

77236
I.D. number
No. d'identification

CHRISTY
Surname
Nom de famille

FRANK
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

1700

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

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 *Christy Frank*

Regt. No. *77236* Rank *Pvt.*

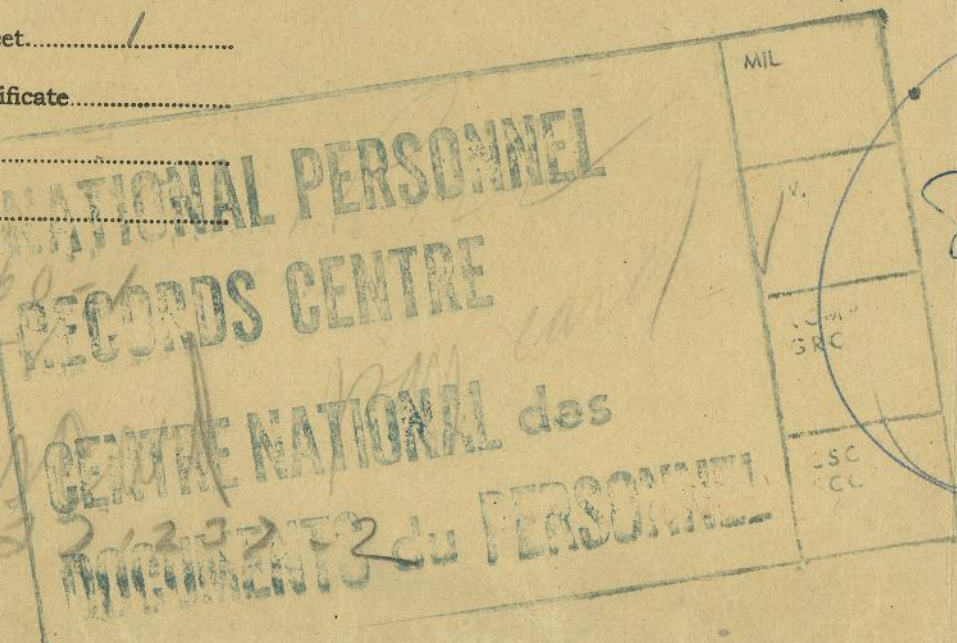
Corps *38th. Res. Batt.*

Medically Unfit
Auth. Med. Board 11.10.15

R. O. No.....

H. Q. No.....

20011



Box 1700

Duplicate

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 Christy Christian Name Frank

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St Pauls County South America

Examined ... { on 3rd day of November 1914
at Victoria British Columbia

Declared Age ... 18 years ... days.

Trade or Occupation ... Logger

Height ... 5 feet, 11 1/2 inches.

Weight ... 165 lbs.

Chest Measurement { Girth when fully Expanded. 38 inches.

{ Range of Expansion 2 1/2 inches.

(Physical Development ... Good) x

Vaccination Marks { Arm ... Right Left

{ Number 2 /

When Vaccinated ... Infancy

Vision ... { R.E.—V=

{ L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) —

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

Approved by (Signature) _____

(Rank) _____ Medical Officer.

Enlisted ... { at Victoria British Columbia
on 1st day of November 1914

Corps.	Regtl. No.
<u>30th Bathn CEF</u>	
<u>7th " "</u>	<u>77236</u>
<u>30th Res " "</u>	

Became non-effective by Discharge to Canada, medically unfit
Anthy Medical Board.

on 11th day of October 1915.

(Signature) Hydney Smith

(Rank) Col O. B. 30th Reserve Battalion CEF

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers

[illegible]

Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Disease	Number of days in Hospital	Remarks 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.

[illegible]

Table IV.—Service Table.

[illegible]

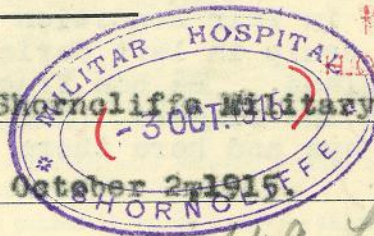
(Medical Report on an Invalid.)

DEPT. OF
MILITIA & DEFENCE
MAR -1 1918

SECTION
"D"

Station Shorncliffe Military Hospital.

Date October 2, 1915.



649-6-1107

1. Unit 7th Battn C.E.F.

5. Age last birthday 19

2. Regimental No. 77236

6. Enlisted { on September 8, 1914
at Victoria B.C.

3. Rank Pte

4. Name Frank Christy

7. Former Trade { Lumberman.
or Occupation {

8. (Disability.)

(Loss of left eye. Shrap. wound of scalp & face.)

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. August 25, 1915.

10. Place of origin of disability. Messines.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

(High explosive shell fell near him while in the trenches injuring his left eye, face and scalp in left parietal region. He was taken to dressing station, thence to "Billoo" thence to Boulogne, thence to London Hospital where his eye was removed and thence to Shorncliffe.)

12. (a) Give your opinion as to the causation of the disability.

(Shell explosion.)

(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).

(Active service.)

B

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.

(Loss of left eye. Socket well healed and he will be able to wear an artificial eye.)

Right eye in fair condition - vision normal. (He has a healing wound of scalp in left parietal region and in face over left parotid gland. He has fragments of shrapnel in the skin of his nose, ear) and fingers. (The orbital margin has been injured below the left eye and here there are some buried fragments of shrapnel.)

14. If the disability is an injury, was it caused

(a) In action? Yes

(b) On field service? Yes

(c) On duty? Yes

(d) Off duty? No.

15. Was a Court of Inquiry held on the injury?

No.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an (operation performed?) If so, what?

Yes. (Several of eye and pieces of shrapnel.)

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?

Left lower first bicuspid tooth broken by shrapnel.

19. Do you recommend

(a) Discharge as permanently unfit,

Yes.

or
(b) Change to England?

Not applicable.

W. H. Lowry Capt. Case

Officer in medical charge of case.

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

Station



Date

W. H. Lowry Capt. Case
Officer in charge of Hospital.

* 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 invalidated, 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 1163, 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.

active service

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

high explosive shell

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?

not applicable

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?

1/2

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.

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

no

(b) Change to England?

yes

Signatures:—

Station

Shorncliffe Mil Hosp

Date

3/10/15

C. & F. Macey Capt.

H. J. Shurlds Capt.

President.

Members.

Approved.

Station

Shorncliffe

Date

24-10-15

L. B. Irving

Administrative Medical Officer.

Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

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 invalidated, 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.

active service

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

high explosive shell

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?

not applicable

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?

1/2

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.

25. If an operation was advised and declined,

not applicable

(a) Fit for home service.

yes

(b) Fit for light duty

no

(c) Temporarily unfit for home service or light duty (stating probable period)

not applicable

Signatures :—

Station

Shorncliffe Mil Hosp

Date

3/10/15

President.

Members.

Approved.

Station

Shorncliffe

Date

24-10-15

Administrative Medical Officer.

Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

(On leaving Corps or Station where invalidated.)

Transfer { Date _____
Station _____ }
or
Embark- { Date _____
ation { 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 }

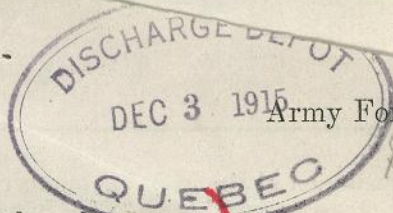
The original Report is invariably to accompany the discharge documents of Invalids.

x31 (88579) Wt. 1836 475M 5-15 W B & L

Forms
B. 179.
34

This space to be left blank for the Chelsea Number.

11-
Proceedings on Discharge



60
Army Form B. 268.

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

No. 77236

Army Rank Pte.

Name

Christy, Frank

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps

30th Res. Battalion CCF (7th Battrn CCF.)

Battalion, Battery, Company, Depot, &c.

(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

31st December, 1915)

DEPT
MILITIA & DEFENCE
JUL -3 1916
H. 19. C. 1107
CANADA

Place of discharge

Victoria, B.C.

1.

Description at the time of discharge.

Age 18 years 10 months

Height 5 feet 11 1/2 inches

Chest measurement { girth when fully expanded 38 ins.
range of expansion 2 1/2 ins.

Complexion Fresh

Eyes Blue

Hair Fair

Trade Logger

Intended place of residence

Salmonai Hotel

(To be given as fully as practicable)

Victoria B.C.

(Descriptive marks.)

(High Explosive Shell scars)
(on face, (1) on skull)
(Loss of left eye)
(Scar on left forearm)
(Fractured wrist)

(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

(Medically unfit)

from (wounds received in Active Service) European War
Authy. Med. Board. 11.10.15

(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 :—

Good

4. Character awarded in accordance with King's Regulations :—

Very good

To be filled in on the soldier quitting the Colours.

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*



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

European War
Left for France May 1st 1915
Wounded at Messines Aug 26th
Invalided to England Sept 5th

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) Shorncliffe Barracks

(Date) November 11th 1915

Henry Booth Capt.
Commanding 30th Res. Battn. CEF Regiment.

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

I 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) _____ (Signature of Soldier.)

(Date) _____ (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 1/11/15 (the date to which the record of service is completed) 1 years 10 days.

Further service " " 31-12-15 (the date of confirmation of discharge) " 50 "

Total ... 1 " 60 "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 31st (date) December, 1916.

(Place) Victoria, B.C.

(Date) 13th June, 1916.

Frederick H. Bore Major
Signature 212 G. 110 Administration M. D. No. 11
For O. T. D. No. 11
(ABSENT on duty)

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.)

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 dischargedepôt 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.

No. *T. 189*

RANK

Pte. June. Sgt. Mgr.
Sgt.
act. Sgt. Major

NAME

*Christy Frank*T. O. S. *15/5/16**(D.O. 143) of 22/5/16*

UNIT

*21st Coy Can Army Service Corps*M. D. *11*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>May 18</i>	<i>May 31</i>	<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1917</i>	<i>1917</i>			
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
			<i>Prom. prov. Sgt. (Transf. port.) (D.O. 226) of 11/10/16</i>	

(over)

July	L		
Aug.	L	20th Act. Sgt. May. 3-8-17	Do 1817 3-8-17
Sept.	L		
Oct.	L	20th P. W. Sgt. May. 1-10-17	Do 2297 1-10-17
		20th S. L. 30-10-17	Do 2607 30-10-17
Nov.	L	Retd J. S. L. 12-11-17	Do 2627 18-11-17
Dec.	L		

1918 1918

Jan 1 Jan 31 L

Feb. L

Mar. L

Apr. L 20th Unit 1-4-18

May L

June L

July 1-13 - D.O. 194. Disch. Physically Unfit 13-7-18.
 K. R. O. (C. M.) 1917 Para 377(10). Auth. 11 M. D.
 34-C-14 4/11-7-18

Name Christy F. Rank Private

Reg. No. 77236

Unit 7th Battalion Canadians.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-5-15	6.Lndn.Fld.Amb. Trns.to	7	Convoy	87		
			Dntl.Car.	5		
1-6-15.	Highland Cas. Clg.Stn. to Duty.			92		
			Dental Caries			
29-8-15.No.13	Staty.Hosp.Boulogne.		GSW.Face		M	
			& Arm.sev.	156	877	
7-9-15	London hospt, Whitechapel		do	161.		
28-9-15.	Trans to					
	Can,Con,Hospt,	Bromley.	do	177.		
1-10-15.	do Discharged.		do	181.		
1-10-15.	Cen Milty Hospt Shorncliffe.		do	197.		
7-10-15	-do- Discharged		do	B169		

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

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Pte

7 Batn

Hospital

No 13 Stab. Boulogne

Date of Admission

29. 8. 15

Highland. Cap. Coy.

Transferred

Nite chapel London

Hosp.

7-9-15

Can. Conv. Hosp. Bromley

Hosp.

28-9-15

Shorncliffe Cent.

Hosp.

1.10.15

Hosp.

Diagnosis

Dental Caries

(1)

Later Diagnosis (if changed)

(2)

(3)

High explosive wound. of Arm R. L. eye

and side of head. serious

Additional Diagnoses, if more than one state present

C.W. face & arm (see)

DISPOSITION

Date

Ch. 4. 9. 15 # 156

To. Duty.

1. 6. 15

C.L. 21. 6. 15

REMARKS

C.L. 10. 9. 15 92(5)

Dis.

1. 10. 15

C.L. 14. 10. 15 181(2)

"

7-10-15

Ch. 29. 9. 15 # 177(1)

28. 10. 15. 198

C.L. 20-9-16 8169.

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.

Shorncliffe. 3-10-15.

Loss of left eye. Shr. wound of scalp
and face.

Home Service.

Christy Frank.

Proceedings of Medical
Board held at.

Shornecliffe Sept. 2/15.

also at Zuerich Dec 1st/15.

Medical report sent to.

C.R.

15/12/15.

H. D.

BPC No...2659...

Receipt of the undermentioned documents

relating to No. 72236 Rank Private
Name Charles Frank Unit 7th Bn

is hereby acknowledged:

1 Army Form B 179 Folio 17
2 Army Form 179
1 Medical Order B. P. C. 800

Date 26/3/19

PD 384
B.P.C.

for Director of Records.



NAME

Christy. Frank

H. Q. FILE No. 649-

REGT'L. NO.

77236

RANK AND CORPS

Rte. 7th Batt: (Form: 30th)

CABLE

NO.

DATE

M. 876. 4-9-15
877

NATURE OF CASUALTY

Admitted to No. 13 Stat. Hosp:
Boulogne. (G. S. W. face and arm-severe.)

NO.

1052

FOLL. X

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 87.	6th L. Fild. Amb.		
	Trans. to. No. 7. Convoy	28-5-15.	Dental caries.
✓ 92.	High Cas. Cl. Stat.	1-6-15.	" " " " To duty.
✓ 156	No 13 Stat. Boulogne	29-8-15	G.S.W. Face & Arm. Sev.
161.	The London Whitechapel	7-9-15	High explosive Wd. of arm L. Eye and side of head serious
177 (1)	Trans. to Can. Conv. Broudey	28-9-15	G.S.W. Face & Arm.
181 (2)	- - - - -	1-10-15	Discharged
197.	Cent. Mil. Shorncliffe	1-10-15	G.S.W. Face & Arm
B169.	Disc "	7-10-15	" " " " " "

No. 77236. RANK *Pt*NAME *Christy, J.*

T. O. S.

UNIT *Casualties.*M. D. *H. Q.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Nov. 20</i>	<i>1915. Dec. 31</i>	<i>A.</i>	<i>from 304 Bn.</i>	

R.O.

Please make out discharge Certificate and copy, to be
dated *31st Dec*, 191*5*, and pass to D.A.A.G.1 for signature.

17-4-16.

26
Captain, D.A.A.G.1

53

SURNAME.

Christy

CHRISTIAN NAMES

Frank

REGL. No.

77236

RANK

Ot.

UNIT

30th

FORMER CORPS

*88th Regt.**808 dis. 31-12-16 II*
m.u. FOLL.*Pn.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Christy

RELATIONSHIP TO SOLDIER

*L. H.
Not Stated*

ADDRESS

Gen Lel, Victoria, B.C.

COUNTRY OF BIRTH

S. America, St. Paul

DATE

Jan 16th 1895

PLACE OF ATTESTATION

Victoria, B.C.

DATE

*Nov 6th 1914**Disemb. S. S. Corsican 29-11-15*

From Halifax Per SS Missanabi Borderland & Megantic 23-2-15

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Yes. Church of England

DESCRIPTION.

APPARENT AGE

18.

YEARS

10.

MONTHS

HEIGHT

5.

FEET

9 1/2.

INCHES

CHEST MEASUREMENT

37.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Fresh.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Victoria, B.C.

DATE

Nov. 6th, 1914.

Present Address, Not Stated.

Reg. No. 77236 Name Christie J
Rank Plt Corps 30th Age Service
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

649-6-110
JUN 22 1920
DEPT. OF DEFENSE
HEADQUARTERS
EXTRACT FROM MEDICAL BOARD

SOLDIERS RETURNED FROM OVERSEAS

Station Quebec Date Nov 30th 1915
No. 77236 Age 19 Height 5'-11-1/2"
Rank Pte., Complexion Fresh
Name Christy, Frank, Eyes Blue Hair Fair
Unit 30th Res.Batt.C.E.F.(7th Batt.C.E.F.)
Address Balmoral Hotel, Former Trade Logger
Victoria, B.C.
Enlisted at Victoria, on Nov.6th 1914

(Disease or disability

Loss of left ear. Shrapnel wound of scalp and face.

Present condition

Socket healthy. Rt. eye normal vision. Has healed scar on left parental region and over left parotid. Lower edge of the left orbit has been injured. Has fragment of shrapnel freely moveable on back of left wrist just over the end of the Ulna. Has scars on both legs and back and a few small pieces of shrapnel palpable in the legs.

Estimated disability

1/2 permanent.

Recommendation of Medical Board

Should have fragment in back of left wrist removed. Should have dental treatment for broken teeth. Should be provided with a better fitting artificial eye.

Class II

Members of Board

W.M. Carrick Capt A.M.C.

C.G. Geggie Capt A.M.C.

R.M. Neilson Lt., A.M.C.

Approving Medical Officer.

G.A. Winters Major A.M.C.

9328
23-6-20

AB JUN 23 1920

DEPT. OF AGRICULTURE

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 Christy Christian Name Frank

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. Pablo County St. America.

Examined ... { on 6th day of Nov 1914.
 at Victoria B.C.

Declared Age ... 18 years 10 ^{with} ~~days~~

Trade or Occupation ... Labourer

Height ... 5 feet, 9½ inches.

Weight ... 155 lb.

Chest Measurement { Girth when fully Expanded. 37 inches
 Range of Expansion 2 inches

Physical Development ... Robust

Vaccination Marks { Arm ... Right 1 Left 2
 Number 1 forearm

When Vaccinated ... Feb. 1st 1910

Vision ... { R.E.—V=
 L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { Nil

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

Approved by (Signature) [Signature]
 (Rank) Capt. C. A. M. Medical Officer.

Enlisted ... { at Victoria B.C.
 on 6th day of Nov 1914.


Joined on Enlistment ...	Corps.	Regtl. No.
	<u>B. F. 88th</u>	
Transferred to ...	<u>30th Batty B. F.</u> <u>7th Malt.</u>	<u>77236</u>

Became non-effective by

on ... day of ... 1914
 (Signature) ...
 (Rank) ...

Entries in Red Ink made from
 Attestation Sheets.
JUN 7 1915 [Signature]

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Of

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the use. In cases of syphilis, admissions and re-admissions subsequent progress, including particulars of treatment given in the special syphilis case sheet.
	Day	Month	Year	Day	Month	Year			
	7	9	15	28	9	15	Shell Dust in Left Eye	22	F. B. in left eye. Discharge removal:
CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.	28	9	15	1	10	15	h.s.u. R. & L. leg. Larum. back, head L. eye & removal of eye.	5	wound in head almost healed. sent to Central Hosp. for eye treatment
Shorncliffe Military Hospital	1	10	15	7	10	15	Loss of Eye	7	Discharged to M. had bandage

Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Disease	Number of days in Hospital	Remarks 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
Shell Dust in Left Eye	22	F. B. in left eye. Disorganised - Spec removal:	<p><u>E. Henry Stannish</u></p> <p>Lieut.-Col: R.A.M.C., T. O. i/c. Military Section, London Hospital.</p>
W. R. & L. Ey. Larva. h, head L. eye removal of eye.	5	wound in head almost healed general cond ⁿ good. sent to Central Hosp Shrewsbury for eye treatment	<u>A. M. Barrett</u> Lt Col
Loss of Eye	7	Discharged to Unit	<p><u>Geo. T. Wall</u> Capt R.A.M.C.</p> <p>had berrubescence</p>

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
nchffe 3.10.15	Medical Board recommended this man fit for Home Service
14.12.14	Inoculations Ref. 18-2/21.1.16
29.12.14	" " " "
1.2.15	Vaccination " "

Table IV.—Service Table.

[illegible]

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

77236 Pte Frank. Christy 7th Bn C.E. 7.

Previous civilian occupation:- Lumberman

Cause of disability

Loss of left eye - Shrapnel wound of scalp. face
left arm, back and both legs.

Condition, in detail, which prevent the soldier earning a full

livelihood:- His lost left eye - socket healthy. No eye normal vision
has healed scar in left parietal region + over left parotid. Lower edge
of left orbit has been injured. Has fragment of shrapnel, freely movable
on back of left wrist just over the end of the ulna. Has numerous small
scars on both legs + back + a few small pieces of shrapnel palpable
in legs.

Opinion of the Board.

Degree of incapacity, (please state in fractions)

$\frac{1}{2}$

Probable duration of incapacity:-

Permanent

Does it render him permanently unfit for Military Service? Yes

Would operation, special treatment, or the use of appliances,
etc., lessen incapacity?

Should have fragment on back of left wrist, removed.
Should have dental treatment for broken teeth - (2)
Should be provided with a better fitting artificial eye.

Signature:-

W. W. Carmichael Capt DMC President.

Station. Quebec

Conrad Gleggie Capt BAMB.

Russell Stacey Members.

Date. Nov 30 /15.

Approved.

Date

Dec. 1 /15

Kawinter Major

Asst. Director Medical Services.

Date

21/15

Director General Medical Services.

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-

77236 Pte Christy, Frank. 7th Bn. 30th Res. Bn.

Previous civilian occupation:- *Logger.*

Cause of disability

Loss of left eye. Shrapnel wound of scalp, face, left arm, back and both legs.

Condition, in detail, which prevent the soldier earning a full

livelihood:- *Has lost left eye, socket healthy. Rt. eye normal vision. Has healed scar on left parietal region and over left parotid. Lower edge of the left orbit has been injured. Has fragment of shrapnel freely moveable on back of left wrist just over the end of the ulna. Has scars on ~~the legs~~ both legs and back and a few small pieces of shrapnel*
Opinion of the Board. *palpable in the legs.*

Degree of incapacity, (please state in fractions)

1/2

Probable duration of incapacity:-

Permanent.

Does it render him permanently unfit for Military Service? *Yes.*

Would operation, special treatment, or the use of appliances, etc., lessen incapacity?

Should have fragment on back of left wrist removed. Should have dental treatment for broken teeth. Should be provided with a better fitting artificial eye.

Signature:-

W. H. Cane *Capt MC*
President.

Station. *Quebec.*

Conrad Glegg *Capt B.A.M.C.*

Russell Stacey *Members.*

Date. *30th Nov 1915.*

Approved.

Date *Dec. 1/15*

Gawinters *Major.*
Asst. Director Medical Services.

Date *21st 15*

Gawinters
Director General Medical Services.

MEDICAL CASE SHEET.*

<p>No. in Admission and Discharge Book. <u>1286</u> Year <u>1915</u></p>	<p>Regimental No. <u>77236</u></p>	<p>Rank. <u>Pte</u></p>	<p>Surname. <u>Christy</u></p>	<p>Christian Name. <u>F</u></p>
	<p>Unit. <u>7th Bn C.F.</u></p>	<p>Age. <u>19</u></p>	<p>Service. <u>13</u> <u>12</u></p>	
<p>Station and Date. <u>Hamdiffe</u> <u>Nil Hvy.</u></p>	<p>Disease <u>On Aug 26</u> <u>wound of left temporal region eye</u> <u>at Messines</u> <u>was hit by 4 pound</u> <u>fragments of high explosive (shell)</u> <u>wound</u> <u>in left temporal region, one in left eye, one in eye</u> <u>forearm.</u> <u>and several slight wounds on legs and</u> <u>back.</u> <u>Operated at 15 Stationary Bombing</u> <u>in hand and arm.</u> <u>Admitted hospital - eye</u> <u>eye removed Sept 16th.</u> <u>To convalescent home, the</u> <u>Bombing then to Hamdiffe.</u></p> <p><u>Exam: Left eye missing. All wounds healed.</u></p> <p style="text-align: right;"><u>J. M. Gellie</u></p>			

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

Station
and Date.

1

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

77236

Pte

Christy

C.F.

697
Year

Unit.

Age.

Service.

1915

7th Bn CEF 4 Co

19

1

Canadian Cons Hosp

Station
and Date.Boulogne Hotel
Sept 28.Disease F.S.W. R. & L. leg. L. arm, back, head L. eye & removal of eye
fracture L. wrist, - Tongue cut - tooth knocked out

Injured Aug 26 at Messines with high explosive shell

at Boulogne at No 13 Stationary about 2 weeks and then

to The London General until Sept 28. - Pieces of shell
removed from head came at Boulogne - Eye removedSept 16 at London. Wound in head almost healed
other healed - L. eye socket in a healthy condition.

Sept 28

General Condition Good on admission - Fracture
united. Joints are all in good condition.

*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

Submitted - Victoria B.C. Apr 7/10
over - London.
Single

H 22. C-165

Army Form B. 179.

Medical Report on an Invalid.

DEFENCE
DEC 16 1915
649 C-1107
CANADA

Station



Date

1. Unit

7th Batt. CEF

2. Regimental No.

772 36.

3. Rank

PO.

4. Name

Frank Christy

5. Age last birthday

19

6. Enlisted {

on Sept 8 / 14

at Victoria B.C.

7. Former Trade {

or Occupation { lumberman

8. Disability.

(Loss of left eye. Shrapnel wound of scalp & face)

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.

Aug 26 / 15

10. Place of origin of disability.

Messines

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Shell explosion shell fell near him while in the trenches. Injuring his left eye, face and scalp in left parietal region. He was taken to dressing station, thence to "Bellas" thence to Boulogne, thence to London hospital where his eye was removed and thence to Shorncliffe

12. (a) Give your opinion as to the causation of the disability.

shell explosion

(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).

active service

Gen Post Office
Victoria B.C.

Canada 13-12-15
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.

Loss of left eye. Socket well healed and he will be able to wear an artificial eye.
Right eye in poor condition vision normal. He has a healing wound of scalp on left parietal region and a scar over left parietal hand. He has fragments of shrapnel in the skin of his nose, ear and fingers. The orbital margin has been injured below the left eye and there are some buried fragments of shrapnel.

14. If the disability is an injury, was it caused

(a) In action?

yes

(b) On field service?

yes

(c) On duty?

yes

(d) Off duty?

no

15. Was a Court of Inquiry held on the injury?

no

If so—(a) When?

not applicable

(b) Where?

not applicable

(c) Opinion?

not applicable

16. Was an operation performed? If so, what?

removal of eye and pieces of shrapnel

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?

left lower first bicuspid tooth injured by shrapnel broken

19. Do you recommend

(a) Discharge as permanently unfit,

or

(b) Change to England?

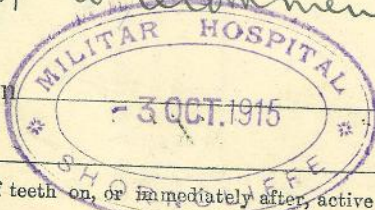
yes

not applicable

W. H. Harvey Capt. Case
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except† to recommend home service.

Station



Date

W. H. Harvey
Officer in charge of Hospital.

* 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 1163, 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.

active service

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

high explosive shell

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?

not applicable

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?

1/2

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.

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

not applicable

Approved,

M. J. K. K. K.
Captain A/D.A.A.G.
for Brigadier-General.

Comdg. Can. Train. Div., Shorncliffe.

**HEADQUARTERS
CANADIANS.**

D.A.A.G.

9 OCT. 1915

CANADIAN CONTINGENT

(a) Fit for home service.

yes

(b) Fit for light duty

no

(c) Temporarily unfit for home service or light duty (Stating probable period) *not applicable*

Signatures:—

W. J. Hendry President.

Station

Shorncliffe Mil Hosp

Date

8/10/15

C. E. D. D. D. Capt.

H. C. G. G.

Members.

Approved.

Station

Shorncliffe

Date

4-10-15

L. E. W. D. D.
Administrative Medical Officer.

Capt. A/D.A.D.M.S.
Canadian Training Division, Shorncliffe.

(On leaving Corps or Station where invalided.)

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

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

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

(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.

xs) (88579) Wt. 1836 475M 5-15 W B & L

OPINION OF THE MEDICAL BOARD

14. (Continued).



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

No.

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

17. Recommendations

That he be discharged.

R. Grant Lawrence Cpt
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 Frank Christy 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.....

MB

MB Frank Christy
Signature of soldier 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 criticized.

Sec. 8. d. - loss of left eye

Sec. 1. 2. 3. & 4. N.A.

Sec. 12. 1. 2. 3. 4. No.

Sec. 13. 1. 2. 3. 6 months. 4 permanent.

Concurs

19. Is the soldier fit for

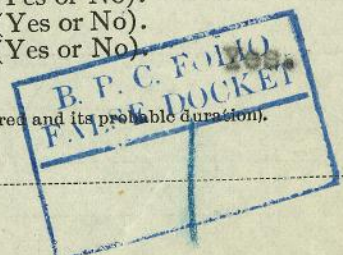
- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service, (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C,

- (Category A) (Yes or No).
- (" B) (Yes or No).
- (" C) (Yes or No).
- (" D) (Yes or No).
- (" 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).

Category "B".

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... Esquimalt B.C.

DATE... June 14th 1918

M. Bryant President.
W. Scott-Monckey Capt. Members.

APPROVED BY

APPROVED BY

J. M. G. G. G. A. M. C.
For Assistant Director of Medical Services M. D. 11

Director-General of Medical Services.

DATE... JUL 10 1918

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE.....

DATE.....

President.

Members.

30th Reserve Battalion.

CANADIAN EXPEDITIONARY FORCE.

Disposition of Attestation Papers Of No. 77236 Pte Christy.F.

(late of 7th Battalion.C.E.F.)

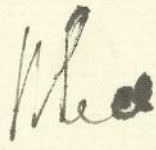
1 Copy.....D.S.A. M.D.11

Victoria.B.C.

1 Copy.....District Paymaster.M.D.11

Victoria.B.C.

Napier Barracks.
Shorncliffe.


Capt & Adjt.
for
O.C.30th Reserve Battalion C.E.F.

30th Reserve Battalion.

CANADIAN EXPEDITIONARY FORCE.

I, No. 7236 Pte Christy J. hereby declare that I wish
to secure my discharge in Canada.

Signed

J. Christy

No. 7236 30th Res. Battn.

Signed at Napier Barracks
this 6th day of November
1915.

Witness

P. H. Davy

Pte.

NO.

RANK

NAME

BATTALION

77236

Pte

Christy. F.

30th Bn Battr

Intended place of residence. *Balmoral Hotel Victoria*

Previous employment. *Logger*

If fit for same. *No.*

Is vacancy being held. *No.*

What employment is he fit for. *Office Work*

If desirous of applying for any particular post. *No.*

Nature of injury. *Loss of left eye*

Pension.

If requiring assistance to obtain employment. *Yes.*

XI

Married. *No*

Children.

6021

Casualty Form—Active Service.

Regiment or Corps 30th BATTALION, C. E. F.Regimental No. 77236 Rank Pk Name C. ChristyEnlisted, (a) 1-11-14 Terms of Service (a) 1 Year or Duration of War Service reckons from (a) 1-11-14

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				
8 ⁵ / ₁₅	O.C 30TH BTN	TRANSF TO 1TH BTN	FIELD	8 ⁵ / ₁₅	B 213
29 ⁵ / ₁₅	oc 6 L.F.A	Dent barier	do	28 ⁵ / ₁₅	A 36
5 ⁶ / ₁₅	oc 13 High ec.s	do do	do	1 ⁶ / ₁₅	A 36
29-8-15	13. Genl	YS.W. Head. adm Trans to 13. Staty	13. Gen-L	29-8-15	W3034
29-8-15	13 Staty	YS.W. Face 6 arm. adm	13 Staty	29-8-15	W3034
28-8-15	oc 1-13m	Wounded	field	27-8-15	B 213
7-9-15	13 Staty	YS.W Face 6 arm. Trans	To Eng.	7-9-15	W3034
7-9-15	YS. St Patrick	YS.W. Side Trans	England.	7-9-15	W3083

(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.]

OFFICER IN CHARGE
CANADIAN SECTION G. H. 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				
20.10.15.	30 th Per.	T.O.S.	Shorncliffe	1.9.15.	Pr.ii.204
27.11.15.	- do -	S.O.S. having proceeded to Canada M. U.		14.11.15. 19.11.15.	Pr.ii.271.
		Whitling	Lieut.		
		[for] It is to be i/c Records, C.E.F.			

Regiment or Corps

7th Battalion C. E. F.

Regimental No. 77236

Rank Private

Name _____

Christy - Frank

Enlisted (a) 11/14

Terms of Service (a) Per: of War

Service reckons from (a) 11/14

Date of promotion to
present rank }

Date of appointment
to lance rank

Numerical position on }
roll of N.C.Os. }

Extended 5Re-engaged ✓

Qualification (b)-

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

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

Rank and Name CHRISTY, Frank
 Regimental No. 77236
 Unit 30th. Batt.
 Date of enlistment Nov. 6th. 1914
 Place of birth St. Paulo. South America,
 Married (Yes or No) No.
 If in Permanent Force

Name and Address of Next-of-kin

T. H. Christy,
 G. P. O. Victoria, B. C. Canada

Date and place of discharge

Reason for discharge

Character on discharge

Canada
 Medically unfit
 Very Good

Promotions or appointments

M. U.

N/E R.B. 9a

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
7/5/15	O.B. 7th Bn	Transf'd to 7th Bn	France	4/5/15	Part II order. No 21. 7th Bn
15 6/15	W.O.	6th London Field Amb. Trans		18.5.15	CR. 87
16 6/15	W.O.	to 10th Convoy. Dental Caries		1.6.15	CR. 92.
4/9/15	W.O.	Highland Cas. Clear. Str.	Boulogne	29/8/15	CR. 156. O.N.
10/9/15	W.O.	to duty. Dental caries		7/9/15	CR. 161
18/9/15	W.O.	9.3 W. Face + arm. Severe. Adm #13		7/9/15	Plt U.D.O #30
29/9/15	W.O.	Adm London Hptl	Bromley	28/9/15	CR. 177 a 4W 3016
4/10/15	W.O.	Trans to Eng & Struck Off.		1/10/15	CR. 181
23/10/15	W.O.	Trans to Can Conv. Hptl		7/9/15	Plt U.D.O #214
20/10/15	OC 30th Bn	Disch from. do	Chislecliff	9-16 10/15	CR. 229
9.10.15	"	Central mil Hptl		19 11/15	" 278
24.11.15	"	Taken on Strength			
		Granted Furlough			
		Struck off Strength having proceeded to Canada. Med. unfit			

[illegible]

FORM OF REGISTRATION.

Civil Employment of Ex-Soldiers.

Regimental No. 47236 Rank Plt Full name Frank Christy
 Unit Serving with in France 1st Batt Original Unit 30th Batt
 Where Enlisted Victoria B.C. Date of Enlistment Sept 8th 14
Nov 24th 1915.

Age. <u>19</u>	Height. <u>5ft. 11$\frac{3}{4}$ inch</u>	Weight. <u>160</u>
(1) Married or Single. No. of Children (if any), age and sex ...	<u>Single</u>	
(2) Occupation or trade before joining H.M.'s service ...	<u>Logger</u>	
(3) Cause of discharge ...		
(4) Nature of injury* ...	<u>Loss of Left Eye & Fractured rib.</u>	
(5) Name and address of last employer prior to enlistment ...	<u>Mr. Burdess & Shawigan Lake Lumber Co.</u>	
(6) Weekly pay prior to enlistment ...	<u>\$ 21</u>	
(7) Is vacancy being held? ...	<u>No</u>	
(8) Do you wish assistance in seeking employment? ...	<u>Yes</u>	
(9) Physically able to follow same kind of work? ...	<u>No</u>	
(10) Type of occupation desired...		
(11) Is present condition temporary or permanent? *	<u>Permanent</u>	
(12) Pension, if any, granted for present campaign *		
(13) Pension, if any, Army, Navy, Canadian Permanent Force, Police, or other source ...		
(14) Education, which school attended ...	<u>Public School</u>	
(15) Religion ...	<u>C. of E.</u>	
(16) Where do you intend residing. Address if possible?...	<u>Victoria B.C.</u>	
(17) If married, is wife available with husband to assist in work? ...		
(18) Were you employed regimentally as Pioneer (if so what trade), batman, cook, clerk, officers' or sergeants' mess, groom, etc.?	<u>No</u>	
(19) Understand care of horses? ...	<u>Yes</u>	
(20) Understand farming—if so, what kind of farm work can you do best? ...	<u>No</u>	
(21) Do you know anything about mechanics? ...	<u>No</u>	
(22) Do you know anything about automobiles? ...	<u>No</u>	
(23) Can you drive a car—if so, state particulars of experience...	<u>No</u>	
(24) If physically unable to follow previous employment, do you wish to be trained along any special line of work—if so, what is your preference? ...		
(25) Particulars of any previous service in H.M. Forces, wounds, medals, etc.		

The above questions except those marked * are to be filled up carefully by the applicant in his own handwriting—when that is possible.

Signature of Man

F. Christy

GENERAL REMARKS OF INTERVIEWER (not to be filled by man).

Wrist is weakened. fant left.

Left eye missing. Small one has been temporarily supplied.

? Arrangement for eye of proper size.

would like work in Government office at Victoria.

Has not been before Pension Board.

Interviewer's Signature

D. J. Evans
Capt.

CHARACTER (not to be filled in by man).

FROM CONDUCT SHEETS.

FROM PREVIOUS EMPLOYER.

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 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.

JUN 17 Rec'd

STATION Esquimalt B.C. DATE June 14/18

1. 1 (a) Unit 21st Co. C.A.S.C. (b) Regimental No. T. 189 (c) Rank CSM
(d) Surname CHRISTY (e) Christian name Frank

2. Age last birthday 23 yrs Date of birth 1/16/95

3. Enlisted at Victoria B.C. on Sept. 7th 1918

4. Personal description:—

(a) Height 6 ft (b) Weight 145 lbs (c) Complexion fair
(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks

Scars on thigh, wrist, arm and forearm, shoulder. Loss of lt eye.
Scar on left side of skull

5. Address after discharge (for the use of the Board of Pension Commissioners) Balmoral Hotel, Victoria B.C. A. D. M. S. MILITARY DISTRICT No. 11

6. Former trade or occupation Clerk, Victoria B.C. JUN 17 1918

7. (a) Service 3 9/12 Years VICTORIA, B. C. Days

	PERIODS	
	From	To
88th Fusiliers		
30th Bn.		
7th Bn.		
21st Co. C.A.S.C. May 1916 - present.		

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

(a) Date of origin 1. Aug. 26th 1915 (b) Place of origin 1. Messines, Flanders Belgium

(c) Cause* Explosion shell.

(d) Present disease or disability 1. dizziness. 2. vomiting. 3. general weakness.

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.]

Only fairly well nourished. Appetite poor for several months. Sleeps fairly well.

1. Dizziness. Whenever he tries to do any work patient gets dizzy and feels like fainting. Occasionally he has these attacks when standing

9. Present condition.—(Continued.)

still for a period. At the same time he has a headache mostly confined to the left side of his head. Headache and dizziness disappear when patient lies down.

2. Vomiting, this usually accompanies dizziness, but sometimes comes on independently. Certain foods such as meat do not seem to agree with him.

3. General weakness, always feels tired on the slightest exertion.

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

Nervous... as above Digestive... as above Respiratory... yes Cardiac... Yes.

Genito-Urinary... Yes. Skin, Middle Ear, Eye or any other part...

No. none vulgaris. This varies its extent. At the present time it is confined to the back of his neck.

Work: Can walk a quarter of a mile with a cane at his own pace, can do light gardening for 2 or three hours daily, but cannot go back to former occupation as a clerk.

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

Dizziness dates back to injury to head, following fracture of skull from shell explosion at Messines, Belgium 1915. Vomiting for the last 7 months.

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

Scars on both thighs, lower part of back, left arm and forearm, shoulder and face. Loss of left eye. Scar on left wrist following fracture. All following shell explosion.

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

1, 2, 3 No.

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

1, 2, 3 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?

1, 2, 3 probably permanent.

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

None

File No. 3194-7:5WAR SERVICE GRATUITY.Register No. 35302/705 *086*Reg. No. 77236 *CS.M*Dependent —Name L. L. Lister, Jr.Address —Address LillooetLillooet P.O. B.C.Pay Soldier \$ 319.90Pay Dependent \$ —Days 183Rate 70Due 420.00Less P.D.P. credited 100.10Less further Dr. Bal.
or overpayment. —Net 319.90Clerk J. S. Hughes
3/11/19*24.103
12 11/19*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
4/11/19	39349	537628	319.90					
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

Date 3/11/19

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

[illegible]

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

35302/705

3194-F-1

Name **Christy, Frank**

Christian Name

Regimental Number **77236**

Rank **Pte.**

Address (in full) **Gen P. O. Victoria, B.C.**

Unit **30th Res Batt.**

Original Unit

District where paid **Ottawa.**

Date of Discharge **31. 12. 15.**

P. D. P. Filing Number **12 C12.**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2367	9/8/17	33 00	2320	8/9/17	33 00	2282	12/10/17	34 10		100 10

Remarks:

M. F. W. 127.
50M-6 17.
1772 33-1140.

Dec'n No.....	W. S. G.	File No		
Award..... days at \$ per day \$				
S. A..... months at \$ per mo. \$.....\$				
Less P, D. P. Credited		\$.....\$		
		\$		
Less further debit balance		\$.....\$		
Net due paid as below				
TO SOLDIER & DEPENDENT				
O	Ag. No	Ch. No	Pay No	Amount
1				
2				
3				
4				
5				
6				
	Total		Total	

NAME CHRISTY.

Frank,

Regimental No.

77236

Name and address of next-of-kin

Unit

30th. Batt.

T.H. Christy,

Date of enlistment

Nov. 6th. 1914

G.P.O. Victoria,

Place of Birth

St. Paulo. South America.

British Columbia.

Married (yes or no)

No.

Date and place discharged

Id. Canada 19/11/15

Amount of pay assigned monthly \$ 15.00

Reason for discharge

N.P. 12/24 13/11/15

To whom payable

Thos. H. Christy

Character on discharge

Oak Bay Boat House, Oak Bay, House Victoria B.C.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1/3/15	31/3/15	31	1.	31 -	31	10	3 10		34 10			33 -			33 -	
1/4/15	30/4/15	30	1	30 -	30	10	3 -	1 10	34 10			25 60			25 60	L.P.P. Transf to 7 th Bn 30/4/15
1/5/15	31/5/15	31	1	31	31	10	3 10	8 50	42 60			3	15 -		18	
1/6/15	30/6/15	30	1	30	30	10	3	24 60	57 60			6	15 -		21	
1/7/15	31/7/15	31	1	31	31	10	3 10	36 60	70 70			34	15 -		49	L5 War Loan
1/8/15	31/7/15				Exchange			2 70								
1/8/15	31/8/15	31	1	31	31	10	3 10	21 70	58 50			2 74	15 -		17 74	
1.9.15	30.9.15	30	1	30	30	10	3 -	40 76	73 76				15 -		15	Transferred to 30 th Batt 30/9/15
1.10.15	31.10.15	31	1	31	31	10	3 10	58 76	92 86			38 93	15 00		53 93	
1.11.15	19.11.15	19	1	19	19	10	1 90	13 24	73 27			12 17	15 00		27 17	Transf for discharge Canada 14.11.24 13/11/15 assign pay cancelled 19/11/15
N. C. Br. Greb. 764								46 10							46 10	Trans. to acct. + P. M. Genl. Genl. liability Can. Disce

[illegible]

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
10m. 11-14.
H. Q. 1772-39-818.

487

1/28/15
1/28/15

To Whom *Mos. H. Christy*
Address *Oak Bay Boat House*
Gen'l. Delivery Oak Bay, Victoria
V.B.C.
Rate *\$15.00 from May 1st.*

By Whom Assigned *Christy, Frank*
Regtl. No. *77236*
Rank *Pte.*
Corps *30th Bttn #1 Co*
2nd
#14. 18/15

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		<i>68714</i>	<i>15</i>	
June		<i>310135</i>	<i>15</i>	
July		<i>011470</i>	<i>15</i>	
Aug.		<i>86762</i>	<i>15</i>	
Sept.		<i>27568</i>	<i>15</i>	
Oct.		<i>H 14571</i>	<i>15</i>	
Nov.		<i>814723</i>	<i>15-</i>	
Dec.		<i>cancelled</i>	<i>15</i>	
Jan.	1916			
Feb.				
March				

P.D. P. 31/12/17 R.F.S.



Discharge. Dec. 1st 15. 3m. 6/15. H.A.

Name.....

Christy Ote J

M. F. W. 41.
10m.—11-15.
1772-39-889.

287

Regimental No. 77236

Unit

7th Battalion (30th)

Date of enlistment

Place of "

Married (yes or no)

no

Amount of pay assigned monthly \$ 1500 Nov.

To whom payable s/a Mail.

Home Name and address of next-of-kin James Island, B.C.
G.P.O. Victoria B.C.1218 Government St.
Victoria, B.C.
Ent. Esquimalt Conv. Home. 8-12-15
Discharged 11-1-16.
Date and place discharged

Reason for discharge

Character on discharge

Corsican 19-11-15 24-11-15 Class II

649-C-1107

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date					
19-11-15							36 37							
20-11-15	31/12/15	42	100	42 00	42	10	420							
							82 57	1596	31/12/15	12 57	X			L.P.C.
							10 00	10 00	6866	31/1/16	10 00			x 2nd 100 Paid + 4 Paid
							6 00	6 00	837	19/1/16	6 00	X		Adv. by P.M.
													6 00	Recovered by C.P. P.
														Subs 1 1/2 to 15 1/2

Pensioned
from 1/1/16 P.C. 152/134C.P.P. notified of
dr Bal.

[illegible]

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 77236 (Rank) Private
 (Name in Full) Christy, Frank enlisted in
30th Reserve Overseas Battalion (formerly 7th Bn)
 Canadian Overseas Expeditionary Force, on the 8th of September
 1914, and accompanied said unit to England.
 was returned to Canada, and discharged from the service at Quebec, Canada
 on the 31st of December 1915, in consequence of being
medically unfit.

DESCRIPTION ON DISCHARGE

Age 18 years 10 months
 Height 5 feet 11 1/2 inches
 Complexion Fresh
 Eyes Blue
 Hair Fair
 Trade Logger

Marks or Scars High explosive
shell scar on face, skull.
Loss of left eye.
Scar on left forearm.
Fractured wrist.

Signature of Man _____

eb

Place and Date Ottawa, April 18th 1916

Officer in charge Discharge Dept.
Capt. S. A. A. C. O.

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. 77236

Rank Private

Name Christy, Frank

Unit 30th Overseas Battalion

Address on Discharge

Balmoral Hotel

Victoria, B. C.

Canada

His conduct and character while in the Service have been:

Very Good.

Place

Date

Commanding

Campaigns

Medals and Decorations

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

Certificate of discharge of No. 77236 (Rank) Private
 (Name) Christy Frank
 (Regiment) 30th Reserve Battalion CEF
 who was enlisted at Victoria British Columbia
 on the November 1st 1914.

He is discharged in consequence of Medically unfit
from wounds received in Active Service
European War

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

(Place) _____ Signature of

(Date) _____ Officer

Alfred Wood
30th Res. Bn. CEF

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

Age _____

Height 5 feet 11 1/2 ins

Complexion Fresh

Eyes Blue

Hair Fair

Marks or Scars, whether on face
 or other parts of body.

High explosive shell scars
on face (i) on skull.
Loss of left eye.
Scar on left forearm.
Fractured wrist

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

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 Depot 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 38.

77236

(ATTESTATION) PAPER.

No. 301

Folio. 172
1260

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?	Christy	Frank
2. In what Town, Township or Parish, and in what Country were you born?	St Paulo S. America	Brazil
3. What is the name of your next-of-kin?	T.H. Christy	
4. What is the address of your next-of-kin?	Gen. Delivery P.O. Victoria B.C.	
5. What is the date of your birth?	Jan 16 1895	
6. What is your Trade or Calling?	Laborer	
7. Are you married?	No	
8. Are you willing to be vaccinated or re-vaccinated?	Yes	
9. Do you now belong to the Active Militia?	88th Vic. Fus.	
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	
	St. Christy	(Signature of Man).
	Wm. Ross	(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Nov. 6th 1914. St. Christy (Signature of Recruit)
Wm. Ross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date Nov. 6th 1914. St. Christy (Signature of Recruit)
Wm. Ross (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 Victoria this 6th day of Nov. 1914.

McLennan (Signature of Justice)

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

E. Leppard Marsh (Approving Officer)

Description of CHRISTY F on Enlistment.

Apparent Age 18 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement { Girth when fully expanded 37 ins.
Range of expansion 2 ins.

Complexion Fresh

Eyes blue

Hair brown

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

(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).

(Nil)

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) x for the Canadian Over-Seas Expeditionary Force.

Date Nov. 6th 1914.

Place Victoria B.C.

*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:—

W. Bayne D. Anne
W. Bayne D. Anne
Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

F. Christy 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.

J. A. B. C. (Signature of Officer)

Date Novr. 6th 1914.

No. 122 RANK Pte.
 301 Nov. Payst.
 77 236 Feb.

NAME Christy F.

T. O. Sg-9-14 (Sg-8-9-14) UNIT 88th. Regt. (Victoria Fusiliers)

Transfd. from 88th Regt.
 1-11-14 (old-30 of 12. 11. 14)

M. D. 11.

PAID FROM	PAID TO	SIG. OR R&C'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914. Sept. 8.	1914. Sept. 30.	✓	Transfd. to 30 Bn 1-11-14. Do supp. 14-11-14. Now shown as 30 Bn Payst. 1-11-14. 10.0-30 of 12. 11. 14.	
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1915. Jan. 1.	1915. Jan. 31.	✓		
	Feb.	✓		
	Mar.	✓		

UNIT SAILED
 FEB 23 1915

(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 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 Esquimalt B.C. DATE June 14/18

1. 1 (a) Unit 21st Co. C.A.S.C. (b) Regimental No. T. 189 (c) Rank CSM

(d) Surname CHRISTY (e) Christian name Frank

2. Age last birthday 23 yrs Date of birth 1/16/95

3. Enlisted at Victoria B.C. on Sept. 7th 1918

4. Personal description:—

(a) Height 6 ft (b) Weight 145 lbs (c) Complexion fair

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

Scars on thigh, wrist, arm and forearm, shoulder. Loss of lt eye

Scar on left side of skull

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

Balmoral Hotel, Victoria B.C.

6. Former trade or occupation Clerk, Victoria B.C.

7. (a) Service

88th Fusiliers																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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(b) Has he been overseas? Yes. 8. Original disease or disability Fractured Skull

(a) Date of origin 1/2 Aug. 26th 1918 (b) Place of origin 1/2 Messines, France Belgium

(c) Cause* Explosion shell. 1.23. FRAGMENT HE SHELL.

(d) Present disease or disability 1. dizziness, 2. vomiting, 3. general weakness.

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.]

Only fairly well nourished. Appetite poor for several months. Sleeps fairly well.

1. Dizziness. Whenever he tries to do any work patient gets dizzy and feels like fainting. Occasionally he has these attacks when standing

9. Present condition. (Continued.)

(still for a period. At the same time he has a headache mostly confined to the left side of his head. Headache and dizziness disappear when patient lies down.)

2. (Vomiting, this usually accompanies dizziness, but sometimes comes on independently). Certain foods such as meat do not seem to agree with him.

3. (General weakness) always feels tired on the slightest exertion.

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

Nervous as above Digestive as above Respiratory yes Cardiac Yes.

Genito-Urinary Yes. Skin, Middle Ear, Eye or any other part.

No. none vulgaris. This varies its extent. At the present time it is confined to the back of his neck.

Work: Can walk a quarter of a mile with a cane at his own pace, can do light gardening for 2 or three hours daily, but cannot go back to former occupation as a clerk.

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

Dizziness dates back to injury to head following fracture of skull from shell explosion at Messines, Belgium 1915. Vomiting for the last 7 months.

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

Scars on both thighs, lower part of back, left arm and forearm, shoulder and face, loss of left eye. Scar on left wrist following fracture. All following shell explosion.

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

1 2 3 No.

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

1 2 3 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?

1 2 3 probably permanent.

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

None

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No.

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

17. Recommendations

That he be discharged.

Frank Christy
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 *Frank Christy* 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.

MB *Frank Christy*
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.

Sec. 8. d. - loss of left eye

Sec. 11 2. 3. & 4. N.A.

Sec. 12. 1. 2. 3. 4. No.

Sec. 13. 1. 2. 3. 6 months. 4 permanent.

Concurs

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). |

Yes.

20. It is certified that the soldier

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

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

(Category "A".)

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... Requimalt B.C.

DATE... June 14th 1918

Wm. B. Ry and rest President.
W. L. Scott-Moncrieff Capt Members.

APPROVED BY

APPROVED BY

For Assistant Director of Medical Service A. M. C.
M. D. 11

Director-General of Medical Services.

DATE... JUL 10 1918

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... President.
DATE..... Members.

Expiry Date

Ottawa, March 21st, 1919.

As soon as possible.

Regimental Number 77236 Rank Private.

Name Frank Christy.

Unit 7th Bn.....C.E.F.

DESCRIPTION OF PENSIONER:

Apparent Age 19 yrs. on 31-12-17 Height 5' 11½" Color of Eyes Blue

Complexion Fresh. Color of Hair Fair.

Marks of Identification Scars on face, one on skull, loss of left eye. Scar on left eye. Scar on left forearm. Fractured wrist.

A.F.B.179. 3-10-15. Shorncliffe Military Hospital.

Enlisted on Sept. 8th, 1914, Victoria, B.C. Disability--
Loss of left eye. Shrapnel wound of scalp and face Aug. 26th,
1915, Messines.

High explosive shell fell near him while in the trenches,
injuring his left eye, face and scalp in left parietal region.

Loss of left eye. Socket well healed and he will be able
to wear an artificial eye. Right eye in poor condition, vision
normal. He has a healing wound of scalp in left parietal region.
and in face over left parotid gland. He has fragments of shrapnel
in the skin of his nose, ear and fingers. The orbital margin has
been injured below the left eye and here & there some buried frag-
ments of shrapnel.

A.F.B.179 Nov. 30th, 1915. Quebec.

Has lost left eye - socket healthy. Right eye normal vision
Has healed scar in left parietal region and over left parotid.
Lower edge of left orbit has been impaired. Has fragments of shrap-
nel. freely movable on back of left wrist just over the end of the
ulna. Has numerous small scars on both legs and back and a few
small pieces of shrapnel palpable in legs.

Medical Report Dec. 13th, 1916. Esquimalt, B.C.

Left eye has been removed. The wrist wound has healed up
Has improved a good deal in the last year. There is no dis-
ability from the wrist.

B.P.C. 800, Nov. 29th, 1917, Victoria, B.C.

Sight normal in right eye. This man has small pieces of shrapnel over different parts of body, one in lower jaw. A piece in deltoid of left arm and another larger piece in left thigh, he has also a depressed fracture left side of skull and states that there are two pieces of shrapnel beneath skull. He suffers severe headaches at times. His left arm is weaker ~~xxxxxxx~~ than right ~~xx~~ and is 25" smaller over the biceps, he states his arm is very weak and tires easily. He wishes to have the pieces of shrapnel removed and in the opinion of the board this is advisable, as they act as foreign bodies setting up some local irritation and keep the man's attention focused upon his wounds, he is in consequence in a neurasthenic condition over them attributing all his weakness and illness to these pieces. He states he is only normal 3 days a month and is feeling ill the rest. He is 35 lbs. underweight. He is attached to the C.H.S.C. No. 21 Co. Victoria and is very ~~few~~ frequently on sick leave.

B.P.C. 800, June 13th, 1918, Victoria.

Loss of left eye, debility ~~xxxxxx~~ moderate. Headache not so severe but has headache more or less every day. ^(and vomits a good deal every day) Even if he does not vomit he has feeling of nausea. Since last Pension Board examination, he has been operated upon a piece of bone taken from shin and the defect in skull filled in with bone. The large pieces of shrapnel were removed at same time. There are still a few fragments left in face and leg, causing no trouble. States he feels very weak all the time only able to walk half a mile, when he gets weak in stomach, and, overexertion causes vomiting. Sleep is good in fact feels drowsy all the time. He feels very nervous, noises or any sudden start causes him to break out in cold sweat down his back. He is distinctly neurasthenical and worries about his condition a good deal. At present he is in Convalescent Hospital. Further operation is not advisable.

35302

District Master
MAR 31 1919
VICTORIA, B. C.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 *Frank* 2. Surname *Christy*
3. Rank *C. S. M.* 4. Original Unit *88th Regt.* 5. Reg. No. *77236*
6. Address, in full, to which future payments of gratuity are to be forwarded
Frank Christy, Lillooet, Pst office, Lillooet, B.C.
7. Date of enlistment in the C.E.F. *Sept. 8th 1914*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent } *Not Applicable*
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
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:
7th Battalion C.E.F. 14th Feb. 1915 to Dec. 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? *not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service
Not Applicable
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 *8th Sept. 1914 to 13th July 1918*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *not applicable* *No.*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No.* *not applicable*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments,

and under what regimental numbers and units. *88th Trenchers 8th Sept 1914 - Merged*

into 30th Batt. C.E.F. and again merged into 9th Batt. C.E.F.
21st Co. C.E.F. M.D. 11 on 18th of May, 1916.
Discharged 13th July 1918.

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

3 months Post discharge pay - Paid by Ottawa.

20. Have you been issued with a War Service Badge? If so, what class? *Class B.*

21. Have you, during the present war, served in the Imperial Forces?

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

Not Applicable

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

Not Applicable

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not Applicable*

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

13th July 1918 (b) Reason for discharge *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*

Not Applicable

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

9th Battalion C.E.F. 14th Feb. 1915
to Dec. 1915

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not Applicable*

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.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

19th

day of

April

19*19*

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

Samuel Gibbs
Stipendiary Magistrate for the County of Carleton

POST DISCHARGE PAY.

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

Certified Correct.

A.D. Patterson
District Paymaster.

FOR DIST. PAYMASTER M. D. 11

POST DISCHARGE PAY SECTION

Frank Oliver