

1185

I.D. number

No. d'identification

OPEN ATIA -

CAIRNS

Surname

Nom de famille

DECEASED 9-2-43

ROBERT

Given names

Prénoms

PERSONNEL RECORDS CENTRE

**CENTRE DES DOCUMENTS DU
PERSONNEL**

Location

Lieu

1378

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name *Bairns Robert*

Regt. No. *1185* Rank *Private*

Corps *P.P.L. Depot*

Med. Unfit
Rheumatism muscular

R. O. No.....

H. Q. No.....

00781

M. F. W. 62.

25m.-11-15.

H. Q. 1772-30-935.

39-15
17-15
9-15

Proceedings on Discharge.

20-10-32

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>1185</u>	Army Rank <u>Pte</u>
Name <u>Cumis Robert</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>P.F.C.</u>	
Battalion, Battery, Company, Depot, &c. <u>Depot</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge <u>9-4-15</u>	
Place of discharge <u>Canada - Halifax, N.S.</u>	
1. Description at the time of discharge.	
Age <u>34</u> years <u>5</u> months	Descriptive marks. <u>Tattoo - R.C. Ram</u> <u>Index finger R hand</u> <u>H.</u>
Height <u>5</u> feet <u>8</u> inches	
Chest measurement { girth when fully expanded <u>38</u> ins. range of expansion <u>2</u> ins.	
Complexion <u>Fair</u>	
Eyes <u>Grey</u>	
Hair <u>Light Brown</u>	
Trade <u>Sea Blender</u>	
Intended place of residence (To be given as fully as practicable) { <u>32 Manchester St</u> <u>Hamilton</u> <u>Ont.</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Medically unfit</u> <u>Medically unfit</u> <u>Removal to Canada</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— <u>V. Good</u>	
To be filled in on the soldier quitting the Colours.	4. Character awarded in accordance with King's Regulations:—
	<u>Very Good</u>
	<u>Declassed 9.2.43</u>
	<u>649 C-39669</u>
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

K.C.
1-4-22
com

W S G comp
7/2/19 E.B.

Noted 24-11-16
m.m.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Didcot

(Date) Mon 24/15

Admiral Moore
Commanding Depot - P.O. Co's Regiment.

8. Certificate to be signed by the soldier on discharge.

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Didcot

(Date) Mon 24/15

Robert Cairns (Signature of Soldier.)

S. Baker (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 at 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 towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

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

(date)

(Place) Halifax, N.S.

(Date) 9-4-15

Signature

W. H. Lewis Capt
C.L. Discharge Officer

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

Nil.

Robert Cairns

RD
Jul 24/16

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge)
18. Descriptive return (Army Form D. 400), where required
See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

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

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any)
(Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

14647/291

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Robert*..... 2. Surname *Cairns*.....
3. Rank *Private*..... 4. Original Unit *P.P.C.S.D.*..... 5. Reg. No. *1185*.....
6. Address, in full, to which future payments of gratuity are to be forwarded *to*.....
30 Fisdale Street north.....
Hamilton Ontario.....
7. Date of enlistment in the C.E.F. *Aug 18. 1914*.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Annie Cairns*.....
9. Relationship of such dependent *Wife*.....
10. Address, in full, of such dependent *30 Fisdale St north*.....
Hamilton Ont.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
With the P.P.C.S.D. from Aug 18. 1914
to April 7. 1915.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *yes*.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Aug 18. 1914*.....
to April 7. 1915.....
in England and France.....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*.....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid yes

3 months Post discharge pay
\$ 53.00 \$ 53.00 \$ 54.10 : From Ottawa

20. Have you been issued with a War Service Badge? If so, what class? not yet

21. Have you, during the present war, served in the Imperial Forces? no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled no

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no

(b) If so, was such reversion in consequence of misconduct or inefficiency? no

24. Are you now serving in the C.E.F.? no If not, give:—(a) Date of discharge

April 27, 1915 (b) Reason for discharge Muscular
Rheumatism

medically unfit

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit no

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit yes

with P.C.C.F. only

was invalided from France Jan 15 1915

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? teeth fixed

(b) If so, are you in receipt of full pay and allowances from that Department? yes Six months
course

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act. 88⁰⁰ Per month

Signature of Applicant: Robert Cairns

Place of Residence: 30. Fisdale St. N. Hamilton, Ont.

Declared before me at: Hamilton

This 22nd day of Jan 1915.

Signature of Barrister of the
Supreme Court Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner for the
Administration of Oaths.

Joseph R. M. J. O.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

Noted
RL

ATTESTATION PAPER.

No. 1185

Folio. 5792

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Robert Cairns
2. In what Town, Township or Parish, and in what Country were you born? Kingston Canada
3. What is the name of your next-of-kin? Charlie Cairns
4. What is the address of your next-of-kin? 32 Manchester Hamilton
5. What is the date of your birth? Oct-28 1881
6. What is your Trade or Calling? Steam Fitter
7. Are you married? yes
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? yes
10. Have you ever served in any Military Force?.. 9 months S. Africa
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

R. Cairns (Signature of Man).
R. N. Chubb (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Robert Cairns (Signature of Recruit)

Date Aug 25 1914. R. N. Chubb (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Robert Cairns (Signature of Recruit)

Date Aug 25 1914. R. N. Chubb (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 Ottawa this 25th day of August 1914.

W. M. M. M. M. (Signature of Justice)

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

..... (Approving Officer)

Original 1185

Description of *Robert Cairns* on Enlistment.

Apparent Age *30* years *10* months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height *5* ft. *8* ins.

Chest measurement { Girth when fully expanded *36* ins.
Range of expansion *2* ins.

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

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

R. C. on Rt. F. Arm

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 *Aug 21* 1914.

Place *Ottawa*

Chas. W. W. W.
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.

Robert Cairns 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.

Date *2nd Dec 5th Oct* 1914. *H. Bulmer Capt. Adjt.* (Signature of Officer)
Lieut. Colonel. Comd'g. P. P. C. L. I.

Rank and Name CAIRNS, Robert
 Regimental No. 1185
 Unit P.P.C.L.I.
 Date of enlistment Aug. 25th, 1914
 Place of birth Kingston, Ont.
 Married (Yes or No) Yes
 If in Permanent Force

Name and Address of Next-of-kin
 Annie Cairns
 32 Manchester Street
 Hamilton

Date and place of discharge Halifax N.S. 9/4/15.
 Reason for discharge Medically Unfit
 Character on discharge Very good.

Promotions or appointments

N E R B Serial No 4

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				
20 Dec. 1914	W.O.	Embarked	Southampton	20/12/14	
14 Jan 1915	Rawal Pindi	admitted	Boulogne	14/1/15	A 36-01239
15 Jan 1915	Gen Hosp. Boulogne	Trans. on Hosp. Ship	Eng.	16/1/15	A 36-01239
26-3-15		Ret'd to Canada by per SS. Inlandami	Shorncliffe	26-3-15	
9/4/15		Discharged at	Halifax	9/4/15	Med. His. Sheet.

2386

x12

9

Category MU Can

MU. Can. 766

[illegible]

Casualty Form—Active Service.

C12
 Regiment or Corps D.P.C.L.I.
 Regimental No. 1185 Rank Pte Name Leino P.
 Enlisted (a) Aug 1 Terms of Service (a) 1 year or duration of war Service reckons from (a) Aug 12th
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

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				
		Embarked.	Southampton	20 ¹⁵ / ₁₄	
15 ¹ / ₁₅	Ravel Pindi Gen. Staff Lt. Boulton	admitted -	Boulton	14 ¹ / ₁₅	A.36-01239
		Trans: England on Hosi Ship		16 ¹ / ₁₅	A.36-01239

Alan Gough **LIEUT: COLONEL**
1/0 INFANTRY RECORDS, 3RD ECHELON

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				

Duplicate's Original not available.

26/3/15.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Barnes

Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace ..	Parish ..	County ..
Examined	on .. day of ..	191 ..
	at ..	
Declared Age	years ..	days ..
Trade or Occupation ..		
Height	feet, ..	inches ..
Weight		lbs. ..
Chest Measurement {	Girth when fully Expanded ..	inches ..
	Range of Expansion ..	inches ..
Physical Development ..		
Vaccination Marks {	Arm ..	Right .. Left ..
	Number ..	
When Vaccinated		
Vision	{ R.E.—V = ..	
	{ L.E.—V = ..	
(a) Marks indicating congenital peculiarities or previous disease	(a) Duplicate's Original not available.	
(b) Slight defects but not sufficient to cause rejection	(b)	
Approved by .. (Signature)	<u>J. L. Kump</u>	LT COL ADMG
(Rank)		CANADIAN TRAINING DEPOT.
		Medical Officer.
Enlisted	at ..	
	on .. day of ..	191 ..
Joined on Enlistment ..	Corps. ..	Regtl. No. ..
Transferred to	<u>P.O.C.R.2</u>	<u>1185</u>
Became non-effective by ..		
	on .. day of ..	191 ..
(Signature)		
(Rank)		

5975

Table II.—Only for Admissions to Hospital or to the Sick

[illegible]

List in the case of Warrant Officers treated in quarters.

is bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
<p>Lidworth 3-3-15.</p>	<p>Brought forward for Medical Board this date. Recommended that he be returned to Canada and be charged as medically unfit.</p>
<p>Shorncliffe 19-4-15.</p>	<p>Proceedings of Medical Board approved this date. Disease Rheumatism, muscular.</p>

J. L. Raux

LT. COL.

ADMS

CANADIAN TRAINING DEPOT.

Table IV.—Service Table.

[illegible]

5975

5975-

5975-

CASE HISTORY SHEET.

Hamilton Military Hospital

Hospital.

Hamilton, Ontario.

Station.

No. 1785 Rank. Pen Name. Cairns Robert Age. 38

Unit. CCR Completed years of service. 3 1/2 Where and how long. E 2 1/2 F 1/2

Date of admission. 18-6-19 Date of discharge. 15-8-19

Diagnosis. Nephritis Place of origin. France Jan. 1914

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints. Pains in back & legs, frequency of micturition.
 St. Pres. Condition. Begun in France in Dec. 1914. with bone pains & rheumatism. Cough pain in chest and back & legs. Was sent to base and England. In hospital 6 weeks. Back to base & wounded. Transferred to Canada. Apr. 1915. Discharged medically unfit. Appeared before Pension Board in Feb. 1919. Urine examined & sent to hospital for treatment. Has lost 12 lbs in past 3 months. Pres. Condition. Spirit well nourished, tongue clean. pulse 80 regular. Heart. normal. Lungs. normal. Weight 135. Urinalysis. acid, dark urine. spg. 1030. albumen -

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Subsequent symptoms. Pains in back & legs in damp weather. Cough in the morning. No expectoration.
 28.6.19. Urinalysis spg. 1026. acid. albumen -
 11.7.19. Urinalysis. negative for albumen -
 28.7.19. Urinalysis. negative albumen -
 14.7.19. negative albumen -

TREATMENT

(Especially any specific or special form.)

Mild diet. Ltd. Slightly salted food.

CONDITION ON DISCHARGE

(and disposal made of case.)

Improved. Pains legs & thighs a bit.

Date. 15-8-19.

P.I.O.

Medical Officer i/c case.

Spec. Gr. 101.0

React. Acid - Clear

Albumin -

21. 7. 19. complains still of pains in back
and legs.

MEDICAL HISTORY OF AN INVALID.

1.—Station. *Camp Niagara*
 2.—Regiment or Corps. *P. R. C. L. I.*
 3.—Regimental No. and Rank. *1185 Pte.*
 4.—Name. *Robert Cairns*
 5.—Age last Birthday. *34*
 6.—Enlisted { on *Aug 12th /15*
 { at *Hamilton*
 7.—Former Trade or Occupation. { *Tea blender*

8.—General remarks on his :—

(a) Conduct. *good*
 (b) Habits. *good*
 (c) Temperance. *good*
 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date *Aug. 21st /15.*

9.—Service.	Years.	Days.
	PERIODS.	
	From	To
	2 nd C. M. R. (in S. Africa) P. R. C. L. I.	Dec. 1901 Aug. 17 th /14.

10.—Disease or Disability.

Rheumatism (muscular).

11.—Date of origin, cause, present condition, and whether the same is the result of service or climate.

Has it been aggravated by intemperance, vice or misconduct?

no.

Dec. 1902 - about three months after arriving home. Cause probably exposure to very wet weather in S. Africa.
Present condition - Is almost all right in dry weather. On the approach of and during wet weather has considerable pain in back and legs especially located in the thigh muscles.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Was fairly well from 1902 until he arrived at Salisbury Plain, with the exception of occasional attacks of pain on exposure to wet weather. At Salisbury Plain had more or less pain all the time and the exposure not exceptional.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Probably permanent becoming aggravated during wet weather. Prevents him earning a full livelihood to the extent of $\frac{1}{2}$.

16.—Full particulars of medical treatment of case up to date of invaliding.

Rest, liniments, light duty, & Aspirin.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand to Corps.

Board at Tidworth, Mar. 15.

18.—State if for discharge on account of unfitness for service.

Yes

By order of A. D. M. S.

2nd Division

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in above Report.)

The board having met and examined Pte Cairns, concurs in the above report.

Signatures :—

F. J. Mann.

President.

Station

Camp Niagara

W. E. Sinclair Capt.

Date.

Aug. 21st / 15.

Fred L Marlow Capt.

Members.

Date.

Aug 23. 15

Fred L Marlow Lt Col

Assistant Director of Medical Services.

Approved.

For present condition only.
Sec. 18 is applicable.

Date.

28. 8. 15

Acting Director General Medical Service

Major
Director of Medical Services.

[OVER]

(At Station or Hospital where finally disposed of)

Station and Hospital } Arrived from }

Date

If admitted.		If under treatment.		Disease.	How finally disposed of.	Date of Discharge, &c.
Index No.	Date	From	From			

SUMMARY of Causes of invaliding, or remarks as to remand to Regiment, Station or Dépôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.
5m.-914.
(H. Q.-1772-38-117.)

DETAILED MEDICAL HISTORY OF INVALID

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 1185. (Rank) Private
(Name in Full) Cairns, Robert, enlisted in
Princess Patricia's Canadian Light Infantry
Canadian Overseas Expeditionary Force, on the Twenty-fifth of August
1914, and accompanied said unit to England and France.
was returned to Canada, and discharged from the service at Halifax, N. S.
on the Seventh of April 1915, in consequence of being
medically unfit.

DESCRIPTION ON DISCHARGE

Age <u>34 years 5 months</u>	Marks or Scars <u>Tattoo right arm.</u>
Height <u>5 feet 8 inches.</u>	<u>Index finger right hand</u>
Complexion <u>Fair</u>	<u>off.</u>
Eyes <u>Grey</u>	
Hair <u>Light Brown</u>	
Trade <u>Tea Blenders</u>	

Signature of Man _____

Place and Date Ottawa November 12th 1916.

1185
Official in Charge of Discharge Depot

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary,
Militia Council, Ottawa, Canada.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 1185.

Rank Private

Name Cairns Robert,

Unit P. P. C. L. I.

Address on Discharge

32 Manchester Street,
Hamilton, Ontario,
Canada.

His conduct and character while in the Service have been :

Good

Place

Date Commanding

Campaigns

Medals and Decorations

Surname

Christian Name or Names

Reg. No.

Cairns

R.

Rank

Unit

Co.

Troop

Batty.

Pb.

P. P. C. L. L.

Hospital

Date of Admission

Transferred

Rural Pindi G. H. Wimerley 10.1.15

Suffolk Ampston Hall St. Edmunds Hosp. 15.1.15

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

Rheum fever

(2)

myalgia

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

Cl. 21.1.15 #2

Cl. 25.1.15 #5

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.

MEDICAL BOARD.

Tidworth.32-3-15.

Rheumatism.

Discharge, Canada .

Approved, Shorncliffe 19-4-15.

Surname

Cairns,

Christian Name

R.

Reg. No.

1185,

Rank

Pte.

Unit

P.P.C.L.I. Co.

Troop

Batty.

MEDICAL BOARD held at

Date

Serial No.

(1)

Tidworth,

3.3.15.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Rheumatism,

Disposition Recommended

(1)

Discharge England,

(2)

(3)

(4)

(5)

CASUALTY BOARD held at

Date.....

Disposition

Remarks

Approved Shorncliffe 19.4.15.

NAME Cairns, Robert

H. Q. FILE No. 649-

REG'T'L. No. 1185-

RANK AND CORPS Plt.

P.P.C.L.I.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.

33.

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

2.

Rawal Pindi Brit Gen Boulogne. 10/1/15. Myalgia. ✓

4.

Suffolk, Ampston Hall, Burg St Edmunds. 15/1/15. Rheumatic Fever. slight ✓

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1185.	Pte.	Cairns.	Robert.
Year	Unit.		Age.	Service.
1915.	P.P.C.L.I.		34 yrs.	6 mos.
Station and Date.	Disease			
Tidworth.	Rheumatism, muscular.			
3.3.1915.	HISTORY:)			
	1. Onset in France on 2.1.1915.			
	2. In Hospital at St. Omar for one week.			
	3. " " Boulogne for two succeeding weeks.			
	4. " " Bury St. Edmund's for two weeks.			
	5. Since reporting to Tidworth has been unfit for duty.			
	PRESENT CONDITION:-			
	1. General condition good.			
	2. Examination of heart, negative.			
	3. Subjectively: much muscular pain.			

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

Station
and Date.

MEDICAL CASE SHEET

MEDICAL HISTORY OF

Surname Bairns Christian Name Robert

Examined { on 21st day of Aug 1914
at Ottawa

Birthplace { City or Town Kingston
County Ontario

Apparent Age 33

Trade or Occupation Tea Blender

Height 5 Feet 8 Inches

Weight 140 Lbs.

Chest measurement { Minimum 36 Inches.
Maximum expansion 38 Inches.

Physical Development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right Left.
Number

When Vaccinated last 1901

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

(Rank) Maj Medical Officer.

Examined for re-engagement

day of 191

*Considered

(Signature) Medical Officer.

*If unfit, state disability.

Re-vaccinated on day of 191

Arm Number

Result

(Signature) Medical Officer.

Enlisted on 21st day of August 1914 at Ottawa

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment,	<u>P.P.C.R.D</u>	<u>1185</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Christian Name.

Robert

[illegible]

Extract of Information Coded for Hollerith

4.1
6

Regtl. No. 1185

Name

Surname

Cairns

Christian Names

Robert

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.

A.P.C., Attestation Paper and Pay-roll Card.

Cas., Casualty Form and Record Sheet.

P.D., Proceedings on Discharge.

Extracted by: J.C.

Coded by:

Checked by: H

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....1	1
B. Professional Soldier	A.P.	1	A.M.	6
C. Theatre of Service	Cas.	2	Eu.	0
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	N.S.	0
E. Rank on Discharge		P.D.	O.R.	1
F. Date Discharged		P.D.	Apr. 9-1915	16
G. Disposition on Discharge		P.D.	M.U.	21
H. Place proceeding to		P.D.	Out.	4
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	P.P.C.L. 9	3260
K. Country of Birth	A.P.	8	Out.	05
L. Occupation	A.P.	9	Tea Blender	26
M. Date of Enlistment	A.P.C.	5	Aug. 12-1914	08
N. Place of Enlistment	A.P.C.	13	Ottawa	355

O. Age on Enlistment	A.P.		Years	31	31
P. Religion	A.P.		10	C.E.	1
Q. Rank when left Canada		Cas.	4	OP	1
R. Unit left Canada with		Cas.	12 (b)	P.P.C.L.I.	260
S. Date left Canada		Cas.	5	Oct. 1914	10
T. Unit in England		Cas.	12 (b)	P.P.C.L.I.	260
U. Date first proceeded to Theatre of War		Cas.	5	Dec. 20-1914	12

Source of Information—Casualty Form.

1st Unit in T. of W.
P.P.C.L.I.

2	6	0
---	---	---

2nd Unit in T. of W.

--	--	--

3rd Unit in T. of W.

--	--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months: 1

0	1
---	---

Period of Service

Months:

--	--

Period of Service

Months:

--	--

Period of Service

Months:

--	--

X. Check Column

CHECK

Z. Casualties

Cas.

11

n.w. 1

YA. Honours and Awards

Cas.

1. Yes.
2. No.

no 1
2

YB. Married or Single

A.P.

4. M.
5. S.
6. W.

m 4
5
6

YC. Service Unit Transfer

Cas.

7. Subsequent Unit
or Units.

All cards
subsequent
to 1st.

8. First Unit.

Last or only
card. 8

WATCH

a m
DB

Number... 1185 ... Rank... Pte

Surname... CAIRNS

Christian Names... Robert

Unit... P P C L D ... Theatre of War... France

Dates of Service... 20-12-14

Remarks... auth M & Xill

Latest Address... 30 Lisdale St -
32 Manchester St

Hamilton Ont

Page 1350
Roll No. B.

4-8055-1000

APR 1 - 1971

Ca 29753-2000

APR 9 1971

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^A to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Cairns Christian Name Robert

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Kingsdon County Ontario

Examined { on 17th day of August 1914.
 at Hamilton Ont.

Declared Age 34 years .. days.

Trade or Occupation .. Ice Blender

Height 5 feet, 8 inches.

Weight 160 lbs.

Chest { Girth when fully Expanded 36 inches.
 Measurement { Range of Expansion 2 inches.

Physical Development .. Good

Vaccination Marks { Arm .. Right Left One
 { Number One

When Vaccinated 1901

Vision { R.E.—V=
 { L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease { (a) Original Medical History Sheet not available

(b) Slight defects but not sufficient to cause rejection { (b)

Approved by .. (Signature)
 (Rank)

Medical Officer.

Enlisted { at Hamilton Ont.
 on 17th day of August 1914

Joined on Enlistment ..	Corps.	Regtl. No.
	<u>P.P.C.F. 1</u>	<u>1185</u>
Transferred to ..		

Became non-effective by
 on .. day of .. 191 ..

(Signature)

(Rank)

45

List in the case of Warrant Officers treated in quarters.

s bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Mar. 2/15	<p>Tidworth:- Recommended by Medical Board for discharge in Canada as permanently unfit (Rheumatism)</p>
	<p>Proceedings of Board approved</p> <p>E. S. Jeffrey Lieut Col MC for ADMS.</p>

Table IV.—Service Table.

[illegible]

No. 1185

RANK

Pte.

NAME

Cairns, R

T. O. S.

UNIT

Discharge Depot

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Mar 27	1915 Apr 9	✓	Ret'd from England for dischge. A pl. pay list.	

No. 1185

RANK

Pte

NAME

Cairns R.

T. O. S.

UNIT

P. P. C. L. I.

M. D. Cairns

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 12	1914 Aug. 31	✓		
	Sept	✓		
	Oct	✓		
	Nov	✓		
	Dec	n		
1915 Jan 1915		n		
Feb		n		
Mar 1	Mar 26	n	Dischd, 26-3-15-	D.O. 29. (no date given)
			a/c not-closed.	UNIT SAILED OCT 3 1914

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

COPIES TO TORONTO & OTTAWA

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 soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
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 8, 9 and 10 be communicated to the soldier, 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 Camp Niagara DATE Aug. 21/15

1. 1 (a) Unit P.P.C.L.I. (b) Regimental No. 1185 (c) Rank Pte.

(d) Surname Cairns, (e) Christian name Robt.

2. Age last birthday 34 Date of birth

3. Enlisted at Hamilton on August 17th, 1914.

4. Personal description:—

(a) Height (b) Weight (c) Complexion

(stripped)

(d) Colour of hair (e) Colour of eyes (f) Identification marks

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

6. Former trade or occupation Tea blender.

7. (a) Service

Years

Days

PERIODS

From

To

2nd C.M.R. (in S. Africa)
P.P.C.L.I.

Dec. 1901

Sept. 1902

Aug. 17th, 1914

Apr. 7th, 1915

(b) Has he been overseas? 8. Original disease or disability

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

(c) Cause*

(d) Present disease or disability Rheumatism (Muscular)

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

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

Dec. 1902- About three months after arriving home. Cause probable

exposure to very wet weather in S. Africa. Present condition-is

almost alright in dry weather. On the approach of, and during wet

M. F. B. 227.

300M.-2-18.
1772-39-117.

9. Present condition.—(Continued.)

weather has considerable pain in back and legs, especially located in thigh muscles.

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

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

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

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 3. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

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

Was fairly well from 1902 until he arrived at Salisbury Plains, with the exception of occasional attacks of pain on exposure of wet weather. At Salisbury Plains had more or less pain all the time on account of weather. Exposure not exceptional.

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

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?

Probably permanent-becoming aggravated during wet weather. Prevents him earning full livelihood to extent of 1/2.

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

Rest, liniments, light duty and Aspirin.

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.)

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

17. Recommendations..... **Discharge as physically unfit.**

By order of A. N. M. S.

2nd Division.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

The Board having men and examined Pte. Cairnes, concurs in above report.

19. Is the soldier 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 soldier

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

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

DEPT. OF SOLDIERS' CIVIL
RE-ESTABLISHMENT
HEAD OFFICE - OTTAWA.

JUL 11 2 05 PM '18

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

PLACE... Niagara Camp.

DATE... Aug. 21st, 1915.

..... F. J. Munn. President.

..... W. E. Sinclair, Capt. Members.

..... F. Marlow, Capt.

APPROVED BY

APPROVED BY

.....
Assistant Director of Medical Services.

..... J. M. Nordon, Lt. Col.
Director-General of Medical Services.

DATE... Aug. 23/15

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE.....

DATE.....

..... President.

..... Members.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1185.	Pte.	Cairns.	Robert.
Year	Unit.		Age.	Service.
1915.	P.P.C.L.I.		34 yrs.	6 mos.
Station and Date.	Disease			
Tidworth.	Rheumatism, muscular.			
3.3.1915.	HISTORY:)			
	1. Onset in France on 2.1.1915. ✓			
	2. In Hospital at St. Omar for one week.			
	3. " " Boulogne for two succeeding weeks.			
	4. " " Bury St. Edmund's for two weeks.			
	5. Since reporting to Tidworth has been unfit for duty.			
	PRESENT CONDITION:-			
	1. General condition good.			
	2. Examination of heart, negative.			
	3. Subjectively: much muscular pain.			

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

Station
and Date.

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 E. 213, Army Form A. 36, or other official documents.
Date	From whom received				

WARNING.— If you lose this Certificate a duplicate cannot be issued.

Certificate of discharge of No. 1183 (Rank) Plt
 (Name) Cornis Robert
 (Regiment) P. F. Coy I
 who was enlisted at Hamilton Ont
 on the 12th August 1914.

He is discharged in consequence of Medically unfit

after serving _____ years _____ days with the Colours, and
 _____ years _____ days in the Army Reserve.

(Place) Halifax N.S. Signature of _____
 (Date) 9-4-15 Commanding Officer J. C. Discharge Depot

*Description of the above-named man on _____ when he
 left the colours.

Age 34 yrs 5 mos Marks or Scars, whether on face
 Height 5ft 8in or other parts of body.
 Complexion Fair Tattoo _____
 Eyes Gray R.C. R-arm
 Hair Brown Index finger R hand off

* Should agree with the description on Character Certificate, Army Form B. 2067.

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

“Any man, whether Soldier or Civilian, who brings a Recruit to
“a Recruiter, or to a Military Barrack, is a Recruiting Agent,
“and it is not necessary that he should have been formally
“appointed as such.”

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

- (a) Boys under 17 years of age.
- (b) Re-enlisted Pensioners.
- (c) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.
- (d) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz. :—

5s. to 2s. 6d. Regular Army.

1s. 6d. Special Reserve.

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depôt nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

Reg. No. 1185 Name Cairns Robt
Rank Pons Corps S. C. R. Age 38. Service 6 $\frac{3}{12}$ E 7 $\frac{7}{12}$ F $\frac{2}{12}$
Ledger No. Serial No. A. 31810 24

HOSPITALS

DATE

DIAGNOSIS

Military. Hamilton
Wds to S. C. R.

18.6.19
15.8.19.

Nephritis

O.S.

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

SURNAME.

bairns

60-C-295-

CHRISTIAN NAMES

Robert

REGL. No.

1185

RANK

Pte.

S.O.S. Dis. 9/4/15 6

Reason M.U.

UNIT

P.P.C. L. I.

FORMER CORPS

S.A. (g mos)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

bairns, Annie

RELATIONSHIP TO SOLDIER

Not stated

ADDRESS

32 Manchester St., Hamilton,
Ont

COUNTRY OF BIRTH

Canada Kingston, Ont.

DATE

Oct. 28th, 1881

PLACE OF ATTESTATION

Ottawa, Ont

DATE

Aug. 25th 1914.018-7-10-14 26
74

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.-8-16. H. Q. 1774-39-339.

R/B. 3-4-15.

From Quebec per S.S. "Royal George" 4/10/14.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Ice Blender

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

31

YEARS

10

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

'R.C.' over right forearm

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont

DATE

Aug 21st 1914

Present Address - Not Stated.

Medical Report on an Invalid.

Station Tidworth.

Date March 3rd, 1915. DEPT MILITIA & DEFENCE

1. Unit P.P.C.L.I.
 2. Regimental No. 1185.
 3. Rank Pte.
 4. Name Cairns, Robert.

5. Age last birthday 34 years.
 6. Enlisted { on 17.viii.1914.
 at Hamilton, Ont.
 7. Former Trade { Clerk.
 or Occupation {

8. Disability.

(Rheumatism, muscular.)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Indefinite.
10. Place of origin of disability. Originally in South Africa, lately in France.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

1. Original attacks while on Service in South Africa.
2. This attack began while in France on 2.1.1915.
3. He was in Hospital for the subsequent five weeks.
4. Since reporting for duty at Tidworth has been unable to do any work.

12. (a) Give your opinion as to the causation of the disability. (a). Rheumatoid diathesis lit up by
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). (b), Climatic conditions incident to active service.

29
 dated 24-2-16
 M.M.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

1. General condition good.
2. Examination of heart negative.
3. Subjectively: Enough muscular pain to cripple him.

14. If the disability is an injury, was it caused Not applicable.

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury? Not applicable.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what? Not applicable.

17. If not, was an operation advised and declined? Not applicable.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable.

19. Do you recommend

- (a) Discharged as permanently unfit,
or
- (b) Change to England?

(a): Yes.

James C. Lynch Capt.
Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

i.yes. ii.yes. iii.no.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Rheumatoid diathesis lit up by active service conditions.

21. Has the disability been aggravated by

(a) Intemperance?

no.

(b) Misconduct?

no.

22. Is the disability permanent?

yes.

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

by one half.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

- 24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act?

yes.

25. If an operation was advised and declined, was the refusal unreasonable?

not applicable.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(a). Yes, in Canada.

(b) Change to England?

Signatures:—

Station Tidworth.

Date 3.3.1915.

Approved.

Station Shorncliffe.

Date 19/4.1915.

James C. Fyke Capt. President.

D. G. Chow Capt. } Members.

E. S. Jeffrey Capt. }

J. L. Kaux

Administrative Medical Officer.
Lieut-Colonel, C.A.M.C.

27

(On leaving Corps or Station where invalidated.)

Transfer or Embarkation	{ Date Station Date Port	Name of	{ Conveyance Vessel Officer in medical charge

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred	{ Date Hospital or Station		Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital	{ Arrived from Date

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical
Board, or decision

Administrative Medical Officer.

Army Form B. 179.
MEDICAL REPORT ON AN INVALID.
Station
Corps
Regimental No.
Rank
Name
Disability
Date
Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of
The original Report is invariably to accompany the discharge documents of Invalids.
(s) (88534) Wt. 10047/1884 200,000 1-15 W B & L.
Forms B. 179 35.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

14647/201

2658-R-1

Name **Cairns, R.**
Surname

Christian Name

Regimental Number **1185**

Rank **Pte.**

Address (in full) **30 Tisdale St.N.**

Unit **P.P.C.L.I.**

Hamilton, Ont.

Original Unit

District where paid **Ottawa**

H.2.

Date of Discharge **10/4/15**

P. D. P. Filing Number **12 C16.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8000.

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		
16010	3434	28/8/17	53 00	3353	28/9/17	53 00	3350	27/10/17	54 10		16010

Remarks:

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

30 Linsdale St N.

Hamilton

ent.

[illegible]

23.4.19

9-19 #60 00

Richard. S.C.R.
20/8/19

H.R.
2/9/19

A. S.

GEN'L AUDITOR
Posting checked by
Laurie
Date *1/8/71*

Name. Private Cairns R.

M. F. W. 42

5m. - 8-14

1772-39-8

60-C-295

Regimental No. 1185-

Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$ 25⁰⁰ Mar/15.

Reason for discharge

To whom payable

Character on discharge

Metagama

3-4-15

L. E. 806 82314. M. & D. 5786-25-6-15-5000.

Date		No. of Days	PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	26.3.15															
27.3.15	9.4.15	14	100	14.00	14	10	1.40	* 2.50	17.90			14.00			390	
															17.90	L.P.L. D.O. M. Pd * subsistence
<p>Pensioned</p> <p>P. 6 - 87/2947 from 10/4/15</p>																
<p>C.P.R. notified this man put up to 9.4.15 inches</p>																
<p>E. M. 1/15 90025</p>																

Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

NAME _____

Bairns, Robt

Regimental No.

1185

Unit

PPB 29

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly \$ 25.00

To whom payable

Name and address of next-of-kin

Mrs Annie Cairns
32, Manchester St.
Hamilton, Ont. Can

Date and place discharged

Reason for discharge

Character on discharge

[illegible]

[illegible]

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

244

Name *Barrie Annie*Name of Soldier *Barrie R.* ✓

Address

*11 Head St
Hamilton*Regtl. No. *1185*

Rank

Corps *P.P.C. L.I. 3 Coy*

Relation to Soldier

*Wife*To what Corps belonging *C.M.R.*

wife, child or mother

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		<i>A 402</i>	<i>20 -</i>	
Oct.		<i>C 1401</i>	<i>20 -</i>	
Nov.		<i>B 2006</i>	<i>20 -</i>	
Dec.	<i>1/2 Aug</i>	<i>B 3847</i>	<i>30</i>	
Jan.	1915	<i>A 4260</i>	<i>20 -</i>	
Feb.		<i>A 5433</i>	<i>20 -</i>	
March		<i>A 6684</i>	<i>20 -</i>	
Apl.		<i>A 7880</i>	<i>20 -</i>	
May		<i>B 10158</i>	<i>20 -</i>	
June		<i>C 11110</i>	<i>20 -</i>	<i>Cancelled</i>
July				
Aug.				<i>Discharged 9/4/15</i>
Sept.				<i>File 16-1-29</i>
Oct.			<i>156 -</i>	
Nov.			<i>P.D.P.</i>	
Dec.			<i>10/6/17</i>	
Jan.	1916			<i>Pension Granted April 9th 15</i>
Feb.				<i>\$34.00 per payment collected by Pensioner Month of June 1915.</i>
March				

291

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom

Address

By Whom Assigned

Regtl. No.

Rank

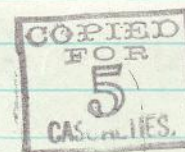
Corps

Rate

\$25.00 per month.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		13.750	25 -	
Nov.		14.742	25	
Dec.		16.2662	25 -	
Jan.	1915	13.459	25	
Feb.		25.604	25	
March		26.586	25	
Apl.	Cancelled	11.906	25	Stop April 1/15 3m. 174/15 avz P. D. P. 16-6-17 N. D.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



CLINICAL CHART.

Hamilton Military Hospital.

Corps S. C. P.

Hospital Station Hamilton

No. 1185 Rank and Name Pers Cairns Robt Age 38 Service Can $\frac{3}{12}$ S. $\frac{1}{12}$ Fr $\frac{2}{12}$

Disease nebritis Date of Admission 18/6/19 Date of Discharge 15-8-19 Result unchanged Serial No. A. & D. Book

[illegible]

M. P. B. 288.

50M.—10

H. Q. 1772-39-513.

Signature_____

In charge of case.

CLINICAL CHART.

Bed 36

Corps S. G. R.

Hamilton Military Hospital

Hospital Station Hamilton

No. 1185 Rank and Name Cairns Robert Ross Age 38 Service Can. 12 E. 12 France 12

Disease nephritis Date of Admission 18/6/19 Date of Discharge 15-8-19 Result unchanged Serial No. A. & D. Book

Dates of Observation	19	20	21	22	23	24	25	26	27	28	29	30	July 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME
	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
107°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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106°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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105°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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103°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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102°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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101°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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100°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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99°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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98°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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97°	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
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Pulse per Minute	80	88				80	76	88	80					96	88	80				12	76	72	90	76							
Respirations per Minute	18	18				18	18	18	18					18	18	18				18	18	18	18	18							
Motions	.	.																													

M. F. B. 288.

50M.—10-18.

H. Q. 1772-30-513.

Signature

A. J. Porter

In charge of case.