

ATTESTATION PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Robinson
- 1a. What are your Christian names?..... Charles
- 1b. What is your present address?..... Edmonton P.O.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Nashville Tenn USA.
- 3. What is the name of your next-of kin?..... none Mrs Katie Phillips
- 4. What is the address of your next-of-kin?..... Jenkins, none Friends Post Office
- 4a. What is the relationship of your next-of-kin?..... now Friend Atlanta, Ga.
- 5. What is the date of your birth?..... Oct 10th 1875
- 6. What is your Trade or Calling?..... Railway Labour
- 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? }..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Robinson, 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: Sept 21st 1916. Charles Robinson (Signature of Recruit)
Clemens McNeil (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Robinson, 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: Sept 21st 1916. Charles Robinson (Signature of Recruit)
Clemens McNeil (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 Youngstown Ohio this 21st day of Sept 1916

(Signature of Justice)

Description of Robertson Charles on Enlistment.

Apparent Age 40 years 11 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. 5 ins.

none

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 ins.

Complexion Colored
 Eyes Brown
 Hair Black

Religious denominations.
 Church of England
 Presbyterian
 Methodist
 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 Sept 23 1916

Place Edmonton

H. H. Collins
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Robertson 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 (Signature of Officer)

Date Oct 27 1916

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attest Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name *Robinson Charles*

Regt. No. *991561* Rank *Pte*

Corps *No 2 Construction Bn*

Med Unfit

R. O. No.....

H. Q. No.....

*Draw to BOC
22/3/20
Spec - 2/29
m oc
14/50/20*

*REC'D
21-1-20*

17934

*Rec-21 1/20
8B 18 11*

*41 - 5
19 - 5
11 - 5*

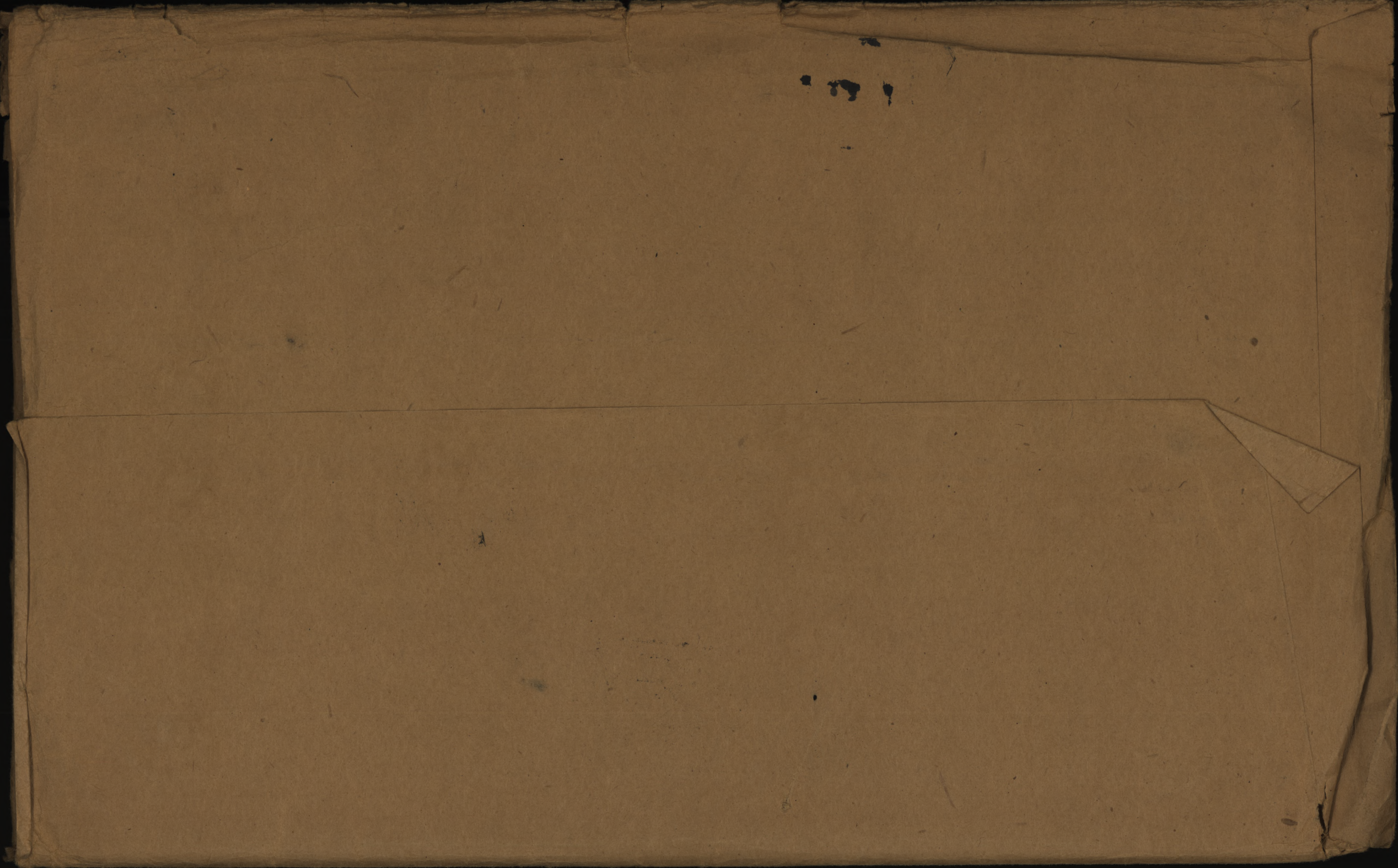


*at H 13122-1
has had
2979 12/37
2979 181
5 mss*

JR 122

AO -

all-E.B



No. 9315-61. RANK Pte.

NAME Robinson Charles

T. O. S.

21-9-16

UNIT

No 2. Construction Battalion

S.O. 57-14-10-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 21	1916 Oct 31	n.		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917 Feb.	✓		
	Mar.	n		



NAME

Robinson C.

REGT'L No.

931561

RANK AND CORPS

Spr

2nd Con Bu

H. Q. FILE NO. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

*Disembarked per. H. S. "Araguay," Nov.
28th. /17. (Invalided.)*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | | | | |
|-------|---|----------|---------------------------------|
| 20 | Can Mil Bramshott | 13-6-17 | Myalgia |
| B31 | Mil. Bramshott | 6-8-17 | Myalgia disch. |
| C 4 | Can Mil Kirkdale | 29-8-17 | Apoplexy. <u>Nov. Sec. Regt</u> |
| C75 | Liverpool
Can. from Liverpool
Invalided in Canada | 19-11-17 | Apoplexy " " " |
| 345 | M.W.C.C. Calgary. | 11-12-17 | Adm. Edmonton Sect. |
| 10-2. | " " " " " | 4-1-18. | Trans. " " |

SURNAME.

Robinson

CHRISTIAN NAMES

Charles

REGL. No.

931561

RANK

Pvt.

UNIT

No. 2. Construction

FORMER CORPS

Nil

CARD NO.

L.O.S.

18-9-15

FOLL.

13

Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

None.

RELATIONSHIP TO SOLDIER

None.

ADDRESS

None.

COUNTRY OF BIRTH

U.S.A. Nashville, Tenn.

DATE

Oct. 10th, 1875.

PLACE OF ATTESTATION

Springtown, Ala.

DATE

Sept. 21st, 1916.

o/s. 28/3/17.

From Halifax per S.S. "Southland" 38/3/17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Railway Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

40.

YEARS

11.

MONTHS

HEIGHT

5.

FEET

5.

INCHES

CHEST MEASUREMENT

36.

INCHES

EXPANSION

INCHES

COMPLEXION

Coloured

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Edmonton Alta

DATE

Sept. 22nd 1916

Present Address -

Edmonton

P.O.

Alta.

M&H

Number 93 15 601 Rank ~~Pte~~ ^{sp}

Surname ROBINSON

Christian Name Charles

Units ~~1 Const Bn~~ ^{C.O.B.C.E.} Theatre of War England

Date of Service 7-4-17.

Remarks 10584 - 100th Street

Latest Address ~~General Delivery~~
Edmonton Alta

Roll No A Page 2019

200m. - 2 - 21. M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DTSP NOV 30 1922
REGN. NO. 4447

—Name will be given in full; surname first.

Charles

Name Robinson Rank Pte

Reg. No. 931561

Unit 26th Res

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29.8.17	Cas. Milt. Kirkdale	L'pool	apoplexy	C.4		
19-11-17.	INVALIDED TO CANADA.		DO	C.75.		
220-1804.						

Reg. No. 931561 Name Robinson, C.
Rank Plt. Corps 2 Construction Age 48 Service
Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
<u>Gen. Hosp. Ins. U.S.</u>	<u>9-3-17</u>	<u>Branchitis. C.</u>
<u>Dis. Et duty.</u>	<u>10-3-17</u>	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Surname

Christian Name or Names

Reg. No.

Robinson
Rank

Unit **C.**

931561
Troop Batty.

Spr
Hospital

26. R. Nova Scotia
2nd. Conc. Bn.

Date of Admission

Bra,shott ^M **11 13-6-17**

Transferred

Hosp.

Mil Kirkdales Liverpool.

Hosp. *29.8.17*

Hosp.

Hosp.

1

Diagnosis

Myagia

apoplexy

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

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

DISPOSITION

Date

C.L-18-6-17 20

Dis 6.8.17

REMARKS

15.8.17 B31

6.9.17. C4

1-12-17 E75 Sw. to Canada 19-11-17

**Dis.to Canada per HS.Araguaya
from Liverpool 19-11-17.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Bramshott Military Hospital.

EYE, EAR, NOSE AND THROAT REPORT.

Ward... 9 Date... June 19 1917.

Rank & Name... Pte. Robinson C. No. 931561 Unit No 2 Coy.

Please examine, Eyes ears.
Diagnosis or symptoms, "miserable" in head

REPORT. R.V. $\frac{6}{12}$ L.V. $\frac{6}{18}$ Pupil will not dilate
due to adhesions from old uveitis.

Hearing- W.W. Wright Capt. C.A.M.C.

R. ear - almost deaf - says perforation
L. ear - Hearing 8ft - membrane retracted
Would like him to have Gutt. Atropine 1%
both eyes t.i.d. - Would suggest Wasserman
be taken

1850
1851

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1870

931561 27498
ORIGINAL

MEDICAL HISTORY SHEET. 737

Surname Hobbeson Christian Name Charles

Examined { on 5 day of March 5/17 at Tenno Approved by Don Murray

Birthplace { City or Town Nashville Rank Capt adut
County Tennessee

Apparent age 41 yrs

Trade or occupation Railroading

Height 5 Feet 8 Inches

Weight 140 Lbs.

Chest measurement { Minimum 33 inches

{ Maximum expansion 36 inches

Physical development good

Small-Pox Marks yes

Vaccination Marks { Arm Right Left
Number None

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/2/17</u>	<u>EG Shepley</u>	M.O.
<u>3/3/17</u>	<u>EG Shepley</u>	M.O.
<u>7/5/17</u>	<u>Don Murray</u>	M.O.

Enlisted on 20 day of Sept 1916 at Youngstown Ark.

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>No 2 Construction Bn</u>	<u>931561</u>		<u>5/3/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>C.M.H. Liverpool</u>	<u>17/9/17</u>	<u>Hemiplegia</u>	<u>Invalid to Canada</u>
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL	<u>29.10.17</u>	<u>Hemiplegia</u>	<u>D. to C. K. D. Parson Lt. Col. C.A.M.C.</u>

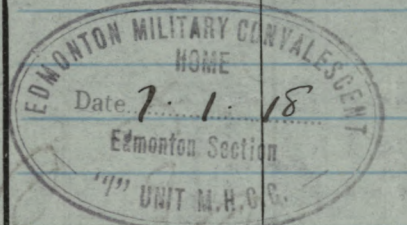
26

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

Surname

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				
No 5 Can Gun Liverpool		28	8	17					Apoplexy.	Sensation on R side much diminished but not completely lost. Speech slurring. Tongue protrudes to right. No movement in R arm, slight in R leg.	Wed 21st Caplan
"ARAGUAYA."		19	11	17	28	11	17		do.	Hemiplegia of right side speech slurring. Some movement of right arm & leg. muscles.	Wed 21st Caplan
		3	12	18	7	1	18		do.	transferred to Gow home of McDonald	Wed 21st Caplan
		7	1	18					do.	to S.M.O. class E unit.	Wed 21st Caplan



do. debility due to syphilis Hemiplegia

B.S. 762

Arrow

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

M. F. W. 54. (A. F. B. 163.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 CONSTRUCTION B'n. C.E.F.

Regimental No. 931 561 Rank pte Name Charles Robinson

Enlisted (a) 21-9-16 Terms of Service (a) Period of war 6 mos eff. 21-9-16 + 6 months Service reckons from (a) 21-9-16

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) _____

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				

MAKE CERTIFIED CORRECT.
 6 JUN. 1917
 CAN. RECORDS LONDON.

From whom received
 J. C. H.
 Robinson
 Patten

Embarked, Canada
 Disembarked, Dylund
 Proceeded Overseas

Halifax N.S. 25/3/17
 Liverpool 7/4/17
 Seaford

MAY 1 1917

Pts D.O. to
 A. G. Cooper Capt
 for Capt & ship

Landed in France 17-5-17 N.F.

Entry showing this man as proceeding overseas 17/5/17, in Pt. 2 Orders No. 115a dated 24/6/17 hereby cancelled. (Auth: Patten's Orders No. 125 dated 29/8/17).

N. H. P.
 P.T. 09-2-18
 A.B.
 P.T.O.

(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				
22 5 17	NSKD	J O S from 2666	B' Show	22 5 17	PEY 0 74
10 8 17	NSKD	on command 17 th Res.	do	10 8 17	PEY 0 154
11 8 17	17 Res.	attached from NSKD	do	10 8 17	— 190
15 8 17	17 Res.	Ceases to be attached on Return to NSKD	do	14 8 17	— 193.
14 8 17	NSKD	Posted to Depot Comp'y	do	14 8 17	— 158
17 8 17	do	Ceases to be posted to Depot Co. on command to CDD			
		Boston involving Emb. to Canada	do	17 8 17	— 161

L R 2a

Drumby 5 12 17

.....LIEUT:
FOR LT: COL: I/C RECORDS, C.O.M.F., 1

DUPLICATE

931561

To be made out in duplicate.

H.Q. 5-21-20-53

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 931561.....

(3) Full Name of Soldier Charles Robinson.....

(4) Place of Birth Nashville Tennessee USA.....

(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? Yes.....

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

Also their names and ages.....

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(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.

None

(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.

D.H. Sutherland L.T. COL.
Comd'g No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Date Nov 15 1916

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

"I" UNIT

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

Regimental No. 931561 Rank Pte. Name Robinson G.
 Corps 2 Constr. Bn who was* discharged
 On Feb. 18. 1918 191... to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1st. 1918 191...
 to Feb. 18th 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay <u>18</u> days at \$ <u>1</u> c. <u>00</u>	<u>18</u>	<u>00</u>
by } No.....			Field Allow. <u>18</u> days at \$..... c. <u>10</u>	<u>1</u>	<u>80</u>
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>Clothing</u> •	<u>13</u>	<u>00</u>
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No.....	<u>32</u>	<u>80</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	32	80	Total.....	32	80

* Give particulars.

A monthly stoppage of \$ NIL (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... NIL 191... } (to) Assignee.....
 { and Sep'n Allice. for month of..... 191... }
 (Address)

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted..... nil
- (3) cause of discharge..... Med. Unfit..... authority..... S. M. B.
- (4) authority for transfer

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

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

Date..... Feb. 14th. 1918
 Place..... Calgary, Alta.

[Signature]
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

Gen. Del. Edmonton Alta M.R. 312

FORM OF WILL M.D. 13-

I, Charles Robinson (Name in full)

Regimental Number 931561 serving in #2 Coy 5 Batta

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

No one

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

absolutely, and my personal estate I bequeath to

No one

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

P.A.
R

NOTE

This space for the appointment of Executor if necessary.

X

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 20th day of March A.D. 1917

Charles Robinson 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.

Signature of First Witness E. Lunel Cross

Address of Witness San Pds Trinidad B W I.

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Journalist

Signature of Second Witness Robt Bruce Kern

Address of Witness Moncton N.B.

Occupation of Witness Journalist

FORM OF WILL

I, , do hereby certify that the following is the true and correct copy of the original Will of made on this day of 19 A.D.

The said Will is contained in the following page(s) and is signed by the said in the presence of witnesses, the names of whom are written in the margin of the said Will.

I have compared the foregoing copy with the original and find it to be a true and correct copy of the original Will.

1/4
H

WITNESSETH MY HAND AND SEAL OF OFFICE, AT IN THE DISTRICT OF , THIS DAY OF 19 A.D.

Attest: My hand and seal of office, this day of 19 A.D.

In presence of witnesses, the names of whom are written in the margin of the said Will.

NOTARY

WESTERN COMMAND.

PATHOLOGIST'S REPORT.

No. 15610

Hospital Canadian Hospital, Kirkdale

Name and Patient Pte. Robinson

Age

Ward Medical Officer

Case of Blood for Wassermann

Nature of Specimen

Date and Time of Receipt 25. Oct. 19 17. a.m.

p.m.

Report

Reaction negative.



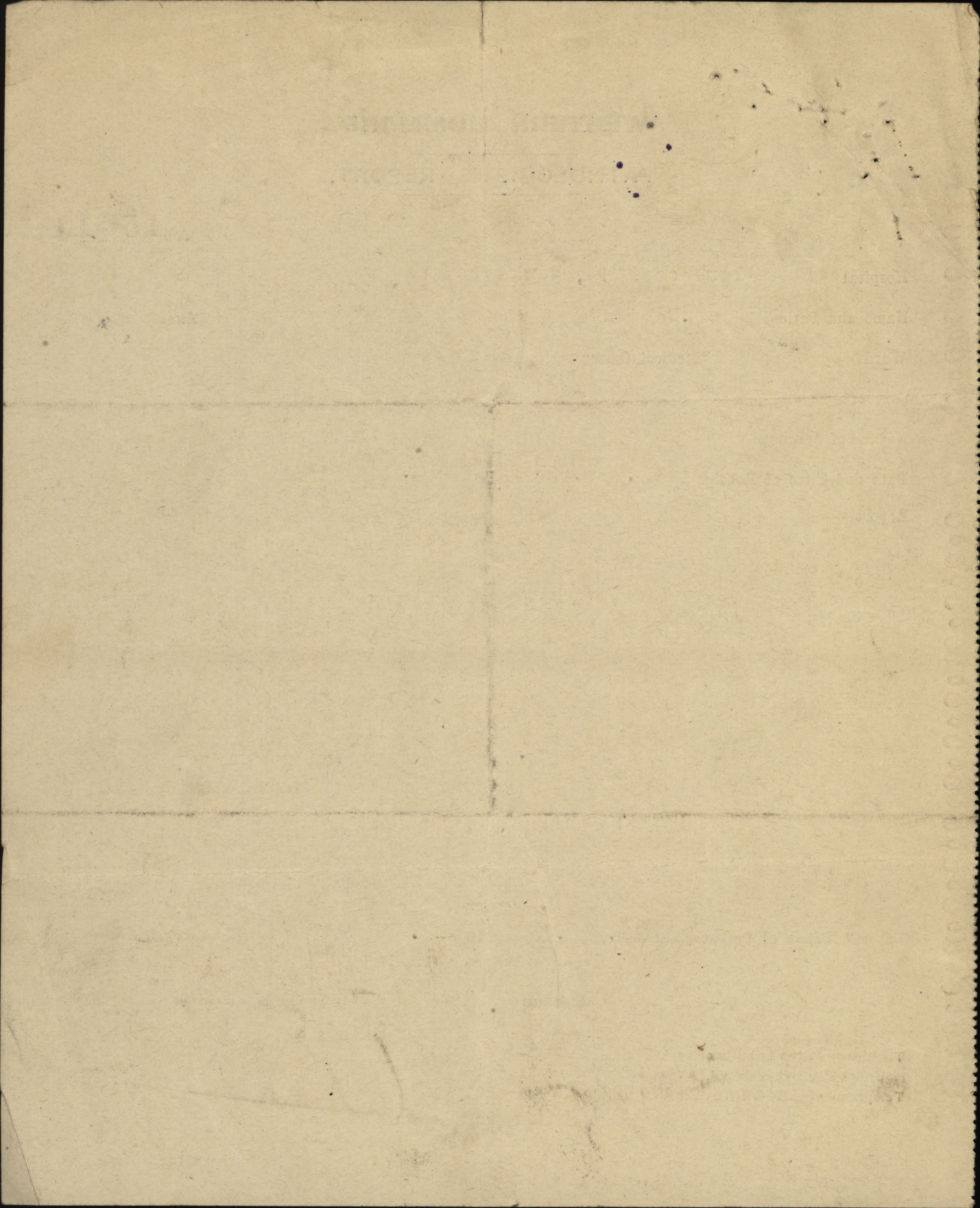
Date and Time of Despatch 26. Oct. 19 17. a.m.

p.m.

Signature

A handwritten signature in black ink, appearing to be "J.M.P.", written in a cursive style.

Thompson-Yates Laboratories,
University of Liverpool.
Telephone No. 2402 ROYAL.



Date of Payment.	No. of Acq. Roll.	A M O U N T S.					Place of Payment	Name of Paymaster	REMARKS.
		Francs	£	S	¢	¢			
1/17	8762			10	20		Spoo	Larken	
1/17	8704			10	48	67		Burdal	
					51	11			

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7611 Year 1917	93/36 1	Pte	Robinson	C.
		Unit.	Age.	Service.
		N.S.R. D.	48	8-
Station and Date.	Disease			
Brumby St.	<p>Me - Diphtheria - Myalgia Born in Tennessee - went to Atlanta age about 40. Had done a good deal of railroading. Has had lots of sickness at different times. Never had syphilis or gonorrhoea. Is a bachelor. Has had pneumonia (last winter in the army) - Has had smallpox & malaria - measles etc. Has lost more time in the army with rheumatism etc than he has done duty.</p>			
	<p>Enlisted Sept 1916; Drilled till Nov 1916 - then into Hospital with Rheumatism - no swelling of joints: Pneumonia Jan 1917 - in Windsor Ho 19 days: Brought to till he came out in April 1917 - did 3 weeks' labouring work at Seaford: Came in with headache & backache.</p>			
June 15.	<p>Looks about 50. General Examⁿ - negative. Urine negative. Sputum negative. Eyes: - R.V. 6/8 L.V. 6/8 pupil well set back - due to adhesions from old crisis. Hearing: - R. ear almost deaf. Large perforation L. ear hearing soft. membrane retracted</p>			
June 24	<p>Says he is spitting blood - Is told to show it Wassermann Reaction - report not rec'd. D 199. Paper sent in 7/1/17 Cath Care</p>			
July 31	<p>Patient has been very comfortable since July 31st - very serviceable about ward - would make good Bateman or waiter at Officers mess.</p>			

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

W. B. ...
 M. ...

Station
and Date.

JM

Rank **no. 2 Const. Bn.** Name **ROBINSON, Charles.** Reg'l No. **931561**
 Unit **no. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Youngstown Alta. 21st Sept 1916.** Place of Birth **Nashville, Tenn, U.S.A.**

Name and Address, Next-of-Kin **Mrs Kodie Phillips**
JUNKINS 90 P.O. Relationship **Friend**

Assigned Pay Monthly \$ Payable to **Alberta** Relationship **with AP**

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

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

N/E. R.B. No. **3486**
 File R.L.
 Category **Can. MU**

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.				
Arrived in England. S. S. Southland				7.4.17	
22.5.17	N.S.R.D.	J.O.S. from 2 nd C.C.C.	Bshatt	22.5.17	P. 50. 74 125 d/29.8.17 of 2 nd Const Coy
12.6.17	N.S.R.D.	Adm Bshatt Mil Hopt	eo	12.6.17	95. (Myalgia) 6 of 20. d/18.6.17.
14.6.17	2 nd C.C.C.	by Arrived in France	Field	17.5.17	P. 110 Cancelled. Pt II daily order 125 d/7.8.17
6.8.17	N.S.R.D.	leaves to be shown as patient in Hopt and posted to dept Coy	Bshatt	5.8.17	P 500150
10.8.17	N.S.R.D.	leaves to be posted to Dept Coy	Bshatt	10.8.17	P 1100154
11.8.17	17 th Res	attached to 17 th Res for NSRD	eo	10.8.17	P 1100190
15.8.17	2 nd Const Bn	leaves on Mil Hospital	eo	6.8.17	C.L. B 31 Myalgia
15.8.17	17 th Res	leaves attached on Ret to NS.R.D	eo	14.8.17	P 1100193.

AWARDED
 30 MAY 1917

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.				
14.8.17	N.S.R.D.	Ceases on Comm'd 17th Res & posted to Dept Company	Bshott	14.8.17	P 220 158
17.8.17	N.S.R.D.	Ceases to be posted to Dept Coy & on board at C.D. Buxton awaiting Embk to Canada	220	17.8.17	P 220 161
6.9.17	N.S. Rgt	Can Mil Hospital	Liverpool	29.8.17	6 L.L. 4. dental Carries
30.8.17	N.S.R.D.	Ceases on Comm'd to C.D.D. Buxton & Champat in Hospital	Bshott	28.8.17	P 220 174 Pandey
30.11.17	Dr Dept	Invalided to Canada	Liverpool	19.11.17	de. 75. Apoplexy.
3.12.17	N.S.R.D.	S.O.S. on invaliding to Canada.	Bshott	19.11.17	P 220 259
	Dr Dept	Convalescent Home	7th 13 Calgary	28/11/17	NR 404.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

copy

Name Robinson, Charles
Surname Christian Name

15492-C-4

Regimental Number 931561 Rank Pte.

Address (in full) % G.W.V.A.,

Unit #2. Construction Bn.

Edmonton, Alta.

Original Unit

District where paid M.D. 13.

Date of Discharge 18-2-18.

P. D. P. Filing Number 15-92-13.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1487	19-2-18	33 00	1481	19-3-18	33 00	1477	19-4-18	34 10		100 10

M. F. W. 127.
 56M-6 17.
 1772 38-1140.

Remarks:

File No. 015492-6-36.

WAR SERVICE GRATUITY.

Register No. R1889

Jan. 19 2 21.

Reg. No. 931561 Pte Dependent _____

Name Robinson Charles Address _____

Award 6 1/2 days at \$ _____ per day \$
 Address CP 1st A
 S. A. 6 months at \$ _____ per mo. \$

Less P. D. P. Credited
Edmonton Alta.

Less further debit balance \$ _____

Net due paid as below

Pay Soldier \$ 179 90 Pay Dependent \$ _____

Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1					
2					
3					
4					
5					
6					
Total			Total		

Days 122 Rate 70⁰⁰ Due 280⁰⁰

Less P.D.P. credited 100⁰⁰

Less further Dr. Bal. _____

or overpayment. _____
 Net 179 90

*122
1/21*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>1 1 21</u>	<u>—</u>	<u>183322</u>	<u>179 90</u>		<u>1</u>			
<u>2</u>					<u>2</u>			
<u>3</u>					<u>3</u>			
<u>4</u>					<u>4</u>			
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date.....

*R. G. Evans
19 2 21*

931561 Mc Robinson C

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT \$	c.	No. OF DAYS	RATE				AMOUNT \$	c.	No. OF DAYS	RATE	AMOUNT \$	c.	1	2				3	4			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEPARATE ALLC. ENG.
-------	-------------	-------	-------	-------------	-------	-------	-------	-------	---------	--------------	---------------------

Sept 30		189 29		Bal Fwd					189 29	105	
Oct	Mc Pay	34 10		AR 845 9 th Stat Hosp 15/7/17	2 43						
				AR 719 9 th Stat Hosp 20/6/17	2 43						
				AR 226 26 B/Stat 15/6/17	2 44						
				AR 890 9 th Stat Hosp 1/7/17	2 44				213 65		
									229 05		
									229 99		
						9 74					

Nov 14
*under his control
 dep. pay 8/31/30-9-17
 37th credited*
 15 40
 94
 50 44

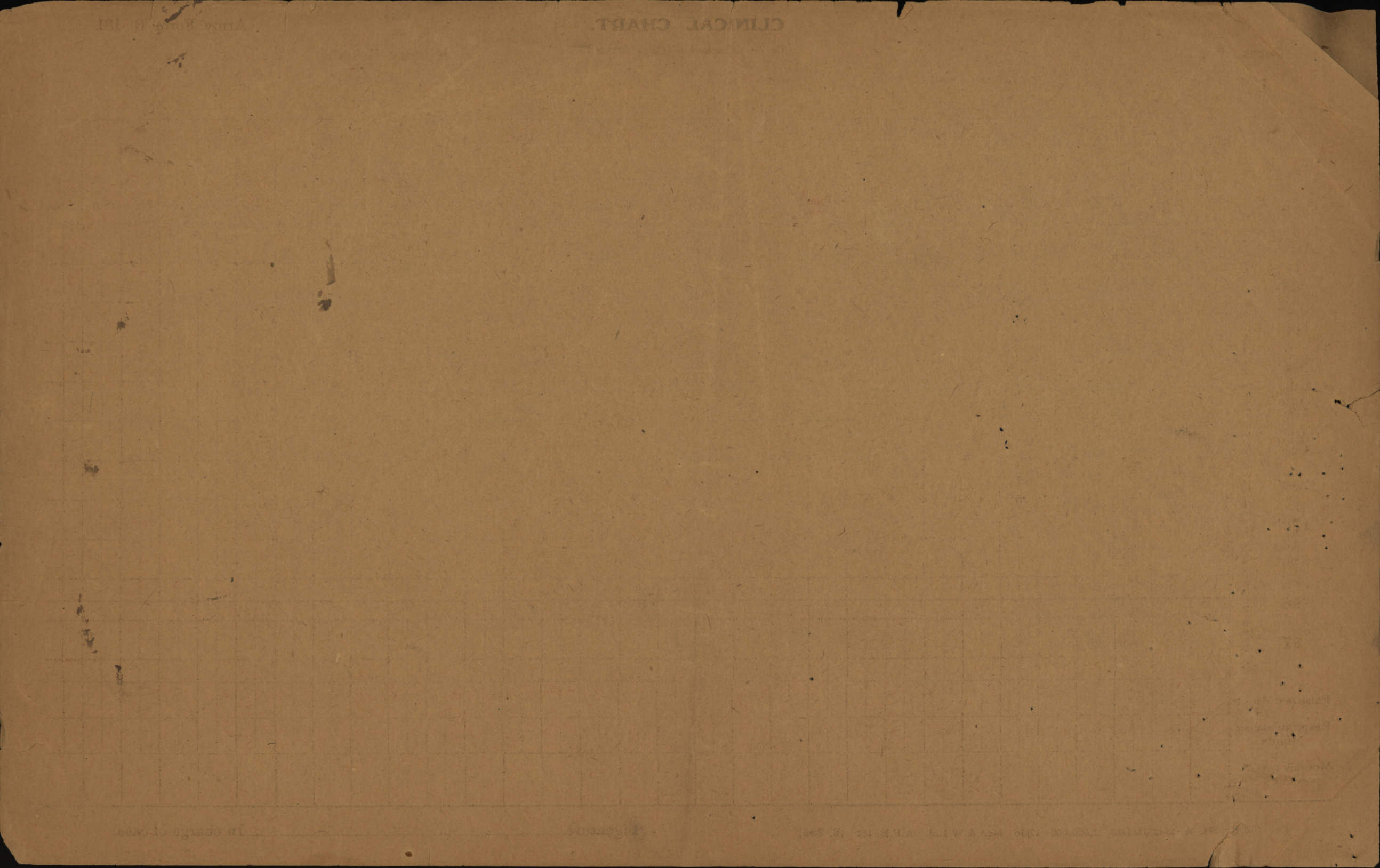
Jan				AR P 204 5 th Stat Hosp 2/1/17	2 43								
				" 304 "	48 67				178 89				
					51 10				Nil				
				balance transferred to M. E. Branch.									

A3M FORM RENEWED.....EFFEC.....
 DISCHARGED TO *Canada* 14-11-17
 PAYBOOK VERIFIED 14-11-17
 BAL. 178 89 L.P.C. RENEWED 14-11-17
 AUTHY *Kirkpatrick*

Checked *LeWilliams*

CLINICAL CHART

181



CLINICAL CHART.

Army Form B. 181

Corps U.S. R Depot.

(To be attached to Case Sheet.)

Military Hospital Bramshott.

No. 931561. Rank and Name Pte Robinson

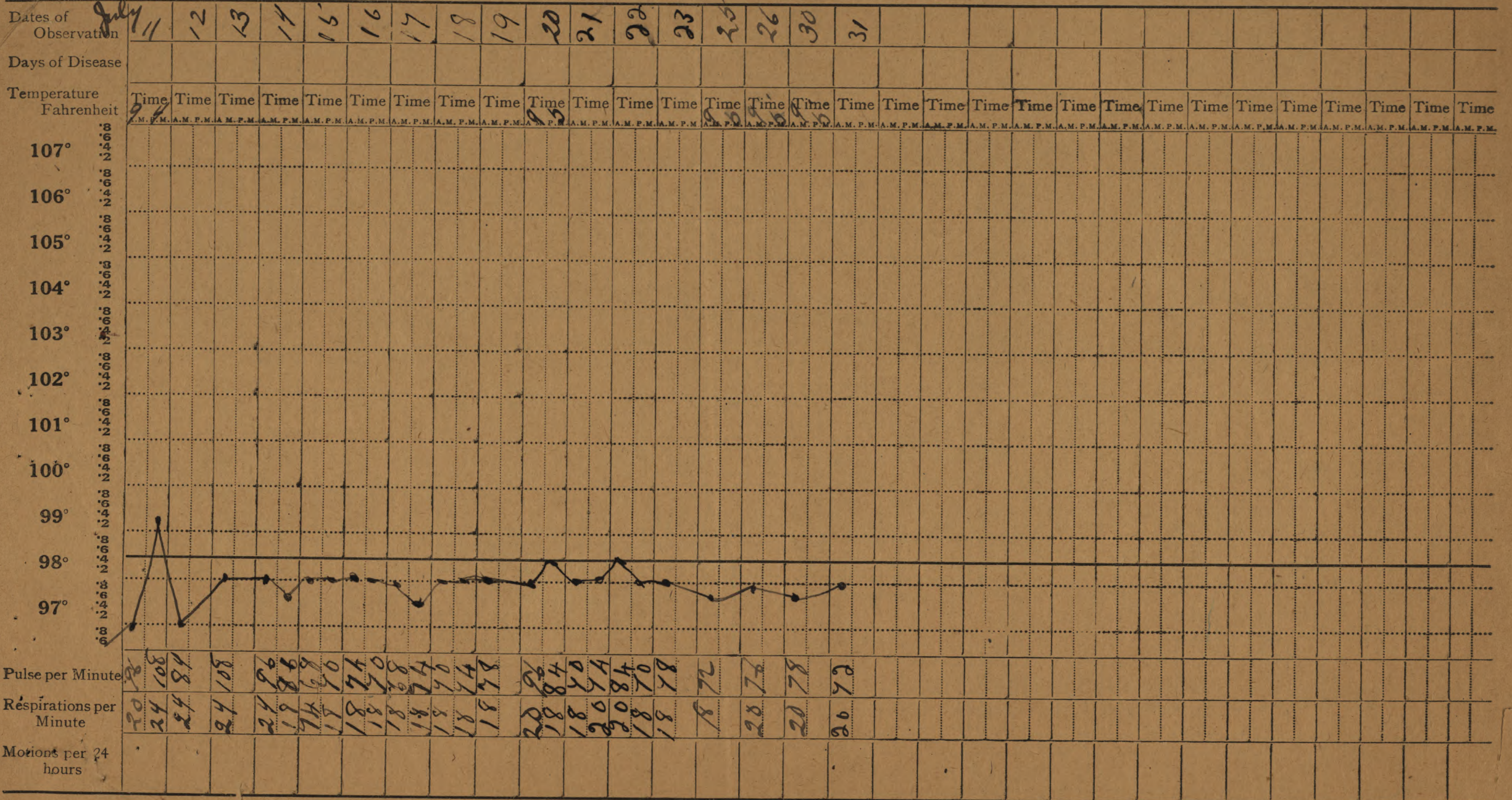
Age 48

Service 8/12

Disease _____ Date of admission 12-6-1917

Date of discharge _____

Result _____



Signature _____

In charge of case.

CAN. GEN. MEDICAL CASE SHEET.

Copy for Canada. Q 11

LIVERPOOL

No. in Admission and Discharge Book. 931561
Regimental No. Pte. ROBINSON
Rank. Surname. Christian Name. G.

Year 1917
Unit N.S.R.D. (2 Const Corps) Age 49 Service 11/12

Station and Date.

Disease APOPLEXY

CANADIAN MILITARY HOSPITAL, LIVERPOOL

28/8/17

Patient states - that he had several infectious diseases when young drank considerable denials venereal diseases. Had stomach trouble and rheumatism at times.

Came to England Apr 1917 & went to hospital the following week because of pains in muscles & joints and general weakness. Transferred to C.M.D. Buxton and while there began sneezing and fell unconscious. Came here four days later.

Heart Lungs Digestive & G.M. Systems apparently normal. No incontinence of urine.

Has rt. hemiplegia except that he can move leg about slightly in bed. Sensation on rt. side diminished but not completely lost, ^{speech slurring} Tongue protrudes to right. Eyes equal & contracted. Right knee jerk exaggerated. Babinski sign present.

Dr. J. G. T. I. D.

A. B. G. Capt.

5/9/17

Speech much improved also use of leg and slight use of arm.

A. B.

1-10-17

Some improvement generally well on 10th

Capt.

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

Station
and Date.

W. S. Cam. Jan

21.10.17

Wasserman negative

Duplicate

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. A 156 Year 1917	Regimental No. 931561	Rank. Plt	Surname. Robinson	Christian Name. C
	Unit. N. S. R. D. (2 Coad. Corps)	Age. 49	Service. 1³/12	
Station and Date <div data-bbox="63 573 327 662" style="border: 1px solid black; padding: 2px;"> NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL </div> 15. 11. 17	Disease Apoplexy Patient's history - many infectious diseases when young - throat considerably. Denies any Venereal Infection, some Stomach trouble and Rheumatism at times. Landed in Eng April 17, Sent to Hospital the following week - pains in muscles & joints and general weakness. Transferred to C. D. S. Buxton where there began sneezing fits nervousness. Came to Can Genl Hosp Liverpool four days later. Heart, Lungs, Digestion & G. M. System apparently normal. No incontinence of Urine. Has R. Hemiplegia except slight movement of leg in bed. Sensation on R. side diminished but not completely lost, Speech affected, Tongue protrudes to R. Eyes equal & Contracted. R. knee jerk exaggerated Babinski sign present & of R. I. D. 5. 9. 17 Speech much improved also use of leg and slight use of arms 1. 10. 17. Some improvement generally transferred negative on 21. 10. 17 <div data-bbox="694 2229 997 2318" style="border: 1px solid black; padding: 2px;"> B. P. C. FOLIO FALSE DOCKET </div> <div data-bbox="694 2318 997 2407" style="border: 1px solid black; padding: 5px; text-align: center; color: red; font-size: 2em;"> 3 </div> <div data-bbox="1045 2178 1500 2407" style="text-align: right;"> W. Brown Capt Camp </div>			

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

Station
and Date.

11 D.

**Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.**

No. 931561 Rank Pvt Name and Corps of disabled Soldier:— 2. Const. Bn.

Robinson, Charles.

Previous civilian occupation:— Railroading.

Cause of Disability:— Hemiplegia

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

This man drank considerably before entering, Had several infectious diseases, Stomach trouble & Rheumatism & Ear report. "Hearing R. Ear, almost deaf. Large perforation left ear - 8 ft. Membrane retracted."

Eyes - "R. V $\frac{6}{12}$ - L. V. $\frac{6}{18}$ & pupil wret not dilate due to adhesions from old Iritis"

Cerebral hemorrhage at Burton 22-8-17. (^{Rt.} Hemiplegia)

At present is able to walk with a cane, Can slightly move Rt. arm & fingers which are somewhat swollen, no expression of R. side of face, ^{Can wrinkle forehead.} Tongue protrudes w. Rt, Cannot whistle. Speech is fairly distinct. Knee joint exaggerated -

Hear & things normal -
OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 100%

Probable duration of incapacity:— Indefinite

Does it render him permanently unfit for Military Service? Yes

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

Convalescent Home

Signature:—

McCann Capt.
President

Station:—

Quebec

W. H. G. Capt.
Ralph B. Cox Capt. } Members

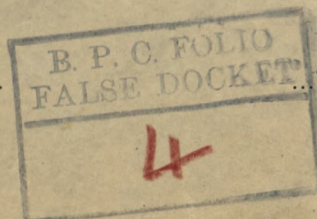
Date 4-12-17

APPROVED.

Date 4¹²/₁₇

W. H. G. Capt.
Asst. Director Medical Services.

Date.....



Director General Medical Service.

Proceedings of Medical Board at Discharge Depot,
OTTAWA, Que.

Name and Corps of Soldier - 2nd Battalion
Rank
Profession civilian occupation
Cause of Discharge
Condition in detail which prevents the soldier carrying a full liability

[Faint, illegible handwritten text]

OPINION OF THE BOARD.

Desired of incapacity. (Please state in figures) 1/2
Probable duration of incapacity
Does it render him permanently unfit for Military Service?
Would operation, special treatment, or use of appliances etc. lessen incapacity?

Signature
President
Members

APPROVED

Date
Asst. Director Medical Services
Director General Medical Services

Casualty Form—Active Service.

Regiment or Corps 2nd Can. Gen. Corps.

Regimental No. 931561 Rank Pte Name Robinson C.

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

Date of promotion } _____ Date of appointment } _____ Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
22-5-17	N.S.R.D.	S.O.S. from C.C.C.	Bramshott	22-5-17	P+DD 74
12-6-17	"	Patient in Bram. Hosp	"	12-6-17	" " 95
6-8-17	"	Retd to N.S.R.D	"	6-8-17	" " 150
10-8-17	"	on comm'd to 17 Res	"	10-8-17	" " 154 <i>Jackson</i> LIEUT.
11-8-17	O.C. 17th	Attached from N.S.R.D.	Bramshott	10-8-17	Part 11 Order 190
<u>15-8-17</u>	<u>O.C. 17th.</u>	<u>Cease to be attached from NSRD</u>	<u>Bramshott</u>	<u>14-8-17</u>	<u>Part 11 Order 193</u>
14-8-17	N.S.R.D.	ceased to be on comm'd.	Bramshott	14-8-17	P+D 158
17-8-17	"	on comm'd to C.D.D. Buxton	"	17-8-17	" " 161 <i>[Signature]</i> LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.

18 AUG 1917 TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 195 *Winnett* Lt. Col. Canadian Discharge
 26 AUG 1917 EMBARKED FOR CANADA FROM LIVERPOOL *Winnett* Decel. Canadian Discharge

(a) In the case of a man who has re-engaged into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc. Qualifications in technical Corps duties. I.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				
<i>Dec 10/17</i>		TAKEN ON STRENGTH OF EDMONTON SECTION, "I" UNIT, M. H. C. C. PART 11 ORDERS NO 1			
		<i>Discharged from the Service by "I" Unit M. H. C. C. Part "2" Order No. <u>46</u></i>			

MEDICAL HISTORY OF AN INVALID.



M.7.R-312.

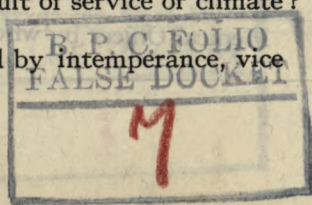
1. Station. Edm. Mil. Conv. Home. 8. General remarks on his :—
 2. Regiment or Corps. 2nd Const. Co. (a) Conduct. Good 30-1-18. "*Original.*"
 3. Regimental No. and Rank. 931561--Pte. (b) Habits. ""
 4. Name. Robinson, Chas. (c) Temperance. "" *b49-9-10922*
Junkins, Alta. (c) Temperance. "" *MAR -4 1918*
 5. Age last Birthday. 49 (For this purpose the Company defaulter sheets will be
 obtained from the man's Commanding Officer.)
 6. Enlisted on 20-9-16.
 at Yeungstown-
(Youngstown.)
 7. Former Trade or Occupation. Railroad Labourer Date. 30-1-18.

9. Service. 1 Years. 4 Days. 10

	PERIODS.	
	FROM.	To.
No. 2 Construction Co.	20-9-16	date.

10. (a) Disease or disability. Debility - marked.
 (b) Date of origin. Aug. 1917.
 (c) Place of origin. England.
 (d) Cause. Haemiplegia, and defective vision.

11. Present Condition. (Most Important). This man is 49 years of age. Eyes, R.E. 20/30; L.E. 20/40. Can see better some days than others. On dilatation under Homatropine, adhesions of Iris are shown. Eye shows evidences of old inflamatory condition.
Sgd. R.S. Broad, Lieut. C.A.M.C. Jan. 7th, 1918. At present, he is able to walk with cane. Sensation over right side diminished. Power of right hand 1/2 that of the left. Slowly recovering. Can raise arm to the head. Cannot raise arm at the shoulder. Considerable swelling of this hand. Power of right leg 1/2 that of left. Reflexes right knee exxagerated. Bibinski present. Speech normal. In protruding his tongue goes to right side. Left side of face practically normal. Digestive system normal. Urin/analysis, Sp. Gr 1030; acid; albumen nil. sugar nil. Pus and epithelial deposits. Jan. 4th, 1917."D.G. Revell. Bl. Pr. 160. This man favors the right side in walking. He can walk 2 to 3 miles at his own pace/ Heart and other viscera normal. This man, at present, is practically useless.
 12. (a) Is the disability the result of service or climate? Service
 (b) Has it been aggravated by intemperance, vice or misconduct? No He is of no value in the untrained labour market. (This man is a negro.)



13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Vaccination marks left upper arm. This man before his enlistment was a labourer. He gave his age as 41. He has defective hearing due to Supp. Otitis media, right ear. Still discharging. This is an old condition. Left ear, membrani tympani-retracted but intact. Never been any discharge. R.E. O.V. 2'; L.E. O.V. 20'. This is not due to service." R.S. Broad, Lieut. C.A.M.C. Patient states that he has not drunk for 20 years. Before that time drunk freely. States he never had any venereal disease. States he had stomach trouble and rheumatism for the last number of years. Had an attack of rheumatism while in England, in April 1917, and from there was transferred to Buxton. While there he had a fit of sneezing. Fell

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? and the right arm and leg were found to be be-paralysed.

On duty

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment No. 5 Canadian Gen. Liverpool 28-8-17 --

Araguary 19-11-17 to 28-11-17.

Edm. Mil. Con. home 7-1-18. to date.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

We have no history of a pre-existing condition, althouth in my opinion he was a debilitated man prior to enlistment.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent; will improve slightly.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Seventy-five p.c.

18. State if for discharge on account of unfitness for Service.

"E" Unfit.

Sukeller Capt Cause.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

19. Is he unfit for Military Service. **Class "E".**

20. Recommendations : **Should pass under his own control; no further treatment indicated, Recommend discharge as medically unfit for service.**

Signatures :—

[Signature] President.
Major C.A.M.C.

[Signature] Major C.A.M.C.
Members.

[Signature] Capt. C.A.M.C.

Station. **Edmonton, Alberta.**

Date. **30-1-18.**

Date. **5.2.18**

Approved.

[Signature]
Asst. Director of Medical Services.

Date.

Director-General of Medical Services.

B. P. C. FOLIO
FALSE DOCKET
1

2

2-19-19
1919
H

470-4-3-8

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

Date of final Medical Board or decision. }

Administrative Medical Officer.

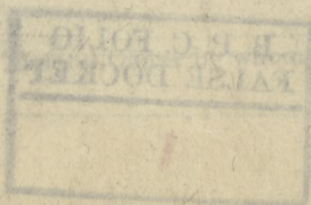
DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

100 m-2-16.
H. G. 1772-80-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

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



Hupman

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Robinson Christian Name C

TABLE I.—General Table.

Birthplace { Parish
County

Examined { on day of 1917
at

Declared Age..... years..... days

Trade or Occupation

Height..... feet..... inches

Weight..... lbs.

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

Physical Development

Vaccination Marks { Arm..... RIGHT. LEFT.
Number.....

When Vaccinated

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—
.....
.....

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

Approved by.....

Rank.....

Medical Officer.

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

Date. Bramshott Camp, Hants.
2-AUG-1917

Brief Details and Signature

Despres + my sign. Clinician
Medical Board Bramshott

APPROVED

W. J. Duris Major, C.A.M.C.
for Colonel, A. D. M. S.,
Canadian Troops, Bramshott Camp

MEDICAL BOARD BRAMSHOTT

(1)

TABLE IV.—Service Table.

Enlisted	Station or Troopship.		Date of arrival or embarkation.	Date of departure or disembarkation.
	at	on		
Joined on enlistment	Corps.	Regtl. No.		
	<u>R.S.R.D</u>	<u>931561</u>		
Transferred to				
Became non-effective by				
on..... day of 191..				
(Signature).....				
(Rank).....				

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Braunschott</i>	<i>12</i>	<i>6</i>	<i>17</i>	<i>6</i>	<i>8</i>	<i>17</i>	<i>Deafness Myalgia</i>	<i>56</i>	<i>aged 48 and looks older - 58. Hearing: - R. Ear almost deaf - large perforation L. Ear hearing 8 ft. Membrane attached. Eyes: - R.V. 6/12 F.V. 6/18 - pupil will not dilate due to adhesions from old dinitis. Lung, heart, abdominal, urinary nervous systems are normal. Came in with facial neuralgia & backache - has rheumatic pains in bed weather. Spit some blood with saliva - insignificant</i>	<i>H. H. Knight Capt. C.M.C.</i>
Canadian Discharge Depot Detention Hospital	20	8	17	28	8	17	Paralytic Stroke	9	Transferred to Kirkdale Hospital Liverpool.	<i>J. H. ...</i> Major, C.A.M.C., Senior Medical Officer, Canadian Discharge Depot.

U R I N E S P E C I M E N.

Ward... 9

Date..... June 13... 1917

Reg. No. 931561

Rank... Pte

Name... Robertson

Unit... U.S.R.D.

Disease..... Examine Spec. for.....

Reaction... acid..... Sp. Gr. 1008..... Bile.....

Albumen... neg..... Sugar... neg..... Blood.....

Sediment.....

..... Capt. CAMC.

M.O. i/c Ward

J. W. Shultz

..... Capt. CAMC.

Officer i/c Laboratory.

63304114

Handwritten signature or scribble

LABORATORY REPORT.

Ward No. 9

Date June 13 1917.

Reg. No. 931321 Rank & Name Pte Robertson Unit MSRD

Disease. _____

Kindly examine the accompanying specimen of Sputum with special regard to _____

no tubercle^B found.

W. H. H. H.

Officer i/c Laboratory.

458 2/11/17
9

M.O. i/c Ward.

Mr. [unclear]

10/22

2029

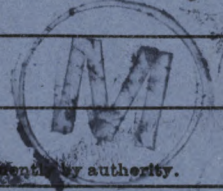
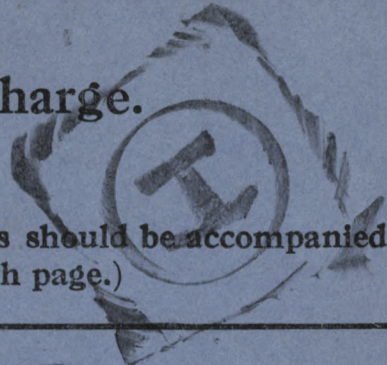
2029

BRL 27498

This space to be for numbers.

Proceedings on Discharge.

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



No.	931561
Rank	Private
Name	Charles Robinson
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	#2 Construction Battalion
Date of Discharge	February 18th, 1918.
Place of Discharge	Calgary, Alberta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....49.....years.....months.
 Height.....5.....feet.....8.....inches.
 Complexion Nr.
 Eyes Nr.
 Hair Nr.
 Trade Ry. Labourer
 Intended place of residence
(To be given as fully as practicable.)

Descriptive Marks

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

Being Medically Unfit for Further Service on Account of Sickness.

Authority HQ-~~1-25~~ 16-1-25-dated Ottawa 5/12/17 C.L.330

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.

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

VERY GOOD

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

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

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

HS.

K Cld
21-1-20
ae

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.....

Three horizontal dashed lines for listing 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) Calgary, Alberta

(Date) February 18th, 1918

Commanding

Amulik Singh
Captain
Officer i/c Discharge Section "P" Unit
Military Hospitals Commission Command

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.

(Place) Edmonton *his + mark* (Signature of Soldier.)

(Date) July 16/18 *Pro J. Smiles M.C.* (Signature of Witness.)
Capt

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) 1 years 150 days.

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

11. Confirmation of Discharge.

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

(Place) Calgary, Alberta

(Date) February 18th, 1918

(Signature)

Amulik Singh
Captain
Officer i/c Discharge Section "P" Unit
Military Hospitals Commission Command

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.)

nil his + marks

Geo. J. Smiles M.C.
Capt.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

Reserved for M.H.C.

Christian

Regt. No. **931561** Rank..... **Pte.** Surname..... **Robinson** Name..... **Charles**
 Unit or Corps—(a) Overseas from United Kingdom..... (b) In United Kingdom..... **20th Res.Bn.**
 Born at—Town..... **Nashville** County or Province..... **Tennessee** Country..... **U.S.A.**
 Date of Birth—Day..... **10th** Month..... **October** Year..... **1868** Age..... **49** yrs..... months.
 Joined at..... **Edmonton, Alta** Date..... **Sept. 31st 1916**
 Former Trade or Occupation..... **Laborer**

Permanent marks or peculiarities that will serve for future identification :—

Small scar on Top of Head.

Height—feet..... **5** inches..... **8** Colour of eyes..... **Black (negro)**

Signature of Soldier (for identification purposes)..... **Patient cannot write at present**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a) **IMPAIRED FUNCTION RT. ARM AND R. LEG**
- Disabilities Group (b) **Not applicable**
- Disabilities Group (c) **Not applicable**

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Cerebral Hemorrhage	Buxton	22-8-17
(ii.) As to Group (b) above.	Not applicable	Not app.	Not app.
(iii.) As to Group (c) above.	Not applicable	Not app.	Not app.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

- (i.) As to Group (a) above ? **Yes** If yes, has Active Service aggravated it ? **Yes**
- (ii.) As to Group (b) above ? **Not app** If yes, has Active Service aggravated it ? **Not app.**
- (iii.) As to Group (c) above ? **Not app.** If yes, has Active Service aggravated it ? **Not app.**

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above ? **No.**
- (ii.) As to Group (b) above ? **Not applicable**
- (iii.) As to Group (c) above ? **Not applicable**

**B. P. C. FOLIO
FALSE DOCKET**
6

5. If a cause of disability was an injury received on Active Service, was it received —

- (i.) While on duty? **Not applicable**
- (ii.) While off duty? **Not applicable**
- (iii.) Was a Court of Inquiry held? **Not app.**
- (iv.) Where? **Not app.**
- (v.) When? **Not app.**
- (vi.) Opinion of the Court? **Not app.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient states that he had several infectious diseases in Ymito, that he drank alcoholic liquors freely, that he never had any Venereal disease and that prior to enlistment 21-9-16 - he had some "Stomach trouble and Rheumatism". He came to England April 1917 and a few days later was sent to Hospital with "Rheumatism", transferred to Buxton. There 22-8-17 while sneezing, fell unconscious and Right arm & R. Leg was found to be paralyzed. On 28-8-17 was transferred to Can. Mil. Hosp. Liverpool as a bed patient.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Right sided Hemiplegia. At present able to walk with cane. Sensation was over Right side diminished. Power of leg largely recovered. Power of hand more slowly but improving. Has almost no right hand grip, and cannot raise arm. Tongue protrudes to right no incontinence at any time. Eyes equal and reset normally. R. Knee jerk exaggerated. Babinski present. Speech which was much affected is now about normal. Wasserman negative. Radial Pulse about normal for age. Heart & Lungs, Digestive and gen. systems apparently normal. Blood Pressure Sys - 160 D. 120

8. OPERATION. (i.) Was one performed?

No.

(ii.) If so, state what.

Not applicable.

(iii.) Was one advised and declined?

No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service?

No.

(ii.) If so, describe.

Not applicable.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

No.

(b) Fit for base duty?

No.

(c) Invalid to Canada?

Yes

(d) Discharge from the Service as permanently unfit?

Date of Report..... 29 Oct. 1917

Signed..... P. T. McQue Capt. C.A.M.C
Officer in medical charge of case.

Station..... No. 5 Can. Genl. Hosp.,
Liverpool

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

..... "S. C. Hart" Colonel CAMC (Officer i/c Hospital) Strike out one
(S.M.O. " Brigade) of these.

Dated at..... No. 5 Can. Gen. Hosp., Liverpool Station, on..... 29 Oct. 1917

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part II

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

Yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier
(b) Misconduct of the Soldier

Caused? No

Aggravated? No

Caused? No

Aggravated? No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/8, 2/8, 3/8, 4/8, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

This man before enlistment was a labourer on construction work. He gave his age as 41 at enlistment on advice of a friend. There is no evidence of arterio-sclerosis in radial pulse. He is very deaf and eyesight is bad. He was categorized C III at Buxton and while awaiting disposal had the apoplectic seizure.

19. Recommendation:—(a) Fit for duty? No.
(b) Fit for base duty? No.
(c) Invalid to Canada? Yes
(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 29-10-17

Station No. 5 Can. Gen. Hosp., Liverpool.

Approved [Signature] A.D.M.S.

Dated at A.D.M.S. Canadians, London, A.S.

Signatures of the Board.
K. D. Panton Lt. Col. President. C.A.M.C.
Wm. Creighton Maj. C.A.M.C.
G. O. Taylor Capt. C.A.M.C.
A.D.M.S. CANADIANS

B.P.C. FOLIO
FALSE BOOKET
1 NOV 1917 5

