9/10/18 amd

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

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate..... 1 copy

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate 1

Inventory of Kit.....

Last Pay Certificate..... 2

a 7 B 122 — 1
m 7 w 82 — 1
m 7 w 129 — 3
m 7 w 113 — 1
B 67 — 1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

Name MELLISH CHARLES A

Regt. No. 2760069 Rank Pte

Corps 3rd C.M.R.

Under Age

R. O. No.....

H. Q. No.....

16715

33-8
19-8
11-8

Original

A. COMPANY
B. C. Special Service

S. D. No.

ATTESTATION PAPER.

No. 7 6 0 0 6 9

Folio.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY

OCT 2 1918

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Mellish
1a. What are your Christian names?	Chas A. ~~Mellish~~ Alfred
1b. What is your present address?	937 Hornby St. Vancouver B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Kemora Ont.
3. What is the name of your next-of kin?	Mrs A. Mellish
4. What is the address of your next-of-kin?	937 Hornby St Vancouver B.C.
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	June 10, 1899
6. What is your Trade or Calling?	Labourer
7. Are you married?	no
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	no
10. Have you ~~ever served~~ Naval or in any Military Force? If so, state particulars of former Service.	R.S.G.
11. Do you understand the nature and terms of your engagement?	yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	no
14. If so, what was the nature of the disability?	✓
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	no
16. If so, what was the reason?	✓

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., do solemnly declare that the above are answers made by me to the above questions and that they 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.

Chas A. Mellish (Signature of Recruit)

Date APR 20 1918 191 . Chas A. Kelly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ..., 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.

Chas A. Mellish (Signature of Recruit)

Date APR 20 1918 191 . Chas A. Kelly (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 Vancouver B.C. this 20th day of April 1918.

R. G. Monteith Major (Signature of Justice)

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

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

Major ~~Lt. & Adj.~~

for O.C. No. XI Special Service Co'y C.E.F.

Description of Charles Author Mellish on Enlistment.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 32 ins.
- Range of expansion 35 ins.

Complexion Fair

Eyes Hazel

Hair Light Brown

Religious denominations.
- Church of England Yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

Mole over left clavicle - mole on right calf. Scar below right elbow.

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~~ Home service Force.

Date APR 20 1918 191 . James Donald President

Place Vancouver B.C. Wm Patton Members

Medical Officer. F. H. Fransdale

*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.

Charles Arthur Mellish 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.

R. G. Monteith Major (Signature of Officer)
Commanding No. XI Special Service Co'y C.E.F.

Date APR 20 1918 191 .

FORM OF WILL

A. Co
B.C. Special Ser, Uni

S. D. No.

MILITARY DISTRICT No. 5
CENTRAL REGISTRY
OCT 2 1918

I, Charles Alfred Mellish (Name in full)

Regimental Number 1073 serving in A. COY. B. C. SPEC. SER. UNIT

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

My Mother, Rose Mellish,
937 Hornby Street
Vancouver, B.C.

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

absolutely, and my personal estate I bequeath to

My Mother, Rose Mellish

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

NOTE
This space for the appointment of Executor if necessary.

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

this 23 day of April A.D. 1918

Charles Alfred Mellish Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. Verstorne Bailey, Lieut.

Address of Witness Esquimalt, B.C.

Occupation of Witness Commanding No. 5 Station, R. C. Regt.

Signature of Second Witness J. H. Jordan Cpl

Address of Witness 271 - 62 ave South Vancouver BC

Occupation of Witness

M. F. W. 82.
300M.-12-16.
1772-39-983.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

MD 5
35

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

Regimental No. 2760069 Rank Pte. Name Mellish C. A.

Corps "A" Coy. 5th Battn. C. C. R. who was* Discharged

On Sept. 27th 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st 1918 191..., to Sept. 27th 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques: No. 4629	15	00	Regt'l Pay 27 days at $ 1 00	27	00
Advances by Cheques: No. 5500 M. Belanger	35	00	Field Allow. 27 days at $ c. 10	2	70
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Q. M.		15	Other Allowances* Clothing All.	35	00
Payment on transfer or discharge No. 5499	24	55	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	74	70	Total	74	70

*Give particulars.

A monthly stoppage of $ (†) has (‡) been paid on account of Assigned Pay for the month of Nil 191... and Sep'n Allce. 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 20-4-18

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge Under Age authority MD 5-17-M-716

(4) authority for transfer

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

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

Date Sept. 27th 1918

Place Quebec, P. Q.

W. B. Fraser Lieut.
5th Battn. C. C. R. Paymaster.

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

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

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

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

S. D. No.

MILITARY DISTRICT No. 5 CENTRE

DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE AND CHILDREN.

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:-At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B.227 or other form used for medical examination.

======oOo======

I, 2760069 Private
Regimental Number Rating or Rank

Mellish Charles. Alfred
Full Name

5th C. G. R.
Ship or Unit

hereby declare as follows:-

1. That I am married and my wife is alive.
Attach marriage certificate if possible.

If you are not married write the words "NOT MARRIED" on next line.

Not married

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years of age. Attach birth certificates if possible.

Names of Children	Sex	Dates of Birth	Place of Residence	By whom Maintained
		No children		

Note:- If you have no children write the words "NO CHILDREN" across the above space.

C. A. Mellish
Signature of Officer or Soldier.

Witness: Jos. Chabotte
Lieut.-Col.
C. C., 5th Battalion C. C. R.
Member of Medical Board.

Note:- If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.

B.P.C Form 167. 25m.-5-18.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2760069 (Rank) Private

Name (in full) Mellish Charles Alfred enlisted in

the B. C. Special Service Unit M.D. 11.

CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 20th

day of April 1918

HE served in B. C. S. S. U. M.D. 11 and 5th C. G. R.

and is now discharged from the service by reason of being under age

D.O. 2048.

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

Age	18 — 9	Marks or Scars	
Height	5 — 6		None
Complexion	Fair		
Eyes	Hazel		
Hair	Lt Brown		

C. A. Mellish
Signature of Soldier

Jos. Chabotte
Issuing Officer

Lt Col
Rank

5th C. G. R.
Appointment

Date of Discharge Sept 27 1918

Signed at Quebec P.Q. this 21st day of September 1918

in Military District No. 5

File Reference No.

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

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

S. D. No.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 2760069 (Rank) Private Name Mellish Chas. A.

Unit 5th C. G. R.

Address on Discharge 937 Hornby st. Vancouver B. C.

Character and Conduct Good. Jr.

Former Occupation Labourer

Special Qualifications of Value in Civil Life Labourer.

Medals and Decorations none

Remarks

Signed at Quebec P. Q. this 22nd day of September 1918

for Chabotte

Name of Officer

Lt Col

Rank

5th C. G. R.

Appointment

Write please D.C.O.

17-M-716

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.)

MILITARY DISTRICT No. 5 CENTRAL REGISTRY OCT 2 1918

No. 2760069

Rank Private

Surname Mellish

Christian name Charles Alfred

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

Corps (Squadron, Battery or Company) 5th C. G. R.

Date of discharge Sept 27 1918

Place of discharge Quebec P. Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	18 years 9 months.	none
Height	5 feet 6 inches.	
Complexion	Fair	
Eyes	Hazel	
Hair	Lt Brown	
Trade	Labourer	
Intended place of residence (To be given as fully as practicable.)	937 Hornby st Vancouver B. C.	

2. The above-named man is discharged in consequence of being Under Age

Authority for discharge D.O. 2048

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

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

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

Good. Fn.

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.) Labourer

Fn.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations..... Nil

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) Quebec P.Q. Jos. Chabotte Lt Col

(Date) Sept 27/1918 *Commanding* 5th C.G.R.

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) Quebec P.Q. C.A. Mellish *(Signature of Soldier.)*

(Date) Sept 27/1918 Capt Somerville *(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) Quebec P.Q. Jos. Chabotte

(Signature) Lt Col

(Date) Sept 27/1918 5th C.G.R.

S. D. No.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY

OCT 2 1918

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.)

Nil

Signature

C. A. Wellish

Witness

Cpl Somerville

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
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.

Temporary M.H.S. orig at Valcartier

S. D. No.

MEDICAL HISTORY SHEET.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY OCT 2 1918

Surname Mellish *Christian Name* Charles.

Examined { on ..... day of ..... 191..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches. / Maximum expansion ..... inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm ..... Right. ..... Left. / Number .....

When Vaccinated last .....

(*a*) Marks indicating congenital peculiarities or previous disease .....

(*b*) Slight defects but not sufficient to cause rejection .....

Approved by .....

Rank ..... M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		2760088		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			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.
		Day	Month	Year	Day	Month	Year				

M. F. W. 129

100m.—6-18.
1772—39—1142.

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: Private Name: Charles Surname: Mellish.

Unit of Corps: 5th.C.G.R. (If a soldier) Regtl. No. 2760069

Born at: Kenora, Ontario. on, (date)

Signature (for identification) X Charles Alfred Mellish

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight: 126 lbs.

Colour of eyes: Blue

Height: 5 ft. 7 in.

Identification Marks, Scars, etc.: nil.

2. NUTRITION AND DIATHESIS?

Good

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

Good

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Excellent

S. D. No.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY

OCT 2 1918

5. HEART ?

Abnormal Sounds ? Negative

Abnormal Size ? Negative

Pulse Rate ? 74 Intermittence or irregularity ? nil Muscular Tone ? Good

6. ARTERIES.—(a) Any hardening or nodulation ? nil

(b) Blood Pressure. Normal

7. DIGESTIVE SYSTEM ? (Condition of teeth and tonsils to be included).

Good

8. GENITO-URINARY SYSTEM ? Negative

Urinalysis—S.G. ? -- Reaction ? -- Albumen ? -- Sugar ? --

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

Vision : 20/20 Hearing :

Rt. Eye..... Rt. Ear normal

L. Eye 20/20 L. Ear normal

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

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

Examined at St. Louis Camp Quebec Signed W. C. Grant Capt M. O.

Date Sept 26th 1918 X Charles Alfred Mellish

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

CASE HISTORY SHEET.

No. 2760069 Rank Pte Name Mellish Chs. A Age 18

Unit 5 C.G.R. Completed years of service (Where and how long) 9/12

Date of admission 8th June Date of discharge 2/7/18

Diagnosis Tonsillitis Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE

Throat began to feel sore on 8/4/18
Had headache & shivering.
Temp 102 Pulse 108 - Resp 24
9/6/18. Left Tonsil very much swollen
Whole throat injected - Pulse 128 no rash.
10/6/18 Temp normal - Throat is better
13/6/18 Still feeling better. Throat looks much better. Tongue is coated.

18/6/18 Furuncles on back of neck. Paint c̄ Tr. Iodine.

22/6/18 Condition improving.

26-6-18 Furuncles disappearing. condition much improved.

27-6-18 to 2/7/18 Steadily improving.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Aurum Tinct Guiacum. m X & q. 3 h
Dobells gargle q 3 h
Phenacetin gr X at bedtime.

Furuncles — Paint c̄ Tr. Iodine.

CONDITION ON DISCHARGE,

(and disposal made of case.)

Completely recovered
Dicto Unit A 11

Date 2/7/18

J Dublin Capt.
Medical Officer i/c case.

A4

A 28195

M. F. B. 313a.
50M.-11-17.
1772—39-439.

No. 3105

District Laboratory of Hygiene
JUN 10 1918
Mil. Dist. No. 5, Quebec, P.Q.

M.D.No.5 LABORATORY, QUEBEC, P.Q.

URINE REPORT.

No. 2760069

RANK Private

NAME Millish C.A.

CORPS 5.6 GR.

WARD No. 9

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS.		BILE	—
APPEARANCE	Clear	ACETONE	—
COLOR	Amber	DIACETIC ACID	—
REACTION	Acid	DIAZO	—
SPECIFIC GRAVITY	1032	UREA	—
ALBUMEN	Nil		
GLUCOSE	Nil		

MICROSCOPICAL EXAMINATION.

REMARKS

Harry Moore

Capt. A.M.C.
Officer i/c Laboratory.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps 5th C E R Hospital Station Indore

No. 2760069 Rank and Name Mellish Chas A Age 18 Service 9 months

Disease Tonsillitis Date of Admission 8/8/16 Date of Discharge 2/2/18 Result Recovered Case Book Folio

Dates of Observation	June 4		9			10			11	12	13	14	15	16	17	18	19	20	22	23	24	25	26	27	28	29	30	July 1	2	3	4
Days of Disease	1 5	9 1	5 9	1 5	9 1	5 9	1 5	9 1	5 9	1 5	9 1	5 9																			
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
106°																															
105°																															
104°																															
103°																															
102°	Admitted @ 11 a.m.																														
101°																															
100°																															
99°																															
98°																															
97°			Mag. Sulph 3iss																												
Pulse per Minute	108	108	128 132	120 120	Baths 112	110 96	96	120	90 90	96	90	96	90	100	96			88		76	76		70		70						
Respirations per Minute	24	24	24 28	24 24	20	20 20	20	20	20 20	20	20	20	20	20	20			20		18	20		18		20						
Motions		0		1			1		1	1		1	1	1			1		1	1			1	1							

F. 288.

Signature J Beaton Capt. In charge of case.

NAME. Mellish, Charles Arthur

RANK. Pte.

No. 2760069

CORPS. Spec. Ser. Coy.

REC. FILE. #5

Trans. 1/6/18 5 Bn. C.G.R.

H. Q. FILE. Pt. II. 36 of 1/6/18 +2.

ENLISTMENT, PLACE. Vancouver, B.C. DATE. April 20th, 1918

BIRTH

DISCHARGE, PLACE, Canada, Kenora, Ont. DATE. June 10th, 1899.

REASON.

S.O.S. Dis U.A. 27.9.18 5/C.G.R. D.O. 153 of 28/9/18 5

ADDRESS ON DISCHARGE.

T.O.S. Apr. 20 1918

D.O. Part II No. 12.

DOCUMENTS.

NEXT OF KIN Mellish, Mrs. A. RELATIONSHIP Mother.

ADDRESS 937 Hornby St., Vancouver B.C.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

A28195

REG. NO. 2760069 NAME (SURNAME FIRST) Mellish Chas A.

RANK Pte CORPS 5 b-9-R-b

AGE 18 SERVICE 9/12.

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 8-6-18

DISEASE Tonsilitis

DISCHARGE 2-7-18

OPERATION

DISCHARGED TO DUTY yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

M. OR S. S

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

REGT. No. 2706

NEXT OF KIN: Rose Mellish — RELATIONSHIP: Mother

ADDRESS: 937 Hornby St. Vancouver - B.C.

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TOL	26.7.19	DO 211

ORIGINAL UNIT C.E.F.: XI DET.

PLACE OF ATTESTATION: Van

DATE OF ATTESTATION: 3 -

ASSIGNED PAY $: ~~10~~

PAYABLE TO: Mrs

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGE $
Mch 3/31	29	1.10	31	90					31	90	53	14	66	31		102 90	5	—	3	35			15	—	8
Apl 1/30	30		33	-					33	-	11	15/4					5	-					15	—	5
May 1/31	31		34	10			6	82	40	92	34	15/5			232846	28/5	5	-			10	92	15	-	
June 1/30	30		33	-					33	-	234033	12/6			234230	25/6	5	-			13	-	15	-	
July 1/25	25		27	50					27	50	289263	11/7					5	-					15	-	
Aug	10		11	-	35	-			46	-			293227						63	50					

Certified that all paym
on this account for whi
has been received to date

Paymaster,

N.E.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

C

AUDITOR	PAYMASTER
80	L

ONS AND REVERSIONS AFFECTING
PAY AND ALLOWANCES

REGT. No. 2706270 RANK PTE NAME (IN FULL) MELLISH CHARLES ALFRED

FFECTIVE DATE	AUTHORITY
6.7.19	DO 214

ORIGINAL UNIT C.E.F. XI DET. C.G.R. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION Vancouver TRANSFERRED TO 11 D.D. DATE 25.7.19 AUTHORITY D.O. 206 Sub Depot

DATE OF ATTESTATION 3-3-19 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ ~~10.00~~ 15.00 DATE EFFECTIVE

PAYABLE TO Mrs Rose Mellish RELATIONSHIP Mother ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 937 Hornby St Vancouver BC

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Vanct. DATE 4/8/19 REASON Demob. AUTHORITY DO 219 IF ENTITLED TO POST DISCHARGE PAY

S NO. 3 DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
																					D.O. 63 attested + T.O.S. 3-3-19
10290	5	—	3	35			15	—	8	.		30 25			31	90					D.O. 77 Kit Def 25¢
	5	.					15	—	5	.	1	18			26	18			6	82	DO 86 Kit Def 30¢ D.O. 116 Kit Stop 1.18
46 28/5	5	.			10	92	15	—							30	92			10	.	10506 233164
230 25/6	5	.			13	.	15	—							33				10	.	233334
	5	.					15	—							20	.			17	50	233499 DO 198 Adm Hosp 24.4.19
			63	50											63	50	Cont		—	—	DO 206 Trans. to 11 D.D. + S.O.S. 25.7.19

Certified that all payments have been made on this account for which covering authority has been received to date.

A H Lund
Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

JUL 28 1919

Library and Archives Canada
395 Wellington Street
Ottawa, ON K1A 0N4

Bibliothèque et Archives Canada
395, rue Wellington
Ottawa, ON K1A 0N4

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DATE OCTOBRE 2013