

415 34.18  
Proceedings of Court of Inquiry or on men  
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for  
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

MFW 39a — 1

AWB 122 — 1

MFW 87 — 2

AWB 82 — 1

## DISCHARGE DOCUMENTS

Name BAGLEY GILBERT

Regt. No. 2022524 Rank Private

Corps 1st Depot Bn B.C. Regt C. E. F.

Medically Unfit

R. O. No. ....

H. Q. No. ....

778



11/16  
24-16  
34.16  
1



N/K Mother-Nellie Bagley-Chase, B. C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

## MEDICAL HISTORY OF AN INVALID

STATION Hastings Park, Vanc. DATE July 12th, 1918.

1. (a) Unit 1st. Depot Batt. (b) Regimental No. 2029524 (c) Rank Pte.

(d) Surname Bagley (e) Christian name Gilbert.

2. Age last birthday 30 Date of birth Apr. 13th. 1888.

3. Enlisted at Vancouver, B. C. on Apr. 9th. 1918.

4. Personal description :—

(a) Height 5' 6½" (b) Weight 135 (c) Complexion Sallow

(stripped)

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks Scar on left thumb.

5. Address after discharge (for the use of the Board of Pension Commissioners.) Chase, B. C.

6. Former trade or occupation Contractor & Builder.

	Years	Days
7. (a) Service		<u>94</u>

	PERIODS	
	From	To
	<u>1st. Depot Batt. Vancouver.</u>	<u>9-4-18 to present</u>

(b) Has he been Overseas? No.

8. Present disease or disability (use authorized nomenclature if possible). Rheumatism.

(a) Date of origin 1913. (b) Place of origin Chase, B. C.

(c) Cause\* Gonorrhea.

\*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Pain left leg in rt calf. Rt. ankle painful and swollen. Pains at times in hands and shoulders. Also get cold and numb. Both hips painful on movement. Rt. ankle swollen. Walks with decided limp in rt. ankle. Dorsal flexion rt. ankle very painful. Feet and toes Cyanosis. fingers clubbed. Unable to walk any distance. Incapacity due to disability of joints.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M.-6-17.  
1772-39-117.



10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? Off duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... No.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

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

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

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

In Vancouver General Hospital Military Annex for over two months.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Doubtful.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations

Category "E".

*B. A. Hunt Capt*

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Gilbert Bagley have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*Gilbert Bagley*

Signature of soldier examined.



# OPINION OF THE MEDICAL BOARD

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

9. Present weight 132 lbs. - Normal weight 145 lbs. Heart and lungs normal. At present can only walk a few city blocks, and with pain in hips, back, Rt. ankle. Hip joints are painful to movement. Rt. ankle swollen and tender, also fingers which are clubbed.
14. Disability arose prior to enlistment - no aggravation due to service.
19. Not at present - eventually when he changes climate as he did prior to enlistment to get rid of Rheumatic condition.
10. Contracted Gonorrhoea 1912. Rheumatic condition commenced 1913. Occasional attacks with joints swelling to date. Residing near Kamloops relieved his disability considerably, but never actually ~~caused~~ caused it to disappear. Hospital treatment Work Point Hospital & Resthaven. Apl. 30 - July 8th. No improvement in condition.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment~~ - -
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control~~ - -

(Strike out condition not applicable).

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

Yes - Category "E" for discharge as Physically Unfit.

SEX

Board of Review's recommendation Category "E". for discharge as Physically Unfit.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

H. A. Waisan Capt

President.

A. W. Wilkes Capt.

Members.

STATION Vancouver, B. C.

DATE July 13th. 1918.

APPROVED BY

JUL 17 1918

DATE

APPROVED BY

DATE

For Assistant Director of Medical Services

Director-General of Medical Services.



# OPINION OF THE MEDICAL BOARD

11. Does the Board concur with the preceding report? If not give reasons therefor, with reasons, during the number of the answer indicated.

12. Present weight: 132 lbs. - Normal weight 145 lbs. Heart and lungs normal.

Back, etc. Hip joints are painful (movement). No ankle.

13. Disability arose prior to enlistment - no aggravation due to service.

14. Enlistment to get rid of rheumatic condition.

15. Rheumatic condition commenced 1912.

16. Occasional attacks with joints swelling to date. Nothing new.

17. X-ray relieved his disability considerably, but never actually.

18. X-ray caused it to disappear. Hospital treatment with joint.

19. Hospital & Resthaven, Apr. 30-July 8th. No improvement in condition.

(a) General service (b) Home service (c) Home service (d) Home service (e) Home service (f) Home service (g) Home service (h) Home service (i) Home service (j) Home service (k) Home service (l) Home service (m) Home service (n) Home service (o) Home service (p) Home service (q) Home service (r) Home service (s) Home service (t) Home service (u) Home service (v) Home service (w) Home service (x) Home service (y) Home service (z) Home service (aa) Home service (ab) Home service (ac) Home service (ad) Home service (ae) Home service (af) Home service (ag) Home service (ah) Home service (ai) Home service (aj) Home service (ak) Home service (al) Home service (am) Home service (an) Home service (ao) Home service (ap) Home service (aq) Home service (ar) Home service (as) Home service (at) Home service (au) Home service (av) Home service (aw) Home service (ax) Home service (ay) Home service (az) Home service (ba) Home service (bb) Home service (bc) Home service (bd) Home service (be) Home 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## TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

## INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.



200, 417/118

This space to be for numbers

## Proceedings on Discharge.

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

No.	2022524
Rank	Private
Surname	Bagley
Christian Name	Gilbert H.L.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st Depot Battalion, B. C. Regt, C.E.F., VANCOUVER, B. C.
Date of Discharge	15 <sup>th</sup> July 1918
Place of Discharge	Vancouver B.C.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....29..... years..... months.	Descriptive Marks  slight flat feet non rigid Type
Height.....5..... feet.....6 1/2..... inches.	
Complexion.....Sallow.....	
Eyes.....Grey.....	
Hair.....Black.....	
Trade.....Contractor.....	
Intended place of residence.....Chase B.C.	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of medically unfit for further service under K.R. & O. for the C.M. 1917 para 377-(10) with a telegram 653 dated 7-18 DCO. 11 M D. 24-B-662. 22-7-18.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.  - Good -
	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.)  Contractor

M. F. B. 218.

100M.—1-17.  
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).....VANCOUVER, B. C.

JUL 15 1918

(Date).....

*H. M. Farnham*  
Commanding ..... 1st Depot Battalion, B. C. Regt. C.E.F.  
VANCOUVER, B. C.

8. Certificate to be signed by the Soldier on Discharge

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

(Place).....VANCOUVER, B. C. *Gilbert Bailey* (Signature of Soldier.)

JUL 15 1918

(Date)..... *A. Brank* (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).....VANCOUVER, B. C.

JUL 15 1918

(Date).....

(Signature) *H. M. Farnham* *L. Keol*  
1st Depot Battalion, B. C. Regt. C.E.F.  
VANCOUVER, B. C.



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.)

*mt*

*Signature*

*witness*

*Gilbert Bagley*

*J. Grant*

Company  
Battery  
Regiment

Medical Form B. 103

Medical Form B. 103

Medical Form B. 103

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Medical Form B. 103



## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	<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 (in the event of such having been prepared.)</p>	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

*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.*



11 M. D.

1st Depot Battalion

B.6 ORIGINAL  
Regiment  
Regtl. No. 2022524**PARTICULARS OF RECRUIT**  
**DRAFTED UNDER MILITARY SERVICE ACT, 1917**

(Class 1)

1. Surname Bagley  
2. Christian name Gilbert  
3. Present address Chase, B.6, Canada  
4. Military Service Act letter and number 265580  
5. Date of birth April 13th, 1888  
6. Place of birth Fargo, North Dakota, U.S.A.  
(town, township or county and country)  
7. Married, widower or single Single  
8. Religion Lutheran  
9. Trade or calling Contractor  
10. Name of next-of-kin Nels Bagley  
11. Relationship of next-of-kin Father  
12. Address of next-of-kin Chase, B.6, Canada  
13. Whether at present a member of the Active Militia No  
14. Particulars of previous military or naval service, if any None  
15. Medical Examination under Military Service Act:—  
(a) Place Revelstoke, B.C. (b) Date Nov. 30th 1917 (c) Category A2

SUFFICIENT ADDRESS

**DECLARATION OF RECRUIT**

I, Gilbert Bagley, do solemnly declare that the  
above particulars refer to me, and are true.

Gilbert Bagley (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age 29 yrs. mths.  
Height 5 ft. 6 1/2 ins.  
Chest measurement } fully expanded 36 1/2 ins.  
range of expansion 2 1/2 ins.  
Complexion Sallow  
Eyes Grey  
Hair Black

Distinctive marks, and  
marks indicating con-  
genital peculiarities or  
previous disease.

Slight flat feet  
non-rigid type

O. C.

1st Depot Btl.

B.6.

Regt.

Place

Vancouver B.6.

Date

April 9th 1918.



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

350M.—5-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

1st Depot Battalion, B. C. Regt. C.E.F.

Unit, Regiment or Corps.

Regimental No.

Rank.

Name

100%

Geberf

Enlisted (a)

9-4-18

### Terms of Service (a)

C, E, F

C. M. F.

Service reckons from (a)

Q-A-18

Date of promotion to  
present rank

Date of appointment  
to lance rank

Numerical position on  
roll of N. C. Os.

roll of N. C. Os

Extended.

## Re-engaged

Qualification (b)

b) cellular

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				
1-18	D CO 11 MD	<p>S. O. S., 1st Depot Batt'n B. C. Regt. C. E. F. <i>on Discharge</i></p> <p>CERTIFIED CORRECT</p> <p><i>J. H. Newen</i> LIEUT. &amp; A/ADJT. 1st Depot Battalion, B. C. Regt. C. E. F. VANCOUVER, B. C.</p>	VANCOUVER, B. C.	15-7-18	D. O. part 2 - 17-7-18

(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.

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



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				



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Bagley Christian name Gilbert  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 265580 K.C.  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number, if any) Chase, B. C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30th day of November 1917, by the undersigned medical board sitting at Revelstoke, B.C.

5. Age as stated 29 Years 6 Months. 6. Apparent age 29 Years ..... Months  
 7. Height 5 Feet 6½ Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 34 Ins. 10. Complexion Sallow { Eyes Grey  
 { Maximum 36½ Ins. { Hair Black

11. Physical development. { Good  
 { Fair  
 { Poor 12. Smallpox marks. None

13. Number of vaccination marks { Right arm 0  
 { Left arm 0 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Slight flat feet non-rigid type.

16. Slight defects but not sufficient to cause rejection Slight Varicocoele.

The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
 { Tuberculosis { Tuberculosis  
 { Syphilis { Syphilis  
 (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 Vision R.D-24. L.D-20.  
 Hearing normal R.L.

C. H. Bostin, Capt. President.

J. H. Kew, M.D. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/4/18</u>	<u>OK</u>	<u>M.O.</u>			<u>M.O.</u>
		<u>M.O.</u>	<u>27/4/18</u>	<u>OK</u>	<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined 9th day of April 1918 at Vancouver B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Battalion, B. C. Regt. C.E.F.</u>	<u>2022524</u>		<u>9-4-18</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Medical Board</u>	<u>July 1918</u>	<u>Rheumatism - prob. gonorrheal in origin.</u>	<u>Discharged</u>

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.

States not previously examined.

*Handwritten notes:*  
 21/316.  
 Gilbert Bagley  
 Chase B.C.  
 Signature of Man



Surname..

[illegible]



M/K Mother-Nellie Bagley-Chase, B. C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

## MEDICAL HISTORY OF AN INVALID

STATION Hastings Park, Vanc. DATE July 12th. 1918.

1. (a) Unit 1st. Depot Batt. (b) Regimental No. 20225-24 (c) Rank Pte.

(d) Surname Bagley (e) Christian name Gilbert.

2. Age last birthday 30 Date of birth Apr. 13th. 1888.

3. Enlisted at Vancouver, B. C. on Apr. 9th. 1918.

4. Personal description :—

(a) Height 5' 6½" (b) Weight 135 (c) Complexion Sallow

(stripped)

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks Scar on left thumb.

5. Address after discharge (for the use of the Board of Pension Commissioners.) Chase, B. C.

6. Former trade or occupation Contractor & Builder.

7. (a) Service

Years

Days

94

PERIODS

From

To

1st. Depot Batt. Vancouver.

9-4-18

to present

(b) Has he been Overseas? No.

8. Present disease or disability (use authorized nomenclature if possible). Rheumatism.

(a) Date of origin 1913. (b) Place of origin Chase, B. C.

(c) Cause\* Gonorrhea.

\*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Pain left leg in mt calf. Rt. ankle painful and swollen. Pains at times in hands and shoulders. Also get mt cold and numb. Both hips painful on movement. Rt. ankle swollen. Walks with decided limp in rt. ankle. Dorsal flexion rt. ankle very painful. Feet and toes cyanosis. fingers clubbed. Unable to walk any distance. Incapacity due to disability of joints.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

159M.-6-17.  
1772-39-117.



## 10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? **off duty.**

13. Was a Court of Inquiry held? **No.**

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... **No.**

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? **No.**

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

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

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

**In Vancouver General Hospital Military Annex for over two months.**

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

**Doubtful.**

19. Can the former trade or occupation be resumed? **Yes.**

20. Recommendations

**Category "E".**

*Dr. Frank Baht*  
Medical Officer by whom the case is brought forward.

## STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned *Gilbert Bagley* have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*Gilbert Bagley*  
Signature of soldier examined



# OPINION OF THE MEDICAL BOARD

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

9. Present weight: 132 lbs. - Normal weight 145 lbs. Heart and lungs normal. At present can only walk a few city blocks, and with pain in hips, back, Rt. ankle. Hip joints are painful to movement. Rt. ankle swollen and tender, also fingers which are clubbed.
14. Disability arose prior to enlistment - no aggravation due to service.
19. Not at present - eventually when he changes climate as he did prior to enlistment to get rid of Rheumatic condition.
10. Contracted Gonorrhoea 1912. Rheumatic condition commenced 1913. Occasional attacks with joints swelling to date. Residing near Kamloops relieved his disability considerably, but never actually cured it to disappear. Hospital treatment Work Point Hospital & Resthaven. Apr. 30 - July 8th. No improvement in condition.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.

(Strike out condition not applicable).

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

Yes - Category "E" for discharge as Physically Unfit.

~~XXXX~~

Board of Review's recommendation Category "E". for discharge as Physically Unfit.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

*H. W. Smith Capt*

President.

*C. W. Webb Capt*

Members.

STATION Vancouver, B. C.

DATE July 13th. 1918.

APPROVED BY

DATE JUL 17 1918

APPROVED BY

DATE

*J. A. G. H. Hart*  
For Assistant Director of Medical Services.

Director-General of Medical Services.



### TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

### INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2022524 (Rank) Private

Name (in full) Gilbert Bagley enlisted in  
the 1st Depot Battn., B.C. regt.,

CANADIAN EXPEDITIONARY FORCE at Vancouver, B.C. on the Ninth  
day of April 1918

HE served in CANADA

and is now discharged from the service by reason of Medically unfit for further  
service under K.R. & O. for the C.M. 1917- para-377-(10)

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

Age 29

Height 5' - 6½"

Complexion Sallow

Eyes Grey

Hair Black

Marks or Scars

Slight flat feet non rigid  
type

Gilbert Bagley  
Signature of Soldier

H. J. Montgomery  
Issuing Officer

Lieut. Col  
Rank

Date of Discharge 15th. July 1918

O.C. 1st Depot Battn., B.C. Regt  
Vancouver, B.C. Appointment C.E.F.

Signed at Vancouver, B.C. this thirtieth day of July 1918  
in Military District No. XI

File Reference No. 34-B-602

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.



## Discharge Certificate

O.C. 1st Depot Batta. B.C. Regt., C.  
Vancouver, B.C. Appointment E.F.



## CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

No. 14

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

Regimental No. 2022524 Rank Private Name Bagley, Gilbert

Corps 1st Depot B'n. B.C. Regt. who was\* DISCHARGED

On July 15th, 1918, to

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st, 1918 to July 15th, 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	
Advances } No.			Regt'l Pay 15 days at \$ 1 c	15	
by } No.			Field Allow. 15 days at \$ c 10	1	50
Cheques } Cash	10		Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.			Other Allowances*		
Other charges Kit Stoppage	2	95	Other Credits*		
Payment on <del>transfer</del> discharge No.	13	55	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	26	50	Total	26	50

\* Give particulars.

A monthly stoppage of \$ (†) has (‡) been paid on account of Assigned  
{ Pay for the month of 191... }  
{ and Sep'n Allee. for month of 191... } (to) Assignee.  
(Address) Nil.

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

## On Transfer of an Officer

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

## REMARKS:—

- State (1) date of enlistment 9-4-18.  
(2) if married and if a Separation Allowance Card has been submitted No. No.  
(3) cause of discharge Medically unfit. authority A.G.T'm. 653 of 4-7-18.  
(4) authority for transfer

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

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

Date July 16th, 1918.

Place Vancouver, B.C.

*U. Markell*  
1st Depot B'n. B.C. Regt. Hon. Capt. Paymaster.

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

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

M. F. W. 44.

1.0M.—1-18.

H. Q. 1772-39-903.



To be made out in duplicate.

H.Q. 54-21-23-51

## 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..... 1st Depot Battalion, B. C. Regt. C.E.F.  
VANCOUVER, B. C.
- (2) Regimental Number..... 2022524
- (3) Full Name of Soldier..... BAGLEY, Gilbert
- (4) Place of Birth..... Fargo, N. Dakota, U.S.A.
- (5) Are you married, or not?..... Single
- (6) If married, state,  
(a) Full name of your wife..... NOT APPLICABLE
- (b) Present Postal Address..... NOT APPLICABLE
- (7) Are you a widower?..... No
- (8) Have you any children?..... NOT APPLICABLE
- If so, give number of boys and girls..... NOT APPLICABLE
- Also their names and ages..... NOT APPLICABLE



(9) Is your Father alive?.....Yes.....

If so, state name and address.....Nelson Bagley, Chase B.C......

(10) Is your Mother alive?.....Yes.....

If so, state name and address.....Nellie Bagley.....

.....Chase B.C......

(11) If your Mother is a widow.....NOT APPLICABLE.....

Are you her sole support, or not?.....NOT APPLICABLE.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....NOT APPLICABLE.....

(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.

.....NOT APPLICABLE.....

(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.

.....NOT APPLICABLE.....

15) Are you insured?.....No.....

If so, in what Company?.....NOT APPLICABLE.....

Have you made arrangements for payment of your Insurance premium?.....NOT APPLICABLE.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....APR 22 1918.....

.....A. J. DeLator.....  
.....LIEUT. & A/ADJ. Officer Commanding......  
.....1st Depot Battalion, B. C. Regt, C.E.F......  
.....VANCOUVER, B. C......



# FORM OF WILL.

I, Gilbert Bagley (Name in full)

Regimental Number PO22524 serving in 1st Depot Battalion, D.C. Regt. C.E.F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

my mother Nellie Bagley of  
Lease in the Province of  
British Columbia

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Nellie Bagley aforesaid

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this seventeenth day of April A. D. 1918

Gilbert Bagley Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**



SURNAME.

Bagley

CHRISTIAN NAMES

Gilbert

REGL. NO.

2022524

RANK

Lieut.

UNIT

B. Co. Regt. 1st Depo. Bn.

FORMER CORPS

Nil.

CARD No.

505-D-18-7-18/11

D.O. 19807-7-18/11/34

T. O. S. Apr. 9. 1918.

D.O. Part II No. 99.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bagley. Nels.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Chase. B. Co.

COUNTRY OF BIRTH

U.S.A. Fargo. N.D.

PLACE OF ATTESTATION

Vancouver B.C.

DATE

Apr. 13<sup>th</sup> 1880.

DATE

Apr. 9<sup>th</sup> 1918.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE