

REGIMENTAL DOCUMENTS

8-19
aaNAME *COLLINS ROBERT JOHN*REGT. NO. *3091215*UNIT *119 R*

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

25835

DISCHARGE

Category

Demobn

DESERTION

43-21
15-21
11-22

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

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

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

2 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)

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

6 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2 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)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

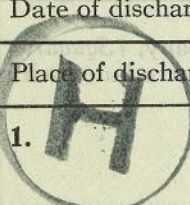
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 *Misc Docs*1 *M.F.W. 192*

81

Proceedings on Discharge.

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

No.	3091215		
Rank	Private		
Surname	COLLINS		
Christian name	Robert John		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Corps (Squadron, Battery or Company)	1st DB 1st QR		
Date of discharge	Mar. 27th, 1919		
Place of discharge	Montreal, Que		
1. 	DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	42	years	months.
Height	5	feet	7 inches.
Complexion	Medium		
Eyes	Brown		
Hair	Brown		
Trade	Driver		
Intended place of residence	220 North 9th St Philadelphia, Pa. U.S.A.		
(To be given as fully as practicable.)			
Descriptive marks			
Scar over right eyebrow			
2. The above-named man is discharged in consequence of			
rR01420 DEMOB			
Authority for discharge.....			
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.			
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.)			

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

200M.—5-18.

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, and that I have received my permanent discharge certificate.

(Place)..... Montreal, Quebec Robert John Collins (Signature of Soldier.)

(Date)..... Mar 27th, 1919 J. J. M. A. L. (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place)..... Montreal, Quebec.....

(Date)..... Mar. 27th, 1919......

(Signature).....

J. J. M. A. L. Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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.

NO RESERVATIONS

Robert John Collins

Attestation Paper Militia Form W. 24	Key Conduct Sheet Militia form B. 203
Particulars of Record W. 133	Squadron Battery Company Conduct Sheet B. 203a
Proceedings on Discharge B. 313	Field Conduct Sheet W. 173
	Copies of Conditions by C. P. in MS.
	Med. Hist. Sheet Militia form B. 413
	Casualty Form W. 24
	Medical Report for Invalids B. 237
	Dental History Sheet B. 402
	Last Pay Certificate W. 41
	Duplicate Discharge Certificate W. 301
	Form of Will W. 82
	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

W.E.—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.

List of Discharge Documents.

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

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.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

COLLINS

ROBERT JOHN.

1. Surname.....Christian name.....
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule BCMR P 5147
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any)..... 220 North Ninth St. Philadelphia Pa. USA.

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the 15th day of August 1918, by the undersigned medical board sitting at Montreal Que.

5. Age as stated 42 Years 8 Months 6. Apparent age 42 Years 8 Month
 7. Height 5 Feet 6 1/2 Inches 8. Weight 133 Pounds.
 9. Chest measurement { Minimum 36 Ins. 10. Complexion Medium { Eyes Brown
 { Maximum 36 Ins. { Hair Brown.
 11. Physical development good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 14. When vaccinated last child
 { Left arm 4
 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, Epilepsy We find { Rheumatism. Epilepsy
 { Tuberculosis, Syphilis, no evidence of past { Tuberculosis. Syphilis
 { Nervous or Mental disorder. Asthma. { Nervous or Mental disorder. 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

A²

17.

- (a) Vision. R. 20 L. 20
 (b) Hearing. R. 40 L. 40

R.R. Scott Capt. President.

Korsus Muni Capt. Member.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
23 Feb 18	G.H.B.	M. O.	23-8-18	G.H.B.	G.H.B.
AUG 26 1918		M. O.	AUG 26 1918		G.H.B.
		M. O.	SEP 4 1918		G.H.B.

Joined 14th day of August 18 at Montreal Que.

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....	1st DEPOT BN. 1st QUEBEC REG'T.	3091215		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Montreal	OCT 16 1918	MOBILIZATION CENTRE VICTORIA	
		Pres. Douglas Corcoran	
		Member	

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

M. F. B. 31 Montreal 21-2-19
 300M—4-18.
 1772-39-120.

JAN 31 1919

C. H. E. L. A. H.

Signature of Man

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

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Wharfedale Victoria	Hoch	22	11	18	5	12	18	Gout.	14	Transferred to Exeter and sent for further treatment	R. B. Struthers Lt.
Victoria M. Hospital		5	12	18	30	1	19	Gout		Gout (mild) affecting metatarsal phalanx of 1st L. L. Cairns Capt. Slight pain on deep pressure remaining	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3091215 (Rank) Private

Name (in full) COLLINS, Robert John enlisted in

the 1st Depot Battalion 1st Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC on the 14th

day of August 19.

HE served CANADA

and is now discharged from the service by reason of REMOBILIZATION

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

Age 42 years

Height 5 feet 7 inches

Complexion Medium

Eyes Brown

Hair Brown

Robert John Collins

Signature of Soldier

Marks or Scars

Scar over right eyebrow.

J. Fisher

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

Rank

Date of Discharge March 27th, 1919.

Appointment

Signed at Montreal, QUEBEC this 27th day of March 19.

in Military District No. 4

File Reference No. DD4 19-C-778.

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 con-
sidered.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. *3091215* Rank *Plt* Surname *Collins*
(Given name in full) *Robert John*
Unit or Corps *259 Bn CEF S* Birthplace *Guernsey, Channel Islands*

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique *Good* Weight *150* lbs. Height *5* ft. *7* in. Colour of Eyes *Brown*
Nutrition *Good*
Pulse *68*
Condition of arteries *Normal*
Vision Rt. *20/20* Left *20/30*
Hearing (conversational voice) Rt. *20/50* ft.
Left *15* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Scar over R. Eyebrow

Opinion as to general health and physical condition *Both Good*

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System *No* Genito Urinary System *No* Cardio-Vascular System *No*
Special Senses *No* Integumentary System *No* Respiratory System *No*
Disturbance of mentality *No* Muscular System *No* Digestive System *No*
Osseous and Joint System *No* Any other general condition *No*

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

*Had joint affecting R. Metatarsal phalanx joint
Esquimaux & Resthaven Hospital - Nov 1918 - Jan 1919. Recovery.
Bar tender & beer drinker for many years.
X Ray Report by B. Stanier.*

Registrar,

Victoria Mil Hospital.

REPORT/ COPY Des 12th 1918

Pte Collins 259th Bn #3091215 Capt Hunter.
Has loss of quality of carpal bones of right foot, and loose ligaments no fracture or definite disease.

F.T. Stanier.

Certified true copy. *Vanessa Corran Macfar*

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at VICTORIA, B. C. (Canada)

Date JAN 31 1919 Signed Douglas Coran M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Robert John Collins

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 30 91215 Rank Plt Surname Collins Robert J.
(Given name in full)
220 North 9th St Philadelphia
Unit or Corps D 254 Birthplace England U.S.-A.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 7 in. Colour of Eyes Brown
Nutrition Good
Pulse 68
Condition of arteries Good
Vision Rt. OK Left OK
Hearing (conversational voice) Rt. OK Left OK ft.
Identification marks, scars, or deformities.
(Give cause and date of origin).
scar over R. Eye from
acc 5 yrs ago

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System yes Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Foot affecting R. tarsal tunnel
fracture, Eschmann. Prothoma
Nov - 1918 - Jan 1919. Recovery.
Bar tender. age 42.
X-Ray:
Has loss of quality of carpal bones of R
foot and loose ligaments but fracture or
any acute disease
Signed: F.T. Stamer

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* (Canada)

Date *21-2-19* Signed *E. J. L. L. L.* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *Robert John Collins*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]



Dr. Collins 22d
Die 11/11
21.51 p08 30d 15.12

Pte Collins

Spel

Pte Collins

Appl



Pls Collins & 2d Dr
Dec 11 1918

Pte Coleridge

DENTAL HISTORY SHEET

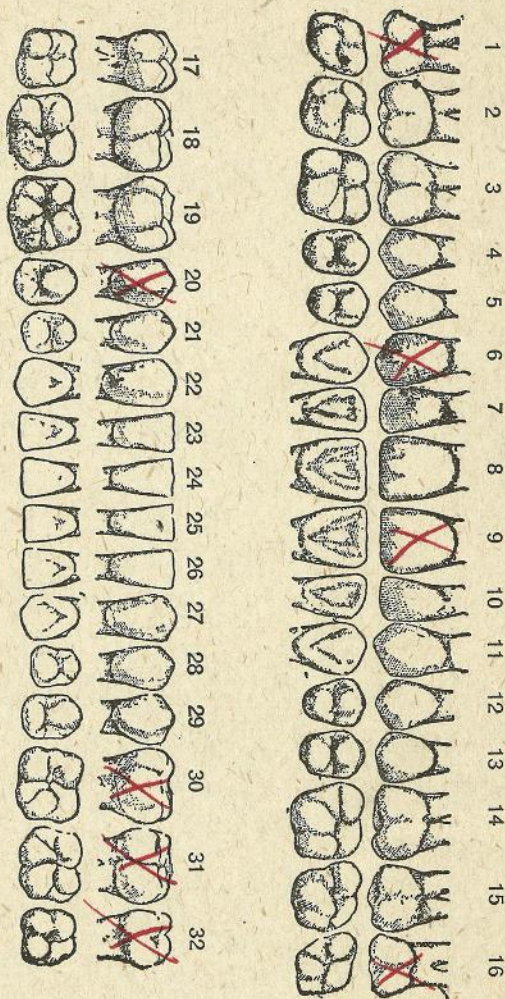
CANADIAN ARMY DENTAL CORPS

DISTRICT.....No.11.....

NAME OF SOLDIER.....Collin, R. J......

REGIMENT....."C" Coy. 259th Bn?..... RANK.....Rflmn..... No.....3091215.....

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	1918										8.6.9 14.20 30.31 32.											
	1913																					



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.

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

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

500M.—9-16

H. Q. 1772-39-37

Casualty Form—Active Service.

1st DEPOT BN. 1st QUEBEC REGT.

Unit, Regiment or Corps

Regimental No. **3091215** Rank **Pte** Name **Collins Robert John**

C. E. F.

Enlisted (a) **14-8-18** Terms of Service (a) **C.E.F.** Service reckons from (a) **14-8-18**

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended Re-engaged Qualification (b) **Driver**

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				
		T O S 259th Bn. C.R. C.E.F.S. 1-11-18			
21-12-18		S.O.S. 259th Bn. CR. CEF.S. DO P t 11, #94 of 21-12-18 being in Hospital, Casualty and transferred to MD #11 11th C.G.R. (Auth SCA 34- 5872 of 21-12-18.	O. C. 259. Bn. Can. Rifles, (Siberia)	11.1.19	Capt. & Adj. 259th Bn. Can. Rifles. C.E.F.S.
13.1.19 8.2.19.	C.S.E.F.	T. O. S. District Depot XI. S. O. S. D. D. XI.	Victoria, B. C. Vancouver, B. C.	11.1.19 8.2.19	D.O. #11 D.O. 39.

(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.

I.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				
28-3-19	A. O. S. Derrub.		DD4 K. W. G.	27-3-17	Do. 87
			Lieutenant, Officer in Discharge Section, District Depot No. 4.		

H. Q.
M. D. No. 4
Surname Collins T. O. S. Aug 14 1918
Christian names Robert John D. O. Pt. II 232 of 20-8-18
Regtl. No. 3091215 Rank Pte. S. O. S. Dis 13-3-1919
Unit 1st Que. Regt. 1st Dep. Bn. Reason Demob
Auth. D.O. 73.13-3-19 4th of 2 Demob 400

Next of kin Collins Robert John Relationship Father
Address 4 Collet St, Also notify:
Guernsey,
Channel Islands.

BORN—Place Channel Is Guernsey Date Jan 30th 1896
ATTESTED—Place Montreal, P. Q. Date Aug 4th 1918
O/S R/C
W. 24-100M-7-18. 1772-39-839.

COLLINS. Robert John

*Name..... Rank. Pte. Regtl. No. 3091215
 Original unit st. Q.R Present unit D.D.4. Fyle Depot. 778
 M. or S. Age. Religion. Ref. H.Q.

Port, ship, and date of arrival.....

Next of kin.....

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Date and place of enlistment.....

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
21-2-19	TOS. on transfer from D.D.#11 and posted to Cas.Co. 51. Page.3. Effect 8-2-19. Auth. MD4. 222-63186.	

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

(over)

Date.

Remarks.

Pt. 2 Order No.

15-3-19 SOS. discharge R.O. 1420. Para. C. demob~~xxx~~ eff. 13-3-19

#74

Cat. "A"

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....my mother, Mrs. Eliz. Smith,.....
whose address is.....250 Yonge Street, Toronto,.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

229 North 9th St
Philadelphia
A.B.K.
P. 1000

FORM OF WILL

SEE INSTRUCTIONS ON BACK

DEPT.
MILITIA & DEFENCE
APR 19 1920
H.Q.
CANADA

If you do not specifically mention your life insurance it will be assumed
to pass by this will.

Name, &c. I, COLLINS, Robert John.
Regimental number 3091215 Rank Pte. serving in the

1st DEPOT BN. 1st QUEBEC REG'T. Canadian Expeditionary Force,
declare this to be my last will, revoking all previous wills, if any.

Executor I appoint.....
whose address is.....
to be the executor of this my last will.

General gift I give to Mrs Robert John Collins Sr. (Father)
4 Pollett St. Guernsey, Channell Islands
whose address is England.
all my property not disposed of above.

Date Dated at Montreal this 15 August 1918

Signature Robert John Collins.
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence
of us, both present at the same time, who at his request, in his presence and in the presence
of each other have hereunto subscribed our names as witnesses.

1ST WITNESS		2ND WITNESS	
Witnesses	Signature <u>C. B. Eathie</u>	Witnesses	Signature <u>J. B. Ten</u>
	Address <u>Guy St Barracks</u>		Address <u>Guy St Barracks.</u>
	Address <u>Montreal Que.</u>		Address <u>Montreal Que.</u>
	Occupation <u>Soldier</u>		Occupation <u>Soldier</u>

LEDGER No.

90. (2431)

SERIAL No.

B. 380.

REG. NUMBER

3091215

NAME

Collins

Rj 28

RANK

pvt

CORPS

259th

AGE

42

SERVICE

C³/12

NAME OF HOSPITAL

Willows Camp

PLACE

Victoria

DATE OF ADMISSION

22-11-18

DISEASE

(Probably Podagra)
Traumatic Arthritis

Sebelius (431)

TRANSFERRED TO OTHER HOSPITALS

Edgumall. 6/12/18 Reithanen. 18-12-18

OPERATION

DISCHARGED TO

Buty 30-1-19

IN CATEGORY

M. F. W. 2553.

50m. -6-18.
1772-39-1332.

P. T. O.

REMARKS:.....

.....

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.....

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.....

.....

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

34-C-1375

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3091215 Rank Pte Surname Collins
(Given name in full)
Robert John
Unit or Corps 259th Bn. C.E.R. Birthplace Guernsey Channel Islands

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 7 in. Colour of Eyes Brown
Nutrition Good
Pulse 68
Condition of arteries Normal
Vision Rt. 10/10 Left 10/20
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Scar over R eyebrow

Both good

Opinion as to general health and physical condition Both good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System Yes Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Has joint affecting R metatarsal phalyn great joint Esquimaux & Reskansen Hospitals, Nov 1918-July 1919 Recovery. Bartender and Beer drinker for many years. X Ray Report by Dr Stanier.

Registrar,
Victoria Mil Hospital.

REPORT/ COPY Dec 12th 1918
Pte Collins 259th Bn #3091215 Capt Hunter.
Has loss of quality of carpal bones of right foot, and loose ligaments no fracture or definite disease.

F.T. Stanier.

Certified true copy. W. J. Stanier

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at VICTORIA, B. C. (Canada)

Date JAN 31 1919 Signed Robert John Coltons M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Robert John Coltons

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

ATTESTATION PAPER.

No. 3091215

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... COLLINS.
- 1a. What are your Christian names?..... Robert John
- 1b. What is your present address?..... 220 North Ninth St. Philadelphia
2. In what Town, Township or Parish, and in what Country were you born?..... Guernsey, Channel Islands (Pa. USA
3. What is the name of your next-of-kin?..... Robert John Collins Sr.
4. What is the address of your next-of-kin?..... 4 Pollett St. Guernsey Channel Islands
- 4a. What is the relationship of your next-of-kin?..... Father Eng.
5. What is the date of your birth?..... 30th January. 1876.
6. What is your Trade or Calling?..... Driver
7. Are you married?..... Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No R. I. C.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. 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, COLLINS, Robert John, 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.

Date August 14th 1918 Robert John Collins (Signature of Recruit)

Beattie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Collins Robert John, 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 August 14th 1918 Robert John Collins (Signature of Recruit)

Beattie (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 Montreal Que. this 14th August 1918

MAJOR. (Signature of Justice)

Description of COLLINS, Robert John. on Enlistment.

Apparent Age.....42 years8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 6 1/2 ins.

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

Complexion.....Medium

Eyes.....Brown.

Hair.....Brown.

Religious denominations. { Church of England.....C of E.
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other denominations.....
(Denomination to be stated.)

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

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

R. D. = 20
L. D. = 20
R. EAR.....
L. EAR.....OK

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.....for the Canadian Over-Seas Expeditionary Force.

Date.....AUG 15 1918.....191 .

Place.....MONTREAL, P. Q.

*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:—

Declared **FIT** by MEDICAL BOARD
MOBILIZATION CENTRE
Medical Officer.

R. R. Scott, C. M. D.

"A" Fit for General Service.

CERTIFICATE OF OFFICER COMMANDING UNIT.

COLLINS, Robert John.

.....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.

[Signature] Major,
AM.C. 1st Depot Bn 1st Queb-c Regt.

(Signature of Officer)

Date.....August 14th.....191 8.

M. or S. *S*

CASUALTIES, AFFECTING PAY AND ALLOWANCE

Name and Address of Next of Kin *Robert John Collins (Father)*
4 Collett St. Guernsey Channels Islands

Separation Allowance \$

Effective Date

By Whom Paid

Payable to

Relationship

Address

PARTICULARS	EFFECTIVE DATE	AUTHORITY

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY		OTHER CREDITS		ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS								CASH PAYMENTS										
	No. OF DAYS	RATE	AMOUNT						COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4		COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4				
			\$	C	\$	C	\$	C	\$	C	No.	DATE	No.	DATE	No.	DATE	No.	DATE	\$	C	\$	C	\$	C	\$	C	
1918																											
Nov	30	1.00	33	00	0	34	90		61	90	3	9/11	6	23/11													
Dec	21	1.10	23	10				23	10		12	14/12															
			56	10																							
<div>L.P.C. \$ 11th C.G.R.</div>																											
Carried Forward																											

L.P.C. \$ 11th C.G.R.

Auditor

[illegible]

Regimental No. _____ Rank _____ Name _____

Carried Forward

M. D. 11

Demobilization

M. OR S.

Single

No. 52

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 309121

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

ADDRESS

PLACE OF
ATTESTATIONDATE OF
ATTESTATION

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

ASSIGNED PAY \$

TO WHOM PAID

RELATIONSHIP

PAYABLE TO

ADDRESS

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

MONTH

PAY AND F.A.

OTHER

TOTAL

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED

REGI-

NO.
OF
DAYS

RATE

AMOUNT

CREDITS

CREDITS

COL. NO. 1

COL. NO. 2

COL. NO. 3

COL. NO. 1

COL. NO. 2

COL. NO. 3

PAY

MENTAL
CHARGES

\$ C.

\$ C.

\$ C.

\$ C.

NO. DATE

NO. DATE

NO. DATE

\$ C.

\$ C.

\$ C.

\$ C.

\$ C.

BALANCE
FROM
PREVIOUS
ACCOUNT

9-12-18

49

1.10

53 90

25

36 00

36 00

19868

5

50

10

Certified that all payments have been made
on this account for which receipt has been
received by the

Artland

Postmaster, Demobilization

PAYMASTER

(BLOCK LETTERS SURNAME FIRST)

[illegible]

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

[illegible]

REGT. No. 309

NAME OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS					PLACE OF ATTESTATION
					DATE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$
TO WHOM PAID	RELATIONSHIP				PAYABLE TO
ADDRESS					ADDRESS
					STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE
					DISCHARGED

[illegible]

Not Eligible

Dec 1907

REGT. No. 3091215 RANK PTE NAME (IN FULL) COLLINS, ROBERT JOHN

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

CASE HISTORY SHEET.

Willows Camp.

Victoria B.C.

Hospital.

Station.

No. 3091215 Rank Pte. Name Collins, Robert John Age 42

Unit 259th Bn. Completed years of service 3/12. ^{Where and how long} Canada

Date of admission 22.11.18 Date of discharge 30.1.19

Diagnosis Arthritis right big toe, probably podagra. Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: Toe first became painful 6 days after standing for some time in water on parade ground.

Took off his boot and when he went to put it on again found he could not put it on again and that foot was quite swollen. Has been carrying on with light duty until this a.m. when M.O. sent him to board. The board recommended hospital for rest and treatment (Note from board attached)

Present Condition: Interphalangeal and metatarsal phalangeal joint red, swollen and painful. Very tender on slightest pressure. Tenderness and swelling extends along inner side of foot nearly as far as the ankle. There is a slight hallux valgus.

FAMILY HISTORY: Father and Mother alive and well 5 brothers and sisters alive and well.

(Tuberculosis, mental or nervous diseases) Father Has gout and rheumatism, steady drinker of beer.

Personal History Patient a bar tender. Steady drinker.

TREATMENT

(Especially any specific or special form.)

Hot fomentations. lead and opium

M.O. Willows Camp.

CONDITION ON DISCHARGE: Slight tenderness remaining on pressure over the metatarsal phalangeal joint, otherwise healthy.

Return to duty.

L.L. Cairns. Capt.

Date 30.1.19

Medical Officer i/c case.

Diary

25.11.18 Foot less swollen, not so tender. and improving.
2.12.18 Swelling has disappeared. Pain still severe. Special
prescription. Transferred to Esq. 5.12.18 M.O. Willows

5.12.18 Admitted to Esquimalt from Willows Camp complaining of pain
in right big toe and also along inner side of right foot.

Sent for X Ray. Report returned as follows:-

" has loss of quality of carpal bones of right foot and loose
ligament. No fracture or definite disease.

" F.T.Stanier "

There is swelling and marked tenderness at metatarso phalangeal
joint of big toe. At times condition seems fairly comfortable
but at other times is very painful. This is most likely a gouty
condition, though there are no other signs e.g. tophi.

Patient says his father suffered from gout for years.

Recommend that he be sent to Resthaven for further treatment.

J. D.Hunter, Capt.

17.12.18 No papers. Arthritis of large toe, metatarsal phalangeal
joint. Pyorrhoea of teeth, to see Dentist at once.

R.G. Lawrence, Capt.

18.12.18. Admitted to Resthaven.
Complains of an area of tenderness in the region
of the rt. big toe. Evidently a condition of gout.
Given high frequency electricity and colchicum.

L.L. Cairns, Capt. C.A.M.C.

3:1:19. Advised lithia and soda salicylate on alternate days with
saline catharsis and to treat condition of toe locally,
also to have dentist examine the teeth.

Major McIntosh