STEINHOFF, ONNIE CHARLES 106566 12 BN C.G.R. 40103

MED. UN.
DIED 28-5-45

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

PR

ATTESTATION PAPER.

No. 106566

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Ossie Charles Steinhoff
2. In what Town, Township or Parish, and in what Country were you born? ..... Bothwell Ont. Canada
3. What is the name of your next-of-kin? ..... George Steinhoff
4. What is the address of your next-of-kin? ..... Tilsonburg Ont RR#02
5. What is the date of your birth? ..... July 6 1891
6. What is your Trade or Calling? ..... Blacksmith
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? ..... No
10. Have you ever served in any Military Force? ..... No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

O C Steinhoff (Signature of Man).

H Washington Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ossie Charles Steinhoff, 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.

O C Steinhoff (Signature of Recruit)

Date Dec 30 1914. H Washington (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ossie Steinhoff, 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.

O C Steinhoff (Signature of Recruit)

Date Dec 30 1914. H Washington Capt. (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 Toronto this 30th day of Dec. 1914.

J. T. Owens (Signature of Justice)

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

Major Blackfield (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Ommie C Steinhoff on Enlistment.

Apparent Age 23 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5¼ ins.

Chest measurement:
- Girth when fully expanded 39½ ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue Grey

Hair Light Brown

Religious denominations:
- Church of England
- Presbyterian Pres
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

Old dislocation at base of index finger

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 Dec 30 1914.

Place Yorkton

D A Kenrick MD
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.

Ommie Clarke Steinhoff 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.

Major Moffatt (Signature of Officer)

Date Dec 30th 1914.

Name Steinhoff Enl. 30-12-14,

Date of Embarkation for England N. S.

Proceeded to France. 22-9-15 Returned to England. 1-3-18 trans.

Date returned to Canada. 9-4-18

Rehtd 29-12-27

P.R. 2855.

(over)

Cas. Sheet.

9-11-15 – Otitis Media, Impetigo-Contagiosa – To duty 15-11-15
27-11-15 – Infected finger – To duty 10-12-15
5-1-16 – Influenza – To duty 17-1-16.
24-3-16 – Laryngitis – Keratitis Epr Eye – To duty 20-4-16
22-5-16 – Conjunctivitis – To duty 24-5-16
26-9-16 – V. D. T. – Ulcus – To duty 27-9-16

Cas. Shes (Contd)

20-5-17 — Classfd. P. B.
20-9-17 — Classfd. P. U. — Def. Eyesight
28-11-17 — " B 2
15-12-17 — " B 2 — Def. Eyesight
19-1-18 — " B 2 — " "
16-2-18 — " B 2 " "

Name _____

Date of Embarkation for England _____

Proceeded to France. _____

Returned to England. _____

Date returned to Canada.

P.R. 2855.

Cert 101/247

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 1st Canadian Mounted Rifles

Regimental No. 106566 Rank Private Name Steinhoff, Ernest Charles

Enlisted (a) 1/12/14 Terms of Service (a) as per attest'n 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				
		LANDED IN	FRANCE	22.9.15	
14-11-15	66 Unit	Trans 6 Titles	Not Stated	9-11-15	B213 14-11-15
20-11-15	66 No 67 Amb	Adm. Bilat Inguinal Hernia	No 67 Amb	9-11-15	A 36. 20-11-15
20-11-15	" "	Dis to Duty	Not Stated	15-11-15	A 36 20-11-15
21-11-15	66 Unit	Rec. to Duty	With Unit	15-11-15	B213 21-11-15.
13-11-15	66 No 2 D.P.S.	Adm. Impetigo Contagiosa	No 2 D. P. St.	9-11-15	A 36. 13-11-15 CS No.- 27. 28-11-15.
28-11-15	66 Unit	Infected Finger	No 67. Amb.	27-11-15.	B 213 28-11-15.
4-12-15.	No 3 67 Amb	Infected Thumb. Dis to duty	Not Stated	3-12-15	A 36 4-12-15
12-12-15	66 Unit	Rec to duty	With Unit	10-12-15	B 213 12-12-15
18-12-15	66 Unit	Infected Arm	3 67. Amb.	15-12-15	B 213 18-12-15
18-12-15	3 67 Amb.	Infect, Thumb. Adm	3 67 Amb.	15-12-15	A 36 18-12-15
8-1-16	66 Unit	Infect Finger	3 67 Amb.	6-1-16	B 213. 8/1/16 Dbt 52. d/16/1/16
1-1-16	3 67 Amb	do Adm.	3 67 Amb.	15-12-15	A 36. 1-1-16 Dbt. 54 d/21/1/16.
15-1-16	3 67 Amb	Infect. Finger	3 67 Amb	5-1-16	A 36 15-1-16 Dbt. 58 30-1-16

(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.

[P.T.O.

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					
8-1-16	36 F Amb	Influenza		36 F Amb.	5-1-16	A 36 8/1/16 Dbl. 55. 25/1/16
do	do	Infec thumb.		36 F Amb	15-12-15	do do
do	do	do		To duty	4-1-16	do do
22-1-16	6b Inst	By inst from Hosp.		With Inst	17-1-16	B 213 22-1-16
22-1-16	36 F Amb	Infec thumb.		36 F Amb.	5-1-16	A 36 22-1-16 Dbl. 61 - 4-2-16
do	do	do		To duty	17-1-16	do do
25.3.16	5 CFA	Laryngitis		5 CFA	24.3.16	A 36. 24.3.16 DCS 99. 4-[illegible]
2.4.16	24 Gen	Keratitis L Eye slt.		24 Gen	2.4.16	W 3034. 2.4.16. 285.
2.4.16	5 CFA	Laryngitis	adm	5 CFA	2.4.16	A 36. 2.4.16 DCS 107. 13.4.16
			TFD	10 CCSta	1.4.16	
8.4.16	10 CCSta		adm	24 A Tents	1.4.16	A 36. 8/4/16 DCS 116.
			TFD		2.4.16	
20.4.16	24 Gen	Keratitis r Eye.	Ad	6 Con Dep.	20/4/16.	W 3034. 20/4/16. DCS.
22.5.16	6 Stat	N.Y.D.	Ad.	6 Stationary	22.5.16	W 3034.
23.5.16.	6 BD.	Sh off Strength	To	No 6 Stat.	23.5.16	N Roll. 23.5.16.
24.5.16	6 Stat	Conjunctivitis		To Base Depot	24.5.16	W 3034
8.6.16	6 BD	Taken on S 6 BD.		6 BD	8.6.16	N Roll. Dbl 145.
9.7.16	6 BD.	Rev to 6 BD from leave		6 BD.	4.7.16	B 213.
1.7.16	—	Granted leave 7 days		England.	25.6.16	B 213.
6.8.16	39 Gen	N YD sick		39 Gen	6.8.16	W 3034.
7 8 16	~~Unit C.B.D.~~	Sick St C.B.D.		do	7.8.16	NR DCS 157 of 6.8.16
~~27.9.16~~	~~CBD~~	~~Struck off Strength CBD~~		~~27 Stat.~~	~~27.9.16~~	~~NR~~
27.9.16	CBD	Taken on Strength		CBD	27 9 16	NR
26 9.16	39 Gen	V D Sc. Mens.		1 Cant	26.9.16	W 3034

Sheet 2

Army Form B. 103 — Regimental Number 106566

Casualty Form—Active Service.

Regiment or Corps 1st L. M.R.

Rank Pte Surname Steenhoff Christian Name O C

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked...			
7.6.17	CBD. Etaples	To duty at (a) (attd)	2.C.I.B.D.	7-6-17	NR-210
12.6.17	2 Cdn ~~Reserve~~ Base Dep	Classf. PB and attd. for duty to 2nd C.I.B.D.	2 C I B D	20-5-17	B 213 - PA II 56 d/ 12-6-17
~~2.6.17 2 CIBD~~	2nd CBD	Taken on strength	C B D	2.6.17	NR 183
20.9.17	2nd "	Classf. PU. Def. Eyesight	2 C I B D	20.9.17	W 3339-135
13.10.17	2 C I B D	Granted 10 days' Leave	U.K	9.10.17	B 213 PA II 97 d/ 26.10.17
27.10.17	"	Rejoined from Leave	" 2 C I B D	20.10.17	B 213
28 11 17	2 "	Classf. B2	2 "	28.11.17	W R KA 16-3235
15.12.17	2 "	" " Def Eyesight	2 "	15 12 17	W 3339-279
19.1.18	2 "	" " " "	2 "	19.1.18	W. 3339-325.
16-2-18	2 "	" " "	2 "	16-2-18	W 3339-371

(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) Signaller, Shoeing-Smith, &c.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B/103/4 (E. 548)

[P.T.O.

10656 Pte. Steinhoff A. C.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
2.3.18.	C.C. Reinforcements Etaples	S.O.S. 1st C.M.R. Batt. on transfer to Home Establishment & posted to Sask. Regt. Dep.	Bramshott	1.3.18	K.E. 24875/X d/. 25.2.18. M.R. 288. Pt. II C. 18 d/. 7.3.18.
		G.B. Davis Lieut for Lt.-Col, A.A.G.			
4.3.18	S.R.D.	T.O.S. from 1st C.M.R. (for return to Canada on Compassionate Grounds) and on Com. 15 Res. Dep. Coy	Bshott	2.3.18	P.D. 063
			L. E. Cuard LIEUT. FOR LT. COL. I/C RECORDS C.O.M.F.		
19-3-18	S.R.D.	On Cmd to C.D.D. Buxton	Bramshott	19.3.18	D.O. 78.
			Geo. Ross Lieut. & Adjutant for O.C. Sask. Regt'l Depot.		
20 MAR 1918	TAKEN ON STRENGTH C.D.D. BUXTON PT. II ORDER No. 67				
	EMBARKED FOR CANADA FROM LIVERPOOL				
21/7/18	S.O.S.	12 B.G.R. on posting to No 6. C.G.R.	J. Lock Lt. for Commanding Geo. A. Cobb Adjutant 12th Battalion Garrison Regiment		Lieut.-Col. Canadian Discharge Depôt. B.O. 57/414

J.D. 12/2/18

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st B. M. R. & 12th B. C. G. R.

Regimental No. 106566 Rank Private Name Ernie Charles Steinhoff
C. E. F.

Enlisted (a). 1-12-14 Terms of Service (a). As per Attest 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				
21-12-18.	12th B. C. G. R.	Discharged	Regina	21-12-18.	B.O. 240, p 1284

Lt. Col.
O.C. 12th Battalion Can. Garrison Regiment

(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.

[P.T.O.

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				

E

R—122.

Rank | Name STEINHOFF, Onnie, C. | Reg'l No. 106866

Unit 1st. C.M.R. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Yorkton, Dec 30th 1914. | Place of Birth Ont. Canada.

Name and Address, Next-of-Kin George Steinhoff, Oil Spring Ont. R.R. No 1.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship (R 1396)

Discharge, Date and Place | Reason | Character

N/E. R.B. No 6149
File R.L.
Category ORC

Report Date	Report From whom received	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
		Embarked, France.		2 SEP 1915	
26. 11. 15	W.O	No 6 Can: Fd Amb: Otitis Media	France	9. 11. 15	Cas: Rep 551
30. 11. 15	"	Dis: to duty ex Nth Mud: Cas: Clyster.	"	17. 11. 15	" 58
11. 12. 15	"	No 3 Can: Fd Amb. Inf: finger	"	27. 11. 15	" 652
15. 12. 15	"	Dis: to duty "	"	3. 12. 15	" 67
29. 12. 15	"	No 3 Can: Fd: Amb: Infected arm	"	15. 12. 15	" 736
29. 1. 16	"	No 3 Can: Fd Amb: Influenza	"	5. 1. 16	" 899
"	"	Dis: to duty Inf: finger	"	4. 1. 16	" 89
9. 2. 16	"	Dis: to duty Influenza	"	17. 1. 16	" 96
8. 4. 16.	1st C.M.R.	No 5 Can. Field. Amb.	"	24. 3. 16.	C.L. A. 135.

Over

20

Steinhoff O.C. Reg No 106566

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				
26.4.16.	To 1st Bn CMR.	Trans. to No 24 Gen. Hpl.	Etaples	2.4.16.	Cl. A 145
29.4.16.	do	Dis to Conv. Camp.	"	20.4.16.	Cl. A. 148 Keratitis Eye
30.5.16.	do	No 6 Sty Hpl. Havre.	"	22.5.16.	Cl. A 168.
3.5.16.	do.	To Conv. Depot.	"	24.5.16.	" 170.
7.7.16	C.D. 1st C.M.R.	To Can Base Details	France	8.6.16	Cl. A 197 Conjunctivitis
12.6.17.		Classified "B" & attd 2nd Can Inf. Base Depot	Hull	20.5.17	Pt II 456 2nd C.I.B.D. Pt II 0 Ha/11.6.17
14.3.18	2nd C.I.B.D.	Cease to be attd as un-fit for selling	to	27.2.18	" 3
4.3.18	S.R.D.	T.O. Strength 1st CMR	Bshott	2.3.18	Pt II 63 Pt II 0 184/7.3.18 1st CMR
4.3.18	"	On Com 15 Res Dep Coy	Bshott	2.3.18	" 63 Pt II 0 64 d/5.3.18 15 Res
19.3.18	do	Ceases on Com 15 Res Deploy & on Com C.D.D. Burlon	do	19.3.18	" 78 Pt II 0 194/20.3.18 15 Res
20.4.18	S.R.D	cease on com C.D.D. Basdon So. s to Canada for Disp of A.S	—	9.4.18	Pt II 0. 110.

This space to be left blank for the Chelsea Number.

4-9-40

Army Form B. 268.

30-11-29

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 106566 Army Rank Pte

Name Steinhoff Ownie
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps S.R.D.

Battalion, Battery, Company, Depôt, &c. A.C.M.R.S.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 26 years 10 months

Height 5 feet 6½ inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade Farmer

Intended place of residence (To be given as fully as practicable) Landscape Sask.

Descriptive marks. Nil

C111

12

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Medical Bd Branshaw 10/3/18

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

Released 6/6/19

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
(A8689) Wt. W7717/M2626 500,000 9/17 Sch. 39 Forms B. 268 41

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations

France 29 months

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

_____

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

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.)

Donnie Steinhoff

Witness Bernard A Wirth

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 106566 (Rank) Sergeant

Name (in full) Ernie Steinhoff. enlisted in

the 1st Canadian Mounted Rifles

CANADIAN EXPEDITIONARY FORCE at Yorkton on the 30th

day of December 19 14

HE served in France 29 months with Unit.

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

Sickness. Auth 13. M.D. 13-3-281 dated 20-12-18

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

Age 27 Years. 2 months

Height 5ft 5 1/4 Inches

Complexion Fair

Eyes Blue Grey

Hair Light Brown.

Marks or Scars

Old dtel scation at base of index finger.

E. O. Steinhoff
Signature of Soldier

J. Drummond
Issuing Officer

Lieut Colonel
Rank

Date of Discharge 21st December 1918

O.C. 14th Battn C.G.Regt.
Appointment

Signed at Regina. Sask. this 21st day of December 19 18

in Military District No. Twelve

File Reference No. M.D. 13-3- 281.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 106566 (Rank) Sergeant Name Steinhoff. Ennis.

Unit 12th Battn Can Garr Regt.

Address on Discharge Oil Springs Ontario.

Character and Conduct Very good. Splended Character thoroughly reliable and trustworthy

Former Occupation Shoeing Smith

Special Qualifications of Value in Civil Life

Shoeing Smith

Medals and Decorations

Remarks

Entitled to wear three blue service chevrons.

Signed at Regina. Sask. this 21st day of December 1918

Name of Officer

Lieut Colonel.
Rank

O.C. 12th Battn Can Garr Regt.
Appointment

ORIGINAL

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Steinoff. Christian Name Ownie.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Bothwell County Ontario.

Examined ... ... on 30 day of Dec 1914. at Yorkton ~~(Saskatoon)~~ Sask.

Declared Age ... ... 23 years — days. 6 MAR. 1918

Trade or Occupation ... Engineer.

Height ... ... 5 feet, 7 inches.

Weight ... ... 160 lbs.

Chest Measurement: Girth when fully Expanded. 40 inches. Range of Expansion 4 inches.

Physical Development ... Good.

Vaccination Marks: Arm .. Right / Left. Number 1

When Vaccinated ... ... March 20/1918.

Vision ... ... R.E.—V= 20/20 - L.E.—V= 20/20 -

(a) Marks indicating congenital peculiarities or previous disease ... (a) none

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

Approved by (Signature) V. E. Latimer, MC, 1st CMR

(Rank) Lieut, CAMC.

Medical Officer.

Enlisted ... ... at Yorkton Sask. on 30 day of Dec 1914.

	Corps	Regtl. No.
Joined on Enlistment ...	1st C. M. R.	106566
Transferred to		

Became non-effective by

on day of 191

(Signature)

(Rank)

CANADIAN

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers tre

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospita	Remarks bearing on the cause, nature, or treatment of the case, likely to l syphilis, admissions and re-admissions to hospital will be shown. The su treatment out of hospital, transfers, &c., will be given in the
	Day	Month	Year	Day	Month	Year			
No 24 Genl Hosp Etaples	2	4	16	20	4	16	Keratitis L eye	18	Dis to Conv Camp Et

s to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

	Number of days in Hospita	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
	18.	Dis to Conv Camp Staples	A145 - A148

9

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

Date	Brief details, and signature
TV 16/6/15	W.B.M.C.B.
28/6/15	W.B.M.C.B.
6/7/15	W.B.M.C.B.
Bramshott 13.3.18	Keratitis left eye. B.II not likely to be raised in six months. David A. Young Maj RAMC PRESIDENT. MEDICAL BOARD BRAMSHOTT.
Report 8-5-18	Defective Vision C. H. M. Cole Capt

Table IV.—SERVICE TABLE.

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

~~MILITARY SERVICE ACT, 1917.~~

Temporary Copy Only Original not available

MEDICAL HISTORY SHEET.

1. Surname Steinhoff ..... Christian name Avonis Pte ..... Signature of Man

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any) .....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the .....day of.....19....., by the undersigned medical board sitting at.....

5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Month

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair..... }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm..... / Left arm ..... } 14. When vaccinated last .....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category E

17.
(a) Vision. R.....L.....
(b) Hearing. R.....L.....

.....*President.*

.....*Member.* .....*Member.*

If raised in category, record category in a square. The M. O. will initial and date.

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

Joined.....*day of*.....*19*.....*at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina, Sask	17/12/18	Partial loss Sight L. Eye	E Sgt Palmer Capt

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

M. F. B. 313.
300M.—4-18.
1772-39-439.

6

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

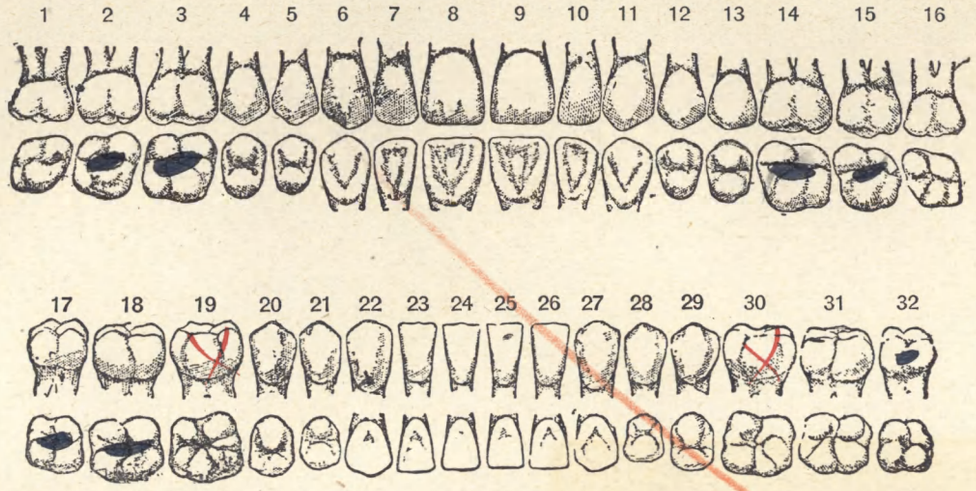
District 12

Name of Soldier [illegible]

Rank [illegible]

Regiment 12 [illegible]

No. 106566



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.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918										2/19.30									Examined by		Cas. 1/2.3.14.15.17.18.32
	June 13																			Capt. J. Robertson	12	
Treated from	June 14	1/2.3.14/15.17.18/32																		Capt. Parkin	12	Complete 14/6/18

M. 465. 200m.—6-18. 1772-39-950.

C.A.D.C.5009-10M.
3494[illegible]0-8-17.

12

DENTAL CERTIFICATE.

106566
Steinhoff O.C.
S.R.D.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
20/3/18.	Fit			

15

G. H. Quinn
Capt. C.A.D.C.

Prince Edward Island Hosp

CASE HISTORY SHEET.

No. 106566 Rank Sergt Name Steinhoff Age 28

Unit 1st C.M.R. Completed years of service (Where and how long) 4 yrs

Date of admission Nov 6 1918 Date of discharge Nov 14

Diagnosis Influenza Place of origin Pt. Borden

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted from Borden Temporary Hospital for Influenza case

On admission cough and very weak

Secondary for Pneumonia

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Nil

TREATMENT

(Especially any specific or special form.) Tonics Ele

CONDITION ON DISCHARGE

(and disposal made of case.) Improved out on sick leave 5 days

Date Nov 15/18

J M Fruchmann Capt
Medical Officer i/c case.

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

B 14078

MEDICAL CASE SHEET (OPHTHALMO

MILITARY HOSPITAL Regina,

DATE 10 Dec 1918

NAME Steinhoff O. RANK Sgt. NUMBER 106566 UNIT 1 C.M.R AGE

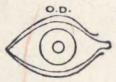
HISTORY Loss of vision left eye due to injury at ~~B~~ E Allebeke.

SYMPTOMS

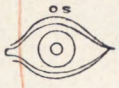
GLASSES WORN Nil

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD 

Normal.

OS 

Lid slightly drooping - infilbration of cornea.

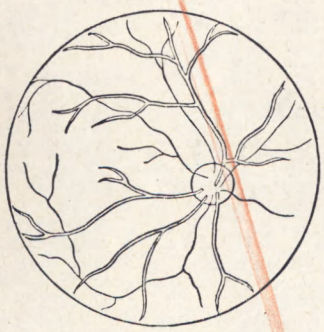
RETINOSCOPY AND OPHTHALMOMETER

OD X X1.50 X1.50 Normal.

OS Impossible

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
Normal.	Normal. -	Normal. Diffuse infilbration



FIELDS Rt normal.
Lt can ot be taken - Iris semipear shaped due to distruction of arcular fibres.

MUSCLE BALANCE Normal.

TENSION Normal.

SUBJECTIVE EXAMINATION

TRIAL CASE

	BEFORE	SPH.	CYL.	AX.		AFTER
OD V	20/20		Nil		V	20/20
OS V	Fingers at 3 ft		Useless		V	C

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD None.

OS

Dark glasses for sun and show

A.S.Gorrell.
Lt. Col.
C.A.M.C..MD#12.

TREATMENT:—

M. F. W. 144
20M.—8-18.
1172-39-1173.

OPHTHALMIC DEPARTMENT.
BRAMSHOTT CAMP, HANTS.

Date 12.3.18.

To, M.O., L.R.D. Battalion.

Rank & Name Pte Steinhoff. Number 106566.

Unit

Visual Acuity R.E. 6/6 L.E. 3/60

Visual acuity with Glasses. R.E. L.E.

~~Unfit~~ Fit

Glasses not ordered.

Remarks:- L. corneal opacity - dislocation of Iris due to injury.

Condition will not improve.

(Signed) [illegible]
Captain, C.A.M.C.

Medical Office

Pask Reg Depot

8270. 10m. 26/10/16.

TEMP RECORD SHEET

Form No. R 139 Unit S.R.D.

106566. Pte Steinhoff. O.-E.

ROLL OF MEN IN HOSPITAL Month of

Number		Regimental Number	Rank	Name	Admitted			Discharged			Month in which Recorded
Wounded	Sick				Date	Authority Pt.II D.O.	Authority Cas. List	Date	Authority Pt II D.O.	Authority Cas. List	
11-6-17.		2 W.B.P.	PB. atd	as in W.E.		Staples.		20-5-17.		A-P4	
14-3-18		—·—	Ceases to be atd	as in W.E.		—·—		27-2-18		—·—	3.

To S.R.D.

R II B IV.

Entered on Record Sheet. 28/3/18
Please file in Envelope
JD R2 A2
28/3/18

Reserved for M.H.C.

Regt. No. 106[illegible]6 Rank Corp. Surname Steinhoff Christian Name Annie Charles.

Unit or Corps—(a) Overseas from United Kingdom 1st. C.M.R. (b) In United Kingdom 15 Can. Res. (S.R.D.)

Born at—Town Bothwell County or Province Ontario Country Canada.

Date of Birth—Day 6 Month July Year 1891 Age 26 yrs. 9 months.

Joined at Yorkton Sask. Date Dec. 30 1914

Former Trade or Occupation Shoeing Smith

Permanent marks or peculiarities that will serve for future identification :

Height—feet 5 inches 7 Colour of eyes Gray.

Signature of Soldier (*for identification purposes*) C. Steinhoff D.C.

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*)	~~Compassionate Grounds~~. L.S.P.
Disabilities Group (*b*)	DEFECTIVE VISION.
Disabilities Group (*c*).	Keratitis. Left Eye.

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	a. S. 3a – 10/1787 9	10-1-18.	
(*ii.*) As to Group (*b*) above.	TRAUMATISM.	France.	March 1916.
(*iii.*) As to Group (*c*) above.			

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 ? If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? no If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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

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

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

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

5

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?

(*iii.*) Was a Court of Inquiry held? no. (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

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*).

Has been 29 months in France - was blown up march 1916 - states that he was sent down the line c̄ severe conjunctivitis and lachrymation. only entry on m. H. S. - nil & gen. hosp. 2-4-16. "Keratitis left eye."

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

Filmy opacity over cornea of left eye states that he can distinguish light + dark - knows when an object passes before his eye but cannot distinguish what it is. - Heart is quite rapid but no organic lesion - complains of shortness of breath. digestive, urinary + nervous systems apparently normal.

8. OPERATION. (*i.*) Was one performed? no

(*ii.*) If so, state what.

(*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.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? yes. A.S. 3a - 10/1787 of 10/1/18

(*c*) Invalid to Canada? no

(*d*) Discharge from the Service as permanently unfit? no

Date of Report ~~[illegible]~~ March 10/1918. 191

Signed S. S. Purves Captain AMC

Officer in ~~medical~~ charge of case.

Station Sask. Reg. Depot Brandshott.

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

M. MacTay Captain AMC { Officer i/c S.M.O. / Hospital Brigade } Strike out one of these.

Dated at Brandshott Station, on Mar 13 1918

* 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%.)
not applicable

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*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *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*)?

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

18. Remarks.
Being returned on authority with reference BH. 11-1-7 F/ AB 193
Eye specialist considers him fit.
Heart rate on examn 132 per minute
after exercise 162 per minute
after five minutes 120 per minute
B.P. high about 145 mm.
Left Border of heart ½" to left of nipple line

19. Recommendation:—(*a*) Fit for duty? no
(*b*) Fit for base duty? yes Bii likely to be raised within six months
(*c*) Invalid to Canada? no
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 13 MAR 1918

Station Bramshott.

Signatures of the Board. { Fred A. Young Maj. CAMC President. / A. St. L. Baillie Capt / [illegible] Capt }

Approved P G Chum Major, D.A.D.M.S. for A.D.M.S., For G.O.C. & A.D.M.S.

Dated at Canadian Troops, Bramshott Camp Station Bramshott. 13 MAR 1918 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 :—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

3038

THIS FORM WILL BE USED FOR ALL RANKS

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 invalid 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 invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915) by Messrs. Harrison & Sons.

STATION Regina Sask DATE Dec 16th 1918

1. 1 (a) Unit 12th garrison Bn Lake Mn Cn Rs (b) Regimental No. 106566 (c) Rank Sgt

(d) Surname Steinhoff (e) Christian name Cornie

(f) Home address Elmsling Ont

(g) Next of Kin Mr George Steinhoff (h) Relationship Father

(i) Address of Next of Kin Elmsling Ont

2. Age last birthday 27 years Date of birth July 6th 1891

3. Enlistment, or Appointment (if an Officer) (a) Place Weyburn Sask (b) Date Sept 7th 1914

4. Personal description:

(a) Height 5 feet 5¼ (b) Weight 148 (stripped) (c) Complexion Fair

(d) Colour of hair L Brown (e) Colour of eyes Blue Grey (f) Identification marks, Scars, etc. Old dislocation of Base of Index finger Right Hand

5. Former trade or occupation Engineer

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

	Periods From	Periods To
Canada	Sept 7th 1914	To Date
England	1. 3. 18	2. Mar 1918
France or other theatres of War	22. 9. 15.	16-2.18

7. Original disease, or injury 1. Defective Eyesight due to shell burst
2. General debility

(a) Date of origin 1 March 1916 2. 1918 (b) Place of origin 1 France 2 Canada

(c) Cause 1. Due to concussion of exploding shell
2. Convalescing from Spanish Influenza

M. F. B. 227.

300M.—8-18.
1772-39-117.

19

8. Present disability— (Here state the ex
marked, etc; (b) Loss, complete or part
therapeutic reasons; (d) Any other rest

Defective
function of
2. 3d

9. Present condition—(a) (Before compl
ant, to be a fu
10. Describe all abnormalities, anatom
findings.)

Young man
heart action a
after exposing
See above
Rhyse

Subjective:— F
over any
eye.

(b) Has the invalid now any
(Answer Yes or No.—if the answer

Nervous System no

Special Senses Yes Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Shell explosion in France, Apr 1918
he does not know whether it was dirt thrown in
his eyes or concussion that caused the injury
to his eyes
Condition of eyes remains about same
states no improvement

Spanish Influenza 5 weeks ago - felt
quite after it but is improving but is a little
short of breath yet.

PLOGY)

Provincial Laboratory

Bureau of Public Health

Regina, Dec 17 /18

URINALYSIS

Patient Sgt Steinhoff Doctor Gen Med Board

No. 00071 Address Regina

Colour Clear Amber

Reaction Acid

Specific Gravity 1030

Albumin none

Sugar none

Microscopic negative

Special Tests

Remarks

J G McGill
Pathologist.

8. Present disability— (Here state the exact nature of the disability resulting ... marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for loss ... therapeutic reasons; (d) Any other restrictions in choice of occupation.)

1. Defective Eye sight left eye (Partial loss of function of left eye

2. Slight general debility

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

Young man, with dark hollow beneath the eyes. Heart action a little rapid Pulse rate 108 standing after stooping 120 returns to original in 3 min. Eye specialists report on eyes.

Physical examination otherwise negative.

Subjective:— Feels a little short of breath, cannot run any distance - defective eyesight left eye.

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

Nervous System: no — Cardio-Vascular System: no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: no (Albumen and Sugar will be excluded.)

Special Senses: Yes — Respiratory System: no — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: no

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

Shell explosion in France, Apr 1918 he does not know whether it was dirt thrown in his eyes or concussion that caused the injury to his eyes

Condition of eyes remains about same states no improvement

Spanish Influenza 5 weeks ago - felt quite after it but is improving but is a little short of breath yet.

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

Typhoid Fever 1912
Fracture 2nd metacarpal bone of right hand in gasoline explosion in 1911

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

1. Opacity left cornea
2 Callous formation 2nd metacarpal bone right hand at site of old fracture

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

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

1 N.A. 2 N.A.

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

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Reports attached

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
(If not, briefly state why)

17. Recommendations

Category E

G. A. Simmons Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of .....

Sergt O. Steinhoff ..... Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes, except 9. (a)
Pulse rate at rest (patient seated)
94 per min. Heart normal in size, no murmurs.
Blood Pressure systolic 144.
Urine S. G. 1030, otherwise negative.
Various systems normal except as noted.

English Med. Board attached to Originals

19. Is the invalid fit for

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

E

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Yes.

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

W. L. Brace Capt. President.

PLACE Regina, Sask.
DATE 17-12-18.

R. J. Grier Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

..... President.

PLACE .....
DATE ..... } Members

APPROVED BY
A. C. Snow Capt
for Assistant Director of Medical Services.
DATE 18-12-18

APPROVED BY
Director-General of Medical Services.
DATE .....

M.D.4 - D.O.232-13-2-18-12 C.G.R.

S.O.S. Dis. 21-12-18. D.O.240 of 21-12-18 (M.U.) 12/G.G.R.

NAME Steinhoff Ernie Charles

RANK & No. Pte. 106566

CORPS 1st C.M.R.

ENLISTMENT, PLACE Forkton DATE Dec 30th 1914 S.

FORMER CORPS Mil

COUNTRY OF BIRTH Canada, Bothwell, Ont., July 6th 1891

NEXT OF KIN Steinhoff George

ADDRESS OF NEXT OF KIN R. R. No 2., Til Springs, Ont.

DISCHARGE, PLACE DATE

O/S. 12-6-15. 108/9.

REMARKS:

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a148.	24 Gen. Staples	20-4-16.	Keratitis left eye
to	Conv. Camp. "		
a168.	No. 6 Stat Hosp. Havre,	22-5-16.	N. G. D. (Q.)
a170.	Convalescent Dpt.	24-5-16.	Conjunctivitis
a197.	to Can Base Details	8-6-16.	Conjunctivitis
		6-8-16	
		7-8-16	
		26-9-16	

NAME Steinhoff. O. C.

H. Q. FILE No. 649-

REGT'L. No. 106566.

RANK AND CORPS Pte. 1st. C. M. R.

CABLE	
No.	DATE

NATURE OF CASUALTY

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
55	No. 6 C. F. Ambl.	9-12-15	Otitis Media
58	ex N. Midl. Cas. Clr. Stat.	17-11-15	Otitis media. Disch. to Duty.
59	ex N. Midl. Div'l Cas. Clr. Stat.	17-11-15	Otitis Media Disch to Duty
65	No. 3 Can. Fld. Ambl.	27-11-15	Infected Finger.
67	ex No. 3 Can. Fld. Ambl.	3-12-15	" Finger. Disch. to Duty
43	No 3 Can. Fld. Amb	15-12-15	Infected arm
89	No 3 Can Fld. amb	4-1-16	Disc. to duty Infected arm
89	No 3 Can. Fld. Amb	5-1-16	Influenza
96	Ex No 3 Can Fld. Amb	17-1-16	Disc to duty Influenza
a135	No 5 Can. Fld Amb	24-3-16	Laryngitis.
a145 to	No 24 Gen. Staples	14-16 2-4-16.	Keratitis r. eye.

H. Q. FILE No. 649-

NAME Steinhoff, O. C.

REGT'L No. 106566

RANK AND CORPS Pte. 1st. C. M. R.

CABLE

NO. DATE

NATURE OF CASUALTY

NO. 2407

FOLL. X

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

Name Steinhoff, O.C. Rank Pte Reg. No. 106566

Unit 1st, Canadian Mounted Rifles

Next of Kin Canada

Date 1915	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Novx 25						
"	9th, No 6 Can, Field, Amb		Otitis Media	55		
Nov. 14.	Discharged to Duty.		do.	59.		
Nov 27.	3 Can. Field Amb.		Infect. Finger	65		
Dec 3.	Disch. to Duty.		do	67		
" 15.	No 3. Can. Field Amb		Infec. ~~Arm~~	73.		
Jan. 4.	Discharged to Duty		Thumb	89.		
Jan. 15	No 3. Can. Field Amb.		Influenza	89		
" 17.	Discharged to Duty.		do	96.		
Mar. 24th	No 5. Can Field Amb.		do			
			Laryngitis	A135		
Apr. 2nd	No 24 General Hosp. - Etaples		Herpetitis L. Eye	A145.		
" 20th	Discharged to Con. Camp.	do	do	A148		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-5-16	6 S.H. Havre		N.Y.D	A168		
24-5	—do— To Conv. Depot		Conjunctivitis	A170		
8-6	Can. Base Details		do	A197		

No. 245 RANK Spr. NAME Steinhoff, O

1304. Mar. paylist.

T. O. S. UNIT 1st. Can. Mounted Rifles.

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Dec. 1	Dec. 31	✓		
1915	1915			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		
June		✓		

UNIT SAILED

JUN 12 1915

B.14078

LEDGER No. 9605 SERIAL No.

REG. No. 106566 NAME Steinhoff

RANK Sgt. CORPS 1st C.M.R. AGE 28 SERVICE 4 yrs

HOSPITALS	DATE OF ADMISSION
1 Prince Ed. Island. Hospital. Charlottetown,	6-11-18
2	
3	

DIAGNOSIS Influenza

TRANSFERRED TO

DISPOSITION Discharged 14-11-18 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

C 111

M. F. W. 71—500M.—5 13.
1772—39—961.

NAME Shenkoff. O.

REGIMENTAL NO. 106566 RANK Pte

ENLISTED AT Yankton, Sask PROMOTIONS, &c. AND DATE

DATE Dec 30/1914

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN George Shenkoff RELATIONSHIP

ADDRESS OF Oil Springs, Ont R.R. #1

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
T.O.S. from M.R.	D.O. 232/1239.	13-12-18	
Disc 12th Batt. C.G.R.		Dp. 240	21-12-18.

Number 106566 Rank Pte

Surname STEINHOFF

Christian Name Onnie C.

Units 1st C.M.R. Theatre of War France

Date of Service 22/9/15

Remarks

Latest Address Oil Springs Ont.

"B" Roll No.

Page 12779.

200m.-2-21.M.

STEINHOFF, Owen Charles Sgt. 106566 1st C.M.R.

649-S-29235

Medals - Prev. Sesp'd.

Cross - Widow:- Married after Discharge.

Mother:- Mrs. Mary STEINHOFF,
R.R. #2,
OIL SPRINGS, Ontario.

DESP. FEB 5 1946
REGN No. 8367

*Name Steinhoff O. C. Rank Pte Regtl. No. 106566

Original unit 1st C.M.R. Present unit 1st C.M.R. M or S. Age 26 Religion Pres Fyle Depot Ref. H.Q.

Port, ship and date of arrival Halifax Mauretania 15-4-18

Next of kin Geo Steinhoff Father Chesley Ont.

Address on leave Saskatoon Sask

Address on discharge do.

Transportation issued ~~No~~ Yes Date 20-4-18 Character on discharge

Previous occupation Farmer Date and place of enlistment 31-12-14 Toronto

Diagnosis Defective Vision Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
9-4-18	To U.S.	5-13
20-4-18	Leave to 7-5-18	5-13
11-5-18	Trans Garrison Regt.	26-120
5/12/18	Transferred to M.D. # 12	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Steinhoff	O. C.	106566.

Rank	Unit	Co.	Troop	Batty.
Pte	1st C.M.R.			

Hospital Neb. C. F. Ambulance — Date of Admission 9. 11. 15

Transferred North'n Mid. Dir. Con. Cl. Station Hosp. 27-11-15

Ex: #3 Can: Fld Ambulance Hosp. ——

3. Can. F. Amb. Hosp. 15.12.15.

#5 Can. Fld Amb. Hosp. 24. 3. 16.

Diagnosis Otitis Media.

Later Diagnosis (if changed)
(1) Infected finger (arm)
(2) Laryngitis. Influenza
(3) Keratitis Lt. Eye.

Additional Diagnoses: if more than one state present
Conjunctivitis

DISPOSITION		Date
	Dis. to Duty.	17-11-15.
	Dis. to Duty	4.1.16
C.L. 1-12-15 #59.		
" 26.11.15 #55		
C.L. 11-12-15	#65	
C.L. 15-12-15	#64	
" 29.12.15.	73.	
C.L. 29.1.16	89.	
C.L. 9.2.16	96	
" 8.4.16	A135.	
" 26.4.16	A145.	
" 29.4.16	A148.	
" 30.5.16	A168.	
P.J.O.		

REMARKS

Disch'd to Duty 3-12-15
Disch'd to Duty 17.1.16
Can Base Details. 8.6.16.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

3 APR

P.J.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	to #24 Gen. Etaples.	2. 4. 16
2.	to Convalescent Camp Etaples	20. 4. 16.
3.	#6 Stat Havre	22. 5. 16.
4.	to Convalescent Depot	24. 5. 16.
5.		
6.		
7.		

C.L. 3. 6. 16 A170.
7. 7. 16. A197.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

D. 12
NO. 14

LAST PAY CERTIFICATE

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

Regimental No. 106566 Rank A/Cpl Name Steinhoff, O.C.

Corps 12th Btn Can Gar Reg who was* Discharged

On Dec. 21 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 8 1918 to Dec. 21 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
			L.P.C. 7-12-18		
Bal. Dr. from prev. month			Balance Cr. from prev. month	9	70
Advances by Cheques No.			Regt'l. Pay 14 days at $ 1 c.	14	00
No.			Field Allow. 14 days at $ c. 10	1	40
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 92	93	10	Other Credits* Civ. Clo. Allow	35	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	00
Total	93	10	Total	93	10

*Give particulars.

1st payment P.D.P.

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

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 30-12-14

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

(3) cause of discharge Medically Unfit authority D.O. 240

(4) authority for transfer

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

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

Date Dec. 27/18

Place Regina

Stuart S. Scott
Capt.
Paymaster, 12th Battn. Canadian Garrison Regt.
Paymaster.

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Steinhoff, O.
Surname Christian Name

Regimental Number 106566 Rank A/Cpl. Address (in full) Oil Springs, Ont.

Unit 1st C.M.R.

Original Unit

District where paid M.D. 12

Date of Discharge 21-12-18

P. D. P. Filing Number

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		

Remarks: Account opened 8-1-9

M. F. W. 127.
25M.—8-18.
1772-39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

$.....

$

$.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal.....
or overpayment.

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

396

To Whom Geo Steinhoff
Address Oil Springs
R. R. No 2
Ont.
Rate $25-00

By Whom Assigned Steinhoff. O
Regtl. No. 106566
Rank Pte
Corps 1st C. M. R

SPECIAL REMITTANCE

Sched 367. 15.5.17

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1917			
Feb.				
March				
April				
May				
June		A11454	25—	
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

L. L. Job 80137—M. & D. 5683.

~~England~~

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom G. Steinhoff

Address Oilsprings RR 2 Ont.

Rate $10.00

JUN 1 - 1915

By Whom Assigned Steinhoff O

Regtl. No. 106566

Rank Trooper

Corps "A" Sq. 1st C. M. R.

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		897	10.00	
July		+1215	10	
Aug.		V3076	10	
Sept.		L1095	10	
Oct.		L2118	10.00	
Nov.		O8683	10	
Dec.		P10125	10	
Jan.	1916	Q12645	10	
Feb.		S13051	10	
March		V13619	10	

CONSOLIDATED ACCOUNT 6

P 10126 Cancelled

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Sheet No. 2. G. Steinhoff PAYMENTS. Name of Soldier Steinhoff O.

L. L. Job 89002.—Req. 6213.

Tpr. asg 1 C.M.R.

$10.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q1632	10	
May		Q4099	10	
June		J4900	10	
July		B9928	10	
Aug.		K14868	10	
Sept.		R20666	10	
Oct.		R25646	10	
Nov.		Y22694	10	
Dec.		X30933	10	Spec Reg 27.1.17 Z.
Jan.	1917	~~W37761~~	~~10~~	Cancelled
Feb.		~~Q48891~~	~~10~~	
		~~L47314~~	~~10~~	L47314 Cancelled 10-4 H.G.B. 22/2/17
March		a53444	10	
April		V4833	10	10 B
May		V11795	10	
June		U18207	10	10 K
July		Y25322	10	C
Aug.		O32937	10	
Sept.		W41489	10	
Oct.		Q44056	10	
Nov.		M53170	10	$310.00
Dec.		~~O60604~~	10	
Jan.	1918	O60605		Cancel O 60605
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: June 1915

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10			

4L105 20 B.

PARTICULARS OF SEPARATION ALLOWANCE

No. 106566

Rank Spr. Promoted Reverted Discharge

Soldier's Name O Steinhoff

Battalion A Sqd 1st C.M.R

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name G. Steinhoff

Address Silsprings RR 2 Ont

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917 Dec. 31			$310.	$310.		
Jan	X 71441		10	10	883	
Feby	D 71586		10	10	3	
Mch	J 95420		10	10	4	
Apl	2 9793		10	10	4	
			350	350		

See also account in Spec Rem Ledger
Acct closed 30/4/18. Rtd Mauretania 18-4-18
WO 187. rmd. 23-4-18. NRO-2-B. D Thomson 23/4/18

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

P—56

Rank Gte Name STEINHOFF, Onnie, C. Reg'l No. 106566

Unit 1st. C.M.R. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Yorkton, Dec 30th 1914. Place of Birth Ont. Canada.

Name and Address, Next-of-Kin George Steinhoff, Oil Springs Ont. R.R. No 2.

Relationship

25 SEP 1918

Assigned Pay Monthly $10 Payable to Above

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915																	
July 1	31	31	1.00	31	31	10	3 10		34 10			15	10		25	9 10	
								40	40							9 50	Exchange
Aug 1	31	31		31	31		3 10		34 10			19 47	10		29 47	14 13	
Sep 1	30	30		30	30		3 ·		33			4 87	10		14 87	32 26	
Oct. 1	31	31		31	31		3 10		34 10			5 29	10		15 29	51 07	
Nov. 1	30	30		30	30		3 ·		33 ·			7 85	10		17 85	66 22	
Dec 1	31.	31.		31.	31.		3.10		34.10			14.07	10		24.07	76 25	
Jan 1 1916	31	31		31	31		3.10		34 10			7.84	10		17.84	92 51	
Feb 1	29	29		29	29		2 90		31.90			5 24	10		15 24	109.17	
												4 36.					
Mar	31	31		31	31		3 10		34 10			2.61	10		16 97	126 30	
				275 -			27 50	40	302 90			86 60	90 -		176 60		

Carried forward to Large Ledger sheet

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						

MARRIED OR SINGLE S.

PLACE OF BIRTH Ontario

NAME AND ADDRESS OF NEXT OF KIN George Steinhoff
R. R. No 2 Port Springs Ontario

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	AUTHO

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
7/8/16	26/9/16	V	39th Gen. Hosp

~~#106566~~ Steinhoff O.C.

P.830.

1. L.P.C. issued, date 12/3/18
2. Authority A.G. 3a 10/787
3. Discharged to Canada
4. Pay Book verified 12/3/18
5. Balance shown on L.P.C. £109 93
6. Balance shown in Ledger Sheet $148 05
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount Debit	Amount Credit.
~~1652~~	~~15/4/18~~	~~2nd C.D.R.D.~~	~~4 46~~	
~~1985~~	~~7/3/18~~	~~"~~	~~4 46~~	
~~2049~~	~~7/3/18~~	~~Crawshaw, L.R.~~	~~29 20~~	
		Not Difference $ 38 12	38 12	

8. Assigned Pay cancelled ~~A.S.M. forms rendered.~~ off 1/4/18

or

9. Separation Allce and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct R. Robertson Capt.
Officer i/c Group. F

ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date
		40 302 90						
		33						
		34 10						CBD 25/5/16
		33						
		34 10						CBD 3705 / OSB 7234 / CBD ~~3649~~ / CBD 3962 /
		34 10						8.6.216. 2
		33						CPOSB 7517 / CBD 4274 / " 4710 / " 5185
		34 10						" 7379 18/10 / " 6910 28/9
		33						CBD 8338 8/11 / CBD 8064 30/10
		34 10						GB 9004
		40 608 40						

MARRIED OR SINGLE S.

PLACE OF BIRTH Ontario

NAME AND ADDRESS OF NEXT OF KIN George Steinhoff

R. R. No 2 Port Springs Ontario

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	AUTHOR

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
7/8/16	26/9/16	V	39th Gen. Hosp

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT c.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT c.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT c.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE
1916			27$				27	50						40	302 90						
Apl 30	30	1.00	30		30	10	3								33.						
May 1-31	31		31		31		3	10							34 10					CBD 25/5/16	
June 1-30	30		30		30		3								33						
July 1-31	31		31		31		3	10							34 10					CBD 3705/ OSB 7234/ CBD 3549/ CBD 3962/	
Aug 1-31	31	1.00	31		31	10	3	10							34 10					8.6.2.16. 26	
Sept 1-30	30		30		30		3								33					CPOSB 7517 CBD 4274 " 4710 " 5185	
Oct 1-31	31	1.00	31		31	10	3	10							34 10					7379 18/10 6910 28/9 CBD 8348 8/11 CBD 8069 30/10	
Nov 1-30	30		30		30		3								33						
Dec 1-31	31		31		31		3	10							34 10					CBD 9004 7/11	
1917			55				55														
			605											40	605 40						
			605																		

PROMOTIONS, &c.	EFFECTIVE DATE	AUTHORITY

HOSPITAL, &c.	
NAME OF HOSPITAL	
4th Gen. Hospital	

REG'L. No. 106566 RANK Pte NAME Steinhoff Ernie C

IF IN PERMT. CORPS WHAT UNIT | UNIT 1st Can. M.G. Coy. TRANSFERRED TO 3rd Can. Reserve Regt DATE 11/9/17 AUTHORITY B.O.S. 11/6/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 1st C.M.R. DATE 1-1-18 AUTHORITY N.R.

PLACE OF ATTESTATION Markham TRANSFERRED TO F.R.E. DATE 1-4-18. AUTHORITY

DATE OF ATTESTATION 30th December 1914 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 10.00 DATE EFFECTIVE 1-7-18

PAYABLE TO Geo. Steinhoff, Oil Springs, Ontario, Canada. RELATIONSHIP 25 SEP 1918

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1/4/18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 12/3/18 REASON AND AUTHORITY A.G. 3a 10/1787

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Disposal

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) C1

ACQUITTANCE ROLLS 1 No.	Date	2 No.	Date	3 No.	Date	4 No.	Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
								~~86 60~~	86 60			90.		176 60	126 30				
												10		10	149 30				
CBD 25/5/16									85			10		10 85	172 55				
												10		10	195 55				
CBD 3705	15/6/16								681										
OS 37234	3/5/16								171										
CBD 3649	23/6/16								426										
CBD 3962	30/6/16								852	24 33		10		55 63	174 02				
8.6.216.	26/6/16.								97 34			10		107 34	100 78				
CPOS 137517	18/5								174										
CBD 4274	8/7.								436										
" 4710	21/7.								436										
" 5185	4/8.								436			10		24 82	108 96				
" 7379	8/10								436										Hospital Stoppage 7/8/16 – 26/9/16 51 Days @ 60c. 30.55. 3/10/16
" 6910	28/9								435			10	30 60	49 31	93 75				
CBD 8348	8/11								436										
CBD 8064	30/10								697			10		21 33	105 42	55	50 42		
CBD 9004	7/11								1308			10.		23 08	116 44.	34 50	81 94		
									754 03	24 33		180	30 60	488 96					

Small Ledger Sheet.

#106566 Pr. Strailoff O.C.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3
1917			605											40	605.40											334 03
Jan 1-31	31	100/10	34	10											34 10	CBD 9516	12/12/16									4 36
Feby	28	"	30	80											30 80	CBD 10652 10/1 10850 17/1 10083 23/1/2										6 98 6 98 6 98
Mch 31	31	"	34	10											34 10	12044 28/2 11416 8/4 } CBD										4 36 6 98
Apl 30	30	"	33	.											33 .	12296 1/3/3 14800 31/3 R. Camp										4 36 4 36
May	31		34	10											34 10	438 30/3/4 CBD 436 30/4 ✓ 296 14/4 ✓ 5 31/5 ✓ 879 14/5 ✓				7R 30 1075-17					4 36 4 36 4 36 4 46 4 46
June	30		33	.											33 .											
July	31		34	10											34 10											
Aug	31		34	10											34 10											
Sept	10		11												11											
			883	30										40	883 70											321 38
	20		22	-											22 -	15 4	30/6 4									4 46 4 46
			905	20										40	905 70											33 30

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
Sept 1917	Bal @ 20/9/17.	~~225 47~~							225 47	79 50	
Oct	P.P.	34 10		331 28/7/17. 2 LBD.	4 46						
				344 14/7/17	4 46						
									10	84 50	
				CP 96453 9/10/17	111 93						
					120 85						
				CP 98837 17/10/17	194 7				109 25		
Nov.	P.P.	34 10			140 32				10		
		33							10	89 50	
Dec.	P.P.	34 10							10	94 50	
				981. 17-11-17. 2 LBD.	13 38						
				406. 11-8-17. 2 LBD	4 46						
				536. 8-9-17. 2 LBD.	4 46						
				789. 6-10-17. 2 LBD.	4 46						
1918		67 10			26 76				20	129 59	
Jan	-	34 10		a.P.					10	99 50	
				ab 1120 7/12 6 LBD.	4 46						
				✓ 1258 11/12 ✓	4 46						
				✓ 474 27/8 ✓	4 46						
				✓ 1429 2/1/18 ✓	4 46						
				✓ 896 10/11 ✓	4 46						
Balance forward		34 10			22 30	22 30			10		

MONTH	PARTICULARS	CR. 1
1918 Jan		34 10
Feb.	Pro Pay.	34 10 30 80
		30 80
Mar 1st	P. Pra	13 20
	Int on Old Pay	6 04
March		19 24
July		19 24

O.C. $10.00 assigned

Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	35 03	24 23	180	30 60	488.96	116.44		34 50	81 94	
	436		10		14 36	136 18		39 80	96.68	
	698									
	697									
	698		10		30 93	136 05				
	436									
	698		10		30 06	140 09		49 50		
	436									
	436									
	436		10		10	163 09				
	436									
	436	25	10		48 08	149 11				
	446									
	446		10		18 92	163 19				
			10		10	187 29		69 50	117 79	
			10		10	211 39		74 50		
			10		10	212 39		77 80	134 59	Taxes to 2nd Buffalo Depot 11/9/17
	321 38	49 33	270	30 60	671 31					
	446				892	225 47		79 80		
	330 30	49 33	270 00	30 60	680 23					

ULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	DEF. ALLOC. ENG.
	34 10			22 30			10		99	
			A.R. 680. 22/9/17. No 2 C.J.B.D.	446				126 93		
	34 10			26 76			10			
Pay.	30 80		A.P. 2676				10			
			AR 1573. 19/1/18 No 2 C.J.B.D.	446						
			" 1759. 2/2. " "	446				138 81		
	30 80			8 92			10			
a	13 20		A.P. for march 892				10			
la Pay	6 04							148 05	38 12	109.93
	19 24						10			
			ar 185 16/2. 26 C.J.B.D.	446						
			" 1985 9/3. " "	446						
			892	892						
			" 2049 31/3 15 Res.	29 20						
				38 12						
			" 23014. 25/3. C.D.D. Burston	9 73				100 20		
	19 24			47 85			10			
			Pm Sailing #14 9/4/18	100 20				0		
				100 20						