

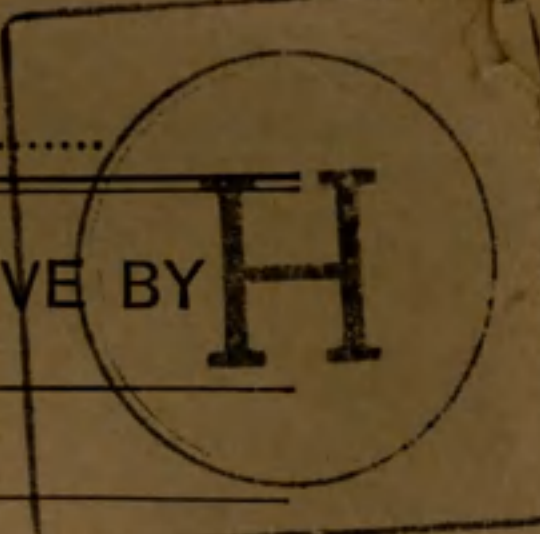
C.E.F. REGIMENTAL DOCUMENTS

NAME AINSWORTH CORNELIUS WILLIAM

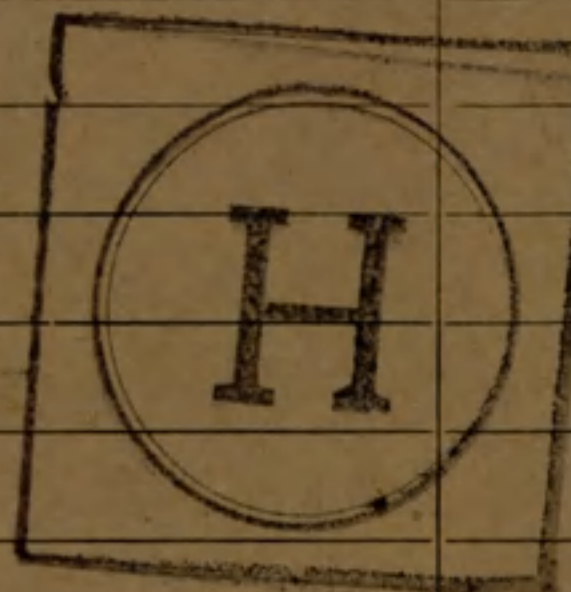
REGT. No. b90595

UNIT

H. Q. FILE No. 2936



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
					H
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH CATEGORY
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					DISCHARGE CATEGORY
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE CATEGORY
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PAY-SHEETS					



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40/1929



Bound
27/4/16

DUPLICATE

ATTESTATION PAPER.
173rd Battalion, Highlanders, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 690595

Folio.

E4302

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? Ainsworth
- 1a. What are your Christian names? Cornelius William
- 1b. What is your present address? 268 Charlton Ave Hamilton Ont.
- 2. In what Town, Township or Parish, and in what Country were you born? Port Huron Michigan U. S. A.
- 3. What is the name of your next-of-kin? Ainsworth Elizabeth
- 4. What is the address of your next-of-kin? 268 Charlton Ave E Hamilton Ont.
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? 13 October 1889
- 6. What is your Trade or Calling? Clerk
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? Yesx 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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, CORNELIUS WILLIAM AINSWORTH, 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.

Cornelius William Ainsworth

(Signature of Recruit)

Date 22 March 1916

J. M. Denny

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, CORNELIUS WILLIAM AINSWORTH, 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.

Cornelius William Ainsworth

(Signature of Recruit)

Date 22 March 1916

J. M. Denny

(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 Hamilton Ont this 22 day of March 1916.

W. H. Denny

(Signature of Justice)

44112

Description of CORNELIUS WILLIAM AINSWORTH on Enlistment

Apparent Age.....26.....years.....6.....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. 4½ ins.

Chest measurement. { Girth when fully expanded.....38 ins.
 Range of expansion.....3 ins.

Large mole on right abdomen

Complexion.....Dark

Eyes.....Grey

Hair.....Black

Religious denominations { Church of England.....Yes
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 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.....21 March.....1916.

Place.....Hamilton Ont

R. A. Paterson
St. Camie
 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.

.....CORNELIUS WILLIAM AINSWORTH.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

R. H. Howie
 (Signature of Officer)

Date.....APR 12 1916.....1916

0

Forms
I-1237
12

Synopsis for Canada.

Army Form I. 1237.

MEDICAL CASE SHEET.*

<i>Oldward</i> No. in Admission and Discharge Book. Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	690 595	Pt	Ainsworth	C. H.
	Unit.	Age.	Service.	
	116 th Battalion.	27	1 9/12	
Station and Date	Disease <i>Nephritis</i>			
	<i>(Previous History not Available)</i>			
Dec 19/17	Transf. from Busby Park to #5 Cav. Gen. Hosp L'pool.			
Field Service.	3 mos.			
#5 Cav Gen Hosp L'pool.	Complains of pains in legs. easily fatigued. Op- 23-12-17 proca on exertion. Heart normal. pulse rapid high tension. some oedema at night. Albumen present in urine			
Urine Douglas.	24-12-17 All. Trace sugar neg. S.G. 1015 acid			
	<i>W. J. Paul Capt C.M.C.</i>			

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

Station
and Date.

Prospect for Canada

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

690595

PO

Amesworth

G. W.

Year

1917

Unit.

116th Bn.

Age.

27

Service.

15 1/2 3/12

Station and Date

Disease

Nephritis ✓

Hamilton, Ontario.

21. March. 1916

Arrived England. 20.10.16. France, Mch. 1917

Vimy Ridge — Reported Sick.

Headache, cough, oedema in face & hands.

Field Amb. & C. G. S. Marked "Nephritis".

Etaples: — 7. Can. Gen. Hosp. Bed. 10 days.

Urinalysis. Albumen. x x x x Milk Diet.

20. June 1917. Netley British Red X Hosp. Bed 4 weeks.

Urinalysis. Alb. - pos. Milk & Fish.

31. 7. 1917 Epsom. M. C. H. Ord. Diet.

Bushey Park: — Complaint: —

5. 9. 17 Shortness of breath on exertion, backache, drowsiness.

Duration: — Since May. 1917

H. H. i - Reg. Past Illness: — None.

Present Illness: —

In May noticed urine highly colored & scanty, later swelling in face & hands. Backache & cough, also headache. Rep. Sick June 10th 1917

Exam: —

Gen. condition, fairly good. Eats & Sleeps well. Color, pale. Hands swell a little at night. Weight, 160. usual. Heart & Vessels: — Reg. Pulse. 72. B.P. 140 - 80. Urine - 1004. Alb. x Sup. Neg.

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Station
and Date.

Cashy Park. Micro: - R. B. C. xx. Few. Gran. casts.
P. J.

13.9.14 Urine 1008. acid. alb. x. Mic. - Slight Pus.
Improving. Some Insanua

Sept 27th to Oct 18th alb. Pres. Hyal, Gran casts & few
W.B.C. but improving.

Oct 18th 17 Complains palpitation. Does not look very well.
" 25th Urine. alb. Neg. Hyal casts few. Headache.
Ord. diet.

" 30th Urine 1010. alb. x Hyal & Gran casts few. Looks
pale & puffy. No complaints

Nov 5th to 18th Alb in urine. Hyal & Gran casts.
Gen. weakness, backache & dyspnoea on
exertion. Board written a. H. B. 149 & to be.

14.12.14 Discharged 5. Can. Gen Hosp. Liverpool.

No. 5. G. H. Complains of pains in legs. Easily fatigued
Liverpool Dyspnoea on exertion. Heart normal.
23.12.14 Pulse rapid. High tension. Some oedema
at nights. Alb. pres in urine

M. J. Bond

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. G. Eason	31	8	17	5	9	17	Nephritis	7	Complains of pains in back and occipital headache. General weakness. Anemia. Transferred to King's Canadian Red Cross Hosp. Bush Park for IT has had no change while here.	W. P. Brown Capt
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL			5 SEP 1917							
NO. 5 CANADIAN GENERAL HOSPITAL ERPOOL			19 DEC 1917			4 FEB 1918			Complains of pains in legs. Easily fatigued. dyspnoea on exertion. Heart normal. pulse rapid. High tension. Some oedema at night. Albumen pres. in urine.	W. P. Brown Capt
"ARAGUAYA."	4	2	18	15	2	18	Do		no change	Ed Sheffer Capt

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1917	116 th Bn.	27	15 3 12 17 12	
Station and Date.	Disease			
Bushy Park 5/9/17	Nephritis			
	BORN Port Huron Mich.			
	MARRIED or SINGLE		OCCUPATION Clerk	
	ENLISTED Hamilton Ont		DATE 21 st March 1916	
	INOC. /		S.P.V. /	
	NEXT OF KIN (Mother) Mrs. E. Ainsworth 314 Erie Street Port Huron			
	ENGLAND 20 Nov. 1916		FRANCE 17 th March 1917	
10 June 1917	Univ Ridges		Reported sick	
	Headache cough, oedema in face & hands			
	Urd. anal. Hb. marked "nephritis"			
	Staples & Can. General.		Bed 10 days	
	Urinalysis. Alb. + + + +		Milk diet.	
22 June 1917	Netley British Red X.		Bed 4 weeks	
	Urinalysis alb. pos.		Milk & fish.	
31 Aug. 1917	Epsom M.C.H.		Ord. diet.	
5 Sept 1917	Bushy Park.			
	Complains:			
	Shortness of breath on exertion, backache drowsiness.			
	D. metra. since May 1917.			
	F.H. - neg. Pass. Ill. - none.			
	Purpur. Ill.			
	In May he noticed some high colored and scanty, later swelling in face & hands			

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

Station
and Date.

He had headache and cough with
some backache. Reported sick June 10.

Physical Exam.

General condition fairly good. Eats & sleeps well.
Color pale, Hands swell a little at night.

He says: Weight - usual 160

Heart & Lungs - neg - Pulse good 72.

B.P. 140 - 80.

Urine. sp. gr. 1004. Alb. + Hyal - neg.

Mic. RBC ++. Few gran. casts.

P.T.

Dr. Cross

Care - care

Sept. 13

Urine - 1008. acid;

alb - +

mic - slight pres.

improving. some insomnia.

Sept 27. 17.

Urine 1006 alb +. gran casts +. WBC +. Improving.

Oct 3. 17.

Urine 1012. alb + gran casts + WBC + -

Oct 10. 17.

.. 1010. alb +. Hyal & gran casts +. WBC +. some edema in legs

B.P. 140 - 98. - 7 ish -

back.

Oct 16. 17.

Urine 1012. alb +. Hyal casts few. WBC ++.

Some palpitation on exertion. No complaints.

same

Oct. 18.

Continues of palpitation. No

Does not look very well

same

Oct 25. 17.

Urine 1012. Alb. neg. Hyal casts few. Some headache

Brainy Diet:

same

B.P. in one visit.

Oct 30. 17.

Urine 1010 Alb +. Hyal & gran casts few.

No complaints. - looks pale & puff

same

Dr. Cross

J. H. C. Oct 31

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
Station and Date.	Disease			
No. 5	None by No 1010		Alb. - trace	
	None by No. cont + WBC +			No E
No 10	None by No. 1016		Alb. +	
	Hyal. & gran. cont + WBC +			
	Small mucus & bacilli & dyspnoea			
	on exertion yes			
	Bond written		a 7 B 179	J 4 C.
	No E			
17-12-17	Discharged 5 Jan. Gen. Liverpool.			
	<p style="text-align: right;">Guaranteed Captain, O. A. M. C.</p>			
5. G. H Liverpool 23. 12. 17	<p>Complains pains in legs, easily fatigued. Dyspnoea on exertion. Heart normal. Pulse rapid, high tension. Some oedema at night, Alb pres in urine.</p>			
	<p>R. J. Paul</p>			

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

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1448	690595	Pte	Ainsworth	Cornelius Wm.
Year	Unit.		Age.	Service.
1917	116 Canadians		27	13/12
Station and Date.	Disease			
Netley. B.R.C.F.	Nephritis.			
	Reported sick 10.6.17 w oedema of face feet & back, abdomen distended, dyspnoea, pain in back, cough, headache.			
	12.6.17 on admission to 7 th Canadian General - lungs - oedema of bases Heart - 3 rd sound at apex*. Urine - albumin ⁺⁺⁺ , casts, pus & blood.			
	21.6.17 On admission to Netley, no headache, slight pain in back, cough better, but still troubles him, no swelling, some anaemia teeth good, tongue clean - Chest clear. Urine much albumin			
	21.6.17	Urine.	S.G. 1010.	Reaction acid Albumin .2%
	25.6.17	"	1015	acid .25%
	3.7.17	"	1015	alk cloud.
	8.7.17	"	1020	acid .3%
	12.7.17	"	1015	acid .1%
	16.7.17	"	1015	acid .15%
	Microscopically granular casts, red & white blood cells.			
	Urea - 1.9%			
	23.7.17		1012	acid .15%
	2.8.17		1010	acid heavy cloud
	7.8.17		1010	alk cloud
	13.8.17		1010	acid .05%
	25.8.17		1010	neutral .1%
	Microscopically - red & white blood cells & a very few granular casts.			
	Blood pressure. systolic 138.			
	27.8.17 Transfer to Canadian Hospital.			
	C.M. Harper. Lieut R.N.M.C.			

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

Station
and Date.

MEDICAL CASE SHEET

33594 W. M.

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Ainsworth Christian Name Cornelius W. M. Cornelius

Examined { on 21st day of March 1916 at Hamilton Ont. Approved by R. A. Paterson

Birthplace { City or Town Port Huron Rank at camp M.O. County Michigan USA

Apparent age 26 yrs. 5 mos EXAMINED FOR RE-ENGAGEMENT

Trade or occupation Clerk M.O.

Height 5' Feet 4 1/2" Inches. M.O.

Weight _____ Lbs. M.O.

Chest measurement { Minimum 35 inches. M.O.

{ Maximum expansion 3 inches. M.O.

Physical development _____ M.O.

Small-Pox Marks _____ M.O.

Vaccination Marks { Arm Right Left. Date. Result. VACCINATIONS.

When Vaccinated last Apr 13/16 Deacid test M.O.

(a) Marks indicating congenital peculiarities or _____ M.O.

previous disease _____ M.O.

(b) Slight defects but not sufficient to cause rejection Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

Apr 1/16 Deacid test M.O.

4/16 Deacid test M.O.

10/16 Deacid test M.O.

22/1/17 Deacid test M.O.

Enlisted on 22nd day of March 1916 at Hamilton Ont.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>3rd Battalion, Canadian Highlanders, C. E. F.</u>	<u>690595</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

35518
FILE No. 700
RECEIVED
MAY 16 1919
PAYMASTER
MILITARY DISTRICT No. 2

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Cornelius William* 2. Surname *Ainsworth*
3. Rank *Private* 4. Original Unit *173rd C.E.F.* 5. Reg. No. *690595*
6. Address, in full, to which future payments of gratuity are to be forwarded *Cornelius W Ainsworth, 913 Lapeer Ave, Port Huron Michigan*
7. Date of enlistment in the C.E.F. *Mar. 22-1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Elizabeth Ainsworth*
9. Relationship of such dependent *Mother*
10. Present address, in full, of such dependent *314 Erie St Port Huron Michigan*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
No
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *Enlisted Mar. 22-1916 to England Nov. 20-1916. Transferred to 116th Bn. in France Mar. 17-1917 to Hospital June 10-1917*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

X

18

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No.*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *Post Discharge Pay, Apr. 5800 May 5800 June 3900*

20. Have you been issued with a War Service Badge? If so, what class? *Did not apply.*

21. Have you, during the present war, served in the Imperial Forces? *No.*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England. *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No.*

24. Are you now serving in the C.E.F. *No.* If not, give:—(a) Date of discharge

Apr. 6-1918 (b) Reason for discharge *Rendered*

physically unfit for further war service.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No.*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. *Served*

with 116th Bn. at Vimy Ridge from Apr. 9-1916 to June 10-1917.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No.*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Cornelius William Ainsworth*

Place of Residence: *913 Saper av, Port Huron Michigan*

Declared before me at: *Port Huron Mich*

This *15th* day of *May* 19*19*. *Louise E Falk*
Notary Public

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

My commission expires Mar. 5, 1921

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>6-4-18</i>	<i>58⁰⁰</i>			
<i>6-5-18</i>	<i>58⁰⁰</i>			
<i>6-6-18</i>	<i>59¹⁰</i>			
<i>710 Overpayment</i>				
<i>173-10</i>				

Certified Correct.

District Paymaster.

[Signature]
DISTRICT PAYMASTER MILITARY DISTRICT No. 2

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....173rd Battalion, Canadian Highlanders, C. E. F.

(2) Regimental Number 690595

(3) Full Name of Soldier..... Cornelous William Ainsworth

(4) Place of Birth..... Port Huron, Mich. U.S.A.

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

(6) If married, state,
(a) Full name of your wife..... Nil

(b) Present Postal Address..... Nil

(7) Are you a widower? No

(8) Have you any children?.....

If so, give number of boys and girls..... NIL

Also their names and ages.....

(9) Is your Father alive?.....**No**.....

If so, state name and address.....

(10) Is your Mother alive?.....**Yes**.....

If so, state name and address.....**Elizabeth Mary Ainsworth**.....

.....**306 Erie St. Port Huron Mich.**.....

(11) If your Mother is a widow.....**Yes**.....

Are you her sole support, or not?.....**Yes**.....

(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.

.....**30.00Per Month. Widow**.....

(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.

.....**Nil**.....

(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.

.....**Yes**.....

(15) Are you insured?.....**No**.....

If so, in what Company?.....**Nil**.....

Have you made arrangements for payment of your Insurance premium.....

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

W. H. Bruce
.....
Officer Commanding.

Date.....**SEP 30 1916**.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

2

NAME OF SOLDIER *Simpson*

REGIMENT *116th Batt*

RANK

Pte

No. *690595*



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	Pyrrhoza	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	REMARKS
											U	L	P			Gold	Porcelain			
Condition on first Examination																				
<i>MAR 15 1918</i>																			<i>Impresso</i>	<i>F.I.</i>
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	
																			<i>Impresso</i>	

C. MacLachlan
C.A.D.C.



PARTICULARS OF SERVICE

CANADIAN EXPEDITIONARY FORCE

690595, Private Cornelius William AINSWORTH

1. Born at Port Huron, Michigan, U.S.A., October 13, 1889.
2. Enlisted ^{with the} ~~with the~~ 173rd Battalion at Hamilton, Ont., March 22, 1916.
3. Embarked for Britain, ~~November~~ 13, 1916.
4. Transferred to the 2nd Reserve Battalion, January 19, 1917.
5. Proceeded to France for Service with the 116th Battalion, March 16, 1917.
6. Admitted to Hospital (sick), June 12, 1917.
7. Invalided to Bratán, June 21, 1917 and to Canada, February 4, 1918.
8. Honourably discharged at Toronto, Ont., April 6, 1918.
9. Service Awards: British War Medal
 Victory Medal

Head
Canadian Forces Records Centre

Ottawa, February 14, 1979

PARTICULARS OF SERVICE

CANADIAN EXPEDITIONARY FORCE

602202, Private Cornelius William Ainsworth

1. Enlisted for term: Montreal, P.Q., October 13, 1916.
2. Enlisted with the 13th Battalion at Hamilton, Ont., March 22, 1916.
3. Enlisted for term: Government, 1916.
4. Transferred to the 2nd Reserve Battalion, January 10, 1917.
5. Proceeded to France for service with the 13th Battalion, March 18, 1917.
6. Admitted to hospital (left) June 17, 1917.
7. Invalided to Britain June 21, 1917 and to Canada, February 4, 1918.
8. Honorably discharged at Toronto, Ont., April 6, 1918.

Service Awards: British War Medal
Victory Medal

Head
Canadian Forces Records Centre

Ottawa, February 14, 1979

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-33-920.

Unit, Regiment or Corps 173rd Bn. Canadian Highlanders.

Regimental No. 690595 Rank private Name Ainsworth, Cornelius William.

Enlisted (a) 22-3-16 Terms of Service (a) War & six months Service reckons from (a) 22-3-16

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) Civil - Clerk.

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				
		Embarked	Canada	13-11-16	
		Arrived	England	21-11-16	
Jan. 24/17	173rd	Transferred to 2nd Can. Res. Bn.	Shoreham	19-1-17	Pt. 2 D.O. # 21 <i>Adjutant, 178th Batta, Highlanders, C. F.</i>
Jan. 19/17	2nd. CRB.	Taken on Strength 2nd Can. Res. Bn.	Bramshott	19-1-17	Pt. 2 D.O. # 1
19-3-17	2nd Can. Res. Bn.	Proceeded overseas for Service with 116th Bn.	Bramshott	16-3-17	Pt. 2 D.O. # 600 CAPT. ADJUTANT 2ND CANADIAN RESERVE BATTALION.
	O.C.C.D.	Landed in France. strength 60th Cdn. Bn.	Taken on	Nom. Roll d/17/3/17	
	- do. -	Left for <i>Unit</i>		Pt II D.O. 5 d/24/3/17	
	O.C. 116 Bn.	Arrived		Nom. Roll d/19/3/17	
17/6/17	O.C. 116	Admitted to Hoop		22/3/17 B213	
10/6/17	8 C.F.A.	Nephritis	8 C.F.A.	11/6/17 B213 D.C.S. 33	
	"	"	13 C.F.A.	11/6/17 A36 E4547 D.C.S. 34	

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CHANGE OF ADDRESS

649 A 7629.
173rd Br "16th Br.

No. Rank Surname Christian Names
690595 Pte. Ainsworth, Cornelius

Address 314 Erie St.
Port Huron
Mich
U.S.A.

Section
awards.

+
can. 28/4/20.

D-19
LHP.

11

A.C. Rank *25* Name AINSWORTH, Cornelius William. ✓ Reg'l No. 690595 ✓
 Unit 173rd. Bn. If in perm. Corps, } Married or Single Single. ✓
 What Unit? }
 Place and Date of Enlistment Hamilton, Ont. 22nd. March. 1916. Place of Birth Port Huron,
 Michigan, U.S.A. ✓
 Name and Address, Next-of-Kin Ainsworth, Elizabeth. ✓
 306, Erie St., Port Huron, Michigan, U.S.A. ✓ Relationship Mother. ✓

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No 3158
 File R.L.
 Category *9th U.S.A.*

Discharge, Date and Place Reason Character *DISC*

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 S. S. OLYMPIC 20.11.16		
21 1, 17	173RD. BN. S-O-S to 2nd RES. BN. B'shott		19-1-17	D.O. 21
19-1-17	2nd RES. BN T.O.S, from 173rd Bn. B'shott		19-1-17	D.O. 1
18. 3. 17	"	S.O.S. to 116th. Overseas -	Samding	16. 3. 17 P.T. D.O. 59
21. 3. 17	116th	Taken on Strength	Field.	17 3. 17 P/200 #5
22. 6. 17	"	To No 7. Can. Genl. Hoapl	Etaples	12. 6. 17 C.L. a 80. Nephritis
27. 6. 17	"	Adm. Royal Victoria Hoapl	Nesley	22. 6. 17 C.L. B 127. Nephritis.
28. 6. 17	"	S.O.S to 2nd C.O.R.D.	Field	21. 6. 17 W.D. 42 (2nd C.O.R.D. #2 29 1/4)
5. 9. 17	2nd C.O.R	Spd to Mil Comd Hoapl	Epsom	1. 9. 17 C.L. B 3. Nephritis
8. 9. 17	2nd C.O.R	Spd to Kings Can Red + Con Hoapl	Bushy Park	6. 9. 17 C.L. B 6 -"

A.F.B. 703 CHECKED
 23 MAR 37

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.				
27.12.17	2 COR.	Tfd to Gos Can Gen Hoops	Kirkdale St	20.12.17	CLB98 Nephritis
7.2.18	2 COR	Inv. to Can Ex Gos Gen	" " "	4.2.18	CLB133
11.2.18	2nd CORO.	SOS. invalided to Canada	E Sandling " MD 2	4.2.18	Pr. 10. 35.
	Dis Depot	for Conval: Home	Toronto	16.2.18	NR439

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

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

23 1/2
P 1900

Sheet No. 2.

L. L. Job 310.-Reg. 6571.

McE.M. Answorth

Mother
PAYMENTS.

Name of Soldier

Answorth E. W.
Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>A 7336</i>	<i>46 -</i>	<i>46</i>
June		<i>B 1594</i>	<i>20</i>	<i>20</i>
July		<i>A 722</i>	<i>20</i>	<i>20</i>
Aug.		<i>A 11121</i>	<i>20</i>	<i>20</i>
Sept.		<i>B 14542</i>	<i>20</i>	<i>20</i>
Oct.		<i>B 17962</i>	<i>20 -</i>	<i>20</i>
Nov.		<i>B 21214</i>	<i>20</i>	<i>20</i>
Dec.		<i>B 24808</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>B 28342</i>	<i>20</i>	<i>20</i>
Feb.	<i>10 AB.</i>	<i>B 31144</i>	<i>20</i>	<i>20 314 Erie St. Port Huron Mich - u da</i>
March		<i>B 34230</i>	<i>20</i>	<i>20</i>
April		<i>C 139</i>	<i>20</i>	<i>20</i>
May		<i>C 3724</i>	<i>20</i>	<i>20</i>
June		<i>D 7473</i>	<i>20</i>	<i>20</i>
July		<i>C 10541</i>	<i>20</i>	<i>20</i>
Aug.		<i>E 13809</i>	<i>20</i>	<i>20</i>
Sept.		<i>D 18267</i>	<i>20</i>	<i>20</i>
Oct.			<i>20</i>	<i>366 - W.D.P. ✓</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

↑ 286

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

P. A. W.
 19th 17

M. F. W. 12.
 50m.—6-16.
 H. Q. 1772-39-819.

To Whom *M^{rs} Elizabeth Ainsworth* By Whom Assigned *Ainsworth - B. W.*
 Address *314 Erie St* Regtl. No. *690595*
12/2/17 *Port Huron Mich* Rank *Pte -*
 Rate *20⁰⁰* Corps *173 Pw*
NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Consolidated Account</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Handwritten scribbles and faint markings in the center of the page.

Handwritten numbers: 2920, 1966, 586

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

L. L. Job 5470—Req. 6888.

Elizabeth Ausworth

Name of Soldier

Ausworth - E. W.
Pte - 173 Bn

PAYMENTS.

690595-
2500

Month.	Year.	Cheque No.	Amnt.	Remarks.
				NOV 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>29965</i>	<i>20</i>	
Dec.		<i>34841</i>	<i>20</i>	
Jan.	1917	<i>37043</i>	<i>20</i>	
Feb.		<i>42574</i>	<i>20</i>	
March		<i>48750</i> <i>48667</i>	<i>20</i> <i>20</i>	
April		<i>LE 97</i>	<i>20</i>	
May		<i>E 6608</i>	<i>20</i>	
June		<i>F 13017</i>	<i>20</i>	
July		<i>G 19998</i>	<i>20</i>	
Aug.		<i>G 26759</i>	<i>20</i>	
Sept.		<i>7 38075</i>	<i>20</i>	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AW

20 fw. 314 Cie St. Port Huron Michigan, Ill 12/2/17
D 48667. Can 26-2-17. A.M.

2000

20 E,
s
220⁰⁰ WAP ✓

mcc

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.				

SEPARATION ALLOWANCE

314
Name *Mr C M Ainsworth*
Address *306 Erie St
Port Huron
Mich*
Relation to Soldier } *Widowed*
wife, child or mother } *Mother*

Name of Soldier *Ainsworth C. W.*
Regtl. No. *690595*
Rank *Pte*
Corps *173 Pte*
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				



1000

1000

220
46

1366

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

93-518/709
Kuk

152-C-2.

Name Ainsworth, Cornelius William
Surname Christian Name

Regimental Number 690595 Rank Pte.

Address (in full) 314 Erie St.,
Port Huron, Mich.,
U.S.A.

Unit 116th Bn. C.E.F.

Original Unit

District where paid M.D. 2.

Date of Discharge 6-4-18.

P. D. P. Filing Number 16-401-2.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$.10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8009.

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		
175 10	6670	6-4-18	58 00	6491	6-5-18	58 00	6139	6-6-18	39 10	20 00	155 10

M. F. W. 127.
60M-6 17.
1772 39-1140.

Remarks: Debit 24 days S.A.

Who

Dec'n No. 35518/709 W. S. G. File No. 152-C-1

Award 153 days at \$ 70 per day \$ 350.00

S. A. 5 months at \$ 30.00 per mo. \$ 150.00

Less P, D. P. Credited 175.10

324.90

Less further debit balance \$

Net due paid as below 324.90

	TO SOLDIER	TO DEPENDENT		
O	Ag. No.	Ch. No.	Amount	Amount
1	22080	477134	140 00	
2				
3		478107	34 90	
4				
5				
6				
			174 90	Total 150 00

28/6/19 ACO }
July

ACO 18/7/19 }
9-8-19

913 Lapeer Ave
Port Huron
Mich usa.

Clara Winsworth.

GEN'L AUDITOR
Posting checked by
[Signature]
Date 24-6-19

Check Winter, White
July payment.

R
W109
18-9-19

Name *A. E. Ainsworth C. M.*

M. F. W. 41
100M-1-18.
1772-39-889.

D.O. 79.

Regimental No. *6905-98*

Name and address of next-of-kin

Unit *173 Bn.*

Date of enlistment

Place of

Married (yes or no) *yes (mother) pd for Feb.*

Date and place discharged *UAG Mar 30/18.*

Amount of pay assigned monthly \$ *20 pd for Feb.*

Reason for discharge *Med unfit.*

To whom payable *Mrs. E. Ainsworth*

Character on discharge *D.O. 93.*

314 Erie St. Port Huron, Mich

6 APR

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate			Amount	No.					
<i>Dec 25</i>	<i>Mar 31</i>	<i>97</i>	<i>1</i>	<i>97</i>	<i>97</i>	<i>10</i>	<i>970.25</i>						<i>95.19</i>		<i>Out Feb 21 D O 66.</i>
							<i>960.14</i>	<i>130</i>				<i>45</i>		<i>140.19</i>	<i>In Mar 5 D O 66.</i>
													<i>br Bal.</i>	<i>111.63</i>	<i>987. npl</i>
<i>April</i>	<i>6</i>	<i>6</i>	<i>1</i>	<i>6</i>	<i>6</i>	<i>10</i>	<i>60.80</i>	<i>1.11</i>					<i>29</i>		
							<i>25</i>	<i>40.71</i>	<i>66892</i>	<i>11</i>	<i>71</i>			<i>40.71</i>	<i>66891</i>

APL

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Mar. 21, 1916

Separation and Assigned Pay Branch

Jan. 1 - 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

#	\$2.00	1-12-17 25		
---	--------	---------------	--	--

P.C. 3257

RATE OF ASSIGNMENT

20-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

12128
17577

No. 090595
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *E. W. Ainsworth*
 Battalion *173 Battr*
 Beneficiary *Mrs E. M. Ainsworth*
 Relationship *Widowed Mother*
 Address *314 Erie St. Port Huron Mich. U.S.A.*

Name *Mrs Elizabeth Ainsworth*
 Address *314 Erie St. Port Huron Mich U.S.A.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 1917</i>		<i>366</i>	<i>220.6</i>	<i>\$586.00</i>	
<i>1 Oct.</i>	<i>C 50268</i>	<i>20</i>	<i>20</i>	<i>40</i>	
<i>Nov.</i>	<i>C 52079</i>	<i>20</i>	<i>20</i>	<i>40</i>	<i>T</i>
<i>Dec</i>	<i>C 59809</i>	<i>20</i>	<i>20</i>	<i>40</i>	<i>c Br.</i>
<i>1 Jan</i>	<i>F 61063</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>S.</i>
<i>1 Feb.</i>	<i>B 90834</i>	<i>25</i>	<i>20</i>	<i>45</i>	
		<i>481</i>	<i>320</i>		

152-6-1.

AP #320
SR #481
Acct. closed 29-2-18
J. J. 23-2-18
Retn. Araguay 17-2-18
M.A.O. 2B rendered 23-2-18



REG. NO.

690595

NAME

Ainsworth, ²⁴ B.W. 3/683.

(SURNAME FIRST)

RANK

Ole

CORPS

116th Batt.

AGE

28

SERVICE

24/12

NAME OF HOSPITAL

Grant House

PLACE

Burlington, Ont

DATE OF ADMISSION

4.3.18

DISEASE

Nephritis

DISCHARGE

12.3.18

OPERATION

DISCHARGED TO DUTY

Discharge Papers made out 12.3.18

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

Lined area for writing remarks, consisting of multiple horizontal dashed lines. There are two faint vertical lines near the bottom center of the page.

No. 640595 RANK *Pte*

NAME *Quinworth Cornelius*

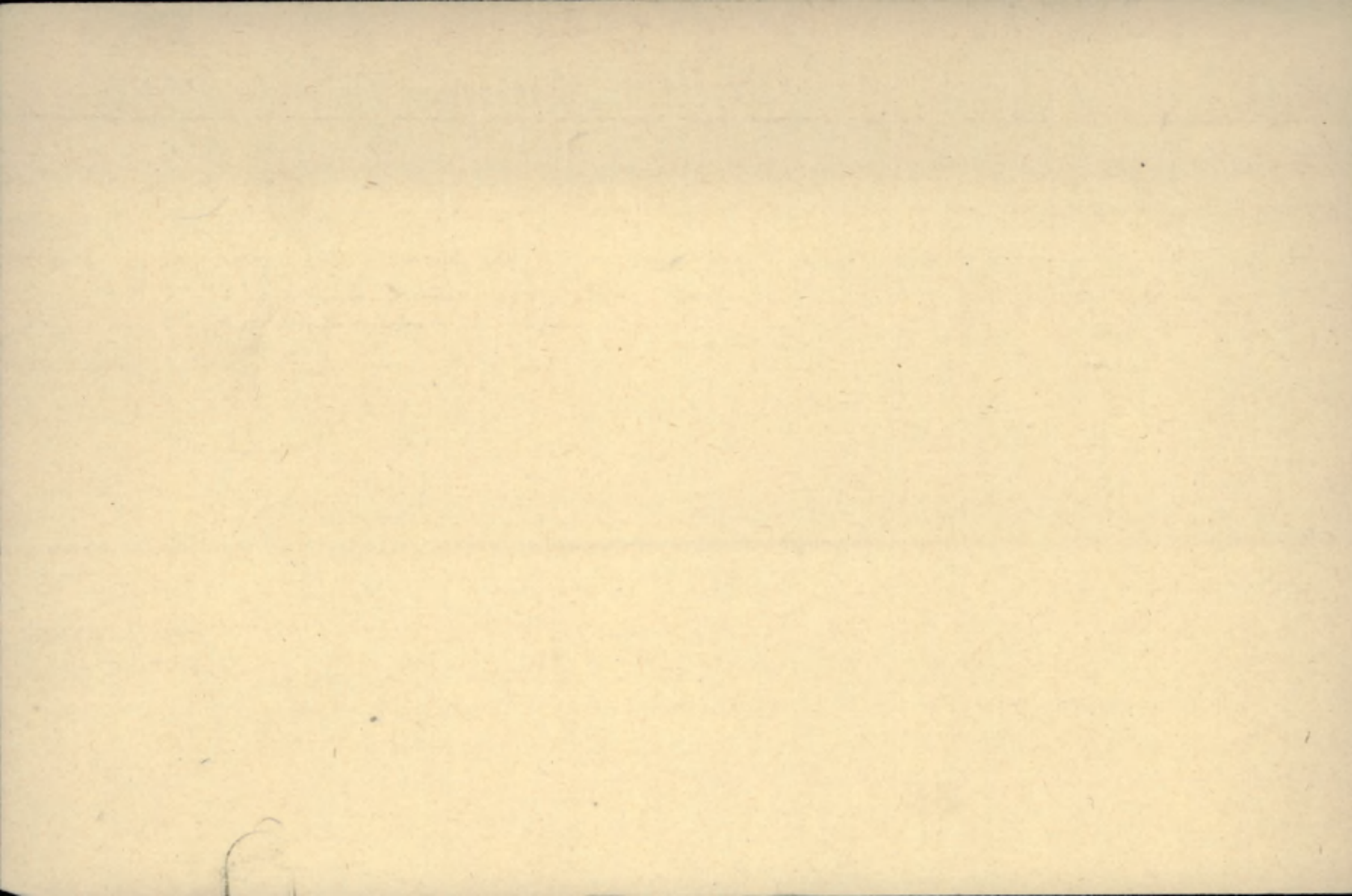
T. O. S. 22-3-16
D.O. 5/27-316

UNIT *173rd Battalion*

M. D. *2*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>March</i>	<i>March</i>	<i>v</i>		
<i>April</i>		<i> </i>		
<i>May</i>		<i> </i>		
<i>June</i>		<i> </i>		
<i>July</i>		<i> </i>		
<i>Aug</i>		<i> </i>		
<i>Sept</i>		<i> </i>		
<i>Oct</i>		<i> </i>		
<i>Nov.</i>		<i>n</i>		

UNIT SAILED
NOV 13 1916



2

REGT'L. No. 690595

NAME

Linsworth, C. W.

H. Q. FILE NO. 649

RANK AND CORPS

Pte. 116th Bn.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 80	# 7 Can. Gen. Staples	12-6-17	Nephritis
B 127.	Royal Vict. Huttley	22-6-17	"
B 3.	Mil. Convt. Woodcote Pk. Epsom	1-9-17	" (2nd Cent. Out)
B 6.	K. C. R. X. Convt. Bushey Pk.	6-9-17	Nephritis. (2nd Cent. Out)
B 98	# 5 Can. Gen. Kirkdale	20-12-17	Nephritis.
B 133.	Invalided to Canada	4-2-18.	"
	M. D. 2		
	#. 16.		

21

116 Batt

690595 Pte

Ainsworth. CW

27

68

651

3/8/17

R. N. McKay

Travis
15/12

King's Own Hospital

Ausley Park
3/12 Dr

5/9/17

Complaints of pains in back & head, general
weakness, Transfer to Bushey Park R.B. R.B.
Hospital.
1/9/17 Light duty & Transfer to Bushey Park

H. G. Brown

Capt.

Name *Ainsworth* *Cornelius William*Rank *Pte.*Reg. No. *690595*Unit *116th Bn.*Next of Kin *W.S.A.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>12/6</i>	<i>No 7 Coy N. Staples</i>	<i>Nephritis</i>	<i>ago.</i>			
<i>22/6</i>	<i>Royal Victoria Hospital</i>	<i>Netley</i>	<i>do</i>	<i>B127</i>		
<i>1-9</i>	<i>7th Coy. Epsom.</i>		<i>do</i>	<i>B3</i>		<i>1380</i>
<i>6-9</i>	<i>46th Coy Busby Pk.</i>		<i>do</i>	<i>B6</i>		<i>1646</i>
<i>20-12</i>	<i>40th Coy G.H. Liverpool</i>		<i>do</i>	<i>B98</i>		<i>8785</i>
<i>4-2-18</i>	<i>Invalided to Canada</i>		<i>do</i>	<i>B138</i>		<i>4464</i>

Name AINSWORTH, C. W. Rank Pte. Regt. No. 690595 Unit D
 Battn. 116th Camp or O. S. 0 File M. H. C. C. H. Q. File
 Next of kin
 Discharged to Class D. of D. Conduct Good.
 Pension awarded Date of first payment
 Address on discharge 314 Erie St. Port Huron, Mich.
 Diagnosis Date boarded

DATE	CLASS	REMARKS	Part 2 Order
<u>21-2-18</u>	<u>2</u>	<u>Burlington Outpatient.</u>	<u>#60</u>
<u>5-3-18</u>	<u>2</u>	<u>Burlington.</u>	<u>#66</u>
<u>16-3-18</u>	<u>2</u>	<u>Boarded for Discharge. Remaining In.</u>	<u>#78</u>
<u>6-4-18</u>		<u>DISCHARGED.</u>	<u>#93</u>

Surname *Ainsworth* Christian Name or Names *G. W.* Reg. No. *690595*
 Rank *Pte.* Unit *116 Batt.* Co. *2. C. O. Reg.* Troop Batty.
 Hospital Date of Admission

Transferred *7 Can. Gen. Staples* Hosp. *12.6.17*
Royal Victoria Hosp. Yettey Hosp. *22.6.17*
Mil Conv. Woodcote Pk Epsom. Hosp. *1.9.17.*
Bushy Park King's Rest Cambourne Hosp. *6.9.17.*
5. Can. Gen. Kirkdale. *20-12-17.*

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Nephritis gl.

Additional Diagnosis: if more than one state present

DISPOSITION

Date

6.2.22-6.17.980
27.6.17 B.177
6.9.17 B.3
10.9.17. B6
28.12.17- B.980
7.2.18 B.133

REMARKS

Welded to Canada 4-2-18

Dis. to Canada per H.S.
 Araguaya from L'pool. 4-2-18

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

List of Discharge Documents.

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

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.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	690595
Rank	Private
Name	AINSWORTH, CORNELIUS WILLIAM
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	"D" Unit
Date of Discharge	6-4-18
Place of Discharge	Toronto, Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....28.....years.....5.....months.	Descriptive Marks
Height.....5.....feet.....4½.....inches.	Mole size of small bean, over right costal line, 3" from sternum.
Complexion Muddy	
Eyes Grey	
Hair Dark Brown	
Trade Clerk	
Intended place of residence	314 Erie St. Port Huron Mich.
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of	
Physical Unfitness	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113

W. S. G. Comp
26-5-19 AM

(OVER)

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... (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 on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place).....

(Signature)

(Date)

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.)

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN
MEDICAL HISTORY OF AN INVALID

STATION Burlington Military Hospital DATE March 13th 1918.

1. (a) Unit "D" (b) Regimental No. 690595 (c) Rank Pte.
 (d) Surname AINSWORTH. (e) Christian name CORNELIUS WILLIAM.

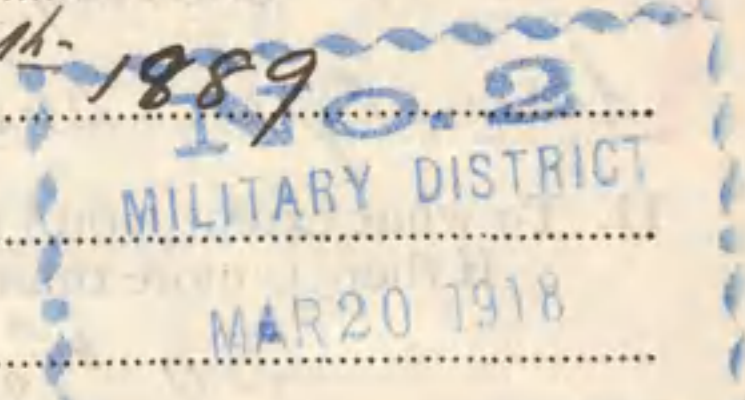
2. Age last birthday 28 years. Date of birth Oct 13th 1889.

3. Enlisted at Hamilton Ont. on March 21st 1916.

4. Personal description :-
 (a) Height 5ft 4 1/2" (b) Weight 147 lb. (c) Complexion Ruddy
 (d) Colour of hair Dark Brown (e) Colour of eyes Grey (f) Identification marks None size of small bean, over right costal line, 3 inches from sternum.

5. Address after discharge (for the use of the Board of Pension Commissioners.)
314 Erie St. Port Huron, Mich. U.S.

6. Former trade or occupation Clerk.



7. (a) Service	PERIODS	
	From	To
	173 rd Batt.	March 21/16.
	116 th "	March 17/1917.
	D. Unit	Feb 16 th 1918.
		March 17 th 1917.
		Feb 16 th 1918
		Present Date.

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Chronic Nephritis.

(a) Date of origin June 10th 1917. (b) Place of origin Vimy Ridge, France.

(c) Cause* Exposure plus possible infection.
(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Subjective Symptoms - General weakness, shortness of breath on exertion, going up stairs or walking fast, and palpitation at same time, easily fatigued.

Objective Signs - Urinalysis - Sp Gr 1025; Albumen & occasional hyaline + granular casts. Slight swelling of feet at night.

Respiratory, Alimentary, & nervous systems normal.

Circulatory - Heart action normal when quiet, quickened on exertion. No apparent enlargement; Sounds normal, Pulse 76.

Eye Conditions - Vision normal

Incapacity is due to impaired function of the kidneys
General debility resulting.

M. F. B. 227.
 159M-6-17.
 1772-39-117.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

10. History ;

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

Never off duty until. Since 10th 1917, when at Vimy Ridge he reported sick complaining of swelling of hands, face & feet. Scanty micturition, back-ache. Returned to England, Valley British Red Cross Hosp. until Aug 31st, then to Epsom to Sept 8th then to Busby Park. Urinalysis showed blood, pus & albumen

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

50 %

12. Did the disability arise on or off duty? On Duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable

Yes..... No.....
(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Impossible to say.

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

Heat baths & Diet.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes, no. A&H

19. Can the former trade or occupation be resumed? Not at present.

20. Recommendations Discharge

Adam E. Miller Capt Comd
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, Cornelius William Ausworth have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Cornelius William Ausworth
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
- (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).

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

Discharges

(Physically unfit)

A. B. Osborne Pres. M.B.
Adam E. Miller Capt Comd M.B.
F. W. Overholt Capt M.B.
Members.

STATION Burlington Military Hospital.

DATE March 15th 1918

APPROVED BY

DATE 2/13/18

APPROVED BY

DATE

Assistant Director of Medical Services.

Director-General of Medical Services.

PROGRESS NOTES

SECTION F

All Progress Notes must be signed and dated

Date

Form 1. 1-M 11-17 M.P.

Bent Stree, Burlington
MILITARY CONVALESCENT HOSPITAL

DEPT. MILITIA & DEFENCE

MAY 13 1918

H.Q. CANADA

SECTION A.

Date *March 4/1918*

Name *Ainsworth G.W.*

Age *28*

Married ~~or~~ *Single*

Home Address *314 Erie St*

on *21 March 1916*

Town or City *Port Huron* Province *Ont.*

Enlisted at *Hamilton*

Unit *116th Bn* Rank and No. *Pte 690595* Previous Conduct

Diagnosis and Recommendations of previous Boards

*General weakness. Dyspnoea on exertion.
Nephritis*

Complaint if any, regarding pay

Complaint reported to

By

The above to be filled in by office when patient is admitted to hospital.

Date

REPORT OF ADMITTING OFFICER

SECTION B.

DATE *Mar 4/18*

WEIGHT { Present
Best *168 lbs*

HEIGHT *5ft 4 1/2"*

CLASSIFICATION OF CASE

Indicate primary class by XX secondary by X

- 1. MEDICAL **XX**
 - a. Cardiac
 - b. Pulmonary
 - c. Gas
 - d. Nervous
 - e. Gastro Intestinal
 - f. Rheumatic
 - g. Miscellaneous **X**

- 2. SURGICAL
- 3. ORTHOPEDIC
- 4. SPECIAL
- 5. DENTAL
- 6. LABORATORY EXAMINATIONS REQUIRED
 - a. Wasserman
 - b. Blood
 - c. Urine
 - d. Sputum
- 7. PROVISIONAL FINAL BOARD

GENERAL STATEMENT REGARDING CONDITION, COMPLAINT OR DISABILITY

Adam E. Shickel Cent
Signature of Admitting Officer

REPORT OF MEDICAL OFFICER

SECTION C.

Date

Special questions for Soldiers' Aid Commission

- 1. Dagnosis
- 2. Degree of Disability (expressed by fraction)
Permanent or otherwise
- 3. Can former occupation be resumed?
If not, what class of work could be undertaken?
- 4. What military duty could he perform?

31683

The above questions, Section C., are to be filled in by Officer in charge of case, but not until case is ready for discharge.

Date *Mar 10/18*

1. COMPLAINT

General Debility

DATE OF ORIGIN &
CAUSE OF DISABILITY

*June 10/17
Nephritis*

2. PREVIOUS HISTORY

Healthy

Give short history of illnesses and mention if any physical disability or disease, having a bearing on present condition ante-dated enlistment

3. PERSONAL HISTORY

Alcohol, Tobacco,
Tea and Coffee,
Narcotics, etc.
State amounts.

Veneral Infection

Did patient reach
England or France
or remain in Canada?

France

4. PRESENT ILLNESS

If "Gassed" what kind?
Duration of exposure.
What were immediate
effects?

Nerve Gas

*June 10/18, Swelling of face, hands & feet, scanty
urination, & albumen in urine*

If wounds or injury
how caused?

Is condition due to
service or climate?
If not, was it aggravated
by them? How?

Service

On or off duty?

On duty

In action or in
field service?

In action

If due to exposure
on duty, what was nature?

General

Previous treatment and
results.
Where treated?

Hot, & heat baths, Improved

Valley War Hosp. Epsom & Busby Park

Date *Mar 10/18*

*Complexion muddy. Feet swell a little at night.
Urine Spgr 1.025. Albumen - fragments of Hyaline Casts.
Other systems normal*

Treatment recommended

Hot, & Baskami hot line

Mar 12th: Board Papers made out.

Probable minimum duration treatment?

Where may treatment be most satisfactorily carried out?

In your opinion is this man sufficiently recovered to return to the colors at an early date?

Does his physical condition warrant his undertaking with benefit some employment, thus supporting himself partially or entirely?

Is he likely to make further improvement under treatment in the Military Convalescent Hospital or tributary institutions?

If his case is stationary, would it be better to arrange for ultimate disposition at the present time?

A. E. Hester Capt

Signature of Medical Officer.

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 11th day of Nov 1911

Members of the Board:—

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

There is still some doubt as to the exact nature of the disability. It is recommended that the soldier be sent to the hospital for a further period of 3 months. It is also recommended that the soldier be sent to the hospital for a further period of 3 months. It is also recommended that the soldier be sent to the hospital for a further period of 3 months.

19. Recommendation:— (a) For the duty? No
 (b) For the base duty? No
 (c) Invalid to Canada? No
 (d) Discharge from service as permanently unfit? No

Dated at LONDON this 11th day of Nov 1911

Signatures of the Board
 President
 A.D.M.S. CANADIAN LONDON AREA LONDON

Reserved for M.H.C.

Regt. No. 690595 Rank PTE. Surname AINSWORTH Christian Name CORNELIUS WILLIAM
 Unit or Corps—(a) Overseas from United Kingdom 116th BN. (b) In United Kingdom 173rd BN.
 Born at—Town PORT HURON County or Province MICHIGAN Country U.S.A.

Date of Birth—Day 13th Month OCTOBER Year 1889 Age 28 yrs. 1 months.

Joined at HAMILTON ONT. Date 21st MCH. 1914

Former Trade or Occupation CHERK

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

Mole below right costal margin.

Height—feet 5 inches 4 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) C.N. Ainsworth

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.)

Disabilities Group (a). General WEAKNESS, Backache.
Dysphoea on exertion.
 Disabilities Group (b).
 Disabilities Group (c).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>NEPHRITIS.</u>	<u>France</u>	<u>May, 1917</u>
(ii) As to Group (b) above.	<u>No</u>		
(iii) As to Group (c) above.	<u>No</u>		

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

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

(i) As to Group (a) above? No If yes, has Active Service aggravated it?
 (ii) As to Group (b) above? If yes, has Active Service aggravated it?
 (iii) As to Group (c) above? If yes, has Active Service aggravated it?

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?

Reserved for M.H.C.

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

(i) While on duty? **Not Applicable**
(ii) While off duty?
(iii) Was a Court of Inquiry held...
(iv) Where?
(v) Opinion of the Court?

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

No previous renal disease or other illness of consequence. Was in France three months. Did not feel well in May, urine was scanty. In June he had backache, face swelled and legs were swollen, headache & cough. June 10th reported sick. 7th Canadian Gen. Hosp. Etaples ten days. Netley British R.C. Hosp. June 21st - Aug. 31. Epsom C.C. Hosp. Aug. 31 to Sept. 5. King's Canadian Hosp. Bushey Park Sept. 5 to present time. Disposed Nephritis - blood pus & casts have been shown in three hospital. alb. - large quantities.

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

General condition now is fair. Color - not good, pale. Height - 5' 2" inches. Weight - 125 lbs. High smelling sweat on hands & feet. Nightly. Weight below normal. He complains now of general weakness, backache, dyspnoea on exertion with some palpitation. Heart & Vessels - neg. Pulse regular 80, B.P. 140-98. Lungs - neg. Urine - 4th - 1016. No sugar, alb. +, mic. Hyal. gran. Casts +. W.B.C. +. Alb. & casts always present. Very little improvement.

8. OPERATION. (i) Was one performed?
(ii) If so, state what.
(iii) Was one advised and declined?

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

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

(ii) If so, describe. **No**

10. DO YOU RECOMMEND:—
(a) Fit for duty? **No**
(b) Fit for base duty? **No**
(c) Invalid to Canada? **Yes**
(d) Discharge from the Service as permanently unfit? **No**

Date of Report **Nov. 10 1917**
Signed **N.H. Eyles, Comd. C.A.M.C.**
Officer in medical charge of case.
Station **Kings Canadian Hosp. Bushey Park**

I have satisfied myself of the general accuracy of the above Report, and concur therein except
J. J. McInnes Lieut. Colonel
O.C. The King's Canadian Red Cross (S.M.O. Brigade) of these.
Convalescent Station, on **1917**
Delete if inapplicable.



Proceedings of a Medical Board on the Soldier mentioned in Part I.
Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case.

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? **No**
(b) Misconduct of the Soldier? **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%)

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, 4/10, or all).

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent?
(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?

18. Remarks. **Persistent albumenuria for 5 months. There is still some oedema about the face in the morning & the feet show slight swelling after exercise. He is not able to undertake anything but light exertion. No evident cardio vascula changes.**

19. Recommendation:—(a) Fit for duty? **No.**
(b) Fit for base duty? **No.**
(c) Invalid to Canada? **Yes.**
(d) Discharge from Service as permanently unfit? **No.**

Classification for the Military Hospitals Commission.

Date of Board **16/11/17**

Station **Bushey Park**
Signatures of the Board: **R.P. Borden Capt. C.A.M.C. President.**
J. J. McInnes
J. J. McInnes

Approved **J. J. McInnes**
Captain C.A.M.C.,
Dated at **For A.D.M.S., Canadians, London Area.** Station **21 NOV 1917**

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:—

13. Was the disability caused by the negligence of the soldier, marginally named, together with the documents submitted, recommended

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a

15. THE PENSIONABLE DISABILITY. Was the disability caused by the negligence of the soldier, marginally named, together with the documents submitted, recommended

16. Permanency of the Pensionable Disability. Estimated next above in 15.

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

18. Remarks.

No evident cardio vascular changes. ... He is not able to undertake anything but light exertion. ... There is still some edema about the face in the morning and the feet show slight swelling after exercise.

19. Recommendation: (a) Fit for duty? No (b) Fit for base duty? No (c) Invalid to Canada? Yes (d) Discharge from Service as permanently unfit? No

Dated at this day of 191

Signatures of the Board: President: J.D. Adamson Capt CMC; Members: R.J. Jordan Capt CMC; Date of Board: November 15th 1917.

Reserved for M.H.C.

Regt. No. 690595 Rank PTE Surname AINSWORTH Christian Name CORNELIUS WA. Unit of Corps—(a) Overseas from United Kingdom 116th Bn (b) In United Kingdom 173rd Bn Born at—Town Port Huron County or Province Michigan Country U.S.A.

Date of Birth—Day 13th Month October Year 1889 Age 28

Joined at Hamilton Ont. Date 21st March 1916

Former Trade or Occupation Clerk

Permanent marks or peculiarities that will serve for future identification: Mole below right costal region.

Height—feet 5 inches 4 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes) C. W. Ainsworth

Medical Report: Swelling present in hands, feet, face, and legs. Heart normal. Blood pressure 100/60.

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

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.)

Table with 3 columns: Disabilities Group (a), (b), (c). Row 1: GENERAL WEAKNESS, BACKACHE, DYSPNOEA ON EXERTION. Row 2: Not applicable. Row 3: Not applicable.

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

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: NEPHRITIS, FRANCE, MAY 1917.

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

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

Table with 2 columns: (i) As to Group (a) above? No; (ii) As to Group (b) above? No; (iii) As to Group (c) above? Yes.

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

Table with 2 columns: (i) As to Group (a) above? Yes; (ii) As to Group (b) above? No; (iii) As to Group (c) above? No.

continued.

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

(i) While on duty? **Not Applicable.**

(ii) While off duty? **Not Applicable.**

(iii) Was a Court of Inquiry held? **Not Applicable.**

(iv) Where? **Not Applicable.**

(v) When? **Not Applicable.**

(vi) Opinion of the Court? **Not Applicable.**

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

No previous renal disease or other illness of consequence. Was in France three months. Did not feel well in May, urine was scanty. In June he had backache, face, arms and legs were swollen, headache and cough. June 10th reported sick; 7th Can Gen. Hospital Etaple for ten days; Netley British Red X Hospital June 21st to Aug. 31 Epsom CFC Hospital Aug 31st to Sept 5th. Kings Can. Hospital, Bushy Park Sept 5th to present time. Diagnosed Nephritis. blood puss and casts have been shown at other hospitals. Alb in large quantities.

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

General condition now is fair. Color - not good, ~~is~~ pale. Slight swelling present in hands and feet at night. Weight below normal. He complains now of general weakness, backache, dyspnoea, on exertion with some palpitation. Heart & Vessels - neg. Pulse regular 80 B.P. 140-98. Lungs - negative. Urine Sp Gr. 1016. No sugar, Alb X, Micro - Hyal and Gran casts X, W.B.C. X, Alb and casts always present. Very little improvement.

8. OPERATION. (i) Was one performed? **Not Applicable.**

(ii) If so, state what.

(iii) Was one advised and declined?

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? **No**

(c) Invalid to Canada? **Yes**

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

Date of Report **November 10th 1917** Signed **H. H. Myres Capt CAMC**

Station **Bushy Park Hampton Hill.** Officer in medical charge of case.

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

J.D. McQueen, Lt-Col. (Officer of the Hospital) Strike out one of these. (S.M.O. or B.M.O.)

Dated at **Kings Can. Red X Special Hospital November 15th 1917.** Station, on **1917**

* Delete if inapplicable.

PART II.

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%)

N O

15. THE PENSIONABLE DISABILITY—(see Part I (3)). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, or all).

A P P L

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent? **C**

(ii) If not permanent, what is its probable minimum duration (in months)? **A B E**

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

18. Remarks:

Persistent albuminuria for five months. There is still some oedema about the face in the morning and the feet show slight swelling after exercise. He is not able to undertake anything but light exertion.

No evident cardio vascular changes.

19. Recommendation:—(a) Fit for duty? **No**

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

(c) Invalid to Canada? **Yes**

(d) Discharge from Service as permanently unfit? **No**

Classification for the Military Hospitals Commission.

Date of Board **November 16th 1917.**

Station **Bushy Park Hampton Hill Middlesex.**

Signatures of the Board

R.L. Borden Capt CAMC President.

J.D. Adams Capt CAMC

A.D.M.S. CANADIANS, LONDON AREA, LONDON, ENGLAND.

Approved **Captain C.A.M.C.**

Dated at **for A.D.M.S., Canasians, London Area.** Station **21 NOV 1917**

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.

This space to be left blank for the Chelsea Number.

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Proceedings on Discharge.

Army Form B. 268.

FLD 10 1013

2

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

No. 690595 Army Rank Private

Name AINSWORTH, Cornelius Wm.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 116th Bn. 2nd Res.

Battalion, Battery, Company, Depot, &c. 2nd CORD. (0)
(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 April 6-1918

Place of discharge Invalided to Canada for further treatment "D" Unit M.H.C.C.

1. Description at the time of discharge.

Age <u>25</u> years <u>5</u> months	Descriptive marks. <u>Mob size of small bear, over right costal line, 3" from sternum.</u>
Height <u>5</u> feet <u>4 1/2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Muddy</u>	
Eyes <u>Grey</u>	
Hair <u>Brown</u>	
Trade <u>Clerk</u>	
Intended place of residence (To be given as fully as practicable) <u>314 Erie St Port Huron Mich.</u>	

(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 Being no longer fit for war service. Para. 392, Sec. 16 R. O. 1912

(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.)

3. Military character:— Good

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

On expiration of leave report to Burlington Military Hospital, Burlington, Ont.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

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).

Nil

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

Service France & Belgium

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) *"D" Unit M.H.C.C.*

(Date) *April 12-18*

J.H. Wallace Lt
O.C. Commanding *"D" Unit M.H.C.C.* Battalion. 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) *"D" Unit M.H.C.C.*

(Signature of Soldier.)

(Date) *April 6-1918*

See copy (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. *April 6-1918* Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) *2* years *15* days.

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

Total " " "

11. Confirmation of discharge. *April 6-1918.*

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

(Place) *"D" Unit M.H.C.C.*

(Date) *April 12-18*

J.H. Wallace
Signature in charge of District
"D" Unit M.H.C.C. Command

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.)

See copy