K+22117 Proceedings of Coult of Inquiry or on men reported Missing on Active Service ... Attestation 1 ange of name .... Declaration 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.....

DISCHARGE DOCUMENTS

Name BAKER FRANKLIN COLLIN

Form to. 7395/3 Rank Lieut.

Corps 20th Bn (114th Bn)

Rm a 9-8-17

R. O. No.

H. Q. No....

2535

Market State of the state of th

3 9.19 9.19 5-20 CERTIFIED CORRECT 17 MAY 197 CANADIAN RECORD OFFICE

#### Fill in Only.—Unit, Number. Rank and Name.

## Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 103.) 250м.—1-16.

H. Q. 1772-30-920.

Unit, Regiment or Corps. 114th.O.S. Battalion C.E.F. 739513 Rank Lieut. Name Baker Fronk Regimental No..... C. E. F. Terms of Service (a) Service reckons from (a) Date of promotion to Date of appointment Numerical position on present rank. to lance rank roll of N. C. Os. Extended Re-engaged Qualification (b) Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 218. ported on Army Form B. 213, Army Form Place Date From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents. authority to be quoted in each case. Embarked Halifax 22-8-16 S.S. Olympic Disembarked Liverpool 30-8-16 Posted to C.M. School 30-8-16 D.O.CTD.No. 4635 d/2-9-16. Shorneliffe Attached 95th Battalion. Seaford 8-12-16 CMS Pt.II.114/1, d/8-12-16 Oant & Adjutant Canadian Military School. 8-12-16 attacked to 95 1 Ros. Batt. D.O. Bart 2 20-12-16 Franceformed to 5 You Per Balls Brance

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. e.g. Signaller, Shoeing Smith, etc., also special qualifications in technical Corps duties.

•	Report	Record of promotions, reductions, transfers,			Remarks
Date	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents.
27.1.1.7		h Taken on strength	Bramsho tt	25.1.1	.7 Bn.0. 21
16/5/17.	6.6.	S. O.S. on proceeding .	W. Sandling	15/5/17	Bn. Grd 130
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16.6.17	20 Bu	my GHO Nouned work Wille	711	9.6.17	Pt 2 55 d/14-8-17.
	CALL.	. 01 40 60-11-3 pp. 01 6	Mhogan	major	by hald ang
		Silve 2 PARIS	Car	eadian Se	elten 4.40, 30 Eatelon Chi

R. 150 A.G.R. Surname Christian Names Franklin Collin / Rank Lieu Mother. Name and Address of Next-of-Kin Mrs. Nellie Baker. Promotion Taxa 1 Caledonia, Ont. Canada # 114th Bn. York, Ont. Place of birth Married (Yes or No) Appointments -SAILED 23.8-16 H C 593-6.1 Date of leaving Canada Date and Cause of Resignation 1ST, C, O.R. Report Record of Promotions, reductions, transfers, casualties, etc., during active REMARKS Place Date service. The authority to be quoted Taken from Official Documents From whom Date received in each case. G.O.C. 204663 30-8-16 D.O. 4635. Taken on strength & posted to G.M.S. C.T.D. 2-9-16 5-10-16 C 2510 Discharged. 19.10.16 ams adm milk Hoop S'cliffe. 16.9.16 C 2499 myalgia. 8.12.16 ROSS8, Photol 335 (95) 15.17.16 Brighton att to 95 - Bu a.M.S. adm. Can. Mil. Hosp. Bramshott.

Grane to be att. 95 th Bu Shott.

Grane Ald. 5 Res. Bu 12.2.17 6.2.604 GL. 586. 44.D do. Granted Siek leave from 12.2.19 to Brau. R.O. 393 Pt-110.38 a.S. P.O 320 15.2 17 lluft for any duty for 3 weeks. Med Board Ptio HO Sound fit for Sen Service by M. B. reported for duty 74-10 60. 5 Kes Transformed to 5th Res Bn. R.O. 433. D.O. 1378(H Having arrived as Kemp is C.R. Q. Reported from base wounded Vous Reported Milled in.

Report Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. REMARKS
Taken from Official Documents Place Date From whom Date received lower well thereal



# ORIGINAL

Army Form B. 1



To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname Bake	Christian Name Franklı	in Collin
Birthplace Desirate	TABLE I.—GENERAL TABLE.	1: - 1
Birthplace Parish	york County Hala	unand
Examined	Jon 32 day of May	1916
Declared Age	33 years	days.
Trade or Occupation	Jarmer	
Height	5feet,//	inches.
Weight	175	lbs.
Chest Girth when fully Expanded.	41/2	inches.
(Range of Expansion Physical Development	Good	menes.
Vaccination Marks	Right	Left
(Number	1910	
When Vaccinated	(R.E.—V=	
Vision	\[\(\L.\E\V=\)	· ·
(a) Marks indicating congenital peculiarities or previous disease		
(b) Slight defects but not sufficient to cause rejection	(b) nil	
11 (0: , )	Cam Thrush	
Approved by (Signature)	Ch	
(Rank)	арт.	Medical Officer.
Enlisted	fat Cayuga	1912.
	(on / & day of / Co cumu	A second control of
Joined on Enlistment	Corps.	Regtl. No.
Transferred to	Ms 20Ba	
Became non-effective by		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	onday of	191 .
(Signature)		
(Rank)		

## Table II.—Only for Admissions to Hospital or to the Sic

1.00	Admitted to Hospital			Discharged from Hospital		from		Number	Rema
Name of Hospital	Day	Month	Year		Month		Disease	Number of days in Hospital	1
	· 15							4.7	1
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							January Company		

## List in the case of Warrant Officers treated in quarters.

ks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	A 11 (16) (16) (16)
	-
	•

Tale III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.;
Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances;
Particulars of Dental Treatment, etc.

Particula						
Date			Brief details,	and signature		DAISON -
Date  ##5 1/5/16  9/5/16  Dec 191  Tab 2 15/1	anti	Typh. In	<b>Z</b> ,	Cam. Thr		
9/5/16		do		Cam Thy	ugh	mo.
Dec 191	6 Vac	***	(	2C. Schle	eliter	, noc
TaB 2 15/1	My	Marke Cyst	une,			
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### Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
T ENTER OF THE PARTY OF THE PAR					
					•
					+
				W.S.	
		No.			
NATE OF	2 3 3 3 3				

MEDALS & DECORATIONS

Mrs. Nellie Baker (Mother) R. R. #4, Caledonia, Ont.

croll Desc. FEB 1 71921

PLAQUE &

11

CROSS OF SACRIFICE Mother, as above.

P 82335

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M C 1278

CARD NO REGL. No. CHANGE OF ADDRESS NAMES IN FULL Saker. Mrs. 74 ut DATE Mov. 30 th. 1882 L. I. 84504 M. & D. 6512. M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

SINGLE MARRIFD WIDOWER A RELIGION TRADE OR CALLING DESCRIPTION. MONTHS APPARENT AGE VEARS FEET INCHES HEIGHT CHEST MEASUREMENT INCHES EXPANSION INCHES EYES HAIR COMPLEXION DISTINGUISHING MARKS PLACE Caledonia Ont May 20 th 1916 MEDICAL EXAMINATION.

esent address Caledonia Out

No.7390-13 RANK Lieut. NAME Baker. 3.

J. J. 4. 28. 12-15. UNIT 114th Battalion.

M. D. 2

PAID	PAID	SIG.	PROMOTIONS, TRANSFE	RS, DISCHARGES, ETC.
FROM	TO	REC'T	PARTICULARS	AUTHORITY
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3 Ins. London 3-3-Den

## MEDICAL HISTORY SHEET

739518

Examined on 20 day of May at loaled on 2			proved by	Clu	wffru	pli,
Birthplace { City or Town YORK ONT.			Rai	nk (	rapo	M.O.
( County HALDIMAND 33		Date	Fit or Unfit	Exam	INED FOR RE-ENGAGE	MENT
Apparent age						M.O.
Height						M.O.
Weight 175	lbs.					M.O.
(Minimum 374	inches					M.O.
Chest measurement { Maximum expansion 4	/ Tinches			************		M.O.
Physical development Yood		1				M.O.
Small-pox Marks None						M.O.
$Vaccination Marks \begin{cases} Arm & Right & Let \\ 0 & 0 \end{cases}$		Date	Result	100 THE PART OF TH	Vaccinations	Option And
When Vaccinated last IO years ago	٥.			,		M.O.
(a) Marks indicating congential peculia	arities or					
previous disease None						M.O.
(b) Slight defects but not sufficient to cause	e rejection	1/5/16	4	Can Lan Mospla	of Then	К м.о. м.о.
17 7	1. 600		1	Con	11 22	MH
Enlisted on A day of Novel	uso i	19	1. at	cug	nga,	owe.
Joined on enlistment  // Bn 6, 6, 7  Transferred to	REGT'L N		н	ABITS	/2////	57,
EXAMINED OR DISC	HARGE	D BY	A M	IEDICAL	BOARD	
PPROVED.  DATE  DATE  DATE  DATE  Canadian 1100ps, DA	Acapt. C.	flu	EASE	MEDI	RESULT  AND AND CRE  CAL BOARD, E	PRESI BRAMSHOT

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

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 DISEASE days in Medical Officer Station Hospital Day Month Year Day Month Year Mild. Cough-chief disability. J. P. P. noon as Caned Coff & allthe Name FRANKLIN Christian Surname, I IBAKER I LYRARY

### OFFICERS DECLARATION PAPER.

ORIGINAL

789513

CAnadian Overseas Expeditionary Force.

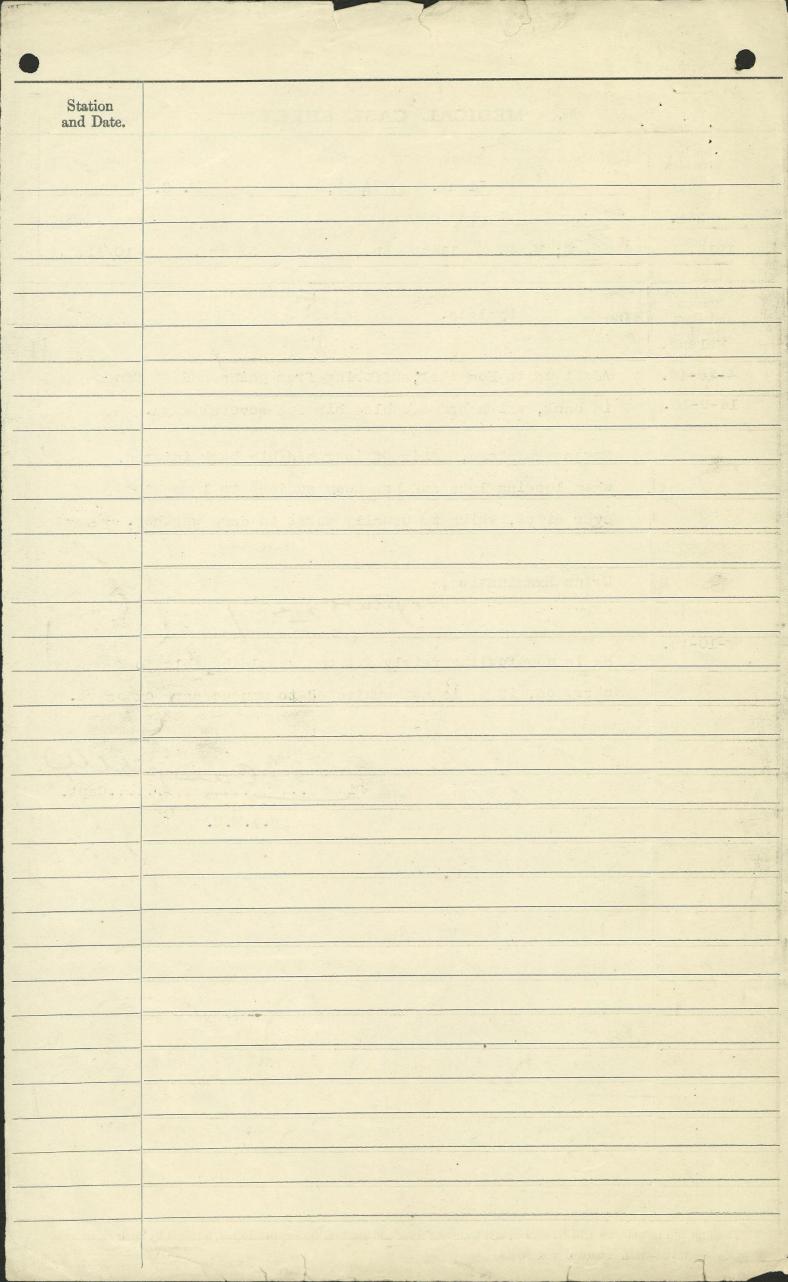
114th O. S. Battalion, C. E. F.

Questions to be answered by Officer,

1.	a. What is your surname?
	b. What are your christian names? FRANKLIN
2°	a. Where were you born? (State place and Country) YORK
	b. What is your present address? . CALEDONIA ONT
3.	What is the date of your birth? . Nov. 30th. 1882
40	What is -
	a. The name of your next of kin? MRS. NELLTE BAKER
	b. The address of your next of kin CALEDONIA ONT.
	c. The relationship of your next of king
5.	What is your profession or occupation? FARMER
6.	What is your religion?
7.	Are you willing to be vaccinated or re-vaccinated and innoquilated? The
8.	To what Unit of the Active Militia do you belong?
9,	State particulars of any former Military Service 7.16, years, with 37Th/Reg.
0.	Are you willing to serve in the CANADIAN OVERSEAS EXPED, FORCE? YES
	The undersigned hereby declares that the above answers made by him
	to the above questions are true;
	00 P. A.A.
	O. S. Signature of Officer.
Tak	en one a on a apro- u of observations.
	date
	a. T. Kenopan Lo. Col.
	Signature of Commanding Officer.
	CERTIFICATE OF MEDICAL EXAMINATION.
I	have examined the above named officer in accordance with the regulations or Army Medical Services.
I	consider him for the Canadian Overseas Exped. Force.
D	ate. 20 of may 1916. Church thuch
P	Caledonical Officer.

#### MEDICAL CASE SHEET.\*

AND ASSESSMENT OF THE PARTY OF					
· No. in Admission	Regimental No.	_Rank.	Surname.	Christia	n Name.
and Discharge		Lieut.		F. C.	
Book. 254.		Unit.	A	Age.	Service.
1916.	C; M. S	. 114th	Bn.,	32 yrs.	10/12.
1 V 2 V 7	:		L 1 7 m		7.
Station and Date.	Disease	lyalgia.			
Helena.		***			
4-10-16.	Admitted to	Hospital,	suffering from	om pains and st	ffness
14-9-16.	in back, wh	ich had tro	oubled him fo	or several days	
	Seven years	ago. this	officer had	l his back inju	red.
				ject to 1 me b	- 10 f 22 - H
	* ***	+ 2 - 11		e in damp weath	• w
	Urine Exami		•		
		Ne	gutter 32	3	
4-10-16.	*				
He is now feeling fairly fit and should be able to					
	carry on, i	f he is no	t subjected t	to unnecessary	exposure.
			- 9	2000	shell
			Sigend.		Capt.
				C - A - M - C -	A residue to the
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Forms

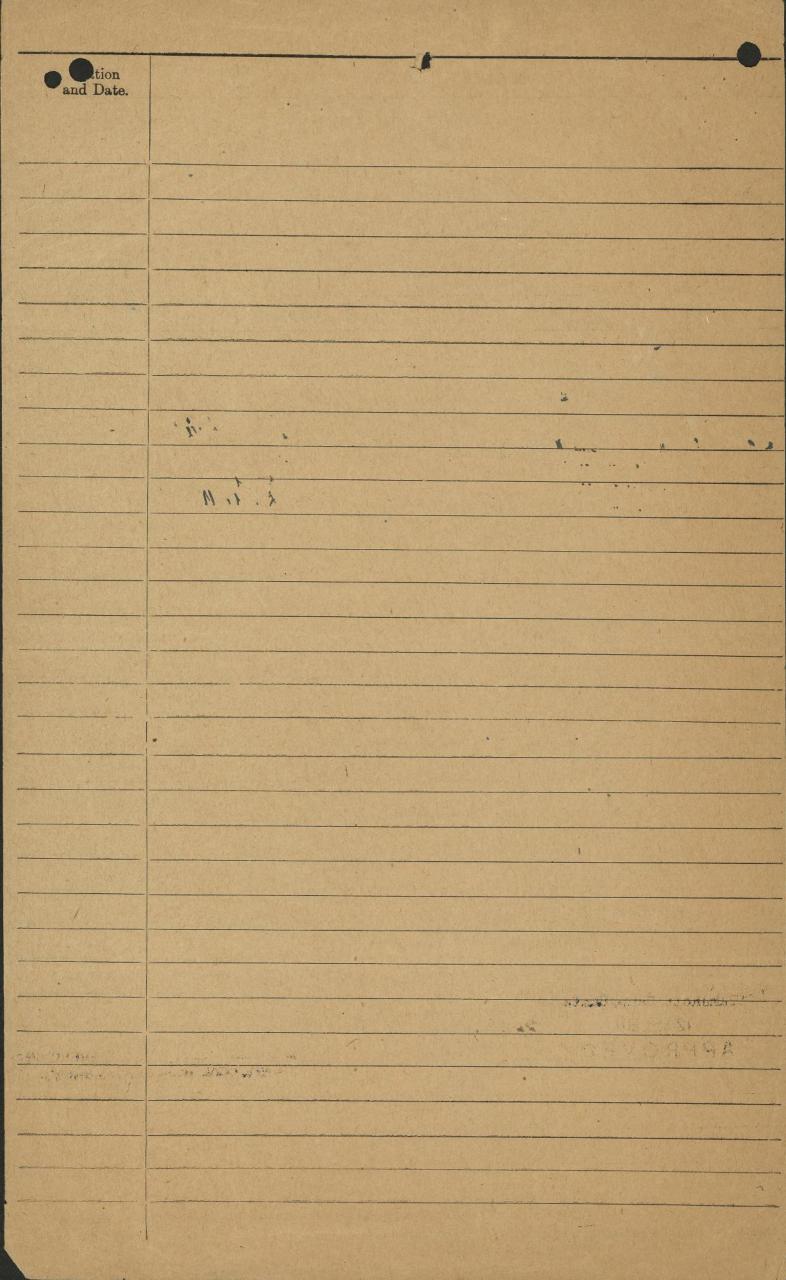
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## MEDICAL CASE SHEET.\*

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No. in	Regimental No.	Rank.	Surname.	Christian	Name
Admission and	8	Lieut			
Discharge_		- Leut	Barler		
Book.					
43		Unit.		Age.	Service.
Year		5 The Res Batt		34.	13/12
	(3)				
Station and Date.	Disease Tro	nelitis			
Bally Date.	10	11	-	10	
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25-/1/17	affacts	in wenty	mus.	Severe à	
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CONFIDENTIAL.

CONFIDENTIAL.	miny Point II. 40.
PROCEEDINGS OF	F A MEDICAL BOARD
assembled at SHORNGLIFF Gardens, Folkestone.	on 0 C1.0-1416
by order of USM3	Canadrais.
	orting upon the present state of health of
(Rank and Name) accest I. / Da	her (Corps) 114 Ball
Age 3 2 Service 10/12 Disa	
	r present disability home quality
Date on which placed on half-pay for presen	et disability how applicable.
The Board having assembled purs	uant to order, and having read the instructions
on the back of the form, proceed to ex	xamine the above-named officer and find that
	ingued in tack I years
ago by a heavy	light and has recusen
ilien that a &	with howsh will the
	ugo losuffer from
	- • • • • • • • • • • • • • • • • • • •
A Dam's and sty	yours across the waser
Tregion. Was a It	eleva Hospital hom
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1 - 1 - 10 0 Ch	a contraction of the same of t
Alighty from do	affress and aching:
a supporting beck	has bene advised.
(c) If we'd + for more ?	herein is as follows:—
(c). If unfit for general service at home, is he fit for light duty	Service"?
at home?	xely to be unfit? 3wh
***************************************	s he fit for service at home?
(d). If not fit, how long is he	cely to be unfit for service at home?
likely to be unfit for light duty at home?	the service?
the state of the s	tances over which he had \ 4 = 50 3 0
(e). Is the Officer fit to perform	nd nd .W. S.
any cuties not coming within the	6! 7 42
the nature of the Cuties which he	nor applicable
might perform.	ain % air
***************************************	4 1 15 Ad Presidents
	Test Cold Presidents 3
caused by Military Service	Tower (and ) Site o
was it assrayated by lot	Members 5
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(8 27 21) W 12286—2164 150,000 2/15 H W V(P) Form	
2234—1430 55,000 5/15 A. 4	ms God o

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD
assembled at SHORNOLIFFE- on Oct. 5-1416
by order of UNMS Canadrans
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Level F.C. Baker (Corps) 114 Ball
Age 32 Service 10/2 Disability Myalgia.
Date of commencement of leave granted for present disability home present
Date on which placed on half-pay for present disability how applicable
The Board having assembled pursuant to order, and having read the instructions
on the back of the form, proceed to examine the above-named officer and find that
This officer who injued in tack I year
ago by a heavy light and has recasion.
acce that a lith howth will Buce
hegan one month ago losuffer from
planis and offers were the waser
region. Was a It cleura Hospital from
Light 14-100ch o- and thee Juffers
Slight from Steppers and aching:
a supporting beek has been advered.
The opinion of the Board upon the questions herein is as follows:—
(1.) a. Is the officer fit for "General Service"?  b. If not so fit, how long is he likely to be unfit?
(2.) a. If unfit for General Service, is he fit for service at home?
b. If not so fit, how long is he likely to be unfit for service at home? Service (3.) Was the disability contracted in the service?
(4.) Was it contracted under circumstances over which he had
no control?  (5.) Was it caused by military service?
(6.) If caused by military service, ) 2000 and a find the service of the service
to what specific conditions is it attributed?
July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signatures Howey Capt Presidents 3
Members 5
THE COLUMN WISSON SEE ASSESSMENT THE COLUMN WITH WALLS SAVE SAVE ASSESSMENT WAS ASSESSMENT OF THE COLUMN WITH A WALL ASSES
(8 27 21) W 12286—2164 150,000 2/15 H W V(P) Forms 2234—1430 55,000 5/15  [Par. 6, 7]

(8 27 21) W 12286—2164 150,000 2/15 H W V(P) Forms
2234—1430 55,000 5/15

A. 45
24

#### Instructions.

- 1. On the occasion of an Officer's first appearance before a Mcdical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.
- 4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

### PROCEEDINGS OF A MEDICAL BOARD

assembled at 76 Strand, London. on 5-3-17
by order of A.D.M.S. London Area
for the purpose of examining and reporting upon the present state of health of
(Rank and Name) Lieut. F.C.Baker (Corps) 50th Res Battn
Age 34 Service 14 mos Disability Influenza
Date of commencement of leave granted for present disability 12-2-17
Date on which placed on half-pay for present disability
The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that  he is now recovered and has no medical complaint. (P.G.B)
The opinion of the Board upon the questions herein is as follows:—
(1.) a. Is the officer fit for "General Service"?
b. If not so fit, how long is he likely to be unfit?
(2.) a. If unfit for General Service, is he fit for service at home?
b. If not so fit, how long is he likely to be unfit for service at home?
c. If unfit for General Service at home, is he fit for light duty at home?  d. If not so fit, how long is he likely to be unfit for light duty at home?
(3.) Was the disability contracted in the service?  Yes
(4.) Was it contracted under circumstances over which he had no control?
(5.) Was it caused by military service? Yes
(6.) If caused by military service, to what specific conditions is it attributed?
(7.) If the disability was not caused by military service, was it aggravated by it?
David Donald, Maj, CAMC. Presidents
Signatures P. G. Brown, Maj, CAMC. Members.
(6725) W. 16789/M260. 200m. 2/16. C. P., Ltd. Forms  A.45

#### Instructions.

- 1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

### PROCEEDINGS OF A MEDICAL BOARD

Brams	hot.t.		12-2	-17.
assembled at			on	
by order of G. O. C. C.	ANADIANS.			
for the purpose of examining		upon the present		
(Rank and Name) Lieut. B		(Corps)	114 B	rve Battn.
Age 34. Service 13/				
Date of commencement of leave	granted for prese	ent disability 12-2-	-17.	
Date on which placed on half-pag		NOT ann	Licable.	
The Board having assem on the back of the form, proc this Officer who has b	eed to examine	the above-named	officer and	
25-1-17. to 12-2-17. s	uffering fro	m influenza has	s now bee	n
discharged as free from	m this disab	ility, but is a	suffering	from
weakness and is unfit	for any duty	at present.		
Address: - Bank of M	ontreal, Wat	erloo Place, Lo	ondon.	
The opinion of the Board upon t	he questions her	ein is as follows:—		
(1.) a. Is the officer fit for				
b. If not so fit, how lor			e weeks.	
(2.) a. If unfit for General			TTO	
b. If not so fit, how lo				Three weeks.
c. If unfit for General				
d. If not so fit, how long				
(3.) Was the disability cont		77 ~ ~		
(4.) Was it contracted under no control?	r circumstances	j	Yes. dine	1
(5.) Was it caused by milita	ary service?	Yes.	the street	
(6.) If caused by military so to what specific cond is it attributed?		whosure and the	fection.	July C
(7.) If the disability was not	caused by militar	y Morda Poli	icalle	e see all
tt Camp, Harvice, was it aggra	vated by it?	Bosided.	" " " D " M	nta.
2 FEB.1917	C.E.COOPER	Boarded Book Major C.	beeres & D. W.	President.
ROVED.		100 margaret 100	20 EOF COOL	President.
Pussell Signatures	W.FRED.JAC	KSUN CAPTAIN C.	Adda.	
olosek A.D.M.S.	J. R. IRWI	n Captain C. AC	.c.	Members.
(5725.) W16789/M2^0. 200m. 2/16. C. P., Ltd. Form	18	W.		
1.4				

#### Instructions.

- 1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[P.T.O.

### PROCEEDINGS OF A MEDICAL BOARD

Brams	shott.	on 12-2-17.
assembled at G. O. C. G	CANADIANS.	On
by order of		
		pon the present state of health of  (Commun.) 5th Reserve Battn
(Rank and Name) Lieut. Bake		(Corps) 114 Contralion
Age 34. Service 13/12	Disability_	Influenza.
Date of commencement of leave gra	anted for present	disability
Date on which placed on half-pay f		Not ammicable.
on the back of the form, procee	d to examine t	order, and having read the instructions he above-named officer and find that
		shott Military Hospital
		om influenza has now been
discharged as free fr	om this disa	bility but is suffering
from weakness and is	unfit for an	y duty at present.
Water Company of the		
Address - Bank of M	ontreal. 9 W	aterloo Place, London.
Aud obs. Danie of h		
The opinion of the Board upon the	a quartions harain	is as follows:—
(1.) a. Is the officer fit for "		
		Mhaco woold
b. If not so fit, how long	Is he likely to o	for service at home? No.
(2.) a. If unfit for General E	ie he likela to	be unfit for service at home? 3 weeks
		he fit for light duty at home?No.
d If not no fit how long is	er bece ur nome, es	infit for light duty at home? Three wee
(3.) Was the disability contra		
(4.) Was it contracted under no control?	circumstances of	er which he had
(5.) Was it caused by militar	y service?	Yes.
(6.) If caused by military ser		Exposure and infection.
to what specific condi-		Exposure and Intervious
is it attributed?	J	Not applicable.
(7.) If the disability was not eshott Camp, Hanvice, was it aggrave	aused by military ated by it?	
12 FEB.1917	C.E.COOPER	COLE MAJOR C.A.M.C. President.
PROVED.	W.FRED. JAC	KSON CAPTAIN C.A.M.C.
aRusulf Cart CAN Signatures	T TO TENED BY	Members.
for Colonel, A. D. M. S.	J.R. IRWIN	CAPTAIN C.A.M.C.
ian Troops, Bramshott Camp, (5725.) W16789/M2°0. 200m. 2/16. C. P., Ltd. Forms		
$\frac{A.45}{25}$		

#### Instructions.

- 1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.
- 2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.
- 3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Disposition

PENSIONS & CLAIMS BOARD held at

Address Napier Barracks, SHORNCLIFFE.

Baker. F. C.

Lieut. 114th. Bn. att. Gen.list. (5thRes-20th.Batt.

Mil. Hosp. Shorncliffe. 16-9-16.

Can. Mil. Hosp. Bramshott. 26-1-17.

Myalgia.

N.Y.D.(Q).
Influenza.

Reported from Base Wounded: -9-8-17.

Now reported KILLED IN ACTION: - 9-8-17.

Discharged: -. 5-10-16.

C.L. 19-10-16. 499.

1-11-16. 510.
30-1-17. 586-3.

20-2-17. 604-3. A.M.D. 2 DEPT.
13-8-17 750. Boh. of D.G.M S. O.M.F.C. London.

R. 149. Reg. No.9- 13.848 Name BAKER Rank Lieut. Franklin Collin. Next of Kin Canada. List Notified Date 1916. Movement Place Casualty W.O. List No. N/K O. 16-9 Military Hos. Shorncliffe vMualgia

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List	
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REGT'L NO aller Franklin Collen H. Q. FILE No. 649-No. FOLLOWS Reptd. wounded august 9 th. 1917. Prevrep wounded how officia M. F. W. 42-50M-1-16. L. L. Job 90581-M. & D. 6314.

H. Q. 1772-39-893.

DATE OF ADMISSION LIST No HOSPITAL REMARKS 194 Military Shornelifte 16-9-16 M 10" Historged / 5-10-16 50 Reption Base 9.8-17 21

surname. BAKER. Christian Name. F.R.A.N.K.L.I.N., CO.L.L.I.N. ..... Theatre of WaF.RANCE Date of Service 2.3:8:16 ... 17.5:17... 9 8.17... Letest Address .... Mrs. Nellie Baker (M) RR#4 Caledonia B. Page 6369. Ont-

No.	1	RANK	Name	
T. O. S	7 · · ·	Un	IT .	M. D.
PAID	PAID	SIG.	PROMOTIONS, TRANSFE	RS, DISCHARGES, ETC.
FROM	то	REC'T	PARTICULARS	AUTHORITY
				September 120 de

M. F. W. 12 50m.--7-16 H. Q. 1772-39-819

OVERSEAS CONTINGENTS

To Whom Market Baledonia

By Whom Assigned Ballet & 6

Regtl. No.

Rank

Corps Special Off officers

Rate 8 25 000 SEP 1 - 1916

#### PAVMENTS

			1		PAYMENTS
	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			Pansiona N. 110 1 1 8 - 8 - 12
	Sept.				Pensions Notified Date 8-8-17 Killed in Action Died of Woords Date 9-8-17
	Oct.				Missing Mounds Date
	Nov.				C. L(2) 3/9/17 Clerk A Felling
	Dec.				Tate N "/8 - 8 191 9
	Jan.	1915			Or con
	Feb.				Stop de en into plep. 1919
	March				3 2 5 4 2
A second second second	April	*			JM 27 631 NN 29 7
	May				"Tilled in action"
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1916			
	Feb.		, ,		
	March				
				CONTRACTOR OF THE PARTY OF THE	

### ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. 8/12 to Bather PAYMENTS. L. L. Job 4503. -Req. 6832. Month. Year. Cheque No. Amt. April 1916 May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. March April May June July Aug. 25 Sept. Oct. Nov. Dec. 1918 Jan. Feb. March April May

> June July

#### MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier\_

	MEDICAL CONTRACTOR					
1/2	Month.	Year.	Cheque No.	Amt.	Remarks,	
	Aug.	1918				
	Sept.	Y				
	Oct.					
	Nov.					<b>建筑是10年代的扩展中国2016年</b>
	Dec.					AND THE PROPERTY OF THE PARTY O
	Jan.	1919				
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	March					
	April					
	May					
	June			· ·		
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.	- 3	4			ELECTION OF THE PERSON OF THE
	Jan.	1920				
	Feb.			4		
	March					
	April					
	May					<b>第二次,并将一个工作,</b>
	June					
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Sept 1/16.

RATE	OF SI	EPARAT	CION A	LLOWA	NCE	
				7		

	RATE OF ASSIGNMENT	
25.		

PARTICULARS OF SEPARATION ALLOWANCE	PARTICULARS OF ASSIGNMENT
No.	Name Mrs. n. Baker.
Rank Lieut Promoted Reverted Discharge	Address Caledonia, Ont.
Soldier's Name J. C. Baker.	Change of Address
Battalion Special Draft of Officers.	1
Beneficiary	2
Relationship	3
Address	4

	Date 1919	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS	
	Oet-31			275 -	275	Al, Class	S Carnalty Last a. P. chq. July 1917.	
		e (17)				21,77	S Carnalty Last A.P. chq. July 1917.  1 - Pensyons Motifie S 18.817	
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141 693.								
M. F. W. 128 400M.—6.17—1772-89-1141 L. L. 22320—M. & D. 1893.	Marie .							
F. W. 17-17				-				
M. W. 22324	1.00							
4.1.								

### MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEP	ARAT	'ION	ALL	OWA	NCE		
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						-0.00			

	RATE	OF A	SSIGNI	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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PR 14-9-16 SPCE any 18 - no charge NR ca eff 126 Cary researter. Assignment as at Baker. Leur 76 25 Rillicom de Stopped
Rillicom de Stopped
Rillicom de Stopped
Rillicom de Stopped calenonia. BYRG Mord Casualties, etc. Date innemA Raie OL Debits Charges pay Payments Credits Credits Balance Kemarks, Assigned IntoT Office Intel Other Voucher Pield Allowance AVd Date

Rank

Name

Reg'l No.

Unit

If in perm. Corps, What Unit?

Married or Single

Place and Date of Enlistment

Place of Birth

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance

Payable to

Relationship

Discharge, Date and Place

Discharge, Date and Place										Reason Character															
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	P—15.	NEĎ PÄY.	UNIT.			* *	RANK.	A	les			NAME.	Sheev.	
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								ASSIC	GNED			DIAN	Ci District	
	DATE 19,6	PARTICULARS		CK. N	10. C	R.	DR.	PAY PA	AID IN	BALANC		PECIAL AUTH initialled by P.M		INITIALS.
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	Separa	tion Allowance issued. Yes or No									OCT 16 1917	
	DATE	PARTICULARS	CK. NO	. с	R.	DI	R.	ASSIGI PAY PAI CANA	ID IN	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Ly	13	Och fan 19 16 to 30 76 Mess 30 16 to 3076 Gbal \$ 15.80	7699			160	60		/		CHIEFER ON N.E. Card Index.	<u>Q</u>
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	FORM P. 1. 2227—IOM—1/1	NED PAY.	UNIT.	DATE	AUTHORIT	Y	RANK.	Mes DAT	≅ E AUTHC	NAME. Sheerz V	
	Benefic	iary	5 Res. Bn.				Lieut	30.8	8.16 D. O. #H6	Name Baker, Initials F. 6	
	Addres		roßn						d/2 16	Initials $\mathcal{F}$ . 6	
	Amoun	t. \$ 25.00 196								Bank	
	Separa	tion Allowance issued. Yes or No	Killedin	acti	ion 98	n. C	L. 151	- 14 8		OCI 16 1917	
	DATE 1917	PARTICULARS		CK. N			DR.	ASSIGNED PAY PAID CANADA	IN BALANCE	E SPECIAL AUTHORITIES To be initialled by P.M. in every case.	ALS
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	Jan/18.	Rans to M for Sett 22.78 0	26/39.	*	31	17	12590	,			
Statement of					517						
DEC 7 1917 Account rendered		Lieux Rates W.	196-317.	7							

	Separa	tion Allowance issued. Yes or No	ledino	actio	n 98	n. C	c. L. 73	1-1	48/1		16 1917	)
	DATE 1917	PARTICULARS		CK. NO.	CR.	1	DR.	AS PA	SSIGNED Y PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case."	INITIALS
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		Storage of Ris by Masso Bridges 1		15.			3	/		125 90	MA	
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		Rate of Pay 200 (11 hotes +#	25 = Total \$	275)								
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FORM P. 13 2227—10M—1/1	IED PAY.	UNIT.	OF (	DATE	AUTHORIT	ΓY	RANK.		DATE	AUT	HORIT		NAME.		
Benefic	iary												Name		
Address													Initials		
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Amoun	<b>.</b> \$												•		
Separa	ion Allowance issued. Yes or No				ų.	1		-							
DATE	PARTICULARS			CK. N	O. CR.		DR.	ASSI PAY I CAI	GNED PAID IN NADA	BALAN	ICE	SP To be	PECIAL AUTHORITIES initialled by P.M. in every case.	INITIALS	
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	FORM P. 15 5986-25M-19/1 ASSIGN	NED PAY.	UNIT.  NAME OF	DATE	AUTHORIT	Y	RANK.		Meso.	AUTHORI		
	Benefic Addres		fen Lest 5th Ren. Br. 20 Bm				Lie	il	30 8/16.	\$10.# H635 6.T.D. af 2-9-16	Initials F. L.	2.
	Separa	tion Allowance issued. Yes or No	tilled in	actio	n98,	, 0.	1.751	-14	15			
	DATE 1916.	PARTICULARS		CK. NO			DR.	P	ASSIGNED AY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Lept 13.	Prd fr 198/6-3016. Mess fr 308/6-30	36. br. Bal \$ 1580	769	9.		160	bo.				1
	. 19.	1 A			16	80.						
		Pod Lieut lates Hess.	308/16.		35	80.						
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	" 23.		B				61	60.	~		7	
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	, ~	. 10 . 00 . 00			111	60						

		nt. \$ 2500 1916.								
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	DATE 1916.	PARTICULARS	CK. NO.	CR	• 147	DR.	ASSIGNEI PAY PAID CANADA	IN BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Sept 13.	Pod fr 198/6-30%. Mess fr 308/6-30% br Bal \$ 1580	7699.			160 60				1
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	" 22.	Sept Tay. (K) a.t. banada.					25.	99. 50.		
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	" 23.	Ass: Taychg'd, not paid My: A. T. banada.					25.			
	" 2b.	Bank.				61 60.				
	Mr. 23.	a. F. banada.					25.			
	· 24.	hor. Tay. (P)		108						
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