

## REGIMENTAL DOCUMENTS

NAME PEACH ROBERT FRASER REGT. NO. 125 75 65 UNIT #8 Signal Battery H. Q. FILE NO. \_\_\_\_\_

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

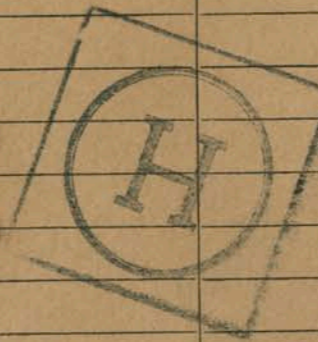
LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Misc



4813924

 32-19  
 18-19  
 3-19  
 1

*lowe*

*Rank*

*1257565*

Rank

*Gnr*

Surname

*PEACH*

Christian Name

*Robert Fraser*

Units

*C.G.A.*

Theatre of War

*France*

Date of Service

*22-3-17*

Remarks

Latest Address

*Port Morren CB*

Roll No.

*B.*

*Page 9536*

*2*  
*1*

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued ☐ Yes ☐ No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_


Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_

DESP DEC 3 1915  
REGN. NO. 406215

\*—Name will be given in full; surname first.

# DEPARTMENT OF VETERANS AFFAIRS

To  Copy for H.O. File

P.A.

Ottawa, Ont.  
Date.....May 13, 1964...

Attention of

NAME PEACH, Robert F.

SERVICE 1257565 WW1  
NUMBER

C.P.C. No. 114624  
W.V.A. No.

NAVY  
ARMY ~~XXX~~  
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. C.P.C. Halifax, N.S. d/May 8, 1964

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death.....February 12, 1964.....

Cause of Death.....

Place of Death.....Glace Bay General Hospital, Glace Bay, N.S.

Name and Address of next of kin (if known).....

Copies to: W.S.R.

V. I.

~~NAVY~~

~~XXX~~

H.O.

} Destroy form if advice of death already received.

*E.C. Richards*

for  
Chief, Central Registry

WAR SERVICE BADGE

CLASS "A" No. 145821

CLASS "A" No. 145821

WAR SERVICE BADGE

1 MAR 1919

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M. D.  
6.

1. No. 1257565

2 Rank. Signaller

3. Name. Peach R.F.

4 Unit. Res C.R.A.

Orig R.C.G.A. 9<sup>th</sup> Div

5 Date of Discharge

11-4-19

Place

Halifax

6 Reason for Discharge

Demobilization R.O. 1420

Spent of time

Fishes

Occupation

Student

Category

B2

7. Authority.

R.O. 1420

8. Proposed Residence after Discharge

Port Moresby C.B.

Service in France

18 mos

9.

## CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

SAILED HALIFAX 1 MAR 21 1919  
ARR'D MONTREAL 2 MAR 21 1919

R.F. Peach

Signature of Soldier.

10.

## CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. APR 5 1919

Place

Date

H.R. Grant Lt.

Signature

O. C. Dispersal Station "B"

Major

(O. C. Discharging Unit.)

## LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).  
and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (P. 64).
14. Medical Service Certificate (Form M.F.W. 2595).
15. Service Dog Tag.

Group.....  
 Checked by No. ....  
 Date.....



ORIGINAL

ATTESTATION PAPER.

No. 1257585

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

- 1. What is your surname? Peach
- 1a. What are your Christian names? Robert Fraser
- 1b. What is your present address? Port Morien Cape Breton, N.S.
- 2. In what Town, Township or Parish, and in what Country were you born? Port Morien Cape Breton, N.S.
- 3. What is the name of your next-of-kin? Thomas Peach
- 4. What is the address of your next-of-kin? Port Morien Cape Breton, N.S.
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? June 13th 1896
- 6. What is your Trade or Calling? Student (Book-keeper).
- 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? Yes
- 10. Have you ever served in any Military Force? R.C.G.A. 4 weeks
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Fraser Peach, 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.

Date July 19th 1916 Robert Fraser Peach (Signature of Recruit)  
Ethel (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Fraser Peach, 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.

Date July 19th 1916 Robert Fraser Peach (Signature of Recruit)  
Ethel (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 Halifax N.S. this 19th day of July 1916.  
J. H. Howard (Signature of Justice)

# Description of Robert Fraser Peach on Enlistment.

Apparent Age 20 years 1 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. 7 ins.

Chest measurement { Girth when fully expanded 35 ins.  
Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Brown

Church of England Yes

Presbyterian

Methodist

Baptist or Congregationalist

Roman Catholic

Jewish

Other denominations (Denomination to be stated.)

Scar left thumb

## 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 11<sup>th</sup> July 1916

Place Halifax NS

Mac Martin

Capt AMC

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.

Robert Fraser Peach 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.

A Hewson

(Signature of Officer)

Date AUG 10 1916 1916

O. C. No. 2, O.S. Signal Battery R. C. G. A. F. C. E. F.

# CANADIAN EXPEDITIONARY FORCE

## A 145 82 DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1257565 (Rank) Signaller  
 Name (in full) Peach - Robert Traber enlisted in  
 the No 8. O.S. Siege Battery R.C.G.A.  
 CANADIAN EXPEDITIONARY FORCE at Halifax on the 19<sup>th</sup>  
 day of July 1916  
 HE served in 9<sup>th</sup> Siege Bty in France and Belgium  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age 22 9/12 yrs  
 Height 5 ft 7 in  
 Complexion Ruddy  
 Eyes Blue  
 Hair Brown

Marks or Scars Scars on left thumb

R. Peach  
 Signature of Soldier

HR Grant Lt Major  
 O. C. Dispersal Station "B"  
 Issuing Officer

Date of Discharge



Rank Rank  
 Date March 5<sup>th</sup> 1919

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.

J.P.

Rank

*Inv.*

Name

PEACH, Robert Fraser ✓

Reg'l No.

1257565. ✓

Unit

No. 8 Seige Bty. ROGA.

If in perm. Corps, }  
What Unit? }

Married or Single

Single. ✓

Place and Date of Enlistment

Halifax. N.S. 19th July. 1916.

Place of Birth

Port Morian. ✓

Name and Address, Next-of-Kin

Thomas Peach. ✓

Cape Breton  
N.S.

Port Morien. Cape Breton. N.S. ✓

Relationship

Father. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ltd. - 7165-16.

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.				
<i>C</i>		<i>Arrived in England per S.S. Laconia</i>		<i>6-10-16</i>	
<i>Now 9th. Can. Siege Batt.</i>		<i>W.O. Let. 121/105/3201-A.</i>		<i>24-1-17</i>	
<i>23-4-17.</i>	<i>etc.</i>	<i>Proceeded overseas to France</i>	<i>Field.</i>	<i>22-8-17. Pt II D. # 69.</i>	
<i>25/1/18</i>	<i>Now 1st Bde C&amp;A Hvy</i>			<i>20/3/18 Pt II</i>	<i>9-4-18</i>
<i>26.9.18</i>	<i>CARD</i>	<i>J.O.S. posted from 1st Bde</i>	<i>3rd Witley</i>	<i>18.9.18</i>	<i>✓ 269 P 70. 1st Bde C&amp;A 26/18</i>
<i>1.3.19</i>	<i>---</i>	<i>LoI to Rhyl</i>	<i>" "</i>	<i>28.2.19</i>	<i>60* 6 M.A. 66 d/5 19</i>
		<i>Quoe. to Canada.</i>		<i>27.3.19.</i>	<i>40. B-10.</i>
<i>29-3-19</i>	<i>6 MDCG</i>	<i>LoI to Canada</i>	<i>✓ Rhyl</i>	<i>27-3-19</i>	<i>- 88</i>

14916  
*Can*B. 103 CHECKED  
28 MAR 1917

[illegible]

Surname

PEACH

Christian Name or Names

R. F.

Reg. No.

1257565.

Rank

Unit

Gnr.

CA. 1BCGA.

Cas. List.

57 C.C.S.

14-9-18.

19-9-18A351-3

Bomb Wd. Fingers Lt. Accid.

23. 9. 18. B354

Gen. hie. Colchester

18. 9. 18.

20. 9. 18. A352-3

58 Gen. B'ogue

18-9-18

26-9-18B357②

Woodcote Park, Epsom.

24-9-18.

add. &amp; Comp. Frac. Thumb. 1st &amp; 2nd.

Fingers. Amp. and

28. 9. 18. B359

Manor War Epsom.

26. 9. 18.

3. 10. 18. B363②

16 ban. Gen. Ovington

1-10-18.

12. 2. 19. B. 473/2.

Di. 4. 2. 19.

A.M.D. 2 Dept.

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

D.M.S. 1300. 50M-30-8-18.

Cas. List.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

To Whom *Thomas Peach,*  
 Address *Port Moresby, C. B.*

By Whom Assigned *Peach, R. A.*

Regtl. No. *1257565*

Rank *Sgt.*

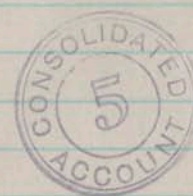
Corps *#8 Sge. Bty.*

Rate *15.<sup>00</sup>*

**OCT -1 1916**

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.—7-16  
 1772—39—819.

Sheet No. 2. Thomas Resch  
 (Assignee)

L. L. Job 5470—Req. 6888.

**PAYMENTS.**

Name of Soldier Resch, R. H.  
1257565 Ynr. # 8-Spe. Bldg.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15.	OCT 21 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		1224140	15	
Nov.		1330064	15	
Dec.		834642	15	
Jan.	1917	T40792	15	
Feb.		T46743	15	
March		152893	15	15-6
April		44112	15	15-45
May		410956	15	
June		F 16747	15	7/1
July		H 84402	15	5
Aug.		U 30789	15	
Sept.		W40248	15	03
Oct.		Q 44043	15	
Nov.		J 51819	15	
Dec.		W 58272	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1913					
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1919					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

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00249415

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

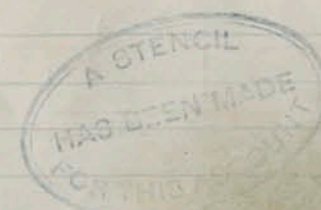
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					14318-R-16
Dec 31			225	225	
Jan 18	Q 63487		15	15	
Feb	R 72133		15	15	
Mar	P 95643		15	15	✓
Apr	P 11305		15	15	✓
May 18	Q 14119		15	15	✓
June	O 27032		15	15	✓
July	J 29058		15	15	✓
Aug	A 35864		15	15	✓
Sept	E 37204		15	15	✓
Oct	C 43968		15	15	✓
Nov	Q 59086		15	15	✓
Dec	Q 63705		15	15	✓
Jan 19	A 71410		15	15	✓
Feb	C 78469		15	15	✓
Mar	A 84162		15	15	✓
Apr	A 1899		15	15	✓
			465	465	

In S#6

A/c Closed 30-4-19  
 Ret'd per Northland  
 Date 5/4/19 M.F.W. 9/4/19  
 Clerk 1 Charbonneau

MRO 71912 to Destroy 9/4/19  
 OK 9/4/19 RW



Date of Assignment

## OVERSEAS CONTINGENTS

### RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF ASSIGNMENT

4

M. F. W. 128  
400M.—6-17-1772-39-1141  
I. L. 2220—M. & D. 7993.



Port Marion  
Capt. Bickens  
(Father) Can.

## UNIT AND TRANSFERS

ORIGINAL UNIT:- 273 C&amp;B

DATE ACCOUNT FIRST OPENED:- 1.10.16

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO

9 C&amp;B.

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
4-2-19	12340	Orington	4867				
18-2-19	4862	Chas.	1947				
			6814				

## DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY P.A. P.F.A. SUBS'CE ALLOW

100-10

PARTICULARS OF RENDERING NON-EFFECTIVE:- 28-2-19 Due to Canada, N.R. 3428 with 21/2/19 withy. m. D. 6. A. Bal. 94.00

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March Bal 2d									53.33		
Apr lft.		33		AP				15			
				195 9 C&B 8/4/18	446						
				404 " 18/4/18	357				65.30		
		33			8.03			15			
May lft.		3410		AR 792 16.5.18	357						
				681 " 6.5.18	446						
				AP				15	76.27		
		3410			8.03			15			
June lft.		33		AS				15	94.27		
				AR 898 " 3/6/18	357						
				747 " 5/6/18	357				87.13		
		33			7.14			15			
July lft.		3410		AS				15			
				AR 993 " 7/7/18	446				101.77		
		3410			446			15			
Aug lft.		3410		AS				15			
				AR 1106 " 1/8/18	714				113.73		
		3410			7.14			15			
Sept lft.		33		AS				15	131.73		
				1362 " 1/9/18	714						
				AR 35978 C&A 20/9/18	487				119.72		
				5337 " 25/9/18	487				114.85		
		33			16.88			15			
Oct		3410		AS				15			
				AR 6114 Orington 9-10-18	487				129.08		
		3410			4.87			15			

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				<i>Bal. Ford</i>								129 08		
<i>mon</i>				<i>33</i>			<i>ad</i>				15			
<i>for</i>				68 20			<i>AR. 7299</i> <i>Orpington</i> 6-11-18	4 87						
							" 10113 " 23-12-18	19 47						
							" 9705 " 18-12-18	9 73						
							<i>ad</i>				30	151 21		
				101 20				34 07			45			
<i>Feb.</i>				30 80							15	167 01		
							<i>AR. 11892</i> <i>16.03.18</i> 29-1-19	4 87				162 14		
							" 12300 <i>Orpington</i> 4-2-19	48 67						
							" 4862 <i>AR. 20-2</i>	19 47						
							" 3025 <i>16. Park.</i> 6-3	9 73				84 27		
							" 4146 " <i>Ed.</i> 20-3	9 73			15	74 54		
				30 80				92 47			15			

*NO. 16. On 27-3-19 List 40. AR.*

162 14  
68 14  
94 00

			10113	"	23-12-18	1947			
			9705	"	18-12-18	973			
			ad				30	15121	
		10120				3407	45		
Feb.		30 80		"			15	167 61	
			ad 11892	16.02H	29-1-19	487		16214	
			12300	Burington	4-2-19	4867			
			4862	ad	20-2	1947			
			3025	H. Park.	6-3	973		8427	
			4146	"	Ed. 21-3	973	15	7454	
		30 80				9247	15		

NO. 6 Cu 27319 Int 40. ad.

16214  
6814  
9400

P. 559.  
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 \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE  
DATE

AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE  
ADMITTED

DATE  
DISCHARGED

V.  
OR  
A.

NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS										
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3		4	
			\$	C.			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE	No.	DATE
1916																							
Oct 31	31	1.00	31	00	31	10	3	10				4 00	4 00										
Nov 1-30	30	1.00	30	00	30	10	3	00					34 10	6	12 10/16	13	2 11/16						
Dec 1-31	31		31	00	31		3	10					33 00	20	16 11/16								
1917																							
Jan 31	31	1 10/16	31	00	31		3	10					34 10			36	18 11/16						
Feb 28	28		30	80																			
Mar 31	31		34	10									34 10	43	20 1/2	51	1/1						
Apr 30	30		33										30 80	59	1 1/4								
May 31	31		34	10									34 10	67	9 1/2	73	8 3/8	128	35	30 3/8			
June 30	30		33										33										
July 31	31		34	10									34 10										
Aug 31	31		34	10									34 10										
Sept 30	30		33										33										
			401	50																			
			401	50																			

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

1257565. Mr. Teach. Robert Fraser. Arday 15<sup>th</sup> C.

[illegible]



Promotions, Reductions and Reversions Affecting  
Daily Rate of Pay and Allowances

Northland 5-4-19

M. OR S.

REGT. No. 1257565 RANK

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS		7m 2.	27-3-19	160 98	Arty
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION
ADDRESS					ASSIGNED PAY \$
					15.00
					PAYABLE TO
					M. J. Beach
					ADDRESS
					Port Moresby
					STOP PAYMENT FORM
					ASSIGNED PAY
					RENDERED, DATE
					DISCHARGED
					PLACE
					Halifax

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.
English L.P.C. act to																			
28-2-19						94.00													
1-3-19						35.00													
11-4-19	42	110	46.20			70.00					4.87	5.00	185.87			30.00		19.46	
W.S.G. S.A.																			
153 days						350.00										70.00			
																20-			
																70-			
																70-			
																70-			
						350.00										350.00			



VOL.

Peach R. F.

[illegible]

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

FILE No.

VOL.

**SUBJECT**

[illegible]

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

No. 1257565 RANK *Pte*NAME *Peach Robert*T. O. S. *19-7-16* UNIT *No 8 Siege Battery (R.C. G. 9)*  
*(D.O. 2.20-7-16)*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>July 19</i>	<i>1916</i> <i>July 31</i> <i>Aug</i>	<i>✓</i> <i>✓</i>		

No. 8034. RANK *Gnr.*NAME *Beach R. F.*T. O. S. *22-6-16* UNIT *Royal Canadian Garrison Artillery C. E. F.*  
(*50.90 of 27-6-16*)M. D. *6.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916- June. 22. July. 1.</i>	<i>1916- June. 30. July. 18.</i>	<i>✓ ✓</i>	<i>Transfd. to #8 Siege Bty. 19-7-16.</i>	<i>50.110 of 19-7-16.</i>

SURNAME.

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

CHANGE OF ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

DATE

DATE

CARD NO.

S.O.S. Dis. Demob. 10-4-1965

FOLL.

D.A. 9898-4-19-6020

SURNAME. *Peach*  
 CHRISTIAN NAMES *Robert. Fraser.*  
 REGL. NO. *1257565.* RANK *Gr.*  
 UNIT *no 8 Siege Bty R.C. g. a.*  
 FORMER CORPS *nil.*

NAMES IN FULL *Peach. Thomas.*  
 RELATIONSHIP TO SOLDIER *Father.*  
 ADDRESS *Port morien, C.B., N.S..*

COUNTRY OF BIRTH *Canada*  
 PLACE OF ATTESTATION *Halifax. N.S.*  
 DATE *June 13<sup>th</sup> 1896.*  
 DATE *July 19<sup>th</sup> 1916.*  
*R/c 5-4-19 297 16 sign*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Book-keeper

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

20.

YEARS

1.

MONTHS

HEIGHT

5

FEET

7.

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Ruddy.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

Scar left thumb.

MEDICAL EXAMINATION.

PLACE

Halifax, N.S.

DATE

July 11<sup>th</sup> 1916

Present Address, Port Morien, C.B. N.S.

NAME

Peach Robert Fraser

REG'T'L. No.

1257565

H. Q. FILE No 649

RANK AND CORPS

Pte. 1st Bn. Par. At

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.

FOLLOWS

h. of R.

Thomas Peach (father)

Pat Mowen C. B.

h. S.

Q 522 30. 9. 18. Adm. 5.5. C.C.S. Sept 14/18

wld. a ccdly fingers.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 352-3	5.3. fin. Bomlogne	15.9.18	Bomb. wd. fungus
B 354-1	Gen. 2nd. Colchester	18.9.18	Lt. acc. Bomb. wd. fungus L. acc.
A 351-3	5.7. Cas. cl. stat Ex 1st mil. Colchester	14.9.18	Bomb. wd. fungus Lt. (acc)
B 357-2	mil. Com. wd. cat. bk. Epsom.	2.4.9.18	Bomb. wd. fungus L. acc. + C. Frac. 1st & 2nd. Fungus Amp.
B. 359-1	In ans. Ch. of Am. War Epsom.	26.9.18	" "
B. 363-2	16. Cam. fin. Orington	1.10.18	Bomb. wd. Comp. Fract. 1st & 2nd. fungus Comp. 3rd. phalange acc.

NAME *Peach Robert Fraser* REGT. No. *1257 565.*

RANK AND UNIT *Pte. 1st Bde. C. G. A.*

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

B473<sup>2</sup>

16 Can Gen Orpington

4-2-19

*Can art.*Disch BW. Comp  
Prac. Thumb & Phal 1+2 fingers  
amp acc.

Robert Fraser

Name PEACH

Rank

Gnr

Reg. No. 1257565

Unit

1st Bde C-8A.

Next of Kin

Canada

CW 19.9.18

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14.9.18	57 Cas Co Sta	Point	W. Fingers	P (dec) 351	502	31882
15.9	53 fan Hosp	Boulorne	do	352		No 4189/13
18.9	fan Milly	Colchester	do	B354		26998
24.9	Milly (con)	Essex	do	B354		
		W. Fingers	Emp base numb 37. Phil amputated	B357		27226
26.9	do Menz Cof Gen Mm	Essex	do	B359		27387
1.10	16 Cas fan Art Milly	Exington	do	B363		27710
4.2.19	Discharged		do	B473		1586
R.L. 4 <sup>th</sup>	Not processed on 14 <sup>th</sup> & as per Bordon sub-1 op-					P 312

[illegible]

WAR SERVICE BADGE.

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

CLASS "A" No.

# Casualty Form—Active Service.

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

250M.—1-10.

H. Q. 1772-39-920.

1257565

Unit, Regiment or Corps

273rd

Sigs Battery Regt CEF

Regimental No.

257565

Rank

Gr

Name

Rank Robert Fraser

C. E. F.

Enlisted (a)

19.7.16

Terms of Service (a)

last 6 months of

Service reckons from (a)

19.7.16

Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Military

Extended

Re-engaged

Qualification (b)

Civil

Bookkeeper

Report

Date

From whom received

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place

Date

Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.

Now

17 APR 1917

8th Siege Batty W.O. Let 121/OS-3201AG6, 24-1-17

Embarked Canada

Halifax 26.9.16

Disembarked England

Liverpool 6.10.16

Proceeded overseas

Lodford 21.3.17

Nb. 11 orders 69

D. Northcote

LIEUT. FOR LT. COL. I/C RECORDS, C.O.M.F.

Landed in France

22-3-17

69/7

unit

at Res Camp

5 15 2/7

KT 16-16000

25.1.18

6.C.9.C.S.B.

Granted 14 Days Leave of Absence

England

19.1.18

B. 213. P. 11 Q. 5 2/9.2.18.

9.2.18

do

Rejoined Unit from Leave

Field

2.2.18

do do 6 2/22.2.18.

15/9/18

534th

1st SW Trench L. Coy

534th

15/9/18

K796

18/9/18

do

Wounded Acc. & Porter to C.A.R.S.

18/9/18

103053 P6032

Wiley at St David

18/9/18

Ph 70 a/26/9/18

Thos B. Chapwell

for Lt Col Gadsby  
Cay. Section 940  
[P.T.O.]

(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				
26.9.18.	CARD. J.O.S. from 1 Bde C.G.U.		Witley	18.9.18.	PM DO 269 <i>[Signature]</i> LIEUT. FOR LT. COL. I/C RECORDS. C.O.M.F.
28.2.19.	CARD. S.O.S. to Rhy l fr R.T.C.		Witley	28.2.19.	PM DO 60 1-3-19 <i>[Signature]</i> fr O.C. CARD.
<p>Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. _____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. _____</p> <p><i>[Signature]</i> M.D. Commanding No. 8 Wing. Kinmel Park Camp.</p>					

27 MAR 1919  
H-M-T  
SAILED 1 APR 1919  
ARR'D HALIF'X  
MCH-27 1919  
W  
APL 5 1919

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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

PEACH. R

REGIMENT

CARD

RANK

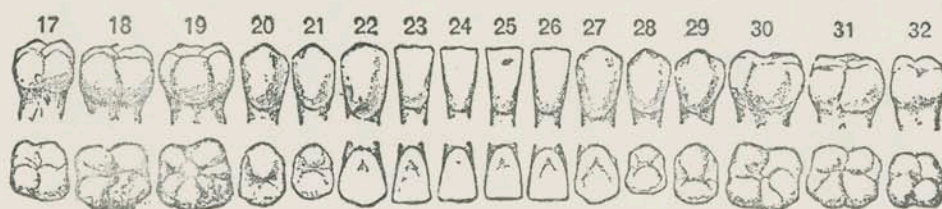
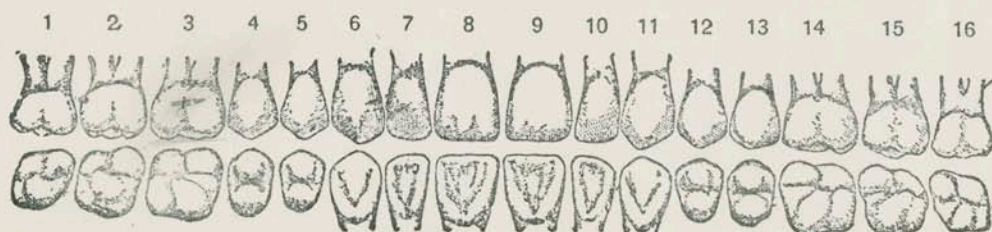
SGN

No.

1237565

Date of Examination in England 18.3.19

Date of Examination in France



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

3-31

2. EXTRACTIONS

24

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT?

m

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

(a) In Canada

(b) In England

(c) In France

yp

Signature of Dental Officer

W. H. Shepherd, Capt.

DIRECTIONS TO  
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

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

Reserved for M.H.C.

Regt. No. 1257565 Rank *Sig* Surname *PEACH* Christian Name *ROBERT FRASER*  
 Unit or Corps—(a) Overseas from United Kingdom *2 R.C.A.* (b) in United Kingdom *C.R.A.*  
 Born at—Town *Port Morien* County or Province *NOVA SCOTIA* Country *CANADA*  
 Date of Birth—Day *13* Month *JUNE* Year *1896* Age *22* yrs. *6* months.  
 Joined at *HALIFAX NOVA SCOTIA* Date *19-7-16*  
 Former trade or occupation *STUDENT*

Permanent Marks or any peculiarity that will serve for future identification—

*AMPUTATION OF TIPS OF FIRST  
THREE FINGERS LT. HAND,*

Height—feet *5* inches *7* Colour of eyes *GREY*

Signature of Soldier (for identification purposes)

## Medical Report

Read carefully the instructions on last page of this form.

## 1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities  
Group (a)

*AMPUTATION TIPS OF THREE  
FINGERS LEFT HAND,*

Disabilities  
Group (b)Disabilities  
Group (c)

## 2. CAUSE OF DISABILITY

(i.) As to  
Group (a)  
above.*G S W*

Place of origin.

Date of origin.

*FRANCE 14-9-18*(ii.) As to  
Group (b)  
above.(iii.) As to  
Group (c)  
above.

## 3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above?

If yes, has Active Service aggravated it?

(ii.) As to Group (b) above?

If yes, has Active Service aggravated it?

(iii.) As to Group (c) above?

If yes, has Active Service aggravated it?

*NOT APPLICABLE*

## 4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above?

*yes*

(ii.) As to Group (b) above?

(iii.) As to Group (c) above?

*yes*

5. MEDICAL HISTORY. (Documentary) Wounded <sup>in left hand</sup> at Lens 14-9-18. Dressed on the field and at Field Amb. WENT TO C.C.S. 14-9-18 and had operation same day. Sent to 54 General Hospital Wimereux 15-9-18. EVACUATED TO WHIPPS X WAR HOSPITAL LEYTONSTONE 18-9-18. EVACUATED TO EPSOM COMM CAMP 20-9-18. EVACUATED TO MANOR WAR HOSPITAL EPSOM 21-9-18. EVACUATED TO 16 CANADIAN GENERAL HOSPITAL, ORPINGTON, KENT. 29-9-18

6. PRESENT CONDITION. - Wounds healed - Weight normal - First, Second and Third fingers are amputated at distal interphalangeal joints. Stumps are tender. There is limitation of flexion at the first interphalangeal joints.

Other systems normal

7. OPERATION. (i.) Was one performed? YES (ii.) If so, state what. Amputation of first 3 fingers left hand distal phalanx.  
(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? no  
(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty?  
(state category)

Yes — B II

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit?

no

Date of Report

Jan 24<sup>th</sup> 1919

Signed

W. M. Moore  
Capt

Station

16 Canadian General Hospital

Orpington

I have satisfied myself of the general accuracy of the above Report,

and concur therein ~~except~~

W. M. Moore

DEPT. OF MILITARY MEDICAL SERVICES (ONTARIO) HOSPITALS  
ASST. ADJT. GEN. [Officer i/c Hospital] Strike out one of these

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL

25 JAN 1919

Dated at

ORPINGTON, KENT

Station, on

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\*Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?  
If not, describe it.

YES

11. Is the cause of the disability fully described in Part I. (2)?  
If not, describe it.

YES.

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier

{ Caused?  
Aggravated?

No

(b) **Misconduct of the Soldier**

{ Caused ? /  
{ Aggravated ?

NO

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE. (See art. I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)  
What part of the entire disability estimated above (13) is due to causes arising during Active Service?  
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).

(i) Is it permanent?

(ii.) If not permanent, what is the probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

YES

18. REMARKS:—

REMARKS:— Portion of distal phalange of ~~1<sup>st</sup> finger~~<sup>thumb</sup> still remaining.  
Numb. - index and middle finger affected.

(b) Invalid to Canada? *NA*

BT

(c) Discharge from Service } N.A.  
as permanently unfit?

Date of Board \_\_\_\_\_

25 JAN 1919

Station

No. 70 CANADIAN GENERAL (ONTARIO) HOSPITAL  
DRPINGTON, KENT.

Approved \_\_\_\_\_

A. M. Norton Capt. Canb. fr

Dated at \_\_\_\_\_

Station

for A.D.M.S., Canadians, London Area

ASSISTANT DIRECTOR OF  
MEDICAL SERVICES,  
CANADIAN S. LONDON AREA.  
JAN 28 1919  
13, BERNERS ST. LONDON, W.

191

## Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

R. F. Beach  
Signature of Soldier examined.

## Instructions to Medical Officers

## ENTRIES OF RECATEGORIZATION

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

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

500M.

H. Q. 1772.

# Casualty Form—Active Service.

Unit, Regiment or Corps *No. 6.*

Regimental No. *1257565* Rank *Sig.* Name *Peach Robert Fraser*

C. E. F.

Enlisted (a)..... Terms of Service (a)..... 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
Date	From whom received				
<i>27.3.19</i>	<i>6/Sea.</i>	<i>408 D.O. 6. + Posted Sick Stn. B.</i>	<i>H. Lf.</i>	<i>5.4.19</i>	<i>L.O. 98</i>
<i>11.4.19</i>		<i>SoS. on Discharge.</i>			<i>98</i> <i>6/Sea. Lieut</i> <i>O/c Records.</i>

(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				

No. in  
Admission  
and  
Discharge  
Book.T7529  
Year

Regimental No.

1257565

Rank.

Gnr

Surname.

Peach

Christian Name.

R. P.

Unit.

9th Ban Siege Batty

Age.

21 years

Service.

2 years

WHIPPS CROSS WAR HOSPITAL,  
Station and Date.

18.9.18

Disease

G.S.W. Hand L. comp fract. distal phalanges  
thumb 1st + 2 fingers

LEYTONSTONE.

Healed

WHIPPS CROSS WAR HOSPITAL,  
Station and Date.

23.9.18

Transferred Epsom.

D. Brown &amp; Co. Lupton

LEYTONSTONE.

Woodcote

24/9/18

G.S.W. Lt. Hand. Comp Fract. Thumb.  
3 Phalanges of 1st 2nd fingers amp. unresistable  
case. Thumb. Index finger & 3rd ring amp.  
at 1st Phalanx. Transferred to Maurer

Maurer

26/9/18

Forwarded to Chippington

24-1-19

Wound healed. Weight Normal First Second  
and Third finger are amputated at distal  
interphalangeal joints. Stumps are tender.  
Limitation of flexion at the interphalangeal  
joints.D. P. Malley  
Capt

Station  
and Date.

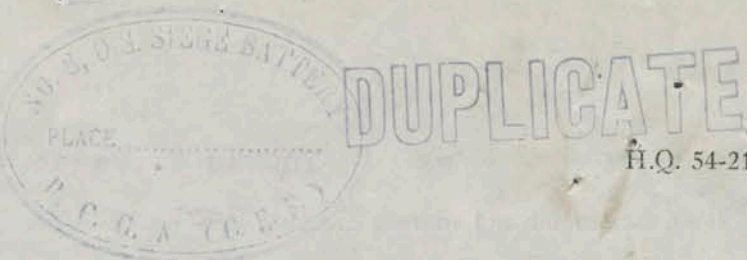
## MEDICAL CASE SHEET.\*

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

Station  
and Date.

To be made out in duplicate.

H.Q. 54-21-23-53



## PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

### INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas; for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

**No. 3. O.S. Siege Battery RC3A (CEF)**

(2) Regimental Number **1257565**.....

(3) Full Name of Soldier **Robert Fraser Peach**.....

(4) Place of Birth **Port Morlen C.B.**.....

(5) Are you married, or not? **No**.....

(6) If married, state,  
(a) Full name of your wife **No**.....

(b) Present Postal Address **-**.....

(7) Are you a widower? **No**.....

(8) Have you any children? **No**.....

If so, give number of boys and girls **-**.....

Also their names and ages **-**.....

(9) Is your Father alive? Yes Thomas W. Peach

If so, state name and address Port Morden C.B.

(10) Is your Mother alive? No Stepmother Mary Peach

If so, state name and address same as above

(11) If your Mother is a widow No

Are you her sole support, or not? No

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

Not applicable

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Not applicable

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Not applicable

(15) Are you insured? No

If so, in what Company? -

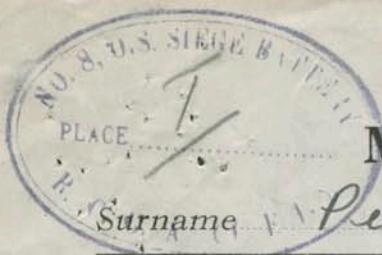
Have you made arrangements for payment of your Insurance premium? -

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

*Atwood*

LT COL. B. C. A.  
O. C. No. 8, O. S. Siege Bn Officer Commanding.

Date August 8th 1916



ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET

Surname Peach

Christian Name Robert Fraser

Examined on 11 day of July 1916  
at Halifax N.S.

Approved by W.D. Morton

Birthplace { City or Town Port Morden  
County C. B., N.S.

Rank Capt. M.C.

Apparent age 20

Trade or occupation Student

Height 5 feet 7 Inches

Weight 130 lbs.

Chest measurement { Minimum 32 inches  
Maximum expansion 35 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left  
Number one

When Vaccinated last 1915 16-8-16

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>23 SEP 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>16-8-16</u>	<u>W.D. Morton</u>	<u>Capit.</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25-7-16</u>	<u>W.D. Morton</u>	<u>Capit.</u>
<u>7-8-16</u>	<u>W.D. Morton</u>	<u>Capit.</u>
<u>8-8-16</u>	<u>W.D. Morton</u>	<u>Capit.</u>
<u>1-2-19</u>	<u>W.D. Morton</u>	<u>Capit.</u>

Enlisted on 19th day of Aug 1916 at Halifax N.S.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#8 Siege Bty</u>	<u>1257065</u>		<u>19-7-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL</u> <u>ORPINGTON, KENT.</u>	<u>25 JAN 1919</u>	<u>W.D. Morton</u>	<u>Capit.</u>

CANADIAN

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.

Surname *Peach* Christian Name *Robert Roger*

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				
Military Convalescent Hospital, Epsom.		23	9	18	24	9	18	GSW lt. hand & frac. thumb. & ampt. index & ring fingers.	1	Unsuitable case for this convalescent Hospital, index and ring fingers ampt. at 1st. phalanx, breaking down in thumb and index. Transfer to Manor War Hosp. for active treatment.	J. W. Smith Capt. C.A.M.C. Registrar
16 C. Inf. 71. Ayrington		30	9	18	4	2	19	- do -	128	Wound healed. Wrist & thumb First second and third fingers are amputated at distal interphalangeal joints. Stumps are under limitation of P. Malere flexion. at the first interphalangeal joints	

A.F. B.178

Region.....

Christian Names.....*P. P.*

TABLE III.—Boards, Courts of Enquiry, 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.

Date	Brief details and Signature
------	-----------------------------


.....

.....

.....


[illegible]

.....

Figure 1 illustrates the experimental setup. A participant is seated at a table, looking at a screen through a viewing device. The screen displays a 3D model of a rectangular object with a grid of points. The setup is labeled with 'Participant', 'Viewing Device', 'Screen', and '3D Model'.

[illegible]

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some minor creases and discoloration, characteristic of old paper. The left edge of the page is bound, showing the stitching and the inner cover material. The overall tone is a warm, off-white or light beige.

*[Faint horizontal lines across the page]*

[illegible][illegible]

Special Remarks: state if a discharged Soldier

Special Remarks: state if a discharged Soldier

.....

.....

TABLE IV. Service Table

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
----------------------	-----------------------------------	--

[illegible][illegible][illegible]

on..... day of..... 191.....

(Rank) .....

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks 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
	Day	Month	Year	Day	Month	Year				
WHIPPS CROSS WAR HOSPITAL, LEYTONSTONE.	18	9	18	<del>23</del> 23	9	18	Dist Hand, amput distal phalanges 1st & 2nd fingers + thumb.	6	Transferred to <del>Bonfret</del> Epsom Healing.	<i>Dr. R. R. R.</i> Capt. R. R. R.
M. C. H. & J. P.	23	9	18	24	9	18	do	2	Transfer to minor war hospital unsuitable.	
Manor War Hosp.	24	9	18	20	SEP	1918	do		Forwarded to <i>St. Albans</i> Ospington	<i>St. Albans</i> R. H. H. Capt.
100 L. H. Ospington	30	9	18				- do -		Wound head right normal first & second and third fingers amputated at distal interphalangeal joints. Stump are tender. Limitation of flexion at first interphalangeal joints.	<i>Dr. M. L. L.</i> Capt.

*[Handwritten signature]*  
D. A. G.,  
G. H. Q.,  
3rd Echelon.

First Army No. A(B)X. *1471/13*

24/10/18.

A.F. W.3428 in the case of No. 1257565, *Gen. H. F.*  
*Leach*, 9<sup>th</sup> Can. Sig Bty returned herewith, para. 7 completed.



*Rhyl.*  
*28/2/14*  
*133*  
*MD6*  
Headquarters,  
First Army.

*H. L. Brasley*  
Captain, S.C.,  
for General,  
Commanding First Army.

A.G. 10409.  
25M-21-10-18.

# OVERSEAS MILITARY FORCES OF CANADA,

## ROUTE LETTER.

No. .... Orp. P.312

No. 1257565 Rank Sig Name Peach R.F. Regiment Artillery  
Overseas Unit CCA

has permission to proceed on SICK FURLOUGH

from Febry fourth 191 9 to Seven p.m. Febry fourteenth 191

for the purpose of proceeding to Brighton

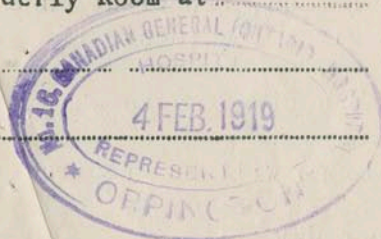
101 Queens Rd

On the expiration of Furlough he will report to Artillery Regtl.

Depot Orderly Room at Bordon. Category BE.

Station .....

Date .....



Hospital Representative.

*[Signature]*  
Capt.

NO 16 CANADIAN GENERAL (ONTARIO) HOSPITAL ORPINGTON

# INSTRUCTIONS TO SOLDIERS PROCEEDING ON SICK FURLOUGH.

## Passes and Route Letter:

1. If you lose this Route Letter or your Pass you forfeit the balance of your leave and must immediately report to your Depot or Unit, R-0/6.
2. When evacuated from Hospital and granted Sick Furlough, if staying in London more than twenty four hours, soldier must report to 3 Southampton Street, Strand, and have his Route Letter and Pass vised. Failure to do so will render him liable to arrest by the Military Police for disobedience to orders, R-0/1510.
3. Application for extension of leave due to illness must be addressed to the Officer Commanding the Depot or Unit to which you are to report and must be accompanied by a medical certificate from an M.O. or Doctor.
4. Overstaying Furlough will render you liable to be placed on restricted pay, DO-4-AG-22-1-4.
5. Railway Warrants (Travelling)  
You must travel by the shortest and most direct route to your destination.
6. Stating a false destination for the purpose of obtaining leave and staying at an intermediate point renders you liable to be returned immediately to your Depot or Unit. RO 2620-8)10(17.
7. If you lose your Warrant you may obtain another from the R.T.O., but you will be charged up with its value. (D. of S & T. regulations).
8. Pay:- If you lose your money report yourself at once to the A.P.M.
9. Dress:- Trench Patches (Shoulder Badges, Cloth) of Units in France must not be worn. RO-2156-2-8-17.
10. Sickness:- If you contract Venereal Disease, if in London, report at once to 3 Southampton Street, Strand, where you will be given treatment, if elsewhere, report to the nearest Military Hospital.
11. If you go sick while on furlough, you will find instructions as to what to do on the back of your pass.
12. Allowance in lieu of rations for the period of furlough will be credited to you as per following scale.

• Warrant Officers 4s. per day.

All Other Ranks 3s. per day.

On publication of your having proceeded on furlough in Part II Orders of your Unit.

R/GBC.

K.D.(d) 18/20259.  
-----

To:--Headquarters "A"  
FIRST ARMY.

-----  
● 1257565, Gnr.R.F. Peach, 9th Cdn. Siege Batty.  
-----

Attached Army Form W.3428 in connection with  
the injuries sustained by the above named man, forwarded for  
completion of para. 7, please.

*D. P. Starnin*

G.H.Q.,  
3rd Echelon,  
Oct. 22nd, 1918.

Capt., Staff Capt.,  
for Major-General.  
DEPUTY ADJUTANT GENERAL.



STATEMENT BY, No. 1257553 Gunner J.M. Rutherford.

I left my billet at about 4 15 p.m., to call Gnr., Peach to supper and met him outside the entrance. His hand was bleeding and there were small wounds on his chest.

He seemed dazed and could not explain what had happened. I accompanied him to, the Dressing Station, and on return, reported to Sergeant Nicks.

September 14 1918.



*J. M. Rutherford*

STATEMENT BY, No. 1257608 Gunner C.H. Brooks.

I am quartered in the same billet as Gunners Rutherford and Peach. At about 4 15 p.m., I returned to the billet with supper ration for the occupants. I noticed that Gnr., Peach was then engaged in collecting wood from the ruins on top of the cellar where we are billeted. He was using an axe.

I took the supper down below and Gnr., Rutherford went up to call Gnr., Peach. Immediately after this, Gnr., Rutherford called to me, and, on going outside the cellar, I found Gnr., Rutherford attending to Gnr., Peach, who was wounded in the hand. I then recalled having heard a slight explosion just after I entered the cellar with the Supper ration.

C. H. Brooks

September 14 1918.

N<sup>o</sup> 1257608.

# REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with instructions on the back of this form. 4C 1333

1. Number, Rank, Name, and Unit of injured man.

12546 65

Gunner R.F. Leach

9th Canadian Siege Battery

Date of Casualty.

14.9.18.

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)

Bomb W.O. Fingers (L. hand)

Severe.

(Sgd) P.L. Lowe

Capt. R.A.M.C.

14th F. Amb.

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

On investigation it was found that Gunner Leach apparently struck a Mills bomb by accident, while securing firewood for his quarters. The bomb exploded and caused the injuries.

Statement of Evidence attached.

4. Commanding officer's opinion as to whether the man was:

(a) In the performance of military duty.

(b) To blame.

(c) Whether any other person was to blame.

Yes.

No.

No.

Date

23.9.18.

Agreed to

W.R. Brown Officer Commanding 9th Can. Siege Battery

5. (a) Opinion of G.O.C. Brigade.

(b) Disciplinary action taken or proposed, whether against injured man or another.

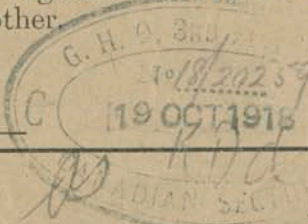
Injury accidental

None

No action

Date

9.10.18



BRIG. GENERAL,  
CANADIAN CORPS HEAVY ARTILLERY,  
Commanding Brigade.

[Continued Overleaf.]

*DA G. 3<sup>rd</sup> Echelon*  
6. To Army "A."

Forwarded with reference to my Casualty Wire No. \_\_\_\_\_ dated \_\_\_\_\_

Date 10/10/18

7. To D. A. G.,

G. H. Q., 3rd Echelon.

Forwarded for record. This casualty should be reported as Injured

Date 24/10/18

H. S. Brasley Captain SC  
for Goc Force Army.

Forwarded for record. This casualty should be reported  
as "INJURED (ACCIDENTALLY)"

2nd Nov 1918. *67 a 351*  
*18*

Richard W. Utton  
Major  
for Major General.  
DEPUTY ADJUTANT GENERAL.

statements should be retained by the Unit for use in lieu of a summary of evidence.

4. Where it is possible to obtain it, a statement from the injured man will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

#### Special Instructions as to Evidence in Cases of Self-Inflicted Wounds.

5. In these cases the statements mentioned in paragraphs 2 and 3 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

6. A soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under sec. 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.