Original Documents lost, this man was transferred for 206th Batt. C.E.F.

ORIGINAL

ATTESTATION PAPER.

No. 243638

No. 2 ~~CONSTRUCTION, B'n.~~ C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Waldrow
1a. What are your Christian names? — Charles Octavius
1b. What is your present address? — Truro, N. S.
2. In what Town, Township or Parish, and in what Country were you born? — Savalmer Jamaica B.W.I.
3. What is the name of your next-of kin? — Mrs Francis Elizabeth Waldrow
4. What is the address of your next-of-kin? — Petersfield Hill, Jamaica B.W.I.
4a. What is the relationship of your next-of-kin? — Mothe
5. What is the date of your birth? — 6th January 1888
6. What is your Trade or Calling? — Gas Engineer
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Octavius Waldrow, 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.

Chs O Waldrow (Signature of Recruit)

Date July 8th 1916 E. Lionel Cross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Octavius Waldrow, 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.

Chs O Waldrow (Signature of Recruit)

Date July 8th 1916. E. Lionel Cross (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 Truro this 8th day of July 1916.

E. Dure Capt. (Signature of Justice)

Justice of the Peace in and for the County of Colchester, Province of Nova Scotia.

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

M. F. W. 23
750M—6-16
N. Q. 1772-93-541

Description of Charles Octavius Waldron on Enlistment.

Apparent Age 29 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10½ ins.

Chest measurement:
- Girth when fully expanded ..... 40 ins.
- Range of expansion ..... 3 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- 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 he declares that he is not subject to fits of any description.

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

Date July 10 1916.

Place Truro N.S.

D. McMurray
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 Octavius Waldron 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.

H. Stairs Lieut-Col
No. 2 Construction Battn. C. E. F.
(Signature of Officer)

Date 8th July 1916

REGIMENTAL DOCUMENTS

NAME WALDROW, CHARLES, OCTAVIUS, Corpl REGT. NO. 243638 UNIT 2nd Construction Bn FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	25.3.19 J.P.H	~~Pris on Disc. To BPC~~	~~5 6 19~~	~~Ref. BPC – Spec 329~~	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			18-6-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)			Ret 7-7-20		
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)		BPC	13/3/20	Spec. 1958.24	Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demo
	MEDICAL EXAMINATION (M.F.W. 129)		~~BPC~~	~~26-3-20~~	~~Spec – 2082~~	
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		Ret 9-4-20			
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
2	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M I W 192					
1	M I W 2571					
1	Lent Cert					
1	DMS 1375					
1	RIW					

01352

W. 2589
160M-11-18
2772-39-1327

CARD NO.

SURNAME. Waldrow

CHRISTIAN NAMES Charles

REGL. No. 243638 RANK Pte

UNIT ~~206th~~ No. 2 Construction

FORMER CORPS Nil

Demob. FOLL. SOS 8-3-19 Doc MDH
SO 69 of 10-3-19, Bn

NEXT OF KIN.

NAMES IN FULL Waldrow Francis

RELATIONSHIP TO SOLDIER R. N. S.

ADDRESS Post-Office Peters Field, Jamaica
B. W. I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH B.W.I. Jamaica DATE Jan 6th 1888

PLACE OF ATTESTATION Montreal P.Q. DATE July 8th 1916

Trans. from 206th Bn to No. 2 Construction Auth. 167th Bn. n.R. 23/5/16.

L. L. 94504. M. & D. 651A. M. E. W. 33. 250M.—2-16. H. Q. 1772-39-339.

R/C 5-2-19 262/5-0 H

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Baptist-Congregationalist

DESCRIPTION.

APPARENT AGE 28 YEARS 6 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 4 INCHES

COMPLEXION Coloured EYES Brown HAIR Black

DISTINGUISHING MARKS Tatoo left arm, birthmark on left groin

MEDICAL EXAMINATION. PLACE Montreal P. Q. DATE July 8th 1916

Present Address Not Stated

No. 243638 RANK Pte NAME Waldrow, Chas.

T. O. S. 8-4-16 D.O. 34 of 12-4-16 UNIT 206th Battalion C.E.F.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916		On D.O. not on paylist	D.O. 34 of 12-7-16
July 8	July 31	—		
Aug 1	Aug 15	"		

Number 243638 Rank Lspr

Surname WALDROW

Christian Name Charles Octavius

Units C.O.R.C.C. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address ~~Khaki Club~~
~~Dorchester St~~
~~Montreal~~

Roll No. B Reg 13498

11 Richmond St., Montreal, Que.

200m-2-21.M.

DESP. MAY 26 1922
REGN. No. 417470

Brv. Reta 30 5/22

DESP NOV 4 192
REGN. No. GBH56.

No. 243638 RANK L/Cpl. NAME Waldrow. Charles.

T. O. S. Transferred from 206th Bn 24-8-16 D.O. 25. 7-9-16 UNIT No 2 Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 24	Sept 30	✓		
Oct.		✓	Prom. Cpl. 18-9-16.	D.O. No. 25-10-16
Nov.		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar		✓		

No. 243638 RANK Pte NAME Waldrow Chas

~~T.O.S.~~ Trans'd from 206th Battn UNIT 167th Battalion C. E. F.
H.Q. 205 of 15-8-16

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug 16	1916 Aug 23	✓	Org. date of Enl. 8-7-16. Trans'd to Spec. Service Battn 23-8-16	Aug. Jaylish H.Q. 219 of 29-8-16

Name Waldrow Sgt

Regimental No. 243638

Unit DDA

Bgde. or Div.

Nationality

Injury L Wrist

Received at

Referred from Capt Gillis

RADIOGRAPHS { Scratch out parts not needed } (Plates) (~~Brom. Paper~~) (Stereo) (~~Localization~~) (~~Screened only~~)

SIZE	DATE	REMARKS
6½ x 8½	27/2/19	3 plates
x		
x		
x		
x		
x		
x		
x		
x		
x		

ARMS ELBOWS

Name Waldrow Sgt Plate 452

No. 243638

ARMS
ELBOWS

Diagnosis and Localization

Separation of Styloid process of radius
No fracture nor displacement of
carpals.

Radiographs by Sgt Capron A

Report by J W Morgan
Major AMC

M.F.W. 2511b-6m-4-18-1772-39 1278

FORM 99388 5-21-18 OFFICE SPECIALTY

FORM R. 149.
7106—250m—7/2/17.

C. Lorles & Colours

Name WALDRON. *Rank* CPL. *Reg. No.* 243638.

Unit 2nd Construction Co.

Next of Kin Mrs Frances Elizabeth Waldron. Petersfield Hill. Jamaica

1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-11.	Jura H. Champagnole Jura. H.A. 16935.		Bronchial Pneumonia Sev.	A85.		
4-12.	Discharged:- (17170)		do	A 89		

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

*Name WALDROW, Chas.Octavis Rank Sgt Regtl. No. 243638

Fyle Depot 19-W-439

Original unit 2nd Con. Bn. Present unit D.D.No.4 M. or S. Age 30 Religion Ref. H.Q.

Port, ship, and date of arrival Halifax, N.S. "BALTIC" 6-2-19

Next of kin (M) Mrs.Francis Elizabeth Waldrow, Petersfield Hill,Jamaica,B.W.I.

Address on leave Gen.Dely. Montreal, Que.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Gas-Engineer Date and place of enlistment 10-3-17 Truro, N.S.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
11-2-19	T.O.S. from O/S 29-1-19 Posted to Cas. Coy. 8-2-19	
	Fur. w-s to 22-2-19	42.

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

(over)

Date.	Remarks.	Pt. 2 Order No.
10-3-19	SOS Discharged RO 1420 Para G Demob	#70
	Eff. 8-3-19 Cat A	

M.F.W. 192
150M—6-18.
1772-39-1243.

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

426

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

To Whom Mrs. Francis E. Waldrow.

Address Peter's Field, Jamaica, B.W.I.

Rate $15.00

By Whom Assigned Waldrow, Chas.

Regtl. No. 243638.

Rank Cpl.

Corps 2 Constr Btn

APR 1917

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs Francis Eliz. Waldrow. (Assignee)

Name of Soldier Waldrow, Chas. 243638 - Cpl - 2 Constn Blu.

PAYMENTS. $15.00

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		C5944	15.=	15 B. M.O. #17902
May		C12199	15.=	15 B. M.O. #20833
June		W19218	15	B. " " #23714
July		Z27256	15	B. " " #26955
Aug.		X32994	15	B
Sept.		W39787	15	L
Oct.		G 41582	15	
Nov.		I 51078	15	13
Dec.		~~$58 363~~ ~~$58 362~~	13	$58 362 Can
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

243638

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 206th Bttn Transferred 2nd Cn Bn

Regimental No. 243638 Rank ~~Corporal~~ Private Name Charles Octavius Waldron

C. E. F.

Enlisted (a) 8/7/16 Terms of Service (a) period of war ~~+ six months~~ + 12 months Service reckons from (a) 8/7/16

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)

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 N.S.	25/3/17	
		Disembarked England	Liverpool	7/4/17	
	OC #2 Coast	Proceeded overseas	Seaford		#2 D.O#
		appt^d a/cpl on arrival in England 10/4/17. Auth: chief P'master P.2.F 14917. dt/14-9-17. & Cn records R.I. 4-65-67. over R2. H2. 28517 dt- 28/8/17 Ref K.G. 16/19844 P293 129 dt= 22-9-17.		MAY 1917	Capt Capt for Capt + Adj
		Landed fn France		17-5-17	N.R.
17-5-17	OC	appt^d a/cpl with pay 7a		16/5/17	NR. KG 16/25295 P/-135 d/= 30/10/17.
6/6/17	OC	for Rly for (1) Lying with the duties of the Qtr. Sergt. (2) breaking a battalion at Audeux. (3) using disrespectful & threatening language to his superior Officer		4/6/17	Brown O/-125 20/10/17.
30-11-17	OC Jara Hosp	Bronchial Pneumonia Severe.	adm	29-11-17.	W 3034/W 6527.

CERTIFIED CORRECT. MAY 8 JUN 1917 1917 CAN. RECORDS, LONDON.

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

[P.T.O.

29, I. 19 Sailed from Liverpool

W. P. Selby CAPT.
ADJUTANT H.M.T. Baltic

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.
1-12-17	ocumir	adm to hosp		27-11-17	B213
5-12-17	Jura hosp	Discharged Broncho-Pneumonia (Sev)		4/12/17	W3034/W4009
8-12-17	ocumir	Joined unit from hosp		4.12.17	B213
[illegible]-18	ocumir	att to 1 Dist CTC	Alencon	30/12/17	B213
7-9-18	do	Confined Corporal fine		17-5-17	B213 Pte 50. 52 of Sep 1918
7.9.18	43 & 680	Granted 14 days leave	wk.	2.9.18	B213 & Pte 50. 53 of Sep 1918
21.9.18	do	Returns from leave	Sued.	18.9.18	B213
11/12/18	ldg	Transferred to England & posted to N S Reg Dep	Bramshott	14/12/18	KR 3 Ct.
17.12.18	N.S.R.D.	T.O.S. and attd 2nd C.C.D for Quarters & Rations	Bramshott	14.12.18	D.O. 305
	NSRD	ON COMMAND TO C.D.D. Kinmel Pk Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27/12/18

C. A. Hewett
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B.E.F.

C. A. Wright LIEUT.
OFFICER i/c RECORDS.
NOVA SCOTIA REGT. DEPOT.

Attached C.C.C. Kinmel Park for return to Canada
Part II Order No.

Ceases to be attached C.C.C. Kinmel Park on
Embarking for Canada Part

~~24~~ ~~29~~/1/19

J. Sharpe Lt.
for O.C. N.D. 486

(YM)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 243638 Rank Cpl Name WALDROW Charles Octavius (Surname first)

Unit 2nd Cons. Bn. who was* Discharged

On 8-3-19 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-19 to 8-3-19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month				
Regimental Pay 8 days at $ 1.00			8	00
Field Allowance 8 days at $ .10				80
Separation Allowance				
Clothing Allowance			35	00
Post Discharge Pay			70	00
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. 27808	114	60		
Total	114	60	114	60

*Give particulars.

A monthly stoppage of $ 15.00 (†) has ..... (‡) been paid on account of

Assigned Pay for the month of Feb 191 9
and Separation Allce. for month of Nil 191

(to) Assignee Mrs. E. T. Waldrow,
Peters Fields (Waterwork)

(Address) B.W.I.

(†) 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 8-7-16 married or single.....

(2) Separation Allowance, entitled or not Nil (3) Reason for discharge.....

(4) Authority for discharge or transfer D.D.4.19-W-439

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer, or soldier.

Date .....

Place .....

MAR 7 1919 DEMOBILIZATION PAY DIVISION

CAPTAIN-PAYMASTER
O.I.C. Demobilization Pay Division-Military Dist. 4
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		

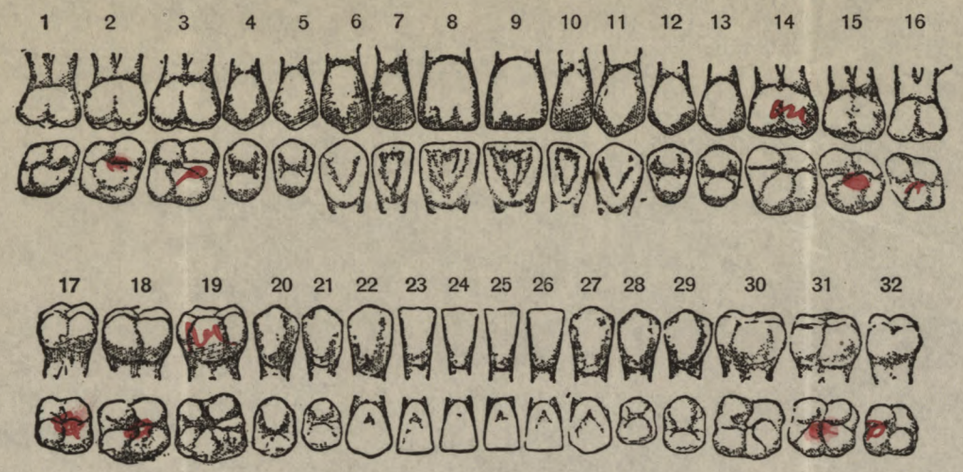
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

M.F.B. 465
150m—10-18
1772-39-950

NAME OF SOLDIER Waldram L.O. RANK Sgt. No. M36338

REGIMENT No. 2 Coy. DISTRICT 4.



INSTRUCTIONS

X to be extracted
M are missing

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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS Cavities	REMARKS Extractions
Condition on first Examination	1919 Mar 5																				Simpson			for Archaps.

Room 11

D.M.S. 1375.

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: Sgt. Name: Waldrow Surname: Chas

Unit or Corps: 17th Res. (If a soldier) Regtl. No. 243638

Born at: Lavlamarg Lam. on, date: Jan 6th 1888

Signature (for identification): Chas. S Waldrow

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None.

Weight 210 lbs.

Height 5 ft. 11 ins.

2. **NUTRITION AND DIATHESIS?** good.

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

3. **NERVOUS SYSTEM?** No.

4. **RESPIRATORY SYSTEM.** No.

5. **HEART?** No.

Abnormal Sounds? None.

Abnormal Size? No.

Pulse Rate? 70. Intermittence or irregularity? No.

6. **ARTERIES.**—Any hardening? No.

7. **DIGESTIVE SYSTEM?** No.

8. **GENITO-URINARY SYSTEM?** No.

Urinalysis—S.G.? 1020. Reaction? Acid. Albumen? 0. Sugar? 0.

9. **SKIN, MIDDLE EAR, EYE** or any other part? No.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. None.

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

Examined at: Kyrnel Park.

Date: 6. 1. 19.

Signed: [illegible] Capt. M.O.

Signed: [illegible] Capt. M.O.

If any disease or impairment of health or physical condition is discovered, 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.

C.A.D.C. 5[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

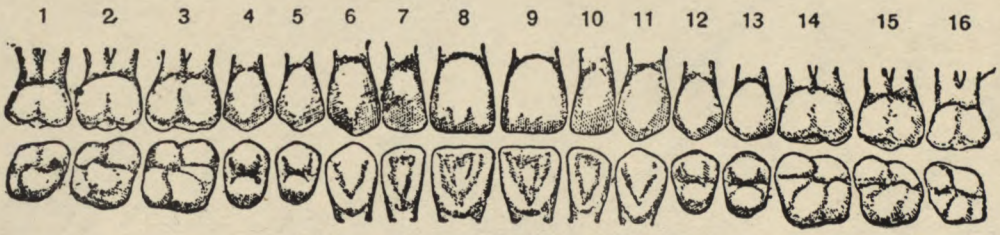
Canadian Printing and Stationery Services, London

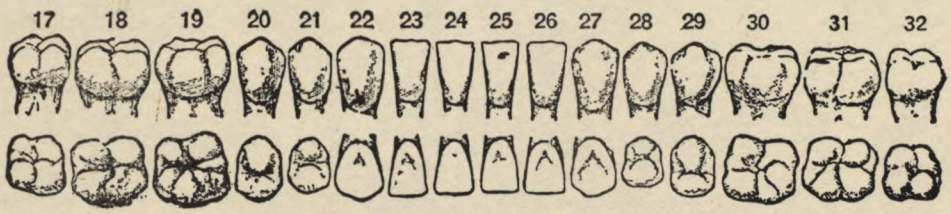
MD 4

NAME OF SOLDIER (Block Letters) WALDROW. C.O.

REGIMENT No. 2. CONST^n RANK Sgt. No. 243638

Date of Examination in England _____ Date of Examination in France _____





DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer [illegible] Capt.

243638

ORIGINAL

MEDICAL HISTORY SHEET

Surname: Waldrow Christian Name: Charles Octavius

Examined: on 10th day of March 1917 at Truro N.S.

Approved by: Dan Munroe

Rank: Capt Med M.O.

Birthplace: City or Town: Jamaica; County: B.W.I.

Apparent age: 29 yrs

Trade or occupation: Engineer

Height: 5 feet 10½ Inches

Weight: 217 lbs.

Chest measurement: Minimum 39 inches; Maximum expansion 40 inches

Physical development: Good

Small-pox Marks: None

Vaccination Marks: Arm ~~Right~~ Left; Number 6

When Vaccinated last: July 1916

(a) Marks indicating congential peculiarities or previous disease: White Spots in left groin

(b) Slight defects but not sufficient to cause rejection: Nil

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

Date	Result	Vaccinations
Aug 1916		at Valcartier M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Aug 16		at Valcartier M.O.
		3 inoculations M.O.
		M.O.

Enlisted on 8th day of July 1916 at Montreal P.Q.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	206th Batt C.E.F.	243638		7/8/16
Transferred to No. 2 CONSTRUCTION, B'n. C.E.F.				8/24/16.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kinnear Park D.D.4. Montreal	6.1.19. 4-3-19	Nil. Injury to left wrist.	"A" J. A. Lochs Capt Chairman B'n J. Stewart Capt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Waldron Christian Name Charles Lennox

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

Rank Corporal Date Jan. 8th 1916

Regimental Number 343638 Date of discharge March 8th 1919

Unit 3nd Const. Battalion

Name WALDROW, Charles Octavius

Address Khaki Club, 660 Dorchester St. West, Montreal.

B.P.C. District Office Montreal, D. D. No.4

Attestation Form:-

Weight on enlistment: 317 pounds

Marks of identification: White spots in left groin

Rank at attestation: Private

Casualty Form:-

Minor defects: Weakness of left wrist with partial loss of lifting and carrying power due to displacement styloid process. Cause: Accidentlat injury while engaged in unloading cars.

Rank when disability was incurred: Corporal

Missl. Nil

Conduct Sheet:-

Venereal disease: Nil

Conduct: Good

Self inflicted wounds: Nil

BPC. Form 871
20M-2-19.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 243638 (Rank) Corporal.

Name (in full) WALDROW Charles Octavius. enlisted in

the 2nd. Construction Battalion.

CANADIAN EXPEDITIONARY FORCE at Truro, N.S. on the 8th.

day of July 19 16.

HE served in FRANCE

and is now discharged from the service by reason of Demobilization

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

Age 31 years 2 months

Height 5 feet 10½ inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars White spots in left groin.

C. O. Waldrow
Signature of Soldier

Lieutenant,
Officer i/c Distribution Section District Depot No. 4.
Issuing Officer

Rank

Appointment

Date of Discharge March 8th, 1919.

Signed at Montreal, Que. this 8th. day of March 19. 19.

in Military District No. 4

File Reference No. DD4 19-W-439

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.

GJ.

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 143638 Rank C.Sgt. C. E. F. Name Waldron C. O.

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

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) .....

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				
10/3/19	S.O.S.	Demob Cat B2	D.D. #4	8/3/19	D-069.

R. W. Yates Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

(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				

Form R 122.
2353—100M—9-12-16.

J. B.

Rank	Name WALDROW, Charles Octavius	Reg'l No.	243638.
Unit No. 2. Const Bn.	If in perm. Corps What Unit?	Married or Single	Single.
Place and Date of Enlistment	Truro. 8th July 1916	Place of Birth	Savalmer. Jamaica. B.W.I.
Name and Address, Next-of-Kin	Mrs Francis Elizabeth Waldrow.		
Petersfield Hill. Jamaica. B.W.I.		Relationship	Mother.
Assigned Pay Monthly $	Payable to		
		Relationship	
Separation Allowance $	Payable to		
		Relationship	
Discharge, Date and Place	Reason	Character	

MD 4

N/E. R.B. No. 91 79
File R.L.
Category OR CAN

A.F.B. 103 CHECKED 30 MAY 1917

H. W. V., Ld.—9546-16.

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 per S.S. Southland		7.4.17	
22-9-17	2nd Const Bn	Appt Asst Asst Instructor on Arrival in Eng	St Joux Jura	16.4.17	P.O. 200129
14.6.17	No 2 Const Bn	Arrived in France	Field	17.5.17	P.O. 116 as A/Cpl.
20.10.17	"	Appt Act Corporal with Pay	Jouxtura	16.5.17	P.O. 135
10.12.17	W.R. 2 Con	Jura Hospital Champagnole Cpl	Jura	29.11.17	Cha. 85 Bronchial Pneumonia
14.12.17	"	Discha " " "	"	4.12.17	Cha. 89 "
21.9.18	2 Con Bn	Confirmed in Rank of Cpl	Field	17.5.17	P.O. 52
16.12.18	N.S.R.D	TOS from 2nd CCC	B'shott	14.12.18	P.O. 305 + 71 of 19.12.18 2nd CCC
27-12-18	N.S.R.D	O/C to C.D.D Rhyl	—	27.12.18	-313

(P.T.O.—over.)

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.					
19.5.19	NSRD	Ceases to be a Dr Rhyl.	Cpl. Ripon	29.1.19 - 11.5		
		MD.4 & 505 to Canada				
		Auth R.L. 23-6 Vol. 21-8	P.17.	19.5.19.		

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Savalmer Jamaica B.W.I.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Francis Elizabeth Waldrow. Petersfield Hill Jamaica B.W.I.

RELATIONSHIP OF NEXT OF KIN: Mother.

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
Pte. Corpl. in Canada appte. a/cpl. (with pay)	16.5.17	Do. 135. 20.10.17.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 243638 RANK Corp. NAME Waldrow Charles Octavius

IF IN PERMT. CORPS WHAT UNIT | UNIT 2nd Con. Bn. TRANSFERRED TO | DATE | AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO | DATE | AUTHORITY

PLACE OF ATTESTATION Truro N.S. TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION January 8th 1916 TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1.4.17.

PAYABLE TO Mrs Francis Elizabeth Waldrow, Petersfield, Jamaica B.W.I. RELATIONSHIP Mother

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
														10 20	10 20																10 20					Bal from Canada
Apl 1/20	30	1 20	36 00												36 00													15 –		15 –	31 20			21 20	
MAY 31	31	1 20	37 20												37 20	39	15							9 74				15		34 47	33 93		3 00	30 93	
June	1.30	30	1 20	36 00											36 00	12	19/4							9 73				15		34 46	37 07		4 50	33 07	
July	1.31	31	1 20	37 20											37 20	67	145.							19 46				15		18 –	59 27		6 00	53 27	
Aug	–	–	"	37 20											37 20													15		15 –	81 47		7 50	73 97	
Sep	1.30	30	"	36 –											26											2 57 3 57 3 57 3 57 ~~3 57~~ 14 28		15 –		29 28	88 19		9 00		
				219 60										10 20	229 80									38 93				90 –		143 21						

70 30/5
107 35/6
80 1.17
30 1/7

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sep	Bal	~~88 19~~ 88							88 19		
Oct	C.P.	37 20		Ass 552. 27/9 2 months Ass 570	3 56			15			
				" 601 11/9/17 – – – –	3 57						
				" 472 13/9/17 – – – –	3 57				99 69		
		37 20			10 70			15			

Cp- 243638 Waldrow. C.O 15.00

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 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		DEFERRED PAY	SEP. ALLCE ENT.														
	Oct Bal																	99 69																	
Nov	C.P.				36 -												15																		
							AR832. 28 9/17. C.F.C.							3 57																					
							- 855. 12 10/17 -							3 57																					
							" 978 25 10/17 -							3 57																					
DEC	- -				37 20		" 1096 10 11/17 -							3 57			15	128 61																	
					73 20									14 28			30																		
JAN	1918 C.P.				37 20												15																		
							-1264. 23 11/17. 2 Bonds Pay							12 49																					
							-1458. 21 12/17 - - -							7 14				131 18		15															
					37 20									19 63.			15																		
FEB	C.P.				33 60												15																		
							-2036. 5 1/18. 2 Bonds att C.F.C.							4 46																					
							-2499. 21 1/18 - - -							4 46																					
					3																														
					23 60		"2391. 5 7/18. #1 C.F.C.							4 46			15	136 40																	
														13 38																					
MAR 1918	"				37 20		Ass Pay										15																		
							AR3629. 20/2 #1. C.F.C.							4 46																					
							" 2887 - 7 3/18. "							4 46																					
																		145 22																	
							" 3083 - 19 3/18 -							4 46																					
					37 20									13 38			15																		

P 820
12474—375M—13-2-18.

10-5-6
12-6-7
22-12-1

* Strike out whichever inapplicable

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	~~15.00~~	AMOUNT:-	

NAME:- WALDROW Charles Octavius
NUMBER:- 243638

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.

Wm Francis Elizabeth Waldrow
Peterefield, Jamaica mother Bro 3.

Stopped effec 1/12/18.
A3 M forwd. 24.10.18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Do 135 20/10/17	16.5.17	a/cpl with pay
Do 52. 2 Cons 21/9/18	17/5/17	Cont of Rank of Cpl

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn
DATE ACCOUNT FIRST OPENED:- 1 APR 1917

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

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9.12.18.	6757	France	~~7 46~~				
18.12.18.	3594	BRDG.	~~9 73~~				
			~~17 19~~				
						Canada 31-12-18.	
						New Book # 91147 issued on L/N 5/9/18	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Do 135 20/10/17	1 10	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Can (N.R 161.) L/C. 75 77/xxx Ledger 92 96/xxx

M 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Balford								145 22	18 00	B.
Apl	a/c Pay	36 =		C.A.P.				15 -			
				aR 133 6/4 CFCR1	4 46						
				" 315 20/4 —"—	4 46				157 30		
		36 -			8 92			15 -			
May	a/c Pay	37 20		C.A.P.				15 -			
				aR 510. 7/5 CFC1	4 46						
				" 738 22/5 CFC1	4 46				170 58		
		37 20			8 92			15 -			
June	a/c Pay	36 -		ass pay				15 -			
				aR 925. 7/6 CFC 1	4 46						
				aR 1121 22/6 "	4 46				182 66		
		36			8 92			15			
July	Cpl Pay	37 20		Can aP				15			
				aR 1311 6/7 CFC1	4 46						
				aR 1520 22/7 "	4 46				195 94	18 00	
		37 20			8 92			15			
Aug	Cpl Pay	37 20		Can aP				15			
				aR 1715 6/8 CFC1	4 46						
				aR 1962 22/8 "	4 46						
				aR 2046 31/8 "	4 46				204 46	18	
		37 20			13 38			15			
Sep	Cpl Pay	36		Can aP				15			
				aR 3566 31/8 CFC1	97 33						
				Cf. 30720 5/9 London	58 40						
				Cf. 32694 11/9 London	24 33						
				aR 2456 23/9 CFC1	4 46				44 24	18	
		36			184 52			15			

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
									41 24		
Oct.	C.P.	37 20		Cap.				15			
				2696. 7.10. C.C.1.	4 66.						
				2948 28.10 ✓	4 66				54 12		
		37 20.			9 32			15			
Nov.	✓	36.		Cap.				15			
Dec	✓	37 20		3115. 8.11 ✓	4 66						
	Int on D.1.	1 16		Cap				~~15~~ N.S.			
				3322 26.11 ✓	15 86.						
				6757 10/12 ✓	4 66						
				6757 ✓ ✓	2 80						
				3594 18.12 ✓	9 73				75 77		
		74 36			37 71			15			
				C1606. 12.1 Endorsed R.R.C. Rhyl.	9 73						
				5200. 24.1 Endorsed. ✓	9 73				56 31		
		—	—		19 46				~~37 85~~		

101.20
9.20

A.O.C. 29/1/9 m/D. H. & L.8.

P.T.O.

1958 329

BP 6119136

2082

This space to be for numbers.

WAR SERVICE BADGE
Class "A" No. 248013 ISSUED

69

Proceedings on Discharge.

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

No.	243638
Rank	Cpl.
Surname	WALDROW
Christian name	Charles Octavius

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

Corps (Squadron, Battery or Company)	2nd. Constr. Bn.
Date of discharge	March 8, 1919.
Place of discharge	Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	31 years 2 months.	White spots in left groin
Height	5 feet 10½ inches.	
Complexion	Dark	
Eyes	Brown	
Hair	Black	
Trade	Gas Engineer	
Intended place of residence (To be given as fully as practicable.)	Khaki Club Dorchester St	

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

R.O.1420 Para (C) Cat.A.Demob.

Authority for discharge.....

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.)

K.C.D.
7-2-20

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Index Note

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, and that I have received my permanent discharge certificate.

(Place).....Montreal, Que. C. O. Waldrow *(Signature of Soldier.)*

(Date).....March 8, 1919. J. M. T. Halley, B/master *(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)..Montreal, Que.....

(Signature).....J. Fisher *Lieutenant,*

Officer i/c Discharge Section, District Depot No. 4

(Date)..March 8, 1919.....

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

C. J. Waldrow

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Apr 1/17.

RATE OF SEPARATION ALLOWANCE

W 0406

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 243638

Rank Cpl. Promoted Reverted Discharge

Soldier's Name Chas. Waldrow (C.O)

Battalion 2 Constr. Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Francis E. Waldrow

Address Peter's Field, Jamaica B.W.I.

Water Works. Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31	—		135	135	
Jan 18	E 61007		15	15	
Feb.	~~E 64460~~		~~15~~	~~15~~	8.13 54.
March	W 94287		15	15	54
April	W 10406		15	15	✓ 54.
April	G 6497		15	15	
May	H 22050		15	15	✓ 8
June	K 24033		15	15	8
July	D 25897		15	15	8
Aug	T 40790		15	15	8
Sept	V 43577		15	15	8
Oct.	G 55485		15	15	
Nov	O 59008		15	15	✓
~~Dec~~			300	300	Conce

18682-C-3
18682-C-4

REMARKS

E.64460 Cancelled on Follw. 13m File WHS. 24/4/18

G-6497 Mailed 24/4/18 WHS. 4 Adj Feb.

A 3m sulted 24 Oct 18 Stop at 15/-
eff 1 Dec 18; Cease Soldiers regmt"
MCO 18677 - Deatency eff 1/12/18 ARH

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 7993.

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
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 243638 RANK Cpl. NAME (IN FULL) WALDROW — Chas O.

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	29/1/19	DO 42 p.3

ORIGINAL UNIT C.E.F. 2nd Can. Bde. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Truro — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 8-7-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ 1.50 — DATE EFFECTIVE 1-12-18

PAYABLE TO ~~Mrs T. E. Waldrow~~ — RELATIONSHIP M.O.

ADDRESS ~~Cotton Fields, Cumberwobby~~ ~~Jamaica~~ ~~B.W.I.~~

Ath. A. 3 M. 30/11/18 — STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: 303 B. St Antoine St. ~~to Dorchester St.~~ 30-5-19 Montreal

DISCHARGED — PLACE Montreal — DATE 8-3-19 — REASON D.D. 4-19-N-439 — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

31-12-18 Balance from previous account

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
																																					Posted to Can Coy 8/2/19 granted leave w/e 22/2/19 DO 42/p 3.
1-1-19	31	1.20	37	20	12	00			~~49 20~~														~~45 00~~				~~3 56~~								~~4 56~~		Dr. L.S.C.
1-2-19	28	1.20	33	60					82 80		258 88	8-2-19					34 24						45 00				3 56		82 80								
March	8	1.20	9 ~~8 40~~	60	35	00			44 60 ~~43 40~~ 17 19 40		9-2-19	9-3-19					114 60 ~~113 40~~												114 60 197 40		7 00	W.S.G.				
			OTHER CREDITS		W.S.G.		S.A.																		OTHER DEBITS		W.S.G.		S.A.				SOLDIER DEP'T.			
8-3-19					350	00			350 00																		70 00		70 00				280 00			
8-4-19																											70 00		~~140 00~~ 70 00				210 00			
8-5-19																											70		70				140			
8-6-19																											70		70				70			
8-7-19																											70		70							
																													350.00							

WAR SERVICE GRATUITY

Disch DO 69/3A

229094
2556285
9037605
1061996

Final

Good Cpl.

60m.-11-18. L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

243638

To be made out in duplicate. **DUPLICATE** H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins: 206th Batta C.E.F.

Transferred To: No. 2 CONSTRUCTION, Bn. C.E.F.

(2) Regimental Number: 243638

(3) Full Name of Soldier: Charles Octavius Waldrow

(4) Place of Birth: Jamaica, B.W.I.

(5) Are you married, or not? Single

(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 X

(10) Is your Mother alive? Yes

If so, state name and address Mrs Frances E. Waldrow, Peterfield Hill, Jamaica B.W.I

(11) If your Mother is a widow Yes

Are you her sole support, or not? Yes

(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.

$50

My Son and only means of support.

(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.

X

(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.

Yes

(15) Are you insured? No

If so, in what Company? X

Have you made arrangements for payment of your Insurance premium X

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

J. Lawrie
for Capt
Lieut-Col.
No. 2 Construction Bttn. C. E. F.
Officer Commanding.

Date MAR 12 1917

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 Montreal, P.Q. DATE March 4, 1919

1. 1 (a) Unit D.D. No.4. (b) Regimental No. 243638 (c) Rank Spr.

(d) Surname WALDROW. (e) Christian name CHARLES O.

(f) Home address 660 Dorchester St. W. Montreal, P.Q.

(g) Next of Kin Francis Waldrow, (h) Relationship Mother

(i) Address of Next of Kin Petersfield, Jamaica, B.W.I.

2. Age last birthday 31 Date of birth Jan.

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal, P.Q. (b) Date July 8, 1916

4. Personal description:

(a) Height 5-10½ (b) Weight 200 (stripped) (c) Complexion Coloured.

(d) Colour of hair Black (e) Colour of eyes Black (f) Identification marks, Scars, etc.

White spots in left groin.

5. Former trade or occupation Machinist.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 and 8 months.	

	Periods	
	From	To
Canada	July 1916	March 1917
	March 1917	April 1917.
England	Dec. 1918.	Feb. 1919.
France or other theatres of War	April 1917	Dec. 1918.

7. Original disease, or injury Injury to left wrist.

(a) Date of origin November 1917. (b) Place of origin Jura District France.

(c) Cause Accidental.

M. F. B. 227.

400M.—11-18.
1772-30-117.

Waldrow C.

THE FOLLOWING IS SPECIALIST'S REPORT DATED MARCH/3-1919

X-Ray Report.

Separation of Eyloid process of radius. No fracture or displacement of carpals.

J.D.Morgan.
Lieut.

Exceedingly well built and well nourished man - organically sound. Complains of weakness of left wrist and inability to do any lifting or weight carrying on account of pain in wrist. There is slight deformity of wrist; prominence produced by steloid process of ulna is absent and there is some swelling over dorsal aspect of wrist joint extending over the carpal bones. Movements at wrist joint as follows: Extension normal, flexion of 80°, abduction and adduction normal, but movement accompanied by grating over region of styloid process, power of flexion is reduced 25%. Power of grip reduced 40%. X-ray states: Separation of styloid process of ulna. No fracture or displacement of carpals.

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

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

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

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

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

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

This man's original documents have been lost. Medical History sheet available contains no record of Hosp. admission. Reference to Casualty form shows that he was in Jura Hosp. from 30-11-17 to 5-12-17 with "severe Broncho-pneumonia". Obviously a mistake as man states that he has never been ill since enlistment and that his only hospital admission was for an accidental injury to wrist incurred while engaged in unloading cars. States that with his wrist against one car pushing it away, was struck in the elbow by another car - impact producing a dislocation of wrist for which he was treated in Jura Hosp. during above mentioned dates.

8. [illegible] y— (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.)

Weakness of left wrist with partial loss of lifting and carrying power due to displacement of styloid process.

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.)

Exceedingly well built and well nourished man - organically sound. Complains of weakness of left wrist and inability to do any lifting or weight carrying on account of pain in wrist. There is slight deformity of wrist; prominence produced by steloid process of ulna is absent and there is some swelling over dorsal aspect of wrist joint extending over the carpal bones. Movements at wrist joint as follows: Extension normal, flexion of 80°, abduction and adduction normal, but movement accompanied by grating over region of styloid process, power of flexion is reduced 25%. Power of grip reduced 40%. X-ray states: Separation of styloid process of ulna. No fracture or displacement of carpals.

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

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

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

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

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

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

This man's original documents have been lost. Medical History sheet available contains no record of Hosp. admission. Reference to Casualty form shows that he was in Jara Hosp. from 30-11-17 to 5-12-17 with "severe Broncho-pneumonia". Obviously a mistake as man states that he has never been ill since enlistment and that his only hospital admission was for an accidental injury to wrist incurred while engaged in unloading cars. States that with his wrist against one car pushing it away, was struck in the elbow by another car - impact producing a dislocation of wrist for which he was treated in Jura Hosp. during above mentioned dates.

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*).)

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

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.)

N.A.

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? Six months.

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

No records.

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? Very partially only on a/c weakness left wrist.
(If not, briefly state why)

17. Recommendations

W. C. Gordon Catt
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 Man 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 nothing.

Chs. O. Wallrow
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.

Concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

B-2.

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.

M Barlow Hebert Capt. *President.*

PLACE Montreal, P.Q.

DATE March 4th, 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE.....

DATE.....

Members

APPROVED BY

H R Shiels Lt. Col
for *Assistant Director of Medical Services.*

DATE 5/3/19

APPROVED BY

Director-General of Medical Services.

DATE.....