

ATTESTATION PAPER.

No. 826473

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 Augustus**.....
- 1b. What is your present address?..... **1256 Howe St. Vancouver, B. C.**.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Sidenham, Kent. Eng (AND)**.....
- 3. What is the name of your next-of-kin?..... **Evylin Robinson.**.....
- 4. What is the address of your next-of-kin?..... **1256 Howe St. Vancouver, B. C.**.....
- 4a. What is the relationship of your next-of-kin?..... **wife.**.....
- 5. What is the date of your birth?..... **Sep. 10 1878.**.....
- 6. What is your Trade or Calling?..... **cook.**.....
- 7. Are you married?..... **yes (4 children)**.....
- 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 } **yes.**.....
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **C. A. 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.

C. A. Robinson (Signature of Recruit)

Date **May 4** 191 **6**. **E. C. Long** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **C. A. 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.

C. A. Robinson (Signature of Recruit)

Date **May 4** 191 **6**. **E. C. Long** (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 **Vancouver** this **Fourth** day of **May** 191 **6**.

[Signature] (Signature of Justice)

*Trans noted
9.2.17
m.l.v.*

Description of *Robinson Charles Augustus* on Enlistment:

Apparent Age *27* years months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height *5 ft. 2 1/2* ins.

Chest measurement { Girth when fully expanded *33* ins.
Range of expansion *2* ins.

Complexion *Dark*

Eyes *Brown*

Hair *A. Brown*

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

H Vac R

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 *May 4* 191*6*

Place *Vancouver*

J. Woodley Capt.
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:—

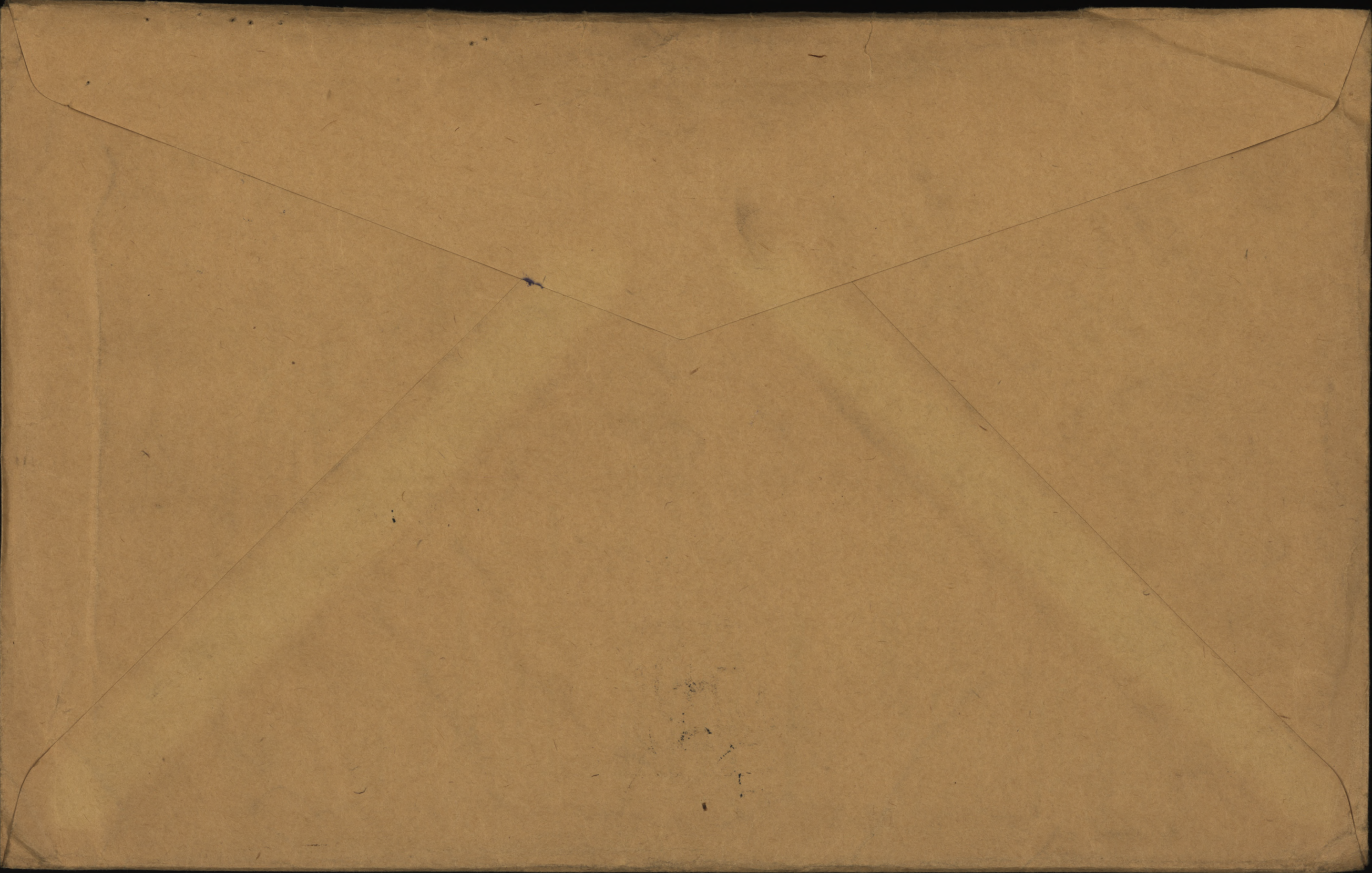
CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Augustus Robinson 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.

D. Tugh (Signature of Officer)
Major.

Date *May 4th* 191*6*.

for. Officer Commanding.
(A. O. D.)



SURNAME.

Robinson

CARD NO.

S.O.S.

CHRISTIAN NAMES

Charles Augustus

1-1-17 FOLL.

REGL. NO.

826, 473.

RANK

Pte

UNIT

~~143rd~~ "J" Unit M. H. C. Co.
Nile

~~Bn.~~

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Robinson, Mrs Boyle

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

~~1256, Howe St. Vancouver B.C.~~

The Poplars, Government St., Victoria, B.C.

(Auth. S.O.S. P. 7/7/16.)

COUNTRY OF BIRTH

England Sidenham Kent

DATE

Sept. 10th 1878.

PLACE OF ATTESTATION

Vancouver B.C.

DATE

May 4th 1916.

Trans from 143rd Bn to



"J" Unit M. H. C. Co. Auth
143rd Bn M. H. P. 12.1.17

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

cook.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

37 YEARS

MONTHS

HEIGHT

5 FEET

2 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

2 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Wk. Brown.

DISTINGUISHING MARKS

4 Vac. R.

MEDICAL EXAMINATION.

PLACE

Vancouver B.C.

DATE

May 4th 1916.

Present address 1526, Howe St. Vancouver B.C.

No. 826473

RANK *Plt*

NAME *Robinson C R.*

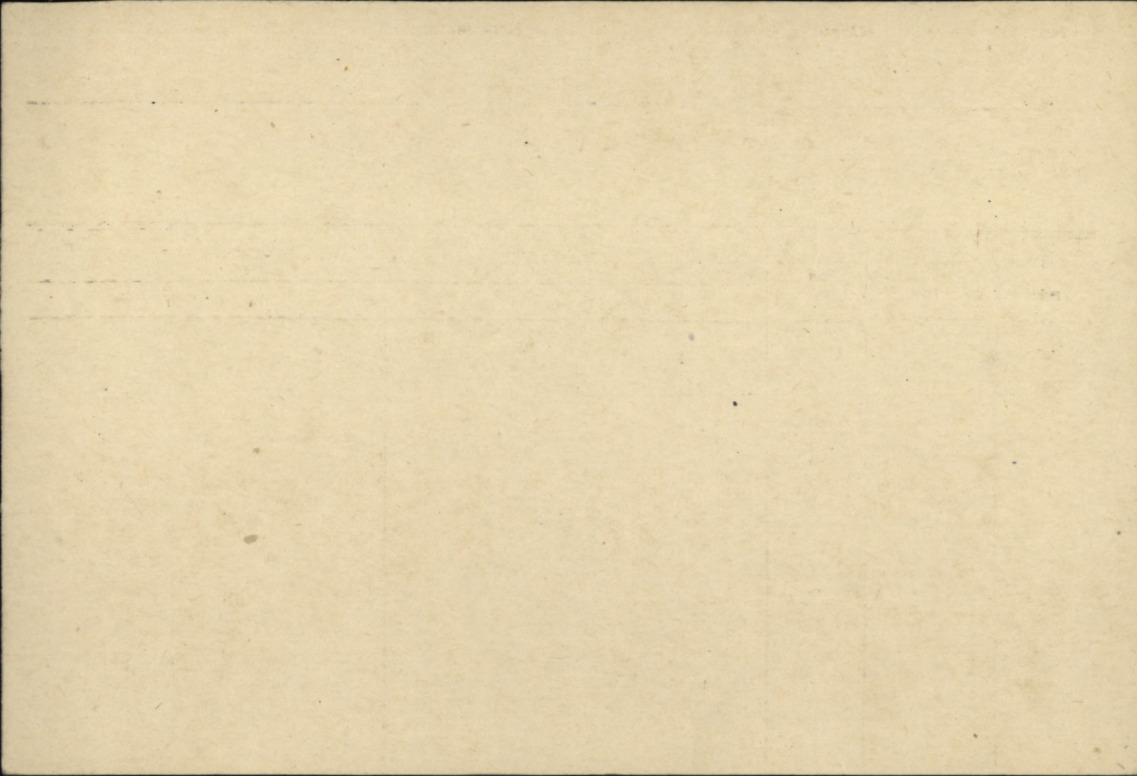
T. O. S. *Transfer from* UNIT

Basuattis M. H. C.

1043 28 Dec 17-1-17
0.0.9 11-1-17

M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Jan 2</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb</i>		<i>✓</i>		
<i>Mar</i>		<i>✓</i>		



No. 826473. RANK

Pte ,

NAME

Robinson, C. A.

T. O. S. 8-5-16

UNIT

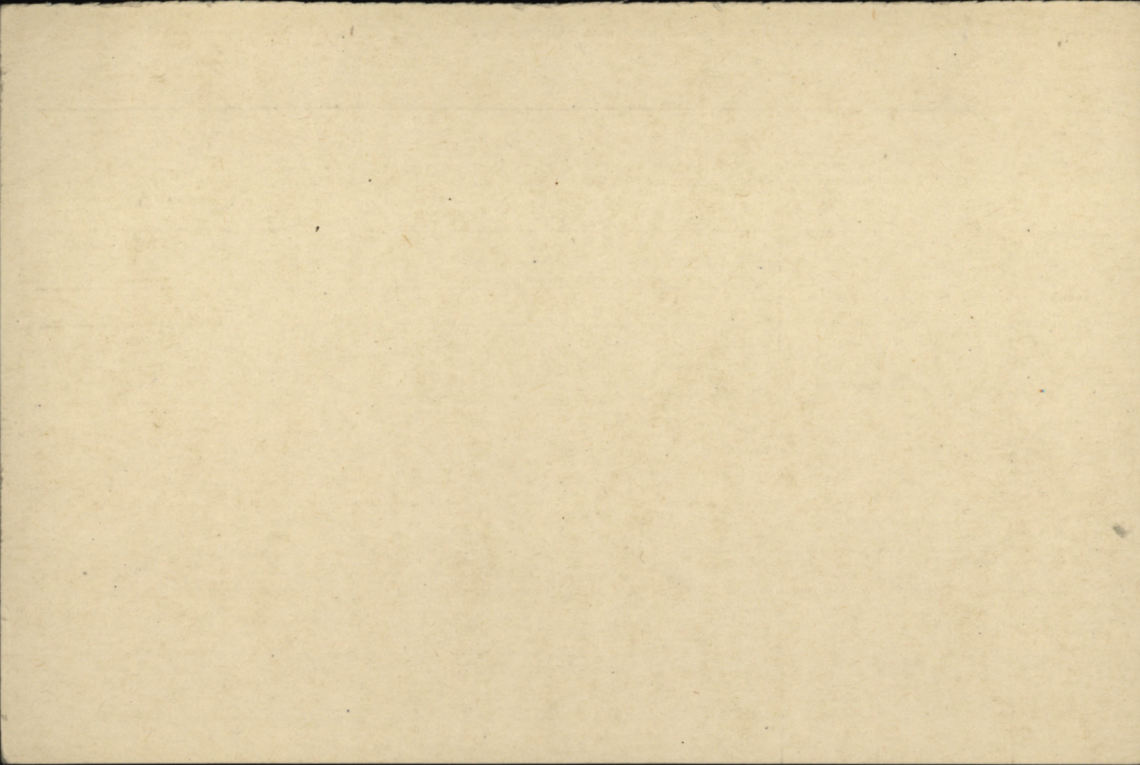
14th Ind. Battalion, (C E F)

DD. 72 of 9-5-16.

Railway Construction Battalion

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 8	May 31	✓		
June		✓		
July		✓		
Aug		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917	1917.			
Jan.	Jan. 11.	✓	Trans. to "J" unit M+L.C. 1-1-17	Bo. C.



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

M. F. W. 54.
150M. 10-15.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps: **143rd O/S BATT. C. E. F.**

Regimental No. **826473** Rank **Private** Name **Charles Augustus Robinson**
C. E. F.

Enlisted (a) **4/5/16** Terms of Service (a) **Duration of war** Service reckons from (a) **4/5/16**

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) **Cook!**

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				
7-3-18	Eng.	T. O. S. J. Unit	Victoria, B. C.	10-1-17	D. O. Part II 9-62 of 18 11-1-17
7-3-18		Discharged as Being Physically Unfit for Further Service Under K. R. & O., Can. 322, IX Auth. Med. Board (App. Q. D. M. S.) of 22-2-18		4-3-18	W. O. 61-718 of 4-3-18.

(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				

MEDICAL HISTORY SHEET. 826473

Surname Robinson Christian Name Charles Augustus

Examined { on 4 day of May 1916
 at Vancouver
 Birthplace { City or Town Lydenham,
 County Kent, Eng.

Approved by J. W. Odley
 Rank Capt. M.O.

Apparent age 37
 Trade or occupation cook
 Height 5 Feet 2 1/2 Inches. M.O.
 Weight 125 Lbs. M.O.
 Chest measurement { Minimum 31 inches. M.O.
 Maximum expansion 33 inches. M.O.
 Physical development M.O.
 Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left
 Number 4
 When Vaccinated last 1912 M.O.
 (a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection
 Date Result ANTI-TYPHOID INOCULATIONS, ETC.
AUG 7 1916 J. A. Raynor M.O.
AUG 16 1916 M.O.
SEP 5 - 1916 M.O.

Enlisted on 4th day of May 1916 at Vancouver, B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>143rd Batt C.E.F.</u>	<u>826473</u>		<u>4/5/16</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
		<u>X</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.

48

Surname Robinson. Christian Name Charles Augustus

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				
J. Unit M. H. Co. Victoria B.C.		10	1	17	4	3	18	Pulmonary Tuberculosis 408	Discharged as Being Physically Unfit for Further Service Under K. R. & O., Can. 322, IX Auth. Med. Board (app. A. W. M. S.) of 27-2-18.		



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C. E. F., 1916).

Regimental No. 826473 Rank Pte Name Robinson G A (143R)
 Corps J Unit M H Co who was * Discharged
 On March 4th 1918, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1 1918,
 to March 4 1918, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No.			Reg'l Pay <u>4</u> days at \$ <u>1</u> c.	<u>4</u>	
by } No.			Field Allow. <u>4</u> days at \$ <u>10</u> c.		<u>40</u>
Cheques } No.			Other Allowances* <u>Sep Allow</u> x <u>3</u>		<u>22</u>
Assigned Pay No. <u>Sep Allow</u>	<u>6</u>	<u>22</u>	Other Credits* <u>cloth Allow</u>	<u>10</u>	
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No.	<u>11</u>	<u>40</u>			
Balance Cr. (to be paid by the new unit)					
Total	<u>17</u>	<u>62</u>	Total	<u>17</u>	<u>62</u>

* Give Particulars

A monthly stoppage of \$ 3⁰⁰ (†) has (‡) been paid on account of Assigned
 Pay for the month of to March 4th 1918 to (Assignee) Mr & E Robinson
 (Address) Langford Station P O
Victoria

CHECKED BY
J & B

(†) 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 4/5/16
 (2) if married and if a Separation Allowance Card has been submitted Id to March 4th 18
 (3) cause of discharge and authority D/ob J Unit M H Co 4/3/18

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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 28th 18
 Place Victoria

W. S. Paddock
J & B
 Paymaster "J" Unit, M. H. **Capt.**
PAYMASTER

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month; and, one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month; and, one for retention as a record.

CANADIAN CONTINENT EXPEDITIONARY FORCE

PAY CERTIFICATE

AIRCRAFT BOND



The Treasurer of the Force

WARRANT

Faint text at the bottom of the page, likely containing administrative details or a signature line.

Name *Pte. C. A. Robinson*
Trang Sanit.

Regimental No. *826473* Name and address of next-of-kin

Unit *143rd Bn*

Date of enlistment

Place of

EWK

Married (yes or no) *No* *yes* *on 11.9.22/1/17* Date and place discharged *T. for P 2/1/17*

Amount of pay assigned monthly *\$15^{xx} 00* Reason for discharge *Dis 4-3-18*

To whom payable *Mrs C. A. Robinson* Character on discharge *D/61 Unit Intd*
128 Royal St
Opp
Poplars, Government St.
Launceston P.O. Victoria

b 5351-M. & D. 6890.

	Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
<i>Jan</i>	<i>2</i>	<i>31</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>			<i>33</i>				
<i>Feb</i>	<i>1</i>	<i>28</i>	<i>28</i>		<i>28</i>	<i>28</i>		<i>280</i>	<i>20</i>	<i>7080</i>		<i>1580</i>	<i>55</i>		<i>7080</i>		
<i>Mar</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>20</i>	<i>5410</i>		<i>1910</i>	<i>35</i>		<i>5410</i>		
<i>Apr</i>	<i>1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>	<i>20</i>	<i>53</i>		<i>13</i>	<i>10</i>		<i>53</i>		
<i>May</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>20</i>	<i>5410</i>		<i>1410</i>	<i>40</i>		<i>5410</i>		
<i>June</i>	<i>1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>	<i>20</i>	<i>53</i>		<i>13</i>	<i>40</i>		<i>53</i>		
<i>July</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>20</i>	<i>5410</i>		<i>1410</i>	<i>40</i>		<i>5410</i>		
<i>Aug</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>20</i>	<i>5410</i>		<i>1410</i>	<i>40</i>		<i>5410</i>		
<i>Sept</i>	<i>1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>	<i>20</i>	<i>53</i>		<i>13</i>	<i>40</i>		<i>53</i>		
<i>Oct</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>20</i>	<i>5410</i>		<i>1410</i>	<i>40</i>		<i>5410</i>		
<i>Nov</i>	<i>1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>	<i>20</i>	<i>53</i>		<i>13</i>	<i>40</i>		<i>53</i>		
<i>Dec.</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>5</i>	<i>5910</i>		<i>1410</i>	<i>40</i>		<i>5410</i>	<i>500 Bal.</i>	
<i>Jan</i>	<i>1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>	<i>25</i>	<i>6435</i>		<i>1935</i>	<i>45</i>		<i>6435</i>		
<i>Feb</i>	<i>1</i>	<i>28</i>	<i>28</i>		<i>28</i>	<i>28</i>		<i>280</i>	<i>25</i>	<i>5580</i>		<i>1080</i>	<i>45</i>		<i>5580</i>		
<i>March</i>	<i>1</i>	<i>4</i>	<i>4</i>		<i>4</i>	<i>4</i>		<i>40</i>	<i>22</i>	<i>1762</i>		<i>1140</i>	<i>622</i>		<i>1762</i>		
									<i>10</i>	<i>2550</i>		<i>2550</i>			<i>2550</i>	<i>50 overpaid</i>	
<i>Oct.</i>								<i>50</i>	<i>50</i>			<i>50</i>		<i>50</i>	<i>50</i>	<i>Recovered Oct.</i>	

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

DE

le. Eme Robinson
 Name *E. A.*
Surname Christian Name

Regimental Number *826473* Rank *Pte.*

Unit *143 W. Bn.*

Address (in full)

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

File No. 154 92 67

Passed to Rev. 8/9/1941
WAR SERVICE GRATUITY.

Register No. R1000

Reg. No. Robinson C.A.
Name Quarantine Station
Address William Road, B.B.

Dependent Mrs E. E. Robinson wife
Address Same

Pay Soldier \$ 55⁰⁰/₁₀₀

Pay Dependent \$ 30⁰⁰/₁₀₀

200 Graham
W. H. Turner

Days 31 Rate 100 Due 100⁰⁰/₁₀₀
15⁰⁰/₁₀₀

Clerk J. J. Scametto

Less P.D.P. credited.....
Less further Dr. Bal. or overpayment.....
Net 85⁰⁰/₁₀₀

R 2104
22⁰⁰/₁₀₀

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 18/9/19	24452	520727	55 ⁰⁰ / ₁₀₀		1 18/9/19	24453	520726	30 ⁰⁰ / ₁₀₀
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
J. J. Scametto
Date 11-9-19

8/5/16

SEPARATION ALLOWANCE

Name *Evelyn Elizabeth Robinson*

Name of Soldier *Robinson, Chas. Augustus*

*No
fine*

~~*The Poplars Victoria 56 Howe Street*~~

Regtl. No. *826 473*

~~*416 Sexton St. Vancouver*~~

Rank *Pte*

Victoria B.C.

Corps ~~*143rd O.S. Batta. CEF*~~

Relation to Soldier

Trans "I" Unit m.H. & C. 11/17 (part 10/17)

wife, child or mother

wife

To what Corps belonging

when called out

#820 Pandora St.

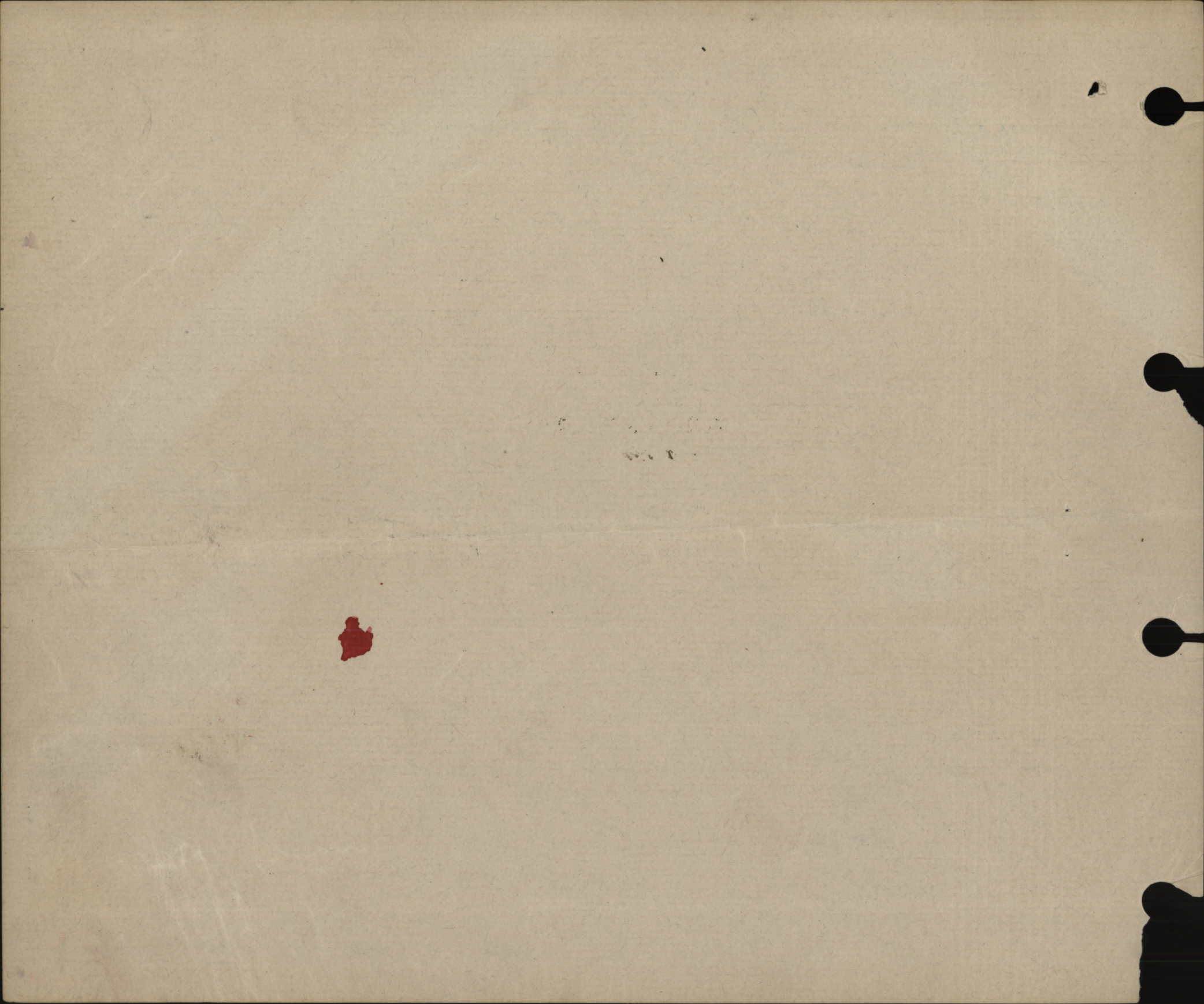
The poplars -

PAYMENTS

*add noted
8/17/16*

Month	Year	Cheque No.	Amt.	REMARKS
		<i>Government St</i>		
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER *W*



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Evelyn Elizabeth Robinson wife

Name of Soldier

Robinson Chas Augustus

Pte

L. L. Job 310.—Req. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1915			
May		1 2615	15	
June		119895	20	
July		12 10309	20	
Aug.		14428	20	
Sept.		2 17445	20	
Oct.		4 20198	20	
Nov.		8 23937	20	
Dec.		9 26924	20	
Jan.		10 17 30454	20	20 71 30454 cancelled
Feb.				no further cheques until
March				return of passport and paid
April				to 31/12/16
May				18/1/17 Journey
June				11/1/17 (return 12/1/17)
July				25/1/17 Journey
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER *W*.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

4-3-18.

Trang.

15 days Pay.

19-9-55

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. 826473	
Rank Private	
Name Robinson C.A. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 143 Bats.	
Date of Discharge 4 March 1918 28th February 1918	
Place of Discharge Victoria B.C.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 39..... years..... months.	
Height..... 5'..... feet..... 3 1/2..... inches.	
Complexion Fair	
Eyes Brown	
Hair Dark Brown	
Trade Cook	
Intended place of residence } 12 Boyd Street Victoria B.C. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of Being physically unfit for further Service under K.R.O. Par 322 IX Ant. Medical Board (app A.S.M.S of 22.2.1918)	
<small>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.</small>	
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.
	<small>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:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

25m.—11-15.

H. O. 1772-39-113.

(OVER)

Handwritten notes: *unfit Camp*, *K.R.O. 322 IX*, *2/9/19*, *ES*, *C*

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.....

Table with 3 rows and 1 column, crossed out with a diagonal line.

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) Esquimaux B.C.

W. Stanley Major
O. C. "J" Unit, M.H.C.C.

(Date) March 2. 1918

Commanding J Unit. M.H.C.C.

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) Victoria B.C. C. A. Robinson (Signature of Soldier.)

(Date) 4/13/18 J. Dacey (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 ~~4-5-1918~~ 28/2/18 (the date to which the Record of Service is completed) 300 years 380 days. Total 380 years 380 days.

11. Confirmation of Discharge 28th February

The discharge of the above-named man is hereby confirmed. ~~March 2. 1918~~

(Place) Esquimaux B.C.

(Signature) W. Stanley Major
O. C. "J" Unit, M.H.C.C.

(Date) March 2. 1918

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.)

Clothing allowance not received

to date 4.3.18

C. A. Robinson
Re above. Please refer to L. P. C.
Herewith. Wm. Barbaj



List of Discharge Documents.

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

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.

Address: - 1256 Howe St. Vancouver, B.C.
 Next of Kin: - Evelyn Robinson (Wife) 1256 Howe St.

MEDICAL HISTORY OF AN INVALID. *Vancouver*
 143rd O/S BATT, C. E. F. *190*

3

1. Station. *Sidney. B.C.*
2. Regiment or Corps. *143rd O/S Batt. C.E.F.* (a) Conduct. *Good*
3. Regimental No. and Rank. *826473* (b) Habits. *Good*
Private
4. Name. *Robinson Charles* (c) Temperance. *Good*
5. Age last Birthday. *37* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on *May 8/1916*
- at *Vancouver. B.C.*
7. Former Trade or Occupation. *Cook* Date. *18/9/16*

9. Service. **143rd O/S BATT. C. E. F.** Years. Days.

	PERIODS.	
	FROM.	TO.
143rd O/S BATT. C. E. F.	<i>8/5/16</i>	

10. (a) Disease or disability. *Consolidation left lung -*
- (b) Date of origin. *unknown*
- (c) Place of origin. *unknown*
- (d) Cause. *unknown*

11. Present Condition. (Most Important) *cough, appetite poor*
 (To include full description of present disabling condition or conditions.) *losing weight*

Station. *Sidney. B.C.*

Date. *8 Sep. 1916*

12. (a) Is the disability the result of service or climate? *NO*
- (b) Has it been aggravated by intemperance, vice or misconduct? *NO*

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

none

(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?

none

(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.

none

14. Treatment

none

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

yes slightly $\frac{1}{12}$

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

one year

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

$\frac{1}{4}$

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

yes

Medical Board
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.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. *yes*

20. Recommendations : *That he be discharged and given six months in convalescent home or sanitarium and in meantime he should have outside work, perhaps recruiting duty.*

Signatures :—

J. H. Bryant
 President.

H. Macpherson
 Capt and

Station. *Sidney. Bt.*
Date. *8 Sep. 1916*

Members.

APPROVED

Date. *SEP 26 1916*

George H. ...
 Major, A. M. C.
 Assc. Director of Medical Services.

MILITARY DISTRICT No. *XI*

Approved.

Date.

Director-General of Medical Services.

4

OPINION OF THE MEDICAL BOARD.

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

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

30. Recommendations: *After being treated at the hospital for some time he was recommended for discharge as being unfit for further service. He was discharged on 10/10/16.*

Signature: *[Handwritten Signature]*

Date of final Medical Board or decision. } Administrative Medical Officer.

Militia Form B. 227.
100 m-2-16.
H. G. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station *Sidney B.C.*

Corps **143rd O./S. Batt. C.E.F.**

Regimental No. *82673* Rank *Private*

Name *Charles Robinson*

Disability *Consolidated left lung*

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.

34-R-66

BPC Original

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION... Tranquille, B.C. DATE February 16th 1918

1. (a) Unit... 143rd Batt'n (b) Regimental No... #826473 (c) Rank... Private

(d) Surname... ROBINSON (e) Christian name... CHARLES AUGUSTUS

2. Age last birthday... 39 Date of birth... September 10th 1878

3. Enlisted at... Vancouver on... May 4th 1916

4. Personal description;—

(a) Height... 5' 3 1/2" (b) Weight... 141 lbs (c) Complexion... Fair

(d) Colour of hair... Dark Brown (e) Colour of eyes... Brown (f) Identification marks

None

5. Address after discharge (for the use of the Board of Pension Commissioners.)

12 Boyd Street, Victoria, B.C.

6. Former trade or occupation... Cook

7. (a) Service From enlistment to date

	PERIODS	
	From	To

(b) Has he been Overseas?... No

8. Present disease or disability (use authorized nomenclature if possible). Pulmonary Tuberculosis.

(a) Date of origin... September 1916 (b) Place of origin... Sydney, B.C.

(c) Cause*... Pulmonary Tuberculosis
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Temperature normal - Pulse 80 - Weight 148 1/2 lbs., (with clothes) Very little cough - no sputum - short of breath on over exertion - able to do 6 hours light work - General strength and condition good. Examination of Lungs - Right- Slight dullness posteriorly over apex - a few post tussic crepitations - breath sounds somewhat broncho vesicular - Left - Dullness over apex anteriorly and to mid scapular posteriorly - breath sounds broncho vesicular - a few post tussic crepitations posteriorly - Disease apparently arrested.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

8

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Well from enlistment until July - when he ^{had} cough and some night sweats. Went before Medical Board in September and was diagnosed as Tuberculosis. Afterwards went recruiting for five months - Lost weight and cough continued - went before another Medical Board and recommended treatment - Weight at this time 124 lbs., Had considerable cough and expectoration - Has improved steadily since coming to Sanatorium.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

Sixty five per cent (65%)

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Partially Permanent

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

This Sanatorium since June 15th 1917 - Has followed treatment well.

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

No

19. Can the former trade or occupation be resumed? Not advisable

20. Recommendations That he be discharged and allowed to go under his own control

C. A. Brown

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER PRINCEVILLE SANATORIUM KAMLOOPS, B. C.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned CHARLES AUGUSTUS ROBINSON have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

C. A. Robinson

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~

(1) (Strike out condition not applicable).

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

(2) That he be placed in class "E" for discharge.

(3) That he be given pension according to his disability.

W. McCreibald } President.
J. Durris O. Lt } Members.

STATION Kamloops, B.C.

DATE Feb. 18th 1918.

APPROVED BY

DATE FEB 22 1918

R.L. Miller Capt } A.M.
 For Assistant Director of Medical Services } M.D. 11

APPROVED BY

DATE

Director-General of Medical Services

OPINION OF THE MEDICAL BOARD

1. Does the Board concur with the recommendation of the Medical Officer in charge of the case?
 number of favorable votes

2. In the soldier's opinion, should he accept the treatment recommended?
 (a) General service
 (b) Home service (Canada only)
 (c) Home service (Canada only)
 (d) Temporary duty
 (e) Unit for service in Categories A, B and C

3. Does the soldier require treatment?
 (a) Yes
 (b) No
 (c) Should pass under his own control
 (d) Should pass under his own control (Strike out condition not applicable)

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a Medical Board

assembled at Victoria, B.C.

on the 28th day of Nov. 1916.

by order of A.D.M.S. M.D. No. XI.

for the purpose of reporting on the health of

#826473 Pte. Chas. Robinson, 143rd Batt. C.E.F.

PRESIDENT.

T. Miller Capt. C.A.M.C.

MEMBERS.

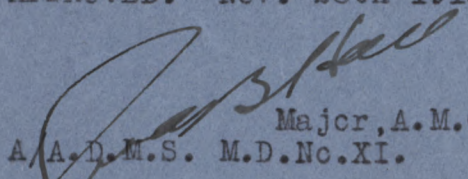
J. F. Grant Capt. C.A.M.C.

C. P. Higgins Capt. C.A.M.C.

The Board having assembled pursuant to order, proceed to Report that:

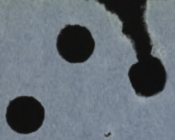
1. Vocal fremitus is decreased over apex of left lung and left infra-clavicular region both before and behind. Percussion over the same region is dull. Auscultation gives diminished breath sounds over the same area. Temp. is normal. Pulse 72. The Board is of the opinion that there is considerable thickening of pleura. He has slight cough at night. No sweating at night. Appetite is poor. Thinks he has lost weight.
2. Condition is not result of service.
3. Not aggravated by service.
4. Duration is indefinite.
5. Earning power in general labor market is lessened 1/3
6. The Board recommends six months sanatorium treatment as the case may be incipient tuberculosis.

APPROVED. NOV. 28th 1916.


Major, A.M.C.
A, A.D.M.S. M.D. No. XI.

M. F. E. 303.
1907-4-16.
H. Q. 1792-39-133.

J. Miller Capt. C.A.M.C.
J. F. Grant Capt. C.A.M.C.
C. P. Higgins Capt. C.A.M.C.



6

