Duplicate

ATTESTATION PAPER.

No. 199

Folio. ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Fredkick Glover.
2. In what Town, Township or Parish, and in what Country were you born? Simcoe Ont.
3. What is the name of your next-of-kin? John W. Glover. (Father)
4. What is the address of your next-of-kin? I7II South Yakima Ave Tacoma Was
5. What is the date of your birth? June 20th I89I.
6. What is your Trade or Calling? Mechanist.
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? 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.

Fredrick Glover (Signature of Man).

C Strevett Sergt (Signature of Witness).

33RD BATT.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Fredrick Glover, 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.

Fredrick Glover (Signature of Recruit)

Date Janry IIth I9I5. 1914. C Strevett Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fredrick Glover ., 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.

Fredrick Glover (Signature of Recruit)

Date Janry IIth I9I5. 1914. C Strevett Sergt (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 only entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Windsor this 11th day of January 1915

[illegible] (Signature of Justice)

A Commissioner

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

E. L. Robinson (Approving Officer)

Major

200 M.—8-14.
H.Q. 1772-1-13.

Description of Fredrick Glover. on Enlistment.

Apparent Age 23 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 39 ins.

Complexion Fair.

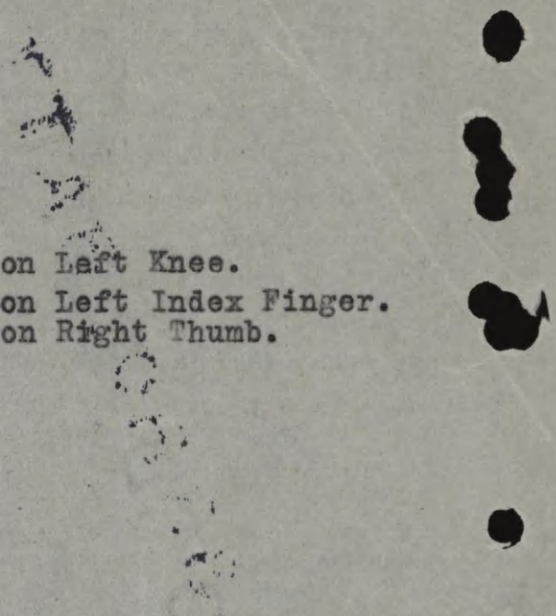
Eyes Blue

Hair Light Brown.

Religious denominations.
- Church of England C of E.
- 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).



Scar on Left Knee.
Scar on Left Index Finger.
Scar on Right Thumb.

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 Janry 11th 1915. 1914.

Place Windsor. Ont.

H. R. Morgan
Lt. Col. A.M.S. Dept.
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.

Fredrick Glover. 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.

S. C. Robinson Major (Signature of Officer)

Date Janry 11th 1915. 1914.

C.E.F.

GLOVER FREDERICK 54263 ORDNANCE CORPS 15119

PHYS. UNFIT.

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

o Inf 18020.

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster Pal...
7, Millbank, ...

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 54263 Rank Pte. Name Glover Frederick

Enlisted (a) ~~6th Nov 15~~ 11-1-15 Terms of Service (a) War 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						
	18th Bn	Disembarked in France		Boulogne	15-9-15	Nom Roll	
9-10-15	5th Can Fld Amb.	Injury to hand.	Admitted	5th Can Fld Amb.	5-10-15	A 36, 9-10-15.	
9-10-15	do.	Discharged to duty		To duty	5-10-15	do.	
23-3-16	5 C.F.A.	Bronchitis	Adm	5 C.F.A.	19-3-16	A 36.	DCS. 150
25-3-16	6 C.F.A.D.R.S.	do	Adm.	6 C.F.A.D.R.S.	21-3-16	do	DCS. 153.
1-4-16	N.M10. Div. C.C.S.	do	Adm.	N.M10. Div. C.C.S.	27-3-16	do	DCS. 157.
do	do	Discharged to duty with unit			30-3-16	do	do.
7-6-16	No. 26 Gen.	W. Shell shock.	Adm.	No. 26 Gen.	7-6-16	W 3034.	
18-6-16	H.S. Brighton	do	Admitted	H.S. Brighton, to England	18-6-16	W 3083.	Pt. II Order 26, 30/6/16.

OVER

(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				

M Cloe Ashton

Lieut.
for Lt.Col., A.A.G.,
Canadian Sect, G.H.Q., 3rd Echelon.

29.6.16 Taken on strength C.C.A.C. Pt. II D.O. No. 245

24.10.16 ATTACHED ~~TRANSFERRED~~ FROM C.C.A.C. TO G.D.D. PART II D.O. No.

Shoreham G. C. Edridge.
Lt. & Adjt.
C.C.A.C.

11.11.16 ATTACHED ~~TRANSFERRED~~ FROM C.C.A.C. TO C.O.C. PART II D.O. No.

Ashford.
G. C. Edridge.
Lt. & Adjt.
C.C.A.C.

14.11.16.	O.C. C.O.C.	attached from C.C.A.C. to C.O.C.	Ashford.	13-11-16.	C.O.C. Pt. II 315 d/14-11-16
20.4.17	O.C. No 1 Det. C.O.C.	T.O.S. No 1 Det. C.O.C. from C.C.A.C.	Ashford	7.4.17	Pt II 110

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

E. A. Thomas

P. E. N. Barron ..... Lieut. for Capt.
O. C. No 1 Detachment C.O.C., C.E.F.

HOSPITAL REPRESENTATIVE
FOR ADJUTANT GENERAL CANADIANS,
MOORE BARRACKS HOSPITAL,
SHORNCLIFFE.

Rank Name GLOVER, Frederick. Reg'l No. 54263

Unit 18th. Battn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Windsor, Ont., 11th. Jany. 1915 Place of Birth Simcoe, Ont.

Name and Address, Next-of-Kin John W. Glover, 1711 South Yakima, ave. ~~Canada~~. Tacoma, Wash. USA

Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

R133091

N/E. R.B. No. 214
File R.L.
Category M. U. Can

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
29.4.15	O.C. 18	Avd. S.S. "Grampian"	England	29.4.15	Inform Form
10-7-15	O.C. 18	Transferred to Base Coy	West Sandling camp	9-7-15	Part II Orders No. 13
20.7.15	"	Trans. to B.C.	"	20.7.15	Pt. II - 337
20.8.15	W.O.	Old Fracture	Mil Hosp. Shorncliffe	30.7.15	Cas. List 23
13-8-15	"	Disch from Hosp.	"	10-8-15	Pt. II. 349. & Cas. List 25-24 8/15
18.9.15	O.C. 18	Embarked for France	Folkestone	14.9.15	Inform. Form
21.10.15	W.O.	Injury to Hand 5th Can. Field Amb. Dischgd to Duty		5-10-15 5-10-15	Cas. List 57
8.4.16	18d	No 5 Can. Field Ambulance	In Field	21.3.16	" " A 185 Bronchitis
"	"	No 6 Can. F. Amb. Drwl Rest Stn	"	28.3.16	" " " "
14.4.16	"	Mont des Chats	-	27.3.16	" " A 190 "
15.4.16	"	Discharged to Duty	Mont des Chats	30.3.16	" " A 191 "
22.6.16	"	Military Hosp. Bagthorpe	Nottingham	19.6.16	- B 93 Shock
30.6.16	O.C. 18th	Transfd to CCAC per H.S. Brighton and struck off strength from		18.6.16	Part II 26.

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				
29.6.16	C.C.A.C.	Taken on strength.	G'stone	19.6.16	Pt. II. O. 245.
7.8.16.	18th	Gravs. Con. Spec. Hosp.	Ramsgate.	3.8.16.	C.L.B. 131. Shell Shock.
22-10-16	CCAC	Repd-	Shoreham	19-10-16	Pt II° 462
20-10-16	18th	Dis Gravsend Spec Hosp	Ramsgate	19-10-16	C2B 192 "
9-11-16	C.C.A.C.	On Command to Garr. Duty Depot	Shoreham	26-10-16	Pt II° 493
14-11-16	C.C.A.C.	On Command to C.O.C. Ashford. P.B.D.	Hastings	12-11-16	Pt II 502.
14-11-16	C.O.C. Ashford	attcd for CCAC. Pt II D.O. 502 amended to read	ashford.	13-11-16	315
25-11-16	C.C.A.C.	Having proc to C.O.C. for P.B. will cease to be posted to G.D.D.	Shoreham	12-11-16.	— 5-21.
3-1-17	C.O.C.	Adm V.A.D. Hosp Ashford	Ashford	2.-1-17	Pt III 3 N.Y.D. 8 10
5-1-17	C.O.	C.O. Reports. "Very seriously injured"		2-1-17	C2 92. Frac. Leg and Inj. to Head.
9.4.17	CCAC.	Cases to be att. SOS to COC	Hastings	7.4.17	Pt II D.O. 146 (COC. Pt II DO 110 d/20.4.17)
21.5.17	COC CL	Adm Mil Hosp ex VAD. Ashford	S'cliffe	1.5.17	CL/14 (x COC Pt II DO 143 d/23.5.17)
21.5.17	" "	Disch " "	"	12.5.17	CL/14 (x COC Pt II DO 143 d/23.5.17)
12.7.17	"	SOS to Gen Depot S'cliffe	"	12.7.17	Pt II DO 193 Gen Depot 107 d/11.7.17
11.7.17	Gen Depot.	SOS of Gen Depot. Leaving Proc. to Canada no longer fit for service. Para 392 Let 16 IR R+O (auth M/R Hqrs. Cans.	"	11.6.17	Pt II DO 107
	Dis Depot	To Convalescent Homes	In DO 1 London	23.6.17	C IR 304

NAME Glover, F. NO. 54263 UNIT 18th "F" Unit

RANK Pte. AGE 26 SERVICE 23/12 DATE Dec. 7th, 1917.

DIAGNOSIS Myopia

HISTORY

DEPT. MILITIA & DEFENCE JAN -7 1918 H.Q. CANADA

NOSE PHARYNX LARYNX

NASAPHARYNX

R.E.	EAR	L.E.	R.E.	EAR	L.E.
	PERFORATION			SCHWARBACK	
	DISCHARGE			WEBER	
	RETRACTION			RINNE	
	VOICE			UPPER FORK LIMIT	
	AFTER INFLATION			LOWER FORK LIMIT	
	GLATON			TINNITUS	
				PARACUSSIS	

Condition was.....present previous to enlistment and has ~~x~~.....
been.....by active service.....Improvement
is to be expected. 1.25 in each eye

Glasses ordered.

VISION

V.O.D.--- 6/12(20/40) c GLASSES 6/6(20/20)

V.O.S.--- 6/12(20/40) c GLASSES 6/6(20/20)

CORNEA FUNDUS

Condition was...NOT.present previous to enlistment and has.....
been.....by active service.....improvement is to
be expected. Estimate disability 5%(five per cent)due to vision.

He is a Category.....man due to.....1

(Sgd.)Major Wm.John Brown, C.A.M.C.

B. P. C. FOLIO FALSE DOCKET 1

AMENDED

M.D.1 TRIPLICATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

(AW) "F" UNIT LAST PAY CERTIFICATE NO 5

M. H. C. COMMAND

30-C-215 649 P-223

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 54263 Rank Pte. Name Frederick GLOVER

Corps 18th Bn. who was* Discharged

On December 31st 191 7, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 191..., to Dec. 31st 191 7, the inclusive date of transfer or discharge. March Paylist

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. 18872	7	50	Regt'l Pay ..... days at $ ..... c.		
Assigned Pay and Sep'n Allce. No.			Field Allow. ..... days at $ ..... c.		
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No.			Other Allowances* Def. Pay Int.		
Balance Cr. (to be paid by the new unit)			Other Credits* 31-3-17	7	50
			Bal. Dr. (to be deducted by new unit)		
Total	7	50	Total	7	50

*Give particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ------ 191.... and Sep'n Allce. for month of ------ 191.... (to) Assignee Nil

(Address) 500 King Street, London, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 10-1-15

(2) if married and if a Separation Allowance Card has been submitted No-Single

(3) cause of discharge Medically Unfit authority D.O.353 19-12-17

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date March 30th, 1918.

Place LONDON, ONT. Capt.

Paymaster. Unit, M.H.C. Command

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

10M.—1-18.
H. Q. 1772-39-903.

294-12-4-8

TRIPLICATE

A 13-25 CANADIAN CONTINGENT EXPEDITIONARY FORCE 30-6-215

LAST PAY CERTIFICATE

"F" UNIT

M. H. C. COMMAND.

This form to be used for all Ranks (vide Articles 122, 130, and 141. Financial Instructions, 25715c, C.E.F., 1916.)

Regt'l.No. 54263 Rank Pte. Name Frederick Clover,

Corps 18th Bn. who was Discharged.

On Dec. 31st. 191 7.. to .....

Insert "discharged" or "transferred"

The following is a statement of the acct. of the above named from Dec. 1st. 191 7.... to Dec. 31st. 191 7....., the inclusive date of transfer or discharge.

DR.		DR.	
Bal.Dr.prev.mo.		Bal.Cr.from prev.mo.	
Advances by Cheques } No.		Regt'l.Pay 31 dys.@ $ 1.00	31.00
No. 12371	34.10	Fld.Allce. 31 dys.@ $ .10	3.10
Assigned Pay No.		Other Allces 12 " Subsce. .80	9.60
Other Charges.		Other Credits Clothing Allce.	13.00
Payment on tfr.or disch.No 12895	22.60		
Bal.Cr.(to be pd.by new Unit).		Bal.Dr.(to be deducted by new Unit)	
Total	56.70	Total	56.70

A Monthly stoppage of $ Nil has been pd.on acct.of Ass'd. Pay for the month of 191... to (Assignee).....

Address (of man) 137 Kendall Ave., Detroit, Mich.

.....

ON TRANSFER OF AN OFFICER

Outfit Allowance of $.....has been paid by Paymaster, Military Dis.No.....

REMARKS:-

State (1) date of enlistment 10/1/15.

(2) if married and if a Separation Allce. Card has been submitted.

No Single.

(3) cause of discharge and authority Med. Unfit, D.O.353-19/12-17

If discharged from the Contingent, state if Stop Payment advice for A/P. has been forwarded and date.....

I have carefully examined this statement of account and find it to be a correct extract from the Pay list of the Unit.

DATE December 24th, 1917.

PLACE London, Ont.

Capt.

Paymaster "F" Unit, M.H.C. Command.

Forms.
I. 1237
10

Army Form I. 1237.

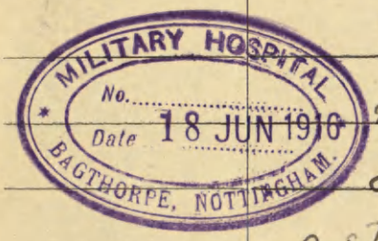
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T.17	54263.	Pte.	Glover.	F.

Year	Unit.	Age.	Service.
	18/Canad.	25.	1 6/12.

Station and Date.

Disease Shell Shock. Mutism



This condition was cured by suggestion & he got very well. He has relapsed somewhat, & is nervous tremulous, & excitable & stammers & stutters. Condition due to shell shock

MILITARY HOSPITAL No. Date 18 JUN 1916 BAGTHORPE, NOTTINGHAM.

June 27 He sleeps a good deal & can speak a little better — B R Bruman

June 28 Received shock 6.6.16. Sent to 26th General Hosp. Etaples & was dumb for 5 days; after voice brought back by suggestion for 6 days. Then a nurse poured some cold water down his back to awaken him as he slept very heavily. and pt lost his voice again.

CoA. Pt. complains of headaches. Sleeps very well. Reflexes brisk: no other abnormality. Pt does not speak.

1.7.16. Recommended for Transfer to Maudsley Hosp. Pt gets into violent temper when aroused.

Maudsley Hospital

July 20A. Voice returned, after hypnosis

July 31A. Convalescent Home

W Brown, Capt. R.A.M.

To Ramsgate Military Hos: 2.8.16.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year 1915	54263	Pte	Glover	Fred
	Unit.		Age.	Service.
	1st Battalion C.E.F.		24	7/12

Station and Date.

Shorncliffe Military Hosp. July 31/15

Disease Fracture of head of 2nd Rt. Metacarpal

Dec 11/12 sustained fracture of 2nd metacarpal, joined C.E.F. Jan 6/15 as Pte. Since joining has pain over sight of old fracture and cannot could handle rifle very well as he has not a good grip - and trigger finger short and prevents firing properly.

Has been playing in band (clarionet) since march.

When it is wet wrather also has trouble with finger.

Robert E. Gaby

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

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

P.T.O.

Station and Date.	

Forms
I. 1237
10

asb
178 Sep.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	54263	Pte	Glover	Fredk
EC255	Unit.		Age.	Service.
Section and Date.	18 Canadians (B)		25.	1½

4th LONDON GENERAL HOSPITAL R.A.M.C.
DENMARK HILL
28 JUN 1916

Disease

2.8.16 Canadian Mtd Bde
Ramsgate.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

Station and Date.	

Forms I. 1237. 10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	54263	Pte	Glover.	Frederick
	Unit.		Age.	Service.
	18th Battn		~~35~~ 25.	18/12

Station and Date.

Disease Shell Shock Psychogenetic mutism & tremor of legs.

Occupation – Machinist

Arrived in France – Sept 15th – 1915

Reported Sick – June 6th 1916.

Hospital – Etaples 11 days

– Nottingham – 11 "

– No 4 London Hospital – 4 wks

GRANVILLE CANADIAN SPECIAL HOSPITAL 2 AUG 1916 RAMSGATE

Complaints – General weakness, pains in legs & thighs on walking, marked tremor in legs on walking, impairment in speech, insomnia, nervousness –

History – No illness of importance previously –

Present condition – Patient has been at the front for 9 months, been in the Ypres salient for 3 mos. subjected to heavy shelling for weeks. On 6th June his dug-out was blown up by trench mortar. Patient had a nervous breakdown, lost his voice, for 8 days. Lost his voice again while in the Nottingham hospital about June 27th 1916. for about four weeks, says that voice is improving now while in the Nottingham hospital slept most of the time, does not sleep well now. marked tremor in hands on extension. complains of general weakness, pains and weakness in legs and thighs on walking, has pains in arches of feet. Reflexes all active

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

Station and Date.	
	general muscular weakness. grip power much diminished. appetite poor lost about 20 lbs. wt 9-9
4/8/16	Marked tremor present. Voice husky, stutters while speaking. No symptoms of any organic disease present. Electric Water Baths daily Return to-morrow morning. 5/8/16
5/8/16	Walking perfectly well, with persuasion can be made to talk likewise. Report daily.
7.8.16 McCKRussel	Walking & Speaking much Improved Return Daily
8.8.16 McCKRussel	Discontinued Electric water bath. Give cold spinal double Swedish & Gen'l Gym Transfer to Chatham House. report 15/8/16. Wt. 169 Almas Scott
10.8.16.	Patient feeling less nervous and slept well last night.
18.8.16.	Says he cannot eat
21/8/16.	Wasserman ~~[illegible]~~ negative in blood. ~~Transfer to Ward S.~~
25/8/16	Carry On. Report Monday 28/8/16.
28/8/16	Slight Improvement Carry On Report in a week 4/9/16
1/9/16. Maj. Russel	Blood taken for Wasserman. Report Monday. Wasserman - negative -
4/9/16	Carry on - Report in 10 days - (Maj. Russel)
5-9-16	Gym Report. Complains of headache today. Improving, not shaky.
6-9-16	Wt. 130 lbs.
1-9-16	Wasserman. neg.
14/9/16.	Improving, carry on - report in week 25/9/16.

Forms
I. 1237.
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

C.H. 92.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	54263	Pte.	Glover.	Frederick

Year	Unit.	Age.	Service.
1916	18th Battn.	25	18/12

Station and Date.	Disease Shell Shock.
G.C.S.H. 2-8-16	
10.9.16.	Not so well today, Not sleeping well.
21-9-16	Wt. 134 1/2 lbs.
Urinalysis	Color Light Amber S.G. 1024 Sug. Neg.
	React. Acid. Alb. Neg.
25/9/16	Carry On. Report in 10 days 5/10/16.
2-10-16	Pt. says he does not feel so well, has headache
	and weakness of legs. Moriarty
5/10/16.	Patient is in fairly good condition as far as general
	health is concerned. For Medical Board Monday 9/10/16.
6/10/16	Tonic Medication & Head. Sod. Sal. return &
	Ypr. B in 10 days. DuClash. Stop Scotch Douch.
	(Return Oct 16 '16 2-30p.)
10-10-16	weight 134 lbs
16/10/16	Fit for Light Duty DuClash
	Granville Board.
16/10	

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Enw VK

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16879/336

7014-F-2.

Name Glover, Frederick
Surname Christian Name

Regimental Number 54263 Rank Pte.

Unit 18th Bn.

Original Unit

District where paid M.D.1.

Date of Discharge 31-12-17.

P. D. P. Filing Number 8-42-1.

Address (in full) 137 Kendall Ave., Detroit, Mich., U.S.A.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	771	27-12-17	33	00	760	27-1-18	33	00	722	22-2-18	34	10			100	10
~~2693~~	~~1st~~	~~J428123~~	~~11-4-19~~	~~70~~	~~00~~												
~~2184~~	~~2nd~~	J.423096	9-4-19.	70	00												

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Cheque for M.F.G. to be mailed in Care of S.A.C. London Autho
File 07014-F-4 M.J. 25/2/19

Dec'n No 168.79/336 **W. S. G.** File No 07014-F-4

Award .... days at $ .70 per day $ 350.00

S. A. ..... months at $ .... per mo. $ ..... $

Less P. D. P. Credited $ 100.10

$

Less further debit balance $.....

Net due paid as below 249.90

	TO SOLDIER				TO DEPENDENT			
0	Ag. No	Ch. No	Amount		Ag. No	Ch. No	Amount	
1	2693	28123	70					
2	2184-A	423096	70					
3	1786B	435353	70					
4	1111 C	461693	39	90				
5								
6								
	Total		249	90	Total			

11-4-19
9-4-19
19.4.19
14/5/19

WHB.

GEN'L AUDITOR
Posting checked by
S. Rocks
Date 29/7/19

S. Princton
Ont.

L. L. Job 70481—Req. 5220.

545

M. F. W. 12.
10m. 11-14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

E

To Whom Miss Jessie Strickland

By Whom Assigned Glover F

Address Y. W. C. A. Dundas St.
London
Ont.

Regtl. No. 54263.

Rank Pte

Corps B.C. 18th Battn C.E.F.

Rate ~~5.00~~

~~APR 1 1915~~ May 1st 1915. P.L. 3-3-0 x 9628. 10 9/15 P.S.E.
Sept 1

Cancelled 3 m 18 8/15 THS

PAYMENTS

Month	Year ✓	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				COPIED FOR 2 CASUALTIES.
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		P 1 oct	10	
June				No cheque June to recover overpayment in Apl
July		M 3902	5	
Aug.		N 5230	5	$20.00 FX. 21-6-17 AD.
Sept.		0		
Oct.				Account Stopped June 30/17
Nov.				Cable P.8272 Date 24-6-17 4B2
Dec.				
Jan.	1916			
Feb.				
March				

L. L. Job 70481—Req. 5220.

M. F. W. 12.
10m. 11 14.
H. Q. 1772 39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Schwameke

Address 63. West-Montcalm St
Detroit. Mich
USA

Rate 10.00 APR 1 1915

By Whom Assigned Glover J

Regtl. No. 54263

Rank Pte

Corps B.C. 18th Battn CEF

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		} P 705	20 —	
May				
June				Acct Closed
July		M3903	10	
Aug.		M5231	10 —	
Sept.		06961	10 —	
Oct.		P7045	10 00	
Nov.		S7222	10 —	
Dec.		D9065	10 —	
Jan.	1916	W 7307	10 —	
Feb.		X 10807	10	
March		Z 14125	10 —	

COPIED FOR 2 CASUALTIES.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs. Schwanneke

PAYMENTS.

Name of Soldier Glover, F.

#54263

"B" 18 Bn

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	$10.00 Remarks.
April	1916	J620	10	
May		U3709	10	
June		V7444	10 —	
July		K10561	10	
Aug.		A14449	10	
Sept.		M16419	10	
Oct.		M21050	10	
Nov.		K26319	10	
Dec.		G32825	10	
Jan.	1917	Q36948	10	
Feb.		Q43547	10	
March		~~O50233~~	~~10~~	O50233 Cont. 7/3/17 MHC.
April		J56451	10 —	
May		K2033	10	10 B 12740 - canc.
June		~~L8361~~	~~10~~	L8361 Canc'd. 2/5/17. R.P.
July		Z12961	10	
Aug.		W19565	10	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Ds. R.

Account Stopped June 30/17

Cable P. 8272 Date 28-6-17 GBE

Bn 260.00 A/c Closed 30-6-17

Ret'd per Araguay

Date 11/6/17 F. X. 21-6-17

Clerk AD

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.				

Rank Private Name GLOVER, Frederick. Reg'l No. 54263

Unit 18th. Battn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Windsor, Ont., 11th. Jany. 1915 Place of Birth Simcoe, Ont.

Name and Address, Next-of-Kin John W. Glover, 1711 South Yapima, Canada.

Assigned Pay Monthly $ ~~15.00~~ 10.00 Payable to ~~50%~~ 10% ~~Miss J. Strickland 446 C.P.R. London, Ont.~~ Relationship Father. Mrs. Schwanneke 63 Wolfe Montcalm Ave. Detroit, Mich.

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Canada Reason Character

Stop Pay Effect. Cancelled 6/1/16

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	31	31	10	3 10		34 10			17 50	15	✓	32 50	1 60	
1/6	30/6	30		30	30		3		33			5	15	✓	20	1460	
1/7	31/7	31		31	31		3 10		34 10			20	15	✓	35	13 70	
								1 13	1 13							1483	Cr. Exchange
1/8	31/8	31	1	31	31	10	3 10		34 10	329		19 50	15	✓	44 20	4 73	
1/9	30/9	30		30	30		3		33	343		2 64	10	✓	12 64	25 06	Stop pay. Cancl. Effect 1/9/16.
1/10	31/10	31		31	31		3 10		34 10	426 467		5 24	10	✓	15 24	43 92	
1/11	30/11	30		30	30		3		33	572		2 68	10	✓	12 68	64 24	
1-12	31-12	31		31	31		3 10		34 10	RR. 564 606 652	7	29 20 2 68 1 26	10	✓	55 84	42 50	
1-1-16	31-1-16	31		31	31		3 10		34 10	709 761		2 61 2 62	10		15 23	61 37	
1-2	29-2	29		29	29		2 90		31 90	844 796		2 62 2 61	10		15 23	78 04	
March		31		31	31		3 10		34 10	868		2 62	10		12 62	99 52	
				336			32 60	1 13	370 73			141 21	130		271 21		

Carried forward to Large Ledger sheet

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. 1500.

Surname	Christian Name or Names	Reg. No.
Glover.	F.	54263

Rank	Unit	Co.	Troop	Batty.
Pte	18th Bn. (Can A. O. Corps Ashford)			

Hospital — Date of Admission

Transferred	Shorncliffe Milty Hosp.	30 · 7 · 15
# 5 b. Fld Amb	Hosp.	5 · 10 · 15
± 5 b. Fld Amb	Hosp.	19 · 3 · 16
Mont-Des-Cats	Hosp.	27 · 3 · 16

Diagnosis: Old Fract. X Ray.

Later Diagnosis (if changed) (1): Injury to Head.

(2)

(3): Bronchitis.

Additional Diagnoses: If more than one state present

Shell Shock
Fract Leg. & Injy to Head. (Motor collision)

DISPOSITION — Date

To duty — 5 · 10 · 15

" — 30 · 3 · 16

REMARKS

Dis. 19.10.16.

" 12. 5. 17

INR	13 · 8 · 15	
CL	20 · 8 · 15.	23
	21 · 10 · 15.	57
	21 · 3 · 16.	a 185
	14 · 4 · 16.	a 190
	7. 8. 16 #	B131.
"	20. 10. 16.	B192.
"	5-1-17.	#92. Very seriously Injd (21.1.17.)
	21. 5. 17	#141.

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

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	#6 C. F. Amb Dir Res Sta	29.3.16
2.	Nottingham Mil. Kanrpgat Spec	3.8.16
3.	Ashford. V.A.D. Hosp.	2-1-17.
	Mil Hosp Shorncliffe	1.5.17
4.		
5.		
6.		
7.		

To Canada per HS Araguaya from Liverpool.11-6-1
17.

No 199. Rank Pte. Name Glover, Fred

T. O. S. Unit 33rd Bn, (3rd Contingent.)

M. D. 1

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1914-15.	1914-15.			
Jan: 11th	Jan: 31st	✓		
	Feb:	✓	Trans to 18th Bn. Mar 6th	Mar payliat.
Mar: no account.		✓.		

REGT'L. No. 54263

NAME Glover Frederick

H. Q. FILE No. 649

RANK AND CORPS Pte Can. Ordnance Corps

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
141	ex V.A.D. Ashford. Mil. Shorncliffe	1-5-17	Frac. leg & inj. head (motor car collision)
141	Discharged	12-5-17.	Frac. leg & inj. head. (motor car collision)
192.	W.H.C.C. London	11-7-17.	In-Patient L.M.C.18.

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

Name Glover F. Rank Pte. Reg. No. 54263

Unit 18th Battn.

Next of Kin Canada.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30.7.	15.	Military Hosp. Shorncliffe		Old Fracture	23.		
10.8.	15	do (Discharged)		do	25		
5	10	5th Can. Fld. Amb.	Injury to hand		57		
5	10	Discharged to duty			57		
19	3	5th. C.F.A.		Bronchitis	A185		
21	3	6th.C.F.A.D.R.S.		do	A185		
27	3	Mont-des-Cats		do	A190		
30	3	Discharged to Duty.		do	A191		
19	6	Mil.Hosp.Bagthorpe.	Notts.	Shock.	B93	M. 8555	22/6/16.
3-8		Granville Can. Spl H	Ramsgate	-do-	B131		
19-10		Discharged		-do-	B192		

SURNAME. Glover.

CARD NO.

S.O.S. Dis 31/12/17.I

CHRISTIAN NAMES Fredrick

REGL. No. 54263. RANK pte.

UNIT 18th Bn

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Glover, John. W.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 1711 South ~~Yapima~~,
Vakina, Tacoma, Wash. U.S.A.
(auth R. 1870 June 30th 1916.)

COUNTRY OF BIRTH Canada. Simcoe, Ont. DATE June 30th 1891

PLACE OF ATTESTATION Windsor, Ont. DATE Jan 11st 1915.

Sailed from Halifax Rev S.S. "Grampian" 18-4-15

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Returned to Canada per S.S. Araguay" 11-6-17. (7337)

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Mechanist RELIGION Church of England

DESCRIPTION.

APPARENT AGE 23. YEARS 7 MONTHS

HEIGHT 5. FEET 7 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Lt Brown

DISTINGUISHING MARKS Scar on left knee, Scar on left index finger. Scar on right thumb.

MEDICAL EXAMINATION. PLACE Windsor, Ont DATE Jan 11th 1915,

Present Address. Not-stated

NAME Glover, F. rederick

REGT'L. No. 54263

H. Q. FILE No. 649

RANK AND CORPS Pte M. H. Cb.

FOLLOWS

No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	
		OK

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
295	M. H. B. C. London	19-10-17	Tr. To Guelph - M.C.H.
328	" " " " "	22-11-17	Trans. Out-P. from Guelph M.C.H. to London M.C.H.
353-2	" " " " "	31-12-17	Disc. from H.M.S. as London medically unfit due to wounds & shell shock London. M.C.H.

R. 149.

Name GLOVER Frederick *Rank* Pte. *Reg. No.* 54263

Unit Can. Ord Corps .

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917	O.C. Ordnance Depot					
Jan. 2	(Overmerit) Ashfoed reports		Admitted to V.A.D. Hosp. Ashford. 2-1-17			
	VERY SERIOUSLY INJURED					
	Frac .Leg & inj.to Head			92	0 7173	ER
	. (motor Car Collision.)					
~~Jan. 2~~	~~Military Hosp. S'cliffe~~		~~Cut on Head~~			
			~~Frac. Leg.~~	~~94~~		
May.1.	Mil.Hosp.S'cliffe.		Frac.Leg & Ing Head (Motor Car Collision)		141	
May.12.	Discharged:-		do		141	

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

H. Q. FILE No. 649-

NAME Glover Frederick

REGT'L. No. 54263.

RANK AND CORPS Pte Ordnance Dpt. Ashford (formerly 18th Battalion).

NO. 793.

FOLL.

CABLE NO.	DATE	NATURE OF CASUALTY
M 8555	21-6-16	Adm. Mil. Hosp. Bagthorpe Nottingham June 19th Shock.
R 1840	30-6-16	With reference to your telegram June 29th. Admitted Mil. Hosp., Bagthrope. Nottingham. June 19th (Shock).
O 7173	4-1-17	Officer Commanding reports Jan. 2nd. 1917. Very serious injury to 54263 Pte. Frederick Glover. Motor car accident fracture of leg injuries head progressing.
T 337	18-6-17.	Sailed from [redacted] Liverpool for Canada per the Hosp. Ship Araguay on June 11th 1917. Shell shock.

L. L. Job 86907--M. & D. 16065.

M. F. W. 42--50m.-10-16. [illegible] 272--39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
23	Military, Shorncliffe	30/7/15	Old fracture L
25.	Military, Shorncliffe	10/8/15	Old fracture X Ray Discharged
57.	5th Can. Fld. Amt.	5/10/15	Injury to Hand. L
57	5th Can. Fld. Amt.	5/10/15	Dis. to Duty. Injury to Hand
a185	No. 5 Can. Fld. Amb.	19-3-16	Bronchitis
a185	No. 6 C.F.A. D.R. Stat ex No. 56 F.A.	21-3-16	Bronchitis (Date corrected by H.A. 190)
a190	ex " " " to " Mont des Cats "	27-3-16	Bronchitis
a191	Mont des Cats	30-3-16	(Bronchitis) Disch. to duty
B93-1	Mil. Bagthorpe: Notts	19-6-16	Shock.
B131	Granville Can. Special Ramsgate	3-8-16	Shell Shock
B192	Discharged	19-10-16	Shock
92.	Can. Ordance Corps. Ashford. adm. V.A.D. Hosp Ashford. QQ. reports	2-1-17.	very seriously injured. frac. leg & inj. to Head (motor car collision)

No. 5263 RANK Pte NAME Glover, Fred'k

54263.

T. O. S. Transfd from UNIT 18th Battalion

33rd Bn DO119 5-3-15

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 1	Mar 31	✓		
Apr.		✓		

UNIT SAILED

APR 18 1915

R.R.

Number 54263 Rank Pte

Surname GLOVER

Christian Names Frederick

Unit 18th Bn. Can. Inf. Theatre of War France

Date of Service 14-9-15

Remarks

Latest Address ~~500 King St~~ ~~London Ont~~

1017 McCollough
Lansing
U.S.A.

Roll No. B Page 2421

G.A. 1986, Desk
JUL 2 1921
G5.28.97 Desp
SEP 20 1921

MARRIED OR SINGLE S

PLACE OF BIRTH Simcoe. Ontario

NAME AND ADDRESS OF NEXT OF KIN John. W. Glover

1711 South Gapuina. Canada

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 54263 RANK Pte NAME Glover, Frederick

IF IN PERMT. CORPS WHAT UNIT | UNIT 18th Bn. TRANSFERRED TO C.C.A.C. DATE 18.7.16. AUTHORITY G.26 30/6/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO C.O.C. DATE 20/7/16 AUTHORITY Debit Notice

PLACE OF ATTESTATION Windsor Ont TRANSFERRED TO P.2.L. DATE 18/5/17. AUTHORITY Show SA16 11/5/17.

DATE OF ATTESTATION 11th Jany 1915 TRANSFERRED TO W.W. Branch K DATE 18/5/17 AUTHORITY

ASSIGNED PAY MONTHLY $ 10.00. DATE EFFECTIVE 15 Sept 15.

PAYABLE TO Mrs Schwanneke, 63, Westmontcalm St. Detroit Mic RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/6/17 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 17/5/17 REASON AND AUTHORITY Shorncliffe 3/16 11/5/17 Invalided

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PAY OFFICE A.F. BRANCH FEB 28 1918 CANADIAN CONTINGENT

Entered on N.F. Card Index

Checked by Gillotson

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			336.				83 60							113	370 73												141 20	130		271 21	99 52				
Jan 1-30	30	1.00	30	-	30	10	3	-							33 -	97814	16/27							✓262	✓261			10 -		15 23	10729			
May 1-31	31		31		31		3	10							34 10	1164	155 1101	26.5			23 F.R.			✓256	✓253		✓4867	10		6378	8761			
June.	30		30		30		3								33 00						BRK 11.7.16						✓487	10		10	11061			
July 1-17	17		17		17		1	70							18 70						BRK 16.7.16						✓487	10		1974	10957			
18															15 40						Cash 27/7						✓487	- -		484	12010	✓		
31	14		14				1	40													Cash 1/8						✓484				12473			
Aug 1 31			31				3	10							34 10						Ram 12/8						✓1460	10		2949	13648			
Sept 1-30	30	1-	30	-	30	10	3	-							33 -						1077 1640				✓4487									
																					2027 8/8				✓2920									
																					2082 1/9				✓730									
																					2446 13/9				✓2434			10 -		7571	8207			
																					2518 13/10				✓487									
Oct 1 31	31		31		31	10	3	10							34 10						2377 30/9				✓487			10.		1974	9638			
Nov 1-30	30		30		30		3	-							33	98472210	16.4.11.				854 15 11 606.			✓243 973		✓1460		10		3676	9262	55	3762	
Dec 1-31	31		31		31		3	10							34 10						391 cac 30/11					✓973		10		1973	10699	60	4699	
			6110																		955 " 16/12													
Jan 1-14	31	1.00	34 10												34 10											✓973		10		1973	12136	65	5636	
		10	70620											113	70733									17 34	5 16	10 9	5122	396	230		58597.				

Small Ledger Sheet.

5.4263 Pte Glover F. A.S. £10:-

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
17			4	06	20									1 13	4 07	33				@ 0 C				17 34	5 16	109 51	223 96	230		585 97	121 36		65	56 36	Trans to COC 22 Fy
Feb 1	21	1	23	10											23 10					1071	15/1					✓ 10 47									Debit Notes
																				995	2/12					✓ 24 33		10		53 80	90 66				
" 22/28	7	1.00 .10	14	30										1 13	13 43									17 34	5 16	153 31	223 96	444		639 77					
															14 70																98 36				
Mar 1/31	31	"	34	10											34 10	1208	N/2			61472	3/3	m.B.Hosp		14 60		1 70		10		26 30	106 16				
																								31 98		155 01									
Apl 1/30	30	"	33												33													10		10	129 16				
May 1/17	17	"	18	70											18 70													10		10	137 86	58 65	79 21		Trsf to P2 "L" 18/5/17.
																																			Auth Hosp 3 A 16 11/5/17.
June														10	10															147 86				A P Overcharged April 1915
July																																			Obs # 9.16
Aug																																			A3M. FORM REN'D Applied EFFEC. 16/1/17.
Sept																				S Chilo						85									DISCHARGED TO Canada DATE 17/5/17
																				234	3/4/17					55									PAYBOOK VERIFIED 11/5/17
" "																					24/4/17					70									Cr BAL Oct 6th L.P.C. REN'D 17/5/17.
																				235	25/4/17					86									AUTHY Thorncliffe 3rd 11/5/17.
																					17/5/17					85									
																					10/5/17					85									Invalided 8/7/21
" "																					6/6/17					85									Credit Docs 79.21
																																			Checked
" "																				103	30/6/17					487				998	137 88				Supp. Sht 5 5/7/19 Cancelled 21
																																			Supp S Pc 21/1/18
																																			Cr Bal 86.71

MONTH 1914	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLOWANCE ENG.
Oct.	Balance FORWARD								137 88		
				A.R. Credited error June 1914.		10 00					
Nov				DN AR 220 10/5/17. Thorncliffe.	48 66	45			79 22		
					48 66	10 00					
Jan.	Dep. Pay Dept.	7 50							86 72		
		7 50									
									Nil		

Balance transferred to N.Z. Branch

Report of X-Ray Examination.

Re Pte. F. Glover.
Reg.No. 54263 Ward No. O.L.
Unit 18th Bn.

Military Hospital
S hornclifte
May 2nd. 1917.

Case No. 2890.

Part Radiographed.R.Leg.

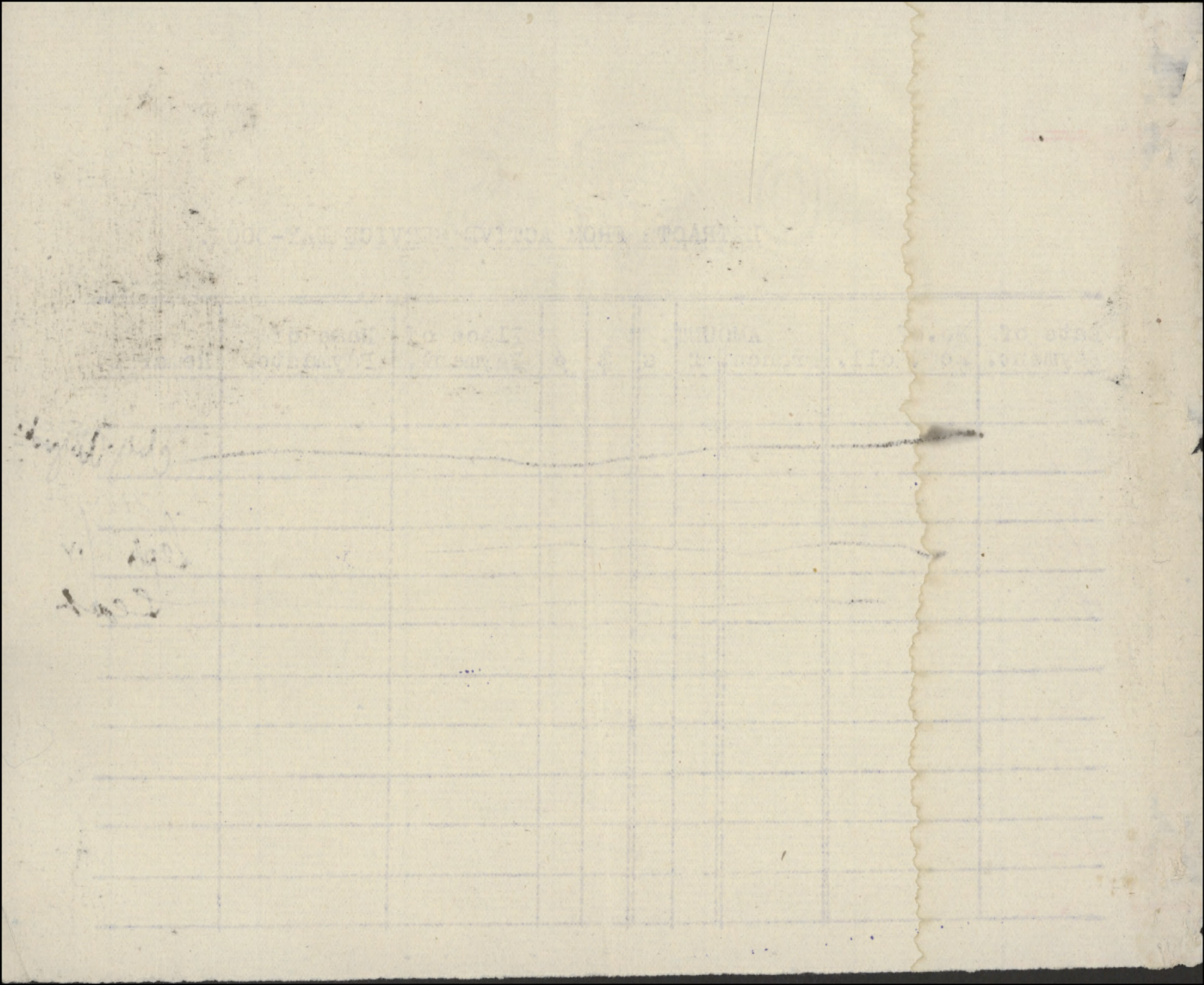
Old fracture of tibia & fibula at middle 1/3
Mostly of Callus showing. Aligament only fair both bones overriding a little.

sd. J. Mussen Capt. CAMC.
M.O. i/c. X-Ray Service.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

54263 Pte Glover F.

Date of Payment.	No. of Acct. Roll.	AMOUNT. Francs	£	s	$	¢	Place of Payment.	Name of Paymaster	Remarks.
~~15/3/17~~	~~1200~~	✓	3	-	14	60	Ashford	W. J. Rowe	
30/4/17	103	✓	1	-	4	87	Ashford	W. J. Rowe	Chg. Aug. Sept.
8/5/17	~~220~~	✓	10	-	48	67	S'cliffe	J. A. Cameron	720
5/5/17	~~234~~	✓		7	1	70	"	"	Sept 14
18/5/17	~~235~~	✓		14	3	41	"	"	Sept
							73.25	58.65	



Enlisted in 18th. Bn.
O.S. 18th. Bn.
Date of Enlist. 10-1-15.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Araguaya
June 22 1917

M

60
10/1/38

Proceedings on Discharge.

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

No. 54263 Army Rank Private

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

Corps ~~Western Ontario Regt. General Depot~~ Canadian Ordnance Corps.

Battalion, Battery, Company, Depôt, &c. ~~18th. Battalion~~ Can. Ordnance Corps.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge December 31st 1917

Place of discharge Canada - London, Ontario

Military District No. 1
JAN 4 1918
L. D. 30-G-215

1. *Description at the time of discharge.*

Age 26 years months
Height 5 feet 6¼ inches
Chest measurement: girth when fully expanded ins.; range of expansion ins.
Complexion fair
Eyes blue
Hair Brown
Trade Machinist
Intended place of residence (To be given as fully as practicable): 137 Kendall Ave Detroit Mich.

Descriptive marks.
scar on L. side of L. Knee
scar over R. eye under L. eye cross nose
Broken R. meta carpel
R. Tibia & Fibula broken.

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

2. The above-named man is discharged in consequence of being no longer physically fit for War Service.
K.R. VO. 392 XVI.

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

To be filled in on the soldier quitting the Colours.

3. Military character :— Very good

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

very good

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2 16 Sch. 3)

Forms B. 268 / 40

W.S.G. Comp
11/2/19 [illegible]

Star 14-11-19 H.G.

[OVER.

Dec. Sec. 14-1-18 L.W.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

L. A. Thomas

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

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? None

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

6. Campaigns, Medals and Decorations

None

Certificate of education ..... _____

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

(Place) Moore Barracks Hospt. C. A. Thomas Lt.

(Date) 9.6.17 *Commanding* _____ *Battn.* _____ *Regiment.*

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

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

(*Place*) _____ Pte F. Glover (*Signature of Soldier.*)

(*Date*) _____ B H McCammon major (*Signature of Witness.*)

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

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

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) 2 years 354 days.

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

Total ... 2 " 354 "

11. *Confirmation of discharge.*

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

(Place) LONDON, ONT.

(Date) DEC 20 1917

Signature J S Smallman Capt for OC. F. UNIT, M. H. C. COMMAND

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

All just demands have been rec'd.

Pte F. Flower

15th M Grummon Major } witness

30
19
11

LIST OF DISCHARGE DOCUMENTS.

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

See section 11 on second page.

19 Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

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

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

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

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

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

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

Original not available

Duplicate

ORIGINAL

Army Form B. 178.

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

MEDICAL HISTORY of

Surname Glover, *Christian Name* F.

23 JUN 1916

TABLE I.—GENERAL TABLE.

Birthplace .... Parish _____ County _____

Examined .... { on _____ day of _____ 191 .
at _____

Declared Age .... _____ years _____ days.

Trade or Occupation .... _____

Height .... _____ feet, _____ inches.

Weight .... _____ lbs.

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

Physical Development .... _____

Vaccination Marks { Arm .... Right _____ Left _____
Number _____

When Vaccinated .... _____

Vision .... { R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease.... .... (*a*) _____

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

Approved by .... (*Signature*) _____

(*Rank*) _____ *Medical Officer.*

Enlisted .... { at _____
on _____ day of _____ 191 .

Joined on Enlistment	Corps: 1st R. G. F.	Regtl. No.: 10543
Transferred to		

Became non-effective by .... _____

on _____ day of _____ 191 .

(*Signature*) _____

(*Rank*) _____

The Medical History Sheets of all men proceeding overseas, must be returned by the officer commanding their unit to the Record Office when they leave England.

Discharged

(15700) W4581—513 115,000 9/14 S. P. & Co. Ltd.

P.T.O.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing o use. In cas subsequent given in the
	Day	Month	Year	Day	Month	Year			
Shorncliffe Military Hospital	30	7	15	10	8	15	Old Fracture Metacarpal.	13.	Boar
Military Hospital Knightsbridge	21	6	16	28	6	16	Shell shock	8	Tra
4th Lon Gen Hospt S.E.	28	6	16	2	8	16	Shell Shock.	35	Captain. t co Transf
	2	8	16	19	10	16	do	79	Trans
Aldershot R.A.M.C.	2	1	17	1	5	17	Fractured R tibia fib.	119	Invalu Satisfac
Guelph Mil Conv Hosp.	29.	10.	17				Fractured R Tib and Fib.		

GRANVILLE CANADIAN SPECIAL HOSPITAL
19 OCT 1916
RAMSGATE

INVA
FURTH

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

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
Boarded at Shorncliffe Mil Hosp. – fit for duty –	Robt. E. Gaby Capt Camc
Traumatic neurasthenia much stammering & stuttering mutism nervousness. Taking bromide	B R K Truman
Aphonia. Hypnosis brought back voice. Transferred to cashier's home.	L Brown Capt [illegible]
Transfer to Ramsgate.	
Trans to CCAC Shoreham.	J. C. Edmison Capt. C.A.M.C. a Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate.
Fractured tib & fib. rightly & cuts about face Satisfactory join –	Frank Coke M.C.S.
INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT Much improved. C. A. Thomas	G. M. Vine Capt [illegible]

HOSPITAL REPRESENTATIVE
FOR ADJUTANT GENERAL CANADIANS.
MOORE BARRACKS HOSPITAL.
SHORNCLIFFE.

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

Date	Brief details, and signature
16/10/16	C.C.A.C. Shell Shock with Psychoquelic Mutisers - P.B.D.
8/5/17	Invalid to Canada - ~~Discharge~~ - H.B. Thomson Capt. Caust Sevan J. Cuber Capt. HBT
10 MAY 1917	Approved L. D. Walker Capt. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Table IV.—Service Table.

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

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION London, Ont. DATE Oct. 11th, 1917

1. (a) Unit "F" Unit, M.H.C.C. (b) Regimental No. 54263 (c) Rank Pte.

(d) Surname GLOVER (e) Christian name Fred.

2. Age last birthday 26 Date of birth June 20th, 1891

3. Enlisted at Windsor, Ont. on Jan. 10th, 1915.

Military District No. 1
OCT 13 1917
I. D.

4. Personal description :—

(a) Height 5 ft. 6 1/8 ins. (b) Weight 127½ lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Light Brown. (e) Colour of eyes Blue (f) Identification marks Scar on left index finger. Scar on left thumb. Scar on left knee.

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

137 Kendall Ave., Detroit, Mich.

6. Former trade or occupation Machinist.

7. (a) Service — 2 Years 10 mos. Days

	Periods	
	From	To
18th B'n.	Jan. 10th, 1915	July 10th, 1917.
"F" Unit, M.H.C. Command	July 10th, 1917	Oct. 11th, 1917.

(b) Has he been Overseas? YES

8. Present disease or disability (use authorized nomenclature if possible). (1) Nervous debility. (2) Partial loss of function of right leg and foot.

(a) Date of origin (1)&(2) June 6th, 1916. (b) Place of origin (1)&(2) Belgium.

(c) Cause* (1) Shell shock. (2) Collision between auto and bicycle.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions). He is very nervous finds it hard to concentrate attention upon one subject, becomes excited easily especially when in a crowd. He sleeps very poorly about five hours per night. Knee jerks normal. No tremor of fingers or of tongue.

(2) There is foot drop (right), impaired sensation along outer aspect of right leg and a considerable callous at site of fracture of tibia and fibula. Alignement and union good. There is 5/8" shortening right leg. No disturbance of circulation. Can stand for short time on right foot, but cannot use it in stepping except when wearing leggings and shoes. Heart, lungs and other systems normal. There is atrophy of right leg. Calf, R- 11½". Calf, left-12 ins.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.
150M.-6-17.
1772-39-117.

10. History ;

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

Well healed scars viz:-(1)Scar right eyebrow.
(2)Scar on forehead.
(3)Brown birth mark right breast.
(4)Small scar left side of nose.

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

(1)1/8(one-eighth)
(2)1/2(one-half) Total = 5/8(five-eighths)

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

13. Was a Court of Inquiry held? Yes. Neither partly blamed.

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

Yes..... No.... Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1)Two months. (2) Permanent.

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

Hospitals in France, England and L.M.C.H. London, Ont.

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

NO.

19. Can the former trade or occupation be resumed? No. Cannot stand for any length of time.

20. Recommendations Yes. for discharge.

H. W. Rodgers
Capt. amb.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned Pte F Glover have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

Pte F Glover

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes, would add Wassermann 19-9-17 one plus. Wassermann 26-9-17 four plus.

(11) (1) 1/10 (2) 1/5

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) Does require treatment.
(b) ~~Does not require treatment~~.
(c) ~~Should pass under his own control~~.
(d) Should not pass under his own control.

(Strike out condition not applicable).

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

Board recommends continuation of anti-syphilitic treatment for a period of two months.

"D"III.

John T. Walters Capt Ame
President.

B. R. Kellor Capt Ame
Members.

J Chudsay Capt Ame

STATION London, Ont.

DATE October 11th, 1917.

APPROVED BY

DATE

APPROVED
OCT 15 1917
D J McKay Capt
A.D.M.S. M.D. No. 11

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the " Instructions issued for the guidance of Medical Officers serving on Medical Boards " will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in " List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

R. & O. 6045 (*Revised*).

108481

N.E.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Oct 16th 1916.

No. 54263 Rank Pte Name Glover Frederick

Local Unit 66 A C Overseas Unit 18th Battn Age 25

Examination held at Ramsgate

DISABILITY.
Overseas—Local.
(scratch one out)

Shell shock with Psychogenetic Mutism and hemiss of legs.

PRESENT CONDITION.

9 mos in France
June 6th 1916 his dug out was blown up by trench mortar.
Still has headache, and dizziness -

(Machinist)

BOARD RECOMMENDS:—

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADIER GENERAL COMMANDING
CANADIAN TRAINING DIVISION,

1. Fit for Duty —
2. Fit for duty after — weeks' physical training.
3. Fit for Temporary Base Duty — weeks.
4. Fit for Permanent Base Duty yes
5. Discharge —

Signatures:—

Members
S Campbell Maj President.
[illegible] Capt
[illegible]

APPROVED

Dated at 17 OCT 1916 1916.

S L Walker
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local.
(Scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS —

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures —

..... President.

..... Members.

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

B. P. C.

MEDICAL HISTORY OF AN INVALID

STATION London, Ont. DATE Dec. 4th, 1917.

DEPT. MILITIA & DEFENCE JAN -7 1918 H.Q. 649-V-2237

1. (a) Unit "F" Unit, M.H.C.C. (b) Regimental No. 54263 (c) Rank Pte.

(d) Surname GLOVER (e) Christian name Frederick.

2. Age last birthday 26 Date of birth June 6th, 1891.

3. Enlisted at Windsor, Ont. on Jan. 10th, 1915.

MILITARY DISTRICT NO. 1 DEC 17 1917

4. Personal description :—

(a) Height 5' 6¼" (b) Weight 125½ lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Lt. Brown. (e) Colour of eyes Blue (f) Identification marks

Small scar on left side of nose and also on left lower lid.

MILITARY DISTRICT NO. 1 DEC 14 1917 I. D 30 G 215

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

137 Kendall Ave., Detroit, Mich.

6. Former trade or occupation Machinist.

7. (a) Service

	Periods		Years	Days
	From	To		
18th B'n.	Jan. 10th, 1915.	June 29th, 1916.		
C. C. A. C.	June 20th, 1916	July 10th, 1917.		
"F" Unit, M.H.C.C.	July 10th, 1917	Dec. 4th, 1917.		

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). 1. Part. loss of function of rt. leg. 2. Debility

(a) Date of origin 1. Jan. 2/17 2. June 6/16 (b) Place of origin 1. England 2. France

(c) Cause* 1. Fracture of right tibia and fibula. 2. Shell shock.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions). (1) Right leg 3/4" shortened with 1/2" atrophy of right thigh at centre and 1/2" atrophy of right leg at junction of middle and upper thirds. No active movements of right ankle with very slight passive movements. No active movements of right toes, except very slight in 1st two toes. There is considerable callus at site of fracture. He does not use a cane to walk.

(2) There is slight tremor present in outstretched extended fingers and also in closed eyelids. There is complete loss of sensation in right leg below site of injury. Wassermann negative. See Specialist's report page 4, with which I agree.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

15 M -6-17.
1772-39-117.

B. P. C. FOLIO FALSE DOCKET 9

10. History ;

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

Several small scars on both knees.

Right orbital portion of frontal bone was fractured-No disability at present.

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

1&2 100%(one hundred per cent.)with treatment.

1.20%(twenty per cent.)2.10%(ten per cent.) Combined 30%(thrity per cent.)

12. Did the disability arise on or off duty? 1. & 2. On duty

13. Was a Court of Inquiry held? 1. Yes. 2. NO.

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

Yes..... No. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? NO.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1.Permanent 2. Two months at least.

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

1&2 Hospitals in France, England and L.M.C.H. London, Ont.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1.NO 2.Yes.

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

20. Recommendations Continuation of treatment.

L. Seale Holmes

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned F.Glover. have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of

Pte F Glover

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Agree except in (8)3.Partial loss of vision. Would add in (9)1.Foot is in plantar flexion to an angle of 120 degrees. No active movements.Passive movements normal. 2. NIL. 3. See Specialist's report page 4.
(11)1.20%(twenty per cent.) 2. NIL. 3. 5%(five per cent.)Total combined 25%(twenty-five per cent.)
(12)1, 2, & 3 On duty.
(13)1.Yes 2. NO. 3. NO.
(14)1, 2 & 3 Not applicable.
(15)1,2,&3 NO.
(16)1,permanent. 2 NIL 3.Permanent.
(18)1,2&3 NO.
(20)Discharge.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment~~
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~

(Strike out condition not applicable).

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

DISCHARGE.

B. T. Killor Capt. [signature] President.

[signature] Capt. [signature] } Members.
[signature] Capt. [signature]

STATION London, Ont.

DATE Dec. 8th,1917.

APPROVED BY

DATE

APPROVED
DEC 15 1917
D. McKay Capt
A.D.M.S.M.D. No.1.

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

B. P. C. FOLD
FALSE DOCKET
8

SPECIALIST'S REPORT.

LABORATORY NUMBER 1677 WASSERMANN

PHYSICIAN Capt. Alexander DATE RECEIVED 11-23-17

PATIENT Pte.F.Glover DATE REPORTED 11-28-17

The Specimen of blood submitted by you SHOWS A NEGATIVE WASSERMANN REACTION.

(Sgd.)F.W.Luney,

Act.Chief Div.Pathology

O.K.
(Sgd.)H.W.H.
Director.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

FORM D.M.S. 1312.
8508-4m-25/10/16.

Medical Report on an Invalid.

N.E. DEPT MILITIA & DEFENCE JAN - 2 1918 BRIG. GEN'L (A.A.G.)

Station Military Hospital, Shorncliffe

Date 4.5.17

1. Unit. 18th Batt.att;C.O.C.
2. Regimental No. 54263
3. Rank Private
4. Name Glover.F
5. Age last birthday 25
6. Enlisted on 10.1.15 at Windsor.Ont.Can.
7. Former Trade or Occupation Machinist

8. Disability.

A 1057.Fracture Tibia & Fibula.R.
1033.Shock (Shell)
B 1057.Frac.R.orbital portion of frontal bone.

Statement of Case.

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

INVALIDED FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE FOR ADJUTANT GENERAL'S DEPARTMENT MOORE BARRACKS HOSPITAL, SHORNCLIFFE.

9. Date of origin of disability. 2.1.17

10. Place of origin of disability. Ashford,Kent,England.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

21.6.16,patient cleared from France with Shell Shock and stammering etc., 28.6.16,4th London Gen-Shell Shock, aphonia. Transfer to Ramsgate Can.Spec. 2.8.16 -19.10.16.
2.1.17 whilst patient was riding cycle a motor car belonging to Brig.Gen.Coombes collided with him and resulted in frac. of tibia & fibula of Rt.Leg and frontal bone,also several severe cuts and bruises on face.Patient remained at Ashford VAD from 2.1.17 - 1.5.17 when he was sent to S.M.H for Board. Board of Enquiry was held.

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

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

Collision with Motor Car

The shell shock was caused by shock in presence of enemy.
on active service.

FOLIO
FALSE DOCKET
2

15

13. What is his present condition?

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

Fracture of tibia & fibula. There is a great amount of callus to be felt. The right leg is ¾" shorter than the left. The patient is very nervous and faints quite often. He also complains od weakness and shortness of breath with spells of dizziness. There is a great amount of wasting of muscles etc., of R. Leg and patient is unable to walk without aid of cane.

14. If the disability is an injury, was caused

(*a*) In action? No

(*b*) On field service? Yes

(*c*) On duty? Yes

(*d*) Off duty? No

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

If so—(*a*) When?

(*b*) Where? Ashford, Kent

(*c*) Opinion?

16. Was an operation performed? If so, what? Yes. Sequestia removed from orbital portion of frontal bone.

17. If not, was an operation advised and declined? Nor applicable

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

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for light duty?

(*c*) Invalided to Canada? Yes

(*d*) Discharge as permanently unfit?

J. Fisher Capt RAMC.

Officer in medical charge of case.

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

J. A. Reid Capt RAMC

Officer in charge of Hospital.

Station Shorncliffe

Date 8.5.17

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

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

649. G. 2237

Opinion of the Medical Board.

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

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

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

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

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

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? 1033 Shell Shock
1057 A. Injury in motor accident.
1057 B. Injury in Motor car accident.

Remarks:- The findings of the Court presented before the Board are "That the court is of the opinion that the occurrence was accidental and that no blame attaches to either party"

21. Has the disability been aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes 1057 A
1057 No

23. If not permanent, what is its probable minimum duration? Not applicable 1057 A
Two months 1057 B.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total for 6 months.

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

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

26. Do the Board recommend

(*a*) Fit for duty? No

(*b*) Fit for light duty? No

(*c*) Invalided to Canada? Yes G

(*d*) Discharge as permanently unfit? No

Signatures :— J.H. Birch, Capt President.

Station Shorncliffe Mil. Hosp. H.B. Thomson, Capt. } Members.

G Date May 8/17

Approved.

Station SHORNCLIFFE— (19, Westbourne Gardens, Folkestone.) J. L. Walker

Administrative Medical Officer.

Date 9 MAY 1917

FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

CAB. P. C. FOLIO
FALSE DOCKET

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

Members of Board.

LIEUT-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.*
LIEUT-COL. W. GRANT MORDEN.
MAJOR JOHN L. TODD, C.A.M.C.
MAJOR MAURICE ALEXANDER, *Legal Adviser.*

Proceedings.

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

_____ *President.*
Lt.-Col.

_____
Major.

_____
Lt.-Col.

_____
Major.

REPORT OF X-RAY EXAMINATION?

Military Hospital,
Shorncliffe
May.2nd 1917.

Re.Pte.F.Glover.

Regt.No.54263 Ward.No.O.L.

Unit. 18th Bn. Case.No.2890.

Part.Radiographed. R.Leg.

Old fracture of tibia & fibula at middle 1/3.

Plenty of Callus showing.Alignment only fair,both bones overriding a little.

sd. J.Mussen. Capt.CAMC.
M.O.i/c., X-Ray Service.

Original

3 H 7

Army Form B. 179.

Medical Report on an Invalid.

Station Shorncliffe Military Hosp.

Date July 31/15

1. Unit 18th Battalion, C.E.F.
2. Regimental No. 54263
3. Rank Pte
4. Name Glover, Fred
5. Age last birthday 24
6. Enlisted { on Jan 6/15 / at Windsor, Ont.
7. Former Trade or Occupation { Machinist

8. **Disability.**

old fracture of 2nd Rt. metacarpal

Statement of Case.

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

9. Date of origin of disability. Dec 11/12

10. Place of origin of disability. Nebraska, U.S.A.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Sustained fracture of 2nd Right metacarpal while boxing.

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

(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). no.

13. What is his present condition?

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

old fracture of distal neck of 2nd Rt metacarpal with shortening of metacarpal and thickening of head.

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

(a) In action? no

(b) On field service? no

(c) On duty? no

(d) Off duty? yes

15. Was a Court of Inquiry held on the injury? no

If so—(a) When?
(b) Where?
(c) Opinion?
} not applicable

16. Was an operation performed? If so, what? no

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? not applicable

19. Do you recommend

(a) Discharge as permanently ~~unfit~~, or no ~~fit for duty~~
(b) Change to England? no

Robert E Gaby Capt
Officer in medical charge of case. Cable

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

Station Shorncliffe Mil Hosp

Date 7/8/15

C B Hendry Lt Col
for Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

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

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. 1. no 1. no. 1. no.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? not applicable.

21. Has the disability been aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no.

22. Is the disability permanent? yes.

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

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? not at all.

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

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or no. — Full duty.

(*b*) Change to England? no.

I concur in the findings of the Board of Medical Officers here recorded. C.W.
Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.
9/8/15.

Signatures :— [signature] President.

Robert E Gaby. Capt.
A. A. Fletcher Capt.
Members.

Station Shorncliffe Military Hosp.
Date Aug 2/15.

Approved.
Station Shorncliffe
Date Aug. 6, 1915

[signature] Major
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station

Corps

Regimental No.

Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

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

Forms B. 179. 34

(xs 88579) Wt. 1886 475M 5-15 W B & L

No. 54263 Name Glover, J. | Sqn., Batty., or Company | 'B' | Corps 18th Batt. C.E.F. | Date of enlistment | 2.11.14 | G.C. Badges | ✓ | Service or Proficiency Pay | ✓

Date of last entry in Company Conduct Sheet | ✓ | No. and date of last drunk | Nil | Period not reckoning towards freedom from extra fine | ✓ | Sheet No. | 1. | Signature O.C. Company, etc. | Jno G. McIntosh Lt. | Character | Ex.

Place	Date of offence	Rank	Cases of drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				certified correct. Jno G. McIntosh Lt. 10/12/16					

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

E. A. Thomas

HOSPITAL REPRESENTATIVE FOR ADJUTANT GENERAL CANADIANS. MOORE BARRACKS HOSPITAL, SHORNCLIFFE.

14 DEC 1916

Army Form B. 122

[P.T.O.

1797 Wt W 9485-1647 800,000 12/14 C & Co.

Place	Date of offence	Rank	Cases of drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

II 4.

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

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number Rank Name and Corps of disabled soldier:-
54263. Pte, Glover, Frederick 18th Bn.

Previous civilian occupation:- Machinist. 649-G-2237

Cause of disability:- 1. Neurasthenia from shell shock.
2. Foot drop following fracture Rt Tibia & Fibula } accidental in England.
3. stocking anaesthesia rt leg.

Condition, in detail, which prevents the soldier earning a full livelihood:-

There is foot drop (right) with wasting of muscles of the right leg and impaired sensation in patches extending above the knee. This ~~[illegible]~~ anaesthetic area does not correspond to any recognized nerve distribution & is probably functional.
There is considerable callous at site of old fracture of tibia & fibula but alignment is good & union firm. No circulatory interference.
Had also head injury (accidental) with fracture of orbital portion of frontal bone. No apparent symptoms now present from this cause.
He was at first invalided from France with shell

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 3/5

Probable duration of incapacity:- 6 mos then impossible to say.

Does it render him permanently unfit for Military Service? yes

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

Signature:- E A Robertson Capt
President.

STATION:- Que. M A Coglon Capt.
Members.
Raimond Capt

Date July 6/17

APPROVED.

Date July 6. 1917 E A Robertson Capt
A/ Asst. Director Medical Services.

Date _____ 12
Director General Medical Services.

B. P. C. FOLIO
FALSE DOCKET
4

shock and subsequently met with an accident injuring his head & breaking his rt. tibia & fibula. An inquiry was held & no blame was attached to anybod. There is 3/4" shortening now present in rt Leg.

Reflexes greatly exaggerated.

E A Robertson Capt.
M A Coglon Capt.
Rainetasse Capt.

M. F. W. 41
10 M.—5-16.
1772-39-889.

1025

Name Glover. Fred Pte

Regimental No. 54263

Unit 18th Batt

Date of enlistment

Place of " Nil

Married (yes or no) No

Amount of pay assigned monthly $ 5.00 Fr 1/5/15 to 31/8/15 → 10.00 Fr 1/5/15 to 30/6/17

To whom payable Miss Jessie Strickland

Mrs Behwannerke 63 West Malcomson St Detroit Mich USA

YWCA Dundas St London Ont

~~Name and~~ address of ~~next-of-kin~~

137 Kendall Ave Detroit Mich USA

Date and place discharged London Ont. 31-12-17

Reason for discharge Class II

Character on discharge

Araguaya 23/6/17 649-G-2237

6b 2376. M. & D. 6692.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	17/5/17							7921								Eng L.P.C.
18/5/17	30/6/17	44	1.00	44.00	44	10	440							70.00		D. D. Que
														10.00		June A.P.
									12761			Bal Cr		47.61	12761	Fr 1/7/17 "4" unit
														55.11		SLPC MDI 12/3/18
								4761								
								750								
									5511						5511	

Bal Cr 4761

Def pay Int. 31-3-17

R.A. Mac L 28/3/18

Sup. LPC. cancelled see Letter on file

E. A.P. 31/5/17

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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