

NAME SMITH. DORWIN.

REGT. NO. 412687

UNIT # 3 W.A.

H. Q. FILE NO.

(S)

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<u>4-11-19</u>	(M)			DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	<u>13m'4.</u>				Category
TRAINING HISTORY SHEET (M.F.W. 113)					
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
4 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Med. Report</i>
MEDICAL EXAMINATION (M.F.W. 129)					
2 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)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			26511		
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		(H)			3
<i>miss</i>					
<i>card</i>					27-18
					16-18
					10-18

482751

Rank _____ Name **SMITH ⁷¹⁵¹ ~~Dez~~** Reg'l No. **A 12681**
 Unit **39th BN.** If in perm. Corps, What Unit? _____ Married or Single **Single.**
 Place and Date of Enlistment **Pictou, Ont. 29th March. 1915.** Place of Birth **Wellington, Ont.**
 Name and Address, Next-of-Kin **Mrs Amanda Spencer, Consencon, Ont.**

Assigned Pay Monthly \$ **17 ⁴/₁₀₀** Payable to **Next of kin**
 Relationship **Mother**

Separation Allowance \$ _____ Payable to _____
 Relationship _____

Discharge, Date and Place **Canada** Reason _____ Character **E Ronald**

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
July 1	July 31	31	1	31 00	31	.10	3 10		34 10	31	15 00	17 00		32 00	2 10		
Aug 1	Aug 31	31	1	31 00	31	.10	3 10	40	40 56	56	4 87	17 00		35 24	74	adj of 90h	
Sept 1	Sept 30	30	1	30	30	.10	3 00	33	33		17 53	17 00		34 83	17		
Oct 1	Oct 31	31	1 ⁰⁰	31	31	.10	3 10	33	34 10		7 78	17		24 78	9 15		
Nov 1	Nov 30	30	1 ⁰⁰	30	30	.10	3 00	33	33		5 11	17		22 11	20 04	units 31st BN B0217	
1/12 1916	3/1/17	31	.	31	31	.	3 10	34 10	34 10		11 54	17		28 54	25 60	11/2/15 taken on strength 1/15/17	
Jan 1	Jan 31	31	.	31	31	.	3 10	34 10	34 10		7 85	17		24 85	24 85		
1/2/16	29/4/16	29	.	29	29	.	2 90	31 90	31 90		5 24	17	1.42	23 66	43 09	39th Bnd. 24. S. H. 1181	
1/2/16	31/3/16	31	.	31	31	.	3 10	34 10	34 10		2 62	17		11 22	35	54 84	QMS Chp TANY.
				275	27 50			40 30	290			93 53	153	248 06	54 84		

Carried forward to Laurie Ledger sheet

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

M. OR S.

REGT. No. 412681

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS					39th Bn
IS SEPARATION ALLOWANCE PAID? <i>no</i>	DATE EFFECTIVE	<i>Dorwin Smith</i>			PLACE OF ATTESTATION
TO WHOM PAID	RELATIONSHIP	<i>Consecor out.</i>			DATE OF ATTESTATION <i>Mar 29/15</i>
ADDRESS					ASSIGNED PAY \$
					PAYABLE TO
					ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED <i>Kingston</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTR 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				
								NO.	DATE	NO.	DATE	NO.	DATE				\$
	<i>183 days @ 2.50</i>																
	<i>Mar 1919</i>					<i>470 00</i>											

*Overpayment W.S.G.
Let P.D.P caused
duplicate "25.95"*

*Unrecovered
debt
8/9/19*

Canada

Dorwin

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

REGT. No. 412681 RANK P2 NAME (IN FULL) Smith, Downen

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT	IF IN P.F.	(BLOCK LETTERS SURNAME FIRST)	
			C.E.F.	WHAT UNIT?		
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			ASSIGNED PAY \$	DATE EFFECTIVE		
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS			None J-113			
STOP PAYMENT FORM						EFFECTIVE
ASSIGNED PAY RENDERED, DATE			DISCHARGED			
PLACE			DATE			
REASON			AUTHORITY			
IF ENTITLED TO POST DISCHARGE PAY						

Downen Smith
consecor-out.

39th Bn

Mar 29/15

Kingston

Nov 25/18

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES		CHARGES		DEBITS		DEBIT			CREDIT	
C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
																								103
00																								<p>New Service Duplicate</p> <p>MAY 6 1919</p> <p>JUN 3 1919</p> <p>Refund request for \$319.90 on saved Fyle 016963-D.55</p> <p>Not yet recovered M 27 1/20 9.7 AM. 12/1/20</p>
																								<p>Overpayment W.S.G. Lts P.D.P. Duplicate '25'95"</p> <p>319.90</p> <p>Canada</p> <p>Downen</p> <p>A.D.P.S.</p> <p>M.D.J.</p>

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

REGT. No. *412681*

M. OR S.

NEXT OF KIN		RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS						PLACE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID?		DATE EFFECTIVE				DATE OF ATTESTATION
TO WHOM PAID		RELATIONSHIP				ASSIGNED PAY \$
ADDRESS			<i>412681 / c</i>			PAYABLE TO
			<i>W Smith</i>			ADDRESS
			<i>Box no 11</i>			STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
			<i>Consecon</i>			DISCHARGED
			<i>Ont</i>			PLACE

No
S-113

Mar

20-11

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OT CHA		
	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.
	<i>183 dyp</i>			<i>W 4</i>		<i>420</i>	<i>420</i>												<i>War Service Gratuity</i>	<i>R.R.P. 100.10319</i>

Owya
319 90
SH
97M

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

REGT. NO. *412681*

RANK *L/cpl* NAME (IN FULL) *Smith D.*

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)	
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			ASSIGNED PAY \$	DATE EFFECTIVE		
<i>412681 / c D Smith Box No 11 Consecor Est</i>			PAYABLE TO: _____ ADDRESS: _____ RELATIONSHIP: _____ ANY CHANGE IN ASSIGNEE OR ADDRESS: _____			
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: _____			EFFECTIVE: _____			
DISCHARGED: _____			PLACE: _____	DATE: <i>20-11-1918</i>	REASON: _____	
			AUTHORITY: _____ IF ENTITLED TO POST DISCHARGE PAY: _____			

ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES		CHARGES		DEBITS		DEBIT			CREDIT	
C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	C.	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
																								<i>696.</i> <i>MFW 2595 Rec</i> <i>Chk 326593 May 2/19</i>
																								<i>War Service Gratuity</i> <i>PLRP July</i> <i>100.1031990 ✓</i> <i>42000</i> <i>sol</i>
																								<i>Overpayment of</i> <i># 319⁹⁰ see duplicate</i> <i>sheet.</i> <i>ZFM</i>
																								<i>See next folio for refund request</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 \$

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 \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.				1 DATE No.	2 DATE No.	3 DATE No.	4 DATE No.		
1916																		

P.697.

EXTRACTS FROM ACTIVE SERVICE PAY BOOKS.

Date of Payment.	No. of Acq. Roll	AMOUNTS					Place of Payment.	Name of Paymaster	REMARKS.	
		Trans	\$	S	\$	\$				
29-8-17	1102	10	2	43	10	2	43	Rangetts	R. Barkholomew	
20-9-17	P. 24	1	2	87	10	2	87	Warrington	A.S. Burns	
5-10-17	P. 69	1	4	87	10	2	87	Durweston		
19-10-17	P. 161	10	4	61	10	2	61			
12-11-17	P. 24	10	2	43	10	2	43			
7-11-17	P. 305	5	2	33	10	2	33			
							87 60			

441124 28/4

3934 LBD
2015
15/6
3679

0/6 1394 11/7

-7 1500 7/8

-8

-9 16669 10

10 1771 12-11

1/11

2/12

3/12

5/11

CASUALTIES, PROMOTIONS, &c.

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

S.
 Wellington. Ont.
 Mrs Amanda Spencer.
 Concession. Ont.
 Mother.

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	
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE
1916																					
1/30			275				27	50					40		30290						
4/4	30	100	30	00	30	10	3	.					33		1056	14/4	1124	28/4			
5/5	31	100	30	00	31	10	3	10					34	10						3134	20/5
6/6	30	100	30	00	30	10	3	.					33							3679	15/6
7/7	31	.	31		31	.	3	10					34	10	1336	30/6	1394	11/7			
8/8	31	.	31		31	.	3	10					34	10	1437	26/7	1500	7/8			
9/9	30	.	30		30	.	3						33		1567	30-8					
Oct.	31	.	31		31	.	3	10					34	10	1616	20-9	1666	9-10			
Nov.	30	.	30		30	.	3						33		1744	21-10	1771	12-11			
Dec.	31	.	31		31	.	3	10					34	10	1814	27/11					
			55	-																	
Jan	31	1/10	34	10									34	10	1947	29/12	1882	17/12			
Feb	28		30	80									30	80	2047	28/1	2018	15/1			
			66990												40	67030					

CONDITIONS, &c.	AUTHORITY
EFFECTIVE DATE	

REG'L. No. *H12681* RANK *Private* NAME *Smith, Darwin*
 IF IN PERM. CORPS WHAT UNIT *2nd Bath* TRANSFERRED TO *E.O.A.D* DATE *2-1-6-17* AUTHORITY *B.3407/17*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Pay 2 P.* DATE *11/11/17* AUTHORITY *Hickdale app 5/17*
 PLACE OF ATTESTATION *Pictou Ont.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *March 29th 1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *1400* DATE EFFECTIVE _____
 PAYABLE TO *Mrs A. Spencer Cosenscon Ont.* RELATIONSHIP _____



HOSPITAL, &c.
NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *13/1/14* EFFECTIVE *1/12/14* REASON *Discharged to Canada*
 DISCHARGE DATE AND PLACE *13/11/14 Canada* REASON AND AUTHORITY *Hickdale app. (Successes) S.P.O.*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____ CHECKED BY *Ronald*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

QUITTANCE ROLLS			
2	3	4	
DATE	NO.	DATE	NO.
<i>4/28/14</i>			
<i>3/34/15</i>	<i>2015</i>		
<i>3679</i>	<i>15/16</i>		
<i>94/11/17</i>			
<i>0-7/18</i>			
<i>669-10</i>			
<i>112-11</i>			

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
				<i>9353/53</i>	<i>153</i>	<i>24806</i>	<i>5484</i>				
<i>262</i>	<i>262</i>			<i>14</i>	<i>25</i>	<i>2274</i>	<i>6510</i>				<i>Q.M. Schgs Mch.</i>
		<i>426</i>		<i>17</i>		<i>2126</i>	<i>7794</i>				
		<i>68</i>		<i>17</i>		<i>2381</i>	<i>8713</i>				
<i>511</i>	<i>262</i>			<i>17</i>		<i>2473</i>	<i>9650</i>				
<i>262</i>	<i>262</i>			<i>14</i>		<i>2224</i>	<i>10836</i>				
<i>261</i>				<i>17</i>	<i>10</i>	<i>1941</i>	<i>12165</i>				<i>Aug on repay 8/8/16.</i>
<i>262</i>	<i>524</i>			<i>17</i>		<i>2486</i>	<i>13089</i>				
<i>261</i>	<i>262</i>			<i>17</i>		<i>2223</i>	<i>14166</i>				
<i>872</i>				<i>137</i>		<i>2572</i>	<i>15004</i>				
<i>262</i>				<i>17</i>		<i>2224</i>	<i>16190</i>				
<i>262</i>				<i>17</i>		<i>2224</i>	<i>17046</i>				
<i>2739</i>	<i>1572</i>	<i>1107</i>	<i>9353</i>	<i>340</i>	<i>213</i>	<i>49984</i>	<i>17046</i>				

564 M. Liverpool 23/1/17 to Date 19015

Small Ledger Sheet.

412681 P. Smith D

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3					
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				
1917																							
			66990					40	67030														
Mar 31	100	10	3410						3410	2116	9/2	2152	5/3	2746	83	3739	1572	1107	9				
Apr 30			33						33	27	4					2614	523						
May 31			3410						3410							2628							
June 20			22						22														
21/30			11						11														
July			3410						3410														
Aug			3410						3410														
Sept			33						33														
																	42	62	23	56	11	07	10

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLGE. ENG.
		263	35						263 35		
Oct. 31	Oct. P.	34	10	Cap.				17	280 45		
Nov 10	Nov. P.	11	00	Cap.				17	274 45		
Dec 15	Dec. P.	3	30						244 45		
1918	Jan	48	40					34			
				MAR. 1102 G.S.H.	29.8.17	2	43				
				" P24 Liverpool	20.9.17	4	87				
				" P264 "	2-11-17	2	43				
				" P69 "	5-10-17	4	87				
				" 303 "	7-11-17	24	33		238 82		
									3893		
1915	Feb			MAR 150 10/17 5 bank		48	67		190 15		
				Balance transferred to N. E. Branch.					nil		

AP. # 11⁰⁰

PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
72	1107	9353	240		213	49984	17046				
61			17			2745	17711				
23			17		20	2032	18979				Q175C 192 JAN. MAR. 17
		487	17		21	8720	20202				Trans to E O R D
			17		17	20702					of 21-6-17
						58648					
						21802					
		487	17			21872	23025				
			17			17	24735				
56	1107	10324	17		17	26335					
		8960	459		283						

ASM. FORM RENEW 13/11/14 EFFECT 1/12/14
 DISCHARGED TO Canada DATE 13/11/14
 PAYBOOK VERIFIED 13/11/14
 BY BAL 190-15 L.P.C. RENEW 13/11/14
 AUTHY. Kirkdale 2/16

Involved

Checked
 Redd DFC

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2.

Mr. A. A. Spencer

Name of Soldier

*Smith, D.
 39-12 alt. A. Co*

L. L. Job 8902.-Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$117.00</i>
April	1916	<i>R2295</i>	<i>17</i>	
May		<i>P5363</i>	<i>17</i>	
June		<i>I7084</i>	<i>17</i>	
July		<i>G10442</i>	<i>17</i>	
Aug.		<i>B14435</i>	<i>17</i>	
Sept.		<i>X 18726</i>	<i>17</i>	
Oct.		<i>H23445</i>	<i>17</i>	
Nov.		<i>Y27660</i>	<i>17</i>	
Dec.		<i>X 30899</i>	<i>17</i>	
Jan.	1917	<i>B41587</i>	<i>17</i>	
Feb.		<i>A42380</i>	<i>17</i>	
March		<i>7 7452436</i>	<i>17</i>	<i>17-CA M 62436 Can 16/3/17. PM</i>
April		<i>K4882</i>	<i>17</i>	<i>17 Cu</i>
May		<i>K11406</i>	<i>17</i>	
June		<i>J18748</i>	<i>17</i>	<i>17 Cu</i>
July		<i>L25654</i>	<i>17</i>	
Aug.		<i>G31868</i>	<i>17</i>	
Sept.		<i>K30536</i>	<i>17</i>	
Oct.		<i>S45696</i>	<i>17</i>	
Nov.		<i>S53262</i>	<i>17</i>	
Dec.		<i>S62801</i>	<i>17</i>	
Jan.	1918		<i>5/10</i>	
Feb.				
March				
April				
May				
June				
July				

ba

✓

7

⊗

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
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.				

Handwritten red scribble

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

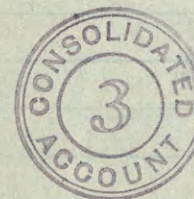
To Whom *M^{rs} A. A. Spencer*
 Address *Consecon.*
Ont.

By Whom Assigned *Smith. D.*
 Regtl. No. *412681*
 Rank *Pte.*
 Corps *39th Battn. "A" Co*

Rate *\$17⁰⁰* *JUL 1 1914*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>Q3705</i>	<i>17 00</i>	
Aug.		<i>R. 4609</i>	<i>17 —</i>	
Sept.		<i>213 901</i>	<i>17 —</i>	
Oct.		<i>76054</i>	<i>17 —</i>	
Nov.		<i>42858</i>	<i>17 —</i>	
Dec.		<i>Y 7061</i>	<i>17</i>	
Jan.	1916	<i>Z 9683</i>	<i>17</i>	
Feb.		<i>H. 12715</i>	<i>17</i>	
March		<i>N 15867</i>	<i>17</i>	



Name Pfc. Smith, D.

Regimental No. 412687

Name and address of next-of-kin

Unit 29 Bn.

Date of enlistment

Place of

Married (yes or no) no

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

June cheque too

(2)

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
July	1	31	1	31	31	10	310	-	3410	G.R. 73	34 00			34 20	Sw	
Aug	1	31	1	31	31	10	310	-10	3420	78522	18 00			34 20		
										76842	19 20					
Sept	30	30	1	30 00	30	10	3 00		33 00	77711	15 -			33 00	Prof. idp 114 00 Cancelled do 154	
										78736	18 00					
Oct	18	18	1	18 00	18	10	1 80		19 80						Noo Sea to #350 18/10 50 188 Gr Bal 1980	
Dec									19 80							1 dys sub opd Jan Gr Ford 1900 as per observations Obs. 146 Jan/18
									110							

E. J. Mc
No. Name Smith Warren.
Regimental No. 412681.

Name and address of next of kin S.O.C. No 545
File No. P.M.

Unit 39. B.M.

Date of enlistment

Place of

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$17.00 paid to 31-12-17.

Reason for discharge

To whom payable Mrs. A. A. Spencer
28th Araguaya. Consec. Out.

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
								190 15	190 15									
												34 00						
														10 00				

11/17

190 15 190 15

credit Bal

146 15

190 15

190 15

190 15

Bal from Eng: S.O.C.
Halifax
Dec 17 Jan 18.

Acct transferred
to 19. unit M H 66
with credit Bal.

POST DISCHARGE PAY OFFICE

20878-616

Three months pay and allowances after discharge.

Name Smith, Dorwin
Surname Christian Name

Regimental Number 412687 Rank Pte. Address (in full)

Unit 21st Bn.

Original Unit

District where paid M.D. 3.

Date of Discharge

P. D. P. Filing Number 18-186-3.

Rates:—Regimental pay \$ _____ per diem: Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	3663	20-11-18	33 00	<i>M.S.G.</i>	20-12-18	33 00	<i>M.S.G.</i>	20-1-19	33 30	80	99 30

Remarks: Other Payments carried forward on New Paylist.

M. F. W. 127.
 25M-8-18.
 1772-53-1140.

Dec'n No W. S. G. File No
 Award days at \$ per day \$
 S. A. months at \$ per mo. \$ \$
 Less P. D. P. Credited \$

 Less further debit balance \$
 Net due paid as below \$

TO SOLDIER TO DEPENDENT						
0	Ag. No	Ch No	Amount	Ac No	Ch No	Amount
1						
2						
B						
C						
E						
G						
Total				Total		

Ruled Not eligible 4/1 23/4/19

Date of Enlistment

MILITIA AND DEFENCE

Com. No. 311

Date of Assignment

Separation and Assigned Pay Branch

Jul. 1-15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

17.			
-----	--	--	--

Handwritten notes: 412681, 314, X, M

PARTICULARS OF SEPARATION ALLOWANCE

No. *412681.*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *D. Smith*
 Battalion *39 Battn. "A"*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs A. A. Spencer*
 Address *Consecon Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31.</i>	<i>→</i>		<i>510</i> <i>XX</i>	<i>510 -</i> <i>XX</i>	<p><i>\$</i>..... A/c Closed <i>31-12-17</i> <i>AP 510⁰⁰</i> Ret'd per <i>Araguay</i> Date <i>28-11-17</i> F X <i>10-1-18</i> Clerk..... <i>M. Peterkin</i></p>

M. F. W. 128.
 400M. 6-17-1772-38-1141.
 L. L. 22320-M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

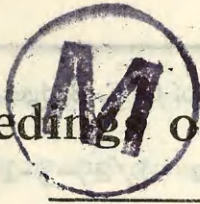
4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

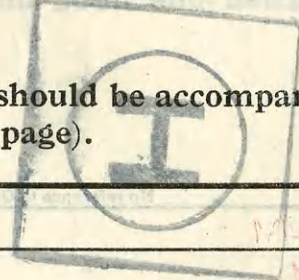
M. F. W. 128.
 4056. 6-17-1772-35-1144.
 L. L. 22320-M. & D. 1951.

Pending Card sent up 26/11/18

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. 412687

Rank Private

Surname Smith

Christian Name Dorwin

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

Corps (Squadron, Battery or Company) No. 3 District Depot

Date of Discharge 20-11-18

Place of Discharge Kingston, Ont.

MILITARY OFFICE
NOV 27 1918
CANADA

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... <u>21</u> years..... <u>11</u> months.	Descriptive Marks <u>Amputation left thigh 8 " below great trochanter</u>
Height..... <u>5</u> feet..... <u>4</u> inches.	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	
Trade <u>Carpenter</u>	
Intended place of residence } <u>Consecon, Ont.</u>	
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of being medically unfit for further WarService.

Authority Med. Board D)6-11-18 R.O. 1080

H.Q. File 3MD-88-S-604

File 3DD-3-S-497

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.

Very Good

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

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

Clerk

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

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

Awarded One Good Conduct Badge D/29-3-17 B. 213 Part 11 Order
43 D/19-4-17

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) Kingston, Ont.

M. R. Clarke Lieut.

(Date) 20-11-18

O. C. Discharge Section
No. 3 District Depot
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.

(Place) Kingston, Ont.

H. S. Smith (Signature of Soldier.)

(Date) 20-11-18

M. R. Clarke (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) 3 years 236 days.

Total 3 years 236 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Kingston, Ont.

(Signature) M. R. Clarke Lieut.

(Date) 20-11-18

O. C. Discharge Section
No. 3 District Depot

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.)

James H. [Signature]

<p>Attestation Paper, Militia Form B 235</p>	<p>Reg. Conduct Sheet, Militia form B 263</p>
<p>Proceedings on Discharge, Militia Form B 218</p>	<p>Conduct Sheet, " B 263a</p>
<p></p>	<p>Squadron } Battery } Company }</p>
<p></p>	<p>Copies of Convictions by C. P. in MS.</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Med. Hist. Sheet, Militia Form B 313</p>
<p>(a) Proceedings on Discharge.</p>	<p>Medical Report for Invalids* B 227</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate, D 875</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>*Only if discharged "Medically unfit."</p>
<p>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.</p>	
<p></p>	
<p></p>	
<p></p>	
<p></p>	
<p></p>	
<p></p>	

22-11-18
828

List of Discharge Documents.

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

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE . JUNE 11, 1970

NAME Service No. CPC No.
NOM SMITH DORWIN Matricule No 412681 WW1 CCP No 53261

WVA No.
AAC No

Information Received from:
Information reçue de: PME OTTAWA, ONT., JUNE 4, 1970.

Date of Death
Date du Décès JUNE 2, 1970.

Place
Endroit NOT STATED.

Distribution: WSR-DASG
VI - ASS
~~DOXXED~~
HO - BC

Pour le chef,
A.F. Boula
for Chief, Central Registry Division.
Dépôt central des dossiers.

LEDGER NO.....

SERIAL NO.....

REG. NUMBER *412687* NAME *Smith D*

RANK *PL* CORPS *DD no 2.*

AGE..... SERVICE.....

NAME OF HOSPITAL *Danville* PLACE *Paranto*

DATE OF ADMISSION.....

DISEASE *Camp Lt Leg 4/15*

TRANSFERRED TO OTHER HOSPITALS *Queens Univ Me*

OPERATION.....

DISCHARGED TO *DD 12-11-18* IN CATEGORY.....

REMARKS:.....

12

Granville Can. Spl. Hospital, HOSPITAL.

**A. & D.
CARD**

Ramsgate.

AT _____

A. & D. No. 77634 PL. OF ACTION 412681

RANK L/cpl UNIT 21st Bn SICK OR WOUNDED _____

NAME Smith D. AGE 18 RELIGION meth

PLACE IN HOSPITAL 28/167

DIAGNOSIS ep. s. w. Tib & Fib. L. leg (amp)

ADMITTED 24 AUG 1917 FROM 8 sleep

DISCHARGED _____ TO _____

TRANSFERRED 25 War Hosp. Warrington 31/8/17

SERVICE AT HOME $\frac{24}{12}$ IN FIELD $\frac{18}{12}$

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

LEDGER NO.....

SERIAL NO.....

REG. NUMBER *412687* NAME *Smith D*

RANK *L/C* CORPS *2nd Depot*

AGE..... SERVICE.....

NAME OF HOSPITAL *Queen Military* PLACE *Kempton*

DATE OF ADMISSION.....

DISEASE *Amp Left Leg*

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO *2nd Coas Co 12-11-15* IN CATEGORY.....

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Surname *Smith* Christian Name or Names *D.* Reg. No. *412681.*
 Rank *Pte.* Unit *21st Bat* Co. *E. O.* Troop Batty
 Hospital Date of Admission

Transferred *S. G. F. Amb.* Hosp. *7.5.16*
D. R. Stn. Hosp. *8.5.16*
Ophthalmic Centre Hosp. *10.5.16.*
King Geo. Stamford St. London Hosp. *3.5.17*

Diagnosis *Def. vision.*

(1) Later Diagnosis (if changed) *Gen R' cheek*
 (2)
 (3)

Additional Diagnosis: if more than one state present

Gen L' leg & amp R

A.M.D. 2 Dept.

Beh. of D.G.M.S.O.M.F.C. London

DISPOSITION #3 *Gen. Base Depot* Date
 " " *"To Unit."* 6. 6. 16.
 " " *"Rep. Unit."* 10. 6. 16

C. L. 31.5.16. A231.
14.6.16. A 243/13
27.6.16. A 254/3
31.1.17. A428.
8.2.17 a. 435.
- 8.5.17 B340
24.5.17 B352
3-7-17 B385
20-8-17 B433
6.9.17 B3.2
" 2-10-17 B25
1-12-17 B27-2

REMARKS
W. to F.A. 17.1.17
Duty 18.1.17
Ser. Ill. 23.5.17
Ob. stop Repts.
Removed from ser list 28-6-17

Invalided to Canada.
19.11.17

D. R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	Granville Special Ramsgate	25-8-17
	Lord Derby Hosp. Warrington	31-8-17
2.	Can. m. H. Kirkdale	²⁸ 30 -9-17
3.		
4.		
5.		
6.		
7.		

Dis. to Canada per HS. Araguaya
from L'pool 19-11-17.

MR

✓ Pte. ~~B~~

Number 412681 Rank

Surname SMITH ✓

Christian Name Darwin ✓

Units 21st. Bn. Can. Inf. ✓ Theatre of War France ✓

Date of Service 10/11/15 ✓

Remarks

Latest Address Consecor, Ont. ✓

Roll No B Page 11726.

1922

RECORDS OF THE

DESP. MAR 13 1922
REGN. NO. *W* 1339

*Name Smith, D. Rank L/Cpl. Regtl. No. 412687
 Original unit 21st Bn. Present unit 21st Bn. M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

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 6-11-18 Cat. 5

Date.	Remarks	Pt. 2 Order No.
T.O.S.	From # 2 D.D.	
18-10-18	Posted to H. Section. Queen's.	HS. 188
25-10-18	<i>A.Y.L. from 9/30 pm 25-10-18 to 5/30 pm 30-10-18 Portraits 6 days pay by R.W. 118 199</i>	
11-11-18	<i>Transfer to Gas Coy</i>	HS 207

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

Date.

Remarks.

Pt. 2 Order No.

20-11-19

S.O.S. Cas. Co'y No. 3 D.D. on transfer to

Discharge Part Two D.O. 216

No. L SMITH D Rank L Cpl. Regtl. No. 412687

Original unit 39th Inf. Present unit 2^d St. Bn. M. or S. M. Age 23 Religion M. Eyle Depot Ref. H.Q.

Port, ship and date of arrival Haeberling, Aqueduct 30-11-17

Next of kin (Mother) Mrs. A. Spencer Consecon, Pa. (P. Edward Co.)

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Carpenter Date and place of enlistment 29-3-15 Pictou

Diagnosis amp h leg. Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
TOS 18-4-18	posted to Hosp sect. 8 &	6&28
3-6-18	subsistence indef.	56
13-6-18	Details to Hosp sect.	62
	(over)	

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

(over)

Date.

Remarks

Pt. 2 Order

Absent from Limb parade 22-8-18 at 2.45 pm forfeits 3 days P&A by

under AA sect. 46-2-D

140³

DO 140 relating to the punishment of this NCO is hereby cancelled. 154

18-10-18 Hospsect. to # 3 DD

188.

SURNAME.

Smith,

CHRISTIAN NAMES

Darwin.

REGL. NO.

412681

RANK

Pte.

UNIT

39th.

Bn.

FORMER CORPS

Nil.

CARD NO. *Trans M.D. 2 to M.D.*
~~3 DOR II 1884 22-10-18~~
430.D. 1st Div 20-11-18.3
S. O. 8d Dec 20-11-18.3
Sp. 217 20-11-18.3

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Spencer, Mrs. Amanda.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Consecon, Ont.

COUNTRY OF BIRTH

Canada, Wellington, Ont.

DATE

Dec. 7th. 1896

PLACE OF ATTESTATION

Pictou, Ont.

DATE

May. 5th. 1915

R/C-28/11/17-

O/A. 17.6.15 128
15.

From Montreal per S.S. Missanabie 17/6/15.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

carpenter

RELIGION

Wesleyan

DESCRIPTION.

APPARENT AGE

19

YEARS

4

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Hazel

HAIR

Fair

DISTINGUISHING MARKS

none.

MEDICAL EXAMINATION.

PLACE

Pictou Ont.

DATE

Mar. 29th. 1915

Present address, not stated.

Name SMITH. Darwin. Rank Pte.

Reg. No. 412681.

Unit 21st. Battalion.

FOR non eff

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-5-16.	No.5.Can Field Amb.	Def Vision	A231			
8-5-16.	Div Resy Stn.	do	A231			
10-5-16.	Ophthalmic Centre Base	do	A231			
6-6-16.	PROCEEDING TO JOIN UNIT.	do	A243			
10-6-16.	REJOINED UNIT.	do	A254			
17-1-17	Rept From Base To F.A.	WOUNDED	A428	0.8225		31-1
18-1-17	5.C.F.A. Dis To Duty	GSW Rt Cheek.	A435			B..
3-5-17	King Geo Hosp Stamford St	London	GSW Lt Leg Sev.	340		
23-5	Above Hsp.Reps. SER.ILL.	do.	Amp.	B352	M.3929	8-5
28-6	Rem from Ser.Ill. List	do			M.5176	
				B385	M5660	

3

Handwritten red initials

Duet

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	<i>Smith. Darwin.</i>	<i>Pk.</i>		<i>412687.</i>		
<i>25-8-17</i>	<i>Granville C.S.H.</i>	<i>Ramsgate</i>		<i>B433</i>		
<i>31-8-17</i>	<i>Long Derby W. H.</i>	<i>Warrington</i>	<i>GSW. L. Leg. Amp.</i>	<i>B3</i>		<i>1496</i>
<i>28-9-17</i>	<i>Can. Mil. H.</i>	<i>Kirkdale</i>	<i>do</i>	<i>B25</i>		<i>2853</i>
<i>19-11-17</i>	<i>Invalided to</i>	<i>Canada</i>	<i>do</i>	<i>B77</i>		<i>1806.</i>

NAME

Smith Darwin

H. Q. FILE No. 649-

REG'TL. NO. 412681

RANK AND CORPS

Plt. 21st Battery (2nd Can. Div.) (Form. 39th Bn.)

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
08226	31-1-17	Ref. wounded Jan. 17th 1917 ✓
M. 3929	7-5-17	Adm King George Hosp. Stamford Street, London May 3rd 1917. (G.S.W. Edg. Severe) ✓
M. 5176	23-5-17	Seriously ill King Geo. Hosp. London May 23rd 1917 ✓
M. 5660.	30-6-17	Removed from seriously ill list; King George Hosp., London. June 28th - 1917 ✓ Returned to Canada per. W.S. Araguay 28-11-17.

LIST No.	HC	DATE OF ADMISSION	RKS
A 231	No. 5' Can. F'd Armb.	7-5-16	Defective Vision
..	To Div. Park Station
..	To Ophthalmic Centre Base	10-5-16	..
A 243	O.C. No 3 Gen Base Depot	6-6-16	Proceeding to join unit "
A 254	O.C. 21 st Battrie Reports	10-6-16	Rejoined Unit (Defective Vision)
A 428	Rep from Base		
	To Fld Armb.	17-1-17	Wounded
A 435	5 Can F'd Armb.		
	Disch. to duty	18-1-17	G.S.W. RT Check
B340	W. George Stam St London	3-5-17	Let leg. sev
B352	O.C. W. George Stam. St. S. E. Rep.	23-5-17	Ser. ill G.S.W. L. Leg ampt.
B385	" " " " " " " "	28-6-17	Rem. from ser. ill list G.S.W. Leg ampt.
B433	To. Granville Can.	25-8-17	G.S.W. Lt leg ampt.
	Spec Hosp Ramsgate		

NAME

Smith Darwin

REG. L. No.

412681

H. Q. FILE NO. 649.

RANK AND CORPS

Cte 71st Batt. Ind Can Div 1st Inf 39th Bn

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS	E. Ont. Reg.
B 3.	Ex ^t Ford Derby Mas. Warrington	31-8-17	L. Sec. L. Leg. Ampt	
B 25'	Can Mill Kirkdale	28-9-17	" " "	
B 77 ³	Involved in Canada Returned to Can. per H. S. Wray	19-11-17 28-11-17	Grew L. Leg. Ampt. Ampt Left Leg.	
62	M H C. C. Toronto	12-12-17	Adm Outp N Toronto	L. Leg.
354	M. H. C. C. Toronto	18-12-17	To In-p. N. Toronto	
361	" " " " "	23-12-17	outp N Tor (with sub)	

MEDICAL CASE SHEET.*

CAN. GEN. H. H. LIVERPOOL

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1917	21 Bn	L/c	Smith	B
Station and Date.	Disease <i>S. S. W. Lt 26 - Feb (Camp)</i>			
CANADIAN MILITARY HOSPITAL LIVERPOOL.	<i>Engineer - Eng Pictou Ont 29-3-15 Eng Ines 1915 to France 28-10-15</i>			
	<i>Wounded Vimy 28-4-17. Steel left ankle</i>			
	<i>CCS - 4 days. Camp 28th above ankle</i>			
	<i>28 Gen Boulogne 2 wks.</i>			
	<i>King Geo London 3 mos 1916. Re camp June 11 8" below ft Trochantis</i>			
20	<i>Ramsgate GCSH. 24-8-17 with Camp Lt thigh. Genl March food 1/2 p</i>			
24-9-17	<i>Admitted Liverpool. Good heales 5 mup Genl food</i>			
	<i>No treatment nec P. W. C. Capt Cant</i>			
19-4-17.	<i>H. S. W. P. J. G. W.</i>			

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

Station
and Date.

W637 28/167

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 77634 Year	Regimental No.	Rank.	Surname.	Christian Name.
	412681	L/Cpl.	Smith	B.
	Unit.	Age.	Service.	
	21 BR	18	24 12 / 12 12	



Disease: G. S. W. Lt. Tib + Tib Lt. Amp.

Previous Occupation: Engineer.

Enlisted: Picton, Ont. 29th Mar. 1915.

Arrived in England: July. 1915.

France: 28th Oct. 1915.

Wounded: Vimy Ridge: 28th Apr. 1917.

Hospitals: C.C.S. (op) 4 days.
28th Gen. Boulogne 2 Weeks.
King George Hosp. London. 3 Mths. 1 Week.

Duration of Treatment: 3 3/4 Months.

Complaint: - Amputat left thigh

History: - Hit by shell in left ankle. Amputation same day at C.C.S. above ankle. Reamputation at King George Hosp London on June 11th present site 24/11/17 1 1/4 inch bone removed at Louis Hosp.

Present condition: - General health good. Left leg amputated 8 inches below S. trochanter. Anter. posterior flaps. Stump nearly healed not tender. Hip free long duration.

25-8-17 Urinalysis / Ur. A. / React Acid / Sp. Gr. 1.030 / Alb Neg / Sug Neg / Sed. R. E. Coleman Capt.

26/8/17 V.D = 0 S = 0 Army or Transferred Cpt. Cairne

31/8/17 Admitted from Ross gate - Stump healed
4/9/17 Fit for transport to camp - D.C.

Station
and Date.

CANADIAN
MILITARY HOSPITAL
LIVERPOOL

CANADIAN
MILITARY HOSPITAL
LIVERPOOL

27-9-17 Admitted

Wounds all healed

no tenderness

Step movements free

no treatment nec.

W. H. C. Capt. C. C. C.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname

Christian Name.

412861

Lt Col Smith

D

Unit.

Age.

Service.

21st Canadian 18 Total 24 mths

Station and Date.

Disease.

Amputation Left Thigh

In Pd:

Slight
Severe
Dangerous

The Lord Derby War Hospital, Warrington.

NEXT OF KIN.

INOCULATION AGAINST ENTERIC.

TV 1 TV 2 TV Nil.

Date

Cross out that which does not apply.

Troped 19-11-17 14 s. W. J. J. J.

Warrant to

Station.

RECOMMENDED FOR

Discharge

On To

Duty

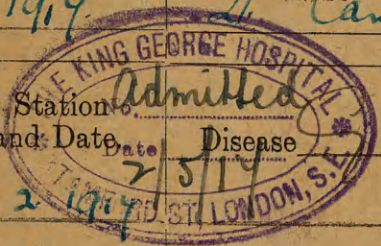
Light Duty

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. C 74 424 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	412681	L. Opl	Smith	Doran
Station and Date	Unit.	Age.	Service.	
May 2 1917	21 st Canadian	18	24 years	
Admitted	Disease			
May 2 1917	S.W. Ampu of left tibia + fibular			



King George

Wounded at Vimy Ridge April 27/17

April 28/17

Sent to 13 General Doulounge.
Had an amputation through leg a few inches below knee joint

W.A. Very anaemic.
Stump dirty & anaemic.
Drained.

~~X Ray report~~

June 1st
June 11th

Still very septic: Running a high temperature.
Operation: Reamputation above knee.

24/7/17

By Morph. $\frac{1}{6}$ & atropine $\frac{1}{100}$ to $\frac{1}{2}$ lb before operation.
Operation - Mr Thomson Walker reamputated the left thigh cutting away about $1\frac{1}{2}$ " of bone.
The wound was stitched up.
A rubber tube was laid across the wound & projecting on either side.

Aug 19th

By Morph. $\frac{1}{6}$ of hypoderm
Wound healed.
Requires no further treatment

24/8/17 Trans to Ramsgate

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

Major, R.A.M.C.

Station
and Date.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 39th Res Battalion C.E.F.

Regimental No. 412681 Rank Pte. Name Smith D.

Enlisted (a) 29/3/15 Terms of Service (a) Duration of War Service reckons from (a) 29/3/15

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				

J. M. Preston Lt.-Col.
Commanding 39th Battalion, C. E. F.

10/4	Can. Base Depot	arrived as reinforcements taken on strength	Can. Base Depot	10/4	Non-Roll C.E.F.
13/4	do.	Proceeded to join Unit	En Route	13/4	do. 13/4/15
14/4	G.C. Bttn	Joined	Unit	14/4	A.F.B. 213 19/4/15 OCB 89
15/5	Can. Bde.	Taken on strength from 15 ffs TB	Can. Bde	15/5	OCB 135 4/6/15
13/5	W.C.O.R.S.	Defective vision	Op. Centre Base	15/5	a 26 135 OCB 136 2/5
14/5	SCFA	- a -	D.O.S. Exp	15/5	14/5
	CB D	To join unit.		6/6	OCB 143 9/6/16
	21st BN.	Go duty with unit	Unit	10/6	213 16/6 DOR 149 23/6
		Wounded to Field Amb.	Field Amb.	17-1-17	B-213 7/1 D.C.S. 259.27-1-17
20/1/17	SCFA	S.W. R.F. check to duty.	Duty.	18/1/17	a 26 OCB 261 3/2/17

(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.

412681.

Smith, D.

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				
3/13.	21 st Bn 13 General Do	Awarded Good Conduct Badge G.S.W. Left leg. adm Invalidated (Wounded) & posted to Eastern Ontario Regt. Depot. per H.S. "St. Andrew".	Field 13 General Seaford	29-3-17 30/4 2-5-17	B-213. Pt. II O. 43 d/19-4-17. W. 3034. W-3033. Pt. II O. 56 d/19-5-17.
28.5.17. 10.5.17	21 st Bn. E.O.R. &	Adm. King George Hosp G.O.S. from 21 st Bn. Wounded	Stanford St. Seaford	3.5.17 3.5.17	Capt. for Lt.-Col., A. A. G. Section, G. H. Q. 3rd Echelon, B. E. F. Pt. B. 340, G.S.W. L. Reg. Ser. Pt. II O. 59.
18-4-18		Taken on strength District Depot No 2 From April 18 th 1918			Seaford FOR LT. COL. I/C RECORDS C.O.M.F. LIEUT. FOR O.C. No. 2 District Depot
18.10.18		T.O.S. No. 2 District Depot, Part II, D.O. No.			W. Heuman For O.C. No. 2 District Depot
20/11/18		S.O.S. No. 2 District Depot on transfer to No. 3 District Depot, Part II, D.O. No.			W. Heuman For O.C. No. 2 District Depot
		H.P.S. Discharged Del. Kingston 20/11/18			W. Heuman For O.C. No. 2 District Depot M. R. Clarke Lieut. O. C. Discharge Section

W 1268 / 23/10/16
ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Smith Darwin*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Wellington, Ontario*
 3. What is the name of your next-of-kin?..... *Mrs Amanda Spencer (mother)*
 4. What is the address of your next-of-kin?..... *Consecon, Ont.*
 5. What is the date of your birth?..... *Dec. 7th 1896*
 6. What is your Trade or Calling?..... *Carpenter*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
 9. Do you now belong to the Active Militia?..... *yes*
 10. Have you ever served in any Military Force?..... *1 camp of construction*
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*
- *Darwin Smith* (Signature of Man).
 (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Darwin Smith*, 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.

..... *Darwin Smith* (Signature of Recruit)

Date *March 29* 1915. *M. Adams* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Darwin Smith*, 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.

..... *Darwin Smith* (Signature of Recruit)

Date *March 29* 1915. *M. Adams* (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 *Pickton* this *3rd* day of *May* 1915

..... *Levi Williams* (Signature of Justice)

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

..... *[Signature]* (Approving Officer)

Description of Darwin Smith on Enlistment.

Apparent Age 18 years 4 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. 6 ins.

none

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 ins.

Complexion fair

Eyes hazel

Hair fair

Religious denominations. { Church of England
 Presbyterian
 Wesleyan yes
 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 Mar. 29 1915

Place Pictou

C. A. B. Blou Capt.
 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.

Darwin Smith 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)
 COM. 39th BN. C.E.F.

Date MAY 12 1915

ORIGINAL MEDICAL HISTORY SHEET.

02

m 637

2681

Surname Smith Christian Name Dorwin

Examined { on 29th day of Mar 1915
 at Pictou

Approved by Capublow

Birthplace { City or Town Wellington
 County Prince Edward

Rank Capt. M.O.

Apparent age 18

Trade or occupation carpenter

Height 5 Feet 6 Inches

Weight 137 Lbs.

Chest measurement { Minimum 32 inches

{ Maximum expansion 2 inches

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right 0 Left 0
 Number 0

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		7 MAY 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
<u>27.6.15</u>		<u>Blann</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Mar 30</u>	<u>positive</u>	<u>Capublow</u> M.O.
<u>April 10</u>		<u>Capublow</u> M.O.
		M.O.

Enlisted on 29 day of Mar 1915 at Pictou

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>39th Bn</u>	<u>412681</u>		
Transferred to.....	<u>21st Bn</u>			

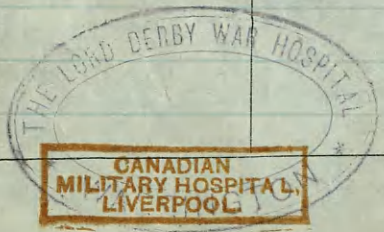
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>nos camp in Hoop Liverpool</u>	<u>16/10/17</u>	<u>low left knee & ankle sup left thigh</u>	<u>Involved to grade with Brighton major came</u>

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 Smith Christian Name Dorwin

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				
No 3 Gun Base Sep.		6	6	16	10	6	16	Def Vision	4	Rejoined Unit	A243-254.
Rep. from Base to F.A.		17	1	17	18	1	17	Wd. G.S.W. rt. Cheek		Dis. to Duty	A425-A435 GJ
"ARAGUAYA."		19	11	17	28	11	17.			Same as admission	R.H. Jordan C.P.C.A. in c.
KING GEORGE HOSPITAL LONDON. S.E.		2	5	17	24	8	17	G.S.W. left tibia fibula (amp)	114	Wounded April 24/14 April 28/14 amputation through leg a few inches below knee joint. June 11/14 Operation - Reamputation above knee. July 24/14 Operation - Reamputated left thigh. Aug 19/14 Stump healed. Trans to Ramsgate.	Mr. Stoppelbaum MAJOR, R.A.M.C.
Granville Can. Sp. Hospital, Ramsgate.		24	8	17	31	8	17	do. do	9	Trans. to Lord Derby War Hospital Harrington	Capt. C.A.M.C. Registrar, for O.C., Granville Can. Sp. Hosp., Ramsgate.
		31	8	17	27	9	17	do. do.	28	Transferred to Kirkdale, Liverpool	Dr. Leach & Mrs.
		27	9	17.				do		amp left leg 7" below hip healed good stump Gen cond good	W. Taylor Capt Edme



Reserved for M.H.C.

Christian

Regt. No. 412681 Rank L/Cpl Surname SMITH Name D.

Unit or Corps (a) Overseas from United Kingdom 21st Bn. (b) In United Kingdom 39th Bn.

Born at Town Wellington County or Province Prince Ed. Co. Ont Country Canada

Date of Birth Day 17th Month December Year 1899 Age 18 yrs months.

Joined at Picton, Ont. Date 29-3-1915

Former Trade or Occupation ENGINEER

Permanent marks or peculiarities that will serve for future identification: Amputation Left thigh, 8" below Great trochanter.

Height feet 5 inches 4 Colour of eyes Grey

Signature of Soldier (for identification purposes) D. Smith

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

Table with 2 columns: Disabilities Group (a), (b), (c) and corresponding descriptions: AMPUTATION LEFT THIGH, N.A., N.A.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above; Disease or injury to which the disability is due; Place of origin; Date of origin.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

- (i) As to Group (a) above? NO. If yes, has Active Service aggravated it? N.A.
(ii) As to Group (b) above? N.A. If yes, has Active Service aggravated it? N.A.
(iii) As to Group (c) above? N.A. If yes, has Active Service aggravated it? N.A.

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

Reserved for M.B.C.

5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? **Yes**
- (ii.) While off duty? **No.**
- (iii.) Was a Court of Inquiry held? **No.**
- (iv.) Where? **N.A.**
- (v.) Opinion of the Court? **N.A.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

On 28-4-17 at Vimy Ridge while in trench was hit by shrapnel shattering left ankle and a piece of shrapnel entered left knee joint. Dressed at Dressing Station, then to C.C.S. Bailleul 4 days where leg was amputated above ankle. To 28th Genl. Boulogne for 2 weeks. Dressings only. Evacuated to King George Hospital London where on June 11th 1917 amp. was done 8" below Great Trochanter. Stump healed in two weeks. Some slight shrapnel wounds of right thigh healed without disability.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

General condition good. Cardiac Respiratory and other systems normal Well healed stump 8" long from Great Trochanter. Equalant and Posterior flaps. Bones well covered and there are no adhesions.

- 8. OPERATION. (i.) Was one performed? **Yes. 5.**
- (ii.) If so, state what. **3 for drainage and 2 amputations.**
- (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.

9. (i.) Is there loss or decay of teeth attributable to Active Service?

(ii.) If so, describe.

N.A.

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**
- (b) Fit for base duty? **No.**
- (c) Invalid to Canada? **Yes. For Artificial limb.**
- (d) Discharge from the Service as permanently unfit? **-----**

Date of Report.....1917

October, 16th 1917

Signed.....

A.T. McCune, Capt. C.A.M.C.
Officer in medical charge of case.

Station.....**No. 5 Can. Gen Hospital, Liverpool.**

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

G.C. Hart, Col.

Officer i/c Hospital Strike out one of these.
S.M.C. Bridge

Dated at.....**Liverpool**

Station, on.....**17-10-17** 1917

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. **Yes**
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2) **Yes**
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier **Caused? No**
(b) Misconduct of the Soldier **Caused? No**
Aggravated? No

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%).
Not app.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)
Not app.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? **Not app.**
(ii.) If not permanent, what is its probable minimum duration (in months) **Not app.**

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

18. Remarks.

19. CAUSE OF DISABILITY. Disease or injury to which the disability is due. Place of origin. Date of origin.

19. Recommendation :—(a) Fit for duty? **No**
(b) Fit for base duty? **No**
(c) Invalid to Canada? **Yes**
(d) Discharge from service as permanently unfit?
Classification for the Military Hospitals Commission.

Date of Board **16-10-171** **K.D.PANTON Lt.Col.** President.

Signatures of the Board. **W.CREIGHTON Major. C.A.M.C.**
G.O.TAYLOR Captain, C.A.M.C.

Station **No.5 Can.Gen.Hosp.Liverpool**
Approved **[Signature]** A.D.M.S. **A.D.M.S. CANADIANS/ LONDON AREA.**

Dated at **Captain G.A.M.C.** Station **LONDON, 1 NOV 1917** 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

- 1. THE ENTIRE DISABILITY.—Without regard to his regular occupation to what extent is his disability permanent for earning a full livelihood in the general market for untrained labour?
- 2. THE PERMANENT DISABILITY.—(a) Is it permanent? (b) If not permanent, what is its probable minimum duration (in months)?
- 3. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

Remarks:

NOTE:—

RECOMMENDATION:—

- (a) Invalid to Canada?
- (b) Discharge from service as permanently unfit?
- (c) Fit for base duty?
- (d) Fit for duty?

Dated at _____ this _____ day of _____ 191_____

Date of Board _____

President _____

Approved _____

Signature of the Board _____

Signature of _____

Reserved for M.H.C.

Regt. No. 412681 Rank Excp Surname Smith Christian Name D

Unit or Corps—(a) Overseas from United Kingdom 21st Bn (b) In United Kingdom 39th

Born at—Town Wellington County or Province Prince Ed. Co Ont Country CANADA

Date of Birth—Day 17 Month December Year 1899 Age 18 yrs months.

Joined at Picton Ont Date 29-3-1915

Former Trade or Occupation Engineer

Permanent marks or peculiarities that will serve for future identification:—

Scars left thigh 8" below great trochanter

Height—feet 5 inches 4 Colour of eyes Grey

Signature of Soldier (for identification purposes) H Smith

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a)

AMPUTATION LEFT THIGH.

Disabilities Group (b)

Not applicable

Disabilities Group (c)

Not applicable

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>C.S.W. LEFT KNEE + ANKLE</u>	<u>Vimy Ridge</u>	<u>28-4-17</u>
(ii.) As to Group (b) above.	<u>not applicable</u>	<u>not app</u>	<u>not app</u>
(iii.) As to Group (c) above.	<u>not applicable</u>	<u>not app</u>	<u>not app</u>

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

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

- (i.) As to Group (a) above? No If yes, has Active Service aggravated it? not app
- (ii.) As to Group (b) above? not app If yes, has Active Service aggravated it? not app
- (iii.) As to Group (c) above? not app If yes, has Active Service aggravated it? not app

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? not app
- (iii.) As to Group (c) above? not applicable

5. If a cause of disability was an injury received on Active Service, was it received--

(i.) While on duty? **Yes** (ii.) While off duty? **No**

(iii.) Was a Court of Inquiry held? **No** (iv.) Where? **not applicable** (v.) When? **not applicable**

(vi.) Opinion of the Court? **not applicable**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

On 28.4.17 at Vimy Ridge while in trench was hit by shrapnel shattering left ankle and a piece of shrapnel entered left knee joint, dressed at Dressing Station - then at CCS Barlow 4 days where leg was amput above ankle. To 28th Genl Hospital for 2 wks - Dressings only - Excluded to King George's Hospital where on June 11th 17 Amp was done 8" below great trochanter. Stump healed in 2 weeks. Some slight shrapnel wounds of Rt thigh healed without disability.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability).

General Condition good. Cardiac Respiration & other Systems normal. Well healed Stump 8" long from great trochanter. Equal and sound. Patellar Flaps. Biceps well covered and there are no adhesions.

8. OPERATION. (i.) Was one performed? **Yes**

(ii.) If so, state what. **3 for drainage. 2 amputations**

(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.

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe. **not applicable**

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **Yes. For Artificial Limb.**

(d) Discharge from the Service as permanently unfit? **—**

Date of Report... **Oct. 16** 1917

Signed... **A. McCue Capt C.M.C.**
Officer in medical charge of case.

Station... **No. 5 Base Hospital, Hesp. Liverpool**

I have satisfied myself of the general accuracy of the above Report, and concur therein **except**

Officer i/c Hospital (Strike out one S.M.O. Brigade) of these.

Dated at... **Liverpool** Station, on... **17 Oct 1917**

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? yes
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? no
Aggravated? no
(b) Misconduct of the Soldier { Caused? no
Aggravated? no

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
Total -

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/2, 2/3, 3/4, or all.)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? not applicable
(ii) If not permanent, what is its probable minimum duration (in months)? not applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable

18. Remarks.
not applicable

CAUSE OF DISABILITY.—(State the official commensurate in causing the disease or injury.)
Disease or injury in which the disability is due
G.S.W. LEFT KNEE-ANKLE Army Regt 27-4-17

19. Recommendation :—(a) Fit for duty? no
(b) Fit for base duty? no
(c) Invalid to Canada? yes
(d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 16/10/17
Station nos can gen Hosp Liverpool
Signatures of the Board: K.D. Dantin Lt. Col. C.A.M.C. President.
Wm Wright Major C.A.M.C.
J. Taylor Capt. C.A.M.C.

Approved [Signature]
Dated at Liverpool for A.D.M.S., Canadians, London Area. Station
A.D.M.S. CANADIANS, LONDON AREA, LONDON, ENGLAND.
1 NOV 1917 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the 14 day of April 1911

Members of the Board:—

[Faint handwritten notes and names of board members, including 'C. J. ...' and '...']

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation to what extent is his capacity lessened as compared with a normal person of his age, sex and general physique? *[Handwritten: Total 100%]*

15. THE PENSIONABLE DISABILITY.—(a) Part I. (3) — estimation on active service of a disability existing previous to the date of the soldier's entry into the Canadian Expeditionary Force? (b) Part I. (4) — estimation of the disability existing during active service? *[Handwritten: not applicable]*

16. Permanency of the Pensionable Disability estimated next above in 15: (a) Is it permanent? *[Handwritten: not applicable]*

(b) If not permanent, what is its probable minimum duration (in months)? *[Handwritten: not applicable]*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *[Handwritten: not applicable]*

18. Remarks. *[Handwritten: ...]*

[Faint handwritten notes and signatures]

19. Recommendation:—(a) Discharge from service as permanently unfit? *[Handwritten: No]*
(b) Invalid to Canada? *[Handwritten: Yes]*
(c) FIT for base duty? *[Handwritten: No]*
(d) FIT for duty? *[Handwritten: No]*

Dated at London this 14 day of April 1911

[Signatures of board members and President, including 'President' and 'Approved']

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" 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 this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Kingston DATE Nov. 6/18

1. 1 (a) Unit 21st Bn (b) Regimental No. 412681 (c) Rank L/Cpl
 (d) Surname Smith (e) Christian name Dorwin

2. Age last birthday 19 Date of birth Dec. 7th 1899

3. Enlisted at Picton on March 29/15

4. Personal description:—

(a) Height 5'4" (b) Weight 135 (c) Complexion fair
 (d) Colour of hair fair (e) Colour of eyes blue (f) Identification marks

Amputation lt. thigh 8" below great trochanter

5. Address after discharge (for the use of the Board of Pension Commissioners)

Consecon Ontario

6. Former trade or occupation Farmer

7. (a) Service	Years	Days

	PERIODS	
	From	To
<u>39th Bn</u>	<u>Mar. 29/15</u>	<u>Nov. 1915</u>
<u>21st Bn</u>	<u>Nov. 1915</u>	<u>Dec. 7/17</u>
<u>No. 2 M.D.</u>	<u>Dec. 7/17</u>	<u>Oct. 18/18</u>
<u>No. 3 D.D.</u>	<u>Oct. 18/18</u>	<u>Date</u>

(b) Has he been overseas Yes 17 mos. 8. Original disease or disability G.S.W. left knee

& ankle

(a) Date of origin Apr. 28/17 (b) Place of origin Vimy Ridge

(c) Cause* Shrapnel

(d) Present disease or disability Loss of left leg 8" below trochanter & femur

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Obj. Man's left leg amputated about 8" below Great Trochanter.
Posterior flaps - healed. Bones well covered with no adhesions.
He is fitted with an artificial limb and can get around fairly
well with this. Uses a cane but on a sidewalk or floor can get
around without it. Man's condition otherwise good.

9. Present condition.—(Continued.)

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous..... **Yes** Digestive..... **Yes** Respiratory..... **Yes** Cardiac..... **Yes**
Genito-Urinary..... **Yes** Skin, Middle Ear, Eye or any other part..... **Yes**

.....
.....
.....
.....
.....
.....

10. History: (a) of Condition referred to in "a" section 9.

Went to France in November 1915. Wounded April 28th 1917
Returned to Canada in December 1917. Fitted with artificial
limb at Davisville Military Hospital Sept. 1918

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

Amputation stump 8" below Great Trochanter left leg.

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

Not app.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..... **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?..... **Permanent**

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

English Military Hospitals
Davisville " " "
Queen's " " " since Oct. 18/18

OPINION OF THE MEDICAL BOARD

14. (Continued).

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? Yes, with marked limitations
(If not, briefly state why.)

17. Recommendations

That this man be discharged with a pensionable disability

R. J. Tucker, Lieut. Col.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

Lieut. H. Smith
Signature of soldier examinee.

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 criticized.

YES

19. Is the soldier 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). **Yes "E"**

20. It is certified that the soldier

- (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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

with a pensionable disability

Category E M.C.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

J. J. Gibson Captain President.

PLACE Kingston

DATE Nov. 6/18

J. M. Asselator Captain M.C. Members.

APPROVED BY

A. Stewart

Assistant Director of Medical Services. Captain A. M. C. For A. D. M. S. Mil. District No. 3.

APPROVED BY

Director-General of Medical Services.

DATE NOV 11 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President.

PLACE

DATE

Members.

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-

412 681. Cpl. Rowin Smith, 21st Batt.

Previous civilian occupation:- Engineer.

Is he able to resume previous civilian occupation:- No

Cause of disability:- Shrapnel wound to left leg followed by
(Amputation)

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

April 28th 1917 was wounded by shrapnel in the left leg. Both knee and foot amputations was performed about the middle third of the left leg, between the knee and hip. wound healed up general good.

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 60%

Disability due to Service:- all due to service

Probable duration of incapacity:- permanent

Does it render him permanently unfit for Military Service:- Yes

Would operation, special treatment or the use of appliances etc., lessen incapacity:- Yes artificial leg.

Recommendation of Medical Board:- Ottawa Hospital
Toronto Artificial leg.

Station:- Halifax, N. S.

J. R. ... President

Category:- DTT

J. ... Member

Date Dec 1st 1917

Member

APPROVED

Date 1-12-17

J. R. ...
Asst. Director Medical Services.

Date _____

Director General Medical Services.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

DUPLICATE ^{HVW} LAST PAY CERTIFICATE

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

412687
Regimental No. 21st Battalion Rank Pte. Name Smith, D.
Corps Discharged who was*
On November 20th 1918, to Category "E"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from November 1st 1918,
to November 20th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>Clothing 11193</u>	<u>35</u>	<u>00</u>	Bal. Cr. from prev. month <u>20</u>	<u>1</u>	<u>20 00</u>
Advances by Cheques } No.....			Regt'l Pay <u>20</u> days at \$ <u>10</u>	<u>2</u>	<u>00</u>
Assigned Pay and Sep'n Allee. No. <u>A.W.L. D.O. 199</u>	<u>6</u>	<u>60</u>	Field Allow. days at \$.. c.....		
Other charges <u>XXXXXX 11194</u>	<u>15</u>	<u>40</u>	Separation Allowances* (Monthly) <u>Clothing</u>		<u>35 00</u>
Payment on transfer or discharge No.....			Other Allowances*		
Balance Cr. (to be paid by the new unit).....			Other Credits*		
Total	57	00	Bal. Dr. (to be deducted by new unit).....	57	00
			Total		

* Give particulars.

N I L

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191.... } (to) Assignee
{ and Sep'n Allee. for month of191.... }
(Address)

Post Discharge Pay
Military District No. 3

(†) 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:—

10/3/15.

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted..... NO.
- (3) cause of discharge..... authority.....
- (4) authority for transfer

MD 38-S-603. 16-11-18

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. November 19th, 1918.

Date.....
Place Kingston, Ont.

W. Peters & Captain
OFFICER I/C DEMOBILIZATION PAY DIV. 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 the paymaster Post Discharge Pay and triplicate, with his discharge documents.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

3

M.F. 210X-18
1772-38-930

NAME OF SOLDIER

Smith D.

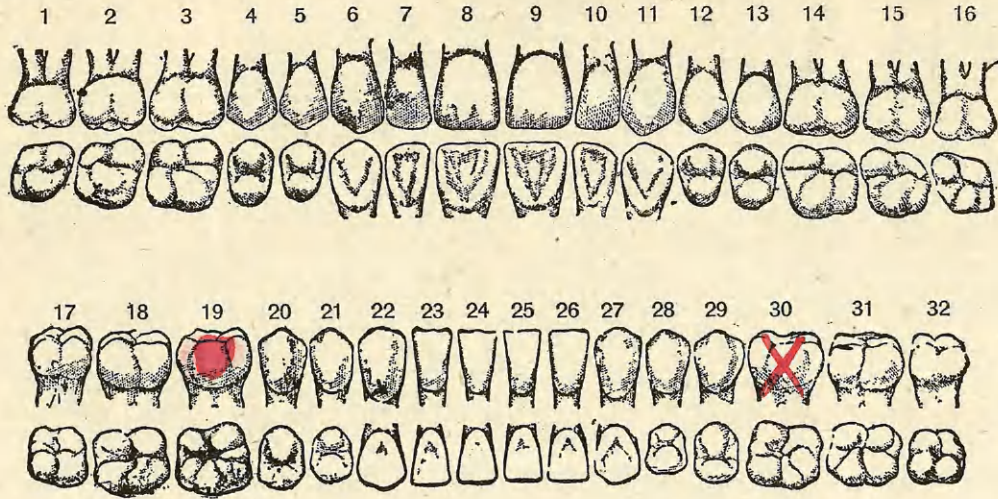
REGIMENT

Le. Corp

RANK

No.

412681



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Purulent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>not</i>	<i>1918</i>			<i>1/19</i>							<i>1/30</i>								<i>S.A. Simpson</i>	<i>3</i>	<i>Requires filling.</i>	
																						<i>I do not wish to have any dental work done. S. cap H & Smith</i>

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 412681 (Rank) Private

Name (in full) SMITH, Dorwin enlisted in

the 39th O/Seas Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE at Pictou, Ont. on the 29th

day of March 19 15

HE served in Canada, England and France

and is now discharged from the service by reason of being medically unfit for further

War Service. Authority Med. Board D/6-11-18 R.C.1080

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

Age 21 yrs. 11 months Marks or Scars

Height 5 ft. 4 ins Amputation left thigh 8" below

Complexion Fair great trechanter

Eyes Blue

Hair Fair

D. Smith

Signature of Soldier

M. R. Clarke Lieut.

O. C. Discharge Section

No. 3 District Depot

Rank

Date of Discharge 20-11-18

Appointment

Signed at Kingston, Ont. this 20th day of November 19 18

in Military District No. 3

File Reference No. 3Md-88-8-604
3DD-3-8-497

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. 412681 (Rank) Private Name Smith, D.

Unit No. 3 District Depot

Address on Discharge Consecon, Ont.

Character and Conduct Very Good

Former Occupation Carpenter

Special Qualifications of Value in Civil Life Clerk

Medals and Decorations nil

Remarks nil

Signed at Kingston, Ont. this 20th day of November 1918

M. C. Clarke Lieut.
O. C. Discharge Section
No. 3 District Depot
Rank

Appointment

MEDICAL HISTORY SHEET

Surname Christian Name

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

Birthplace { City or Town
 County

Approved by
 Rank M.O.

Apparent age M.O.

Trade or occupation M.O.

Height feet Inches M.O.

Weight lbs. M.O.

Chest measurement { Minimum inches M.O.
 Maximum expansion inches M.O.

Physical development M.O.

Small-pox Marks M.O.

Vaccination Marks { Arm Right Left
 Number

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS

When Vaccinated last M.O.

(a) Marks indicating congenital peculiarities or previous disease M.O.
 M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

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

Enlisted on day of 191..... at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
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.

Christian Name

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				
<i>Kingsdon. Queens Unwtd Mil Hosp.</i>		<i>18</i>	<i>10.</i>	<i>18</i>	<i>12.</i>	<i>11.</i>	<i>18</i>	<i>Amput Left leg.</i>	<i>25.</i>	<i>Dis to "3 bas lo"</i>	<i>R. J. Tucker</i>

Rank _____ Name **SMITH Darwin**^{WI} Reg'l No. **412681**
 Unit **39th BN.** If in perm. Corps, _____ Married or Single **Single.**
 What Unit? _____
 Place and Date of Enlistment **Picton. Ont. 29th March. 1915.** Place of Birth **Wellington. Ont.**
 Name and Address, Next-of-Kin **Mrs Amanda Spencer, Consexcon. Ont.**
 Relationship **Mother**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **5930**
 File R.L. _____
 Category **Can. M. U.**

Discharge, Date and Place **01/25/17** Reason _____ Character **50**

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	England	3/15	
10/15	oc. 39th	Overseas to 21st Inv.	W. Sandring	9/15	Pa O 217, Pt. II-9
20-11-15	" 21st	Taken on strength from Eng	In the Field	10-11-15	Part II. No 9
31-5-16	"	Adm No 5 Can Hld Amb	"	4-5-16	C.F. 231, Defective Vision
"	"	Transf to Div Rest Stat	"	8-5-16	" " "
"	"	" " Ophthalmic Centre Base	"	10-5-16	" " "
14-6-16	21st Bn	Proceeding to join Unit	Field	6-6-16	" 243 "
27-6-16	"	Rejoined Unit	"	10-6-16	" 254 "
31-1-17	"	Adm to fld Amb	"	17-1-17	" 428 ON
8-2-17	"	Discharged to duty	"	18-1-17	" 435 "

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					
19-4-14	21 st Pm.	Awarded Good Conduct Badge.	In the field	29-3-14	PT II 20	A3
8-5-14	"	King George Hosp.	Stamford St. London	3-5-14	CL B 340	GSW. L Leg Scar
19-5-14	21 st Pm.	SOS to EOR. Dep. (W)	In the field	2-5-17	PT II 20	56
10-5-14	EOR Dep't	T.O.S. from 21 st Pm.	Seaford	3-5-14	PT II 20	59
24-5-14	21 st Pm.	King George Hosp. (seriously ill)	Stamford St. London	23-5-17	CL B 352	GSW. L Leg Amp
3-7-14	"	Removed from seriously ill list	"	28-6-17	" 385	do.
30-8-17	✓	Transf. to Granville C.S. Hosp.	Ramsgate.	25-8-17	CL B 433.	do.
5-9-17	EOR	Transf. to Lord Derby Hosp	Warrington	31-8-17	CL B. 3.	do
1-10-17	EOR.	Transf. to C.M. Hosp.	Kirkdale	28-9-17	CL B. 25	do
30-11-17	EOR	Invalided to Canada Et	"	19-11-17	CL B. 77.	do
18-12-17	EOR & P	S.O.S. Invalided to Canada	Seaford.	19-11-17	PT II 281.	
	Halifax	Convalescent.	M.D. Toronto	28-11-17	H.R. 409.	

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address King

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Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

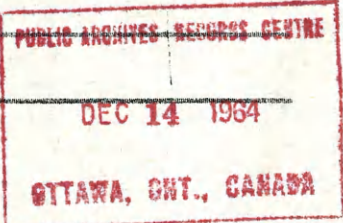
Re: SMITH Donwin Service No. 412681
(Surname) (Christian Names)

Veteran is stated to have served during S. African War() World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars.

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- (a) 39 Bn Pte
 - (b) 21 Bn Pte.
 - (c) _____
 - (d) _____
 - (e) _____
 - (f) _____
(If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE
- (a) South African War
Date and port of embarkation _____
 - (b) World War I - (If Canada only, state if with territorial limitations).
Canada Britain - France
Date(s) embarked for U.K. _____
IF CANADA AND U.K. ONLY Date(s) disembarked in Canada from U.K. _____
Period(s) of desertion in U.K. _____



- 3. Any other military service. militia
- 4. Date and place of all enlistments. 29 March 1915 - Picton, Ont
- 5. Date of all discharges and reason. 20 Nov 1918 - medically unfit.
- 6. Date and place of birth as per attestation paper. 7 Dec 1896 - Wellington, Ont
- 7. Marital status; If married, name in full of wife. single
- 8. Religion. Wesleyan
- 9. Decorations, if any. Nil



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