

437793

SIN/NAS

KINROSS

Surname/Nom

CECIL JOHN

Given names/Prénoms

Open
ATIA

Deceased 1957

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Box #
~~107~~

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box
5190

COMPONENT
ÉLÉMENT

C.E.F.

M

4-10-35

H

P

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. 437793

Rank Pte.

Surname KINROSS (V.C.)

Christian name Cecil John
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 51st Bn.

Date of discharge February 17th, 1919

Place of discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	<u>22</u> years..... months.	
Height	<u>6</u> feet..... <u>1</u> inches.	
Complexion	<u>Ruddy</u>	<u>G.S.W. R Arm.</u>
Eyes	<u>Grey</u>	<u>G.S.W. L. Temporal</u>
Hair	<u>Brown</u>	<u>Region.</u>
Trade	<u>Farmer</u>	
Intended place of residence (To be given as fully as practicable.)	<u>Lougheed, Alta.</u>	

2. The above-named man is discharged in consequence of Medically Unfit.

Authority for discharge..... R.O. 1420 12-12-18

12DD - Part II DO 48 17-2-19 17/2/19

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

MEDICAL DOCUMENTS
FORWARDED TO
S. C. B. OR B. P. C.
ON
26-2-19

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

AC

(OVER)

AS 3-1-52
MEMO 12-2-20

Noted Subject 17-3-19

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Armouries Edmonton* *Pte C J Himmelsick* (Signature of Soldier.)

(Date) *27/1/19* *Jno Brown* (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) *Calgary, Alberta.*

(Signature).....

D. MacIsaac

(Date)..... *17-2-19*

Officer in Charge, British District Depot H. & B.

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.)
 Pay as per paybook balance.

Pte. C. J. Munro

<p>Attention Paper Minutes Form W. 33</p>	<p>Minutes form H. 303 Minutes form H. 303</p>
<p>Particulars of Report W. 137</p>	<p>Report H. 303</p>
<p>Proceedings on Discharge H. 303</p>	<p>Proceedings on Discharge W. 138</p>
<p>In the case of certain discharges (see on form) approved, the discharge documents will consist of</p>	<p>Copies of Certificates by C. P. in H. 312</p>
<p>(a) Proceedings on Discharge</p>	<p>Medical History Sheet W. 31</p>
<p>(b) Attention</p>	<p>Medical Report for Invalidity H. 327</p>
<p>(c) Medical History Sheet</p>	<p>Dental History Sheet H. 405</p>
	<p>Last Day Certificate W. 44</p>
	<p>Duplicate Discharge Certificate W. 392</p>
	<p>Form of R.F.B. W. 82</p>
	<p>Form of R.F.B. (Medically unfit) W. 82</p>
	<p>Only if part has not been overruled</p>

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable

Upper Commanding Officer

W.R.—In the case of a man discharged by purchase
 the date and number of Report Receipt with
 amount of cash is to be noted hereon.

List of Discharge Documents.

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

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

ORIGINAL HISTORY SHEET.

32 437793

Base

Surname Hinross Christian Name Lebil (V.C)

Examined { on 21st day of Oct 1915
 at Sedgewick Alta

Approved by Gas. L. Hammond 18.2.16
 Rank Capt. C.M.C. M.O.

Birthplace { City or Town Wainwright
 County Midd.

Apparent age 20 yrs

Trade or occupation Farmer

Height 5 Feet 11 1/2 Inches.

Weight 158 Lbs.

Chest measurement { Minimum 35 inches.
 Maximum expansion 38 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm None Left. 3
 Number

When Vaccinated last 1896

(a) Marks indicating congenital peculiarities or previous disease Scars on ~~the~~ both thighs due to accidents with Plough

(b) Slight defects but not sufficient to cause rejection None.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>22/10/15</u>	<u>✓</u>	<u>Gas. L. Hammond</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/10/15</u>	<u>✓</u>	<u>Gas. L. Hammond</u> M.O.
<u>28/10/15</u>	<u>✓</u>	<u>Gas. L. Hammond</u> M.O.
		M.O.

The Medical History Sheets of all men proceeding overseas returned by the Officer commanding their unit to the Force when they leave England.

In Charge of Hospital
General Practitioner
Lieut. Col.

Enlisted on 21st day of Oct. 1915 at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th C. B. Lt.</u>	<u>437793</u>	<u>Good</u>	<u>Oct-21st/15</u>
Transferred to..	<u>21st Regt.</u>			<u>15-2-18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Edmonton.</u>	<u>27.1.19.</u>	<u>G.S.W. R. arm.</u>	<u>E</u>
<u>Alta.</u>		<u>G.S.W. L. Temporal region.</u>	<u>E</u>

MAJOR C. A. M. C.

N. B.—This sheet 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.

C

437793

beal

Christian Name

Sturross

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
M. B. 74. Sgt. 7 Com. Dep. B Coy		13	2	16	3	3	16	German Measles P.W. back.	19	Recovery Rij Unit 6/16	Duplicate Medical History sheet posted to here. Medical Registrar Record Office. A279, A287
		3	11	14	15	11	17	C.W. Scalp	13	INOCULATED 500 UNITS ANTITETANUS SERUM 7/14 Transf: to Ontario Mil Hsp Orpington	McJury Capt R. A. M. B. Registrar
		15	11	17	15	2	18	G.W. Scalp	92	Wound healed to Duty A.I.L.	Watterson Capt. C. A. M. B.



ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

Name Kinross Cecil Rank Private

Reg. No. 437793

Ross, John

Unit 49th Battalion

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10 10	No. 3. Com. Gen Hq. Boulogne	Heck + L. Camp	✓	A267	3103	1910
13 10	7. Com. Depot	"		A271		
25 10	Discharged		✓	A279		
6 11	Rejoined Unit		✓	A287		

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

suffered either prior

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Me... issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of ... and will obtain the signature of the invalid to the "Statement," page 3. The President of the Bo... Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinic... the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Edmonton DATE 27-1-19

1. 1 (a) Unit 51st. Bn. (b) Regimental No. 437793 (c) Rank Pte.
 (d) Surname KINROSS, V.C. (e) Christian name Cecil John
 (f) Home address Lougheed, Alberta.
 (g) Next of Kin James S. Kinross (h) Relationship Father
 (i) Address of Next of Kin Same as above

2. Age last birthday 23 Date of birth 17-2-95

3. Enlistment, or Appointment (if an Officer) (a) Place Sedgewick (b) Date 21-10-15

4. Personal description:
 (a) Height 5' 11½" (b) Weight 150 (c) Complexion Clear
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
51st. Bn.		
Canada <u>Trans. to 49th. Bn.</u>	<u>21-10-15</u>	<u>30-12-15</u>
England.....	<u>30-12-15</u>	<u>15-3-16</u>
France or other theatres of War.....	<u>15-3-16</u>	<u>30-12-18</u>

	PERIODS	
	From	To
51st. Bn.		
Canada <u>Trans. to 49th. Bn.</u>	<u>21-10-15</u>	<u>30-12-15</u>
England.....	<u>30-12-15</u>	<u>15-3-16</u>
France or other theatres of War.....	<u>15-3-16</u>	<u>30-12-18</u>

7. Original disease, or injury 1. G.S.W. right arm. 2. G.S.W. left temporal region.

(a) Date of origin 1. Oct. 29-1917 (b) Place of origin 1. & 2. Passchendaele.
2. Oct. 29-1917
 (c) Cause 1 & 2. Shrapnel shell explosion.

ity— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for reasons; (d) Any other restrictions in choice of occupation.)

Partial ulnar nerve paralysis. Left arm and hand.

2. Cephalalgia.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Is a well developed well nourished man, weight up to normal. There is a small round scar on front of left arm just above crease of elbow wound of entrance. There is a scar size of a quarter on inner surface of left upper arm 3" above elbow wound of exit. There is a complete loss of sensation of ring and little finger of left hand both front and back and partial loss of sensation of ulnar side of left forearm and hand. The movements of the fingers and wrist are normal, but the power of the left hand grip is only 50% of that of the right. The loss of power being chiefly on ulnar side. He finds it difficult to use farm implements such as a fork or spade. If he uses arm too much he has aching pains in left elbow. The left forearm and hand get cold very readily and he has numbness and tingling sensations in region of distribution of ulnar nerve.

2. He suffers from occasional headaches about once a month which last two or three days. There is some thickening of temporal bone underneath round scar situated 1 1/2" in front and above left ear.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No Cardio-Vascular System..... No Genito-Urinary System..... No (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses..... No Respiratory System..... No Integumentary System..... No Disturbances of Mentality..... No Digestive System..... No Muscular System..... No Osseous and Joint Systems..... No Any other general condition..... No

10. (a) History (of the condition referred to in Section 9 (a).)

Was healthy on enlistment Oct. 21st. 1915. On Oct. 8th. 1916 was wounded, right arm and side wounds, slight, soon healed. On Oct. 29-1917 received G.S.W. of left scalp, left arm and side, was in Hosp. for 3 months. Wound of arm healed, leaving partial ulnar paralysis, has had headaches ever since, head wound healed.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

(c) (Here give a description of wounds, scar, and deformities.

Small scar back of left chest G.S.W. , no disability.

11.—(a) Did the disabling condition have its origin before enlistment? 1 & 2 No

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

1 & 2 N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 & 2 No.

The regimental documents will be referred to. (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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 & 2 . 1 Year.

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

Surgical in Hosp. for G S.W. of left hand and arm 8-11-17 to 15-2-18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Partially. (If not, briefly state why)

17. Recommendations "E".

H. Collins Capt. CAMC. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

W. C. J. Kinross W.C. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur.

Enal:-A.F.B. 103.

M.F.B. 313.

Dental Certificate.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (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.)

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

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Edmonton. Major CAMC President.
Capt. CAMC.
DATE Jan. 27th. 1919. Members

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

PLACE
DATE
APPROVED BY MAJOR C. A. M. C. Captain C. A. M. C. Supervisor of Medical Board
APPROVED BY
President.
Members

For Assistant Director of Medical Services.
JAN 30 1919
DATE

Director-General of Medical Services.
DATE

Number

437793

Rank

Plt-

Surname

KINROSS

Christian Name

Cecil John

Units

49th Bn Can Inf Theatre of War France

Date of Service

16-3-16

Remarks

Latest Address

Loughheed
Alta -

Roll No.

2 Page 17017

200m.-2-21.M.

DEPT SEP 23 1922
REGN. NO. *2164712*

V.C.

Rank _____ Name KINROSS, Cecil John, V.C. Reg'l No. 437793
 Unit Dft 51st to 9th Res Bn What Unit? } If in perm. Corps, } Married or Single Single.

Place and Date of Enlistment Calgary, 21st Oct. 1915. Place of Birth Oxbridge, Middlesex

Name and Address, Next-of-Kin James Sterling Kinross, Post Office,
Lougheed, Alberta, Canada. Relationship 2 Uncle

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. 8781
 File R. **CAN. CR**
 Category _____

Discharge, Date and Place _____ Reason 1st Page filed in envelope Character _____

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
<u>C.</u>					<u>O.C.</u>
	<u>Permanent Grade</u>	<u>Private</u>		<u>Acting Rank. Nil</u>	
<u>20 1-19</u>	<u>21RES</u>	<u>SOS TO CANADA</u>	<u>2112</u>	<u>18 DO 18</u>	

Rank pte ¹/₂ Name KINROSS, Cecil John. **V.C.**

Reg'l No. 437793

Unit Dft 51st to 9th Res Bn What Unit? If in perm. Corps,

Married or Single Single.

Place and Date of Enlistment Calgary. 21st Oct 1915.

Place of Birth Oxbridge Middlesex.

Name and Address, Next-of-Kin James Sterling Kinross, Loughheed, Alberta Post Office, Canada.

Relationship

Assigned Pay Monthly \$ Payable to

V.C.

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Arrived in England.		28 DEC 1915	
	Ob 9 th	On strength 9 th Bn	Shorncliffe		
15-3-16	do	Trans to 49 th Bn	"	15 ³ / ₁₆	a. 7. 13 103 ch. 20/3/16 PT I O 75.
31-3-16	OC 49 th	Taken on strength 49 th	Field	16 ³ / ₁₆	Pl 4 no 14
7-6-16	Do.	Attached attached 7 th of 2 nd trench	Do.	22-5-16	DD. Pt. II. 23(2)
19-10-16	Do.	adm. No. 3 Can. Gen. Hosp	Boulogne	10-10-16	c. L. a. 267 Shpl wd Rt arm
25-10-16	Do.	adm. No. 7 Conv. Depot	Do.	13-10-16	c. L. a. 272
7-11-16	Do.	Discharged from Hosp	Do.	25-10-16	c. L. a. 279.
21-11-16	Do.	Rejoined Unit	Field	6-11-16	c. L. a. 287
11-12-16	Do.	attached 7 th Can. I. M. Batty.	Do.	23-5-16	Pt II O. 96

437793 Kinross, C.F. V.C.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Document
Date	From whom received				
11.12.16	O.C. 49 th	ceases to be attached to 7 th Can. Trench M. Batty	Field	25.8.16	Pt II D 96.
26.5.17	-	attd to 7 th Field Co. B.E.	"	18.5.17	D.O. 60 7 th Field Co. B.E. D.O. 53'8 ⁸ / ₇
11.8.17	"	ceases to be attd to 7 th Field Co. B.E.	"	24.7.17	91
6.11.17	AR. 49 th	Adm. 149 Field Amb.	"	30.10.17	Ch. A. 56 Shell W.L. Arm. r Head.
8.11.17	" 49	Pk. 8 Stryk Hoop	Minirent	31.10.17	Ch. A. 58
9.11.17	" 49	Adm. 2 M. Hoop Old Park	Canterbury	3.11.17	Ch. B. 59
12.11.17	ARD.	I.O.S. from 49 th Div.	Dramahst.	3.11.17	Pt II D. 245949 th Pt II O. 134 d. 14-11-17
20.11.17	AR. 49 th	No. 16 Can. Gun Hoop	Opington	16.1.17	" A. 68.
2.2.18	49 th	Awarded the <u>Victoria Cross</u> for "most conspicuous bravery in action during prolonged and severe operations. Shortly after the attack was launched the company to which he belonged came under intense artillery fire and further advance was held up by a very severe fire from an enemy machine gun. Kinross, making a careful survey of the situation, deliberately divested himself of all his equipment save his rifle and bandolier and regardless of his personal safety advanced alone over the open ground in broad daylight charged the enemy machine gun, killing the crew of six and seized and destroyed the gun. His superb example and courage instilled the greatest confidence in his company and enabled a further advance of 300 yards to be made and a highly important position to be established. Throughout the day he showed marvellous coolness and courage fighting with the utmost aggressiveness against heavy odds and seriously wounded."			
18.2.18	AltARD	S.O.S. to 21 st Res	Bethott	15.2.18	Pt II O. 10 Pt II O. 40 + 00 420/14.2.18/21 st Res.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 437793 (Rank) --- Private

Name (in full) ----- Cecil John KIBROSS (V.C.) enlisted in
the The Fifty-first Overseas Battalion.

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the Twenty-first
day of October 1915.

HE served in FRANCE

and is now discharged from the service by reason of Medically unfit.

R.O. 1420 12-12-18

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

Age 24 Years.

Height 5 Ft. 11½ Inches.

Complexion Medium.

Eyes Blue.

Hair Dark Brown.

Marks or Scars

G.S.W. R. Arm

G.S.W. L. Temporal Region.

Pte C.J. Kibross (V.C.)
Signature of Soldier

W. MacLennan
Issuing Officer

Rank

Date of Discharge February 17th, 1919

Appointment

Signed at Calgary, Alta. this Seventeenth day of February 1919

in Military District No. 13.

File Reference No. 13D - K 117.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
M. F. W. 54.
150 Mt. 40115
H. Q. 1772-39-920.
House,
Bank, S.W.

Unit, Regiment or Corps 57th O. Batt.

Regimental No. 437793 Rank Pte Name Kinross John Cecil V.C.
C. E. F.

Enlisted (a) 21/10/15 Terms of Service (a) Duration of War Service reckons from (a) _____

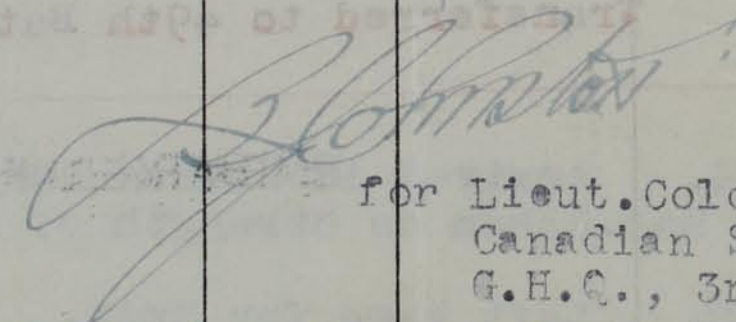
Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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.
--------	--	-------	------	--

	O.C 51st Transferred to 9th Res. Battn; C T D	East Sandling	28-12-15	#773 of 29-12-15
	Transferred to 49th Battn	France		<i>[Signature]</i>
31-3-16	A.A.G. Arrived EMBARKED FOR FRANCE. Can. Sec. taken on strength of Bn.	In the Field	15633106	1575 <i>[initials]</i> Part 11 Orders 8/31/3/16.
20-3-16	C.B.D. Left Base for Unit.	do	18-3-16	101/BD/3/255.
24-3-16	O.C. 49th Joined Unit Battn.	do	19-3-16	A.A.B.213 8/24/3/16.
15-10-16	Unit Wounded in Action	do	8-10-16	B213 Aled 234 d/23-10-16
19-10-16	Records. Shind. wound. st. arm adm.	3. Can Gen.	10-10-16	hist 267
1-11-16	b.B.D. Left for Unit	Field	1-11-16	NR
12-11-16	Unit Rejoined for Duty.	do	6-11-16	B213. DCS 241 d/16-11-16
11-12-16	A.A.G. Attached to 7 Can Trench Mortar Batty.	do	23-5-16	Pt 2 brds 96 a/11-12-16
11-12-16	A.A.S. Ceases to be attached to 7 Can Trench Mortar battery on Rejoining unit for duty.	do	25-8-16	Pt II brds 96 d/11-12-16
19-5-17	7th Field Coy B.C. Attached to 7th Field Coy B.C.	..	18-5-17	B213. Pt II-60 d/26-5-17.

(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, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
28-7-17	66 49th	leaves to be attached 7th Fld Coy.	C. S.	24-7-17	B. 213. P. 11-8-17
2-9-17	"	Granted 10 days leave	Field	28-8-17	B. 213 P. 11-6-17 #192/2-207
23-9-17.	Unit.	Returned from leave.		15-9-17.	B. 213, D C. S. 360.
30.10.17	12 C.C.S.	Wd Head. Am. L.	To 22.A.T.	30.10.17	Ext. A. 9609.
31.10.17	1497.A.	"	To C.C.S.	30.10.17	" B. 68.
4-11-17	Unit	Wounded in action	Field	30.10.17	B. 213.
31.10.17	8 Stutz	GSW scalp.	Adm 8 Stutz.	31.10.17	Ext. B. 693.
3.11.17	8 Stutz	"	To England.	3.11.17	" B. 1985.
3.11.17	JAN BREYDEL	Invalided (WOUNDED) and posted to Alberta Regtl. Depot, Bramshott.		3.11.17	W. 3083/4310.D.O. II. 134 d/ 19.11.17.
 Captain. for Lieut. Colonel, A.A.G. Canadian Section, G.H.C., 3rd Echelon.					
12-11-19	ARD.	I.O.S. from 49th battn.	Bramshott.	3-11-17	P. 50.248.
2-2-18	49th Bn.	Awarded the <u>Victoria Cross</u> for most conspicuous bravery in action during prolonged and severe operations. "Shortly after the attack was launched, the company to which he belonged came under intense artillery fire and further advance was held up by a very severe fire from an enemy machine gun. Kinross making a careful survey of the situation, deliberately divested himself of all his equipment save his rifle and bandolier and regardless of his personal safety advanced alone over the open			

Casualty Form—Active Service.

Regiment or Corps 51st D. Battalion
 Rank Surname Kinnon Christian Name John Cecil J.C.
 Religion Age on Enlistment..... years months
 Enlisted (a) 21-10-15 Terms of Service (a) 1st World War Service reckons from (a) 21-10-15
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and Rate.....
 Occupation Signature of Officer.

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	From whom received	Record of promotions, reductions, transfers, casualties, &c., 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.			
			Embarked ...		
			Disembarked...		
					<p>ground, in broad daylight, charged the enemy machine gun, killing the crew of six, and seized and destroyed the gun. His superb example and courage, instilled the greatest confidence in his company and enabled a further advance of 300 yards to be made and a highly important position to be established.</p> <p>Throughout the day he showed marvellous coolness and courage fighting with the utmost aggressiveness against heavy odds until seriously wounded. H.S.D. 10</p>
					<p><u>A.P. Charter</u> LIEUT.</p>

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
18-2-18	A.R.D.	Posted to 21 st Res Bn	Bramshott	15-2-18	Part D.O 49.
19-2-18 7/2/18	21 st Res Bn 21ST RES. Bn	T.O.S. from Alberta R.D. Bn Com Mummel R.A.	Bramshott BRAMSHOTT.	15-2-18 7/2/18	Part D.O 42 DO 420. Wm Irvine Lieut. 2nd Regt. 21st Heavy Bty.
14/12/18	OC Div reg	with Form. 21 st Res	HPC	12/18	Part D.O 1
21-12-18		Trans to C & F Co	HPC	21-12-18	Part D.O 15 Berie. H. Saunders Sr. for O.C.
21-12-18	TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 47				
17/2/19	DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 48 AUTHORITY R.O. 1479 Dated Ottawa 12/12/18				
	Wm Macmyth Lieut. Col. Officer Commanding District Depot No. 13				

SURNAME.

Kinross

V.C.

649-K-1656

CARD NO.

13

13

CHRISTIAN NAMES

Bevil John

amb. L. G. #30471

S.S. Dis 17-2-19

FOLL.

with Joe 2048

REGL. No.

437793

RANK

Pte

17-2-19

1308

UNIT

51st (3rd R.D.)

Battn

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kinross James Sterling

RELATIONSHIP TO SOLDIER

R. N. S.

ADDRESS

Loughheed Alberta

COUNTRY OF BIRTH

England

Oxbridge Middlesex

DATE

Feb. 17-1895

PLACE OF ATTESTATION

Walgary

DATE

Oct 21-1915

Sailed from St. John

S.S. "Missanabie" 18/12/15.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M. 8-16. H. Q. 1772-39-339.

77/c. 30-12-18. 248/103.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Ch. of England

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5-

FEET

11 1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

4

INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Dr. Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Sedgewick Alberta

DATE

Oct 18-1915

REGT'L NO 437793

H. Q. FILE NO. 649-

NAME

Kinross; Cecil John

RANK AND CORPS

Pte. 49th Batt. (4000. 51st) 3rd. B. D.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

C.

NATURE OF CASUALTY

03103

18-10-16

Adm. to 3 General Hosp. Boulogne Oct. 10th 1916
Wounded right arm ✓

04751

16-11-16

Disc. from Hosp. Oct. 7th 1916 W.S.M.

F04-4

M6312

9-11-17.

Adm. to #149 Field Ambulance
October 30th 1917. "G. S. W. left arm and
head" ✓

M6481

10-12-17.

Adm. to 1/2 of Ontario military Hosp. Orpington
Sunshot wound left arm Sunshot
wound head progressing satisfactorily.

W. S. M.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 267	no 3 Can. Gen Boulogne	10-10-16	shpl Wd. Rt. Arm.
A. 272	no 7. Can. Divd Boulogne	13-10-16	shpl. Wd. Rt Arm & Neck
A. 279	Discharged	25-10-16	" " " " " "
A 287	Rejoined Unit	6-11-16	shpl. Wds. Neck & L Arm
A 56 (4)	149 field Amb.	30-10-17	Shell Wd. L arm & Head
A 58 (3)	No 8. Stat. Wimmerux	31-10-17	S. W. L. arm, head.
B 59. (11)	# 2. Mil Old Park Canterbury	3-11-17	ISSW. " " 8-12'-17. L.
B 68-1	16 Can. Gen. Orpington Kent.	16-11-17	Shl. wd. Lt. arm head.
B 68 (1)	# 2. Mil Hoop. Old Park. Canterbury to - # 16 Can. Gen Orpington Kent	16-11-17	Shl. Wd. Lt. Arm, Head. (Alto Right)
B. 142-1	Discharged	15-2-18	shpl wd. Lt. Arm & head 20-3-18

Rank *Pte.* Name *KINROSS, Cecil John.* Reg'l No. *437793*
 Unit *Dft 51st to 9th Res Bn* If in perm. Corps, }
 What Unit? } Married or Single *Single.*
 Place and Date of Enlistment *Sedgwick* ~~*18*~~ *21st Oct 1915.* Place of Birth *Oxbridge Middlesex. Eng.*
 Name and Address, Next-of-Kin *James Sterling Kinross, Lougheed, Alberta Post Office, Canada.*
 Relationship *Brother*

Assigned Pay Monthly \$ *nil* Payable to Relationship

Separation Allowance Payable to Relationship

Discharge, Date and Place Reason Character

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date						
<i>1/1/16</i>	<i>31/1/16</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>10</i>	<i>44</i>	<i>10</i>	<i>1460</i>		<i>2190</i>	<i>2270</i>	<i>+ Clothing Allowance</i>	
<i>1/2/16</i>	<i>29/2/16</i>	<i>29</i>	<i>1</i>	<i>29</i>	<i>29</i>	<i>10</i>	<i>290</i>	<i>2270</i>	<i>54</i>	<i>10</i>	<i>730</i>			<i>5410</i>		
<i>1/3/16</i>	<i>10/3/16</i>	<i>10</i>	<i>1</i>	<i>10</i>	<i>10</i>	<i>10</i>	<i>1</i>	<i>5410</i>	<i>65</i>	<i>10</i>				<i>6510</i>	<i>Trans 49th Bn</i>	
<i>11-3-16</i>	<i>31-3-16</i>	<i>21</i>		<i>21</i>	<i>21</i>		<i>210</i>	<i>2270</i>	<i>23</i>	<i>10</i>	<i>1044</i>	<i>175</i>	<i>175</i>	<i>8645</i>		
			<i>91</i>				<i>910</i>	<i>10</i>	<i>110</i>	<i>10</i>	<i>2365</i>		<i>2365</i>	<i>8645</i>		

70 00 7 00 10 00 87 00 21 90 21 90 65 10

* Strike out whichever is applicable.
 Awarded the Victoria Cross for - "Most conspicuous bravery in action during prolonged and severe operations" (Chit, London Gazette 30441 dated 11-1-18)

7.10 (7)

A.M. (2)

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <i>KINROSS (V.C.) Cecil John</i>							
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>434493</i>							
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY							
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				DATE EFFECTIVE							
				RANK OR APPOINTMENT							
				<i>Private</i>							
				UNIT AND TRANSFERS							
				ORIGINAL UNIT:-							
				DATE ACCOUNT FIRST OPENED:-							
				AUTHORITY							
				DATE EFFECTIVE							
				DATE LEDGER SHEET T 57 D							
				UNIT TRANSFERRED TO							
				<i>434 29</i>							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT				
<i>1.11.18</i>	<i>1946</i>	<i>Busholt</i>	<i>174.40</i>								
<i>29.11.18</i>	<i>2231</i>	<i>✓</i>	<i>7.30</i>								
			<i>21.90</i>								
				DAILY RATES OF PAY AND ALLOWANCES							
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
					<i>1.00</i>	<i>-</i>	<i>10</i>				
				<i>805</i>							
				RESTRICTED PAY FOR ONE MONTH FROM 15.7.18 TO 17.7.18 RES. 29.7.18							
PARTICULARS OF RENDERING NON-EFFECTIVE				<i>Trans to Canada 1/14 RR 3 Regt of 2/18. Ser Bul. (595th)</i>							
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>	<i>Balance forward</i>								<i>473.66</i>	<i>405</i>	
<i>APR</i>	<i>P. Pay</i>	<i>33</i>		<i>AR 20 21 Res 6/4/18</i>	<i>48.64</i>				<i>433.66</i>	<i>470</i>	
		<i>33</i>		<i>AR 229</i>	<i>24.33</i>						
					<i>43.00</i>						
<i>May</i>	<i>P. Pay</i>	<i>34.10</i>		<i>AR 350 21 Res 15/5/18</i>	<i>9.73</i>				<i>433.70</i>	<i>435</i>	
		<i>34.10</i>		<i>AR 442 - " - 30/5/18</i>	<i>24.33</i>						
					<i>34.06</i>						
<i>June</i>	<i>P. Pay</i>	<i>33</i>		<i>AR 656 - 21 Res - 15/6/18</i>	<i>4.87</i>				<i>452.10</i>	<i>450</i>	
		<i>33</i>		<i>" 782 29.6.18</i>	<i>9.73</i>						
					<i>14.60</i>						
<i>JUL</i>	<i>P. Pay</i>	<i>34.10</i>		<i>AR 914 21 Res 15.7.18</i>	<i>9.73</i>				<i>463.04</i>		
		<i>34.10</i>		<i>AWARDED 7 DAYS F.P. 2 & FORFEITS 3 DAYS PAY BY RW 16.7.18 AWL NON 217 - 10 SEP 14/7 20.166 14/7 21 RES</i>	<i>11 =</i>						
				<i>AR 61088 21 Res 30.7.18</i>	<i>2.43</i>						
					<i>12.16</i>	<i>11</i>					
<i>AUG</i>	<i>P. Pay</i>	<i>34.10</i>		<i>AR 1171 15/8 21 Res</i>	<i>24.33</i>				<i>470.38</i>	<i>480</i>	
		<i>34.10</i>		<i>✓ 1336 31/8</i>	<i>2.43</i>						
					<i>26.76</i>						
<i>Sept.</i>	<i>Pte. Pay</i>	<i>33</i>		<i>✓ 1451 15/9</i>	<i>9.73</i>				<i>496.57</i>		
	<i>Special Furlo 14 days 3/8 to 27/8/18 B.O. 191 14/8/18 21 Res.</i>	<i>10.22</i>		<i>✓ 1579 30.9</i>	<i>7.30</i>						
		<i>43.22</i>			<i>17.03</i>						
<i>Oct.</i>	<i>P. Pay</i>	<i>34.10</i>		<i>AR 1676 15/10/18</i>	<i>9.73</i>				<i>511.21</i>		
		<i>34.10</i>		<i>✓ 1819 31/10/18</i>	<i>9.73</i>				<i>106.43</i>		
					<i>19.46</i>				<i>617.14</i>		
<i>Nov.</i>	<i>P. Pay</i>	<i>33</i>		<i>✓ 1946 15/11/18</i>	<i>14.60</i>				<i>21.90</i>		
		<i>33</i>		<i>✓ 2281 30/11/18</i>	<i>7.30</i>				<i>595.74</i>		
<i>Dec.</i>	<i>P. Pay</i>	<i>34.10</i>									
	<i>Int Def Pay.</i>	<i>39.33</i>									
		<i>106.43</i>							<i>21.90</i>		

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Oxbridge, Middlesex, Eng.
Jas. S. Kinross
Leugheed, Alta.
Brother

CASUALTIES, PROMOTIONS, &c.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL

REG'L. No.

RANK

NAME

IF IN PERM. CORPS
WHAT UNIT

UNIT

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Main financial table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS

Awarded the Victoria Cross for 'Most conspicuous bravery in action during Prolonged and severe operations' (Aust. London Gazette 30441 dated 11/11/15)

AUDIT CLERK
DATE 4/6/19

Description of Cecil John Kuroos on Enlistment.

Apparent Age 20 years months.
 (To be determined according to the instructions given in the Regulations 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).

Height 5 ft. 11 1/2 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Medium

Eyes Blue

Hair Dark Brown

Religious denominations. { Church of England yes
 Presbyterian
~~Wesleyan Methodist~~
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date October 18th 1915.

Place Sedgewick Alberta

Chas H. Slapford
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Cecil John Kuroos having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Oct 18th 1915.

Triplicate
ATTESTATION PAPER.

No. *40*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Cecil John Kinross (N.C.)*
2. In what Town, Township or Parish, and in what Country were you born?..... ~~*Stirling Scotland*~~
~~*Osbridge, Middlesex, England*~~
3. What is the name of your next-of-kin?..... *James Stirling Kinross*
4. What is the address of your next-of-kin?..... *Loughes, Alberta*
5. What is the date of your birth?..... *17th February 1895*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *or innoculated* *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?.. *no*
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*

Cecil John Kinross (Signature of Man.)

H. B. Glespie (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Cecil John Kinross*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Cecil John Kinross (Signature of Recruit)

Date *October 21st 1915* *Fred B. Glespie* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Cecil John Kinross*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Cecil John Kinross (Signature of Recruit)

Date *October 21st 1915* *Fred B. Glespie* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Calgary* this *21st* day of *October* 1915.

Esquimaux (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Ed. L. H. ... (Approving Officer)

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name Hinnross Surname Cecil V.C.
 Unit or Corps 21st Res (If a soldier) Regtl. No. 437793
 Born at Sterling, Scotland on, date Feb 17 1895
 Signature (for identification) R. J. Hinnross V.C.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None.

Weight 168 lbs.
 Height 6 ft. 1 ins.

2. **NUTRITION AND DIATHESIS?**

Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

None

4. **RESPIRATORY SYSTEM.**

No.

5. **HEART?**

No

Abnormal Sounds? None.

Abnormal Size? No.

Pulse Rate? 70. Intermittence or irregularity? No.

6. **ARTERIES.**—Any hardening?

No.

7. **DIGESTIVE SYSTEM?**

No.

8. **GENITO-URINARY SYSTEM?**

No.

Urinalysis—s.g.? 1020 Reaction? acid. Albumen? 0. Sugar? 0.

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

No.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None.

11. Opinion as to the health and physical condition of the one examined?

Good.

Examined at Quinn's Park Signed J. A. Locke Capt M.O.
 Date 17.12.18. Signed R. J. Hinnross V.C. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Won V.C.

Name KINROSS. Rank Cecil John
Plt

Reg. No. 437793.

Unit 49th Bn. ~~Inf. Riding Kinross~~

Next of Kin R. Loughran Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917 30-10-	149. Field Ambulance	Shell	Wd of Am & Head	A56	M63/3	6946
31-10-	8th Hosp. Vimereux		Don	A58		13885
3-11-	2nd Mil Hosp. Old St. Canterbury		Don	B59		5146.
16-11-	16th G. H. (Ent) Coy. Ton		do	B68		6153
15-2-18	Discharged		do	B142		3184

Surname *Kinross* Christian Name or Names *C. J.* Reg. No. *437793*

Rank *Pte.* Unit *49th. Bn.* Co. *Alb. Reg* Troop *(49)* Batty.

Hospital *No 3 Cav. G. H. Boulogne.* Date of Admission *10-10-16*

Transferred *to 5th Cav. Dep Boulogne* Hosp. *13.10.16*

4 Cav Spahy Harou Hosp.

149 Ft. Amb. Hosp. *30-10-17*

8 Stationary. Wimereux. Hosp. *31.10.17*

Diagnosis *shpl. Wd. Rt. Arm. & Head.*

(1) *Shell W.L. Arm + Head.*

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

dis. 25.10.16.

Date

C.S. 19-10-16 A277

Ref sent 6.11.16

REMARKS

dis - 15-2-18.

25.10.16 A272

7.11.16. A279.

21-11-16 A287

4-11-17 A564

9.11.17. A58(5)

10-11-17 B 59-1

21. 11. 17 B63 142 1
19-2-18- B. 142 1

A.M.D. 2 DEPT.

Bch. of D.O.M.S. O.M.F.C. London.

[Signature]

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

~~2 Mil. Old Park Canterbury~~
16 Can gen. Orpington

3-11-17

16. 11. 17.

2.

3.

4.

5.

6.

7.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. *H 3 7793.* A. & D. No. *10827*
Rank *Pte*
Name *KINROSS, CECIL.*
Corps *9th Res Batt, B.*
Religion *CofE.* Age *20*
M. H. Rec'd *a* M. H. Requested M. H. Ret'd
Disease *Measles } with ~~maternal~~*
Admitted *13-2-16*
Discharged *Discharged to Duty MAR 6 1916*
Place in Hospital *7/2*
Transferred
Results

H/2. Edmonton no no. 2-55 P.T.O.

REMARKS:

MEDICAL HISTORY SHEET.	Orig. recd. from	P.O.	20/7/1916
	Dup. recd. from		/.../191
	Orig. sent to		/.../191
	Dup. sent to		/.../191
	Received from Registrar this	Orig.	1/3/1916
		Dup.	
		Ward	23

10827

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 10827 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	437793	Pte	Kivross	Bevil
		Unit.	Age.	Service.
	9th Res. Bde.	"B"	20	4/12.
Station and Date.	Disease <u>Measles German Measles</u>			
M.B.C.H.	<u>Complications - Rash and Sore Eyes.</u>			
13-2-16.	<u>History - Reported sick morning of Feb 12/16 for rash all over his body and sore eyes.</u>			
	<u>Exam. General reddish-brown rash over whole of face, body and legs.</u>			
	<u>General glandular enlargement? Eyes are blood shot and look sore.</u>			
	<u>Throat is reddened and swollen.</u>			
	<u>Treatment - Patient to remain in bed. Room darkened. Mouth wash of chlorine water bid and aspirin grs x bid.</u>			
29-2-16	<u>Recommend discharge, N.H. Neilson Capt.</u>			
3-2-16	<u>For transfer to Shorncliffe Military Hospital. N.H. Neilson Capt.</u>			
	DISCHARGED			
	6/3/16			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures

Duty
15-2-18

MEDICAL CASE SHEET.*

33

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

437793

Pt

Kimross

C. J.

25-T-3 892
Year

Unit.

Age.

Service.

49th Can Bn.

22

2 6/12

Station
and Date.

Disease

S.S.W. Scalp.

15-11-17.

Enlisted 21. 2. 15. served in France for 2 years

wounded in Ypres sector on 30. 10. 17.

Removed to no 149 P.H. FA on same date

inoculated 500 units A.S.S. admitted to no 12

C.C.S on 30. 10. 17. Scalp wound excised

FB. removed from temporal muscle sutured

FB. removed L. arm. entry wd excised

Admitted to no 8 S. Hoop on 31. 10. 17.

wound healed in temporal region

wd in arm fairly clean admitted to

O.M.H on 15. 11. 17. Examination on admission here

shows two wounds of left upper arm just above elbow

Point of entry on mid line over line of joint; point

of exit on medial surface 3 ins above and internal to

this. wound of entry small; wound of exit about 1" x 3/4"

Also wound of L. thorax. on the posterior side at a

level of the 6th interspace, 1 1/2" behind posterior

axillary fold. Size of wound 1 1/2" x 1 1/2" Also two or

three small minute wounds in this region

wd fairly clean. no symptoms of infection

Small wound on internal surface of elbow healed,

others clean and granulating.

Inoculated 1000 units A.S.S. Posterior wound of

chest dry. size 1/4" x 1/2". wound of arm

dry but considerable area uncovered by

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

10-1-18

Wound almost healed covered by
small scab

25-1-18

Healed awaiting discharge

15-2-18

To Duty

ATTN

J. P. Paterney
Capt.

No. 437993 RANK *Pte*

NAME *Kinross C. J.*

T. O. S. *21-10-15*
A.O. 249.

UNIT *51st Battalion C. C. F.*

M. D. *13.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i> <i>Oct. 21.</i>	<i>1915</i> <i>Oct. 31.</i>	<i>✓</i> <i>✓</i> <i>✓</i>		
	<i>Nov.</i>			
	<i>Dec.</i>			

~~UNIT SAILED~~
~~APR 18 1916~~

#16 *Panama* Hospital.
 Ward 26 No. of Bed 33 Date Mar. 23/17

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
437793	C. J. Kinross	49 th Paras.	St. Helens Lower End. St. Thomas Region of 6 th Div.
<p>SHORT HISTORY OF CASE. (To be completed by M.O. i/c case.)</p> <p><i>Wounded 29/10/17</i></p> <p><i>Brigade 7th</i></p> <p><i>Division 3rd</i></p> <p><i>Trans - Canterbury</i></p> <p><i>Hoop</i></p> <p>Signature of M.O. <i>Patterson</i></p> <p>Date _____</p>		<p>REPORT ON RESULT OF X-RAY EXAMINATION. (To be completed by Radiographer.)</p> <p>No. of Plate <i>L 87782 - 8 1/2 x 6 1/2 A.P. (Stomach)</i></p> <p><i>L 87783 - 10 x 9 A.P. (Chest)</i> <i>(Letters A.P.)</i></p> <p><i>Stomach - Negative</i> <u>Plate Broken</u></p> <p><i>Chest - Negative</i></p> <p>Signature of Radiographer <i>L. G. Schmitt</i></p> <p>Date <i>Dec 3/17</i> <i>Cap P</i></p>	

DEMOBILIZATION
PAY DIVISION, M. D. 13
CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 437793 Rank Pte. Name Kinross C. J. -V.C.-
(Surname first)
Unit 51st Bn. who was* Discharged
On 17/2/19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 to 17/2/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		64
Regimental Pay..... <u>17</u> days at \$ <u>1.00</u>		17.00
Field Allowance..... <u>17</u> days at \$ <u>c.10</u>		1.70
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>C. 2335</u>	54.34	
Total	54.34	54.34

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of.....191..... } N I L
and Separation Allee. for month of.....191..... } (to) Assignee

(Address)

(†) 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:—

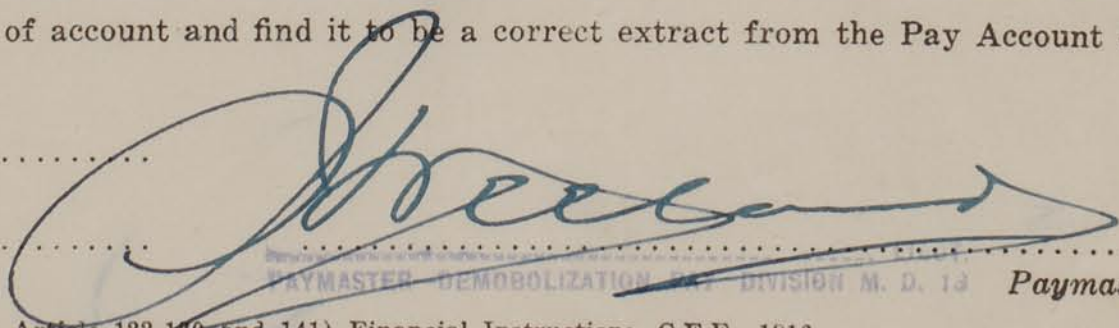
State (1) date of enlistment married or single.....Single.....
(2) Separation Allowance, entitled or notNil..... (3) Reason for discharge.....
(4) Authority for discharge or transferDD 13.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 17/2/19

Place Calgary, Alta.


PAYMASTER DEMOBILIZATION PAY DIVISION M. D. 13 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-140 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

M. B.

Serial (A&D) No. 10824

Canadian Form A.I.S. 7002.

MOORE BARRACKS CANADIAN HOSPITAL.

FC

- 1. To:- Chief Paymaster, Canadians,
7 Millbank, London, S.W.
- 2. To:- Officer i/c Records, Canadians,
(Casualty Branch) 7 Millbank, London S.W.
- 3. To:- Officer Commanding... 9th Res Batt

Blo

Service Unit
or Corps.

Reg. No. rank.

Name (Surname first).

9th Res Batt
Blo

434493 Pte

Remson Beal

The above mentioned Canadian Soldier will be discharged from this Hospital on the... 6... day of... March... 1916.

- 1. I ~~consider him fit to resume his former light duty.~~
- 2. I consider him fit for duty.
(Strike out which ever is inapplicable).



.....
Lieut-Colonel, C.A. .C.
Officer i/c Hospital.

53

.....1916.

This form so far as this Hospital is concerned is applicable only to a soldier of the "Canadian Camp Sick" class.

CLINICAL CHART.

ORRINGTON, KENT.

Military Hospital

Corps 49 Bu. Com

No. 43 7793

Rank and Name Pte. Kuross, E. J.

Age 22

Service 2 6/12

Disease GSW. Scalp.

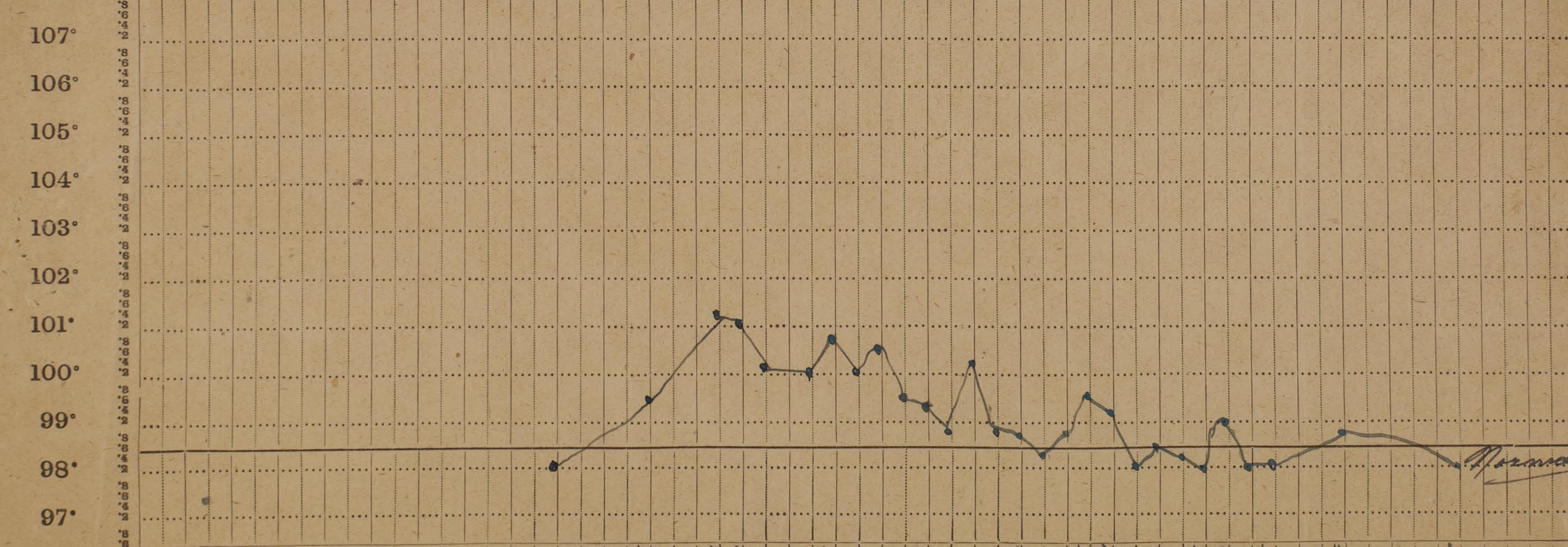
Date of admission 15-11-17

Date of discharge

Result

Dates of Observation	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Days of Disease	1	2	3	4	5	6																									

Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.



Pulse per Minute																																	
Respirations per Minute																																	
Motions per 24 Hours																																	

Signature [Handwritten Signature] In charge of case

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation																													
	Days of Disease																												
Temperature, Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M. A.M.P.M.																												
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature _____ In charge of case _____