4th Brigade Ammn. Col. / Original

~~Not attested~~

War Service Badge
Class "A" No.

ATTESTATION PAPER.

No. 83126.
Folio.

17

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Robert Philip Gilmour
2. In what Town, Township or Parish, and in what Country were you born? — Clontarf Dublin Ireland
3. What is the name of your next-of-kin? — Mrs. S. Cooper
4. What is the address of your next-of-kin? — Buckingham Palace Rd. London Eng.
5. What is the date of your birth? — November 21st 1880
6. What is your Trade or Calling? — Miner
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? ~~& inoculated~~ — 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. — 4th Imp. Yeomanry - 3½ years
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.

Robert P. Gilmour (Signature of Man).
W. Miller (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Philip Gilmour, 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.

Robert P. Gilmour (Signature of Recruit)

Date March 29th 1915. W. Miller (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Philip Gilmour, 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.

Robert P. Gilmour (Signature of Recruit)

Date March 29th 1915 W. Miller. (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 Toronto this sixth day of April 1915

[illegible] (Signature of Justice)

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

J. Percy A. Atkin Lt. (Approving Officer)

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

Description of Robert Philip Gilmour on Enlistment.

Apparent Age 34 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 4 ins.

Complexion Medium

Eyes Blue

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).

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 29th March 1915 — W. G. Thomson

Place Toronto — Lieut A.M.C.

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.

Robert Philip Gilmour 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.

Geo V Taylor Capt (Signature of Officer)

Date April 13th 1915

REGIMENTAL DOCUMENTS

Gnr NAME GILMOUR ROBERT PHILIP REGT. NO. 83126 UNIT 4th Bde Amm Col FILE NO.

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	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
						DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Rtn 24-8-20			
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				13037	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		Rtn 23/10/20			
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					L Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp.					
1	Released					
1	Rtn 12					
1	Replaced					

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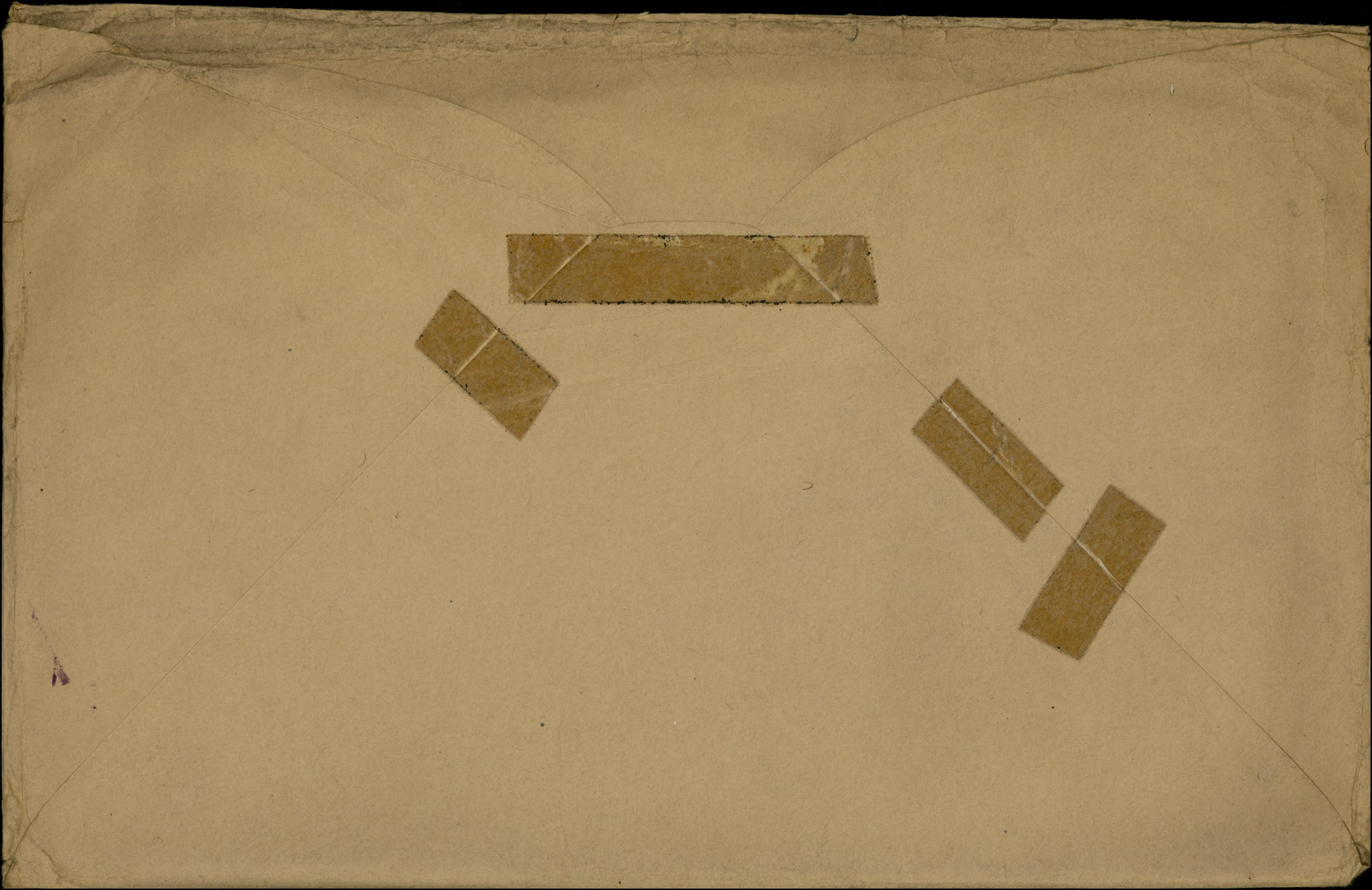

Married or Single: S

Place of Birth: Dublin Ireland

Name and Address of Next of Kin: W. D. Cooper
Buckingham Palace Rd London Eng.

Relationship of Next of Kin:

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

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.
1916			305				30	50						11 60	347 10							
apl 1/30	30	1.00	30	-	30	10¢	3	-							33 -	717	10.x.16	458	20.x.16			
may	31		31	-			3	10							34 10							JR
June	15		15	-			1	50							16 50							
16 Jun 30	15		15		15		1	50							16 50			527				
July	31		31		31		3	10							34 10	569	5/p 26/6.	619.	13/7.			
Aug	31		31		31		3	10							34 10	670. 463. 285.	29/7.	688.	12/8.			
Sept	30		30		30		3								33	773	23-8.					
																843	29-9.					
Oct	31		31		31		3	10							34 10	801	16-9.	892	18-10			
Nov 1/15	15		15		15		1	50							16 50							
Nov	15		15		15		1	50							16 50							
Dec	31		31	58 00	31		3	10							34 10	751		871				
																796	23/11					
1917 Jan.	31	1.00/10	34	10											34 10	867	27/12					
Feb.	28		30	80											30 80	950	26/1.			26/III.		
																919.	12/1.			2154	29/2	17
Forward			702	90										11 60	714 50							

Checked MBRoss.

Checked Grant Wilson

PROMOTIONS, &c.	Effective Date	Authority

HOSPITAL, &c.
Name of Hospital

Reg'l No. 83126 Rank Gr Name Gilmour, Robert Philip

If in Permt. Corps What Unit — Unit 4th Bde C.F.A. Transferred to 2 D.A.C. Date 16-6-16 Authority DO 1 3/5/16

Permanent Force Allowances — Transferred to 5th Bde C.F.A. Date 16-11-16 Authority DO 92 9/11/16

Place of Attestation Toronto — Transferred to — Date — Authority

Date of Attestation 29th March 1915 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15.00 Date Effective 1/3/18.

Payable to Mrs. Daisy Harris, Scalpa, Dundrum. Dublin Ireland. Relationship Sister

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Acquittance Rolls 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
									134 38			134 38	21 72				
6 358 20/7/16						261	261					5 22	240 50				
				JR 18		255	5 11		48 67		5 22	61 55	213 05				Obs # 3 Dec 1915
												- -	229 55				
527							256					256	243 49				
						255											
619 13/7						256	261					772	269 87				
						436											
688 12/8						256	261					953	294 44		122 00	172 44	
				4 Rem 86 1-10-16		261			48 67			5128	276 16				
						261											
892 18-10						262	261					784	302 42				
												- -	318 92				Rd to 5th Bde C.F.A. DO 92 9/11/16
													335 42		167 50	167 92	
871				Cpn 31/12		523	1134		10707			12364	245 88		183	62 88	
						261											
2				Cpn. 9/1.		261			486	✓		1008	269 90		198 50	71 40	
				26/11		262										Dues-	
	2154	29/12	173	3K6/2		261		4866	4867	✓		1025	198 14		212 50	Drawn	
						4071	2945	4866	39232	✓	522	516 36					

83126 Gilmour

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
1917.			702	90										11 60	714	50								4071	29	45	4866	3923
Mar.	31	1.00/10	34	10											34	10	1041	27/7	1000	14/7	1123	29/3		261 262	436			
Apl	30		33	·											33	·												
May	31		34	10											34	10	37	20/4						262				
June	30		33	—										———	33		117 93	14/5						3 56 5 36				
July	31.		34.	10											34.	10												
Aug	31		34	10											34	10	190 231 460 398 388	11/6 25/7 11/7			575	11/8		268 268 269 268 268		268		
Sept.	30		33												33													
			938	30										11 60	949	90								7087	33	81.	51 34	3923

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED.	SER ALLOC. ELIG.	MONTH	PARTICULARS	CR. 1
	Bal fwd	~~396 34~~							396 34	34				
Oct	G. Pay	34 10							430 44	330		Mar.	G. Pay	34 10
		34 10												
Nov.	" "	33		a. R 613 7/10 5 Pde		357								
Dec.	" "	34 10		" 623 11/10 " "		357								
				" 509 8/9 " "		268								
				" 559 19/9 " "		892								34.10
				" " " " "		80 30								
				" 666 30/10 " "		446			39404					
		67 10				103 50								
Jan.	" "	34 10		" 1034 27/11 6 "		892								
				" 728 15/11 5 "		446								
				" 848 6/12 " "		357								
				" 890 26/12 " "		803			40216	375				
						24 98								
		34 10				24 98								
Feby		30 80		67 1870 £3 . 1 . 8			15							
				959 8/1 5 6 3a		446								
				1240 24/1 6 "		357			41093	375				
		30 80				803	15							

our R. P.

Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
39 45	48 66	392 32	✓	5 22	516 36	198 14		212 80	over-drawn	
4 36			✓		9 59	222 65				
						255 65				
					2 62	287 13				
					8 92	311 21				
					- -	345 13				
					5 36	374 05				
	2 68				10 71	396 34				
33 81	51 34	392 32		5 22	553 56					

Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Allot. Pay	Eng.
								410 93	375	
Pay	34 10		ab. ck. No. 35473 § 3-1-8			15				
			ab 1036 5 c.7.a. 14-2-18	4 46						
			1070 " 26/2	3 54						
			1137 " 9/3	2 68						
			1169 " 16/3	5 35				413 97	375	
				16 06						
34 10				16 06		15				

P 820
12474—375M—13-2-18.

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Strike out whichever inapplicable

ASSIGNED PAY. * ENGLAND OR ~~CANADA~~	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.	NAME:-
EFFECTIVE DATE:- 1/2/18.	EFFECTIVE DATE:-	NUMBER:
AMOUNT:- 15 00	AMOUNT:-	P

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

Mrs Daisy Harris
~~Seaford Dundrum~~
~~Dublin Ireland~~
3 Connaught Place Clonskea 7/8/18.
Sister Dublin Ireland
Stopped. 1-6-19.

AUT
ORIGINA
DATE AC
AUTH

Encroachment of Deferred Pay £5. P.M.G. 31/10/18

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
		May a.p.	~~10~~				
2/4.	7.	5 C.F.A	~~2 13~~				
22/4	1508.	Witley	~~4 87~~				
28/4	2210	HCCC.	~~73~~				
			96 60.				

PARTICULARS OF RENDERING NON-EFFECTIVE: 30/4/19. Dis. to Canada N.R. 7915. B'shott. to B'

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS
31/3/18.	Fwd.			
Apr	G. Pay	33.		438273 £ 3/1/8.
				8 17/4 5C.F.A
				94 25/4 "
		33		
May		34 10		B1274 3/1/8.
				150 12/5. 5C.F.A
				330 25/5 "
		34 10		
June.		33.		B28676 3/1/8.
				304. 8/6 5 C.F.A
				397 26/6 "
		33		
July		34 10		B88272. 3/1/8.
				490. 5/7 5 C.F.A
				509. 17/7 "
		34 10		
Aug.		34 10		B39870 3/1/8
				604 8/8. "
				665 22/8 "
		34 10.		
Sep.		33		B87670
				721 11/9
		33		
Oct.	G Pay	34 10		D41766. £3-1-8
				74. 6 C.F.A 6.10.18.
				51857. Adm. 22-10-18
				769 5 C.F.A 21/10
				769. " 21/10

ED * ENGLAND OR ~~CANADA~~

VE 1/2/18.

:- 15 00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- GILMOUR Robert Philip

NUMBER:- 83176.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		G1

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

Daisy Harris
~~Sybal Dundrum~~
~~Dublin Ireland~~
3 Connaught Place Clonskea. 7/8/18.
Dublin Ireland
Stopped. 1-6-19.

UNIT AND TRANSFERS

ORIGINAL UNIT:- H. Bde.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			5 6 7a

Encroachment of Deferred Pay £5. P.M.G. 31/10/18

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

UMBER F A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
	May a.P.	~~10~~				
7.	5 6 7a	~~3 73~~				
1508.	Witley	~~4 87~~				
2210	HCCC.	~~73~~				
		9660.				

DAILY RATES OF PAY AND ALLOWANCES

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

CULARS OF RENDERING NON-EFFECTIVE: 30/4/19. Dis. to Canada N.R. 7915. B'shott. to B'shott. 30/4/19. M.S. 2 Bal £331.23

PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Fwd.								413 97	375	
G. Pay	33.		438273 £ 3/1/8.			15				
			8 17/4 5C7A	4 46						
			94 25/4 "	3 57				423 94	375	
	33			8 03		15.				
	34 10		B1274 3/1/8.			15		443 04		
			159 12/5. 5C7a	4 46						
			330 25/5 "	3 57				435 01		
	34 10			8 03		15.				
	33.		B28676 3/1/8.			15		453 01		
			30 8/6 5C7a	4 46						
			397 26/6 "	3 57				444 98	375.	
	33			8 03		15.				
	34 10		B88272 3/1/8.			15		464 08		
			490. 5/7 5C7a	4 46						
			509 17/7 "	3 57				456 05		
	34 10			8 03		15				
	34 10		B39870 3/1/8			15		475 15		
			604 8/8. "	3 57						
			665 22/8 "	3 57				468 01		
	34 10.			7 14		15				
	33		B87670			15		486 01		
			721 11/9	3 57				482 44		
	33			3 57		15				
G. Pay	34 10		D41766. £3-1-8			15		501 54		
			74. 6 6 7a 6.10.18.	7 46						
			51857. Rdn. 22-10-18	97 33						
			769 5 6 7a 21/10	3 73.						
			769. " 21/10	9 33.						
				117 85				383 69	375	

NUMBER 83126 RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE
		34 10			117 85		15	15	383 69 482 44
				57304. 1/11. Lav.	24 33				359 36
		34 10			142 18			15	
Nov	G Pay	33 -		D84079. £3-1-8.			15	15	379 36
Dec	G "	34 10		D84552 £3-1-8.			15	15	396 46
				939 16/11 56JA	7 46				
				1045 29/11 "	13 06				375 94
					20 52				
Jan	G Pay	34 10		F41787. £3-1-8.			15	15	395 04
		101 20			20 52		45		
Feb	G. Pay.	30 80		F87377 £3-1-8			15		
				Forfeits 5 days Pay 16/12/18 DD. 2. 7/1/19. 56JA		5 50			389 54
				1178 17/12 56JA	6 49				
				1280. 9/1 "	5 03				
				1354 21/1 "	3 77				
				1478 8/2 "	3 73				
				1609. 8/9/2 "	7 46				
Mch.	G Pay	34 10		Mch G7582 £3-1-8.			15		424 44
				7097. 1/3 Brussels	18 66				
				1721 7/3 56JA	3 65				
				1927. 21/3. "	3 65				
				1855. 19/3. "	3 65				368 35
		64 90			56 09	5 50	30		
April	G. Pay	33 -		E A P April A 56113. £3-1-8			15		386 35
	Int on Def. Pay to 30/4/19.	41 48							427 83
				7. 3/4 56JA	3 65				
				1508 22/4 Acc.	4 87				
				2210. 28/4 "	73 -				
				May A 80837. £3-1-8.			15		412 83
				L.P.C. Ended. 5859. 8/5. "	9 73				
				" " 7700. 15/5. "	9 73				311.85
		74 48			100 98		30		

S.O.S. to Canada 19/5/19. S.L. 58. 23 Bty

NAME

Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
34 10			117 85		15	~~15~~	383 69 482 44	375	
		57204. 1/11. Lav.	24 33				359 36	~~375~~ 350	
34 10			142 18			15			
33 -		D84079. £3-1-8.			15	~~15~~	379 36		
34 10		D84552 £3-1-8.			15	~~15~~	396 46		
		939 16/11 567a	7 46						
		1045 29/11 "	13 06				375 94		
			20 52						
34 10		F41787. £3-1-8.			15	~~15~~	395 04		
101 20			20 52		45				
30 80		F87377 £3-1-8			15				
		Forfeits 5 days Pay 16/12/18 80.2. 7/1/19. 567a		5 50			389 54		
		1178 17/12 567a	6 49						
		1280. 9/1 "	5 03						
		1354 21/1 "	3 77						
		1478 8/2 "	3 73						
		1609. 19/2 "	7 46						
34 10		Mch. G7582 £3-1-8.			15		424 44		
		7097. 1/3 Brussels	18 66						
		1721 7/3 567a	3 65						
		1927. 21/3. "	3 65						
		1855. 19/3. "	3 65				368 35	350	
64 90			56 09 56 09	5 50 5 50	30				
33 -		E.A.S. April a 56113. £3-1-8			15		386 35		
41 48							427 83		
		7. 3/4 567a	3 65						
		1508 22/4 HCCC.	4 87						
		2210. 28/4 "	73 -						
		May A808367. £3-1-8.			15		412 83		
		L.P.C. Consd. 5859. 8/5. "	9 73						
		" " 7700. 15/5. "	9 15 9 73				311 85		
74 48			100 98 100 98		30				

427 83
96 60
331 23

to Canada 19/5/19. S.L. 58. 23 Rly

War Service Badge
Class "A" No. 17

MEDICAL HISTORY SHEET.

Surname Gibsour Christian Name Robert Philip

Examined on 29 day of March 1915 at Toronto Ont.

Birthplace City or Town Dublin County Ire.

Apparent age 34 yrs. 4 mos.

Trade or occupation Miner

Height 5 Feet 7½ Inches.

Weight 140 Lbs.

Chest measurement Minimum 32½ inches. Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks Arm Right. — Left. Number 2

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease —

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

Approved by W. G. Thomson

Rank Lieut A.M.C. M.O.

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

Date	Result	Vaccinations.
6/4/15		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
2/3/15	TAB	RL 2307 Inc 2
3/4/15		M.O.
7/4/15		M.O.
12/4/15		M.O.

Enlisted on 29 day of March 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	4th Bde Amn Column	83126		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	ap. 22. 1919	Debility - A.	Discharged Capt.

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

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Gilman Christian Name Robert Philip

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Toronto	Mar 29/15										

War Service Badge
Class "A" No. 323967

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 83126 (Rank) Gunner

Name (in full) Robert Philip Gilmour enlisted in

the 4th. Brigade Ammunition Column. C.F.A.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 29th.

day of March 1915

HE served in 23rd. Battery C.F.A. France

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness~~.

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

Age 40 years

Height 5 ft. 7½ ins

Complexion medium

Eyes blue

Hair brown

Marks or Scars Small mole ½ left of sternum

R P Gilmour
Signature of Soldier.

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 29 1919
TORONTO

R. Rayner
Issuing Officer.
For
O.C. No. 2 District Depot.

Rank

Date MAY 29 1919 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

2

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

M. F. W. 54. (F. B. 103.
500M.—
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 83126 Rank ..... Name Gilmour Robert P.
C. E. F.

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

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

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 19 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D. O.	160
MAY 29 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II D. O.	160

W. C. Roberts
Lieut.
For O. C. No. 2 District Depot.

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

[P.T.O.

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

War Service Badge
Class "A" No. .....

Group 17.

C.A.D.C. 5

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) GILMOUR. ROBERT PHILLIP.

REGIMENT D/23rd Bty. C. F. A RANK Driver. No. 83126

Date of Examination in England 22/4/19 Date of Examination in France .

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper — Repair upper bridge
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 17.18.19.20.21 30.31

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer Northumberland Capt.

Rank Gnr Name GILMOUR. Robert Philip Reg'l No 83126.

If in perm. Corps, What Unit?

Unit 4th Bde Amn Col. Married or Single Single.

Place and Date of Enlistment Toronto. 29th March 1915. Place of Birth Clontarf. Dublin. Ireland.

Name and Address, Next-of-Kin ~~Mrs D Cooper. Buckingham Palace Rd. Lon Eng~~ MRS D. HARRIS. ~~Scalpa Dundrum~~ 3. Connaught. PLACE CLONSKEA DUBLIN IRELAND Relationship SISTER

AUTH R.L. 29-N 4/10. 8. 18.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.D. No. 25866.
File R.L.
Category

Discharge, Date and Place Reason Character

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
		Embarked S.S. Corinthian.	Canada	17.5.15	
		Landed	England	27.5.15	
15-9-15	D.A.A.G.	Embarked for France.	Southampton	14.9.15	
31-5-16	4th Bde.	S.O.S. + posted to 2nd D.A.C.	Field	21-5-16	PII 082
" "	2nd D.A.C.	T.O.S. posted from 4th Bde	"	22-5-16	" " 22.
9.11.16	"	S.O.S. " to 5th bde	"	31.10.16	" " 92
9-11-16	O/C 5th bde	T.O.S. from 2nd D.A.C.	"	31-10-16	" " 101
16-3-17	" "	Adm to 5th Fd Amb	" "	28-2-17	B.L. A282 (Furunculosis Lt leg.
24-3-17	" "	E + about to 6th Can Fd Amb	" "	9-3-17	BLA 285
10-4-17	" "	Dis ex 6th Can Fld Amb	" "	22-3-17	BLA 293.

GILMOUR Robert Philip 83126

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				
7-1-19	5th Bde C.F.A.	Sentenced to forfeit 5 days pay 16-12-18 for W.O.A.S. - Drunk in Dame St., Dublin 25-10-18.	Gnr Guild	16-12-18	H.D.O. 2
16-4-19	"	Proceeded to England	Le Havre	15-4-19	P.II 49
29-4-19	E Wing CCC	T.O.S. Pending R.T.C.	" B'thott	16-4-19	" 19
		Go Canada	58-I-66	19-5-19	
24-5-19	H	S.O.S. to Canada	Im Kitley	19-5-19	46

Rank | Name: GILMOUR, Robert Philip | Reg'l No. 83126.

Unit: 4th Bde Amn Col. | If in perm. Corps, What Unit? | Married or Single: Single.

Place and Date of Enlistment: Toronto. 29th March 1915. | Place of Birth: Clontarf. Dublin. Ireland.

Name and Address, Next-of-Kin: Mrs D Cooper. Buckingham Palace Rd. Lon Eng

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Date 1915 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
June 1	June 30	30	1.00	30.	30	.10	3	10	43			30.			30.	13.	Clothing Allow.
July 1	July 31	31	1.	31.	31.	10	3 10	13.	47 10			30.			30.	17 10	
								7 60				60				18 70	
Aug 1 6	31	31	1.	31	31	.10	3 10	1 60 / 17 10	52 80			34 07			34 07	18 73	
1.9.15	30.9.15	30	1.	30	30	.10	3	18 73	51 73			5 11			5 11	46 62	
1 Oct.	31	31		31	31		3 10		34 10			261			261	78 11	
Nov.		30 .		30 .	30 .		3 .		33 .			5 29			5 29	105 82	
1/12/15	31/12/15	31	1.	31	31	.10	3 10		34 10			11 59			11 59	128 33	
Jan		31 .		31 .	31 .		3 10		34 10			2 62			2 62	159 81	
Feb.		29		29	29		2 90		31 90			7 86			7 86	182 85	
Mar		31		31	31		3 10		34 10			5 23			5 23	212 92	
				305			30 50	11 60	342 10			134 38			134 38		

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						

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Gilmour	R.P.	83126.

Rank	Unit	Co.	Troop	Batty
Gnr.	5 Brig. C.F.A.			

Hospital: 5 Can. Fld. Amb.

Date of Admission: 28.2.17.

Transferred: 6 Can Fld Amb. Hosp. 9-3-17

Hosp.

Hosp.

Hosp.

Diagnosis: Furuncolosis L. Leg.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date
6L 16.3.17 A282.	Dis 9.3.17
- 24.3.17 @ 285	
10.4.17 A293	

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

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

REGT'L No 83126.

NAME Gilmour R. P.

H. Q. FILE No. 649-

RANK AND CORPS Gnr. 5th Byde C. F. A.

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 282	No. 5 Can. Fld Amb.	28-2-17	Furunculosis L. Leg
A 285	to No 6 Can. Fld. Amb.	9-3-17	" " "
A 293	Discharged	22-3-17	" " "

MR.
92

B

Number 83126 Rank Gnr.

Surname GILMOUR

Christian Name Robert Philip

Unit C. 7a Theatre of War France

Date of Service 14/9/15

Remarks

Latest Address ~~c/o Y.M.C.A., Tucson, Arizona, U.S.A.~~

258 W. Fourth Street
San Pedro California
U.S.A.

Roll No. Page 2738

G. 15887 Olcu
APR 28 1971

NAME Gilmour Robert Philip

RANK & No. Gnr.

CORPS Amm Column 4th Brigade C.F.A.

ENLISTMENT, PLACE Toronto, DATE April 6th 1915

FORMER CORPS 74th Inf Yeomanry

COUNTRY OF BIRTH Ireland, Clontarf, Dublin

NEXT OF KIN

ADDRESS OF NEXT Mrs. D. Harris, 3 Connaught Place, Clonskeed, Dublin, Ireland.

DISCHARGE, PLACE

Cert. 54. 21-38-1 21-9-19.

£2 3.0.3.29 1-5-19 D.O. 160929-63 demob 2882 8312 6

Off. 16-5-15 81A

336 Eng.

R.T.E. 27-5-19 70

L. L. 85093—M. & D. 5952.

M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

REMARKS:

No. 83126. RANK Gnr NAME Gilmore P. Philips
Gilmore Robt. Philips

T. O. S. UNIT Div Ammunition Column 4th Bde
C7A CB7

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Aug 1	Aug 31	N		

UNIT SAILED
MAY 16 1915

R. 149.

Name GILMOUR, Robert Philip. *Rank.* Gnr. *Reg. No.* 831 26.

Unit 5th.Bde.C.F.A.

Next of Kin Mrs.D.Cooper, Buckingham Palace Rd, London.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-2.	No.5.Can.Field Amb.		Furunculosis Lt.Leg.		A.282.	
9-3.	No.6.Can.Field Amb.		do do		A.285.	
22-3.	Discharged.		do do		A.293.	

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

(9173)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

War Service Badge Class "A" No. Certified Officer i/c Records K-8102/316

Army Form B. 103.

W. S. B. Class A.

Casualty Form—Active Service.

Regiment or Corps 4th Bde. Am. Col. C.F.A. (2nd C.E.F.)

Regimental No. 83126 Rank Gnr Name Gilmour Robert Philip

Enlisted (a) 29/3/15 Terms of Service (a) ~~One year or during the War and for six months after the War if required~~ Service reckons from (a) 29/3/15

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)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Arrived in France 15-9-15			
20-5-16,	CRA. 2nd C. D. A.	Struck off strength and posted to 2nd D.A.C. on re-organization of establishment.	Field.	21-5-16.	S/C. 1/66. GHQ. OB. 818. Pt. II O. No, 22 d/31-5-16-
20/5/16	C.R.A.	Taken on strength of 2nd D.A.C.	FIELD	22/5/16	P.II.O. 22 D/31/5/16
4/11/16. 4/11/16	" "	Posted to 5th Art. Bde. Taken on Strength 5th Bde C.F.A.	" "	31/10/16. 31/10/16	S C/1-1054. 31/10/16 B C 2. 109 9/11/16 P.II O. 92. 9/11/16
5-1-17	Unit.	Proceeded on 10 days Leave	Field	29-12-16	B213. Pt.2.No.7. 13-1-17
19-1-17.	Unit	Returned from leave	Field.	13-1-17	B213 " " " 19. 28-1-17.
3/3/17	Unit	To Hospital	Not Stated	28/2/17	B213 DCS 142.
3/3/17	5th C Amb	Adm Boils left leg	5th C Amb	28/2/17	a 36. DCS 143
10/3/17	5th "	Trans " "	C R.D. 6th C Amb.	9/3/17	a36. DCS 146
10/3/17 17/3/17	6th C Amb	Adm. " "	6th C Amb	9/3/17	a 36 DCS 148
24/3/17	6 C Amb	To duty " "	Field	22/3/17	a 36 DCS 149
31/3/17	Unit	Rejoined from Amb.	Field	23/3/17	B213 DCS 152
26-10-18	—	Granted 14 days leave U.K.		20-10-18	v Pt 2 O No. 178

(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				
22-9-17	Unit	Proceeded on Leave	Eng	19-9-17	B213 Pt 2 O No 184
6-10-17	✓	Reported from Leave.	Felk.	30-9-17	✓ ✓ ✓ 201
16-11-18	S/Bage CFA	Reported from Leave	✓	11-11-18	✓
24-12-18	---	Sentenced to forfeit 5 days pay 16-12-18 for W O A P, Drunk in Dame Street, Dublin 15-10-18		16-12-18	W 2069. Pt 2 O No 2-1919

Emb. Camp. Proceeded to England.

N.R.
15 AVR 1919
Pt. 2 O.No. d/.....

S. O. S. on proceeding to Canada Part 2 O 44
A Wing C.C.C.
17/5/19
H. Irwin Lt.
for O/C. D/23 Bty C.A.

Walker Capt
FOR A.D.C.
A.A.G.

Embkd H.M.T. Celtic
Liverpool 19-5-19
W Shaw
Capt. & Adjt.

Original Group 17

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION: N. Wing Witley DATE: 22.4.19.

1. 1 (a) Unit: D/23 Bty. C.F.A. (b) Regimental No. 53126 (c) Rank: Gunner

(d) Surname: Gilmour (e) Christian name: Robert Philip

(f) Home address: Tucson Arizona U.S.A.

(g) Next of Kin: Mrs W. Harris (h) Relationship: Sister

(i) Address of Next of Kin: 3 Connaught Place Clonskeagh Co. Dublin.

2. Age last birthday: 40 Date of birth: Nov. 21st 1879

3. Enlistment, or Appointment (if an Officer) (a) Place: Toronto (b) Date: 29-3-15

4. Personal description: Est.

(a) Height: 5-7½ (b) Weight: Est. 130 lbs (stripped) (c) Complexion: Medium

(d) Colour of hair: dark brown (e) Colour of eyes: blue (f) Identification marks, Scars, etc.: small mole to left of sternum.

5. Former trade or occupation: Prospector

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	31 Days

		Periods From	Periods To
Canada	59 Days	Mar. 17. 1915	May 15. 1915
England	123 "	May 15. 1915	Sept. 15. 1915
France or other theatres of War	1308 "	Sept. 15. 1915	Apr. 16. 1919

7. Original disease, or injury: DEBILITY

(a) Date of origin: O.R. states early 1918 (b) Place of origin: France

(c) Cause: a.s. conditions

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

(Debility) moderate degree general weakness.

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

Obj. Symptoms:- O.R. appears debilitated. Somewhat pale complexion. Only fairly well nourished. Muscles soft. Loss of subcutaneous tissue. Subj. Symptoms:- Weakness, easily tired. Unable to do hard work.

urine normal

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

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

Special Senses: no — Respiratory System: no — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: no

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

O.R. states he commenced to feel weak and easily tired about one year ago.

no Documentary evidence

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

O.R. states Pneumonia 15 yrs. ago and Typhoid 18 yrs. ago. Boils in March 1917.

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

nil

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

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

n.a.

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

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? six months.

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

nil

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

n.a.

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

17. Recommendations n.a.

a. archibald capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned R.P. Gilmour 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 nothing

R.P. Gilmour Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

R.T.C. auth. a. g. Tel. 9083. 7 11. 11. 18

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

Wm Eccleston Capt. President.

PLACE Witley Camp.

DATE Ap. 22. 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

HEADQUARTERS A.D.M.S. 24 APR 1919 File CANADIAN TROOPS, WITLEY.

War Service Badge
Class "A" No. 323907

Occupational Group No. 18

D.A. I
a. 12' 35

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 83126

2 Rank. GUNNER

3. Name. GILMOUR ROBERT PHILIP

4. Unit. D/23 BATTERY

5 Date of Discharge MAY 29 1919 Place TORONTO, ONT.

6 Reason for Discharge DEMOBILIZATION

160

7. Authority. No.2, D.D., Part II, D.O. No.

8. Proposed Residence after Discharge G.P.O. Tucson. c/o Y.M.C.A. ARIZONA. U.S.A.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

R. P. Gilmour
Signature of Soldier.

10. CONFIRMATION.

No. 2 DISTRICT DEPOT
MAY 29 1919
TORONTO

The discharge of the above named man is hereby confirmed.

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O.C. No. 2 District Depot.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103),
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B.227 or M.F.W.129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
    and Clothing)
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64),
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

B

Group .....

Checked by No. 17

Date 14. 5. 19.

19

"CEDRIC" 27-5-19

G 2794

DISPERSALT

AUDITOR	PAYMASTER

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

M. OR S. | REGT. No. 83126 | RANK Gnr | NAME (IN FULL) GILMOUR, R.P. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. Arty 1.c | IF IN P.F. WHAT UNIT? c/o Y.M.C.A. Tucson Arizona

PLACE OF ATTESTATION | TRANSFERED TO | DATE | AUTHORITY U.S.A.

DATE OF ATTESTATION 29.3.15 | TRANSFERED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15. | DATE EFFECTIVE closed 31.5.19 by England.

PAYABLE TO Mrs Daisy Hanes | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 3 Connaught Rd. Glasnevin, Dublin, Ireland.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 29-5-19 | REASON Demob | AUTHORITY Do 160 | IF ENTITLED TO POST DISCHARGE PAY Yes

DEL

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							331	23	331	23																									331	23	Bal. P.L. & PRC
30.4.19																																					
3.6.19	34	1/10	77	40																	19	40	End. on PRC													1.5 & 3.6 Pen
					35	00																															Clothing
					70	00																															1st W.Sly
																	487	50																			But & Tunic
									1424	40							44430														473	63					charged
			W.S.G.																								W.S.G.										
																											70	00									W.Sly paid as above
																											5	50									5 days leave over
																															75	50					
183 Days			420						420								29.5.19																344	50			1st W.S.G. Paid by H.Q. D.D.
																															140		280				W.S.G. PAID IN FULL
																															210		210				
																															280		140				CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY
																															350		70				
																															420		0				
									420														344	50			75	50			420						

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