

REGIMENTAL DOCUMENTS

NAME

AINGER. Charles Christopher

REGT. NO. *240143*

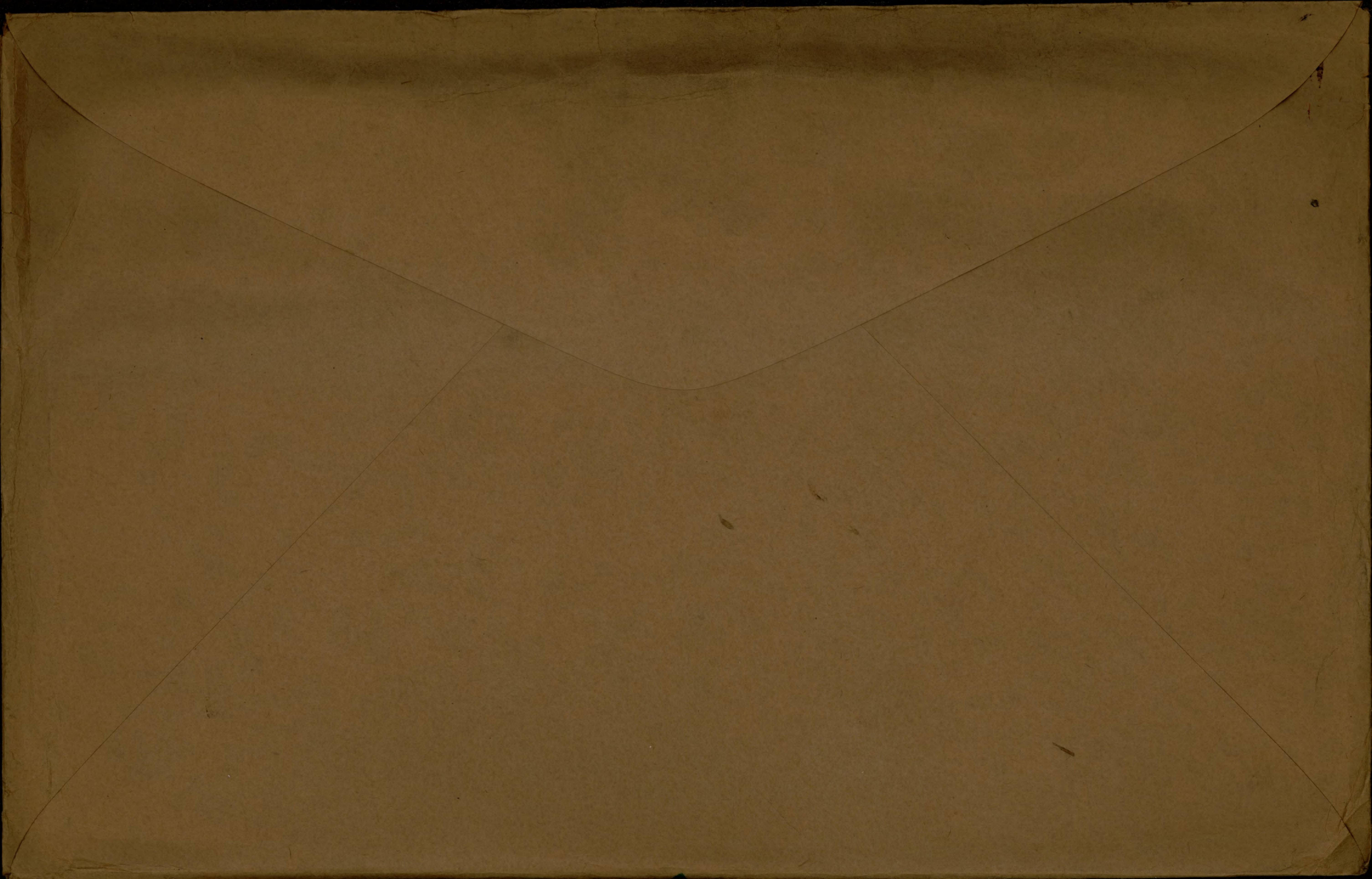
UNIT *215 Balin*

H. Q. FILE NO.

2879



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
<i>3</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH	
<i>2</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
<i>1</i> TRAINING HISTORY SHEET (M.F.W. 113) <i>Record Sheet</i>						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
<i>/</i> REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
<i>/</i> COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
<i>/</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
<i>2</i> DENTAL HISTORY SHEET (M.F.B. 465)						DISCHARGE
<i>/</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						Category
MEDICAL EXAMINATION (M.F.W. 129)						<i>Med Unfit</i>
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	
<i>/</i> LAST PAY CERTIFICATE (M.F.W. 44)						
<i>/</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
<i>/</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>MFW. 67.</i>						
<i>3 Misc Cards.</i>						
<i>Pay Sheet.</i>						



ORIGINAL

ATTESTATION PAPER.

No. 270143

215th BATTALION
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Ainger
- 1a. What are your Christian names?..... Charles Christopher
- 1b. What is your present address?..... Paris, Ont. Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... McNab, Lincoln Co. Ont., Canada
- 3. What is the name of your next-of kin?..... Mrs. Edith Marie Ainger
- 4. What is the address of your next-of-kin?..... Paris, Ont., Canada
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... Apr. 3, 1887
- 6. What is your Trade or Calling?..... Blacksmith
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... ~~25thxxBrantxxDragoons~~ Yes
- 9. Do you now belong to the Active Militia?..... ~~3xxrsxx28thxxDufferinxxRifles~~ 25th. B. D.
- 10. Have you ever served in any Military Force?..... 3 yrs. ~~28th~~ Dufferin Rifles
If so, state particulars of former Service. 38th
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Chas. C. Ainger (Signature of Recruit)

Date March 31st 1916. H. A. Pearee (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Chas. C. Ainger (Signature of Recruit)

Date March 31, 1916. H. A. Pearee (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 Paris, Ont. this 31st. day of March 1916.

H. A. Pearee (Signature of Justice)

Description of Charles Christopher Ainger on Enlistment.

Apparent Age.....**28**.....years.....**11**.....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.....**7½** ins.
 Chest measurement { Girth when fully expanded.....**33** ins.
 Range of expansion.....**3** ins.
 Complexion.....**Ruddy**
 Eyes.....**Blue**
 Hair.....**Dark**

Left Inguinal Ring relaxed

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

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.....**March 31,**.....191 **6**

Place.....**Paris, Ont.**

A. S. Powell
 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.

.....**Charles Christopher Ainger**.....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.

H. W. Roberts
 (Signature of Officer)
Lt.-Col.

Date.....**March 31,**.....191 **6**

O.C. 215th. Overseas Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 270143 (Rank) Pte.

Name (in full) AINGER CHARLES CHRISTOPHER enlisted in
the 215th Batt.

CANADIAN EXPEDITIONARY FORCE at Paris Ont on the 31st
day of March 1916

HE served in England and France.

and is now discharged from the service by reason of

Medically Unfit.

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

Age 30

Height 5' 7½"

Complexion Ruddy

Eyes Blue

Hair Dark

Marks or Scars

Vacc. Scar Left Arm.

C. C. Ainger
Signature of Soldier

A Sargeant Capt

Issuing Officer

O.C. No. 2 District Depot.

Rank

Date of Discharge Feb 20. 1919

Appointment

Signed at Toronto, Ont this 20th day of February 1919

in Military District No. No. 2

File Reference No. DISTRICT DEPOT

E.S

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

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

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins 215th OS BATT CEF

(2) Regimental Number 270173

(3) Full Name of Soldier Charles Christopher Angier

(4) Place of Birth St Catherine's

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Edith Marie Angier

125 Spring St Brantford Ont

(b) Present Postal Address 125 Spring St Brantford Ont

(7) Are you a widower? No

(8) Have you any children? 2

If so, give number of boys and girls 2 boys

Also their names and ages Alan Angier 4 yrs

Howard " 2 yrs

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

Have made arrangements

(15) Are you insured? *Yes*

If so, in what Company? *Prudential + A.O.F. insurance*

Have you made arrangements for payment of your Insurance premium? *Yes*

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

H. E. Snider, Jr. Col.
[Signature]
Officer Commanding.

Date *Apr 4/17*

215TH OVERSEAS BATTALION, C.E.F.
[Signature]

MEDICAL HISTORY SHEET.

Surname Ainger Christian Name Charles Christopher

Examined { on 31st. day of March 1916
 at Paris, Ont.

Approved by A. Shovel

Birthplace { City or Town McNab
 County Lincoln County

Rank _____ M.O.

Apparent age 28

Trade or occupation Blacksmith

Height 5 Feet 7 1/2 Inches.

Weight 156 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left X
 Number 5

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease None

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

Vision R. D. 80

L. D. 20

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

Date.	Result.	VACCINATIONS.
<u>11/22/16</u>		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>JUL 13 1916</u>		M.O.
<u>JUL 20 1916</u>		M.O.
<u>JUL 27 1916</u>		M.O.
<u>T.A.B. 5/1/17</u>		M.O.

Enlisted on 31st. day of March 1916 at Paris, Ont.

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>215th. Bn.</u>	<u>270143</u>	<u>Good</u>	<u>31st. March</u>
Transferred to	<u>2nd CANADIAN RESERVE BATTALION</u>			<u>MAY - 7 1917</u>
	<u>125th Bn.</u>			<u>JUN 4 1917</u>
	<u>Can M.G. Depot</u>			<u>7. 3. 18</u>
	<u>M.G. Cav Squad</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Seaford.</u>	<u>2-1-18</u>	<u>D.A.H.</u>	<u>B711 Remained unfit</u>
<u>St. Cath.</u>	<u>14/2/19</u>	<u>D.A.H.</u>	<u>D114 Discharged</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.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

Canadian Printing and Stationery Services, London

MD2

NAME OF SOLDIER (Block Letters) **ALINGER CHARLES**

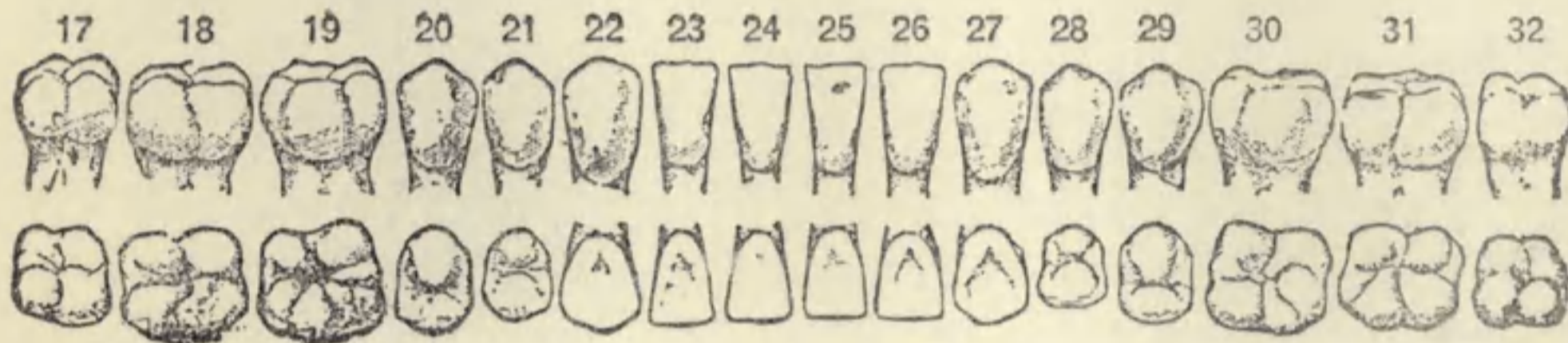
REGIMENT **1st Machine G Bn** RANK **Pte** No. **270143**

Date of Examination in England **6/1/19** Date of Examination in France

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

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

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



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Nil

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In Canada
- (b) In England
- (c) In France

No

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

H. W. Reed
Capt.

W.D.

ALINGER CHARLES
of
Pittsburgh
Pa

Handwritten notes at the bottom left corner, including the word "March" and some illegible scribbles.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

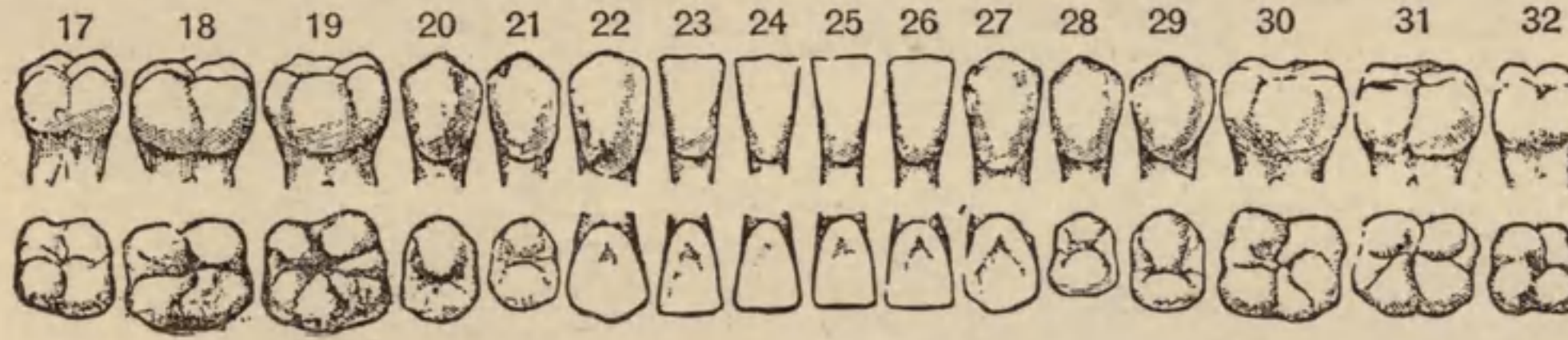
M.F.B. 465.
200M-6-18.
1772-39-950.

NAME OF SOLDIER *Angler*

REGIMENT *270143*

RANK *Plt*

No. *270143*



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	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge Exam. At Exhibition Camp</i>																					
<i>Date FEB 14 1919</i>																					<i>Certificate issued for DENTALLY FIT</i>
																					<i>K. K. Major</i>

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 770143 Rank Ote Name Anger C. C.
(Surname first)
Unit No. 2 District Depot who was* DISCHARGED
On FEB 20 1919 191....., to Sub Outpatient
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 20 1919 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....	22 57	
Regimental Pay..... <u>20</u> days at \$..... <u>f. c.</u>		20 ..
Field Allowance..... <u>20</u> days at \$..... <u>c. 12</u>		2 00
Separation Allowance.....		50 ..
Clothing Allowance.....		35 00
Post Discharge Pay.....		100 00
*Other Credits		11 20
.....		12 00
Advances	5 00	
Separation Allowance and Assigned Pay Cheque No.....	22 56 6	
*Other Charges		
Balance on transfer or on discharge, cheque No.....	22 56 5	
Total	55 20	200 50

*Give particulars.

A monthly stoppage of \$..... 20 .. (†) has..... (‡) been paid on account of
Assigned Pay for the month of January 191..... } (to) Assignee Mrs E. C. Anger
and Separation Allee. for month of Feb 191..... }
(Address) 14 Springfield Bradford Ont
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment..... married or single.....
(2) Separation Allowance, entitled or not..... Yes (3) Reason for discharge.....
(4) Authority for discharge or transfer..... 2049

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

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

Date FEB 19 1919
Place TORONTO, ONT.

PAYMASTER, No. 2 DISTRICT DEPOT
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record-record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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

24 JAN 1919

Attached C.C.C Kinmel Park for return to Canada Part II Orders No. 20. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 20

24 JAN 1919

M. F. Hunt ^{capt}
Commanding Wing,
Kinmel Park Camp.

H. M. T. 'AQUITANIA'
EMBKD. LVP'L. JAN. 18. 1919
DEBKD. HALIFAX. N.S.
JAN. 24. 1919

JAN 18 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D.O. 32

W. J. [Signature]
Lieut.
For O. C. No. 2 District Depot

20-2-19 S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 49

H. Sargeant ^{Capt}

For
O.C. No. 2 District Depot.

DL.

Rank *pte*

Name

AINGER Charles Christopher,

Reg'l No. 270143.

Unit

If in perm. Corps,
What Unit?

Married or Single Married.

215th Bn to 2nd Can Ont Regt.

Place and Date of Enlistment Paris Ont. Mar 31st. 1916.

Place of Birth Lincoln Co. Ont. Can.

Name and Address, Next-of-Kin Mrs Edith Marie Ainger,

Paris. Ontario. Canada,

Relationship Wife,

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. 3624
File R.L.
Category OR CAN

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
					ARRIVED IN ENGLAND 7 5 17 S/S OLYMPIC.
10 5 17	2nd Rs	T.O.S from Canada	Seaford	7-5-17	D.O. 112
4 6 17	"	SOS to 125th Bn	"	4.6.17	165/125th 137 7 4.6.17 C.M.G.D.
7-3-18	125th Bn	S.O.S. to C.M.G.D.	Witley	7-3-18	2035 & R.I.D. #67/8-3-18.
11-4-18	C.M.G.D.	Sol. to Lab Pool, Overseas.	Seaford.	11-4-18	R.I.D. #101. & D.I.II 37 d/6-5-18 C.M.G.D.
6-6-18	C.M.G.D.	SOS to 1st Bu C.M.G.	Field	24-5-18	45447 - 1st Bu C.M.G. T.O.S. Lab Pool
15-11-18	1st Bn. C.M.G.	Sol. to Lab Pool.	Field.	1-11-18	R.I.D. #101 20183 d/16-11-18
13-12-18	Lab Pool	Trans. to Eng. & posted to C.M.G. depot, Seaford.	Field	13-12-18	R.I.D. #0200. & 256/17-12-18 1208 p. 12
31-1-19	C.M.G.D.	Sol. to C.C.T. in Canada.	Seaford	18-1-19	R.I.D. #31

Handwritten notes:
215th Bn to 2nd Can Ont Regt.
Paris Ont. Mar 31st. 1916.

Handwritten notes:
Lab
2001

Vertical stamp:
FEB. 103 CHECKED
24 APR 1918

31-3-16

MILITIA AND DEFENCE

L52

SEPARATION ALLOWANCE

Name *Edith Maria Ainger*

Name of Soldier *Ainger Charles G.*

Address *Paris P.O.
Paris
Ont*

Regtl. No. *270143.*

Rank *Rte*

Corps *215th Batten*

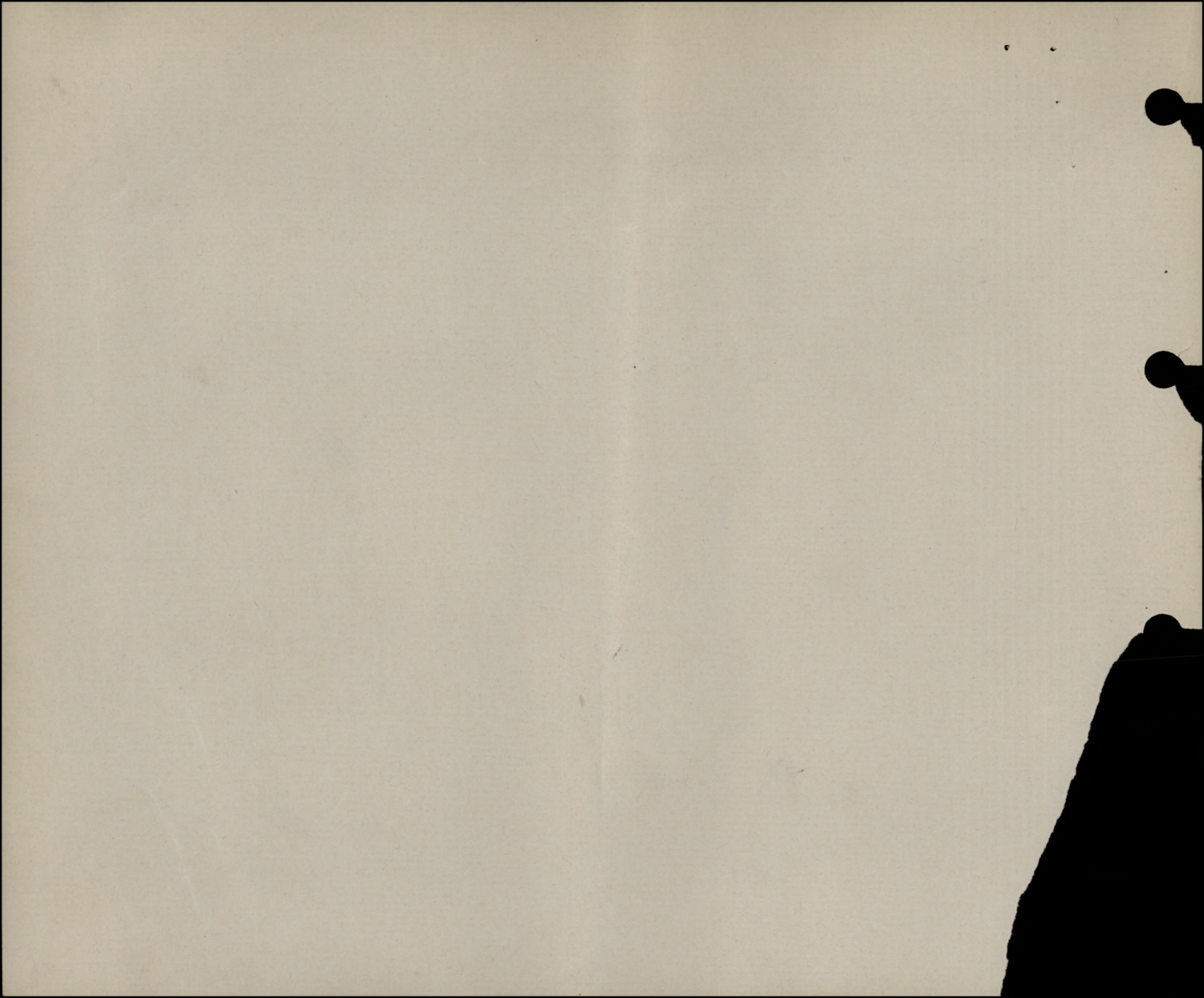
Relation to Soldier }
wife, child or mother } *Wife*

To what Corps belonging }
when called out }

PAYMENTS

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

Edith Ainger



MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Red 2 M. F. W. 11a.
 50m.-4-16.
 1772-39-818.

Sheet No. 2.

L. L. Job 310.—Req. 6374

Edith M. Ainger

Wife
 PAYMENTS. *2,701.43,*

Name of Soldier

Ainger Charles, C.
Rte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>05249</i>	<i>40.</i>	<i>NO</i>
June		<i>B1589</i>	<i>20</i>	<i>20</i>
July		<i>29717</i>	<i>20.</i>	<i>20</i>
Aug.		<i>A 11114</i>	<i>20</i>	<i>20.</i>
Sept.		<i>B14534</i>	<i>20</i>	<i>40 posted in error.</i>
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Destroy

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

(wife)
**MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS**

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

To Whom *Edith Marie Ainger*
 Address *125 Spring St.
 Brantford Ont.*
 Rate *15.00*

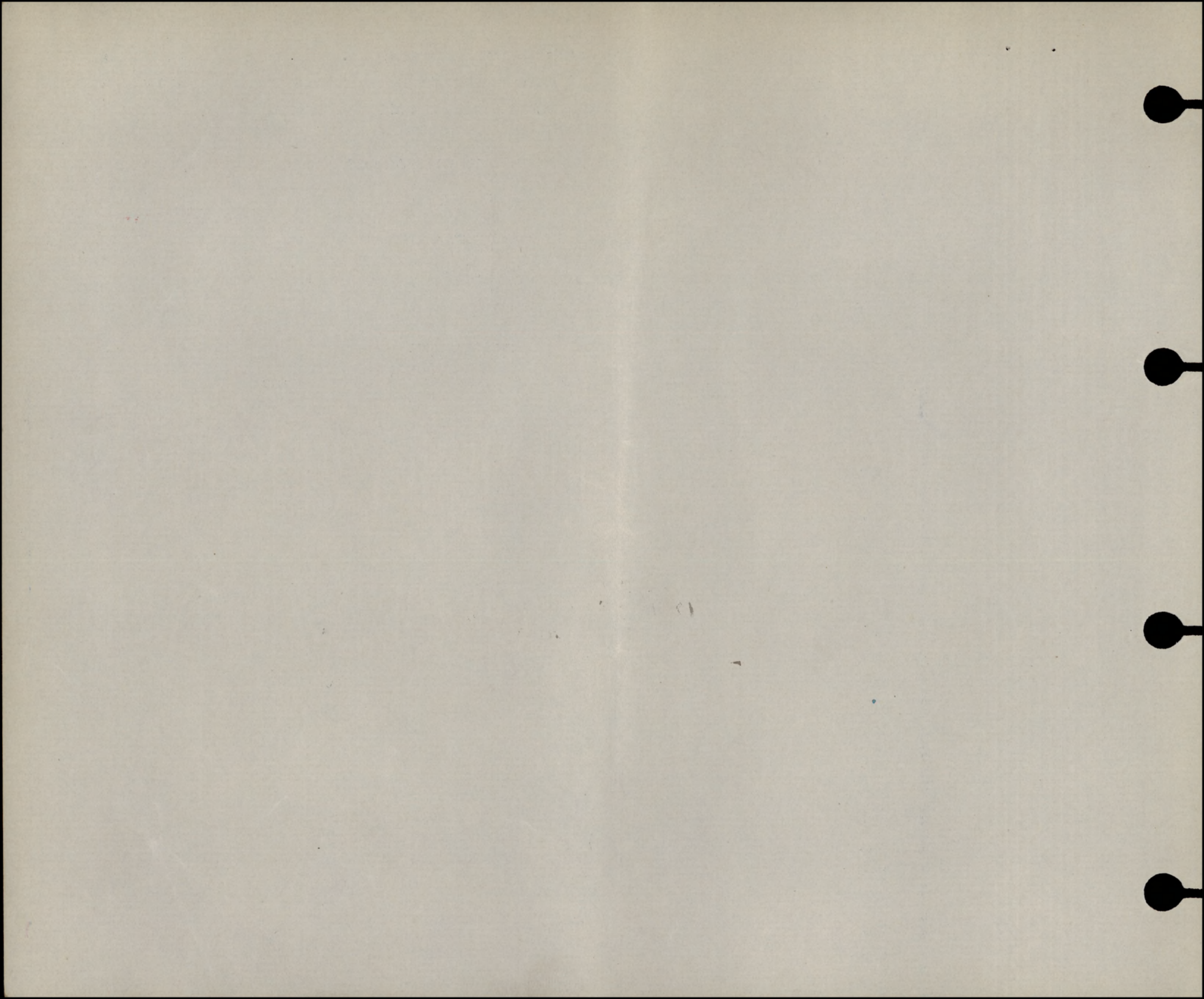
By Whom Assigned *Ainger Charles E*
 Regtl. No. *27043*
 Rank *Pte*
 Corps *215th Batta*

MAY 1 1917

PAYMENTS

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

Consolidated Account



MILITIA AND DEFENCE

M. F. W. 12a.

18m.-4-17.

1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Edith Marie Ainger

PAYMENTS.

Name of Soldier

Ainger Charles C.
270143 *215th Bata*

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>Z 14574</i>	<i>15</i>	
June		<i>B 17755</i>	<i>15</i>	<i>W.</i>
July		<i>G 19978</i>	<i>15</i>	<i>W.</i>
Aug.		<i>G 26739</i>	<i>15</i>	<i>W.</i>
Sept.		<i>F 38056</i>	<i>15</i>	<i>W. \$75.00 to D.C. ✓</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MAY 1 1917

m.c.

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.				

31-3-16

MILITIA AND DEFENCE

Led 2
450 53 1/2

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

117.

SEPARATION ALLOWANCE

Name *Edith M. Ainger*
Address ~~*Paris, P.O.*~~
125 Spring St. Paris, Ont.
Brantford Ont.

Name of Soldier *Ainger Chas. C.*
Regtl. No. *270143,*
Rank *Pte*
Corps *215th Bn*
To what Corps belonging }
when called out } *✓ ✓*

Relation to Soldier }
wife, child or mother } *Wife*

PAYMENTS

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



3

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Edith M. Ringer Wife

Name of Soldier Ringer Charles C.
Pte.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

PAYMENTS. # 270143

Led 2 73/11
P-45W
M. F. W. 11a.
50m.—416.
1772—30—818.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		O 5249	40	40
June		B 1589	20	20
July		J 9717	20	20
Aug.		A 1114	20	20
Sept.		B 14534	20	20 posted in error write chk
Oct.		B 17954	20	20
Nov.		B 21206	20	20
Dec.		B 24800	20	20
Jan.	1917	B 28334	20	20
Feb.		B 31136	20	20
March		B 34223	20	20 125 Spring St, Brantford Ont
April		C 130	20	20
May		C 3713	20	20
June		D 7463	20	20
July		C 10530	20	20
Aug.		E 13799	20	20
Sept.		P 18756	20	20 #360 + W.P. ✓
Oct.			20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

↑ 280

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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

Date of Assignment

Mar 31, 1916

Separation and Assigned Pay Branch

A

850 May 1st 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

\$ 20.00	1-12-17 25	30 1-9-18	
----------	---------------	--------------	--

P.C. 37257 P. 2753
210 40237

RATE OF ASSIGNMENT

75	20		
---------------	----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 270143
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Charles C. Ainger
 Battalion 215th Btn
 Beneficiary Edith M. Ainger
 Relationship Wife
 Address 125 Spring St. Brantford Ont
14 Lane.

PARTICULARS OF ASSIGNMENT

Name Edith Marie Ainger (Wife)
 Address 125 Spring St.
 Change of Address Brantford, Ont.
 1 14 Spring Lane. Brantford.
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 1917		360.	75.	\$435.00	
Oct.	C 50246	20	20 15	35 40	2 M 4 ^{10/17} increasing A.P. to 20 ⁰⁰ - 1 ¹⁰ - 1 ¹⁰ 9 ^{10/17} M.F.W. 2004 OK HB 214110 57666 (67622)
Nov	C 52059	20	20	40	T
Dec	C 59789	20	20	40	e Pr.
Jan	F 61044	30	20	50	S.
Feb	B 90814	25	20	45	
Mar	G 95040	25	20	45	✓
Apr	G 7813	25	20	45	b
May	A 10745	25	20	45	b
June	B 13664	25	20	45	b
July	V 26622	25	20	45	b
AUG	F 29100	25	20	45	b
SEP	F 35710	25	20	45	b
OCT	F 42353	25	20	45	b
NOV	F 50454	25	20	45	e
DEC	A 62407	45	20	65	e
	B 69876	30	20	50	b
FEB		775	395		

CANADIAN
 ASSIGNED PAY AUDITED
 A/c. [Signature]
 AUDIT CLERK
 DATE 19-5-19

A/c Closed 31/1/19
 Ret'd per. [Signature]
 M.D. 2 Date 25/1/19 M.F.W. 187 31/1/19
 [Signature]



M. F. W. 128
 4000-6-17-1772-38-141
 L. L. 25230-M. & D. 1983.

No. 270143 RANK Pte.

NAME Anger, Charles. C.

T. O. S.

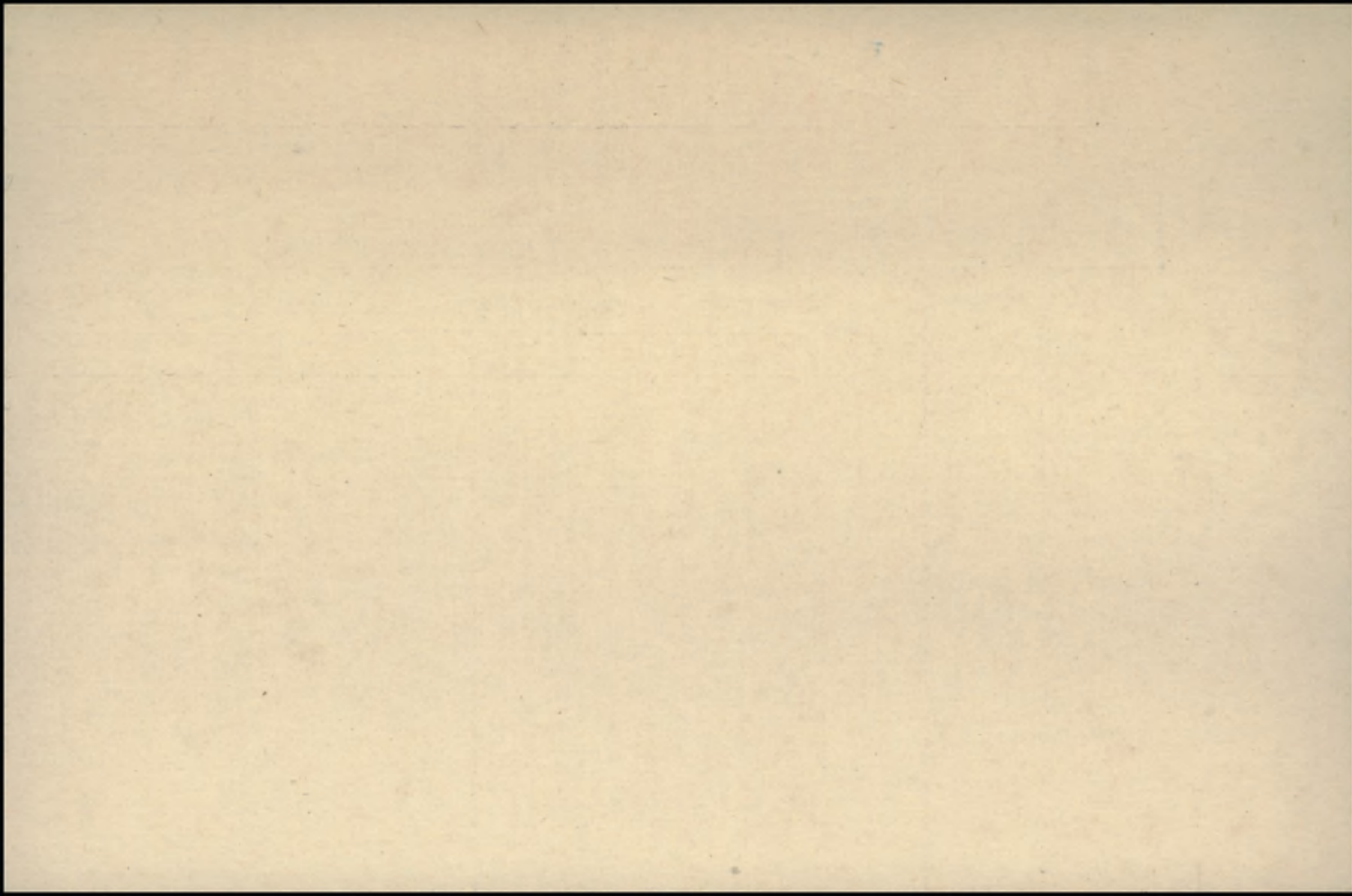
UNIT

215th Battalion

M. D. 2

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916.			
March 31	Apr. 30	✓		
May		✓		
June		✓		
July		✓	Harvesting Furlough.	100111 of 25-7-16
Aug.		✓	Returned Harvesting Furlough.	100138 of 25-8-16
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917		✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		

UNIT SAILED
APR 29 1917



LIST OF DISCHARGE DOCUMENTS.

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

9-10

SHORT FORM
PROCEEDINGS ON DISCHARGE.
 (Demobilization)

27-2-42
 War Service Badge.
 Class N
 No. 88809 Issued
 War Service Badge.
 Class B
 No. 54719 Issued

1. No.	270143	
2. Rank.	Pte.	
3. Name.	AINGER CHARLES CHRISTOPHER	
4. Unit.	215th Batt (D.D.#.2)	
5. Date of Discharge	Feb 20. 1919	Place TORONTO, ONT
6. Reason for Discharge	HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
7. Authority.	D.I.D.D.#.2 Pt 11 No 49	
8. Proposed Residence after Discharge	16 Spring Lane Brantford Ont.	
9.	<p align="center">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p><i>Charles Christopher Ainger</i> Signature of Soldier.</p>	
10.	<p align="center">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p align="center">TORONTO, ONT.</p> <p>Place.....</p> <p>Date <u>Feb 20. 1919</u></p> <p>Signature..... <i>H. Sergeant</i> (O. C. Discharging Unit.)</p>	

*Received 28-12-41
 14-1-42
 21-1-42
 7503*

*Field conduct sheet
 has never been
 rec'd from Bureau.
 E.S*

*16-10-40
 16-3-40*

29

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.

Do Concur.

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.) |

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.)

Disordered heart action- medical- 3 months.

- (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.)

Having been found medically unfit for service. For further treatment under I.S.C. as out-patient. Category D-3.

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

PLACE Exhibition Camp, Toronto.

DATE Feb. 14, 1919.

[Signature]
 President
[Signature]
 Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE: Members

DATE: Members

APPROVED BY: APPROVED BY:

APPROVED
 Assistant Director of Medical Services.
 DATE FEB 17 1919
[Signature]
 CAPT.
 FOR A. D. M. S. M. D. 2

Director-General of Medical Services.

DATE:

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Exhibition Camp, Toronto DATE 14-2-19

1. 1 (a) Unit 2nd. D.D. (b) Regimental No. 270143 (c) Rank P.O.

(d) Surname AINGER (e) Christian name Charles James Christopher

(f) Home address 16 Spring Lane, Brantford, Ont.

(g) Next of Kin Mrs. Edith Ainger (h) Relationship wife.

(i) Address of Next of Kin 16 Spring Lane, Brantford,

2. Age last birthday 31 years Date of birth 3-4-1887

3. Enlistment, or Appointment (if an Officer) (a) Place Paris, Ont (b) Date 31-4-16

4. Personal description:

(a) Height 5' 7 (b) Weight 135 (c) Complexion Ruddy

(d) Colour of hair Dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Small

scar on right cheek. Scar on right thigh.

5. Former trade or occupation Blacksmith.

	PERIODS	
	Years	Days
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).	2	315

	PERIODS	
	From	To
215th. Batt.		
Canada	Mar. 31, 1916	May, 7, 1917
England	May 7, 1917	Mar. 24, 1918
France or other theatres of War	Mar. 24, 1918	Dec. 19, 1918
England & Canada.	Dec. 19, 1918	to date.

7. Original disease, or injury D.A. H.

(a) Date of origin 1-2-16 (b) Place of origin England.

(c) Cause Service conditions.

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

Partial loss of function of Cardio-vascular system.

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.)

1. Objective: Fairly well developed and well nourished, man about 35 years old. Heart normal in size max. apex beat in 5th. interspace 1/2" inside of nipple line. No murmurs. First sound accentuated.
Rest After touching toes 12 times After 2 minutes rest
Pulse 140 164 140
Resp. 24 30 26.
B.P.S. 110. B. P. D. 75.
Vision Right 20/20 Left 20/200. Other systems normal.
Subjective: Complaints of shortness of breath on exertion. Cough very marked at night. Says he would walk 2 miles on a level road, but could not walk a half mile if he had to go up hill.

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

Nervous System No Cardio-Vascular System No Genito-Urinary System No
Special Senses No Respiratory System No Integumentary System No
Disturbances of Mentality No Digestive System No Muscular System No
Osseous and Joint Systems No Any other general condition No

Urinalysis: sugar absent, albumen absent.
No hernia, piles, goitre, varicose veins, or varicocele.

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

Enlisted 31-3-16. Went to England May 7, 1917. Went to France Mar. 1918, carried on till 20-11-18, when he began to get short of breath and to have a persistent cough which was very bad at night. Consulted M.O. about cough and his heart condition was discovered. Condition has remained unchanged ever since.

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).)

None

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

No

11.—(a) Did the disabling condition have its origin before enlistment?

(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.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) 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?

3 months.

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

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

Yes- rest for 3 months.

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

No- because of heart condition

17. Recommendations

D-3 for treatment under I.S.O.

John W. Call
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).

Chas. O. Ainger.

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

C. O. Ainger
Rank.
Signature of invalid examined.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- FINGER <i>Chas. Christopher</i>							
EFFECTIVE DATE:- <i>1/10/17</i>		EFFECTIVE DATE:-		NUMBER:- <i>270143</i>							
AMOUNT:- <i>20⁰⁰</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY			WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.								
<i>Erith M Finger (wife) Army 125 Spring Street Braintree Essex</i>			AUTHORITY								
			DATE EFFECTIVE								
			RANK OR APPOINTMENT								
UNIT AND TRANSFERS											
ORIGINAL UNIT:- <i>715th Bn</i>											
DATE ACCOUNT FIRST OPENED - <i>1/5/17</i>											
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO							
<i>MO35 7/3/18</i>		<i>1/4/18</i>		<i>125 Bn Essex Seaforth</i>							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS											
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT				
<i>July 8 1918</i>	<i>70/18</i>	<i>Troops Singapore</i>	<i>530</i>								
<i>28/12/18</i>		<i>London</i>	<i>4380</i>								
			<i>4710</i>								
<i>new as PB 28/12. Cf. Bal. shown on I.P.C. 17.30 ✓</i>											
PARTICULARS OF RENDERING NON-EFFECTIVE:- <i>Trans. Canada 10^{N.R.} 3.1.19 C.M.G.C.D. 31.1.1919</i>											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March</i>	<i>Seaforth</i>								<i>758</i>		
<i>April</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>20</i>			
				<i>A.R. 121 17 2/18 C.M.G.C.D.</i>	<i>8 03</i>			<i>20</i>	<i>30 84</i>		
<i>May</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>20</i>			
				<i>A.R. 241 21.5.18.</i>	<i>3 57</i>						
				<i>" 180 4.5.18.</i>	<i>4 46</i>			<i>20</i>	<i>36 91</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>20</i>			
				<i>A.R. 438. 19.6.18 1st Bn</i>	<i>4 46</i>			<i>20</i>	<i>45 45</i>		
<i>July</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>20</i>	<i>79 53</i>		
				<i>540. 1 July Bn.</i>	<i>3 57</i>						
				<i>632 " 18.7.18</i>	<i>3 57</i>				<i>52 41</i>		
<i>August</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>20</i>			
				<i>A.R. 711 1st Bn 3/8</i>	<i>3 57</i>						
				<i>" 490 Details, 1st Div. 22/8</i>	<i>3 57</i>				<i>59 37</i>		
<i>Sept</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>20</i>			
				<i>" 885 6.9.18. 1st Bn</i>	<i>3 57</i>						
				<i>" 995 17.9.18.</i>	<i>3 57</i>				<i>65 23</i>		
<i>Oct.</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>20</i>			
				<i>" 1232 6.10.18.</i>	<i>3 73</i>			<i>20</i>			
				<i>" 1307 19.10.18.</i>	<i>3 73</i>				<i>71 87</i>		
<i>Nov.</i>	<i>P.P.</i>	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>20</i>			
				<i>" 902 16.12.18. Regt. Dep. gnd. Bn.</i>	<i>48 67</i>						
<i>Dec</i>				<i>C.A.P.</i>				<i>20</i>	<i>50 30</i>		
					<i>67 10</i>			<i>40</i>			

compiled by am. Erickson K.

(less 3.30 oct agmt)

NUMBER 270143 . RANK

Fla

NAME AINGER, C.C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec 1918 Oct.		67 10		Bal. forward.	48 67			40	75 87 75 87 ✓		
Jan	P.P.	34 10		C.A.P.				20	69 40		
		101 20			48 67			60	64 40		
				Cash Paymt 93553 28.12.18. London	43 80				20 60		
					43 80						
1919				Deb't Oct. July 4/18 3 1/2 1/2 P.M.		3 30			17 30		
				S.O.S. to Canada							
				18/1/1919.							
				8/0 31 Aug 31/1/19.							

CANADIAN
 ASSIGNED PAY AUDITED
 OK *aug 31/1919*
 AUDIT CLERK
 DATE *19-5-19*

Statement of the Soldier

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

I, the undersigned... have heard the description of my disability read, and am satisfied (or not satisfied) with it.

If the cause of the disability is... I complain in addition of:—

Signature of Soldier examined: Chas. C. Ainger

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except..."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 240143 Rank Pte. Surname AINGER. Christian Name CHARLES CHRISTOPHER.

Unit or Corps—(a) Overseas from United Kingdom... (b) in United Kingdom... 6MG B.D. (R.D.)

Born at—Town McNAB. County or Province LINCOLN. Country CANADA.

Date of Birth—Day 3. Month APRIL. Year 1887. Age 31 yrs. 9 months.

Joined at PARIS, Ont. Date 31 MARCH 1916.

Former trade or occupation BLACKSMITH.

Permanent Marks or any peculiarity that will serve for future identification:— Small scar on Rt. cheek. Scar on Rt. thigh Anterior.

Height—feet 5 inches 7. Colour of eyes Blue. Signature of Soldier (for identification purposes) Chas. C. Ainger.

Medical Report

1. DISABILITY. Read carefully the instructions on last page of this form.

Disabilities Group (a) DISORDERED ACTION OF HEART. Disabilities Group (b) N.A. Disabilities Group (c) N.A.

Table with columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Content: ACTIVE SERVICE ENGLAND JAN 1918.

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? NO. (ii) As to Group (b) above? —. (iii) As to Group (c) above? —.

4. Is the disability due to disease contracted or injuries received while on Active Service? (i) As to Group (a) above? YES. (ii) As to Group (b) above? —. (iii) As to Group (c) above? —.

5. MEDICAL HISTORY.

No entries on M. H. S. from Casualty Form. Boarded B. I. S. A. H. 1-11-18. Patient states: Never had his present trouble before enlistment. About Jan. 1918 began to have shortness of breath on foot walking or going up a hill. Condition has remained about the same since that time.

6. PRESENT CONDITION.

Subjective symptoms: Complaints of shortness of breath on exertion such as walking, going up stairs or climbing hills. Unable to keep up in any marches.

Objective symptoms: Patient rather pale looking and well nourished.

Circulatory system - Room cold when examined. Pulse rate at rest 102. Pulse rate after P. T. 132. Apex beat normal in position and rhythm. No murmurs. No irregularities.

Respiratory system - normal. cough a great deal especially at night. Digestive system - normal. Urinary system - normal. U. U. - normal.

7. 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.

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

9. DO YOU RECOMMEND: (a) Fit for duty? YES B II (state category) (b) Invalid to Canada? NO (c) Discharge from the Service as permanently unfit? NO

Date of Report 2-1-1919 Station Seaford Officer in medical charge of case Capt. Breen

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

Not in Hospital Station, on 191 Dated at Delete if inapplicable.

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier { Caused? NO Aggravated? NO } (b) Misconduct of the Soldier { Caused? NO Aggravated? NO }

13. THE ENTIRE DISABILITY. - Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) NOT APPR

14. THE DISABILITY DUE TO SERVICE. - (See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate. What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) NOT APPR

15. Permanency of the Disability due to Service estimated next above in (14): (i.) Is it permanent? NOT APPR (ii.) If not permanent, what is its probable minimum duration (in months)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? NOT APPR

17. Can the former trade or occupation be resumed? NOT AT PRESENT

18. REMARKS: - Authority G. S. Delegation 203

19. RECOMMENDATION: (a) Fit for duty? YES B II (state category) (b) Invalid to Canada? NO (c) Discharge from Service as permanently unfit? NO

Date of Board 2-1-1919 Station Seaford Signatures of the Board J. W. Wallace, Capt. President, J. W. Wallace, Capt.

Approved A.D.M.S. J. W. Wallace Station for A.D.M.S., Canadians, 191 Dated at SEAFORD, SUSSEX 2 JAN 1919