

ATTESTATION PAPER.

No. 706844

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Sait*
- 1a. What are your Christian names? *Arthur Edward Samuel*
- 1b. What is your present address? *Cruise Avenue Victoria B.C.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Newport Mon England.*
- 3. What is the name of your next-of-kin? *Janie Sait Maywood P.O.*
- 4. What is the address of your next-of-kin? *Cruise Avenue Victoria B.C.*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *1872 June 25*
- 6. What is your Trade or Calling? *Carpenter*
- 7. Are you married? *yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *JAN 27 1916* 191 . *A. E. Sait* (Signature of Recruit)
Thomas M. Ford (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *JAN 27 1916* 191 . *A. E. Sait* (Signature of Recruit)
Thomas M. Ford (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *VICTORIA, B. C.* this *JAN 27 1916* day of *1916*.

Walter Spence (Signature of Justice)
 Major
 Jnr O/C 103rd Battalion, C. E. F.
 Absent on Duty

Description of Arthur E. Gait on Enlistment.

Apparent Age 43 years 7 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 5 1/4 ins.

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 36 ins.

Scar left palm

Complexion Ruddy

Eyes Blue

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 27th January 1916.

Place Victoria B.C.

H. F. McSally 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

W. A. [Signature]
 Major
 for O/C 103rd Battalion, C. E. F.
 Absent on Duty

(Signature of Officer)

JAN 27 1916

Date.....1916

C.E.F.

GAIT. ARTHUR EDWARD

706844

11 CAS. UN IT 01389

MED. UNFIT.

Deceased 14-11-58





1. L.P.C. issued, date *20/7/18*
2. Authority *W & B 179 B66RD 17/18 Annual*
3. Discharged to *Canada 20/7/18*
4. Pay Book verified *20/7/18*
5. Balance shown on L.P.C. \$ *18.07* ✓
6. Balance shown in Ledger Sheet \$ *110.50* ✓
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount.	
			Debit	Credit
1665	9/1/18	Account 10	1.00	
1662	9/1/18	"	1.00	
1718	15/1/18	"	10	
2171	20/1/18	Reford	1.00	
2173	15/1/18	"	1.00	
Net Difference			\$ <u><i>97.48</i></u>	<u><i>97.48</i></u> ✓

8. Assigned Pay cancelled *11/2/18*
 A.3.M. Forms rendered

or 9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment

John

Robertson
capt

Certified correct


Office i/c Group

17-4-39

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. <i>406844</i>	
Rank <i>Pte</i>	
Name <i>Sait Arthur Edward</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>XL CASUALTY UNIT</i>	
Date of Discharge <i>April 30, 1918.</i>	
Place of Discharge <i>NEW WESTMINSTER, B. C.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>45</i> years <i>10</i> months.	Descriptive Marks <i>Vacc. left arm</i>
Height <i>5</i> feet <i>5 1/4</i> inches.	
Complexion <i>Ruddy</i>	
Eyes <i>Blue</i>	
Hair <i>Brown</i>	
Trade <i>Carpenter</i>	
Intended place of residence <i>Weywood P.O., Victoria B.C.</i> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <i>under K.R.O for CM 1910</i> <i>Para 322(9) Medically unfit</i> <i>Auth DD# 11 Gen 1 & Gen 183 of 26/18</i> <i>Released 14-11-58</i>	
<small>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.</small>	
To be in the hand writing of the Commanding Officer, who will himself make the entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Carpenter</i>	

*W. S. G. Comp.
14-3-19 E. O. N.*

[Signature]
28/5/18

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

Nil

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

6. Medals and Decorations.....

France (6) months

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).....
NEW WESTMINSTER, B. C.

(Date) *April 30 1918.*

Commanding *Rasser* Capt.
No. 11 Casualty Unit.

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).....
NEW WESTMINSTER, B. C. *A. E. J. J. J.* (Signature of Soldier.)

(Date) *April 30 1918* *Capt. Luncan R. J.* (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) *2* years *96* days.

Total *2* years *94* days.

11. Confirmation of Discharge.

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

(Place).....
NEW WESTMINSTER, B. C.

(Date) *April 30 1918.*

(Signature) *Rasser* Capt.
No. 11 Casualty Unit.

Reservations referred to at Para. 8.

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

No Reservations

A. E. Gait

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (In the event of such having been prepared.)</p>
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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.

Casualty Form—Active Service.

Regiment or Corps 16th C.R.B.
 Rank Pte ✓ Surname Gait ✓ Christian Name Arthur Edward ✓
 Religion 27/1/16 ✓ Age on Enlistment years months.
 Enlisted (a) 27/1/16 ✓ Terms of Service (a) War ~~6 mos~~ Service reckons from (a) 27.1.16 ✓
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) Carpenter
 or Corps Trade and Rate. *App*

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Halifax</u> <u>Liverpool</u> <u>Canada</u> <u>23.7.16</u>		
			Disembarked <u>England</u> <u>31.7.16</u>		
JAN 9 1917		Transferred to <u>16th C.R. Bn.</u>	<u>Seaford.</u>	JAN 9 1917	<u>Part II. D. 6. 9. 9/17.</u>
JAN 10 1917	<u>OC 16th Batt</u>	<u>Taken on Strength 16th C.R. B.</u>	<u>Seaford.</u>	JAN 10 1917	<u>Part II. D. 6. 10/17</u>
<u>21/3/17</u>	<u>16th C.R. Bn.</u>	Transferred for Overseas Service with <u>54th Bn.</u>	<u>Seaford.</u>	<u>21/3/17</u>	<u>Part 2 D. 6. 11</u>

CERTIFIED COPY
 20 APR 1917
 CASUALTY RECORDS SECTION

(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 in Section D, 16th. Canadian Reserve Batt.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
28-1-18	B.C.R.D.	Command 3 rd C.C.I	Seaford	15-1-18	Pt II DO 23
19/2/18	B.C.R.D.	Ceases to be on Command		17/2/18	Pt. 2. D. 1. 42
	B.C.R.D.	On Command to C.D.D. Buxton			Pt. 2. D. 1. 42
20 FEB 1918	TAKEN ON STRENGTH C.D.D. BUXTON PT. 11 ORDER No. 43				
					Lieut.-Col. Commanding Canadian Discharge Depot
	EMBARKED FOR CANADA FROM LIVERPOOL				
					Lieut.-Col. Commanding Canadian Discharge Depot
MAR 23 1918	HALIFAX	T. ON S. NO. 11 CASUALTY UNIT	New Westminster, B. C.		PART II. ORDER NO. 14
30-4-18	New Westminster, B. C.	S. OFF S. NO. 11 CASUALTY UNIT DISCHARGED	New Westminster, B. C.	30-4-18	PART II. ORDER NO. 13 Capt. O. C. Casualty Company, No. XI, District Depot

Reserved for M.H.C.

12158

Regt. No. 706844 Rank Pte. Surname Gait Christian Name Arthur E.
 Unit or Corps—(a) Overseas from United Kingdom 54th BATTN. (b) In United Kingdom 1st Res.
 Born at—Town New Port County or Province Mons Country Wales.
 Date of Birth—Day 25 Month June Year 1872 Age 45 yrs. 7 months.
 Joined at Victoria, B.C. Canada. Date January 27th
 Former Trade or Occupation Carpenter
 Permanent marks or peculiarities that will serve for future identification:—

None.



Height—feet 5 inches 6 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) Arthur E. Gait

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

GENERAL DEBILITY.

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due:	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G.S.W. Chest.</u>	<u>Levin</u>	<u>6.9.17</u>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? No.

- (i.) As to Group (a) above? - If yes, has Active Service aggravated it?
- (ii.) As to Group (b) above? - If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? - If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—Yes

- (i.) As to Group (a) above? Yes
- (ii.) As to Group (b) above? -
- (iii.) As to Group (c) above? -

5. If a cause of disability was an injury received on Active Service, was it received— **Yes.**

(i.) While on duty? **Yes.**

(ii.) While off duty? **-**

(iii.) Was a Court of Inquiry held? **-**

(iv.) Where? **-**

(v.) When? **-**

(vi.) Opinion of the Court? **-**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Bullet wound of right chest - entering just internal to nipple and emerging through scapula. Was in Hospital and Convalescent $2\frac{1}{2}$ 3 1/2 months. Had a transitic Pneumonia and had a very high temperature.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability).

Subj: Sympt: Pain in back - general weakness and shortness of breath.

Obj: Sympt: Scar of bullet wound which passed right through lung - lung movements restricted and resonance impaired. Looks older than (45). General condition not good.

8. OPERATION. (i.) Was one performed? **No.**

(ii.) If so, state what. **-**

(iii.) Was one advised and declined? **-**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **Yes.**

(ii.) If so, describe. **One tooth extracted.**

10. DO YOU RECOMMEND:—

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

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

(c) Invalid to Canada? **Yes.**

(d) Discharge from the Service as permanently unfit? **No.**

Date of Report **February 4th, 1918.**

Signed **Geo. A. Smith, Capt.**
Officer in medical charge of case.

Station **3rd Can. Com. Depot. Seaford.**

I have satisfied myself of the general accuracy of the above Report, and concur therein **except**

Josephine Ormsley, Sup. Comm. Seaford

Officer i.e. Hospital (S.M.O. Brigade) Strike out one of these.

Dated at **Seaford** Station, on **15.2.18** 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	{	(b) Misconduct of the Soldier	{

Caused?
Aggravated?

Caused?
Aggravated?

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation :—(a) Fit for duty?
(b) Fit for base duty?
(c) Invalid to Canada?
(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

President.

Signatures
of
the Board.

Station

Approved

A.D.M.S.

Dated at

Station

MEDICAL HISTORY OF AN INVALID

12158

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

No. XL, c/c

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION New Westminster, B.C. DATE Apr. 19, 1918

1. 1 (a) Unit 103rd Bn. (b) Regimental No. 706844 (c) Rank Pte.
 (d) Surname Gait (e) Christian name Arthur Edward

2. Age last birthday 45 Date of birth June 25, 1872

3. Enlisted at Victoria, B.C. on Jan. 27, 1916

4. Personal description:—

(a) Height 5' 5½" (b) Weight 138 (c) Complexion Ruddy

(stripped)

(d) Colour of hair Brown (e) Colour of eyes blue (f) Identification marks

Vac. 1 left.

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

Crease Ave. Maywood P.O., Saanich, V.I.6. Former trade or occupation Carpenter

7. (a) Service

	Years	Days
	<u>2 2/12</u>	<u>22</u>

	PERIODS
<u>Canada</u>	<u>Jan. 27, 1916</u> to <u>July 1916</u>
<u>England</u>	<u>July 1916</u> to <u>Mar. 1917</u>
<u>France</u>	<u>Mar. 1917</u> to <u>Oct. 1917</u>
<u>England</u>	<u>Oct. 1917</u> to <u>Mar. 17, 1918</u>
<u>Canada</u>	<u>Mar. 17, 1918</u> to <u>Present.</u>

(b) Has he been overseas? Yes 8. Original disease or disability

G.S.W. through Right lung.

(a) Date of origin Sep. 1917 (b) Place of origin France

(c) Cause* Bullet

(d) Present disease or disability Febrosis Right lung.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

There is scarcely any alteration in breath sounds. There is impaired resonance lower 2 lobes right lung with increased vocal fremitus. Complaint of slight soreness underneath right axilla and movements of the shoulder

9. Present condition.—(Continued.)

as in throwing are not quite so free. Practically no lack of movement noticeable. Incapacity due to partial loss of function right lung. Thinks he could walk 5 miles at his own gait.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous.....yes..... Digestive.....yes..... Respiratory.....Fibrous Rt. Cardiac.....yes..... lung
Genito-Urinary.....yes..... Skin, Middle Ear, Eye or any other part.....yes except as noted.....

10. History: (a) of Condition referred to in "a" section 9.

Bullet entered 1 1/2 in. below Rt. nipple and passed out junction upper and middle thirds of scapula about the centre. There was fracture of 5th and partial fracture of 6th ribs.

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

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?.....

N. spo.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....

No

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

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

Should improve in 5 months.

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

In Hospitals in France and England.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No

16. Can the former trade or occupation be resumed? Could do light work.
(If not, briefly state why.)

17. Recommendations

Discharge Class 3. Medically unfit.

Medical Board.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

V.E.D.C.

A. E. Gait
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

Concurs.

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

20. It is certified that the soldier
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

Discharge Class E. Medically unfit.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE New Westminster B.C.

DATE Apr. 19, 1918

[Handwritten signatures]
President.
Members.

APPROVED BY

APPROVED BY

[Signature]
For Assistant Director of Medical Services
A.M.C.
M.D. 11

Director-General of Medical Services.

DATE APR 26 1918

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

..... President.

PLACE.....

DATE.....

} Members.

MEDICAL HISTORY SHEET. 12158

Surname Galt Christian Name Arthur & Edward

Examined { on 27 day of Jan 1916
at Victoria B.C.
Birthplace { City or Town New Port
County Mons Wales

Approved by W. McInnes
Rank Capt. Camo M.O.

Apparent age 44
Trade or occupation carpenter
Height 5' Feet 5 1/4 Inches.
Weight 138 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Fair
Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		5 OCT 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { A r m Right Left
Number 1
When Vaccinated last Infancy
(a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
191 <u>6</u> April		<u>W. Thomas</u>
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection none

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
191 <u>6</u> 1 May	oil	<u>W. Thomas</u>
15 "	oil	M.O.
3 June	oil	M.O.
Sept 15 191 <u>6</u>		M.O.

Enlisted on 27 day of Jan 1916 at Victoria B.C.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>103rd Batt.</u> <u>C.E.F.</u>	<u>706844</u>		<u>Jan 27/16</u>
Transferred to	<u>16th. C.R. Bat.</u> <u>54th Btn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.E.F. Seaford</u>	<u>4th Feb: 1918</u>	<u>Gen: Disability</u>	<u>Boarded F179</u> <u>Gloucester</u> <u>Captain C.A.M.C.</u> <u>President S.M.B.</u>

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

CANADIAN

706844

Surname *Galt* Sait Christian Name *Arthur E*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
H ^d Southern General Devonport		3	10	17	13	11	17	g.s.w. chest	42	Transferred to Can. Con. Spl. Beawood Wokingham.	<i>F. P. ...</i>
Beawood		13	11	17				Bullet wd. chest.		wd healed but scar is retained. Should be fit after graduated drill. Capt. D. T.	<i>R. H. Coway Capt. C. and.</i>
Beawood		13	11	17				do.		wd healed. Should be fit after graduated drill. Capt. D. T.	<i>Newman ...</i>

Report on Wounds or other Injuries, received otherwise than in Action.

114
Gen. No.
4269.

Certificate of Medical Officer.

No. 706844 Private Gait, A.E. 54th Battalion, C.E.F.

was admitted to hospital on the Seventh April 1917 suffering from sprain right ankle.

† Here insert "trivial" or "serious."

The disability is of a † -- trivial -- nature, and in all probability

† Here insert "will" or "will not."

† will not interfere with his future efficiency as a soldier.

* Here insert "claims" or "does not claim."

* He --- claims --- that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

No. 7 Canadian Stationary Hospital,

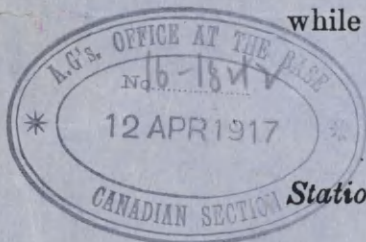
Station No 7 Stn Hosp Canadian
Harfleur, France.

Date 7/4/17

Jm Stewart Capt-Cause
Medical Officer in Charge.

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.



Station _____

Date _____

{ Soldier's
Signature.

{ Signature
of Medical
Officer.

Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

† Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † occurred. while he was in the performance of military duty.

If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

† On April 6th 1917 at Central Training Camp.
Have while training, (skirmishing practice)
The soldier was in no way to blame.

The soldier has been so informed.

Station Canadian Base Depot.

Date April 10th 1917.

John Murray
Commanding
LIEUT.-COL.
COMMANDING CANADIAN BASE DEPOT.

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.

REPORT ON ACCIDENT.

Ref. H.44-74-17.

On April 6th, 1917, at 3.00 P.M., while on duty at the Central Training Grounds, I sprained my right ankle while doubling in a skirmishing practice. We were advancing over uneven ground, and my foot struck against a rise in the ground and turned, giving me the sprain.

Witnesses: Names unknown.

No. 706844 Private

A. E. Gait

54th Battalion, C.E.F.

NOT CHARGED JUL 9 1917

\$25

JUL 6 1917

M. C. HULLS

1324 / 8.1.18

Station
and Date.

12158

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
Year	Unit.	Age.	Service.	
Pt. 10549 1917	706844	Pvt	Lait	A. E.
	54 th Batts	A	48	22/12
Station and Date	Disease <i>Sharp Bullet wa. Chest.</i>			
306 E				
306 E Bear Wood. Nov. 13/17.	4 th L.G. Devon port Bear Wood. Nov. 13/17			
	Hrs pain in chest no cough, wound healed, fits. ok. Gc food ok.			
15 NOV 1917	Wd healed. G.C. Fair. Start Dressing.			
26 NOV 1916	Wd not healed Dressing.			
'3 - DEC 1916	was healing Dressings.			
10 DEC 1917	Wd healing. Dressing daily.			
17/12/17	Wd healed. But scar is retained. Continued. D.T. by board. Jan. 2 nd 18.			
15-1-18	3rd 66th Seaford Capt D T <i>Nurse Jauld</i> Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.			



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

Station
and Date.

Copy

12158

Class 2.

No. Name, Rank, Battn. Pte. Albert E. Gait. *144th Batt*

Address 406 Cathedral Ave., Winnipeg, Man.

Stationed by. Metagama. Date of arrival 29-1-17.

Where he served. France.

Condition presenting soldier earning full livelihood.

Patient has useless left hand. Exam. Scars as per diagram in back Healed. There is radical deflection of hand due largely to part of radius being absent although the distal end is present. Movements: Elbow joint O.K. Wrist joint 20 deg movements only. Supination & Pronation about 10 deg. Hand extension fingers normal. Flexion hand about 5 degrees. Fingers thumb limited movement. Index finger movements at metacarpo-phalangeal joint, none interphalangeal actively, some passively. Middle and ring fingers has most motion of all. Little finger limited. Some abduction & adduction of all fingers present. Fracture ulna seems set. There is a good deal of exostosis painful over styloid process of ulna. Hand is cold, very poor circulation. No nerve lesion present No X-Ray report appended

Degree of incapacity : Eng. Board: N.A.

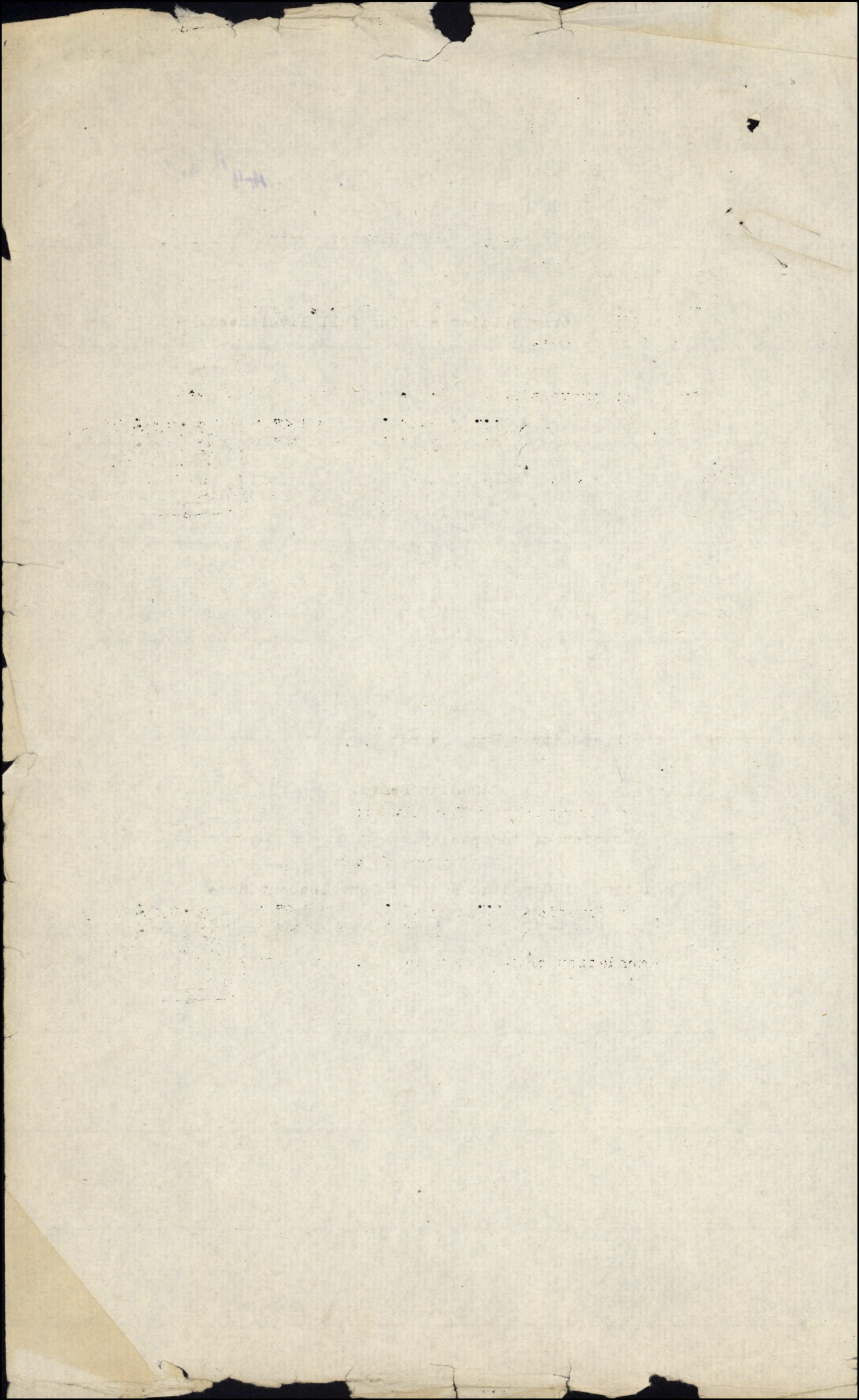
Canadian Board. 2/5

Probable duration of incapacity. Impossible to say at present.

Recommendation of Canadian Board : Convalescent Home.

Is desirous of a business Course as he intends to go in for office work.

Religion C. of E.



To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **103RD BATT. C. E. F.**(2) Regimental Number..... **706844**(3) Full Name of Soldier **<Gait>** **Gate, Arthur Edward**(4) Place of Birth..... **Newport, Monmouthshire, Eng.**(5) Are you married, or not?..... **yes**(6) If married, state,
(a) Full name of your wife..... **Jennie Amelia Gate**(b) Present Postal Address..... **265 Crease Avenue, Victoria, B.C.**

(7) Are you a widower?.....

(8) Have you any children?..... **yes**If so, give number of boys and girls..... **4 boys 1 girl**Also their names and ages..... **Ernest Wm. (10) Ewart Henry (9) John (6)****Elsie (3) Cyril (4 mos.)**

(9) Is your Father alive?.....no

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

(10) Is your Mother alive?.....yes

If so, state name and address.....Mrs. L. Gate, Watchet, Somerset, Eng.

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

Are you her sole support, or not?.....no

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

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

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

(15) Are you insured?.....no

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

[Signature].....Lieut.-Col
O. Office of Commanding C. E. F.

Date.....JUL 4 1918

REFER TO FILE

In reply please quote No. **104287**
and date of letter

THE CANADIAN DISCHARGE DEPOT,
BUXTON.

STATEMENT ON DISCHARGE.

STATEMENT OF...Name Gait W.

Reg. No. 706344 Rank Private

Unit 103rd Bn

Place Buxton Date 25-2-18

To OFFICER i/c, EMBARKATION at _____

I hereby request my Discharge in _____

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon, opposite the corresponding headings.

CLOTHING—

FOOD, AND TREATMENT
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature _____

Rank Private

Witnesses {

(Adjutant, C.D.D., Buxton).

(O.C., C.D.D. Buxton).

N.B.—This statement will be prepared in duplicate, and disposed of as follows:—

ORIGINAL—To be forwarded with Discharge Documents.

DUPLICATE—To be filed, for reference, by the O.C. Canadian Discharge Depot, BUXTON.

REFER TO FILE

104287
The following points are
and date of issue

THE CANADIAN DISCHARGE DEPOT

BUXTON

STATEMENT ON DISCHARGE.

STATEMENT OF Name

Reg. No.

Rank

Unit

Place

Date

To Officer in Charge at

I hereby request my discharge in

I desire to make the following remarks on the understanding that this statement may be produced as evidence in any subsequent inquiry in regard to the following matters:—

CLOTHING—

FOOD AND TREATMENT
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my discharge has been explained to my satisfaction.

Signature

Rank

Witnesses

(Adjutant, C.D.D., Buxton)

(O.C., C.D.D., Buxton)

the following matters:—
CLOTHING—
FOOD AND TREATMENT
AT DISCHARGE DEPOT—
PAY—

N.B.—This statement will be prepared in duplicate and disposed of as follows:—
ORIGINAL—To be forwarded with Discharge Document.
REPLIANT—To be filed for reference by the O.C. Canadian Discharge Depot, Buxton.

74-g-900

706844

DENTAL CERTIFICATE.

Gaird A. E.
Plt.

The following Certificates will
be attached to the Medical History Sheets of all

3rd C. C. S. Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
21. 2. 18	Fit			<p>W. J. G. M. M. M. Capt base</p>

M.D.C. 5009-10M.
1917-8-17

DENTAL CERTIFICATE

Y 1844
1917
1917

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

Recommen- dation.	Has he ever been Dental Treatment?	In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Services?	Present Dental Condition.	Date of Examination.
			1/2	21.2.18



THE CONTINENT OF AMERICA

LAST DAY OF THE YEAR

THE CONTINENT OF AMERICA
LAST DAY OF THE YEAR

Handwritten mark or signature at the bottom left corner.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

27313/545
Miller

Name *Gait* *Arthur E.*
Surname Christian Name

706844 Regimental Number Rank *Pte.*

Address (in full) *Maywood P.O.*
Victoria B.C.

Unit *11 Cas. U.*

Original Unit

District where paid *M.D. 11.*

Date of Discharge

P. D. P. Filing Number *9-236-11.*

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 46088—M. & D. 9246

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
<i>175 10</i>	<i>3042</i>	<i>30⁵/₁₈</i>	<i>58 00</i>	<i>2940</i>	<i>30⁶/₁₈</i>	<i>59 10</i>				<i>58 00</i>	<i>117 10</i>
	<i>2439 1st G 402100</i>	<i>1-4-19</i>	<i>7 00</i>								
	<i>2439 1st G 402100</i>	<i>"</i>	<i>30 00</i>								
	<i>2108A 1st G 402619</i>	<i>31-3-19</i>	<i>70 00</i>								

M. F. W. 127.
25M.-8-18.
1772-89-1140.

Remarks:

Dec'n No 27313/545 W. S. G. File No 6581-A-7

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

S. A. 5 months at \$ 30. per mo. \$ 150. \$ 500.00

Less P. D. P. Credited \$ 75.10

\$

Less further debit balance \$.....

Net due paid as below 324.90

DEPENDENT

No	on	No	Amount
2439	940210070 ✓	2439	9402101 30 ✓
2108A	940261970 ✓	2689A	450066 30 ✓
1702B	432214 34 90 ✓	2518B	450185 30 ✓
		1601C	471045 30 ✓
		482168	30 ✓

1-4-19
31-3-19
19/4/19

D. Mrs Jennie A. Tait
Svd
275 Crease Ave.
Telliconn Bk.
Victoria
B.C.

W.S.G.

GEN'L AUDITOR
Posting checked by
Webster
Date 22.10.19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

(Wife)

To Whom *Mrs Jennie Gait*

By Whom Assigned *Gait A. E.*

Address *Crease ave. 5th*

Regtl. No. *706844*

~~*322 John St*~~ *Maywood P.O.*
~~*Victoria B.C.*~~

Rank *Pte.*


Corps *"C" 103rd. Bn*

Rate *20⁰⁰*

AUG 1 1914

AUG 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Crease Ave. Maywood P.O. Victoria B.C.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

all g.

2
2

~~11/11/11~~

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs Jennie Gait

(Wife)
PAYMENTS #

Name of Soldier Gait A. E.

L. L. Job 310.—Req. 6574.

#706844. Pte "C" 103 Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰
April	1916			
May				
June				
July				
Aug.		V15680	20	
Sept.		16591	20	
Oct.		21219	20	
Nov.		26133	20	
Dec.		H 32444	20	
Jan.	1917	37526	20	
Feb.		44090	20	
March		50613	20	20 m
April		1684	20	20. E 322 John St Victoria B.C. #777/10
May		B7772	20	
June		D14655	20	20 - Bn
July		A21955	20	W
Aug.		K 28758	20	D
Sept.		36023	20	W
Oct.		F41637	20	
Nov.		A 27692	20	
Dec.		L 58837	20	
Jan.	1918			340
Feb.				
March				
April				
May				
June				
July				

fx

M.C.C.

20 m
20. E 322 John St Victoria B.C. #777/10

20 - Bn

W

D

W

13/1/17 R.P.O.
Crease Ave. Maywood P. O.
Victoria B.C.

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.				

SEPARATION ALLOWANCE

Name *Jennie Gait*
 Address *Maywood P.O. Crease Ave.*
322 John St. Saanich
Victoria B.C. B.C.
 Relation to Soldier } *Crease Ave*
 wife, child or mother } *wife Maywood P.O. Victoria*

Name of Soldier *Gait Arthur Edw.*
 Regtl. No.
 Rank *Pte*
 Corps *103rd Battrn*
 To what Corps belonging }
 when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>129152</i>	<i>20-</i>	<i>20</i>



0.444
25
25

11.11

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

Name of Soldier

L. L. Job 89002.-Rev. 6213

Jennie GaitWifeGait A. E.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	02191	20 -	20
May		4208	20	20
June		76778	20	20
July		E 7788	20	20
Aug.		\$ 13306	20	20
Sept.		216076	20	20
Oct.		19132	20	20
Nov.		7.22611	20	20
Dec.		725285	20	20
Jan.	1917	U28275	20	20
Feb.		U31384	20	20
March		U34466	20	20
April		4. SPM U942	20	20 322 John St, Victoria B.C
May		W4189	20	20
June		Y 7596	20	20
July		X 10653	20	20
Aug.		F 14816	20	T
Sept.		G. 18580	20	B0
Oct.		J 19969	20	T
Nov.		W 23097	20	B
Dec.		J 26492	20	B0
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

440

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.				

Crease Ave Maywood Pr. Victoria

*Pte. Wm Chao Gait - 1404
 wife - Ahola Gait
 sheets sent to Eng
 4-1-17
 McEwan*

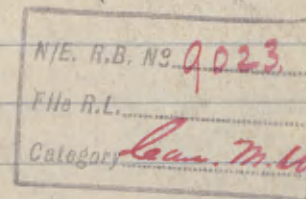
12158
Reg'l No. 706844 ✓

TLH. Rank Name GAIT, Arthur Edward,
 Unit 103rd Bn. If in perm. Corps, }
 What Unit? } Married or Single Married. ✓

Place and Date of Enlistment Victoria, B.C. Jany. 27th. 1916. Place of Birth Newport, Mon. England. ✓

Name and Address, Next-of-Kin Jannie Gait,
Crease Avenue, Saanich, Maywood P.O. B.C. ✓ Relationship Wife. ✓

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



Discharge, Date and Place

Reason

Character

H. W. & V., Ld.-7165-16.

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.				
		Att. in ENGLAND		<u>H.M. J 2810</u> <u>S.S. OLYMPIC 31-7-16</u>	
<u>9-1-17</u>	<u>103rd Bn</u>	<u>S O S to 16th Res Bn</u>	<u>Seaford.</u>	<u>9, 1, 17</u>	<u>Pt. 2 D.O. 9</u>
<u>10-1-17</u>	<u>16 Res</u>	<u>T.O.S FROM 103rd Bn.</u>	<u>Seaford</u>	<u>10-1-17</u>	<u>Pt. 2, D.O. 1</u>
<u>21.3.17.</u>	<u>do</u>	<u>S.O.S. to 54th Bn. O.S.</u>	<u>do</u>	<u>21.3.17.</u>	<u>Pt. II D.O. 71.</u>
<u>26.3.17</u>	<u>54th Bn</u>	<u>T.O.S from 16th Res Bn</u>	<u>Field</u>	<u>22.3.17</u>	<u>" " 49</u>
<u>15-4-17</u>	<u>62 54 Bn</u>	<u>Admta No 7 ban State Hosp</u>	<u>Harve</u>	<u>7-4-17</u>	<u>" " A187 Spd chkele No</u>
<u>23-4-17</u>	<u>62 54 Bn</u>	<u>Admta No 4 ban Depot</u>	<u>do</u>	<u>16-4-17</u>	<u>62 A193 Spd R chkele dlt</u>
<u>29-5-17</u>	<u>62 " "</u>	<u>Dischgd from Hosp</u>	<u>do</u>	<u>22-5-17</u>	<u>62 A223</u>
<u>8-9-17</u>	<u>62 66 Regt</u>	<u>Dangerously Wd 76.6 Str</u>	<u>Pte</u>	<u>6-9-17</u>	<u>62 A 6 GJW Chest. Back. Bone</u>
<u>21. 9. 17</u>	<u>62 Regt</u>	<u>No 30. Gen Hosp</u>	<u>Calais</u>	<u>" 15 9 17</u>	<u>" 17</u>

A.F.B. 103 CHECKED

WB. 12 APR 1917

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.				
5.10.17	B6 Regt	Trans 4 th Loth Gen Hosp	Plymouth Ste	3.10.17	62 B29 Sr Chest. Bk Ser ^{Time} B6 RD
9.10.17	54 Batta	Invalided & posted to B6 RD	Field Ste	2.10.17	Pt # G. 128 & 207 d 8-10-17
17.11.17	B6 Regt	Trans Can Gen Hosp Bearwood	Wokingham Ste	14.11.17	62 B66 Sr Chest. Bk Ser
6.28.18	B6 RD	On command to 3 rd G6 D	Seafra Ste	15.1.18	Pt # G. 23
20.2.18	" "	Leaves on command to 3 rd G6 D on command to 69 D Buxton	" Ste	19.2.18	" " 43 + 42 d 19.2.18 3 rd G6 D
11.3.18	B6 RD	Leaves on command to 69 D Buxton & S.G.I on return to Canada HR & C Para 392 Sec 16	" Ste	26.2.18	" " 60

12158

Can: Conval: Hospital,

HOSPITAL.

A. & D.
CARD

DI AT Bear Wood.

A. & D. No. 0510549 PL. OF ACTION 706844

RANK Pte UNIT 54th Cent "A" SICK OR WOUNDED

NAME Gait A.E. AGE 45 RELIGION M

PLACE IN HOSPITAL 306 B.

DIAGNOSIS Bullet wa near chest

ADMITTED 13 NOV 1917 FROM 4th SC Detachment

DISCHARGED 15 JAN 1918 TO 3rd CCD Seaford.

TRANSFERRED 18/12

SERVICE AT HOME 18/12 IN FIELD 18/12

RESULTS 14/12/17 wa healed. But scalp retention
Continued D T by board Jan 2/18.

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

12158

REGT'L. No. 706844
H. Q. FILE No. 649

NAME

Gait ^{Arthur} Edward

RANK AND CORPS

Pte. 54th ~~Infantry~~ ~~London~~

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

C.

Form 103rd

3rd BN

FOLLOWS

¹⁹⁻⁷
M6031

9-9-17

Dangerously wounded. 7th Casey cly
Station Sept 26th. 1917. ✓

M6144
W.S.M.

4-10-17

30 Gen. Hosp. Calais progressing
satisfactorily making good progress

M6170
W.S.M.

11-10-17

4 South. Gen. Hospital
Plymouth, going well.

No. 706844 RANK *Pte*

NAME *Gait. A. C.*

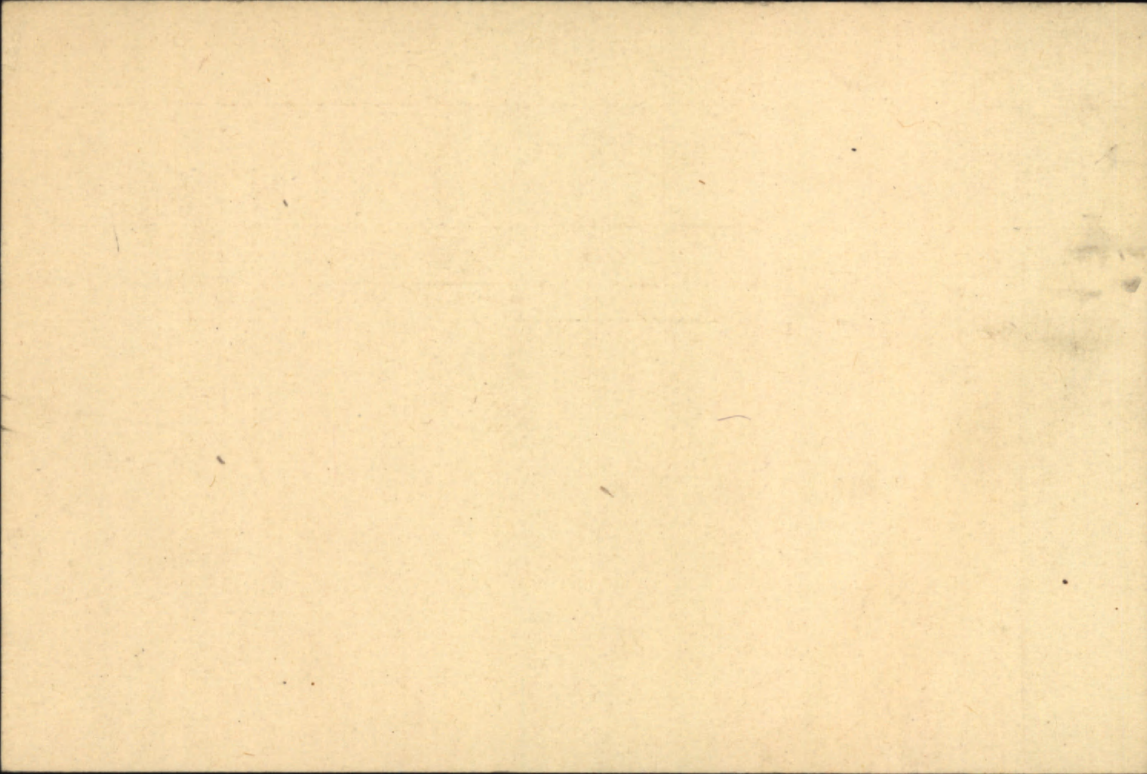
T. O. S. *27-1-16.* UNIT *103rd Battalion*
D.O. 41-28-1-16.

M. D. *11*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>Jan. 27</i>	<i>Jan. 31</i>	<i>L</i>		
<i>Feb. 1</i>	<i>Feb. 29</i>	<i>L</i>		
<i>Mar. 1</i>	<i>Mar. 31</i>	<i>L</i>		
	<i>Apr</i>	<i>L</i>		
	<i>May</i>	<i>L</i>		
	<i>June</i>	<i>L</i>		
	<i>July</i>	<i>L</i>		

UNIT SAILED

JUL 23 1916



SURNAME.

Gait

CHRISTIAN NAMES

Arthur Edward

REGL. No. *706844*

RANK *Pte.*

UNIT *103rd*

Batt.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gait Mrs. Jennie

RELATIONSHIP TO SOLDIER

wife

ADDRESS

*Crease Ave., Maywood P. O.,
Saanichton, B. C.*

COUNTRY OF BIRTH

England, Newport

DATE

June 25, 1872

PLACE OF ATTESTATION

Victoria, B. C.

DATE

Jan. 27, 1916.

*o/s. 20. 7-16. 485
D.*



R 16.16-318. 27. II

*S.O.S. Dis. 80-418. II
Pt. II. 23-07-10-5-16.*

AW

Sailed from Halifax

Per S.S. Olympic 23/7/16

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Congregational

DESCRIPTION.

APPARENT AGE

44

YEARS

MONTHS

HEIGHT

5

FEET

5 1/4

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Scar left arm

MEDICAL EXAMINATION.

PLACE

Victoria, B.C.

DATE

Jan. 27th, 1916.

Number

706844

Rank

pts.

Surname

GATT

Christian Name

Arthur Edward

Units

54th Bn Cany

Theatre of War

France

Date of Service

21-3-17.

Remarks

Latest Address

~~Maywood P.O.~~

275 Crease ave.

Victoria B.C.

Roll No.

B Page 16568

200m.-2-21.M.

2
DESP SEP 15 1922
REGN. NO. 277754

Surname **Gait,** Christian Name or Names **A.E.** Reg. No. **706844.**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
 Pte. **54th. Bn. B.C. Reg.** Date of Admission _____
 Hospital _____

Transferred **7. Can. Stat. Havre** Hosp. **7-4-17.**
W. Convalesc Dept. " Hosp. **16.4.17**
7 C.C. Str. Hosp. **6.9.17**
30 Gen. & aldis Hosp. **15.9.17**

Diagnosis **Spr. Ankle. Slt. 91**
 (1) **Wd 2"**
 Later Diagnosis (if changed) **S. 5. W. Chest. Bact. pneumoniae** ^{Scap}
 (2) **⊗**
 (3) _____
 Additional Diagnosis: if more than one state present

DISPOSITION

C.L. 16-4-17. A/187.

Disch 22-5-17 Date
Dis: 11-1-18

REMARKS

- **23.4.17 all 93**
 - **29-5-17 @ 223**
10-9-17 26612 Dang Wd 6.9.17
13.9.17. 29(9) nature of Coos to read. ⊗
 " **22.9.17 29(2)**
6.10.17. B29 0
19.11-17. B6612
26-1-18 A/23-2.

EPITOME OF HOSPITAL TREATMENT ¹²¹⁵⁸

Hospital

Adm.

1. *H^{rs} S. G. Hoop Plymouth.* *3. 10. 17.*
6 au Capt. Deawood W'ham. *14-11-17.*

2.

3.

4.

5.

6.

7.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Aug 1/16

RATE OF SEPARATION ALLOWANCE

<i>20</i>	<i>25</i>		
-----------	-----------	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

P. 63257
PARTICULARS OF SEPARATION ALLOWANCE

No. *706844*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *A. E. Gait*
 Battalion *103 rd Batty.*
 Beneficiary *Jennie Gait*
 Relationship *Wife*
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Jennie Gait (Wife)*
 Address *222 Esplanade*
 Change of Address *Victoria B.C.*
 1 *Crease ave Maywood P.O.*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Dec 3/17</i>		<i>440</i>	<i>340</i>	<i>780</i>
<i>Jan</i>	<i>68177P</i>	<i>30</i>	<i>20</i>	<i>50</i>
<i>Feb</i>	<i>98033</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>March</i>	<i>137838 A</i>	<i>25</i>	<i>20</i>	<i>45</i>
<i>Apr.</i>		<i>25</i>	<i>20</i>	<i>45</i>

MRO 29. 27-3-18 REMARKS

Spa 520 at 450 A/c Closed 31-3-18
 Ret'd per..... *Canada*
 Date..... *27-3-18* F. X. *27-3-18*
 Clerk..... *Sauer*



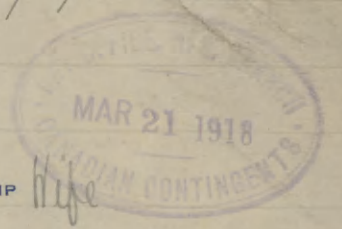
MOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY

REG'L. No. 706844 RANK Pte NAME Gait, Arthur Edward.

IF IN PERMT. CORPS } UNIT 103rd Batt. TRANSFERRED TO 16th Res: Batt. DATE 1-2-17 AUTHORITY R.O. 209 22/17
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO 54th B. DATE 21-4-17 AUTHORITY DO. 49 26/17
 PLACE OF ATTESTATION Victoria B.C. TRANSFERRED TO B.B.R.D. DATE 11/1/17 AUTHORITY
 DATE OF ATTESTATION Jan 27th 16. TRANSFERRED TO 78th J. DATE 1/3/18 AUTHORITY

ASSIGNED PAY MONTHLY \$ 80. DATE EFFECTIVE Aug 1/16

PAYABLE TO Jennie Gait brease Ave: Maywood P.O. Victoria B.C. RELATIONSHIP Wife



HOSPITAL, &c.	
NAME OF HOSPITAL	RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) stopped EFFECTIVE 1-3-18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 25/3/18 REASON AND AUTHORITY WF B 179 B.B.R.D. 16/1/18 (Disposal)

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by J. D. Aubrey Saunders 2/1/18

ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE
63	1/19				
71	6/18/16				
48	12/10				
16	28/2/17				
57	14/3/17				
C.B.D. 33 10/4/ cccc 5 31/5 038 6/5					

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
				80		80	13.85				Bal from Canada 31-7-16
9	73			80		89 73	18 77				
+	87			80		32 14	19 05				
7	43			80		87 30	75 85				
+	87			80		74 87	33 98				
4	87			80		37 17	35 91				
7	30			80		146 24	36 07				
7	30			80		180 18	34 71				
+	86		61	80		44 33	24 48				
7	30			80		20	26 48				
+	87		86	80		27 48					
				80		24 36	47 22				
				80		2803	52 19				
				80		177	22906				
68	13	26	77	12	39						

Q. 1005-357171216 280:1017+6.301212
 Sp: 16 16 Res: Batt: R.O. 209 22-1-17
 26-1-17

Sp. 16. 54. B. E. 21-4-17. DO. 49. 26/17

Edwards.

SH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
677	1239			220	177	329 06	5219				Nil
				20		20	66 29				
	89			20		28 92	71 47				
03				20		30 70	73 77				
267				20							
47	1378			780	177						

SLPB 12-6-18 Cr Bal \$ 25³² / 88
Hue