ORIGINAL

ORDERLY ROOM 186th OVERSEAS BATTALION

ATTESTATION PAPER.

No. 189814

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. A

Folio. 2

880206

189814

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Stevens,
1a. What are your Christian names?	Charles, Percy
1b. What is your present address?	Chatham, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Chatham, Ont. Canada
3. What is the name of your next-of-kin?	Alice Thompson,
4. What is the address of your next-of-kin?	Cedar Springs, Ont.
4a. What is the relationship of your next-of-kin?	Sister,
5. What is the date of your birth?	5th Aug. 1876
6. What is your Trade or Calling?	Laborer,
7. Are you married ?	No,
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes,
9. Do you now belong to the Active Militia?	No,
10. Have you ever served in any Military Force? If so, state particulars of former service.	No,
11. Do you understand the nature and terms of your engagement?	Yes,
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes,

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Stevens, 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.

Charlie Stevens (Signature of Recruit)

Date 6th Jan 1916 Wm Taylor (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Stevens, 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.

Charlie Stevens (Signature of Recruit)

Date 6th Jan 1916 Wm Taylor (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 St. Thomas this 6 day of Jan 1916

W J Green LT.-COL. (Signature of Justice)

O.C., 91st OVERSEAS BN., C.E.F.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

6

Description of Charles W. Stevens, on Enlistment.

Apparent Age 39 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 3 1/2 ins.
Chest measurement. Girth when fully expanded	33 ins.
Chest measurement. Range of expansion	2 1/2 ins.
Complexion	Dark,
Eyes	Blue,
Hair	Brown,
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	Yes.
Roman Catholic	
Jewish	
Other Denominations (Denomination to be stated)	

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.)

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 declares that he is not subject to fits of any description.

I consider him* Fit. for the **Canadian Over-Seas Expeditionary Force.**

Date Jan. 4th 1916 191 . F. W. Hall

Place Chatham, Ont.

Medical Officer.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles W. Stevens 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. Hyman (Signature of Officer)

LT.-COL.
O.C., 91st OVERSEAS BN., C.E.F.

Date Jan 6 191 6

aB 14-2-19

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name STEVENS, CHARLES, HENRY

Regt. No. 189814 Rank Pte

Corps 186th Bn.

Completed docs to B.P.C. m/m 40.3506
Ry B.P.C — 1060 of 14-2-19 L'mcq

Ret. 24-2-19

2 B.P.C
Spec. 3055
d 13/3/20
LR

Med unfit

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

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 3

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate..... 1

Medical Report for Invalids..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A & B 122-1
M & B 465-1
M & W 192-1
Med Case sheets

41128

2

25- 2 2
10 - 22
3 - 22

2

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

Form DMS 1401.
8289 100M 9/3/17.

Convalescent Hospital, Woodcote Park, Epsom.

HOSPITAL.

A. & D. CARD

AT

A. & D. No. T 1364 PL. OF ACTION

RANK Pte 18981/4 UNIT 18 Can Bn SICK OR WOUNDED

NAME Stevens C. AGE 43 RELIGION Bap.

PLACE IN HOSPITAL

DIAGNOSIS Trench foot Rt.

ADMITTED 18. 1. 18. FROM 2 W.G.S. M'chester

DISCHARGED D(. 22-3-18 TO 2 C.C.D. Bramshott

TRANSFERRED

SERVICE AT HOME 2y 2 IN FIELD 6/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

19-1-18: Felt Some impairment of circulation in post gangway & neck. - Wins exam.

14-2-18 Improving.

18-3-18: P.B. Board.

22 " " : Rl.

J. C. Marlow capt.

FORM R. 149.
7106—250m—7/2/17.

6. Charles. Henry

M.S. R. 63

Name STEVENS Rank Pte Reg. No. 159814

Unit 18 Bn

Next of Kin Canada

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16.11.	14 Gtt Wm	French Post R	do	1370		16410
18-11.	2 W&H. Manchester	do	do	1373		6473
19-11-18	Woodcote Pk Epsom.	do	do	1391		109442
22.-3.	Discharged.		do	1375		4618
13.10	2 Gtt Cancer.	SK. Debility		1347		4909/6
18.10	Disc 3 MBD			1357.		5231/9

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

A.D.

B

Number 189814 Rank Pte

Surname STEVENS

Christian Name Charles Henry

Units 18th Bn Can Inf Theatre of War France

Date of Service 17-6-17

Remarks

Latest Address C.P.R. Hotel
Chatham
Ont.

"B"
Page 12376.

Roll No.

200m—2—21.M.

No. 189814 RANK Pte NAME Stevens, C

T. O. S. 6-1-16 (D.O.S 7-1-16) UNIT 91 Battalion C.E.F

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Jan 6	Jan 31	R.		
Feb 1	Feb 28	R	Trans to 186 Bn 28-2-16	D.O. 49 of 28-2-16

SURNAME. Stevens,

CARD No. 1

CHRISTIAN NAMES Charles

S.O.S. Dis. 1-1-19 I m.u. FOLL. DO. #70 of 16-1-19 D.C. #1

REGL. No. 189814 RANK Pte

UNIT 91st 186th Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Thompson, Alice

RELATIONSHIP TO SOLDIER Sister

ADDRESS Cedar Springs, Ont

COUNTRY OF BIRTH Canada Chatham Ont. DATE Aug. 5th 1876

PLACE OF ATTESTATION St Thomas, Ont. DATE Jan. 6th 1916

Transf from 91st Bn to 186th Bn. Auth. 91st Bn. A.R. 28/2/16

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

R/6. 14-12-18. 232/24.

From Halifax per. S.S. "Lapland" 28/3/17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Laborer RELIGION Baptist

DESCRIPTION.

APPARENT AGE 39 YEARS 5 - MONTHS

HEIGHT 5- FEET 3 1/2 INCHES

CHEST MEASUREMENT 33 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Dark. EYES Blue HAIR Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Chatham Ont DATE Jan. 4th 1916

Present Address Chatham, Ont.

No. 189814. Rank Pte. (880206) mar. Paylist. Name Stevens, C. has. H.

T.O.S. Trans. from 9th O.S. Battalion (Feb. Paylist), 28-2-16 (880206 1-3-16) mar. Paylist. Unit 186th Battalion C.E.F.

M.D. 1.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916. Feb 28th	1916. Feb. 29th	H.		
	mar.	"		
	apr.	"		
	May	"		
	June	"		
	July	H.		
	aug.	"		
	Sept.	"	7 days. to B. 23-9-16.	D.O. 187 of 33-9-16.
	Oct.	"		
	Nov.	"		
	Dec.	"		
	1917.			
	Jan.	"		
	Feb.	"	4 days. to B.	D.O. 500 of 6-3-17. (over).
	Mar.	"		

1917 - apr. 1.	1917. apr. 7.	m.	9/10.

UNIT SAILED
MAR 28 1917

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
STEVENS.	C.H.	189814.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	W.O. 18.			

HOSPITAL — DATE OF ADMISSION

14. Gen. Wimereux. 16-11-17

1. 2nd Wes. Gen. Hsp. Manchester HOSP. 18-11-17

2. Mil Conv. Woodcote PR., Epsom, HOSP. 19-1-18
20 Jen Camiers 13-10-18

3. HOSP.

4. HOSP.

DIAGNOSIS

1. Trench Foot. Rt. Sick. Debility RW a.f.

2.

3.

DISPOSITION — DATE

C.L. 23-11-17. A70(2) Dis 22.3.18

27-11-17 B73-1
23-1-18 B120-2.
28.3.18 B175
22-10-18. A347.
26.10.18 A351-2

REMARKS

Disch. 18.10.18

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

EPITOME OF HOSPITAL TREATMENT

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

*Name STEVENS, Charles Henry Rank Pte. Regtl. No. 189814

Fyle Depot 1DD 10-S-295

Original unit 186th Bn Present unit 18th Bn M. or S. S Age 41 Religion Bapt. Ref. H.Q 1D 30-S-1269

Port, ship and date of arrival Halifax, Olympic, 14-12-18.

Next of kin Sister, Alice Thompson, Cedar Springs, Ont.

Address on leave

Address on discharge C.P.R.Hotel, Chatham, Ontario

Transportation issued Yes / No Date Character on discharge

Previous occupation Laborer Date and place of enlistment St.Thomas, Jan.6th, 1916.

Diagnosis Trench feet Date of Medical Boards London, Jan.8th, 1919.

Date. T.O.S.	Remarks.	Pt. 2 Order No.
7-12-18	No.1 D.	
17-12-18	Posted to Cas. Doy.	248
17-12-18	Granted furlough & Subs. to 7-1-19	7

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

(over)

Date.	Remarks	Pt. 2 Order No.
11-1-19	Discharged from H.M.S. Med. Unfit, (P.D.P.)	10

M. F. W. 192
150m.—5-18
1772-39-1243

Duplicate

To be made out in duplicate.

ORDERLY ROOM 186th Os. Bn. C.E.F.

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 91st. Os. Bn. C. E. F. and transferred to the 186th Os. Bn. C. E. F.

(2) Regimental Number 189814.

(3) Full Name of Soldier STEVENS, ~~Chas~~ Charles Henry.

(4) Place of Birth Chatham, 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 ? No.

(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 ?..... No. .....

If so, state name and address .....

(10) Is your Mother alive ?..... Yes. .....

If so, state name and address... Sebina Stevens. .....

..... Blenheim, Ontario. .....

(11) If your Mother is a widow..... Yes. .....

Are you her sole support, or not ?..... No. .....

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

.....

.....

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

.....

.....

.....

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

.....

(15) Are you insured ?..... No. .....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Neil Smith Lieut.
.....
Officer Commanding.

Date..... SEP 27 1916 .....

1000 10-5-295

LAST PAY CERTIFICATE

St-25-Jan Chas Army

Regt.No 189814 Rank Pte Name STEVENS

Corps 186 Bn who was Discharged

on 11-1-19 to

The following is a statement of the account of the above named

from 1-12-18 to 11-1-19

Dr from mon.of from L.P.C.			Bal Cr from mon.of from L.P.C.		
ASSIGNED PAY;		22 02	Regt Pay 42 days at $ 1.00	42	00
8348		5 50	F'ld All 42 days at $ 10¢	4	20
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS: Xmas all'ce		25
			Clothing Allowance	35	00
PAYMENTS:			Subsistence, for 17½ days @ 1/9	17	60
8349	71	53			
Bal Cr (to be paid)			Bal Dr (to be deducted)		
Overseas P DP	99	05	(from soldier $) (" Dependant $)	99	05

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month	at $15 per month	Subscribed $
has been to	has been paid to 11-1-19 by this unit	Paid by Other Units $
Nil.		Paid by this Unit $ Nil

Dependant or Beneficiary;
Address; Chatham Ont Standard Bank of Canada

REMARKS;

DO 10 Discharged 11-1-19 Med Unfit.

Date of Enlistment 6-1-16
If married and if Separation Allowance card submitted No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit

date;
London, Ont.

J. D. Patterson Captain,
Paymaster, District Depot No.1

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Standard Bank of Canada.
Address Chatham, Ont.
Rate $15.00 a/c Chas Stevens APR 1917

By Whom Assigned Stevens, Chas.
Regtl. No. 189814
Rank Pte
Corps 186th Bn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Standard Bank of Canada (Assignee) Name of Soldier Stevens, Chas

c/o Chas Stevens PAYMENTS. 189814 - Pte - 186th Bn

I. L. Job 5470—Req. 6888.

$15.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			APR 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		W 6241	15	
May		G 10068	15	15 Cr
June		Z 18503	15	Cr
July		Z 27838	15	Cr
Aug.		P 32652	15	
Sept.		Y 39888	15	
Oct.		R 45295	15	
Nov.		Z 53346	15	
Dec.		P 6 1309	15	
Jan.	1918			135 Cr
Feb.				
March				
April				
May				
June				
July				

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 9-5-19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. 189814 (Rank) PRIVATE

Name (in full) STEVENS, Charles Henry enlisted in

the 186th Battalion, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at ST. THOMAS, ONT. on the SIXTH

day of JANUARY 1916

HE served in FRANCE (With 18th Battalion.)

and is now discharged from the service by reason of MEDICALLY UNFIT.

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

Age 44 Years

Height 5' 2¾"

Complexion MEDIUM

Eyes BLUE

Hair BROWN

Marks or Scars

NIL

Signature of Soldier

DISCHARGE SECTION
JAN 11 1919
No. 1 District Depot

Date of Discharge

Hamm. Livingston
Issuing Officer

LIEUT.
Rank

O. C. Discharge Section, No. 1 D. D.
Appointment

Signed at LONDON, ONT. this ELEVENTH day of JANUARY 19

in Military District No. -ONE-

File Reference No. IDD 10-8-295.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

(Sheet No. 1)

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

ORDERLY ROOM 186th Os. Bn. C.E.F.

Casualty Form—Active Service.

Unit, Regiment or Corps. 186th Overseas Bn., C.E.F.

Regimental No. 189814 Rank Pte. Name STEVENS Charles Henry

C. E. F.

Enlisted (*a*). 6-1-16 Terms of Service (*a*). ~~C.E.F.~~ D/W Service reckons from (*a*). 6-1-16

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

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

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked. Canada.	Halifax.	25.3.17	"Lapland"
		Debarked. Liverpool.	England.	7.4.17	
	C.C. Seg. Camp.	T.O.S. Segregation Camp.	Bramshott.	7.4.17.	Geo. R. Collin Capt. & Adj. for. C.C. Segregation Camp Bramshott.
7-4-17.	O.C. 186 th Bn.	Transferred to 4th Can Res Battalion.	Bramshott.	7-4-17	Pt. 2, Order 71 F. P. Adams Capt. Actg. Adjt. 186th Battalion.
20-4-17.	O.C. 4th CanRes Bn.	T. O. S. 4th Can Res Bn.	Bramshott.	7-4-17	Pt. 2 Order 93.
18-6-17	O.C.4th. Can.Res. Bn.	S O S to 18th.Bn.France	Bramshott	16-6-17	Pt.2.Order 143.

OVER

Asst. Adjt. S. Lorham Lieut.

ADJUTANT 4TH CANADIAN RESERVE BATTALION.

CERTIFIED CORRECT. 12 JUL 1917 CAN. RECORDS, LONDON.

APR 7 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*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-6-17	2 Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. 18 Can Bn.	2 Can I.B.D. ETAPLES	17.6.17	Nom Roll ✓ Pt II Ord 45 d-29.6.17 also 51, d/25.7.17.
8-7-17	2 Can Ent Bn	Arr at 2nd Can Ent Bn	In the Fld	8.7.17	Nom Roll
25-8-17	18 Bn	Joined 18th Can Bn	In the Fld	20.8.17	B.213
18/11/17	St Denis	S Off's and proted to Regt Depot Bramshott (sick) French Front (R)		18/11/17	O 3083/4403 Pt. II Ord. 90, 5/12/17.
				Major	for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon B.E.F.
24.11.17	X.C.R.D	Trs from 18 Bn	Bramshott	18.11.17	Pt II O 228 ✓ 26.3.18 LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
26.3.18 1 MAY 1918	2nd C.C.D. OC. 2nd CCD	Attached to 2nd C.C.D. Ceases to be attached to 2nd C. C. D. on return to 4th Res. Bn.	Bramshott	22-3-18 10 MAY 1918	H.Q.A.D.72 Pt. II No. 72 ✓ Pt. 2 D. O. No. 112 ✓ H.Q.R.D 113 ✓ for OC. 2nd CCD.

OVER

Army Form B. 103. (No 2)

Casualty Form—Active Serv

Regiment or Corps ~~4th Res Batt~~ 18th Bn. Regimental Number 189814

Rank Pte Surname Stevens Christian Name Charles Henry

Religion ~~C of E~~ Bapt Age on Enlistment 39 years 8 months.

Enlisted (a) 6-1-16 Terms of Service (a) D of War Service reckons from (a) 6-1-16

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

Extended { } Re-engaged { } Qualification (b) Labourer

(Sheet No. 2) or Corps Trade and Rate _____

_____ 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 ...			
		Disembarked...	England	7-4-17	
10-5-18	O/C 4th Res Bn.	T.O. 4th Res. Batt on posting from W.O.R.D.	Witley	10-5-18	Part 2 Order No 111
5-9-18 4th Can. Res.Bn.	Having proceeded Overseas to 18th.Battalion is S.O.S.4th.Res.Battn.		Witley 4-9-18	Pt.2 D.O.No.210.	
			A Bloffe Lieut, Adjt., for O.C.4th.Can.Res.Bn.		
6-9-18	C.I.B.Dep	Arr from 4 Can Res Bn & T.O.S. 18 Can Bn	Can I.B.D. ETAPLES	5.9.18	Nom Roll Pt II Ord 88 d-17.9.18
9-9-18	C.C.R.C.	Arr at Can Corps Reinf Camp		9.9.18	Nom Roll
14-9-18	18 Bn	Joined 18th Can Bn	In the Fld	11.9.18	AF.B.213

(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.

OVER

CERTIFIED TO BE CORRECT. 18 SEP 1918 CAN. RECORDS LONDON.

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				
15-10-18	18 Bn	WOUNDED	In the Fld	11.10.18	✓ Letter
13-10-18	20 Gen.	Debility (M) — Adm.	20 Gen.	13-10-18	W.3034 (No. W.8357)
18-10-18	do	Debility — Discharged to 3 M.B. Depot		18-10-18	do (Ext. L.5020)
19-10-18	Can. I.B. Dep.	For Board. Adm.	Can. I.B. Dep.	19-10-18	✗ Nom. Roll.
23-10-18	do	Classified B.3 by Med. Board. (Neurasthenia)	do	23-10-18	AFW 3339. (Edn Sect No 791)
24-10-18.	Edn. I.B.D.	S.O.S. of 18th Bn on Transfer to Edn Lab Pool. (66 B3)		24-10-18.	Nom. Roll. Part II Order 108. 31-10-18.
			J.W. Hogan Major		for Lt.-Col., A.A.G. Canadian Section, G. H. Q. 3rd Echelon B.E.F.
	A. A. G.	T.O.S. Edn Lab Pool from 18th Bn		25/10/18	PIID 178 d 5/11/18
7/11/18	A.A.G. C.B.D.	Transf to England (Su) and posted to Dett Depot	Witley	7/11/18	K-R-34960/3. N-R 505 Pas-182 12-11-18
		C.B. Johnston	Capt		for Lt Col. a.a.g. Canadian Sect. G.H.Q. 3rd Echelon
11-11-18	Genl Depot	T.O.S. from Edn. Lab. Pool	Witley	9-11-18	20368

For Colonel i/c Records.

P. 559.
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Chatham Ont Can.

NAME AND ADDRESS OF NEXT OF KIN: Thompson, Alice
Blenheim, Ont

RELATIONSHIP OF NEXT OF KIN: Sister

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. 189814 RANK Pte NAME Stevens, Charles, Henry

IF IN PERMT. CORPS } WHAT UNIT } UNIT 186th Bn TRANSFERRED TO 4 Res Bn DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 18 Bn DATE 1-11-17 AUTHORITY NR

PLACE OF ATTESTATION St Thomas. Ont. TRANSFERRED TO W.O.R.D DATE 1-1-18 AUTHORITY Bo 228 29/11/17

DATE OF ATTESTATION 6-1-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE Apl 1st 17

PAYABLE TO The Standard Bank of Canada, Chatham Ont. 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)

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	C	REMARKS
APR 8 - 1917														47 60	47 60									Balance from Canada							47 60					CI
8/31	23	1 10/30	25	30											25 30																72 90					
May	31		34	10											34 10	150	20/4							24 34				15		39 34	67 66					
June	30		33												33	294	15/5							4 87				15		62 20 49	80 17					1099 A4005 11 JA 18 15/5
July	31		34	10											34 10													15	15	30	84 27					AP April
Aug	31		34	10											34 10	418	30/6							14 60				15		34 47	83 90					
Sept	30		33	-											33 -	481	16/6							4 87				15		15	101 90		101 90			
			193	60										47 60	241 20									48 68				75	15 62	139 30						

CANADIAN
ASSIGNED PAY AUDITED
O.K. C.R.S. Stubbs
AUDIT CLERK
DATE 9-5-19

189814 Pte. Stevens Charles Henry

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
MONTH	PARTICULARS		CR. 1	CR. 2	PARTICULARS									DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEF. PAY																	
			~~19 1 90~~																																
Oct	31 days @ Pte 1/10		34 10		Can AF.																													

P 820
12474—378M—13-2-18.

6

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.4.17.	EFFECTIVE DATE:-
AMOUNT:- 15-00	AMOUNT:-

NAME:- STEVENS. Charles Henry.

NUMBER:- 189814

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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.

The Standard Bank of Canada
Chatham Ont. Can

Stoppd Eff: 1/12/18

UNIT AND TRANSFERS

ORIGINAL UNIT:- 186 Bn.

DATE ACCOUNT FIRST OPENED:- 8.4.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.1.18		WORKS
178	31-1-19	24-1-19	Lab Pool 45th
	1/1/19	27/2/19	Canada See.

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
~~5/11/18~~	~~2951~~	~~2 25 Fr.~~	~~4 66~~				
~~11/11/18~~	~~9764~~	~~Willey Ltr.~~	~~9 73~~				
~~13/11/18~~	~~9937~~	~~✓ 22.~~	~~9 73~~				
			24 12				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada 1/12/18 Auth. WORD NR. 24. 27/11/18 L.P.&. Bal. 32.98.

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Balance for								98 08		
dpl	30. P. P.	33 -		L.A.P.			~~15~~	15			
				apl 194 1/4/18 4 Kes.	48 91						
				DN 712. 16/8/18. 2nd Ext Sw	2.68						
				588 25/4/18. 2 blds	24 57				39 92		
		33 -			76 16			15			
May	31. P. P.	34 10		Leave Pay				15			
				apl 612 15/5/18 4 Kes	9 73						
				824 29/5/18 do	14 60				34 69		
		34 10			24 33			15			
June	30 P. P.	33 -		L.A.P.				15			
				apl 1035 17/6/18 4 Kes	9 73						
				1173 28/6/18 ✓	14 60				28 36		
July	31 P. P.	33 -		L.A.P.	24 33			15			
		34 10						15			
				apl 1401. 18/7/18 ✓	14 60						
				1629. 30/7/18 ✓	14 60				18 26		
		34 10			29 20			15			
Aug.	P.P.	34 10		A.P.				15			
				A.R 1713 12-8-18 do.	9 73						
				" 2043 30-8-18 "	9 73				17 90		
		34 10			19 46			15			
Sept	P.P.	33		A.P.				15			
				A.R 2158 5-9-18 do	4 84						
		33			4 87			15			
				Dft A.R 826 26-9-18 1813	3 59				27 46		
					8 44			15			
Oct	P.P.	34 10		C.A.P.					39 10		
				AR 3201 19/10/18 C.F.B.D	7 46						
		34 10			7 46			15			
Nov.	P.P.	33		C.A.P.				15	57 10		
				AR 9764 "/11/18 Gl. Dep	9 73						
				r 9937 14/11/18 ✓	9 73						
				r 2951 10/11/18 C.F.B. Dep	4 66				32 98		
		33			24 12			15			

CANADIAN
ASSIGNED PAY AUDITED
Per [signature]
AUDIT CLERK
DATE 9-3-19

Checked AR Stevens 29.11.18.

SOS Canada Eff: 7/12/18
DO 290 9/12/18 WORD.

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

3055 BRB 62247

This space to be for numbers

Proceedings on Discharge.

5-7-37

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page). 2H. 12/2/19

No. 189814

Rank PRIVATE

Surname STEVENS,

Christian Name Charles Henry

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 186th Battalion, C.O.M.F.

Date of Discharge JAN 11 1919 D.O. # 10. dt. 10. 1. 19.

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 44 years ... months.	Descriptive Marks
Height 5 feet 2¾ inches.	
Complexion MEDIUM	NIL
Eyes BLUE	
Hair BROWN	
Trade LABOURER	
Intended place of residence (To be given as fully as practicable.)	C.P.R. Hotel, Chatham, Ont.

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

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.

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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)..... .....

(Date)..... *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) LONDON, ONT. ..... *(Signature of Soldier.)*

(Date) JAN 11 1919 ..... *(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).....years.....days.

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

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

(Date) JAN 11 1919 .....

(Signature) .....

O. C. Discharge Section, No. 1 D.D.

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.)

None

L. H. Stevens.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form	B. 313	
Medical Report for Invalid*	"	B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.	

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 3... Rank Pte. Surname Stevens Christian Name Chas S.

Unit or Corps—(*a*) Overseas from United Kingdom 4th Batn. (*b*) in United Kingdom W.A.R.D.

Born at—Town Chatham County or Province Kent Country Eng.

Date of Birth—Day 7th Month Aug. Year 1876 Age 44 yrs. 3 months.

Joined at Chatham Ont. Date 4th Jan. 1916

Former trade or occupation Labourer

Permanent Marks or any peculiarity that will serve for future identification :— Two vaccination marks on left arm

Height—feet 5 inches 3½ Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Chas Stevens

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) FLAT FEET

Disabilities Group (*b*) NA

Disabilities Group (*c*) NA

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Unknown possibly due to Trench Feet	France.	1917
(*ii.*) As to Group (*b*) above.	NA		
(*iii.*) As to Group (*c*) above.	NA		

3. Is the disability due to disease contracted or injuries received prior to Active Service ? No

(*i.*) As to Group (*a*) above ? No If yes, has Active Service aggravated it ? NA

(*ii.*) As to Group (*b*) above ? NA If yes, has Active Service aggravated it ? NA

(*iii.*) As to Group (*c*) above ? NA If yes, has Active Service aggravated it ? NA

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 ? NA

(*iii.*) As to Group (*c*) above ? NA

PART I. (continued).

5. MEDICAL HISTORY.

All England Apr 7th 17. To France 14.6.17. to 18th Bn. In France 9. months. Evacuated With Trench feet 18.11.17 to 2nd. Can. Gen Hosp. Manchester. 18.11.17 to 15.1.18. Epsom 2nd C.H. 18.1.18 to 2.3.18. Feet had been swollen & tender. Massage & Light Duty. Cat C T. Back to France Sept 4th 18. Evacuated Nov 8.18. Boarded at Etaples. B iii. for feet.

No casualty forms at present.

6. PRESENT CONDITION. Complains that he cannot march or do any heavy duty on account of pain in both feet and legs. Feet continually blisters in heavy shoes.

Heart & lungs normal. Nervous system normal.

Feet not particularly flat but there is a considerable degree of rigidity of arches. Can heel raise about 2". Cannot go to floor with toes or spring to feet. Can walk fast very little. No signs of inflamation. No marked tenderness. Both feet are cold with scars of old blisters on toes and heels. Slight degree of hammer toe 2nd toe rt foot. Not marked.

7. OPERATION. (i.) Was one performed? N.A. (ii.) If so, state what. N.A.

(iii.) Was one advised and declined? N.A.

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? Yes or No

(ii.) If so, describe. Had three extracted for decay.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B iii

(b) Invalid to Canada? N.A.

(c) Discharge from the Service as permanently unfit? } N.A.

Date of Report 25.1.1918

Signed W.W. Rogers Capt.
Officer in medical charge of case.

Station Witley Camp

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

.....
{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at not on Hospital Strength Station, on .....191.....

*Delete if inapplicable.

PART III.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. yes

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.)* five per cent

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)* all

15. Permanency of the Disability due to Service estimated next above in (14).

(i.) Is it permanent? no

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

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

17. Can the former trade or occupation be resumed? yes

18. REMARKS :— Amk A. G. 11/9083. 11-11-18

Pressure over Exophoids causes pain.

19. RECOMMENDATION :—

(a) Fit for duty? *(state category)* B II

(b) Invalid to Canada? no

(c) Discharge from Service as permanently unfit? no

Date of Board 25/11/18

Station Witley

Signatures of the Board — President. Lieutenant Lieut Colonel

Jas. L. Hammond Capt. Can. M.C.

Approved A.D.M.S.

Dated at Station 191

for COLONEL,
A.D.M.S. CANADIAN TROOPS, WITLEY.

A.D.M.S.-HEADQUARTERS CANADIAN TROOPS, 27 NOV 18 WITLEY, SURREY.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

AUDITOR | PAYMASTER

1 P.M. - 10 St. - 53.

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

M. OR S. | REGT. No. 189[illegible] | RANK Pte | NAME (IN FULL) Stevens Chas H. | (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 186 Bn | IF IN P.F. WHAT UNIT? C.P.R Hotel Chatham Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 6-1-16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 month. | DATE EFFECTIVE 31/12/18

PAYABLE TO Standard Bank of Canada | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Chatham Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London | DATE 11/1/19 | REASON Dyed Natur | AUTHORITY -10 | IF ENTITLED TO POST DISCHARGE PAY

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																														22 02					Balance 11/12 to 7/19 207
1/12 to 11/19	42	1.10	46	20	35 17	25 60			99	05					83/19						71	52	83/46		5	20				99	05				23rd Chatham Regt. 38th Battalion Canadians

Forms I. 1237 12

Medical Officer: Lt. Crowe. Sick

Whether U.K. or Expeditionary Force: France (If latter, state which).

Army Form I. 1237.00

MEDICAL CASE SHEET.*

Ward: B2 Base.

MIL CNV HP. WOODCOCK PK EPSOM.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
FC. 2540	189814	Pte.	Stevens	C. T.

Year	Unit.	Age.	Service.
1917	18th Canadians C.	43	1 11/12 6/12

Station and Date: 2nd WESTERN GENERAL HOSPITAL, GLYNE HOUSE, STRETFORD. 18/11/17.

Transfer Class: 3

Disease: Trench foot (R)

Date of Onset: 15-11-17.

Foot swollen + tender - Comy aching pains

Urine Test 23 Nov. 1917 Sp. gr. 1022. clear, acid, no alb. no sugar. ord. sed.

23-11-17. Foot very painful. - Burning sensation.

23-11-17. Skin taken away from toe leaving sloughing dark colored area underneath. DSR

27-11-17. Transferred to Reform club Heaton moor.

Auxiliary Hospital, Reform Club, Heaton Moor.

29-11-17 Dressing made.

1-12-17 dito

8-12-17 dito

15-12-17 Still discharging.

22-12-17 ditto

29-12-17 ditto.

5-1-18 ditto.

ready for discharge.

13-1-18 Fit for transfer to Canadian Convalescent Home

A Channell

18-1-18. Trans: to Woodcote Park. Epsom.

Next of kin: Mrs. A. J. Lompson. 3X Jan 1916

Blenheim.

Ontario

Canada.

Antitetanus Inocn.	
Units.	Date.
500	21-11-17
?	15-11-17

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL

ORIGINAL

ORDERLY ROOM 186th Qs. Bn. C.E.F.

Surname Stevens Christian Name Charles Harvey

189814

Examined on 4 day of Jan 1916 at Chatham ont.

Approved by F W Hall

Birthplace City or Town Chatham County Kent

Rank M.O.

Apparent age 39 5/12

Trade or occupation Labarer

Height 5 Feet 3 1/2 Inches.

Weight 136 Lbs.

Chest measurement Minimum 30 1/2 inches. Maximum expansion 33 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number 2

When Vaccinated last 1878

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Varicocele "left." Dorsal curvature

Date	Fit or Unfit	Examined for Re-engagement,
16.3.18		D I 10 24 NOV 1917 M.O.
10/5/18	9	2nd Lieut. F X Boucher Capt. M.O.
		14 NOV. 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
3-4-16	Take	Thomas J. McNulty Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Jan 22		Dr Thistle M.O.
Feb 2		Dr Thistle M.O.
T.A.B.I	11-6-17	E.W.N. M.O.
2	16.6.18	E.W.N.

Enlisted on 6th day of January 1916 at Chatham Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	91st O.S. Bn	189814	Good	6/1/16
		189814		
	186 Qs. Bn	800206		28/2/16.
Transferred to.....	4th Res Bn	189814		7-4-17
	18 Bn			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Camp Borden	Sept 13/16	Routine exam	Fit WCD Capt.
Chatham	1-3-17	Med Board	Fit WCD Capt.
Witley	25/11/18	Flat feet	B II Jas L. Hamilton Capt. C.A.M.C. President
London, Ont.	8/1/19	Trench feet	C1 Capt. C.A.M.C.

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.

100M.—5-15.
H. Q. 1772-39-439.

Surname Hurst Christian Name Charles

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
2nd [illegible] HOSPITAL MANCHESTER.		18.	11.	17.	18.	1.	18.	Trench foot R.	62.	Onset 15.11.17. Foot swollen & tender. 25.11.17. Improving. 18-1-18 Fit for transfer	B Mitchinson Capt. R.A.M.C. (T.F.) FOR OFFICER COMMANDING, 2nd WESTERN GENERAL HOSPITAL
M.C.H. Epsom		18	1	18	22	MAR	1918	do	64	Massage. Hasdone L.D 11. ~~17/1/18 L.G.B. Board~~. 16/2/18 by S.M.Bd. D!	Fred Morley Lieut

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Bank Account For Credit

S 11032

Date of Assignment

Apr. 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 189814

Rank Pte. Promoted Reverted Discharge

Soldier's Name Chas Stevens

Battalion 186 Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Standard Bk. of Canada.

Address Chatham, Ont.

Change of Address c/o Chas. Stevens.

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			135	135	
Jan	V 70851		15	15	
Feb	G 69477		15	15	A
Mar	F 95682		15	15	✓
Apr	R 10063		15	15	✓
May	Y 17932		15	15	✓
June	Y 21644		15	15	✓
July	R 20800		15	15	✓
Aug	W 39317		15	15	✓
Sept	F 37530		15	15	✓
Oct	H 44531		15	15	✓
Nov	F 52677		15	15	✓
Dec	2 68099		15	15	✓
			315	315	

017397-6-29

REMARKS

A/c Closed 31-12-18

Ret'd per Olympic

Date 14-12-18 M.F.W.187 20-12-18

Closed A. Sinclair

M.D. #1. MRO 32793 20-12-18 (Des.)

CANADIAN ASSIGNED PAY AUDITED

O.K. C. L. Stubbs

AUDIT CLERK

DATE 9-5-19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
4'OM. 6-7—1-72-38-1141
L. L. 22320—M. & D. 1903.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'Dm. 6-7—1-72-39-1141
L L. 22230—M. & D. 7993.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER Stevens L. Charles Sears

REGIMENT 18th Bn. RANK Pte No. 199814

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Jan 7										3 7.3.4.									J. S. Campbell Capt.		Completed on Discharge

M.F.B. 465.
150M.—6-18.
772-39-950.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Dec'n No..... W.S.G. File No.....
Award.....days at $ .... per day $
S.A.....months at $ ..... per mo. $ .... $
Less P, D. P. Credited $.....
$
Less further debit balance $.....
Net due paid as below

	TO SOLDIER			TO DEPENDENT		
0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						
	Total			Total		

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Stevens, Charles H.
Surname Christian Name

Regimental Number 189814 Rank Pte.

Address (in full) C.P.R. Hotel.
Chatham, Ont.

Unit 186th Bn.

Original Unit

District where paid M.D.1.

Date of Discharge

P. D. P. Filing Number

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

L. L. 46038—M. & D. 9245.

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		

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: Account opened Jan 11th 1919.

Army Form B. 103.

Regimental Number 1 1 9 8 1 4

Casualty Form—Active Service.

Regiment or Corps 186 O. Sea Batn C.E.F.

Rank Pte. Surname Stevens Christian Name Chas A.

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

Enlisted (a) 6.1.16. Terms of Service (a) Dur. W. Service reckons from (a) 6.1.16.

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

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

or Corps Trade and Rate .....

..... Signature of Officer.

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 ...			
		Disembarked...			
11.11.18	Gen Depot	S.O.S to W.O. & Witley	Witley	10.11.18	D.O. 268.
12.11.18	Dock	T.O.S from Gen Dep. & attch Dep Coy	—	10.11.18	D.O. 267
~~[illegible]~~	—	S.O.S to C.B. Canada	— 7	12.11.18	D.O. 290
8.12.18					[illegible]
					Lieut. i/c Records.
					~~West Ont. Regtl. Depot.~~
7.12.18	Sailed	for Canada			
7.12.18	Arrvd	Taken on strength No. 1 District Depot London D.O. 246			
					[illegible] Lieut.
					[illegible] DISTRICT DEPOT

(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.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
		DISCHARGED LONDON, ONT. JAN 11 1919			
		MEDICALLY UNFIT	Hamm. McLaughlin Capt.		
			O.C. Discharge Section, No. 1. D.I.		

H.J.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

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 London, Armouries. DATE Jan. 8/19

1. 1 (a) Unit 1 D.D. (b) Regimental No. 189814 (c) Rank Pte.

(d) Surname STEVENS (e) Christian name Charles Henry

(f) Home address C.P.R. Hotel, Chatham, Ont.

(g) Next of Kin Sabina Stevens (h) Relationship Mother

(i) Address of Next of Kin Blenheim, Ont.

2. Age last birthday 44 Date of birth Aug. 7/74

3. Enlistment, or Appointment (if an Officer) (a) Place Chatham, Ont. (b) Date Jan.6, 1916

4. Personal description:

(a) Height 5' 2 3/4" (b) Weight 123 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None

5. Former trade or occupation Laborer.

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	2

	Periods	
	From	To
Canada	7-12-18 6-1-16	Date 25-3-17
England	18-11-17, 7-11-18 25-3-17	9-9-18, 7-12-18 18-6-17
France or other theatres of War	9-9-18 18-6-17	7-11-18 18-11-17

7. Original disease, or injury Trench Feet

(a) Date of origin Since enlistment (b) Place of origin France

(c) Cause Trench Fever

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Difficulty in walking due to pain in feet in wet weather.

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.)

Objective Signs There is no rigidity of feet. No swelling nor tenderness at time of writing of this board. No objective signs. Can raise himself on toes.

Subjective Symptoms In wet weather and in cold weather his feet become swollen, red and painful. They remain this way as long as the weather remains wet and cold. During this time he can walk 2 or 3 miles but he suffers marked pain. When the weather is favorable he has no trouble with his feet. The pain extends through feet entirely but has its maximum at inner margins of both feet. The pain also extends up the calf muscles of both legs.

(*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 Yes (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

Well defined left varicocele. This existed before enlistment, and has not been aggravated by service. He was boarded for flat feet in England on form 179 but the condition does not exist now.

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

In November 1917 both his feet became swollen and tender while he was serving in the trenches in France. He was sent to hospital and was not on active duty until March 1918. Then he was fit until September 1918 when his feet again became swollen and painful. He carried onuntil Oct. 1918 since when he has not been on active duty.

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*).)

Influenza August 1918. Recovered. No disability now.

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

None

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

Not applicable

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? 6 mos.

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

Hospital 126 days. Massage

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, with lessened efficiency.
(If not, briefly state why)

17. Recommendations

Cat. B1

J. H. Travis Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Charles Henry Stevens 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

C. H. Stevens 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.

Board agrees but would add.
9(a) overriding second toe each foot moderate
callosities over head of second, third, fourth
metatarsals each foot, corn on plantar surface little
and great toe each foot. No weakness of arches of feet.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment~~ xxxxxxxxxxxxxxxx (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~~ xxxxxxxxxxxxxxxx
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

placed in Cat. C1

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.

Capt. C.A.M.C.
President.

PLACE London, Ont.

Capt. C.A.M.C.
Capt. C.A.M.C.
} Members

DATE Jan.8, 1919

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
A T Laird
Assistant Director of Medical Services.
DATE 9.1.19

APPROVED BY
Capt. C.A.M.C.
Director-General of Medical Services.
DATE.....

Form R 122.
2353—100M—9-17-16

J.P. Rank Name STEVENS, Charles Henry. Reg'l No. 189814.

Unit 186th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment St.Thomas. 6th Jan.1916. Place of Birth Chatham.Ont.

Name and Address, Next-of-Kin Alice Thompson.

Cedar Springs.Ont. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

W.O.R.

N/E. R.B. No. 5134
CAN.OR

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 7 4 17 S.S. LAPLAND			
		20 4 17 4th. Res. T O S From CANADA	D. SHOTT	7 4 17	Pt. II 93
18-6-17	4th Res	SOS to 18 Bn	B Shott	16-6-17	Pt II O-143 & DO 45-18 Bn French Post R.
22-11-17	W.O.R. (18)	adm "14 Gen Hosp	Wimereux	16-11-17	Ld. 9.70. French Post R.
20-11-17	W.O.R. (18)	" "2nd West Gen Hosp	Mathilde	18-11-17	Ld. B 73. 18th R. Pt II DO 90. 4/5-12-17.
29-11-17	W.O.R.D.	adm Hosp in Eng Posted from 18th Bn	Bramshott	18-11-17	Pt II DO 228
26-3-18	W.O.R.D.	on Com 2 CCD		22-3-18	Pt II DO 77-8 DO 72 q 26604 26 3 18
10.5.18	4th Res	T.O.S from W.O.R.D	Witley	10.5.18	" III & DO 112 q 26604 11.5.18
13.5.18	W.O.R.D.	leaves of 26604 and SOS to 4th Res.	"	"	" 113.

A.F.B. 103 CHECKED 6 SEP 1918

A.F.B. 103 CHECKED 8 JUL 1917

g. dep

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.
5.9.18	4 Res.	S.O.S to 18 Buffs	Witley	la 4.9.18	D.O. 210 & 18 Bn 88 of 17 9/18
31.10.18	18 Bn	SOS to Lab Pool.	Field	" 24 10/18	" 1088 Lab Pool of 178 9/5 "/18
14.11.18	Lab Pool	Trans. to England "S.21.L" posted to Gen Depot, Witley	Field	Pte 7.11.18	A.C.I. 0182 as (T.O.S Pte Gen. Dep. 268d/11.11.18)
11.11.18	Gen. Depot	S.O.S to W.O.R.D	Witley	Pte 10.10.18	D.O. 268 of WORD 267 12.11.18
9.12.18	WORD	SOS to CEF in Can	"	" 7.12.18	290.
		Pass to Gen. Depot first.			