

Unit No. 11 Sec. C.A.V.C. Rank Captain Name RIDDELL, Robert.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Riddell
(b) What are your Christian Names? Robert
2. (a) Where were you born? (State place and country) Cobourg Ont, Canada
(b) What is your present address? 1248, 11th Ave E Vancouver
3. What is the date of your birth? Sept 12th 1859
4. What is (a) the name of your next-of-kin? Anne M Riddell
(b) the address of your next-of-kin? 1248, 11th Ave E Van
(c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Veterinary Surgeon
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? No 11 sec C.A.V.C. 1891 C.A.V.C.
9. State particulars of any former Military Service R.N.W.M. Police 1881 to 1887. South Africa 1899-1902 militia 1902 to date
10. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

R Riddell Capt. C.A.V.C. (Signature of Officer)

Taken on strength (place) Manitoba

(date) 1918

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him unfit for g.c. for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Dec 9th 1918

Place Vancouver B.C.

A. S. Sullivan Capt. M.
Medical Officer.

*Insert here "fit" or "unfit"

8-10-19

RINDLELL Robert

REGT. NO.

L. DOCUMENT
Capt.

UNIT

C. A. V. E.

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

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

DEATH

Category

DISCHARGE

Category

11758

DESERTION

W. 2989
100M-11-18
1772 39-1377

5

①

~~✶~~

NAME

Riddell.

3047-1

11

REGT. No.

RANK AND UNIT

*Robert.**Capt.*

NEXT OF KIN

C. A. Vb.

CABLE

No.

DATE

NATURE OF CASUALTY

*S.O.S. 15.9.19. Demob.
R.O. 2183 of 20/9/19. 11**Next of Kin.**Place of Birth.**Canada.**Date. Sept 12th 1859.**Attestation.**Date.*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

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

22-R-7

M. F. W. 54. (A. F. B. 103.

VICTORIA B.C.
MILITARY DISTRICT NO. 11
H. C. 172-39-020.
CENTRAL REGISTRY.

Casualty Form—Active Service.



Unit, Regiment or Corps. *# 11 C.A.V.B.*

Regimental No.

Rank *Captain*

Name *R. Reader.*

C. E. F.

Enlisted (a) *21-11-18*

Terms of Service (a)

Service reckons from (a)

H.M.D. No.

Date of promotion to
present rank }

Date of appointment
to lance rank }

Numerical position on
roll of N. C. Os. *22 SEP 1919*

Extended

Re-engaged

Qualification (b) *Vet Surgeon*

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				
		<i>Attached to # C.A.C. Co. B.C.E.F.</i>	<i>Victoria B.C.</i>	<i>21-11-18</i>	<i>DO Pt. 2 # 21 d/21-11-18</i> <i>Andy: DO # 1209 d/18-11-18.</i>
		<i>ceased to be attached to # 11 C.A.C. Co. B.C.E.F.</i>	<i>Victoria B.C.</i>	<i>15-9-19.</i>	<i>Andy: D.O. # 1005 d/19-9-19.</i> <i>11 M.D. District Orders</i> <i>NO. 1005, dated 19-9-19.</i>
		<i>S.O.S. # 11 C.A.C. on Demobilization.</i> <i>A.G. telegram 1160 d/13-9-19.</i> <i>Shutland</i>	<i>Victoria B.C.</i>	<i>15-9-19.</i>	<i>"Demobilization Andy:—"</i> <i>H.Q. Telegram. 1160 d/13-9-19.</i> <i>(11 M.D. District Orders)</i> <i>NO. 1014, dated 22-9-19)</i>
		<i>for co. 11 C.A.C. Service Co. B.C.E.F.</i>			<i>Capt.</i>

(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.

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				

6/3/22



CANADIAN EXPEDITIONARY FORCE

W.Y. 11-40.

Certificate of Service

C.Y.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Captain.....

(Name in full).....Robert RIDGE.....

Enlisted in.....Canadian Army Veterinary Corps.....

CANADIAN EXPEDITIONARY FORCE, on the.....~~XXXXXXXXXXXXXXXXXXXX~~.....

day of.....~~XXXXXXXXXXXXXXXXXXXX~~191.....~~AND~~ WAS APPOINTED to COMMISSIONED RANK

in.....Canadian Army Veterinary Corps.....

CANADIAN EXPEDITIONARY FORCE on the.....Twenty-first..... day

of.....November.....191.....8.....

He SERVED in CANADA, with.....Canadian Army Veterinary Corps......

Att'd #11 C.A. I.C. Service Company and #11 C.A.V.C.

and was STRUCK OFF THE STRENGTH on the.....Fifteenth..... day

of.....September.....191.....9..... by reason of.....General Demobilization.....

Dated at Ottawa, this.....Twentieth..... day

of.....January.....191 1920.....

14-1-20

[Signature]

for.....Lieut......
Director of Personal Services.

[Signature]

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) _____

Name (Full) _____

Enlisted in _____

CANADIAN EXPEDITIONARY FORCE on the _____

Day of _____ 1914 AND WAS APPOINTED TO COMMISSIONED RANK

in _____

CANADIAN EXPEDITIONARY FORCE on the _____

of _____

HE SERVED IN CANADA _____

and WAS STRUCK OFF THE STRENGTH on the _____

of _____ by reason of _____

Dated at Ottawa this _____ day _____ 1914

By _____

Chief Clerk

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.

- Surname Ri'dell Christian name Robert
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- Consecutive number on schedule of men reporting for service (if he appears on it)
- 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 9th day of Dec 1918, by the undersigned medical board sitting at Vancouver B.C.

- Age as stated 59 Years 3 Months.
- Apparent age 59 Years 3 Months
- Height 5 Feet 11 1/2 Inches.
- Weight 200 Pounds.
- Chest measurement { Minimum 41 1/2 Ins.
Maximum 39 Ins.
- Complexion medium { Eyes Blue
Hair Brown
- Physical development. Good { Good
Fair
Poor
- Smallpox marks. no
- Number of vaccination marks { Right arm 0
Left arm 1
- When vaccinated last 1901
- 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 C1

- (a) Vision R. 27/40 L. 27/40
(b) Hearing R. 2 H. L. 15

A. J. Piddell President.

Signature of Man

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 21 day of Nov 1918 at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Cove</u>	<u>Capt</u>		
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.

Surname..

[illegible]

CANADIAN ARMY DENTAL CORPS

DISTRICT...XI...

NAME OF SOLDIER.

Caplain. R. Readall.

REGIMENT.

RANK.

Caplain.

No.



1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]

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

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.....Rank...Capt.....SurnameRIDDELL.....

Given name in Full.....ROBERT.....

Unit or Corps....C.A.V.C.....Birthplace...Cobourg, Ont.....

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

1. GENERAL DESCRIPTION:

Physique..Good.....Weight...211.....lbs. Height..5.....ft..11 1/2.....in.

Colour of Eyes..Blue.....Nutrition..Good.....Pulse...78.....

Condition of Arteries..Soft & Full.....:Identification marks, scars or :
:deformities.

Vision Rt...20/20...Left...20/20.....:(Give cause and date of origin):

Hearing, Conversational Voice.....:None

Rt...20.....ft. Left...20.....ft. :None

Opinion as to general health and physical condition..Good.....

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.....Genito Urinary System.....

Special Senses.....Cardio-Vascular System.....

Digestive System.....Intergumentary

Muscular System.....Disturbance of Mentality.....

Respiratory System.....Osseous and Joint System.....

Any other general condition.....Good

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.

No disability from service.
or

THIS SECTION FOR USE OVERSEAS. —

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.

THIS SECTION FOR USE IN CANADA --

Date Sept 8-1919 Signed K. J. Mason, Agent

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 afflictions from which I suffered, either prior to, or during said term.

(This space to be used, if necessary, in connection with Section 2, overleaf, only.)

The word "and" or "with" hereafter have been inserted to indicate that the following words are intended to be taken as a whole.

Other general condition.....

Servatory system.....

Balance of trade.....

Internal economy.....

Total balance.....

General remarks.....

It is the answer to my query of whether I have a "bad" name
I have been with cases and sale of certain and also a description
the present condition.

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

C. a. v. c.

M. OR S. *Married*
NEXT OF KIN *A. M. Riddell*
RELATIONSHIP *Wife*
ADDRESS *1248 11th Ave East
Vancouver B.C.*
IS SEPARATION ALLOWANCE PAID? *Yes*
TO WHOM PAID *Yes*
RELATIONSHIP
ADDRESS
ORIGINAL UNIT C.E.F. *C. a. v. c. attached for pay to C. a. v. c.*
PLACE OF ATTESTATION
DATE OF ATTESTATION
ASSIGNED PAY \$
DATE EFFECTIVE
OFFICER TO WHOM PAID *Mrs. A. M. Riddell, wife*
RELATIONSHIP *Wife*
ADDRESS *1248-11th Ave. E. Vancouver B.C.*
DATE OF ATTESTATION
ASSIGNED PAY
DATE EFFECTIVE
DISCHARGED *Victoria*
PLACE
DATE *15 9 19*
REASON *Cover to be attached*
AUTHORITY *1006-1957*
IF ENTITLED TO POST DISCHARGE PAY

*off account after Dec 20
Send both payments
to 460 Chester St
Victoria B.C.*

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS			CASH PAYMENTS									ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS			BALANCE			PARTICULARS OR REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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