

A1206/1003
x 3
23/10/14

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Sheldon Smith
2. In what Town, Township or Parish, and in what Country were you born?..... Greentown Onto
3. What is the name of your next-of-kin?..... Blanche Smith (wife)
4. What is the address of your next-of-kin?..... Port Hope Ont Hwy. 380
5. What is the date of your birth?..... 13th Nov 1892
6. What is your Trade or Calling?..... Laborer
7. Are you married?..... yes
8. Are you willing to be vaccinated or re-vaccinated?..... yes
9. Do you now belong to the Active Militia?..... no
10. Have you ever served in any Military Force?.. 15th reg one year
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?} yes

Sheldon Smith (Signature of Man).
D. C. Hayden (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sheldon Smith, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Feb. 19 1915 Sheldon Smith (Signature of Recruit)
D. C. Hayden (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sheldon Smith, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Feb. 19 1915 Sheldon Smith (Signature of Recruit)
D. C. Hayden (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 Port Hope this 23rd day of Feb 1915

T. Bohak (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)
 LT. COL.
 COM. 30TH BN. C.E.F.

Description of Sheldon Smith on Enlistment.

Apparent Age 22 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. 7 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 ins.

Complexion fair

Eyes blue

Hair brown

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

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 Jan 12th 1915

Place Port Hope

P. H. Shedd's name
 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.

Sheldon Smith 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.

Shedd's name Lt-Col. (Signature of Officer)
 Commanding 39th Battalion, C. E. F.

Date MAR 6 - 1915 1915

113 49115

DISCHARGE DOCUMENTS

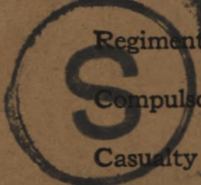
R. O. No.
H. Q. No.



Name Smith Sheldon
Regt. No. 412061 Rank Pte
Corps #3 Bn. C. S. R.

~~Ret. 25-9-1918~~
Ret. 25-9-1918

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



3

2

med unfit

Cards, 1 Index, Removed 12-1-18.
1 Part II
1 Casualty.

~~Medals 2~~

Ret. 31.10.19

g/s

30714



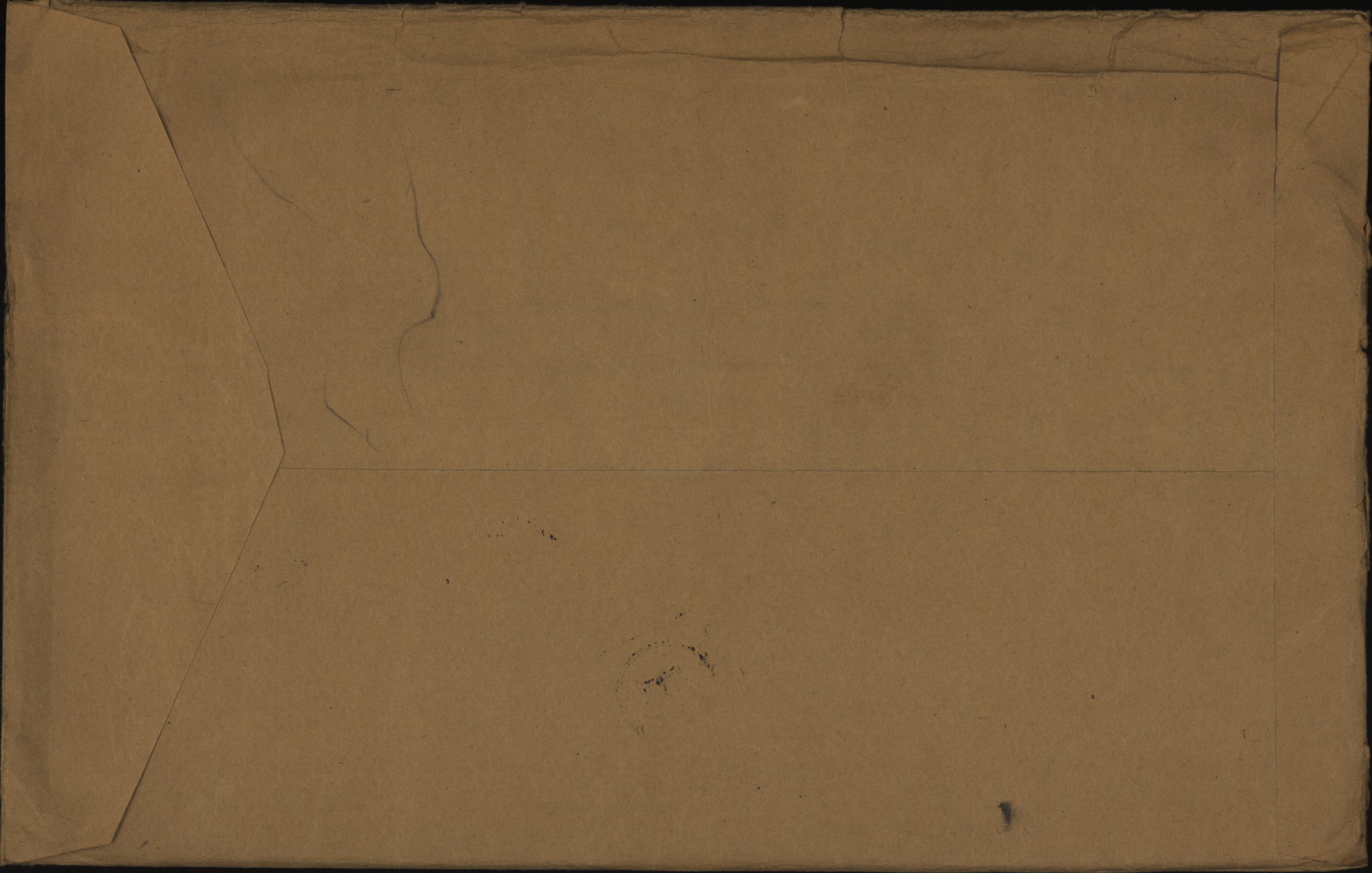
A.F.B. 122-1
M.F.W. 399-1
AND - 1
cas card

1-R-142
1 long cas cd

4

25-27
12-24
2-27

482827



Name SMITH:Sheldon.Rank Pte. Reg. No. 412061.

Unit 21st. Battn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-10-16.	No.3.G.H. Le Treport ¹ / ₂		Concussion R Ear.	A346.	03070.	18-10
4-11-16.	Do. Discharged	To Duty	Do	A368		
20-2-17	1.Can Gen Hosp	Etaples	P.U.O.	Sev.	A451.	
5-3-17	Do 6. Con Depot	Etaples	Do	A461.		
14-3-17	Do Discharged	To Details	Camp	Do.	A468	
1-5-17	Cambridge Hosp	Aldershot	GSW	Thigh	B337	M.36034-5
22-6	CCH. Bearwood.	Wokingham.	do.	R.	B381	
5-7	Discharged		Do	B404.		

REGT'L No. 412061

NAME Smith Sheldon

H. Q. FILE No. 649-

RANK AND CORPS Pte. 2/1st Bn (Form. 3rd Bn)

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE	E.	NATURE OF CASUALTY
03070	17-10-16	E.	Adm no 3. Gen Hosp. Let report Oct 9th 1916 (Concussion ear) ✓
M 3603	4-5-17		Adm. to Cambridge Hosp. Aldershot May 1st 1917. Good night ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 346	No. 3 Gen. Hospital	9-10-16	Concussion R. Ear.
W 368	Diso. to duty	4-11-16	" " "
A 457	1 Can. Gen. Hospital	2-2-17	P. U. O. sev.
A 461	do do Conv. Spt Hospital	5-3-17	" " " "
A 468	Disch. to details Camp	14-3-17	" " " "
(5337)	Cambridge Aldershot	1-5-17	GSW Thigh
B 381	T.C.C. Bearwood Wokingham	22-6-17	" " L. 21-7-17.
B 404	do do do Deser	5-7-17	do do L 22-8-17

SURNAME.

Smith,

CHRISTIAN NAMES

Sheldon,

REGL. NO.

412061

RANK

Pte.

UNIT

39th.

FORMER CORPS

*15th Regt.*S.O.S. Div 22-6-18-3
Pt II 61. FOLL. 24-6-18. 20. 4.*Pn.*

NEXT OF KIN.

NAMES IN FULL

Smith, Mrs. Blanche

RELATIONSHIP TO SOLDIER

Wife,

ADDRESS

~~*P.O. Box 381, Port Hope,*~~
*104 High St., Shelington, London N., Ont.**Eng. Old N. 118. Card. 14-178-22*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Trenton, Ont.

DATE

Nov. 13, 1892

PLACE OF ATTESTATION

Port Hope, Ont.

DATE

Feb. 23, 1915

From Montreal per. S.S. Mississinabie 17/6/15.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

22

YEARS

—

MONTHS

HEIGHT

5'

FEET

7

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Port Hope, Ont.

DATE

Jan. 17, 1915

Present Address, Not Stated

Registrar, Canadian Convalescent Hospital HOSPITAL.A. & D.
CARD

D1

AT Bear Wood, Wokingham, Berks.

A. & D. No. os 4721 PL. OF ACTION 412061

RANK L1 CPL UNIT 21st BATT SICK OR WOUNDED

NAME Smith Sheldon AGE 45 RELIGION GE

PLACE IN HOSPITAL hut 12

DIAGNOSIS Gun W. High Flesh Wd.

ADMITTED 21 JUN 1917 FROM Camp No. Aldershot

DISCHARGED 6 - JUL 1917 TO 3rd Coy Bedford

TRANSFERRED _____

SERVICE AT HOME 12/12 IN FIELD 18/12

RESULTS _____

REMARKS.

No. 412061 RANK

Plt

NAME

Smith. S.

T. G. Strauss from UNIT

No 3 Dist Dept 15/18 No 3 Special Service Co

Do 27. 21-5-18

M. D. 3.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

1918

1918

~

May 17

May 31

~

June 1

June 22

Dischgd (Mx) 22/18 Do 6124.6-18

a/c closed by payment to



Empts.

B Number 412061 Rank Pte.

Surname SMITH.

Christian Name Seldon.

Units 21st Bn Can Inf Theatre of War France

Date of Service 9-11-15.

Remarks 57 Cemetery St.

Latest Address ~~Box 386 Belleville~~

~~Port Hope~~
Ont.

"B" Roll No. _____

Page 11586.
200m-2-21.M.

B
X

DESP. MAR 7 1922

REGN. NO.

4116985

Surname *Smith* Christian Name or Names *S.* Reg. No. *412,061*
Rank *Pvt.* Unit *21st Btn* Co. Troop Batty.

Hospital *3rd Gen. Le Yreport.* Date of Admission *9-10-16.*

Transferred *16. Gen. Staples* Hosp. *2.2.17*
6 Cav Sep. Hosp. *5-3-17.*

Cambridge Aldershot Hosp. *1-5-17*
Bearwood Working Ham Hosp. *22.6.17*

Diagnosis *Concussion R. Ear.*

- (1) Later Diagnosis (if changed) *P. Y. O. sev.*
- (2) *h. s. w. thigh*
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. to duty. 4.11.16 Date
Disc. to Det. Camp 14-3-17

C.L. 18-10-16. A346.

Dis S: 7.17.
REMARKS

14.11.16. A368.

1.3.17 A451

13.3.17. A461.

" 22-3-17 A468

C.L. 4-5-17 B 337

27. 6. 17. B381

26. 7. 17. B404.

A.M.D. 2 DEPT.

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

10/11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

LAST PAY CERTIFICATE.

PARTICULARS.

1. L.P.C. Issued, date 9³/₈ 2. Authority L.P.C. 3451.
3. Discharged to Canada 4. Pay Book Verified Yes.
5. Balance shown on L.P.A. \$ 63³⁴ 6. Balc. shown on Ledger Sheet \$ 85.25 ~~75.35~~
7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
1241	27⁹/₇	Seaford.	4 87	✓
548	21⁷/₈	"	12 17	✓
607	6³/₈	"	4 87	✓
			<u>21 91</u>	

8. Ass'd Pay Cancelled A3M forms rendered
 or
 9. Sep. Allice. and Assd. Pay continued to dependent in
 England and transf'd to Acc'ts Br. for payment

Infirmary
 Certified Correct.

John Scoble
 Officer i/c Group " " Scoble

PARTICULARS

STATEMENT

1880-81

1880

1881

1881

1882

1883

1884

1885

Amount
Debit
Credit

Balance

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

Office No. 1000

1000

1000

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 14-3-73

NAME SMITH SHELTON Service No. 412061 WWI CPC No.
NOM SMITH SHELTON Matricule N° 412061 WWI CP N° 40359

WVA No.
AAC N°

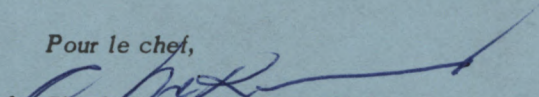
Information Received from: PME KINGSTON ONT MAR 8, 1973
Information reçue de:

Date of Death
Date du Décès ... MAR... 1st... 1973

Place
Endroit NOT STATED.

Distribution: WSR-DASG ✓

VI - ASS
~~XXXXXX~~
HO - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.



Casualty Form—Active Service.

CERTIFIED CORRECT,
Canadian Records Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 39th Res. Battalion, C. E. F.

Regimental No. 412061 Rank Pte. Name Smith, S.

Enlisted (a) 17/1/15 Terms of Service (a) Duration of War Service reckons from (a) 17/1/15

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) Labourer

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				

W. Beesley Lt.-Col.
Commanding 39th Battalion, C. E. F.

10/11	Gen. Base Depot	Arrived as reinforcements taken on strength	Gen. Base Depot	10/11	Gen. Base Depot
12/11	do.	Proceeded to join unit	En Route	12/11	do.
14/11	C.C. 21st Batta	Joined	Unit	14/11	A.F.B. 213
	3 General	Concussion R. Ear	Adm.	8/10	W. 30340
	10 C.F.A.	Do.	Adm.	30/9	A 36 30/9
	Do.	Do.	to	30/9	D.C.S. 225 9/11
	5 C.F.A.	Do.	to	4/10	A 26 9/10
	C.B.D.	Taken on from 3 General	to	5/11	N.R. 9/11
	5 C.F.A.	Concussion Ear R.	Adm.	1/10	A 36 3/10
4.10.16	4 C.F.A.	do	to	4/10	Oct. 230. 18/11/16
5.10.16	29 C.C.	do	to	4/10	A 36 7/10 " 231. 29/11/16
				4/10	" 2/10

(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.]

412 061.

Smith. S.

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				
	C.B.D.	Left for 2nd. Can. Entrenching Bn.		10/11.	M.R. 9/11/16.
2nd. Can. Entrenching Bn.	Do.	Arrived 2nd. Can. Entrenching Bn.		12/11.	" 13/11/16.
12/12/16.	Do.	Left for Unit. 21st Bn	FIELD.	12/12/16	" 12/12/16.
	21st Bn.	at duty from hospital.	"	20/11/16	B. 213. 22/12/16.
	Do.	Joined Unit as Relief.	"	12/12/16	B. 213. 17/12/16.
	Do.	Granted 10 days leave	Do	12/11/17	B. 213 19/1. Pt II O. 20 d/17-2-17.
	Do.	at duty from leave.	Do.	26/11/17.	" 9/1/17.
20/1/17.	1. Can General.	P. U. O. adm	1. Can Gen.	20/1/17.	W. 3034.
	6 C.F.A.	P.U.O. adm	6 C.F.A	16-2-17	a36 1/2. D.C.S.
	42 C.C.S.	Do. adm	42 C.C.S.	18-2-17	a36 2/2
	Do.	Transferred to	A. J. No. 23	19-2-17	D.C.S.
5/3/17.	1 Can Gen.	P.U.O. Trans to	6 Con Depot.	5/3/17.	W 3034.
5/3/17.	6 Con Depot.	Do, admitted.	Do	5/3/17	W. 3034.
	Do.	Class "A" to Details Camp	14-3-17.	Do.	
	C.B.D.	Taken on from Etaples. "A"	C.B.D.	21-3-17	N.R. 2/3.
	Do	Left for: - 2nd. Can. Entrenching Bn		4-4-17	N.R. 7/4.
	2nd Ent. Bn.	Arrived - Do	Do	6-4-17	N.R. 6/4.
	Do.	Left for unit.	Field.	16-4-17.	" 16/4.
	21st Bn.	Joined Unit	Do.	16/4.	B-213.
	3 Can. GEN.	S.W. Rt. thigh			W. 3083.
	Do	Invalidated (Wounded) & posted to Eastern Ontario Regtl. Depot for H.S. "Jan Blydel".	Seaford	29-4-17	Pt II O. 54 d/15-5-17.
7-5-14	EOR Dep	Taken on strength	Seaford	1-5-14	Pt II O. 56
	J.W.S.				P. H. W. Reid Capt. LIEUT.

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

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps..... *39th Res Batt. C.E.F.*

Regimental No. *412061* Rank *Pte* Name *Smith S*

Enlisted (a) *17-1-15* Terms of Service (a) *Dur of War* Service reckons from (a) *17-1-15*

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

Extended..... Re-engaged..... Qualification (b) *Labourer*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>22-6-18.</i>	DISCHARGED & STRUCK OFF STRENGTH		<i>DO # 61/24-6-18.</i>		<i>A. E. Jones, Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.</i>

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 412061 Rank Private Name SMITH, S.

Corps No. 3 Battalion, C.G.R. who was* discharged

On 22nd. June 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. June 1918 to 22nd. June 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No. <u>Cash</u>	5	00	Regt'l Pay <u>22</u> days at \$ <u>1.00</u> c.	22	00
by } No. <u>Canteen</u>	2	00	Field Allow. <u>22</u> days at \$ <u>.10</u> c.	2	20
Assigned Pay and Sep'n Allice. No. <u>9835</u>	18	00	Separation Allowances* (Monthly)	25	00
Other charges <u>Supp. Debit A.R. 504</u>	45	00	Other Allowances* <u>clothing</u>	8	00
<u>Cash 5/7/17 at Wokingham</u>	29	20	Other Credits* <u>Supp. Credit</u>	5	60
Payment on transfer or discharge No. <u>64</u>	41	00	<u>Subsistence while on leave from No. 3 Dist. Depot</u>	77	40
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	\$140	20	Total	\$140	20

* Give particulars.

A monthly stoppage of \$ 20 (†) has been (‡) been paid on account of Assigned Pay for the month of June 1918 (to) Assignee Mrs. B. Smith, and Sep'n Allice. for month of June 1918 Box #386 Port Hope, Ont.,
(Address)

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 19th. February 1915
 (2) if married and if a Separation Allowance Card has been submitted Paid to 22/7/18
 (3) cause of discharge Medically Unfit authority 3 MD-88-S-461
 (4) authority for transfer

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

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

Date 22nd. June 1918.

Place Kingston, Ont.

S. J. Bissonnette
Paymaster.

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

INDIA CONTINGENT EXPEDITIONARY FORCE

LAST DAY CERTIFICATE

The undersigned hereby certifies that the following is a true and correct copy of the original as submitted to him for the purpose of the above mentioned certificate.

Signature of the Officer in Charge of the Expeditionary Force

Signature of the Officer in Charge of the Contingent

Signature of the Officer in Charge of the Expeditionary Force

Signature of the Officer in Charge of the Contingent

Signature of the Officer in Charge of the Expeditionary Force

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Signature of the Officer in Charge of the Contingent

Signature of the Officer in Charge of the Expeditionary Force

Signature of the Officer in Charge of the Contingent

Kingston, Ont. *June 11/18*

URINE ANALYSIS.

FOR DR. *Capt. Lloyd*
Patient's Name *412061 Pte. Smith S.*
Amount voided 24 hours _____
Amount examined *2 oz.*
Color *pale*
Odor *normal*
Reaction *neutral*
Specific Gravity *1.018*
Clearness *turbid.*
Character of sediment (if any) *none*

CHEMICAL EXAMINATION

Albumin *faint trace*
Sugar } *none*
Acetone }
Diacetic Acid }
Bile *none*
Indican *no increase*
Urea _____

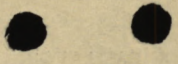
MICROSCOPICAL EXAMINATION

Epithelium *none*
Pus *trace*
Blood *none*
Casts *none*

Chemical sediments *none*
Bacteria *none*

Remarks *Trace of albumin & pus.*

W. T. Connell
Examiner.
W. J. H.



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Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Pter.* Name *Sheldon* Surname *Smith*
Unit of Corps *No. 3 Cas. W.* (If a soldier) Regtl. No. *412061*
Born at *Trenton, Ont.* on, (date) *Nov. 13th. 1891.*
Signature (for identification) *P. Smith*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *140* lbs. Colour of eyes *brown*
Height *5ft. 6* in. Identification Marks *S.W. Scar back of rt. hand and rt. thigh*

2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

nil

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Asthma

5. HEART?

Abnormal Sounds? *no*
Abnormal Size? *no*
Pulse Rate? *96* Intermittence or Irregularity? *no* Muscular Tone? *Good*

6. ARTERIES.—(a) Any hardening or nodulation?

no

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1.022* Reaction? *acid* Albumen? *nil* Sugar? *nil*

9. SKIN, MIDDLE EAR, EYE or any other part?

nil

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Weakness right leg due to S.S.W. thigh.

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at *Fort Henry, Ont.* Signed *W. J. [unclear]* M. O.
Date *May 4th 1915* Signed *P. Smith* M. O.
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Medical Examination upon leaving the Service
of an Officer in the General Service or a Soldier fit for duty

The Officer leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found unfit for duty by a Medical Board, are not to be reported on this form.

Rank	Grade	Signature for Identification
Full Name	Home Address	
Branch	Post Office	

The examination is to be made jointly by one Medical Officer

1. PHYSICAL - See separate training & instruction for details

Weight _____ lbs

Color of eyes _____

Color of hair _____

Color of skin _____

Build _____

Stature _____ in

Age _____ years

2. NUTRITION AND DIETETICS

After careful study and thorough examination in any evidence of disease or impairment of the parts indicate a below 100

3. NERVOUS SYSTEM - Examine for signs of nervous disability

4. RESPIRATORY SYSTEM - Examine for signs of respiratory disability

5. HEART

Abnormal Sounds _____

Abnormal Size _____

Pulse Rate _____

Character of Irregularity _____

Murmurs _____

6. ARTERIES - In any condition of abnormality

(See Blood Pressure)

7. DIGESTIVE SYSTEM - Conditions which are to be indicated

8. GENITOURINARY SYSTEM

Genitourinary _____

Prostate _____

Uterus _____

Vagina _____

9. UTERUS AND VAGINA - Examine for signs of abnormality

10. UTERUS AND VAGINA - Examine for signs of abnormality

11. UTERUS AND VAGINA - Examine for signs of abnormality

12. UTERUS AND VAGINA - Examine for signs of abnormality

It is the duty of the Medical Officer to examine the patient in the presence of the patient's commanding officer, and to report the results of the examination to the commanding officer. This report should be made in the form of a Medical Certificate, and should be filed in the patient's service file.

Signature of Medical Officer _____

Date _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>OS. 8721</i> Year	Regimental No. <i>412061</i>	Rank. <i>L/c.</i> Unit. <i>21st Bu. 39</i>	Surname <i>Smith</i>	Christian Name. <i>CE.</i> <i>D. S. Sheldon</i> Service. <i>30/12</i>
Station and Date. <i>Aut 12.</i>	Disease <i>Swart. thigh flesh.</i> <i>Vimy</i> <i>26th April 1917</i> <i>To 4th Gen Boulogne 28th "</i> <i>" Cambridge Hos. Alcockton 30th "</i> <i>" Beaulood 21st June "</i> Wound has healed. <i>G.C. food. R.P.T.</i> <i>L. Chuteau Capt</i>			
<i>26 JUN 1917</i>	<i>Wound healed.</i> <i>5C Very fair</i> <i>D.I.</i>			
<i>5/7/17</i>	<i>Discharged to Hacking D.I.</i>			
<i>C. D. Hewitt</i> <i>Capt</i>				

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

Station
and Date.

Casualty Form—Active Service.

Regiment or Corps 39th Bn

Rank Pte Surname Smith Christian Name Sheldon

Religion C of E Age on Enlistment 24 years months.

Enlisted (a) 17/1/18 Terms of Service (a) 10 Yr Service reckons from (a) 17/1/18

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

Extended { } Re-engaged { } Qualification (b) Labourer
or Corps Trade and Rate

Sheet II

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 ...			
<u>31/12/17</u>	<u>DISCHARGED FROM 3RD C.C.D.</u>	<u>Seaford TO</u>	<u>BN PART I.D. O. No. 1</u>	<u>1/1/18</u>	
			<u>From Hammond Le Fo</u>		
			<u>3rd Canadian Command Depot.</u>		
<u>9.7.17</u>	<u>S.C.S.O.R.D.</u>	<u>On Command 3rd C.C. Depot</u>	<u>Seaford</u>	<u>6.7.17</u>	<u>Pt II No. 119</u>
<u>1.1.18</u>	<u>S.C.S.O.R.D.</u>	<u>Leaves on Com. and posted to Depot Coy</u>	<u>Seaford</u>	<u>31.12.17</u>	<u>Pt II No. 1</u>
<u>30.1.18</u>	<u>S.C.S.O.R.D.</u>	<u>On Command 5th Res. Bn</u>	<u>Seaford</u>	<u>29.1.18</u>	<u>Pt II No. 29</u>
			<u>Walter Berkin</u>		
			<u>Adjutant,</u>		
			<u>for Officer Commanding,</u>		
			<u>East Ont. Regt'l Depot.</u>		

(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.

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				
8/1/18	66 th Res Bn.	Attached to 6 th Res Bn. from C.O.R.D.	Seaford	29/1/18	Pt # B.O. 25
9/2/18	O.C. 6 th Res Bn.	Ceases to be attached to 6 th Res. from C.O.R.D. Abonunder 34 is cancelled	Seaford	9/2/18	Pt # B.O. 34
<i>R. W. Dwyer</i> OFFICER IN CHARGE RECORDS 6th CAN. RES. BN.					
7/3/18	O.C. 6 th Res Bn.	Ceases to be attached from C.O.R.D.	Seaford	7/3/18	Pt # B.O. 56
<i>R. W. Dwyer</i> OFFICER IN CHARGE RECORDS 6th CAN. RES. BN.					
8.3.18	O.C. C.O.R.D.	Ceases on Com. to 6 th and on Com. C. D. O. Buxton	Seaford	7.3.18	Pt # B.O. 67
<i>N. S. Dwyer</i> Lieut. & Asst. Adjutant. for Officer Commanding, East. Ont. Regt 1 Depot.					
MAR 8 1918 TAKEN ON STRENGTH C.D.O. BUXTON Pt. 11 ORDER No. 57					
EMBARKED FOR CANADA FROM LIVERPOOL					
<i>J. Lock</i> Commanding Canadian Garrison Regt Lieut. Col. Deputy					
16-5-18	#3 Dist. Dep.	TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F.		D.O. # 21-5-18	
<i>J. Freeman</i> Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.					

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 412061 (Rank) Private

Name (in full) Smith Sheldon enlisted in the 39th Bn

CANADIAN EXPEDITIONARY FORCE at Port Hope on the 23rd day of February 1915

HE served in France & England

and is now discharged from the service by reason of medical unfitness for further service arising from wounds & sickness

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

Age 26 years 7 months
 Height 5 feet 7 inches
 Complexion Fair
 Eyes Blue
 Hair Brown

Marks or Scars SW right thigh

S. Smith
 Signature of Soldier

H. J. Lawrence Lt.-Col.
 Issuing Officer
 O. C. No. 3 Bn., Can. Garrison Regt., C.E.F.
 Rank

Date of Discharge June 22nd 1918

Signed at Kingston this 22nd day of June 1918

in Military District No. 3

File Reference No. _____

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 412061 (Rank) Private Name Smith Sheldon
Unit 3rd Bn Can Garrison Regt
Address on Discharge Box 386 Port Hope Ontario
Character and Conduct Very Good.
Former Occupation Labour.
Special Qualifications of Value in Civil Life

Medals and Decorations Authorized to wear two wounded stripes + one good conduct badge.
Remarks This soldier served 14 months in France

Signed at Kingston this 22nd day of June 1918

H. J. [Signature] Name of Officer Lt.-Col.
O. C. No. 3 Bn., Can. Garrison Regt., C.E.F.
Rank

Authorized to wear two wounded stripes.



Appointment

ORIGINAL MEDICAL HISTORY SHEET.

EORD 2nd
3 CCD
Seaford
6/7/17

Surname Smith Christian Name Sheldon

Examined { on 17 day of Jan 1915
at Port Hope

Approved by R. h. Shields

Birthplace { City or Town Wenton
County Ontario

Rank Lieut M.O.

Apparent age 24

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		MAY 1917

Trade or occupation Laborer

Height 5 Feet 7 Inches

Weight 140 Lbs.

Chest measurement { Minimum 32 inches

{ Maximum expansion 34 inches

Physical development Good

Small-Pox Marks _____

Vaccination Marks { Arm Right No Left
Number _____

Date	Result	VACCINATIONS
<u>3.2.15</u>	<u>good</u>	<u>R. h. Shields Lieut</u>

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2.12/15</u>	<u>good</u>	<u>R. h. Shields Lieut</u>
<u>7.8.17</u>	<u>T.A.B.</u>	<u>B.W.D.</u>

(b) Slight defects but not sufficient to cause rejection slight tendency to varicella

Enlisted on 17 day of January 1915 at Port Hope

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39th Bn</u>	<u>412061</u>		
Transferred to.. ..	<u>21st Bn</u> <u>attached 6th Res.</u>			<u>29-1-18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>3rd C.D. Seaford</u>	<u>20-12-17.</u>	<u>Weakness of Right leg</u>	<u>Brit J. M. Mont Capt.</u>
<u>Seaford</u>	<u>2-3-18</u>	<u>asthma</u>	<u>Pres. SMIB. Capt.</u>
<u>Fort Henry</u>	<u>May 9/18</u>	<u>Weakness right leg - asthma</u>	<u>Brit J. Gullies Capt.</u>
<u>Fort Henry</u>	<u>June 12/18</u>	<u>asthma</u>	<u>PRESIDENT, STANDING MEDICAL BOARD</u>

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

CAMERON

Surname *Smith* Christian Name *Sheldon*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Belleisle</i>	<i>1.4.15.</i>	<i>17</i>	<i>5</i>	<i>15.</i>	<i>1</i>	<i>6</i>	<i>15</i>	<i>S. m. Cairnes</i>	<i>15</i>		
<i>No. 3. G. Hosp.</i>	<i>LeTreport</i>	<i>9</i>	<i>10</i>	<i>16</i>	<i>4</i>	<i>11</i>	<i>16</i>	<i>Concussion R ear</i>		<i>Dis. to duty</i>	<i>A346-A368</i>
		<i>30</i>	<i>4</i>	<i>17</i>	<i>21</i>	<i>6</i>	<i>17</i>	<i>G. S. W. R. High</i>		<i>G. S. W. R. High.</i>	<i>Duplicate Medical History Sheet posted to here. MS</i>
										<i>Schrapnel removed in France.</i>	<i>J. K. Apple CB</i>
										<i>Wound healed. Sent to Beauwood Park</i>	
<i>Beauwood.</i>		<i>21</i>	<i>6</i>	<i>17</i>	<i>6</i>	<i>7</i>	<i>17</i>	<i>do.</i>		<i>Wound fair. Wound healed. Discharged to 3rd Bn D. Seafor</i>	<i>C. D. Newson Capt.</i>



412061

DENTAL CERTIFICATE.

Pt. Smith S.

E.O.R.A.

The following Certificates will

be attached to the Medical History Sheets of all

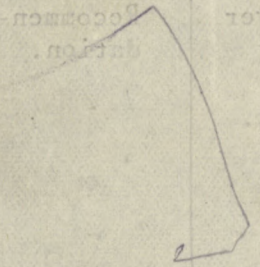
Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
8/3/18	Set Requires 3 Filling	—	—	at Public expense J. Brown Capt. C.M.C.

DENTAL CERTIFICATE

The following certificates will
 be attached to the Medical History Sheets of all
 Other Rates being referred to Dental for disposal.

Recommendation	Has he ever declined dental Treatment	In case of dental treatment, is the law due to some injury or disease directly attributed to Active Service	Present dental condition	Date of Examination



Rank

Name SMITH Sheldon

Reg'l No. 412061

R-122.

Unit 39th BN.

If in perm. Corps,
What Unit?

Married or Single Married

Place and Date of Enlistment Port Hope. Ont. 19th Feb. 1915. Place of Birth Trenton. Ont.

Name and Address, Next-of-Kin Blanch Smith, ^{Box 386} Port Hope. Ont.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	6850
File R.L.	
Category	Can OR

Discharge, Date and Place

Reason

Character

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Arrived	England	3/15	
10 ¹¹ /15	oc. 39 th	Overseas to 21 st Inv.	w. sandring	9 ¹¹ /15	P20217. + P.I. II 9
20-11-15	" 21 st	Taken on strength from Eng	In the field	10-11-15	Part II. n°-9.
17-10-16	"	Adm No 3 Gen Hqs	Re-Report	9-10-16	GRA 345. Concussion R Car M
14-11-16	"	dis. to duty	Field	4-11-16	" 368 do.
1-3-17	"	Adm No 1 Gen Hqs	etables	2-2-17	" 451. P.M.O. Ser.
13-3-17	"	Transf to No 6 Com Depot	"	5-3-17	" 461 " "
22-3-17	"	DISC TO DETAILS CAMP	"	14-3-17	" 468 "
15-5-17	"	SOS TO COR Depot (W)	In the field	29-4-17	PT II 2054
4-5-17	"	Cambridge Camp.	alderhol	1-5-17	C.L. B. 337 35 W High

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
7-5-14	EOR Dep	T. O. S.	Seaford	1-5-14	Pt II 0056
24-6-14	21 st Pm.	Trans. C. C. Hap. Bearwood	Wokingham	22-6-14	C. Z. B 381 E. S. W. R. J. H. G. b
26-7-14	"	Dis. du.	du.	5-7-17	" 404 do.
9-4-14	EOR Dep	In dis. from Hap. is now shown in Com ^d 3 rd CCD.	Seaford	6-7-17	73 rd CCD Pt II 20 Pt II 119 119d/11-7-17
1-1-18	"	Ceases on Com ^d 3 rd CCD	Pt " "	31-12-17	" 1 d 3 rd CCD Pt II 1d/2-1-18
30-1-18	6 th Res Pm.	Att ^d from EOR Dep't	Pt " "	29-1-18	" 25. 30d/30-1-18 " EOR D. Pt II
7-3-18	"	Ceases Att ^d from EOR D.	Pt " "	7-3-18	" 56. 67d/8-3-18 " EOR D. Pt II
8-3-18	EOR D.	On Com ^d CDA Buxton pending dis. to Canada	Pt " "	7-3-18	" 67
24-4-18	EOR D.	Ceases on Com ^d CDA Buxton & is SOS on proceeding to Canada for disposal by Adj. General	Pt Seaford	9-4-18	Pt II 110

Rank

Name SMITH Sheldon

Reg'l No.

412061

P-56

Unit

39th BN.If in perm. Corps,
What Unit?

Married or Single

Married

Place and Date of Enlistment

Port Hope. Ont. 19th Feb. 1915.

Place of Birth

Trenton. Ont.

Name and Address, Next-of-Kin

Blanch Smith, Port Hope. Ont.

Relationship

Wife.Assigned Pay Monthly \$ 20.00

Payable to

Mrs Blanch Smith 104 High St.

Relationship

Islington London N.

Separation Allowance \$

Payable to

Relationship

SEP 30 1918

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<u>July 1</u>	<u>July 31</u>	<u>31</u>	<u>1</u>	<u>31 00</u>	<u>31</u>	<u>10</u>	<u>310</u>		<u>3410</u>	<u>31</u>		<u>1250</u>	<u>2000</u>		<u>3250</u>	<u>160</u>	
<u>Aug 1</u>	<u>Aug 31</u>	<u>31</u>	<u>1</u>	<u>31 00</u>	<u>31</u>	<u>10</u>	<u>310</u>	<u>341</u>	<u>3444.64</u>			<u>487</u>	<u>855</u>		<u>3342</u>	<u>782</u>	<u>day of Feb</u>
<u>Sept 1</u>	<u>Sept 30</u>	<u>30</u>	<u>1</u>	<u>30</u>	<u>30</u>	<u>10</u>	<u>300</u>	<u>33</u>				<u>1265</u>	<u>20</u>		<u>3265</u>	<u>297</u>	
<u>Oct 1</u>	<u>Oct 31</u>	<u>31</u>	<u>1⁰⁰</u>	<u>21</u>	<u>31</u>	<u>10</u>	<u>310</u>	<u>3410</u>				<u>778</u>	<u>20</u>		<u>2778</u>	<u>929</u>	
<u>Nov 1</u>	<u>Nov 30</u>	<u>30</u>	<u>1⁰⁰</u>	<u>30</u>	<u>30</u>	<u>10</u>	<u>3</u>	<u>3300</u>				<u>511</u>	<u>20</u>		<u>2511</u>	<u>1718</u>	<u>Final Net Bu 30-17</u>
<u>1/12 1916</u>	<u>3/1/16</u>	<u>31</u>		<u>31</u>	<u>31</u>		<u>310</u>	<u>3410</u>				<u>976</u>	<u>20</u>		<u>2976</u>	<u>2152</u>	<u>1/12 1916</u>
<u>Jan 1</u>	<u>Jan 31</u>	<u>31</u>		<u>31</u>	<u>31</u>		<u>310</u>	<u>3410</u>				<u>784</u>	<u>20</u>		<u>2784</u>	<u>2778</u>	<u>1/12 1916</u>
<u>1/2/16</u>	<u>2/2/16</u>	<u>29</u>		<u>29</u>	<u>29</u>		<u>290</u>	<u>3190</u>				<u>523</u>	<u>20</u>		<u>2523</u>	<u>3445</u>	
<u>1/3/16</u>	<u>3/13/16</u>	<u>31</u>		<u>31</u>	<u>31</u>		<u>310</u>	<u>3410</u>				<u>262</u>	<u>20</u>		<u>2524</u>	<u>4331</u>	
				<u>275</u>			<u>2750</u>	<u>3430284</u>				<u>7953</u>	<u>180</u>		<u>25953</u>	<u>4331</u>	

3080
3190
Carried forward to
Large Ledger sheet

25041

2nd Lieut

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Duplicate



Whom *Ms Blanche Smith*
Address *104 High St.*
Wilmington. London N.

By Whom Assigned *Smith S*
Regtl. No. *A 12061*
Rank *Pte*
Corps *39th Battn B Co.*

Rate *20⁰⁰*
July 1st / 15
Not taken by post. 18/1/15

PAYMENTS COMPULSORY

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"> RECEIVING SEPARATION ALLOWANCE <i>20</i> EFFECTIVE <i>July 1915</i> RELATIONSHIP <i>wife</i> </div> <div style="border: 1px solid purple; padding: 5px; display: inline-block; margin-top: 10px;"> RECEIVED DEC 16 1915 OTTAWA. </div>
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.	1916			
Feb.				
March				

Q 3833 20 -
R 4730 20 -
U 4018 20 -
V 6173 20 -
Y 2976 20 -
98399 20 -

\$120 Carried Forward.

ASSIGNED PAY.

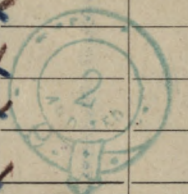
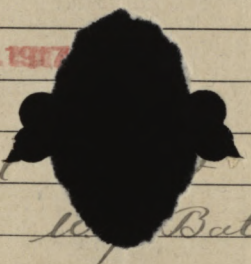
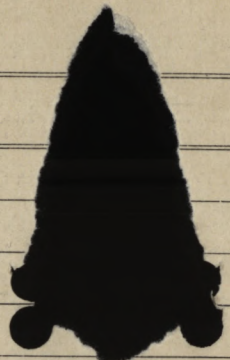
By whom assigned

Smith D.

Regtl. No.

412061 (?) O/E 39th Batt B Coy

Month	Year	Cheque No.	ASSIGNED PAY		SEPARATION Pay Sheet ALLOWANCE		REMARKS.
			Amt.				
Jan.	1916	99829	20	-			
Feb.		142026	20	-			
March		165680	20	-			
Apl.		19365	20	-			
May.		46328	20	-			
June		75328	20	-			
July		109852	20	-			
Aug.		144744	20	X			
Sept.		181527	20	X			
Oct.		214956	20	X			
Nov.		255017	20	X			
Dec.		296587	20	X			
Jan.	1917	340 ^{no} - 340642	20	X	489 00		TOTAL SEP. ALL. PAID TO 31 JAN. 1917
Feb.		378910	20	-	20	-	FROM SEP. ALL. LEDGER.
March		427127	20	X	20	X	SAV AP checked of found
Apl.							<i>W. Battery</i>
May							
June							
July							
Aug.							
Sept.							
Oct.							
Nov.							
Dec.							



MILITIA AND DEFENCE

SEPARATION ALLOWANCE

8034

17/1/15 Duplicate Folio 9431

Name *Mrs Blanche Smith*
 Address *104 High St
 Islington, London N
 England*

Name of Soldier *Smith Sheldon*Regtl. No. *Airobi*Rank *Pte.*Corps *39th Battery*

Relation to Soldier

wife, child or mother.

} *wife*
*P.O.
 High St*

To what Corps belonging

when called out

} *200 24.5.16*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced 24 DEC. 1915 <i>mar: 28/4/13.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
		<i>N 1301</i>	<i>. 109 - ✓</i>	
		<i>E 13598</i>	<i>- 20 - ✓</i>	
		<i>L 3817</i>	<i>- 20 - ✓</i>	
Sept.		<i>F 16850</i>	<i>- 20 - ✓</i>	
Oct.		<i>M 9583</i>	<i>- 20 - ✓</i>	
Nov.		<i>L 10293</i>	<i>- 20 - ✓</i>	
Dec.		<i>I 14775</i>	<i>20 - ✓</i>	
Jan.	1916			} <i>20</i> <i>cc 247599 - 11. ✓</i>
Feb.			<i>60</i>	
March				

FILE

SEPARATION ALLOWANCE.

Name of Dependant <i>Smith M^{rs} Blanche</i>	Name of Soldier <i>Smith Sheldon</i>
Relation to Soldier <i>Wife</i>	Regtl. No. <i>A 12061.</i>
1 <i>104 High St</i>	Rank <i>Pte</i>
<i>Islington</i>	Corps <i>39th Batts</i>
P.O. <i>London. N.</i>	To what Corps belonging
2	when called out
P.O.	

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount.		Date.	REMARKS.		
			£	s. d.		£	s.	d.
		Brought Forward ...	289	-				
Apl.	1916	B. 8793	20	-				
May		B. 16693	20	-				
June		B. 24758	20	-				
July		B. 26126	20	-				
Aug.		B. 37131	20	-				
Sept.		B. 49954	20	-				
Oct.		B. 60076	20	-				
Nov.		B. 71160	20	-				
Dec.		B. 46659	20	-				
Jan.	1917	B. 90553	20	-				
Feb.			£ 489	-				Total Separation Allowance paid to end of January, 1917.
Mar.								
Apl.								
May								
June								
July								
Aug.								
Sept.								
		Carried Forward ...						



TRANSFERRED TO ASSIGNED PAY LEDGER

ENTERED

CHECKED

17-1-15

9431

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Blanche Smith

Name of Soldier Smith Sheldon

Address ~~Port Hope~~

Regtl. No.

~~(Box 386) - Ont~~

Rank Pte

104 High St. Islington, London N

Corps 39th Battn

Relation Soldier

Wife England

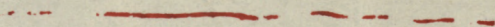
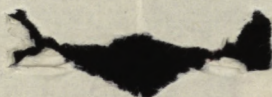
To what Corps belonging

wife, child or mother

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
	1915			Dup. sent to England for payment.
Jan.				
May				
June		N 1301	109	109 Duplicate. See Pay ledger.
July		E 135-98	20	20 Dup
Aug.		X 3817	20	20
Sept.		Z 16850	20	20
Oct.		M 9583	20	20
Nov.		L 10293	20	20 - 20 send Nov. cheque to Port Hope.
Dec.				20 20
Jan.	1916			
Feb.				
March				



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

86 31/171
DR
16968-8-15

Emb.

Name **Smith, Sheldon**
Surname

Christian Name

Regimental Number **412061**

Rank **Pte.**

Address (in full) **Box 386.**

Unit **3rd Bn. C.G.R.**

Port Hope, Ont.

Original Unit

District where paid **M.D. 3.**

Date of Discharge **22-6-18.**

P. D. P. Filing Number **5-149-3.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2929	24-7-18	58 00	2787	24-8-18	3970				77 40	97 70
	154 8877	26-2-19	70 00								
	8878	4	30 00								
	720A.254 82446	4/3/19	70 00								
	10469 244	231579	7-3-19	30 00							

M. F. W. 127.
60M - 6 17.
1772 33-1140.

Remarks: **Advance on Account Post Discharge Pay.**

Dec'n No 569/171 W. S. G. File No 16968-3-118

Award days at \$ 70.00 per day \$ 600.00

S. A. months at \$ 30.00 per mo. \$ \$

Less P, D. P. Credited \$ 175.10

Less further debit balance \$ \$

Net due paid as below 424.90

TO SOLDIER TO DEPENDENT						
O	g. No	Ch No	Amount	Ac No	Ch No	Amount
26/2/19	472	8877	70.00	772	8878	30.00
4/3/19	780	824146	70.00	1046	83579	30.00
7/4/19	580	8410471	70.00	580	8410472	30.00
8/5/19	664	8454158	34.90	664	8454159	30.00
F					492020	30.00
(i)					493025	30.00
Total				Total		

Mrs. Blanche Smith
 Same add
 Box 386
 Part Hope,
 Ont.

near add.
 Mrs Blanche Smith
 Of Mr. Peter Murray
 North Park St.
 Belleville
 RR no 5 Ont.

Q.P. 5/7/19

GEN'L AUDITOR
 Posting checked by
 J. Halpin
 Date 29-10-19

761
 492020 mailed to Belleville
 from P. Hope. 30/6/19

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

Govt Budget (Wife)

164

To Whom *Mrs Blanche Smith*

By Whom Assigned *Smith, S.*

Address *2003th Port Staff*
104 High St

Regtl. No. *412061*

Islington London W

Rank *Pte*

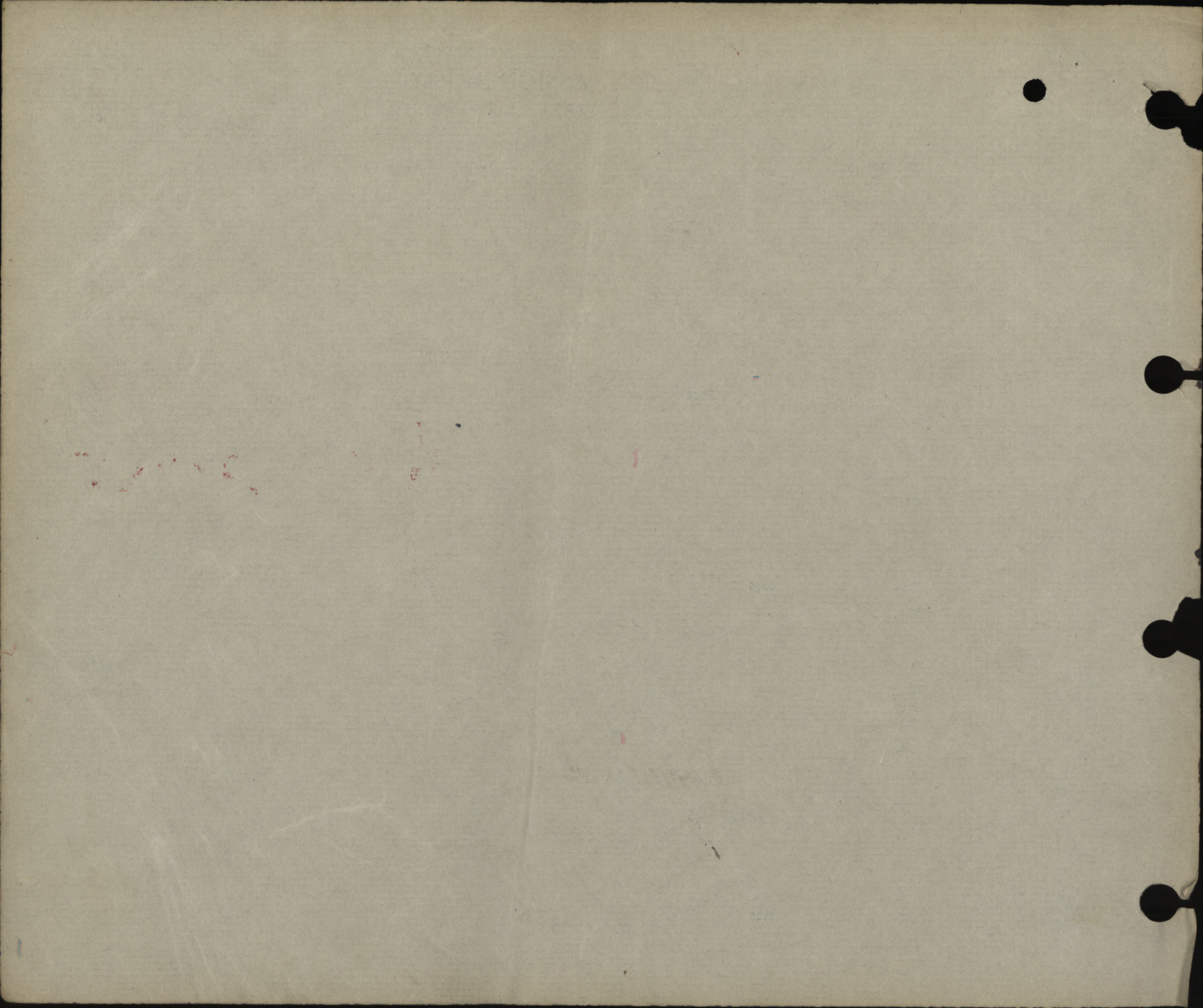
Corps *39th Batt. B Coy*

Rate *\$ 20⁰⁰*

Eng
July 1st / 15

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			ENGLISH
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>Q3833</i>	<i>20⁰⁰</i>	
Aug.		<i>P. 2730</i>	<i>20 —</i>	
Sept.		<i>24018</i>	<i>20 —</i>	
Oct.		<i>76172</i>	<i>20 —</i>	
Nov.		<i>92976</i>	<i>20 —</i>	
Dec.				
Jan.	1916			
Feb.				
March				





This space to be for numbers.

Proceedings on Discharge.

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

No. <i>412061</i>	
Rank <i>Private</i>	
Name <i>Smith, Sheldon</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No. 3 Battalion, Canadian Garrison Regiment, C.E.F.</i>	
Date of Discharge <i>June 22nd 1918</i>	
Place of Discharge <i>Kingston Ontario</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>26</i>years..... <i>7</i>months. Height..... <i>5</i>feet..... <i>7</i>inches. Complexion <i>fair</i> Eyes <i>blue</i> Hair <i>brown</i> Trade <i>labourer</i> Intended place of residence } <i>Box 386</i> <small>(To be given as fully as practicable.)</small> } <i>Port Hope</i> <i>Ontario</i>	Descriptive Marks <i>S.W. right thigh</i>
2. The above-named man is discharged in consequence of <i>Medical unfitness for further service, arising from wounds and sickness.</i> <i>Auth 3 M D 88-5-461</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good.</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Labour</i>	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-3-113.

K-103 9-2-19

W. S. G. Comp

H. Cert. 24-9-19-A-10.
W.S.G. Comp
30-1-19 G.M.

(OVER)

5. He is in possession of the following number of G. C. Badges:

One Good Conduct stripe

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... *Hingston*

H Sawney for Lt.-Col.
O. C. No. 3 Bn., Can. Garr. Regiment

(Date)..... *June 22nd 1918*

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Hingston D. Smith* (Signature of Soldier.)

(Date)..... *June 22nd 1918. Richard Carvill* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) 3 years 120 days.

Total 3 years 120 days.

11. Confirmation of Discharge.

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

(Place)..... *Hingston*

H Sawney for Lt.-Col.
O. C. No. 3 Bn., Can. Garr. Regiment

(Date)..... *June 22nd 1918*

(Signature)

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations

D. Smith

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

HJN.

PROCEEDINGS OF MEDICAL BOARD. KINGSTON.

No. 412061 Rank Pte Name Smith. Sheldon.
Corps No. 3 Gas Unit Address Port Hope. Ont.

Present civilian occupation Labourer.
cause of disability Weakness Right leg Asthma.

Condition, in detail, which prevents the soldier earning a full livelihood; (basing your report on (1) Subjective, and (2) Objective Symptoms.)

Subjective:- Man complains of weakness in right leg and pain in region of wound at inner side of thigh. Complains of wheezing at nights.
Objective:- Walks with a slight limp. Few bubbling rales in chest not typical asthma at present examination.

OPINION OF THE BOARD.

Degree of Incapacity. (Please state in fractions)
Probable duration of Incapacity Permanent.
Does it render him permanently unfit for Military Service? No
Would operation, special treatment, or use of appliances, etc. lessen the incapacity? No
Category G3

Sgd S. Smith. Sgd M.F. Coglon. Cpt. President.
W.A. Jones. Cpt. Member.

Station Fort Henry.
Date 1918.



Faint, illegible handwritten text in the upper middle section of the page.

Faint, illegible handwritten text in the lower middle section of the page.

Faint, illegible handwritten text at the bottom of the page.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD Dec 20th 1916.

No. 412061 Rank PTE Name SMITH, S.

Local Unit 6th Res. Overseas Unit 21st Bn Age 26

Examination held at 3rd C.C.D. MEDICAL DEPT

DISABILITY.
Overseas—Local.
(scratch one out)

WEAKNESS OF RIGHT LEG

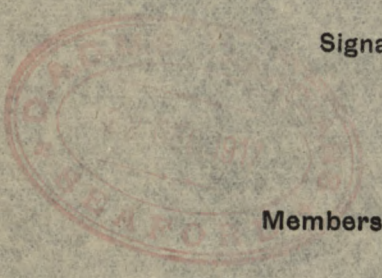
PRESENT CONDITION.

1. In France - 18 months.
2. Wounded at Vimy 26.4.17 G. S. W. Rt. thigh.
3. At 3rd C.C.D. - 5 months - no improvement.
4. Subj. sympt. complains of asthma + weakness of right leg.
5. Obj. sympt. - Scar over adductor muscles of Rt thigh - Walks with a slight limp - some harsh respirations over anterior surface of both lungs.

BOARD RECOMMENDS:— BIT - not likely to be raised to a higher category within 6 months

1. Fit for Duty yes BIT
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—



Members

W. Monk Capt President.

Wm. A. Taylor Capt

Geo. Smith Capt

APPROVED

Dated at Seaford 21.12.16 Alfred Dowling Maj. Commd

PROCEEDINGS OF A MEDICAL BOARD

FORM NO. 1018
MEDICAL BOARD

Dated at 1918
No.
Rank
Name

Local Unit
Overseas Unit

Examination held at

DISABILITY
Overseas - Local
(attach one set)

PRESENT CONDITION

BOARD RECOMMENDS -

- 1. Fit for Duty
- 2. Fit for duty after weeks hospital training
- 3. Fit for Temporary Base Duty weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures -

President

Members

APPROVED

Dated at 1918

For A.D.S.

Please return this copy to: - W. H. Lloyd. Capt., C.A.M.C.

MEDICAL HISTORY OF AN INVALID

No. 3 Battalion, Canadian Garrison Regiment, C. E. F.

Per. 7. P.

g.c.c.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

88-8-461

ORIGINAL

- 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.
- 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 soldier 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."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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 Fort Henry DATE 11-6-18

1. 1 (a) Unit No. 3 Bn. C.G.R. (b) Regimental No. 412061 (c) Rank Pte.
(d) Surname Smith (e) Christian name Sheldon.

2. Age last birthday 26 yrs. Date of birth Nov. 13, 1893.

3. Enlisted at Port Hope on Jan. 17, 1915.

4. Personal description:—

(a) Height 5'7" (b) Weight 138 (c) Complexion Fair
(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks fair.

Right hand scar above small finger.

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

Box 386 Port Hope, Ont.

6. Former trade or occupation Labourer

7. (a) Service	Years	Days	
	PERIODS		
<u>Invalid to Canada.</u> <u>Wounds & sickness.</u>	From	To	
	<u>39th. Battn.</u> <u>21st. Battn.</u>	<u>Jan. 17th., 1915.</u>	<u>Nov. 1915.</u>
	<u>No. 3 Bn., C.G.R.</u>		<u>April 1917.</u>

(b) Has he been overseas? France 8. Original disease or disability (1) G.S.W. Right thigh.

2. Asthma.

(a) Date of origin (1) Apr. 26/17. (2) Feb. 17 (b) Place of origin France.

(c) Cause* (1) G.S.W. (2) Exposure.

(d) Present disease or disability (1) G.S.W. Rt. thigh (2) Asthma.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

(1) Subj. Soldier says that he was wounded April 26/17. Says that shrapnel was removed. Says that leg pains him and gets tired along inner side if he walks 1/2 mile slowly.

9. Present condition.—(Continued.)

Obj. G.S.W. inner side rt. thigh. Some atrophy of adduction muscles. 1" smaller than left thigh.

(2) Complains of cough at night. Severe dyspnoea. gets smothering attacks at night. Has to get up and go outdoors to get any relief.

Obj. Rough breath sounds over entire chest. Dim voice & breath sounds. Few rough sonorous rales over bases occasionally.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous. n Digestive. n Respiratory. Asthma Cardiac. n Genito-Urinary. n Skin, Middle Ear, Eye or any other part. n

10. History: (a) of Condition referred to in "a" section 9.

History of G.S.W. & Asthma on English Board.

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

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

na.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

na

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? (1) & (2) Permanent but with improvement.

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

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

no

16. Can the former trade or occupation be resumed? **Not at present**
(If not, briefly state why.)

17. Recommendations

Cat. E. for discharge.

[Signature]
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, 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

[Signature]
Signature of soldier examinee.

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 criticized.

yes.

19. Is the soldier fit for

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

20. It is certified that the soldier

~~(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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Cat. E. for discharge

Some disability due to service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Fort Henry.

DATE June 12th., 1918

Capt. AMC. President.
Capt. AMC.
Capt. AMC. Members.

APPROVED BY

APPROVED BY

Captain A. M. C. Assistant Director of Medical Services. For A. D. M. S. District No. 3.

Director-General of Medical Services.

DATE JUN 14 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

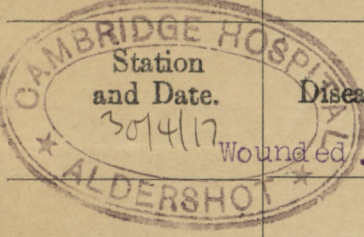
I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

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

President. PLACE DATE Members.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>Com 56</i> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<i>42061</i>	<i>Sgt</i>	<i>Smith</i>	<i>S</i>
	Unit.		Age.	Service.
	<i>21 C.E.F.</i>	<i>A</i>	<i>25</i>	<i>2 1/2</i>

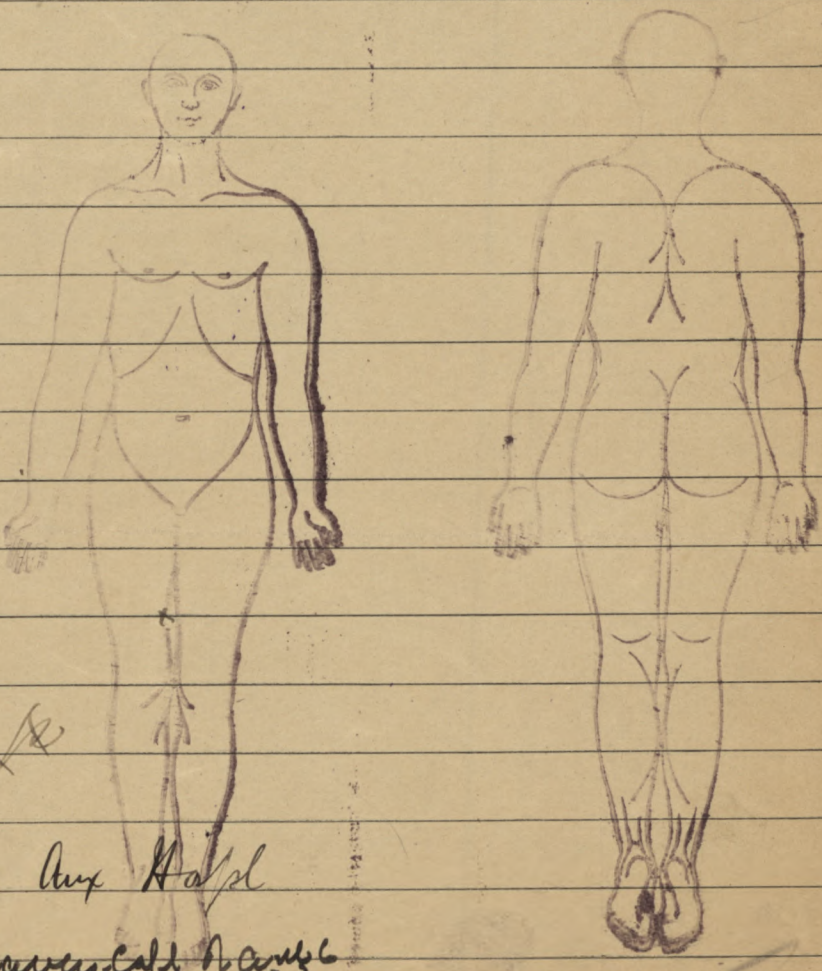


Disease *G.S.W R. leg thigh*
Wounded. *26.4.17* *M. injury*

Rifle bullet:- *No*
Shrapnel:- *Yes*
Shell Frag.:- *No*
Other missiles :- *No*
Nature of first dressing:- *Field dressing*
(Time elapsed before applied :- *20 minutes*)
(Tetanic serum, 1st:- *27.4.17*
(given 2nd:- *1.5.17*
Whether septic etc.:- *Yes.*
Important structures involved:-
(Bones.
(Nerves.
(Vessels etc.

Description of wound :-

Site of wound)
Entrance)
Exit (see Diagram.)



X-Ray Report.
Opened under ether air
Fracture & shrapnel removed.
Good dressing. Very little
discharge.
1.5.17 Recommended for
Amputation *Koobete* *12*
Shrapnel *CS*
3.5.17 *To Waverley Abbey Aux Hosp*
18.6.17 *Healed.* *Andrews call name*

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

CP Smith
capt
P.T.O.

Station
and Date.

Les 359 B

ASSIGNED PAY.

17/8/15

PAID IN CANADA.

To whom Mrs B. Smith
Address 104 High St
Islington London. W.

By whom assigned Smith S.
Regtl. No. 412061
Rank Plt
Corps, &c. 39 Bn

Rate 20 25
Date to Commence 1. 3. 18

ASSIGNED PAY AND SEPARATION ALLOWANCE
BEING PAID IN ENGLAND ON ADVICE
FROM OTTAWA OF DISCHARGE OF SOLDIER
NAMED HEREIN.

Handwritten scribbles and initials

Month.	Cheque No.	ASSIGNED PAY	SEPARATION ALLOWANCE	Amt. Debited	REMARKS.
1914. Oct.					Discharge to Canada 9. 3. 18
Nov.					L. RO. 3451.
Dec.					
1915. Jan.					
Feb.					
March					at 640
April					Ret'd for Mauritania
May					18/4/18 In F.W. Rend. 22/4/18
June	N 1300	109 00			at 764 00
July	E 13598	20 00	20 00	03833.	
Aug.	L 3817.	20 00	20 00	R 4730	
Sept.	F 16850	20 00	20 00	U. 4018	
Oct.	M 9583.	20 00	20 00	V. 6173.	
Nov.	L 10293.	20 00	20 00	Y. 2976.	
Dec. 1916. Jan.	L 14775	20 00	20 00	98399.	
Feb.	247599 }		20 00	99829.	
March		60 00	20 00	142026 165680	

*make no payments
gone to Canada*

289 180

ASSIGNED PAY.

Month.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Amt. Debited.	REMARKS.
1916.		180	289	
April	19365	20 00	20 00	B8793.
May	46328	20 00	20 00	B16695.
June	75328	20 00	20 00	B24758
July	109852	20 00	20 00	B26126
Aug.	144744	20 00	20 00	B37131
Sept.	181527	20 00	20 00	B49954
Oct.	214956	20 00	20 00	B60076
Nov.	255017	20 00	20 00	B71160
Dec.	296587	20 00	20 00	B76659.
1917.				
Jan.	340642	20 00	20 00	B90553.
Feb.	378910	20 00	20 00	
March	427727	20 00	20 00	
April	443426	20 00	20 00	
May	A7967.	20 00	20 00	
June	A64707	20 00	20 00	
July	A119889	20 00	20 00	
Aug.	A170171	20 00	20 00	
Sept.	A215536	20 00	20 00	
Oct.	B11728	20 00	20 00	
Nov.	B34936	20 00	20 00	
Dec.	C8441	20 00	25 00	
1918.				
Jan.	C50835	20 00	25 00	
Feb.	83319	20 00	25 00	Dependant ret'd to Canada
March		640	764 00	
April				
May				
June				

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

- (i.) While on duty? **Yes.**
- (ii.) While off duty? -----
- (iii.) Was a Court of Inquiry held? -----
- (iv.) Where? -----
- (v.) When? -----
- (vi.) Opinion of the Court? -----

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

Wounded in April 1917. Invalided to England 30-4-17. Shrapnel wound in right thigh. Hospital ten weeks. Was in 3rd C.C.D. for three weeks with Asthma, complains of shortness of breath. Has to sit up in bed to get breath.

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

Weakness in right leg. Short of breath on walking a mile at his own pace. Numerous piping sonorous bubbling and crepitant rales over both apexes down the 3rd interspace. Heart normal; digestive and urinary systems normal.

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

(ii.) If so, state what. **On thigh for removal of F.B.**

(iii.) Was one advised and declined? -----

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

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

(ii.) If so, describe. **Four drawn.**

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
- (b) Fit for base duty? **Yes.**
- (c) Invalid to Canada? **No. B.111 not likely to improve in six months.**
- (d) Discharge from the Service as permanently unfit? **No.**

Date of Report **1-3-18.**

Signed **E.C. Mick. Capt. CAMC.**

Station **Seaford.**

Officer in medical charge of case.

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

T.F. Graham. Capt. (Officer in Hospital Strike out one of these.)
(S.M.O. Brigade)

Dated at **Seaford.**

Station, on **1-3-18.**

* Delete if inapplicable.

Reserved for M.H.C.

Christian Name **Sheildon**
 Regt. No. **441206** Rank **Pte** Surname **DAVID R. O'HEERTY**
 Unit or Corps—(a) Overseas from United Kingdom **21st Bn.** (b) In United Kingdom **E.O.R.D.**
 Born at—Town **Trenton** County or Province **Ontario** Country **Canada**
 Date of Birth—Day **13th** Month **November** Year **1891** Age **26** yrs. **4** months.
 Joined at **Port Hope Ontario** Date **17th Jan. 1915**
 Former Trade or Occupation **Railroad laborer.**
 Permanent marks or peculiarities that will serve for future identification:—

**SCAR SHRAPNEL INSIDE RIGHT THIGH.
 SMALL SCAR BACK RIGHT HAND.**

Height—feet **5** inches **8** Colour of eyes **Blue**

Signature of Soldier (for identification purposes).....

Medical Report.

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

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

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

- Disabilities Group (a) **WEAKNESS RIGHT LEG.**
- Disabilities Group (b) **SHORTNESS OF BREATH.**
- Disabilities Group (c)

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	SHRAPNEL WOUND.	France	April. 1917.
(ii.) As to Group (b) above.	ASTHMA.	France	Feb. 1917.
(iii.) As to Group (c) above.			

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

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

- (i.) As to Group (a) above? **No.** If yes, has Active Service aggravated it? -----
- (ii.) As to Group (b) above? ----- If yes, has Active Service aggravated it? -----
- (iii.) As to Group (c) above? ----- If yes, has Active Service aggravated it? -----

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

- (i.) As to Group (a) above? **Yes.**
- (ii.) As to Group (b) above? **Yes.**
- (iii.) As to Group (c) above? -----

Proceedings of a Medical Board on the Soldier mentioned in Part I.

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

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

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

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? **no.**
Aggravated? **no.**
(b) Misconduct of the Soldier { Caused? **no.**
Aggravated? **no.**

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%).
not appl.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)
not appl.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? **not appl.**
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **not appl.**

18. Remarks.

19. Recommendation :—(a) Fit for duty **no.**
(b) Fit for base duty **yes, Bill. not likely to be raised.**
(c) Invalid to Canada? **no.**
(d) Discharge from service as permanently unfit? **no.**
Classification for the Military Hospitals Commission.

Date of Board **2-3-18.**

Station **Seaford.**

Approved **2-3-18.**

Dated at **Seaford.**

Sgd. N.C. Wallace, Capt. President.
Signatures of the Board. J. McKee, Capt.
J.Z. Gillies, Capt.

APPROVED.
T.J. Graham
A.D.M.S. Captain, C.A.M.C.
for A.D.M.S., Canadians.
Station 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191 _____

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

1. THE NATURE OF THE CLAIM.—The soldier named above is a member of the Canadian Expeditionary Force, and is entitled to a pension on the ground of disability.

2. THE NATURE OF THE DISABILITY.—The soldier named above is suffering from a disability of the nature of a wound, and is unable to perform his military duties.

3. THE NATURE OF THE EVIDENCE.—The evidence submitted in support of the claim is that the soldier named above is suffering from a disability of the nature of a wound, and is unable to perform his military duties.

4. THE NATURE OF THE RECOMMENDATION.—The Board recommends that the soldier named above be granted a pension on the ground of disability.

5. THE NATURE OF THE RECOMMENDATION.—The Board recommends that the soldier named above be granted a pension on the ground of disability.

Dated at _____ this _____ day of _____ 191 _____

President.

Signatures of the Board