

NAME

AITKEN

ROBERT SMITH

M

RECORD NO. *301513*

UNIT *37*

M. F. W. 2505 REFERENCE

H. Q. FILE NO.

3233

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

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1 P. 149

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Comp to B.P.C

19-1-20

B.P.C. Spec 1597 21

DEATH

Category

H

DISCHARGE

Category

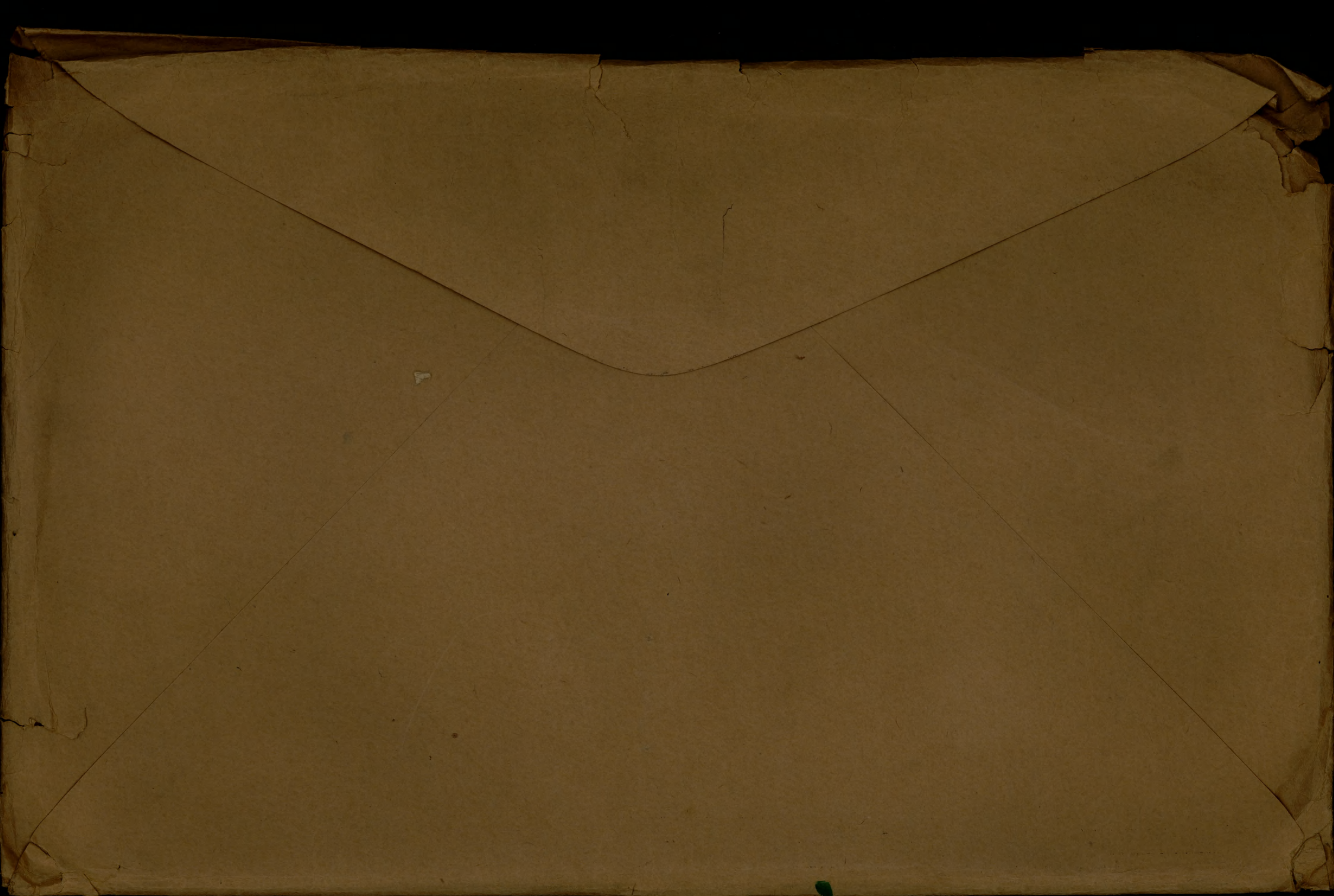
M. Longie

DESERTION

Discharged 26-11-54

*13-21
20-21
28-21*

5



QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

- 1. What is your surname?..... **Aitken**
- 1a. What are your Christian names?..... **Robert Smith**
- 1b. What is your present address?..... **262 Good St. Winnipeg**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Coatbridge, Scotland**
- 3. What is the name of your next-of-kin?..... **Miss Mary R. Aitken**
- 4. What is the address of your next-of-kin?..... **26 Carnarvon St. Glasgow, Scotland**
- 4a. What is the relationship of your next-of-kin?..... **Sister**
- 5. What is the date of your birth?..... **July 29th. 1895**
- 6. What is your Trade or Calling?..... **Dry Goods 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?..... **4 months 79th Cameron Highlanders of Canada and 8 months A.S.C.**
- 10. Have you ever served in any Military Force?
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes**
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Robert Smith Aitken**, 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.

..... *Robert Smith Aitken* (Signature of Recruit)
..... *Robt Gillespie* (Signature of Witness)

Date **November 1st** 191**5**

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Robert Smith Aitken**, 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.

..... *Robert Smith Aitken* (Signature of Recruit)
..... *Robt Gillespie* (Signature of Witness)

Date **November 1st** 191**5**

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 **Winnipeg** this **1st** day of **November** 191**5**
..... *[Signature]* (Signature of Justice)

Description of Robert Smith Aitken on Enlistment.

Apparent Age 20 years 3 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. 5 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion ins.

Complexion Medium Fair

Eyes Blue

Hair Light Brown

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

NONE

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 declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date November 1st 1915.

Place Winnipeg Man.

[Handwritten Signature]
 Medical Officer.

* Insert here "fit" or "unfit."

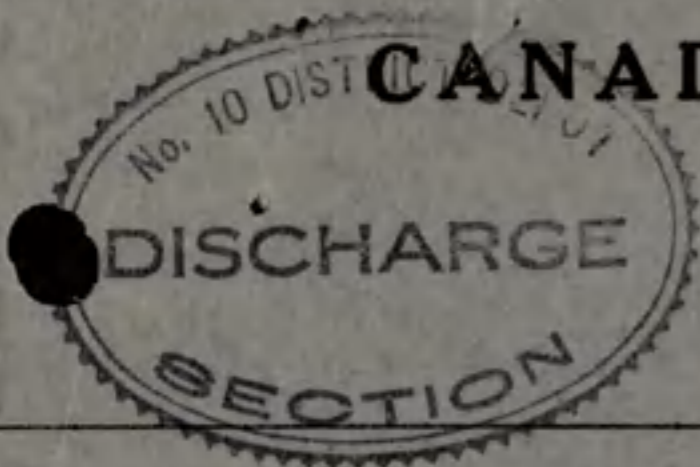
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Smith Aitken 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.

[Handwritten Signature] (Signature of Officer)
 O/C, 37th OVERSEAS BATTERY C.F.C.

Date November 1st 1915



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
a. 398346
AB B. 66193 ISSUED

THIS IS TO CERTIFY that No. 301513 (Rank) Gnr

Name (in full) Robert Smith Sisken enlisted in
the 37th Battery C.F.A.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the first
day of November 1915.

HE served in 3rd C. Div Trench Motors France Belgium 30 months

and is now discharged from the service by reason of Demobilization.
Medical Unfitness. (R 014 20/a)
★ D.O. 291-Para. 3.

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

Age 24 years
Height 5' 5"
Complexion Medium
Eyes Blue
Hair Brown

Marks or Scars Scar right ankle grain
(accident in the field)

R. S. Sisken
Signature of Soldier

J. M. Wood
Issuing Officer

Date of Discharge
20-10-1919.

J. M. Wood Major
Officer Commanding Bank 10 District Depot

Date October 20th 1919

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.

0171 *2nd. Contingent*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Duplicate

*As per
checked fund correct
Warrens*

To Whom *Miss Mary R. Aitken*
Address *26. Carnarvon St
Glasgow.
Scotland.*

By Whom Assigned *Aitken, Robert S.*

Regtl. No. *301513.*

Rank *Dr.*

Corps *3rd Battery 10-6000*

Rate *\$15.00*

MAR 1 1916

[Signature]

PAYMENTS

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

RECEIVED FROM
MAR 28 1916
OTTAWA.

ASSIGNED PAY.

By whom assigned

Aitken Robert S.

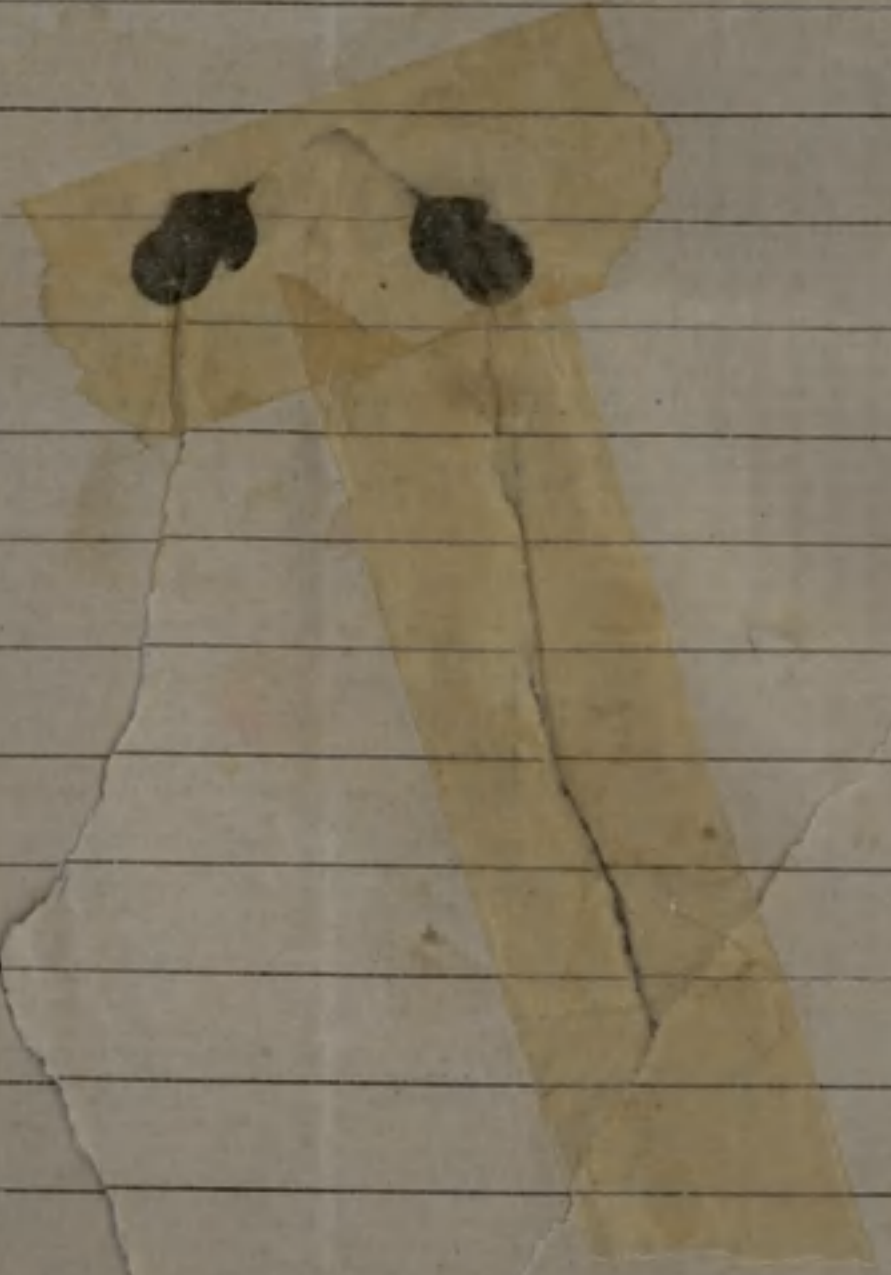
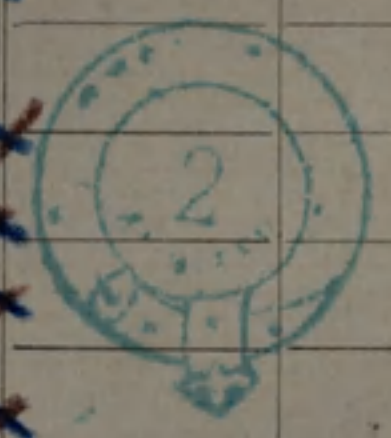
Regtl. No. *301513*

D 37th Battery

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.		<i>9004</i>	<i>30</i>	<i>/</i>	<i>Mar + Apl. \$30</i>
May.		<i>26788</i>	<i>15</i>	<i>/</i>	
June		<i>53642</i>	<i>15</i>	<i>/</i>	
July		<i>85672</i>	<i>15</i>	<i>/</i>	
Aug.		<i>118174</i>	<i>15</i>	<i>X</i>	
Sept.		<i>151690</i>	<i>15</i>	<i>X</i>	
Oct		<i>187694</i>	<i>15</i>	<i>X</i>	
Nov		<i>224698</i>	<i>15</i>	<i>X</i>	
Dec.		<i>265213</i>	<i>15</i>	<i>X</i>	
Jan.	1917	<i>306730</i>	<i>15</i>	<i>/</i>	
Feb.		<i>347238</i>	<i>15</i>	<i>X</i>	
March		<i>390243</i>	<i>15</i>	<i>/</i>	
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

135⁰⁰

180⁰⁰



DESCRIPTIVE RETURN of a Soldier at present stationed in the Field

who is desirous of being* ^(transferred) ~~posted~~ _{attached} from the 37th Battery C.F.A. Regiment in the Field to the 3rd Divisional Trench Mortar Regiment Battery in the Field for the purpose of _____

Regiment and Battalion 37th Battery Canadian Field Artillery
No. 301513 Rank and Name Driver Robert Smith Etkern.

Service towards engagement One year and two months.

Date of Attestation 1st November 1915

Period for which attested Period of the war Reserve

Age Twenty one years 158 days. ~~five~~ Height five feet six inches

Chest Measurement { Girth when fully expanded 36 inches.
Range of expansion 2 1/2 inches

Trade or Calling warehouse clerk.

Where born Coatbridge. County Glasgow Lanark Scotland.

Married or single, if married, state if with leave } Single

Certificate of Education _____

Character Good.

Good conduct badges _____

Musketry qualification and score _____

Schools or Courses of Instruction at which the soldier has attended and qualified. Nature of certificates obtained to be stated _____



To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier Robert Smith Etkern.

To be signed by a Soldier applying to be posted or attached.

I request to be transferred as above.

Signature of Soldier _____

I have examined the above man and find him medically fit for the branch of the service to which it is proposed

to* ^(transfer) ~~post~~ _{attach} him. Signature of Medical Officer G. W. Weatherhead M.D.

I have no objection to this man being transferred as above. M.O. 10th Can Art Bde

Signature of applicant's present Commanding Officer Mr. H. Cantin Lt. Col. Captain

(Station) In the Field (Date) Jan 2nd 1917 Ob. 37th Battery C.F.A.

I have no objection to this man being transferred as above. 10th Art Bde

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion Lt. Col. D. Smith Lt. Col.

(Station) In the Field (Date) January 2nd 1917

Signature of competent authority for transfer Robert Haultain Lieut. Col. A.A.G.

* See King's Regulations. The words which do not apply to be erased, and in the case of the B.A.M.C., it should also be stated who is suited for the duties of the Corps.
† Insert "transferred," "posted," or "attached," as the case may be.

9/13/17

CERTIFICATE to be rendered in the case of a Non-Commissioned Officer who

is to be $\left\{ \begin{array}{l} \text{posted} \\ \text{transferred} \\ \text{attached} \end{array} \right\}$ to the Regular Establishment of any arm of the

Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that _____

_____ is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the

Territorial Force to which I recommend he should be $\left\{ \begin{array}{l} \text{posted} \\ \text{transferred} \\ \text{attached} \end{array} \right\}$

Officer Commanding,

Place _____

Date _____

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases	Copies of Regimental and Company Conduct Sheets.
In cases of tradesmen	Certificate of Proficiency on Army Form B. 195 or 195A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps))	Specimen of handwriting and ciphering.
In case of Candidates for Military Police	Specimen of handwriting.
In case of Candidates for the Military Provost Staff Corps	Copy of Record of Service on Army Form B. 200.

HISTORICAL CASE SHEET.

No. in Admission and Discharge Book.	Regiment	Surname.	Christian Name.
	301513	Githan	Robert Smith.
Year.	Unit.	Age.	Service.
	3 rd Can. Div. Trench Mortar	23.	3 $\frac{1}{2}$.
Station and Date.	Disease		

Admitted - 6/3/19.

Date of onset of disease - 4/10/18.

Previous service - 2 $\frac{1}{2}$ years.

Civil occupation - Salesman.

Next of kin - (Sister) Mrs M. Githan
24 Cornarbow St.
Glasgow.

Oct. 4/18 box ammunition fell on his R. ankle. He had it bandaged and carried on his work. 2 weeks later Dr told him he had a bad sprain. Came to Eng on leave Oct 20 & he reported to his ankle in Glasgow. They massaged him for & he returned to France where he rep. sick 5 or 6 times & Nov 28 he was admitted to 7. Amb. → CCS → 4 Gen Hosp. Carriers then 3 dys → Com. Camp. → 7th S Com. Hosp.

Evac. to Eng on acc. of his ankle.
Condition. Ankle has pain if he twists at. walks to a limp. & ankle becomes more swollen. No pain on stepping on it.

For X-ray. D. M. Curdy Capt
There is thickening about ext. malleolus & puffiness in front of it where it is tender on pressure. Foot can be flexed to R.L. only.

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

Station
and Date.

Report of result of X-Ray Examination
Plate No 8482

no evidence of lesion lower third (Rt leg)

A Cassels,
M.C.

20.3.19 Taken to R.R. & plaster cast applied
D.M.

23.3.19 Travel to Canada. D.M. Curdy Capt

Is there a service
record of all Att
mentioned on
papers pls?

to a S.F. Detail M.D. 10
18-5-15 to 30-10-15
J.P. 37: B.L.P. C.A.O.

NAME _____

Date of Embarkation for England _____

Proceeded to France

Date returned to Canada.

P.R.2855.

A-191

AUG 20 1919

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date 12-8-19

Reg'tal No. 3015-13 Rank *Sgt.* Name *Aitken, R. S.* Unit *C. F. A.*

Bed 22 Ward A

Injury or disease

Part affected *Rt. ankle.*

Treatment or Exam *X-ray, A.P. & S.*
of foot & ankle region.

Report *Some roughening of the talo-*
fibular joint, also in the talo-
calcaneo joint.

J. W. Keaslip
Capt.

Per J.W.

273

M. F. W. 2509.
50m. 4.19.M.
1772-39.1276.

Signed

[Signature]
Capt. CAMC.

2043

[Faint signature]

Dr. Gibson

12/8/19

CERTIFIED CORRECT,
 8 AUG. 1916
 CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

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

Unit, Regiment or Corps 37th Battery C.F.A.

Regimental No. 301513 Rank Driver Name Arthur Robert Smith
C. E. F.

Enlisted (a) 1-11-15 Terms of Service (a) Duration of War Service reckons from (a) 1-11-15

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

59
 28.2.19

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				
		Embarked from Canada	St. John N.B.	26/2/16	- R.M.S. "Mananabie"
		Re-embarked in England	Plymouth	13/3/16	
		Proceeded for Service Overseas	Portsmouth	13-7-16	Att. 200-76 P. B. Blair, Capt OC 37th BATTERY C. F. A.
		Landed in France	Harve	14-7-16	
20-1-17	Unit.	Attached to Trench Mortar School for instruction	Field	14/17	B. 213. P. 110. 19-29-17
3-2-17	"	To Hospital	Field	2-2-17	B. 213 DCS. 96 N/11-2-17
3-2-17	11 C.F.A.	Bronchitis adm. + Jfd.	13 C.F.A.	2-2-17	A. 36 DCS. 97 N/17-2-17
3-2-17	13 C.F.A.	"	9 C.F.A.	"	"
3-2-17	9 C.F.A.	"	"	"	"
10-2-17	OC. Unit	Rejoined from hospital	Field	8-2-17	B. 213 DCS. 98 20-2-17
11-2-17	9 C.F.A.	Bronchitis Dis.	To duty	8-2-17	A. 36 DCS. 100 2F

12/2/16

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
21-2-17	OC. Unit	Rejoined Unit from Trench Mortar School.	Field	29-1-17	KT.108-889. P.II.O. No.36 d/26-2-17.
9-3-17	only can sect	Struck off strength on transfer to 3.C.D. T.M. Battery	Field	8-3-17	with adq. can sect 3rd Ech. Part II Orders 43 d/10-3-17
7/4/17	O.C.	Adm. Hosp. fed		3/4/17	B213 Dec. 109 d/14/4/17
7/4/17	H Gen.	Ing. Hernia		7/4/17	W3034
15/4/17	C.S.O.	Tak. on Str. JB.	C.B.D.	15/4/17	H.R. C.B.D.
8/4/17	2 C.F.A.	Rt. Ing. Hernia Jr	1 C.F.A.	4/4/17	A36 Dec. 12/4/17 #113.
"	1 C.F.A.	"	adm.	4/4/17	"
9/4/17	6 ces.	"	Jr 10 Jr.	5/4/17	"
11/4/17	4 Gen.	"	Jr Base Detail	6/4/17	"
11/4/17	4 Gen.	"	Jr Base Detail	11/4/17	W3034
27/4/17	C.S.O.	Class P.B. and att to Can Corp. ^{Comp. Co.} Ad.		27/4/17	H.R. C.B.D. Pt. 2. O. 72. 4/17
6/5/17	Gen. C.C.H.	Class "P.B" + att to Can. Corp. Comp. Co		30/4/17	B213. Pt. 2. O. 78 14/5/17
30/5/17	C.C.H.A.	Class. for duty		30/5/17	File 12806.
16/6/17	"	Ceas to be att to C.C.H.A. to Unit		14/6/17	B213 Pt. 2. O. 100 d/25/6/17
2/8/17	12 C.F.A.	Jr. fever	adm.	2/8/17	} W3034.
3/8/17	13 C.F.A.	"	Jr 12 C.F.A.	2/8/17	
11/8/17	O.C.	Adm Hosp. Ret Unit		4/8/17	B213 Dec 153 d/23/8/17
8/8/17	10 C.F.A.	Trench fever	To Duty	8/8/17	W3034
15/8/17	10 C.F.A.	do	adm.	3/8/17	"
3/8/17	12 C.F.A.	do	Jr 10 C.F.A.	3/8/17	"
4/9/17	O.C.	Granted leave		10/9/17	Letter K.T. 16/25908.
2/9/17	O.C.	Returned from leave		2/9/17	B213. Pt. 2. O. 140 12/17
2/10/17	O.C.	Ceas to be att. to 3 C.F.A. to 3 C.F.A. to 3 C.F.A.		2/10/17	CR 1470 Pt. 2. O. 140 12/17

LT-2

3015-13. Div. Aitken, Robert Smith

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.				
11/3/17.	3 rd D.A.C.	T.O.S. of Column for duty with	Field.	9/3/17.	PT II D.O #42.
14-4-17.	b.l. 10 th Bde.	Adm No 4 Gen. Hosp. Dannes.	Camiers.	7-4-17	CL A115. Hernia R 1/16
19-4-17	" "	Dis. No 4 Gen Hosp Dannes	" "	11-4-17	" - A119.
4-2-17	3. Bal.	Classified P.B. for duty with Can Corps H.Q.	Field	27.4.17	PT 072 Cancelled PT 078 & 14517
14.5.17	"	Classified P.B. attached to Can Corps Camp Co.	"	30.4.17	PT 078
25.6.17	"	Ceases to be attached " " " "	"	14.6.17	" 100. 62 CHQ. 58 of 27.6.17
11.8.17	"	2000 Can Fld Ambulance	"	3.8.17	CR a.g. Lunch Fever
17.8.17	"	Discharged from " "	"	8.8.17	" 14 " "
12.10.17	"	So S h 3 9 m B	"	2.10.17	PT 140 73 Y M B PT 1 " 17
26.11.18	"	205 from 3 T M B	"	17.11.18	PT 102 3 T M B 74 of 26 1/18
22.2.19	Det.	Det. posted to Can. Art. Pool.	"	1.2.19	" 20 Art Pool. 23. 4.3.19.
28.2.19	CHRS	T.O.S. from 3 rd D.A.C.	"	19.2.19	559.
6.3.19	Art. Pool.	Ins. pickt posted to G.A.R.D.	"	19.2.19.	" 25
18-7-19	Bas. hist	Druid. to Canada from 5 th B.S.H. Liverpool. S.H. 508 M.D. 10 - Spr. R. Ankle acc. v 20	"	14-7-19	- B 601

VES

Rank *Gr.* Name AITKEN Robert Smith Reg'l No. 301513
 Unit 37th Bty, C.F.A. If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Winnipeg, 1 Nov. 1915. Place of Birth Coatbridge, Scot
 Name and Address, Next-of-Kin Miss Mary R. Aitken
 26 Carnarvon St, Glasgow, W. Scotland. Relationship Sister

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.D. No. *5397*
 File R.L.
 Category *Am M.*

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.				
		<i>Arrived in England</i>	<i>1 2 MAR 1916</i>		<i>A. S. Missanabic</i>
<i>31. 3. 16</i>	<i>Adj. 10th F.A.B.</i>	<i>Absent without leave. 12pm 29.3.16</i>	<i>Bramshott.</i>	<i>31. 3. 16</i>	<i>Pt II. D. O. 77.</i>
<i>21- 6. 16</i>	<i>Adj 10th Bde</i>	<i>to 8.30 am. 30.3.16. 1 day's pay while on A.S. leaving post while on actual stable picquet awarded 5 days. R.P. N°3 and 500 feet 5 days pay under Riv. awarded. 19-6-16</i>	<i>Wilby</i>	<i>19. 6. 16</i>	<i>Pt II 20155</i>
		<i>Embarked for France.</i>		<i>15 JUL 1916</i>	<i>Pt II PD 176</i>
<i>23.2.17</i>	<i>10th Bde</i>	<i>No 9 Can 4ld Amb</i>	<i>Field</i>	<i>2.2.17</i>	<i>Ch A 89 Bronchitis 29</i>
<i>26.2.17</i>	<i>"</i>	<i>Disch from</i>	<i>"</i>	<i>8.2.17</i>	<i>90</i>
<i>10.3.17</i>	<i>"</i>	<i>S.O. on being posted to 3rd Bde for duty with 3rd Y.M.B.</i>	<i>"</i>	<i>8.3.17</i>	<i>Pt II O# 43</i>

No. 301513 Rank Pte. Name Aitken, Robt. Smith Age 23

Unit C.A.R.D. Completed years of service Where and how long } C. 4/12. E. 4/12. F. 31/12.

Date of admission 11-8-19, 29-7-19 Date of discharge OCT 16 1919

Diagnosis Sprained ankle. Place of origin Cambrai. Oct. 4, 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE

HISTORY: Injured Oct. 4, 1918 by an ammunition box, falling on right ankle which he states was sprained with no fracture. Sent from C.C.S. to #4 General, Nov. 28th to Dec. 3rd. He had gone on leave and walked on his foot in the interval and returned to France. He went to #51 with V.D.G. and then into #7 Canadian General in Feb. 1919 with ankle condition. He had a cast on his ankle for 3 months.

PRESENT CONDITION: He complains of ankle swelling badly when he puts weight on it. Extension limited to 10 degrees. Sensation normal over all of foot. To have Xrays of foot and ankle region. CAPT HEASLIP

AUG. 13, 1919: Point of maximum tenderness is set in front. Xray shows periostitic bone over tip of external malleolus, and over surface of adjoining astragalus. Recommended that the region of tenderness be explored, and adventitious bone removed. MAJOR GIBSON

AUG. 18, 1919: Awaiting operation. CAPT WILLIAMS

AUG. 22, 1919: OPERATION: MAJOR GIBSON; Exploration of outer malleolus. Projection of bone found in front of malleolus which was cheselled off. CAPT HEASLIP

SEPT. 1, 1919: Stitches removed; wound clean and healed. Pulse and temp. normal. CAPT HEASLIP

SEPT. 3, 1919: Transfer "A" Ward. CAPT MCALISTER

SEPT. 8, 1919: Very slight discharge from operation wound. CAPT WILLIAMS

SEPT. 15, 1919: Wound healed. Patient advised to begin walking on limb. LT. COL. GALLOWAY

OCT. 6, 1919: Patient is walking well. No further treatment required. Recommended for final board. LT. COL. GALLOWAY

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)



CONDITION ON DISCHARGE

(and disposal made of case.)

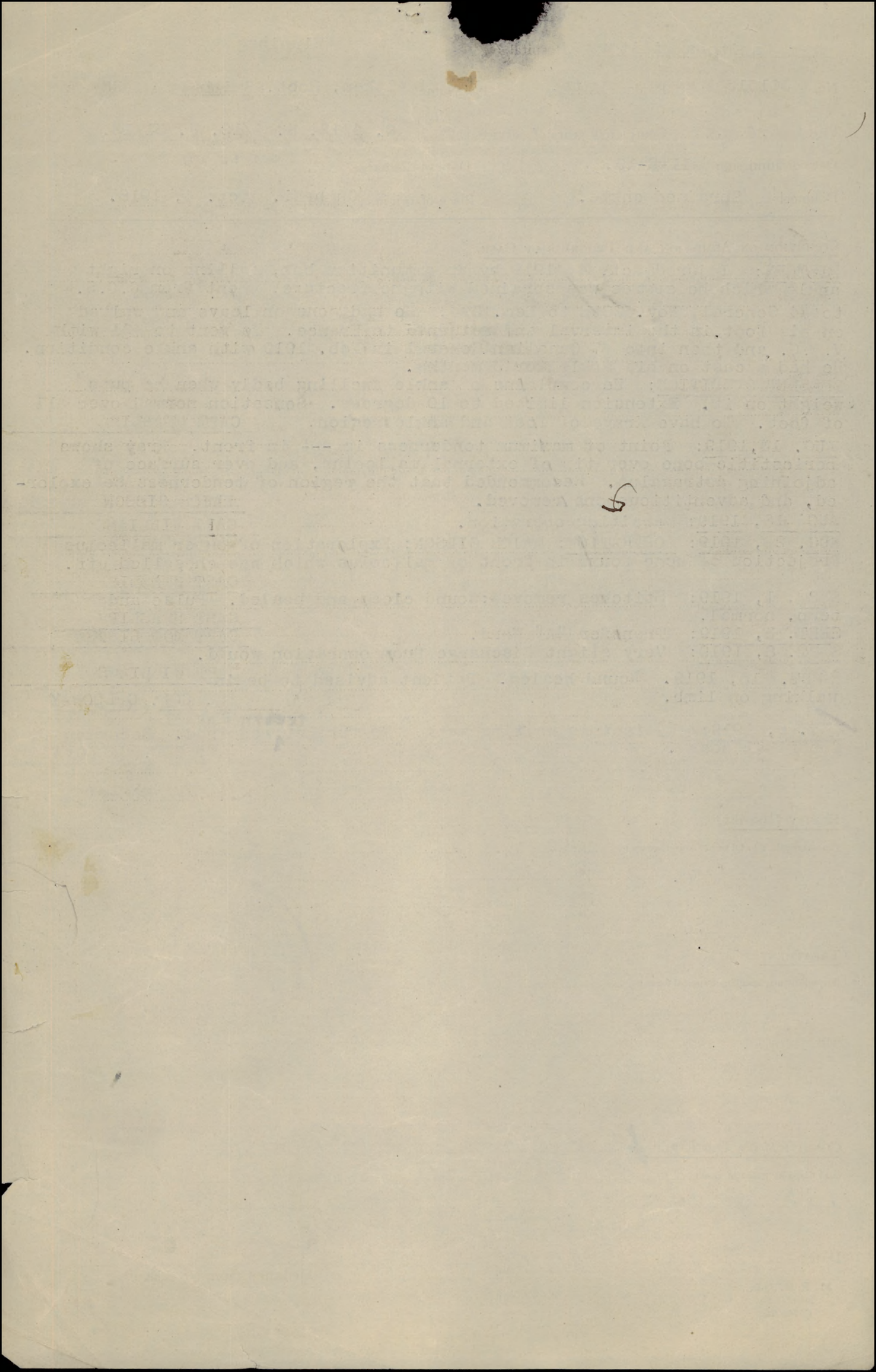
Limitation of movement (ankle) 15 (E.S.). Intermittent swelling of ankle. Complains of pressure in front of external malleolus. Ankle swells up by the foot during over under heavy weight. Light pain on standing or walking increasing with continued exercise. Letter system normal.

M. F. B. 313a. 200M. 5-18. 1772-39-139.

Medical Officer i/c case.

Handwritten signature: Fred W. [unclear]

Handwritten number: 939343



A 1005

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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 *Robert Smith* 2. Surname *Sitken*
3. Rank *Gnr* 4. Original Unit *37th Battery* 5. Reg. No. *301513*
6. Address, in full, to which future payments of gratuity are to be forwarded
262 Good Street
Winnipeg
7. Date of enlistment in the C.E.F. *1-11-1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. Present 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?
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? *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 37th Bty 1/11/15 to
England 26/7/16 to France (3rd D. Coy) 14/7/16 to
England 19/7/19 to Canada 14/7/19 #10 DP to discharge
20/10/1919
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*

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? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to received, 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
- 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. *No* If not, give:—(a) Date of discharge *20-10-1919* (b) Reason for discharge *Medically unfit No 1420(a)*
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 *Yes as in para 15*
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?

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: *R. S. Litchin*
 Place of Residence: *262 Good St Winnipeg Man*
 Declared before me at: *Winnipeg, Man.*

This *OCT 20 1919* day of 19....

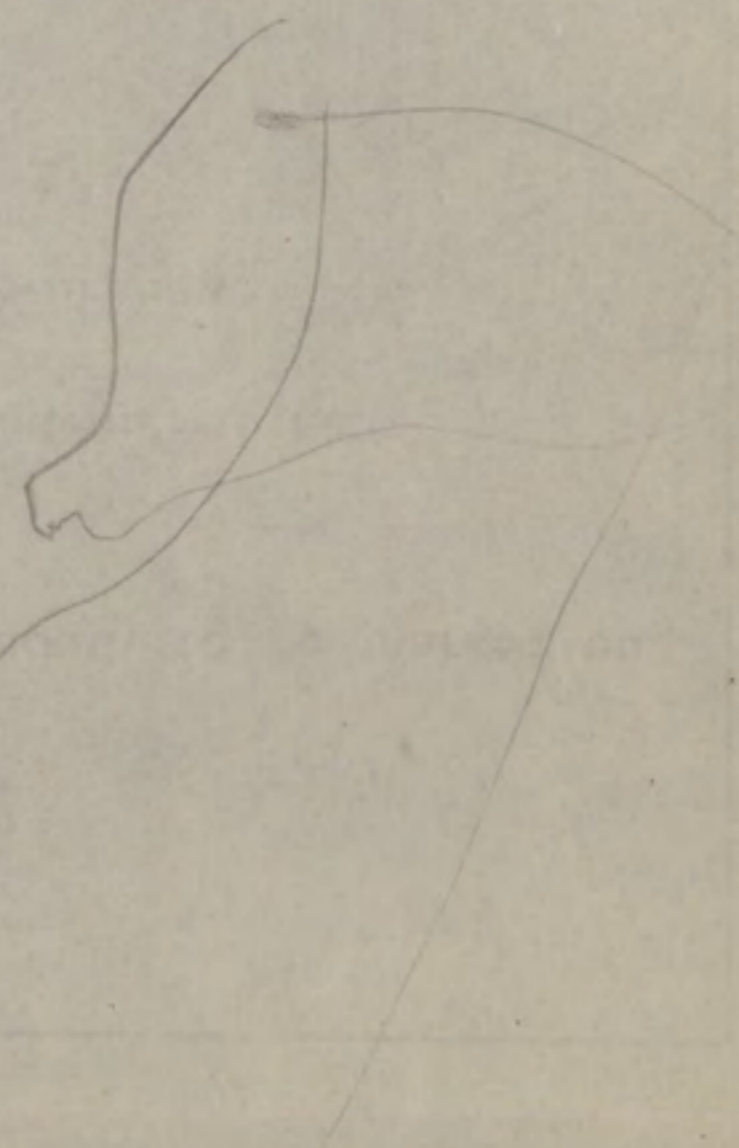
Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

[Signature]
 Justice of the Peace for Manitoba.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>420⁰⁰</i>	
			<i>70⁰⁰</i>	<i>350⁰⁰</i>
Certified Correct.				
District Paymaster.				

DENTAL HISTORICAL SOCIETY

THE DENTAL HISTORICAL SOCIETY
OF THE UNITED STATES OF AMERICA
INCORPORATED IN 1906
1200 N. MARKET STREET
PHILADELPHIA, PA. 19107



No. in
Admission
and
Discharge
Book.

Regimental No.

Surname.

Christian Name.

301513

Lithen

Robert Smith

Year

Unit.

Age.

Service.

C.F.A. 3rd D.T.M.B.

23.

3 ⁴/₁₂Station
and Date.

Disease

Sprain left ankle

Feb 20.

inset Oct 4 - ammunition box fell on R ankle

Examination there is considerable swelling of the joint

To be X-rayed for fracture or sign of tubercular disease
Report: No sign of fracture - some sign of bony change.

Foot to be put up in plaster.

H. Shillito. A.B.

Scan Gen Condition as above. Foot set in plaster
stop 20/4/19 Slight urethral discharge. Had gonorrhoea
not long ago. Transferred to M.H. ward

A.S. Dunn Capt. Camp

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

ORIGINAL MEDICAL HISTORY SHEET.

Surname Fitker Christian Name Robert Smith

Examined { on 1st day of November 1915
 at Winnipeg
 Birthplace { City or Town Coatbridge
 County Scotland

Approved by H.W. P. [Signature]
 Rank Captant M.O.

Apparent age 20 years 3 months
 Trade or occupation Dry Goods Clerk
 Height 5 Feet 5 Inches.
 Weight 137 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 4 inches
 Physical development Good
 Small-Pox Marks No

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

Vaccination Marks { Arm Right Left
 Number one
 When Vaccinated last at birth

Date	Result	VACCINATIONS.
<u>10-4-16</u>		<u>Gy Weatherhead</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10-4-16</u>	<u>+</u>	<u>Gy W</u> M.O.
<u>17-4-16</u>	<u>+</u>	M.O.
		M.O.

Enlisted on 1st day of November 1915 at Winnipeg

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>37th Overseas</u>	<u>301513</u>		<u>1st Nov 1915</u>
Transferred to..	<u>Battery C FA</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Hapton.</u>	<u>2-4-19</u>	<u>Spine & Ankle R. & L. C.</u>	<u>Atkuch [Signature]</u>
	<u>22 JUN 1918</u>	<u>Spine of Ankle?</u>	<u>Wh [Signature]</u>
<u>M. M. H.</u>	<u>11-10-19</u>	<u>Contusion R. Ankle</u>	<u>For discharge</u>

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

Surname *Robert Smith* Christian Name *Robert Smith*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		19	2	19	6	3	19	10	Thickening of Rankle joint X-ray no sign of fracture or bony change such as Tubercles	<i>Smith to 63</i>	
		6	3	19	16	4	19	41	do. Put up in plaster of paris. Rd. for Canadian Trans. No. 5 Can. Gen. Kirkdale.	<i>St M Lundy Capt. came</i>	
		16	APR	1919					do. Gonorhoea, recurrence. Condition of foot about same transferred to hospital for treatment Gonorhoea	<i>R. S. Burns Capt. came</i>	
		25	4	19	4	6	19	43	Relapse of 1st attack Smear G.C. + Pus + H. Flu. Pros. negative. Disch appar. cured	<i>Matthews Capt. G.A.M.C.</i>	
		4	6	19	3	7	19	29	V.D.G. Recovered - transferred to #11 C.G.H. I.T.C. awaiting evacuation.	<i>J.H. Nelson Capt. came</i>	
									Same cellulitis thickening around ankle + tenderness around ext malleolus	<i>Stephens Capt</i>	



NO. 8 CANADIAN GENERAL HOSPITAL LIVERPOOL

CANADIAN HOSPITAL EYENHILL, LYONSSE

NO. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS, BARNOLIFFE

NO. 6 CANADIAN GENERAL HOSPITAL LIVERPOOL

8 JUL 1919

24 JUL 1919

Prained at ankle

Temporary

Regional No.....

MEDICAL HISTORY of—

A.F. B.178

Regimental No. 201513

Region.....

Surname Pitken

Christian Names Robert Smith

TABLE I.—General Table.

Birthplace { Parish..... County.....

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

Declared Age.....years.....days.

Trade or Occupation.....

Height.....feet.....inches. Weight.....lbs.

Colour of Hair.....Complexion.....

„ Eyes.....

Chest Measurement { Girth when fully expanded.....inches. Range of expansion.....inches.

Physical Development.....

Vaccination Marks { Arm, RIGHT LEFT Number.....

When Vaccinated.....

Vision { R.E.—V=..... With Glasses { R..... L..... L.E.—V=.....

Identification Marks, such as Tattoo, Moles, Scars, etc:—

Defects or Ailments:—

Examined and found—

Fit for Grade { I. II. III. IV.

(Strike out those which do not apply.)

Signature..... Chairman of Medical Board.

Re-examined for posting at.....

On.....day of.....191.....

Enlisted { at..... on.....day of.....191.....

Joined on enlistment Corps B. F. A. Regtl. No. 301513

Transferred to.....

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief details and Signature. Includes handwritten entries for 22 JUN 1919 and 11-10-19.

Special Remarks: state if a discharged Soldier

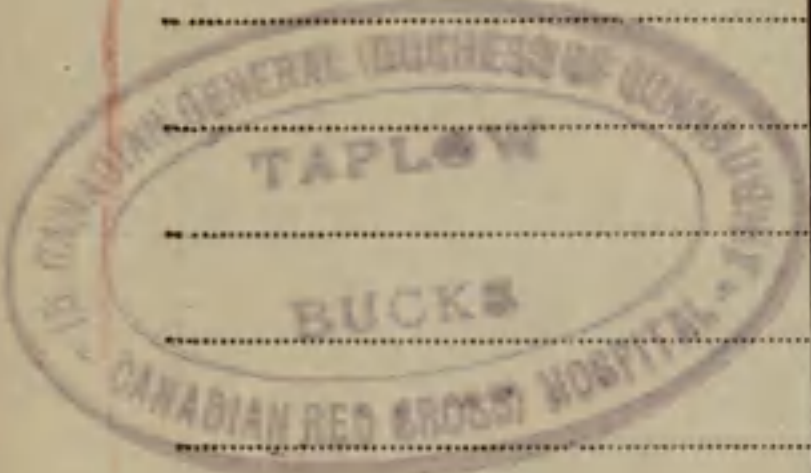
TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation.

Became non-effective by on.....day of.....191..... (Signature)..... (Rank).....

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				
Birmingham War Hospital	20	2	19	6	3	19	Sprain Ankle R.	15	Ankle joint thickened - X-ray report description of fracture but signs of bone change? Tubercular disease	J. S. Little
	6	3	19				Do		No fracture. do. Dismissed to Canada. Plaster applied.	McLarty Capt. C. C.
H. S. ESSEQUIBO	JUL 14		1919	25	JUL	1919	"		Condition unchanged	S. H. Jackson
ANITOBA MILITARY HOSPITAL	39	7	19	16	10	19	Injured ankle (L)	79	Injured Oct. 4, 1918 by an ammunition box. At present complain of swelling in ankle when he puts his foot down. X-ray (13.8.19) shows peritarsal bones over tip of external malleolus & astragalus. Operation (22.8.19) Exploration of ankle malleolus. Bone chiselled off. Marked improvement.	



Discharged to # 10 77 C.C.

G. J. Trevelyan Registrar

for O. C. Manitoba Military Hospital

Surname **Aitken** Christian Name or Names **R.S.** Reg. No. **301513**

Rank **Private** Unit **10th C.F.A.** Co. **3 T M B.** Troop **3000** Batty. **CP**
Hospital **9 Can. Fld Amb.** Date of Admission **2-2-17.**

Transferred **4 Genl., Sannes, Comiers** Hosp. **7-4-17**
10 Can Fld Amb Hosp. **3. 8. 17**
15. Consl. Trouville. Hosp. **8. 6. 18.**
3 Sta. Rouen Hosp. **14. 4. 18**

Diagnosis

(1) Later Diagnosis (if changed)

Hernia Rt. Ing. Jt
Trench Fever Jt

(2)
(3)

Hernia R Ing. Jt

Additional Diagnosis: if more than one state present

Spr. Ankle. Rt. Jt. acc.
(420h)
(V.D.G.)

DISPOSITION

Date

Dis 8.2.17
" 11.4.17.

C.L. 23-2-17 A89

REMARKS

Dis - 6.8.18.

- 26.2.17 A90

- 14.4.17 @ 115

Arr. to Canada 14.7.19

- 19.4.17 A119

St. 508. M.D. 10 S

- 11.8.17 a 9

- 17.8.17 A14 - Dis - 8.8.17

(21.6.18 a 274 (2))

(23.4.18 a 2732 (from Sup. Card))

18.8.18. A325. 4.

7.12.18 A419

11.12.18 A422²

19.12.18 A4294

9.1.19 A444. 2
31.1.19 A463

A.M.D. 2 Dept.
Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.	4 Gen. Cameron	30. 11. 18
2.	6 C. D. Staples	3. 12. 18
3.	5 And Cameron	5. 12. 18
4.	51 Gen. Staples	13. 12. 18
5.	7 Gen. Sta Hosp Cameron	23. 1. 19
6.	9 " " " "	9. 2. 19
	1st B'ham Hosp Rednal	19. 2. 19
7.	15 C. G. Taplow	7. 3. 19
	5 C. G. H. Liverpool	17. 4. 19
	C. H. Etchingham	24. 4. 19
	11 C. G. H. Shorncliffe	5. 6. 19
	5 Cav P Liverpool	4. 7. 19

B.L. 22. 2. 19 a 482-2
25-2-19 B 484-1
10. 3. 19 B 495-2
24. 4. 19 B 532
28. 4. 19 B 535
30. 4. 19 B 537
10. 6. 19 B 569
7. 7. 19 B 591
18. 7. 19 B 601

B532 Report, Spr R Ankle acc
is changed to Spr R Ankle
acc + V.A.G.

*Name Aitken, Robert S. Rank Dvr. Regtl. No. 301513
 Original unit 37th Present unit Blk. M. or S. M. Age 24 Religion Pres. Fyle Depot _____
 Port, ship, and date of arrival Portland, Me. 25-7-19 S.S. Essequibo. Ref. H.Q. _____
 Next of kin Miss Mary R. Aitken (sister) 26 Carnarven St., Glasgow, Scot.
 Address on leave _____
 Address on discharge _____
 Transportation issued Yes No Date _____ Character on discharge _____
 Previous occupation Dry Goods Clerk Date and place of enlistment Wpg., Nov. 1, 1915.
 Diagnosis _____ Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
14-7-19	T.O.S. # 10 D.D. & posted to Hosp. Sect.	D.O. 211-2
1-8-19.	L.L. 29-7-19. T ^o 11-8-19.	S/O. 213.

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

Robert Smith

Name **AITKEN** Rank **Dy** Reg. No. **301513**
 Unit ~~3rd CTMB~~ ~~3rd Div~~ **N/E**
 Next of Kin **Miss Mary R Aitken**
26 Burnshawton St. Glasgow W. Scotland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
14-4	3 St. Wpa Rowen	Hernia Reg R		222	40	855
8-6	15 Gen Dep Nouvelli		do	214	42	1935
6-8	Discharged		do	325	41	3052/19
30-11	4 th Bn Cammies	Spr Camp R		214	41	6043/19
5-12	6 th Bn Cammies		do	2422	41	6043/19
5-12	5 th do	Cayceat	do	2429		6303/19
13-12	51 st LH 2 Laps		do			6355/19
				920		9444
23-1-19	4 th Bn Cammies		do	2463		7004-4
9-2	9 th do		do	2482		7111-2
19-2	1 st Birmingham New Rednal Chan		do	2484		7469
7-3	15 th Can for	Isleat	do	3495		8305

- over -

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17. 4. 19	5 Con Gen	Kirkdale	Spr & ankle (acc)	B532		9901
24. 4.	R. up B 532 San 21 Chinghill	24. 4. 19	do	B535		10139
5. 6. 19	11 G. Hosp	28	do	B569		11110
4. 7. 19	Can Hosp	Kirkdale	do	B591		11505
14-7	<u>Invahaded To Canada</u>					9489
	S.L. 508	M.D 10		B601		
		D. 2011				9901

Name **AITKEN.**
Robert Smith Rank Gnr.

Reg. No. 301513.

Unit **3 DAC.**

Next of Kin

MISS MARY R AITKEN
26 CARRARVON STREET. GLASGOW W. SCOT?

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
1917.						
2-8.	12. Can Fld. Ambulance.		Trench Fvr			AFA36
3-8.	Lo. Can Fld. Ambulance.		do.	2-93		do.
8-8	Discharged		do	2-14		236-88

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B 482	9 Canttalyamiers	9.2.19	Spv Antly Race
B 484	1st Bern War School Birmingham	19.2.19	" " " "
B 495	15 Canttalyamiers	7.3.19	" " " "
B 532	Stanthorpe Hospital	11.4.19	" " " "
B 537	Cant Etchingham	24.4.19	Spv Antly Race
B 569	11 Canttalyamiers	5.6.19	" " " "
B 591	5 " " L. Pool	4.7.19	" " " "
B 601	Invalided to base.	14.7.19	" " " "

NAME

Arthur

R

REGT. NO.

301513

RANK AND UNIT

1st Lt

10th Regt CA

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LEDGER No. 372

SERIAL No. 439343

REG. No. 301513 NAME Autken R. S.

RANK Pte CORPS C. A. R. D. AGE 23 SERVICE B⁴/₁₂ E⁴/₁₂ J³¹/₁₂

	HOSPITALS	DATE OF ADMISSION
1	<u>New Mil Winnipeg</u>	<u>29-7-19</u>
2		
3		

DIAGNOSIS ^{o/s} Sprained. Ankle. Rt.

TRANSFERRED TO _____

DISPOSITION To M.B.C.C #10 for dis 16-10-19 CATEGORY _____

M.F.W. 2558.
1126-D.P.-50M-12-18.
1772-39-1332.

CANADIAN

FRANCE

HOSPITAL.

A. & D. CARD

AT

A. & D. No.

71978

PL. OF ACTION

RANK

Sgt

REG. No.

301513

UNIT

C. F. A.

3 J. M. B.

SICK OR WOUNDED

NAME

Aitken R. S.

AGE

23

RELIGION

Pres.

PLACE IN HOSPITAL

A.

DIAGNOSIS

Sprain Rt ankle.

ADMITTED

5 MAR 1919

FROM

Birm War H. Birm.

DISCHARGED

16 APR 1919

TO

TRANSFERRED

No 5 C. H. Kuhdala

SERVICE AT HOME

3 7/12

IN FIELD

31

RESULTS

Ad. D to C.

2 APR 1919

leave April 5 - 10

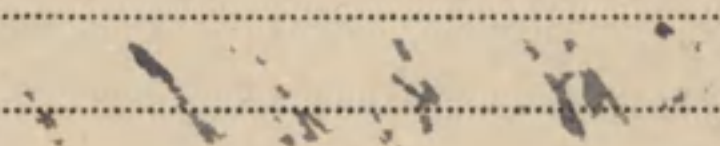
appd

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

P.T.O.

A.

REMARKS.



NO. 15 CAN. GEN. HOSPITAL,
TAPLOW

No. 301513

RANK

Yrw.

NAME

Aitken, R.

S.

T. O. S. *1-11-15*

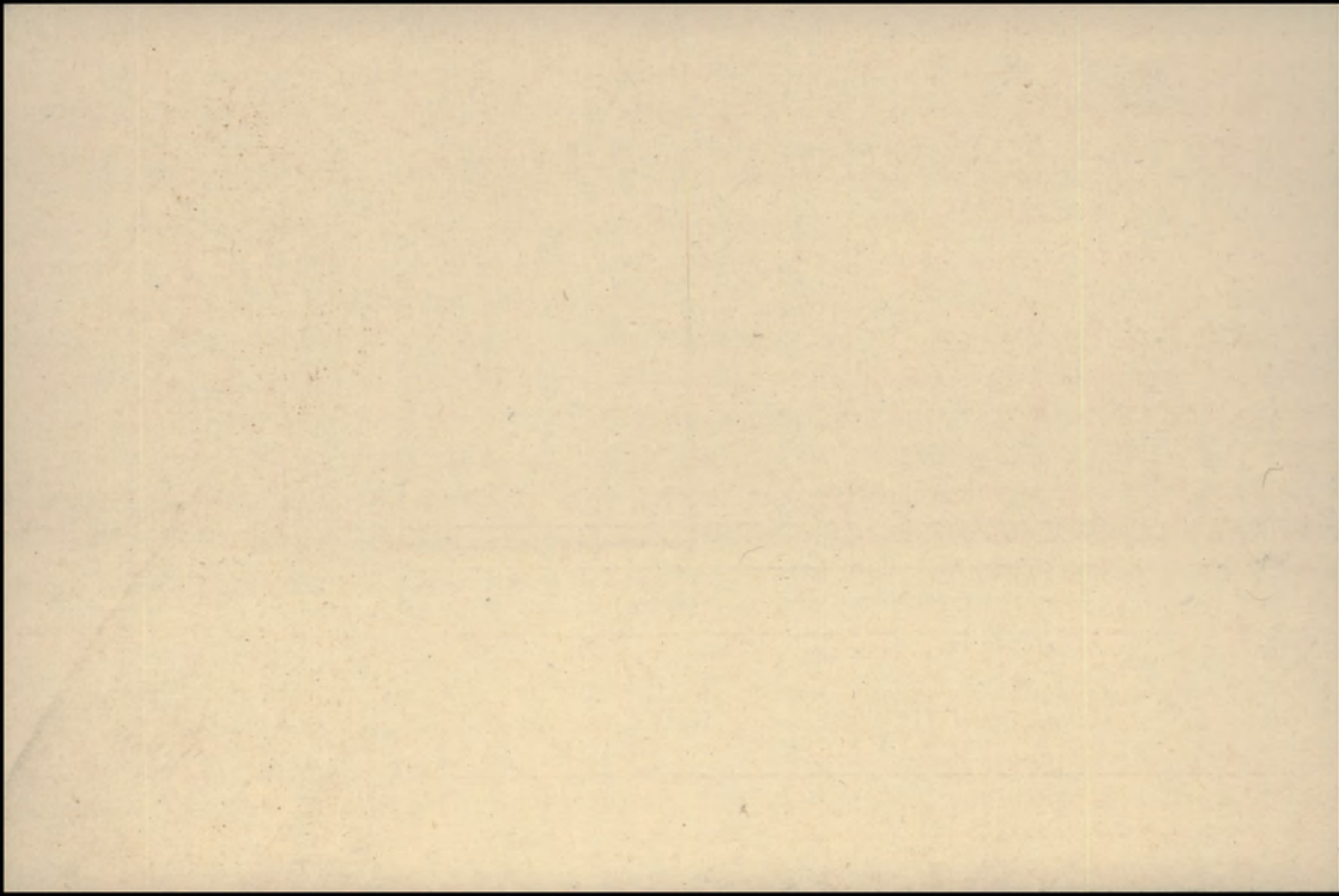
UNIT

37th Bty., 10th Bde., C. F. A., C. E. F.

(B.O. 76 of 15-11-15)

M. D. 10

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'D	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Nov. 1</i>	<i>Nov. 30</i>	<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1916</i>	<i>1916</i>			
<i>Jan.</i>		<i>✓</i>		



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 89.	#9 Can. 7d. Amb.	2-2-17	Bronchitis 4
a 90.	discharged	8-2-17	"
a 115.	No 4 Gen Manned carriers	7-4-17	Hernia R. Inq.
a 119.	Ex" klisch.	11-4-17	" " "
a 9 ⁽³⁾	No. 10 C 7. A.	3-8-17	Trench fever
a 14	Discharged	8-8-17	Trench Fever (Can Arty)
a 223.	No 3 stat; Rouen.	14-4-18	Hernia R. Inq
a 274	15 Conv. Dep. Trouville	5-6-18	"
a 322	Disch	6-8-18	" " "
a 419.	4 Gen: Camiers	30-11-18	spr Ankles R
a 422-2	6 Conv. Deps. Etaples	3-12-18	" " acc.
a 429	5 " " Cayeux	5.12.18	" " "
a 447	5 1 Gen: Etaples	13.12.18	" " "
a 463.	7 Can stat: Camiers	23-11-18	20

REGT'L NO 301513

NAME

Aitken

R

S

H. Q. FILE No. 649-

RANK AND CORPS

Gur.

10th Bde C F.A.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

FIELD MEDICAL CARD.

A.T. Serum }
Dose and date } 1st
2nd

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }

Date of wound or }
onset of illness }

Religion

No. *301573* Rank *Gun*
Name *Arthur*
Unit *C.F.A.*

~~Battle Casualty~~ ~~Accidentally Wounded~~ "Sick"
(Strike out description which does not apply)

No. of F.A.
Date of admission
F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Edgar P. Carson

Date of entry and medical unit admitting must be recorded immediately on admission: Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

No. of Hospital

Date of entry

Hennrich

17. 2. 49.

*Suggest 11 Roxy
for W.B. as dislocation*

W. Campbell

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

63922

Perforated sheet for Will from Pay Book of Reg.

No. 801513

Name. Robert Smith Edith

Unit 37 Battery 10th Brigade

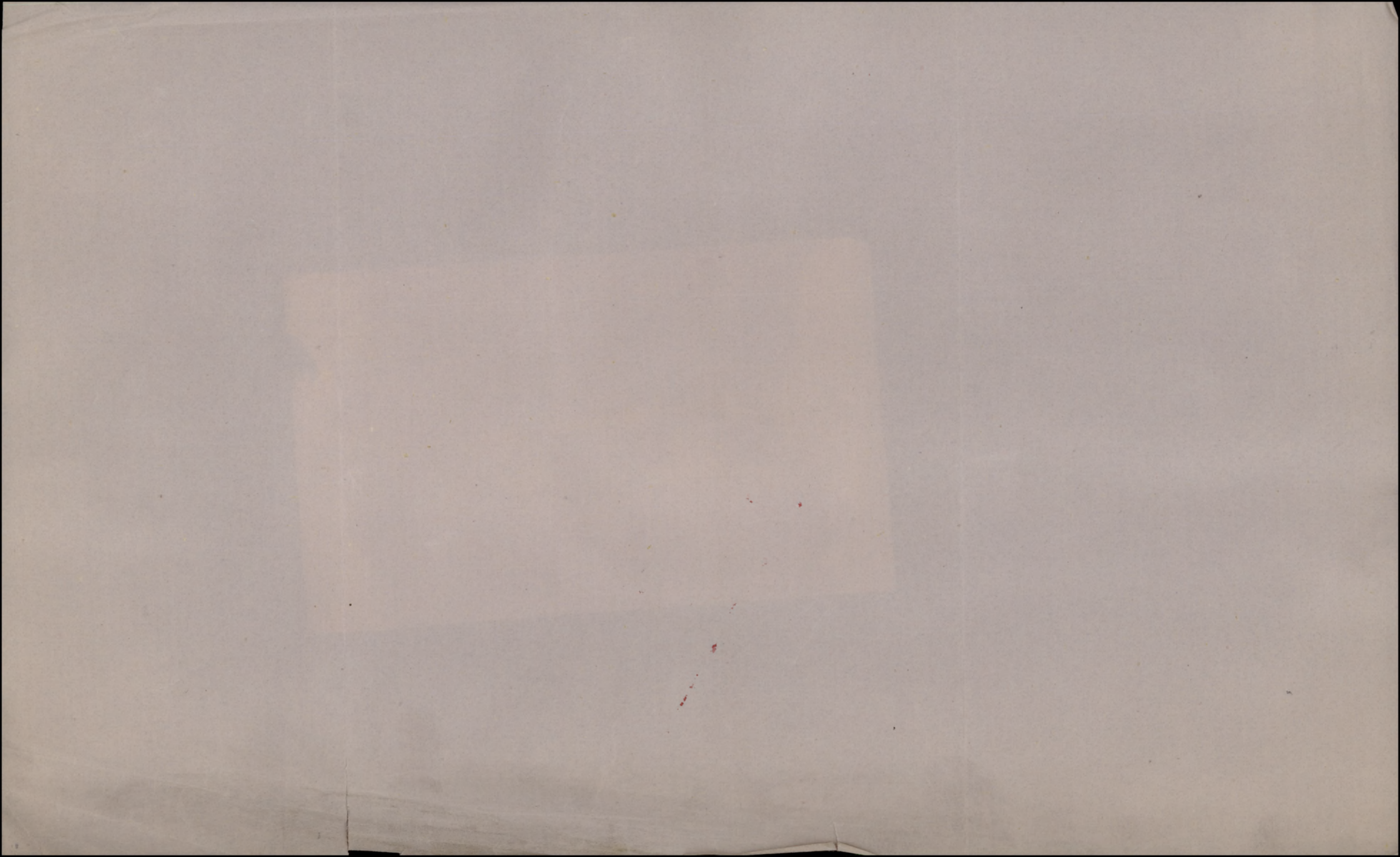
Military Will.

*In the event of my death
I leave all my personal
property and effects to
my sister Miss M. Edith
26 Camarion St.
Glasgow, Scotland*

Signature Robert Smith Edith

Rank and Regt. Private 37th Battery

Date 12th July 1916



Report

Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Place of Casualty

Date of Casualty

Remarks
Taken from Army Form B.213, Army Form A.36, or other official documents.

Date From whom received

Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks
21/7/18	15 CD.	Remaining fresh yet fit		21/7/18	K.T. 17-98
8/8/18	Cy Bd.	J.O.S.A. from 15 CD.		8/8/18	W 3034
13/8/18	Cy Bd.	S.O.S. Cy Bd. To CERC		13/8/18	H.R.N. 1344
15/8/18	CERC.	arrived at	CERC	15/8/18	H.R. 1269
6/8/18	15 CD.	Class A. fit-	To Base	6/8/18	W 3034
4/9/18	CERC	Dep. to unit		4/9/18	H.R. 01560
7/9/18	3rd Amb	Joined unit	fed	7/9/18	B 213.
12/10/18	3rd Train	App. for duty to 3rd Tr		4/10/18	B 213
2/11/18	3rd Amb	Joined unit from 3rd Tr.		2/11/18	B 213
7/11/18	ds	Granted 14 days l. to U.K.		2/11/18	B 213 No. 20.716/18
16-11-18	do	Posted to 2nd Coas		16-11-18	R 074
do	2nd Coas.	T.O.S. do		17-11-18	R 0102.
22/11/18.	Unit.	Returned from leave	Fld.	20/11/18	B. 213
29/11/18.	8 C.F. Amb.	Spr. Ankle (R) acc. to C.C.S.		28/11/18	A. 36 (3744)
3-12-18	6 Con Dep.	--- adm	6 Con Dep.	3-12-18	W. 479
29-11-18	3rd Coas.	to Hospital	8.6.7 A.	27-11-18.	B 213
5-12-18	6 Con Dep.	Spr. Ankle.	To 5 Con Dep.	5-12-18	W. 4389
30-11-18.	4 Genl	---	adm 4 Genl	30-11-18	W 3563
30-11-18	4 Cdr C.S.	--	to Base 26.	29-11-18	A 7057
5-12-18	5 Con Dep	---	Adm 5 Con Dep.	5-12-18.	W 4995
3-12-18	4 Genl.	---	Adm 4 Genl.	3-12-18	W 4887
13/12/18	5 CD.	do by order of 51 Gen		13/12/18	W 3034 W 5681
23/1/19	7 C. Sta	V. O.G.	adm.	23-1-19	W 3034
9/2/19	9 C. Sta	V. O.G.	adm	9/2/19	

Casualty Form—Active Service.

Regiment or Corps.....
 Rank..... Dr. Surname..... Aitken Christian Name..... P. S.
 Religion..... Age on Enlistment..... years months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.	
Date	From whom received					
		Embarked ...				
		Disembarked				
2.10.17.	C.R.O.	T.O.S. 3rd CD 3MB.	Field.	2.10.17.	P. No 14/12	
14/4/18	3 Sla H.	Hermia Ins. R.	adm.	14/4/18	W 3034	
19/4/18	3 Sla H.	do	Jr	19/4/18	W 2034	
20/4/18	3rd JMB	do	adm	12/4/18	B 213.	
19/4/18	72 Gen. H.	do.	adm.	19/4/18	W 3034	
13/4/18	8 CFA.	do.	Jr	12/4/18	A 36	
12/4/18	10 CFA	do	Jr	23 ccs.	12/4/18	A 36
16/4/18	4 ccs.	Regis.	Jr	Base	13/4/18	A 36 E 572
29/5/18	72 Gen. H.	Remaining	72 Gen.	29/5/18	W 3034	
8/6/18	72 Gen. H.	R. V. Hermia.	Jr	15 C.D.	8/6/18	"
8/6/18	15 CD.	do	Adm.	8/6/18	"	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoing-Smith, &c.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
19:2:19.	Gen Gen.	Invalided sick & posted to CASB Witley	"Brighton"	19.2.19.	W. 3083/6811 PT II 0.25d/1919.
28.2.19	CARRS	205 from art Pool	Coptley	20.2.19	<p>Canadian Section C.H.O. 2nd Echelon</p> <p>PT II 059</p> <p>W. 3083/6811</p> <p>for Lt.-Col., A. A. G.</p> <p>W. 3083/6811</p>
14-7-19	<p>T. O. S. of No. 10 District Depot, Part 2 Order No. 201 Para 2</p> <p><i>[Signature]</i> Major O. C. No. 10 District Depot.</p> <p>Discharged / 20-10-19</p> <p>D. O. 291 Para 3</p> <p><i>[Signature]</i> Major Officer Commanding No. 10 District Depot</p>				

Casualty Form - Active Service.

Regiment or Corps.....
 Rank *Dr.* Surname *Aitken* Christian Name *R. S.*
 Religion..... Age on Enlistment years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ... Disembarked ...			<i>Auth. Cdn.</i> <i>Beh. Recd. off.</i>
<i>29/1/19</i>	<i>Have.</i> <i>Beh. Sec. office</i>	<i>S. O. S. 300ac. + posted to</i> <i>C.A. Pool. effect.</i>		<i>1/2/19</i>	<i>Have. K 387</i> <i>29/1/19</i> <i>15.2.0.20</i>
"	"	<i>2 O.S. - C.A. Pool.</i>		<i>2/2/19</i>	<i>PT. 4 023d/1/3/19</i>
<i>23.2.19</i>	<i>51 Gen.</i>	<i>2pts. Ho. acc. no placed under stopp</i> <i>of pay at the rate of 50p p diem while in</i> <i>stop. 13.12.18 to 23-1-19 (42 days)</i>			<i>C. A. Howell</i> <i>Lieut.</i> <i>for Lt. Col. A.A.C.</i> <i>for 0 24 d/1919</i> <i>Canadian Section</i> <i>ASO1643/10767</i>
<i>17.2.19</i>	<i>7 cany.</i>	<i>Xray foot</i>		<i>17.2.19</i>	<i>U8095</i>
<i>16.2.19</i>	<i>9 to Stg.</i>	<i>2pts. Ho. acc. placed under stopp of pay</i> <i>at rate of 50p p diem while in stop.</i> <i>23-1-19 to 16.2.19 (25 days)</i>			<i>ASO1643</i> <i>12404</i> <i>for 0 24 d/1919</i> <i>ASO1643</i>
<i>19.2.19</i>	<i>7 8 Gen.</i>	<i>occ sps foot</i>		<i>19.2.19</i>	<i>ASO1643</i> <i>ASO1643</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoosmith, & Co.

Ward A

No. of Bed 3

Date 15. 3. 19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
301513	PTE RS Aitken	3 C.D.T.M.	Ran plus leg (lower 2/3)

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Oct 4/18 boy of
ammunition
fell on his foot
bone lesion or
changes?

Signature of M.O. W. M. Turdy

Date 15. 3. 19

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 8482

No evidence of lesion to
third met. leg.

Signature of Radiographer A. Casella

Date Wab.

~~4~~ 301513

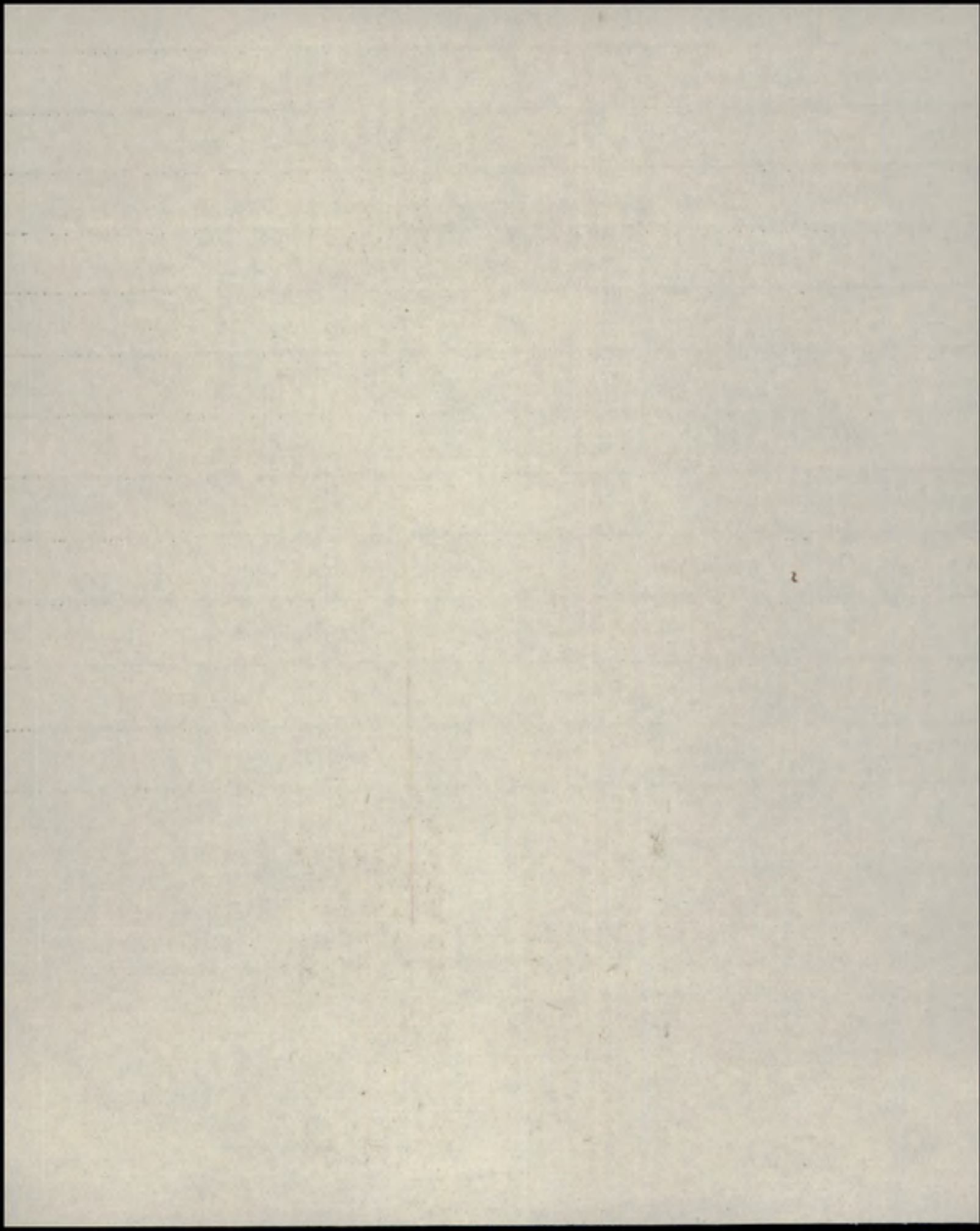
V.D.S. recorded on

admission. Book. 568

9-2-19 - 17-2-19 -

25 days -

W. Parks



Rank _____ Name **AITKEN Robert Smith** Reg'l No. **301513** P-56
 Unit **37th Bty, C.P.A.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Winnipeg, 1 Nov. 1915.** Place of Birth **Coatbridge, Scot**
 Name and Address, Next-of-Kin **Miss Mary R. Aitken**
26 Carnarvon St, Glasgow, W. Scotland. Relationship **Sister**

Assigned Pay Monthly \$ **15⁰⁰** Payable to **Miss Mary R. Aitken, 26 Carnarvon St**
Glasgow W. Scotland Relationship _____

Separation Allowance _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount							No.
11/2/16	11/3/16	31	1 ⁰⁰	31	31	10 ⁰⁰	310	1395	4805		1704	15	110	3014	1491	July 29. Paid D.O. 77 A.W.C. Perfect 1 days pay

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

460

To Whom Miss Mary R. Aitken
Address 26. Carharvon St
Glasgow
Scotland.

By Whom Assigned Aitken, Robert S.
Regtl. No. 301513.
Rank Dr.
Corps 37th Battery.

Rate \$15⁰⁰/₁₀₀

MAR 1 1916

PAYMENTS

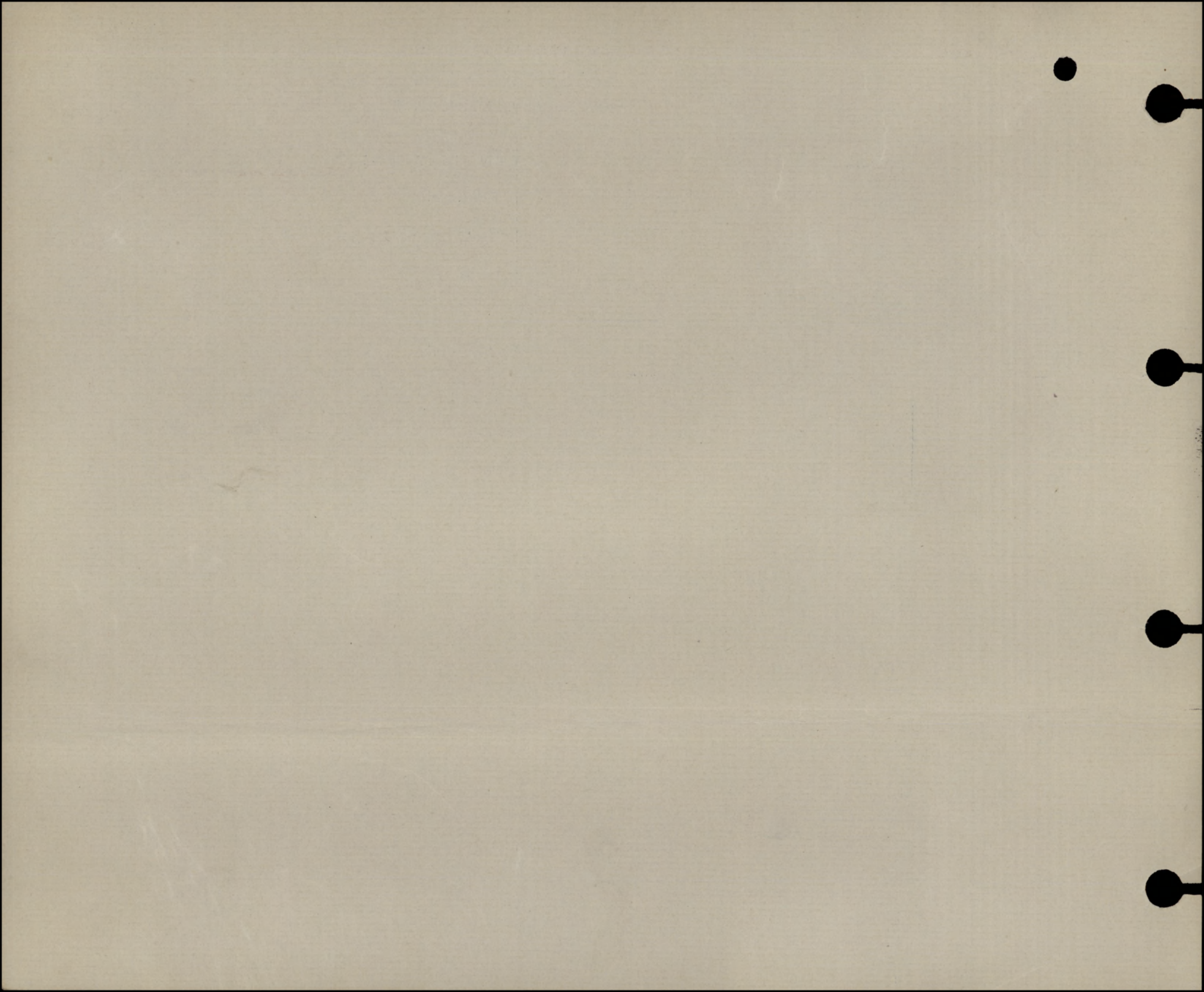
Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

158-R.50

~Duplicate sent to England~

ENGLISH

A/c Closed Essequibo
Ret'd per
Date 25/7/19 M.F.W. 187 31/7/19
M.S. 10. J. Collins



591

7146

Proceedings on Discharge.

10
22/9/39

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

No.	301513	Army Rank	Private	
Name	Wicken Robert S.			
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)				
Corps	Can. Artillery Regt.			
Battalion, Battery, Company, Depot, &c.	3rd. Div. T.M.B.			
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)				
Date of discharge				
Place of discharge				
1. Description at the time of discharge.				
Age	years	months	Descriptive marks.	
Height	feet	inches		
Chest measure-ment	girth when fully expanded			ins.
	range of expansion			ins.
Complexion				
Eyes				
Hair				
Trade				
Intended place of residence	(To be given as fully as practicable)			
(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				
(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:—				
Character awarded in accordance with King's Regulations:—				
Certified that the above is an accurate copy of the character given by me on Army Form B. 2087* and that Army Form D. 489 was awarded in this case.				
			Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*				

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, despatch, 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.

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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

1397



WAR SERVICE BADGE
 CLASS "A" B. 66193 ISSUED
 A-398346

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

17-10-32

1. No.	301513	
2. Rank	Gunner	
3. Name	Aitken, Robert Smith.	
4. Unit	37th Battery, C.F.A.	
5. Date of Discharge	20-10-19	Place Winnipeg.
6. Reason for Discharge	Medically Unfit.	
7. Authority	R.O.1420/A.	☆ D.O. 291- Para. 3. ☆
8. Proposed Residence after Discharge	262 Good Street. Winnipeg, Man.	
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. ? _____ Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Winnipeg, Man. Date 20-10-19. _____ Signature. (O.C. Discharging Unit.)	

NO. S.

A 1006'

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

Barquilla

REGT. NO. 301513 RANK Dvr NAME (IN FULL) AITKEN ROBERT SMITH

PLACE OF ATTESTATION Hoop Sect DATE 14-7-19 AUTHORITY D.O. 291

DATE EFFECTIVE 1-9-19 AUTHORITY L.P.C. STOP PAYMENT FORM RENDERED, DATE

DISCHARGED M.D. 10 20-10-19 REASON M.W. AUTHORITY D.O. 291

Table with columns: NEXT OF KIN, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ADDRESS, IS SEPARATION ALLOWANCE PAID?, DATE EFFECTIVE, TO WHOM PAID, RELATIONSHIP, ADDRESS.

Main accounting table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT

SUPPLEMENTARY WAR SERVICE GRATUITY SHEET

PASSED. DATE..

AUDITED stamp with date and signature

War Service Gratuity Account Completed stamp

AUDITOR PAYMENT NO. **20**
 ROBERT SMITH

M. O. R. S. **A 1005**

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

DISTRICT DEPOT M. D. No. 10

REGT. No. **301513** RANK **Dvr** NAME (in full) **AITKEN**

RELATIONSHIP **SOLDIER STILL ON STRENGTH** ORIGINAL UNIT C.E.F. **37. Batt.** IF IN P.F. WHAT UNIT? **10th. Det.** BLOCK LETTERS SURNAME FIRST

ADDRESS **OVERSEAS** PLACE OF ATTESTATION **10th. Det.** TRANSFERRED TO **10th. Det.** DATE **14-7-19** AUTHORITY **90211**

IS SEPARATION ALLOWANCE PAID? **No** DATE EFFECTIVE **1-11-15** ASSIGNED PAY \$ **1-11-15** DATE EFFECTIVE **1-11-15** AUTHORITY

TO WHOM PAID **WS G** RELATIONSHIP **262 Good St** ANY CHANGE IN ASSIGNEE OR ADDRESS **Winnipeg**

ADDRESS **262 Good St** ADDRESS **Winnipeg**

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE **20-10-19** EFFECTIVE **M-U** AUTHORITY **DC 291** IF ENTITLED TO POST DISCHARGE PAY

DISCHARGED **M.D.10.** PLACE **20-10-19** DATE **M-U** REASON **DC 291** AUTHORITY **DC 291** IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	C.	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	C.	C.	C.					DEBIT	CREDIT	
OCT 1 1919	10																		
	183 days		420 00		420 00		Oct 18	16858437	70									350	70-1st Payment 2nd
							Nov 10	1823842	70									280	70-2nd
							- 20	1826504	70									210	70-3rd
							Feb 1	1834107	140									70	70-4th
							Mar 1	1836535	70									NIL	70-5
			420		420														

AUDITED
 MAR. 1920
 Audit Clerk

War Serv. Gratuity Account Completed.
 [Signature]

MARRIED OR SINGLE *D.*
 PLACE OF BIRTH *Coatbridge, Scotland*
 NAME AND ADDRESS OF NEXT OF KIN *Miss Mary R. Aitken*
26 Cameron St., Glasgow W. Scotland
 RELATIONSHIP OF NEXT OF KIN *Sister*
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

*A.S.P. & A.
 Claims and Award Commt.
 of High Road.*

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *301512* RANK *Dr.* NAME *Aitken, Robert Smith*
 IF IN PERM. CORPS | UNIT *37th Battalion* TRANSFERRED TO *3rd D.A.C.* DATE *29-2-17* AUTHORITY *20#113*
 WHAT UNIT | *10th Fed. Coy.* TRANSFERRED TO *3rd J.W.A.* DATE *31-8-17* AUTHORITY *Reg. Roll*
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION *Sinnipeg, Man.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *1st November 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1-2-16*
 PAYABLE TO *Miss Mary R. Aitken, 26 Cameron St. Glasgow W. Scotland* RELATIONSHIP *Sister*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	CREDIT	DEBIT						
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE						1				2	3
<i>1916</i>																																		
<i>1-31</i>																																		
<i>McH</i>			<i>31</i>				<i>310</i>								<i>1295</i>	<i>4805</i>																		
<i>APL 30</i>	<i>10</i>	<i>20</i>		<i>30</i>	<i>10</i>	<i>2</i>										<i>33</i>	<i>68</i>	<i>15/11/16</i>				<i>730</i>			<i>15</i>		<i>2730</i>	<i>2561</i>						
<i>MAY 31</i>		<i>31</i>				<i>310</i>										<i>3410</i>	<i>3410</i>										<i>2470</i>	<i>3498</i>						
<i>June 30</i>		<i>30</i>				<i>3</i>										<i>33</i>	<i>33</i>										<i>2470</i>	<i>3498</i>						
<i>July 31</i>		<i>31</i>				<i>310</i>										<i>3410</i>	<i>3410</i>	<i>2402046268</i>	<i>117</i>			<i>730</i>	<i>487</i>		<i>15</i>		<i>2717</i>	<i>3728</i>						
<i>Aug 31</i>		<i>31</i>				<i>310</i>										<i>3410</i>	<i>6227</i>	<i>37297</i>				<i>261</i>	<i>262</i>		<i>15</i>		<i>2285</i>	<i>4863</i>			<i>2</i>	<i>1862</i>		
<i>Sept 30</i>		<i>30</i>				<i>3</i>										<i>33</i>	<i>100298</i>					<i>262</i>			<i>15</i>		<i>1762</i>	<i>6401</i>			<i>2</i>	<i>6201</i>		
<i>Oct 31</i>		<i>31</i>				<i>310</i>										<i>3410</i>	<i>165249</i>					<i>520</i>		<i>730</i>	<i>15</i>		<i>2753</i>	<i>7058</i>						
<i>Nov 30</i>		<i>30</i>				<i>3</i>										<i>33</i>	<i>2283010</i>					<i>520</i>			<i>15</i>		<i>2020</i>	<i>8925</i>			<i>250</i>	<i>8085</i>		
<i>Dec 31</i>		<i>31</i>				<i>310</i>										<i>3410</i>	<i>2702011</i>					<i>262</i>			<i>15</i>		<i>15</i>	<i>10245</i>			<i>3</i>	<i>9945</i>		
<i>1917</i>		<i>10</i>	<i>20</i>	<i>60</i>												<i>3410</i>	<i>260911</i>	<i>3672112</i>				<i>262</i>	<i>261</i>		<i>15</i>		<i>2285</i>	<i>11270</i>			<i>350</i>	<i>11020</i>		
<i>Jan 31</i>		<i>31</i>		<i>10</i>												<i>3410</i>	<i>2702011</i>	<i>206711</i>				<i>1103</i>	<i>262</i>		<i>15</i>		<i>2895</i>	<i>11555</i>			<i>350</i>			
<i>Feb 28</i>		<i>20</i>	<i>80</i>													<i>3080</i>	<i>2702011</i>	<i>206711</i>				<i>262</i>			<i>15</i>		<i>2895</i>	<i>11555</i>			<i>350</i>			
<i>1-28</i>		<i>20</i>	<i>80</i>													<i>3080</i>	<i>2702011</i>	<i>206711</i>				<i>262</i>			<i>15</i>		<i>2895</i>	<i>11555</i>			<i>350</i>			
<i>Mar 28</i>		<i>20</i>	<i>80</i>													<i>3080</i>	<i>2702011</i>	<i>206711</i>				<i>262</i>	<i>520</i>		<i>6925</i>	<i>15</i>	<i>9451</i>	<i>5154</i>			<i>400</i>	<i>5154</i>	<i>2nd D.A.C. 20#10, 10#</i>	
<i>Apr 30</i>																<i>1295</i>	<i>44625</i>					<i>5209</i>	<i>2057</i>	<i>2106</i>	<i>8629</i>	<i>195</i>	<i>660</i>	<i>29471</i>						

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND OR CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME:- AITKEN Robert Smith
EFFECTIVE DATE:- 1-3-16		EFFECTIVE DATE:- 1-8-18		NUMBER:- 301513
AMOUNT:- 15⁰⁰ 20		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
Mrs Mary R. Aitken 26 Carnarvon St Glasgow, Scot. Stopped 1.6.18 Stopped 1.9.19.				DATE EFFECTIVE
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				RANK OR APPOINTMENT
				Gunner
UNIT AND TRANSFERS				
ORIGINAL UNIT:- 37 Pay C/A				
DATE ACCOUNT FIRST OPENED:-				
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
Acq Rolls		31-8-17		3rd JMB

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
ap	apl		20	25.6	2999	B.S.N. Moore	24.33
ap	may		20	2.7	318	Edgiphill	24.33
3.4	77	+ eplan	4.87	15.5	0037		27
4.4	217		4.67	2.6	.57		49.21
10 day	L.7 m.	Toplam	9.21				

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
3/3/18	Bal Fwd.								67 93		
Apr	GP		34 00	A.P. A.37202 3-1-8			15		82 36		
				AR 13 6 ⁴ /18	3 57						
			33		3 57		15				
May	GP		34 10	ap cheque B 3703 3-1-8			15		101 46		
			34 10				15				
June	GP		33	ap # B.27402 3-1-8			15		119 46		
			33				15				
July	GP		34 10	ap # B.59862 3-1-8			15		138 56		
				AR 7906 15 60 20 ⁶ /18	5 35						
				AR 8521 " 27 ⁴ /18	5 35				127 86		
			34 10		10 70		15				
Aug	GP		34 10	ap C.41902 3-1-8			15		146 96		
				AR 8764 13 60 17 ⁸ /18	1 78						
				AR 4626 15 60 11 ⁷ /18	5 35						
				AR 8080 6 60 18 ⁸ /18	7 14						
				AR 9994 15 60 24 ⁷ /18	5 35				127 34		
			34 10		19 63		15				
Sept	GP		33	ap C.41902 3-1-8			15		145 34		
				AR 186 5 20 7 ⁹ /18	3 57						
				AR 546 10 30 3 ⁹ /18	3 57				138 20		
				AR 207 3 30 25 ⁹ /18	3 57				134 63		
			33		10 71		15				
Oct	left		34 10	540028 4-2-2			70		148 73		
				241 3 JMB 9/10/18	5 60						
				1907 " 27/10/18	9 73						
				1907 " 27/10/18	8 70						
				381 " 27/10/18	3 73				4207 forward		
			34 10		10 66		70				

NUMBER 301513

RANK

lpr

NAME

AITKEN

Robert Smith

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									4207		
Nov	l.p.	33		530790 f.4.2.2			20				
Dec	"	3410		908 3 JMB 19/11/18	373						
Jan	"	3410		638627 f.4.2.2			20		8327		
				1017 3 JMB 27/10/18	746						
				2020 l.p. 8/12/18	1399						
				687670 f.4.2.2			20		5809		
		10170			2518		60				
Feb	G Pay	3080		290075 f.4.2.2			20				
				4577 25. JMB 7/11	187						
Mar	G Pay	3410		96218 f.4.2.2			20		8112		
				dk. v 13/12/16 16pr. 66 da							
				DO 24 5/3 18 capool 1500		3960			4152		
				6437 C. 10/3 18	487				3665		
				1677. B. War Camp Feb/19	243				3422		
		6490			977	3960	10				
Apr	L.A.	33							6722		
				A27021 f.4.2.2 Apr			20				
				A27022 f.4.2.2 May			20		2722		
				357 1/4	4867						
				77 15094 3/4	487						
May		3410		A832 2ch 14/5	243				2454		
		6710			5597		10		335		
June	L.A.	33		A97037 June f.4.2.2			20				
				2591. 66. move	487						
July	L.A.	3410		A97165 July f.4.2.2			20				
				A80176 Aug. f.4.2.2			20		758		
				2989 256. move	2433				1675		
		6710			2920		60				
Aug				3255 Moon Bk 2/7	2433						
				7057 569 1/2 l.p.	487				4595		
					2920						
				W532 Ryming 3/5/19	28						
				Vo. W. " 1/6/19	27				4650		
					55						

l.p.
 33162
 19.02
 6710
 535
 7245
 6487
 758
 4921
 41.63 01.

60.14/7 1.9 5.1 508

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.

Q15 - In plaster splint for 2 months - rest and observation until well.

19. Is the invalid fit for

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

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.)

Yes - Plaster splint for 2 months - rest and observation for 2 months - 3 months - rest and observation for 4 months.

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

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

to be sent to Canada.

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 *Haplow Bunch* President
 DATE *2-4-19* 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
 DATE
 APPROVED BY *[Signature]* Assistant Director of Medical Services. MAJOR, C.A.M.C.
 APPROVED BY *[Signature]* Director-General of Medical Services.
 DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADA, LONDON AREA
 Director-General of Medical Services.
 APR 7 1919
 13, BERNERS ST. LONDON, W.1

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *J. A. PLOW* DATE *23.3.19*

1. 1 (a) Unit *CAN. DIV. TRENCH MORTARS* Regimental No. *301513* (c) Rank *Plt*
 (d) Surname *AITKEN* (e) Christian name *ROBERT S.*
 (f) Home address *260 Good St. Winnipeg*
 (g) Next of Kin *Miss M. Aitken* (h) Relationship *SISTER*
 (i) Address of Next of Kin *26 Carnarvon St. Glasgow*
 2. Age last birthday *27* Date of birth *JULY 29*
 3. Enlistment, or Appointment (if an Officer) (a) Place *WINNIPEG* (b) Date *NOV. 1. 1915*
 4. Personal description:
 (a) Height *5' 7"* (b) Weight *150* (c) Complexion *Dark*
 (d) Colour of hair *Dark* (e) Colour of eyes *Grey* (f) Identification marks, Scars, etc.
 5. Former trade or occupation *SALESMAN*

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
	<i>Statement</i>	<i>3</i>

	PERIODS	
	From	To
Canada	<i>NOV. 1915</i>	<i>MARCH 1916</i>
England	<i>MARCH Feb 1916</i> <i>FEB. 1919</i>	<i>JULY 1916</i>
France or other theatres of War	<i>FRANCE</i> <i>JULY 1916</i>	<i>FEB. 1919</i>

7. Original disease, or injury *SPRAINED ANKLE - R*
 (a) Date of origin *OCT 4. 1918* (b) Place of origin *FRANCE*
 (c) Cause *CONTUSION BY BOX OF AMMUNITION FALLING ON ANKLE - R.*

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, 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, therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(SPRAINED ANKLE) (a) MODERATE WEAKNESS R ANKLE
 (b) PARTIAL LOSS OF FUNCTION R ANKLE
 (c) NECESSITY FOR REST

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.)

Obj: He walks with a limp. His ankle is somewhat swollen especially over the external malleolus and there is tenderness on pressure. His foot can be flexed to a Rt angle only. X-ray reports "No evidence of bone lesion" "Owing to the prolonged history there is a suggestion of T.B. of ankle. Former X-ray stated "No fracture but signs of bony change"

Subj: Painful ankle and surrounding tissue on walking, weakness and stiffness so that he cannot move his ankle will.

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

Nervous System no Cardio-Vascular System no Genito-Urinary System no
 (If pulse rate is abnormal, B. P. will be taken.) (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).)

Oct 4, 1918 an ammunition box fell on his R ankle. He had it bandaged & carried on his back. Two weeks later his M.O. said that he had a bad sprain. Coming to Eng. on leave Oct 30 he reported sick but was returned to France where he reported sick 5 or 6 times & Nov 28 he was admitted to Hosp. CCS & H Gen. Hosp. (Carriers) & Conv. Camp & 5 Gen. Hosp. & 11 Birmingham War Hosp. 20-2-19 → 15 E.G.H. Telford 6-3-19

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).)

R. hernia operation May 2, 1918

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

Some swelling of ankle

11. (a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) no

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

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

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

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

Bandaging, splinting (Plaster of Paris)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

yes - Rest in a splint for 2 months

16. Can the former trade or occupation be resumed? no (If not, briefly state why)

17. Recommendations

Inval. to Canada

W. H. ... Paul
 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, R. S. ... 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

[Signature]
 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 with the following: Has a slight limp in walking. This increases with half an hour's walk. Is then quite lame and man states that ankle is then quite swollen. Can dorsiflex foot to a right angle with leg. Plantar flexion half normal. After walking or standing around for an hour ankle becomes painful and swells and he has to loosen laces in foot to give relief.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (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.)

Medically unfit.

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

W. Staples President.

PLACE Winnipeg, Man. MD. #10

DATE Oct. 11/1919.

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

APPROVED BY

APPROVED BY

For *W. Chapman* Major Assistant Director of Medical Services.

Director-General of Medical Services.

DATE OCT 14 1919

DATE

B. P. C. ORIGINAL
 THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Winnipeg, Man. DATE Oct. 11/1919.

1. 1 (a) Unit 37th Batt'y #10 MD. (b) Regimental No. 301513 (c) Rank Gnr

(d) Surname AITKEN (e) Christian name Robert Smith

(f) Home address 262 Good St., Winnipeg, Man.

(g) Next of Kin Miss Mary Aitken, (h) Relationship Sister

(i) Address of Next of Kin 26 Carnarvon St., Glasgow, Scotland.

2. Age last birthday 24 Date of birth July 29/1895.

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg, Man. (b) Date Nov. 1/1915.

4. Personal description:

(a) Height 5ft. 7" (b) Weight 140 (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Herniotomy scar right inguinal region.

5. Former trade or occupation Drygoods Salesman.

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).	PERIODS	
	Years	Days
Canada	Nov. 1915	March 1916.
England	July 1919	Oct. 11/1919.
France or other theatres of War	March 1916	July 1916
	Feb. 1919	July 1919.
	July 1916	Feb. 1919.

Patient's statement.

Patient's statement.	PERIODS	
	From	To
Canada	Nov. 1915	March 1916.
England	July 1919	Oct. 11/1919.
France or other theatres of War	March 1916	July 1916
	Feb. 1919	July 1919.
	July 1916	Feb. 1919.

7. Original disease, or injury CONTUSION ANKLE RIGHT.

(a) Date of origin Oct. 4/1918. (b) Place of origin France.

(c) Cause Accident - Box of ammunition fell on ankle right.

M. F. B. 227.

400M-11-18.
1772-39-117.

MD.

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.)

DIFFICULTY AND PAIN IN RIGHT ANKLE IN WALKING FAR OR STANDING LONG.

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: Semicircular transverse incision scar just below external malleolus right ankle. Limitation of movement to about 15 degrees. Extension to right angle only. Position of foot in relation to leg good. No swelling at this examination. X Ray prior to operation at Man. Mil. Hosp. 22/8/19 showed projection of bone in front of right external malleolus and adventitious bone over surface of adjoining astragalus. This bone removed at operation. Subjective: Acute tenderness on pressure deep, in front of external malleolus right ankle over an area about the size of a 50¢ piece. Light pain on standing or walking becoming worse with continuance of exercise. Severe pain in front of external malleolus and shooting up leg on stepping unexpectedly on uneven surface which turns foot either in or out.

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

Nervous System NO Cardio-Vascular System NO Genito-Urinary System NO (If pulse rate is abnormal, B. P. will be taken.) (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).)

On 4/10/18 box of ammunition fell on right ankle striking him just anterior to external malleolus. Foot was bandaged and he carried on. Reported to hospital in Glasgow when on leave but was sent back to France. Finally evacuated by M.O. 28/10/18 Diagnosis—Severe sprain ankle right. Has been in hospital or Convalescent Home ever since. X Ray 6/3/19 showed no fracture but evidence of bony change. Foot and ankle in plaster for 3 months. To Canada 14/7/19, Man. Mil. Hosp. 11/8/19 X Ray showed adventitious bone over tip of external malleolus and over surface of adjoining astragalus. Operation 22/8/19 projection of bone in front of malleolus chiselled off. Patient now walking well.

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).)

Hernia - Herniotomy 2/5/18 - No disability from scar. V.D.G. Dec. 1918, release April 1919. Thorough treatment - No evidence now of trouble.

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

4" scar right inguinal region from herniotomy. Semicircular transverse scar below external malleolus right ankle. Limitation of movement rt ankle 15 degrees.

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

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

Not applicable.

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

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

Rest in plaster cast - 3 months. Operation for removal of adventitious bone. Massage and electrical treatment.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

NO.

16. Can the former trade or occupation be resumed? No - Owing to limitation of function of right ankle. (If not, briefly state why)

17. Recommendations. Discharge medically unfit.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

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.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- for surgical for wounds*
- (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.)

Boards in Invaliding to Canada for further treatment

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.

No. XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS STORNCLIFFE.

PLACE: *Winnipeg* President: *W. H. ...* Members: *H. ...*

DATE: 22 JUN 1919

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: *Wallace G. ...* COLONEL, Assistant Director of Medical Services. DATE: 24 JUN 1919
APPROVED BY: _____ Director-General of Medical Services. DATE: _____

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

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STATION: *11 Can Gen Hosp* DATE: *19-6-19*
C.A.R.D. *F.M.B.*

1. (a) Unit: *301513* (b) Regimental No. *301513* (c) Rank: *Pte*
(d) Surname: *AITKEN* (e) Christian name: *ROBERT S.*

(f) Home address: *260 Good St Winnipeg*
(g) Next of Kin: *Miss M. Aitken* (h) Relationship: *Sister*
(i) Address of Next of Kin: *26 Carnarvon St Glasgow*

2. Age last birthday: *23* Date of birth: *29th July 1895*

3. Enlistment, or Appointment (if an Officer) (a) Place: *Winnipeg* (b) Date: *Nov. 1st 1915*

4. Personal description:
(a) Height: *5' 7"* (b) Weight: *140 (estimated)* (c) Complexion: *Dark*
(d) Colour of hair: *Dark* (e) Colour of eyes: *Grey* (f) Identification marks, Scars, etc.:

5. Former trade or occupation: *Salesman*

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
	<i>3</i>	<i>231</i>

	PERIODS	
	From	To
Canada <i>Patients' statement</i>	<i>Nov. 1915</i>	<i>March 1916</i>
England	<i>March 1916</i> <i>Feb. 1919</i>	<i>July 1916</i> <i>PRESENT</i>
France or other theatres of War	<i>July 1916</i>	<i>Feb. 1919</i>

7. Original disease, or injury: *Sprained Ankle - Right*

(a) Date of origin: *Oct. 4th 1915* (b) Place of origin: *France*
(c) Cause: *Accident - Box of ammunition falling on ankle R.*

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

SPRAINED ANKLE, - A. MODERATE WEAKNESS.
Right B. PARTIAL LOSS OF FUNCTION.
C. NECESSITY FOR REST.

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.)

Subjective - Ankle is painful and swollen. Walking and exercise causes pain. Is weak and stiff.
Objective - Patient is on crutches. Ankle is swollen especially over external malleolus. Pressure elicits pain and tenderness. Cast has just been removed & skin is red & irritated. Swelling is moderate over external malleolus.
XRay Report 15/3/19 - No evidence of bone lesion, but owing to the prolonged history there is a suggestion of T.B. of ankle. Horner XRay states no fracture but signs of bony change.

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

Nervous System **No** Cardio-Vascular System **No** Genito-Urinary System **No**
(If pulse rate is abnormal, R. P. will be taken.) (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).)

Oct 4, 1918. An ammunition box fell on right ankle. Had it bandaged but carried on his work. Two weeks later his M.O. said that he had a bad sprain. Coming to England on leave Oct. 30th he reported sick but was returned to France where he reported sick 5 or 6 times and Nov. 28th was admitted to hosp. C.I.S. 4th Gen Hosp. Camiers, Com Camp. 5th Cav. Hosp. 1st Birmingham War Hosp 20/2/19. #15. C. Sgt. Taplow 6/3/19.

(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).)

Right Hernia. Operation May 2nd 1918. Transferred 23.6.1918
 Etching Hill V.D.S. - full course treatment - transferred to #11 E.G.H. for I.T.C. 4/6/19

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

Post-operative scar 4 1/2" long - right inguinal

11. (a) Did the disabling condition have its origin before enlistment? **No**
 (b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) **Not applicable.**

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

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

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

Hospitals in England & France
 X Rays, Plaster Paris casts etc

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Yes - Massage & rest.

16. Can the former trade or occupation be resumed? **No**
(If not, briefly state why)

17. Recommendations

Invalid to Canada

F. H. Nelson Capt C.M.C.
 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 **Robert S. Guthrie** 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

Robert S. Guthrie Rank. **Sgt**
 Signature of invalid examined.