176th O. S. Batt'n, C. E. F.

ORIGINAL

ATTESTATION PAPER.

No. 851049

~~2nd Dragoons~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Fyles
1a. What are your Christian names? ..... Charles
1b. What is your present address? ..... 6 Marquis St. St. Catharines Ont
2. In what Town, Township or Parish, and in what Country were you born? ..... Toronto Ontario Canada
3. What is the name of your next-of kin? ..... Mrs Jessie Fyles
4. What is the address of your next-of-kin? ..... 6 Marquis St. St. Catharines Ont.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 10 Nov. 1883
6. What is your Trade or Calling? ..... Laborer
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? ..... No
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, Charles Fyles, 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.

Charles Fyles (Signature of Recruit)

Date Jan 5 1917. J. P. Scanlin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Fyles, 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.

Charles Fyles (Signature of Recruit)

Date Jan 5 1917. J. P. Scanlin (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 Niagara Falls this 5th day of January 1917.

W. E. Sheppard Mayor (Signature of Justice)

176th O. S. Batt'n, C. E. F.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of Charles Fyles on Enlistment.

Apparent Age 33 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5' ft. 8 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair black

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

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

scar 1 inch long, 2 inches above right eye

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Jan. 5 1917 A G Ludwig

Place Niagara Falls 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:—

Applicant has bunion on left foot which gives trouble once a year—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Fyles 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.

H. C. Sheppard Esq. (Signature of Officer)
C/O.C. 176th O. S. Batt'n, C. E. F.

Date 5/1/17 191 .

Lost 23.7.19

REGIMENTAL DOCUMENTS

NAME Pte FYLES CHARLES REGT. NO. 851049 UNIT 176 Batt. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				22231	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit on
	MEDICAL EXAMINATION (M.F.W. 129)					Demobilisation
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	ISC 132					3
1	MFW 67					2 - 3
1	MFW 192					2 - 3
1	AFW 3428					3 - 3
1	A.F.W. 3172					
1	A.F.W. 3118					
1	A.F.B. 181					3
1	A.F.I. 1237					
	Misc					

Received 19-11-56

H

W 2569
100M-11-18
1772-36-1377

NAME Fyles Charles

REGT'L No. 851049

RANK AND CORPS Pte. 75th Bn. from 176th Bn.

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE No.	DATE	C.	NATURE OF CASUALTY
M 6-364 39-2	17-11-17		Adm. to 6th Fld Amb. Depot Nov. 11th 1917 shell gas.
M 6364 (39-a)	17-11-17		adm. to 6th. Fld. Amb. Depot, Nov. 11th, 1917. shell gas.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 64 (2)	No 6 Can. Fld. Amb.	11-11-17	shell gas.
A 49 (2)	No 9 Aust Gen Abbeville	13/11/17	" "
A. 83 3	" 2 Stat. Abbeville	22-11-17	Scabies
A 131-3	" 5 Conv. Dep. Cayeux	24-1-18	impetigo
A. 127 (4)	Disc to Base Details Etaples	19-2-18	" " " (1st C. Ont Regt)
A 441	20 Cas Cl. Station	29-1-19	Colles Frac R. acc
A 446	8 Stat Wimereux	6-2-19	" " "
B 448	16 Can Gen Orpington	11-2-19	" " " "
B 510	Mil. Conv. Hdcate Pk Epsom	29-4-19	" " " "
B 533 (2)	Inv to Canada	23.5.19.	Colles Frac Rt acc. S.L. 5-01. MD. 2.

FORM R. 149.
7106—250m—7/2/17.

FYLES ~~F~~ Charles

Name ~~FILES~~ Rank Pte Reg. No. 851049

Unit 75th Batt

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-11-17	6 C F C A		Shell Gas	A64	M6364	7799
13-11-17	3 Aust G H Abbeville		do	A79		16348-2
22-11-17	2 St H Abbeville		Scabies	A83		16610
24-1-18	5 Conv D Cayeux		Impetigo	A136		19058.
19-2-18	Discharged to Base Depot		do	A150		20053-4
29-1-19	No. 20 Cas. Clg. Stn	Colles Fract R		A444		
6-2-19	No. 8. Sty. Hosp. Wimereux		acc	A444		42040
			do			7174-2
11-2-19	No. 16 Can. G.H. Orpington		do	B448		6868
29-4-19	Mil (Com) Hosp. Epsom		do	B.510		10248
23-5-19	Invalided to Canada					
		(501-2)		B.533		9091

Charles. 851049.

Date	FYLES, Movement (Pte)	Place	Casualty	List No.	Notified N/K O.	W.O. List

a.T.E.

Number 85-1049 Rank Ste.

Surname FYLES

Christian Name Charles

Units 75th Bn Can Ny Theatre of War France

Date of Service 26-6-17

Remarks

Latest Address 6 Marquis St.
St Catharines, Ont.

Roll No. B

200m.-2-21.M. Page 16169

DESP. AUG 29 1922
REGN. NO. 6N4116

No. 85-10493 RANK Pte NAME Fyles Charles

T.O.S. 5-1-17. UNIT 176th Battalion, C.E.F.

D.O.S. 5-5-1-17.

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1917			
Jan 5-	Jan 31	✓		
Feb				
mar		✓		
		✓		
apr		✓		

SURNAME. Tyles

CHRISTIAN NAMES Charles

REGL. No. 851049 RANK Pte.

UNIT 176th

FORMER CORPS Nil

CARD No. 2

508.47.19 Dmd MU.

FOLL. DO.183 .2.7.19

Bn

NEXT OF KIN.

NAMES IN FULL Tyles Mrs. Jessie,

RELATIONSHIP TO SOLDIER Wife.

ADDI 6 Marquis St, St-Catharines, Ont.

S.a.ap. 22-11-18.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto Ont. DATE Nov. 10th 1883

PLACE OF ATTESTATION Niagara Falls, Ont. DATE Jan 5th 1917.

R/C. 2-6-19 340/11 Pte

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Halifax Per S.S. Olympic 22-4-17.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Labourer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 33 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS Scar, inch long 2 inches below eye

MEDICAL EXAMINATION. PLACE Niagara Falls Ont. DATE Jan. 5th, 1917.

Present Address - 6 Marquis St., St. Catharines Ont.

L.

*Name FYLES Charles Rank Pte. Regtl. No. 851049

Original unit ____ Present unit 1st. C.O.R.D. M. or S. ____ Age 36 Religion C.E. Fyle Depot ____ Ref. H.Q. ____

Port, ship, and date of arrival Quebec Megantic 2-6-19

Next of kin Wife B. Fyles 6 Marquis St. St Catharines Ont.,

Address on leave 6 Marquis St., St.Catherines, Ont.

Address on discharge same.

Transportation issued ~~Yes~~ No Date 5-6-19. St.Catherines, Ont. Character on discharge -----

Previous occupation Labourer Date and place of enlistment Niagara Falls Jan. 5th. 1917

Diagnosis Fracture Ulna and Radius. Date of Medical Boards 26-6-19

Date. T.O.S.	Remarks.	Pt. 2 Order No.
23-5-19.	Posted to Hosp. Sec. 2-6-19. Granted leave with	
	Subs. from 4-6-19 to 18-6-19.	158
	Clearing Depot to B.M.H. 4-6-19	161
27-6-19	HOSP. SECT. TO CAS. CO. HAMILTON	178

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

[OVER]

Date	Remarks.	Pt. 2 Order No.
4-7-19	S.O.S. Discharged "Demobilization Medically Unfit for General Service" entitled to 183 days W.S.G.	183

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

A.T. Serum
Dose and date } 1st

2nd

FIELD AMBULANCE NOTES

Morphia
Dose and time }

Date of wound or
onset of illness } 29 Jany 1919

A.F.B 3128 has been rendered

Religion C.E.

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 851049 Rank Pte

Name Fyles C

Unit 75th Bn 4th Div Canadians

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

No. of F.A. XI Canadian

Date of admission 29 Jany 1919

F.A. diagnosis

Contusion Rt wrist

Accidental

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

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

Base Hospital diagnosis (alterations or additional)

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

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

C/41

No. 8 Staty. Hospl.

6 FEB 1919

No. of C.C.S. 90

Date of entry 29-1-19

Cubs fract reduced

B Pickering Maj

E.S.

S.B.B.

No. of Hospital

Date of entry

Splint re adjusted.

E.C. 8.II.19.

J. J. [illegible] capt.

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

FORM D M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Fyles	C.	851049

RANK	UNIT	CO.	TROOP	BATTY.
Pte	1st. CO.	75.		

HOSPITAL

DATE OF ADMISSION

6 Can. Fld. Amb. 11-11-17

1. 3 Aust Gen, Abbeville, HOS. 13-11-17.
2. 2. Stat. Abbeville. × HOSP. 22-11-17.
3. 5 Cond. Cayeux ✓ HOSP. 24.1.18
20. C.C.S. 29.1.19.
4. 8 Sta Wimereux HOSP. 6.2.19

DIAGNOSIS

Shell Gas. RW.

1. Scabies. ×
2. Impetigo. ent. 36.18.
3. Colles. ~~Frac.~~ ar. R. acc. R
V.D.S.

DISPOSITION A64 (2) Dist to Base. Depot Cayeux. 19.2.18.

DATE

REMARKS

a.L. 16-11-17
4.12-17 - A79-(2)
8-12-17 - (a) 83 (3) ×
5-2-18 A131-3
27.2.18 A150 (4)
4.2.19 A441/1
13.2.19 a446 2
15.2.19. B448.
2-5-19. B510
31.5.19. B533 2

Invalided to Canada 23.5.19 S

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.	16. C. G. Orpington.	11. 2. 19.
	Mil. Con. Woodcote Park	29. 4. 19
2.		
3.		
4.		
5.		
6.		
7.		

*Name FYLES C. Rank Pte. Regtl. No. 851049 D.D.2.

Fyle Depot

Original unit Present unit M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge 6 Marquis St., St.Catharines Ontario

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S. 23-5-19	Posted Hosp. Sec. 2-6-19. Leave to 18-6-19.	158a.
27-6-19	Cas. Co.	178a
4-7-19	DISCHARGED DEMOB.	183a

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

[OVER]

Date	Remarks.	Pt. 2 Order No.

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

830. CS 186 [illegible] P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

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

16 Canadian General Hospital.

Ward 38 No. of Bed 31 Date 11-2-19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
851049	Pt. Fyles, C	75th Bn.	Right wrist & forearm

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

4-2-19 accidentally slipped and fell on right hand. Treated for Colles fracture. Has had no X-Ray taken for fracture and position. Splint can be removed for X-Ray. Jas Smithson Capt

Signature of M.O. [signature]

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate RM/753)2 8 x 6 PA & L

Oblique fracture of Radius extending from Ulnar border at wrist-joint to base of Styloid process. ~~[illegible]~~ displacement of upper fragment anteriorly ¾". Comminuted fracture of Ulna extending from wrist joint to base of Styloid process.

Signature of Radiographer [signature]

Date Feb 11/19

[signature] Capt

880. CS 186. W.503/[illegible]36. 20,000 Pads 10/17. N.P.A. Ltd. E. 1955.

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

OM Hospital.

Ward 38 No. of Bed Date 14/2/19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
851049	Fyles C Pte	75 Cav Bn	R Forearm

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Colles Fract?

Theatre

Signature of M.O. For Col Bowie

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate R/M/287 8½ x 6½ Lat

See report for plate M/253, plate taken after operation, Upper fragment not now displaced forward so far.

Signature of Radiographer L. Gilchrist Capt

Date Feb 14/19

3/1/17

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

Wife

To Whom Mrs Jennie Tyles.

Address 6 Marquis St.
St Catharines
Ont.

By Whom Assigned Tyles. C.

Regtl. No. ~~851043~~. 851049

Rank Pte

Corps 176 Btn

Rate 20.00 From May ~~MAY~~ 1 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 1 ACCOUNT

5 — 1 — 17

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

851049

Sheet No. 2. Mrs Jenie Fyles Wife

Name of Soldier Fyles, C.

Pte ~~851043~~. — 176 Bln

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.		Remarks.
					20 00/ from May 1 — 17 MAY 1 1917
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May		Z 13645	20	120	
June		V 16860	20		
July	O 27 00-2	~~G 21588~~	~~20~~ 20		Cu G 21588 Cancelled 6 7/17 amount
Aug.	B 37069	~~B 33941~~	~~20~~ 20		B 33941 Can Pb
W.B. Sept.		X 39182	20		B
Oct.		F 41420	20		
Nov.		A 27486	20		
Dec.		L 57838	20	160 00/ V	
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

5-1-17

95-

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-33-813.

SEPARATION ALLOWANCE

Name Jessie Tyles,
Address 6 Marquis St,
St. Catharines,
Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Tyles, Charles
Regtl. No. 851043
Rank Pte
Corps 146th Batt
To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

5-1-17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—813.

Sheet No. 2. Jessie Fyles Wife Name of Soldier Fyles, Charles

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	N 29683	17	17 R
Feb.		U 31297	20	20
March		U 34386	20	20
April		U 850	20	20
May		U 4694	20	20
June		Y 2505	20	20
July		X 10560	20	20
Aug.		F 14720	20	T
Sept		E 18490	20	T
Oct.		J 19847.	20	T
Nov.		U 23002.	20	T
Dec.		J 26403	20	T
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

237.00

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Army Form W. 3428.

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form.

A16-8

	Date of Casualty.
1. Number, Rank, Name, and Unit of injured man. 851049 Pte Tyles C.	29/1/19

2. Nature, Location, and Severity of injury. (*N.B.* Field Ambulance to be notified at once if wound is believed to be self-inflicted.) Colles Fracture Rt wrist

J Foley Capt

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.) Was marching down a hill when he slipped and fell on his wrist. He was on duty at the time.

4. Commanding officer's opinion as to whether the man was:—
   (*a*) In the performance of military duty. — Yes
   (*b*) To blame. — No
   (*c*) Whether any other person was to blame. — No

A.G's. BRANCH, G.H.Q., 3RD ECHELON. Date 16 FEV 1919 No. E4 CASUALTIES.

R H Wilson Major

Date Jan 29/19.

Commanding 75th Edn Inf Bn

5. (*a*) Opinion of G.O.C. Brigade. accidental
   (*b*) Disciplinary action taken or proposed, whether against injured man or another. no action

G.H.Q. 3RD ECHELON 21 FEB 1919

W W Hackettle Lab

Date 30-1-19

Commanding 11th Cd Brigade.

[Continued Overleaf.

6. To D.A.G., 3rd Echelon ~~Army "A."~~

Forwarded with reference to my Casualty Wire No. _____ dated _____

Date 12-2-19. for D.D.C. 4th Cdn. Division.

---

7. To D. A. G.,

G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as

THIS CASUALTY IS CLASSIFIED AS "INJURED"

Date 18/2/19

"INJURED (Acc.)" Army.

D.C.L. D.A.G. 3rd Echelon

21-2-19

INSTRUCTIONS.

1. These forms are to be completed in all cases of accidental or self-inflicted injuries, involving a soldier's absence from duty, whether due to the man's own act, or that of a comrade, or to other extraneous circumstances.

2. Where several casualties occur as the result of one accident, one form is to be completed for each Officer or other rank injured, but only one set of statements from the witnesses of the accident need be attached.

3. Full statements are to be taken by an Officer from the witnesses of the accident. These statements will be signed by the witnesses making them, and by the Officer who takes them, and will be forwarded with this Form. Where it is intended to take disciplinary action, copies of these statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, *e.g.*, statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

W8573—M2732 200,000 9/17 HWV(P1655) Forms W. 3428/1.

Army Form B, 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 176th Batt. Regimental Number 851049

*Substantative Rank Pte Surname FYLES Christian Names Charles

*Acting Rank Nil

(* To be entered in pencil to facilitate alteration.)

(A) Report Date.	(A) Report From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
19.2.19	1 CORD.	DO 40.	TOS from 75th Bn	Pte Wiley	11.2.19	
			[signature] LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F			
23-5-19			T.O.S. No. 2 District Depot, Part II, D.O. No. 158			
			A. M. Turner			
4-7-19			T.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 183.			

Major.
For Lieut.-Colonel,
O.C. No. 2 District Depot.

W H Joseph Capt
For
O. C. No. 2 District Depot.

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10/18 G.W.P.Co.3973.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Nothing to be written in this margin.

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

M. F. W. 54 (A. F. B. 183.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 176th O. S. Batt'n, C. E. F.

Regimental No. 851049 Rank Private Name Tyler, Charles,
C. E. F.

Enlisted (a) 5.1.17 Terms of Service (a) War and 6 mos. Service reckons from (a) 5.1.17

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

W.S.B. CLASS A.

Extended Re-engaged Qualification (b) Laborer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked at Halifax		Apl 28/17	
		Disembarked at Liverpool		May 7/17	
26.6.17	176th	S.O.S. to 12th Res Bn & Sandling	9.5.17	[illegible]	Part II.
		[illegible]	[illegible]	[illegible]	Part II 1/126.
26.6.17	C.E. 12th Res. Bn. C.E.F.	Transferred to 75th Battn	EAST SANDLING	26.6.17	Part II 159

CERTIFIED CORRECT. 3 JUL 1917 CAN. RECORDS, LONDON.

Chas Thompson
Lieut i/c Records
12th Res. Bn. C.E.F.

7 JUIL 1917		C.B.D. TAKEN on STRENGTH 75th	27 JUIN 1917		A.B. 91
10/9/17		» Left for Unit	FIELD	10/9/17.	N. R.
13/10/17		Unit Joined Unit	FIELD	10/10/17	B. 213. ~~E.S.~~
14 JUIL 1917	C.B.D.	Left for 4th En. Bn.	Field	14 JUIL 1917	N. R.
16 JUIL 1917	4th En. Bn.	Joined 4th En. Bn.	Field	16 JUIL 1917	N. R.
11.11.17	6 Can Fd.	Shell Gas W.	to C.C.S. 10	11.11.17	a36 a2150.

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

[P.T.O.

851049, Pte Tyler C

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.		Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
13/11/17	4th CCS.	Gas Shell W.	To	A.T. 21.	13/11/17	A36 arrvl
17/11/17	Unit	Evac D°		Fa.	11/11/17	B213.
22/11/17	2 Stat.	Scabies	to	2 Stat.	22/11/17	W.5599.
do.	3 Aust Fen.	Gastro. Scabies	to	do	do	W.5765 - B.8736.
11/11/17	6 C.H.A.	Gas Shell W.	to	6 C.H.A. C.S.X.	11/11/17	A/2881 - B.9606
13/11/17.	3 Aust Fen.	do.		3 Aust Fen.	13/11/17	W.4778 - B.6767.
24/1/18	2 Stat.	Impetigo	to	5 Con Dep.	24/1/18	W.987 - C.9609.
do	5 Con Dep.	do.		do.	do	W.1178 - D.4850.
20/2/18	do.	do	To	4 C.B.D.	19/2/18	K.9.12 - 701.
20/2/18	4 C.B.D.	T. O. E. - 'A'.		Field	20/2/18	W.R.
19/2/18	5 Con Dep	Impetigo	To	4 C.B.D.	19/2/18	W.3319 - D.4347
26/2/18	4 C.B.D.	S.O.S. to C.C.R.C.		Field	26/2/18	W.R. 1003.
do.	C.C.R.C.	S.O.S.		do	do.	W.R. 122.
22.5.18.	C.C.R.C.	Left for unit		Field	22.5.18	W.R.
24.5.18	C.C.S. 1½	Joined unit.		do.	23.5.18	B213
8.9.18.	Unit.	Granted 14 days leave to U.K.		do.	8.9.18	B213. 1D099.
28.9.18	do	Reported from Leave		do	27.9.18	B213
30.1.19.	11 C.H.A.	Ini. acid. from Wrist W.		adm.	29.1.19.	
31.1.19.	20 C.C.S.	do.		To 55 C.C.S.	do.	W6536.
6.2.19.	8 Stat.	do.		adm.	29.1.19	W6624
7.2.19	20. C.C.S.	do.		adm	6.2.19	W6989.
10.2.19	8 Stat.	do.		adm	29.1.19	
21.2.19	C.C.S.	Admitted as Injured accidentally		To 3 A.T.	11.2.19	W7379
	C.C.S.	Invalided (Injured and		To England	10.2.19	do
10.2.19	Ian Breydae	posted to 1st Central Conl.		B.N.E.	21.2.19	A/W3478; Pte KD dy 18.2.19
		Regte. depot. Witley		Basle	10.2.19	A/W2083/6793 D.O. 10.

for Lt. Col. Lieut. a

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 851049 (Rank) Pte.

Name (in full) CHARLES FYLES enlisted in

the 176th Battalion

CANADIAN EXPEDITIONARY FORCE at Niagara Falls, Ont. on the 5th

day of January 1917.

HE served in CANADA, ENGLAND and FRANCE.

and is now discharged from the service by reason of "DEMOBILIZATION"

medically unfit for general service.

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

Age 36 years, 7 months.

Height 5 ft. 9 inches.

Complexion Medium.

Eyes Brown.

Hair D. Brown.

Marks or Scars

Gassed, 11-11-17.

One inch scar lineal right forehead.

Charles Fyles
Signature of Soldier

Jas A Young Lt.
Issuing Officer

Rank

For
O. C. No. 2 District Depot.
Appointment

Date of Discharge July 4th, 1919.

Signed at Hamilton, Ont. this 4th day of July 1919.

in Military District No. N.O. 2

File Reference No. JUL 4 1919 DISTRICT DEPOT.

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

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

N.J.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

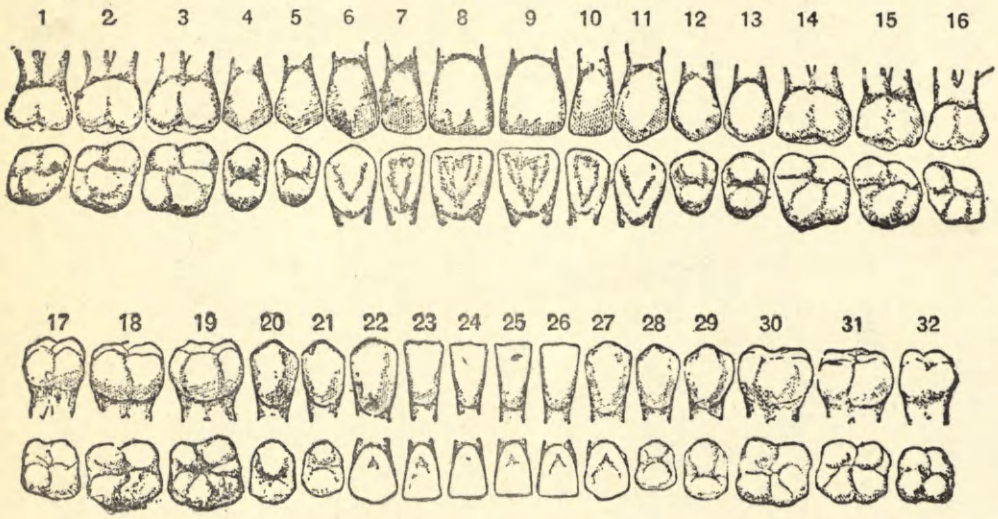
DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) ~~C~~ FILES. C.

REGIMENT 45th Batt RANK Pte. No. 851049.

Date of Examination in England 1-5-19. | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 6. 11
2. EXTRACTIONS 2. 3.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper 12. teeth
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

- (a) In Canada no
- (b) In England no
- (c) In France no

Signature of Dental Officer E H Lepsey Capt

Epsom Epsom.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....176th Overseas Battalion.....

(2) Regimental Number.....851049.....

(3) Full Name of Soldier.....Charles Fyles.....

(4) Place of Birth.....Toronto, Ontario, Canada.....

(5) Are you married, or not ?.....Yes.....

(6) If married, state,
(a) Full name of your wife.....Jessie M. Fyles.....

(b) Present Postal Address.....6 Marcus St St Catharines Ontario.....

(7) Are you a widower ?.....No.....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes Charles Tyler

If so, state name and address Chestnut St Merritton Ontario

(10) Is your Mother alive? Yes

If so, state name and address Ella Tyler — do —

(11) If your Mother is a widow ✓

Are you her sole support, or not?

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

✓

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

✓

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

Yes

(15) Are you insured? Yes

If so, in what Company? Prudential

Have you made arrangements for payment of your Insurance premium Yes

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

D Sharpe Lt. Colonel
Officer Commanding.
176th Overseas Battalion, C.E.F

Date MAR 20 1917

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

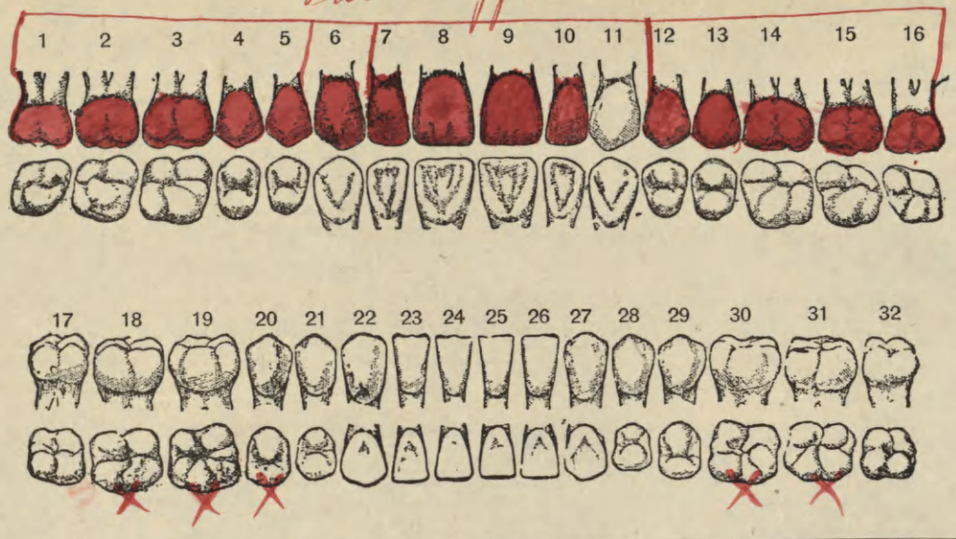
NAME OF SOLDIER Fryles, Charles

REGIMENT 75 Batt. RANK Pte. No. 851049

DISTRICT 2 M.D.

M.F.B. 465.
150M.—1-18.
1772-39-950.

Partial upper



INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
June 19/19				To have 1 plate upper																Grainger		
June 24								Imp Bite														
" 25								Trying														
26														1						complete		

Discharge examination at Brant Military Hosp - June 25/19

J W Grainger Capt.

38/

Eyes {R = 60 / L = 60}

ORIGINAL

ORIGINAL

851049

MEDICAL HISTORY SHEET.

Surname Tyles Christian Name Charles

Examined on 5 day of Jan 1917 at St Catharines

Birthplace City or Town Toronto County Ontario

Apparent age 33

Trade or occupation Laborer

Height 5 Feet 8 Inches.

Weight 142 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 37 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number 0 0

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

bunion on left foot

Approved by A J Ludwig

Rank M.O.

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

Date.	Result.	Vaccinations.
29/1/17	T	A J Hyhert M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
16/1/17	P	A J Hyhert M.O.
23/1/17	P	A J Hyhert M.O.
30/1/17	P	A J Hyhert M.O.

Enlisted on 5 day of January 1917 at Niagara Falls Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	176 Bn	851049		5/1/17
Transferred to	12th Bn 75th Bn	26/6/17		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 70 Canadian General (Ontario) Hospital, Orpington, Kent.	15 MAR 1919	Fracture of Rt Rochers & Ulna	Invalid
Stan Med Board Brant Military Hospital Burlington	24/6/19	Partial loss of function right arm	Wt & Ebr Capt is fit for home Service (Canada) A H Cameron Smith Major Cams

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

M. F. B. 313.

400M.—1-16.

H. Q. 1772-39-439.

CANADIAN

Surname Tyles Christian Name Charles

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
16 C.G.H.		10	2	19				Fract Rt. Radius & Wlna.		Fracture Right Radius & Wlna Union has taken place in fair position movements of fingers & wrist painful. 50% limitation flexion & extension wrist. Supination limited 45°. Still wearing splint. J. Ballantyne Capt.	
SS Megantic		23	5	19				do			A. Preston Maj
Brant Military Hospital. Burlington		18	6	19	26	6	19	do	8	Rt. wrist 1" above joint prominence radius anteriorly with sl. abduction rt hand. Pronation nb. Supination thro 90° 50% reduction dorsiflexion & flexion wrist. Power good 227 – fit home service (Canada) 23/6/19	[illegible]

Forms I. 1237 / 12

No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	85-1049	Pte	Fyles	Charles.

Year	Unit.	Age.	Service.
	75 Canadians	36	25/1

Station and Date.

Disease Fracture wrist (Right) (acc).

Enlisted 15-1-17

Came to England - 4-1-17.

Went to France - 5-1-19

Remained in France untill was gassed in Nov 1917 & was held in Abbeville going back the line about March 1918 & remained there untill 29-1-19 when slipped & fractured Rt Wrist when at Belgium and was admitted to 11th field Ambulance & then on same date 20 C.C.S. & then on 6-2-19 was admitted to 8th Stationary Hosp at Bolonge where splint was readjusted and on the 10-2-19 was trans. to England to 16th Can Gen Hosp. at Orpington

16th Can Gen Hosp. 10-2-19.

10/2/19 Admitted 16th Can Gen Hosp. Orpington.

14-2-19 Anaesthetic and fracture broken down and an endeavour made to replace lower end of radius. Difficulty owing to the callous but unable to get it back over 1/2". Splint applied to Tissue of finger movements.

[illegible] Capt.

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

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

[P.T.O.

Station and Date.	

CASE HISTORY SHEET.

Brant Mil Hospital. Burlington Station.

No. 851049 Rank Pte Name Foyles, Charles Age 36

Unit 2 DD Completed years of service Where and how long } C 2/12 E 5 wks F 2 yrs.

Date of admission 18 - 6 - 19 Date of discharge JUN 26 1919

Diagnosis Frac radius & ulna rt Place of origin Fullers, Belgium 29-1-19

CONDITION ON ADMISSION AND PROGRESS OF CASE Complains deformity right wrist Find Power good. Pronation normal Supination only through 90°. Flexion & dorsi flexion both reduced about 50%. Power of grip of hand good. No areas of anaesthesia No atrophy right arm

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT

(Especially any specific or special form.)

Convalescent

CONDITION ON DISCHARGE, Boarded 22 ? recommended fit Home

(and disposal made of case.) Service (Canada) No treatment here

Date 23/6/19

[signature]

Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

a 8083

FILE No.
RECEIVED
JUL 3 1919
MILITARY DISTRICT No. 2

DEPARTMENT OF MILITIA AND DEFENCE.

P.M.-25-Fy-10.

WAR SERVICE GRATUITY.

particulars agree with documents.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ... Charles ... 2. Surname ... Fyles ...
3. Rank ... Private ... 4. Original Unit ... 176th Bn ... 5. Reg. No. ... 851047.
6. Address, in full, to which future payments of gratuity are to be forwarded ... Mrs C. Fyles 6 Marquis St. St Catharines - Ontario ...
7. Date of enlistment in the C.E.F. ... January 8th 1917 ...
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... Mrs Jessie Fyles. ...
9. Relationship of such dependent ... Wife ...
10. Present address, in full, of such dependent ... Mrs Jessie Fyles 6 Marquis St. St Catherines. Ont ...
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... no ...
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— Yes. I left Canada on April 25th 1917 with 176th Bn & went to France in June 1917 ...
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time o duty outside of Canada or the United States? ... not applicable ...
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service ... not applicable ...
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ... On active service 2 years & 6 months - transferred from 176th Bn to 75th Bn in France ...
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ... no ...
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... no ...

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... no .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... I received Cheque for $70-00- on discharge & Dep wife $34-85 Paymaster at Hamilton

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

21. Have you, during the present war, served in the Imperial Forces? ..... no .....

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

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... no .....

24. Are you now serving in the C.E.F. ..... no ..... If not, give:—(a) Date of discharge July 4th 1919 ....(b) Reason for discharge ..... Demobilisation

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... no .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Yes .....
From June 28th 1917 I served with 75th Bn until January in France 1919

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... no .....

(b) If so, are you in receipt of full pay and allowances from that Department? ..... no .....

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

Signature of Applicant: Charles Foster

Place of Residence: 6 Marquis St St Catharines Ont

Declared before me at: St Catharines

This 28 day of July 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

J K Elson

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
July 4th 1919.	$70-00	$34-85		

Certified Correct.

District Paymaster.

P. 559.
MARRIED OR SINGLE Married

PLACE OF BIRTH Toronto, Can.

NAME AND ADDRESS OF NEXT OF KIN Mrs Jessie Fyles.
6. Marquis St. St Catharines ont

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $20.00 EFFECTIVE (DATE) May 1st

PAYABLE TO Mrs Jessie Fyles.
6. Marquis St. St Catharines ont.

RELATIONSHIP OF DEPENDANT Wife

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 851043 RANK Private NAME Fyles. Charles.

IF IN PERMT. CORPS | WHAT UNIT UNIT 176th Bn. TRANSFERRED TO 12th Res DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 75th Bn DATE AUTHORITY

PLACE OF ATTESTATION St Catharines TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Jany 5th 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20.00 DATE EFFECTIVE

PAYABLE TO Mrs Jessie Fyles. 6 Marquis St St Catharines RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1914																																		
May 7	Balance from Canada													24 02	24 02																24 02				
May 7-31	25	1.09/10	27 50												27 50													20 -		20 -	31 52				
June 1-30	30		33 -												33 -									21 90				20		44 33	20 19				
July 1-31	31		34 10												34 10									4 86				20	1 17	26 03	28 26				
Aug 1	31		34 10												34 10									2 19	2 44			20	1 17	22 44	39 92				
Sept 1-30	30		33												33													20	10	20 10	52 82				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1917		~~59 82~~							52 82		
Oct	31 days @ 1.09/10	34 10						20	66 92		
		34 10						20			
Nov.	P - Pay	33 .		106 4/10 W.C.D. T.R. R.C.	3 57			20			
				2620 21/9 R.E.	2 68						
				533 14/9 H.E.B.	2 67						
				849 28/10 [illegible]	4 46						
	fpwd	33 .			13 38			20			

MONTH	PARTICULAR	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. EMGY.
	fpwd	33 .			13 38			20			
				9719 78 R.E. Sm 30559	2 68						
				917 13/11 75th Bn	3 57						
				475 2/9 4 R.B. 43/76	2 68						
				2484 14/8 72 R.R. 54847	2 67						
					24 98			20	69 04		
Dec.	P - Pay	34 10									
		67 10			24 98			40			

C9

REMARKS

24085 Pte 1413 7/6/17

APW 3069. 30/5/17 75th Bn

851043. Pte Silas Cas Alt. 20th Can

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.	No. OF DAYS	RATE	AMOUNT $	AMOUNT c.				1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	1	2	3	4				CREDIT	DEBIT			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	YEAR'S PROV. PAY	SERV. ALLOW. ENT.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DATE SENT PROV. ARMY PAY ENT.
									69 04													
1918 Jan				AR 355 "7/7/7 4 R38		4 46																
	P. Pay	34 10						28	78 68													
Feb.	P - Pay	30 80						20														
		30 89		AR 718. "5 Can Dep		1 78		70	87 70													
						1 78		20														
Mar	P Pay	34 10																				
				1520. " 5 Can Dep. 4 18		1 78																
				2167. Do 11 18		1 78																
				1925 2nd J BD. 28 2 18		8 92																
				1294. 48 W C & R L. 4 3 18		3 57																
				2880 N° 5 Can Dep. 15 1 18		1 78																
				B 392																		
				W 3089 of 28 18. Class knife		3																
		34 10		1356. 48 W C & R L. 12 3 18.		4 46		20	79 19													
						22 61																

DATE SENT PROV. ARMY PAY ENT.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:- $20.00	AMOUNT:-

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

Mrs Josie Fyles.
Collargins St.
St Catherines.
(wife) Ont.
& Disp. 1/5/19

NAME:- FYLES. Charles.
NUMBER:- 857043.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 176th Bn.
DATE ACCOUNT FIRST OPENED:- 7.5.17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			75 Bn.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
6.9.18	778	75 Bn.	~~2 57~~			57 100	~~7 30~~
19/3.	15688		~~4 84~~				
25/3.	16093.		~~48 65~~				
			5-3 54				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: To Canada 1/5/19 NR. Orp. 9/143. 31/3/19 Orp. Cr 9 30.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance forward.								79 19		
apl	P. Pay.	33		A.P. Apl.				20			
				14.4th Wins 66 R.6. 4 4/18	3 57						
				154 ✓ 16 4/18.	4 46				84 16		
		33			8 03			20			
May	P.P.	34 10		A.P. May				20			
				286. 4 W 66 R.6. 4 5/18.	3 57						
				421. ✓ 19 5/18	4 46				90 23		
		34 10			8 03			20			
June	P.P.	33		A.P. June				20			
				269. 75 Bn 4 6/18	6 25						
				255 ✓ 20 6/18	3 57				93 41		
		33			9 82			20			
July	P.P.	34 10		A.P. July				20			
				444. 75 Bn 3 7/18.	4 46						
				564. ✓ 22 7/18.	3 57				99 48		
		34 10			8 03			20			
Augt	P.P.	34 10		A.P. Augt				20			
				640. 75 Bn 6 5/11	3 57						
				694. 11 W 6 2 Bde 19 8/11	3 57				106 82		
		34 10			7 14			20			
Sept	P.P.	33		A.P. Sept				20			
				6 P 34493. 16 9/18	9 73						
				46 CA 687 11 W 2 Bde 8 9/18	9 73 33						
				6 P 35257. 18 9/18.	2 43						
				778. 11 W 6. 2. Bde 8 9/18.	3 57				6 38		
		33			11 30 6			20			
				fwd							

Compiled

NUMBER 851040 (3) · RANK Pte · NAME FYLES. CHARLES

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brought Forward -			Fwd.					6 38		
Oct	6 - Pay	34 10						20			
				882 10 11 C. T. Bde	3 73						
				963 10 16 ✓	3 73				13 02		
		34 10			7 46			20			
Nov	✓	67 10		1022 11 7 ✓	3 73						
Dec	✓	34 10		1096 11 19 ✓	13 06						
Jan				1248 12 2 ✓	16 79 / 3 73						
				a. C.	20 82			40			
								20	33 70		
		101 20			200 42			60			
7 Mar		64 90		1306 20/12 4/5 Bn	3 43						
	2/7 28/3 7/4/9 10d D071 28/3.	7 30		1641 16/1 ✓	3 43						
				1511 6/1 ✓	3 73						
				AP Feb Mar	11 19 ✓			40			
				1350-29 19/2 1 COR	4 84	16 06					
				1609 } 25/3 1 COR	4 86						
				1589 19/3 ✓	4 84				3 70		
		42 20			69 60			40			
Apr.		33.						20.			
				1616 16/4 16. C. & H.	9 73						
				42 2/1 M. C. H & P.	4 87						
				3312 8/1 ✓	24 33						
				3932 14/1 ✓	24 33						
				1697 15/1 ✓	24 33				78 39		
		33.			87 39			20.			

S.O.S. to Canada 23/5/19
MD 2
Sailing List 501.

33 70
97 90
131 60
76 05
J-3 J-4
J-3 J-4
1

War Service Badges
Class H
No. 327192 Issued

This space to be for numbers.

Proceedings on Discharge.

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

No. 851049

Rank Pte.

Surname FYLES,

Christian name Charles.

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

Corps (Squadron, Battery or Company) 176th Bn. #2 D.D.

Date of discharge July 4th, 1919.

Place of discharge Hamilton, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years 7 months.
Height 5 feet 9 inches.
Complexion Medium
Eyes Brown
Hair D. Brown.
Trade Papermaker.
Intended place of residence (To be given as fully as practicable.) 6 Marquis St., St. Catharines, Ont.

Descriptive marks

One inch scar lineal right forehead.
Gassed, 11-11-17.

2. The above-named man is discharged in consequence of "DEMOBILIZATION"

Medically unfit for general service.

Authority for discharge #2D.D. D.O. Part 11- 183.

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

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

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

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

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

Deceased 14-11-54

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

N. J.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

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

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

(Place) Hamilton, Ontario. Charles Fyles *(Signature of Soldier.)*

(Date) July 4th, 1919. W H Joselyne Capt *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Hamilton, Ontario.

(Signature) W H Joselyne Capt

(Date) July 4th, 1919.

For

D. C. No. 2 District Depot

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.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

Statement of No. 237919 - Sergt. J. Clelland re accidental injury to No. 850049 - Pte. C. Fyler.

"I saw Pte C. Fyler slip on the ice and fall, while marching from the Square in La Hulpe, on Jan. 29/19, to be inspected for Guard. I helped him to his feet when I saw that he had injured his wrist."

J. Clelland
Sergt

Jan. 29/19.

Form R 122.
2353—100M—9-12-16

LTR

Rank Name FYLES. Charles

Unit 173th. Bn, to 1st Cent. Ont. Regt. (If in perm. Corps, What Unit?)

Married or Single Married

Place and Date of Enlistment Niagara Falls, Jan, 5th, 1917 Place of Birth Toronto. Ontario Canada.

Name and Address, Next-of-Kin Jessie Fyles. No 851049

6 Marquis St. St Catherines, Ontario Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 27363
File R.L.
Category CAN. MU

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C					103 e 10/7/17
		ARRIVED IN ENGLAND 7-5-17 SS. OLYMPIC.			
18.5.17	12 Res	T.O.S.	E Sandling	9.5.17	Gh II O 126
26-6-17	"	S.O.S. to 75 Bn. Oseas.	"	26-6-17	" " 159 (75th Bn. D.O. 91 of 7-7-17)
15-11-17	1st CORD (75)	No. 6 Can. Field Amb.		11-11-17	C.L. A64 (Shell Gas)
3.12.17	"	No. 3 Australian Gen. Hosp.	Abbeville	13-11-17	C.L. A79 "
7.12.17	"	No. 2 Stationary Hosp.	"	22-11-17	C.L. A83 (Scabies)
19.2.19	1st CORD	TOS from 75th Bn.	Pte Witley	11.2.19	O.O. 40 (75 Bn. D.O. 10 of 6-3-19)
6.3.19	75 Batt	S.O.S. to 1 COR-D	" Field	10.2.19	" " 10
31.5.19	1 COR.	Inv. to Canada	" EPSOM	23.5.19	B533, S.L. 501, M.D.2
6 6 9	1 CORD	Inv. & SOS TO CAN		23/5/19 Pt	117

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.				

E Accident

1 Fracture

1 Severe

8 Upper

4 Foreign

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 75 Cars

No. 851049 Rank and Name Pte Fyles C. Age 36 Military Hospital _____ Service 36/12

Disease Fract Rt Wrist Date of admission 10-2-19 Date of discharge _____ Result _____

Dates of Observation	10	14	15	16	17	18	19	20
Days of Disease								
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°								
106°								
105°								
104°								
103°								
102°								
101°								
100°								
99°								
98°								
97°								
Pulse per Minute		80	80	72	72			
Respirations per Minute		18	18	18	18			
Motions per 24 hours								

Discontinued

Continued

Sun Anais, Ag

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation																														
Days of Disease																														
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	8 6 4 2																													
106°	8 6 4 2																													
105°	8 6 4 2																													
104°	8 6 4 2																													
103°	8 6 4 2																													
102°	8 6 4 2																													
101°	8 6 4 2																													
100°	8 6 4 2																													
99°	8 6 4 2																													
98°	8 6 4 2																													
97°	8 6 4 2																													
	8 6																													
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION XVI C.G.H. DATE 7.3.19

1. 1 (a) Unit 75TH CANS (b) Regimental No. 850149 (c) Rank PTE.

(d) Surname FYLES (e) Christian name CHARLES

(f) Home address 6 MARQUIST ST ST CATHARINES ONT.

(g) Next of Kin MRS C. FYLES (h) Relationship WIFE

(i) Address of Next of Kin 6 MARQUIST ST ST CATHARINES ONT.

2. Age last birthday 36 Date of birth 10TH NOV 1882.

3. Enlistment, or Appointment (if an Officer) (a) Place NIAGARA FALLS ONT. (b) Date 5-1-17

4. Personal description:

(a) Height 5-8 (b) Weight 150 (EST.) (stripped) (c) Complexion DARK

(d) Colour of hair BROWN (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. 3/4" scar Right forehead

5. Former trade or occupation PAPER MAKER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 Documentary	61

	Periods	
	From	To
Canada	5-1-17	7-3-17
England	7-3-17 ~~9.2.19~~	25-6-17; 9.2.19-7.3.19
France or other theatres of War	25-6-17	9-2-19 Patents Statements

7. Original disease, or injury FRACTURE RIGHT RADIUS & ULNA

(a) Date of origin 29.1.1919 (b) Place of origin FULLERS, BELGIUM

(c) Cause Accidental INJURY

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

[FRACTURE RIGHT RADIUS & ULNA] UNITING.
Partial loss function Right wrist arm.
PARTIAL LOSS FUNCTION RIGHT ARM.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: XRay 11.2.19" Oblique fracture of Radius extending from the ulnar border at wrist joint to the base of the Styloid process & Displacement of upper fragment 3/4". Comminuted fracture of the ulna extending from the wrist joint to the base of the styloid process". Put up in flat Splint. Taken down today & replaced in splint. To be taken down every day now for passive movements. Union appears strong & position satisfactory though apposition is not perfect. Complete flexion fingers is somewhat painful. Flexion & extension at wrist about 50% limitation & movements somewhat painful. Supination limited 45°.
Subjective. Pain on forced flexion fingers & wrist.

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

Nervous System	No	Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.)	No	Genito-Urinary System (Albumen and Sugar will be excluded.)	No
Special Senses	No	Respiratory System	No	Integumentary System	No
Disturbances of Mentality	No	Digestive System	No	Muscular System	No
Osseous and Joint Systems	No	Any other general condition	No		

10(a) Patient states when going on guard duty on the 29.1.19 he slipped on the ice & fell with hand under him. F.M.C. XI C.F.A. 29.1.19 Colles Fract. Rt. wrist. Accidental 20 C.C.S. 29.1.19

10. (a) History (of the condition referred to in Section 9 (a).)
Colles fracture reduced & State Hosp. 6.2.19. Splint readjusted. A.F.B. 3128 has been rendered. M.H.S.
16 C.G.H. 10.2.19. — 14.2.19 Fracture broken down and an endeavour made to replace lower end of radius. Difficulty owing to callus & unable to get it back over 2". Splint applied to admit of finger movements.

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

States had Pneumonia about 1915. In bed two weeks. Slight. Also a previous attack about 1914. about Nov & Dec 1917 States was in a British Base Hospital 2 months, Gassed. Recovered & returned to Battalion.

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

Deformed finger nail Right Ring finger ~~Right~~ Deformity at site fracture in Right radius.

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

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

not applicable

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

The regimental documents will be referred to.

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

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

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

Splint, Refracture & adjustment under anesthetic

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

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

Splint. Passive & active movements. Graduated exercise — 3 months

16. Can the former trade or occupation be resumed? Yes, When treatment is completed

(If not, briefly state why)

17. Recommendations Invalid to Canada.

E W Ballantyne Capt CAMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Pte Charles Fyles have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

C Fyles Pte Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Une Concur

A.F.W 3428 was laid before the Board

19. Is the invalid 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.~~) I to C
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)

20. It is certified that the invalid

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

Fracture Rt Radius & Ulna Hosp 3 months - Rest & massage, passive movements later active. + R.Ty

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

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

Patient to be Invalided to Canada

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

No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

PLACE

15 MAR 1919

DATE

Lt-Col Capt Lieut ..... *President.*

a surg Capt Lieut Capt Lieut

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

DATE

} Members

APPROVED BY

A. Collins

Assistant Director of Medical Services.

DATE Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. MAR 17 1919 13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

BRANT MILITARY CONV. HOS. JUN 26 1919 ORDERLY ROOM

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

BRANT MILITARY HOSPITAL. M.D.#2.

STATION Burlington, Ont. DATE JUN 26 1919

1. 1 (a) Unit #2 D.D. (b) Regimental No. 851049 (c) Rank Pte.

(d) Surname FYLES, (e) Christian name Charles.

(f) Home address 6 Marquis St., St. Catharines, Ontario.

(g) Next of Kin Mrs. Jessie Fyles. (h) Relationship Wife.

(i) Address of Next of Kin Same Address.

2. Age last birthday 36 Date of birth Nov. 10, 1882.

3. Enlistment, or Appointment (if an Officer) (a) Place St. Catharines. (b) Date Sept. 16, 1916.

4. Personal description:

(a) Height 5' 9 (b) Weight 150 (stripped) (c) Complexion Medium.

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

One inchi scar lineal right forehead.

5. Former trade or occupation Papermaker.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	284

	Periods From	Periods To
Canada	Sept. 16, 1916.	March 7, 1917.
England	March 7, 1917.	June 25, 1917.
France or other theatres of War	June 25, 1917.	Jan. 29, 1919.
England & Canada.	Jan. 29, 1919.	Date.

7. Original disease, or injury

FRACTURE ULNA & RADIUS.

(a) Date of origin Dec. 1918. (b) Place of origin France.

(c) Cause Accident (slipped and fell on duty).

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

PARTIAL LOSS OF FUNCTION OF RIGHT ARM.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE: Radius forms promitory anteriorly. Hand is slightly abducted. Pronation normal supination through arc of 90°. Flexion and dorsiflexion at wrist both reduced 50%. Power good. Grip of hand good. No anaesthesia No atrophy right arm. Good useful result.

SUBJECTIVE: Deformity right wrist. No pain. Some loss of power right hand.

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

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

Special Senses NO Respiratory System NO Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System N O

Osseous and Joint Systems YES Any other general condition NO

No albumen, or sugar in urine.

Loss of end right ring finger antedating enlistment. No aggravation since.

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

On guard. Slipped on ice fell breaking both radius and ulna right arm 1" above wrist. Hospital 2 months. Treatment Massage etc. since.

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

Pneumonia 1913. Good recovery.

Shell gassed 1917 - good recovery lungs clear.

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

See # 4 (f)

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

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

Not applicable.

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

The regimental documents will be referred to.

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

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

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

After Dec. 1918 Hospital 2 months Massage passive movement since.

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

No.

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

17. Recommendations

THAT HE BE FIT FOR HOME SERVICE: (CANADA).

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Charles FYLES. have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

Otto Charles Fyles Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We Concur

19. Is the invalid 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.)

20. It is certified that the invalid

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

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

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

is fit for home service (Canada)

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

A. K. Cameron Smith Major President.

PLACE BRANT MILITARY HOSPITAL

DATE JUN 26 1919

D. Kearsdale } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President.

PLACE.....

DATE..... } Members

APPROVED BY

APPROVED

.....
Assistant Director of Medical Services.

DATE.....

JUN 28 1919

J. R. Christian Capt.
Lieut. Col.
For A.D.M.S., M. D. 2

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

"MEGANTIC" 3-6-19 — J2149 — No. 2 DISTRICT DEPOT — AUDITOR | PAYMASTER

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

M. OR S. — REGT. No. 851043 — RANK Pte. — NAME (IN FULL) FYLES C. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. — DATE EFFECTIVE 1/7/19

TO WHOM PAID Mrs. Jessie Fyles. — RELATIONSHIP (wife)

ADDRESS 6 Marquis St. St. Catharines, Ont.

Ofs

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 75th Bn. — IF IN P.F. WHAT UNIT? — 6 Marquis St. St Catharines Ont.

PLACE OF ATTESTATION ✓ — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 8.1.17. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1/7/19

PAYABLE TO Same. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED Hamilton TORONTO, ONT, JUL 4 1919 — PLACE — DATE — REASON Demob M.U. — AUTHORITY D.O. 183 — IF ENTITLED TO POST DISCHARGE PAY 183

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					T.O.S. 23/5/19 D.O. SUBS. TO D.O.
30/4/19							9	30																													PARTICULARS OR REMARKS 4/6/19 18/6/19 158
	1to								9	30	a/c. 1610.						9	73																			Cr. Bal. 2 P.C.
											a/c. 42.						4	87																			
											a/c. 3312.						24	33																			
											R/A 3932.						24	33																			
											a/c. 1697.						24	33																			
											Advance Boat Train						20	00																			
																	4	87																			
																	3	00																			
																							40	00													
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1/5/19	61	1to	67	10	12	00			79	10																			148	16							
30.6.19																																					
July 4	4	1to	4	40	35 100		3	85	143	25	1399 30.6	120674 78-317					5	—	70	34			33	85					6	90	178	25	35				
																																					W.S.C. PAID IN FULL
	W.S.C.	S.A.																							W.S.C.	S.A.									AMOUNT DUE SOLDIER DEPENDENT
																									70	35									CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
153 Days			35	150	5	00											H. 7. 19.												30		135	00	280		85		1st W.S.C. Paid by #2 D.D.
											CR 111	Aug 13	137312												70	20	137313	225		210		65			
											" 124	" 28	137961.8												70	20	137961.9	315		140		45			
											" 147	Sept 5	1389791												70	25	1389792	410		70		20			
				30	5	30					" 125	Oct 29	1394296												70	30	1394295	510		20		20			Chq 1394295 held for deposit
											" 188	Nov 13	1396700													20		530		—		—			Chq 1394295 dep 4-11-19 on 3647
			350	180	530																				350	180		530							

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment 5-1-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment May 1/17

F ~~6355~~ 6367 ~~6478~~

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~		30

1-12-17 ✓ p. 63257

1-9-18 P.C. 2753 M.O. 49348

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 851043

Rank Pte Promoted Reverted Discharge

Soldier's Name C. Fyles

Battalion 176th Batn

Beneficiary Mrs Jennie Fyles

Relationship wife

Address 6 Marquis St. St. Catharines Ont

MFW. 2554 - 1-8-18

PARTICULARS OF ASSIGNMENT

Name Mrs. ~~Jennie~~ Jessie Fyles (wife) M.R.O. 24597. 14/11/18 Swc.

Address ~~6 Marquis St. St. Catharines Ont~~

Change of Address

1 ~~* Jones Batoman House.~~

2 ~~Goderich Ont.~~

3 6 Marquis St., St Catharines ont.

4 M.R.O. 24523 19/11/18

M.F.W 2554 Rts of Elt 18/11/18 6552-6-21

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Dec/31/17		237	160	397	
Jan	P 67951	30	20	50	S
Feb	F 97816	25	20	45	
March	A 137613	25	20	45	
Apr.	G 14808	25	20	45	
May	S 13895	25	20	45	
June	M 24337	25	20	45	* S
July	M 31712	25	20	45	C
Aug	M 39789	25	20	45	
Sept	T 42469	25	20	45	
Oct	R 56123	25	20	45	✓
Nov	N 58923	25	20	45	✓
Dec.	N 66178	45	20	65	J
Jan	T 70052	30	20	50	
Feb.	Y 74181	30	20	50	J
MAR	L 86756	30	20	50	J
Apr.	Z 1153	30	20	50	J
May	N 7183	30	20	50	a
June	M 10607	30	20	50	a
		742	520	1262	

MD 2

AUDITED

File Closed 30-6-19

Entered megantic

Date 3/6/19 11/6/19

Clerk J. Anderson

MRO 121659

M. F. W. 128. 400M. 6-17—1772-39-1141 L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'0M.-6-17—1772-39-1141
L. L. 22320—M. & D. 7093.