REGIMENTAL DOCUMENTS

NAME AITCHISON. CLIFTON. Pte. REGT. NO. 3132775 UNIT 4th Bn SB. H. Q. FILE NO. 307R

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Dismd
	MEDICAL EXAMINATION (M.F.W. 129)					
	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
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	G293					
1	G.A.D.G.009					
2	Cas. Form					
1	Discharge					22-20
	Pay 1 & 2					22-20
						31-20
	Paysheets					1

W. 2589
100M-11-18

69

ORIGINAL

#1 M. D. 101 Depot Battalion W.O. Regiment

Regtl. No. 3132775

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class one)

1. Surname: AITCHISON
2. Christian name: CLIFTON
3. Present address: Lucknow, Ontario
4. Military Service Act letter and number: 743138 AC
5. Date of birth: March 27th.1892
6. Place of birth (town, township or county and country): Wingam, Huron County, Ont.
7. Married, widower or single: Single
8. Religion: Presbeterian
9. Trade or calling: Fireman
10. Name of next-of-kin: Thomas Aitchison
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Lucknow, Ontario
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place: Wingham, Ont. (b) Date: Nov.1st.1917 (c) Category: A-2

DECLARATION OF RECRUIT

I, CLIFTON AITCHISON, do solemnly declare that the above particulars refer to me, and are true.

April 23,1918 Clifton Aitchison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 25 yrs. 8 mths.

Height: 5 ft. 8 ins.

Chest measurement: fully expanded 36½ ins.; range of expansion 40 ins.

Complexion: Fair

Eyes: Brown

Hair: Dark

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Four scars longtitudinal lower area left abdomen

RIGHT EYE D 20/20 LEFT EYE D 20/20

HEARING R Normal L Normal

H L Mulligan Lt Col

O. C. Det Depot Btln.

WO Regt.

Place London Ont Date 23-4-18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3132775 (Rank) Private

Name (in full) Clifton Aitchison enlisted in

the 1st Depot Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at London Ont on the 23rd

day of April 19 18

HE served in 4th Reserve Battalion in England

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~

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

Age 27.

Height 5' 8"

Complexion Fair

Eyes Brown

Hair Dark

Marks or Scars

None.

C. Aitchison

Signature of Soldier

No. 2 District Depot
Toronto, Ont.
JUL 6 1919

Date of Discharge

Issuing Officer

For
O.C. No. 2 District Depot

Rank

Date JUL 6 1919 19

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

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

M. & D. Form A. 2 M
4685 20m. 15/7/18 D340

No Pay 1 152-6-9

To be rendered in DUPLICATE for Canadian Assignments. To be rendered SINGLY for English Assignments.

OVERSEAS MILITARY FORCES OF CANADA

C.R. PAY OFFICE, C.E.F.
P.L.
REFR TO
ADDRESS
ACTED ON
C/O L/R
7, MILLBANK

S.A.&A.F. SEP 6 1918 O.R.

ASSIGNMENT OF PAY (N.C.O.'s AND MEN)

From Paymaster Can. Ry. Troops Depot Unit
Purfleet

To the PAYMASTER-GENERAL
WESTMINSTER HOUSE, 7 MILLBANK, LONDON, S.W. 1

Date Aug 3 1918.

I beg to notify the following { New Assignment / ~~Change of Assignee~~ / ~~Change in Amount~~ / ~~Change of Address~~ / ~~Renewal of Assignment~~ }

☞ *Strike out where inapplicable*

No Roll
MDZ = B = 54
Dofe 23 = 4 = 18
Mod Pontenr 18 = 9 = 18

Effective from Sept 1. 18

Particulars of Soldier *(In Block Letters)*

No. A 3132775
Rank Spr
Name AITCHISON C

Original Unit: #5 Dft M.D. 2
Present Unit: C.R. Depot

Particulars of Assignment already in force (if any).

Card E. Lecht 19/9/18

Name of Assignee
Address
Relation of Assignee
Amount of Assignment

NOTE.—The filling in of the following particulars will cancel all previous assignments unless instructions are given to the contrary

A. 3 M. FORMS ARE NOT TO BE RENDERED

Particulars of New or Change of Assignment *(Note instructions re amount).*

Name of Assignee Thomas Aitchison
Address Lucknow Ont
Relation of Assignee Father
Amount of Assignment $15.00

[This Certification may be deleted if inapplicable. Signatures must be appended in any case.]

I certify that the above person to whom I wish assignment to be made is a dependent relative.

Checked S Watts 19-9-18

T Aitchison
Signature of Assignor

I have satisfied myself that new Assignee is a dependent relative and have noted same in Active Service Pay Book.

Paymaster Can. Rly. Troops Depot
Signature of Paymaster

INSTRUCTIONS

All new assignments, changes in amounts assigned, assignees' addresses, etc., are to be notified on this form. New assignments on account of N.C.O.'s and men may not be created for any amount other than $15.00 per month, except in cases of compulsory assignments under maintenance orders or civil legal agreements in lieu thereof.

Changes in amounts of assignments must conform to the standard rate, viz., $15.00 per month. Change of assignee may be made subject to the payments being continued to the new assignee at the standard rate.

Changes of any nature may not be made more frequently than twice a year without the approval of the Paymaster-General.

Notification of all such changes to be in the hands of the Paymaster-General in sufficient time prior to the effective date.

Assignments of N.C.O.'s and men payable in the United Kingdom are allowed in favour of dependent relatives only. Assignments to banks in England are not permitted, but money may be assigned to banks in Canada.

ACCOUNT OPENED SEP 24 1918 NEW ACCOUNTS SECTION

VOUCHER SEP 12 1918 SECTION

FOR USE OF PAYMASTER-GENERAL ONLY.

Noted on Ledger Sheet E. J. Wilson *(Ledger-Keeper)* 9-5704 C.R.T.A. *Ledger*

MAILED AUG 9 1918 OTTAWA

Date Mailed to Ottawa *Checked*
For PAYMASTER-GENERAL.

DENTAL HISTORY SHEET

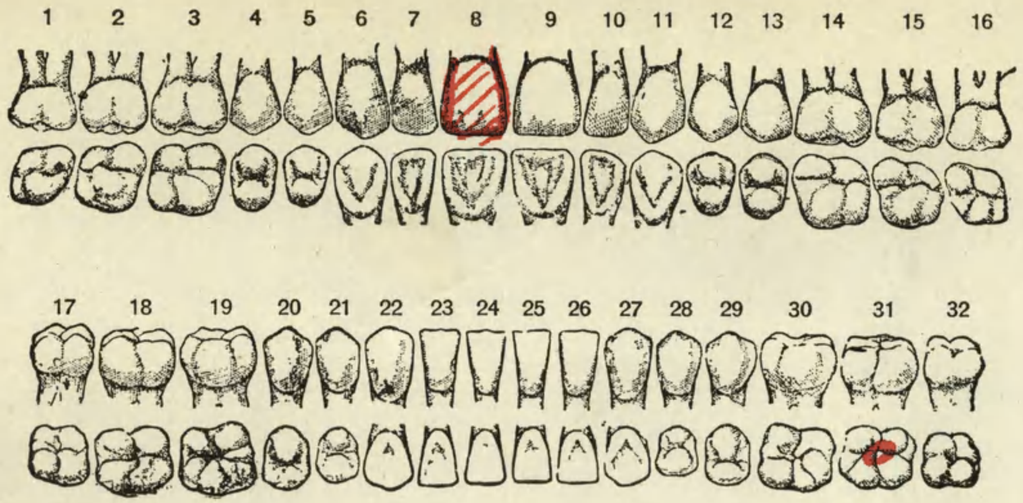
CANADIAN ARMY DENTAL CORPS

District 1

No. 3132745

Name of Soldier Aitchison C.

Regiment Reg. Canadian Rank Pte



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
	1918																						
Condition on first Examination	May	14	1/31																1/8		Dem By Mitt Hagey		Cav 13 19

M.F.B. 465.
50M.—9-18.
1772-39-950.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

Certified this document checked with Regimental documents.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names F. C. Clifton 2. Surname Aitchison

3. Rank Private 4. Original Unit 54 Aft Con Bn. 5. Reg. No. 3132 775.

6. Address, in full, to which future payments of gratuity are to be forwarded
R. R. - Lucknow. Ont.

7. Date of enlistment in the C.E.F. 23/4/18

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable.

9. Relationship of such dependent Not Applicable.

10. Address, in full, of such dependent Not Applicable

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 2½ Months in Canada in Con Bn. 7 Months in 4th Reserve at Witley 4 Months on staff at Bramshott Camp.

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.

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6421. Wt.P197/151. 35,000(4). 5/19. S.O.,F.Rd.

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 No.

20. Have you been issued with a War Service Badge? If so what class?

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?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

JUL 6 19[illegible] DEMOBILIZATION

(b) Reason for discharge

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

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

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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: Clifton Aitchison

Place of Residence: P.O. Lucknow. Ont.

Declared before me at: Branchett Camp

This 31st day of May 1919

"Questions 12, 13, 14, 20, 24, 25, 26 and 27 are unanswered."

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

W. H. Meacham Lt. Col.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

C.A.D.C. 3009

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

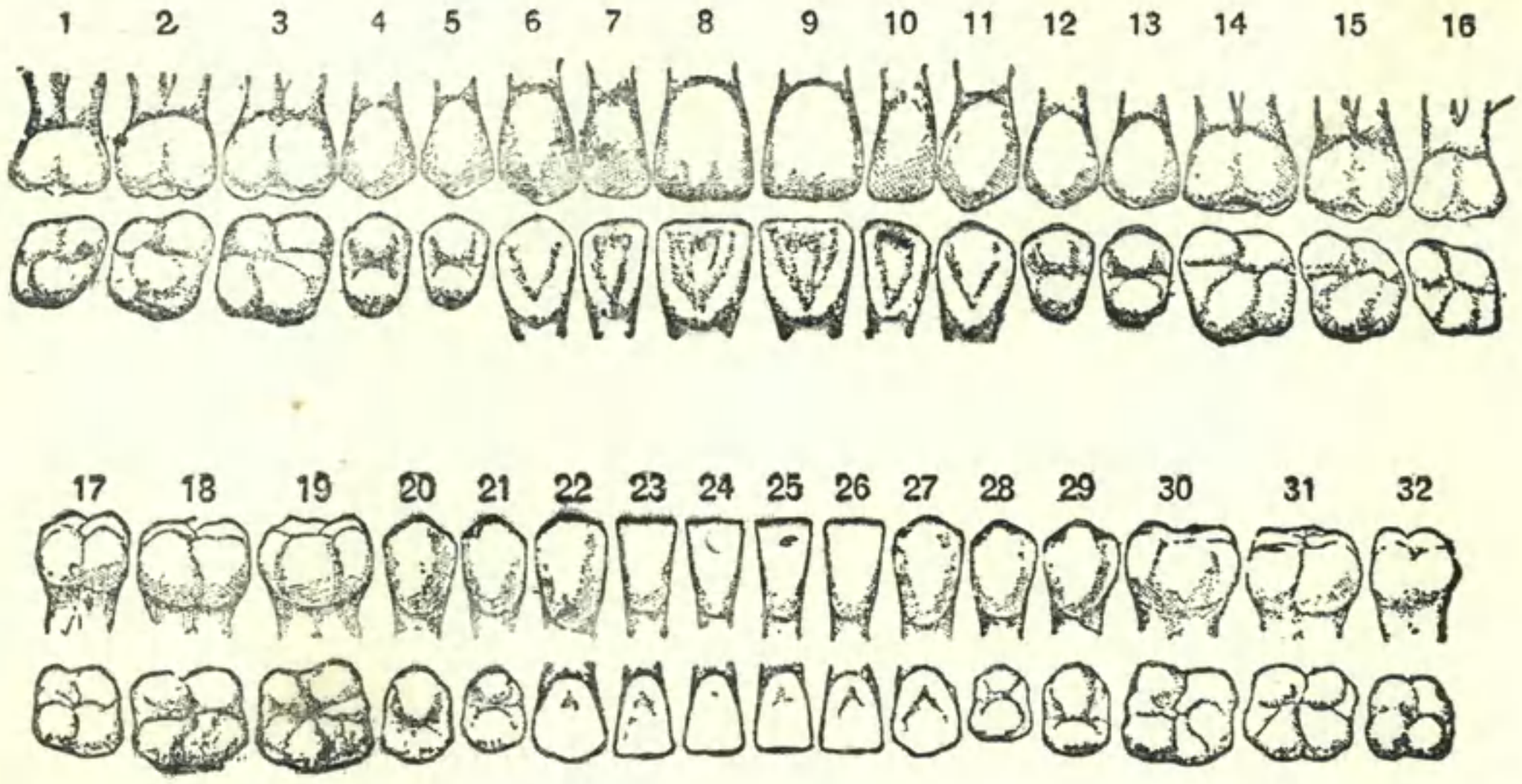
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

E.

NAME OF SOLDIER (Block Letters) AITCHISON C.

REGIMENT 4TH REG. RANK Pte. No. 3/32775

Date of Examination in England 21-5-19. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 12, 13, 19.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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

Signature of Dental Officer R. H. Algoe

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, W.O.R.

Regimental No. D 3132775 Rank Pte Name Aitchison Clifton

Enlisted (a) ✓ Terms of Service (a) C. E. F. D. of. War Service reckons from (a) 23-4-18

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) Fireman

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				
Trans to Ry Const Effect 13-5-18.					Trans to Ry Const Effect 13-5-18. Trans 11-5-18 D. Scatchard for Capt. Adjt. for O C 1st Depot Battalion, W. O. R.
Trans to Ry. Constr Hamilton Ont. 15/5/18.					Trans to Ry. Constr Hamilton Ont. 15/5/18. Quart-3468-11/5/18. Capt. O. C. Service Co Canadian Engineers, M. D. No. 1
Embarked Canada 20/6/18. HMT. Waimana. Disembarked. England 7-JUL 1918 HMT.					
8/7/18	C.R.T. Depot	Taken on strength on arrival from Canada	Purfleet	7/7/18	Part II D.O. 187.
30.8.18	C.R.T.D. S.O.S. on transfer to 4th Can. Res. Bn. Brasshott		Purfleet	30.8.18	Part II 240 Lieut for Capt.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

DEPOT CAN. RLY. TROOPS.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
31-8-18	O-64th Res Bn.	T.OS. on transfer from Can. Rly Troops	Witley	31-8-18	Pt 2 order No 206
21-12-18	-do-	Leave granted from 21-12-18 to 28-12-18 with free warrant	-do-	21-12-18	Pt 2 D.O. 302.
10-2-19	-do-	On Command. Canadian Corps	Bramshott -do-	9-2-19	DO # 24
~~18~~-3-19 29	do	S.O.S. on transfer to Regt'l Depot and ceases "On Command".	Witley	~~18~~-3-19 29	D.O. No. ~~65~~ 75 Lieut. for Adjt. 4th. Can. Res. Battn.
		S.O.S. on re. proceeds to Canada from Bisphatt		~~24~~-6-19 24th Inst	
		Daily Orders Pt 1 No 38			

"E" WING, CANADIAN CORPS CAMP, BRAMSHOTT.

EMT MAURETANIA
SAILING 94
SAILED SOUTON 23-6-19

2

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 3122775 Rank Pte. C. E. F. Name Aitchison C Lyle

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

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		JUN 28 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 101			
		JUL 6 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 101			

Lieut.
For O. C. No. 2 District Depot.

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Form R 122.
2353—100M—9-12-16.

LTR Rank Name AITCHISON, Clifton Reg'l No. 3132775

Unit 54th Dft Rly Con If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment London 23rd April 1918. Place of Birth Wingam Ont.

Name and Address, Next-of-Kin Thomas Aitchison

Lucknow Ontario Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

W.O.R.

N/E. R.B. No. 9332
File R.C.A.
Category CAN.OR

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England		7-7-18	S/S WAIMANA
8.7.18.	O.R.D.	T.O.S from Canada	St Pinfleet.	7.7.18	P.II 187.
30.8.18	"	S.O.S on transf to 4th Res Bn	" "	30.8.18	P.II 240 & 4 Res 206 d/31 8/18
13.2.19	E. Wing C.C.C.	T O S to perm Cadre	Bistott	7-2-19	" " 2 (WORD 20.115 d/21.5.19)
6.6.19	—	SOS of P.C. to Adwing CCC pending RTC.	"	5-6-19	D029 & A. Wing 34 d/20 6/19
		94-1-67		28.6.19	

5-7-19, A. WING SOS TO CANADA ... OTT 28.6.19 D.O.38

misc Rlty

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.					

No. D3132773 Rank Pte. Name Archison C

Aitchison

~~T.O.S.~~ Transfd. from 1st D. Bn. W.O.R. 15-5-18 (D.O. and 131 of 11-5-18) Unit 7th Field Company, Canadian Engineers

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 14	1918 May 15	n.	On draft 15-5-18.	May paylist.

NAME Aitchison, G. REGT. No. 3132775

RANK AND UNIT Pte, 4 R. WOR

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100 M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C344	Mil. Isol: Aldershot	1-11-18	Mumps
C360	Disch	20-11-18	"

Form R. 149.

Clifton

Name AITCHISON Rank PTE Reg. No 313275

Unit 4 RES BN

Next of Kin CANADA

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
1	11	tr. S. H., Aldershot		mumps	6344			130
20-11		Discharged		do.	6360			9664

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

MR. Y

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 313275 Rank Spr.

Surname AITCHISON

Christian Names Clifton

Unit C.R.T. Theatre of War England

Date of Service 7/7/18

Remarks

Latest Address Lucknow, Ont.

Roll No. A Page 225

B

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

No.	DATE
99204	Death

NATURE OF CASUALTY

M. F. W. 42—100 M.—8-18.
H.Q. 1772 39-893.

H. Q. Reference

No. 3/37775 Rank Pte Unit C.E.

Surname

Christian names

Kindly forward Medals, to which I am entitled by reason of my service in England.
(Theatre of War)

with
(Unit with which served in Theatre of War)

No. Box 317

Street

Town Lucknow. Ont

County Bruce C. Aitchison
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-1-21.

Surname	Christian Name or Names	Reg. No.
AITCHISON	C.	3132775

Rank	Unit
Pte	W.O. 4th Res.

Cas. List.	
	MIL ISOL. ALDERSHOT 1-11-18
6-11-18 C344	Mumps. R
25.11.18. 6360	Dis 20.11.18

Cas. List.

Date of Enlistment 23-4-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A. 5704

Date of Assignment 1st Sept 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 54th Draft - M.D. 2. Can. Eng.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 THOMAS AITCHISON,
LUCKNOW,
2 ONT. 15 15.00
% D3132775 SPR C.AITCHISON
3 FIFTEEN DOLLARS
4

Date	Cheque No.		Amount S/A	Amount A/P	Total	
1915 Sept.	43007	Y		15-	15-	6
Oct.	42422	A		15-	15-	6
NOV	50522	A		15-	15-	6
DEC	62736	B		15-	15-	6
JAN	69936	B		15-	15-	6
FEB	77059	A		15-	15-	6
MAR	82829	B		15-	15-	6
APR	588	b		15-	15-	6
MAY	5707	a		15-	15-	6
JUN	9136	a		15-	15-	6
JUL	11393	a		15-	15-	6
				$165-	165-	

REMARKS File 152-6-9 N. Roll 2-B-4

A/c Closed 3 1/9/19

Ret'd per Manitoba

Date 4/2/19 F.X. 14/2/19

M.D. 2 Clerk M. R.D. Hentroyt

98038

AUDITED FOR NEW ACC'T. 2M. 3-8-18 J. McNeil 23-9-18

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7663.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch V

OVERSEAS CONTINGENTS

Date of Assignment

1490 NULLED

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M—6-17—172-39-1141
L. L. 22230—M. & D. 7993.

AUTHORITY FOR NEW ACC'T.

MAURETANIA 4.7.19.

A2261

DISPERSAL "T"

AUDITOR	PAYMASTER

M. OR S.

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

REGT. No. 3132775 RANK Pte. NAME (IN FULL) AITCHISON, C. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Nil RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 4 Res Bn IF IN P.F. WHAT UNIT? P.O. Lucknow, Ont.

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 23-4-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE closed by Ottawa 31/7/19

PAYABLE TO Thomas Aitchison RELATIONSHIP

ADDRESS Lucknow Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Toronto DATE 6/7/19 REASON Demob. AUTHORITY D.O. #191 IF ENTITLED TO POST DISCHARGE PAY Yes.

T.O. S 28.6.19 D.O. 191

SUPP

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 30/6/19							28	44	28	44																									28	44	Bal Eng 1st pd
13/7/19	13	1.10	14	30																																	Laundry 31/7/19
					35	—																															Clothing
					70	—																															Training
																							15	—													Gun, ap
																	4	87	5	—																	Book stream
																																					Ent
							11	30			Cheque		12	287																	147	74					
		W.S.G.																									W.S.E.										
																									6-7-19		70	—					Jan Sales				
122 days			280				280																				7	70			77	70	202	30			Lodging at abar
													AR 96	Jul 25			982375										62	30			140	—	140	—			Treatment at
													AR 175	Aug 29			1345310										70	—			210	—	70	—			Gunner
													C.R. 150	Sept 29			1355544										70	—			280	—					
							280	—																			280	—			280	—	80				

W.S.C. PAID IN FULL

CAPTAIN

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 29)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 29a).
10. Dispersal Certificate (C.D.3).
11. Equipment } Statement Q.M.G. Form (D.O.S. 2).
    and Clothing }
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B.

Checked by No. 15 [illegible]

Date 26-6-19

War Service Badge
Class "A" No. .....

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

P.a. 12.
G.G. 2.

1. No. 3132975
2. Rank. Private.
3. Name. Aitchison. Clifton.
4. Unit. 4th, Reserve Batt.
5. Date of Discharge JUL 6 1919 Place Toronto TORONTO, ONT.
6. Reason for Discharge DEMOBILISATION.
7. Authority. No. 2. D.D. Batt. D.O. No. 191
8. Proposed Residence after Discharge Lucknow Ont. P.O. Office

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?

C. Aitchison
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 District Depot Toronto, Ont.

Date JUL 6 1919

Signature [illegible]
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

Maurice Lewis
26/6/19

For
O.C. No. 2 District Depot.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(a) General service, (Category A) (Yes or No) Cat A.
(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.)

(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.)

Boarded Auth. A.G. tel 9083 of 11-11-18.

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.

Sd/ Geo. More Capt. *President.*

PLACE Bramshott

DATE 10-6-19. Sd/ J.T. Wright Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE .....

DATE ..... } Members

APPROVED BY
Sd/ H. McKenzie Capt.
for *Assistant Director of Medical Services.*
DATE 10-6-19.

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

CERTIFIED A TRUE COPY
H.D. Freeman
CAPT CAMC

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

JLM

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 9-6-19.

1. 1 (a) Unit 4th. Res. Bn. (b) Regimental No. 3132775 (c) Rank Pte.

(d) Surname A I T C H I S O N (e) Christian name Clifton

(f) Home address Lucknow, Ont.

(g) Next of Kin T. Aitchison (h) Relationship Father

(i) Address of Next of Kin Lucknow, Ont.

2. Age last birthday 27 Date of birth Mar 27 1892

3. Enlistment, or Appointment (if an Officer) (a) Place London, Ont. (b) Date 23-4-18

4. Personal description:

(a) Height 5-8" Est (b) Weight 205 Est (stripped) (c) Complexion Medium

(d) Colour of hair D/Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Distal phalanges of middle and ring fingers missing left.

5. Former trade or occupation Fireman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	60

	Periods From	Periods To
Canada	23-4-15	20-6-18
England	20-6-18	25-6-19.
France or other theatres of War	-------	-------

7. Original disease, or injury LACERATION TISSUES MIDDLE & RING FINGERS LEFT HAND.

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause Accidently crushed.

M. F. B. 227.
400M.—11-18.
1773-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, 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 ring and middle fingers left.

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.)

Objective:- Distal phalanges left ring & middle fingers missing.

Subjective:- None.

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

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

Special Senses 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

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

Documentary:- M.H.S. entry on enlistment -

"Distal phalanx ring & middle fingers left hand missing

Statement:- In childhood tips of fingers accidently crushed, distal phalanges amputated.

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*).)

31-10-18 Mumps - No disability.

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

See 4(f)

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

(*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.)

No

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

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

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

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

Usual surgical treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations None

Sd/ I.Y. Patrick Capt. CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned C. Aitchison 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 nothing

Sd/ C. Aitchison Pte. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(a) General service, (Category A) (Yes ~~or No~~.) Cat A.
(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.)

(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.)

Boarded. Cert A.1 ref 6083-11-11-18

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 Brampton — Geo Moore Lt Col President.

DATE 10-6-19. — Kirkright. Capt. " } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

PLACE..... .....President

DATE..... } Members

APPROVED BY — J. McKenzie Capt for Assistant Director of Medical Services. DATE 11/6/19

APPROVED BY — 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

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Brampton DATE 9.6.19

1. 1 (a) Unit 4th Res R (b) Regimental No. 3132778 (c) Rank Pte
(d) Surname ~~Aitchison~~ AITCHISON (e) Christian name ~~Clifton~~ CLIFTON
(f) Home address Tweedsmuir Ont.
(g) Next of Kin J. Aitchison (h) Relationship Father
(i) Address of Next of Kin Tweedsmuir Ont.

2. Age last birthday (27) Date of birth Mar 27 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto Ont (b) Date 20.4.15

4. Personal description:
(a) Height 5' 8" est (b) Weight 205 est (stripped) (c) Complexion medium
(d) Colour of hair Dk. Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Distal phalanges of middle and ring fingers lt. missing

5. Former trade or occupation Fireman

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

	Years	Days
	1	60

	Periods From	Periods To
Canada	23.4.15.	20.6.18
England	20.6.18	20.6.19.
France or other theatres of War	—	—

7. Original disease, or injury Laceration tissues middle and ring fingers lt. hand.

(a) Date of origin Childhood (b) Place of origin Canada
(c) Cause Accidentally crushed

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, 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 ring and middle fingers left.

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.)

Objective:-
Distal phalanges left ring and middle fingers missing.

Subjective:-
None

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

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

Special Senses 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

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

Documentary:- M. H. P. Entry on enlistment "Distal phalanx ring & middle fingers left hand missing"

Statement:- In childhood tips of fingers accidentally cracked, distal phalanges amputated

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*).)

31-10-18 Mumps - No disability

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

See H & F

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

(*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.) No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) (b) No
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Local surgical treatment

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations None

L. G. Patrick Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned C. Aitchison 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 nothing

C. Aitchison Pte Rank.
Signature of invalid examined.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-9-18		EFFECTIVE DATE:-	
AMOUNT:- $15.00		AMOUNT:-	

NAME:- AITCHISON Clifton

NUMBER:- 3132775

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.

Thomas Aitchison
Lucknow, Ont
(Father) A2M. 3/8/18.
Stopped 1/7/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can. L.P.B.		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- Can. Rly. Troops Depot Draft # 52 Rly Construction

DATE ACCOUNT FIRST OPENED:- 1-7-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.T.D.
206 31-8-18	19-18	20-9-18	4th Res Bn "B"

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28/5	3364	E.W. L2	9 73				
10/6	10166	A. 8	24 33				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE Transferred to Canada 1/7/19 NRB 10668 Dilley "A" W. 17/6/19. M.O.2. L.R.C. #2844

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									32 40		
30-6-18 Bal from Can											
July	Pte's Pay	34 10		AR 724 CRTD 22/7/18	43 80					15	
		34 10			43 80				22 70		
Aug	✓	34 10		✓ 1171 15/8/18 CRTD.	14 60					30	
				✓ 1482 29/8/18 ✓	12 17						
		34 10			26 77				30 03		
Sept	30. P.P.	33 -		C.A.P.				15			
				AR. 2177 9/9/18 4 Res.	7 30	-			40 73	30	Pay stopped 31/1/19
		33 -			7 30			15			
Oct	31	34 10		C.A.P.				15 -			
				✓ 2599 10/10/18 ✓	9 73						
				2797 30/10 —	9 73				40 37	30	
		34 10			19 46			15 -			
Nov.	30	33		C.A.P.				15			
				3134 29/11/18 ✓	9 73						
Dec.	31	34 10		C.A.P.				15			
				3366 10/12 ✓	14 60						
				3489 17/12 ✓	21 90						
JAN		34 10		C.A.P.				15	50 34	30	Discharged 31/3/19
		101 20			46 23			45			
Feb.		30 80		C.A.P.				15			
				4265 30/1 —	9 73						
MAR.		34 10		C.A.P.				15			
				28 17/1/19 Ending 666	9 73						
				396 28/2/19 —	9 73						
				568 11/3/19 —	9 73						
				913 15/3 —	9 73				36 59		
		64 90			48 65			30			

NUMBER 3132775 RANK Pte NAME AITCHISON Clifton

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								36 59		
april		33		CAP.				15			
				ah.69. 11/4/19. E.W. Webb.	9 73						
				.1005. 28/4	9 73						
				.1579. 10/5	9 73						
May		34 10		CAP.	29 19			15	44 50		
		67 10			29 19			30			
June		33		CAP.				15			
				.3364. 28/5/19	9 73				52 77		
				10166 10/6	24 33				28 44		
		33			34 06			15			

SOS 94 28/6. WCR

44 50
33
77 50
49 06
28 44

15
34 06
49 06

W L Berney
17/6/19