

Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment? . . . . . No . . . . . .

. . . . . .

What is the probable duration (in months) of the Disability? permanent

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

[signature] C.A.M.C.

136749

20

Perforated sheet for Will from Pay Book of Reg.

No. 276194

Name Kenneth Currie

Unit 217th Batt

Military Will

In the event of my death I leave all my property and effects to my father Alex Currie Red Jacket. Sask Canada

Signature Kenneth Currie

Rank and Regt. Pte 217th Batt

Date July 1st 1917

276194. Pte Currie K. 217th Batt.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 73157

THIS IS TO CERTIFY that No. 276194 (Rank) Pte.

Name (in full) Currie Kenneth enlisted in

the 217th Battn

CANADIAN EXPEDITIONARY FORCE at Moosomin on the 25th

day of March 19 16

HE served in 1st CMR. Bde

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

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

Age 22

Height 5'7"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Nil

K Currie
Signature of Soldier

Date of Discharge

Dispersal Station "N" MAR 25 1919 Military District No. 10

Issuing Officer

Major.
O. C. Dispersal Station 'N'
Brandon, Man.
Rank

Date 25th March 1919

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

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

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

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

Form R 122.
2353—100M—9-12-16.

C.R. Rank Composite Dft. to Unit Nova Scotia Regt. Name CURRIE. Kenneth. If in perm. Corps, What Unit? Reg'l No. 276194. Married or Single Single.

Place and Date of Enlistment Moosomin. Mar. 25th, 1916. Place of Birth Red Jacket, Sask.

Name and Address, Next-of-Kin Alex. Currie. Red Jacket, Sask., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/F 10,161
Fil
Categ O. R. Cert.

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 5 7 17 S/S JUSTICIA.			
27.7.17	19th Res.	T.O. S. on arriving from Canada.	Pte Bsc	5.7.17	DO 208.
14.10.17.	✓	S.O.S. to 15th Res Bn		14.10.17.	✓ 287 a 281. 15.11.17. 15th Res.
1-3-18	15th Res Bn	S.OS to 1st C M R. O'seas	Pte ✓	28.2.18	P II 60 & 1st C M R. P II 18 d/ 7-3-18
6-5-18	1st C M R.	Awarded one G.C. badge	Pte Field	25.3.18	P II 40
16 2 19 1	C M R	PROC, TO ENGLAND		12.2-19, D O, 12	
11/3/19	"	Proc. to Canada. Sail 22 Disch N		12/3/19	DO 21

A.F.B. 122 CHECKED MAR 1918

A1
ns

276194 Currie A.

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.					

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

Comp. Aft. to 78 Regt.

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

Casualty Form—Active Service.

Unit, Regiment or Corps ~~21st Batt^n C.E.F.~~

Regimental No. 276194 Rank Private Name Lurie Kenneth

Enlisted (a) March 25/16 (25-3-1916) Terms of Service (a) C. E. F. DURATION OF WAR Service reckons from (a) March 25th 1916.

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) (Farmer)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax	23-6-17	"Justicia"
		Disembarked England	Liverpool	5-7-17	
		Entered Segregation Camp.		5-7-17	Capt & Adjt. Segregation Camp.
27. 7. 17	O.C. 19th RESERVE	Taken on strength STRUCK OFF STRENGTH ON BEING 19th Reserve.	BRAMSHOTT	5. 7. 17	PART II. DAILY ORDERS No. 2[illegible] ADJUTANT, 19th RESERVE BATTALION.
14-10-1917.	O.C. 19th Res. Bn.	Posted to the 15th Reserve Battalion, absorbing the 19th Reserve Battalion.	Bramshott	14-10 1917.	Part 11 D.O. 287A W. Martin Capt a/Adjt 19th Can. Res. Bn.
OCT 15 1917	O.C. 15th RES. BN.	TAKEN ON STRENGTH FROM 19th Res.	BRAMSHOTT.	14.10.17	PART II. DAILY ORDERS No. 281
MAR 1 1918	O.C. 15th RESERVE	PROCEEDED OVERSEAS FOR SERVICE WITH 1st Can R. BATTALION	BRAMSHOTT	28 1918	PART II. DAILY ORDERS No. 60 D Campbell Lt a/ADJUTANT 15th RESERVE BATTALION.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
1. 3/18	O.C.C.B.D.	Landed in France. Taken on Nom. Roll d/ strength 58th Bn.		18	7/3/18
3 3/18	— do. —	Left for Arrived			1019
4 3/18	C.C. Hd. Bn.	Left for Unit		4.3.18	
10 3/18	O.C. Unit	Arrd		5.3.18	B213
28.4.18	"	Awarded Good Conduct Badge		25.3.18	" PII 40 6/5/18
13 10 18	"	Course - 3rd Divnl.	Wing	6 10 18	"
3 11 18	"	Reported	Unit	30 10 18	"
~~12~~ 13 2.19	O.C. Cdn. Cmp. Le Havre	~~S.O.S. for demobilisation to~~ C.F.C. Depot Proceeded to England	~~12~~ 13.2.19		N/R. Pt. 2. O/S. 12/19
5.3.19		SOS OMFC to CEF Pt 2 O/S No 21		11-3-19	
8.3.19					

Lieut. for Lt. Col A.A.G.
Cdn. Sect. G.H.Q.

War Service Badge
Class "A" No. 72157

Embarked, RMS BALTIC
Liverpool 12 March 1919

MAR 25 1919

Discharged on Demobilization
Major
O.C. Dispersal Station N., Brandon.

Passed.
CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
C. E. F.

AD.

Number 276194 Rank Pte

Surname CURRIE

Christian Name Kenneth

Units 1st C.M.R. Theatre of War France

Date of Service 28-2-18

Remarks

Latest Address Red Jacket, Sask

Roll No B Page 19077

200m.-6-21.M.

DATE AND PLACE OF ORIGIN.....

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION.....

WHERE FROM).....

NIT.....IN CATEGORY.....

INVALID.....

WHERE TO).....

ITIONS DIAGNOSED.....

.....ADDRESS.....

.....HOSPITAL.....STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

No 276194 RANK Pte. NAME Currie K.

T. O. S. 1-6-17. UNIT #6 Special Service Coy.
D.O. 135. 7-6-17.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 June 1	1917 June 21.	L	transf. to Details Coy. 21-6-17	D.O. 148. 22-6-17.

SURNAME. Currie,

CARD NO. 710

FOLL.

CHRISTIAN NAMES Kenneth

REGL. No. 276194 RANK Pte.

UNIT 21/2th Batt.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Currie, Alex

RELATIONSHIP TO SOLDIER father

ADDRESS Red Jacket, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Red Jacket, Sask. DATE July 25th, 1897

PLACE OF ATTESTATION Moosomin, Sask. DATE Mar. 25th, 1916.

R/C 20-3-19 286 Pte 76

L. L. 94504. M. & D. 6512.

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

From Halifax per s.s. "Olympic" 2-6-17

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farming RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Moosomin, Sask. DATE Mar. 25th, 1916.

No. 376194 RANK Pte. NAME Currie, Kenneth

T.O.S. 1-4-16 UNIT 217th Battalion C.E.F.
D.O. 27 of 25-3-16

M.D. 10-12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
apr. 1	apr. 22	n	Sending Furlough 23-4-16 to 23-5-16	Do 8'3 of 24-4-16.
April 23	May 31	✓		
	June	✓		
	July	✓		
	Aug.	✓		
	Sept.	n		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917	Jan. 1917	✓		
	Feb.	✓		
	Mar.	✓		
	April	n.	Now shown on M. D #6	
	May.	n.		

No. 276194 RANK Pte NAME Currie, K

T. O. S. UNIT Composite Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 June 22	1917 June 30	~	217 of Rn Att for Pay 22-6-17 Transfer to own unit O/S 30-6-17	DO 152 of 27-6-17 DO 150 of 25-6-17

7-3-41

H

War Service Badge
"A" No. 73157

SHORT FORM.

Dis. a. 0
occ. g. 1

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 276194
2. Rank. Private
3. Name. Currie Kenneth.
4. Unit. 1st. C. M. R. Bn.
5. Date of Discharge MAR 25 1919 Place ~~Brandon~~ Brandon

6. Reason for Discharge
Demobilization

7. Authority. D. O. 92

8. Proposed Residence after Discharge
Red Jacket Sask.

MEDICAL DOCUMENTS FORWARDED TO ~~S.C.R.~~ or P.B.C. on 9/5/19

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

K Currie
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Brandon.

Date MAR 25 1919

Signature C. Whitlier
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Duplicate
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 10

PW

Date 11.3.19

Certified true copy - Hagunn Lieut i/c Records 1st Can R Bn

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE 20-2-19

1. 1 (a) Unit 1st C.M.R. (b) Regimental No. 276194 (c) Rank Pte

(d) Surname CURRIE (e) Christian name Kenneth

(f) Home address Mossomin, Sask.

(g) Next of Kin Alex Currie (h) Relationship Father

(i) Address of Next of Kin Mossomin.

2. Age last birthday 21 Date of birth 28th July 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Mossomin (b) Date 25-3-16

4. Personal description:

(a) Height 5' 7" (b) Weight 160 (stripped) (c) Complexion Dark

(d) Colour of hair D.Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None

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
	2	330

	Periods From	Periods To
Canada	25-3-16	23-6-17
England	23-6-17	28-2-18
France or other theatres of War	28-2-18	20-2-19

RECEIVED Vocational Officer MAY 12 1919 VOCATIONAL DEPARTMENT Military Hospitals Commission "C" UNIT WINNIPEG.

7. Original disease, or injury Astigmatism Comp. Hypermetropic C.C. Squint

(a) Date of origin Infancy (b) Place of origin Saskatchewan, Can.

(c) Cause Congenital

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.)

(Squint) Defective Vision

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.)

Vision R. 6/12
L. 6/24 with glasses 6/12

Vision ~~always~~ was always affected more especially in left eye

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

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

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

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

Vision was always affected more especially left. Squint since childhood

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*).)

none

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

none

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

(*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.)

no

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

The regimental documents will be referred to.

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

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

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

Specialist's Report Major McMillan on eyes 20-2-18

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

sd/ W.A. Marshall, Capt. C.A.M.C.

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 Kenneth Currie 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

P.J.O'D.

sd/ Kenneth Currie. Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

19. Is the invalid fit for

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

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

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

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
R.T.C. Auth:- A.G. Tel. 9083 of 11-11-18

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

sd/ L.Hyttenrauch, Capt.
President.

PLACE Bramshott

DATE 20-2-19

sd/ P.J.O'Dywer, 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
sd/ G.S. Mothersill, Lt/Col. C.A.M.C.
for *Assistant Director of Medical Services.*

DATE 20-2-19.

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 Brampton DATE 20/2/19.

1. 1 (a) Unit 1st C.M.R. (b) Regimental No. 276194 (c) Rank Cte

(d) Surname CURRIE (e) Christian name KENNETH.

(f) Home address MOOSOMIN. SASK.

(g) Next of Kin ALEX CURRIE. (h) Relationship FATHER

(i) Address of Next of Kin MOOSOMIN.

2. Age last birthday 21. Date of birth 28 July 1897.

3. Enlistment, or Appointment (if an Officer) (a) Place Moosomin (b) Date 28/3/16.

4. Personal description:

(a) Height 5'-7" (b) Weight 160. (stripped) (c) Complexion Dark.

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

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
	2 years.	330.

	Periods	
	From	To
Canada	28/3/16.	23/6/17.
England	~~Feb 28 '18~~ 23/6/17	28/2/18.
France or other theatres of War	28/2/18.	20/2/19.

7. Original disease, or injury ASTIGMATISM COMP. HYPERMETROPIC C. C. Squint.

(a) Date of origin INFANCY. (b) Place of origin Saskatchewan Can.

(c) Cause Congenital.

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.)

(SQUINT) DEFECTIVE VISION.

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.)

Vision R. 6/12.

Vision L. 6/24. with Glasses 6/12

Vision was always affected ~~from~~ more

especially in left eye.

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

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

Vision was always affected more especially left. Squint Since Childhood

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*).)

None

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

None

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

(*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.)

No.

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

The regimental documents will be referred to.

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

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

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

Specialists Report. Major McMullan on eyes 20/7/18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

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

(If not, briefly state why)

17. Recommendations

W. A. Marshall Capt. A.M.C.

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 Kenneth Currie 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

Kenneth Currie Pte. Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

R.Y. b. auth. a.s. tel 9083 of 11-11-18.

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

President.

PLACE Bramshott

DATE 20-2-19

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE 20-2-19

APPROVED BY

Director-General of Medical Services.

DATE.....

Baltic

AUDITOR | PAYMASTER

2531

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

~~M.~~ OR S.

REGT. No. 276194 RANK Pte NAME (IN FULL) Currie Kenneth

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID N.S. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

25

ORIGINAL UNIT C.E.F. 217 | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERED TO Dep Stw N | DATE MAR 12 1919 | AUTHORITY D092

DATE OF ATTESTATION 25.3.16 | TRANSFERED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1.4.19.

PAYABLE TO Mrs Christie Currie | RELATIONSHIP Mr. | ANY CHANGE IN ASSIGNEE OR ADDRESS Mr. Address -

ADDRESS 2216 Lorne Street Regina Sask. | Red Jacket P.O. Sask.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE MD10 | DATE MAR 25 1919 | REASON D | AUTHORITY D092 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			$	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 28/2/16							148	66	148	66																											148	66	Cr. BAL. ENG. I.P.C. 148 66
					35 70		148	66			74	33							45 00		263	99																	Clothing Allce. 1st payment W.S.C.
13/9 1/4/19	32	1.10	35	70					288	86															15								288	86					15 Voices - Boat - Train
																																							Attached on Free I.P.C. Nch 5.00
			68 00										War Service Gratuity												68 00										Soldier Dependents				
183 days at minimum			420	-			420	-																	70	-									350				Deduct on account W.S.C. (see above)
																													7 70						342	30			Pd. 7 days M.A.A.
Apr. 23																			553 39		70	-													272	30			70 - 2nd Pmt. Bal.
May 21																			572 27		70	00													202	30	70		70 - 3rd - - -
" 28																													1 05						201	25			Pd. N.S.
June 21																			769 26		70	-													131	25			70 - 4th - - -
July 21																			945 27		70	-													61	25	70		70 - 5th - - -
													Aug. 25						1212 75		61	25													—		61	25	61 25 - 6th - - -
							420				420														411	25			8	75			420						
																																							— a/c closed —

AUDITED AUG 22 1919 Aud. Chr. M.D. 10

183

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-30-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 18632

Date of Assignment Jany 7/18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

327C30 BUK

PARTICULARS OF SEPARATION ALLOWANCE

No. 276194

Rank Pte Promoted Reverted Discharge

Soldier's Name K. Currie

Battalion 217th Bn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Christie Currie (Sister)

Address ~~2259~~ Lorne St. Regina Sask.

Change of Address

1 MISS CHRISTIE CURRIE,

2 2216. ~~2259~~ LORNE ST.,
REGINA,SASK. 15 15.00
% 276194 PTE K.CURRIE

3 FIFTEEN DOLLARS

4

04106-K-2.

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Jany	M 75119		15	15	R	Mailed 20/2/18 2 M Feb 7/18 m R 021336
Feb	E 91340		15	15		
Mar	A 120499		15	15		
Apr	B. 2995		15	15		
May	M 19164		15	15		
June	I 22763		15	15		
July	S. 34023		15	15		
Aug	I 36536		15	15		
Sept	L 45995		15	15		
Oct	M 53921		15	15		
Nov	D 61984		15	15		
Dec	R 68589		15	15		
Jan	M 74180		15	15		
Feb	P 79446		15	15		
Mar	H. 91589		15	15		
			225	225		

m D. 10.

AUDITED

m 20.82629.

A/c Closed 31-3-19
Ret'd per Baltic
Date 20-3-19 26-3-19
Clerk J. S. Clarke

M. F. W. 123.
400m.—'-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'0M.-6-7-1'72-39-1141
L. L. 22320—M. & D. 1993.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/1/18	Stopped	EFFECTIVE DATE:-	
AMOUNT:- 1.00	4/. 1. 3. 19	AMOUNT:-	

NAME: CURRIE. Kenneth.

NUMBER:- 276194.

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 Christie Currie Sister
2259. Long St. Regina Sask

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		PL

UNIT AND TRANSFERS

ORIGINAL UNIT:- 217th

DATE ACCOUNT FIRST OPENED:- 1/7/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			S.R.D.
D.W.	1/4/18	25/4/18	16 M.R.
			Can. Inst

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
19/7/19.	325.	B. W ing	73 00.	Feb			
				L.P.C. Cr Bal. 148.66.			

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Can. 28/2/19. Ref. F3432. 21/2/19. MD 10. B'sholt to B'sholt.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Forward								101 14	90	
Apr.	P&A	33		A.P.				15	119 14	90	
		33						15			
May	P&A.	34 10		A.P.				15			
				AR 143 2/5. 16. M.R.	8 03						
				" 196. 5/5 "	4 46						
				" 276 20/5 "	3 57				122 18	90	
		34 10			16 86			15			
June	"	33		A.P.				15			
				AR 348. 6/6. "	4 46						
				" 9. 22/6. "	3 57				134 15	90	
		33			8 03			15			
July	"	34 10		A.P.				15			
				AR 168. 15/7 "	4 46						
				" 373. 26/7 "	3 57				143 22	90	
		34 10			8 03			15			
Aug	"	34 10		A.P.				15			
				AR 641. 14/8. 8th C.I.B.	4 46				157 86	90	
		34 10			4 46			15			
Sept.	"	33		A.P.				15			
				AR 967. 1/9. "	3 57						
				" 1247. 22/9 "	4 46				167 83	90	à Cr agrees
		33			8 03			15	201 93		
Oct	"	34 10		C.A.P.				15			
				AR. 1681 - 12/10/18 "	8 39						
				" 2313 - 20/10/18 3DW - CCRC	3 73				174 81	90	
		34 10			12 12			15			

NUMBER 276194 RANK NAME CURRIE, Kenneth

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal fwd								17 481	90 -	
Nov	P.P.			aR. 2793. 9-11-18. 8. C/B.	7 46				276 01		
Dec.	"	67 10		" 3201. 17/11/18 "	9 33						
				Cap. Nov + Dec.				30 -			
				" 3654 28/11/18. "	3 73						
Jan	"	34 10		cap.				15	210 49	90 -	
		101 20			20 52			45			
Feb.		30 80		aR 4995 31/1/19 8. C/B.	3 73						
	Int on Def. Pay 1/7/17. 28/2/19.	6 56		" 5337 12/1/19 "	3 73						
				" 5885 20/1/19 "	3 73						
				cap.				15	221 66	90	
				aR 325. 20/2/19. B. Wing ccc.	73 -				148 66		
		37 36			84 19			15 -			
				SOS. 5L 32. 12/3/19. P878							

P. 559

Married or Single: Single

Place of Birth: Redjacket Sask.

Name and Address of Next of Kin: Alex Currie
Redjacket Sask

Relationship of Next of Kin: Father

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. 276194 Rank Private Name Currie Kenneth

If in Permt. Corps What Unit } Unit 217th Bn

Permanent Force Allowances

Place of Attestation Moosomin Sask.

Date of Attestation March 25th 1916

Transferred to	Date	Authority
Transferred to	Date	Authority
Transferred to	Date	Authority
Transferred to	Date	Authority

Assigned Pay Monthly $ 15.00 Date Effective 1-1-18.

Payable to Mrs. Christie Currie, 2259 Lorne St. Regina. Sask. Can. Relationship Sister.

Assigned Pay Monthly $ Date Effective

Payable to Relationship

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

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

C4

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
1917																																			
July 1																															35 25				Bal from Canada
" 31	31	1c	34	10											34 10																69 35		15	54 35	
Aug	31		34	10											34 10																103 45		30	73 45	
Sept	30		33	..											33 ..	677	30/7	813 714	3/8 5/8	187	9/7	247	18/11	7 30	14 60 34 07	4 86			60 83	75 62		45		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Balance	Balance	Deb. Rem. Pay	Ser. Alloc. Eng.	Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deb. Rem. Pay	Ser. Alloc. Eng.
																				110 76 141 56		
Oct	Bal c/d B7.	~~75 62~~					75 62	45			Sept 13	PP	30 80		CAP				15			
	Pte Pay	34 10		aR 997. 29/9. 19 Rec	9 73		99 99	60														
		34 10			9 73																	
Nov	"	33		" 998. 31-10-17. 15th Rec	14 60										ab 1819 15/1/18 15 Rec	9 73				107 10		
													30 80		" 1680 31.1.18 "	9 73			15	141 20		
Dec	"	34 10		A.R. 1079 13.10.17 19th Rec	12 17						Mch	PP	34 10		CAP				15			
				A.R. 913 15.9.17 19th Rec	9 73										ab 1779. 15/2/18 15 Rec	7 30						
				" 1175 15/11/17 15 "	9 73		120 86	90							" 1964 28/7/18 "	9 73						
		67 10			46 23																	
Jan 1918	PP	34 10		CAP					15						Bmk. 1904. 8/3/18 / bmk	3 87						
				ab 1307 30/11/17 15 Rec	9 73									" 1797 21/3/18 "	4 46				101 14		
													34 70			25 06			15			
		34 10			29 20		15		110 76	105												

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			AMOUNT				AMOUNT				AMOUNT					1		2		3		4													
	No. of Days	Rate	$	c.	No. of Days	Rate	$	c.	No. of Days	Rate	$	c.				No.	Date	No.	Date	No.	Date	No.	Date	1	2	3	4				Credit	Debit			
MONTH	PARTICULARS				CR. 1	CR. 2			PARTICULARS					DR.	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. ALLOW. PAY.															