NAME GLUTTER BUCK FREDERICK VICTOR REGT. NO. 2379220 UNIT B. B. B. R. H. Q. FILE NO. CONTENTS TO WHOM FORWARDED DATE RECEIVED M. F. W. 2505 DATE FORWARDED NON-EFFECTIVE BY REFERENCE ATTESTATION PAPER (M.F.W. 23, 133, or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) 26035 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) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) Q.7W3997

W 2589 100M-11-18 1772-39-1377



CLASS " A. " NO 1/15 9

# Proceedings on Discharge.



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

the documents specified on fourth page.)
No. 2379220
Rank Private.
Surname Clutterbuck.
Christian name Frederick Victor.  NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.
Corps (Squadron, Battery or Company)  1st D.B.M.R.
Date of discharge 4-3-19.
Place of discharge Winnipeg.
1. DESCRIPTION AT THE TIME OF DISCHARGE
Descriptive marks
Age 31 years 8 months.  Height 5 feet 10 inches.
Complexion Fair, G.S.W. calf of right leg.
Eyes Blue does to be signed by the Soldier on Disch entlines. 8
Hair Fair.
Trade
Intended place of 132 001697 St., and disposite the management of the residence
residence (Winnipeg. (To be given as fully as practicable.)
2. The above-named man is discharged in consequence of
★ C.O. 51 - 619 D.O.59 ☆
Demobilization R.O. 1420 (c)
Authority for discharge
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
3. Conduct and character while in the service have been, according to the records, etc.
the character of the ch
o at the state of
and the solution and the
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
ti. Confirmation of Discharge.
3. Conduct and character while in the service have been, according to the records, etc.  N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the officer Commanding his Squadron, Battery or Company.  4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18. H. Q. 1772-39-113. Klest Mover)
28 2

5. He is in possession of the following	g number of G. C. Badges
	act no egmpsssort
	CALL DESIGNATION OF THE PERSON
	When forwarded for confirmation these proceeding
	the documents specified on for
No reference to G. C. Badg	ges is to be made on either the discharge or character certificate.
	Command-
	b Com
6. Medals and Decorations	by the
y by authority ,	To be copied by the ling Officer on to the Discharge Certificate
	To be Disching Of the Control of the
7. His account is correctly balanced,	and signed by the Officer Commanding his Company, (Squadron enquired into all matters brought before me in accordance with
Regulations.	To Alar BHT TA ZOFFIRDEN
(Place)	Ave. 21 vetes 8 months
(Date)	Commanding
- Charles of the control of the cont	·
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 e reservations of the claims noted on the third page, and that I
have received my permanent discl	harge certificate.
(Place)Winnipeg.	Signature of Soldier.)
	In Agast 1 -
	a. Dacel. L. (Signature of Witness.)
when a soldier is absent through the proceedings to him for signature when returned, should be attached	ness or any other cause and it is not desirable to forward these e, a manuscript copy should be sent for the man to sign, and d here.
	the case of a Soldier who takes his discharge
es according to the record see	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.
will this station with the memory side of croffic soil	date to which the Record of Service is completed)yearsdays.
Service toward Engagement to (the	age de special qualifications for employment in civil
	Totalyearsdays.
11. Cor	nfirmation of Discharge.
The discharge of the above-named ma	an is hereby confirmed.
(Place) Winnipeg.	8 m
4 7 10	(Signature) . A Coste Major.
(Date) 4-3-19.	O.C. No 10 District Depot.

# Reservations referred to at Para. 8. When there are none, it is to be so stated, and signed by the soldier.) (To be signed by the soldier. TV Chiller back I hereby certify that the following documents are unobtained in

# List of Discharge Documents.

Militia Form W. 23 Militia form B. 263 Attestation Paper Reg. Conduct Sheet, Particulars of Recruit W. 133 Squadron ) B. 263a Battery Conduct Sheet, B. 218 Proceedings on Discharge Company Field Conduct Sheet W. 178 in MS. Copies of Convictions, by C. P. In the case or recruits who are rejected on final Militia form B. 313 Med. Hist. Sheet, approval, the discharge documents will consist of W. 54 Casualty Form Medical Report for Invalid§ B. 227 Proceedings on Discharge. B. 465 Dental History Sheet W. 44 Last Pay Certificate Attestation. Duplicate Discharge Certificate. " W. 39A W. 82 ‡Form of Will Medical History Sheet. §Only if discharged "Medically unfit." †Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

CARD NO. SURNAME. Clutterbuck CHRISTIAN NAMES Frederick Victor REGL. NO. 2379220 RANK Pte. UNIT Man. Right 1 2 20ps. Br. FORMER CORPS NEXT OF KIN. CHANGE OF ADDRESS NAMES IN FULL Clutter duck, James RELATIONSHIP TO SOLDIER Father ADDRESS Parsley, New Milton, Hants, Eng PLACE OF ATTESTATION Winnipels, man. DATE John 7/2/8 OKS. 5-2-18. 1067 M. F. W. 22. 100m.-8-17. H. Q. 1772-39-339. L. L 26989 M. & D. 8191.

SINGLE MARRIED WIDOWER TRADE OR CALLING RELIGION DESCRIPTION. APPARENT AGE YEARS MONTHS HEIGHT FEET INCHES CHEST MEASUREMENT INCHES **EXPANSION** INCHES EYES COMPLEXION HAIR DISTINGUISHING MARKS MEDICAL EXAMINATION. PLACE DATE

CHRISTIAN NAME OR NAMES

REG. NO.

CLUTTERBUCK

2379220.

Pt.e.

Man. 27.

Co.

TROOP

BATTY

HOSPITAL

11 Stat. Rouen.

DATE OF ADMISSION

1. Stitcheur Mil Bry Clar-HOSP. 15. 8. 18.

10-8-18.

PPC Bextill

HOSP. 10.10.18

HOSP.

HOSP.

DIAGNOSIS 1.

GSW. t. Le g. Ru.

2.

3.

DISPOSITION

2 10-12-18

CL. 14-8-18, A291-5.

A.M.D. 2 Dept.

Boh. of D.G.M.S. G.M.F.C. London

#### EPITOME OF HOSPITAL TREATMENT

Hospital	ADM.
1.	
2.	
3.	
4.	
5.	
6.	

Frederica Vict Form R. 149. Name CLUTTER Reg. No.2374220 Place 

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
***************************************						
1		***************************************	***************************************			
	4.4					
	4 has					
***************************************	v (57.)	Anna Santa Carlo C				
	* ** ** * * * * * * * * * * * * * * * *					
			***************************************			
	7					

Princess Patricia Canadian Red Cross Hospital, D.M.S. 1317
Rgl. Gooden Camp, Bexhill, HOSPITAL.
A. & D. No. 2379220 Ward Wir I
Unit 27th Bn. Sick or Wounded.
Regtl. No. Pl. of Act'n Somme :
Rank Ple: Name Elutterbuck Fr. V.
Age 31 Religion Bast.
Service Compl'd 9/12 Time with Field Force 3/12
1 1 - 1 - A
Admitted 9-18-18 Reletener Jour Discharged 10-12-18
Admitted 7-18-18 Reletens from Discharged 0 12 18  Transferred DISCHARGED TO DUTY

RECORD FURTHER REMARKS ON BACK.

Cat a.

Jarmer )

RANK AND CORPS CABLE M. F. W. 42-50m.-8-17. H. Q. 1772-39-893. L. L. 26438, M. & D. 8207.

94 Kitchener Mil Brighton 15-8-18 X 348 A.R. le. R. le. But hell 10-10-18 10-12-18 DATE OF LIST No. REMARKS

*Name Clut	terbuck. Fredk. V., Rank Pte. Regtl No. 2379220.			
Original lst	Dep resembn M. or S. Age 32 Religion Pentecost Ref. H.Q.			
Port, ship, and date	e of arrival 18-1-19. S.S.Aquitania, Halifax. 24.1.19.			
Next of kinF	ather, James Clutterbuck, Baseley, New Milton, Hampshire, Eng.			
Address on leave				
Address on discharg	ge			
Transportation iss	Yes Character on sued No Datedischarge			
	Previous occupation Farmer. Date and place of 15-11-17. Winnipeg, Man.			
Diagnosis	Date of Medical Boards MY 21			
Date.	Remarks Pt. 2 Order N	lo.		
18-1-19.	T.O.S.#10 D.D. & Posted to Cas. Coy. D.O. 38 /a 2			
	14 days landing leave with subs.			

<sup>\*—</sup>Name will be given in full; surname first.

Date.	Remarks.	Pt. 2 Order No.
A.		
*		
••••		
		,
M.F.W. 192 150M-6-18.		

1772-39-1243.

heatre of War 12 200m.-6-21.M. CALIF. U.S.A.

REGT. NORAN	NAMENAME
UNIT	2000 40 4000
TOTAL SERVICE WHERE	DATE AND PLACE OF OR
DISEASE OR INJURY	1 BEOF
	REGN. NO.
RESULT OF OPERATIONS	
	ADMISSION
NAME OF HOSPITAL	
DATE OF DISCHARGE TO UNIT	IN CA
DATE OF DISCHARGE AS AN INVALID	
DATE OF DEATH	
DATE OF TRANSFER (STATE WHERE TO)	H.
OTHER INDEPENDENT CONDITIONS DIAGN	OSED

M. D. lat Depot Battalion Maitoba Regiment

Regtl. No....2379220

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

	Class)	ORIGINAL
1. Surname	Clutterbuck	
2. Christian name	Fredrick Victor	
3. Present address 132 Colony	y Street Winnipeg, Manito	ba, Canada
4. Military Service Act letter and nu	umber 543188 JG	
	12 June 1887	
6. Place of birth.	Crowdon Surrey Engla	nd
	Single	
3. Religion.	Pentecost	
O. Trade or calling	Farmer	
). Name of next-of-kin	James Clutterbuck	
Relationship of next-of-kin	Father	
2. Address of next-of-kin	Bashley New Milton F	Jampshire England
3. Whether at present a member of	the Active MilitiaNo	WS
1. Particulars of previous military or	r naval service, if anyNone	
5. Medical Examination under Mili	tary Service Act:—	
(a) Place Winnipeg Canada	(b) Date(c)	CategoryA-2
bove particulars refer to me, and are	rck Victo/ Elutter brick	(Signature of Recruit)
DESC	RIPTION ON CALLING UP	
Height	mths. mths. ins. 34 ins. on 2 ins.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
Complexion		NIL
	wra	Wood. Ma
		epot Battalion Manitoba Regimen
	0. C1.st	Depot Btln.
	Ma,ni.to	baRegt.
Place. Winnipeg Canada M. F. W. 133. 500 M.—8-17. 1772—39—1158.	Date7 <u>-1-18</u>	

## FORM OF WILL.

Name in full.	I Frederick Victor Clutterbuck
	Regimental Number 2379220 serving in 18th Res Batter
	of the Canadian Expeditionary Force do hereby revoke all former Wills
	made by me and declare this to be my last Will.
Name & Address of person or persons to whom it is to go.	I DEVISE and BEQUEATH all my real estate unto
to when it is to go.	•
	absolutely, and my personal estate I bequeath to W. S. S. b. lutterbuck
Name & Address of persons or person to receive personal	Bashley, New Millon, Hampshire, England
estate (see Note 1.)	
	<u> </u>
Fill in Date and	IN WITNESS WHEREOF I have hereunto set my hand this Locally Cylin
Year.	day of February A.D. 1918.
	7. C. Cutter buck
	(Signature)
	Signed by the said Testator as his last Will and Testament, the same
*	having been read over and explained to him, in the presence of us both

present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

> Name of Witness Millisim Address of Witness 36 Shaftshory ave, Toronto, Canada Occupation of Witness Name of Witness Address of Witness 4368 Occupation of Witness.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

REGISTERED.

REGISTERED.

WILLS-SECTION

WILLS-SECTION

TSTATES, O.M.F.C., LONDON.

DISTRICT DEPOT

I certify that the dates of service shown hereon are correct according to official records in our possession.

MAR 4 1919

DEPARTMENT OF MULITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

or Officer commanding

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.

	Christian Names Fuduick Vielor 2. Surname Blutterbuck
1.	
3.	Rank Sli 4. Original Unit ( Deput 5. Reg. No. 2379220
6.	Address, in full, to which future payments of gratuity are to be forwarded
	132 balong st
	Winnipeg man
7.	Date of enlistment in the C.E.F J. annay 7th: 1918
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
	mediately prior to your discharge
9.	Relationship of such dependent Hat applicable
10.	Address, in full, of such dependent . Hot applicable
	······································
11.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on ac-
	count of another soldier? Hot. 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:—
	not Cepplecable
	and the second of the second o
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?
14.	Were you on active service only in Canada or the United States? If so, give particulars of unit and
	dates of such service
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 & an: 15 Dept. Br. 7-1-18
	to Eng-16-2-18 to 18th Res 6 3-5-18 to France 27th Br.
	to Eng-16-2-18 to 18th Res & 3-5-18 to France 27th Br. 13-8-18 to Eng In AD to 18-1-19 to Can DD 6 4-3-19
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state De-
	partment
17.	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
N	1.F.W. 2595.

18.	Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments,
	and under what regimental numbers and units
í	740.
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.
20.	Have you been issued with a War Service Badge? If so, what class?
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?
	(b) If so, was such reversion in consequence of misconduct or inefficiency? The lipple cuffe
24.	Are you now serving in the C.E.F
	4-3-19 (b) Reason for discharge
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
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
	France 27th Bu from 3-5-18 to 13-8-18
	· · · · · · · · · · · · · · · · · · ·
27.	(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
	(b) If so, are you in receipt of full pay and allowances from that Department? Not Copple Cable
of t	And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is he same force and effect as if made under oath and in virtue of the Canadian Evidence Act.
01.0	Signature of Applicant: F.V. Elutter buck
	Place of Residence: 132 bolony St. Winnipeg Man. Declared before me at: Winnipeg
	This day of 19!
	Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.
	POST DISCHARGE PAY.
Dat	re paid Paid Paid War Service Net amount Soldier Dependent Gratuity due
	122 3256
•••	
•••	Certified Correct.
	District Paymaster.

## Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. DEPOT BATTALION, MANITOBA REGIMENT.

	Regimer	ntal No23.	79220 Rank Pte Nam	e Clutterbuc	k, Ered	derick Viotes Victor
	Enlisted	(a).7-1-18.	Terms of Service (a)	∂gw. Ser	vice reckon	s from (a).7-1-1.8
	Date of	promotion to			Numer	rical position on
	Extende	d	Re-engaged	Qualification (b)	CIVIL.	Farmer ARY
		Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks
	Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
			A	Mailas	4	
			EMBARKED	Canada.	2/2/18.	
ECT.	T T		DISEMBARKED	F	B16191	8
CORRE	1918	0/0				
ED	S MAR	15 15th F	eaBn. Taken on atrongth arraival from CANA	on Diagat	c. 17/2	/18. Partz D.O. 53.
RTIF	MAY 1918	G.C.A.B.	Drafted to 44" Bast.	Deaford 3	MAY 191	8 Part II D.O. 125 Milly
CF	, V	5 '	**			1 Adjubant, 18th Bes. Bn.
			1 4ef			
	4-5-18	C. I. B. D.				
	23.5:18	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	23.3.18	
		C. C. R. C.	17. 0. s.	engaged.  Qualification (b) MILITARY  Remarks  R		
		C. C. R. C.		rmy Reserve, particulars		
	15-6.18	e.g Symaller, Shoo	ing Smith, co other blad healfl qualifications in technical	ical Corps duties.	8.6:18	B. 213

~ · · · ;					
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
12=6=18	44th.Bn.	S.O.S.on transfer to 27th		3-6-18	Cdn.Corps A.105.Cdn.Sect. ref.T/13133. D.O.No.59
13.6.18	aas.	from 44 Br.		42.6-18	" Ph 11460/13/18
10-8-18	1++	Sw. Leg. L %	ces	9-8.18	a.6999
13-8-18	11 Staly	" " " E	ng.	10-8-18	9.8474
13-8-18	11 4	Inv. (Wounded)+	Had.	13-8-18	
	1	de Lord	Esseguil	0	PATI74 df 22-8-18.
		- sag - s	Irohogan	Major Canadian S	for LtCol., A.A.G. Section. G. H. Q. 3rd Echelon B.F.F.
21-8-18	MRD	TOS or poling for 27 5 B	Seaford	15.5-18,	PI 233 0 Wh
		in the state of the state of	Badvesco************************************	2711	/C RECORDS, C.O.M.F.
			FOR	LT: COLI	A LA
13/10/18	MRS	505 Posted 11 Mes	Teaford	10/12/18	The Table Lieut.
			1	Will W	Manitoba Regimental Depot-
12/12/18	0011th	10 Surposting to MAD	Seaford	10/12/18	Ox 15 . Opn 0 7.13
1 / 3				13 8 E-Z	John Sturrod ?
					- United Street of November 2 and 1

#### Casualty Form—Active Service.

	Regii	nent or Corps				
Rank P7	Surname	elletter buch	Christia	in Name Hacd	auch 1	Laker
Religion			Age on Enlis	stment	years	months.
THE RESIDENCE OF THE PARTY OF T		Terms of Service (a)				
		ank				
	[]			ication (b)		
Extended		Re-engaged {	The state of the s	rps Trade and Ra		
				1		
Part of the Control o	Réport	Record of promotions, redu	ctions, transfers, casualties,		Date of	- Remarks
Date	From whom received	Record of promotions, redu &c., during active service, as. B. 213, Army Form A. 36, or i The authority to be quoted in each	reported on Army Form n other official documents, ch case.	Place of Casualty	Casualty	Taken from Army Form B. 213, Army Form A. 36, or other official documents
			Embarked			
			Disembarked			
			2 Mondai Not			+ ······ +· · · · · · ·
8-1-19	B6 115	Par You to Blan	in el Parl			
		Jending elsel	tt Klarade	Seafald	8-1-19	Pt II Bnoy
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				Grow	much	
					1	Serve (MANS)
			0			
M. T. A	DIVERTO, a	they to hibit	runellar (	, 10 -	1-19	94/10/019
(D. LVP')	M.D. Co. K	coses to be all	Mus howely	WA 12		
RKO LL	7 m. 18. 19	196.4.4.		7	1-1-1	9411 1/2 10
JAL HAL	IFAX. N.S.	V	4 4 40			777
JAN, 24	4.1919			0.11	11/2/15/2006	
(a) In the case (b) Signaller, S	of a man who has re-engaged for Shoeing-Smith, &c.	or enlisted into Section D, Army Re	serve, particulars of such recogn	genent or enlistment will be e	ntered.	P.T.O.

[M1:01] W6135/M768 1000m 9/16s x53 G&S

Forms/B.103/4, E./354.

BOTTO TO THE PERSON NAMED OF P					
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form
. Date	From whom received	The authority to be quoted in each case.		Casualty	Taken from Army Form B. 213, Army Form A. 36, or other official documents
	T. O. S. of No	o. 10 District Depot,			
18.1.19	Part 2 Order 1	Voc37 Para 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ø					
11	8. C. Ng. 10 D	strict Depot.			
	V			HAZA A	
*Dic	chormal 4 c				334
⇒n c	1 51 616 -	19, *.			
	1919 D. G	,59			
11.1.1.1.1.1.1	Hay for	7 Major	The state of the s		
Officer Con	imending No. 10 Distric	t Depot			
			DESCRIPTION A		
			r and and the second		
			Montana (asympto		
***************************************					·····

LTR

Rank

Name

CLUTTERBUCK, Fredrick Victor

Reg'l No.

2379220

2 Dft lst Batt Man Reg.

If in perm. Corps, What Unit?

Married or Single Single.,

Place and Date of Enlistment

Winnipeg 7th Jan. 1918.

Place of Birth Croydon Surrey

England

Name and Address, Next-of-Kin

James Clutterbuck

Bashley New Milton Hampshire England

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

N/E. R.B. Nº 15747 File R.L. Category ...

Relationship

	Disc!	harge, Date a	and Place	Reason Character Cock				
, 11111	Repo		Record of promotions, reductions, transfers, casualties, etc., during active service.	Paces	Date.	REMARKS Taken from Official Documents.		
	Date.	From whom received.	The authority to be quoted in each case.	CH		Taken from Omerar Documents.		
			Arrived in Engla	nd S NOT	5-2-18	S/S GRAMPIAN		
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	22-8-18		In W + postulto MRW.	Pti	13-8-18	P/50.74.		
	21-8-18	m.R.D.	805 from 27 4Bn	Re Seeford	15-8-18	PE 233		
	13-12-18	- " -	S.O.S. to 11th Res Bu.	" -"-	10-12-18	Pr 347. 11 Res 293 d 12 16		
	8-1-19	11 Res	On Com. Kinnel P.K. M.D. 10	The	8-1-19	PIEO. 7 NO 10 PAT 9. 0410-1-19		
	19-1-19	MW.10.	Ceases to be atta	ok Rhyl	17-1-19	PE 18.		

2379220 Clutterbuck 7 W

		, 20/12/20	ouwere	HUCK	V. V.	
Repo		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	C
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4						

#### THIS FORM WILL BE USED FOR ALL RANKS

#### MEDICAL HISTORY OF AN

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.

Such sheets must be initialled by the 5. If space provided under any section is insufficient add another sheet. 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.	· · ·	
StationWinniper	Men. DATE	Feb. 21, 1919
1. 1 (a) Unit 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	579220 (c)	Rank Pte.
(d) Surname CLUTTERBUCK. (e) C		
(f) Home address 132 Colony St., Winnipe		THE PARTY OF THE P
(g) Next of Kin Samuel James Clutterbuck		The state of the s
(i) Address of Next of Kin Beshley New Milton		
2. Age last birthday 31		
3. Enlistment, or Appointment (if an Officer) (a) Place Wir	nipeg, Man. (b)	Date Jan, 7, 1918
4. Personal description:	e any affection of the follow answer to not part in Yes, Mona beto	apt the MA TO MY reward.
(a) Height <sup>5†</sup> 10" (b) Weight	(c) Complexion	on Fair.
(d)-Colour of hair Brown. (e) Colour of eyes Blue	stated and an accomplished Edition of the second	
upper third calf of left leg.		
5. Former trade or occupation FARMER.		MANAGEMENT MANAGEMENT
		Days
<ol> <li>Service (The information should be secured from personal documents, but if documents are not available the invalid's</li> </ol>		Osseonie and Joint Sys
statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	1	42.
	Peri	ODS .
	Santa and the sa	To
	From	
Canada	Jan. 7, 1918. Jan. 18, 1919 Jan. 31, 1918.	Jan. 31, 1918. Feb. 21, 1919 May 1, 1918.
Canada England.		Jan. 31, 1918. Feb. 21, 1919
	Jan. 7, 1918. Jan. 18, 1919 Jan. 31, 1918.	Jan. 31, 1918. Feb. 21, 1919 May 1, 1918. Jan. 18, 1919.
England.	Jan. 7, 1918. Jan. 18, 1919 Jan. 31, 1918. Aug. 15, 1918	Jan. 31, 1918. Feb. 21, 1919 May 1, 1918. Jan. 18, 1919.

(a) Date of origin Aug. 9,

...... (b) Place of origin France

cor Med

M. F. B. 227.

300м.—8-18. 1772-39-117.

TW.

therapeutic reasons; (d) Any other re	rtial, of an organ or member, or of its functio strictions in choice of occupation.)	ns; (c) Necessity for rest of the body, or of some of its	parts, for
	t foot (a) No (b) Par	ctial loss function left f	oot
(c) No (d) No.	ensinem, ne nomi entrem encencer en company de des	est ki sees selt to operado el evelt le le le Maret del 10 seus esperado espero	
	note completion of service the service of		
9. Present condition—(a) (Before compant, to be a full lindings.) (Before and ant, to be a full abnormalities, anator findings.)	leting this section the invalid should be strip ill description of the present disabling condi- nical and functional, contributing to present	ped, and subjected to a thorough physical examination. don, or conditions only. "History" must be recorded it disability; objective findings to be stated first, then s	Import- in Section subjective
Moderate degree flat	foot left foot left	, non rigid type. Has pair	1
on walking , ahong inr	er border of foot an	d in front of internal	mining.
malleolusCan walk 3	minima and minima is an a manager	ogist's and orthapedists	repor
attached.	retian that in sections 3, 8, 9,	no ešreumstanem nagrūklemskiem oslu Parat, direktir ur indirektiras	
	ACCOMPANY OF AN ADDRESS AND BOOK AND THE	CONTRACTOR OF CHARGES THIS DO NOT THE	
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(i) Rank (i) 2 * 5 * 5 (ii)	DASSTONAL Laurenti	Umi- 125 - 1 1 - 1 - 1 1 2 2 2 2 2 2 2 2 2 2 2 2	(0) 2
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**************************************	end to the second to	• For Type 200 A 100 annot made	(1)
*ACTOLS			
· Vool (02 om	C. drild to et al.	Legisland n	shept.
(b) Has the invalid new any off			onig 3
(a) Has the mivale now any all	any part is Yes, give a brief description of the	not described in Section 9 (a) above?	
			721
Nervous System	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be		<b>0</b>
Nervous Šystem	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be	NOGenito-Urinary System	o 1.)
Nervous System	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be	NO Genito-Urinary System	o i.
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Nervous System	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be  Respiratory System	NO Genito-Urinary System	NO
Special Senses NO  Disturbances of Mentality  Osseous and Joint Systems	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be  Respiratory System	O. Integumentary System.  NO Muscular System.  al condition.  NO MO	NO
Special Senses	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be  Respiratory System	MO Genito-Urinary System	no
Nervous System	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be  Respiratory System	NO Genito-Urinary System	NO
Nervous System	Cardio-Vascular System(If pulse rate is abnormal, B. P. will be  Respiratory System	MO Genito-Urinary System	NO
Nervous System	Cardio-Vascular System	MO Genito-Urinary System	NO NO
Nervous System	Cardio-Vascular System	MO Genito-Urinary System	NO NO
Special Senses NO  Disturbances of Mentality  Osseous and Joint Systems  10. (a) History (of the condition referred to 1  Had no trouble with for immediately following w	Cardio-Vascular System	MO Genito-Urinary System	NO NO
Nervous System	Cardio-Vascular System	MO Genito-Urinary System	NO NO
Nervous System	Cardio-Vascular System	MO Genito-Urinary System	NO NO
Nervous System	Cardio-Vascular System	MO Genito-Urinary System	NO NO

10.—(b) (I or 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 smee enlistment, and not included in Section 10 (a).)
and a second of the second of
Noth other 5
(c) (Here give a description of wounds, scar. and deformities.
See. Ques. 4 (f).
11.—(a) Did the disabling condition have its origin before enlistment?
(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 end-timent.)
N.A.
(a) Survice abroad, not general service. — (B) (Man or Major Company
12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable
refusal to accept treatment? (a) No No (b) 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? Minimum period of 6 months.
and the Constitution of the second section of the content of the c
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
Hospital France and England. 4 months.
declare againg the freedom of the Aledical Pourd with read the statement algued by the invalid
o change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections II, a
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
The state of the s
Signalpag, Nao
16. Can the former trade or occupation be resumed?
17. Recommendations
Category C (3).
It the understand a transformation of the neture of the network which
responsible the color of the color of the first of the first of the color of the co
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
I complain in addition of
VALUE OF THE PROPERTY OF THE P
** OUL **
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. 19. Is the invalid fit for (a) General service, (Category (Yes or No.) (b) Service abroad, not general service, (c) Home service (Canada only), B) (Yes or No.) C) D) (Yes or No.) (d) Temporarily unfit.
(e) Unfit for service in Categories A, B and C (Yes or No.) (Yes or No.) E) 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.) No category C. (3) ( And that he be fitted with Whitman's foot plates. 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 Winnipeg, Man. Members DATE Feb. 21, 1919. TO BE COMPLETED WHEN TREATMENT IS REFUSED I, the undersigned.... ......understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it. 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.

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			*
			President.
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PLACE	find the state of		HILL CHILL
4 Lincip	······································		OUES AND
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Assistant Director of Med	lical Comicar	Director Consul of Malin	7 (7
21333354111 12 11 10101 07 11110	icai Beroices.	Director-General of Medica	i services.
EB 25 1919			
DATE	DATE	(************************************	***************************************

# 249

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not mede an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

Deputy Reg							mi ale T	datam	112	*
			uek						7,	
2. Numb	eipt or sche	rt for service	e or claim for e	xemption	according	to Postma	ster's	43188 JC	17AI	JG 19'18
			edule of men					12		
4. Addre	ess (includin l number, i	ig street \ f any) \	132 Colo	ny St	reet W	innipe	g Man i	toba gan	eda -	
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me	edical exa	mination or	n the 15th	(	lay of_N	ov.		191	7, by the	K
un	dersigned	medical bo	oard sitting a	t. Win	nipeg,	. Manito	ba, Ca	nada		2
5. Age a	s stated	30Yea	rs. 5 N	Ionths.	6. Ap	parent age		Years	Months	
7. Heigh	t 5		9 Inc						*	2 Cr
9. Chest	measurem	nent { Minim	um <u>32</u> num <u>34</u>	Ins. 10.	Complexio	Gallor	16	{ Eyes_ <u>G</u> Hair	rey	3
			num 34	Ins.	( Go	od		(Hair	Brown \	g
11. Physic	cal develop	ment			{Fai	r 12. Sm	allpox marl	ζs	7	
			(Right arm							
13. Numb	ber of vacci	nation marks	Left arm	5	14	When vac	cinated last	nildhood		lan.
15. Distin	active mark	s and marks	indicating conge	nital pecu	liarities or p	revious dis	ease	· 1		of Man
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16. Slight	defects bu	t not sufficier	nt to cause rejec	tion						atu
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DATES OF Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether meroury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the DISEASE days in Medical Station. Hospital. Officer. Month Year Month Year KITCHENER MILITARY HOSPITA 9 ame Christian Surname

1 Blue Chevron.

# CANADIAN EXPEDITIONARY FORCE Discharge Certificate 14420

This is to Certify that No. 2379220 (Rank) & C.
Name (in full) Frederick Victor Blutterbuck enlisted in
the 1st Depot Br.
CANADIAN EXPEDITIONARY FORCE at Winning on the
day of January 19/8
HE served in France - 27th Bn. 3 months 10 days.
and is now discharged from the service by reason of Demobilization R.O. 1420 (c)
<b>★*O.O.</b> 51 - 619 D.O.59 ☆
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—
Age 3/ gras. & Smath. Marks or Scars G. S. W. eall of
Height 5 ft. 10" cleft leg
Complexion Zai
Eyes Blue
Hair Fair
Fy. Chitler brick - So. W. Cooke
Rossing Officer Commanding No. 10 District Depos
Date of Discharge 4-3-19  Rank
Appointment
Signed at Winnipeg this 4th day of March 1919
in Military District No.
File Reference No. 44-3-1609

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.

# WAR SERVICE BADGE

CLASS " A. " NO. 71583 ISSUED

# CANADIAN EXPEDITIONARY FORCE

#### Discharge Certificate

No(Rank)		Name.
Unit		HIDO •
Address on Discharge		2000
Character and Conduct		willing a co
Former Occupation		Actor Car Figure Con
Special Qualifications of Value in Civil Life		On a land of not be
Medals and Decorations		Date Day Mit
Remarks		tillered.
Signed at	_this	day of19
		Name of Officer
		Rank
		Appointment

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

### DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London NAME OF SOLDIER (Block Letters) Clutter Buck. E. V. REGIMENT\_ Date of Examination in England 10. Date of Examination in France 10 11 12 13 27 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS

DIRECTIONS TO DENTAL OFFICERS

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

- 3. Crowns
- -
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- 30
- (b) In England
- (c) In France

NORTH WALES

Signature of Dental Officer\_

W.Kumudy Lieut

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas. wobiw s at radio M tuov 11 (11)
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered una take state reduced be worked to troppe a los it. (21)
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins	ION, MANITOBA REGIMEN
(2) Regimental Number 2379220	Konstanton
(3) Full Name of Soldier	r Clutterbuck
Idren, or a widowed mother who depends on you as her sole support, the Paymaster of your unit for Separation Atlowance? If not, this die Paymaster of your unit for Separation Atlowance? If not, this place of Birt	must be done
(5) Are you married, or not?No	(15) Are you insured?
(6) If married, state, (a) Full name of your wife	
nthly prendmy, you can assign the amount in addition to any other	If not, and it is a mor assignment you wish
(7) Are you a widower?	
(8) Have you any children?None	
If so, give number of boys and girls	
Also their names and ages	

(9) Is your Father alive?Yee James Clutterbuck
Bashler new Milton Hampshire England If so, state name and address
11 so, state name and address
(10) Is your Mother alive?
If so, state name and address@arrie@lutterbuok
Bashley New Milton Hampshire England
(11) If your Mother is a widow.
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
James Clutterback, (Father)
A TOTAL OF THE STATE OF THE STA
Doeler New Wilton Hemnehine England
Basley, New Milton, Hampshire, England
Doeler New Wilton Hemnehine England
Basley, New Milton, Hampshire, England  (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
Basley, New Milton, Hampshire, England  (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this
Basley, New Milton, Hampshire, England  (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
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Basley, New Milton, Hampshire, England  (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  (15) Are you insured?
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  (15) Are you insured?
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  (15) Are you insured?
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  (15) Are you insured?

Medical Examination upon leaving the Service
of an Officer fit for general couries on a Saldian fit for duty
of an Officer fit for general service or a Soldier fit for duty.
Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.
At a first of the state of the
Rank Name Cutterouch source file .
Unit or Corps. (If a soldier) Regtl. No. 1379110
Born at Crayten surrey on date fune 12 1896.
Chature (for identification) 2 Clastorbeach
The examination is to be made jointly by two Medical Officers.
1 PHYSIQUE—Any deformity, maiming or lameness? It so, describe.
/ Kiright mone
Height
A ft. O ins.
2. NUTRITION AND DIATHESIS P
- Horral
After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.
3. NERVOUS SYSTEM P
4. RESPIRATORY SYSTEM.
5. HEART? Swo
Abnormal Sounds?
Abnormal Size?
Pulse Rate? 7 7 Intermittence or irregularity?
6. ARTERIES.—Any hardening?
7. DIGESTIVE SYSTEM P
20.
8. GENITO-URINARY SYSTEM ?
1020 Res Albuman In Surger In
Urinalysis—s.g.? 10 20 Reaction? Reaction? Albumen? 25 Sugar? 25
9. SKIN, MIDDLE EAR, EYE or any other part?
9. SKIN, MIDDLE EAR, EYE
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of impairment of health or physical condition not
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of impairment of health or
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of impairment of health or physical condition not mentioned above? If
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.  11. Opinion as to the health and physical condition  2004
9. SKIN, MIDDLE EAR, EYE or any other part?  10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.  11. Opinion as to the health and physical condition of the one examined?  Examined at
9. SKIN, MIDDLE EAR, EVE or any other part?  70  10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.  11. Opinion as to the health and physical condition of the one examined?  8000  Accorded Revers (St. A. Control Struct & Control Struct

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#### MEDICAL CASE SHEET.\*

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/L 1237/12. (E239)

Station and Date.

Manitoba Military Hospital, Tuxedo Park. February 15th 1919.

#2379220 Pte. Clutterbuck, F.V. 10th DD.

#### Febuyary 15th 1919.

Complains of aching in the left instep and ankle on standing or walking far.

Dates this from a wound on the outer side of the left leg, a short distance below the head of the left fibula.

He has no paralysis nor apparent weakness of the extensor or peroneal muscles of this leg.

He claims a lessened sensibility to all forms of sensory

stimulation over this leg.

This does not correspond in its distribution to any anatomical area, such as that innervated by the external popliteal nerve, but is irregular and diffuse, encroaching on the areas supplied by the anterior crural and internal popliteal.

It is possible that he may have had a slight injury to the cutaneous branch of the external popliteal nerve, and this could produce a slight modification of sensation elsewhere on the leg, but he has not got a pensionable disability from the degree, if any, of nerve injury.

Sent for an X Ray and referred to the Orthopedic Clinic.

Signed Robert G.Armour.

Major. CAMC.

#### Examination Feb. 15th 1919.

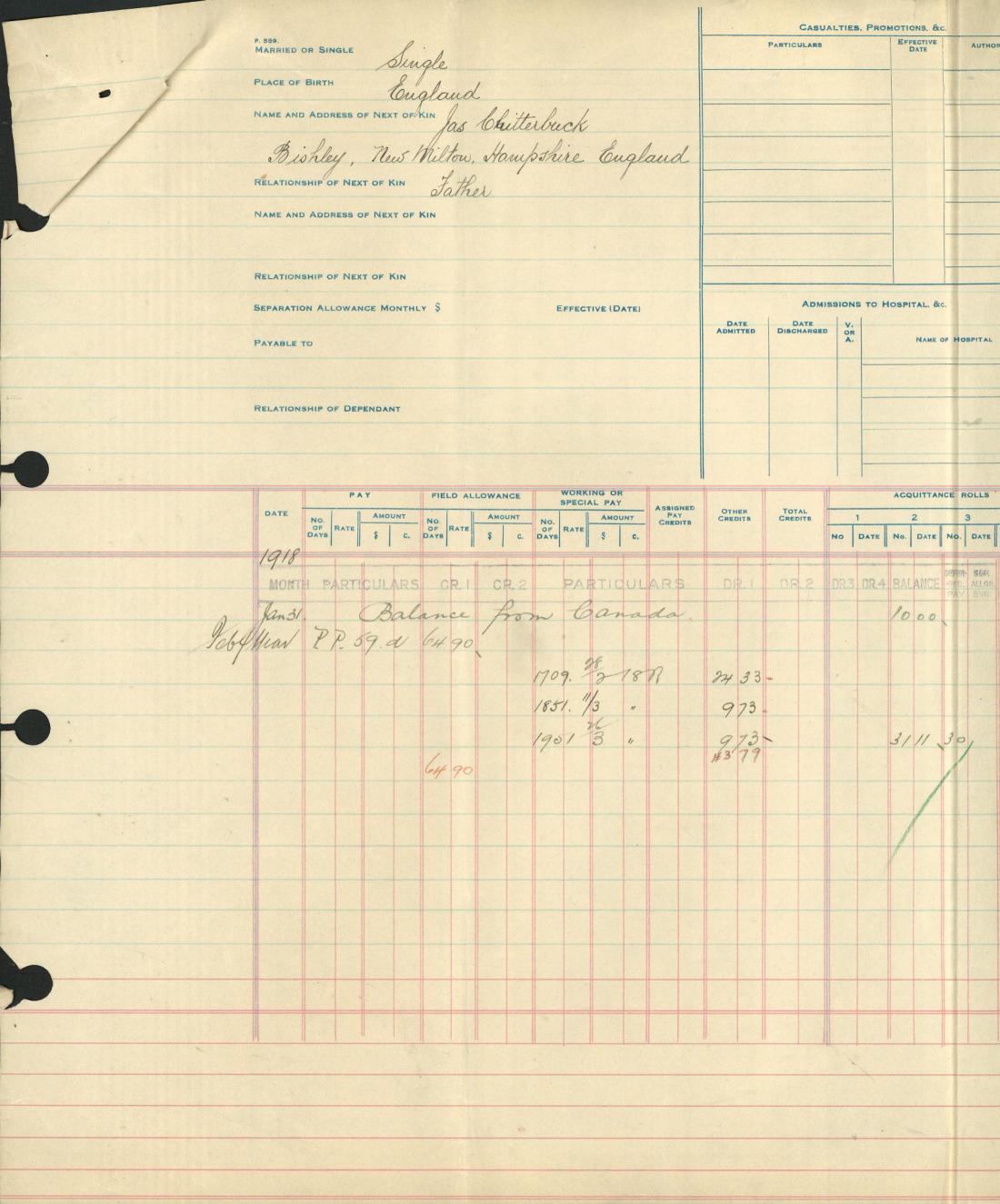
Left foot is inverted and arch fattened which will account for pain complained of should be supplied with Whitman plate for left foot.

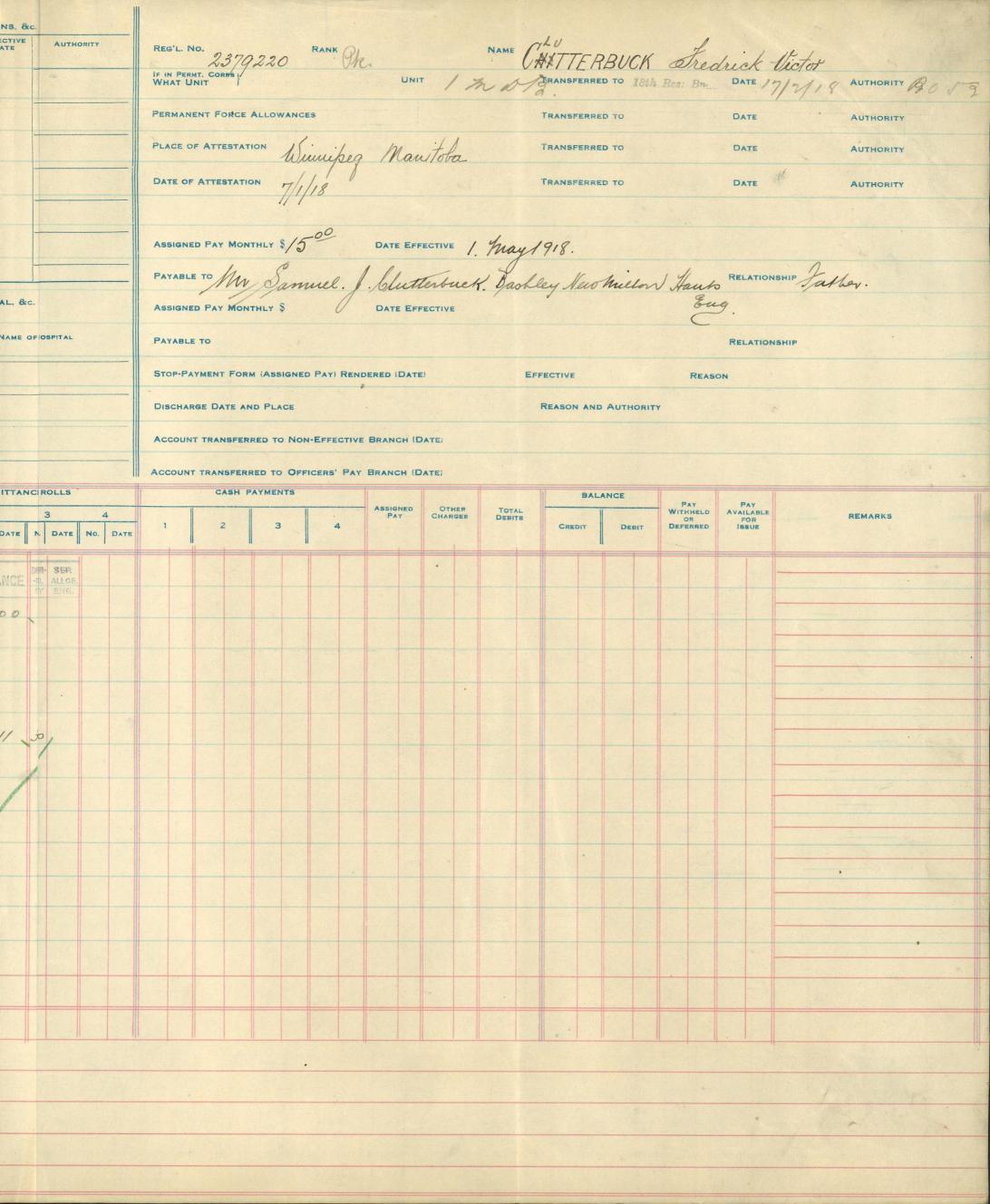
X Ray of upperl/ 3 of leg is Negative clinically no injury or disability from wound of leg.

Signed H.P.H.Ganloway
Lt.Col. Perican.H.R.

No.
FEB 24 1919
FEB 24 1919

ONLY DIST. No. 10. WILHERD





WORKING OR
SPECIAL PAY

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