

ATTESTATION PAPER.

No. ORIGINAL

No. 2 CONSTRUCTION, D.A. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Kelly
- 1a. What are your Christian names?..... George
- 1b. What is your present address?..... Kalamazoo Mich. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ypsilanti Mich. U.S.A.
- 3. What is the name of your next-of-kin?..... Willy Kelly Joe.
- 4. What is the address of your next-of-kin?..... R.F.D. #3 Box 23 Kalamazoo Mich.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... 16th. August 1892
- 6. What is your Trade or Calling?..... Plas terer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... 3 Yrs. 25th. Infantry U.S.A.
If so, state particulars of former Service. Discharged 19th. Dec. 1914
- 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.

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
 14. If so, what was the nature of the disability?
 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
 16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

..... (Signature of Recruit)
 Date February 28th. 1917 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Kelly, 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.

..... (Signature of Recruit)
 Date February 28th. 1917 (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Windsor, Ont. this 28th. day of February 1917.

..... (Signature of Justice)

Description of George Kelly on Enlistment.

Apparent Age.....**25**.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....**5** ft. **7** ins.

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

Complexion.....**Colored**

Eyes.....**Dark**

Hair.....**Black**

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

Hearing - - R. E. **U.**
 L. E. **U.**
 Vision - - R. E. **20/20**
 L. E. **20/20**



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 Overseas Expeditionary Force.**

Date.....**February 28th.**.....191**7.**

Place.....**Windsor, Ont.**

[Signature]
 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.

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

[Signature]
 Lieut.-Col.
 (Signature of Officer)

Date.....**February 28th.**.....191**7.**

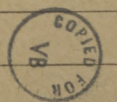
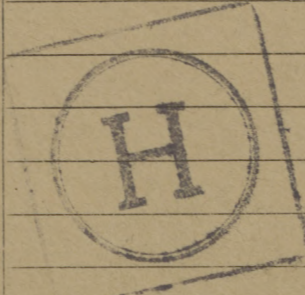
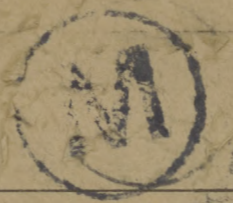
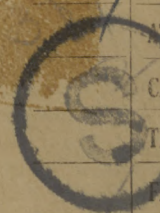
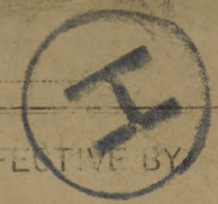
REGIMENTAL DOCUMENTS

NAME *Kelly Geo*

REGT. NO. *931830*

UNIT

H. O. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
TESTATION PAPER (M.F.W. 23, 133, or 51)				
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
TRAINING HISTORY SHEET (M.F.W. 113)				
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
DENTAL HISTORY SHEET (M.F.B. 465)				
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
MEDICAL EXAMINATION (M.F.W. 129)				
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
LAST PAY CERTIFICATE (M.F.W. 44)				
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
PARTICULARS OF CHARACTER (A.F.W. 3225)				
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
<i>copy of</i>				
<i>1122</i>				
<i>mis</i>				
<i>Cas Card R 149</i>				
<i>pay card</i>				

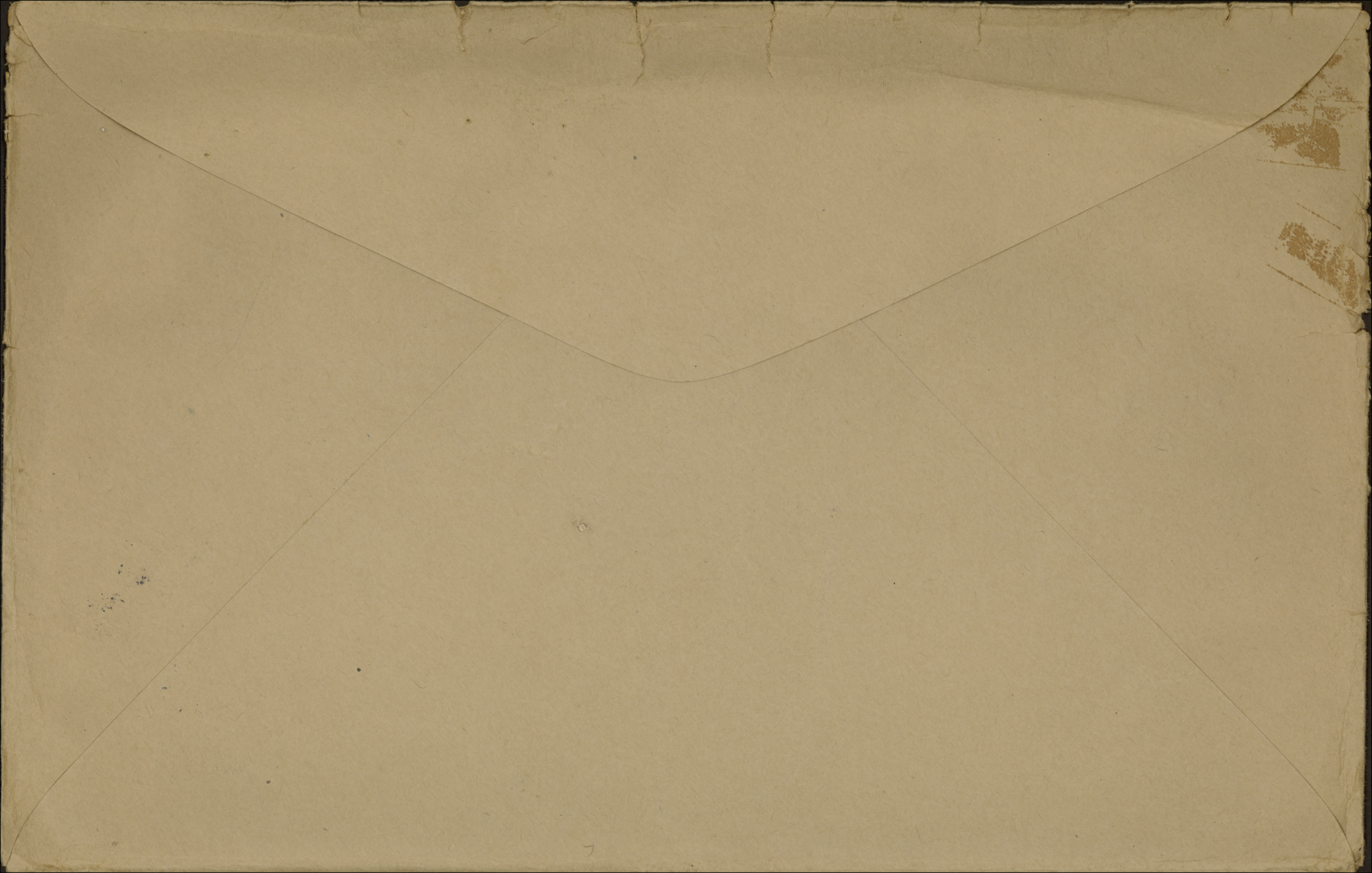
NON-EFFECTIVE BY
DEATH
Category

DISCHARGE
Category *Demobing*

DESERTION
9³ - 15
20 - 15
28 - 16
3

03333

406984



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

KELLY.

G.

931830.

RANK

UNIT

Co.

TROOP

BATTY.



Pte.
HOSPITAL

NS.17R.

DATE OF ADMISSION

Can.Spec.Witley Camp.

1.1.18.

1. 7 *CSM Etaples* HOSP. 13.12.18

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS VDS. *ho*

1. *Influenzae*

2.

3.

DISPOSITION

DATE

CL. 4.1.18.099.

Dis 21.1.18

REMARKS

1 27.12.18

23.1.18.6115

21.12.18 A402.

H.1.19.2111 (O)

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No. 931830 RANK

Pte.

NAME

Kelly George

T. O. S. 28-2-17.

UNIT

No 2. Construction Battalion

D. O. 63. 14. 3-17.

M. D.

6

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

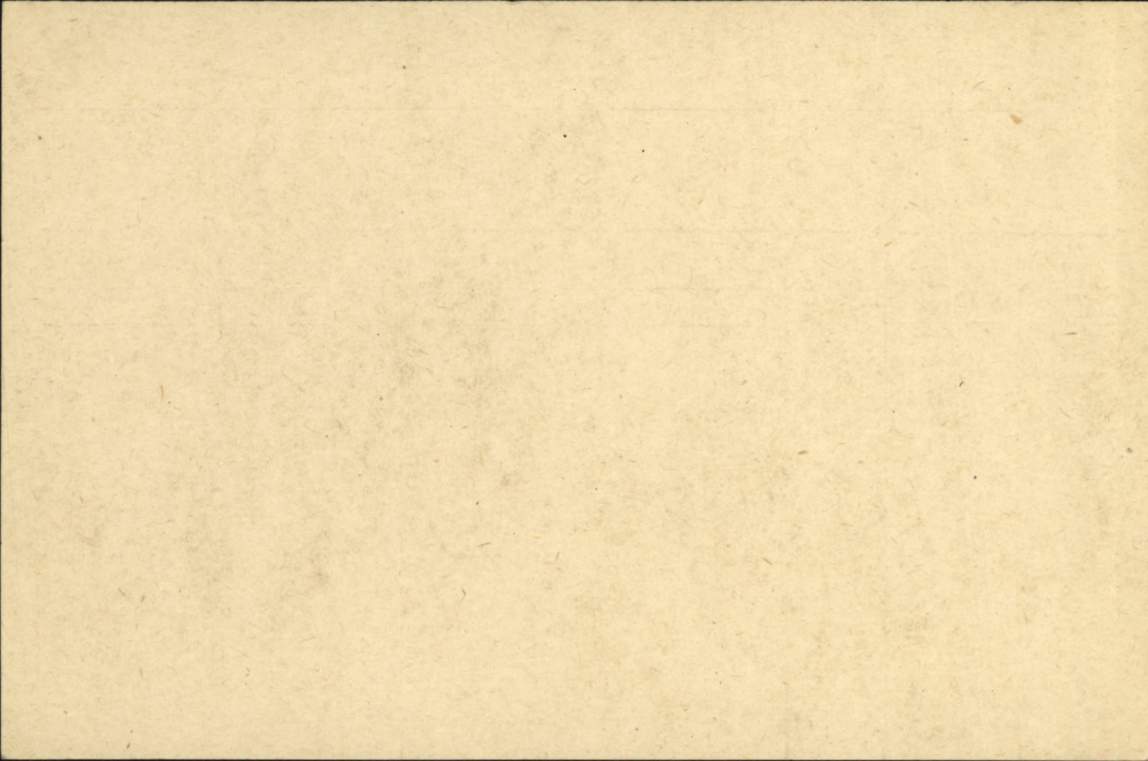
1917

1917

Feb. 28

Mar 31

n.



NAME

Kelly G.
Pte.

REG'TL. No.

931-830

H. Q. FILE No 649

RANK AND CORPS

17R.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY



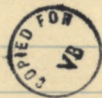
LIST NO.

HOSPITAL

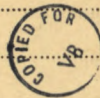
DATE OF
ADMISSION

REMARKS

C 99	Can. Spec. Wilby Camp.	1-1-18	V.D.S. (M.S. Regt.)
C 115	Discharged	21-1-18	" " " "
A 402	Han. Gen. Claps	13-12-18	Influenza
A 411	" " " "	27-12-18	" Disch.



Reg. No. 931830. Name Kelly G.
Rank Pte. 2 Instruction. Corps Instruction. Age 24 Service
Ledger No. Serial No.



HOSPITALS	DATE	DIAGNOSIS
<u>Gen Hosp. Truro. hd.</u>	<u>16-3-17.</u>	<u>Sprained ankle - L.</u>
<u>no other information given</u>		

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772-39-1332.

No. 931830 RANK

Pte.

NAME

Kelly, G

T. O. S.

UNIT

Company B Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 April 1	1917 April 30	no	#2 Const. Act for Pay. 26-3-17 Luns 018.30-4-17	DD 998 26-4-17 DD 102 of 30-4-17



SURNAME.

*Kelly, 649-K-5044**Wob*

CHRISTIAN NAMES

*George**Ses. Dis 16-7-19*

FOLL.

REGL. NO.

931830

RANK

*Pte.**Dem. to**an. Boh Camp 79**98.**En.*

UNIT

No. 2 Const.

FORMER CORPS

25th Inf. U.S.A. (3 years)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kelly, Joe.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*R. F. D. No 3, Box 23, Kalamazoo
Mich., U. S. A.*

COUNTRY OF BIRTH

U. S. A. Ypsilanti, Mich

DATE

Aug. 16th 1892.

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Feb. 28th 1917.

From Halifax per SS. Olympic 30/4/17.

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Plasterer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

25 YEARS

MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Coloured.

EYES

Dark

HAIR

Black.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Feb. 28th 1917.

Present address: Kalamazoo, Mich., U.S.A.

Number 931830

Rank Pte

[Handwritten initials]

Surname KELLY

Christian Name George

[Large handwritten letter 'P']

Units P. C. R. Theatre of War France

Date of Service 3-10-18

Remarks Bredmans Ghlin ~~Lez~~ Lemans

Latest Address ~~Rue de Mont~~ Belgium

~~217 Ghlin Cas. Mont. Belgium~~

Roll No.

200m-2-21.M.

[Large handwritten 'Page 17717']

DESP. JAN 20 1923

REGN. X

Handwritten signature

14919

George,

931830.

Name KELLY. Rank Pte.

Reg. No.

Unit ~~17th Reserve~~ R.B.R.

Next of Kin W.S.A.



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-1-18	to Can Spec. Hosp	Witley Camp		099		
	9610-7001		VDS			
21-1-18	Discharged.		do	0115		
	2631					
13-12-18	Y. b. h. Claples.	Influenza.		A. 1107		6354-5
27-12-18	Discharged.			A. 411		6591-7

9 OCT 1918

931850

MEDICAL HISTORY SHEET

ORIGINAL

Surname Kelly Christian Name George

Examined on 28th day of February 1917
at Windsor, Ont.

Approved by _____
Rank _____ M.O.



Birthplace { City or Town Ypsilanti, Mich.
County U.S.A.

Apparent age 25 Yrs.

Trade or occupation Plasterer

Height 5 Feet 7 Inches

Weight 150 Lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 35 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left Yes
Number 1

When Vaccinated last 1913

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
none
700 30-9-18 w m s e.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
Date.	Result.	VACCINATIONS.	
<u>1917</u>	<u>+</u>	<u>95</u>	M.O.
			M.O.
			M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>Jan 1918</u>	<u>TAB</u>	<u>95</u>	M.O.
			M.O.
			M.O.

Enlisted on 28th day of February 1917 at Windsor, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment #2	<u>Construction Battalion, CEF.</u>	<u>931850</u>		<u>28th. February 1917</u>
Transferred to	<u>N.P.R.D</u>			<u>2/6/17</u>
	<u>26th Re. Bn</u>			<u>1/10/17</u>
	<u>17th Rec. Bn</u>			<u>15-10-17</u>
				<u>3.10.18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>MAR 1 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>Major, C. A. M. E.</u>	<u>W. Brinkman</u>	<u>Major, C. A. M. E.</u>	<u>Capt., C. A. M. E.</u>
<u>Witley</u>	<u>14-7-19</u>	<u>V.D.S.</u>	<u>"A" 2005071000</u>

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

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

M. F. W. 54. (A. F. B. 102)

350M—5-16

H. Q. 1772-39-920.

UK

Casualty Form—Active Service.

Unit, Regiment or Corps ^{17th Ban; Res:} #2 Construction Battalion, ~~C E F.~~

Regimental No. 931830 Rank Private Name George Kelly
C. E. F.

Enlisted (a) 28/2/17 Terms of Service (a) Duration of War Service reckons from (a) 28/2/17
and six months

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) Plasterer

COPIED FOR VB

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				
2-6-17	NSRD	G.O.S. from 2 C.C.	Bramshott	2-6-17	Pt. II D.O. 85 ✓
1/10/17	N.P.R.D.	P.O.P. to 26 th Res. Bn.	Bramshott	1/10/17	Pt. II D.O. 203 ✓
1.10.17	O.C. 26th Res. Bn.	Taken on Strength.	Bramshott		D. O. PART II No. 222

Dickson Rr.
FOR O.C. NOVA SCOTIA REGIMENTAL DEPT.

(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.



Casualty Form - Active Service

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				

15-10-17 O.C. 26TH RES. BN. STRUCK OFF STRENGTH. B'shott 15-10-17 D. O. PART II No. 244
 on transfer to 17th Canadian Res. Batt. *W.B. Medals of 2005*
 O.C. 26TH RES. BN.

15 OCT 1917 17 O.C. 17th Res. Bn. Taken on Strength. B'shott 15/10/17 D. O. PART II No. 245 ✓

3-4-18. O.C. 17th. Admitted to wandsworth DetnBcks. 6 months. Bramshott. 2-4-18. Pt. 11. Order. 79.

21-9-18. O.C. 17th. Reported from detention. Bramshott. 19-9-18. Pt. 11. Order. 224.

4/10/18 do PROCEEDED OVERSEAS FOR SERVICE WITH 17th BATTN. do 3/10/18 Pt II 235
W. Mackay Lieut., Asst. Adjt.,
 17th Canadian Res. Batt.

CERTIFIED CORRECT.
 18.
 W. O. G. E. D.
 CAN. RECORDS, LONDON.

In arrest 21.3.18. Tried by D.C.M. Held at B'shott. 20.3.18.
 on charges of (1) A.W.R. was awarded from Tattoo Roll Call ~~21.1.18~~ 20.1.18
 till 11.00. pm that said date. (2) When O.A.S. using insubordinate
 language to his superior Officer, in that he at B'shott Camp. on
 21.1.18. being on A.S. when ordered by Sgt R.A. Smith 17th Res Bn to
 parade at Coy office. Said to the said Sgt Smith "If you want
 anything out of me you can get it this morning." (3) Struck his
 Superior Officer being in the execution of his office in that he
 at B'shott Camp 21.1.18. Struck with his fist on the head of Sgt. R.D. Smith
 17th Res Bn who was on duty at the time of at the Coy office. Guilty
 of 1st & 2nd charges but not guilty of 3rd charge. Sentenced to 6 months
 detention (auth: Col B. Bous B'shott. d/ 20.3.18.

W. O. G. E. D.
 for Lt Col. 1/2 Records C.O.M.F.
 D. Lieut.

APPENDIX TO A.D.M.S. CANADIANS, BRAMSHOTT ROUTINE
"A" ORDERS DATED 6th JUNE, 1917.



V E N E R E A L D I S E A S E R E C O R D

DATE Dec 31 1917.

REG'T'L. NO. 931830 RANK Plt NAME Kelly, G.

UNIT 17th Res Bn AREA Bramshott

DIAGNOSIS Chancroid DATE AND AREA OF EXPOSURE Dec 31 London

DETAILS OF EARLY TREATMENT:- TYPE Salomon Ointment

INTERVAL AFTER EXPOSURE (HOURS) Immediately

PLACE London

DESCRIPTION OF ALLEGED INFECTED PROSTITUTE

(1) NAME Unknown

(2) ADDRESS Unknown

(3) HEIGHT 5' 7" (4) FIGURE Slim

(5) COMPLEXION Fair (6) HAIR Black

(7) EYES Brown (8) DRESS Purple

(9) HABITAT Strand

(10) COMPANION Another girl (Sister)

I certify that I can identify above described Suspected Prostitute.

Signature of Soldier George Kelly

If on Leave, reason for same A. W. L.

Date of Pass _____

Date of Vise Stamp _____

REMARKS

D. P. Mitchell
Signature of
Medical Officer
Capt.

26th. Canadian Reserve Battalion.

MOIR BATH CERTIFICATE.

This is to certify that No. _____ Rank _____

Name _____ Company _____

had a bath at the Moir Baths, and a clean change of underclothing
on _____ 1917.

.....Attendant.
Moir Baths, Bramshott Camp.

26th. Canadian Reserve Battalion.

MOIR BATH CERTIFICATE.

This is to certify that No. _____ Rank _____

Name _____ Company _____

had a bath at the Moir Baths, and a clean change of underclothing
on _____ 1917.

.....Attendant.
Moir Baths, Bramshott Camp.

26th. Canadian Reserve Battalion.

MOIR BATH CERTIFICATE.

This is to certify that No. _____ Rank _____

Name _____ Company _____

had a bath at the Moir Baths, and a clean change of underclothing
on _____ 1917.

.....Attendant.
Moir Baths, Bramshott Camp.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

DJL.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS



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

STATION.....Witley Surrey..... DATE July 14th 1919.....

1. 1 (a) Unit 17th Res Bn (b) Regimental No. 931830 (c) Rank Pte

(d) Surname Kelly (e) Christian name George

(f) Home address Rue de Mons 217 Thlin Les Mons Boulogne Belgique

(g) Next of Kin Madame Flora Kelly (h) Relationship Wife

(i) Address of Next of Kin No 217 Rue De Mons Thlin Les Mons Boulogne Belgique

2. Age last birthday 26 Date of birth 16 Aug 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor (b) Date 28-2-17.

4. Personal description: Est

(a) Height 5ft 8½ (b) Weight 102 (c) Complexion Dark
(stripped)

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

5. Former trade or occupation Plasterer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>2</u>	<u>332</u>

	PERIODS	
	From	To
Canada	<u>28-2-17</u>	<u>Apr 1917</u>
England.....	<u>6-5-17</u>	<u>4-10-18.</u>
France or other theatres of War.....	<u>4-10-18</u>	<u>6-2-19.</u>

7. Original disease, or injury E D Syphilis

(a) Date of origin Dec 1918 (b) Place of origin England

(c) Cause Infection

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

V. D. S. No disability



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

Special Lab report 4-7-19 Capt. Garafolo Wassermann negative. No active lesions or symptoms present. General condition good.

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

Nervous System...no Cardio-Vascular System...no Genito-Urinary System...no
Special Senses...no Respiratory System...no Integumentary System...no
Disturbances of Mentality...no Digestive System...no Muscular System...no
Osseous and Joint Systems...no Any other general condition...no

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

Acquired V D S Dec 1918 M H S 31-12-17/21-1-18 V D S

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

12-12-18 Influenza recovery

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

Nil

11.—(a) Did the disabling condition have its origin before enlistment ?

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

A No B NA

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

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

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

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

7 injections 606 and 7 of Hg

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

Suggested he be dealt with on RTC under PCO 47 of 20-1-19.

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

17. Recommendations

Captain C S Henderson

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

Kelly George (Pte)

Rank.

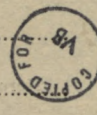
Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

Yes we concur except P C O 47 does not apply to this man; quest 15 should therefore be answered:- Periodical examinations"



19. Is the invalid fit for

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

20. It is certified that the invalid

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

Recommend Periodical examinations

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

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

For Discharge in U K Auth H Q, C R O 5222 of 25-1-19.

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

L. Hyttenrauch Capt. CAMC President.

P J O'Dwyer Capt. CAMC

PLACE Witley

DATE 14-7-19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE.....

DATE.....

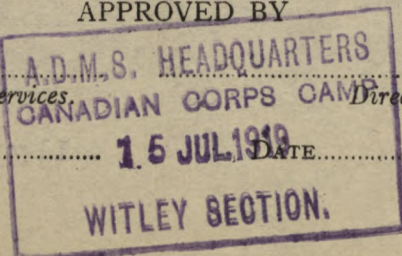
Members

APPROVED BY
 W S Quint Capt. CAMC

for Assistant Director of Medical Services.

DATE.....

APPROVED BY



Director-General of Medical Services.

DATE 15 JUL 1919

CERTIFIED TRUE COPY

Howe

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

UK

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) KELLY G.
REGIMENT 26th RES. BATTN. RANK PTE. No. 931830.

Date of Examination in England 15-7-79 Date of Examination in France _____



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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 12. 19.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? Yes

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

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

Signature of Dental Officer C. C. Graham Capt

NEW YORK
1871

PRINTED
(6)

*also per
7/4/17*

LTR

Rank

Name **KELLY, George**

Reg'l No.

931830

Unit **17th Can, Res. Bn.**

If in perm. Corps
What Unit? }

Married or Single

Single.

Place and Date of Enlistment **Windsor, Ont, Feb, 28th, 1917.**

Place of Birth **Ypsilanti Mich, USA.**

Name and Address, Next-of-Kin **Joe Kelly**

R.F.D. No. **3. Box 23, Kalamazoo, Mich, USA.**

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>C</i>					
<i>2.6.17.</i>	<i>N. A. R. D.</i>	<i>T. O. S. from 2nd Cons. Co.</i>	<i>Pte. Beshott</i>	<i>2.6.17</i>	<i>Pt # 85.</i>
<i>1.10.17.</i>	<i>"</i>	<i>S. O. S. to 26th Res. Bn</i>	<i>" "</i>	<i>1.10.17.</i>	<i>Pt # 203 & 222 d. 1.10.17. 26th Res. Pt #</i>
<i>15.10.17</i>	<i>17th Res.</i>	<i>T. O. S. from 26th Res Bn</i>	<i>" "</i>	<i>15.10.17</i>	<i>Pt # 245 & d. 15.10.17. 26th Res. Pt # 244</i>
<i>22-3-18</i>	<i>✓</i>	<i>In arrest 21-3-18. Tried by Gen. Kelly at Beshott 20-3-18 on charges of "(1) A.W.L. was A.W.L. from Talton Roll Call 20-1-18 till 11-00 pm that said date "(2) when O.A.S. using disrespectful language to his superior Officer in that he at Beshott Camp on 21-1-18 being O.A.S. when ordered by Sgt. N.A. Smith, 17th Res Bn to parade at Coy. Office. said to the said Sgt. Smith "If you want anything out of me you can get it this morning" (3) Striking his superior Officer being in the execution of his office in that he at Beshott Camp 21-1-18 struck with his fist on the head, Sgt. N.A. Smith, 17th Res Bn who was on duty at the time at the Coy. office" Guilty of 1 & 3 charges but not guilty of 2 charge and sentenced to 6 weeks detention (Art. 80b. Camp Beshott 64/20-3-18</i>			<i>Pt # 069.</i>

*473103
checked
8-10-68 M.D.*

931830 Kelly G.



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.				
4.10.18	17 th Res	S.O.S. to R.C.R. Osceus	Pt B Shott	3.10.18	P# 235 R.C.R. P# 113.8-10.18
15.2.19	R.C.R	S.O.S. to Can Record List Ceases to be att ^d to N&I Reg. Depo Group and is S.O.S. to "H" Wing CCC	Pt Field	15.2.19	- 16 + 19 d / 8.3.19 CRF
12.6.19	MSRD	Having Reported to T.O.S.	Pt. Witley	11.6.19	- 135
11.6.19	"	Permission to marry (Ord. Comm. P.C. 1572/1/1)	" "	9.6.19	- 134
26.6.19	Can Rec. List	Trans to England. Posted to MSRD.	" "	9.6.19	- 58
21.6.19	"H" Wing	TOS for Navy	" Witley	12.6.19	- 58
11.7.19	"	S.O.S. to "R" Wing	" "	3.7.19	- 64
14.7.19	"R" Wing	T.O.S. pend. Disch U.K.	" "	3.7.19	- 81
19.7.19	"R" Wing	Disch proceeded to Ind C.P.A. London for discharge in U.K. is S.O.S. this unit	" "	17.7.19	- 86. obs
26.7.19	Ord. R. List	Sentenced 28 days pay for a.w.L.P. London. from 23.5.19 to 25.1.19 until apprehended by N.P. at 15.00 hrs 28.4.19. Total 93 days pay under P. & R. Regs	Pt. London	18.5.19	S.O. 65.
discharged in B. Ples. 16.7.19 A.R. & O. Para 392 Sec xv. Auth. Discharges Board Demobilization CPD 5222 NP (914)					
2/8/19	"R" Wing	MSRD 86 d / 19/7/19 is commd to Pt. Witley read S.O.S. on discharge in U.K.	Pt. Witley	16/7/19	- 98 - R Wing P.I.D. 10/1/18/19

931830 Mc Kelly G

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLG. ENG.	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLG. ENG.					
Oct				Balance Fwd					16 71 75																		
Nov	Ptes Pay	33 00		AR 692 26 th Res 12/10/17	7 30																						
				AR 530. 12/6 det. 1 gate	9 73																						
				" " 91 18/9. G.S.R.D.	2 44																						
				" " 91 18/9. " "	2 43																						
Dec	Ptes Pay	34 10		AR 100. 28/9. G.S.R.D.	4 87																						
				Q 186 6/11/17 17 Res	8 83																						
				Q 210. 9/18. G.S.R.D.	3 68																						
				Cost of arm 1-18 23/9 4/17	49																						
1918		67 10		Q 23 26 th Res 3/10/17	4 16				19 61																		
Jan	Ptes Pay	34 10		Q 405 119 19/10/17 17 Res	48 80	15 40																					
				17 days pay by R.W. 17 days																							
				F.P. 2/19/17 30.11.17																							
				16.12.17. Breaking out of Guard Room while undergoing detention		37 40																					
				AR 573 29/10/17 17 Res	14 60																						
				Q 676 9/11/17	4 87																						
Feb		34 10		Q 405/2 3/18	20 64	37 40																					
		4 40		AR 51 22/11/18	07																						
	Ptes Pay	30 80		10 Oct 31-12-17 16.21-1-18																							
	Balance from Canada			22 day 20/18 22-1-18 17 Res		13 20																					
	undercredited	41 85		AR 996 24/1/18 17 Res	4 87																						
	May 1917 31 days at 110	34 10		AR 607 29/1/18	2 43				76 59																		
		11 15		Q 405/125 16/2/18 17 Res	17 03	13 20																					
Mar	Ptes Pay	34 10		AR 1696 23/3/18	2 43																						
	2 day Concurrent			AR 207/18 1 day by R.W.																							
	V.D. 4/18 with forfeiture	1 20		In arrest 24/1/18 to 17/3/18		64 90																					
				58 days																							
				Imprisoned to 6 mths det.																							
				20/3/18 2.00 p.m. Bramford																							
				20/3/18 with 500 £ Short																							
				2069 23/3/18 17 Res																							
				12 days over cr.		13 20																					
				mat.																							
		25 30							299 78 10																		

awd 11/17

awd for pay to 19/9/18
6 mths det
30 80 135
Bank all 330
May 34 10
June 33
July 34 10
Aug 20.90

ASSIGNED PAY: *Belgium France* ENGLAND OR CANADA. SEPARATION ALLOWANCE: ENGLAND OR CANADA. NAME: **KELLY**
 EFFECTIVE DATE: *1/6/1919* AMOUNT: *15.00* EFFECTIVE DATE: *5/6/19* AMOUNT: *30* NUMBER: **931830**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: *Stora Charlotte Kelly*
Rue de Mons 217
Shiloh Mons Belgium
 WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. *Same*

UNIT AND TRANSFERS: ORIGINAL UNIT: *2nd Bn*
 DATE ACCOUNT FIRST OPENED: *1-5-17*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS: *Grant permission to marry No 58 26/4/19 CR Unit*

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3/6	126	Edw CP	9.75	6/2	102	Lpc Bal	10.25
7/9	126	A Burg	9.75			14.55	
8/9		Edw CP	9.75				
			<i>116.79</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *See England 16/9/19*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar	Balance Fwd								30.80	1.35	
Apr	P. Pay	33		Quoos/113 9/3/18 17 Res Bn ✓	1.99						
				Quoos/109 24/18 ✓	2.5						
				<i>Date of Expiration of Sentence 19/9/18</i>							
				<i>6 mth Det from 20/3/18 to 19/9/18</i>							
				<i>Apr P+D</i>							
May	P.P.	34.10							28.56	1.50	
June		34.10		<i>Aprt. May P+D</i>		34.10			62.66	1.75	
		33		<i>June P+D Deten.</i>		33					
				<i>50 R 14/6</i>	9.08				19.48		
					<i>9.08 6/10</i>						
JUL	<i>Delcp. on No 18 Feb 1918 21/1/17</i>										
	<i>concerned with 14 day 7/17</i>										
	<i>No 303 19/1/17 5 days 2004</i>										
	P.P.	34.10							56.58		
AUG 1918		37.10									
		34.10									
				<i>July camp Res Deten</i>		68.70			72.48	1.75	
						68.70					
Sept		33		<i>Sept P+D 19 days</i>		20.90					
				<i>AR 1718 Det B'shott 20/9/18</i>	4.87						
				<i>2512 17 Res 27/9</i>	2.43						
				<i>AR 2835 3/10 17 Res</i>	4.87				27.28	1.35	
Oct		34.10		<i>no. 17/10- 70 R</i>	3.73				52.78	1.50	
					4.50						
Nov		34.10		<i>2912 1/11 70 R</i>	3.73						
				<i>3000 14/11</i>	13.00						
				<i>4139 1/12</i>	3.73						
				<i>Ship Deten 2 P.I. 19/1/18 Res</i>		3.30			130.16	1.95	
					20.52	3.30					

5278
10150
15298
3382
1016



STATEMENT OF SERVICE

IN THE

CANADIAN ARMED FORCES

PUBLIC ARCHIVES RECORDS CENTRE
NOT VALID WITHOUT THE
IMPRINT OF
THE OFFICIAL
STAMP OF THE
DEPARTMENT
JUL 6 1979
OTTAWA, ONT., CANADA

Service Rank and/or Number 931830 Name KELLY, George

- 1. Branch of Service: Army - RCR - CEF
- 2. Date and Place of Birth: 16 Aug. - 1892 - Ypsilanti, Michigan, U.S.A.
- 3. Date and Place of Appointment, Enlistment or Enrolment: 28 Feb. 1917 - Windsor, Ont.
- 4. Theatres of Service: CANADA - UK - FRANCE
- 5. Date and Place of Retirement or Discharge: 16 July - 1919 - London, England.
- 6. Type of Retirement or Discharge: Honourable
- 7. Reason for Retirement or Discharge: Demobilization
- 8. Rank on Retirement or Discharge: Pte.
- 9. Medals and Decorations: British War + Victory Medals

10. Remarks: Nil These records now held at Public Archives Records Centre.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Height: 5 Feet 7 Inches.
 Eyes: Dark Hair: Black Complexion: Colored
 Marks or Scars: Nil

Ottawa, Canada.

1779

STATEMENT OF SERVICE
CANADIAN ARMED FORCES

NAME: _____
SERIAL NUMBER: _____
REGIMENT: _____
COMPANY: _____
GRADE: _____
DATE OF ENTRY: _____
DATE OF DEPARTURE: _____
PLACE OF DEPARTURE: _____

PLACE OF BIRTH: _____
DATE OF BIRTH: _____
PLACE OF DEATH: _____
DATE OF DEATH: _____
PLACE OF BURIAL: _____
DATE OF BURIAL: _____
PLACE OF INTERMENT: _____
DATE OF INTERMENT: _____

PLACE OF RESIDENCE: _____
DATE OF RESIDENCE: _____
PLACE OF DEPARTURE: _____
DATE OF DEPARTURE: _____
PLACE OF INTERMENT: _____
DATE OF INTERMENT: _____

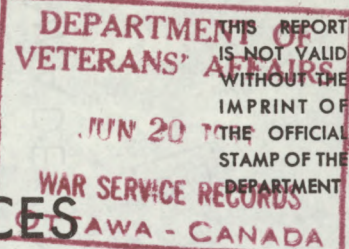


DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES



Service Rank and/or Number..... 931830..... Name. George KELLY.....

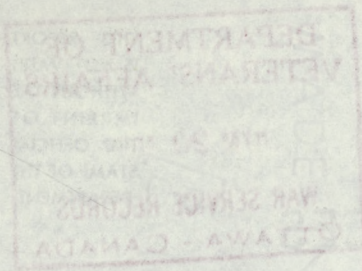
1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 16th August, 1892. Ypsilanti, Michigan, U. S. A.
3. Date and Place of Appointment, Enlistment or Enrolment: 28th February, 1917. Windsor, Ontario.
4. Unit on Appointment, Enlistment, or Enrolment: No. 2 Construction Battalion
5. Theatres of Service: CANADA--ENGLAND--FRANCE.
6. Date and Place of Retirement or Discharge: 16th July, 1919. England.
7. Reason for Retirement or Discharge: "Demobilization"
8. Rank on Retirement or Discharge: Private.
9. Medals and Decorations: BRITISH WAR & VICTORY MEDALS.
10. Remarks: Nil.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Age: 26 Years 11 Months. Height: 5 Feet 7 Inches.
 Eyes: Dark Hair: Black Complexion: Colored
 Marks or Scars: Nil.

Ottawa, Ont., Canada

June 20th, 1955.



CANADIAN ARMED FORCES RECORD OF SERVICE

Service Rank and Grade: _____

Branch of Service: _____

Date and Place of Birth: _____

Date and Place of Appointment: _____

Unit or Appointment: _____

Rank or Position at Discharge: _____

Reason for Discharge: _____

Remarks and Decisions: _____

Signature: _____

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Age: _____

Height: _____

Complexion: _____

Build: _____

Other: _____

Casualty Form—Active Service.

Sheet 2 931830

Regiment or Corps..... *The Royal Cdn Regt.*

Rank..... *VR* Surname..... *Rally* Christian Name..... *George R*

Religion..... Age on Enlistment..... years..... months

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

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....

Occupation..... Signature of Officer.....



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
6-10-18	C.B.D.	T.O.S. R.C.R.	Field	4-10-18	1415
7-10-18	"	To C.C.R.C.	"	7-10-18	1784
9-10-18	C.C.R.C.	To Unit.	"	9-10-18	1768
12-10-18	R.C.R.	Joined unit.	"	11-10-18	B.213
21-11-18	"	Sentenced to 3 days	"	18-11-18	B.2064
		F.P. No. 1, 18-11-18 for			11/1440/7-12-18
		insolence to a NCO.			
12-12-18	57 C.C.S.	Influenza	A.T.	12-12-18	N.922.
14-12-18	4 Cdn CCS	do	to Admissions	11-12-18	N.1745
25-12-18	27 B.D.	T.O.S.	A C.B.D.	25-12-18	560

(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) Signaller, Sholing-Smith, &c.



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
13-12-18	7 Cdn Genl.	Influenza.	7 Cdn Genl.	13-12-18.	N. 4209.
6-2-19.	a.s.t.	S.C.S. to Can Record List.		6-2-19.	K. 38-1 P. 11. 16/19.
			<i>A. M. [Signature]</i> Lieut. for Lt. Col. AAG, Canadian Section		
		DISCHARGED IN ENGLAND, K. R. & O. PAR. 392, SER. XXV.			
		<i>[Signature]</i> Captain Officer Commanding, No. 2 Canadian Discharge Depot,			

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE 14-7-19

1. 1 (a) Unit 17th Res Bn (b) Regimental No. 931830 (c) Rank Pvt
 (d) Surname KELLY (e) Christian name George
 (f) Home address Rue de Mons 11 = 217 Thion les Mans Belgique
 (g) Next of Kin Madame Flora Kelly (h) Relationship Wife
 (i) Address of Next of Kin 217 Rue de Mons Thion les Mans Belgique

2. Age last birthday 26 Date of birth 1892-16 Aug

3. Enlistment, or Appointment (if an Officer) (a) Place Windsor (b) Date 28-2-17

4. Personal description:
 (a) Height 5" 8 1/2 (b) Weight 103 (c) Complexion Dark
(stripped)
 (d) Colour of hair black (e) Colour of eyes blue (f) Identification marks, Scars, etc.

5. Former trade or occupation P lasterer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>1</u>	<u>339</u>

	PERIODS	
	From	To
Canada	<u>28-2-17</u>	<u>April 1917</u>
England	<u>May 6/17</u>	<u>4-10-18</u>
France or other theatres of War	<u>4-10-18</u>	<u>6-2-19</u>

7. Original disease, or injury N. D. Syphilis

(a) Date of origin Dec. 1918 (b) Place of origin England
 (c) Cause Suppuration

G.R.
 REFERRED TO
 24 JUL 1919
 APPLIED TO
 B.P.C.



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

V. D. S. (no disability)

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

Special Lab. report - 9/7/19 - Capt. Tramped:-

Wasserman negative

No active lesions or symptoms present

General condition good

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

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

Special Senses *No* Respiratory System *No* Integumentary System *No*

Disturbances of Mentality *No* Digestive System *No* Muscular System *No*

Osseous and Joint Systems *No* Any other general condition *No*

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

Acquired V. D. S. Dec. 1917

M. H. S. 9/12/17 - 2/11/18 V. D. S.

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

12/12/18 - Influenza - recovery



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

Nil

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

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

U. A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (as per above)

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? For approx 6 months

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

Treatment 606. 74 By

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

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

that on arrival in Canada he be dealt with in accordance with P 20 47 + 20/1/19

16. Can the former trade or occupation be resumed? No

(If not, briefly state why)

17. Recommendations

Capt. C. C. C. C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

Yes Kelley George P.O.

Rank.

Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

Yes, we concur except P.C.O. 47 does not apply to this man. Ques 15 should therefore be answered "periodical examinations"

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

For discharge in W.K. auth. H.Q.C.R.O. 5222 935-127

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

PLACE *Witley* *[Signature]* President.

DATE *14-7-19* *[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... President.

DATE..... Members

APPROVED BY *[Signature]*
 Assistant Director of Medical Services.
 DATE.....

APPROVED BY *[Signature]*
 Director-General of Medical Services.
 A.D.M.S. HEADQUARTERS
 CANADIAN CORPS CAMP.
 DATE 15 JUL 1919
 WITLEY SECTION.

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa

P. 851 A.

LAST PAY CERTIFICATE.

Military District.....

Dispersal Area.....

No. *92/130* Rank *1st Lt* Name *John J. Lee* Unit *109/19. 2nd Bn. 16/19.*

Nominated for embarkation to Canada: *16/1/19* Date: *16/1/19*

<u>CREDIT.</u>		\$	¢	<u>DEBIT.</u>				\$	¢
BALANCE FORWARD	<i>31 5 19</i>			CASH PAYMENTS:—					
as at.....	<i>191</i>		<i>46 49</i>	Date	A.R. No.	Paying Unit	Amount		
EARNINGS: <i>16/1/19</i>	<i>16/7/19</i>			<i>1/13</i>	<i>4159</i>	<i>CSBS</i>	<i>34.88</i>		
From.....	<i>46</i>	to	<i>100</i>	<i>2/15</i>	<i>4522</i>		<i>4.36</i>		
..... days at \$.....	<i>46</i>	.....	<i>12</i>	<i>1/16</i>	<i>4522</i>		<i>9.73</i>		
..... days at \$.....		.....		<i>1/16</i>	<i>4522</i>	<i>2 wing</i>	<i>9.73</i>		
..... days at \$.....		.....		<i>1/16</i>	<i>4522</i>		<i>9.73</i>		
ANY OTHER CREDIT:—	<i>30/6/19</i>		<i>3 59</i>	OTHER CHARGES:—					
Interest on Deferred Pay.....		.....		WAR LOAN INSTALMENTS CHARGED:—					
<div style="border: 1px solid black; padding: 5px;"> <p>"VICTORY" WAR LOAN</p> <p>Amount Subscribed - \$.....</p> <p>Amount Paid - -</p> <p>Balance due -</p> </div>				<p><input checked="" type="checkbox"/> ASSIGNED PAY for period <i>1/1/19</i> <i>15</i></p> <p>from..... to..... at \$..... <i>30</i></p> <p>per month in favour of <i>Wife</i></p> <p>Name..... <i>Luc de Woods</i></p> <p>Address..... <i>217 Glenborough</i></p> <p>Relationship..... <i>wife</i></p> <p><input checked="" type="checkbox"/> SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at \$..... per month <i>not included</i></p> <p><input checked="" type="checkbox"/> BALANCE DEBIT</p>					
<div style="border: 1px solid black; padding: 5px;"> <p>I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.</p> <p>.....</p> <p>(Signature of Soldier.)</p> </div>				<p><i>14 55</i></p> <p><i>21522</i></p> <p><input checked="" type="checkbox"/> BALANCE CREDIT</p> <p><i>21522</i></p>					

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS *7* (Strike out whichever inapplicable.)

Have been stopped. Effective..... 191..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY.....
CHECKED BY *7/1/19*.....
Date..... 191.....
CERTIFIED CORRECT.....
FOR BRIGADIER GENERAL PAYMASTER GENERAL, O.M.F.C.
Capt. Lieut

SHORT FORM.
PROCEEDINGS OF DISCHARGE.
(Demobilized, etc.)



1. No. *C/31830*

2. Rank *Pte*

3. Name *Kelly George*

4. Unit *R.C.R.*

5. Date of Discharge *16-7-19* Place *2-6-DD*

6. Reason for Discharge

*K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5222)*

7. Authority *DB 2-K-885 16-7-19*

8. Proposed Residence after Discharge

*Rue de Mons
217 Ghlin - Les Mons, Belgium*

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? *A 132079*

[Signature]
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place *[Stamp]*
Date *16-7-19*

Signature *[Signature]*
(O.C. Discharging Unit.)

No.	Name	Age
1	John Smith	25
2	Mary Jones	30
3	James Brown	18
4	Elizabeth White	22
5	Robert Green	35
6	Sarah Black	28
7	William Grey	40
8	Jane Pink	15
9	Thomas Red	20
10	Anna Blue	27

LIST OF DISCHARGE DOCUMENTS.

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

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to KELLY George 931830

Dependent ^{Flora} Mrs H.S. Kelly (wife)

Address Rue de Mons N-217
Solin - Co - Mons Belgium

Address MS

Date	Cheque No.	Gratuity			Payments			Balance Due.			Remarks
July 16 ¹²	48742				14	7	8				1 st instal
" 17	48134				1	0	3				Blk. less 1/10.
" 17	54665				14	7	8				2 nd Instal.
" 18	L.P.C.				2	19	9				
" 18	Bl. all	4	0	0							Ab. 14 ⁵⁵
August		71	18	4				42	2	0	3 rd instal
Sept 3	82266				14	7	8	28	15	4	3 rd instal Grat.
" 5	Ma	30	16	5				59	11	9	
" 17	82267				12	6	6	47	5	3	1 + 2 nd S.A.
Oct. 11	107768				14	7	8				4 th Grat.
" 11	107769				6	3	3	26	14	4	3 rd S.A.
Nov. 5	107846				14	7	8				Final
" 5	107847				12	6	8			0/0	4 th Final
		106	14	9	106	14	9				
Nov 25	P868				27	7	0	27	7	0	28 days detention. AWL. 25 th 19 - 28 th 19 = 121 days @ 2065.26 ⁷⁹
1922 Jan 7					27	7	0				D. fee written off. auth. M. H. H. (see file)

Recd off. of closed
28 days detention. AWL. 25th 19 - 28th 19 = 121 days @ 2065.26⁷⁹
D. fee written off. auth. M. H. H. (see file)

(588)
C.R. int.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to Flora Charlotte Kelly,
 Address Rue de Mons, 217 Ghiln,
Mons. Belgium

Name Kelly G. 931830.
 From Canada: No. _____ Rank _____ Unit USR.
 Pay 2 "E" E. 59

Rank	Authority	Unit

ASSIGNED PAY

Authority	Dol.	Effect

Month	Cheque No.	Assigned Pay		Amount Separation Allee.		Total A.P. and S.A.		REMARKS
DEC. 191								
JAN.								
FEB.								
MARCH								
APRIL								
MAY								
JUNE	15.	15				3. 1 8		
JULY	9	15				3. 1 8		
AUG. 5/6/19-16/7/19	6			41 53		8. 10 8		
SEPT.								
OCT.								
NOV.								
DEC.								
JAN.								
FEB.								
MAR.								
APRIL								
MAY								
JUNE								
JULY								
AUG.								

Dec 93¹⁵ 93331 8. 7. 19
 " 105¹⁰ 93405 14. 8. 19
 " 297²⁵ 93468 9. 9. 19

ASSIGNED BY SEPARATION ALLOWANCE

ASSIGNED BY

91 0 1 1951 11 5

52