

41110
1916
No. ORIGINAL
DUPLICATE

ATTESTATION PAPER.
No. 2 CONSTRUCTION, B'n. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... **McArthur**

1a. What are your Christian names?..... **Chester**

1b. What is your present address?..... **204 Watson St., Detroit, Mich. U S A**

2. In what Town, Township or Parish, and in what Country were you born?..... **Hamilton, Ontario**

3. What is the name of your next-of-kin?..... **C. F. Lightfoot**

4. What is the address of your next-of-kin?..... **204 Watson St., Detroit, Mich. U S A**

4a. What is the relationship of your next-of-kin?..... **Step-brother**

5. What is the date of your birth?..... **April 10th, 1884**

6. What is your Trade or Calling?..... **Chauffeur and shoe-maker**

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?.. **No**
If so, state particulars of former Service.

11. Do you understand the nature and terms of your engagement?..... **Yes**

12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Chester McArthur

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

Date..... **December 9th** 191.....
Chester McArthur..... (Signature of Recruit)
Curry Kemp..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Chester McArthur

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

Date..... **December 9th** 191.....
Chester McArthur..... (Signature of Recruit)
Curry Kemp..... (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 **9th** day of **December** 191 **6**

Fred J. Holtom..... (Signature of Justice)

AJP for Essey bounty

Description of McArthur, Chester on Enlistment.

Apparent Age.....**32**.....years.....**8**.....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. **11** ins.

Tattoo: **AMERICAN and Canadian flag, left arm**

Chest measurement { Girth when fully expanded.....**38** ins.
 Range of expansion.....**4** ins.

Complexion.....**Dark**

Eyes.....**Brown**

Hair.....**Black**

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....**December 9th**.....191 **6**

[Signature]
 Medical Officer.

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

*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.

.....Chester McArthur.....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.

.....C. H. Reis Capt fa Lt Col.....(Signature of Officer)

DEC 19 1916

Date.....191 **6**

REGIMENTAL DOCUMENTS

NAME *M^cARTHUR CHESTER JR*

REGT. NO. *931659*

UNIT *2nd Const Bn*

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demol

00778

DESERTION

M

H

2-4-19 M713

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31-9
31-9
1 9*

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2

ATTESTATION 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.F.B. 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)

PROCFEDINGS, 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. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M7 & 192

was card

M7W 67

and

R-122

a 7 9 12 3 1

a 7 0 1 8 1

Misc



War Service Badge

Class **A** No. **245362** Issued

Proceedings on Discharge.

Ar

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931659
Rank	PRIVATE
Surname	McARTHUR.
Christian name	Chester.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Construction Battn. C.O.M.F.
Date of discharge	FEB 11 1919 <i>DD 41 10/2/19</i>
Place of discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	34.....	years.....	months.	Descriptive marks	(Place)
Height.....	5.....	feet.....	11.....	inches.	(Date)
Complexion	DARK			N I L	
Eyes	BROWN				
Hair	BLACK				
Trade	CHAUFFEUR & SHOE MAKER				
Intended place of residence	220 Mercer St.,				
(To be given as fully as practicable.)	Windsor, Ont.				

2. The above-named man is discharged in consequence of **ON DEMOBILIZATION**

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) LONDON, ONT. *Chester McArthur* (Signature of Soldier.)

(Date) FEB 11 1919 *J. Peddler* (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) FEB 11 1919

(Signature) *D. Fletcher Hunt*

fu O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

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

Chester M. Arthur

Reg. Conduct Sheet, Militia form B. 263	or	Militia Form W. 33
Squadron Battery Company	} Conduct Sheet, Militia form B. 263a	Particulars of Recruit W. 133
		Proceedings on Discharge B. 218
Field Conduct Sheet	or	W. 178
Copies of Convictions, by C. P. in MS.		
Med. Hist. Sheet, Militia form B. 315		In the case of recruits who are rejected on final approval, the discharge documents will consist of
Casualty Form	or	W. 34
Medical Report for Invalids		(a) Proceedings on Discharge
Dental History Sheet	or	B. 465
Last Pay Certificate	or	W. 44
Duplicate Discharge Certificate	or	W. 39a
Form of Will	or	W. 83
Only if discharged "Medically unfit."		(c) Medical History Sheet
Only if man has not been overseas.		(b) Attestation

I hereby certify that the following documents are unobtainable.

Officer Commanding

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

(Date) _____

Officer Commanding.

9. Additional Certificate in the case of a Soldier who takes _____
on his own request.

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

10. Statement of Service.
Served from _____ the date in which the _____

11. Confirmation of Discharge.
The discharge of the above-named man is hereby confirmed _____

*N.B.—In the case of a man discharged by purchase,
the date and number of Deposit Receipt with
amount of same is to be noted hereon.*

E.M.H.

Number... 931659 Rank Pte ✓

Surname... McARTHUR ✓

Christian Name... Lehester ✓

Units... Co. O.R.C.C. Theatre of War... France ✓

Date of Service... 28/5/18 ✓

Remarks.....

Latest Address... 220... Mercer St ✓

..... Windsor... Ent ✓

Roll No.

B. Page 8042.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

AUTHORITY

DESP. NO. 44942
DEC 3 1921

Name *McARTHUR* *Chester* Rank *PTE*
 Unit *14th Res. Bn N.S.R.D. (Com 17th Res.)*
 Next of Kin *U.S.A.*

Reg. No. *937659*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-9-17	Can Mil Hosp	Bramshott, NYD.	(Q)	C11		
21-9-17	Discharged	(R225. 1924)	N.A.D.	C18		

No. *931659* RANK *Pte.*

NAME *McArthur Chester*

T. O. S. *9-12-16*

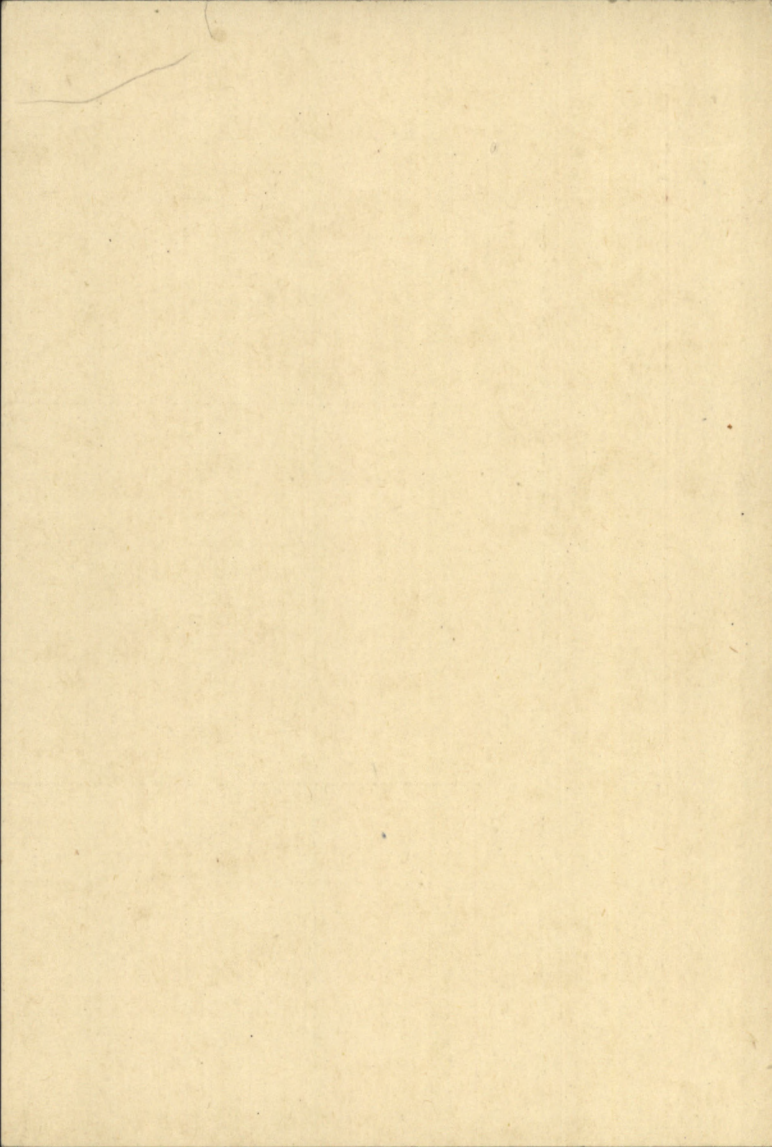
UNIT

No 2. Construction Battalion

D.D. *105. 18. 12. 16*

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Dec 9</i>	<i>Dec 31</i>	<i>✓</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>n.</i>		



Chester

Name MCARTHUR Rank PteReg. No. 931659Unit 2nd Constr CoNext of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
27-6	C. E. C. Hosp Tuna	P. V. O.		A 255		2308-3
3-7	Discharged.	"		A 261		2424/17
9-7	C. E. C. N. La. Joux	"		A 266		2576/20
23-7	Discharged.	"		A 278		2836/14

NAME *Mc Arthur*

RANK AND CORPS *Pte*

REGT'L No *31659*
H. Q. FILE No. 649.

b.
U.S. Regt
NATURE OF CASUALTY

CABLE

NO.

DATE

FOLLOWS

No.

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 11	Can. mil. Bramshott	12-9-17	N.Y. 10.
C 18	discharged	21-9-17	N.Y. D. "Q" NS.
Q. 255 ⁽²⁾	Can. For Corps.		
	Sa. 9 out Jura.	27-6-18	F. W. O. P. S. Reg.
Q. 261	Discharged.	3-7-18	" " " " "
Q. 266	Can. For Corps.	9-7-18.	" " " " "
	La Jout Jura.		
Q. 278.	Lesic.	23-7-18	" " "

SURNAME.

McArthur,

CARD NO.

*808 11-2-19
80-41-10-2-19
6emob FOLLW #1.*

CHRISTIAN NAMES

Chester.

REGL. NO.

931659.

RANK

Pte.

UNIT

No. 2. Construction

Bn.

FORMER CORPS

nib.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lightfoot, C. F.

RELATIONSHIP TO SOLDIER

Step-Brother

ADDRESS

*204 Watson St. Detroit, Mich.
U.S.A.*

COUNTRY OF BIRTH

Canada Hamilton, Ont.

DATE

Apr. 10th, 1884.

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Dec. 9th, 1916.

From Halifax per SS. **Southern** 28/3/17

MARRIED SINGLE WIDOWER

TRADE OR CALLING *Chauffeur +* RELIGION *Methodist?*

Shoemaker. DESCRIPTION.

APPARENT AGE *32.* YEARS *8.* MONTHS

HEIGHT *5.* FEET *11.* INCHES

CHEST MEASUREMENT *38.* INCHES EXPANSION *4.* INCHES

COMPLEXION *Dark.* EYES *Brown.* HAIR *Black.*

DISTINGUISHING MARKS *Tattoo: American and Canadian flag on left arm.*

MEDICAL EXAMINATION. PLACE *Windsor, Ont.* DATE *Dec. 9th. 1916.*

Present Address - 204 Watson St. Detroit. Mich. USA.

Name **McARTHUR, Chester** Rank **Pte.** Regtl. No. **931659**

Fyle Depot **1DD-10-M-552**

Original unit **No. 2 Const. Bn.** Present unit **C.F.C.** ~~xx~~ or S. Age **35** Religion **Meth.** Ref. H.Q. **1-D-30-M-1897**

Port, ship and date of arrival **Halifax, Olympic, 17-1-19**

Next of kin **(Step-brother) C.F. Lightfoot, 204 Watson St. Detroit, Mich. USA.**

Address on leave

Address on discharge **220 Mercer St., Windsor, Ont.**

Transportation issued Yes No Date Character on discharge

Previous occupation **Chauffeur & Shoemaker** Date and place of enlistment **Windsor, Ont. Dec. 9th. 1916.**

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy. and granted sub. allowance to 7-2-19.	29

*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2 Order No.

11-2-19

Discharged from H. M. S. On Demobilization. (P.D.P.)

41

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. NO.

Mc ARTHUR.

C.

931659

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

N.S. depot. (2 ban. N. S.)

HOSPITAL

DATE OF ADMISSION

Bramshott. C.Mil.

12-9-17.

1. C. F. C. La Joux. Jura. HOSP. 27. 6. 18.

2. C. F. C. La Joux. Jura. HOSP. 9. 7. 18.

3. HOSP.

4. HOSP.

DIAGNOSIS ~~no y.d.~~ "Q"

1 P.U.O. a.s.

2 P.U.O. R.

3.

DISPOSITION

C.L. 15-9-17. C11.

22. 9. 17. 614

4. 7. 18. 255 (2)

11. 7. 18. 261 (1)

17. 7. 18. 266 (1)

31. 7. 18. 278

DATE

REMARKS

Dis. 21. 9. 17

Dis. 3. 7. 18.

Dis. 23. 7. 18.

##

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

To be made out in duplicate.

I.C. 51-21-23-53

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.

No. 2 CONSTRUCTION, B'n. C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 981 659

(3) Full Name of Soldier..... Chester McArthur

(4) Place of Birth..... Hamilton Ontario

(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? yes

(8) Have you any children? No

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

Also their names and ages.....

(9) Is your Father alive? *yes*

If so, state name and address

(10) Is your Mother alive? *yes*

If so, state name and address

(11) If your Mother is a widow? *X*

Are you her sole support, or not? *X*

(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.

*(Step Brother) S. Lightfoot
204 Wagon St Detroit Mich U.S.A.*

(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? *yes*

If so, in what Company? *Metropolitan*

Have you made arrangements for payment of your Insurance premium? *yes*

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

Date *18/12/16*

C. W. Reis Capt
for Officer Commanding.
No. 2 Construction Battalion, C. E. F.

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. #2 Construction Battalion, C. E. F.

Regimental No. 931659 Rank Private Name Chester McArthur

C. E. F.

Enlisted (a) 9/12/16 Terms of Service (a) Duration of War Service reckons from (a) 9/12/16

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) Chauffeur and shoe-maker

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				
		Enlisted, Canada Disenlisted, England Proceeded Overseas	Hatfield U.S. Lusitana Seaford	25/3/17 4/4/17 MAY 17 1917	Pl 2 10#
22/5/17 16-7-17	N.S.R.D.	Taken on Strength. on commd 17 Res	Brunswick ..	22/5/17 16-7-17	Pl. 2. D.O. 74. 2nd Const. C. Pt II 125 d/29 8/17 129

MAY 17 1917

MAY 17 1917

Proceeded Overseas
Pl 2 10#

Alexson Sr
for CAPTAIN & ADJUTANT
FOR C.G. 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. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-7-17	O.C. 17th	Attachment taken on.	Bramshett.	16-7-17	Part 11 Order 169.
2-10-17	O.C. 17th	Cease to be attached on return to N.S.R.D.	Bramshott	1-10-17	Part 11 Order 234, 233 <i>S. J. Brewster</i> Lieut., Asst. Adj. 17th Canadian Res. Batt.
1/10/17	N.S.R.D.	Rel'd from bond & S.O.S. on posting to 26 Res. Bn.	Bramshott	1/10/17	Pt. II 203 <i>D. Jackson</i> CAPTAIN & ADJUTANT, FOR O.C. NOVA SCOTIA REGIMENTAL DEPOT.
1/10/17	O.C. 26th Res. Bn.	Taken on Strength.	Bramshott	1/10/17	D. O. PART II No. 232
15/10/17	O.C. 26TH RES. BN. in Transfer to	STRUCK OFF STRENGTH. 17th Canadian Res. Batt.	Bramshott	15/10/17	D. O. PART II No. 244 <i>W. Medley</i> O.C. 26TH RES. BN.
15/10/17	O.C. 17th Res. Bn.	Taken on Strength.	Bramshott	15/10/17	D. O. PART II No. 245
25-3-18	O.C. 17th	S.O.S. on transfer to Can. For. Corps.	Bramshott.	25-3-18	Pt. 11. Order. 71. <i>W. Medley</i> Lieut., Asst. Adj. 17th Canadian Res. Batt.
26-3-18	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale	25-3-18	Pt. 11. D.O. 73	17th Canadian Res. Batt.
29-5-18	O.C. BASE DEPOT C.F.C.	SUNNINGDALE on transfer to Col. Const. <i>W. Medley</i>	29-5-18	PT. II. DO. NO. 128	C.F.C.

CERTIFIED CORRECT.
 15 OCT 1917
 25 JUN 1918
 26 3-18
 29-5-18
 G.N. RECORDS, LONDON.

W

676

J.P. Rank

Name

McARTHUR, Chester.

Reg'l No.

931659.

Unit No2. Const Bn.

If in perm. Corps
What Unit?

Married or Single

Single.

Place and Date of Enlistment Windsor. Ont. 9th Dec. 1916.

Place of Birth Hamilton. Ont.

Name and Address, Next-of-Kin C.F. Lightfoot.

204 Watson St. Detroit. Mich. U.S.A.

Relationship

Step-Brother.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.E. 3070

Separation Allowance \$

Payable to

Relationship

File R.L.

Category R CAN

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9:46-16.

C7C

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>6</i>	<i>Arrived in England SS Southland</i>		<i>7-4-17</i>	
<i>9-5-17</i>	<i>No 20. B.M.</i>	<i>adm Hos.</i>	<i>Seaford</i>	<i>5-9-17</i>	<i>PAE 110 General</i>
<i>22-5-17</i>	<i>NSRD</i>	<i>Iss from 2nd C. Com. Corps</i>	<i>B'shall</i>	<i>22-5-17</i>	<i>--- 748 Cho. Co. R. No. 125/29 8/17</i>
<i>23-5-17</i>	<i>7th Res.</i>	<i>Attached this unit</i>	<i>Seaford</i>	<i>7/5 to 22/5 7</i>	<i>--- 123</i>
<i>16-7-17</i>	<i>NSRD</i>	<i>Com. 17th Res. Bn.</i>	<i>B'shall</i>	<i>16-7-17</i>	<i>H. Do. 1294 17 Res. Bn. 109 19-7-17</i>
<i>14-9-17</i>	<i>N.S.R.</i>	<i>Can. Mil. Hoopl.</i>	<i>"</i>	<i>14-9-17</i>	<i>CRC-11 NY. P. 9</i>
<i>22-9-17</i>	<i>"</i>	<i>Succ. Can. Mil. Hoopl.</i>	<i>"</i>	<i>22-9-17</i>	<i>CRC-18</i>
<i>1-10-17</i>	<i>17th Res.</i>	<i>Access Atti on return to NSRD</i>	<i>"</i>	<i>1-10-17</i>	<i>H. 233</i>
<i>1-10-17</i>	<i>26th Res</i>	<i>Adv. on reping from NSRD</i>	<i>"</i>	<i>1-10-17</i>	<i>H. 232 1-NSRD. H. 203 1/10-17</i>

MS

931.659 McArthur C.

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.				
15.10.17	17 th Res	U.S. from 26 th Res Bn.	Mc	15.10.17	U.S. 2459 26 th Res Bn 15.10.17
25.3.18	✓	SGS to Can Forestry Corps.	✓	25.3.18	71. M.I. 9.73 26 2/18 96 T.O.S. BDC 7C.
29.5.18	BDC 7C.	S.O.S. on proceeding 4 seas for duty with No 2 Construction Coy	Mc	28.5.18	" 128. 2, 36 d/ 2nd 6.18
16-12-18	NSRD	TOS from 2 nd cc coy	Bshott	14-12-18	305-71 d/ 19-12-18 2 nd cc coy
27-12-18	N.S.R.D.	O/S to C. D. D Rhye	✓	27-12-18	313.
19 JAN. 1919	NSRD	SGS to CEF in CANADA	Mc	9 JAN 1919	PT2DO 16

A.F. B. 103 CHECKED JUN 15 1918

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931659 Rank Pte. Surname McARTHUR
(Given name in full)
Chester
 Unit or Corps I.D.D. Birthplace Hamilton, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 176 lbs. Height 5 ft. 10 1/4 in. Colour of Eyes Brown
 Nutrition good
 Pulse 68
 Condition of arteries slightly thickened
 Vision Rt. 20' 20 Left 20' 20
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
 Depression in occipital bone about size of tip of finger. due to surgical operation prior to enlistment.

Opinion as to general health and physical condition Good. Cat. A 2

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System yes
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

His systolic pressure is 160. The arteries slightly thickened. There are no subjective symptoms. This condition existed prior to enlistment. There is no apparent aggravation or impairment due to service.

There is a depressed area in occipital region large as end of finger. Due to tripine operation following automobile accident prior to enlistment.

There is no apparent aggravation or impairment due to service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Toronto Ont*.....(Canada)

Date *7/2/19*..... Signed *H. T. Robertson Capt*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *C. Chester McArthur*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

10 2ca-10

LAST PAY CERTIFICATE

Regt.No. 931659 Rank P6 Name McArthur Chester
Corps 2 Com Bn who was Discharged
on 11/79 to

The following is a statement of the account of the above named
from 1/79 to 11/79

Bal Dr	from mon. of from L.P.C.		Bal. Cr.	from mon. of Jan from L.P.C.	410 27
ASSIGNED PAY:			Regt. Pay 11 dys. @ \$1		11 00
SEPARATION ALLOWANCE:			F'ld. All. 11 dys. @ \$10		1 10
OTHER CHARGES: # 4186		25 00	OTHER CREDITS: Clothing Allowance		35 00
PAYMENTS: 20802		432 37	Subsistence,		
Bal. Credit (to be pd.)			Bal. Dr. (to be deducted)		
			(from soldier \$)		
			(from Dependent \$)		
SPD POP		457 37			457 37

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month has been nil to	at \$ per month has been nil to	Subscribed \$ Pd. by other \$ Units \$ Pd. by this Unit \$

Dependent or Beneficiary: nil
Address:

REMARKS: 10041 Discharged 11/79
On Demob.

Date of Enlistment 9/17/16
If married and if Separation Allowance card submitted

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

Date:

London, Ontario.

J. D. Patterson Captain.
Paymaster No. 1 District Depot.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

The following is a statement of the account of the above named
[Name] [Address] [City, State]

DATE	DESCRIPTION	AMOUNT	BALANCE
1917	REPARATION ALLOWANCE	100.00	100.00
1918	REPARATION ALLOWANCE	100.00	200.00
1919	REPARATION ALLOWANCE	100.00	300.00
1920	REPARATION ALLOWANCE	100.00	400.00
1921	REPARATION ALLOWANCE	100.00	500.00
1922	REPARATION ALLOWANCE	100.00	600.00
1923	REPARATION ALLOWANCE	100.00	700.00
1924	REPARATION ALLOWANCE	100.00	800.00
1925	REPARATION ALLOWANCE	100.00	900.00
1926	REPARATION ALLOWANCE	100.00	1000.00
1927	REPARATION ALLOWANCE	100.00	1100.00
1928	REPARATION ALLOWANCE	100.00	1200.00
1929	REPARATION ALLOWANCE	100.00	1300.00
1930	REPARATION ALLOWANCE	100.00	1400.00
1931	REPARATION ALLOWANCE	100.00	1500.00
1932	REPARATION ALLOWANCE	100.00	1600.00
1933	REPARATION ALLOWANCE	100.00	1700.00
1934	REPARATION ALLOWANCE	100.00	1800.00
1935	REPARATION ALLOWANCE	100.00	1900.00
1936	REPARATION ALLOWANCE	100.00	2000.00
1937	REPARATION ALLOWANCE	100.00	2100.00
1938	REPARATION ALLOWANCE	100.00	2200.00
1939	REPARATION ALLOWANCE	100.00	2300.00
1940	REPARATION ALLOWANCE	100.00	2400.00
1941	REPARATION ALLOWANCE	100.00	2500.00
1942	REPARATION ALLOWANCE	100.00	2600.00
1943	REPARATION ALLOWANCE	100.00	2700.00
1944	REPARATION ALLOWANCE	100.00	2800.00
1945	REPARATION ALLOWANCE	100.00	2900.00
1946	REPARATION ALLOWANCE	100.00	3000.00
1947	REPARATION ALLOWANCE	100.00	3100.00
1948	REPARATION ALLOWANCE	100.00	3200.00
1949	REPARATION ALLOWANCE	100.00	3300.00
1950	REPARATION ALLOWANCE	100.00	3400.00
1951	REPARATION ALLOWANCE	100.00	3500.00
1952	REPARATION ALLOWANCE	100.00	3600.00
1953	REPARATION ALLOWANCE	100.00	3700.00
1954	REPARATION ALLOWANCE	100.00	3800.00
1955	REPARATION ALLOWANCE	100.00	3900.00
1956	REPARATION ALLOWANCE	100.00	4000.00
1957	REPARATION ALLOWANCE	100.00	4100.00
1958	REPARATION ALLOWANCE	100.00	4200.00
1959	REPARATION ALLOWANCE	100.00	4300.00
1960	REPARATION ALLOWANCE	100.00	4400.00
1961	REPARATION ALLOWANCE	100.00	4500.00
1962	REPARATION ALLOWANCE	100.00	4600.00
1963	REPARATION ALLOWANCE	100.00	4700.00
1964	REPARATION ALLOWANCE	100.00	4800.00
1965	REPARATION ALLOWANCE	100.00	4900.00
1966	REPARATION ALLOWANCE	100.00	5000.00
1967	REPARATION ALLOWANCE	100.00	5100.00
1968	REPARATION ALLOWANCE	100.00	5200.00
1969	REPARATION ALLOWANCE	100.00	5300.00
1970	REPARATION ALLOWANCE	100.00	5400.00
1971	REPARATION ALLOWANCE	100.00	5500.00
1972	REPARATION ALLOWANCE	100.00	5600.00
1973	REPARATION ALLOWANCE	100.00	5700.00
1974	REPARATION ALLOWANCE	100.00	5800.00
1975	REPARATION ALLOWANCE	100.00	5900.00
1976	REPARATION ALLOWANCE	100.00	6000.00
1977	REPARATION ALLOWANCE	100.00	6100.00
1978	REPARATION ALLOWANCE	100.00	6200.00
1979	REPARATION ALLOWANCE	100.00	6300.00
1980	REPARATION ALLOWANCE	100.00	6400.00
1981	REPARATION ALLOWANCE	100.00	6500.00
1982	REPARATION ALLOWANCE	100.00	6600.00
1983	REPARATION ALLOWANCE	100.00	6700.00
1984	REPARATION ALLOWANCE	100.00	6800.00
1985	REPARATION ALLOWANCE	100.00	6900.00
1986	REPARATION ALLOWANCE	100.00	7000.00
1987	REPARATION ALLOWANCE	100.00	7100.00
1988	REPARATION ALLOWANCE	100.00	7200.00
1989	REPARATION ALLOWANCE	100.00	7300.00
1990	REPARATION ALLOWANCE	100.00	7400.00
1991	REPARATION ALLOWANCE	100.00	7500.00
1992	REPARATION ALLOWANCE	100.00	7600.00
1993	REPARATION ALLOWANCE	100.00	7700.00
1994	REPARATION ALLOWANCE	100.00	7800.00
1995	REPARATION ALLOWANCE	100.00	7900.00
1996	REPARATION ALLOWANCE	100.00	8000.00
1997	REPARATION ALLOWANCE	100.00	8100.00
1998	REPARATION ALLOWANCE	100.00	8200.00
1999	REPARATION ALLOWANCE	100.00	8300.00
2000	REPARATION ALLOWANCE	100.00	8400.00
2001	REPARATION ALLOWANCE	100.00	8500.00
2002	REPARATION ALLOWANCE	100.00	8600.00
2003	REPARATION ALLOWANCE	100.00	8700.00
2004	REPARATION ALLOWANCE	100.00	8800.00
2005	REPARATION ALLOWANCE	100.00	8900.00
2006	REPARATION ALLOWANCE	100.00	9000.00
2007	REPARATION ALLOWANCE	100.00	9100.00
2008	REPARATION ALLOWANCE	100.00	9200.00
2009	REPARATION ALLOWANCE	100.00	9300.00
2010	REPARATION ALLOWANCE	100.00	9400.00
2011	REPARATION ALLOWANCE	100.00	9500.00
2012	REPARATION ALLOWANCE	100.00	9600.00
2013	REPARATION ALLOWANCE	100.00	9700.00
2014	REPARATION ALLOWANCE	100.00	9800.00
2015	REPARATION ALLOWANCE	100.00	9900.00
2016	REPARATION ALLOWANCE	100.00	10000.00

REMARKS:

It is noted that the account of the above named [Name] [Address] [City, State] is in debit to the account of the United States District Court, Southern District of New York, for the amount of \$10,000.00, which is the amount of the reparations allowed to the above named [Name] [Address] [City, State] from 1917 to 2016.

Very truly yours,
 [Signature]
 [Name]
 [Title]

London, Ontario

ORIGINAL

14
931659

MEDICAL HISTORY SHEET.

931659

Surname McArthur

Christian Name Chester

Examined { on 9th day of Dec 1916
at Windsor, Ont

Approved by Dau Murray

Birthplace { City or Town Hamilton
County Ontario

Rank Capt A.M.C.

Apparent age 32- 8 mos

Trade or occupation Chauffeur-shoe-maker

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>2/4/18</u>	<u>A. H.</u>	<u>C. Dau Murray</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 Feet 11 Inches.

Weight 184 Lbs.

Chest measurement { Minimum 34 inches.

Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right Left.
Number - -

Date.	Result.	VACCINATIONS.
<u>3/3/17</u>	<u>SS</u>	M.O.
<u>3/3/17</u>	<u>Dau Murray</u>	M.O.
		M.O.

When Vaccinated last

(a) Marks indicating congenital peculiarities or

previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/2/17</u>	<u>SS</u>	<u>SS Slephey</u> M.O.
<u>26/2/17</u>	<u>L. H. R.</u>	<u>Dau Murray</u> M.O.
<u>9/3/17</u>	<u>L. H. R.</u>	<u>Dau Murray</u> M.O.

(b) Slight defects but not sufficient to cause rejection

R. E. 20/20 L. E. 20/20

Both feet hammer toes.

Enlisted on 9th day of December

1916 at Windsor, Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>2nd Const Bn</u>	<u>931659</u>		
Transferred to	<u>C. E. F.</u>			<u>9/12/16</u>
	<u>R. P. R. D.</u>			<u>20/10/17</u>
	<u>26th Reg. Inf.</u>			<u>1/10/17</u>
	<u>17th Const Bn</u>			<u>15-10-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>Dec 9-1916</u>	<u>on enlistment</u>	<u>Fit</u>
<u>Bramshott.</u>	<u>18-9-17</u>	<u>na d.</u>	<u>Discharged Capt.</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.

Christian Name Chester

Surname McArthur

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Recusshiet		10	9	17	21	9	17	N.A.D.	12	Complains of pain in head + neck, had concussion 4 yrs ago. depression in scot, spinal exam negative, eye R.V. 6/6 L.V. 6/6 slight astigmatism of base not necessary to correct is only subjective Blood Pressure x 60. M. Bosaal calquigul him A II	R. L. M. de K... Capt. de K...

* Strike out whichever inapplicable.

ASSIGNED PAY 7712 ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

EFFECTIVE DATE: EFFECTIVE DATE:

AMOUNT: AMOUNT:

NAME: McARTHUR, Robert¹⁵

NUMBER: 931659

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.

UNIT AND TRANSFERS

ORIGINAL UNIT: 2nd. Gen. Bn. Battr.

DATE ACCOUNT FIRST OPENED: April 1st 1917

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Private</u>
UNIT AND TRANSFERS		
73.	<u>1/4/18</u>	<u>2nd Lt. R.O.</u>
		<u>2nd Lt. Eng.</u>
36	<u>29-6-18</u>	<u>2nd Lt. Bn. Bn. Eng.</u>
	<u>1/1/19</u>	<u>Canada</u>

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
<u>9/12</u>	<u>6741</u>		<u>466</u>				
<u>18/12</u>	<u>3583</u>		<u>973</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<u>1.00</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transf. Canada 31/12/18 AR 161 d/17/12/18 2 PCCO.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<u>1918</u>											
<u>Apr. '18</u>	<u>Balance Forward</u>								<u>180.47</u>	<u>180</u>	
<u>April</u>	<u>Pte Pay</u>	<u>33</u>		<u>A.R. B66 B.D. 10-4-18</u>	<u>4.87</u>						
				<u>" B314 " 24-4-18</u>	<u>9.73</u>				<u>198.87</u>	<u>195</u>	
		<u>33</u>			<u>14.60</u>						
<u>May</u>	<u>do</u>	<u>34.10</u>		<u>A.R. B809 B.D. 25-5-18</u>	<u>4.87</u>						
				<u>D.N.A.R. B609 14.5.18. B.D.</u>	<u>9.73</u>				<u>218.37</u>	<u>210</u>	
		<u>34.10</u>			<u>14.60</u>						
<u>June</u>	<u>do</u>	<u>33</u>		<u>D.N.A.R. 716 5 Dist 7-6-18</u>	<u>3.57</u>						
				<u>" 874 " 27-6-18</u>	<u>3.57</u>				<u>244.23</u>	<u>225</u>	
		<u>33</u>			<u>7.14</u>						
<u>July</u>	<u>PP.</u>	<u>34.10</u>		<u>AR 952 10/7 CFC 5</u>	<u>3.57</u>						
				<u>AR 1006 15/7</u>	<u>3.57</u>				<u>271.19</u>	<u>210</u>	
		<u>34.10</u>			<u>7.14</u>						
<u>Aug</u>	<u>PP</u>	<u>34.10</u>		<u>AR 1259 10/8 CFC 5</u>	<u>3.57</u>						
				<u>AR 1474 25/8</u>	<u>3.57</u>				<u>298.15</u>	<u>255</u>	
		<u>34.10</u>			<u>7.14</u>						
<u>Sep</u>	<u>PP.</u>	<u>33</u>		<u>AR 1675 5/9 CFC 5</u>	<u>3.57</u>						
					<u>3.57</u>				<u>327.58</u>	<u>270</u>	<u>ap. agreed</u>
		<u>33</u>			<u>3.57</u>						
<u>Oct</u>	<u>PP</u>	<u>34.10</u>		<u>" 2257 12/10</u>	<u>7.46</u>						
				<u>" 2025 26/10</u>	<u>3.73</u>				<u>350.49</u>	<u>285</u>	
		<u>34.10</u>			<u>11.19</u>						
<u>Nov</u>	<u>Int on Def Pay</u>	<u>14.43</u>		<u>" 2692 13/11</u>	<u>3.73</u>						
	<u>Nov + Dec P.P.</u>	<u>67.10</u>		<u>" 2910 26/11</u>	<u>13.06</u>				<u>415.23</u>	<u>300</u>	
				<u>6741 10/12 B.G. B.D.</u>	<u>4.66</u>						
				<u>" 3583 19/12 B.G. B.D.</u>	<u>9.73</u>				<u>400.84</u>		
					<u>31.18</u>						
<u>Jan</u>					<u>31.18</u>						

CHECKED BY P. J. ...

415
23
L.P.C. v 40084

SPECIALIST'S REPORT.

To:-

Officer i/c

Bramshott Military Hospital.

Department.

Kindly examine

P. M. Archer in ward *14*

with special regard to

eyes

Date

1917-

A. H. M. Maguire M.O. i/c Ward. CAMC.

Report.

R.V. - 6/6 Small degree of astigmatism. Glasses

L.V. - 6/6 not ordinarily necessary but

if headaches continue they might be ordered for him.

Fit as far as eyes are concerned.

*10.0.17
Sept. 16. 17*

W. W. Wright
Officer i/c Department.

18
The [illegible] [illegible]

1. [illegible] [illegible] [illegible]
2. [illegible] [illegible] [illegible]
3. [illegible] [illegible] [illegible]
4. [illegible] [illegible] [illegible]

10.000
10.000
10.000

Ward 14 ⁸ URINE SPECIMIN. Date Sept-13 1917

Reg.No. 931669 Rank Pli. Name McArthur Unit C. A. M. C. ^{17th Reg.}

Disease N.Y.S. Examine specimen for _____

Reaction acid Sp.Gr. 1023 Bile _____

Albumen ref Sugar ref Blood _____

Sediment _____

6256

M.O. i/c Ward

23 W. Williams Capt. CAMC.
Officer i/c Laboratory

21/10/18
17/10/18
16/10/18

Mr. Dalton

1818

1/10/18
2/10/18
3/10/18

1818

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931659 (Rank) PRIVATE

Name (in full) McARTHUR, Chester, enlisted in
the 2nd Construction Battalion, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT on the NINTH
day of DECEMBER 19 16.

HE served in FRANCE (with 2nd Construction Battalion)
and is now discharged from the service by reason of ON DEMOBILIZATION.

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

Age 34 Years
Height 5' 11"
Complexion DARK
Eyes BROWN
Hair BLACK

Marks or Scars N I L

Signature of Soldier
DISCHARGE SECTION
FEB 11 1919
No. 1 District Depot

D. Fletcher
Issuing Officer
for **O. C. Discharge Section** Rank 1 D D

Date of Discharge

Appointment

Signed at LONDON, ONT. this ELEVENTH day of FEBRUARY 19 19

in Military District No. -ONE-

File Reference No. ID 30-M-1897
IDD 10-M-552

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19.....

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.



Army Form B. 103.

Regimental Number 931659

2
Casualty Form - ^{Can} Active Service

Regiment or Corps No 2 Comd Coy

Rank Private Surname Mc Arthur Christian Name Charles

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 ...			
<u>29.5.18</u>	<u>CGRA</u>	<u>Having arrived in France to</u>	<u>Sld.</u>	<u>29</u>	<u>Inf. Reg. 674</u>
		<u>F.O.S. Co 2 Can Cav Coy.</u>		<u>5/18</u>	<u>1100-367 June 1918</u>
<u>3-6-18</u>	<u>do</u>	<u>Left for front</u>	<u>Sld.</u>	<u>3-6-18</u>	<u>661253</u>
<u>8-6-18</u>	<u>unit</u>	<u>Joined unit</u>	<u>"</u>	<u>6-6-18</u>	<u>15213</u>
<u>27-6-18</u>	<u>Gen Hospital</u>	<u>P.U.O. admitted Gen Hosp</u>		<u>27-6-18</u>	<u>W 5604</u>
<u>3-7-1918</u>	<u>"</u>	<u>" set discharged. Sld</u>	<u>Sld</u>	<u>3-7-18</u>	<u>W 6216/9233</u>
<u>29-6-1918</u>	<u>do</u>	<u>To Hospital</u>	<u>Sld</u>	<u>27-6-18</u>	<u>B213</u>
<u>6-7-1918</u>	<u>do</u>	<u>Returned from Hospital "</u>		<u>3-7-18</u>	<u>B213</u>

(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, Shoeing-Smith, &c.

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				
9-7-18	Juno Hospital	P.W.O. adm.	Juno Hosp	9-7-18	W6837/19829
13-7-18	do admit	admitted to Hospital	Juno	9-7-18	B213
24-7-18	Juno Hosp.	P.W.O. Discharged	Juno	24-7-18	48/46
27-7-18	do admit	Returned from Hospital	Juno	27-7-18	B213
11-12-18	AAG	Trans to England and posted to N.S. Regtl. Depot. Bramshott		14-12-18	KR 344

Ca. Barrett

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. O. 3rd Echelon, B. E. F.

17-12-18 W.S.R.D. T.O.S. and att'd 2nd Co of Quarters & Nations Bramshott 14-12-18 D.O. 305

NSRD

ON COMMAND TO *C.D.D. Kimmel Lt. Rhyl*

BRAMSHOTT

PART II D.O. *W.S.R.D. 313 27 12/18*

DISCHARGED

DISCHARGE SECTION
FEB. 11 1919
No. 1 District Depot

ON DEMOBILIZATION

Ca. Wright LIEUT.
OFFICER in RECORDS,
NOVA SCOTIA REGTL. DEPOT.

28-12-18 NSRD

TOS MDI base wing

Rhyl

W.S.R.D.
Lieut. AA
for O.C. base wing

10-1-19 from O/S

Taken on strength No. 1 District Depot London D.O. 29

B. Fletcher Lieut
O.C. Discharge Section, No. 1 D. D.

F. A. Herrman Lieut
for O/C No. 1 DISTRICT DEPOT

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 17 Res.

No. 931679

Rank and Name Pfc McArthur C

Age 33

Military Hospital Bramshott

Service 10/12

Disease _____ Date of admission 10-9-17

Date of discharge _____ Result _____

Dates of Observation	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
<u>11</u>																												
<u>12</u>																												
<u>13</u>																												
<u>14</u>																												
<u>15</u>																												
<u>16</u>																												
<u>17</u>																												
Temperature, Fahrenheit																												
86°																												
84°																												
82°																												
80°																												
78°																												
76°																												
74°																												
72°																												
70°																												
68°																												
66°																												
64°																												
62°																												
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36°																												
34°																												
32°																												
30°																												
28°																												
26°																												
24°																												
22°																												
20°																												
18°																												
16°																												
14°																												
12°																												
10°																												
8°																												
6°																												
Pulse per Minute	<u>80</u>	<u>72</u>	<u>72</u>	<u>64</u>	<u>64</u>	<u>64</u>	<u>60</u>	<u>64</u>	<u>60</u>	<u>64</u>																		
Respirations per Minute	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>																		
Motions per 24 Hou.																												

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____ Rank and Name _____

Military Hospital _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.V.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°	'8	'6	'4	'2																									
106°	'8	'6	'4	'2																									
105°	'8	'6	'4	'2																									
104°	'8	'6	'4	'2																									
103°	'8	'6	'4	'2																									
102°	'8	'6	'4	'2																									
101°	'8	'6	'4	'2																									
100°	'8	'6	'4	'2																									
99°	'8	'6	'4	'2																									
98°	'8	'6	'4	'2																									
97°	'8	'6	'4	'2																									
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature _____ In charge of case _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	981659	Pt.	McArthur	C.
Year	Unit.	Age.	Service.	
	17 Res.	33	10/12	
Station and Date.	Disease			
10-9-15	N. A. D.			
Manuscript	Family history, negative			
	Past history, has never had any serious illness. Was in an accident 4 yrs ago. and had concussion. Has been troubled with headache at intervals since then			
	Present illness. complain pain in head, and neck, has had a cough for past week. Says he has never done any drill on account of poor feet.			
	Present condition, scar on back of head, Hammer toes both feet. Res. Pump and pulse normal, says he has lost sense of taste and smell since his accident			
	Lungs: negative			
	Heart: negative			
	Abdomen: negative			
Sept 17.	General examination entirely negative, symptoms chiefly subjective, for classification by Board.			
Sept 17th	Eyes examined R. V. $\frac{6}{6}$ small degree of astigmatism L. V. $\frac{6}{6}$ Glasses not necessary			

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

Station
and Date.

A. L. MacArthur

Capt

Sept 19th

boarded and marked A 17
Blood Pressure 160.

Sept 19th

discharge to lines

A. L. MacArthur

Capt CMH

518

10-Mc A-10

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

REGT. No. 931659

RANK Pfc.

NAME (IN FULL) MEARTHUR, Chester

AUDITOR PAYMASTER

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					2 Cav. Ptn.	220 Mercer St Windsor, Ont.	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	AUTHORITY
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	REASON	AUTHORITY
					London.	11-19	1541

MONTH	100 PAY AND F. A. / 10		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	\$	C.	\$		C.
Balance from previous account																					
1 1/19 to 31 1/19	31	1.00	31.00	15	20	360.97	4	10	27											On Board	
1 1/19 - 11 2/19	11	1.10	12.10	35	00	410.27	4	51	37	20802 1/19	25	00	432	37						410.27	Subs 2019 to 7 2/19 4029
11/2/19			70			70				6264 1/19											W.S.G. # 2 yr. 350
11/2/19			280			280															WAR SERVICE GRATUITY
11/4/19			210			210															Bla
			140			140															4847
			70			70															68898
																					11/2/19 - 79/77
																					11/6/19 489843
						550															

