27-3-19 C = 24 C = 21

REGIMENTAL DOCUMENTS

21	NAME CONNER CharL	es.	REGT. No.264443'4.	UNITZythor. 6	Ba, H. Q. FILE NO.	
	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		merg 26/2/22	106		DEATH
0	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		1211			Category
	TRAINING HISTORY SHEET (M.F.W. 113)			MAR)		
J.	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			The state of the s		
1.	REGT. CONDUCT SHEET (M.F.B, 263 or A.F.B, 120)		169-149	7	31729	
1.	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				- Trong	
_ 2.	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Groff 13-1	2/20		DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)		1	7	1	Category
1.	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				L.	
1.	MEDICAL EXAMINATION (M.F.W. 129)			1		
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		The state of the s	11.		Demobolization
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		300000000000000000000000000000000000000			U
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			1/1		DESERTION
2	LAST PAY CERTIFICATE (M.F.W. 44)		16	1.		
1.	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)	* *3"				
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.V/. 39A)	Miles de				
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1.	m. 7. 21. 192.					
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100M	2589 -11-10 95-1377					

umber 2644454 Rank ONNER! Charles 1 Christian Name Units P & Theatre of War Fance Date of Service CIO & Engleson Remarks..... Latest Address____ 200m.-6-21....

GRATUITY (IMPERIAL)

CHRISTIAN NAME
SURNAME
SURNAME
SURNAME
SURNAME
LINE NO.

LINE NO.

UNIT RETIRED OR DISCHARGED FROM

Thomas I wanted

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

·68-D.P.-40M-1-12-19.

WAR SERVICE BADGE

Proceedings on Discharge.

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

No. 2644454	The street of th
Rank Pte.	
Surname CONNER, Chas.	
Christian name	changed subsequently by authority.
Corps (Squadron, Battery or Company) 27th	,R.C.Bn., C.E.F.
Date of discharge Mar.11th	,19191
Place of discharge Montre	al, QUE.
1. DESCRIPTION AT TH	E TIME OF DISCHARGE.
. 36 11	Descriptive marks
Age 36 years 11 months. Height 5 feet 6 inches.	
Complexion Dark	Soom on think
Hoir Promp	beng Scar on thigh
Trade Plasterer.	
Intended place of 694 Atwater Ave.,	Montreel Cons. Acres 48 - Acres 4
(To be given as fully as Montreal, AUE.	32013
2. The above-named man is discharged in cons	
	Para (C) Cat. "A". Demob.
Authority for discharge	Discovery of the second of the
N.B.—The cause of discharge must be worded as prescribed certificate. If discharged by superior authority, the number and date	in the King's Regulations and be identified with that on the character of the letter to be quoted.
3. Conduct and character while in th	e service have been, according to the records, etc.
Officer, the chart	
3. Conduct and character while in the will liming of the continuous of the continuou	ble, by the Commanding Officer, in the presence of the soldiers and the any.
4. Special qualifications for emplo	yment in civil life. (Vide para. 332, K. R. & O.,
handwr self mal te and i	
To be in the certifical certifica	The discharge of the above-numed man is hereby you
M. F. B. 218.	(Files) ** ** ** ***

200M.--5-18. H. Q. 1772-39-113.

(OVER)

26 16

5. He is in possession of the followin	
scharge.	Proceedings on Dis
nes should be accompanied by	
	the documents specified on to
No reference to G. C. Badg	ges is to be made on either the discharge or character certificate.
	and but and bu
	Oommin arctin
6. Medals and Decorations	To be copied by the Command on Officer on to the parchmen Discharge Certificate.
Wedas and Decorations	Confid
The district of the second of	e copied Officer o
	To be Died Comment of the American Comment of the C
7 11	
or Battery, and I have impartially e	and signed by the Officer Commanding his Company, (Squadron enquired into all matters brought before me in accordance with
Regulations.	T. DESCRIPTION AT THE DESIGN OF
(Place)	
A STATE OF THE STA	admon II canay 102 Mega
(Date)	Commanding
9 Contificate to be	side and by the Caldier on Dischards
8. Certificate to be	signed by the Soldier on Discharge
I hereby acknowledge that I received a to the present date, subject to the have received my permanent discl	all my Pay, Allowances and Clothing, and all just demands, up a reservations of the claims noted on the third page, and that I harge certificate.
(Place) Montreal, QUE. 6	Connet (Signature of Soldier.)
	1.0.10
(Date) Mar.11th, 1919.	6 Wasses (Signature of Witness.)
When a soldier is absent through illing proceedings to him for signature when returned, should be attached	less or any other cause and it is not desirable to forward these and a manuscript copy should be sent for the man to sign, and
	To the state of th
	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. S	Statement of Service.
	date to which the Record of Service is completed)yearsdays.
hie. (Vide para, 382, IC, R. & O.	Totalyearsdays.
11. Con	ifirmation of Discharge.
The discharge of the above-named ma	n is hereby confirmed.
(Place) Montreal, QUE.	7/2/-
(1 lace)	OTW IN MAN
Mar.llth,1919.	Officer i/c Discharge Section, District Depot No. A
(Date)	

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.)

NO RESERVATIONS.

C. Connet Death History Sheet . Documents not assemble sing this form should be crossed

N.R. in the case of a man discharged by purchase,
the detr 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	Particulars of Recruit "W. 133 Proceedings on Discharge "B. 218
Field Conduct Sheet "W. 178	
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final
Med. Hist. Sheet, Militia form B. 313	approval, the discharge documents will consist of
Casualty Form "W. 54	
Medical Report for Invalid§ "B. 227	(a) Proceedings on Discharge
Dental History Sheet "B. 465	
Last Pay Certificate "W. 44	(b) Attestation.
Duplicate Discharge Certificate " W. 39A	(b) Meestation.
‡Form of Will "W. 82	() M. Paul History Chart
§Only if discharged "Medically unfit."	(c) Medical History Sheet.
‡Only if man has not been overseas.	TO SHARE WINE TO SHARE TO SHARE TO SHARE THE

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.

CHRISTIAN NAMES REGL. NO. 2644454 RANK Pte. UNIT 27th Rly. Con. Co. (MA. 4) FORMER CORPS This CHANGE OF ADDRESS NAMES IN FULL Kubberstey, Phrs. COUNTRY OF BIRTH DATE CALL PLACE OF ATTESTATION L. L. 6945, M. & D. 6994,

SINGLE LACO MARRIED TRADE OR CALLING laster DESCRIPTION. 35 YEARS APPARENT AGE MONTHS ST INCHES J FEET HEIGHT INCHES CHEST MEASUREMENT EXPANSION COMPLEXION In HAIR MEDICAL EXAMINATION. PLACE Montreal, P.G. DATE PLEC. 15/9/19 rexent address 69 4 Atwales ave.

No. 2644454RANK	te.
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NAME Conner, C.

T.O.S. /-/2-/7	UNIT 27th A	ilevan franco	tuction Draft.
1 10039 1-12	-17)	A abriso	musion. magn.

PAID	PAID	SIG. OR	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.											
ROM	то	REC'T	PARTICULARS	AUTHORITY										
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	1													

*NameCONN	NER, Chas Rank Spr Regt	No. 2644454
Original 27th	R. Bresent DD #4 or S. Age 36 Religion Pres. Ref	Depot19-C-837
Port, ship, and date	of arrival Halifax N.S. S.S. "ROYAL GEORGE" 20-2-19	
Next of kin(S)	Mrs.J. Hubberstey, 6 Chimney Farm, Alstone, Ch	eltenham, Eng
Address on leave	694 Atwater Ave., Montreal, Que	
Address on discharg	ge	
Transportation issu	Yes Character on ued No Datedischarge	, 6
	Date and place of	
Previous occupation	Plaster Date and place of 1-12-17 Montre	al, Que.
	Date of Medical Boards	
	Date of Medical	
Diagnosis	Date of Medical Boards	Pt. 2 Order No.
Diagnosis	Date of Medical Boards Remarks T.O.S. fromO/S 20-2-19 Posted to Cas.Coy.22-2	Pt. 2 Order No.
Diagnosis	Date of Medical Boards Remarks T.O.S. fromO/S 20 -2 -19 Posted to Cas.Coy.22 -2	Pt. 2 Order No.
Diagnosis	Date of Medical Boards Remarks T.O.S. fromO/S 20-2-19 Posted to Cas.Coy.22-2	Pt. 2 Order No.

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

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WORKING OR SPECIAL PAY ACQUITTANCE ROLLS FIELD ALLOWANCE PAY CASH PAYMENTS ASSIGNED PAY CREDITS AMOUNT NO. OF RATE OTHER CREDITS TOTAL CREDITS AMOUNT NO. OF DAYS RATE AMOUNT DATE No. OF DAYS 2 3 NO. DATE NO. DATE NO. DATE NO. DATE \$ c.

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Date of Assignment Separation and Assigned Pay Branch OVERSEAS CONTINGENTS RATE OF ASSIGNMENT RATE OF SEPARATION ALLOWANCE PARTICULARS OF ASSIGNMENT PARTICULARS OF SEPARATION ALLOWANCE No.2644,454 No.264440.,

Rank DTO Promoted

Soldier's Name 6, Conner Ry, Const., Dft. MD 112 Address Discharge MISS MAUD SMITH, 694 ATWATER AVE. MONTREAL, P.Q. % 2644454 PTE C. CONNER Relationship TEN DOLLARS Address Amount S/A Amount A/P Cheque No. 10 10 7008 10 CANADIAN 10 10 AUDIT CLERK 30

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

	RATE OF	SEPARA	TION	ALLOWANC	E
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RATE OF ASSIGNI	MENT

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Name
Rank Promoted Reverted Discharge	Address
Soldier's Name	Change of Address
Battalion	1
Beneficiary	2
Relationship	3
Address	4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
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NUMBER 2644454 RANK Sapper NAME CONNER 6. PARTICULARS CR. 1. CR. 2. PARTICULARS DR. 1 DR. 2 DR. 3. DR. 4. BALANCE DEFERRED SEPARATION 1919 Balance forward Feb Jul or D. F. 17006 60 162 171 68 5days \$92 9/1/19 3 days RW \ 8 80 162 88 aRg280 28/12 1ccc2 (13) 48 67 11421 " 4370 11/1 CRXD (23) 19 49 " 5575 3/2 188 (59) 973 Lettend. 1787 Ses to Can 24/1/19 2623 24/1 CRID

Sesto Can 24/1/19 2623 24/1 CRSD

ATTESTATION PAPER.

No. 2644454 Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?	Conner
1a. What are your Christian names?	Charles Suf. And.
1b. What is your present address?	694 Atwater Ave. Montreal P.Q. Glasgow Scotland
what Country were you born?	Mrs. Jane Hubberstey Suf. Add.
4 What is the address of your next of kin?	Chimney Farm Alstone Cheltenham
4a. What is the relationship of your next-of-kin?.	Sister Eng.
	April 8th, 1882
	Plasterer
	No '
8. Are you willing to be vaccinated or revaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Or Naval No Co Co
10. Have you ever served in any Military Force?	Or Naval No 6
If so, state particulars of former Service. 11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	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?	Nil
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?	Nil
by me now made, and I hereby engage and agree 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 Ma	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 tjesty should so long require my services, or until legally (Signature of Recruit)
	SY MAN ON ATTESTATION.
bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His I Dignity, against all enemies, and will observe and and of all the Generals and Officers set over me. Date 191	, do make Oath, that I will be faithful and 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) (Signature of Witness)
	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	Recruit in my presence. question, and that his answer to each question has been has made and signed the declaration and taken the oath day of
	(Signature of Justice)
A STATE OF THE STA	The state of the s

M. F. W. 23. 750 M.—1-17. H. Q. 1772-39-841. N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Charles Connel on Enlistment.

	determined according to the instructions given in the Reguions for Army Medical Services.)	Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).
Heig	ht 5 ft ins.	
	A Atwater Ave. Montreal F. C.	Company of the second s
Chest measure- ment.	Girth when fully expanded. ins. Range of expansion ins.	
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Religious denominations.	Baptist or Congregationalist	The second of th
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den	Jewish 516	R. D. = 40 L. D. = 90
	Other denominations	R. EAR DI
_	(Denomination to be stated.)	IL EAR DE
free Date	jection specified in the Regulations for Army Me He can see at the required distance with eith use of his joints and limbs, and he declares that I consider him* for the Ca 191 *Insert here "fit" or "unfit."	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Accord FIT by MEDICAL BOARD Medical Officer. Medical Officer. The will fill in the foregoing Certificate only in the case of those who have
		(but not for General Service)
ertind.	Charles Con	CER COMMANDING UNIT. 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,
	i Dec 7	(Signature of Officer)
Date	191/.	

2353-100M-9-1:-16

9thDft. Railway Cons M D No 2

TLH Rank Name

CONNER, Charles

Reg'l No. 2644454

Unit

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Montreal, Dec. 1st. 1917

Place of Birth Glasgow, - Scotland.

Name and Address, Next-of-Kin Mrs. Jane Hubberstey,

6, Chimney Farm Alstone, Cheltenham, England.

Relationship

Sister

Assigned Pay Monthly\$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

10

Reason

Character

H. W. & V., Ld.—9	546-16.				
. Repo	rt.	Record of promotions, reductions, transfers,	Place.	Date.	REMARKS
Date.	From whom received.	casualties, etc., during active service. The authority to be quoted in each case.	99 89 89 89 89 89 89 89 89 89 89 89 89 8	Date.	Taken from Official Documents.
		Arrived in England	3 16-2-18	8/8 0	ANADA
17 - 2 - 18	6.R.T.D	To Son awiral from Canada		16-2-18	F-1548.
16-3-18	4,	Josto 1396 R.T	The Man	16-3-18	JF0754137607149/16-3-18
28-3-18	13th C.R.T	Groceeds O/Seas.	41	28-3-18	F1016
17 - H-18		Landed in France.	Hicld	29-3-8	FOIT. 13 BERT
4.1-19	G. R. T.D.	Posted from 13 THE. R. T.	Witley	25-12,18	Pa= 03. Do. 24949.
		att from le. B. D. D	- 10	25-12-18	-1-362.
14-1-19	C.A.T.D	Ceases on Com . 1 C.C.D	11	13-1-19	13
24-1-19	"	S.O.S. To M.D. H.	" "	24-1-19	- 23. On. D. 4-5 D.O.

k

Report.		Record of promotions, reductions, transfers,	m.	Data	REMARKS	
Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.	
17-2-19	h.D. 46	Sotto Canada	Spr Rhyl	18-2-19	Pra.0.42	
		Mary Mary Mary	A Visit See a see a see			
	+ 100					
					100	

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DIS-TRICT IN WHICH THE SOLDIER WAS DISCHARGED. Surname Christian names 4. Original Unit 4. Address, in full, to which future payments of gratuity are to be forwarded 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... 9. Relationship of such dependent Address, in full, of such dependent 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? 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:— Were you on the strength for pay and allowances of the Clearing Services Command, having been 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service . The 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 Were you at the time of enlistment a civil employee of the Dominion Government? If so, state De-

M.F.W. 2595. 1772—39—1389. 1160—D.P.—250M-12_18.

18.	Have you had more than one enlistment? If so	o, give particulars of discharges and re-enlistments,
	and under what regimental numbers and units.	11 9 0 6 6
		not app
19.	Have you already received any payment of Pos	st Discharge Pay or War Service Gratuity? If so,
	state amount you and your dependents have alre	
	(\$70) Seventy Dollars	Paymester of Desperal a
20.	Have you been issued with a War Service Badge	? If so, what class? Class U.
21.	Have you, during the present war, served in the	Imperial Forces?
22.		d any gratuity in the nature of Post Discharge Pay
	from the Imperial Forces? If so, state amount	received, or to which you are entitled
23.		than the substantive rank held by you on your arrival
75	in England?	of misconduct or inefficiency?
24.		If not, give:—(a) Date of discharge
		(b) Reason for discharge Demobles ather
		(b) Reason for disconarge (c) Comments and the comments of the
05		
25.	•)	f pay and allowances from any Canadian naval or
	land forces? If so, give unit	
26.	unit which you served at the front, and dates o	tual theatre of war? If so, give particulars of one
		-2.18 until 11219
27.	(a) Are you receiving treatment from the De	partment of Soldiers' Civil Re-establishment? . 4.0.
2	(b) If so, are you in receipt of full pay and al	lowances from that Department?
	And I make this solemn declaration, consciention	usly believing it to be true, and knowing that it is
of 1	the same force and effect as if made under oath a	
	Signature of Applicant: Charles	
	Place of Residence: 694 Atwar	
	and the grant	11 48 1811 16 10
	This day of Mark	
	Supreme Court Stipendiary Magistrate, Notary Public, Justice of the	
	Peace, or Commissioner for the Administration of Oaths.	A Confinissioner of the Superior Court for the Province of Quebec.
13/2	POST DISCHARGE PAY.	Carlotte Mark Decision of the Contract
Da	te paid. Paid Paid Soldier Dependent	War Service Net amount Gratuity due
	Certified Correct.	

27th Railway Construction Draft Fill in only.—U. Number, Rank and Name.

M. F. W. 54, (A. F. B. 103. 500_M,—9-16 H. Q. 1772-39-920,

Casualty Form—Active Service.

Unit, Regiment or Corps. 27th Railway Construction Draft.

Date of pres	promotion to ent rank	to lance rank	nt}*	Numer roll	rical position on of N. C. Os.
Date	Report From whom received	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
uste	red.	to Railway and Em	SDEpol	ho,	NO2. 15-1-18
/3/10	C.R.T. DEPOT	EMLARKED DISEMBARKED TAKEN ON STRENGTH FROM JANADA	HALIFAX LIVERPOOL PURFLEET	5/2/ 16/2/ 16/2/	18 18 10 Part 11 D.0.48.
3/18	C.R.T. DEPOT	S.O.S. C.R.T.DEPOT ON POSTING TO 13 th Batt.C.		Barn	Part 11 D.O.75. Liout for O.C. LIVAY TROOPS DEPOT.
3/18	Bn. C.R. T	h TAKEN ON STRENGTH FROM CRT DEPOT PURFLEET.	PURFLEET	16/3/4	8 PART 11 D.O.4.
28-3-1		Proceeded wasaa	Purfleet	VV	-18 Part ii b.u. il 7 Me Capt. As. Bn. Un n'y Tro
		Landed In France		13th	Bn. UAR RYTHOS
		FIELD 2	10		
		Pt II DO No. 17 astea	10		

⁽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.

. 26 HH H 54 Spt Connet. 6.

		Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	4019		takan	Remarks from Army Form 1	1 912
	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 official documents	other
23.	12.18	69132	Trans to bondand of	soled to	23.178	n.R. 8	noinemak Amilia	igo sirette
	14 , 4		remetears	7	1. 1	Ma of	4,	
					Lie	ut, for Lt.	-Col., A. A. G.	
		roups to him a married false		C	anadian Sec	tion, G. H.	Q. 3rd Echel	on, B. E. F.
4/1/	18	CRTD	T. O. S.	Cettley	20/12/18	PYY	(L) (D) 3	
24/	/		S.O. S Kimmel MD 4	*	24/1/8	PT	23	
1/	///	IL D.O. 4	Fred OI (8/81 HODERS / II.		Jab!	10	/oToRio	ni/s/ei
				W.	A phones	Lew	TOTTO	ar\s\ar
	.0.0	W. Sand	Tang BI\S\81 Tang Bi	6/1/2	For C	Con Con	CRID	
			TELEGRAPH TELEGRAPH	475704	POT PURE	1 220	0.0.13 VI	311/6/9
24	4/1/19		0. C. C. Editel Park for ret	urn to Cana	da :			
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		Embarking fo	- Canada Part II Order No		Mula	Llaut		
, ,		A.	rked to Canada		Officer Bornent	/o Records		
10-1	2-19,	and doi	ening 10. P.M.S. Popal Gio	34	4/1/4	NO Capi		
17				Singuistance	South Hall Mar.	TE"OTTC		

Casualty Form-Active Service.

		Terms of Service (a)				
prec		Date of appointment to lance rank Re-engaged.	ent}Qualification (b)			on on Os.
Date	Report From whom received	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 from Army Form B. 213, Form A. 36, or other official documents
19	S.O.S.	Demot Cata	22.74 / Myles	11/5/19.	D-1	0-71

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

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

FORM OF WILL.

I,	Charles	Conner		(Name in full)
Regiment	tal Number 26	44454 ser	rving in 27th	Ry.Const.Draft.C
of the C	anadian Expeditiona	ry Force, do her	eby revoke all	former Wills by me
made and	declare this to be	my last Will.		
	I bequ	eath all my real	estate unto	
Mrs.Ja	ane Hubberstey	(Sis	ter)	Name and Address of person or
6 Chi	nney Farm Alst	one Chelter England		persons to whom it is to go.
absolutely	, and my personal o	estate I bequeati	1 to	
Mrs.Ja	ane Hubberstey	(Sis	ter)	Name and Address of person or
6 Chir	nney Farm Alst	one Chelter	nham	persons to receive personal estate*
		England		(See note).
N This mu and THE Hi	ust be Signed Dated by SOLDIER MSELF. Conal estate includes	ules bo		A. D. 191 7 nature of Soldier.
6: 1		the Tostator of	and for his last	Will in the presence
				t Will in the presence
	nce of each other ha			
	Signature of First V	ritness F	1. Calay	he
	Address of Witness	27th Re	ajlway Con	struction Draft
THE TWO ITNESSES MUST	Occupation of Witn	ess boy-te	rigt. D	rajor
IGN HERE	Signature of Secon	d Witness	rullin .	
	Address of Witness	27thgR	artway Cor	nstruction Draft
	Occupation of Witn	ess Ot	Seat.	

ESTATES BRANCH APR 9 1918 MILITIA DEPT.

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.
- (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.
- (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 27th Railway Construction Drop
(2)	Regimental Number
(3)	Full Name of Soldier
(4)	Place of Birth
(5)	Are you married, or not?
(6)	If married, state, (a) Full name of your wife
	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages.

(9)	Is your Father alive?NQ
	If so, state name and address
(10)	Is your Mother alive?
	If so, state name and address
(11)	If your Mother is a widow
	Are you her sole support, or not?
	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.
	Mrs. Jane Hubberstey
	6 Chimney Farm Alstone Cheltenham
	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?
	If so, in what Company?
	Have you made arrangements for payment of your Insurance premium
	If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
Dat	DEC 1 - 1917 Officer Commanding.

27th Range Construction Praft
MEDICAL HISTORY SHEET



Surname C	onner De	Christian	Name	Charles	
Evaminal	day of	917 App	proved by	IT by MEDICAL BOA FION CENTRE, M. D. #4	RD 4
City or T	`own	- secondary	Rank	Prostdent, B. M.	M.O.
Birthplace { County		Date	Fit or Unfit	EXAMINED FOR RE-ENGAGE	MENT
Apparent age 1		Provided and the second			1
Trade or occupation		"B"	Bit for Se	ervice Abroad	
	feet 52 1	nches	(but not	Currian Day of the Commission of	M.O.
Weight	211			CTING MEDICAL M. D. No. 4	M.O.
(1)	111111111111111111111111111111111111111	inches	88	FITO 3	
	P	inches	(7)	File X	M.O.
Physical development	ni			MONTOFAL P.O.	M.O.
	rm Right Left			2	M.O.
Vaccination Marks	umber 5	Date	Result	Vaccinations	
When Vaccinated last	01.1001	20/1	2/12	mélunté	apt M.O.
(a) Marks indicating	ng congential peculiaritie	es or	///		M.O.
previous disease		and production and	U		
		Date	Result	ANTI-TYPHOID INCCULATIONS	
(b) Slight defects by	t not sufficient to cause rej		1.0	1 11	1.
D.= 40	lal feet to	11/1	1/10 1	hulkling h	M.O.
D. = 80		14/14	X	111000 Cegui	M.O.
EAR UT		10/12			M.O.
Enlisted on	day of Dece	mber	91.7. at	Marties	e
	CORFS R	BOT'I, NUMBER	Habi	TS DATE	
Joined on enlistment	27th Railway		ction Di	raft 1 or Dec 1	917
		644454	DERO	T NA DO LAN 15	1019
Transferred to	RAILWAY CONST	HUCTION	A DELO	T M. D. 2 JAN 15	1918
1	3th Bn CRT				
		-			
EXAM	INED OR DISCHA	RGED BY	A ME	DICAL BOARD	
STATION	DATE	Die	SEASE	RESULT	
Hamilton or	+ 23-148	5071	A	15 Tith person	-910 Mg
Varflert	2/8	May)	01	SI WIU	Tille
Willy	8-1-19.	Flas	fleh	10:10/6/20	3/10 km
nuntreas	8 3118	_0,8	al-T	in a	che wine
				Car- B	2
N.B — This sheet t Service, on the man be	o be disposed of in accorda	ince with inst	ructions in being state	the Regulations for Armed on next page.	ny Medical
M. F. B. 313.				781	Cinhan.
300M1-17. M. Q. 1772-39-450.					- and and

300M.—1-17. M. Q. 1772-39-490.

Lantaine

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

Date of Examination in England

Date of Examination in France

10 11 12 13 16

23 24 25 26 27

DIRECTIONS TO DENTAL OFFICERS

- 1. 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 teeth concerned.
- 3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

- 2. EXTRACTIONS
- 3. Crowns
- 4. Dentures
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

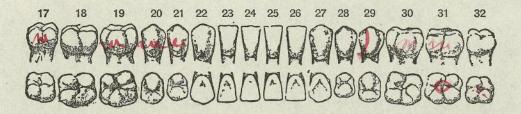
HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer_ HG. 9 and h

CORPS DENTAL CANADIAN



INSTRUCTIONS

X to be extracted M are missing

- 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 from the Service.

К		Date	malgam	Cemporary Filling (a) G. P. (b) Cement	ement	Freatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhæa	Synthetic Porcelai	Extracting	DE	NTUR	P	Gold Clasp	Gold Filling		WNS Porcelain	Bridge Work	rophylaxis	OPERATOR	Military District	REMA	RKS
RANK	Condition on first Examination	man 8	Y	100	R	rf.	M	4 24	a	d.	is s	H Li	fe.	Co	Ą	· U	Ö	Gold	Orcciam	м .	Pr	Huipson		Cavities Extractions disc	harge
																						/		/	
}																									
п																									
REGIMENT																									·····

Construction Draft Railway

No. 2644454

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.

Examination Condition on first Examination Condition on firs		Date	,	Amalgam	Temporary Filling (a)[G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting		Denture		Gold Clasp	Gold Filling		owns	Bridge Work	OPERATOR	Military Dist.	REMARKS
	Condition on first Examination				(a)		Н						100	U	L	P			Gold	Porcelain	1	$\alpha\Omega$		Caules 29,
																			202			M. Feerles	19 9	Jest, 5.12, 14.17, 19, 20
	,																							
		,																						
		۵																						

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.

lo.	Surname Comme Charles (Given name in full) Charles (Given name in full) Charles (Given name in full)
Jni	it or Corps
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
•	GENERAL DESCRIPTION:
	Physique Weight 3. Albs. Heightftcin. Colour of Eyes
	Nutrition
	Pulse
	Condition of arteries
	Vision Rt. 20 Left 26
	Hearing (conversational voice) Rtft.
	Left 2.1.ft.
-	inion as to general health and physical condition
•	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
	Osseous and Joint System

EXAMINATIONS.

	at(Overseas)
Date	
condition;	by certify that I have read, or have heard read, the above description of my present that I find it correctly stated; and that I have not withheld any information concernher affections from which I suffered, either prior to or during service.
	Signature
	(If not entirelial MED non the
l l	(If not satisfied, M.F.B. 227 will be completed by Medical Board.) CTION FOR USE IN CANADA— (Canada)
Examined (CTION FOR USE IN CANADA— At Market (Canada) (Canada)
Examined Date I herekeondition;	CTION FOR USE IN CANADA— At Market (Canada) (Canada)

PROCEEDINGS OF A MEDICAL BOARD.

Dated at PURFLE	ET FEB 2 4616.
Attended to the second of the	NER CHARLES
Local Unit Overseas Unit	
Examination held at PURFLEET	
DISABILITY. Overseas—Local. (scratch one out)	
M-hed days of the top he can he can he can find he can he can find he can he can be seen to the condition.	white our by
BOARD RECOMMENDS:- 3	
1. Fit for Duty	
2. Fit for duty after	weeks' physical training.
3. Fit for Temporary Base Duty	weeks.
4. Fit for Permanent Base Duty	
5. Discharge	
Signatures:—	etterne President
Members And Members	President.
APPROVED	
2 6 FEB 1918 1916. 1916.	161
the same of the sa	For A.D.M.S

Reserved for	M.H.C.	JADIGEM &
Regt. No 644 1 Rank Shr. Surname CONNER	hristian CHAR	LÉS
Unit or Corps—(a) Overseas from United Kingdom, 13 CRT (b) in United	Kingdom P	RT.
Born at Town That gow Province LANAK Co	untry.	OFL AND
Date of Birth—Day. O. Month APMA Year 1883	Age ST we	9 manths
Joined at MONTREAL GOE - CHANDA Date	1-12-	19/7
Former trade or occupation. LASTERER.	A ba	1 29
Permanent Marks or any peculiarity that will serve for future identification:		
S VACCINATION MARKS LEARM.		
- Type w 11 + Doy Somo as the - whent	CONDITION	S. PRESENT
browship into bleship white the	w St.	
Height-feet S inches 5 2 colour of eyes Brown	Ja w p	no Deal
Signature of Soldier (for identification purposes) lo har lo lo mine	5	v
Medical Report	7. w. L.	1026
Read carefully the instructions on last page of this form.		126
1. DISABILITY.	waren.	7
Group (a) Disabilities Group (a) Disabilities Group (a)	muni	
Disabilities Group (a) Disabilities Group (b) Disabilities Group (a)		
Group (b)		
Oronp (c) Disabilities Group (b) Disabilities Group (c)		
E remoned 2 M. A	manWF (3) MC	TARESTO A
2. CAUSE OF DISABILITY	masW. ispo	
(i) As to OVOCATIONAL O	Place of origin.	Date of origin.
Group (a) above. ROLONGED STANDING.	ANADA.	ENLISTMEN
(ii.) As to Group (b) above.	AIA	AM
(1) A substitute of bilayers (3)	14.17.	1411.
(iii.) As to Group (c) above.	N.A.	MA
3. Is the disability due to disease contracted or injuries received prior to Active Service?	ли — — — — — — — — — — — — — — — — — — —	10.17.
(i.) As to Group (a) above? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10/12	orona Belonota C
(ii.) As to Group (b) above? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		SUP COMP
(iii.) As to Group (c) above? If yes, has Active Service aggravate	11.11	Carrel 1
4 Is the disability due to discount of the state of the s	H.M. seel of the	maked 1
4. Is the disability due to disease contracted or injuries received while on Active Service? (i.) As to Group (a) above?		
(ii.) As to Group (b) above? N.A.		Dated also con
(iii.) As to Group (c) above?		

5. MEDICAL HISTORY. Prior enlistment heath was first class but his fut had been flat for years. Englisted
Dec 1014 has fationally to by 1011.
troops Came to Eeng land File. 18/18. France march 1914. Carried on with his unit - 13th
march 1914. Lawied on with his unit - 13th
C.R.T's until he was evacuated Dec 1918, Boarded Pruffet. Feb. 20, 1918 Cat B.T
nemeritari vol estas los dels referencias por la los dels referencias de la los dels referencias dels referencias dels referencias dels referencias de la los dels referencias dels referencias dels referencias dels referencias del los dels referencias dels referencias dels referencias dels referencias dels referencias dels referencias del los dels referencias del los dels referencias del los dels referencias del los dels referencias dels referencias dels referencias del los dels refere
6. PRESENT CONDITION. July - Occasional pain in fut-
walking or standing - aggravated in wet weather
walking or standing - aggravated in wettweather Can march fine smiles at regular pace
willout a pape.
Oly Severe digne flat-fut. Rigidtype.
Ollmine fit.
7. OPERATION. (i.) Was one performed? (ii.) If so, state what.
(iii.) Was one advised and declined?
NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary. 8. (i.) Is there loss or decay of teeth attributable to Active Service?
(ii.) If so, describe Englit buth extracted tome has decayed.
AM A
9. DO YOU RECOMMEND:— (b) Invalid to Canada? (c) Discharge from the Service
(state category) as permanently unfit?
Date of Report 191. 191. Signed Officer in medical charge of case
Station
Station. With Carry Station Officer in medical charge of case.

Dated at

Proceedings of a Medical Board on the Soldier mentioned in Part I. 10. Is the disability fully described in Part I. (1)? 11. Is the cause of the disability fully described in Part I. (2)? 12. From the special information now enhances, was the disability caused or negravated by: 13. THE ENTIRE DISABILITY. Although regard to his regular occupation, to what extent is his capacity learned present for causing a fill information of Estimate at mon, 3%, 10%, 15%, 20%, etc. 14. THE DISABILITY DUE TO SERVICE—(See Part I. G.). Aggravated now a selection of the entitled in this extension. 15. Permanent of the centre disability sensated end sixty (3) in due to causes arising during Artive Service? (Estimate at mon, 110, 210, 310, 46, or al.) 15. Permanent of the Disability due to Service estimated ment above in (14). (i.) Is it permanent? (ii.) If not permanent when the probable maintenant duration (in months)? 16. It an operation own when all and inclined, do you consider the refease to his best in the probable maintenant duration (in months)? 16. It an operation own when all and inclined, do you consider the refease to have been unreasonable? 17. Can the former trade or occupation be resumed? (a) It is for duty? (b) Invalid to Canada? (c) Discharge from Service 11 MM. 18. REMARKS:— 19. RECOMMENDATION (a) The formation of the formation of the discharge of the Board of the Invalid to Canada? (b) Invalid to Canada? (c) Discharge from Service 11 MM. 20. Signature (d) Invalid to Canada? (e) Discharge from Service 11 MM. 21. A.D.M. S. Signature Proported A.D.M.S. 21. MR. 1919 22. T. MR. 1919 23. T. MR. 1919 24. A.D.M.S. 25. Station 26. T. MR. 1919 27. MR. 1919 28. RECOMMENDATION 29. RECOMMENDATION (d) Invalid to Canada? (e) Discharge from Service 11 MM. 20. MR.	ART II.	
10. Is the cause of the disability fully described in Part I. (1)? 12. From the trackinal information now additional to the disability the state of the solidier of the solid	Proceedings of a Medical Board on the Soldier mentioned in Part I.	
12. From the medical information move additived, was the disability caused or agravated the Soldier of the Sold	10. Is the disability fully described in Part I. (1)? If not, describe it.	
now adduced, was the disability caused or aggravated? (a) Negligence of the Soldier Aggravated? (b) Misconduct of Caused? Aggravated? (c) Misconduct of the Soldier Aggravated? (b) Misconduct of the Soldier Aggravated? (c) the Soldier Aggravated? (d) Misconduct of the Soldier Aggravated? (e) Misconduct of the Soldier Aggravated? (f) Misconduct of the Soldier Aggravated? (c) the Soldier Aggravated? (d) Misconduct of the Soldier Aggravated? (e) Misconduct of the Soldier Aggravated? (f) Misconduct of the Soldier Aggravated Misconduct of the Soldier Aggravated? (f) Misconduct of the Soldier Aggravated Misconduct of the Soldier Aggravated? (f) Misconduct of the Soldier Aggravated Misconduct of the Soldier Aggravated? (f) Misconduct of the Soldier Aggravated Misconduct of the Sol	1-1. Is the cause of the disability fully described in Part I. (2)? If not, describe it.	ms and bea
(Estimate at none, 5%, 10%, 15%, 20%, etc.) 14. THE DISABILITY DUE TO SERVICE.— (See Part I. (3)). Aggradation on Active Service of a disability existing problems to joining is to be included in this estimate.) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimated none, 1100, 2110, 3110, 6.c., or all.) (i) Is it permanent, what is its probable minimum duration (in months)? (ii) If not permanent, what is its probable minimum duration (in months)? (iii) If not permanent, what is its probable minimum duration (in months)? (iv) The approximate to have been unreasonable? (iv) The approximate trade or occupation be resumed? (iv) Invalid to Canada? (iv) Discharge from Service as permanently until ? (iv) Invalid to Canada? (iv) Discharge from Service as permanently until ? (iv) Invalid to Canada? (iv) Discharge from Service as permanently until ? (iv) Discharg	12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier (b) Misconduct of Caused Aggravated? (b) Misconduct of Caused Aggravated Aggravated?	? ? ? M
What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) 15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent, what is its probable minimum duration (in months)? (ii) If no permanent, what is its probable minimum duration (in months)? (ii) If no operation was advised and declined, do you consider the refusal to have been unreasonable? (iii) If no permanent was advised and declined, do you consider the refusal to have been unreasonable? (iii) If no permanent was advised and declined, do you consider the refusal to have been unreasonable? (iii) If no permanent was advised and declined, do you consider the refusal to have been unreasonable? (iii) If no permanent was advised and declined, do you consider the refusal to have been unreasonable? (iii) If no permanent was advised and declined, do you consider the refusal to have been unreasonable? (iii) If not permanent, what is its probable minimum duration (in months)? (iii) If no permanent? (iii) If not permanent? (iv) If not permanent	(Estimate at none, 5%, 10%, 15%, 20%, etc.)	lessened at
(ii) If not permanent, what is its probable minimum duration (in months)? 16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? 17. Can the former trade or occupation be resumed? 18. REMARKS:— 19. RECOMMENDATION: (a) Fit for duty? (b) Invalid to Canada? (c) Discharge from Service! (d) A sepremently unfit? (e) Discharge from Service! (for duty? (state category) (ii) Invalid to Canada? (iii) Invalid to Canada? (iii) Invalid to Canada? (iv) Discharge from Service! (iii) Invalid to Canada? (iii) Invalid to	What part of the entire disability estimated next above (13) is due to causes arising during Active Service 2	ility existing
16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? 17. Can the former trade or occupation be resumed? 18. REMARKS:— A support of the former trade or occupation be resumed? 19. RECOMMENDATION: (a) Fit for duty? (b) Invalid to Canada? (c) Discharge from Service? (d) Signatures (e) Discharge from Service? (f) Signatures (h) Invalid to Canada? (h) Invali	(i.) Is it permanent?	Recitions
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Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.) (Sections 1, 2, 5, and 6 are to be read to the Soldier.)

Signature of Soldier examined.

Instructions to Medical Officers

- Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)
- Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.
- Questions
 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)
- Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the hand-writing of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except................................."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION									
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CANADIAN EXPEDITIONARY FORCE Discharge Certificate

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March, 11th, 1919.	Rank			
Date of Discharge				
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Signed at this	day of 19			
	1919			
in Military District No.				
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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

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