10 M. D. Winnipeg, Depot Battalion L.S.H.(R.C.) Regiment

Regtl. No. 42366.

ORIGINAL

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class "A" 2.)

1. Surname KERR,
2. Christian name WALTER HENRY,
3. Present address Minette, Manitoba, Canada.
4. Military Service Act letter and number 312094 JR.
5. Date of birth 5th June 1894.
6. Place of birth Durea, Manitoba, Canada.
   (town, township or county and country)
7. Married, widower or single Single,
8. Religion Presbyterian,
9. Trade or calling Farmer.
10. Name of next-of-kin M r S. Kerr,
11. Relationship of next-of-kin Father,
12. Address of next-of-kin Durea, Manitoba, Canada.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil'
15. Medical Examination under Military Service Act:—

    (a) Place Winnipeg, Man. (b) Date 9th Nov'1917 (c) Category "A" 2.

DECLARATION OF RECRUIT

I, Walter Henry Kerr, do solemnly declare that the above particulars refer to me, and are true.

Walter Henry Kerr (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23	yrs.	5	mths.
Height	5	ft.	10	ins.
Chest measurement — fully expanded	35			ins.
Chest measurement — range of expansion	2			ins.
Complexion	Ruddy,			
Eyes	Brown,			
Hair	Brown,			

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

Nil'

C. A. McConnell Major,

O. C. Regimental, Depot ~~Btln.~~

L.S.H. (R.C.) Regt.

Place Winnipeg, Manitoba, Date 26th November 1917.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class "A"

REGIMENTAL DOCUMENTS

Aus 17-7-19

NAME KERR WALTER HENRY (PTE) REGT. NO. 2293656 UNIT L.S.H. H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					06968
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					5-2.3
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					19.23
1	In Hvr67					32-23
	Forward					
1	Rec'd					3
1	Forward					

W 2589
10CM-11-16
1772-39-1377

No. 2293656. Rank Pte. Name Kerr, W. H.

T. O. S. 23-11-17. Unit Lord Strathcona Horse.
(P.O. 274 of 26-11-17.)

M. D. 10,

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1917	1917			
Nov. 23.	Nov. 30	M.		
Dec		M.		
1918				
Jan		M.		
Feb.		M.		
Mar		M.		
apr. 1.	apr. 11.	M.	S.O.S. 11-4-18.	P.C. 101.

a/c not closed. M.

NAME Kerr W. H.

REGT. No. 2293656

RANK AND UNIT Pte. L.S.H.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A371	18 Gen Camiers	6-11-18	Bad Lav.
A371	18 " "	14-11-18	Influenza
			" Disch

LEDGER NO. 2056 333 SERIAL NO. 28186 B10670

REG. NO. 2293656 NAME Hull W H.

RANK Pte CORPS L F H. AGE 23. SERVICE 6/12. E. 3/10/12.

HOSPITALS	DATE OF ADMISSION
1 General Winnipeg.	31. 12. 17
2	
3	

DIAGNOSIS Tonsilitis

TRANSFERRED TO

DISPOSITION 8-1-18 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-38-1332.

Duty P.T.O.

REMARKS:	HOSPITALS.	DATE.	DIAGNOSIS.
Ad: Nova Scotia Mil Halifax		29. 5. 19	Measles.
Discharged		12. 6. 19	

SURNAME. Kerr

CHRISTIAN NAMES Walter Henry

REGL. No. 229365-6 RANK Pte.

UNIT L. S. H. (R. C.)

FORMER CORPS Nil.

Mc 10 CARD No. 4

SOS Dis 16-6-19
Demob FOLL.
Can 30169 18-6-19
10 DD.

NEXT OF KIN.

NAMES IN FULL Kerr. S.

RELATIONSHIP TO SOLDIER Father

ADDRESS Dunrea. Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Dunrea. Man. DATE June 5th 1894

PLACE OF ATTESTATION Winnipeg. Man. DATE Nov. 26th 1917

O/S. 17-4-18 1179 2.

P/C. 29-5-19. 337/90 Pte.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-333.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 23 YEARS 5- MONTHS

HEIGHT 5- FEET 10 INCHES

CHEST MEASUREMENT 35- INCHES EXPANSION 2 INCHES

COMPLEXION Ruddy EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE Nov. 9th 1917

Present address Miniota. Man.

Form E. 149. Walter Henry.

Name KERR Rank Pte Reg. No. 2293656

Unit L.S.H.

Next of Kin Canada

Date 1918.		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6.	11	No 18. G.H. Camiers		Influenza	A 371.		55505-4
14.	11	Disd No 3 Emp to Depot		do	A 3747		56944-7

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

Surname	Christian Name or Names	Reg. No.
KERR.	W.H.	2293656.
Rank	Unit	
Pte.	Cav. LSH.	

Cas. List.	18. G.H. Camiers.	6-11-18.
14-11-18.A371.	Influ'za.	
21.11.18 A 3770	Dish.	14.11.18

A.M.D. 2 Dept.

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

Temporary Sheet

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Kerr Christian name Wallace

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)...

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Months

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair..... }

11. Physical development..... { Good / Fair / Poor } 12. Smallpox marks.....

13. Number of vaccination marks { Right arm..... / Left arm..... } 14. When vaccinated last.....

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.
(a) Vision R.....L.....
(b) Hearing. R.....L.....

.....*President.*

.....*Member.* .....*Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined.....day of.....191....at.....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hos, ital Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Nova Scotia Hospital Dartmouth		29	5	19	12	6	19	Measles	15	No complications Recovered	F E Lawlor Capt CAMC

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....L.S.H. (R.C.) C.E.F.

(2) Regimental Number .....

(3) Full Name of Soldier.....Walter Henry Kerr.

(4) Place of Birth....Minette, Manitoba, Canada.

(5) Are you married, or not ?.....No.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower ? .....No.

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes.....

If so, state name and address Mr S Kerr, Durea, Manitoba, Canada.

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

If so, state name and address...Mrs. F. Kerr, as above.....

.....

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

Are you her sole support, or not ?.....

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

.....

.....

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

.....

.....

.....

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

.....

15) Are you insured ?.....No.....

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

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

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

C. McGregor

.....Major.

Officer Commanding.

Date.....26th November 1917.

Strathcona's.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class "A" No. 163648

THIS IS TO CERTIFY that No. 2293656 (Rank) Pte.

Name (in full) KERR. WALTER. HENRY enlisted in the L. S. H.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 28th day of Nov. 19 17

HE served in L. S. H. France & England

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ Demobilization R.O. 1420 (c)

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

Age 25.

Height 5'FT. 10 INS

Complexion Ruddy.

Eyes Brown.

Hair Brown.

Marks or Scars

W. H. Kerr.
Signature of Soldier

Date of Discharge

Dispersal Station "M" JUN 16 1919 Military District No. 10

A. K. Love
Issuing Officer

Lieut
Rank

Date June 16. 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

ORIGINAL. CLASS A ORIGINAL.

MEDICAL HISTORY SHEET

Surname Kerr Christian Name Walter Henry.

Examined on 9th day of November 191 7.
at Winnipeg. Manitoba, Can.

Birthplace City or Town Dunrea, Manitoba.
County Manitoba.

Apparent age 23 years 5 months.

Trade or occupation Farmer.

Height 5 feet 10 Inches

Weight 150 lbs

Chest measurement Minimum 33 inches
Maximum expansion 2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left X
Number Dare

When Vaccinated last childhood

(a) Marks indicating congential peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection

Varicocele

Approved by

Rank V M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		W. Mcnaughton Capt	M.O.
		J. W. Perry M.	M.O.
		J. W. Hesketh	M.O.
		Vision R. Eye 20/20	M.O.
		" L. Eye 20/20	M.O.
		Hearing R. Ear Normal	M.O.
		" L. Ear Normal	M.O.

Date	Result	Vaccinations	
2.2.18		P.A. Finnegan Lieut Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
19.1.18		P.A. Finnegan Lieut Capt	M.O.
26.1.18		P.A.M. " Capt	M.O.
2.2.18		P.A.M. " Capt	M.O.

Enlisted on 9th day of November 191 7 at Winnipeg. Man.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	L.S.H. (R.C). C.E.F.	229356		
Transferred to	L.S.H. R/S.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Somerset Barracks Brasshot	29. 4. 18	Category A	W. Macdonald Captain, C.A.M.C. Senior Medical Officer.
	2/5/19	Varicocele	A. Wesley Capt

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Ubys. Gal Hospl		31	12	17	8	1	18	Influenza	8	Sgl	J. Lush R.A.M.C.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

NAME OF SOLDIER (Block letters) KERR W H

REGIMENT L S H RANK Pte No. 229656

Date of Examination in England 30/4/19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

L S H

PRESENT DENTAL REQUIREMENTS

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

Fit.

HAS HE EVER REFUSED DENTAL TREATMENT ? —

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

R.J. Lawson Capt.

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer R.H. Agar Lieut.

25M.—12-18.

H.Q. 1772-39-950

TEMPORARY SHEET

CASUALTY FORM

Unit/. L. S. H.

No. 229656 Rnk. Pte. Name Kerr. W. H.

T. O. S. Halifax depot clearing services command, as from 21. 5. 19

and admitted to hospital 29. 5. 19 part II order no 151

Dated 31. 5. 19

Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

Discharged from hospital 12. 6. 19

and S. O. S. Halifax depot clearing services command to dispersal area M

as from 12. 6. 19 part II order 164 dated 13-6-19

Lt. Col
O. C., HALIFAX DEPOT
CLEARING SERVICES COMMAND

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 10th Bn. C. M. R. (R6) L.E.F.

Regimental No. 229656 Rank Private Name Walter Henry Kerr.

C. E. F.

Enlisted (a) 22.11.17 Terms of Service (a) Duration of War Service reckons from (a) 22.11.17.

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) Farmer

W. S. B. CLASS A

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Halifax	15/4/18	
		Disembarked	Liverpool	28/4/18	S.S. "Melita".
22-4-18	C.R.C.R.	D.O.S. on repating from Canada.	S. Cliffe	28/4/18	Part II order No. 119
16-8-18	C.R.C.R.	Proceeded O/S. to L.S.H.	S. Cliffe	15/8/18	Part II Order 228.

CERTIFIED CORRECT, 22 AUG. 1918 CANADIAN RECORDS, LONDON.

E. Thurston Capt ASST ADJUTANT. FOR OFFICER COMMANDING CANADIAN RESERVE CAVALRY REGIMENT

		Having arrd. as reinfacement is. T. on S.			Nom. Roll. A.R.R. A.727.
16-8-18	C.R.D.	of L.S.H.		16-8-18	P.C.O. 85 dd-20-8-18
13-9-18	"	Left for Unit.		13-9-18	N.R. A.R.R. D1385
14-9-18	L.S.H.	Joined Unit from C.G.B.D.		13-9-18	B.213.
5-10-18	"	On command to C.C.R.C. Abbeville		30-9-18	"
12-10-18	"	Joined Unit from C.C.R.C.		7-10-18	"
6.11.18.	18 Gen Hosp.	Influenza. adm	18 Gen Hosp.	6.11.18.	W3034-M3956.

(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 Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
9-11-18	18 C.C.S.	Influenza to	25 A.T.	5-11-18	A36 - M.4021
9.11.18	9 CC Fauld	Do. tfa	18 C.C.S.	3.11.18	A36 - A2063.
15.11.18	C.G.B.D.	Taken on Class A. from	18 Gen Hosp.	14.11.18.	N/R. 1705.
9-11-18	L.S.H.	Sick. To Hospital		3-11-18	B-213
14-11-18.	18 Genl	Influenza To Base Depot		14-11-18	A-3134 M5994.
19-11-18	C.G.B.D.	Left for Unit.	Field	19-11-18	N.R. A.R.D 1472
7-12-18	L.S.H.	Rejoined Unit from Hospital		4-12-18	B-213
		Proceeded To England		17-4-19	
17-5-19	S.O.S.	L.S.H. Proceeded to Canada Pt. IV Orders No. 20- 20/5/19			

21.5.19 EMBARKED LIVERPOOL

for Lt. Col., A.A.G.,
Canadian Section

D. Roy McDonald Lieut. for
LIEUT.-COLONEL.
COMMANDING LORD STRATHCONA'S HORSE (R.O.)

21.5.19 T.O.S. Dispersal Station Do 169 Part 2
M

and Dispersed 16.6.19 do 3

W. E. Fallon Lieut.
for O. C. 10 District Depot.

CLINICAL CHART.

Corps 60th D.St. Hospital Station K.S. Hospital

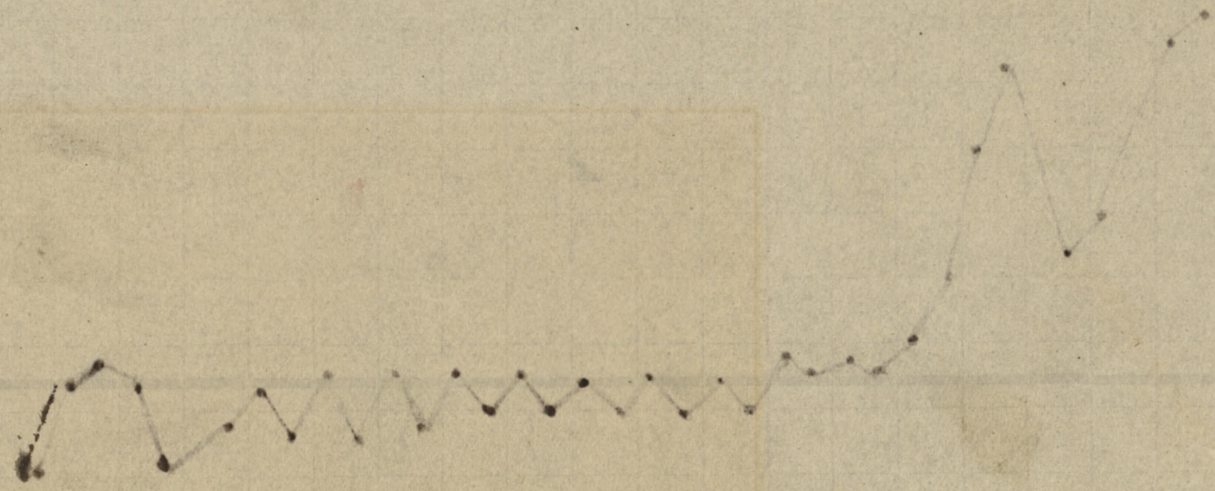
No. 2293656 Rank and Name Pte. Lew. W. H. Age 24 Service 2 Years

Disease Measles Date of Admission 29-5-19 Date of Discharge 12-6-19 Result Recovered Serial No. A. & D. Book

Dates of Observation	29		30		31		1	2	3	4	5	6	7	8	9	10	11	12
Days of Disease	1		2		3		4	5	6	7	8	9	10	11	12	13	14	15
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
Pulse per Minute	96 100	100	92	104 90	90 88	80 82	80 80	40 41	68 68	68 68	68 98	80 79	79 72	72 73	70 70	70 70	70 71	70
Respirations per Minute	26 24	24	25	28 25	24 23	22 22	19 19	18 18	18 18	18 18	18 19	18 18	18 18	18 18	18 18	18 18	18 18	18
Motions	1	1	1	1	1			1	1	1	1	1	1	1		1	1	

M. F. B. 288.
50M.—10-18.
H. Q. 1772-39-513.

Signature J. Gavin Copeland In charge of case.



CASE HISTORY SHEET.

2637 C/892

Nova Scotia M.I. Hospital. Halifax Station.

No. 229656 Rank PTE Name Kerr W Age 24

Unit C.D.C. Completed years of service Where and how long } Can 4/12 E F 10/12

Date of admission 29-5-19 Date of discharge ~~JUN 12~~ 1919 12-6-19

Diagnosis Measles Place of origin Ashanti

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted from transport having been ill since 4th day out from England. Temp. is well out but has cough and a few chest rales. Wt much toxaemia

30-5-19 Cough subsiding eyes sore.

2-6-19 Improving rash has commenced to disappear

4-6-19 Much improved

6-6-19 Progressing favourably

10-6-19 Is quite well no weakness

12-6-19 Discharged recovered

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Oil Application

Boric acid lot Drops

CONDITION ON DISCHARGE,

(and disposal made of case.) Recovered

Date 12/6/19

NOVA SCOTIA HOSPITAL MILITARY WARDS DARTMOUTH, N. S.

J. Chandler Capt RAMC

Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

B105'20

CASE HISTORY SHEET.

No. 2293656 Rank Pte Name Ken. W. H Age 23

Unit L. S. H Completed years of service Where and how long 1/12 Can.

Date of admission 31/12/14 Date of discharge 8th Jan 1918

Diagnosis Tonsilitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Tonsils enlarged & throat mucus membrane congested Temp 102. Pulse 88. Resp 21. Patient complains of headache & feeling generally miserable. No pains in legs or arms.

FAMILY HISTORY Nil abnormal

(Tuberculosis, mental or nervous diseases.)

TREATMENT Inunction to neck. Inj. edine to throat

(Especially any specific or special form) Dobells gargle aspirin gr x & Hg iv. Cal gr ii & saline mist ii

CONDITION ON DISCHARGE,

(and disposal made of case.) Patient improved. Throat still slightly sore

Date Jan 8 1918

A Bowalker Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

S 28186

FORM OF WILL

ORDERLY ROOM
Strathcona's Horse (R.C.)

I, Walter Henry Kerr (Name in full)

Regimental Number 229656 serving in L.S.H. (Regt) 6th Bn.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto my Mother.

Mrs Flora Kerr,
Dunrea, Manitoba
Canada.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

As above.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 27 day of Nov A.D. 1917

W. H. Kerr Signature of Soldier.

*N.B. ~~Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.~~

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A. H. Cameron
Address of Witness Regtl Depot L. S. H. (R.C.)
Occupation of Witness Orderly Room Sergeant
Signature of Second Witness C. W. McLeod Major
Address of Witness Regtl Depot L. S. H. (R.C.)
Occupation of Witness Gentleman.

M. F. W. 82.
300M.-12-16.
1772-39-983.

Form R 122.
2353—100M—9-12-16.

LTR

Rank | Name KERR Walter Henry | Reg'l No. 2293656

Unit 10th Dft. L, S, H, | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Winnipeg, 26th Nov, 1917. | Place of Birth Dunea Man. Can.

Name and Address, Next-of-Kin Mrs S. Kerr

Durea, Manitoba Canada | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E R.B No 4253
File R.L.
Category CAN.OR

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

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.
		C	Arrived in England	28-4-18	S/S MELITA
29/4/18	CRLK	Ltr from Canada	Pte Sheliffe	28-4-18	Pte 119
16.8.18	"	S Os to L. S. H. A/No 103d. Bty 21.8.18	"	15.8.18	Pte 70225 to 2/8 18 Lft Wing 666 & D.O. 15 30/4/19
Apr 19 19	LSH	SOS TO FNg.	Apr 17 19	DO 29	
26 9 19	C. Wins	SOS TO CAN B'ST	21 5 19	Pt 20	

66-M-50
21/5/19

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.					

M. F. W. 41.
10m.—4-16.
1772-39-889.

N/a.
de

Name Pte. Kerr. W.K.

239 Withrow Ave, Toronto

Regimental No. ~~[illegible]~~

Name and address of next-of-kin

Unit 69th Bty.

Date of enlistment

Place of "

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

L. L. Job 502 M. & D. 6578.

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.
1/8	aug 31	31	1	31	31	10	3 10	18 60	52 70	5565		52 70			52 70	out
Sept 1	30	30	1	30	30	10	3	18	51	6566		51			51	out aug Pd. Sept.
Oct 1	31	31	1	31	31	10	3 10	2 40	36 50	7312		15				out 1-4
										7823		21 50			36 50	Oct

U.S. Bty

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					

Number 2293656 Rank PTE.

Surname TEPP

Christian Name Walter Henry

Units L. S. H. (R.C.) Theatre of War France

Date of Service 15/8/18

Remarks

Latest Address P.O. Killarney Man.

Roll No. B. Page 15 197

200m.—2—21.M.

DESP. OCT 7 1922
REGN. 174764

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:- 1.4.18

AMOUNT:- 15⁰⁰

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- KERR. Walter Henry

NUMBER:- 2293656

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

Mrs Flora Kerr. (M)
Killarney. Man.
Stopped 1/5/19.

134
Ballott
Ind D

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMT
RO 119 29/4/18	28.4.18	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- L SR (R6)

DATE ACCOUNT FIRST OPENED:- 12.4.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
L P C Canada			C.R.C.R.

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
21.3.19.		CR Spe.	~~5.00~~				
10.4.19.	111	Field	~~3 65~~				
20.4.19.	511	C Wing	~~73.00~~				
			81 65				

DAILY RATES OF PAY AND ALLOWANCES

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

Disch Canada 30/4/19 Auth 7342 27/4/19 Bram to Brain MD10 Ledger Bal 87.77
L.P.C. Cr Bal 6.12

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
11/4/18	Balance from Canada.		~~21 25~~						21 25		
Apr	P P 30 days	22 -		C.A.P. April & May				30⁰⁰			
May	P P	34 10		AR 375 CRCR 15.5.18	973						
				" 448 " 28.5.18	973				2789		
		56 10		C.A.P June	19 46			30 15			
June	P P	33 -		AR 618 CRCR 13.6.18	973						
				" 773 " 27.6.18	973						
		33 -			19 46			15 -	2643		
				A.P.				15			
July	P P	34 10		AR 1172 CRCR 18.7.18	1947						
				" 987 " 11.7.18	973						
		34 10			29 20			15 -	1633		
Aug	" "	34 10		CAP				15			
				1619. 9/8 "	4 87						
				8516 20/8 GRTN	4 46				26 10		
		34 10			9 33			15			
Sept	" "	33		CAP				15			
				9604 8/9 "	4 46						
				573. 25/7 LSH.	3 57				3607	a/c agreed	
		33			8 03			15			
OCT 1918	" "	34 10		CAP				15			
				725 LSH 24 10/18	3 73						
				761 " 30 10/18	3 73				47 71		
		34 10			7 46			15			
Nov	" "	33		CAP				30			
Dec	" "	34 10		1064 LSH 5 12/18	18 66						
1919 Jan	" "	34 10		1099 " 12 12/18	3 73						
				CAP				15	81 52		
		101 20			24 39			45 -			

COMPILED BY ...
CHECKED BY ...

NUMBER 2293656 RANK Pte NAME Kerr. WH

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
1919									81 52		
Feby	P P	30 80		1201 L S H 26 12/18	5 60						
May	"	34 10		1290 " 31 1/18	18 66						
				bal	- -			15			
				1450 " 30/1/19	5 60						
				1589 " 14/2/19	3 73						
				1684 " 26/2/19	5 60	✓					
				bal				15			
				1879 " 23/3/19	3 73	✓					
				1758 " 16/3/19	3 73	✓			69 77		
		64 90			46 65			30			
Apl	"	33		bal				15	87 77		
				ORIII 11.4.19 L.S.H.	3 65						
				" 571 20.4.19 Bowring	13 00						
				" 16 Special Pbbb	5 00						
				" 2305 11.5.19 bbb	9 13	Fwd.					
				" 2640 15.5.19 bbbb	24 33	"			29 94		
	33				115 71			15			

Paying list 66 leaving unpaid
2 o.s. to Kleanden 21/5/19

D.A.M.
D.C.I

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

War Service Badge Class "A" No. 163648

1. No. 2293656

2 Rank. PTE

3. Name. KERR WALTER HENRY

4. Unit. L.S.H.

5 Date of Discharge 16 June 19. Place Winnipeg

6 Reason for Discharge Demobilization

H

7. Authority. DO 169

8. Proposed Residence after Discharge Killarney Man

Killarney, Man. Union Bank.

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.?

W. H. Kerr

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

MEDICAL DOCUMENTS FORWARDED TO S. G. H. or P. B. C. on JUL 8 1919

Dispersal Station "M" Military District No. 10 JUN 16 1919

Place

Date

Signature F. K. Love Lieut for (O. C. Discharging Unit.)

M.F.B. 218a—800M.-11-18—1772-89-113.

ok.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge | Place

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature.

(O. C. Discharging Unit.)

M.Y.S. 212a—3000m.-11-18—1177-88-118.

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. 108
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. 46
Dental History Sheet	Militia Form B. 466
Medical Report	M. F. W. 129 or D. M. S. 1876
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

LIST OF DISCHARGE DOCUMENTS.

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

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

Group. B

Checked by No. 14 Offo

Date 14-5-19

EMS

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE 2-5-19

1. 1 (a) Unit L. S. H. (b) Regimental No. 2293656 (c) Rank Pte

(d) Surname KERR (e) Christian name WALTER HENRY

(f) Home address Killarney Man. Canada

(g) Next of Kin Mrs. S. Kerr (h) Relationship Mother

(i) Address of Next of Kin Killarney Man. Canada

2. Age last birthday 24 Date of birth 5-6-1894

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 26-11-17

4. Personal description:

(a) Height 5-10 (b) Weight 150 Est (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. None

5. Former trade or occupation Farmer

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	Periods From	Periods To
Canada	5 mos		26-11-17	15-4-18
England	5 mos		15-4-18	13-8-18
France or other theatres of War	7 mos		15-8-18	30-4-19
	1	157		

7. Original disease, or injury Varicocele

(a) Date of origin Before enlistment (b) Place of origin Canada

(c) Cause Strain

M. F. B. 227.
400M.—11-18.
J772-39-117.

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

Moderate weakness of veins left side of scrotum

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.)

Objective:- There is a moderate condition of varicocele in this case

The testicle seem about normal and may be found lying below the plexus

of veins It has never interfered with him performing his

Military duties

Subjective:- Occasionally an aching pain in the left scrotum

(*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*).)

The condition originated many years before enlistment and is no worse

now than when he first noticed it four years ago.

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*).)

Hospital for Influenza 31-12-17 to 8-1-18 and again 6-11-18 to 4-12-18 No disability

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

None

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

(*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.)

No

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

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

None

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

No

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

17. Recommendations

None

Sgd. J.R. LeTouzel, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned W.H. Kerr 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

VHS

Sgd. W.H. Kerr, 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.

recommended for discharge
R.R. Shues
Capt CAMC
16-6-19

Yes

19. Is the invalid fit for

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

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

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

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

Auth. A.GL 9083 of 11-11-18

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

Sgd. L.A Richmond, Major ..... *President.*

PLACE Bramshott

DATE 2-5-19 Sgd. V.H. Storey Capt. } 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

Sgd. P.J.O'Dwyer, Capt.
for *Assistant Director of Medical Services.*

DATE 2-5-19

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED A TRUE COPY

F.D. Davidson CAPT CAMC

'CARMANIA' 185

No 187

AUDITOR | PAYMASTER

M. OR S. R. 658

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

REGT. NO. 2293656 RANK Pte NAME (IN FULL) KERR, W. H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? no ✓ DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
16/		

ORIGINAL UNIT C.E.F. L.S.H — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO "Disp Stn M" — DATE 21-5-19 — AUTHORITY No 169

DATE OF ATTESTATION 29-11-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 ✓ DATE EFFECTIVE

PAYABLE TO Mrs J Kerr ✓ — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. ~~Kill~~ Union Bank Killarney Man

ADDRESS Killarney Man

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE MD 10 — DATE 16-6-19 — REASON D — AUTHORITY No 169 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
BALANCE FROM PREVIOUS ACCOUNT									6	12																										6	12
1/5-16/6	47	1/-	51	70	33 70	✓			156	70	✓						9 24	79 33	4 5	87 00	99	29	15	-							156	22	✓		6	60
122 days @ min			280	-	W.S.G. 280	-			280	-													W.S.G. 70	-							210	-				
			6	60					286	60																					216	60				
																	16/8/19	121457	70	-											146	60				
																	26/8/19	122498	70	-											76	60				
																	16/9/19	123965	46	60											—					
									286	60													276	60	✓				276	60						

Adj. Closed

PARTICULARS OR REMARKS

Bal. Eng. L. P. C. 6 12

Clothing Allce. 1st payment W.S.G. 6 60

Advances - Boat - Train .....

A.P. chgd. on Eng. L. P. C. to .....

Rec'd of A/c 6 60

D.

1st Payment W. S. G. as above

6 60 per a/c above

No 2 - 1st Inst W.S.G.

No 3 "

76 60 Final pt. " "

6 60 as above

AUDITED SEP 11 1919 1919 Audit Clerk M.D. 10

200M-3-19.—L. E. 58788-L. & D. 9935.
M. F. W. 2.96.
1772-39-1390.

el

D

Date of Enlistment 23-11-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch K 2052

OVERSEAS CONTINGENTS

Date of Assignment Apr. 1-1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

9 h 10 K 7

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Lord Strathcona House #10 Draft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. FLORA KERR,
KILLARNEY,
MAN. 15 15.00

2 % 2293656 PTE. WALTER HENRY KERR

3 FIFTEEN DOLLARS

4

9979-W-65

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Ap. 1918	G. 9907		15-	15-	✓	
May	J 18057		15-	15-	✓	
June	L 16041		15-	15-	✓	
July	R 33668		15-	15-	✓	
Aug	H 38966		15-	15-	✓	
Sept	J 48287		15-	15-	✓	
Oct	N 52564		15-	15-	✓	
Nov	E 57161		15-	15-	✓	
Dec	K 68720		15-	15-	✓	
Jan	K 72924		15-	15-	✓	
Feb	G 81553		15-	15-	✓	
Mar	G 87827		15	15-	✓	
Apr	A 2365		15-	15-	✓	
May	W 5887		15	15	✓	
			210	210		

AUTHORITY FOR NEW ACC'T.

M. F. W. 128.
400M.—4-17—1772:39-1141
L. L. 22320—M. & D. 7993.

A/c Closed 31-5-19

Ret'd per Carnduff

Date 29-5-19 M.F.W. 187 2-6-19

Closed M. Nolan M 26

11979 4

AUDITED.

AUTHORITY FOR NEW ACC'T. M.R.M.D.V.O. 34 Helen Burnell 26-4-18

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.