QQ NAME COLLINS ROBERT JOHN REGT. NO. 3091215 UNIT 4/16 R M. F. W. 2505 TO WHOM FORWARDED CONTENTS DATE FORWARDED NON-EFFECTIVE BY DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category 20895 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) 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)



Proceedings on Discharge.

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

No.	3091215	No reference to Q. C. Badges Is as he made
Rank	Private	
Surnam		enciseacyC just visbaid .y
Christia	n name Robert John ne name must agree strictly with that on enlistment unless cha	nged subsequently by authority.
Corps (Squadron, Battery or Company) 1st	QB 1st QR
Date of	discharge Mar. 27th, 1919	
Place of	discharge Montreal, Que	or Battery, and I have impartially enquired into
1.	DESCRIPTION AT THE	(marti)
Age		Descriptive marks
	feet 7 inches.	Scar over right eyebrow
Comple Eyes		8. Certificate to be signed b
Hair	Brown	I hereby acknowledge that I received all my Pay,
Trade	Driver In Low L	to the present date, subject to the reservation
Intende	d place of 230. North 4 / The idence en as fully as	haye received my permanent discharge certinal
	en as fully as Philidelphia	(Place) Montress, Quebec XXX
2. The	e above-named man is discharged in consequ	uence of Old Late Value (eta (())
		When a soldier is absent through illness or any opposeedings to him for signature, a manuEO when returned, should be attached here.
	Authority for discharge	
N. certificate.	B.—The cause of discharge must be worded as prescribed in If discharged by superior authority, the number and date of	the King's Regulations and be identified with that on the character the letter to be quoted.
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 s	ervice have been, according to the records, etc.
ne Commandinal Corries on	N.B.—This will be assessed when practicable, Officer Commanding his Squadron, Battery or Company.	by the Commanding Officer, in the presence of the soldiers and the
riting of ti ke identic mitial the	4. Special qualifications for employm Canada.)	nent in civil life. (Vide para. 332, K. R. & O.,
self ma te and	of Discharge.	II. Confirmation
To 'se in the will him certificat	confirmed.	The discharge of the above-named man is hereby a
MEB	218	*(Place)montetos1; [usosque

200M.—5-18. H. Q. 1772-39-113.

(OVER)

. S. 12 2 -

5. He is in possession of the following number o	
. 29 mm. 1	0 881110993011
and believe on the state of the specific and the specific	When forwarded for confirmation these
ied on fourth page	
No reference to G. C. Badges is to be made	on either the discharge or character certificate.
	mmand-chment
	the Com
6. Medals and Decorations	To be copied by the Commanding Officer on to the parchment Discharge Certificate.
THE REPORT OF THE PARTY OF THE	o be con
	· Par
or Battery, and I have impartially enquired into Regulations.	by the Officer Commanding his Company, (Squadron o all matters brought before me in accordance with
(Place)	adjuone 2 sucov su months
(Date)	Commanding
8. Certificate to be signed b	y the Soldier on Discharge
I hereby acknowledge that I received all my Pay, to the present date, subject to the reservation have received my permanent discharge certific	Allowances and Clothing, and all just demands, up as of the claims noted on the third page, and that I cate.
(Place) Montreal, Quebec Moly	at John Collin (Signature of Soldier.)
(Date) Mar 27th, 1919	(Signature of Witness.)
When a soldier is absent through illness or any opproceedings to him for signature, a manuscr when returned, should be attached here.	other cause and it is not desirable to forward these ipt copy should be sent for the man to sign, and
9. Additional Certificate in the case on his ow	of a Soldier who takes his discharge vn request.
I hereby declare that I do of my own free will req	quest to be discharged from His Majesty's Service.
	(Signature of Soldier.)
10. Statemen	t of Service.
Service toward Engagement to (the date to which	ch the Record of Service is completed)yearsdays.
	Totalyearsdays.
11. Confirmation	n of Discharge.
The discharge of the above-named man is hereby	confirmed.
(Place)Montreal, Quebec	2 Hotished
Mar. 27th, 1919. (Sig	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

Study if discharged "Medically unit. Only if man has not been overseas.

List of Discharge Documents.

(To be signed by the soldier. When there are none, it is to be so stated, all signed by the soldier.)

Reservations referred to at Pala

Reg. Conduct Sheet, N	Iilitia form	n B. 263
Squadron Battery Company Conduct Sheet,	u,	B. 263a
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. I	P.	in MS.
Med. Hist. Sheet,	Iilitia form	n B. 313
Casualty Form	u	W. 54
Medical Report for Invalid§		В. 227
Dental History Sheet	**	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificat	te "	W. 39A
‡Form of Will	u .	W. 82
§Only if discharged "Medicall	y unfit."	
‡Only if man has not been over	erseas.	

Attestation Paper	Militia Form W. 23
Particulars of Recruit	" W. 133
Proceedings on Discharge	" В. 218

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

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet.

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.

PEDICAL HISTORY SHEET.

O Made	LINS.			BERT JOI		
Surname Number of report for s				,		
Receipt or schedule. 3. Consecutive number or) DOME	P 5147	
on it)	senedule of men report	mig for service (ii	ne appears	}		
4. Address (including stre and number if any)		Ninth St.	Philad	epphia I	a. USA.	
The following are accu				ed man as	ascertained by	the
	on on the		gust ontreal	017.0	19, by	the the
undersigned medic	cal board sitting at	D. 100. 4) Herear		Ω	
5. Age as stated42	Years AUC	Months. 6. Ap	pparent age		ears	Ionth
7. Height	Feet 2 Incl	nes. 8. W	eight 13	3 Pou	nds	
9. Chest measurement M	1301	10. Complex	Mo	d fram	Eyes Br	own.
11. Physical development	apple		12. Sm	allpox marks		
6	(Right arm	(Poor			11.	
13. Number of vaccination	marks Left arm	2/ 14.	When vaccin	nated last	Mille	
15. Distinctive marks and		ital peculiarities or	previous dise	ease		
16 Slight defects but not out?						7
16. Slight defects but not suffi The man denies having had ${ m T}$	henmatism					
(N	uberculosis, ervous or Mental disorder.	Syphifis, Asthma.	no evidence To of past		al disorder. Asthma	8
(Strike out disease adm				for Genera	ll Service	tu
in accordance with th	ned the above name C. E. F. Regulat.	ions for	17. (a) Visio	on. R	W . 7	Signature
medical examinations,	and he is placed in C	ategory	(b) Hear		11/1 1	Zi.is
		R	R Se	ale is	e of p	
Morsus	2. 0	2	ran and and	P	Presu	ieni.
Corsus !	ann Copi	Member.			Men	iber.
Date Result	VACCINATIONS	Date	Result	ANTI-TYPHOID	Inoculations, Etc).
23 8.16 9	46	м. о. 23-	8-18-6	3 Hoh	Ilrema	a St.
IC Q CIDID		Alle o	0 0	Le	. 1	DO
HE STORE .		. M. O. 106 2	0 1910	VIE	2 / h	Birth
	ş 67	м. o. SEP 4	1918	16	VYM	
, , 14t		st	18 M	ontreal	Que.	ry in a
Joined	day of		.19at	•••••		If raised in category, record category in The M. O. will initial and date
	Corps	REG'TL NUMBER	На	BITS	DATE	ord c
Joined on enlistment						7, rec
	ist ist	DEPOT BN.	Ist QUEB	BEC REG'T		d. O.
Transferred to	**************************************					n cat
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STATION	DATE	DISEASI			RESULT	
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5 20		The	14	344/2	TELLE	Cast
Montreas	OCT 161918	MORI	IZATIO	M CENT	DE	
		MOBI	VICTO	RIA	RE	
	C	3 Pres. Ou	uglas	Cores	en lucas 1	
		Member				
N.B.—This sheet is to be o						
occurring non-enective; the day	disposed of in accordance w	ten matructions in the	Regulations i	for Army Medi	cal Service on the	man
M. F. B. Martie	disposed of in accordance we te and cause being stated of the cause being stated of the cause of		Regulations	1010	cal Service, on the	man

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 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. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the days in Medical DISEASE. Hospital. Station. Officer. Month Year Month Year Day Robert Name Christian COLLINS Surname

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3091215	(Rank)Private
Name (in full)	rt John enlisted in
thelst Depot Battalion lst	Quebec Regiment
CANADIAN EXPEDITIONARY FORCE at ontro	1, OUSBEC on the 14th
day of August 18.	
HE served MANADA	
and is now discharged from the service by reason of	PEROBILIZATION
THE DESCRIPTION OF THIS SOLDIER on the D	DATE below is as follows:—
Age 42 70018	Marks or Scars
Height 5 feet 7 inches	
Complexion Medium	Scar over right eyebrow.
Eyes Brown	
HairBrown	
Robert John Coollins Signature of Soldier	1) Sisher
	tssuing Officer Officer i/c Discharge Section, District Depot No. 4.
Date of Discharge March 27th, 1919.	Rank
Date of Disordings	Appointment
Signed at Montroal QUEBRA this 27	day of karch 19
in Military District No.	
File Reference No. 19-0-778.	

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.

M. F. W. 39a. 250m.—6-18. H. Q. 1772-39-882. EP

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

No. (Rank)	Name
Unit	
Address on Discharge	SEE O
Character and Conduct	9 0 E. P
	25822
Former Occupation	· 0 5 5 B
Special Qualifications of Value in Civil Life	3 M B 6
	F 0 0 P:
Medals and Decorations	D LO EL
	3000
Remarks	J P. P. 일
	0 0 5 5
Cinned at	COF E
Signed at this	day of 9 19
	N
A SOURCE TO THE RESERVE THE SECOND SE	Name of Officer
	Rank
	and the second s
	Appointment

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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. 309/3/5 Rank	
Io. 209/2/ Rank	Surname Collins
changes of handanae of	(Given name in full) Rabert John
Init or Corps 25-9 Br CE75	Birthplace Gurney Chandle Island
(Examination of Officer or Other Rank (str	ripped) to be made by one Medical Officer).
. GENERAL DESCRIPTION:	STATES AND
	Heightft
Nutrition Good-	Identification marks, scars, or deformities.
Pulse	(Give cause and date of origin).
Condition of arteries Romal	Ocar over R. Eystron
Vision Rt	the Test But M. budding you are
Hearing (conversational voice) Rt	is reasonable from at the appearance in accessory, in
Left . /.vft.	
pinion as to general health and physical condition	Both Good.
2. Has Officer or Other Rank ever suffered from, or (Answer "Yes" or "No") (Subjective evidence in	has he now, any affection of the following systems? may be sufficient in certain cases.)
Nervous System	ystem . Mo Cardio-Vascular System
Special Senses A. Integumentary St	rstem
	n. s. k
	condition ho
Osseous and Joint System 4. Any other general 3. If the answer to any part of Section 2 above is	"Yes," here give full particulars, with cause and date
Osseous and Joint System 4. Any other general 3. If the answer to any part of Section 2 above is	"Yes," here give full particulars, with cause and date
Osseous and Joint System 4. Any other general 3. If the answer to any part of Section 2 above is of origin; and also a description of the present	"Yes," here give full particulars, with cause and date to condition. R. Milatars at phalographs for 1919. R. Kinks - Nov 1918 - Jan 1919. R.
Osseous and Joint System 4. Any other general 3. If the answer to any part of Section 2 above is of origin; and also a description of the present	"Yes," here give full particulars, with cause and date to condition. R. Milatars at phalographs for 1919. R. Kinks - Nov 1918 - Jan 1919. R.
Osseous and Joint System & Any other general 3. If the answer to any part of Section 2 above is of origin; and also a description of the present Aux gant appropriate Esquinalli Rightania Bantinger According	"Yes," here give full particulars, with cause and date to condition. R. Mitatassal phalographers for Hosping. R. Hopo-Nov 1918 - Jan 1919. R. Hopo- hong years.
Osseous and Joint System A. Any other general 3. If the answer to any part of Section 2 above is of origin; and also a description of the present Aux Gant Appetung Esquinalli Rightania Bastuder Aces doinks X Ray Report by & Flance	"Yes," here give full particulars, with cause and date to condition. R. Mitatassas phaly year four Harps - Nov 1918 - Jan 1919. Registrar, Registrar, Victoria Mil Hospital.
Osseous and Joint System 1. Any other general If the answer to any part of Section 2 above is of origin; and also a description of the present Aux gant affecting Esquinally Repthasia X Ray Report by S. Standar REPORT/ COPY Des 12th 1	"Yes," here give full particulars, with cause and date to condition. R. Mitatassal phalm year found for the form 1918 - Jan 1919. Report of the property of t
Osseous and Joint System 1. Any other general 3. If the answer to any part of Section 2 above is of origin; and also a description of the present Aux gand approximate the Sagumach Restaure Cagumach Restaure Report Copy Dec 12th 1 Pte Collins 259th Bn #30912	"Yes," here give full particulars, with cause and date to condition. A. Matatassas phalogy grans for for 1918 - Jan 1919. It happens for heavy years. Registrar, Victoria Mil Hospital. 918 15 Capt Hunter. 91 bones of right foot, and loose
Osseous and Joint System A. Any other general 3. If the answer to any part of Section 2 above is of origin; and also a description of the present Aux gant Appetung Esquinally Righthaum Report/ Copy Dec 12th 1 Pte Collins 259th Bn #30912 Has loss of quality of carp ligaments no fracture or de	"Yes," here give full particulars, with cause and date to condition. A. Matatassas phalogy grans for for 1918 - Jan 1919. It happens for heavy years. Registrar, Victoria Mil Hospital. 918 15 Capt Hunter. 91 bones of right foot, and loose

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS-Examined at(Overseas) 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 ... (Canada) Signed . 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/Lough (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.) Ontaine as to general health and physical condition

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Let lose of edulish or eduped rones of righty figures and conference of delimite disorder.

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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 Ph Surname Collins Robert &	
Unit or Corps De Birthplace Englants	efflua
Unit or Corps	10-A
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).	
1. GENERAL DESCRIPTION:	
Physique . S. weight ! 3. lbs. Height . 5.ft 7in. Colour of Eyes . Bhown	
Nutrition Identification marks, scars, or deformities.	
Pulse (Give cause and date of origin).	
Condition of arteries . Jour S car over R. Eyebron	
Vision Rt W. K. Left V. S. acc & yes aps	
Hearing (conversational voice) Rtft.	
Left .C. M.ft.	
Opinion as to general health and physical condition	
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	
Special Senses	
Disturbance of mentality . 4x Muscular System	
Osseous and Joint System. J. Any other general condition	
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.	
Gout affecting R. hulatarsas Thaly	yrell
Jours, Esquinal. Risham Hosp.	5.
Nor-1918 - Jan 1919. Berrery.	
Bartender . Egs. 42.	
X. Ray. :	
	IR
poot and loose Erjonents bus fracture	or.
boot and loose lyonents but fraction affinte desire	
(If space is insufficient, continue on back of form.)	
(II SPACE IS INSTITUTED OF DESIGN OF TOTAL)	

EXAMINATIONS.

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

Ph Collins 259 3091215

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Ple Coulins

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Pte Coulins

M.F.B.	465
200m	0-18.
1772-30-	.950

LENTAL HISTORY SHEET

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REGIMENT	"C" Coy.	259th Bn?	R	ANK Rflmn		No. 3091215
6 1,			Condition on first Examination			98
			and a	Date 1918		AE
			3		(A) 1 3 5	
			1	Amalgam	(D) 200 8	
				Temporary Filling (a) G. P. (b) Cement	TO DE	
100 100 150	1 8 8		9	Cement	DE 18	
				Treatment Putrescent Pulp		
				Root Filling	2 2 2	
				Pulp Cap	25	
				Devitalization	28	
			1 11	Pyrrhœa	8	COCI
				Synthetic Porcelain		00
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				Gold Filling		
				CR Gold		
				CROWNS		22 1
				WNS	Z de la composition della comp	On f
				Bridge Work	3. 2. 1.	On examination diagram in On first line of
			Selevin Cap o	OPERATOR	1. Condition on examination (in red). 2. Condition on leaving Canada. 3. Condition on discharge.	examination the condition of patient's mouth diagram in red ink. first line of report record of same to be made
			9	Military District	tion Cana	f patie
			Cor 7.14.	REMARKS	(in red). ada.	ent's mouth to be marked to be made in red ink.

INSTRUCTIONS

red on

Unit, Regiment or Corps.

Ist DEPOT BN. Ist QUEBEC REGIMENT PAPER

C. E. F.

Name. Collins

C. E. F.

Name. Collins Regimental No. 3091215 Rank Pte Name Collins Robert John H. Q. 1772 354 PAPER C. E. F.

Enlisted (a) 14-8-18 Terms of Service (a) C.E.F. Date of appointment to lance rank roll of N. C. Os. present rank Qualification (b). Driver Extended Re-engaged Record of promotions, reductions, transfers, Report Remarks casualties, etc., during active service, as retaken from Army Form B. 213, Date ported on Army Form B. 213, Army Form Place Army Form A. 36, or other From whom Date A. 36, or in other official documents. The official documents received authority to be quoted in each case S 259th Br. C.R. C.E. F. S. 1-11-18 259. Bn. Can. Rifles, (Siberia) 21-12-18 S.O.S. 259th Bn.CR. CEF.S. DO Pt 11. #94 of 21-12-18 being in Hospital, Casualty and transferred to MD #11 Capt. & Adit. 259th Bn. 11th C.G.R. (Auth SCA 34-Can. Rifles. C.E.F.S. 5872 of 21-12-18. Victoria, B. C. 11.1.19 D. O. Pt 11 13/56. 1919. Vancouver. 13.e. 8.2.19 D. 02 39. T. C. S. District Depot XI. S. O. S. D. DXI.

⁽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. IP.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	a calculation policy	of this visc	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	taken from Army Form B. 213, Army Form A. 36, or other official documents
8-3-19	p. 0	S. Demob.	004	27-3.17	80.87
		Officer	LAMY Le Discharge Section, Die	Lieutena trict Depot No	
			.E.TED .No.(CI-CI-F1 To	a marrie	.n.o.a 61-07-1
	*115 (1975) *3. M. A.	Can, Hilkes. C	FIN CP of	100 %	Note the
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		the management of the second of the second of	/		

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	H. Q
0 11	M. D. No. 4
Surname Odland	T. O. S. aug. 14 19 18
Christian names Nobelet John	D. O. Pt. 11232 of 20-8-18
Regtl. Noo3 0 9 / 2 / 5 Rank Ple.	S. O. S. Dis 13-3:1919
Unit 1st Dlue Reat 1st 1spo B	Reason Demol
305 905 17- 2.0.87. 25- Dem	8-Auth D 0 73 13 3 19
Next of kin Alling Robert John	Belationship Hather.
Address 4 Addle St. St.	Also notify:
Shipmond has	
Channel Island	S.
BORN-Place Channel Is Gulrase Dat	e Jan 30 th: 1896
ATTESTED—Place Non Meal R. Dot	elle 9 12/th-1918
0/8/	R/C
W. 22—100M-7-18. 1772-39-839.	

*Name COLLINS. Robert John		Rank Pte.	Regtl. No3	091215
Original st.Q.R Present D.D.4.			Fyle Donat	700
Port, ship, and date of arrival				
Next of kin.				
Address on leave				
Address on discharge				
Transportation issued No Date	Character on discharge	÷		
Previous occupation	Date and place of			
Diagnosis:		Medical rds		
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	623186.		

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

M.F.W. 192-150M-6-18. 1772-39-1243. A FORM OF WILL

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:-

ethicles of the Albanda and the San

secures to the first secure and in the pre-

with all growing

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

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.

20 John State of Stat

FORM OF WILL

SEE INSTRUCTIONS ON BACK

MILITIA & DEFENCE.

APR 19 1920

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

	COLLINS Robert John.	
Name, &c.	I, COLLINS, Robert John.	
	3091215 Regimental number. Rank	te.
	Ist DEPUT BN. Ist QUEBEC R	Canadian Expeditionary Force,
of this		
de 1 di	declare this to be my last will, revoking all p	
Executor		
ti kw		record of the contract of the
	whose address is	1000000
	to be the executor of this my last will.	
		A. A. A. S. Ser and A. S. Ser
	VIII / ABBANIE	
	in wedness of year for sureman succession and	
	lan Alsbar with the sounds received a too	
	oligati bas for the same was at heart which it	
711.010	or sentence and whose spaces of the position	
General	I give to Mrs Robert John Colli	ns Sr. (Father) and the manual
gift		rnsey, nChannell Islands
	whose address is	
		Algoria TO
.99211	all my property not disposed of above.	Chest Talus Uni States E va W
	Montra	15/1/1000
Date	Dated at	this 191 191 191
	and the first of the second	
	mander or the property of the second state of the second s	
Signature	100	est John teallers.
		Esignature of Soldier.
	Signed and acknowledged by the te	estator 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 na	ames as witnesses.
	1st WITNESS	2ND WITNESS/
	18 -11	116:11en
Witnesses	Signature Colle &	Signature
žuje s	Guy St Barracks	St Barracks.
ed b	Address Montreal Que.	Address Montreal Que.
ni il	soldier bear	Soldier
	Occupation	Occupation
	M. F. W. 82	
	120m-4-18 1772-39-983	

LEDGER NO. 90. (443)	SERIAL No. 3. 380
REG. NUMBER 3091215 NAME Colle	is RJ20
RANK Joke CORPS 259th	
AGE 42 SERVICE 23//2	
NAME OF HOSPITAL Willows Camp PLA	ce Vietoria
DATE OF ADMISSION. 22-11-18 Probably Podagra	Sebellay [431]
TRANSFERRED TO OTHER HOSPITALS Edyumaly	6/17/18 Resthanen 18-12-18
OPERATION	
DISCHARGED TO butty 30-1-19	IN CATEGORY
M. F. W. 2553. 50m.—6-18. 1772-39-1332.	P. T. O.

CO WILL

REMARKS:				
	100			***************************************

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

3 H. E. 1376

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.

be used, but the case will be referred to a Medical Board for completion of 12.1
No. 309/215 Rank Pke Surname Gollins (Given name in full) Robert John
Robert force
No. 309/215 Rank Surname (Given name in full) Robert John Unit or Corps 259" Bu, C. E. R. Birthplace Guersey, Chancel Reads
(Examination of Officer or Other Rank (stripped) to be made 3,
1. GENERAL DESCRIPTION: 1. GENERAL DESCRIPTION: Weight .50.lbs. Height .5.ft7.in. Colour of Eyes
raysique
Nutrition
Pulse
Condition of arteries Normal Vision Rt No Left So Sear over Reyllison
VISION AGE.
Hearing (conversational voice) Rt
Left
1 La mont and affection of the following
Opinion as to general health and payors. 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.)
Cardio-Vascular System
Despiratory System
Museular System
Osseous and Joint System
The give full particulars, with cause and date
of origin; and also a description of the present condition.
3. If the answer to any part of Section 2 above is "Yes," here give it in particular of origin; and also a description of the present condition. Has good affecting R mitalassal phalyn great joint Requirement of Restaurant Stapitals, Nov 1918-fary 1919 Recovery. Bastender and Beer dinker for wany years. X Ray Refort by Destaurant Registrar,
Esquiralt & Resthauen Org
Recovery. Bartender and the famer.
years. X Ray Reform by
Registrar,
Victoria Mil Hospital.
REPORT/ COPY Dec 12th 1918 Pte Collins 259th Bn #3091215 Capt Hunter.
Has loss of quality of carpel bones of right foot, and loose
ligaments no fracture or definite disease.

Certified true copy. Wengter

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS-Examined at(Overseas) 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. (Canada) Date JAN 3/ 1919 Signed . Cangles. 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 (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.)

· importation no

Ist DEPOT BN. 1st QUEBECRER'T GINAL

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PU'	T BEFORE ATTESTATION.
arrigente esta de la selectiva della constanta della selectiva della selectiva della selectiva della selectiva La constanta della constanta della selectiva della selectiva della selectiva della selectiva della selectiva d	COLLINS. (ANSWERS.)
1. What is your surname? 1a. What are your Christian names?	Robert John
	220 North Nineth St. Philadelphia
1b. What is your present address?	Guernsey, Channel Islands (Pa. USA
what Country were you born?	Robert John Collins Sr.
4. What is the address of your next-of-kin?	4 Pollett St. Guernsey Channel Island
4a. What is the relationship of your next-cf-kin?.	Father
5. What is the date of your birth?	50th January. 1876.
	Driver
6. What is your Trade or Calling?	Single. * Harring
7. Are you married?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force?	No R. J. C.
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-Stas Expeditionary Force?	Yes.
13. Have you ever been discharged from any Branch	No.
of His Majesty's Forces as medically unfit?	Not applicable.
14. If so, what was the nature of the disability?	
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.
Force, and to be attached to any arm of the service existing between Great Britain and Germany shou after the termination of that war provided His Madischarged.	to serve in the Canadian Over-Seas Expeditionary e therein, for the term of one year, or during the war now ld that war last longer than one year, and for six months ejesty should so long require my services, or until legally
Date August 14th 191 8	(Signature of Witness)
OATH TO BE TAKEN B	Y MAN ON ATTESTATION.
in duty bound honestly and faithfully defend His I	the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, So help me God. (Signature of Recruit)
August 1/th 8	7/80 - ++ ·
Date August 14th 1918.	(Signature of Witness)
CERTIFICATE	OF MAGISTRATE.
questions he would be liable to be punished as pro- The above questions were then read to the I I have taken care that he understands each duly entered as replied to, and the said Recruit l	
////Imin	MAJOR. (Signature of Justice)
Castle Liver and the side	

M. F. W. 23. 750 M.—1-17. H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWI: TO THE PACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

	e determined according to the instructions given in the Regu- tions for Army Medical Services.)	peculiarities or previous disease.
la	tions for Army Medical Services.)	(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).
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q	Jewish	L. D. = 720
	Other denominations.	R. EAR DOLL CONTRACTOR WORLD AND YORK
	(Denomination to be stated.)	L. Ball A Common or an artist and a state of the state of
Date Place	I consider him*	Oeclared FIT by MEDICAL BOARD MOBILIZATION CENTRE Medical Officer. R.R. Section C. O.
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	CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
	COLLINS, Robert John.	
		having been finally approved and
		of Attestation, and every prescribed particular having
been	recorded, I certify that I am satisfied with the	correctness of this Attestation.
	* JAMM M	Major, (Signature of Officer)
	August 14th 8	
Date		

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PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING M. or S. DAILY RATE OF PAY AND ALLOWANCES REGT. No. 309 NEXT OF KIN ORIGINAL UNIT EFFECTIVE DATE AUTHORITY ADDRESS PLACE OF ATTESTATION DATE OF ATTESTATION IS SEPARATION ALLOWANCE PAID! DATE EFFECTIVE ASSIGNED PAY. \$ Posted lo TO WHOM PAID RELATIONSHIP PAYABLE TO ADDRESS 8/2/19 2.0, 5//3 ADDRESS STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE DISCHARGED PAY AND F. A. ACQUITTANCE ROLLS CASH PAYMENTS OTHER TOTAL REGI-ASSIGNED MENTA MONTH CREDITS CREDITS NO. OF DAYS AMOUNT COL. NO. 1 COL NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PAY DATE NO. DATE NO. DATE Balance from previous account March 1 33 1 36 30 35 9/2/19 15 40 Other Other Credits W. S. C. War Service Gratuity Charg 60m.-11-18. L. L. 51777. M. & D. 9585.

AUDITOR ORIGINAL UNIT S. F. WHAT UNIT?

ORIGINAL UNIT (SLOCK LETTERS, SURNAME FIRST) DAILY RATE OF PAY AND ALLOWANCES Montre al TRANSFERRED TO DATE

14/8/18 Serves in Canada only

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DATE EFFECTIVE EFFECTIVE DATE PARTICULARS AUTHORITY T.O.S AUTHORITY ASSIGNED PAY, \$ PAYABLE TO RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS 8/2/19 8:0, 5//3 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE IF ENTITLED TO POST DISCHARGE PAY DISCHARGED CASH PAYMENTS BALANCE REGI-OTHER TOTAL MENTAL CHARGES DEBITS COL. NO. 1 COL NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PARTICULARS OR REMARKS DEBIT CREDIT L. P. C. on FEB. 8/3/19 Other Balance War Service Gratuity Charges W. S. G. S. A. Soldier Dependant

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RYMASTER AUDITOR

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

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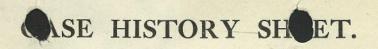
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М. F. B. 313а. 50м.—3.18. 1772—39-439.

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Diary

- 25.11.18 Foot less swollem, not so tender. and improving.
- 2.12.18 Swelling has disappeared. Pain still severe. Special prescriptiom.

 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 maked tenderness at metatarso phabangeal 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. Lawrenceer, Capt.

- 18.12.18. Admitted to Resthaven.

 Complains of an area of tenderness in the region of the rt. big toeEvidently 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