Can Lh. 18/6/16

Duplicate

1

ATTESTATION PAPER.

No. 904865

1/94 1st O/Seas Kgtland Bn 68th.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Sherrington
1a.	What are your Christian names?	Robert
1b.	What is your present address?	Roydale Alberta
2.	In what Town, Township or Parish, and in what Country were you born?	Peel Ontario
3.	What is the name of your next-of kin?	William Sherrington
4.	What is the address of your next-of-kin?	Drayton, Ontario
4a.	What is the relationship of your next-of-kin?	Father
5.	What is the date of your birth?	8 May 1883
6.	What is your Trade or Calling?	Carpenter
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.	2 yrs 7th B. Battery, St Catherines Ontario (Lance. Cpl.)
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

NB. HLT 161

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Sherrington, 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.

Robert Sherrington (Signature of Recruit)

Date 30 March 1916 L J Keayes (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Sherrington, 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.

Robert Sherrington (Signature of Recruit)

Date 30 March 1916 L J Keayes (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 Edmonton this 30 day of March 1916

T C Tolbert J P (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Robert Sherrington on Enlistment.

Apparent Age 33 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 4 3/4 ins.

Chest measurement.
- Girth when fully expanded ..... 38 ins.
- Range of expansion ..... 4 1/2 ins.

Complexion ..... Clear.

Eyes ..... Blue Grey

Hair ..... Light Brown

Religious denominations
- Church of England .....
- Presbyterian .....
- Methodist ..... C of E
- 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 March 1916

Place Edmonton

W B Edwards
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.

Robt Sherrington 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.

W E Craig (Signature of Officer)

Date 30 March 1916.

REGIMENTAL DOCUMENTS

NAME SHERRINGTON Robert REGT. NO. 904865 UNIT 2nd Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				16778	
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4	Miscellaneous					
1	P.122					
1	Pay Card					
1	P.1249					

Issued 28-3-17

35—4
18—4
3—5
3

W 2589
1000-11-18
1772-89-1377

13/6/19 EJC

Number 904865 Rank Pte.

Surname SHERRINGTON

Christian Name Robert

Units Can. M. G. Bde Theatre of War France

Date of Service 12-5-17

Remarks

Latest Address ~~Claydale P.O.~~ High Prairie Alta.

Roll No Blag 11924

200m.-2-21.M.

Next of kin

Address on leave

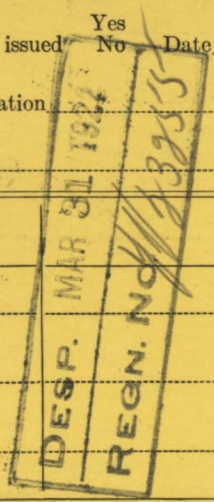
Address on discharge

Transportation issued: Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks



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

FORM R. 149.
7106—250m—7/2/17

Robert.

Name Sherrington Rank Pte Reg. No. 904865

Unit 2nd C.D.M.G. Corp. (4)

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-7	Ns4C.F.A.		G.S.W. abdomen	A328-M5822-2-8		
17-7.	To Duty.		do.	A331.		

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

FORM R. 149.
7106—250m—7/2/17.

Name	Rank	Reg. No.
SHERINGTON. R. ROBERT	Pte.	904865

Unit: 4th.C.M.G.CO.

Next of Kin: Canada.

Date	1917 Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-11-	No.42.C.C.Station.			A81		
	9297	P.U.O.				
5-12-	No.1.C.G.H.Etaples					
	17128-2	In Fever	Sick	A89		
18-12-	No.6. Convl.Dep.Etaples					
	HA17650.	do + Myalgia		A100		
31-12-	No.14 Convl.Dep.Trouville					
1918	HA18076	do		A109		
3	Discharged B.D.	Etaples	do	A158		199.15

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

SURNAME. Sherrington

CHRISTIAN NAMES Robert

REGL. NO. 904865 RANK Pte.

UNIT 194th.

FORMER CORPS 2 yrs. 7th. F'ld Batty. St. Catharines, Ont

CARD NO. Belp area 92

SOS 29-5-19 Lond

FOLL. Bn 156 of 5-6-19 25 B

Bn

NEXT OF KIN.

NAMES IN FULL Sherrington, William

RELATIONSHIP TO SOLDIER Father

ADDRESS Drayton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Peel, Ont. DATE May 8th. 1883

PLACE OF ATTESTATION Edmonton, Alta DATE Mar. 30th. 1916

M/C 22-5-19 331 Dle -

TF

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

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

From Halifax per S.S. "Olympic" 14/11/16

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Carpenter RELIGION Methodist

DESCRIPTION.

APPARENT AGE 33 YEARS MONTHS

HEIGHT 5 FEET 4 3/4 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Clear EYES Blue Grey HAIR Lt. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Edmonton, Alta. DATE Mar. — 1916

Present Address. Roydale, Alta.

No. 904865 RANK Pte. NAME Sherrington Robt

T. O. S. 30-3-16
D.D. 4704-16. UNIT 194th. Battaleon.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 30	Apr 30	"		
May		"		
June.		"		
July		"		
Aug.		"		
Sept.		"		
Nov		"		

NAME Sherrington, Robert

REGT'L No. 904865

RANK AND CORPS Pte. 2nd Div. Mac. Gun Co.

H. Q. FILE No. 649.

FOLLOWS No. from 194th Bty

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M5822 2-1	4-8-17	Admitted to No. 4 Field Ambulance Depot July 13th. 1917 (G.S.W. abdomen.)

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. ~~338~~ 328	#4. Cgn. Fld. Amb.	13-7-17.	G.S.W. Abdomen.
A 331	Rep. from Base; To duty	17-7-17	" " "
A 81	42 Cas Clg Stat	30-11-17	P. U. O.
A 84	1 Can Gen Etaples	5-12-17	Trench fever
A 100	No 6 Conv Depot Etaples	18-12-17	Trench fever. Myalgia
A 109	14 Con Dep Trouville	31-12-17.	Trench fever Myalgia
A 158	Disch	1-3-18	P.U.O & Myalgia 31-1-18

FORM D.M.S. 1000.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Sherrington	R.	904865

Rank	Unit	Co.	Troop	Batty.
Pte	2nd M. G. Bgde.	4.		

Hospital — Date of Admission

Transferred 4 Can. Fld. Amb. Hosp. 13-7-17
42 C. C. Station Hosp. 30-11-17
1 Can. Gen. Etaples. Hosp. 5.12.17.
6. Conv. Depot. Etaples. Hosp. 18-12-17.
14. Conv. Depot. Trouville. 31.12.17.

Diagnosis G. S. W. Abdomen R.

(1) Later Diagnosis (if changed) P.U.O.

(2) Tr. Fever. Rw. & Myalgia Rads

(3) P.U.O. & Myalgia. Rads

Additional Diagnosis: if more than one state present

DISPOSITION — Date

A 328
C.L. 2-8-17 — To Duty. 17.7.17.

REMARKS

Dis. 1-3-18

6.8.17. a 331
6-12-17 a 81 (1)
13-12-17 - @87
31-12-17 @100 (2)
10-1-18 - @109 (2)
8-3-18 a 158 (2)

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.		

ORIGINAL

To be made out in duplicate.

War Service Badge
Class "A" No. .....

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.

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(1) Name of Overseas Unit which Soldier joins ... 194th Battalion C.E.F.

(2) Regimental Number ... 904865

(3) Full Name of Soldier ... Robert Shirrington

(4) Place of Birth ... Wellington County Ontario

(5) Are you married, or not ? ... No.

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

(b) Present Postal Address ...

(7) Are you a widower ? ...

(8) Have you any children ? ...

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

Also their names and ages ...

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address William Sherrington Grayton Ontario

(10) Is your Mother alive? Yes.

If so, state name and address

(11) If your Mother is a widow ✓

Are you her sole support, or not?

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

✓

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

William Sherrington
Grayton Ont.

(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.

W. B. Craig
Officer Commanding.

Date 11 May/16.

#1

Form P. 85.

1918—60M—29-11-16.

FORM OF WILL.

102304

Name in full.

I Robert Sherrington,

Regimental Number 904865 serving in Can.M.G.Depot of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

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

I DEVISE and BEQUEATH all my real estate unto my brother Alfred Sherrington, Drayton, Ont., Canada.

absolutely, and my personal estate I bequeath to my brother Alfred Sherrington, Drayton, Ont., Canada.

Name & Address of persons or person to receive personal estate (see Note 1.)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this ninth day of March A.D. 1917.

Robert Sherrington
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness [illegible] Sgt
Address of Witness [illegible]
Occupation of Witness Soldier
Name of Witness F Frances Sergt
Address of Witness Provost Camp
Occupation of Witness Soldier

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

Boydale
Alta

ORIGINAL

904865

MEDICAL HISTORY SHEET.

War Service Badge Class A No.

Surname Herrington Christian Name Robert 14

Examined { on 30th day of March 1916 at Edmonton

Approved by W B Donnet

Rank Capt M.O.

Birthplace { City or Town Peel Co. County Ontario

Apparent age 33.

Trade or occupation Carpenter.

Height 5 Feet 4 3/4 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 33 1/2 inches. Maximum expansion 41/2 inches.

Physical development good.

Small-Pox Marks —

Vaccination Marks { Arm Right. Left. Number none.

When Vaccinated last —

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date.	Result.	Vaccinations.
May 23/16		W B Donnet M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		Para Typ
Apr 13/16	Reaction	W B Donnet M.O. 2.10.16
Apr 24/16	Reaction	W B Donnet M.O. 9.10.16
May 9th	Reaction	W B Donnet M.O. 16.10.16

Enlisted on 30th day of March 1916 at Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	194th Batt	904865		March 30-1916
Transferred to	9th Reserve Bn C.M.G. Dept.	904865		25-1-1917. 3.3.17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Guilty	20/4/19	a	H H MacKenzie

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. 1772-39-139.

J Mc

Surname Shannon Christian Name Robert

904865

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.
										~~1st Inoc for typhoid Apr 13th 16~~	
										~~2nd Inoculation for typhoid Apr 20th 16~~	
Edmonton M.H.	—	1	5	16	8	5	16.	Influenza	8	Recovered	Med Officer

ORIGINAL

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

ar Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 904865 (Rank) Private

Name (in full) Robert S Herrington enlisted in

the 194th Battn.

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 30th

day of March 1916

HE served in 2nd Bn C Inf G C. France.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 35

Height 5' 4 3/4"

Complexion Clear

Eyes Blue Gray

Hair Light Brown

Marks or Scars Tatooed bird on rose left forearm

R Herrington
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 29 1919
TORONTO

Issuing Officer
For
O.C. No. 2 District Depot.

Rank

Date MAY 29 1919 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.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 194th Bn C.E.F. Regimental Number 904865

Rank Pte Surname Sherrington Christian Name Robert

Religion Methodist Age on Enlistment 32 years 10 months.

Enlisted (a) 30/3/16 Terms of Service (a) ~~C.E.F.~~ D.of.O. Service reckons from (a) 30/3/16

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

Extended _____ Re-engaged _____ Qualification (b) (Carpenter)

or Corps Trade and Rate Mach Gunner

_____ Signature of Officer i/c Records.

Report Date	Report From whom received	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
		Embarked ...	Canada	14/11/16	
		Disembarked...	England	20/4/16	
26-1-17	194th	Trans to 9th Res Bn. (Alberta)	Bramshott	25.1.17	Pte D.O. 23 / 194 Bn
26.1.14	OC 9th Res Bn	Taken on Strength 9th Res. Bn (Alberta)	Bramshott	25.1.14	Pte II-1
	0.C 9th Res Bn Alta	Transferred to C.M.G	Bramshott	3.3.17	Pte II 34
			Shorncliffe		
5-3-17	Com C.M.G.D.	Taken on Strength, C.M.G.D. Crowborough	3-3-17	Auth. Depot	ADJUTANT, 9TH RES. BATTN. C.E.F. 34/64
MAY 12 1917	Com. C.M.G.D.	Transferred to Chestool Crowborough	MAY 12 1917	Depot Order Pt. II No.	132 Pte II-2 d.27.5.17 Chestool

A/Adjutant, C.M.G. Depot.

CANADIAN HEADQUARTERS LONDON. CORRECT. MAY 1917

(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.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

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				
12-5-17	ACPool.	Armed Force &			R&R 121
		T/O/S C Mg R Pool.	Camiers	12/5/17	P.T. 042-27-5-17
26.5.17	"	S.O.S to 4 M G Coy	Field	26.5.17	R&R 107 P116 44-4 6/17
	"	T.O.S. 4 M G Coy	"	27.5.17	P116 74 d. 6 6/17
2.6.17	OC Unit	Joined Unit to duty	"	28.5.17	B213 DCS 177
21.7.17	OC 4 67a	G.S.W. abdomen Supra adm	467a	13.7.17	A36 DCS 188 d 29 7/17
"	do	do disch	167a	14.7.17	A36 DCS 188 d 29 7/17
21.7.17	OC Unit	Wounded to Hospl	Field	12.7.17	B213 DCS 189 d 31 7/17
"	do	Rejoined from Hospl	"	14.7.17	
8.12.17	do	Evac to C.C.S		30.11.17	B213
30.11.17	467a	P.U.O. To	42 C.C.S.	30.11.17	A36-9412
5.12.17	42 C.C.S.	do To	A.T. 24	4.12.17	A36-C628
5.12.17	1 Can Gen	do	1 Can Gen Hosp	5.12.17	W3034-C1118
18.12.17	6 Con Depo	do	6 Con Depo	18.12.17	W3034-C3292
30.12.17	do	do To	14 do	30.12.17	W3034-C5424
31.12.17	14 Con Depot	do. Myalgia	do	31.12.17	W3034-C6494
9.2.18	do	Remaining do	do	9.2.18	K917402
3.3.18	M.G.C.S. Depot	Arr. Base ex 14 Con Depo	M.G.C.S. Depo	4.3.18	B212
11.5.18	6 C.R.C.	Arr. Depot to M.G.C.S. Depo	6 C.R.C.	11.5.18	R&R 168
		Absorbed into 2nd Batt'n Can Mach Gun Corps			
15.5.18	C.C.R.C.	Remaining. A.P.M. 6 Can C. Railhead Depo		15.5.18	K917402
1.6.18	Unit	Rejoined Unit	Field	28.5.18	B213

R—122
8,401—50,000—21-10-16.

J.P.

Rank

Name SHERRINGTON, Robert.

Reg'l No 904865.

Unit 194th Bn. If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Edmonton 30th March.1916.

Place of Birth Peel.Ontario.

Name and Address, Next-of-Kin William Sherrington.

Drayton.Ont.

Relationship Father.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

10868

N/E. R.B. No 1367

File R.L.

Category OR CAN

Discharge, Date and Place

Reason

Character

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.
		Arrived in England S.S. OLYMPIC 21-11-16.			
26 1 17	194th Bn	S.O.S to 9thRes Bn	B'shott	25-1-17	Pt II O.O.23
26-1-17	9th Res. Bn	T O S FROM 194th Bn	DO	25.1.17	[illegible]
3-3-17	DO	S.O.S to C.M.G.Depot Crowborough	"	3-3-17	37
5-3-17	C.M.G.D.	T.O.S. from 9th Res Bn	Crowboro	3-3-17	64
12.5.17	"	Posted to M.G.Reinf Pool Camiers	"	11.5.17	M.G.Reinf Pool Pt II do. 42
					A.B. 733 dd 27.5.17.
4.6.17	M.G.Reinf Pool	Posted to 4th M.G. Coy. Field	Camiers	26.5.17	2 Div. M.G. Co's Pt II do. 74 Pt II do. 44. dd 6.6.17.
28.17	2 Div. M.G. Co's	Adm. No 4 Fld Amb	Field	13.7.17	C.L.A.328 G.S.W. Abdomen.
8.8.17	— " —	Reported from the Base To Duty	"	17.7.17	C.L.A.331 "
5-12-17	" (4C)	Adm. No 42 C.C. Station	"	30.11.17	— 81 P.U.O.

A.F.B. 103 CHECKED 18 JUN 1917

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.
12.12.17	4th Nbl Coy.	Appd. No 1 Can Gen Hosp	Etaples	5-12-17	Ch A 89 Trench fever
29.12.17	" "	To 6 Conv. Depot:	Pte: "	18.12.17	— A100 " "
15.3.18	2nd Bn M.G. Coy	T/d to M.G. Corps	" Field	1.3.18	Pro D.O. 20
		On Strength 2nd Bn. C M G Corps 19-3-1918			
17-4-19	2nd Bn C.M.G.C.	Proc to Eng.	Pte. LeHavre	12-4-19	PA # D O # 32
		Sailed 55 T-47 d/14.4.19.			
20-4-19	H Wing. Bbk Det	T.O.S. from 2nd Bn Bmkb	" Witley	13-4-19	— 29
18-5-19	Do	S.O.S. to Canada	" "	14-5-19	-44

P. 559.
MARRIED OR SINGLE: Single
PLACE OF BIRTH: Peel Ontario,
NAME AND ADDRESS OF NEXT OF KIN: Mrs. Wm Sherrington Drayton Ontario
RELATIONSHIP OF NEXT OF KIN: Father
NAME AND ADDRESS OF NEXT OF KIN:
RELATIONSHIP OF NEXT OF KIN:
SEPARATION ALLOWANCE MONTHLY $: 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. 904865. RANK Private NAME Sherrington, Robt.
IF IN PERMT. CORPS WHAT UNIT: UNIT 19th B. D.A.
PERMANENT FORCE ALLOWANCES
PLACE OF ATTESTATION Edmonton Alta.
DATE OF ATTESTATION 20th March 1916
ASSIGNED PAY MONTHLY $: DATE EFFECTIVE
PAYABLE TO: RELATIONSHIP
ASSIGNED PAY MONTHLY $: DATE EFFECTIVE
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)

TRANSFERRED TO 9th Res. Bn DATE 1/2/17 AUTHORITY R.O.M. 22/1/17
TRANSFERRED TO C.M.G.D. DATE 11-4-17 AUTHORITY B.O. 37
TRANSFERRED TO H.M. Glo DATE 11. 8. 17. AUTHORITY above
TRANSFERRED TO 2nd C.M.G.D. B.C. DATE AUTHORITY

DATE	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
														28 10	28 10																28 10				Bal from Canada
1/31/16	31	1	31		31	1	31								34 10	86	19/12							2407						38 93	23 24		15		
1/15	15	1/10	3	10											16 50	21	12/12							A 86							39 74				
16/31/1/17	16	1/10	17	60											17 60															57 37		20.		Trans'd to 9th Res Bn 1/2/17 R.O.M. 22/1/17
Feb 1-28	28		30	80											30 80	16	31/1							1217						26 77	61 40				
Mar 1-31.	31		34	10.											34 10	46	10/2	155	29/2	16/19.	15/3/17	C.M.G.D.		730	730	973				24 33	7 17				
Apr: 1-10	10	1/10	11	00											11 00																82 17				B.O. #37 to C.M.G.D.
" 11/30	20		22	.											22 .					17th	31/3	Engd.				730				7 30	96 87				
May	31		34	10											34 10	100	15/11	155	30/11					973	730					17 03	113 94				
June	30		33	.											33 .	279	15/5			49	4/6.	4th Bde		974		267				12 41	134 53				
July	31		34	10											34 10																168 63 ✓				
Aug	10		11	.											11 .																179 63				Trans'd to 4th Bde 11/8/17 A Hdqrs
Aug. 11/31	21		23	10											23 10	61	15/10			82	4/1.			268		357				8 92	193 81		135		
Carried Forward			301	40										28 10	329 50									5889	5710	1970				135 69	193 81		135		

904865 Pte. Skerrington, Robert.

DATE	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
Apl. 2nd.	30 1/10													38 10	329 50	131	30.8							588 9	57 10	19 70				135 69	193 81		135	
24	30		33.												33 -	105	26.4	114	15.8					2 64		2 68				8 02	218 79		150	
			334 10											38 10	362 50									644 3	59 78	19 70				143 71	718 79		150	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1917		308 50									
									218 79	150	
Oct.	P. Pay	34 10		1412 13/9/17 - H Mth. Coy	2 64				250 33	150	
		34 10			2 64						
Nov.	P. Pay	33 .		aR. 170. H.C.M.G. Coy 7/9/17 (5)	H 46						
				aR. 165. H.C.M.G. Coy 30/9/17 (6)	2 68						
				RN. aR. 1089. C.G. Hosp. Etaples 24/9/17. (6)	H 46						
Dec	P. Pay	34 10		aR. 187. H.C.M.G.C 30/9/17 (10)	2 57				180		
				aR. 204 " 16/10/17 (4)	H 46				297 69		
1918		67 10			19 63						
Jan	P. Pay	34 10							331 79	195	
		34 10									
Feby	P. Pay	30 80		5942 C.G.S. Base Depot	22/12 - 13 38						
				688 #14 Conv Depot	7/1 89						
				984 #14 do	15/1 - 1 78						
				1953 #14 do	29/1 - 1 78				344 76		
		30 80		aR 2583 #14 do:	11/2 1 78						
Mar				aR 3509 do:	26/2 1 78						
				aR 5636 C.G. Hosp	9 3/18 4 46						
		34 10		DW aR 8331. C.C.S. CRD	16 3/18 3 57				367 27 225		
		34 10			11 59						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.

1

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–
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.	

NAME:– SHERRINGTON Robt

NUMBER:– 904865

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 194th Batt.

DATE ACCOUNT FIRST OPENED:– 1st Dec. 1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2nd M G Bn

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
21/3/19	3157	Field	3 65				
3/4/19	65	"	3 73				
18/4/19	1039	H Wing	4 57				
24/4/19	2007	"	73				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans. to Canada. Ref. N.R. 7696. 25/4/19 B'shott 28/4/19 B'shott. M.W. 2. L.P.C. Cr. Bal: £5 80 43

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal. Fwd								367 27	225 –	
April	P. Pay	33 –		D.N.A.R. 124. 19/4/18. 5th Dal.	3 57						
				" 4 3/4/18. Edmonton	4 46				392 24	240	
		33			8 03						
May	P. Pay	34 10		D.N.A.R. 1027. 19/5/18. C.C.H.Q.	3 57					255	
				" 991. 3/5/18. C.C.H.Q.	4 46				418 31		
		34 10			8 03						
June	do	33		A.R. 283 2nd M.G.Bn 12/6	7 14				444 17	270 285	
		33			7 14				444 17		
July	P.P.	34 10		A.R. 379 do. 26/7/18	8 03						
				G.R. 14627 A.R. 572 do. 29/7/18 30/7/18	73 13	38			383 86		
		34 10			94 41				383 86		
AUG 19	P.P.	34 10							417 96	300	
		34 10							117 96		
Sept	"	33 –							450 96		
		33									
Oct.	"	34 10		A.R. 1481. 29/10/18. 2 Cm. C.	3 73				481 33		
		34 10			3 73						
Nov	"	33		" 1948. 2.12. "	13 06						
Dec	"	34 10									
Jan	"	34 10							569 47		
Feb	"	101 20 30 80		A.R. 2521. 26.1 "	13 06 3 73						
				A.R. 2075 26 mg. b 16/12/18	6 49						
				" 1919. 1 C.J. Bde. 9.1.	7 54						
Mar	"	34 10		" 2657 2 M.G. Bn 10.2	3 73						
				" 2824 " 24.2	3 73						
	Forward	64 90			25 22						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.1.19									569 47		
Jan to Mar	Forward	64 90			25 22						
				WR. 3041. 11.3. 2.M.G.	3 65				605 50		
apr	P.P	64 90 33			28 87				60 18		
	Int on Deferred Pay	27 18		" 3157 2/3 2nd Army.	365				665 68 94 90		
				" 65 3/4 " "	365						
				" 1039 19/4/19 H. Wms	4 87						
				3842 5/5. Clerk. End.	0 73						
				2007 25/4 Willey	73				570 78		
		60 18			94 90						

Ad. Rd. 2. 14/5/19 Lk. 55

War Service Badge
Class "A" No. 20387

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D. A. I

Occupational Group No. 1

1. No. 904865

2 Rank. Private

3. Name. SHERRINGTON Robert

4. Unit. 2nd BATTN. CANADIAN MACHINE GUN CORPS.

5 Date of Discharge MAY 29 1919 Place Toronto Ont

6 Reason for Discharge Demobilization

EMB Minnekahda
MAY-14-19
MAY-28-19

7. Authority. No. 2, D.D., Part II, D.O.No. 156

8. Proposed Residence after Discharge Roydale Alta G.P.O.

Issued 28-3-5

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.?

Robert Sherrington
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date MAY 29 1919

TORONTO

Signature
(O. C. Discharging Unit.)

For
O.C. No. 2 District Depot.

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

1. 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). + Dup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 11

Date 11 MAY 1919

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

1/1 14

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 Willey DATE Apr 20/19

2nd BATTN. CANADIAN MACHINE GUN CORPS

1. 1 (a) Unit (b) Regimental No. 904865 (c) Rank Pte.

(d) Surname SHERRINGTON (e) Christian name ROBERT.

(f) Home address Roydale Alta.

(g) Next of Kin Mrs Wm Sherrington (h) Relationship Father

(i) Address of Next of Kin 61 Albert St St Catherines Ont.

2. Age last birthday 35 Date of birth May 8 1883.

3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton (b) Date 30-3-16.

4. Personal description:

(a) Height 5 ft 6 ins (b) Weight 150 Est lbs (stripped) (c) Complexion fair

(d) Colour of hair Black (e) Colour of eyes grey (f) Identification marks, Scars, etc. tattoo bird on more left forearm.

5. Former trade or occupation Carpenter.

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
	3	21

	Periods	
	From	To
Canada	30-3-16.	14-11-16.
England	14-11-16.	12-5-17
France or other theatres of War	12-5-17	20-4-19. to date

7. Original disease, or injury MYALGIA.

(a) Date of origin 1917. (b) Place of origin France

(c) Cause Active Service Conditions

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.)

Pain in back down back of legs, knees & ankles
(Myalgia)

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.)

Soldier presents no objective findings.
He complains of pain in lumbar region. Also of pain down backs of legs around knees & ankles. This pain at present is not severe but in damp weather it becomes very painful. He at times has pain in one or other shoulder and down the arms. Pressure and severity depending on the weather. States he has had swelling of the left ankle. The pain is a dull aching nature. If he has been sitting still for some time it is of a sharp cutting nature on moving.

(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. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (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).)

1st noticed pain in back Aug 1917. Did not go to hospital. Did not report to M.O. But while in hospital for P.U.O. reported from the Convalescent Camp and was given ~~treatment~~ Treatment with a porous plaster. About six months at ~~hospital~~ base. During the time since then he has had various exacerbations varying in severity

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*).)

22-4-16 - La Grippe 1-5-16 Influenza Recovered.
21-7-17 G.S.W. Abdomen superficial.
8-30-11-17 P.U.O. 31-12-17 Myalgia.

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

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? (a) No

(*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.)

(b) N/A. wmt

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? a 3 months

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

Routine 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

Wilbur Lowry Capt CAMC
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 Robert Shearington 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

H.D.M. Robert Shearington Pte. 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.)

R.J.C. Centh A.G. Le 90853 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.

PLACE Witley — W. Eccleston Capt. *President.*

DATE 20/4/19 — A. H. Mackinnon 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..... } Members

DATE.....

APPROVED BY — APPROVED BY

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE..... — DATE.....

HEADQUARTERS 23 APR 1919 File CANADIAN TROOPS, WITLEY.

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) SHERRINGTON Robert

REGIMENT CANADIAN MACHINE GUN CORPS. 2nd BATTN. RANK Pte No. 904865

Date of Examination in England 15/4/19 | 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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4-7-14
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 Yes
- (c) In France

Signature of Dental Officer W. A. Rutherford Capt.

Army Form B. 103.

W.S.B. class "A"

Regimental Number 904865

War Service Badge Class "A" No.

Casualty Form—Active Service.

Regiment or Corps 2 Bn. Cdn. M. G. Corps

Rank Pte. Surname Sherrington Christian Name R.

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...			
3.8.18	Unit	Granted 14 days Leave	K.K	29.7.18	B213 Part II Order 2.46 10.8.18
24.8.18.	do	Rejoined from Leave	Field	15.8.18	B213
4.1.19	do	On Command, Camp, Woking.		27.12.18	B213
18.1.19	do	Rejoined from Command		14.1.19	B213
		Proceeded to England			

G. J. Skelton Lieut. for Lt.-Col., A.A.G., Canadian Section

PART II. "H" WING, O.C.O.

S.O.S. ON PROCEEDING TO CANADA.

16-5-19

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

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

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[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				
MAY ~~14~~ 1919	O.S.	T.O.S. No. 2 DISTRICT DEPOT, TORONT	1919	PART II	D. 156
MAY ~~29~~ 1919	S.O.S.	(DISCHARGED FROM H.M.S.) No. 2 DIS.	DEPOT, PART II		D. 156

W. C. Roberts
Lieut.
For ~~O.C. No. 2 District Depot.~~

"MINNEKAHDA" 23-5-19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 904865 | RANK Pte. | NAME (IN FULL) SHERRINGTON, R.

S4856 — DISPERSAL "I"

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. 6 M.G.Gps. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Bank of Montreal, Edmonton Alta | DATE | AUTHORITY

DATE OF ATTESTATION 28/3/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ NIL. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 29 ~~28~~-5-19 | REASON Demob | AUTHORITY Do 156 | IF ENTITLED TO POST DISCHARGE PAY Yes

T.O.S. 14/5/19 | Do 156

SUBS. ..... TO ..... D.O. .....

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		
30.4.19								580 43	580 43																							580 43		Bal Eng LRC
29.5.19	29	1/9	31	90								Endorsed on LRC 923																					Pay 29.5.19
					35	00																												Clothing allce
					70	00																												1st Pay W.S.G.
																487	800																Board from money
							136	90								697	93													71	733			
																												70	00					W.S.G. as above
1830			420	00			420	00																			140	R						Allot. Cancelled P.T.O. R.
												May 29																			10	00	850	00		
												June 27				725655												70	-			140	-	280	-		Pay R
												July 23				1024230												70				210		210			Pay R
												Aug 25				1432647												70				280		490			Pay R
												Sept 19				1444849												70	-			350	-	70	-		
												Oct 24				1454282												70	-			420	-				
			420	-			420	-																				420	-			420	-				

W. S. G. PAID IN FULL

LIEUT.

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1800.