Hat 714
Bods 6
Collar 15

ATTESTATION PAPER.

No. 420 V

Folio.

(1)

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

CAN. RAILWAY CORPS

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Lyndon F. Fyles
2. In what Town, Township or Parish, and in what Country were you born? ..... Abercorn Que
3. What is the name of your next-of-kin? ..... F. F. Fyles Father
4. What is the address of your next-of-kin? ..... Collector of Customs, Abercorn, Que.
5. What is the date of your birth? ..... 3rd June 1892
6. What is your Trade or Calling? ..... Engineer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... Yes, 13th Light Dragoons Militia
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

L. F. Fyles (Signature of Man).

M. P. Ryan (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

L. F. Fyles (Signature of Recruit)

Date Mch 16/18 191 . M. P. Ryan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

L. F. Fyles (Signature of Recruit)

Date Mch 16/18 191 . M. P. Ryan (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 Montreal this 17th day of March 1915

F. L. Wanklyn (Signature of Justice)

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

B. F. Reid (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841

Description of Lyndon F. Fyles on Enlistment.

Apparent Age 27 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations:
- Church of England ✓
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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

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

Vaccination mark on left arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 8 1915

Place Montreal

Duncan MacCallum M.D.
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:—

not sufficient height

Chaffeur for Mr. C. W. P. Ramsay

CERTIFICATE OF OFFICER COMMANDING UNIT.

Lyndon F. 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.

C W P Ramsay (Signature of Officer)

Date June 11th 1915

O. C.
CANADIAN OVERSEAS RAILWAY
CONSTRUCTION CORPS

Hat 714
Bat 5 6
Coll 15

ATTESTATION PAPER.

No. 420

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Lyndon J. Fyles
2. In what Town, Township or Parish, and in what Country were you born? ..... Abercorn Quebec
3. What is the name of your next-of-kin? ..... J. J. Fyles Father
4. What is the address of your next-of-kin? ..... Collector of Customs, Abercorn, Que.
5. What is the date of your birth? ..... 3rd June 1892
6. What is your Trade or Calling? ..... Engineer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... yes 13th Light Dragoons Militia
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

Lyndon J. Fyles (Signature of Man).

..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Lyndon J. Fyles (Signature of Recruit)

Date Mch. 5/15 191 . ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lyndon. J. 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.

Lyndon J. Fyles (Signature of Recruit)

Date Mch 8/15 191 . ..... (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 Montreal this 17th day of March 1915.

F. J. Wanless (Signature of Justice)

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

..... (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841

Description of Lyndon F. Ayles on Enlistment

Apparent Age 22 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion fair

Eyes Brown

Hair brown

Religious denominations:
- Church of England ✓
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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

Vaccination mark on left arm

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 8th 1915

Place Montreal

Alexander MacCallum M.D.
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:—

not sufficient height

Chaffeur for Mr. C. W. P. Romsey

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

.....(Signature of Officer)

Date.....191 .

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Jyles Lyndon Fulford

Regt. No. 1120 Rank Sapper

Corps C O R E E

Med Unfit

22237

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A & B 122 a

Details 11-12-1920

2
10. 30
10. 30
3-30
2

405276

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
420 SPR	Fyles	Lyndon Fulford

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3346

ARC-1048 (rev. 91)

F.B.

One R.C.

Number 420 Rank ~~L. Cpl.~~ 2/Lieut.

Surname FYLES

Christian Name Lyndon Fulford

Units C.O.R.C.C. Theatre of War France

Date of Service 25-8-15

Remarks 350 - 3rd Ave N.E.

Latest Address ~~Abercorn~~

Calgary, ~~Que~~ Alta

Roll No B Page 22584

10m.-8-21.M.

Name Fyles, L.F. *Rank* Sapper. *Reg. No.* 420.

Unit Engineers Training Depot.

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
26-1	West Cliff Can Eye & Ear Hospital	Folkestone	Nasal obstruction	41		
24-3.	Discharged		" "	195		

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

No 420 RANK Pte NAME Fyles, Lyndon F.

T. O. S. 17-3-15. UNIT Can. C/S. Railway Const. Corps.
D.O. 29 of 23-4-15.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915.	1915.		Spr	
Mar. 17.	apr. 30	✓		
May -		✓		
June		✓		

UNIT SAILED
JUN 14 1915

H. Q. FILE No. 649-

NAME Fryles Lyndon T.

REGT'L No. 420 C

RANK AND CORPS Spr. 3rd Can. Engrs. T. Depot C.

NO. 1319X

FOLL.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
on 8175	15-6-16	Adm. to #23 Gen. Hosp. Etaples June 7th. Shell shock.
(01834 w 9 m)	1-10-16	Disc from Hosp Aug 31st/16 on command, to Can. Special Hosp Ramsgate Sept 1st/16
T. 313	4-2-17	Sailed for Canada per the S.S. "Missanabie" on 2nd. Feb. 1917 (Commission).

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m -10-15.
H Q. 1772-39 893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
41.	West Cliff C. Eye & Ear Folkestone	26-1-16	Nasal Obstruction
B 13	Norfolk Var. Norwich	13-6-16	Shell Shock
A 46	No 23 Gen Etaples	7-6-16	" "
B 41	Eye Nose Hosp Norwich Granville Ban, Special Ramsgate	21-7-16	" "
B 66	" " " "	31-8-16	" " Disc 17-9-16
195	West Cliff C. Eye & E. Folkestone	24-9-16	Nasal Obstruction Disc
#58	M. H. E. E. Montreal	27-2-17	Inpatient (Class 2)
61	M.W.C.C. Montreal	1-3-17	Outpatient, (unfit)
133	" " " " "	14-5-17	G.N.C.H. To H.Q. A unit
147.	M. H. E. E. "	2-6-17	Trans. Hq "A" Unit to G.H.Q.
220	" " " " "	31/8/17	H.Q. "A" Unit O.P.P. 588.
221	" " " " "	31/8/17	G.H.Q. to H.Q. "A" Unit
23~~4~~-2	" " " " "	14-9-17	H.Q. "A" Unit 63 (unfit)

R. 149.

Name Fyles Lyndon F *Rank* Sapper. *Reg. No.* 420

Unit 7th Fld Coy. 3rd Divisional Engineers.

Next of Kin Canada.

Date 1916		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7	6	23 Gen Hosp	Staffs	Shell Shock	A46	M 8175	
13	6	Norfolk War Hosp	Norwich	do	B13		
21	7.	Granville. Can. Special	Hy. Ramsgate.	do.	B41.		
31	8.	Discharged.		(do)	B.66.		

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

649-F-1378

CARD NO.

SURNAME. Fyles,

CHRISTIAN NAMES Lyndon, F.

S.O.S. Dis. 14-9-17 F.D.T.

FOLL.

REGL. No. 420 RANK Pte.

UNIT Can, Overseas, Rly. ~~Con~~. ~~Corps~~ 7th Fld. Coy. Can. Eng

FORMER CORPS 13 Light Dragoons Militia

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Fyles F. F.

RELATIONSHIP TO SOLDIER Father

ADDRESS Collector of Customs, Abercorn Que

also Notify Miss Fyles (Aunt)
368 Frank St Ottawa

COUNTRY OF BIRTH Canada,

DATE

PLACE OF ATTESTATION Montreal

DATE Mar. 17/1915

O/S 12-6-15 $\frac{111}{5}$.

R/C. 11-2-17 D.T.

L. L. 9450L M. & D. 6512.

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

Returned to Canada per S.S. "Missanabie" 2-2-17. Auth. T. 313

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

43 Bay.

Granville Can. Spl. Hospital, Ramsgate.

D.M.S. 1317

G.C.S. HOSPITAL.

A. & D. No. T 2082 Ward 39 Bay C.H.

Unit 6 E Sick ~~or Wounded.~~

Regtl. No. 420 Pl. of Act'n

Rank Spr. Name Fyles Lynden

Age 26 Religion C of E

Service Compl'd 16/12 Time with Field Force 7/12

Diagnosis Shell Shock

Admitted July 20 1916 Discharged Aug. 31st 1916. } 43.

Transferred

RECORD FURTHER REMARKS ON BACK.

C.C.A.C. 31/8/1916 Duty.

D.M.S. 1908.

Surname	Christian Name or Names	Reg. No.
Fyles.	L. F.	420.

Rank	Unit	Co.	Troop	Batty.
Spr.	Can Eng (3 Div Eng) 3 C. Eng.	Training Depot.		

Hospital	Date of Admission
Westcliff Can Eye & Ear Hosp Folkestone	26.1.16
23 Gen Estables	Hosp. 7.6.16
Norfolk War Norwich	Hosp. 13.6.16
Granville Can Spl. Ramsgate	21.7.16.

Diagnosis Nasal obstruction

(1)
Later Diagnosis (if changed) Pelvic Shock.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Dis. 31.8.16

Dis 24.3.16

REMARKS

C.L. 31.1.16 #41
16.6.16. A46
16.6.16. B13
25.7.16. B41.
1.9.16 B.66.
4.10.16 195

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	745	
2.	5th 1520	
3.	4th 768	
4.	14	
5.	15	
6.	75	
7.	822	

Name FYLES L.F. Rank Pte. Regt. No. 420 Unit A

Battn. C.O.R.C.C. Camp or O.S. O File M.H.C.C. H.Q. File

Pension awarded Date of first payment

Discharged to Class 3 Conduct on discharge Good

Next of kin Wife, Abercorn, P.Q.

Address on discharge Do.

DATE	CLASS	REMARKS	PART 2 ORDER
27-2-17	2	G.N.C.H.	#58
1-3-17	2	Grey Nuns (Outpatient(	#61
14-5-17	2	Headquarters "Unfit"	#133
2-6-17	2	G.N.C.H.	#147
31-8-17	2	HQ"A" Unit Pending Discharge "Unfit"	#220#221
14-9-17	3	DISCHARGED	#234

M.H.C. F. 29

DATE	CLASS	REMARKS	PART 2 ORDER

Rank ~~Pte~~ Sapr Name FYLES, L.F. Reg'l No. 420 R—122.

3rd Div Eng

Unit Can.Rly.Constr.Corps. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal Que, 16th Mch.1915 Place of Birth Abercorn, Que.

Name and Address, Next-of-Kin F.F. Fyles,

Collector of Customs, Abercorn, Que. Relationship Father

Assigned Pay Monthly $ CCAC Payable to

N/E. R.B. No 1219 Relationship T.C. 133-50

Separation Allowance $ File R.L. Payable to

Category MUCAN Relationship 139/16

Discharge, Date and Place Reason Character

A 7B 103

Page - 27 - Hosp

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
		Embkd for England from Canada. Per SS "Herschell" from	St John	14.6.15	
		Arrived England	Longmoor camp	25.6.15	
26.8.15	DAAG Emb Pot.	Embk Overseas France	Southampton	25.8.15	Nom Roll
5.10.15	o/c CORCC	Proceeded to England	Belgium	5.10.15	Pt II 156
5.11.15	o/c Res Det CORCC	To be L/Cpl Provisionally dated	Longmoor	1.11.15	Pt II 183 A Res Det
30.10.15	o/c CORCC.	Working Pay to cease	" "	30.10.15	inc Pt 178.
3-12-15	O/C E&T.D	Taken on Strength	Sicliffe	2/12/15	Pt I DO #21
31-1-16	CL 41	Adm: to West Cliff Eye & Ear Hospital	Folkestone	26/1/16	Nasal Obstruction.
1.4.16	CETD	Embarked for France. F. Coy		2.4.16	Pt II O. 8.
28.3.16	do	Discharged from Moore Bks Cpl	do	27.3.16	Pt 2 O #75 C.L. 195/4.10.16

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				
16.6.16	3rd Dir Eng	W-27 General Hosp	Etaples	7.6.16	C.L.46. Shell Shock ONKII 6
do	do	Norfolk War Hosp	Norwich	13-6-16	C.L.B13. do
21.6.16	do	Trans to C.C.A.C	Folkestone	13.6.16	Pt II O. 11
23.6.16	C.C.A.C.	Taken on strength.	"	13.6.16	Pt II O# 234.
25.7.16	3rd Lin Coy	Trans to Granville Can Spec Hosp	Ramsgate	21.7.16	C.L.B41 Shell Shock.
1.9.16	✓	Dis'd ex "		31.8.16	C.L.B66. ✓
1.9.16.	CCAC	Repts O/S Cas	Folkestone	31.8.16	Pt II O370.
4.9.16.	C.C.A.C.	on Com Gran Sp Hosp. for P.B.D.	Ramsgate	1.9.16	Pt II O.375. AC
6.9.16	OC Granville	"	"	1.9.16	Pt II O 250
1-11-16	Res C.O.R.C.C.	Taken on Strength	Newcastle	26-10-16	" " 260-A.
10-11-16	7th Field Coy R.E.	Reverts to ranks at own Request	In the Field	2-4-16	" " 46
29.12.16	Granville Can Spec H	Ceases to be on Command on return to C.C.A.C	Ramsgate	24.12.16	" " 364.
1.1.17	C.C.A.C.	Repts ceases on com Gran Sp	Hastings	31.12.16.	Pt II O ~~375~~ I.
10.1.17.	—"—	On com C.D.D. for Discharge to Apply to commission rank in Canada.	—"—	10.1.17.	— 19.
2.2.17	C.D.D	S.O.S. to Can M.D.	Buxton	2.2.17	— 28 & C.O.R.C.C Pt 2 DD 240 of 10.10.17
7-2-17	C.C.A.C	S.O.S. proceeding to Canada M.D. 1 ceases on com to C.D.D	Hastings M.D. #4	2-2-17	— 64
	Disch. Depot	To Consol: Home	Montreal	11.2.17	N.R. 196

Name Tyler Rd 16/3/15

Date of Embarkation for England 14-6-15 } 5-10-15 n.s.

Proceeded to France. 25-8-15 2-4-16 Returned to England. 12/6/16 Shell Shock

Date returned to Canada. 2/2/17

over

P.R.2855.

Checked 20-9-22.

Leave Sheet 12/6/16 Shell Shock

to Eng 12/6/16

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Q Eng 517

Army Form B. 103.

Casualty Form—Active Service.

THIRD CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps C. E. T. D.

Regimental No. 420 Rank Sapper / pro L/Cpl Name Pyles. L. F. / Fyles

Enlisted (a) 16. 3. 15 Terms of Service (a) _____ Service reckons from (a) 16. 3. 15

Date of promotion to present rank } 1. 11. 15 Date of appointment to lance rank } _____ Numerical position on roll of N.C.Os. } _____

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		TRANSFERRED TO 7th Ch. R.E.
" " FROM C.E.T.D.
VERIFIED TO 30. 3. 16. ORIGINAL NOT AVAILABLE.			R. Dunwoodie Lt. C.E. O.C. "A" Coy. C.E.T.D.
		Transferred to France Verified to:- 2. 4. 16			J. R. Dunbar Capt RCE OC 7th FC
		EMBARKED FOR FRANCE		2 4 16	CB 1140
15-6-16	H.S. Cambria	Shell Shock & Lur. to Eb. A.B. Infectious	England	12-6-16	21 30 83 - 68.50 d/16 6/16 PII 11 d/21 6/16.

D. C. Skinner LIEUT.
OFFICER i/c RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Taken on Strength C.C.A.C. Pt. II D.O. No. 72 = 25-3-16			
		ATTACHED ~~TRANSFERRED~~ FROM C.C.A.C. TO Gran Spec Hosp 1-9-16 PART II D.O. No 375-7=4-9-16			
					a w Deacon Lt for OC CCAC
1/9/16		C.C.A.C. Rejoins from above 375.7 4/9/16			
2/2/17		~~ATTACHED~~ TRANSFERRED FROM C.C.A.C. TO Can for Disc PART II D.O. No. 64:6 1/2/17			~~Lt Col CCAC~~ ~~OC Eductn~~ Lt for O.C. C.C.A.C.

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

3402 Army Form B. [illegible]3.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

CANADIAN OVERSEAS RAILWAY CONSTRUCTION CORPS.

Regiment or Corps _____

Regimental No. 420 Rank Sap Name Fyles Lyndon F.

Enlisted (a) ~~17~~ 16/3/15 Terms of Service (a) Duration of war Service reckons from (a) ~~17~~ 16/3/15

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

Extended _____ Re-engaged _____ Qualification (b) Engineer

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				
		Taken on strength C.C.A.C. Pt. II D.O. No. 234		23-5-16	
9/1/17		ATTACHED ~~TRANSFERRED~~ FROM C.C.A.C. TO C. D. D. PART II D.O. No.			
		for O.C. CCAC			

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

[P.T.O.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

27696-552

6557-L-1

Name Fyles, Lyndon
Surname Christian Name

Regimental Number 420 Rank Spr. Address (in full) Abercorn, Que.

Unit C. O. R. C. C.

Original Unit

District where paid M.D.4.

Date of Discharge 14-9-17.

P. D. P. Filing Number 15-39-4.

Mrs M. S. Fyles

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 20.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
160 10	777	8-11-17	53 00	767	13-12-17	53 00	780	21-1-18	54 10		160 10
2501	2nd Y402434	2/9	70 00								
2501	2nd Y402435	2/9.	30 00								
2087	2nd Y402753	31-3-19	70 00								

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

Dec'n No 27696/583 W. S. G. File No 6557 L.2

Award ..... days at $ 70 per day $ 350

S. A. ... 5 .. months at $ 30 per mo. $ ..... $ 150

Less P. D. P. Credited $ 160.10

$

Less further debit balance $ .....

Net due pend C.S.L.W. 339.90

2/4/19		2501	402434	7000	2501	402435	30	00	2/4/19
31/3/19		2087	402753	7000	2794	465864	30	00	19.5.19
19/4/19		1457	B431270	4990	2557	B467207	30	00	23-5-19
					1637	471735	30	00	22.5.19
						482157	30	00	

2010 Eighth Ave E
Calgary
Alta.

Mrs. Margaret Fyles
same add.

GEN'L AUDITOR
Posting checked by
Morelank
Date 22/9/19

E.h.

M. F. W. 41
1 0M—7-16
1772-39 889.

498

Name Fyles Sgt. L. F.

Regimental No. 420

Unit 6th R. C. C.

Date of enlistment 8 3/15

Place of "

Married (yes or no) Yes - S.A. 31/1/17

Amount of pay assigned monthly $20** 31/1/17

To whom payable

Name and address of next-of-kin Ubercorn, Ont. Mrs. B. L. Vec. Cons. Home.

Date and place discharged

Reason for discharge Class II

Character on discharge Discharged 11/7/17 HQ 649-7-138

5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	2/1/17													2.56		L.F.C.
3/1/17	28/2/17	57	1**	57-	57	.10	5.70							* 4.87		* H.R. 9497
														* 4.86		* Boyt.
														* .10		* Quebec
										Cr Bal.				40.41		Pd to mar 1 3/17
								62.70							62.70	

PAD 19.10.17

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

42013 THE MORTIMER SYSTEMS, OTTAWA, CANADA

185

Aud Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Margaret J. Fyles
Address Alberton Ont
PEI

By Whom Assigned Fyles L.T.D.
Regtl. No. 420
Rank Sapper
Corps Can Ry Construction Corps

Rate ~~$25.00~~ $20.00 Dec 1/15 12 London Cable B964 - 22/5/16 SB
JUN 15 1915
Cancelled Dec 1/15 34 2/15 Pay

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				Stop Payments Feb 1/17 Discharged to Canada 3M 3/1/19 A&C. 5/2/17
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June		R1313	25	00	
July		T288	25	—	
Aug.		V2057	25	—	Acc Closed —
Sept.		3946	25	—	
Oct.		K2342	25	—	
Nov.		N 9344	25	—	
Dec.		Q11413	25	—	
Jan.	1916				
Feb.					
March					

COPIED FOR 5 CASUALTIES.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a. 50m.—4-16. 1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mrs Margaret J. Fyles wife

Name of Soldier Fyles L. F

Sapper 6 O.R. 6

20.00 Dec 1, London Cable 22/5/16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			Sent out Spec Reg. F.L.
May		J3396	95	30 adjust from Jan 1/16 less
June		M7086	20	5.00 overpaid in Dec. S.B.
July		J8775	20	
Aug.		Q14997	20	
Sept.		G16468	20	
Oct.		G21092	20	
Nov.		E26609	20	
Dec.		H33333	20	
Jan.	1917	A31879	20	Stop 2/2 Feb 1/17
Feb.				Rect Missionaire 2/2/17
March				
April				$430 7% 8/2/17 JG
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
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.						

17/3/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

466

Name Mrs Margaret J Fyles

Address Abercorn. Que

Relation to Soldier wife, child or mother } Wife

Name of Soldier Fyles Lyndon 7

Regtl. No.

Rank Sapper

Corps ~~C. O. R. C. C~~

To what Corps belonging when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		J9730	69	69
July		L1300	20	20
Aug.		G.14752	20	20
Sept.		J15379	20	20
Oct.		N7062	20	20
Nov.		J14618	20	20
Dec.		X22845	20	20
Jan.	1916	M17652	20	20
Feb.		O 21420	20	20
March		G 32246	20	20

COPIED FOR CASUALTIES 2

ACCOUNT CLOSED

DATE..... PER..... W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Margaret J. Fyles Wife

Name of Soldier Fyles, Lyndon F. Sapper

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	07429	20	20	
May		4169	20	20	
June		63124	20	20	
July		J11117	20	20	
Aug.		S13215	20	20	
Sept.		F15981	20	20	Dr. 14/9/17 (M.U.) #4 BPMX 17/9/17 Fmo 3/10/17
Oct.		P 19048	20	20	
Nov.		T 22331	20	20	
Dec.		T 25208	20	20	
Jan.	1917	U28187	20	20	
Feb.		~~U31298~~	~~20~~	20	U31298 Cancelled
March			449	20	
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Acct. Closed

Returned Winnipeg 2/2/17

M. G. H. 13/2/17

ACCOUNT CLOSED

DATE..... PER W

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.				

P—56

Rank Sapper Name FYLES, L.F. Reg'l No. 420

Unit Can. Rly. Constr. Corps. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal Que, 16th Mch. 1915 Place of Birth Abercorn, Que.

Name and Address, Next-of-Kin F.F. Fyles,

Collector of Customs, Abercorn, Que. Relationship Father

Assigned Pay Monthly $ ~~25.00~~ STOP 1/12/15 Payable to Margaret J Fyles abercorn Que Relationship wife

Separation Allowance $ 20.00 Payable to wife Relationship

Discharge, Date and Place 1.00 10 Hil Reason Character

PAY OFFICE, N.E. BRANCH, FEB 13 1917, CANADIAN CONTINGENT

Entered on N.E. Card Index

Checked by F.H. Murray

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
June 30								10									to Nac Ford.
July 1	31	31	1.00	31	31	10	3 10	15 50	59 60	37 19		10 10	25		45	14 60	
								53									
								14 60									
Aug 1	31	31	1.00	31	31	10	3 10	15 50	64 73			9 73	25		34 73	30	
								30				14 28					
Sept 1	30	30		30	30		3	15	78				25		39 28	38 72	
Oct. 1	31	31		31	31		3 10	38 72 / 14 50	84 32			14 60	25		39 60	44 72	175. Wife to cease 30/10/15 inc.
												14 60					
Nov 1	30	30		30	30		3	47 72	80 72			19 47	25		59 07	21 65	
Dec. 1	31	31		31	31		3 10	21 65	55 75			19 47	—		19 47	36 28	apo. Stopped 1/12/15 Transf. C.E.F.D. 1/1/16
Jan 1	31/16	31		31	31		3 10	36 28	70 38			2 43			2 43	63 95	
Feb 1	Feb 29	29		29	29		2 90		31 90							95 85	4.00 to be adjusted Jan 1916.
Mch 1	31	31		31	31		3 10	4	129 95			2 44			2 44	131 51	J.C.C.A.C.
				275			29 50	71 03	343 53			117 02	125		242 02	131 51	

Checked

BALANCE TRANSFERRED TO NEW LEDGER

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations: The Board having met and examined Sapper Lyndon F. Fyles, #420, C. O. R. C. C., C. E. F., recommends his discharge - Class "E", to pass under his own control on account of unfitness for service.

Permanent address- Abercorn, Que.

Signatures:—

D. MacLaggan Major President.

Albert A. Bowers Capt.

Raymond Mills Capt. Members.

Station. Montreal, Que.

Date. August 20th, 1917.

M.D. No.

ASSISTANT DIRECTOR MEDICAL SERVICES APPROVED AUG 25 1917 MAJOR For A.D.M.S. MONTREAL, Que.

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8.06.
H. Q. 1772-89-11.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

4 D 22 - F - 210

MEDICAL HISTORY OF AN INVALID.

1. Station. Montreal
2. Regiment or Corps. C. O. R. C. C.
3. Regimental No. and Rank #420 Sapper
4. Name. Lyndon F. Fyles
5. Age last Birthday. 25
6. Enlisted on March 8th, 1915.
   at Montreal.
7. Former trade or occupation. Graduated Engineer Date. August 15th, 1917.

8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. Years. 2 Days. 160

	PERIODS	
	From	To
C. O. R. C. C.	March 8,1915.	Aug. 15,1917.

10. (a) Disease or disability. Traumatic neurasthenia.
    (b) Date of origin. June, 1916.
    (c) Place of origin. Ypres, France.
    (d) Cause. Shell shock.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

General condition good. Invalid has considerably improved since last M.F.B.227 dated April 23rd, 1917, and most of the symptoms of nervousness due to shell shock have disappeared. At times feels slightly nervous and as if had no confidence in himself but not to such an extent as to prevent his return to civil life. Heart, lungs and other systems negative.

12. (a) Is the disability the result of service or climate? Yes.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Slight scar in front of right knee due to bit of shrapnel, which is still there, but causes no disability.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Slight wound in front of right knee, causing no disability.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No exceptional exposure.

14. Treatment.

Cold showers, tonics. Rest away from crowd - or noise.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Six months.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/10th.

18. State if for discharge on account of unfitness for Service.

Yes, discharge Class "E". Convalescent Home of no further benefit.

J. A. Chabot Captain C

Medical Officer by whom the case is brought forward.

MEDICAL HISTORY OF AN INVALID.

1. Station. Montreal

2. Regiment or Corps. C. O. R. C. C.

3. Regimental No. and Rank. #420 Private

4. Name. Lyndon Fyles

5. Age last Birthday. 25

6. Enlisted on March 8th, 1915.

at Montreal, Que.

7. Former trade or occupation.

Engineer (graduated)

8. General remarks on his:—

(a) Conduct.

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. April 23,1917.

9. Service. 2 Years. 46 Days.

	PERIODS	
	FROM	TO
C. O. R. C. C.	March 8,1915.	April 23,1917.

10. (a) Disease or disability. Traumatic Neurasthenia.

(b) Date of origin. In June, 1916.

(c) Place of origin. Ypres, France.

(d) Cause. Shell shock.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

General condition - good. Still a little nervous. Not much confidence in himself yet but thinks he can return to his father on the farm for the summer. At present there is a slight tremor of hands, has bad turns in the head, knee jerks exaggerated still. Sleeps better and eats well. Has not been able to carry on as instructor in vocational training one month ago, but states he thinks he could do it now.

12. (a) Is the disability the result of service or climate? Yes.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

3 L

Noted Dis Sect 18-7-17 M.M.

M. F. B. 227.

200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Slight scar in front of right knee, due to bit of shrapnel which is still there, but causes no disability.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Slight wound in front of right knee causing no disability.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No exceptional exposure.

14. Treatment. Cold showers, tonics, rest in Home.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Six months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/4.

18. State if for discharge on account of unfitness for Service.

No. Life in country for six months recommended.

J A Chabot Captain

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations: The Board having met and examined Private Lyndon Fyles, #420, C. O. R. C. C., C. E. F., concurs with the above report and recommends that he be allowed to live at his home in the country for six months, on out-patients par reporting once a month, as stay in Convalescent Home is not likely to improve his nervous condition, ~~and~~ and no other medical treatment required at

Signatures:—

A A Roberts Capt President.

Fred W Holiday Capt

Geo. A. Fleet Lieut Members.

Station. Montreal, Que.

Date. April 23, 1917.

Date. 1-5-17

H Bruce Chapman Major Asst. Director of Medical Services.

Approved.

Date. 23/5/17

H. Machan Capt for Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-89-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
325	420	Spr.	Fyles.	Lyndon F.
Year 1916.	Unit. C.E. I.D. Co A		Age. 25	Service. 11/12

Station and Date.

Disease Nasal Obstruction.

Jan 28/16 Septum slightly deviated to left with a spur along Vomer & Subcut. R. bands. Hypertrophy RM Inf. Turb.

Robert Spray & Ung menthol — S. Meech

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

Jan 27 Coulum — S. Meech

28 " — S. Meech

29 " — S. Meech

Feb 1 Submucous resection Septum — S. Meech

3 Packing removed

5 Dressing — Ung menthol — S. Meech

Feb. 21/1916 V.O.D = 6/6 V.O.S = 6/6 } Normal

W. M. Taylor Capt Cam

CCAC. 24 March/16

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

(6)

Medical Examination upon leaving the Service

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

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

Rank Spr. Name Lyndon Fulford Surname Fyles

Unit or corps C. O. R. C. C. (If a soldier) Regtl. No. 420

Born at Abercorn, Que. on, (date) June 3, 1893.

Signature (for identification) L. F. Fyles

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

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

Weight 132 lbs.

Height 5 ft 4 in.

Colour of eyes Brown.

Identification Marks Shrapnel scar right knee.

2. NUTRITION AND DIATHESIS?

Good.

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

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

Shell shock and consecutive neurasthenia.

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

No.

5. HEART?

Abnormal Sounds? No.

Abnormal Size? No.

Pulse Rate? 72 Intermittence or Irregularity? No.

Muscular Tone? Good.

6. ARTERIES.-(a) Any hardening or nodulation? No.

(b) Blood Pressure. Diastolic (?) Systolic 150.

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

Good. Normal.

8. GENITO-URINARY SYSTEM?

Urinalysis-S.G.? 1025 Reaction? Acid

Albumen? No. Sugar? No

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. **No.**

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

Examined at ..... Signed D. MacPagan Maj. M.O.

Date ..... Signed Walter A. Powers Capt. M.O.

L. F. Giles

Signature note of soldier.

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

M.F.W. 129

7-17.

Forms
I. 1237
10

Army Form I. 1237.

(31)

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	420	Sgt	Fyles	Lynden

Year	Unit.	Age.	Service.
1916	Canadian Eng's 7th Field Co	26	1 3/12

Station and Date.	Disease 1033 Shell shock. 13-6-16
Norfolk War Hospital	On 6th of June he was knocked unconscious by a shell
	He lost power of legs for 2 days, had giddiness (giddiness),
	sickness (weakness), headache and nose bleeding, had noises
	in his head, he was stuttering for a short while.
	at present has giddiness and headache –
	no loss of sensation –
	Knee jerks (jerks) exaggerated –
July 1	improving but complaining of insomnia and headache
14	Much improved
	to go to Canad. Mil Hosp
20 JUL 1916	Sent to Granwell (Granwell) Cdn Special Hosp. Ramsdale
	J. Simpson Major

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

MEDICAL HISTORY OF AN INVALID.

(5)

1. Station. Montreal
2. Regiment or Corps. C. O. R. C. C.
3. Regimental No. and Rank. #420 Private
4. Name. Lyndon Fyles
5. Age last Birthday. 25
6. Enlisted on March 8th, 1915.
   at Montreal.
7. Former trade or occupation.
   Engineer (graduated)

8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.
   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. April 23,1917.

9. Service. 2 Years. 46 Days.

	PERIODS	
	FROM	TO
C. O. R. C. C.	March 8,1915.	April 23,1917.

10. (a) Disease or disability. Traumatic Neurasthenia.
    (b) Date of origin. In June, 1916.
    (c) Place of origin. Ypres, France.
    (d) Cause. Shell shock.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

General condition - good. Still a little nervous. Not much confidence in himself yet but thinks he can return to his father on the farm for the summer. At present there is a slight tremor of hands, has bad turns in the head, knee jerks exaggerated still. Sleeps better and eats well. Has not been able to carry on as instructor in vocational training one month ago, but states he thinks he could do it now.

12. (a) Is the disability the result of service or climate? Yes.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

Noted 19-5-17

M. F. B. 227.
200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Slight scar in front of right knee, due to bit of shrapnel which is still there, but causes no disability.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Slight wound in front of right knee causing no disability.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No exceptional exposure.

14. Treatment. Cold showers, tonics, rest in Home.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Six months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/4.

18. State if for discharge on account of unfitness for Service.

No. Life in country for six months recommended.

J. Chabot Captain

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations: The Board having met and examined Private Lyndon Fyles, #420, C. O. R. C. C., C. E. F., concurs with the above report and recommends that he be allowed to live at his home in the country for six months, on ord. furlough, reporting once a month, as stay in Convalescent Home is not likely to improve his nervous condition. and no other medical treatment required at present.

Signatures:—

A A Roberts Capt President.

Ind. W Gilday Capt

Geo. A. Fleet Lieut. Members.

Station. Montreal, Que.

Date. April 23, 1917.

Date. 1-5-17

Asst. Director of Medical Services.

Approved.

Date. 23/6/17

H. Machan Capt for Director-General of Medical Services.

Age 14 5/17

Age - 22 6/17

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-89-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

27696

DEPARTMENT OF MILITIA AND DEFENCE.

POST DISCHARGE PAY OFFICE MAR 10 1919 Military District No. 4 MONTREAL

WAR SERVICE GRATUITY.

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 Lyndon Fulford 2. Surname Fyles
3. Rank Sapper 4. Original Unit C.O.R.C.C. 5. Reg. No. 420
6. Address, in full, to which future payments of gratuity are to be forwarded
R.O.10 Eighth Ave East
Calgary Alta
7. Date of enlistment in the C.E.F. Mar. 8 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Margaret Saunders Fyles
9. Relationship of such dependent wife
10. Address, in full, of such dependent R.O.10 Eighth Ave East
Calgary Alta
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:—
June 1915 - November 1915 Canadian Overseas Ry Const Corps
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No
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 March 8 - 1915 - to November 1915 C.O.R.C.C. November C.E.T.D. until April, April, T.F.C.C.E.
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.
1160—D.P.—250M-12-18.

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 ..... About $109 in three instalments

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

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 Sept. 1918 ..... (b) Reason for discharge Traumatic Neurasthenia

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

C.O.R.C.C. — Sept. Oct. Nov. 1915 attached II Slovenian Belgian Army, April, May, June 1916 7 F.C.C.E. 3rd Div. Can.

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: L. F. Fyles

Place of Residence: 1019 Eight Ave East Calgary

Declared before me at: Calgary

This 13th day of January 1919.

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

D. M. Campbell
A. Comm. for Oaths.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
Nov 10-7	$53.00			
Dec 13-7	$53.00			
Jan 21-8	$54.00			

Certified Correct.

A Chmakoff District Paymaster.

CLINICAL CHART.

(To be attached to Case Sheet.)

NORFOLK WAR HOSPITAL
THORPE, N

Army Form B. 181.

Corps Canadian Engineers 7th Field Coy.

Military Hospital Nfk War Hosp

No. 420 Rank and Name Spr Fyles L.

Age 26 yrs Service 15 mths

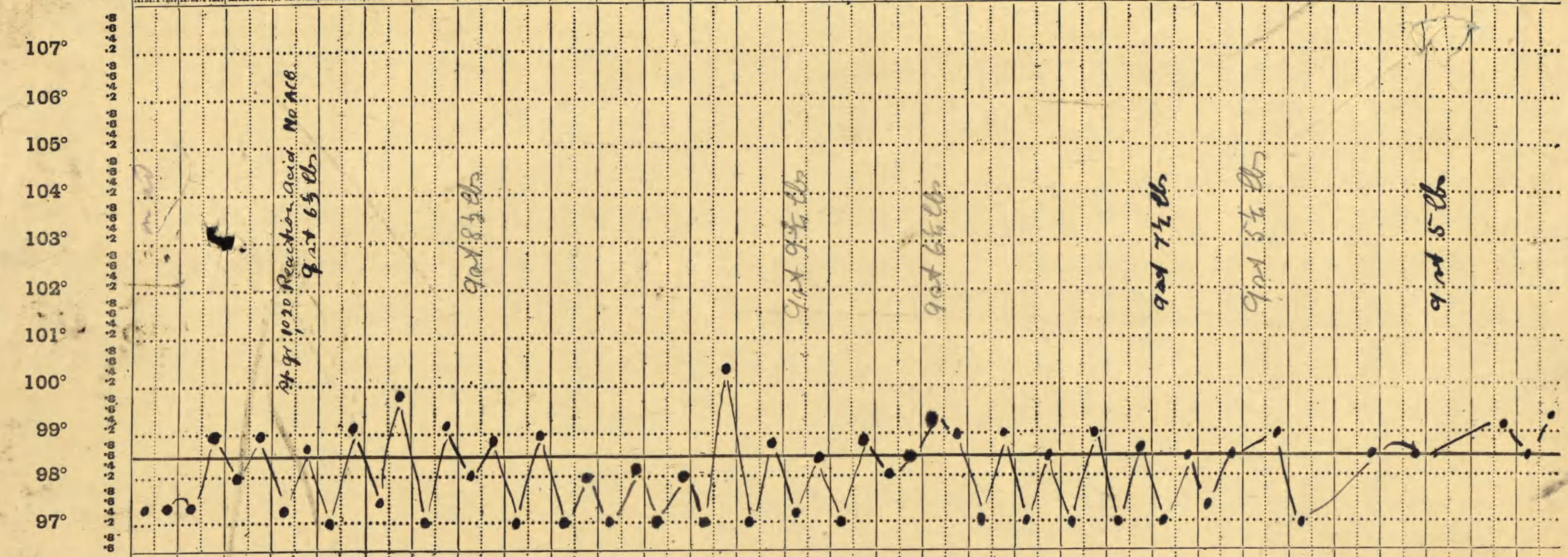
Disease

Date of admission 13th June

Date of discharge 20 JUL 1916 July

Result

Dates of Observation	June 13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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.



Sp gr 1020 Reaction Acid No Alb.

9 st 6½ lbs

9 st 8½ lbs

9 st 9¼ lbs

9 st 9¾ lbs

9 st 7½ lbs

9 st 5½ lbs

9 st 5 lbs

Dates of Observation	June 13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Pulse per Minute	72	72 56	72 60	60 70	66	64 68	60 76	60					92			76		80
Respirations per Minute																		
Motions per 24 hours	/0	0/0	3/1	1/1	/1	0/1	1/1	/3	1/1	0/1	1/1	0/1	0/1	0/	2/0	2/1	0/2	0/0

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11	12	13
Days of Disease													
Pulse per Minute													
Respirations per Minute													
Motions per 24 hours	1/1	0/1	1/0	1/1	/1	1/0	1/0	0/		/0	1/1	2/1	0/

Signature ______________________ In charge of case.

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps Canadian Engineers 7th Sta Coy. Military Hospital Norfolk War Hosp.

No. 620 Rank and Name Spr Sykes L. Age 26 yrs Service 15 mths

Disease _____ Date of admission 13th June 1916 Date of discharge 20 JUL 1916 Result _____

Dates of Observation	Gaby 14	15	16	17	18	19	20	21	22
Days of Disease									
Temperature Fahrenheit (Time A.M.P.M.)									
Pulse per Minute									
Respirations per Minute									
Motions per 24 hours			1						

Wd 5½ lb

9 d 5½ lb

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

Signature _____ In charge of case.

YELLOW RECORD FORM

NORFOLK WAR HOSPITAL

A. & D. No. 62944/16 Ward B.1.

Regimental No. 470 Rank Spr Name Fyles Lynden
(Surname first)

Regiment C.R.E. Squadron, Troop, Battery, or Company } 7th Co.

Date of Admission 13.6.16. Date of ~~Discharge~~ or Transfer } 20 JUL 1916

Age 26. Service 1 3/12 Service with the Field Force } 2/12 Religion C.E.

*Home Address Mrs Fyles
Abercorn.
Quebec. Canada.

Admitted or Transferred from } B.E.F.

*Rail Station Abercorn on C.P.R. Line

	No.	Regional Injury (To be filled in on admission.)	No.	Extent of Injury (To be filled in before discharge.)
†Wounds Received in Action				
†Disease or Injury	1033	Shell shock.		

†Disease or Diagnosis changed to _____ Date _____

Signature of Resident Medical Officer _____

REMARKS :—

‡1. To be Discharged : Fit for Duty *(a)*
Light Duty *(b), (c) or (d)*

Condition on Discharge: improved

‡2. To be Transferred to : Military Convalescent Hospital : _____
Auxiliary Hospital "A."
Auxiliary Hospital "B." (No Dressings or Massage).
Special Hospital : _____
Canadian Military Convalescent Hospital. (No Dressings or Special Treatment).

‡3. To be recommended for Discharge from the Army.

Date July 17 - 1916 Signature of Senior Resident Surgeon, or Physician } A J Cleveland

This Form is to be filled in by the Registrar, except where marked otherwise.
*To be filled in by the Ward Sister.
†To be filled in by the Resident Medical Officer.
‡To be filled in by the Senior Resident Surgeon, or Physician.

RELIGION:
Church of England
Roman Catholic
Presbyterian
Congregationalist
Wesleyan
Baptist

NORFOLK WAR HOSPITAL

Ward B5

Bed

Admitted into Hospital: 13th June 1916

Visiting Medical Officer Major Cleveland

Resident Medical Officer Dr Brittain

Discharged from Hospital: 20 JUL 1916 191

REGT. NO.	RANK	NAME (SURNAME FIRST)	CORPS	AGE	A & D NO.	RESULT OF TREATMENT
420	Spr	Eyles Lejaden	Bandsman Eng's 7th Field Co	26	2294/16	improved

Disease or Injury: 1033 Shell shock

Operation:

Complications:

Skiagram Report: No.

Pathological Exam. Report: No.

Abstract: on 6th of June was knocked unconscious by a shell. lost power of legs for 2 days. has giddiness, headache. Since admission has improved very much.

DATE	DIET	EXTRAS	TREATMENT	"BED" "UP, BED DOWN" "UP" or "OUT"
June 13	ordinary diet		June 13 K Bor gtt 8 Sp Hyos ~~xx~~ Infusion Cond gtt 15	✓
			July 5 Faradic baths to feet alt. days	aje
July 12.	Milk Diet Eggs			

II

Form to be used instead of blank space on Army Form 179

(4)

Proceedings of Medical Board at Discharge Depot.

Number | Rank | Name and Corps of disabled soldier.

#420 Sapper. Fyles, Lyndon, C.E.F.

Previous Civilian Occupation.

Engineer.

Cause of disability -

Traumatic hemiathenia.

Condition in detail which prevent the soldier earning a Full livelihood:-

Patient is nervous.

Exam:- Nervous system, hyperexcitable. Reflexes normal. Memory was very poor but is improving steadily, forgetfulness OB. now, loses himself very easily, forgets his way when going anywhere, forgets his room etc.. Insomnia is improving gradually. Other systems normal.

Requires further convalescence. Was returned to Canada under auth. B.A. 2-F-69 dated 2-1-17 for a commission with #2 Construction Corps.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Between 20% 30% reducing

Probable duration of incapacity:-

Impossible to say at present

Does it render him permanently unfit for Military Service? Very hard to say at present

Would operation, special treatment or the use of appliances, etc., lessen incapacity? Convalescent Home

Signature. E A Robertson Capt President.

M J Coghlan Capt. Members.

W G Wagle Capt

Station. Quebec

Date Feb 16, 1917.

Approved.

Date Feb 16/17 W. L. Carrick Major

Assistant Director Medical Service.

Date 17/3/17 D. B. Neely

Director General Medical Service.

Captain A.M.S. For D.G.M.S.

noted 19-2-17

26

5m-11-16.(M)

AM-11-10.(M)

Date _____ Director General Medical Services.

Date _____ Assistant Director Medical Services.

APPROVED.

Date _____

Station. _____

_____ Member.

Chairman. _____ President.

Date _____ Medical operation, except treatment of the use of appliances.
Medical reason incapacity;
etc., reason incapacity;

Opinion of the Board.

Degree of incapacity (Please state in percentage.)

Acceptable duration of incapacity:-

Does it tender him permanently unfit for Military Service?

PROCEEDINGS of Medical Board at Discharge Depot.

Number. Rank. Name and corps of discharged soldier.

PRESENT CIVILIAN Occupation.

Cause of disability -

Condition in detail which prevent the soldier earning a livelihood:-

R. & O. 6091.

10

CERTIFICATE re DISCHARGE DOCUMENTS.

Reg'tl. No. 420

Name in full Fyles, Lyndon

Rank Sappeee

Reserve Unit C.E.T.D. Present Unit C.C.A.C.

Place of Residence in Canada Abercorn, P.Q.

Military District 5

Classification of Disability Appointment to a Commission in the 2nd Construction

(or) Reason for Discharge Battalion and H.Q. Canadians, Brighton Area. Letter B.A.2-F-69, dated 2-1-17.

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant C.D.D. (Originals).	List of Documents required to complete Discharge, checked and enclosed.	Initials of Commandant (Originals not available).
P.R.H.	Proceedings on Discharge. (B. 268.) (Must be Original)	
	Proceedings of Medical Board. (B. 179.) (Must be Original)	
P.R.H.	Medical History Sheet. (A.F.B. 178.) (Must be Original)	
P.R.H.	Last Pay Certificate. (Must be Original)	
	Certificate of Discharge. (A.F.B. 2079.)	
	Casualty Form. (A.F.B. 103.)	
P.R.H.	Attestation Paper. (M.F.W. 54.)	
P.R.H.	Field Conduct Sheet. (A.F.B. 122.)	
P.R.H.	Company Conduct Sheet. (A.F.B. 121.)	
P.R.H.	Reg'tl. Conduct Sheet. (A.F.B. 120.)	
P.R.H.	Inventory of Kit. (W. 3068.)	
P.R.H.	Declaration from Dischargee. CANADIAN DISCHARGE DEPOT,	

(Signature) Kirkpatrick Major Lieut.-Col.

COMMANDANT.

Officer Commanding,

CANADIAN DISCHARGE DEPOT.

CERTIFICATE re DISCHARGE DOCUMENTS.

Regt'l. No.

Name in full

Rank

Reserve Unit ..... Present Unit C.C.A.C.

Place of Residence in Canada

Military District

Classification of Disability

(or) Reason for Discharge

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked and enclosed.

If original, documents, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant C.D.D. (Original)	List of Documents required to complete Discharge, checked and enclosed	Initials of Commandant (Original not available)
	Proceedings on Discharge. (B. 205.) (Must be Original)	
	Proceedings of Medical Board. (B. 279.) (Must be Original)	
	Medical History Sheet. (A.F.B. 172.) (Must be Original)	
	Last Pay Certificate (Must be Original)	
	Certificate of Discharge. (A.F.B. 2079.)	
	Casualty Form. (A.F.B. 103.)	
	Attestation Paper. (M.F.W. 54.)	
	Field Conduct Sheet. (A.F.B. 122.)	
	Company Conduct Sheet. (A.F.B. 121.)	
	Regtl. Conduct Sheet. (A.F.B. 120.)	
	Inventory of Kit. (M. 268.)	
	Declaration from Discharge.	

Signature

COMMANDANT.

Military District (Date)

Married or Single: S.

Place of Birth: Abercorn Quebec

Name and Address of Next of Kin: F. F. Fyles. Collector of Customs, Abercorn, Que

Relationship of Next of Kin: Father

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l. No. 420 Rank Spr Name Fyles L. F. C.A.C.

If in Permt. Corps What Unit: Unit C.A.C.

Permanent Force Allowances

Place of Attestation: Montreal, Quebec

Date of Attestation: 16th March 1915

Transferred to 3rd Dio. Eng. Date 31. 3. 16. Authority Do. #80

Transferred to C.C.A.C. Date 21/4/16 Authority 3/4/16 & 20

Transferred to Ry Contl Corps Date 16/6/16 Authority Pt #11 21/6/16

Transferred to Non E Bch Date 16-11-16 Authority M. M. & D. J. W. C. letter 6-7-26 & 20.9.16

Transferred to Date 1-2-17 Authority

Assigned Pay Monthly $ 20.00 Date Effective 1st Dec. 1915

Payable to Margaret J. Fyles, Abercorn, Quebec Relationship Wife

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 3. 1. 17 Effective 1. 2. 17 Reason Discharged to Canada 2.1.17

Discharge Date and Place To. Canada 2.1.17 Reason and Authority M. M. & D. J. W. C. letter 6-7-26 dated 30.9.16

Account Transferred to Non-Effective Branch (Date) 1-2-17 Comm. in 2nd Contingent P.P.C. Rendered 3/1/17.

Account Transferred to Officers' Pay Branch (Date)

Entered on N.E. Card Index

Checked by F. H. Thurston

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Available for Issue	Remarks
			25				25 50							71 03	343 53									117 02				125 80		242 02	131 51				
1/4/16																						CETO 732	31. 3. 16.			4 87		20	ap.	104 87	486 64				20.00 p.m. assg pay from Dec 1st to Jan 1916
20/4/16	20	1	20		20	10	2								22			61	30/4						.261										
Apl 21-30	10	"	10	—	10	"	1 00								11 00			40	30/4						.262					5 23	54 41				
May 1-31	31	"	31	00	31	"	3 10								34 10	71	17/5	121	30/5					.256	.256			20 —		25 12	63 39				
June 1-15	15	"	15	00	15	"	1 50								16 50													20 —		20 —	59 89				
June 16 30	15	"	15		15	"	1 50								16 50													— —		— —	76 39				
July 1/31	31	"	31		31	"	3 10								34 10													20		20 —	90 49				
Aug 1/31	31	1.	31		31	.10	3 10								34 10											4 87		20		20 00.	104 59				
Sept 30	30		30		30		3 00								33 00											24 83		20		51 63	85 96				
Oct 1/31	31		31		31		3 10								34 10											32 43		20		20	100 06				
Nov 1/15	15	1.00	15	00	15	.10	1 50								16 50													20		20 00.	96 56				
16/30	15		15		15		1 50								16 50																183 06				
Dec 1/31	31		31		31		3 10								34 10											24 33		20		73 53	73 63				
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Checked Chas Chapter

Checked H. Kerr

Checked H. Kerr A.P.C.

Balance transferred to N. E. Branch.

2.56.

authy in M. M. & D. J. W. C. letter 6-7-26 & dt 20.9.16 Trfd to Ry Contl. Corps. Eff 16.11.16

Payment taken from Pay Book. Discharged to Canada M. M. & D. J. W. C. letter 6-7-26 dated 30.9.16 assigned pay stopped 3-1-17 Effective 1-2-17 C. B. 1/2/17 P.P.C. rendered 3/1/17 with Debit Bal of 2.56

Small Ledger Sheet.

420 Spr Fyles L. F.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917														7 43	7 43	9/12/17								9/12	4 87					4 87		2 56			Lt. Adv. PM. Burton endorsed on sailing list. No. 29.2.2.17 Dr. Cbl. 7 43

(H.a)

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. 420

Rank Sapper

Surname Fyles

Christian Name Lyndon Fulford

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

Corps (Squadron, Battery or Company) C.O.R.C.C.

Date of Discharge 14/9/17.

Place of Discharge Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years 3 months.
Height 5 feet 4 inches.
Complexion Fair
Eyes Brown
Hair Brown
Trade Engineer
Intended place of residence (To be given as fully as practicable.) Abercorn. Que.

Descriptive Marks

vaccination mark on left arm. Slight scar in front of right knee due to bit of shrapnel which is still there but causes no disability.

2. The above-named man is discharged in consequence of Medical Unfitness due to Traumatic Neurasthenia.

Authority H.Q. 4.D.22-F-210 Dated Sept.8th/1917.

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.

Good.

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.)

Light work.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Dis. Action 3-10-17.

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.

(Place) Montreal. L. F. Fyles (*Signature of Soldier.*)

(Date) 14/9/17. S L Wilding (*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 2 years 200 days.

11. **Confirmation of Discharge.**

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

(Place) Montreal.

(Date) SEP 17 1917

MILITARY HOSPITALS HEADQUARTERS "A UNIT" COMMISSION COMMAND

(*Signature*) G. E. Hall MAJOR

O. C. "A" Unit.

Military Hospitals Commissions Command.

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.)

None.

L. F. Tylio

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. 420 Army Rank Sapper

Name Fyles Lyndon
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C. C. A. C.

Battalion, Battery, Company, Depôt, &c.
(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

Place of discharge

1. *Description at the time of discharge.*

Age 26 years 7 months
Height 5 feet 4 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion Fresh
Eyes Hazel
Hair Dark
Trade Engineer
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

S. W. rt. knee

(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 appointment to a Commission in the 2nd Construction Battalion and H. Q. Canadians, Brighton Area, Letter B.A. 2-F-69 dated 2/1/17

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

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

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.

CANADIAN DISCHARGE DEPÔT,

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Lieut.-Col.,
Officer Commanding.

* Strike out if not applicable.

[OVER.

D. D. & L., London, E.C.
A4508 Wt. W17176/M891 500,000 8/18 Sch. 39
Forms B. 268 40

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

France 4½ months

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) Sussex

(Date) _____

Kirkpatrick Major
for Lieut.-Col.,
Officer Commanding,

Commanding _____ *Battn.* _____ *Regiment.*

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) _____ _____ *(Signature of Soldier.)*

(Date) _____ _____ *(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) _____ years _____ days.

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

Total ... _____ " _____ "

11. *Confirmation of discharge.*

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

(Place) _____

Signature _____

(Date) _____

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.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (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. 264).
(*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.

Ward 131

420

ORIGINAL.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

(2)

C.C.A.C. Spr

MEDICAL HISTORY of

2 FEB 1916

Surname Giles. Christian Name Lyndon G.

19 JUN

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Abercorn County Quebec

Examined ... ... on 8th day of March 1915. at Montreal

Declared Age ... ... 22 years 279 days.

Trade or Occupation ... Engineer.

Height ... ... 5 feet, 4 inches.

Weight ... ... lbs.

Chest Measurement. Girth when fully Expanded. 35 inches. Range of Expansion. 3 inches.

Physical Development ... Medium

Vaccination Marks Arm ... Right Left Number ...

When Vaccinated ... ... May 20/15

Vision ... ... R.E.—V = 20/20 L.E.—V = 20/20

(a) Marks indicating congenital peculiarities or previous disease ... (a) Vac. on mark on lft arm.

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

Approved by (Signature) F. E. Pettman

(Rank) Capt. R.A.M.C.

Medical Officer.

Enlisted ... ... at Montreal on 8 day of March 1915.

	Corps.	Regtl. No.
Joined on Enlistment ...	Canadian Overseas Ry. Construction Corps.	420.
Transferred to	CETD	

Became non-effective by ...

This Medical History Sheet has been compared with Corresponding Attestation Paper, and entries made, have been taken from the Attestation Paper.

W. R. WARD, Colonel in Charge of Records, Canadian Contingents.

3 NOV. REC'D

on day of 191 .

(Signature)

(Rank)

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office, Horse Guards, London, England.

Lieut.-Col. In Charge of Records, Canadian Contingents.

Table II.—Only for Admissions to Hospital or to the Sick List

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing use. In subsequent given in th
	Day	Month	Year	Day	Month	Year			
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.	25	1	16	24	3	16	Nasal obstruction	60	Submuc to C
NORFOLK WAR HOSPITAL THORPE, NORWICH,	13	6	16	20	7	16	Shell shock		KBR
Branville Special Canadian Hospital Ramsgate	20	7	16	31	8	16	do	43	Tran
Grey Nuns Conv Home. Montreal Que.	27	2	17	15	5	17	Traumatic Neurasthenia	105	Discha patien

BRANVILLE CANADIAN SPECIAL HOSPITAL
31 AUG 1916
RAMSGATE

ne Sick List in the case of Warrant Officers treated in quarters.

ber ays ital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
0	Submucous nasal septum - discharged to C.C.A.C.	H.D. Courtenay Capt for REGISTRAR. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL. Duplicate Medical History Sheet posted to here.
	KBR - parade baths	A.H. Humphrey Maj. RAMC
3	Transferred to CCAC. Folkestone	W.S. Muloopa Capt. C.A.M.C. Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate.
5	Discharged to the O. C. "A" Unit, M. H. C. C. as out-patient pending discharge from Ottawa.	J. Cameron Capt. C.A.M.C. M/O i/c Grey Nun Convalescent Home

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
May 4/15	1st Inoculation
May 13/15	2nd "
May 20/15	Vaccination
March 28/16	~~On march training~~ Fit for duty Capt T Lochanpt Capt PRESIDENT, STANDING MEDICAL BOARD.
C.C.D.C. Aug 31/16.	C.B. S Campbell Major PRESIDENT, STANDING MEDICAL BOARD.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

E/F 420

DUPLICATE.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname FYLES *Christian Name* Lyndon, F

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

W.R. Ward
Colonel C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Abercorn County Quebec

Examined ... ... on 8th day of March 1915. at Montreal

Declared Age ... ... 22 years 279 days.

Trade or Occupation ... Engineer

Height ... ... 5 feet, 4 inches.

Weight ... ... lbs.

Chest Measurement { Girth when fully Expanded. 35 inches. Range of Expansion 3 inches.

Physical Development ... Medium

Vaccination Marks { Arm ... Right Left Number

When Vaccinated ... May 20/15

Vision ... ... R.E.—V= D/20 L.E.—V= "

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) VAC. on mark on left arm

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) F.E. Pettman

(*Rank*) Captn. C.O.R.C.C *Medical Officer.*

Enlisted ... ... at Montreal on 8th day of March 1915.

	Corps.	Regtl. No.
Joined on Enlistment ...	Canadian Oversea Rly Con.	420
Transferred to		

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191.

(*Signature*) W.R. WARD, Colonel in Charge of Records, Canadian Contingents.

(*Rank*)

Sec Sec 2-18 Sec 2-18

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C. (25289) Wt.W13871/604. 300m. 4/15.

Forms B. 178.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing use. In c subsequent given in th
	Day	Month	Year	Day	Month	Year			
West Cliff Can. Eye & Ear Hosp. Folkestone	25	1	16	24	3	16	Nasal obstruction	60	Sub

Sick List in the case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Submucous resection septum - discharged to C.C.A,C.	H.D.Courtenay Capt.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
May 4/15	1st Inoculation
" 13/15	2nd "
" 20/15	Vaccination

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

4 D 22 - F - 210

MEDICAL HISTORY OF AN INVALID.

B. P. C.

1. Station. Montreal

2. Regiment or Corps. C. O. R. C. C.

3. Regimental No. and Rank. #420 Sapper

4. Name. Lyndon F. Fyles

5. Age last Birthday. 25

6. Enlisted on March 8th, 1915.

at Montreal.

7. Former trade or occupation. Graduated Engineer

8. General remarks on his:—

(a) Conduct.

(b) Habits.

(c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. August 15th, 1917.

9. Service. Years. 2 Days. 160

	PERIODS	
	FROM	TO
C. D. R. C. C.	March 8,1915.	Aug. 15,1917.

10. (a) Disease or disability. Traumatic neurasthenia.

(b) Date of origin. June, 1916.

(c) Place of origin. Ypres, France.

(d) Cause. Shell shock.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

General condition good. Invalid has considerably improved since last M.F.B.227 dated April 23rd, 1917, and most of the symptoms of nervousness due to shell shock have disappeared. At times feels slightly nervous and as if had no confidence in himself but not to such an extent as to prevent his return to civil life. Heart, lungs and other systems negative.

49

12. (a) Is the disability the result of service or climate? Yes.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

Discs 16-10-17 m.m.

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Slight scar in front of right knee due to bit of shrapnel, which is still there, but causes no disability.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Slight wound in front of right knee, causing no disability.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

No exceptional exposure.

14. Treatment.

Cold showers, tonics. Rest away from crowd - or noise.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Six months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/10th.

18. State if for discharge on account of unfitness for Service.

Yes, discharge Class "E". Convalescent Home of no further benefit.

Sachabotcaptain C

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations: The Board having met and examined Sapper Lyndon F. Fyles, #420, C. O. R. C. C., C. E. F., recommends his discharge - Class "E", to pass under his own control on account of unfitness for service.

Permanent address- Abercorn, Que.

Signatures :—

D. MacLaggan Major President.

Albert Powers Capt.

Raymond Gillis Capt.

Members.

Station. Montreal, Que.

Date. August 20th, 1917.

M.D.

ASSISTANT DIRECTOR MEDICAL SERVICES APPROVED AUG 25 1917 MONTREAL, Que.

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

Militia Form B. 227.

20m. S.-6.
H. Q. 177-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. .....

Administrative Medical Officer.