

Original

ORIGINAL

ATTESTATION PAPER.

No. 150381

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

79th OVERSEAS BATTALION

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Falkner*
- 1a. What are your Christian names? *Reginald, Sydney*
- 1b. What is your present address? *Carnegie, Man.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Pendennis, Manitoba*
- 3. What is the name of your next-of-kin? *Wife Grace Smerdon Falkner*
- 4. What is the address of your next-of-kin? *No. 6 Carnegie Man.*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *21 June 1884*
- 6. What is your Trade or Calling? *Farmer*
- 7. Are you married? *yes*
- 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? *St. John's Ambulance Assoc.*
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, *Reginald S. Falkner*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *16 Nov* 191*5* *Reginald S. Falkner* (Signature of Recruit)
Morris (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Reginald S. Falkner*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *16 Nov* 191*5* *Reginald S. Falkner* (Signature of Recruit)
Morris (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 *Brandon* this *16* day of *November* 191*5*
Walter Simpson (Signature of Justice)

Description of *Reginald Sydney Falkner* on Enlistment.

Apparent Age. *21* years. *6* 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. *1 1/2* ins.

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

Complexion. *Fair*

Eyes. *Blue*

Hair. *Fair*

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

Four moles on stomach

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 declares that he is not subject to fits of any description.

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

Date. *Nov. 16th 1915* 191

Place. *Brandon, Man.,*

J. W. Jackson
 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:—

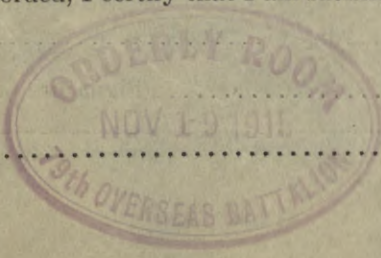
CERTIFICATE OF OFFICER COMMANDING UNIT.

Reginald S. Falkner 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.

W. O. Murphy (Signature of Officer)
1st Col.

O. C. 79th Overseas Battalion

Date. *Nov 19 1915* 191



NAME

Kalkner Reginald Sydney

REGIMENT

DOCUMENTS

REGT. NO.

5381

UNIT

C.A.M.C

H. O. FILE NO.

(H)

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)

Wh 24-11-20

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3225)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

00900

DEATH

Category

DISCHARGE

Category

Med Unfit

DESERTION

*1
10-4
10-4
5-4
1*

(M)
(H)

3013

649-7-8343.

CARD NO.

SURNAME. *Fackner*

CHRISTIAN NAMES *Reginald Sydney*

FOLL. *S.O.S. Dis - 21.2.1810*

REGL. No. *150381* RANK *Pte.*

UNIT *19th L.* *Batt.*

FORMER CORPS *St. Johns Ambulance. asse.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Fackner. Mrs Rose Smerdon.*

RELATIONSHIP TO SOLDIER *wife*

ADDRESS ~~*Carnegie, Man.*~~

Auth S.O.S.P. 10-3-16 *Mapperley Rise Sherwood Nottingham*
England.

COUNTRY OF BIRTH *Canada, Pseudennis* *Man.* DATE *June 24th 1884*

PLACE OF ATTESTATION *Brandon. Man.* DATE *Nov 16th 1916*

o/s 24-4-16 $\frac{396}{8}$

R/E. 26.11.17.

(exam.)

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Ch. of England

DESCRIPTION.

APPARENT AGE

31

YEARS

6

MONTHS

HEIGHT

6

FEET

1 1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Drandon, Ma.

DATE

Nov. 16th 1915

Sailed from Halifax Per S.S. Lapland 24/4/16

Muse.

Number

150381

Rank

PTE 10

Surname

J. ALKNER

Christian Name

Reginald Sydney

Units

99th Bn Can Coy

Theatre of War

Eng

Date of Service

4-5-16

Remarks

Latest Address

~~Cornegie man~~

Broadview

Sask

Roll No.

200m.-2-21.M.

a Page 4582.

51

DESP. JAN 10 1923
REGN. *W. M.* 13318

REGT'L NO 150,381.

NAME

Falkner, Reginald Sydney

H. Q. FILE NO. 649-

RANK AND CORPS

Pte. D. L. C. R. C. H.

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

Sailing from Liverpool per H.M.S. "Glenart Castle" on Nov 15-1917, Gen. Weakness, (M.D. 11, C. P. D. D. Birmingham Man) Will be admn to the Sanatorium Ninette, Man 10-12-17, at the expiration of his leave. Treatment indicated will be carried out at this Institution. Will be reboarded before March 3rd/18

Auth letter 20-12-17
from G.W.C. M.D. no 10

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
No. 159.	Duchess of Cornwall Can. Red Cross Hosp. ^{to} plow.	27-11-16	Pulmonary T. B.
No. 182	Discharged	11-1-17	" " "
230	Duchess of Cornwall & R. C. ^{to} plow	2-5-17	T. B. lung
C 32	Can. Mil. Kirkdale ^{Liverpool}	7-10-17	T. B. Pulmonary
C 77-2.	Invalided to Canada	15-11-17	" C. A. M. C.
309	Mc H & L Winnipeg	3-12-17	Posted Out for Rec Dept
318	" " " " "	12-12-17	to In for Rec Dept
319	" " " " "	12-12-17	Trans Rec Dept to Nunette

Name **FALKNER** Rank Pte.

Reg. No. 150381.

Reginald Sydney

Unit **C.A.M.C. Duc.Con.Can.Red X Hosp.Taplow.**Next of Kin **CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
Nov. 27	Duc. Con. Can. Red X	Hos. Taplow.	Pulmonary T.B.			159. ER
1917.						
Jan. 11	Discharged:-		do.			182. ER
2-5	D.C.C.R.X.Hosp.	Taplow	T.B.Lung.	830		
4-10	CAN. MIL. HOSP. KIRKDALE:-		T.B.PULMONARY	32	9007.3296	
15-11	Invalided to Canada		"	77		14788

No 150381

RANK

Pte.

NAME

Falkner, R. S.

T. O. S.

16-11-15

UNIT

*7th Battalion C. E. F.**DD 109 of 17-11-15*M. D. *10*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

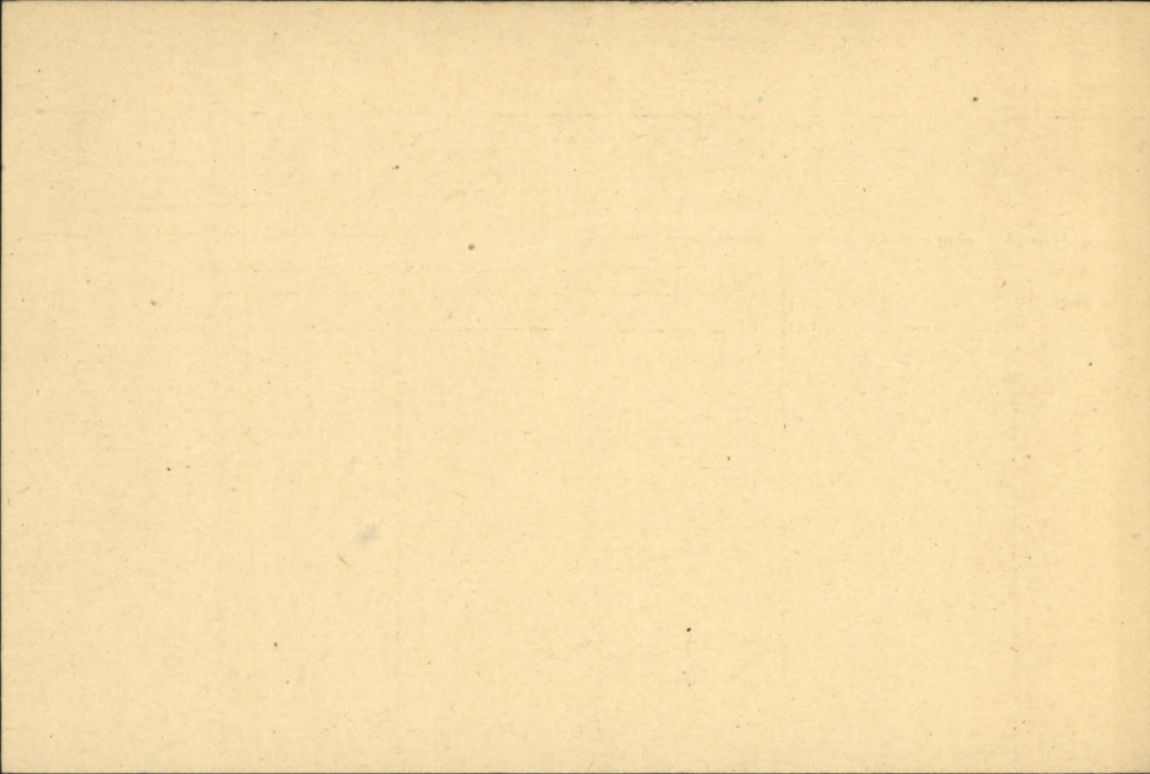
PARTICULARS

AUTHORITY

<i>1915</i>	<i>1915</i>	
<i>Nov. 16</i>	<i>Nov. 30</i>	<i>✓</i>
<i>Dec.</i>		<i>✓</i>
<i>1916</i>	<i>1916</i>	
<i>Jan.</i>		<i>✓</i>
<i>Feb.</i>		<i>✓</i>
<i>Mar.</i>		<i>✓</i>
<i>April</i>		<i>✓</i>
<i>May.</i>		<i>✓</i>

UNIT SAILED

APR 24 1916



Name..... FALKNER R.S. Rank..... Pte. Regt. No..... 150381 Unit..... G
 Battn..... 79th Camp or O. S. 0 File M. H. C. C. H. Q. File.....
 Next of kin..... Wife, Mapperley, Rise Sherwood England
 Discharged to Class..... 3 D. of D. 90% DDS ALL Conduct Very Good.
 Pension awarded \$300.00 6 mos. Date of first payment 22-2-18
 Address on discharge Carnegie, Manitoba
 Diagnosis Pulmonary, Tuberculosis Date boarded 27-11-17

DATE	CLASS	REMARKS	Part 2 Order
3-12-17	2	Rec. Depot Out.	#309
12-12-17	2	Rec. Depot	#319
12-12-17	2	Ninette	#320
29-1-18	2	Rec. Depot	#30
14-2-18	2	Rec. Depot Outpatient	#46
21-2-18	3	DISCHARGED Medically Unfit	#45

Surname *Falkner* Christian Name or Names *R. S.* Reg. No. *150381*
 Rank *Pte* Unit *Can. + Hosp. - C.A.M.F. Eng* Co. Troop Batty
 Hospital Date of Admission

Transferred *D. of C. Yaflov.* Hosp. *27-11-16*

Hosp. *2.5.17*

Can. Milit. Kirkdale L'pool.

Hosp. *7.10.17*

Hosp.

Diagnosis

Pulmonary T.B. I

(1) Later Diagnosis (if changed)

T.B. Lung. II P. 230.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 11.1.17 Date

REMARKS

c.k. 1-12-16 159.

16.1.17 152.

9.5.17 230

10.10.17 632 (2)

1.12.17 644 (2) Invalided to Canada. 15.11.17

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

aw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps **79th OVERSEAS BATTALION**

Regimental No. 150381 Rank Pte Name Falkner Reginald Sydney
 Enlisted (a) 16/11/15 Terms of Service (a) 19. 1/2 W. Service reckons from (a) 16/11/15
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended x Re-engaged x Qualification (b) Farmer

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				
		Embarked Disembarked	Canada England	per "	R.M.S. Lapland 24/4/16 " " 5/5/16
21/6/16	79th Bn.	Transferred to C.A.M.C.I.S. D.O. 3011 9/6/16	Dibgate	8/6/16	<i>[Signature]</i> O. C. 79th Overseas Batt'n. C. E. F.
28/6/16.	79th Batt	Taken on strength C.A.M.C.I.S.	Dibgate	28/6/16	Pt II D.O. 165.
Oct 4 th	TRANSFERRED	FROM C.A.M.C. TRAINING SCHOOL To D of C Base Tablow.	Tablow		A. L. Clifton Capt.
4/10/16	C. C. Same Is.	Taken on strength D of C L.R. x Hospital	Tablow Buses.	4/10/16	L.W.D.C. 277. 5/10/16

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE,
DUCHESS OF CONNAUGHT

RED CROSS HOSPITAL, TABLOW

(a) In the case of a man who has re-engaged for, or enlisted into Section B, 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.]

1914-1915 - Only - 1914

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				

26-11-17

Disemb. at Halifax sc. Glenast Castle.

3/12/17

Taken on strength G. unit. M.H.C.C. D.O. 309. Pa. 2189.

21/2/16

Discharged from H.M.S. at Winnipeg. D.O. 45. Pa. 260

W. H. Morrison Capt. J. G.
 LT.-COL.
 OFFICER COMMANDING "G" UNIT,
 MILITARY HOSPITAL COMMAND

INVALID TO CANADA FOR
 FURTHER MEDICAL TREATMENT
 HOSPITAL REPRESENTATIVE
 OFFICERS OF CONVALESCENCE
 FEDERAL CROSS HOSPITAL

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont
Date Feb 6, 1969

Attention of

NAME FALKNER Reginald S.

SERVICE NUMBER 150381 WW 1

C.P.C. No. 27656
W.V.A. No.

NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

DISTR. ADM. LONDON, ENGLAND, JAN 29, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

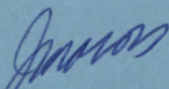
Particulars are as follows:

Date of Death JAN 24, 1969
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~IPAY~~
~~D.O.~~
H.O.
F.R.D.

Destroy form if advice of death already received.

for 
Chief, Central Registry

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPPLICATE 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. 150381 Rank Pte. Name Falkner, R.S.
 Corps 79th. Bn. & "G" Unit, M.H.C.C. who was* Discharged
 On 21st. February, 1918, to 1st. February 1918
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 21st. February 1918, to 1st. February 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay..... days at \$.....	21	1 00
by } No.....			Field Allow. days at \$.....	21	10 2 10
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice. No.....	15	00	Other Allowances* <u>8 Dys. Subs.</u>	80	6 40
Other charges.....			Other Credits* <u>Civ. Clothing</u>		16 50
Payment on transfer or discharge No.....	31	00	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	46	00	Total.....	46	00

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has charged (‡) been paid on account of Assigned Pay for the month of February, 1918 (to) Assignee Mrs. G.S. Falkner, and Sep'n Allice. for month of February, 1918 (Address) Mapperby Rise
Sherwood, England.

(†) 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.....
- (2) if married and if a Separation Allowance Card has been submitted..... Yes. S.A. Pd. by C.P.M. Ldn.
- (3) cause of discharge Med. Unfit, authority D.O. #45.
- (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 16th. February, 1918.
 Place Winnipeg, Man.

J. H. Gunn
 PAYMASTER
 MILITARY HOSPITALS COMMISSION
 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.

MADE UP BY R.A.M.
 CHECKED BY H.S.

M. D. 70
No. 16

Original K-8
MEDICAL HISTORY SHEET.

Surname Falena Christian Name Reginald S

Examined { on 11 day of Nov 1915
 at Brandon
 Birthplace { City or Town Brandon
 County Manitoba
 Apparent age 31
 Trade or occupation Farmer
 Height 6 Feet 1 1/2 Inches.
 Weight 160 Lbs.
 Chest measurement { Minimum 34 inches.
 Maximum expansion 3 inches.
 Physical development Fair
 Small-Pox Marks None
 Vaccination Marks { Arm Right Left.
 Number 4
 When Vaccinated last 1907
 (a) Marks indicating congenital peculiarities or previous disease None
 (b) Slight defects but not sufficient to cause rejection None

Approved by J. Jackson
 Rank Capt. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
16/1/16	Good	J. Jackson M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
19/1/16	Good	J. Jackson M.O.
29/1/16	"	J. Jackson M.O.
6/2/16	"	J. Jackson M.O.

Enlisted on 11 day of November 1915 at Brandon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>99th O.S. Batt.</u>	<u>150381</u>		
Transferred to.. ..				

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE, DUCHESS OF CONNAUGHT RED CROSS HOSPITAL, TAPLOW.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Taplow</u>	<u>29-5-17</u>	<u>Tuberculosis of lungs.</u>	<u>Boarded & recommended for invalidity to Canada and Sanatorium treatment.</u>

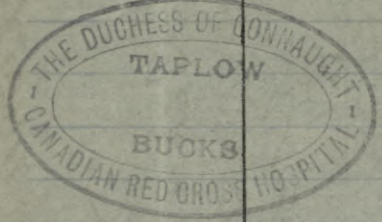
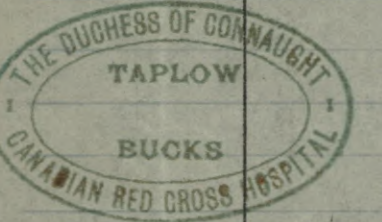
Approved by W. S. Macdowell Captain C.A.M.C.,
 for A.D.M.S., Canadians, London Area.

A.D.M.S. CANADIANS,
 LONDON AREA,
 LONDON,
 18 JUN 1917

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Brandon	11/11/15										
		26	11	16	11	1	14	Debility	47	came in with cough, loss of weight suspected of T.B. but further examination proved this negative. Much improved fit for duty Disch. to Duty.	A. J. Fleming Capt
		2	5	17	going to Canada			Tuberculosis of Lungs		Persistent loss of weight with cough for 3 months but no T.B. found in sputum Sounded for Sanatorium in Canada	George Capt.
S. C. A. Liverpool		6	10	17				Do		Condition shows no improvement	W. A. Robertson

3075 FORM NO. 10
 THE DUCHESS OF CONNAUGHT
 TAPLOW BUCKS
 CANADIAN RED CROSS HOSPITAL

Corps CAMB

CLINICAL CHART.
(To be attached to Case Sheet.)

66

Army Form B. 181.

Military Hospital 8th C RC Hospital

No. 150381

Rank and Name Pte RS Falkner

Age 32

Service 1yr

Disease

Date of admission Nov 26th/16

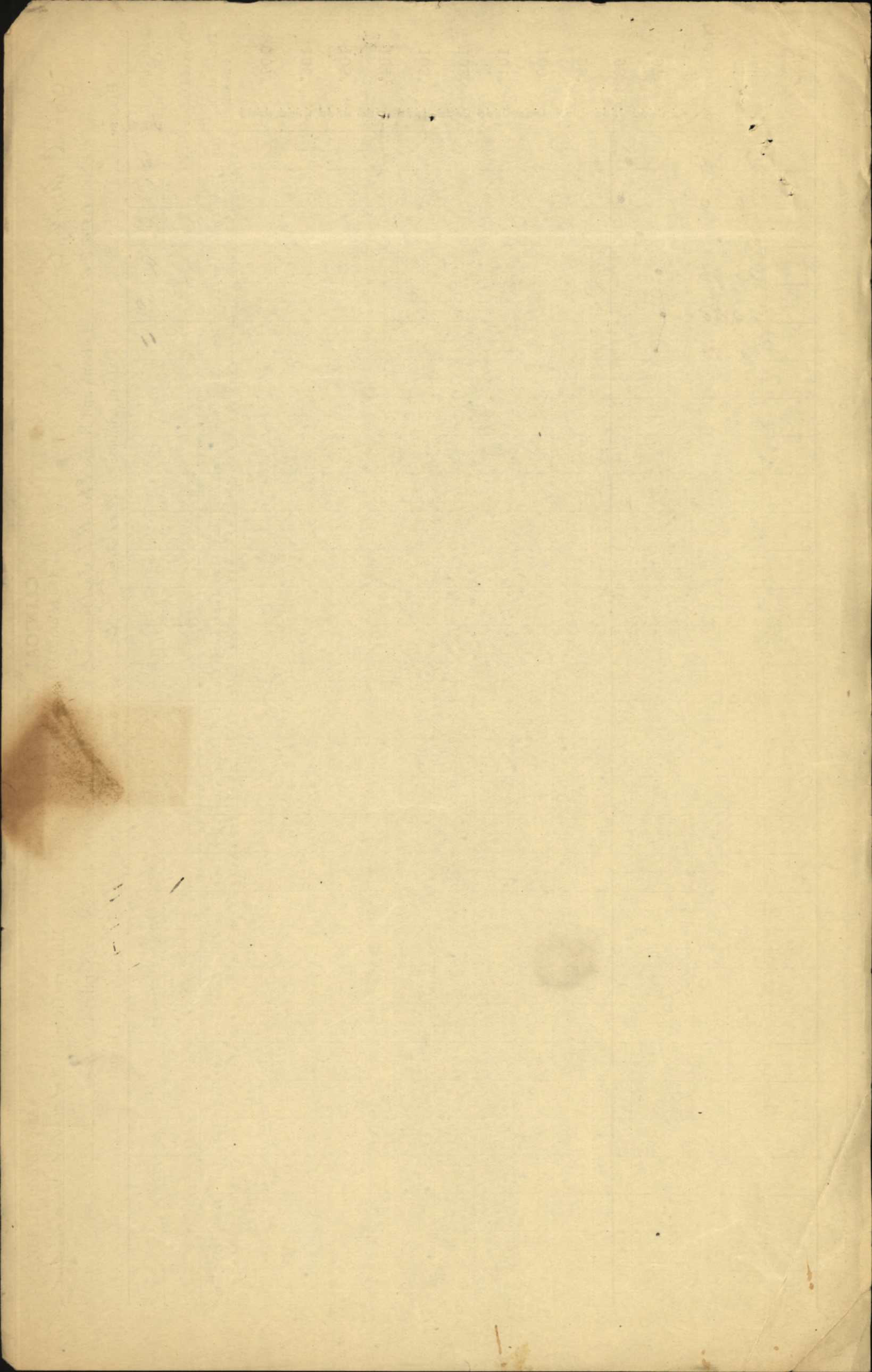
Date of discharge 11-1-17

Result

Dates of Observation	Days of Disease																												
	6	7	8	9	10	11																							
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	84	80	80	76	80	80																							
Respirations per Minute	20	20	20	26	20	20																							
Motions per 24 hours																													

Signature A. Fleming

In charge of case.



#150381. Ft. F. Albion R.S.
Camb.

DENTAL CERTIFICATE.

The following Certificates will
be attached to the Medical History Sheets of all
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
Aug 28 1917	F. it	no	no	nil

J. J. Morrison
Capt C.A.D.C.

<p><i>and the</i></p>	<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>
<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>
<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>
<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>
<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>	<p><i>of</i></p>

Veritas Solvitur
 et appropinquat
 quaeque diffinitio
 aequa, inquit, et
 the loss que to
 of teeth is
 loss of teeth
 in case of

Licentent
 Dental
 Declined
 He has been

Constitution
 Dental
 Licentent

Examination
 Title of

Action
 Recommen

Other Books being returned to Currier for delivery
 be attached to the Medical History Sheets of VII

The following Certificates will

DENTAL CERTIFICATE

of

100071 of 8 at 10005188

Lab.No. 3280

60

DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL.

PATHOLOGICAL LABORATORY.

Date. 10/12/16 Ward. Aux 2 Bed. 66 Regtl.No. 150381
Rank. Pte. Name. Falkner Unit. C.Q.M.C.

URINALYSIS.

Quantity in 24 hours _____ Reaction. Acid
Sp.Gr. 1010 Colour light amber
Consistence turbid Sediment none

CHEMICAL.

Albumin faint trace Urea _____
Sugar none Indican _____

MICROSCOPICAL.

Casts. _____
Pus A few pus cells
Blood _____
Other Elements Spermatozoa + debris

Arnold Keay Capt C.M.C.
Pathologist.

3 2 7 0

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66

Lab. No. 2762

DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL
PATHOLOGICAL LABORATORY.

Date. 27/11/16 Ward. Alon 2 Bed. _____

Name. Faulkner Regtl.No. _____ Unit. _____

URINAYSIS.

Quantity in 24 hours _____ Reaction acid
Sp.Gr. 1.019 Colour pale amber
Consistence watery Sediment none

CHEMICAL.

Albumin none Urea _____
Sugar none Indican _____

MICROSCOPICAL.

Casts _____
Fus _____
Blood Negative
Other elements _____

Arnold Keay Capt R.A.M.C.
Pathologist.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	150381.	Plc	Lalaker	Reginald S.
Year	Unit.	Age.	Service.	
1916.	C. A. M. Co.	32	12/12	

Station and Date.	Disease
Taylor. Nov 24/16	Complains of cough slight expect; sleeplessness, excessive perspiration, loss of weight, appetite poor. Passing too much water. These symptoms have been coming on gradually, for 3 mos. Prior to this the patient states he was perfectly well. Per. Hist. Has had no serious illness since he was 18. <u>was ill then with "neuralgia of the heart" for 6 mos. following fall down stairs</u> <u>complete recovery 2 years prior to this following a cold, had general swelling of body, accomp. with fever</u> <u>diagnos. blood poisoning - sick for 6 mos.</u> <u>Had perirenal abscess when he was 7. in bed 2 mos.</u> <u>Game, Hist. negative</u> <u>Father's father was thought to have consumption in youth but lived an open air life dying at 70</u>
Jan 12/17	Much improved, fit for duty. A. G. Fleming

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>53</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>15034</u>	<u>Pfc</u>	<u>Hankner</u>	<u>Rt.</u>
Year <u>1917</u>	Unit.	Age.	Service.	
	<u>canic</u>	<u>33</u>	<u>1 1/2</u>	

DUCHESS OF CONNAUGHT
Station
CANADIAN MEDICAL SERVICE HOSPITAL
and Date
Disease

Maple, Bucks.
Infantry June 1. T.B.
Anterior - shoulders rather sloping. Expansion fair reverse.

No dullness; few moist rales under each clavicle persistent on coughing. Heat normal.
Posterior Negative except for a few moist rales over apex of right lower lobe.
Pt sleeps poorly; no cough; no night sweats. Pt feels weak
kind heavy

June 2 Wt. 11 st. c coat & boots.

June 9 Wt. 11 st 1/2 lb. c coat & boots.

June 14 Re-examination - nothing new. Pt sleeps poorly. Otherwise condition unchanged msl.

June 21 Pt. feels fairly fit. Practically no cough. Appetite good.

June 23 Wt 10 st 12 1/2 lb c coat & boots msl

June 24 Re-exam. Percussion note over st. clavicle and st. supra clavicular area slightly higher than on l side. Rt scapula slightly enlarged. No rales heard. Pt complains of sleeplessness - no reason known msl.

June 30 Wt. 11 st. 1 lb. msl

July 6 Condition about same. Pt feels well msl

July 7 Wt. 10 st. 12 1/2 lb. msl.

July 13 Condition unchanged msl

" 31 Wt. 10 st 13 1/4 lb.

" 27 No change msl

" 28 Wt. 10 st. 12 lb

Aug 1 Re-exam. - Impaired percussion note over right, supra & infra clavicular regions & right supra

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Faulkner

Faulkner

Station and Date.	spinous region with heaving respiratory sounds. Few moist rales in apex of l. lower lobe posteriorly. Exam. otherwise negative. <u>nut.</u>
Aug 4	wt 10 at 13 1/2 lb.
" 9	no change <u>nut.</u>
28-8-17	
Sept 2	Pt feels fairly well. no change in condition <u>nut.</u>
" 4	wt. 10 at 11 1/2 lb. <u>nut.</u>
" 9	wt. 10 at 12 1/2 lb. "
" 14	no change in condition to be found <u>nut.</u>
" 15	wt. 10 at 13 lb.
" 20	no change <u>nut.</u>
" 23	wt. 10 at 12 1/2 lb.
" 24	wt. 10 at 12 3/4 lb.
Oct 4	Doing well <u>nut.</u>
Oct 6	Lo. Kirkdale Military Hospital Liverpool.
50.9.17	10. X. 17 - slight cough in morning. In evening
Limping	Weakness. Rales heard as above.
24. X. 17	Condition much the same.
2. XI. 17	Condition showing no improvement W. A. Robertson
15. 11. 17	Discharged to Canada today W. A. Robertson

2201

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	150381	P.6.	Falkner.	P. S.
Year	Unit.		Age.	Service.
	C.A.M.C.		33 yrs	18 mos.
Station and Date.	Disease Tubercle of Lungs.			
DUCHESS OF CONNAUGHT	George capt.			
CANADIAN RED CROSS HOSPITAL.				
F.H.	1 sister weak with chest cough.			
	1 aunt "chest trouble"			
	1 Uncle died Tb.			
P.P.H.	measles as child.			
	aged 7 - peroneal abscess. healed 6 weeks.			
	" 14 - " blood poisoning for 6 months. all limbs swollen.			
	" 18 - " neuralgia of heart" - praecordial pains for 6 mos after an injury.			
	married - 1 healthy child.			
	wife's health good			
	no miscarriages			
	always susceptible to "colds" in both head and chest.			
	<u>Present Illness</u>			
	arrived in England in May 1916.			
	In good health until October 1916.			
October/16.	1. weakness			
	2. sleeplessness			
	3. loss of weight.			
Nov - /16.	Dry cough with scanty yellow sputum in hospital for 7 weeks with "debility".			
	sweats at night and on exertion			
	no Tb found in sputum			
	chills at night			

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Station
and Date.

1917.

Feb. 6 weight 11 stone 12 lbs.

" 20 " 11 " 10 "

Mar. 15 " 11 " 6 1/2 "

April 11 " 11 " 3 1/2 "

April 28 Complaint -
1/ loss of weight } 6 months
2/ weakness
3/ sleeplessness

Examination.

28 4/17 skin sweats readily; face flushed
nutrition poor.

Cough with thick but scanty sputum
especially in early morning.

No haemoptysis. No dyspnoea.

supraocular headache for 10 days.

Appetite + digestion normal.

nycturia - once

Profuse urination.

Chest.

Long + phthinoid; Scoliosis + lordosis.

Expansion 33" - 35 1/2"

supraclavicular fossa deep on right.

Restricted movement on right.

Right apical resonance 2 1/2"

Left " " 3"

Impaired resonance right apex.

Pectoriloquy and prolonged expiration
at right apex.

Duplicate

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	150381	Pte	Halkner	R. S
Year	Unit.	Age.	Service.	
	Cawc Depot:	32	1 1/2	
Station and Date.	Disease			
F. H.	Tubercle of lungs.			
	Not good.			
P.P. 14.	Apex - perusal abscess.			
	" 14 - Blood poisoning for 6 mos.			
	" 18 Pre-cordial pains for 6 mos.			
Oct-16	Always susceptible to colds in head & chest.			
	1 Weakness.			
	2 Insomnia			
	3. Loss of weight.			
Nov 16.	Dry cough with scanty yellow sputum. Suboptimal for 7 weeks "debility". Night sweats. No T.B found in sputum. Gradual loss of weight.			
April 17.	Cough with thick sputum. No haemoptysis. No dyspnoea.			
	Chest - Long - scoliosis & lordosis.			
	Restricted expansion on right. Pectoriloquy & prolonged expiration at right apex.			
	Sputum - w T.B. found.			
9 V 17	X-Ray - Chronic fibrosis of right apex with no evidence of active tuberculosis. (Col. Watt).			
Taplow				
1. II 17.	Few moist rales under each clavicle. Few moist rales over apex right - lower lobe posteriorly.			
	Insomnia, no cough, no night-sweat. Weakness.			
29. VI 17.	Insomnia.			
July	Condition same.			
August.	do			

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Station
and Date.

- Sept-17 Holding his owner
- Oct-17 To Camp Lincoln
- J.C.G. 14 Admitted 6/10/17
- Lincoln Sapho has slight cough in morning but
no sputum long phthend chest. Large hollow
right-supra clavicular. Some moist rales
also above spinous process of left scapula
and at the angle below.
W.A. Robertson Lt.
- 11.10.17. Much the same condition.
- 21.10.17 Seems to be going down.
- 2.11.17 Same condition.
- 15.11.17 Do
- Discharged to Canada today
W.A. Robertson

CAN GEN
LIVERPOOL.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	150381	Pte	Falkner	R S
Year	Unit.	Age.	Service.	
	came	33	18/12.	
Station and Date.	Disease			
DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL.	Heart - normal on examination B.P. 128-90 at rest. Hands often turn blue and feet cold. Sputum - no T.B. found. (#1070 ^a) Fluoroscope - shows general shadowing of right upper lobe with mottling. slight "quilting" of right diaphragm. On right side bronchial tree pronounced especially towards base. Heart vertical. (#4007)	George Capt		
1-5-17.	Urine acid 1.023 no alb. negative Q.			
2-5/17	weight 11 stone 3/4 lb. Q.			
7-5/17	Cough has ceased since going to bed and no chest-sputum obtainable.			
8-5/17	XRay print (4007) submitted to Colonel Watt for opinion viz "Chronic fibrosis of right apex with no evidence of active tuberculosis".			
9-5/17	Papers sent to Medical Board.			
10-5/17		George Capt.		

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S.

TLH. Rank Name **FALKNER, Reginald Sydney.** ✓ Reg'l No. **150381.** ✓
 Unit **79th. Battn.** ✓ ^AIf in perm. Corps, }
 What Unit? } Married or Single **Married.** ✓
 Place and Date of Enlistment **Brandon, 16th. November, 1915.** Place of Birth **Pendennis, Manitoba.** ✓
 Name and Address, Next-of-Kin **Grace Smerdon Falkner,** ✓ *Clapperley Rise. Sherwood. Nottingham.*
Eng.
P.O. Carnegie, Manitoba. Relationship **Wife.** *Asp/59172/9.2.17*
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character *Pte. O/S.*

M/S

N/E. R.D. No. *1915.*
 File R.L.
 Category *M.H. Can*

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.				
		<i>Arrived in England</i>			
<i>10/6/16</i>	<i>bd. m. b. J.S. from 79th. Bn.</i>	<i>J.S. transfd to bd M. b. J.S. Digby</i>	<i>Digby</i>	<i>4 MAY 1916</i>	<i>As Taplow 3011.</i>
<i>29.6.16</i>	<i>do</i>	<i>Reported for duty.</i>	<i>do.</i>	<i>28.6.16</i>	<i>PO II 184</i>
<i>10.10.16</i>	<i>do.</i>	<i>b.o.s. to S of b. S. Taplow</i>	<i>Cheriton</i>	<i>4.10.16</i>	<i>" 287 (as m/s 1534)</i>
<i>5.10.16</i>	<i>DOFCERTIP</i>	<i>T.O.S. on transport CAMETS</i>	<i>Taplow</i>	<i>—</i>	<i>" 277</i>
<i>27.11.16</i>	<i>—</i>	<i>Adm to Hospital (Pulmonary)</i>	<i>—</i>	<i>26.11.16</i>	<i>" 329 C.L. 159</i>
<i>11-1-17</i>	<i>—</i>	<i>Dischg</i>	<i>Taplow</i>	<i>11-1-17</i>	<i>" 11 C.L. 182</i>
<i>9-5-17</i>	<i>bd. b. p.</i>	<i>Admt Def. b. b. p.</i>	<i>Taplow</i>	<i>3-5-17</i>	<i>— 230. Dischg</i>
<i>14-6-17</i>	<i>Def b. p.</i>	<i>80.815 CAMC Depot</i>	<i>"</i>	<i>11-6-17</i>	<i>— 159. CAMC Depot.</i>
<i>30-11-17</i>	<i>6 AM 6</i>	<i>Invalided to Canada ex #56 Bn Hqs Kirkdale</i>	<i>Liverpool</i>	<i>15.11.17</i>	<i>C.L. 274 T.B. Pulm.</i>

PT 500 122
Ent P. 348 of 14-12-17

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.				
9-10-17.	GA MB.	Trans to Ban mil Hq	Liverpool	7-10-17.	62632 T.B. Pulm.
9-12-17.	GA MB. S.	So. Sonbenig invalided. to Canada	Seiffen Pte.	15-11-17.	Rt. 0.343.
	W's Defot	To Sanitoxia	MD* 10 Winnipeg	26/11/17	WR 412.

6

Pte Name *Falkner, Reginald Sydney*

M. F. W. 41
1 OM-7-16
1772-39 889 P. O. No.
F1251

Regimental No. *150381*

Name and address of next-of-kin *Home Carnegie*

Unit *79 Bn*

Date of enlistment *11-11-15*

Man
MP Nov 27-17 Cantorium

Place of *" Brandon*

Ad \$ 20.00 31-5-17 = \$ 370.00

Married (yes or no) *Yes*

~~*Ad \$ 20.00 31-5-17 = \$ 370.00*~~
SA + app of co closed Feb 28/18.

Amount of pay assigned monthly \$ *15.00 31-5-17*

Date and place discharged
= \$ 195.00

To whom payable *Mrs G. S. Faulkner*

Character on discharge

Elevated Castle 26 1/4 Sherwood Eng.

Cate N.Y. 649-F-8343

Job 5351-M. & D. t890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date				
	<i>8/17</i>							<i>4 37</i>							<i>CRPC</i>
<i>9 6/17</i>	<i>30 11/17</i>		<i>175.00</i>	<i>175.00</i>	<i>175.10</i>	<i>175.00</i>			<i>196.87</i>		<i>90.00</i>	<i>10.00</i>			<i>CR Halfe</i>
									<i>196.87</i>						<i>June July Aug Sept Oct</i>
									<i>196.87</i>						<i>100 of CRPC paid in</i>
									<i>196.87</i>						<i>CR Balance 96.87 show % adj to 30/17</i>
									<i>196.87</i>						<i>if date to "Unit"</i>

ER
18-12-17

CR Balance to May 31-17 = \$ 195.00

ms 26/8/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Falkner, Reginald Sidney**
Surname Christian Name

5708-~~A~~-2

Regimental Number 150381

Rank Pte.

Address (in full) Carnegie, Man.

Unit 79th Bn.

Original Unit

District where paid M.D. 10.

Date of Discharge 21-2-18.

P. D. P. Filing Number 7-139-10.

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			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2136	22-2-18	58 00	2122	22-3-18	58 00	2105	22-4-18	52 80	6 30	168 80

M. F. W. 127.
60M-617.
1772 89-1140.

Remarks: Overpaid S.A. \$6.30 from 22-2-18 to 28-2-18.

File No. 5708-R-6

WAR SERVICE GRATUITY.

Register No. F 870

G.M.R. 29-8
Reg. No. 150381

Dependent Grace S Walker

Name R S Walker

Address Susan

Address Broadview Susan

File No.

Award	... days at \$	per day \$
S. A.	... months at \$	per mo. \$
Less P. D. P. Credited		\$
		\$

Pending

Pay Soldier \$ 174 90

Pay Dependent \$ 150.00

Raymond Turner

Days 153 Rate 90 Due 350.50

Amended Award.
Jas. C. Eastcott.
Gasylvain
B. Hillis

Clerk W. J. ...

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net 174 90 324 90

R 20131
7/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
6/9/19	17051	515357	174 90		1 22/9/19	30010	525514	150.00
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by
 Date.....

CPB
22-919

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

193
 M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-33-819.

To Whom *Grace S. Falkner,*
 Address *Mapperley Rise,*
430 Sherwood, Nottingham
Eng.
 Rate *\$15.00*

(Wife)
 By Whom Assigned *Falkner, Reginald S.*
 Regtl. No. *150381*
 Rank *Pte*
 Corps *Base, 79th Batt.*

MAY 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Duplicate sent to England.</i></p> <p>ENGLISH</p> <p>..... A/c Closed <i>Glenn Castle</i></p> <p>Ret'd per. <i>Glenn Castle</i></p> <p>Date. 15-11-17</p> <p>..... Clerk. <i>B</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

11/11/11

16-11-'15 MILITIA AND DEFENCE

SEPARATION ALLOWANCE

478

Name *Mr Grace S. Falkner*
 Address *430 Percy St.
 Mapperley Rise
 Shiswood, Nottingham Man.
 England*
 Relation to Soldier *Wife*
 wife, child or mother

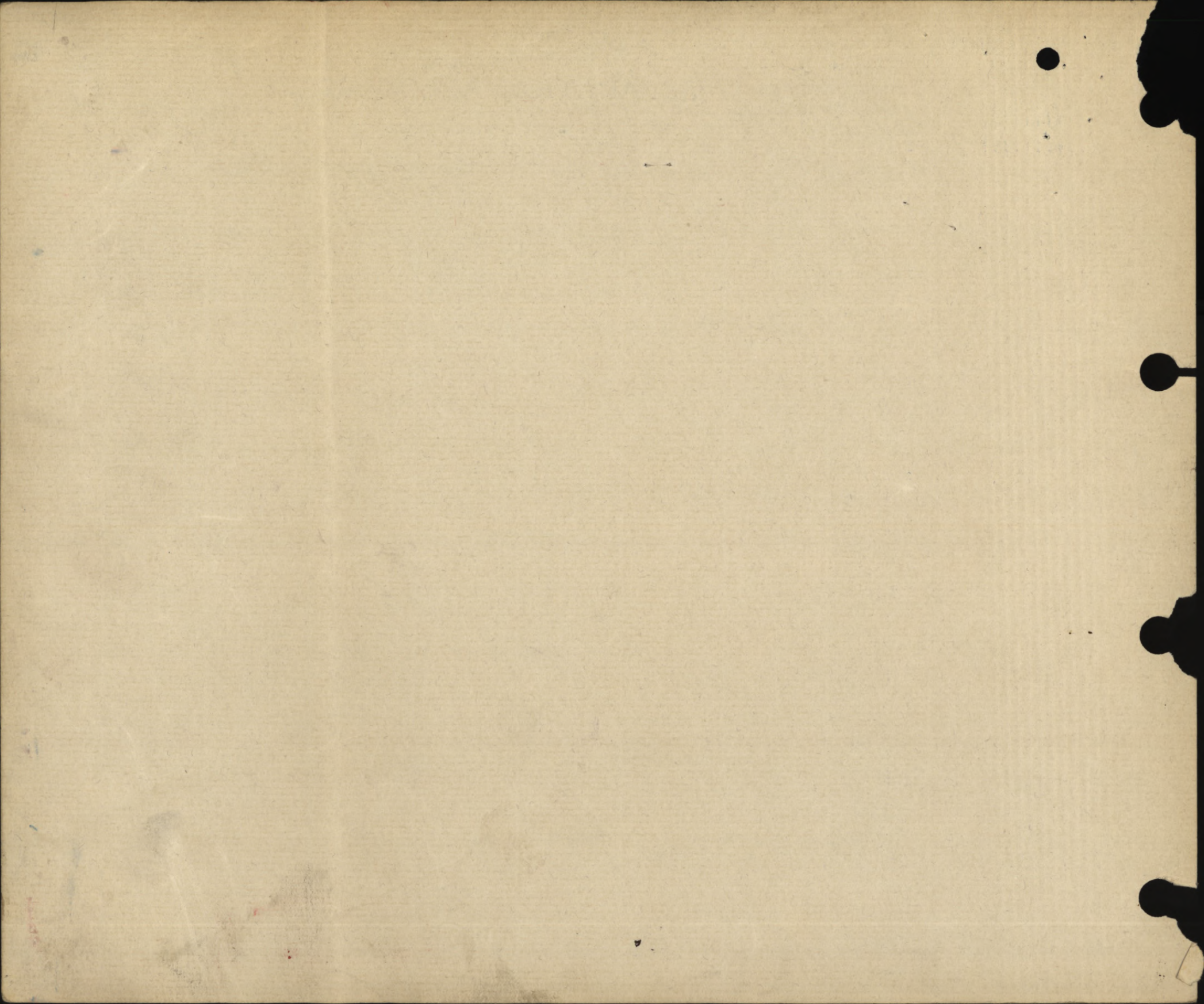
Name of Soldier *Falkner Reginald S.*
 Regtl. No. *150381*
 Rank *Pte*
 Corps *79th Bn "A" Coy.*
 To what Corps belonging }
 when called out }

PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Duplicate sent to England for payments: MAR 21 1916
Sept.				
Oct.				
Nov.				
Dec.				Overpayment for June July Aug. Sept - Oct & Nov 1917 has been recovered by Coas. Paymaster PCX 8-2-18.
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	L 19040	50	50
Feb.		N 21537	20	20
March		G 31582	20	20

*470 Retd Glenart Castle
 15/11/17 FX SHS 17/12/17
 931582 cancelled*



SEPARATION ALLOWANCE

Sheet No. 2.

Grace A. Falkner,

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*Falkner, Reginald A.
(Wife)
(150381)*

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				0
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

16-11-15

MILITIA AND DEFENCE

701010.11710.
Duplicate M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Grace ^{Merdon} Falkner
Address Mapperley Rise,
Sherwood, Nottingham,
England.

Name of Soldier Falkner, Reginald Sydney

Regtl. No. 150381

Rank Pte.

Corps 79th Battr. ("A Coy.") C.A.M.C.T.S.

Relation to Soldier } Wife.
with child or mother }

To what Corps belonging

trans 8-6-16 D.O. 2/16

when called out

JW

PAYMENTS



Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p>Marriage Certificate Produced</p> <p>APR 13 1916</p> <p>married March 5th 1913. <u>Woot</u></p> <p>FILE</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	L 19040	50 -	
Feb.		N 21537	20 -	
March			70 00 <u>20</u>	

Mrs Grace Smedon Falkner
Happuley Rise
Sherwood Nottingham

Wife

Falkner R. S.

150381

49th Batt

H Coy

Trans. b a. m. l. S.

Month	Check No.	Amount	✓
April		70 00	
May	A 2302	860	✓
June	B 22000	20	✓
July	B 29577	20	✓
Aug	B 38102	20	✓
Sept	B 5302	20	✓
Oct.	B. 63095	20	✓
Nov	B. 6944	20	✓
Dec.	B. 77522	20	✓
Jan. 1917	B 88767	20	✓

\$290 — *as*

Total Separation Allowance
paid to end of January, 1917

TRANSFERRED TO ASSIGNED PAY LEDGER.

He

ENTERED

CHECKED

MC

8393

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

Duplicate

To Whom *Mrs Grace S. Falkner,*

(Wife)

By Whom Assigned

Falkner, Reginald S.

Address

*Mapperley Rise, Sherwood,
Nottingham, Eng*

Regtl. No.

150381

Rank

Pte

Corps

Base, 79th Batt.

Rate

*\$15.00
also
checked
OK Summer*

MAY 1916

PAYMENTS

MAY 1916

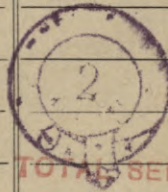
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1191 703 1564 963" data-label="Text"> <p>RECEIVED FROM JUN 24 1915 1916 OTTAWA.</p> </div> <div data-bbox="1212 1006 1833 1232" data-label="Text"> <p>RECEIVING SEPARATION ALLOWANCE \$ 20⁰⁰ EFFECTIVE JUN 1915 RELATIONSHIP <i>Wife</i></p> </div> <div data-bbox="1191 1215 1750 1423" data-label="Text"> <p><i>Correct address 6/2/14 Mapperley Rise Sherwood Nottingham</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ASSIGNED PAY.

By whom assigned *Reginald S. Falkner.*

Regtl. No. *150381* *Pte. Base. 49th Batt.*

Month	Year	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May.					
June		✓ 82764	30 -		
July		92587	15		
Aug.		126112	15		
Sept.		159657	15		
Oct.		177584	15		
Nov.		↓ \$10500 232644	15		
Dec.		275153	15		
Jan.	1917	317074	15	290 ⁰⁰	
Feb.		384076	15	20	
March		402081	15	20	
Apl.			165	20	
May			30	20	
June			195	370 ⁰⁰	
July		<i>Continued on</i>			
Aug.		<i>06305 by P. 21</i>			
Sept.					
Oct.					
Nov.		ASSIGNED PAY AND SEPARATION ALLOWANCE			
Dec.		PAID IN ENGLAND UNTIL ADVICE			
		FROM OTTAWA OF DISCHARGE OF SOLDIER			
		(NAME) HERMAN.			



TOTAL SEP. ALL. PAID TO 31 JAN. 1917.
FROM SEP. ALL. LEDGER.

MILITIA AND DEFENCE
ASSIGNED PAY.

To whom Mrs. Grace S. Jacknet,
Address Mapperly Rise,
Sherwood.
Nottingham. England.

By whom assigned Jacknet, R.S.
Regtl. No. 150381
Rank Pte.
Corps, &c. 79th Bn.

Rate Ass. Pay 15⁰⁰ Sep. Allow 20⁰⁰
Date to commence July 1st 1917.
June 1st (wife)

PAYMENTS:

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916		ASSIGNED PAY	SEPARATION ALLOWANCE	<u>Discharged to Canada 8.6.17</u> <u>Auth. Taplow 15⁰⁰/₄ 6.6.17.</u> <u>Noted on L. P. C.</u>
Feb.					
Mar.					
April					<u>ASSIGNED PAY AND SEPARATION ALLOWANCE</u> <u>BEING PAID IN ENGLAND UNTIL ADVICE</u> <u>FROM OTTAWA OF DISCHARGE OF SOLDIER</u> <u>NAMED HEREIN.</u>
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
Mar.					
April					
May					
June		<u>A.67073</u>	<u>15</u>	<u>20</u>	
July		<u>A.67223</u>	<u>15</u>	<u>20</u>	
Aug.		<u>A.62892</u>	<u>15</u>	<u>20</u>	

Over

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917	A 122008	15	20	
Oct.		B 13003	15	20	
Nov		B 22884	15	20	
Dec.		B 69299	15	25	
Jan	1918	C 52094	15	25	
Feb.		C 55300	15	25	
Mar.					<p style="text-align: center;"> <i>51st Discharged</i> <i>28/2/18</i> <i>Auth Bablu P.M. Winnipeg</i> <i>2.3.18.</i> </p>
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan	1919				
Feb.					
Mar.					

MARRIED OR SINGLE *Married*

PLACE OF BIRTH *Pendennis, Man., Can.*

NAME AND ADDRESS OF NEXT OF KIN *Falkner, Mrs. Grace S.
Mapperley Rise, Sherwood, Nottingham
Eng.*

RELATIONSHIP OF NEXT OF KIN *Wife*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. G. S. Falkner.
Mapperley Rise Sherwood Notts*

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ *20* EFFECTIVE (DATE) *Nov 1915*

PAYABLE TO *Grace S. Falkner Mapperley Rise
Sherwood Nottingham England.*

RELATIONSHIP OF DEPENDANT *wife*
*apptd checked
OK Sumner*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLL								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	c.			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE
1916																					
1-31											17.75	17.75									
May	31	1.00	31.00	31	1.10	31.10	31	1.00	31.00			24.10	37.16	93	31						
Checked <i>W. J. Stacey</i>	June 1-8	8	1.00	8.00	8	1.10	8.80					8.80	139.15	178	27						
	9/6-30	22	✓	22	22	✓	22.00					24.20									
	July 31	31	✓	31	31	✓	31.00					34.10									
	Aug 31	31	✓	31	31	✓	31.00					34.10	820	28/7	885	1/8					
	Sept 30	30	✓	30	30	✓	30.00					33	962	29/16	1034	14/16					
Checked <i>W. J. Stacey</i>	Oct 10	10	✓	10	10	✓	10.00					11	1109	29/16							
	Oct 31	21	1.00	21.00	21	1.10	21.10	21	1.00	21.00		197.05									
	Nov 30	30	1.00	30.00	30	1.10	30.10	30	1.00	30.00		23.10									
	Dec 31	31	1.00	31.00	31	1.10	31.10	31	1.00	31.00		33.00	1410	31/10	1427	15/11					
				24.50			24.50					34.10									
	Jan 31	31	1.00	31.00								34.10									
	Feb 28	28	1.00	30.80								30.80	1804	30/11							
	30 1/4			334.40								17.75	252.15								

S. &c.
 AUTHORITY
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION
 DATE OF ATTESTATION

REG'L. No. 150381 RANK Private NAME Palkner, Reginald Sydney
 UNIT 79 Bnlt TRANSFERRED TO Same IS. DATE 8-6-16 AUTHORITY 10-6-16
 TRANSFERRED TO Dept of Concepts Toplew DATE 11/10/16 AUTHORITY 19/10/16
 TRANSFERRED TO Dept of L. Div. Canada DATE 8/6/17 AUTHORITY Toplew 5/14/17
 TRANSFERRED TO K. Div. W. Branch DATE 9/6/17 AUTHORITY E. BRANCH 6/6/17
 PLACE OF ATTESTATION Brandon, Man., Can.
 DATE OF ATTESTATION November 16, 1915



ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE
 PAYABLE TO Palkner, Grace S., Mapperly Rise, Sherwood, Nottingham, Eng. RELATIONSHIP Wife

L. &c.
 NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-6-17 REASON Dis. to Canada
 DISCHARGE DATE AND PLACE Canada 8/6/17 REASON AND AUTHORITY Toplew 15/9/17
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)
 Entered on N.E. Card Index. J.S.P. Invoiced
 Checked by P.305 J.P. Elliottson

PAYMENT ROLLS

PAYMENT ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3		4			1	2	3	4			CREDIT	DEBIT			
DATE	NO.	DATE	NO.	DATE											
															Balance from Canada
											1775				
31		1946	487					15.00			3933	1252			
27		243	974					15.00			2717		585		
											1833	1835			
27			487					15			1987	3258			
15		973	486					15			2959	3709			
16		973	487					15			2960	4049			
		973						15			2473	26761			To Dept Toplew 10287 10/10/16
			244								17029	244	4742		
10		1460	1460					15.00			4420	3622	15.00	2122	
								15.00			15.00	5332			
17			1460					15			2960	5982			
		1460						15			2960	6102			
		80.28	60.85					150.00			291.13	61.02			

150381 Pl. Falkner

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3	4
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
	304		334	40					1775	352.15							8028	60.85	
Nov/31	31	1 ⁰⁰ / ₁₀	34	10				330	3410		1826	14/2/17	1867	21/10/17			9731	973 ✓	
Apr/30	30	1 ⁰⁰ / ₁₀	33	00				53	00		1822	12/2/17	1863	15/10/17			1460	974 ✓	
May/31	31	1 ⁰⁰ / ₁₀	34	10				54	10										
June/7	7	1 ⁰⁰ / ₁₀	7	70				7	70										
" 8	1		1	10				1	10										
	304		444	40				1775	832.15								10461	8032	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLC. ENG.
	Book forward								8222		
	404			A.R. 38. R+Hosp. 15/1/17	974						
				Mar 37 15/1/17 D.C. RAX 1/4	38	93					
				✓ 20. 28/4/17 D.C. Reat ^{Hosp.}	973						
				✓ 6. R+H. Inflor. 16/4/17	943				1409		
				" 65 25/4/17 "	943				4.36		

Balance transferred to N. E. Branch. Nil

Kner R. F.

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

75		150.00		291.18	61.08				
73 ✓				330					
74 1		15 330		58 80	36 32				Sato 31.3.17
		15 20		35 00	54 32				
		15 20		35 00	73 42				
					81 12				
					82 22 1				
82		19 770		749 93	22 00				

Stamp: A3W FORM REVD
 DISCHARGED TO *Canada* DATE *9/6/17*
 PAYBOOK VERIFIED *Extract*
 AUTHY. *Inceaw. 15 94 4/17*

Invalided.
 Checked, *DeKoster 16*
 ASSIGNED PAY AND SEPARATION ALLOWANCES BEING PAID IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

Page of No. 11

11

11

11

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11

ENTRANCE FROM NORTH SIDE OF DOOR

495^a 66

PATHOLOGICAL LABORATORY

Date 27/11/16 Ward Ward 2 Bed

Name W. Walker Regtl. No.

Report of an examination of Sputum

No T. B. found.

Arnold Keay Capt. R.A.M.C.

Pathologist.

INTRODUCTION

From

to

In relation to the

of

[Faint handwritten text]

INTRODUCTION

CLINICAL CHART.

Army Form B. 181
DUCHESS OF CORRAUGHT

Corps C.A.M.C.

(To be attached to Case Sheet.)

Military Hospital CANADIAN RED CROSS HOSPITAL

No. 150381

Rank and Name Tvt. R.S. Fairner.

Age 32 1/2 Yrs.

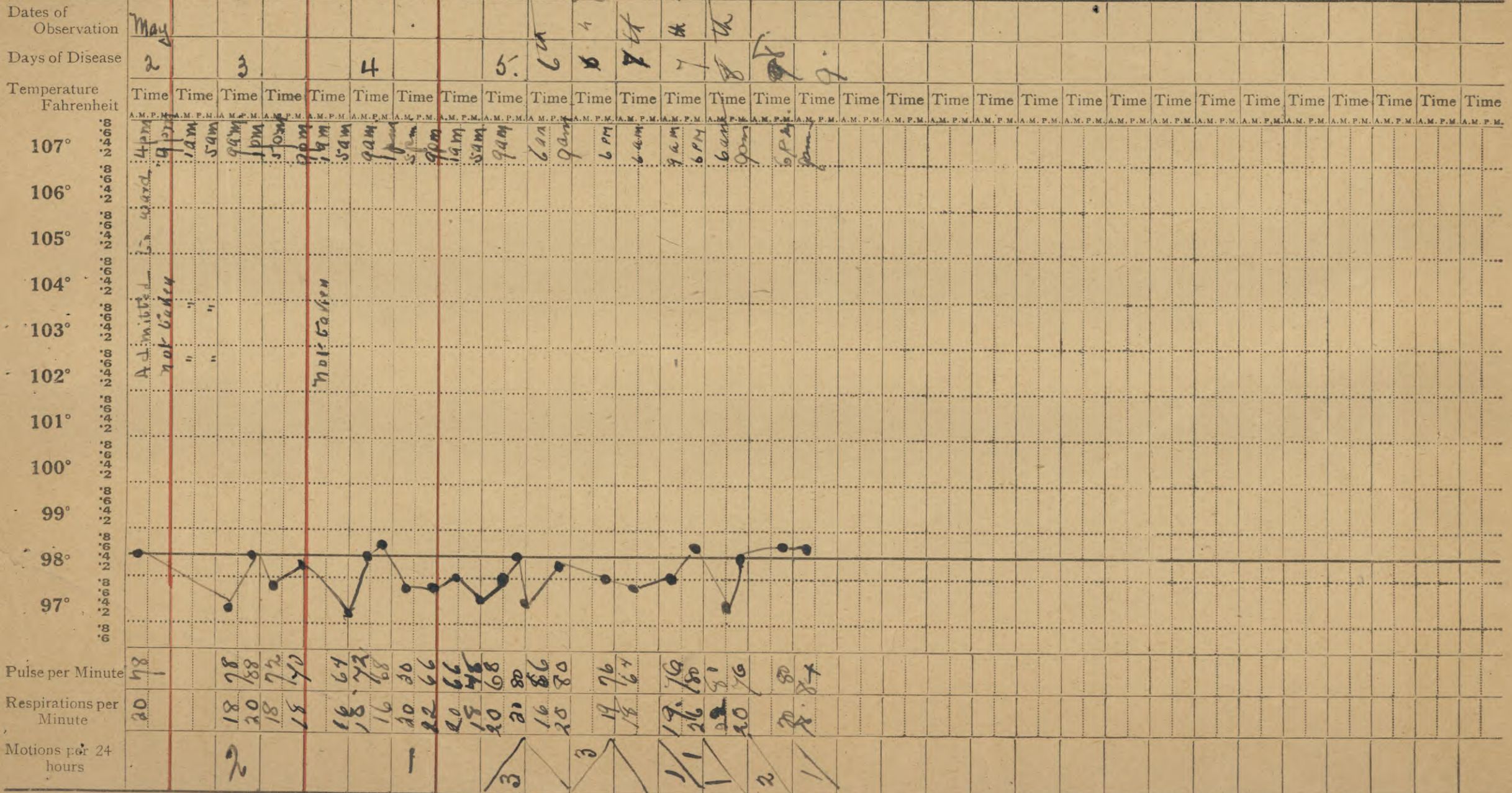
Service 18 Mos

Disease _____

Date of admission May 2, 1917

Date of discharge _____

Result _____



Signature George Capt. In charge of case.

THE UNIVERSITY OF CHICAGO
LIBRARY

UNIVERSITY OF CHICAGO

CLINICAL CHART.

Army Form B. 181

Corps C.A.M.C.

(To be attached to Case Sheet.)

Military Hospital CANADIAN RED CROSS HOSPITAL

No. 150381

Rank and Name Private R. S. Falkner

Age 33 yrs

Service 18 months

Disease Tubercle of Lung

Date of admission May 2nd 1917

Date of discharge 6/10/17

Result _____

Dates of Observation	Days of Disease																														
	May																														
Temperature Fahrenheit	Time																														
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	88	84	88	88																											
Respirations per Minute	22	20	20	22																											
Motions per 24 hours	1/3	1/2	0 2/2	0 2/2																											

Discontinue 10 Sept

Discontinued

Signature George Capt. In charge of case.

14 May - 11 - 2 1/2

CLINICAL

(To be attached to)

Army Form B. 181.

Corps C. A. M. C.

Military Hospital D. G. G. R. G. A.

No. 150381 Rank and Name Sgt P. R. S. 4

Age 32 Service 1 yr.

Disease _____ Date of admission Nov. 26/16.

Date of discharge 11-1-17 Result _____

Dates of Observation	26		27		28		29		30		1. 2.		6		7		8		9		10		11		12		13		14		15		16		17		19		20		21		22		23		24		25		26		27		28		29		31		Jan 1st.		3		5	
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time														
Temperature Fahrenheit	Admitted																																																																	
Pulse per Minute	88		96		86		72		72		90		84		76		84		88		88		84		72		72		88		88		84		88		88		80		80		84		88		88		86		88		84		84		84		86		84					
Respirations per Minute	20		18		18		18		20		18		18		18		18		18		22		22		18		18		18		18		18		18		18		18		18		18		18		18		18		18		18		18											
Motions per 24 hours																																																																		

Obm. Lib.

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K-8

loop. Hospital.

Ward (Personal) 11E No. of Bed _____ Date 7-5-17.

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
150381	Plt R S Falkner	cane	chest.

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Loss of weight + cough.
Signs of lesion at
right apex.

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 4007.

Vertical heart shadow.
Shadows over both apices, more
marked in right.
About the same as when taken
Dec. 29/16

Signature of M.O. George

Date 1-5-17.

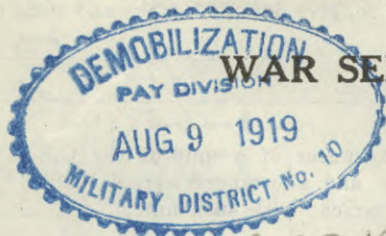
Signature of Radiographer E. A. Cro

Date May 5th 17



7870

DEPARTMENT OF MILITIA AND DEFENCE.



WAR SERVICE GRATUITY.

OTTAWA, CANADA.

P.C. 25-8-19
amend

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. 150381 2. Rank Pte 3. Original C.E.F. Unit 79th Batt
- 4. Christian Names Reginald Sydney 5. Surname FALKNER
- 6. Address, in full, to which future payments of gratuity are to be forwarded Post Office
BROADVIEW SASK

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.	<u>150381</u>	<u>Private</u>	<u>79th Batt C.E.F.</u>
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.	<u>Nov 16th 1915</u>	<u>Feb 2nd 1918</u>	<u>Private</u>	<u>79th Batt</u>	<u>Winnipeg</u>	<u>Medically Unfit</u>
2nd Enl.		<u>21-2-18</u>		<u>"G" UNIT.</u>		
3rd Enl.						
4th Enl.						
IMPERIAL SERVICE.						
Imp. Enl.						

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 Not applicable
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 79th Batt CEF. May to June 1916
attached CAMC. June 1916 to Nov 1917
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 B
C15664
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.
- | | | | | |
|---------------|-------------------------|----------------------|--------------------|----------------|
| <u>P.D.P.</u> | <u>A cheque No 2136</u> | <u>Feb 22nd 1918</u> | <u>\$58</u> | <u>00</u> |
| | <u>B -</u> | <u>2122</u> | <u>Mar 22 1918</u> | <u>\$58</u> |
| | <u>C -</u> | <u>2105</u> | <u>Apr 22 1918</u> | <u>\$52 80</u> |
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? Not applicable
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Grace Smerda Felhaer
18. Relationship of such dependent Wife
19. Present address, in full, of such dependent BROADVIEW SASK
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

.....

.....

.....

.....

.....

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: *Reginald Sydney Falkner*

Place of Residence: *Broadview Sask*

Declared before me at: *Broadview Saskatchewan*

This *30th* day of *July* 19*19*.

Signature of Barrister of the Supreme Court, ~~Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.~~ *in favor of the Proposal of Saskatchewan*

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.
<i>22-2-18.</i>	<i>58-00</i>	
<i>22-3-18.</i>	<i>58-00</i>	
<i>22-4-18.</i>	<i>52-80</i>	
<i>Debit Balance-</i>	<i>6-80</i>	

175-10

REMARKS *S.A. of P.D.P. paid to direct to soldier.*

Certified correct. *[Signature]*

Assistant Director Pay Services, Mil. Dist. No. *10*

AUG 8 - 1919

Date.....

CONFIDENTIAL INFORMATION.

Report No. 4241	CATEGORY D	No. of M.H.C. File	No. of Local File	No. of H.Q. File
Unit G	Surname Falkner	Christian Name Reginald S.		
M.D. No. _____	Permanent Address Carnegie, Man.			

No.* **150381** Rank _____ Original Unit **79th** Service Unit* **CAMC**
 Age* **33** Height **6 ft. 1 1/2 ins.** Complexion **fair** Eyes **blue** Hair **fair** Conduct _____
 Date of enlistment **11-11-15** Where enlisted **Brandon** Where seen service* **England**
 Ship returned by **Glenart Castle** Date of arrival **Nov. 26, 1917** Port of arrival **Halifax, N.S.**
 Birthplace* **Canada** Religion **C.of E.**

Condition in detail which prevents the soldier from earning a full livelihood
Complaint. Insomnia, weakness, slight cough, moderate expectoration, occasional night sweats, 20 lbs. loss of weight,
Condition. Poorly nourished anaemic. Chest - poorly formed infraclavicular fossa right side marked - expiration over right upper lobe prolonged with five crepitations and pectoriloquy. Heart normal pulse 108 at rest. Volume small, low tension.

649 Fi-8343

Degree of incapacity—Eng. Board _____ Canadian Board **90%**
 Is disability due to or aggravated by Service? **All**
 Probable duration of incapacity **Indefinite**
 Does it render him permanently unfit for Military Service? **Yes**
 Is further treatment or use of appliances recommended, if so which? **Sanitorium, Ninette**
 Destination to which transportation issued **Winnipeg**
 Members of Board **E. Peake, Capt. T.M. Creighton, Capt. A.F. McGregor, Lt. J.R. Corston, Maj.**

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife				good.
Children 1	boy 18 mos.				
2					
3					
4					
5					

Name and address next of kin **wife, Mapperley Sise, Sherwood, Nottm. England.**
 Notification of return to be sent to **uncle, Frank Coporn, Carnegie, Man.**
 Occupation prior to enlistment **Farmer** And for how long followed _____
 Regular trade or occupation **Printer & Stationer**
 Average earnings previous to enlistment **\$25 per mo.** Any other source? _____
 Name and address of last employer **John Marriott, Carnegie, Man.**
 Rent per month _____ If owner of or purchasing property amount due and annual payment, \$ _____
 Taxes _____ If Homestead, or Farm, where located _____
 If carrying life or accident insurance, annual premium \$ _____ Name of Society _____
~~Intend~~ to follow previous occupation, name preference **light farming.**
 References **Last Emp.** I declare that the above statement is correct.
 Witness **A.M. McNaughton**
 Date **27-11-17.** Place **Halifax.** Signature **R.S. Falkner**

Remarks by Interviewer:

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, \$ _____	
PENSION—Class _____ Amount per year, \$ _____		Period granted for _____ Dating from _____	
First payment date _____			

**B. P. C. FOLIO
FALSE DOCKET**
3

Reports on men returned for Discharge under Sp. Auth. on White (Black printed) Forms.
 E. 1. Discharge, no pensionable disability. (Yellow copies).
 E. 2. Waiting Reclassification. (Pink copies).
 E. 3. Discharge with claim for pension. (Blue copies).

Reports of men returned for duty to be typed on White (Red printed) Forms.
 C. Service in Canada.
 D. Treatment. (Pink copies).
 A. General Service.
 B. Service abroad, not general.

1. Name of person to whom report is made: _____
 2. Name of person making report: _____
 3. Name of person to whom report is made: _____
 4. Name of person making report: _____
 5. Name of person to whom report is made: _____
 6. Name of person making report: _____



Reports of men returned to duty to be filled on White (See front) Form.
 Reports of men returned to duty to be filled on White (See front) Form.

1. Name of person to whom report is made: _____
 2. Name of person making report: _____
 3. Name of person to whom report is made: _____
 4. Name of person making report: _____
 5. Name of person to whom report is made: _____
 6. Name of person making report: _____

NAME	AGE	DATE OF BIRTH	DATE OF ENTRY	STATUS	REMARKS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INFORMATION TO BE FURNISHED BY SOLDIER _____
 1. Name of person to whom report is made: _____
 2. Name of person making report: _____
 3. Name of person to whom report is made: _____
 4. Name of person making report: _____
 5. Name of person to whom report is made: _____
 6. Name of person making report: _____

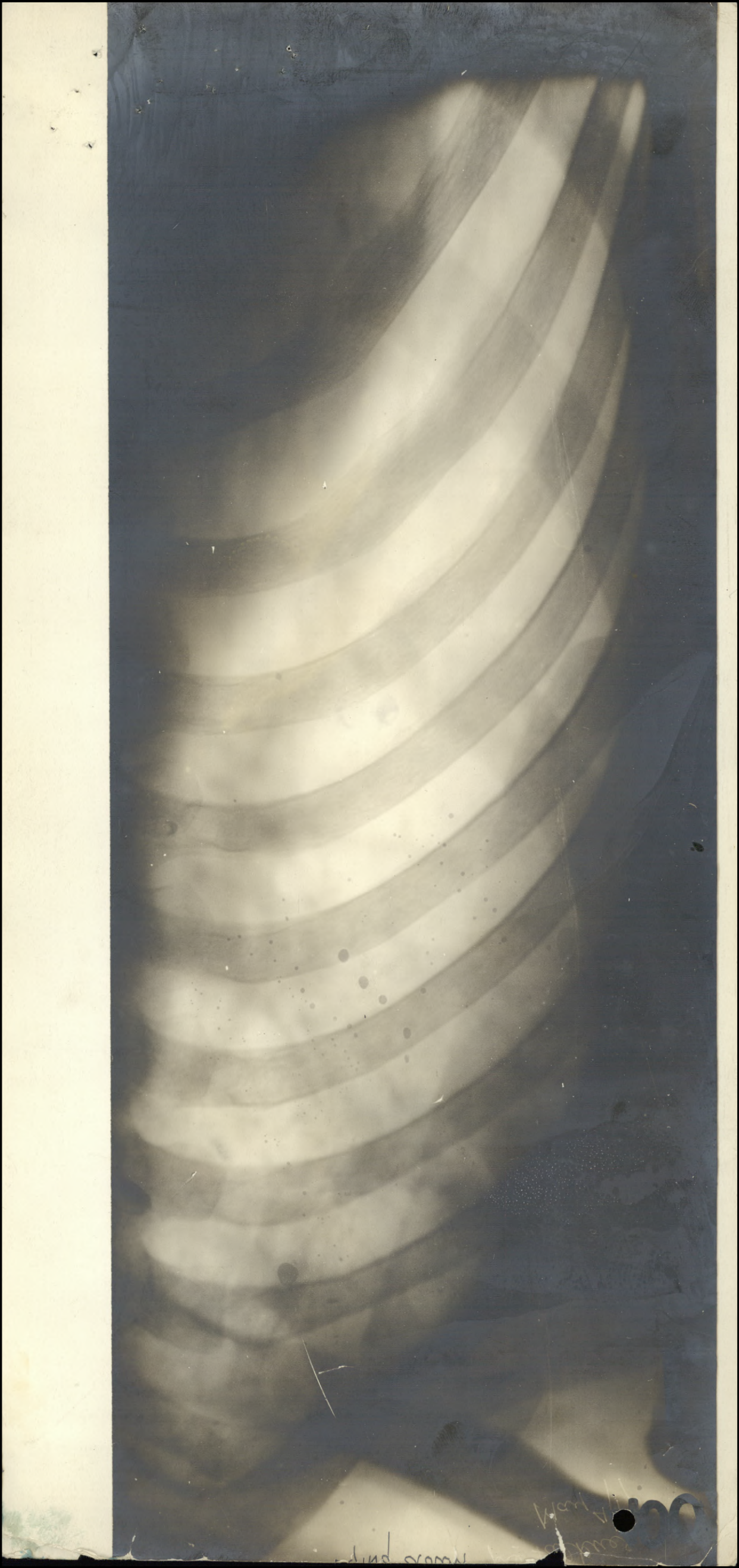
Reports of men returned to duty to be filled on White (See front) Form.
 Reports of men returned to duty to be filled on White (See front) Form.

1. Name of person to whom report is made: _____
 2. Name of person making report: _____
 3. Name of person to whom report is made: _____
 4. Name of person making report: _____
 5. Name of person to whom report is made: _____
 6. Name of person making report: _____

NAME	AGE	DATE OF BIRTH	DATE OF ENTRY	STATUS	REMARKS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CONFIDENTIAL INFORMATION

INFORMATION MARKED THIS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS



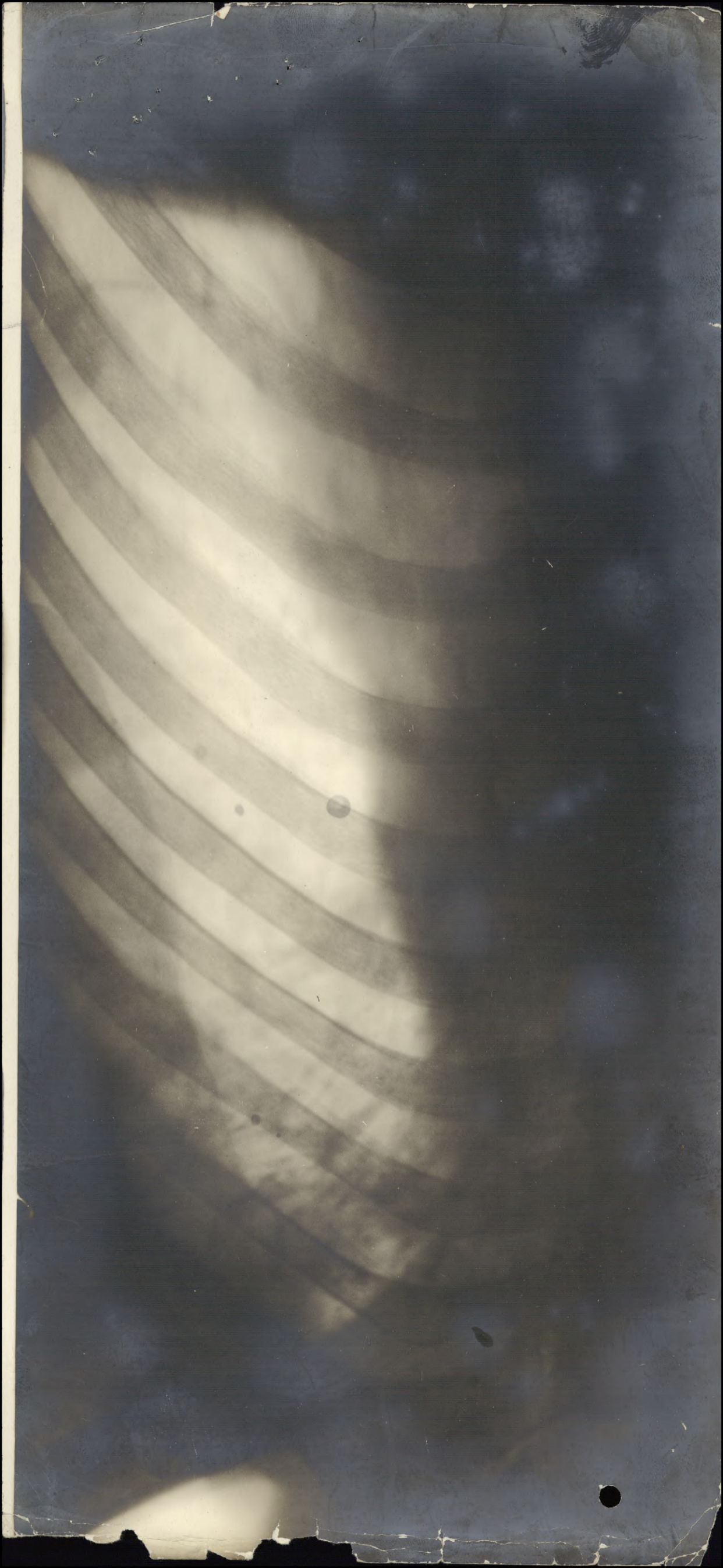
Handwritten text, possibly a date or measurement, located at the bottom center of the image.

Handwritten text, possibly a name or identifier, located at the bottom right of the image.

R.P.

Pl^{te} R.S. Yalburn 150381.

L. Chest.



R. 1.

4007. ~~Pl~~ R. S. Falkner. 150381.

R. Chest.

8-K

90/5

CONFIDENTIAL INFORMATION

Report No. 4241

Category D-

No. of M. H. C. File

No. of Local File

No. of H. Q. File

Falkner Reginald S.
Carnegie
man

No. 150381 Rank _____ Original Unit 79th Bn. Present Unit Came.
 Age 33 Height 6 ft. 1 1/2 ins. Complexion fair Eyes blue Hair fair Character _____
 Date of enlistment 11/11/15 Where enlisted Brandon Where seen service England
 Ship returned by Glenart Castle Date of arrival NOV 26 1917 Port of arrival HALIFAX, N.S.
 Birthplace Canada Religion _____
 Name and address next of kin Wife Snapperley Ridge
 Notification of return to be sent to Nucle Frank Caporn
 Cause of disability Carnegie, man
 Condition in detail which prevents the soldier from earning a full livelihood _____

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

Degree of incapacity (Please state in fractions) Eng. Board _____ Canadian Board _____
 Probable duration of incapacity Indefinite 90% DDS all
 Does it render him permanently unfit for Military Service? yes (Sanitarium)
 Would operation, Special treatment, or use of appliances etc., lessen incapacity? _____
 Destination to which transportation issued Winnipeg, Man.
 Members of Board E. Peake, Capt. T.M. Creighton, Capt. A.F. McGregor, Lt. J.R. Corston, Maj.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	<u>Wife</u>				<u>Good</u>
Children 1	<u>one boy</u>	<u>15 mos</u>			
2					
3					
4					

C. Service in Canada.
 D. Treatment.

Occupation prior to enlistment Farmer
 Regular trade or profession Printer & Stationer Board
 Average earnings previous to enlistment \$25.00 per mo. Any other income? _____
 Name and address of last employer John Marriott Carnegie, Man.
 Rent per month _____ If purchasing property amount due and annual payment, \$ _____
 Taxes _____ If Homestead, when is patent due? _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____
 Unable to follow previous occupation, name preference Light Farming
 At what age soldier left school? _____ What grade, standard, &c., was he in? _____
 Has he taken any Technical or Continuation Classes, if so what? _____
 Whether given Vocational Training while in Hospital in England. If so, what subjects? _____
 References Last Mrs. Anne Houghton
 Witness _____ I declare that the above statement is correct.
 Date NOV 26 1917 Signature R. S. Falkner

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

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

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.

CONFIDENTIAL INFORMATION

Report No.

Category

W.H.C. Form 1-50 (Rev. 1-5-50)

Original Unit
Present Unit
Date of enlistment
Date of arrival
Name and address next of kin
Education of record to be sent to
Cause of disability
Condition in detail which prevents the soldier from earning a full livelihood

- E 3 Discharge with gratuity
- E 2 Award of gratuity
- E 1 Discharge without gratuity

Service Board
Serial No. 11

Reason of discharge
Indefinite

INFORMATION TO BE FURNISHED BY MEMBER
NAME AND WHERE EMPLOYED

Discharge
Certificate

Discharge
Certificate

Amount paid at Dept. H.O.S.
Last Pay Cert. Class 2
Amount forwarded to H.O. Unit 2

Transf. to
Transf. Class 3 - Date
Transf. Class 1 - Date

Transf. Class 2 - Date
Transf. Class 3 - Date

Recommendation by interview as to class likely to be in use and general remarks

Signature
Date

Witness
References

Whether given Veterans' Training while in England. If so what subjects?

Has he taken any Technical or Continuation Classes. If so what?

At what age soldier left service?

Is he able to follow previous occupation now or then?

Is he able to do any other work?

What kind of disability does he have?

Has he been given any special allowances?

What kind of pension is he receiving?

Is he receiving any other pension?

Is he receiving any other allowances?

Is he receiving any other benefits?

Is he receiving any other services?

Is he receiving any other assistance?

Is he receiving any other help?

Is he receiving any other support?

Is he receiving any other aid?

Is he receiving any other relief?

Is he receiving any other care?

Is he receiving any other protection?

Is he receiving any other security?

Is he receiving any other insurance?

Is he receiving any other savings?

Is he receiving any other investments?

Is he receiving any other property?

Is he receiving any other assets?

Is he receiving any other resources?

This space to be left blank for the Chelsea Number.



GLENART CASTLE

November 26th

Army Form B. 268.

4-8-33

Proceedings on Discharge.

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

No. 150381. Army Rank Private.

Name Falkner, Reginald Sydney,
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canadian Army Medical Corps. *(Date of Enlistment 16th November 1915 Unit 7th Battalion)*

Battalion, Battery, Company, Depot, &c. Canadian Army Medical Corps.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge FEB 21 1918

Place of discharge WINNIPEG, MAN. Canada.

1. Description at the time of discharge.

Age <u>33</u> years _____ months	Descriptive marks. Four brown moles on abdomen.
Height <u>6</u> feet <u>2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
Trade <u>Farmer</u>	
Intended place of residence (To be given as fully as practicable) <u>Carnegie Station</u>	

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

2. The above-named man is discharged in consequence of Being no longer physically for War Service.
Para 392, Sec. 16. K. R. & O. 1912.

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

3. Military character:— Very Good

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

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

*KED
21-1-20
a*

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

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

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

6. Campaigns, Medals and Decorations

Nil.

Certificate of education

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

(Place) Taplow, Bucks.

(Date) 1-9-17.

HOSPITAL REPRESENTATIVE,
DUCHESS OF CONNAUGHT
RED CROSS HOSPITAL, TAPLOW.
for A. S. Canadians.

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

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

(Place) WINNIPEG, Man.

(Date) FEB 21 1918

Reginald Sydney Falkner (Signature of Soldier.)
A. Holmes (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to (the date to which the record of service is completed) 2 years 97 days.

Further service " (the date of confirmation of discharge) " " "

Total ... 2 " 97 "

11. Confirmation of discharge.

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

(Place) WINNIPEG Man.

(Date) FEB 21 1918

Signature [Signature] LT. COL.
OFFICER COMMANDING "G" UNIT
MILITARY HOSPITALS COMMISSION COMMAND

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

Reginald Sydney Falkner

LIST OF DISCHARGE
DOCUMENTS.

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

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

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

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

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

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

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

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 2064).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

Medical Report on an Invalid.

Taplow Bucks

Station

Date **26-5-17**

- 1. Unit **C.A.M.C.**
- 2. Regimental No. **150381**
- 3. Rank **Pte.**
- 4. Name **Falkner R. S.**
- 5. Age last birthday **33**
- 6. Enlisted } on **16-11-15**
at **Brandon; Man.**
- 7. Former Trade }
or Occupation

8. Disability.

TUBERCLE - OF - LUNGS

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **October 1916**
- 10. Place of origin of disability. **Shorncliffe England**

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Onset with weakness and loss of weight, followed by cough, night sweats and night chills. In November was in Hospital for 7 weeks but no T. B. found in sputum and he was discharged as "Debility; improved."

Weights 11 stone 12 lbs on Feb 6

11	"	10	"	"	"	20
11	"	6 1/2	"	"	Mar.	15
11	"	3 1/2	"	"	April	11
11	"	0 3/4	"	"	May	7

Officer in medical charge of case.
Ruggles George Capt C.A.M.C.

- 12. (a) Give your opinion as to the causation of the disability. **Infection**

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).
2. Due to infection not aggravated by service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Present weight 11 st. 0 3/4 showing a loss of 11 1/4 lbs. in three Months. Sweats readily Nutrition poor, cough with sputum but no T.B. found in sputum. Chest of phtinoid shape.

Expansion only 2 1/2 " . At right apex is a deep fossa; restricted movement Narrowing on percussion with impaired resonance . Expiration prolonged. Pectoriloquey present , He looks weak and ill and will probably remain so for s X Ray 40o7 shows fibrosis of right apex.

1. Name
2. Rank
3. Component
4. Date of birth
5. Date of enlistment
6. Former rank
7. Former occupation

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

(9)

Notx Applicable

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada? **Yes with sanitarium treatment.**
- (d) Discharge as permanently unfit?

Ruggles George Capt C.A.M.C
Officer in medical charge of case.

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

Station Taplow Bucks W. Langmuir Watt. Col.
Officer in charge of Hospital)

Date 27- 5 - 17

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1	a2
No	Yes

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Infection and strain of service

21. Has the disability been caused or aggravated by

(a) Intemperance? **No**

(b) Misconduct? **No**

22. Is the disability permanent? **No**

23. If not permanent, what is its probable minimum duration? **One Year**

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? **Total for ~~one~~ Year**

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? **Not Applicable**

26. Do the Board recommend

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalided to Canada? **Yes** **With sanitarium treatment.**

(d) Discharge as permanently unfit? **No**

27. Remarks.

Signatures:—

J. C. Meakins Major. President.

A. R. Robertson Capt. C.A.M.C.

Station **Taplow Bucks**
29-5-17

Date **29-5-17**

Members.

Approved.

Station **A.D.M.S. CANADIANS.**

LONDON AREA.

Date **LONDON.**

W. Smaedahl

Administrative Medical Officer,

for A.D.M.S., Canadians, London Area.

- 8 JUN 1917

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

England, on the _____ day of _____ 191____

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

20.	(a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.	Yes	No
21.	Has the disability been caused or aggravated by		
	(a) Intemperance?	No	
	(b) Misconduct?	No	
22.	Is the disability permanent?	No	
23.	If not permanent, what is its probable minimum duration?	One Year	
24.	To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?	Total for one Year	
25.	If an operation was advised and declined, was the refusal unreasonable?	Not Applicable	
26.	Do the Board recommend		
	(a) Fit for duty?	No	
	(b) Fit for base duty?	No	
	(c) Invalided to Canada?	Yes	
	(d) Discharge as permanently unfit for service?	No	
27.	Remarks		

Signed at _____ this _____ day of _____ 191____

 Members of

Approved: _____
 Station _____
 Administrative Medical Officer _____
 Date _____

8 JUN 1917

B. P. C. ORIGINAL

RECEIVED
JAN 28 1918
S. M. D. - 10

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 Ninette, DATE Jan. 25th, 1918.

1. (a) Unit 79th, (b) Regimental No. 150381 (c) Rank pr
(d) Surname Falkner, (e) Christian name Reginald Sydney,

2. Age last birthday 33, Date of birth June 24th, 1884,

3. Enlisted at Brandon, on Nov. 16th, 1915,

649 F-8343

4. Personal description :—

(a) Height 6 ft. 1 3/4 in. (b) Weight 161 1/2 (c) Complexion Fair

(stripped)

(d) Colour of hair Lt. brown, (e) Colour of eyes blue (f) Identification marks 4 moles
on abdomen,

5. Address after discharge (for the use of the Board of Pension Commissioners.) Carnegie, Man.

6. Former trade or occupation Farmer,

7. (a) Service

	PERIODS	
	From	To

(b) Has he been Overseas? England,

8. Present disease or disability (use authorized nomenclature if possible). Moderate debility

(a) Date of origin Nov. 1916, (b) Place of origin England,

(c) Cause* "Nervous breakdown with pulmonary congestion due to efforts putting out fire in hospital."
*(Here include original disease or injury)

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

Is tall, fairly nourished man of quick, nervous movements
Complains of marked dyspnoea, obstinate insomnia, nervousness, dizzy
spells on exertion and profuse sweating on excitement. Considers
strength half normal, weight 10 lbs. below normal. Has no cough,
expectoration, pain or indigestion, practically no abnormal chest signs.
Does suffer from insomnia and is nervous. Diagnosis of Pulmonary
Tuberculosis cannot be made definitely. Is able for part work on farm
and considers home (surroundings) and light work will clear up nervous
condition. Was better when home on leave.

[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.]

B. P. C. FOLIO
FALSE DOCKET
6

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

Health good before enlisting except for slight cough 1907 to 1912.

Enlisted November, 1915, England May 1916. Orderly in hospital November when after fighting a fire in hospital, extreme nervousness also cough, expectoration and dyspnoea began. In bed seven weeks. Light duty then until May, 1917, when sent to hospital as T. B. suspect on account of loss of weight and weakness. Entered Ninette Sanatorium December 13th, 1917.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

50% for six months.

12. Did the disability arise on or off duty? On 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?

Yes..... No..... 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? Six months.

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

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

No.

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

20. Recommendations

Discharge from army.

C. G. Field M.D.

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, Reginald Sydney Falkner 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

Reginald Sydney Falkner
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).

23. It is certified that the soldier

- (a) Does require treatment.
- (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).

.....
.....

No deposit definite post-discharge treatment necessary.
except dental treatment

D. Stewart ^{La. M.C.}
President.
J. J. ...
B. Black, M.D. } Members.

STATION Ninette, Man.

DATE Jan. 25, 1918.

APPROVED BY

DATE

APPROVED BY

DATE

APPROVED

JAN 29 1918

P. J. Fortin
Assistant Director of Medical Services.

WINNIPEG, MAN.

B. P. C. FOLIO
Director-General of Medical Services.

FALSE DOCKET
5

8/16/18

1183-1-3-18

8/18/18
I 434

MAR 1 1918

1183

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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
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.

Medical Report on an Invalid

DUCHESS OF CONNAUGHT

Station CANADIAN RED CROSS HOSPITAL

Date 26-5-17

1. Unit C.A.M.C.
2. Regimental No. 150381
3. Rank Pte
4. Name FALKNER, R.S.
5. Age last birthday 33
6. Enlisted on 16.11.15
at Brandon, Man.
7. Former Trade or Occupation Farmer
8. Disability.

~~Tubercle of Lungs.~~
TUBERCLE of LUNGS.
Statement of Case.

DEPT. MILITIA & DEFENCE
MAY 11 1918
H.Q. CANADA

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. October 1916.
10. Place of origin of disability. Shorncliffe England.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
Onset with weakness and loss of weight followed by cough, night sweats and night chills. In November was in hospital for 7 weeks but no T.B. found in sputum and he was discharged as "debility, improved."
Weights 11 stone 12 lbs on Feb 6
11 " 10 " " 20
11 " 6 1/2 " " Mar 15
11 " 3 1/2 " " April 11
11 " 0 3/4 " " May 7.

12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

Infection
I No.
II Due to infection not aggravated by service

C. FOLIO
FALSBOKKET
2

Present weight 11 st 0 3/4 lb. showing a loss of 11 1/4 lbs in 3 months. Sweats readily - nutrition poor. Cough with sputum but no T.B. found in sputum. Chest of

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

phthinoïd shape. Expansion only 2 1/2". At right apex is a deep fossa; restricted movement, narrowing on percussion with impaired resonance. Expiration prolonged. Pectoriloquy present. He looks weak + ill and will probably remain so for some time. X-ray 7004 shows fibrosis of right apex.

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

not applicable.

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Fit for duty? *no*
- (b) Fit for base duty? *no*
- (c) Invalided to Canada? *yes; with sanitarium treatment.*
- (d) Discharge as permanently unfit? *no*

Ruggles George
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Station **DUCHESS OF CONNAUGHT**
CANADIAN RED CROSS HOSPITAL

Date *27-5-17*

W. H. ...
 Officer in charge of Hospital

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

	a1	a2
	<i>No</i>	<i>Yes</i>

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Infection & strain of service

21. Has the disability been caused or aggravated by

(a) Intemperance? *No*
 (b) Misconduct? *No*

22. Is the disability permanent? *No*

23. If not permanent, what is its probable minimum duration?

One year

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Total for one year

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

Not applicable

26. Do the Board recommend

(a) Fit for duty? *No*
 (b) Fit for base duty? *No*
 (c) Invalided to Canada? *Yes*
 (d) Discharge as permanently unfit? *No*

with sanatorium treatment.

27. Remarks.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE: DUCHESS OF CONNAUGHT RED CROSS HOSPITAL, TAPLOW.

Signatures:—

DUCHESS OF CONNAUGHT
 CANADIAN RED CROSS HOSPITAL

J. J. Mackenzie President
R. W. Robertson Secretary
 Members.

Date 29-3-17

Approved.
 A.D.M.S. CANADIANS.
 Station LONDON AREA.
LONDON, W.
 Date 13/3/17

W. Smaednill
 Administrative Medical Officer
 Captain R.A.M.C.

- 8 JUN 1917

for A.D.M.S., Canadians, London

C. FOLIO FALSE DOCKET

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

England, on the _____ day of _____ 1917

Notes: (i) Clear and decisive answers to the following questions should be given in the most reliable information to enable them to decide on the application for pension.

Members of Board

(ii) Expressions such as "may," "might," "probably," &c., should be avoided.
(iii) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

Proceedings:

In answering question 20 the Board should be careful to discriminate between military conditions and disease to which the soldier would have been equally liable in civil life. The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.
- (b) If due to one of these causes, to what specific conditions do the Board attribute it?
- 21. Has the disability been caused or aggravated by
 - (a) Intemperance? *No*
 - (b) Misconduct? *No*
- 22. Is the disability permanent? *No*
- 23. If not permanent, what is its probable minimum duration? *one year*
- To be stated in months _____
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? *date for one year*
- In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, or total incapacity.
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend
 - (a) Fit for duty? *No*
 - (b) Fit for base duty? *No*
 - (c) Invalidd to Canada? *Yes*
 - (d) Discharge as permanently unfit? *No*
- 27. Remarks _____

Signatures: _____

Signed at _____ this _____ day

Members of _____

1917

Date 29-3-17

President _____

Approved _____

Administrative Medical Officer _____

Date _____

RAISE DOCKET

8 JUN 1917

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE
DUCHESS OF CONNAUGHT
HOSPITAL TAPLOW