ORIGINAL.

ATTESTATION PAPER.

No. 922640.

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?	Thomas Walls
1b. What is your present address?	Millwood, Manitoba, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	~~XXXXXX~~ Millwood, Manitoba.
3. What is the name of your next-of kin?	Francis William Robinson.
4. What is the address of your next-of-kin?	Millwood, Manitoba.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	March 28th, 1897.
6. What is your Trade or Calling?	Farmer
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? If so, state particulars of former Service.	No
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, Thomas W. 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.

Thomas Walls Robinson (Signature of Recruit)

Date July 14th 1916. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas W. 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.

Thomas Walls Robinson (Signature of Recruit)

Date July 14th 1916. (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 Camp Hughes, Man this 14th day of July 1916.

(Signature of Justice)

M. F. W. 22.
600M.—8-16.
H. Q. 1772-89-941.

Description of THOMAS WALLS ROBINSON on Enlistment.

Apparent Age 19 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. 9 ins.
Chest measurement.	Girth when fully expanded	37 ins.
	Range of expansion	4 ins.
Complexion		Fair
Eyes		Brown
Hair		L. Brown
Religious denominations.	Church of England	YES
	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 July 14th 1916. F. R. Thayer

Place Camp Hughes, Man. .....

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.

Thomas Walls 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.

A. Bonnycastle Lt Col

.....(Signature of Officer)

Date July 14th 1916.

REGIMENTAL DOCUMENTS

B.4.719.

NAME Robinson. Thomas. Walls REGT. NO. 922640. UNIT 3rd Bn. C.E. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
1	DENTAL HISTORY SHEET (M.F.B. 465)				
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	MEDICAL EXAMINATION (M.F.W. 129)				
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1/2	Miss.				
1	C.A.D.C. 3rd A.				
1	Leaflet				

S

M

18974

H

482113

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Demob

DESERTION 4

28-6

19-6

11-7

W. 2539
100M-11.18

Reg. No. 922640 Name Robinson Geo

Rank Pte Corps 200 Bn Age 19 Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
General Winnipeg	13.1.17	Tonsilitis
Div Depot	16.1.17	
General Winnipeg	20.1.17	Enlarged Tonsils
Div Depot	30.1.17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS
M. F. W. 2553. 75M.—9-19. 1772-39-1332.		

WKP
Idem

Number 922640 Rank L/Cpl

Surname ROBINSON

Christian Name Thomas Walls

Units C.E., Theatre of War France

Date of Service 21-6-17

Remarks

Latest Address ~~Merchants Bank, Russell~~ Box 105 Boscarth, Man.

Roll No

200m.-2-21.M. 'B' Page 9707.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

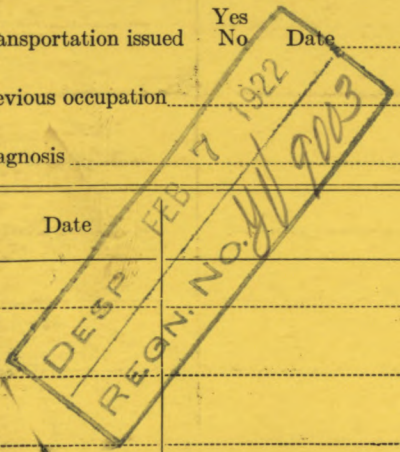
Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards



Date	Remarks

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

FORM R. 149.
7106—250m—7/2/17.

Name ROBINSON Rank ~~Pte~~ Spr Reg. No. 922640

Unit 107th Thomas W Walls

Next of Kin Canada B

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
20-11.	3 C F.A.		D.W.O.	A74		8660
21-11.	1 C F.A.		do.	A73		8721
24-11.	Discharged to Duty.			A76		8840
1918						
13-9-	13 Loan F.A.		D.W.O.	A324		36833
23-9	5 C F.A.		do.	A330		37178
24-9	Dis. to Duty		do.	A333		37287

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

REGT'L. NO. 922640

NAME Robinson, J. W.

H. Q. FILE NO. 649

RANK AND CORPS Pte 107th Can. Bn.

FOLLOWS NO.

NATURE OF CASUALTY

FOLLOWS

CABLE

NO.	DATE

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A108	No 93 Fld Ambulance	17-8-17	Ingrow: Toe Nails
A108	No 93 Fld Ambulance	18-8-17	Ingrow Toe nails to duty Man. Regt.
A74½	3 Can Fld. Amb.	20-11-17	P. U. D.
A75½	1 Can. Fld. Amb.	21-11-17.	P. U. D.
A. 76.	" "Disc". to "Duty.	24-11-17.	" " "

FORM R. 149.
7106—250m—7/2/17.

Name ROBINSON. Thomas. Walls. *Rank* Pte. *Reg. No.* 922640.

Unit 107th Battalion.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. L.
17-8-17.	No.93.F.A.	Ingrow.Toe.Nail,	A107.			
18-8-17.	Dis to Duty.	do	A107.		R III C 13.9.17	11-9-17

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

No. 922640 RANK Pte. NAME Robinson. J. H.

T. O. S. 14-7-16 (Do-141-3-8-18) UNIT 200th Battalion C.E.F.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 14	Aug. 31.	M.		
Sept.		M.		
Oct.		"		
Nov		"		
Dec		"		
1917				
Jan.		"	a.w.w.l. from 27. 12. 16. m.n. to 7. p.m. 8-1-17 Sick leave allowed.	B07.
Feb.		"		
Mar		"		
Apr		"		
May 1	May 14	M.		

disp area. M 1/2

CARD NO.

SURNAME. Robinson

CHRISTIAN NAMES Thomas Walls

REGL. No. 922640 RANK Pte.

UNIT 200th

FORMER CORPS Nil.

SOS Dis 7.5-19
Demob FOLL.
D01327 12.5.19
#1000

Bn.

NEXT OF KIN.

NAMES IN FULL Robinson Francis William

RELATIONSHIP TO SOLDIER Father

ADDRESS Millwood. Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Millwood. Man. DATE Mar. 28th 1897

PLACE OF ATTESTATION Camp Hughes. Man. DATE July 14th 1916.

S/S. 3/5/19.

NB 4.5-19 3131/99 spr.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-333.

From Halifax Per S.S. [redacted] "Megantic" 3-5-17.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5- FEET 9 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4. INCHES

COMPLEXION Fair EYES Brown HAIR Light Brown.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Camp Hughes. Man. DATE July 14th 1916.

Present address: Millwood Man.

FORM D M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
ROBINSON	T.W.	922640

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	107th Pnr.Bn.	Eng (107)		

HOSPITAL	DATE OF ADMISSION
93 F.Amb.	17-8-17.
3 Can Fld Amb.	20.11.17
1. 1 " " "	Hosp. 21.11.17
2. 13 " " "	13.9.18.
5 " " "	Hosp. 23.9.18
3.	Hosp.
4.	Hosp.

DIAGNOSIS

1. Ingrowing Toe Nail. Rt
2. P.U.O. Rt.
3.

DISPOSITION	DATE
CL. 27-8-17 A108.	Dis. to duty 18-8-17.
28.11.17 (a) 74 (1)	
29.11.17 A75.	REMARKS
30.11.17 A76.	Dis. Duty. 24.11.17
20.9.18 a 324	" " " 24.9.18
21.9.18 a 330.	
1.10.18 a 333	

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Veterans Affairs | Affaires des anciens combattants

DEATH NOTIFICATION — *AVIS DE DÉCÈS*

FILE NO — *DOSSIER N°*: 1317536

NAME — *NOM*: Robinson Thomas Walls

SERVICE NO — *MATRICULE*: 922640 army WW1

DATE OF DEATH — *DATE DU DÉCÈS*: 13/9/81

CPC NO — *CCP N°*: 1342575

WVA — *AAC. N°*: 235184

PLACE OF DEATH — *ENDROIT DU DÉCÈS*: Russell Man.

INFORMATION RECEIVED FROM — *INFORMATION RECUE DE*: DVA 93 Winnipeg

y L.

FOR RECORDS MANAGER — *POUR LE GESTIONNAIRE DE POSSIERS*

16/11/81

DATE

DVA 24 (6-79)
7530-21-036-5730

2 — CFRC — *DAFC*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division

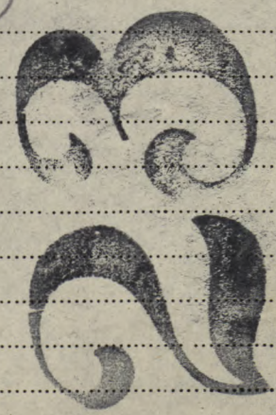
Name of Soldier Rothwell J W

Regiment 25 Co Rank Pte No 922640

DO NOT FOLD
This Sheet
KEEP IT CLEAN

Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.
R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE	No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Nov 16	1														Moore	
Dec 11	2														A R Graham	



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ROBINSON T. W.

REGIMENT 3120 C.E. RANK SPR. No. 922640

Date of Examination in England 31-3-19. | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

23-M.

PRESENT DENTAL REQUIREMENTS

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

unfit
A.W. Myles.

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada —
- (b) In England —
- (c) In France yes

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer E. G. Berry, Capt.

ORIGINAL

200TH BATTALION

MEDICAL HISTORY SHEET.

Surname Robinson *Christian Name* Thomas Walls

Examined { on 14th day of July 1916.
at Camp Hughes, Manitoba.

Birthplace { City or Town Millwood
County Manitoba, Canada.

Apparent age 19 Years

Trade or occupation Farmer

Height 5 Feet 9 Inches.

Weight 145 lbs Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

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

Approved by
F. K. Haynes
Rank Capt M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
8/10/16	OK	F. K. Haynes M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
7/22/16	OK	F. K. Haynes M.O.
7/31/16		F. K. Haynes M.O.
8/10/16		F. K. Haynes M.O.

Enlisted on 14th *day of* July 1916 *at* Camp Hughes, Man.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	200 Batt	922640		July 14/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brandon	3/4/19	[illegible]	A. H. Mackenzie Capt

23

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Winnipeg		13	1	17.	16	1	17.	Tonsilitis	3.		L. H. Hayes
"		24	1	17.	30	1	17	"	6		L. H. Hayes
No.93 F.A.		17	8	17	18	8	17	Ingrow. Toe Nail		Dis. to duty.	A107

b
T. W. Robinson

OK

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 200th Battalion

(2) Regimental Number 922640

(3) Full Name of Soldier Thomas Walls Robinson

(4) Place of Birth Millwood, Manitoba

(5) Are you married, or not? No

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

(b) Present Postal Address Millwood Manitoba

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls —

Also their names and ages —

23

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Francis W. Robinson, Millwood, Man.

(10) Is your Mother alive? Yes

If so, state name and address Anna Robinson
Millwood, Manitoba

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

—

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

—

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

—

(15) Are you insured? —

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.

A. L. Bowmaster
Officer Commanding.

Date 30th Nov 1916

Form R 122.
2353—100M—9-1-16

LTR Rank Name ROBINSON, Thomas Walls Reg'l No. 922640

Unit (If in perm. Corps, What Unit?) Married or Single Single.

200th Bn. to Manitoba Regt.

Place and Date of Enlistment Camp Hughes, July 14th, 1916. Place of Birth Millwood, Manitoba

Name and Address, Next-of-Kin Francis William Robinson

Millwood, Manitoba. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

M/E. R.D. No. 13507
File R.L.
Category CAN.OR.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
C"		⇒ARRIVED IN ENGLAND 14 5 17 S/S MEGANTIC.				A.F.B. 103 CHECKED 4 JULY 1917 C.R.
15 5 17	IIth Res	Taken on Strength	Shorncliffe		15.5..	Ft.II 112 & Pt II 0 48 of
21-6-17	"	S.O.S. to 107 Bn. O. Seas	"	Pte	21-6-17	" 144 107 Bn 29-6-17
27.8.17	107 Bn	Adm No 93 C.C.S.	Etaples	"	17.8.17	C.L.A 108 Ingrow. Toe nails
—"—	—"—	Rejoined unit.	"	"	18.8.17	——— " ———
27.11.17	M.R.(107)	#3 Can Field Amb.	"	"	20.11.17	C.L.A 4 P.V.O.
28-11-17	M.R.(107)	" 1 Can Field Amb.	"	"	21-11-17	C.L.A 75 "
29-11-17	" "	Discharged to Duty.	"	"	24-11-17	" " 76
Now Known as 107th Pioneer Canadian Engs. MAR 10 1918						
2.7-18	3 Bn Ch.	T.O.S. fm. 107 Bn	"	"	30.5.18	20/9/107 Pte 66 [illegible] 2 7/18

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.

56-M-26-4-19.

2.4.19 F Wing CCC T.O.S. from 3rd Bn C.E. Bramshott 29.3.19 D.O.10

30.4.19 F.W.C.C.C. SOS TO CANADA Bramshott 26.4.19 D.O.17.

W.S.B. Class B

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

C.R.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 200th Canadian Overseas Battalion.

Regimental No. 922640. Rank Private / C.E.F. Name Thomas Walls Robinson

Enlisted (a) July 14/16 Terms of Service (a) War Service reckons from (a) July 14-1916

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

Extended Re-engaged Qualification (b) Farmer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Halifax	30/4/17	H.M.T. Megantic
		Disembarked	Liverpool	14-5-17	H.M.T. Megantic
15-5-17	"	Trans to 11th C.R.Bn	"	15-5-17	Pt II B.O.118
15-5-17	O.C.11th Battn.	Taken on strength 11th Can Res Bn.	Shorncliffe	15-5-17	Pt II B.O. 112
21-6-17	O.C.11th	Trans to 107th Battn.	Overseas	21-6-17	Pt II Bn.O. 144

T. Stanyer Capt & Adjutant 200th Battn. C.E.F

Lieut & A/Adjt 11th Can Res Bn.

CERTIFIED CORRECT. 6 JUL 1917 CAN. RECORDS, LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

922640 Pte Robinson. J.W.

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				
22.6.17	C. B. D.	ARRIVED C. B. D.	FRANCE	22.6.17	N. R. D. PART II ORDERS No 48 D 29.6.17
9/7/17.	C. B. D.	LEFT C. B. D. FOR	1st Entrt Bn	9/7/17.	N. R. D.
12/7/17.	1st Entrt CRBN	ARRIVED 1st Entrt. BN.	FIELD	12/7/17.	B 213 6/596
18/8/17	do	2a hosp (Sick)		17/8/17	B213 DES 55
18/8/17	93 bdeTM.	Ingrown toe nail 2a Unit		18/8/17	A/64844
17/8/17	do	do adm	93 bde TM	17/8/17	
25/8/17	1st Entrt. Bn	Rejoined 1st Entrt. Bn	Field	18/8/17.	B 213 DES 60
22/8/17	—	LEFT FOR UNIT		22.8.17	R&R 29.
1/9/17	OC. 107th	JOINED UNIT	Field	23.8.17	B213. DES 61
25/11/17		Sick to hosp		20.16.17	B213
22/11/17	36 bde TM.	P.U.O adm	36 bde TM	20. 11. 17	A/8348.
2/12/17	OC. 107th	Rejoined Unit 2a	1 bde TM	21.11.17	
2/12/17	OC. 107th	2a R.E. Park	Field.	24.11.17	B.213
24.11.17	1 bde TM	P.U.O. adm	Field.	24.11.17	B213
23.12.17	OC. 107th	Rejoined from R.E. Park 2a	1 B. TM. Dirty.	21.11.17	A 3228.
31.5.18	OC. 107th Bn	SOS 107 BN TO		24.11.17	
	OC	3RD CDN ENGR BATTN		20.12.17	B.213.
1.6.18	3rd CE Battn	TOS 3RD CE BATTN	Field	28 29.5.18	PR 2 B.O. 66
10/8/18	"	Granted 14 days leave	to U.K	30.5.18	B213
31.8.18	"	Returned from leave		10/8/18	B213. R.O. No 148 17/8/18.
31.8.18	"	Attached to 1st Bde H.E.		29.8.18	B213
14/9/18	"	T.M.B.		30.8.18	B213.
14/9/18	"	from 1st Bde H.E.		14.9.18	B213.
14/9/18	13 bde TM.	R.U.O. adm	13 bde TM	7/9/18	B213
23/9/18	5 bde TM.	P.U.O. adm	5 bde TM	13/9/18	B213.
24/9/18	13 CRA	P.U.O. 2a	5 CRA	23/9/18	A 3110
				23.9.18	K 3823.

Army Form B. 103. Regimental Number 922640

Casualty Form—Active Service.

Regiment or Corps 3rd Battalion, 6th Dns

Rank Spr Surname Robinson Christian Name Jas

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
25/9/18	56 Bn	R.U.O. to Duty		25/9/18	K3929
28/9/18	3rd Mob Sb	Rejoined Unit.		24/9/18	B213
	6th Camp.	PROCEEDED TO ENGLAND		28/3/19	NR
		for Lieut-Col. O.C.			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty.	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
26/4/19	"	S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA.			Bramshott
Odar 30/4/19	18				10 Base Depot

H.M.T.S. EMPRESS OF [illegible]
EMBARKED 26-4-19

26.4.19 T.O.S. Dispersal Station 20 .. Pa
M 132 .. 2
and Dispersed 7-5-19 do .. 3

.....Lieut.
for O. C. 10 District Depot.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 162842

THIS IS TO CERTIFY that No. 922640 (Rank) Lapl.
Name (in full) Robinson Thomas W. enlisted in
the 200th Batt.
CANADIAN EXPEDITIONARY FORCE at Camp Hughes on the 14th
day of July 1916
HE served in 3rd. Batt. C.E. France
and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (c)
~~Medical Unfitness.~~

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

Age 22
Height 5 ft. 9 in.
Complexion Fair
Eyes Brown
Hair L. Brown.

Marks or Scars Second toe of each foot overlaps great toe

T.W. Robinson
Signature of Soldier

Date of Discharge

Dispersal Station "M" MAY 7 1919 Military District No. 10

Issuing Officer

Capt.
Rank

Date 7/5/19 19

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

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

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

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

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

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs F. W. Robinson

Address Millwood Man

By Whom Assigned Robinson F. W.

Regtl. No. 922640

Rank Pte

Corps 200th Battn

Rate 15.00 July 1/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2M 9-7-17 JK 9-7-17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2 Mrs F. W. Robinson
(Assignee)

PAYMENTS. Name of Soldier Robinson F. W.
Pte 922640 200th Btn

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			15.00 July 17.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		F 29557	15	03
Aug.		Y 31892	15-	Lu
Sept.		Y 39125	15-	05
Oct.		C47830	15.	
Nov.		P52150	15	
Dec.		V59566	15	
Jan.	1918		90	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

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.				

P. 559
MARRIED OR SINGLE Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Francis W. Robinson
Millwood, Man.

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ Nil EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 922640 RANK Private NAME Robinson Thomas Wray

IF IN PERMT. CORPS WHAT UNIT UNIT 223rd TRANSFERRED TO 107 Bn DATE 11/8/17 AUTHORITY by request.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Camp Hughes, Man TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 14th 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1st July 1917. A2M. Forms rend. 14/8/17 B

PAYABLE TO Mrs J W Robinson, Millwood, Man. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE Canada.

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) 63

C

DATE 1917	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
May 15	Balance from Canada													30 45	30 45																30 45				
15/5 30/6	46	110	50	60											50 60	305	30/5							24 33						24 33	46 67				
July 31			3H	10											3H 10													15	101	160	6H 16				QH005 1483 13.21
Aug 1/10	1 10/11		11												11													15		15	60 16				To 107 Bn 11/8/17 by request.
21/31	21	..	23	10											11 6 10 23 10															55 34	83 86				
Sept	30		33												33									789 15.6½	429 19.7.17	1 Gn Pn			892	267	31 05	85 81				
			15	80											17 2 20										219 7.7.17	BIBD.		15		8 6 39					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE
Sept.	B. Forward	~~85 81~~							85 81
Oct.	9 P	34 10							15
				D.A.					
				AR 507 11 Res. 17.6.17	730				
				AR. 842 107 Bn. 15.9.17	268				
				AR. 932 " 29.9.17	356				
		34 10			1354				15 91 37

922640. Pte Robinson T.W.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																		
Nov.	P.P.	33																15	91 37																
				A.R. 1003 107 Bn. 15.10.17										3 57																					
				" 1068 " 30/10/17										4 46																					
				1st JAR 485 1 Bat. Bn. 6.8.17.										2 67																					
Dec	P.P.	34 10												10 70				15 30	117 77																
1918																																		
Jan	Nil	34 10		A. Pay - Can.														15																	
				A.R. 117 11/11/17 107 R										3 57																					
				" 1210 14/11/17 "										3 57																					
				" 1157 30/11/17 "										13 38																					
				" 1254 30/12/17 "										4 46																					
														24 08																					
Feb		34 10.												24 98				15 15																	
"		30 80		A.R. 1308 9/1/18 107 B										3 54																					
														3 54																					
				" 1370 30.1.18 "										4 46					11966																	
		30 80												8 03				15																	
Mar.	P.P.	34 10																15																	
				A.R. 1446 14/2/18 107 B										3 57																					
				" 1518 15/3/18 ✓										8 03																					
				" 1593 30/3/18 ✓										4 46					12240																	
		34 10												16 06				15																	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1. 4. 17	EFFECTIVE DATE:-
AMOUNT:- $15.00	AMOUNT:-

NAME: ROBINSON, Thomas Walls

NUMBER:- 922640

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs F. W. Robinson	7/4/19			Private
Millwood. Man.				
MOTHER				
Stopped Eff. 1/5/19				
	A.O. 6139 Brandon 1/5			
	2/5/19			
	S.O.S.			

UNIT AND TRANSFERS

ORIGINAL UNIT:- 200 BN.

DATE ACCOUNT FIRST OPENED:- 16. 5. 17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
7-4-19	99	F Wing	7 00				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 - - 10			
L. & Bal $	105 72 Cr			
L. D.C. Bal $	32 72 Cr			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disb. Canada 30/4/19 Bal to H.A. 6139 - 7/4/19 Brandon 1/5 2/5/19 S.O.S.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd								122 70		
April	P.P.	33 -		Cap				15 -			
				A.R. 37. 107th Bn. 6-4-18.	3 57						
				A.R 44 " 30.4.18.	4 46				132 67		
		33 -			8 03			15 -			
May	P.P.	34 10		C.M.P.				15 -			
				159. 107 Bn 8 5 18	3 57						
				219 " O 17 5 18	4 46				143 14		
June	P.P.	34 10 33 -		C.M.P.	8 03			15 - 15 -			
				A.R 17. 3rd C.D.E. 5-6-18.	3 57						
				A.R 36. " 14-6-18.	3 57				154 60		
		33			7 14			15	34 10 188 70 23 05 11 53		
July	P.P.	34 10		C.A.P.				15 -			
				A.R 116. 3rd C.E. Bn. 1.7.18.	4 46						
				A.R 191. " " 11.7.18	3 57				165 67		
		34 10			8 03			15.			
Aug.	P.P.	34 10		Capt				15.			
				AK 216 3rd C.E. 8.8.18	97 33						
				AK 280 3rd E 2.8.18	3 57						
				" 317 " 8.8.18	3 57						
				C/P 25826 Lond. 22.8.18	29 20				51 10		
		34 10			133 67			15.			
Sep.	" "	33 -		Capt				15 -			
				a/c 20472 "H" C.D.T.a" 19/9	3 57				65 53	a/c. Gratuity	
		33			3 57			15			

Ja Smith Capt
O/C Records

NUMBER 9n640. RANK Pte. NAME ROBINSON Thomas Walls.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1911.									68 13		
Oct	P.P.	34 10		C.A.P.				15			
				A.R. 709 - 7/10 - 2 Cs.	3 13						
				✓ 596 - 27/10 - 3 Cs.	3 13				77 17		
		34 10			7 6			15			
Nov.	✓	33		C.A.P.				15			
				✓ 684 - 4/11 - ✓	3 13						
Dec	✓	34 10		✓ 805 - 16/11 - ✓	13 06						
				C.A.P.				15			
Jan/19.	✓	34 10		✓				15	116 53		
		10 12			16 19			45			
				✓ 957 - 16/12 - ✓	7 19						
Feb.	✓	30 80		✓ 1078 - 15/1. - 3 Cs.	3 13						
				✓ 2380 - 27/1. - Pmnt.	18 66						
Mar	✓	34 10		✓ 1494 - 26/1. - ✓	9 53						
				✓ 1151 - 2/1. - 3 Cs.	3 13						
				C.A.P.				15			
				✓ 1343 - 17/2. - ✓	3 13						
				✓ 1769 - 3/2. - ✓	9 33						
				C.A.P.				15			
				✓ 1435 - 1/3 - ✓	3 13						
				✓ 1507 - 15/3 - ✓	3 13				87 72		
		64 90			63 76			30			
Apl.				799 2/4 ① Hebb.	73						
				2 1115. 18/4. ④ ✓ End	14 60						
Apl.	✓	33		C.A.P.				15	~~106 72~~ 27		
		33			87 60			15	1812		

S.O.S D Can 2/4. Ld 56

£53

D.A.M.

War Service Badge
Class "A" No. 162842

Occupational Group No. 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

21/1383

MEDICAL DOCUMENTS FORWARDED TO
~~S.C.R.~~ or P. B. C.
on
20/5/19

1. No. 922640
2. Rank. Spr.
3. Name. Robinson Thomas Walls
4. Unit. 3rd. Bn. C.E.
5. Date of Discharge 7/5/19 Place Winnipeg M.
6. Reason for Discharge Demobilization
7. Authority. DO 132
8. Proposed Residence after Discharge Merchants Bank. Russel. Man.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

T. D. Robinson
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Demobilization Staff (M.D.) Military District No. 10

Place MAY 7 1919

Date

H. M. T. S. Empress of Britain
2479

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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

Group B

Checked by No. 10

(RW)

Date 24.4.19

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

23

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE 2-4-19

1. 1 (a) Unit 3rd Dn CE (b) Regimental No. 922640 (c) Rank Spr

(d) Surname Robinson (e) Christian name Thomas Wallis

(f) Home address Millwood Man

(g) Next of Kin Mrs F. W. Robinson (h) Relationship Mother

(i) Address of Next of Kin Millwood Man

2. Age last birthday 21 yrs. Date of birth Mar 28 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Camp Hughes (b) Date 14-7-16

4. Personal description: estimated Mark.

(a) Height 5' 9" (b) Weight 145 (stripped) (c) Complexion Fair

(d) Colour of hair light (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Second toe of each foot overlaps the great toe.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	2	263

	Periods	
	From	To
Canada	14.7.16	30.4.17
England	30.4.17	22.6.17
France or other theatres of War	22.6.17	3.4.19

7. Original disease, or injury Overlapping Second toe of each foot.

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause Congenital.

M. F. B. 227.

400M.—11-18.
J772-39-117.

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

(Overlapping of 2nd toes on great toe, both feet)
Complains of being unable to walk a long distance.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Second toe of each foot overlaps the great toe causing ingrowing toe nails of both great toes and pain from pressure symptoms due to the overlapping toes.

He says they are quite troublesome after a long march. Has been able to walk ten miles but says his feet would be sore.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... No ... Cardio-Vascular System... No ... Genito-Urinary System... No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses... No ... Respiratory System... No ... Integumentary System... No

Disturbances of Mentality... No ... Digestive System... No ... Muscular System... No

Osseous and Joint Systems... No ... Any other general condition... No

10. (a) History (of the condition referred to in Section 9 (a).)

This overlapping condition has been like this as long as he can remember. He has had the nails of both great toes removed twice but they grow in again causing the same condition.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Winnipeg : 13/1/17 – 16/1/17 Sciatica No disability. No 93 F.a 17/8/17 – 18/8/17 Improved too mild, P.W.O 20/10/17 – 24/11/17. P.W.O – 13/9/18 – 25/9/18. No disability.

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

N. a.

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

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

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

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

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

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

Regular Hospital Treatment

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

P.V. Connors Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Thos. Wallo Robinson have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (~~If dissatisfied, statement should follow.~~)

~~I complain in addition~~ of

Spr. T.W. Robinson Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No.~~) Yes A.
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No.~~)
(*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.~~)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Boarded under authority C. G. Telegram 9083 dated 11/11/18.

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

J. W. Richmond Major *President.*

PLACE Bramshott Eng.

DATE 3/4/19

H. McKenzie Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

.....*President*

PLACE.....

DATE..... } Members

APPROVED BY

James C. Fyshe
Assistant Director of Medical Services.

DATE 3.4.19

APPROVED BY

Director-General of Medical Services.

DATE.....

FORM OF WILL.

I, Thomas Walls Robinson (Name in full)
Regimental Number 922640 serving in 200th Battalion
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

nil

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

absolutely, and my personal estate I bequeath to

Anna Robinson
Millwood, Maintoba

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

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 30th day of November A. D. 1916

T. W. 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness G. F. Lowe
Address of Witness 396 Maybrooke Ave, Winnipeg, Man.
Occupation of Witness Clerk 200th Batt'n C. E. F.
Signature of Second Witness S. C. Lowden
Address of Witness Arden Man
Occupation of Witness L/C 200 Batt'n C. E. F.

M. F. W. 82
300M-5-16.
1772-39-983.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment July 1917

05526

8 1 3 K4 PP

RATE OF SEPARATION ALLOWANCE

R

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 922640

Rank Pte Promoted Reverted Discharge

Soldier's Name J. P. Robinson

Battalion 200th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. F. W. Robinson

Address Millwood Man.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						O.C. 499-A-77.
Dec 31	—		90 ✓	90		
Jan 18	Y 69113		15	15		
Feb.	F 68439		15	15		
Mch.	R 94130		15	15	✓	
Apr.	R 11960		15	15	✓	
May	L 14526		15	15	S ✓	
June	S 25351		15	15	S ✓	
July	J 26538		15	15	S	
Aug.	S 39793		15	15	S ✓	
Sept.	M 50917		15	15	S ✓	
Oct	H 5H692		15	15		
Nov	W 60073		15	15		
Dec	1 64924		15	15		
Jan	E 75046		15	15		
Feb	H 76895		15	15		
Mar	6 84158		15	15	✓	
Apl	B 4267		15	15	✓	
May	M 7345		15	15	✓	
			345	345		

M. D. 10

A/c Closed 31-5-19

Ret'd per Emp. of Britain

Date 4-5-19 9-5-19

Closed Jas. M. D. 10 L P 81760 (10)

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22320—M. & D. 1683.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22920—M. & D. 7993.

Emp of Brit

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

AUDITOR | PAYMASTER 41

M. or S. | REGT. No. 922640 | RANK Spr | NAME (IN FULL) Robinsoon J

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 200 | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Dis Stn M | DATE APR 26 1919 | AUTHORITY D.O 132

DATE OF ATTESTATION 14-7-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1-6-19.

PAYABLE TO ~~Mrs. J. W. Robinson.~~ | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Millwood. Man.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE M. D. 10 | DATE MAY 7 1919 | REASON D | AUTHORITY D.O 132 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							32	92	32	92																								32	92	1 Cr. BAL. ENG. L. P. C. 32.92
30/4/19																																				Rd to 16/5/19. R
1/5-16/5	16	1.10	17	60	35	00	32	92									11	60																		Clothing Allce. 1st payment W.S.G.
					70	00			155	32							4	84											15	00		155	32			Advances - Boat - Train
																	5	00																		A.P. chgd. on Eng. L. P. C. to May
																	115	88																		6 Regmt.
		WSG Sa					War Service Gratuity,										WSG Sa																		Soldiers Depdt
153 Depot Minimum	350	00			350	00																	70	00		9	90				270	10			1st Payment W. S. G. as above
																																			Dr. 9.90 q Dep Pd C/P.
June 4																	7559	32	70	-													200	10	70 - 2nd
July 4																	7796	37	70														130	- 10	70 - 3rd
							Aug 7/19										12088	11	70	-													60	10	70 - 4th
																	12323	50	60	10															60.10 5
	350	-															34010		990		350	-													
																	a/c Closed																		

AUDITED SEP 5 1919 Audit Clerk

(5)

200M-3-19.—L. L. 38788-1. & D. 9985.
M. F. W. 2596.
1772-39-1390.

MAY 7 2015