62nd Battery
15th O/S Brigade C. F. A.

ORIGINAL

ATTESTATION PAPER.

No. 1260355

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Elmore
1a. What are your Christian names? ..... James
1b. What is your present address? ..... 2202 Douglas St. Victoria.
2. In what Town, Township or Parish, and in what Country were you born? ..... Aarhus, Denmark.
3. What is the name of your next-of kin? ..... Thomas Elmore
4. What is the address of your next-of-kin? ..... ~~(Aarhus Denmark)~~ Brother. Frobak, Assedrup Station, Jutland, Denmark.
4a. What is the relationship of your next-of-kin? ..... Brother
5. What is the date of your birth? ..... 18th Jan. 1884
6. What is your Trade or Calling? ..... Carpenter
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? ..... Yes. 5th C.G.A.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Elmore, 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.

J. Elmore (Signature of Recruit)

Date April 13th 1916. H. A. Wills (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Elmore, 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.

J. Elmore (Signature of Recruit)

Date April 13th 1916. H. A. Wills (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 Victoria BC this 13th day of April 1916.

J. H. Gillespie (Signature of Justice)

M. F. W. 23.
600M.—8-15.
H. Q. 1772-39-961.

Description of James Elmore on Enlistment.

Apparent Age 32 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height	6 ft 3/4 ins.
Chest measurement. Girth when fully expanded	40 ins.
Chest measurement. Range of expansion	4 ins.
Complexion	Med.
Eyes	Blue
Hair	Lt Brown
Religious denominations. Church of England	
Presbyterian	Yes
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date April 13th 1916.

Place Victoria B.C.

J. H. Grant
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.

James Elmore 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.

Wm Charles Major (Signature of Officer)

MAY 25 1916

Date 191 .

62nd Battery
15th C/S Brigade C. F. A.

REGIMENTAL DOCUMENTS

5/5/19 NAME Elmose, James (Gnr) REGT. NO. 126035-5 UNIT 62nd Bty. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		D.P.C.	7/6/20	Spec 6296	DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Ret 18/6/20		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				C5042	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, 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)					1
	PARTICULARS OF CHARACTER (A.F.W. 3226)					4-19
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					4-19
1	C.D.3.					12-19
1	Bands					
1	Engrs					
1	Cap Badge					
1	R.I.P.					
1	Parcel					

Deceased 25.9.59

DUPLICATE

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..... 62nd Battery 15th O/S Brigade C. F. A.

(2) Regimental Number 1260355

(3) Full Name of Soldier..... James Elmose

(4) Place of Birth..... Aarhus, Denmark

(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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? Yes

If so, state name and address Anna Elmose,

Aarhus, Denmark

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

Are you her sole support, or not ? No

(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.

W. Mark Major

.....

Officer Commanding.

Date JUL 14 1916

62nd Battery
15th O/S Brigade C. F. A.

EYE, EAR, NOSE AND THROAT CLINIC.
Witley Camp, Surrey.

MAR 3 1919 1919.

Unit 12th Res-

Reg. No. 124035 Rank Gnr. Name Elmore J.

Diagnosis:-

Remarks:- Defective hearing to O.M.C.P. Right ear

HEARING:-	Rt.	Lt.		Rt.	Lt.
VOICE	8'	2'	RINNE		
WHISPER			WEBER		
WATCH			SCHWABACK		
			FORK, 256		
			FORK, 2048		
			BONE COND'N		

CATEGORY RECOMMENDED:- A

CONDITION WAS Not PRESENT BEFORE ENLISTMENT AND HAS BEEN CAUSED BY SERVICE.

HAS _____ BEEN AGGRAVATED BY SERVICE.

Captain, C.A.M.C.,
Eye and Ear Specialist,
Witley Camp, Surrey.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Elmose	J.	120355

Rank	Unit	Co.	Troop	Batty.
Gnr	2nd.C.F.A.		C.Ark	

Hospital — Date of Admission

Transferred 20 Gen Camiers 4-7-17
No. 6 Conv. Etaples. Hosp. 10.7.17.
5 " " Cayeux Hosp. 13.7.17.
Hosp.
Hosp.

Diagnosis PUO Slt. RW

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date	REMARKS
C.L.12-7-17	A506 ~~A5a×06~~	Dis. 28.7.17.
" 20.7.17.	A591.	
24.7.17.	A593.	
7.8.17.	A544	

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

EPITOME OF HOSPITAL TREATMENT.

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

CASUALTY BRANCH

(FILES)

NAME_____ H. Q._____

NO._____ RANK_____ M. D._____

UNIT (C.E.F.)_____ UNIT_____

ADDRESS_____

NEXT OF KIN_____

ADDRESS (KIN)_____

HISTORY	DATE

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

Number 1260355 Rank Gnr B

Surname ELMOSK

Christian Name James

Units C.F.A. Theatre of War France

Date of Service 17-3-17.

Remarks

Latest Address 516 Davie St., Victoria B.C.

128936

Roll No.

200m.-2-21.M. Blue 1590

DATE

HISTORY

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

FORM R. 149.
7106—250m—7/2/17.

James

Name Elmore Rank Gnr Reg. No. 1260355

Unit 2nd Bde Can Fld Artillery

Next of Kin Thomas Elmore

Ironvale Asseroup Stat. Jutland Denmark

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-7	No 20 Gen Hpl Canvers		P.U.O. Set	A.5.7		
10-7	No 6 Conv. Depot. Staples		do	A.5.9		
13-7	No 5 Conv. Depot Bayeux		do	A.5.3		
28-7	Discharged		do	A.5.4	H.O.	12322

No. 1260355 RANK Pte. NAME Elmore, Jas.

T. O. S. Trans. Sqms 5th Regt. UNIT 15th Hqs. Brigade, C. F. C. Amm. Col.

A. G. A. D.O.S. 6th 13-4-16.

M. D. 11-3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 13	Apr. 30	✓		
May.		✓		
June.		✓		
July.		✓		
Aug.		✓		
Sept.		✓		

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Carpenter. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 32 YEARS 3 MONTHS

HEIGHT 6 FEET 3/4 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4 INCHES

COMPLEXION Medium EYES Blue HAIR Lt. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Victoria, B.C. DATE April, 13th, 1916.

Present Address, 2202 Douglas St.,
Victoria, B.C.

CARD NO.
M-11
sosdemob 6-4-19
FOLL.
Dodge 8-4-19 E.P.
No 11 D.D

SURNAME. Elmose.

CHRISTIAN NAMES James.

REGL. No. 1260355 RANK Gnr.

UNIT 62nd Bty., (15th Bde) No 11. D. D.

FORMER CORPS 5th Regt. C.G.A.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Elmose. Thomas.

RELATIONSHIP TO SOLDIER Brother.

ADDR Srorvak. Asservoup. Statim.
Jutland, Denmark.

54-21-38-0. 16/1/17.

COUNTRY OF BIRTH Denmark. Aarhuus DATE Jan, 18th 1884.

PLACE OF ATTESTATION Victoria, B.C. DATE April, 13th, 1916.

R/C 31-3-19 294/93 Gnr.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 586	No 20 Gen Dannes Camiers	4-7-17	P. U. O. ult
a 591	No 6 " Conv. Depot Etaples	10-7-17	"
a 593	No 5 " Conv. Depot Cayeux	13-7-17	"
a 5 (41)	" " " "	28-7-17	" " Disch

NAME Elmore J

REGT'L NO 126035

H. Q. FILE No. 649.

RANK AND CORPS Gnr 2nd Bgde C F.A.

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-393.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ELMOSE J.

REGIMENT 12th Res Bn RANK Pte No. 126 036 53

Date of Examination in England _____ Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18.931
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? —

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

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

Signature of Dental Officer J. R. Hynes Capt

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1260355 (Rank) Gunner

Name (in full) James Elmore enlisted in

the 14 D/S Brigade C.F.A.

CANADIAN EXPEDITIONARY FORCE at Victoria BC on the 13

day of April 1916

HE served in France

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 35

Height 6ft 3/4 ins

Complexion med

Eyes Blue

Hair Light Brown

Marks or Scars

J Elmore
Signature of Soldier

W B Shaw
Issuing Officer

Major
Rank

Date of Discharge

Dispersal Station "U" APR 6 1919 Military District No. 11

O. C. "U" DISPERSAL STATION APR 6 1919

Date 19

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

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

WAR SERVICE BADGE CLASS "A"

NO. 238482 ISSUED

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

M. F. W. 54. (A. F. B. 198.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 14th Brigade C.F.A.

Regimental No. 126035 Rank Gnr Name Elmore James

Enlisted (a) Ap: 13-16 Terms of Service (a) C, E. F. Regn Service reckons from (a) 13-4-16

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

Extended. Re-engaged. Qualification (b).

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				
		T. O. S. No11LD 3 Mch 19 S. O. S C. E, F Apr 6 19UArea No11 DD do 98 Apr 8 -19 F A MacLean Capt. for. O.C. VI. 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				

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 55 ~~82nd~~ Battery (14 ~~15~~ 22.1.17) 15th O/S Brigade C. F. A.

Regimental No. 1260355 Rank Gnr ~~Private~~ Name Elmore James

C. E. F.

Enlisted (a) Apr. 13th '16 Terms of Service (a) War & 6 months Service reckons from (a) Apr. 13/16

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

Extended Re-engaged Qualification (b) Carpenter

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	11.9.16	
		Disembarked England	Liverpool	22.9.16	
12.3.17	O.C. 14th Bde, C.F.A.	S.O.S. on transfer to 15th Brigade, C.F.A.	Witley	12.3.17	Part II # 72-13-3-17 E.D. Green Major. Adjutant 14th Brigade C.F.A.
14.3.17	O.C. 15th Bde. C.F.A.	T.O.S. 15th Bde. C.F.A. posted to 82nd Bty.	Witley	12.3.17	Part II D.O. # 52.
18.3.17.	O.C. 15th. Bde. CFA.	Struck off strength on Proceeding Overseas.	Witley	17.3.17.	Part II D.O. No. 56 Robertson Capt. Adjutant, 15th Bde. CFA.

CERTIFIED CORRECT. 26 APR 1917 CANADIAN RECORDS LONDON

(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					
18-3-17.	Landing Return.	Arrd. from England with 8 as reinforcement is attd. C.D.A.C. & posted to 2nd.		2nd. Btty. to 1st. Bge. C.F.A.	18-3-17.	No. 7897. A.H.Q. 9-52 d/1-4-17. P 11 O. 102 d/8-5-17.
1-4-17.	A.H.Q.	Taken on 2nd. Bge. C.F.A.		Field.	18-3-17.	9-52 P 11 O. 70 d/8-5-17.
4.7.17	20 Gen	PUO Sick.	adm	20 Gen	4.7.17	W3034
7.7.17	Unit	to hospital		Not stated	1.7.17	B213 D&S 473.
"	13 C Amb	P.U.O 1-7-17	to	23 CCS	1-7-17	A36 D&S 474
8.7.17	3 C Amb	P.U.O 1-7-17	to	13 C Amb	1-7-17	A36 E 4967 D&S 474
7.7.17	23 CCS	PUO 1-7-17	to	12 Train	4-7-17	A36 E 4933 D&S 475
13-7-17	6 Con Dep.	P.U.O.	to	5 Con Depot	13-7-17	W3034 D&S 475
10.7.17	"	P.U.O.	adm	6 " "	10.7.17	W3034 D&S 476
13-7-17	5 Con Dep.	P.U.O.	adm	5 " "	13-7-17	W3034 D&S 477
10.7.17	20 Gen.	P.U.O	to	6 Con Depot	10.7.17	W3034
29-7-17	C.G.B.D	T.O.S. Class "TB"		C.G.B.D.	28-7-17	N.R.R.R. Ref No 31 d/30/7/17
30-7-17	Do	Classified "T.B" Treatment by Med. Board		Neurasthenia Do	W3339 30-7-17	N.R.R.R. Ref No. 55
28-7-17.	5 Gen'l.	P.U.O. Adm.		5 General	28-7-17.	W3034/6553
14-8-17.	C.G.B.D	Classified P.B. by Base Medical Board.		C.G.B.D	14-8-17	W.3339. Ref. R.R.R.66 d/17-8-17. P.O. II O. No 129 d/-21-8-17
4.10.17	C.G.B.D	Classified "PB"		C.G.B.D	4.10.17	W3339 R.R.R. 159
20.10.17	" "	Classified B1 by Medical		Board	20.10.17	W3339 R.R.R. 181 P.O. Ord 166
31.10.17		" "B1" " "			31.10.17	W3339 R.R.R. 206
5.11.17	C.C.R.C	arrived		C.C.R.C	5.11.17	Nom Roll R.R.R. 17

1260355

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service

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

Rank Gnr Surname Elmore Christian Name James

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

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

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

Extended {..... / .....} Re-engaged {..... / .....} Qualification (*b*)..... or Corps Trade and rate.....

Occupation..... Signature of Officer

Report		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 ...			
		Disembarked ...			KR16276.
3.11.17	adj.	Struck off strength on		3/11/17	CCRC 0.0.709
		transfer to Can Labour Pool			d/f 12.17
					P11 Bd 5.
3-11-17	do.	T.O.S. Can. Lab. Pool		12-11-17	CCRC. O.O. 709 d/11-17 P.T.O. 6/12-18
	adj	Trfd to 7th Cdn Aren Emp Coy		13/12/17	P.T.O. 7.17/1/18.
5-1-18	o/c 7th Cdn Aren Emp Co.	Granted 14 days leave	Fld.	1-1-18	B213 Pt III 4 d/f 26/1/18.
15-12-17	"	T.O.S. Admit from Lab Pool	"	14/12/17	B213 Pt III 4 26/1/18
20-1-18	do	Returned from LEAVE	Fld	18-1-18	P.T.O. 12

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

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

W. 4685—M2/43 2000m 9/17 (35011) C. P. & S., Ltd., Form B/103 B/1807. P.T.O.

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				
23-7-18	a.a.g. Hqt Comdt.	S.O.S. 4th Edn Area Emp Co ow Transfer to Edn Lab. Pool		25-7-18	P.H.2 d/: 23-7-18 KR25502/5 PI 047 d/ 7-8-18
25-7-18	CMRP A.A.G.	Arrived from 7th Can area Emp. Coy for S Can Lab pool Front 7th C.A.E. Coy	Emp. Coy	25-7-18	KR 307/93
	A.A.G. Lab Cmdt.	Attached to 9th Edn Area Emp Coy		26.7.18	Part II 118 8/8/18
				1.8.18	KR. 25502/6.
20-8-18.	Lab Pool G.A.P.	To 9th Edn C.A. Emp. Coy		20-8-18.	KR 436/110.
		Transferred to 9th Edn Area Emp Coy and SOS Edn Lab Pool		20-8-18	KR 23502. KA 28300 Pt II 146 14-9-18.
19.9.18	—	1.O.S. 9th Can Co.	Fr.	21.8.18	Hosp 3. 19.9.18
7-12-18	9th Can Co.	14 days leave	UK	2-12-18	B.B.
16-1-19	C.G.B.D.	20 to C.G.B.D.		15-1-19	N.R. 1959
23-1-19	C.G.B.D.	Trans to Emp attached to General Depot Witley for Demob		24-1-19	E.K. Lieut. R. Rafwell.
		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. ____. Ceases to be attached C.C.C. Kinmel Park on embarkation for Canada, Part II Orders No. ____. M.D. 11 Commanding ____ Wing, Kinmel Park Camp.	Witley	12-2-19	Lieut. for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon, B.E.F. P.H. 59 H.W. Lansbury Lieut. i/c Records 12th Res. Bn. C.E.F.

1. M.T.S. EMPRESS OF BRITAIN. 12-3-19 2 Res. EMBARKED 23-3-19

R—122

A.G.R. Rank Gnr. Name ELMOSE, James Reg'l No. 1260355

Unit 62nd Btty. 15th Bde. C.F.A. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Victoria, B.C. 13th April, 1916. Place of Birth Aarlius, Denmark.

Name and Address, Next-of-Kin Thomas Elmose, Srovrak, Asserorup Station, Jutland. Denmark. ~~Aarlius, Denmark.~~ Relationship Brother.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

N/E. R.B. No. 10439
File R.L.
Category C.R.Can

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

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 S S CAMERONIA 22-9-16			
16-1-17.	6.6.A.6.	T.O.S, as Local Casualty and shown on Command for B.D, Payette Hastings		6-12-16.	Pt III D.O. # 26.
22.I.17.	15 Bde:	~~S.O.S.~~ To 14th Bde	Witley	22.I.17	Pt. II O
11.2.17.	14 Bde:	T.O.S: 14th Bde	Witley	22.I.17	Pt. II O
12.3.17	"	T.O.S. 15th Bde	"	12.3.17	"
18.3.17	15th Bde	SOS on proceeding O/S with 82nd How Bty.		17.3.17	" "
8-5-17	14 DAB	Attd to Column Posted to 2 Bde	Field	18-3-17	P II O 102
12.6.17.	2nd Bde	Adm # 20 Gen Hosp. Dannes	Camiers.	4-7-17	62 4586.

A.F.B. 103 CHECKED 6 APR. 1917

a 15th Bde P II O 52 a 11/3/17

56

P.W.O. Sl

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.
20.7.17.	2nd Bde.	Trans to No 6 Con Depot.	Etaples.	10-7-17	C.L.A. 491.
24-7-17	"	Trans #5 Con Depot	Gen Bayeux	13-7-17	C.L.A. 593
7-8-17	"	Dis. #5 Con Depot	Gen do	28-7-17	C.L.A. 5 B.V.O. Set.
21-8-17	"	Classified Perm. Base	Gen Field	14-8-17	P.II.O. 129
12.1.18	"	S.O.S. on Trans to Can Lab. Pool.	"	11.12.17	" 5 d. Labour Coy. 6th/14.1.18
17-1-18	Lab Pool	SOS to 7th Can A Emp Coy	Pte	13-12-17	P.II.O. 7 Can Area Emp Co, Pt II 4/26-1-18
7.8.18	4th Can Area Emp Co	SOS to Can Labour Pool	"	25.7.18	Can Labour Pool Pte 47 Pte 118/8.8.18
14-9-18.	C Lab Pool	S.O.S to 9th B.A.E.C.	"	20-8-18	9th B.A.E.C. Pt II O. 3 d/19-9-18.
31-1-19.	9 B.A.E.C.	S.O.S to Gen Dep	"	24-1-19	D.O. 3
27.3.19.	Gen Dep.	Leave on Comd 12. Res Bn SOS to MD 11. Rhyl	—	Leith 12.3.19.	Do. 70.
12-4-19.	" "	Do 68. d/24.3.19 effective date amended to read 25-1-19.	S'ford.	—	Do 82.
25-3-19	MD 11	SOS to Canada S.S. No 33	Gen.	Rhyl 23-3-19	Do 72.

62nd Battery
15th O/S Brigade C. F. [illegible]

1260355
ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Elmore Christian Name James

Examined on 7th day of February 1916
at Victoria B.C.

Approved by J.M. Fowler
Rank Capt C.A.M.C. M.O.

Birthplace City or Town Aarhus
County Jutland Denmark

Apparent age 32 (Jan 15 1884)

Trade or occupation Carpenter

Height 6 Feet 3/4 Inches.

Weight 199 Lbs.

Chest measurement Minimum 36 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left.
Number 2

When Vaccinated last 1907

(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.
Feb 7/16	+	J.M.F. M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
14.7.16		J.M.F. M.O.
21.7.16		J.M.F. M.O.
28.7.16		J.M.F. M.O.

Enlisted on 8th day of February 1916 at Work Point Esquimalt B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	5th Regt. C.G.A.	148		13-V-16
Transferred to	62nd Bat 15th O/S Bde	1260355		Apr 13/16
	15th O/S Brigade C.F.A.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Bramshott Camp, Hants.

Date.	Disease.	Result.
6 Dec. 1916 APPROVED Witley	Defective Hearing	Class B(1) Carpenter Regimental President.
	D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp	MEDICAL BOARD. BRAMSHOTT.
Witley	4.3.19.	nil H. rae Rogers Capt
Witley	6-3-19	Defect. Hearing A Jas R. Hammond Capt A.M.C.

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.
200M—11-15.
H. Q. 1772 39-439.

Surname Admore Christian Name James

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.

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Aarhus. Denmark

NAME AND ADDRESS OF NEXT OF KIN Thomas. Elmose. Sygvask Assevoup Station Fultgaa Aarhus. Denmark. C P'm Letter Jan 22/17.

RELATIONSHIP OF NEXT OF KIN Brother

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. 126355 RANK Private NAME Elmose. James.

IF IN PERMT. CORPS } WHAT UNIT UNIT 15th Bde 67a.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Victoria BC.

DATE OF ATTESTATION April 13, 1916.

TRANSFERRED TO 14th Bde 67a DATE 22.1.17 AUTHORITY PTO 22 a/o

TRANSFERRED TO 15th Bde 67a DATE 26.4.17. AUTHORITY PTO. 72.

TRANSFERRED TO 2 Bde. DATE 21.5.17 AUTHORITY PTO 96

TRANSFERRED TO 4th Area Emp Co. DATE 14-12-17. AUTHORITY G. 26-1-18.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 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
															10.																10				Bal from Canadian Pay Asst.
Sept	30	1.00	30		30	10	3								33					23	29	16			14	60				14	60	28	40			
Oct.	31		31		31		3	10							34	10	33 56	17	94	30				4 87 2 43	9	73				17	03	45	47			
Nov.	30		30		30		3								33.		125	16	165	30				7	30	9	73			17	03	61	44	45	50	15 94
Dec	31		31		31		3	10							34	10			198	22						19	47			19	47	76	07	61		15 07
1917 Jan	21		21		21		2	10							23	10	234	16						7	30					7	30	91	87			
"	10	.	10	--	10	.	1	--							11	--																102	87			
			15	30																															
Feby	28	1.00/70	30	80											30	80	274 268	5½						9 73 9 74						19	47	114	20			
Mar	31		31	10											31	10			284 1423	15/3						7	30			7	30	114	60	133	40		105	-		
Apl	25	.	27	50											27	80																	161	20		120		PTO 72 from 15th Bde 67a.
	5		5	50											5	50																	166	70				
May	1/30		22	.											22	.																	188	70		135	.	From 2 Bde 3/5/17 Days 5/-
	31/31		11	.											11	.																	199	40				
			299	20										10	309	30								41	37	68	13			109	50					

#1260355 Pte Elmore James

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
Forward			299	20										10 -	309	20								41 34	68 13	-				109 50	199	40			
																								268										
June	30	1/10	33											1 10	34	10	225	27/5		124/18				535		5 23				13 26	220	54		150	Pay undrawn to May a/c
																	190	15/5		2 Bn 6/4										254	64		165	
July	31		34	10											34	10																			
Aug	31		34	10											34	10				833/1						4 30				4 30	581	44	180	14th Bde 18/7/17
Sept	20		22												22					15559 3 RBB 24/1						7 14								
																				16589 OSB 1/11						1 79				893	305	51	195	
			432	40										11. 10.	444	50								49 40	68 13	21 46				138 99					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. PAY	SER. RED.	ALLCE. ENG.
Oct 1st	Bal Fwd	385 51							305 51	195		
1/4	Gnr P	34 10		AR 1768 2 RBD Etaples 25/8/17	4 46							
				1495 GRD Etaples 1/9/17	4 46							
				2217 GRD Etaples 8/9/17	4 46				326 28	210		
		34 10			13 38							
Nov	Gnr PTA	33 00		AR 301 4. 10. 17 2nd Bde	4 46							
				3612 21. 10. 17 "	4 46							
Dec	Gnr PTA	34 10		AR 1494 16. 9. 17 1 D.A.C	4 44				379 94	240		
		64 10			13 39							
Jan	Gr P	34 10		AR 68. 9/12/17 2 Bde	4 46							
				AR 3910 21/11/17 "	3 57							
				AR 4103 10-11-17 CGBS	4 46				401 55	255		
		34 10			12 49							
Feby	P.P.	30 80		AR 7336 CCCC 29-12-17	9 7 33							
				1117 do 7-12-17	4 46							
				10443 do 29-12-17	4 46							
				4986 do 7-2-18	4 46							
				2534 46th Bn 12-1-17	8 92				317 97	270		
		30 80			119 63							
March	P.P.	34 10		AR 1341 3rd D.A.C. 19-2-18	3 57							
				2960 CCCC 26-2-18	6 25				337 00	285		
		34 10			9 82							

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

NAME:– ELMOSE. James.

NUMBER:– 1260355.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 15th Bde. C.F.A.

DATE ACCOUNT FIRST OPENED:– 1st Sept 1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			7th Area Emp Co
118	24-7-18	20-9-18	Lab Pool
S. 14-9-18	21-8-18	22-10-18	9 Emp Co L.

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
8/1		Fwld	~~3 73~~				
8/2	4380.	12 Res	~~97 33~~				
26/2	4831.		~~9 73~~				
			~~11 79~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE

Discharged 3/4/19. Wife N.R. 4099. 6/3/19. Wife in D.11 Led Bal. 545.43. Nil Bal Cr 434.64

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance Forward)								337	285	
Apl	P.P.	33 –		A.R. 228 CCHQ. 3-4-18	4 6						
				D.N. 682 do 16-4-18.	3 57				361 97	300	
		33 –			8 03						
May.	P.P.	34 10		A.R. 1233. CCHQ. 7-5-18	4 6						
				" 824. 1st Bde C.F.A. 18-5-18	3 57				388 04	315	
		34 10			8 03						
June	P.P.	33 –		A.R. 401. 4th Bn. 24-6-18	3 57				417 47	330	
		33			3 57						
July.	P.P.	34 10		A.R. D.N. 1341. 3rd Div Am Col. 19-2-18	3 57						
				" D.N. 474 10th L.D. Bn. 5-7-18	16 06						
				" " 3388. G.B.D. 2-6-18	4 6				427 48	345	
		34 10			24 09						
Aug.	A.P.	34 10		A.R 633. 23rd Lab Group. 17-7-18	5 35				456 23	360	
				" D.N. 667. 7th Emp Coy. 10-8-18	6 25				449 98		
		34 10			11 60						
Sept	PP	33		DN AR 182 29.8.18 CCHQ Details	3 57				479 41	375	
				" " 4698 1.9.18 SS Lab 42	3 57						
				" " 5064 16.9.18 " "	3 57				472 27		
		33 –			10 71						
OCT 1918	P.P.	34 10							506 37	390	
				AR. 5443 CCHQ SS. 1/10/18 (8)	3 73				502 64		
				" 1301. 2nd Div F.A. 23/10/18. (32)	7 46				495 18		
		34 10			11 19						
Nov	P.P.	33							528 18	465	
				CP. 74092. 30-11-18	12 1 67				406 51		
				HR. 43. C.A.R.C. 28-11-18	16 79				389 72		
Dec	P.P.	34 10							423 82	420	
	Forward.	67 10		Forward.	138 46						

COMPILED BY. H.B. Garrett.

CHECKED BY. [illegible]

NUMBER 1260355 RANK NAME Elmose. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov Dec	B/F Forward	67 10		B/F Forward.	138 46				423 82		
Jany	P.P.	34 10							457 92	435	
		101 20			138 46						
Feby		30 80							488 72	450	
				1423 misc 31-12-18.	3 73				484 99		
mch		34 10							519 09	465	
				3923. Cl RD 23-1-19	466				514 43		
	Interest on Disc pay 31/3/19.	31 00							545 43		
				4380. 12th Res. 7/2/19.	97 33				448 10		
				4831. 12th Res. 26/2/19	9 73				438 37		
				5120 K Park. 11/3/19 End	9 73				428 64		
		95 90			125 18						
				8/1/19 Field	3 73				424 91		

S.o.S. 23.3.19. S.L 33
9th Engr Co

6296 DISPERSAL STATION. U

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class "A" No. 238482

ca

1. No. 1260355 BDC 128936

2 Rank. Gunner

3. Name. James Elmore.

4. Unit. 12th. Res. 62nd. Btty.

5 Date of Discharge APR 6 1919 Place VICTORIA, B. C.

6 Reason for Discharge Demob.

B2. Victoria. Mother. Carpenter.

#2.

7. Authority.

8. Proposed Residence after Discharge 516 David Ste Victoria

Deceased 25.9.59

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.? B 39.

← H.M.T.S. EMPRESS OF BRITAIN. →

EMBARKED 23-3-19

J Elmore Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place VICTORIA, B. C.

Date APR 6 1919

Signature W. M. Barton, Capt. (O. C. Discharging Unit.)

O. C. "U" DISPERSAL STATION

MEDICAL DOCUMENTS FORWARDED TO S.G.R. OR B.P.C. ON 14/4/19.

M.F.B. 218a—300M.-11-18—1772-39-113.

mb 1-6-59

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

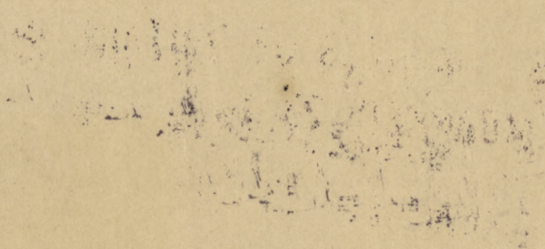
Dental History Sheet.....Militia Form B. 465

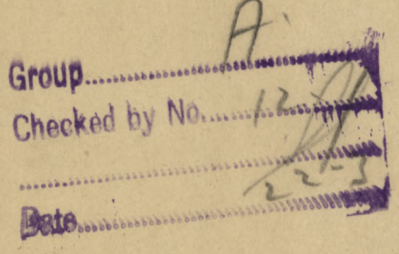
Medical Report.....M. F. W. 129 or D. M. S. 1375

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 (2604).
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).
13. Pay Book (A.F.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.





R. & O. 6045 (*Revised*).

127554

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott 6-12-1916.

No. 1260355 Rank Gnr. Name Edmonds, J.

Local Unit 15 Byte C.F.A. Overseas Unit ..... Age 30.

Examination held at Witley

DISABILITY.
Overseas—Local.
(scratch one out)

Deafness

PRESENT CONDITION.

Is under treatment for above. Right ear is defective.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty..... Class B(ii) P.V.
5. Discharge.....

Signatures:—

Members { C. E. Cooper Cole Major R.A.M.C. President.
H. Maclaren Capt.
H. Middleton Capt.

APPROVED

Dated at Bramshott. 6-12-1916. A. Young Major

For A.D.M.S. T.G.O.C.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1918.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY
Overseas—Local.
(operation one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....
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.

..... Members

.....

APPROVED

Dated at ..... 1918.

For A.D.M.S.

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 Witley DATE 5-3-19.

1. 1 (*a*) Unit 12th Res Batt (*b*) Regimental No. 1250355 (*c*) Rank Pte.

(*d*) Surname Elmose (*e*) Christian name James

(*f*) Home address 516 Victoria St Victoria B.C.

(*g*) Next of Kin Anna Elmose (*h*) Relationship Mother.

(*i*) Address of Next of Kin Aabkus Denmark

2. Age last birthday 36 Date of birth 18th Jan 1884

3. Enlistment, or Appointment (if an Officer) (*a*) Place Victoria. (*b*) Date 2-2-16.

4. Personal description:

(*a*) Height 6-1 (*b*) Weight 194 (stripped) (*c*) Complexion Fair,

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc.

5. Former trade or occupation Carpenter.

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
	3	31

	Periods	
	From	To
Canada	2-2-16	24-8-16
England	30-8-16	15-3-17
France or other theatres of War	16-3-17	4-2-19.

7. Original disease, or injury Otitis Media Acute.

(*a*) Date of origin May 1916 (*b*) Place of origin Petawawa. Camp.

(*c*) Cause Exposure to Cold.

M. F. B. 227.
400M.—11-18.
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.)

Defective Hearing Right.

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.)

Special Report Mch 3-19.

Defective Hearing due to O.M.C.C. rt ear Voice R.8' L21'

Condition not present before enlistment, and has been caused by service A Category. signed W.W. Hume Capt.

Sub; Deafness Rt Ear.

(*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.....Genito-Urinary System.....no.....
(If pulse rate is abnormal, B. P. will be taken.) (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.....

Urine. 1020. Acid. No Alb NomSugar.

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

Was in France 23 months with 48th Batt and 9 Area Employ Coy. Never wounded or gassed, States rt ear began to discharge at Petawawa Camp following a cold, and that condition has become worse in France due to concussion, Boarded B.11.Decr 1916 for defective hearing.

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

Nil

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

Nil

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

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

N.A.

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

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration)

No

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

17. Recommendations

E.Wershof, Capt., CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned J. Elmose 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

J. Elmose Gnr
Rank.
Signature of invalid examined.
JLH.

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.~~ XXX	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.~~ XXXXXXXXXXXXXXX (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Boarded for return to Canada Auth Ag 1 9083 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.

N.J. Barton, Major, CAMC. *President.*

PLACE Witley.

Jas L Hammond, Capt., CAMC. } Members

DATE 6-3-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

For A.D.M.S. CANADIAN TROOPS WITLEY. CAPTAIN

HEADQUARTERS A.D.M.S. 8 MAR 1919 File..... CANADIAN TROOPS, WITLEY.

Empress of Britain 31.3.19.

AUDITOR 211 | PAYMASTER

M. OR S. S.

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

REGT. No. 1260358 RANK Pte. NAME (IN FULL) Elmose. J.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
English L.P.C	adj to 31.3.19	

ORIGINAL UNIT C.E.F. 62nd Bn. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil. — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS — c/o Bank of Comm. Victoria B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE MD XI. — DATE 6.4.19. — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																	434	64	
31.3.19		1/10					434	64	434	64																								
									Rhyl		Boat Train				9	73	4	87	5	-														35/- Clothing allow
7.4.19	7	1/-	7	70	35	-	434	64	21416						52	74													547	34	70	-			
																											1	10	70	-	71	10	71	10	29/10 days pay