

REGIMENTAL DOCUMENTS

As 25.3.19

NAME

CHRISTIE, FREDERICK MENARD

REGT. NO.

2700 199

UNIT

6 Bn C.S.R.

H. Q. FILE NO.

H

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

DISCHARGE

Category

Good Discharge

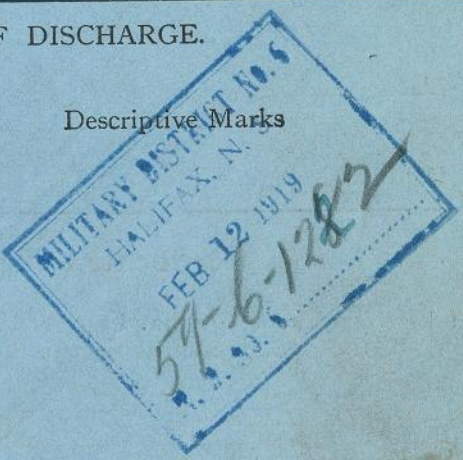
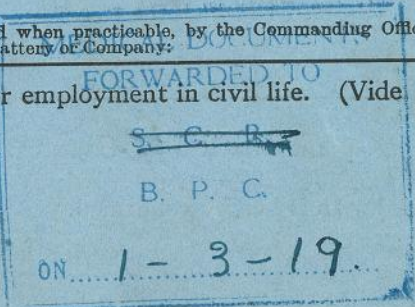
DESERTION



This space to be for numbers.

Proceedings on Discharge.

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

No.	2400199.	
Rank	Corpl.	
Name	Frederick Edmund Christie	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	6 Batt. C. & I. P.	
Date of Discharge	FEB 5 1919	
Place of Discharge	Halifax N.S.	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	46 years.....	months.
Height.....	5 feet.....	10 inches.
Complexion	Medium	
Eyes	Blue	
Hair	Red.	
Trade	Farmer	
Intended place of residence	Barrington N.S.	
(To be given as fully as practicable.)	Shelburne Co.	
Descriptive Marks		
		
2.	The above-named man is discharged in consequence of	
Med unfiled.		
60. 59. C. 1282. 30. 1. 19		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	N.B.—This will be assessed, when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
		

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place).....**HALIFAX, N. S.**.....

(Signature of Soldier.)

(Date).....**FEB 5 1919**.....

(Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....**HALIFAX, N. S.**.....

(Date).....**FEB 5 1919**.....

J. A. MacLennan Major
for O.C.
(Signature)
Struck off strength 6th. Batt. C.G.R., C.E.F.

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.)

F. Christie

List of Discharge Documents.

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

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

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 *Frederick M.* 2. Surname *Christie*
3. Rank *Cpl.* 4. Original Unit *Composite Art* 5. Reg. No. *2700199*
6. Address, in full, to which future payments of gratuity are to be forwarded
Mt. Fred. Christie
Barrington Passage Shellbourne Co. N.S.
7. Date of enlistment in the C.E.F. *Transferred to 6th Bn C.S.R. C.E.F. 8-11-18*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. Mary Christie*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent *Barrington Passage*
Shellbourne Co. N.S.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
No
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? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *8-3-16 to 8-11-18 Com. Art. Barrington Passage*
8-11-18 to 27-12-18 Com. 6th Bn C.S.R.
Barrington Passage 27-12-18 to 5-2-19 Halifax N.S.
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 *Com. Artillery 8-3-16*
to 8-11-18 6th Bn C.S.R. C.E.F. 8-11-18
to 5-2-19 discharged
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Enlisted in Composite Artillery 8-3-16 Regt No 98 Re-enlisted 1846 50th Bn C.E.F. 8-11-18 Regt No 2700 199 Discharged 5-3-19*
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 *No NOT APPLICABLE*
20. Have you been issued with a War Service Badge? If so, what class? *No NOT APPLICABLE*
21. Have you, during the present war, served in the Imperial Forces? *No NOT APPLICABLE*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No 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*
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No NOT APPLICABLE*
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *5-2-19* (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 *No NOT APPLICABLE*
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? *No 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: *F. Christie*

Place of Residence: *Barrington Passage N.S.*

Declared before me at: *Halifax N.S.*

This *5th* day of *February* 19*19*.

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

J.L. Stephen, Major (J.P.)

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>W.C.</i>			<i>61 days</i>	<i>140 00</i>
			<i>2 new sh</i>	<i>60 00</i>
				<i>200 00</i>

Certified Correct.

W.C. Stephen
District Paymaster.

Paymaster 6th Bn. Can. Div. C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2400199 (Rank) Corpl.
 Name (in full) Frederick Edward Christie enlisted in
 the 6 Batt. C.E.F. (Comp. Ord. 8.3.16)
 CANADIAN EXPEDITIONARY FORCE at Barrington Pass on the 5th
 day of November 19 18
 HE served in Canada
 and is now discharged from the service by reason of Medecree
unfit 60 59 @ 1282 (50.1.19)

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

Age 46 yrs.
 Height 5.10
 Complexion Medium
 Eyes Blue
 Hair Red

Marks or Scars _____

F. Christie
 Signature of Soldier
 Date of Discharge 5 Feb 19

J. A. MacEwen
 Issuing Officer
for Lieut. Col.
 Rank
6th Batt. Can. Garrison Regt. C.E.F.

Signed at HALIFAX, N.S. this 5 day of Feb 19 19
 in Military District No. _____
 File Reference No. _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

REGT. No. 270

M. OR S.

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C. E. F.

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

ASSIGNED PAY, \$

PAYABLE TO

ADDRESS

STOP PAYMENT FOR
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

MONTH PAY AND F. A. OTHER CREDITS TOTAL CREDITS

NO.
OF
DAYS

RATE

AMOUNT

CREDITS

CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGE

Balance from
previous
account

61 / 140 / 60 / 200 /

War Service Gratuity
FEB 10 1919 4744 70

FEB 10 1919 4745 30
Mar. 18/19. 145279 70
Mar. 18/19. 145280 30

Completed

140 00 60 00 200 00

200 00

Certified that all payme
on this acct have been p
For Senior Officer Pay Services, N

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

REGT. No.

2700199
UNIT 68

RANK

NAME (IN FULL)

Christie Fredrick

(BLOCK LETTERS, SURNAME FIRST)

SHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT	IF IN P. F.		(BLOCK LETTERS, SURNAME FIRST)	
				C. E. F.	WHAT UNIT?			
				PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY	
VE				ASSIGNED PAY, \$	DATE EFFECTIVE			
SHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
				ADDRESS				
				STOP PAYMENT FORM	EFFECTIVE			
				ASSIGNED PAY				
				RENDERED, DATE				
				DISCHARGED	PLACE	DATE	REASON	AUTHORITY
								IF ENTITLED TO POST DISCHARGE PAY

ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI- MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS						
COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT							
C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.
<p><i>War Service Gratitude</i></p> <p>FEB 10 1919 4744 70 ✓</p> <p>FEB 10 1919 4745 30 ✓</p> <p>Mar. 18/19. 145279 70 ✓</p> <p>Mar. 18/19. 145280 30 ✓</p> <p><i>Completed</i></p>																		
										200 00		200 00						
<p>Certified that all payments made on this acct have been paid</p> <p><i>Martha L. Linn</i> CAPT</p> <p>For Senior Officer Pay Services, M. D. G.</p>																		

[illegible]

[illegible]

M. OR S.

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

REGT. No. 2700

NEXT OF KIN

RELATIONSHIP

ADDRESS

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.PLACE OF
ATTESTATIONDATE OF
ATTESTATION

ASSIGNED PAY \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

*See all
Adjustment
sheet only*

Mary C
Barrin
HaBALANCE
FROM
PREVIOUS
ACCOUNT

MONTH

PAY AND F.A.

NO.
OF
DAYS

RATE

AMOUNT

\$ C.

OTHER
CREDITS

\$ C.

\$ C.

TOTAL
CREDITS

\$ C.

ACQUITTANCE ROLLS

COL. NO. 1

COL. NO. 2

COL. NO. 3

CASH PAYMENTS

COL. NO. 1

COL. NO. 2

COL. NO. 3

ASSIGNED
PAY

\$ C.

REGI-
MENTAL
CHARGES

\$ C.

Total

50 - 1

50

100 3/4

50 - 1

50

50

50

PAYMASTER

REGT. NO. 2700199 RANK Rpl

NAME (IN FULL)

Christie 27

(BLOCK LETTERS SURNAME FIRST)

SHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)	
				PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
				DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
				ASSIGNED PAY \$	DATE EFFECTIVE		
				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
				ADDRESS			
				STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE		
				DISCHARGED	PLACE	DATE	REASON
							AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY.

ACQUITTANCE ROLLS			CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1 COL. NO. 2 COL. NO. 3			COL. NO. 1		COL. NO. 2		COL. NO. 3														
C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
0	100	3/9									50	-					50	-			ARISS bk 3397 Bond of Fidelity Issued as duplicate of CR 201199 Issued January 1919
0											50						50				

Certified that all payments due on this acct have been paid.

[Signature] APT.
For Senior Officer Pay Services, AF LT 6

✓

Surname..... *Christie*..... H. Q.....
Christian names..... *Frederick Minard*..... M. D. No. *6*.....
Regtl. No. *2700199* Rank *Ct*..... T. O. S. 19.....
Unit *Can. Gar. Regt (6th Bn.)*..... D. O. Pt. II..... of.....
S. O. S. 19.....
Reason
Auth.....

Next of kin..... *Christie Mrs. Mary E*..... Relationship..... *Wife*.....
Address..... *Barrington Cassagar*..... Also notify:.....
No 8.....
.....
.....

BORN—Place..... *Canada Barrington*..... Date..... *Feb 5th 1873*.....
ATTESTED—Place..... *Sent for*..... Date.....
O/S..... R/C.....

270099

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 98 Rank Corpl. Name Christie, Frederick M.
C. E. F.Enlisted (a) 8/3/16 Terms of Service (a) War & 6 mos. Service reckons from (a) 8/3/16Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. } TwoExtended. Re-engaged. Qualification (b) Painter

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				
<u>8/11/18</u>	<u>Comp. Arty Detach. Barr. Postage</u>	<u>6th Batt. C. G. R. C. E. F.</u>	<u>Halifax</u>	<u>8/11/18</u>	<u>Chas. A. McLean Lieut. V.C. Guard Barrington Postage</u>
		<u>Struck off strength 6th Batt. C.G.R. C.E.F. No. Med unfiled (60.59.0.1282.)</u>	<u>Halifax</u>	<u>5.2.19</u>	<u>W.T. Luckling Lieut. Officer i/c Records 6th Batt. C.G.R. C.E.F.</u>
		<u>Sts. 60 Par. II 34 (6.2.19)</u>			

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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

ATTESTATION PAPER.

No. 2700199

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....Christie
- 1a. What are your Christian names?.....Frederick Minard
- 1b. What is your present address?.....Gov. Radio Station, Barrington Passage
2. In what Town, Township or Parish, and in what Country were you born?.....Barrington, Shel. Co., N. S.
3. What is the name of your next-of kin?.....(Mrs) Mary E. Christie
4. What is the address of your next-of-kin?.....Barrington Passage, N. S.
- 4a. What is the relationship of your next-of-kin?.....Wife
5. What is the date of your birth?.....February 5th. 1873
6. What is your Trade or Calling?.....Painter
7. Are you married?.....Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....Yes
9. Do you now belong to the Active Militia?.....Yes
10. Have you ever served in any Military Force?.....Camp Arty. Detachment
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }.....No
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..No
14. If so, what was the nature of the disability?.....Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?No
16. If so, what was the reason?.....Not applicable

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

.....(Signature of Recruit)
Date.....191(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

.....(Signature of Recruit)
Date.....191(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.....this.....day of.....191 .
.....(Signature of Justice)

Description of CHRISTIE Fred on Enlistment.Apparent Age 45 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 11½ ins.Chest measurement { Girth when fully expanded 34½ ins.
Range of expansion 2 ins.Complexion DarkEyes BlueHair BrownReligious denominations. { Church of England
Presbyterian
Methodist
Baptist or Congregationalist Yes
Roman Catholic
Jewish
Other denominations
(Denomination to be stated.)

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* unfit for the Canadian Over-Seas Expeditionary Force.Date Nov. 8th 191 8H. H. BanksPlace Radio Station, B. Passage, N.S.

Medical Officer.

*Insert here "fit" or "unfit."

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

Defective Vision.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Frederick Christie.....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.Chas. H. Melvin, Lieut. (Signature of Officer)Date 8-11-18 191 8

Certified true copy.

W. T. Suckling
Officer i/c Records 6th Batt. C.G.R.C.E.F.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Snipon Mt DATE Jan. 25/19

1. 1 (a) Unit 6 Bat. 6 BR (b) Regimental No. 2700199 (c) Rank Cpl.

(d) Surname Christie (e) Christian name Frederick

(f) Home address Barrington Passage, Shelco. Mt.

(g) Next of Kin Mary E. Christie (h) Relationship wife

(i) Address of Next of Kin Barrington Passage, Mt.

2. Age last birthday 45 yrs. Date of birth Feb 5, 1874

3. Enlistment, or Appointment (if an Officer) (a) Place Barrington Passage (b) Date Mar 8/1916

4. Personal description:

(a) Height 5 ft 10 in. (b) Weight 145 lbs. (c) Complexion med.

(d) Colour of hair med (e) Colour of eyes bl. (f) Identification marks, Scars, etc. Face left arm.


5. Former trade or occupation painter

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

Canada

England

France or other theatres of War

Years	Days
	
From <u>Mar 8/16</u>	To <u>date</u>

7. Original disease, or injury Defective Vision

(a) Date of origin childhood (b) Place of origin Barrington Passage

(c) Cause unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Complaint of poor vision, cannot read without bringing object close to eyes.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialist report Camp Hill Hosp. Copy attached)

R. V. $\frac{20}{200}$ of under normal

L. V. $\frac{20}{200}$ Case of mixed astigmatism not due to service.

Otherwise soldier is well built and in good condition.

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

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

Special Senses..... *gl. a. abn.*..... Respiratory System..... *no*..... Integumentary System..... *no*.....

Disturbances of Mentality..... *no*..... Digestive System..... *no*..... Muscular System..... *no*.....

Osseous and Joint Systems..... *no*..... Any other general condition..... *no*.....

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

Says eyesight has been poor since childhood but claims that it is getting worse as he grows older.

10. (b) Give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a). *Nil.*

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

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) *No.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *No.*

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Permanent.*

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

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No.*
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations.

*Sub # 2700199. Cpl F. Christie
be placed in Category E for discharge*

Samuel Capt. Cume
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned *F. Christie* 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

Christie F. Cpl

Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

Halifax

DATE

Jan 27th 1919

Attest: J. L. L. and
R. F. D. B. C. P. C.

President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

President.

PLACE

DATE

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

3. 463.
6-18.
1772-39-950.

DISTRICT.

NAME OF SOLDIER.

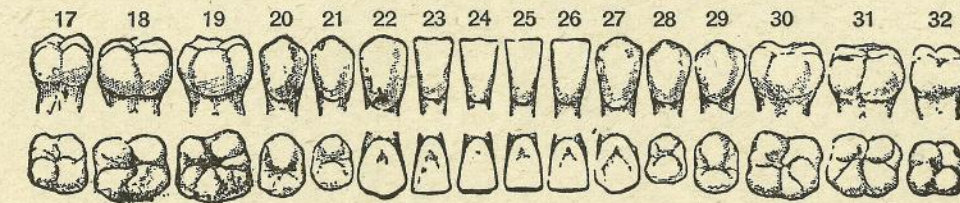
Wahnschnee, Friedrich No.

REGIMENT.

RANK.

John

No.



INSTRUCTIONS

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

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

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

[illegible]

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Christie Christian name Fred
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street) and number if any) Radi Shale B. Passage

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of November 1918, by the undersigned medical board sitting at Radi Shale B. Passage

5. Age as stated 45 Years 9 Months. 6. Apparent age 45 Years 9 Month
 7. Height 5 Feet 11 1/2 Inches. 8. Weight 160 Pounds.
 9. Chest measurement { Minimum 35 1/2 Ins. 10. Complexion Dark { Eyes Blue
 { Maximum 38 1/2 Ins. { Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 14. When vaccinated last March 1918
 { Left arm one
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B1
 17. (a) Vision. R. defective L. defective
 (b) Hearing. R. good L. good
W. T. Banks President.
 Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>March 1918</u>	<u>Successful</u>	<u>HN Banks</u>	<u>1916</u>	<u>good</u>	<u>W. T. Banks</u>
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined England day of November 1918 at Radi Shale B. Passage

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>Comp. Art. Detach.</u>	<u>98</u>	<u>good</u>	<u>8/3/16</u>
Transferred to	<u>6 Batt'n C.S.R.</u> <u>C.E.R.</u>			<u>8/11/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Halifax</u>	<u>Jan 27 1919</u>	<u>Defective vision</u>	<u>ER P. O. B. M. Capt. Amc</u>

Signature of Man Fredrick M. Christie

If raised in category, record category in a square The M. O. will initial and date.

Christian Name

Christian Name

Lebrosus

Surname:

[illegible]

NAME *CHRISTIE, Frederick, Minard*

REGIMENTAL NO. *2700199*

RANK *Corpl.*

ENLISTED AT *Halifax, N. S.*

PROMOTIONS, &c.
AND DATE

DATE *1-12-18*

IF SERVED PREVIOUSLY, STATE UNIT, &c. *Comp Art. Det.*

MARRIED, WIDOWER, OR SINGLE *Married*

NEXT OF KIN *Mary E. Christie* RELATIONSHIP *Wife*

ADDRESS OF *Barrington Passage, N. S.*

ASSIGNMENT OF PAY \$ *Trade or calling* TO *Painter*

ADDRESS *Religion* *Baptist*

SEPARATION ALLOWANCE, ENTITLED OR NOT *Category*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER *Apr*

IN WHOSE FAVOUR *Height.*

85-2-73
5' 11 1/2

CASUALTIES, &C.

NATURE

E.G. ABSENCE, PROMOTION, &C.

PART II. D. O.

No.

DATE

REMARKS

IF IN HOSPITAL, NOTE NAME, &C.

T.O.S. 1-12-18

Sgt 2nd Lt as
Med unft.

3

2-1-19

27

6-2-19

Wky 68. 29. 6. 1222.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 2700199 Rank Pl. Name F. Christie
Corps 6th Batt'n, C.G.R., C.E.F. who was* Discharged
On 5-2-19 191... to...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 191...
to 5-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	17	30
Advances } No.			Reg'tl. Pay <u>5</u> days at \$ <u>1.00</u>	5	50
Cheques } No.	58	30	Field Allow. <u>5</u> days at \$ <u>c.10</u>		50
Assigned Pay and Sep'n Allee. No.	5	00	Separation Allowances* (Monthly)	5	00
Other charges			Other Allowances* <u>Glth. Allee.</u>	35	00
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	63	30	Total	63	30

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has... (‡) been paid on account of Assigned
{ Pay for the month of January, 1919 191... } (to) Assignee Mary Christie
{ and Sep'n Allee. for month of Date of Discharge }
(Address) Barrington Passage, N. S.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment ...
(2) if married and if a Separation Allowance Card has been submitted Yes
(3) cause of discharge Demobilization authority ...
(4) authority for transfer ...

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

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

Date 5-2-19

Place Halifax N. S.

6th Batt'n, C.G.R., C.E.F. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.