UNIT 39th Bn Regimental No. 412471

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Fred Douglas
2. In what Town, Township or Parish, and in what Country were you born?	Port Hope (Canada) Ont.
3. What is the name of your next-of-kin?	Minnie Douglas (wife)
4. What is the address of your next-of-kin?	Port Hope, Ont.
5. What is the date of your birth?	Jan 12, 1885
6. What is your Trade or Calling?	File Cutter
7. Are you married?	yes
8. Are you willing to be vaccinated or re-vaccinated?	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.	46th regt. 4 yrs
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

Sgd Fred. R. Douglas (Signature of Man).
" L.T.M. McLaughlin (Signature of Witness).
Maj

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Fred Douglas, 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.

Sgd Fred R Douglas (Signature of Recruit).

Date 18. 2. 1915. " L.T. McLaughlin (Signature of Witness).
Maj

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fred Douglas, 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.

Sgd. Fred. R. Douglas (Signature of Recruit).

Date 18. 2. 1915. " L.T. McLaughlin (Signature of Witness).
Maj

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 applied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Port Hope this 23 day of Feby 1915.

Sgd. T. B. Chalk JP (Signature of Justice).

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

Sgd. JP Preston Lt. Col (Approving Officer).

Certified true copy.
Captain,
for Officer i/c Records, C.E.F.

L11806 11-1-15 5,000.

Description of Fred Douglas on Enlistment.

Apparent Age 30 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 34 ins.
Range of expansion 1½ ins.

Complexion dark

Eyes hazel

Hair Black

Religious denominations.
Church of England
Presbyterian
Wesleyan yes.
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.)

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 Jan 25 1915 Sgd. A.N. Shelds. Lieut

Place Port Hope

* Insert here "fit" or "unfit." *Medical Officer.*

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.

Fred R Douglas 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.

Sgd. G.R. Preston (Signature of Officer.)
Lt Col

Date Mar 6 1915.

C.E.F.

DOUGLAS, FRED 412471 3 CAS.UNIT 22593

M.U.

H

No. 12471 RANK Pte NAME Douglas F. R.

T. O. S. 25/3/15 (D.O. 24: 26/3/15) UNIT 39th Battalion

M. D. 23

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar. 25	Mar. 31	✓	app. a/cpl. 1/1/15	D.O. 28. 30/3/15
Apr	Apr 30	✓		
May		✓		
June		✓		
July		✓		

UNIT SAILED
JUN 24 1915

SURNAME. Douglas.

S.O.S Disch
23/3/18. 87/7 = 3.

CHRISTIAN NAMES Fred R.

REGL. No. ~~A. 12471~~ 412471. RANK Cpl.

UNIT 39th Bn.

FORMER CORPS 46th Regt.

NEXT OF KIN.

NAMES IN FULL Douglas, Mrs Minnie E.

RELATIONSHIP TO SOLDIER Wife

ADDRESS Port Hope, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Port Hope, Ont. DATE 1

PLACE OF ATTESTATION Port Hope, Ont. DATE Feb 23rd 1915.

Sailed from Montreal per S.S. Missanabie 17-6-15 R.C. 19-12-17 31/3/4

MARRIED Yes. SINGLE 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

No. 412471 RANK Pte NAME Douglas J. R.

T. O. S. UNIT Special Service Battalion #388609

Transfd from Casualties 1-1-18 to 4 of 4-1-18.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 23	1918 Jan 31	U		
Feb.		U.		
Mar 1	Mar 23	U	Dischgd 23-3-18 Rel.	W.O. 84/25-3-18
			a/c closed by payment.	

H. Q. FILE No. 649-

NAME Douglas F. R

REGT'L. No. 412471

RANK AND CORPS Pte 39th Batt.

NO. 1166.

FOLL.

CABLE

NO.	DATE

NATURE OF CASUALTY

Sailed from Liverpool for Can. per SS Justicia 7-12-17.
Dis. of A.G. M.D. 2. Class B3.

L. L. Job 83225 —M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
21.	Tent St Martins Plains Shorne.	27-9-15	Bronchitis
34.	Ditto.	22-10-15	Discharged
99.	Moore Barr. Shorn.	7-2-16	Laryngitis
110.	" " "	1-3-16	" Discharged

Name Douglas. F. R. Rank Pte Reg. No. 412471

Unit ~~39th Battalion~~ 6th Res

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27.9.15.	Sent Hospital St Martins	Plain Shorncliffe	Gon.	21		
22.10.15.	Discharged		"	34		
7.2.16	Moore Bks. Hosp.	Shorncliffe	Laryngitis	99.		
1.3.16	Discharged		do	110		

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

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 412471 A. & D. No. 10622

Rank Pte

Name DOUGLAS, F.R.

Corps 39th Batt, Band.

Religion Meth Age 31

M. H. Rec'd a M. H. Requested M. H Ret'd

Disease Laryngitis

Admitted 6-2-16

Discharged MAR 1 1916 Discharged to Duty

Place in Hospital 12

Transferred

Results

14/12 Port Hope, no no 2-00 P.T.O.

REMARKS:

MEDICAL HISTORY SHEET.

Orig. recd. from ...../..../191 .
Dup. recd. from ...../..../191 .

Orig. sent to ...../..../191 .
Dup. sent to ...../..../191 .
Received from Registrar this Orig. Dup. 28/12/1916
J. Dawson ..... Ward 12

Inf

Number 412471 Rank Pte

Surname DOUGLAS

Christian Name Fred R

Units 39th Bn C Inf Theatre of War England

Date of Service 3-7-15

Remarks

Latest Address Box 221
Port Hope
Ont

Roll No. A Page 3134

200m.-2-21.M.

DATE HISTORY

(FILES)

CASUALTY BRANCH

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

DEP'T RECEIV'D
JAN 8 1923

HISTORY	DATE

M. F. W. 2536
100m.-5-18. 1772-39-1311

Surname	Christian Name or Names	Reg. No.
Douglas	F. R.	412471

Rank	Unit	Co.	Troop	Batty.
Pte	39th Btn			

Hospital	Date of Admission
Sent Hosp. Martins Plains Shorncliffe	Hosp. 27. 9. 15
Transferred Moore Bks. Shorncliffe	Hosp. 7. 2. 16.
	Hosp.
	Hosp.

Diagnosis Gonorrhoea

(1) Laryngitis.

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION	Date
#21	
C.L. 7. 10. 15	
ch. 30/10/15 # 30	
- 12. 2. 16. 99.	
- 6. 3. 16. 110.	

REMARKS

Dis 22/10/15.

Discharged. 1. 3. 16.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. file

Attention of

P.A.

Ottawa 4, Ont.
Date November 10, 1966.

NAME DOUGLAS Frederick R. SERVICE NUMBER 412471 WW1 C.P.C. No. 31578 W.V.A. No. NAVY ARMY x R.C.A.F.

The DEPARTMENT has received information from

P.M.E. C.P.C. Toronto. Date November 2, 1966.
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death 26 September, 1966.
Cause of Death
Place of Death Port Hope, Ont.

Name and Address of next of kin (if known)

Copies to: W.S.R. V. I. ~~PAY~~ ~~D.O.~~ H.O. } Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

R—122.

Rank Pte Name DOUGLAS Fred R. Reg'l No. 412471

Unit 39th Bn If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Port Hope, 18 Feb. 1915 Place of Birth Canada

Name and Address, Next-of-Kin Minnie Douglas

Port Hope, Ont. Relationship Wife

N/E. R.B. No. 5840
File R.L.
Category Can. OR

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

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
		Arrived	England	3/15	
7/10/15	W.O.	Gen. Adm. Cent Hpl.	St. Martins Plain	27/9/15	Can. Rpt. No. 21.
30/10/15	W.O.	Discharged — " —	— " —	10/15	C.R. 34
12-2-16	C.R. 39th Bn	Laryngitis Barracks Hpl adm Moore	Seliff	7/2/16	C.L. 99
6-3-16	"	Disch'd to Unit	"	1/3/16	C.L. 110 Laryngitis
4-1-17	39th	S.O.S. to 6th Res Bn	W Sandling	4-1-17	P110 3
4.1.17	6th Res Bn	Taken on Strength Shorncliffe		4.1.17	Pt.II.O.
15-1-17	6th Res Bn.	Having completed 2 yrs service with good conduct is entitled to wear one good conduct badge.	"	13-1-17	— " — 10
22-2-17	" "	S.O.S. to ccac. & attd. to 6th Res Bn	E. Sandling	16-2-17	— " — 43
9.4.17	" "	On Commr. from R.O.R.D.	Seaford.	10.3.17	— 81

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				
6. 4. 17.	C.O.R.D.	T.O.S. to Comm. 6th Res. Bn.	Seaford	10. 3. 17.	Pt. II Do. 25
21. 4. 17.	6th Res. Bn.	ceases to shown on Comm. from C.O.R.D. to his T.O.S.	"	18. 4. 17.	E.O.R.D. pt. II Do 37 d/18/4/17 — 92 — C.O.R.D. Do 242 d/9 11/17
8 11/17.	"	Posted to C.O.R.D. B.3. pending return	"	8 11/17.	— 264.
22 11/17.	C.O.R.D.	On Comm. C.O.R.D. to Canada ceases to be on Comm. C.O.R.D.	"	23 11/17.	— 257
15 12/17	"	his S.O.S. on proceeding to Canada for Disposal by A.G.	"	7 12/17.	— 278.
	D.O.D. Depot	Class Duty	M.D. 3 Kingston	19/12/17	MR 418. Port Hope-Ont.

Form D.M.S. 1394
50M-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD 6th NOV. 1917.

No. 412471 Rank Pte. Name DOUGLAS, T.

Local Unit 6th Res Bn ~~Overseas~~ original Unit 39th Bn. Age 30

Examination held at 6th Res. Bn. SEAFORD

DISABILITY. PAINS IN LEGS.
~~Overseas~~-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

Complain: "Pain in legs when standing for any length of time or marching. He can no longer carry on in band on this account."

Exam: 1) Mass of tortuous, thickened, & painful varicose veins in both legs extending from femoral ring down to dorsal & lateral surfaces of both feet.
2) other systems normal.

BOARD RECOMMENDS:-

1. Fit for Duty B III Not likely to improve in 6 mos.
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

President. (H. Cowan Capt.)

Members (J. McKee Capt.)
(J. Gillies Capt)

APPROVED 6 NOV 1917

Dated Seaford Sussex 1917 T. J. Graham, For A.D.M.S.
Captain, C.A.M.C.
for A.D.M.S., Canadians.

APPROVED

PROCEEDINGS OF A MEDICAL BOARD

Dated at [illegible] 1917.

No. [illegible] Rank [illegible] Name [illegible]

Local Unit [illegible] Overseas Unit [illegible] Age [illegible]

Examination held at [illegible]

DISABILITY
Overseas Local
Aggravation [illegible]

PRESENT CONDITION

RECOMMENDED:

1. Fit for duty.
2. Fit for duty after [illegible] weeks physical training.
3. Fit for Temporary Base duty [illegible] weeks
4. Fit for Permanent Base duty
5. Discharge

Signature:-

President.

Members

Approved

Date [illegible] For A.D.M.S.
Canadian C.A.M.C.
[illegible]

APPROVED

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 39th Batt. C.E.F.

Regimental No. 412471 Rank Pte. C. E. F. Name Douglas Fred. R.

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				
1/1/18	O. Seas	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.	Auth 3 MD 88-1-18 D 2.1.18.		
					Lieut. & Adjutant No. 8 Special Service Company, C.E.F.
Left	#3 Cas Unit	18-3-18 Auth H.Q. circular 17-1-1-15, 25-10-17			Lieut. & Adjutant No. 8 Special Service Company, C.E.F.
23.2.18	#Cas Co.	DISCHARGED & STRUCK OFF STRENGTH	3 MD. 88-D.223.	22.3.18.	Lieut. & Adjutant No. 8 Special Service Company, C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) 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				

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 39th Bn C.E.F. Regimental Number 442471

Rank Pte. Surname Douglas Christian Name Fred. R.

Religion Wesleyan Age on Enlistment 30 years months.

Enlisted (a) 18-2-15 Terms of Service (a) Duration of War Service reckons from (a) 18-2-16.

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

Extended { } Re-engaged { } Qualification (b)

~~or Corps~~ Trade ~~and Rate~~ File Maker

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Montreal	24-6-15	
		Disembarked...	Plymouth	4-7-15	
4-1-17	O.C 39th	Transferred 6th Res Bn.	W. Sandling	4-1-17	Pt II 3
			Lay Bn 99 Cpl		
			CAPT. & ADJ. 6TH BN. C.E.F.		
4-1-17	O.C 6th Res	Taken on strength 6th Res	W. Sandling	4-1-17	Pt II 1.
15-1-17	O.C 6th Res	Granted Permission to wear Good Conduct Stripe	E. Sandling	13-1-17	Pt II 10
22-2-17	O.C 6th Res	Struck off strength to C.C.A.C. attached 6th Res	E. Sandling	16-2-17	PART II No 43
			Lay Bn 99 Cpl		
			OFFICER i/c RECORDS 6th CAN. RES. BN.		

(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 ente[illegible]

(b) Signaller, Shoeing-smith, &c.

[P.T.[illegible]

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
3-01-17	O.66th Res	Leave to be attached on 6th Res posting E.O.R.D.	Seaford	10-3-17	Pt II 77
					J E R Munro Capt OFFICER i/c RECORDS 6th CAN. RES. BN.
9.4.17	O.66th Res	On Command 6th Res from E.O.R.D	Seaford	10.3.17	Pt II 81
21-4-17	O.C. 6th Can. Res. Bn.	TAKEN ON STRENGTH 6TH CAN. RES. BN.	Seaford	18/4/17	Pt II 92
8-11-17	O.66th Res Bn	S.O.S 6th Res on posting to E.O.R.D	Seaford	8-11-17	Pt II 264
					OFFICER i/c RECORDS 6th CAN. RES. BN.
6.4.17	O.C., E.O.R.D.	T.O.S. of E.O.R.D. and "on Command" to 6th Res. Bn.	Seaford	6.4.17	Pt. II Do. 25.
18.4.17	O.C., E.O.R.D.	S.O.S. on posting to 6th Res. Bn	Seaford	18.4.17	Pt. II Do. 37.
9.11.17	O.C., E.O.R.D.	Retaken on strength	Seaford	8.11.17	Pt. II Do. 242.
23.11.17	O.C., E.O.R.D.	"On Command" from E.O.R.D. to C.D.D., Buxton	Seaford	23.11.17	Pt. II Do 257
					H H Chamberlain Lt & Asst Adjt, for O.C., E.O.R.D.
NOV 24 1917		TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 279.			
		Commanding			R Weil Lieut.-Col. Canadian Discharge Depôt.
17 DEC 191		EMBARKED FOR CANADA FROM LIVERPOOL			
		Commanding			R Weil Lieut.-Col. Canadian Discharge Depôt.

M. F. W. 129.

50m.—7-17.
1772—39—1142.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: Pte. Name: Frederick. Surname: Douglas

Unit of Corps: No 3 S.S.C. (If a soldier) Regtl. No. 412441.

Born at: Port Hope. on, (date) Jan. 12. 1885.

Signature (for identification): F R Douglas

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight: 155 lbs. Colour of eyes: Grey.

Height: 5 ft. 4 in. Identification Marks: 3 Scars. rt leg & left leg. scar stomach.

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? Good

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? Good

4

5. HEART?

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 74 Intermittence or Irregularity? none Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure. —

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). Good

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1026 Reaction? Acid Albumen? nil Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part? Good

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. Flat feet. Varicose veins both legs

11. Opinion as to the health and physical condition of the one examined?

Examined at: Signed: M. O.

Date: Signed: M. O.

F R Douglas
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

M. F. W. 129

Sent to P.
ITEM 3 ONE

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unsuitable for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Name Surname

Regimental Corps

Period on duty

Approximate date of birth Age

Approximate date of enlistment

Approximate date of discharge

Approximate date of last medical examination

Approximate date of last medical examination

The examination is to be made jointly by two Medical Officers.

1. WEIGHT—Any deformity, mutilation or malformation? If so, describe.

Weight Colour of eyes

Height Hair

Chest measurement

2. VISION AND HEARING?

After accurate acuity and thorough examination is any evidence found of disease or impairment of the organs indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate? Irregularities or irregularity? Sustained Tone?

6. ARTERIES—Are they hardened or moderately?

Any blood pressure?

7. DIGESTIVE SYSTEM. Condition of teeth and condition of mouth?

8. GENITO URINARY SYSTEM?

Urinalysis, Qt.? Reaction? Albumin? Sugar?

9. LEFT ANKLE EARCHE.
Injury other parts?

10. Is there any evidence of insanity, mental or nervous disorder, or any condition not mentioned above? If so, describe.

11. Opinion as to the health and physical condition of the one examined?

Examined at Signed M.O.

Date Signed M.O.

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent to the O.C. concerned for the Officer or Soldier (who may be sent before a Medical Board for regular hearing)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

F.B. 465
M-1-17
1772-39 950

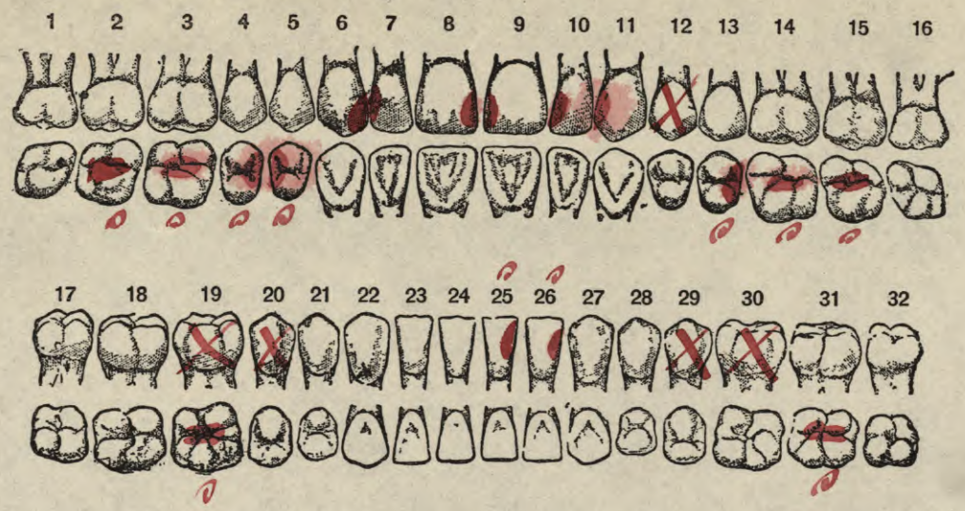
NAME OF SOLDIER: Cunnally, Cox

REGIMENT: 6th Depot Bn. 4th Div. Ft. Lewis

RANK: Pte.

DISTRICT: 3

No. 4-12454



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	March 21	18	9/0		1/7							X					5/0				Lieut-Colonel	3	Complete

10622

Forms I. 1237 10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
10622	412471	Pte	Douglas	L. R.
Year 1916	Unit. 39th Batt.		Age. 31	Service. 1 4/12

Station and Date. Moore Barracks 6-2-16.

Disease Laryngitis

Married - not aliens.

Complains of ⅐ Loss of Voice "

⅐ Cold & cough.

Personal History - measles, claims he never had Syns - Wasserman neg. he says.

History Present Illness.

was quite well up to 1 wk ago when he developed a cold in his head. Has been playing in the band - slept in draught & next morning woke up with out any rash. Claims he never has Syns - never had a rash or sore throat. also has never had any ulcer in his mouth or throat.

Extract of Report 11-10-15

Wasserman of 11-10-15. negative at that time he was suffering ē a Nevus and also a suspicious sore

phys. Exam. Anaemic - throat pale - Post cervicals enlarged. also inguinal glands. chest neg. Heart sound extremely clear cut. 1nd aortic almost accentuated.

Examination of abdomen - neg - no old scar on penis.

10-2-16. Voice very much improved.

28-2-16. ⅐ ⅐. Voice back to normal

⅐ for discharge.

DISCHARGED 1/3/16

W. Kennedy. Capt.

Mist. Expect 3ii Tid. Inhalations.

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

(J 8521.) Wt. W 5600 -2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 412471 Rank Pte Name Douglas F.R.

Corps #3 Special Service Co who was* Discharged.

On 23/3/18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3/18 191..., to 23/3/18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques: No. Cash	10		Regt'l Pay 23 days at $ 1 c.	23	
Advances by Cheques: No.			Field Allow. 23 days at $ c. 10	2	30
Assigned Pay and Sep'n Allce. No. 5903	45		Separation Allowances* (Monthly)	25	
Other charges Ldy	25	75	Other Allowances* Clothing	13	
Payment on transfer or discharge No.	46	00	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	63	45
Total	126	75	Total	126	75

*Give particulars.

A monthly stoppage of $ 20.00 (†) has Been (‡) been paid on account of Assigned Pay for the month of March & April 191... and Sep'n Allce. for month of 191... (to) Assignee Mrs. F.R. Douglas

(Address) Port Hope. Ont.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 18/2/15

(2) if married and if a Separation Allowance Card has been submitted Paid to 30/4/18

(3) cause of discharge Medically Unfit authority 3 M.D. 88-D-223

(4) authority for transfer

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

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

Date 23/3/18

Place Kingston. Ont.

D. F. Bissonnette
Paymaster.

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

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

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

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Douglas Christian Name Fred

Examined on 25 day of Jan 1915 at Port Hope

Birthplace City or Town Port Hope County Durham Ont

Apparent age 30

Trade or occupation file maker

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement Minimum 32 1/2 inches. Maximum expansion 34 inches.

Physical development good

Small-Pox Marks —

Vaccination Marks Arm Right. Left. ✗ Number 1

When Vaccinated last 10 years

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection —

Approved by R H Shields

Rank Lieut M.O.

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

Date	Result	Vaccinations.
3.3.15		R H Shields Lieut M.O.
		M.O.
27.7.17	T.A.B.	James Drysdale M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Jan 27/16	good	R H Shields M.O.
Feb 1st/16	"	M.O.
30/5/16	"	W K Lowell M.O.

Enlisted on 18 day of Feb 1915 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to	39th Battn	412471		
	6 Res Bn			4.1.17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
E Sandy	16-2-17	Varicose Veins Flat Feet	Bil W. H. Hutchinson
Seaford	6-11-17	Varicose veins Pain in legs	Bil not likely to improve in 6 mos. J B Gillies Capt
Fort Henry	Jan 22/18	Varicose Veins Flat Feet	PRESIDENT, STANDING MEDICAL BOARD
" "	Feb 20/18	V. Veins, Flat Feet	C.T.T. W. Williams
Fort Henry	Mar. 21/18	V. Veins Flat feet	C.T.T. E R McCann Capt

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname Douglas Christian Name Geo

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.
Lent Hosp											
Pietermaritzburg	27	9	15	22	10	13	Gonorrhoea	25	4 days no disch	Discharged	J. H. Paul Capt.
Moore Barracks	6	2	16	1	3	16	Tonsilitis	20	Disc. to Duty		[illegible] Capt.

Duplicate Medical History Sheet posted to here.
Medical Registrar
Record Office.

Form D.M.S. 1394
5[redacted]M-11478-17-4-17.

649-W 11261

B.F.S. C.R. MAR 1 1918

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD 6th NOV. 1917.

No 412471 Rank Pte. Name DOUGLAS J.

Local Unit 6th Res Bn Overseas Unit 54th Bn Age 38

DEPT. MILITIA & DEFENCE FEB 28 1918 H.Q. CANADA

Examination held at 6th Res Bn SEAFORD

DISABILITY. ~~Overseas~~-Local (SCRATCH ONE OUT). PAINS IN LEGS.

PRESENT CONDITION

Complain: "Pain in legs when standing for any length of time or marching. He can no longer carry on in band on this account."

Exam: 1) Mass of tortuous, thickened, & painful varicose veins in both legs extending from femoral ring down to dorsal & lateral surfaces of both feet.
2) Other systems normal

BOARD RECOMMENDS:-

1. Fit for Duty B III Not likely to improve in 6 mos.
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

President. [signature] Capt.

Members [signature] Capt.
[signature] Capt.

APPROVED 6 NOV 1917

Dated Seaford Sussex 1917. [signature] For A.D.M.S.
Captain C.A.M.C.
for A.D.M.S., Canadians.

APPROVED.

Dis Sec 9.2.18

1351
28.2.18
a 412
1/3/18

CONFIDENTIAL INFORMATION

Report No. 16453 C.	Category C.1. Douglas, F.R. Port Hope, Ont.	No. of M. H. C. File	No. of Local File	No. of H. Q. File

No. 412471 Rank Pte Original Unit 39th Bn. Present Unit E.O.R.D.

Age 32 Height 5 ft. 7 ins. Complexion Dard Eyes Hazel Hair Grey Character

Date of enlistment 28-12-14 Where enlisted Port Hope, Where seen service England

Ship returned by Justicia Date of arrival 19-12-17 Port of arrival New York

Birthplace Port Hope, Religion Methodist.

Name and address next of kin Mrs. M. Douglas (wife) Port Hope.

Notification of return to be sent to

Cause of disability Varicose Veins. Flat Feet.

Condition in detail which prevents the soldier from earning a full livelihood

Subjective symptoms. Man complains of pain in the backs of both calves and in left leg after marching for half an hour. On examination: There are large masses of thickened torturous varicose veins on both legs extending from the feet to the femoral ring. They have been operated on in the region of the femoral ring. Both feet are down flat. Other conditions normal.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 20%

Probable duration of incapacity Permanent.

Does it render him permanently unfit for Military Service?

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

Destination to which transportation issued

Members of Board M.F. Coglon,Capt. D.A.Coon,Capt. A.B. Cooke, Capt. C.A.M.C.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Yes.	32			
Children 1		7			GOOD
2					
3					
4					
5					

Occupation prior to enlistment Tile Cutter

Regular trade or profession " "

Average earnings previous to enlistment $80.00 per mo. Any other income? None.

Name and address of last employer Nicholson Tile Works, Port Hope.

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due? None.

If carrying life or accident insurance, annual premium $2000. $15.00 per year. Amt. per mo. $

If in receipt of sick benefits or other insurance—name of society None.

If unable to follow previous occupation, name preference Tile Cutter.

At what age soldier left school? 14 What grade, standard, &c., was he in? 5

Has he taken any Technical or Continuation Classes, if so what? None.

Whether given Vocational Training while in Hospital in England. If so, what subjects? None.

References Nicholson Tile Works, Port Hope.

Witness W. Bussons,

I declare that the above statement is correct.

Date 22-12-17 Signature F. R. Douglas.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

M.L.G.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form No. 5c.

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

C. Service in Canada.
D. Treatment.

A. General Service.
B. Service abroad, not general.

CONFIDENTIAL INFORMATION

No. 19269	Category O.2.			
	Douglas, K. C. Port Hope. Ont.			

No. 41077 Rank Pte. Original Unit 34th Bn. Present Unit C.D.F.C.

Age 28 Height 5' 8" Complexion Fair Eyes Hazel Hair Brown Character

Date of enlistment 28-12-14 Where enlisted Port Hope. Where seen service England

Ship returned by Dinardella Date of arrival 10-12-19 Port of arrival New York

Birthplace Port Hope. Religion Presbyterian.

Nat. and address next of kin Mrs. M. Douglas (wife) Port Hope.

Nomination of return to be sent to

Cause of death Varicose veins. Died Feb.

Condition in detail which prevents the soldier from earning a full livelihood

Disability symptoms. Varicose veins on both legs. Pain in the backs of both calves and in instep after walking a short distance. On standing there are large masses of tortuous varicose veins on both legs radiating from the knee to the ankle. They have been operated on at the Toronto General Hospital. Foot feel are down flat. Other complications unknown.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 20%

Probable duration of incapacity Permanent.

Does it rendar him permanently unfit for Military Service?

Would operation, Special treatment, or use of appliances etc. lessen incapacity?

Institution to which transportation issued

Members of Board Lt. F. Coghill, Capt. E. A. Cornish, Lt. J. Dunlop, Capt. Cha. M.O.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife	Mrs. M. Douglas	28			Good
Children					

Occupation prior to enlistment Pipe Cut. Jer.

Regular trade or profession

Average earnings previous to enlistment $80.00 per mo. Any other income? None.

Name and address of last employer Provincial Pipe Works, Port Hope.

Rent per month If purchasing property amount due and annual payments

Taxes If Homestead, when is patent due?

Carrying life or accident insurance, annual premium Policy. Amt per mo.

Certificate of sick benefits or other insurance—name of society None.

Unable to follow previous occupation, name probable Pipe Cutter.

At what age entered last school What grade attended, & where last?

Has he taken any Technical or Continuation Classes, also where? None.

Where received Vocational Training, a like or Special in England. If so, when and where? None.

References Dickson Pipe Works, Port Hope.

Witness I declare that the above statement is correct.

Date 20-12-19 Signature Pte. Douglas.

Recommendation by Interviewer as to disposition by Board and reasons

Date of Pay Cert. D. S. Amount due as Depot H.O. $ T. F. Leaves Depot $

Amount forwarded to H. O. Date $

Transferred to Unit Date Amount forwarded Transferred to Class I Date Transferred Class 2 Date

Date Paid Amount paid

Date Paid

Rank

Name DOUGLAS Fred R.

Reg'l No. 412471

Unit 39th Bn

If in perm. Corps, What Unit?

Married or Single Married

Place and Date of Enlistment Port Hope, 18 Feb 1915

Place of Birth Canada

Name and Address, Next-of-Kin Minnie Douglas

Port Hope, Ont.

Relationship Wife

Assigned Pay Monthly $ 20 4/100 Payable to Next of Kin

Relationship

Separation Allowance $

Payable to

Relationship

DEC 5 1918

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.
July 1 1915	July 31	31	1	31	31	.10	3 10		34 10		31	12 50	20		32 50	1 60	
								34		45		4 86					adj. in exch.
Aug 1	Aug 31	31	1	31	31	.10	3 10	~~40~~	34 44	86		9 73	20		34 59	1 45	
Sept 1	Sept 30	30	1	30	30	.10	3 00		33			9 74	20		29 74	4 71	
Oct 1	Oct 31	31	1	31	31	10	3 10		34 10			~~18 81~~	20		20	18 81	
1.11.	30.11.	30.	1.	30.	30	.10	3.00.		33..			15 33	20.		~~35~~ 33	16. 48.	
Dec 1916	31 1916	31	1	31	31	10	3 10		34 10			15 34	20		35 34	15 24	
1-1-16	31-1-16	31	1	31	31	10	3 10		34 10			10 46	20		30 46	18 88	
1.2.16	29.2.16	29	1	29	29	10	2 90		31 90			9 97	20		29 97	20 81	
1 Mch	31 Mch	31	1	31	31	.10	3 10		34 10			12 89	20		32 89	22 02	
				275 00			27 50	34	302 84			100 82	180 00		280 82	22 02	

Carried forward to Large Ledger sheet

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						

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

WR

04914-F-1.

Name Douglas (Surname) Fred R. (Christian Name)

Regimental Number 412471 Rank Pte.

Unit NO.3. Special Service CO.

Original Unit

District where paid M.D. 3.

Date of Discharge 23-3-18.

P. D. P. Filing Number 4-111-3.

Address (in full) Box 221.

Port Hope, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
										7 00	
17510	2184	23-4-18	5800	2122	23-5-18	46 65				63 45	104 65

Remarks: Separation Allowance overpaid. Debit Balance L.P.C.

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No. 49147-11

WAR SERVICE GRATUITY.

Register No. D 1152

Passed to Dep. 15.9.19.

Reg. No. 412471 Pte.

Name Douglas F.R.

Address Box 321

Port Hope Ont.

Dependent Minnie E Douglas

Address Same add

Dec'n No ..... W. S. G. File No .....

Award ..... days at $ .... per day $

S. A. ..... months at $ .... per mo. $ ..... $

Less P. D. P. Credited $

Less further debit balance

Net due paid as below

TO SOLDIER TO DEPENDENT

Ag No	Ch No	Amount	Ag No	Ch No	Amount

Total

Pay Soldier $

Comp J B Mowie

Check P. May

Clerk O. M. Willis

Pay Dependent $

Days 183 Rate 100.00 Due 600.00

Less P.D.P. credited 175.10

R. 20134 11-11-19

Less further Dr. Bal. or overpayment. —

Net 424.90

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 23/9/19	30546	527038	244 90		1 23/9/19	30547	527039	180 00
2					2			
3					3			
4					4			
5					5			
6					6			

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

GEN'L AUDITOR
Posting checked by CBB
Date 24-9-19

42013 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

(Wife)

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

(Wife)

To Whom Mrs F R Douglas

Address Port Hope Ont

Rate 20 00/100

By Whom Assigned Douglas F R

Regtl. No. 12471

Rank Pte

Corps ~~A~~ Co 39th Batt CEF

JUL 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		K 109	40 —	
Sept.		24246	20 —	
Oct.		76402	20 —	
Nov.		43200	20	
Dec.		Y7392	20	
Jan.	1916	Z 10013	20	
Feb.		K 13043	20	
March		N 16195	20 —	

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs F. R. Douglas Wife

PAYMENTS.

Name of Soldier Douglas F R

12471

Base Bo. 39th Batt

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	$2000	Remarks.
			180		
April	1916	331	20		
May		R 3 08	20		
June		S6514	20		
July		H7297	20		
Aug.		M13334	20		
Sept.		M 16035	20		
Oct.		Y20648	20		
Nov.		Y23387	20		
Dec.		A36757	20		
Jan.	1917	Z38819	20		
Feb.		Z 44150	20		
March		R47091	20	20 H	
April		M 1928	20	20 B.	
May		U7505	20		
June		P 14332	20	20 B.	
July		Z23513	20	Cu	
Aug.		H28377	20	Cu	
Sept.		34978	20	Cu	
Oct.		S 41608	20		
Nov.		P54580	20		
Dec.		N56638	20		
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

560

6000

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

28/12/14

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Minnie Douglas
Address Port Hope Ont

Relation to Soldier wife, child or mother: Wife

Name of Soldier Douglas Fred R.
Regtl. No.
Rank Pte
Corps 39th Batt (Inft.)
To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March		C.143	62	—	
Apl.		6 7390	20		
May		N4205	20		20
June		J 4715	20	—	20
July		K 5900	20	—	20
Aug.		K.3363	20		20
Sept.		N 4513	20	—	20
Oct.		E18707	20	—	20
Nov.		09310	20		20
Dec.		J 19537	20		20
Jan.	1916	H22417	20		20
Feb.		S28794	20	—	20
March		L25342	20		20

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Minnie Douglas Wife

Name of Soldier Douglas Fred R. "Pte"

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
			302		
April	1916	O 2815	20		20
May		W 51	20		20
June		F 6182	20		20
July		V 8297	20		20
Aug.		P 12480	20		20
Sept.		W 15646	20		20
Oct.		V 18918	20		20
Nov.		Y 22108	20		20
Dec.		V 25163	20		20
Jan.	1917	A 29195	20		20
Feb.		A 32146	20	582	20
March		A 35352	20		20
April		B 794	20		20
May		B. 4244	20		20
June		F 8024	20		20
July		E 11066	20		20
Aug.		J 13418	20		M
Sept.		J 17067	20		B
Oct.		M 19946	20		T
Nov.		J 25081	20		W
Dec.		P 26056	20		Br
Jan.	1918		720 00		
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Married or Single: M.

Place of Birth: Canada.

Name and Address of Next of Kin: Mrs Minnie Douglas. Port Hope. Ontario.

Relationship of Next of Kin: Wife.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $: Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l No. 412471 Rank Pte Name Douglas. Fred. Rg.

If in Permt. Corps What Unit: Unit 39th Batt. Transferred to 6th Res. Bn. Date 6.2.17 Authority 20 Cg 27/1/17

Permanent Force Allowances: Transferred to: Date: Authority:

Place of Attestation: Port Hope. Transferred to: Date: Authority:

Date of Attestation: Feb 18th 1915. Transferred to: Date: Authority:

Assigned Pay Monthly $ 20.00 Date Effective 1 July 15

Payable to ~~Next of Kin~~ Mrs Minnie Douglas, Port Hope Ont Ca. Relationship Wife

Assigned Pay Monthly $: Date Effective:

Payable to: Relationship:

DEC 5 1918

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1-12-14 Reason Discharge to Canada

Discharge Date and Place 22/11/14 Canada. Reason and Authority Disposal A.G. 2-1-29

Account Transferred to Non-Effective Branch (Date):

Account Transferred to Officers' Pay Branch (Date):

Date 1916	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
			245	-			27	50						34	302 84									100 82				180 00		280 82	22 02				
April 1-30	30	1.00	30		30	.10	3								33 00	996	15/12	1045	30/4					9 97	2 68			20 00		32 65	22 37				
May 1-31	31		31		31		3	10							34 10	1088	15/5	1125	31/5					5 35	7 66			20		33 01	23 46				
June 1-30	30		30	00	30		3	00							33 00	1176	15/6							5 35				20		25 35	31 11				
July 1-31	31		31		31		3	10							34 10	1218	30/6	1308	15/7					7 54	5 35			20		32 89	32 32				
~~Aug 31~~	~~31~~		~~31~~		~~31~~		~~3~~	~~10~~							~~34 10~~	~~1355~~	~~31/7~~	~~1478~~	~~15/8~~					~~7 30~~	~~9 73~~			~~20~~		~~37 03~~	~~29 39~~				
Sept	31		30		30		3								33	1535	31/8	1672	15/9					7 87	4 86			20		39 73	32 66				
Oct 1/31	31		31		31		3	10							34 10	1691	30/9	1744	15/10					7 30	4 86			20		32 16	34 60				
Nov 1-30	30		30		30		3								33	1850	31/10	1915	15/11					7 30	14 60			20		41 90	25 70				
Dec 1/31	31		31		31		3	10							34 10	2029	30/11							4 87				20		24 87	34 93				
1917 Jan 1-31	605 31	1.00 10	55 34	00 10											34 10	2179	21/12							12 17				20		32 17	36 86				
Feb 1/28	28		30	80											30 80	87	31/1	13	15/1					4 30	4 86			20		32 16	35 50				
Mch 1/31	31		34	10											34 10	376 191	28/2/17 15/2/17	444 374	31/3/17 15/3/17					7 30 4 87	7 30 4 87			20 -		44 34	25 26				
			704	00										34	704 34									192 31	66 77			420		679 08	25 26				

Dat Pay

Appt to 6th Res Bn 6.2.17 20 Cg 27/1/17

Old pay book placed on file 6.7.17 new book opened 7/7/17

Small Ledger Sheets

412471. Pte Douglas. J. R. Assigned Pay 20.00

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
			704	00										34	704	34								197 31	66 77			480 -		679 08	25 36				
April 1-30	30	1.00/10	33	00											33	00			21	15.4.17					4 87			20 -		24 87	33 39				
May 1-31	31	-	34	10											34	10	104	30.4						7 30				20 -		27 30	40 19				
																	181	15.5						7 30											
June 1-30	30	-	33	00											33	00	317	31.5						9 73				20 -		37 03	36 16				
July 1-31	31	"	34	10											34	10	333	15.6						4 87				20 -		24 87	45 39				
Aug 1/31	31	"	34	10											34	10	367	20.6						9 73				20 -		20 -	59 49				
																	409	15.7						- 7 30											
Sept																	206	31.7																	
																	660	15.8						- 7 30											
1-30	30	"	33												33		596	20.8						- 7 30				20		58 93	33 56				
			905	30										34	905	64								260 44	71 64			540		872 08					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sept 30	Balance.	~~33 56~~							33 56.		
Oct 31	1.0	34 10		A.P. Can.			20				
				AR 658 15/9/17	487				42 79		
		34 10			487		20				
Nov 1-22	A.P.	24 20			~~7 30~~ ®		20		46 99		
									31 63		
				AR 796 6 Rec 31/10/17	730				15 36		
									57		
				AR 745 ✓ 15/10/17	487				14 79		
				~~AR~~ AR 700 ✓ 30/9/17	730						
				AR 281 E&RA 19/11/17	487						
				✓ 270 ✓ 15/11/17	730		22		15 35		
		24 20			31 64		20				
		24 20			31 64		20				
Jany/18				AR 1505 7 28/11/17. Burton	973				5 62		
June				Spl Del.	973.						
					505				57		
Oct.				Del 13/9/15 39 Bn	505						
					57				nil		
					57						

A.G. FORM REM'D Stopped EFFEC. 1/12/14
DISCHARGED TO Canada DATE 22/11/17
PAYBOOK VERIFIED 22/11/17
Cr. BAL $14 49 L.P.&D. DEBT 22/11/17
AUTHY. A.G. 2-1-29

J. Graham Capt

This space to be for numbers.

England Casualty

Proceedings on Discharge.

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

No. 412471

Rank Private

Name Douglas, Fred.

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

Corps (Squadron, Battery or Company) No. 3 Casualty Unit.

Date of Discharge March 23rd - 1918

Place of Discharge Fort Henry Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 33 years 2 months.

Height 5 feet 7 inches.

Complexion Dark

Eyes Hazel

Hair Grey

Trade Tube Cutter

Intended place of residence (To be given as fully as practicable.) Port Hope Box 221 Ont

Descriptive Marks

Scar on pit of stomach, operation marks on each leg.

2. The above-named man is discharged in consequence of medical unfitness for further service Auth: 3 MD-88-D-223, dated 22-3-18

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

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

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

— Very Good —

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

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

Tubecutter

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

KE.
5-1-20.
com.

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

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

6. Medals and Decorations ..... Such as may be authorized for service in Canada and England

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

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

(Place) Kingston ..... C. H. Brennan ..... LIEUT.

A/Adjutant No. 3 Casualty Unit

(Date) 23-3-18 ..... *Commanding* .....

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

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

(Place) Kingston ..... F. R. Douglas ..... *(Signature of Soldier.)*

(Date) 23-3-18 ..... J. McCauchrean ..... *(Signature of Witness.)*

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

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

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

..... F. R. Douglas ..... *(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Kingston

(Date) 23-3-18 ..... *(Signature)* C. H. Brennan ..... LIEUT.

A/Adjutant No. 3 Casualty Unit

be

ada

d

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

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nature of Soldier.)

ature of Witness.)

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to sign, and when

lischarge

Majesty's Service.

nature of Soldier.)

d).....years.....days.

al.....years.....days.

LIEUT.
3 Casualty Unit

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.)

F. R. Douglas

J. J. Colquhoun

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

England Casualty

This space to be for numbers.

Proceedings on Discharge.

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

No. 412471

Rank Private

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

Corps (Squadron, Battery or Company) No 3 Casualty Coy.

Date of Discharge March 28rd 1918

Place of Discharge Fort Henry Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age 33 years 2 months.		Scar on pit of Stomach
Height 5 feet 7 inches.		Three operation scars
Complexion	Dark.	on each leg.
Eyes	Hazel.	
Hair	Grey.	
Trade	File cutter.	
Intended place of residence (To be given as fully as practicable.)	Port Hope Box 221. Ont.	

2. The above-named man is discharged in consequence of Medical unfitness for further service, 3rd D. 88. D-223 Dated 22-3-18

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

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

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

Very Good Very Good

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

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

File cutter.

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations ..... Such as may be authorized for service in Canada and England

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

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

(Place) Kingston ..... LIEUT.

(Date) 23-3-18 ..... *Commanding* .....

A/Adjutant No. 3 Casualty Coy

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

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

(Place) Kingston ..... F. R. Douglas ..... (*Signature of Soldier.*)

(Date) 23-3-18 ..... (*Signature of Witness.*)

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

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

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

..... F. R. Douglas ..... (*Signature of Soldier.*)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Kingston

(Date) 23-3-18 ..... (*Signature*) ..... LIEUT.

A/Adjutant No. 3 Casualty Coy

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.)

F. R. Douglas

J. Colquhoun

(OVER)

List of Discharge Documents.

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*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

AP/

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Port Henry. DATE Mar. 22/18.

1. (a) Unit #3 S.S.CO. (b) Regimental No. 412471. (c) Rank Pte.
(d) Surname Douglas. (e) Christian name Frederick.

2. Age last birthday 33. Date of birth Jan. 12th, 1885.

3. Enlisted at Port Hope. on Dec. 28th, 1914.

4. Personal description :—
(a) Height 5' 7". (b) Weight 155. (stripped) (c) Complexion Sallow.
(d) Colour of hair Grey. (e) Colour of eyes Grey. (f) Identification marks
Scar right leg 3 scars left leg. Scar stomach.

5. Address after discharge (for the use of the Board of Pension Commissioners)
Box 221 Port Hope, Ont.

6. Former trade or occupation File cutter.

7. (a) Service

	Years	Days

	Periods	
	From	To
38th Batt.	Dec. 1916	~~Jan. 1918.~~
# 3 S.S.CO.	Jan. 1918.	Date.

(b) Has he been overseas? England 30 months.

8. Present disease or disability (use authorized nomenclature if possible)
1. Varicose veins both legs. 2 Flat-feet.

(a) Date of origin 1. 1916. 2 Unknown. (b) Place of origin 1. Eng. 2 Unknown.

(c) Cause* 1. Route March. 2 Unknown.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
1. Man says he has pain in legs when on his feet for some time with swelling of feet. 2 And severe pain in feet when walking.
OBJECTIVE -
1. There are large masses of varicose veins extending from the foot to femoral ring on left leg and to midway on thigh of right leg. Both legs shows scars of operation for varicose veins in region of femoral ring and on right leg just below knee. 2 Both feet are absolutely flat. Heart and lungs normal.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

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

Scar on abdomen ~~xxxxxx~~ unibical region.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty ? 1. Duty. 2 Off duty.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? 1 No. 2. No.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1. Six months. 2 Permanent.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

None.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations

Category "E" with disability due to service.

W. Scott Lord

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

F. R. Douglas

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

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

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

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

Fit for Category "E" with disability due to service as he is totally unable to resume former trade which requires constant standing.

Capt. AMC. *President*

Capt. AMC. } Members.

STATION Fort Henry.

DATE 22-3-18.

APPROVED BY

DATE MAR 25 1918

Captain A. M. C.
For A. D. M. S. Mil. District No. 2 *Assistant Director of Medical Services.*

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

04914-711

Asst. Director Pay Services
Military Dist. 3.
SEP 2 1919
RECEIVED

D 1152

DEPARTMENT OF MILITIA AND DEFENCE.

S. M. & A. P.
SEP 9 1919
P.C. 13-9-19
a.m.H.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 412471 2. Rank Private 3. Original C.E.F. Unit 39th Batten.
4. Christian Names Frederick Roland 5. Surname Douglas
6. Address, in full, to which future payments of gratuity are to be forwarded
F. R. Douglas, Box 221,
Port Hope, Ont.
7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	412471	Private	39th Batten. C.E.F.
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	December 28th 1914	March 23rd 1918	Private	No 3 Casualty Unit	Kingston	Unfit for any further military service.
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: yes 39th Batty C E F. July 3rd 1915 until Dec 31st 1916.

10. 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

11. Have you been issued with a War Service Badge? If so, give number and class yes C13530 Class B.

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit no

13. 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, from where paid, and on what dates Yes. Three months Post Discharge Pay and allowance $174.00 March 23rd 1918 April 23rd 1918 May 23rd 1918.

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled no

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no
(b) If so, are you in receipt of full pay and allowances from that Department? no

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Minnie E. Douglas,

18. Relationship of such dependent wife.

19. Present address, in full, of such dependent Mrs. F. R. Douglas, Box 221 Port Hope, Ont.

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name no.

REMARKS

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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 by virtue of the Canada Evidence Act.

Signature of applicant: F. R. Douglas.

Place of Residence: Port Hope, Ontario.

Declared before me at: Port Hope Ontario

This 30th day of August 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. Seth Slind A Com for S.C.O.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
Apr 23/18	33.00	25.00
May 23/18	21.65	25.00
Or Bal	63.45	7.00
Total Amt.	$175.10	

REMARKS

Certified correct. Ewart A. Wooley Lt. Col.

Assistant Director Pay Services, Mil. Dist. No. 3

Date Aug 31/19.

AP/

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

ORIGINAL

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE Mar. 22/18.

1. (a) Unit #3 S.S.CO. (b) Regimental No. 412471. (c) Rank Pte.
(d) Surname Douglas. (e) Christian name Frederick.

2. Age last birthday 33. Date of birth Jan. 12th, 1885.

3. Enlisted at Port Hope. on Dec. 28th, 1914.

4. Personal description :—
(a) Height 5' 7". (b) Weight 155. (stripped) (c) Complexion Sallow.
(d) Colour of hair Grey. (e) Colour of eyes Grey. (f) Identification marks
Scar right leg 3 scars left leg. Scar stomach.

5. Address after discharge (for the use of the Board of Pension Commissioners)
Box 221 Port Hope, Ont.

6. Former trade or occupation File cutter.

7. (a) Service

	Years	Days

	Periods From	Periods To
39th Batt.	Dec. 1914	June 1918.
# 3 S.S.CO.	Jan. 1918.	Date.

(b) Has he been overseas? England 30 months.

8. Present disease or disability (use authorized nomenclature if possible)
1. Varicose veins both legs. 2 Flat-feet.

(a) Date of origin 1. 1916. 2 Unknown. (b) Place of origin 1. Eng. 2 Unknown.

(c) Cause* 1. Route March. 2 Unknown.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

1. Man says he has pain in legs when on his feet for some time with swelling of feet. 2 And severe pain in feet when walking.

OBJECTIVE -

1. There are large masses of varicose veins extending from the foot to femoral ring on left leg and to midway on thigh of right leg. Both legs shows scars of operation for varicose Veins in region of femoral ring and on right leg just below knee. 2 Both feet are absolutely flat. Heart and lungs normal.

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

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

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

Scar on abdomen ~~xxxxx~~ unibical region.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty ? 1. Duty. 2 Off duty.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? ~~2~~ 1 No.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1. Six months. 2 Permanent.

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

None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

None.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations

Category "E" with disability due to service.

W. Glenville

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

F R Douglas

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

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

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

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

Fit for Category "E" with disability due to service as he is totally unable to resume former trade which requires constant standing.

Capt. AMC. *President*

Capt. AMC. } Members.

STATION Fort Henry.

DATE 22-3-18.

APPROVED BY

DATE MAR 25 1918

Captain A. M. C.
For A. D. M. S. Medical Services.
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Date of Enlistment

28-12/14

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Jul 1/15

RATE OF SEPARATION ALLOWANCE

~~50~~	25		

1-12-17

P. 63257

RATE OF ASSIGNMENT

20			

1 2 15 D 12 P

PARTICULARS OF SEPARATION ALLOWANCE

No. 12471

Rank Pte Promoted Reverted Discharge

Soldier's Name F. R. Douglas

Battalion 39 Battn. "Basi. Co.

Beneficiary Mrs Minnie Douglas

Relationship wife

Address

PARTICULARS OF ASSIGNMENT "wife"

Name Mrs F. R. Douglas

Address Port Hope Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917 Dec. 31		722	600	1322		A.P. 600 S/A 727 ..... A/c Closed 31-12-17
~~Jan (NWE) E 55127~~		~~30~~	~~20~~	~~50~~	~~Mc~~	~~E 55127 canc.~~ Ret'd per Justice .....
Jan 21 68746		5	X	5	Mailed 12-1-18 Bo	Date 7-12-17 F. X 6-7-18
		727	600	1327		Clerk J Matthews

Transferred to No. 3 Spec Service Co 23-11-17

Clerk No. 3 Weekly 19-1-18

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22520—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.