REGIMENTAL DOCUMENTS

NAME ALDRED. Albert. Leopold. REGT. NO. 406025. UNIT 4th Battn H. Q. FILE NO. 3885

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1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	~~TRAINING HISTORY SHEET (M.F.W. 11.)~~ Record Sheet					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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W. 2580
100M-11-19
1775-38-1377

2nd / Co.

ATTESTATION PAPER

No. 406025

Folio ~~A 6025~~

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Albert Leopold Aldred
2. In what Town, Township, or Parish, and in what Country were you born? — Leytonstone, Essex, England
3. What is the name of your next-of-kin? — Mrs M. Aldred
4. What is the address of your next-of-kin? — 7, Huff Ave Grandview Brantford Ont.
5. What is the date of your birth? — March 27th 1885
6. What is your trade or calling? — Car Inspector
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — 20 mnths 24th Imperial Yeomanry
    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

Albert Leopold Aldred (Signature of Man.)

G. Coudrey (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Albert Leopold Aldred (Signature of Recruit.)

Date Apl. 19 1915 G. Coudrey (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Leopold Aldred, 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.

Albert Leopold Aldred (Signature of Recruit.)

Date Apl. 19 1915. G. Coudrey (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Hamilton this 19 day of April 1915

Jno G Burke (Signature of Justice.)

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

W Peressey Major (Approving Officer.)

M. F. W. 23.
200 M.—8-15.
H.Q. 1772-89-841.

DESCRIPTION OF Albert Leopold Aldred ON ENLISTMENT.

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

Height		5 ft. 6 ins.
Chest measurement	Girth when fully expanded	36 ins.
	Range of expansion	2 ins.

Complexion ..... Fair .....

Eyes ..... Blue .....

Hair ..... Light Brown .....

Religious Denominations

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

1 Vacc: mark left arm

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date ..... April 16 ..... 1915 ..... A Pain .....

Place ..... Hamilton ..... Lieut A.M.C. .....

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

Albert Leopold Aldred ..... 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.

..... (Signature of Officer.)

Date ..... 23 Apl ..... 1915.

FILE No. .....
RECEIVED
JAN 25 1919
PAYMASTER
MILITARY DISTRICT No. 2

18879
376

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 ... Albert Leopold 2. Surname ... Aldred

3. Rank ... Private ... 4. Original Unit ... 36 Battalion 5. Reg. No. ... 406025

6. Address, in full, to which future payments of gratuity are to be forwarded ... 7 Huff avenue Grand View, P.O. Brantford, Ont.

7. Date of enlistment in the C.E.F. ... 11th January 1915

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

9. Relationship of such dependent ... not applicable

10. Address, in full, of such dependent ...

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... no

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

all right

36th Battalion 15th Jan 1915 to 15 Jan 1916

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ...

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ... 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 Joined 15 Jan 1915. 36th Batt went overseas in May 1915. proceeded to France

all right

wounded twice

2/c/31st Joined 4th Batt at Messines, France Oct 4th 1915 and served 15 months with 4th Batt in Trenches

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

M.F.W. 2595.
1772—-39—1389.
1160—D.P.—250M-12-18.

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..Yes.. a 1st 3 months Post discharge pay $100.50 paid by Lieutenent Bob D.S. Wilson. I.C. Discharge. Toronto

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

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

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

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? .....No.....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ....No.....

24. Are you now serving in the C.E.F. .....No..... If not, give:—(a) Date of discharge ....15th January 1918.... (b) Reason for discharge .....
..... Ankylosis Left Elbow .....
.....

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 4th Battalion 4th Oct 1915 Messenes to 7th July 1916 Ypres wounded and rejoined 4th Batt Oct 28th 1916 at Villa de Bois, Vimy Ridge wounded April 19th 1917 @ Vimy Ridge re

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? ....No.....

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: A L Aldred 7 Huffaker Ave Brantford
Place of Residence: Bradford
Declared before me at: Bradford
This 17th day of January 19.19

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

A H Bradley
a Comm etc

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
12 - 2 - 18	33 00			
12 - 3 - 18	33 00			
12 - 4 - 18	34 10			
No Over-payment	100 10			

Certified Correct.

E L Mace 6 CAPTAIN C.A.P.C., C.E.F.
for PAYMASTER, MILITARY DISTRICT No. 2
District Paymaster.

Report No. 11124 | Class II | No. of M. H.C. File | No. of Local File | No. of H. Q. File

D

Alfred Albert L.
Brantford, Ontario.

MAY -7 1920

No. 406025 Rank Pte. Original Unit 36th Present Unit

Age 36 Height 5 ft. 6 ins. Complexion fair Eyes blue Hair brn Character good.

Date of enlistment April 1915 Where enlisted Where seen service France

Ship returned by L. Castle Date of arrival 30-9-17 Port of arrival Hlfx. 13091

Birthplace England. Religion C. E.

Name and address next of kin Mother, Mrs. Mary Ann Aldred,
7 Hubb Ave., Grundville, Ont.

Notification of return to be sent to

649-a-1399

Cause of disability Shrapnel wound of left arm.

Condition which prevents the soldier from earning a full livelihood

There is very nearly complete anchylosis of elbow joint at rt. angles. Only allows faintest extent ofmovement. There is a semicircular scar over lower part of humerous and upper end of radius centre corresponding to head of radius. There are three longitudinal scars from incisions over outer and posterior surfaces of lower third of arm. There is also an oblique scar near insertion of deltoid sypination and pronation of forearm limited to ¼ normal. Fingers stiff can only half flex them. Thumb movement nearly normal. Sensation normal Shoulder movements normal.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 35% DDS 35%

Probable duration of incapacity 3 mos.

Recommendation of Canadian Board Conv. Home

Destination to which transportation issued Toronto

Members of Board Drs. Lanfull, Anderson & Elliott.

CLASS 3—Men having a permanent disability which would not be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period. Disability not the result of service but capable to take up their previous civilian occupation.

CLASS 1.—Men for immediate discharge without a pension. (a) Unfit for overseas service but capable to take up their previous civilian occupation. (b) Disability not the result of service or involving claim as the result of or aggravation by service.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3	Home				
4					
5					

Occupation prior to enlistment Car Inspector

Regular trade or profession

Average earnings previous to enlistment Any other income

Name and address of last employer G. T. R.

Rent per month If purchasing property amount due and annual payment, $ $

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. $

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References

Witness W. B. MacCoy,

Date 3-10-17

I declare that the above statement is correct.

Signature A. S. Aldred.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $

Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class Amount per year, $ Period granted for Dating from

First payment due

Form No. 5a.

No. of H. O. File	No. of Local File	No. of M. H. C. File

Report No. [illegible] Class II

AB MAY 10 1920

Present Unit — Original Unit — Present Rank — Name

No. — Rank — Regiment — Company — Corps — Division — Date of Birth

Age — Height — Weight — Complexion — Eyes — Hair — Distinctive Marks

Date of enlistment — Where enlisted — Where born — Occupation

Ship returned by — Date of return — Port of return — Religion

Birthplace

Name and address next of kin

Notification of return to be sent to

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Amt. Bond — Canadian Bond

Complete duration of incapacity.

Recommendation of Canadian Board

Destination on which transportation issued

Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
WIFE					
Children	1				
	2				
	3				
	4				
	5				

Occupation prior to enlistment

Nature and address of last employer.

Wages extra over pre-war allowance

Any other income

Present rate of pay

Rent per month — If buying property amount due and amount previously paid — $ — $

Taxes — If Homestead, when is patent due?

If certificate life or accident insurance, amount premium

If in receipt of sick benefits or other insurance—name of society — Amt. per mo. $

If unable to follow previous occupation, name difference

At what age soldier left school? — What grade, standard, &c., was he in?

Has he taken any Technical or Continuation classes, if so what?

If Wireless Operator, Marconi or Independent? — If a Boy Scout, how long?

Reason for leaving school

Name and address of parent or guardian

Name and address of nearest relative not living with parent

Remarks by Interviewer as to classes likely to be of use, and general remarks.

Date — Signature

I declare that the above statement is correct

Witness

Date

Recommendation by Interviewer as to classes likely to be of use, and general remarks.

Amount forwarded to H. O. Unit $ — Credit Clothing allowance $

Date Pay Cert. Cr. $ — Dr. $ — Amount held at Depot H.O. $ — L. P. O. issuing Depot $

PENSION—Class — Amount per week $ — Period started for — Dates from

Started to — Unit—Date — Started Class I—Date — Started Class 2—Date

First Payment Due

Form 100 28.

Report No. [illegible] CLASS II

AB MAY 10 1920

H. O. File No. of

Local File No. of

M. H. C. File No. of

10.5 no

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Alfred Christian Name Albert Leopold

Examined on 16 day of April 1915
at Hamilton

Birthplace City or Town Leytonstone
County Essex Eng

Apparent age 30 yrs

Trade or occupation Car Inspector

Height 5 Feet 6 Inches.

Weight 150 Lbs.

Chest measurement Minimum 34 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left.
Number 5

When Vaccinated last 2 months ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by R W Layton

Rank Lt and M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
Feb 1915	Good	R W Layton M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1915 April 21	O.K.	M.O.
" 30	O.K.	M.O.
May 7	O.K.	M.O.

Enlisted on 16 day of April 1915 at Hamilton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	36th Batt	406025		
Transferred to..	1			
	4th Bn Co. 7			13-10-16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Epsom Granville Can. Spl. Hospital Ramsgate.	8/9/16 3 AUG 1917	G.S.W. thorax Ankylosis L elbow. Lacerations R thigh	Fit for duty H.T. Craigie Capt. Invalided UK abroad 28 AUG 1917

PRESIDENT, STANDING MEDICAL BOARD

approved S Lilbackin CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

CANADIAN

Christian Name

Surname

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Park House Loughborough		10	7	16	10	8	16	Shrapnel Bullet in right Buttock	31	Bullet has not been removed. It causes no inconvenience. Wound healed	J.B. Scotson F.R.C.S. Capt RAMC
Fair Hill Chatham		10	8	16	14	8	16	"	5	For Transfer (4)	
Woodcote Park Epsom		14	8	16	19	9	16	"		Discharged to Depot for M.B. Senn Capt RAMC	
		20	5	17	23	7	17	G.S.W. Arm L.	65	Transferred to Granville Spec. H, Ramsgate	H.T. Edwards
								do —		Wounded at Ypres April 9th 1917 by shrapnel in L. elbow and arm: 3 operations, shrapnel removed & drainage incisions made. sepsis: Elbow ankylosed: no supination nor pronation: marked limitations of wrist fingers and thumb all except elbow can be increased passively granulations good no skin yet	M.C. Calvert Capt RAMC
		19	7	17				do			J.P.C. Capt RAMC

HUDDERSFIELD WAR HOSPITAL No. ..... Date .....

Granville Can. Spl. Hospital, Ramsgate. 23 JUL 1917

Duplicate Medical History Sheet posted to here.

FORM TO BE USED INSTEAD OF BLANK SPACE ON ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name, Name & Corps of disabled Soldier:-
406025 Private Aldred, Albert Leopold 36th Bt. C.E.F.

Previous civilian occupation:- Car Inspector

Is he able to resume previous civilian occupation:- No.

Cause of disability:- Shrapnel Wound left Arm

Condition, in detail, which prevents the Soldier from earning a full livelihood:- There is very nearly complete anchylosis of elbow joint at right angle - only allows slightest extent of movement. There is a Semicircular scar over lower part of humerus & upper end of radius centre corresponding to head of radius There are three longitudinal scars from incisions over ante and posterior surfaces of lower third of arm. There is also an oblique scar near insertion of deltoid Supination & pronation of forearm limited to ¼ normal Fingers Stiff Can only ½ flex them - Thumb movements nearly normal - Sensation normal. Shoulder movements normal

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 35 %

Disability due to Service:- 35 %

Probable duration of incapacity:- Three months

Does it render him permanently unfit for Military Service:- yes

Would operation, special treatment or the use of appliances etc., lessen incapacity:- yes

Recommendation of Medical Board:- That he be given treatment in a Convalescent Home

Station:- Halifax, N.S.

Class:- # Category D III

Date 3-10-17

A. Lawfull Major President

F. H. Anderson C.S Member

H. Elliott Captain Member

Date 3-10-1917

APPROVED

for Asst. Director Medical Services.

Date

Director General Medical Services.

Forms
I. 1237
11

Army Form I. 1237

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	406025	Pte	Aldred	Albert Leopold
	Unit.		Age.	Service.
	4th Can M.G. Batt		36	1 10/12. L/2

Station and Date.	Disease
	G.S.W. L. arm VIII. I. femur
	wounded Apr 20/17 in arm. Piece of
WAR HOSPITAL 20 MAY 1917 HUDDERSFIELD	shell entered forearm just below elbow & was
	removed in France.
	X-ray in France no mention of fracture
21.5.17	Four wounds on outer surface of arm one elbow
	one being entrance Wd of shrapnel (shrapnel removed
	in France) the others drainage Wds. Arm bending
	at elbow.
25.5.17	Operation - Old wds opened up - scraped - enlarged
	& packed with Bipp.
June 8 17	X-ray: Rec for Canadian Convalescent Hospital
21/7/17	Remain complete

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7142	406026	Pte.	Allard.	A. I.
Year	Unit.		Age.	Service.
	4 Bn.		36	3 yrs 11 mos

Station and Date.

GRANVILLE CANADIAN SPECIAL HOSPITAL
REGISTRAR'S
23 JUL. 1917
OFFICE
RAMSGATE

Disease E.S.W. St. Ann

Occupation — Car-Inspector

Enlisted — 11th Jan. 1915 — Brantford, Ont.

Arr. in England — 15th May 1915

To France — 4th Oct. 1915

Wounded — 19th Apr. 1917 — Vimy Ridge

To England — 20th ~~Apr~~ May 1917

Hospitals — No. 1 Can. Gen. Hosp. Etaples — 4 wks

War Hosp. Huddersfield, Yorks — 9 wks.

— G. C. S. A. 23d July 1917.

Dentistry — No.

Complaints: i Marked limitation Lt Elbow:

ii Drop Wrist Lt.

History. Wounded on april 19th 1917. at Vimy by Shrapnel in Lt elbow. Shrapnel entered in region of head of radius: No fracture: 1st Operation 3 days later removed shrapnel: by incision on back of arm 3" above elbow: 2nd operation following day. Made 4 incisions for drainage: Wounds became septic & suppurated enormously.

3rd Operation: ~~curetted~~ Reopened wounds & curetted pus pockets: Then healed slowly: Healed by 1st July:

Given massage & electric treatment since. with a little improvement.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/16. C.F.& S. Forms/I. 1237 12. (E239) P.T.O.

Station and Date.	
Present conditions	Scars a deep scar over head of radius & ext condyle of humerus. Healed. fixed not tender: Considerable induration about d. scar: four incision scars about elbow: One large one just ext. to olecranon process fixed indurated:

a round shrapnel wound is present high up on arm over Biceps muscle gives no trouble

Movements

Shoulder. Can raise arm slightly above horizontal plane:

Elbow. Ankylosis: slight movement results from forced manipulations

Practically no supination nor pronation:

Wrist Can flex Wrist slightly: Cannot extend wrist: Wrist is dropped:

Fingers: some flexion 1/3 normal extension: Nil at phalangeal metacarpal joints: Extension good at inter phalangeal joints when fingers are flexed at phalangeal metacarpal joints.

Thumb. Very little extension nor flexion: Can there movements can be easily brought out passively:

Sensation: Appreciates sense a little dull

Other wise - normal:

General Conditions good.

V.D. Skin leg.

X ray Requisitioned Lt Cabell

24/7/17 Urinalysis — Col. D.a. / Read. Ac. / S.G. 1032 /

X ray not available - Returns Saturday

Probably

J. a. Mc.

Continued C.A-111.

Forms
I. 1237
10.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7142	406025	Pte	Aldred	A. L.
Year 1917	Unit. 4th Bn.		Age. 36	Service. 3 0/12

Station and Date.	Disease
28 JUL. 1917	S. W. Li. Arm. Massage and manipulation of left hand wrist & elbow. A. F. B 179. Invalid to Canada J. a. w. b—
26/7/17	X. Ray Report — Ankylosis R. Elbow. Shadow suggesting spur-like formation, anterior to the bend of the elbow.

EXAM. MED. BOARD
3 - AUG. 1917
G. C. S. H.
RAMSGATE.

9 to C.

PRINCESS PATRICIA CANADIAN RED CROSS
SPECIAL HOSPITAL, RAMSGATE, KENT.
24 AUG 1917
24 AUG 1917

27/8/17 Has had to keep his bed.
Leave to Epsom
J. H. Langston Capt.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. [illegible] S.

P.T.O.

Station and Date.	

Address reply to
The Secretary,
Militia Council,
Headquarters,
Ottawa, Canada.

And quote number_____

DEPARTMENT OF MILITIA AND DEFENCE.

OTTAWA._____

From-

The Adjutant-General,
Canadian Militia.

To-

The Officer Commanding,
Military District

RETURN SHOWING CHANGES IN ADDRESSES

Non-commissioned Officers and men.

Sir,

I have the honour, by direction, to acknowledge receipt of your letter of the_____ together with the Monthly Return showing changes in the addresses of the next of kin of the non-commissioned Officers and men of the marginally noted Unit, also the Return of Transfers in respect of_____ Canadian Expeditionary Force, for the fortnight ended___

_____

I have the honour to be,

Sir,

Your obedient servant,

i/c Record Office,
for A/Adjutant-General.

20m-12-16.(M).

Aldred., Albert Leopold.
#406025. 36th Battn.

Proceedings of

Medical Board

held at 1/ Epsom.
2/ Ramsgate.

date. 1/ 8-9-16.
2/ 3-8-17.

Sent to C.R.

To-

date 5.2.17.

His Section
B.L.O.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

EMCK.

LAST PAY CERTIFICATE

M.D.2 No. 1

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

Regimental No. 406025 Rank Pte. Name A. L. Aldred 36th Bn.

Corps M.H.C.C. who was* discharged

On Jan. 15 1917, to Class III

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1918, to Jan. 15 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 15 days at $ 1 c	15	00
Advances by Cheques No.			Field Allow. 15 days at $ c 10	1	50
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* 15 dys. at 80¢	12	00
Payment on transfer or discharge No. 52369	41	50	Other Credits* Clothing	13	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	41	50	Total	41	50

*Give particulars.

A monthly stoppage of $ -(†) has (‡) been paid on account of Assigned

{Pay for the month of 191 / and Sep'n Allce. for month of 191} (to) Assignee

(Address) Grand View, P.O., Brantford, Ont.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment

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

(3) cause of discharge medically unfit authority pensioned D.O.10.

(4) authority for transfer

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

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

Date Jan 11/18.

Place Toronto.

Malcolm Cockburn CAPTAIN

PAYMASTER, M.H.C.C. "D" UNIT, C.E.F.

Paymaster.

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

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

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

M. F. W. 44.

10M.—12-17.
H. Q. 1772-39-903.

Discharged 1/2/18 A.C.

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

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
West Street, TOLWORTH,
SURBITON, S.W.

Casualty Form—Active Service.

Regiment or Corps 36th Battalion C E F.

Regimental No. 406025 Rank ~~L/Cpl.~~ Pte. Name Aldred. albert Leopold

Enlisted (*a*) April 19 1915 Terms of Service (*a*) Duration of war Service reckons from (*a*) April 19 1915

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

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

Report: Date	Report: From whom received	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.
		Arrived	England.	28/6/15	
6/10/15.	O.C.C.B.D.	Reinforcement.	Can.B,Dep.t	6/10/15.	K-110/7/G.
17-10-15	OC 4th Bn	do Joined	4th Battalion	10-10-15	B213
9-7-16	OC 2 C.F.A	S.M.R Buttock Adm	No 2 C.F.A	8-7-16	A36. DCR 336.
9-7-16	do	do Trans	To 10 C.C.S	8-7-16	A36 " 336
10-7-16	"St David"	do "	To England	10-7-16	K3083. Part II Orders No 29 d/- 21/7/16.
4-6-17	6 ORD.	T.I.S	Sandling	20-5-17	II 87.

LIEUT.
FOR LT COL.
A.A.G.

Lieut
for Colonel i/c Records, Capt.

7 AUG 17

T.P.O.

(*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				
17-7-16.		Taken on strength C.C.A.C.	Pt. II D.O. No.	11/7/16	376
21-9-16		TRANSFERRED FROM C.C.A.C. TO 36th Res Bn			PART II D.O. No. H10 21/9/16
20-9-16	36th Bn	Taken on Strength 36th Bn	W. Sanding	23-9-16	Part II D.O #266 C.C.A.C.
13-10-16	36th Bn	Transferred to 4th Bn	Sanding	13-10-16	Part II 286.
					W.S. Buell Lt. Col. O.C. 36th Battalion C.E.F.
14-10-16	4 B.D.	Reinforcements	4 B.D	14-10-16	Pt II 6 No 57 d/- 21-10-16
do	do	Left for Unit	Field	28-10-16	71 R.
5/11/16	4th Bn	Joined Unit	do	31/10/16	B213
28-4-17	do	Wounded	do	22-4-17	B.213 D.C.S. 446
23-4-17	Not Can Corps	S.W. Amn Col	Adm Not Can Corps	23-4-17	W 3034
19-5-17	Peter de Conick Ontario Regtl Depot	do	Posted to 1st Central Shorncliffe	19-5-17	W. 3083 No.A.5380 Pt 2 O. No. 60. d/ 9-6-17

Chas. L. Maxwell
Lieutenant
For Lt-Col.
A.A.G. Can. Section.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

J. L. Edgar Capt.
HOSPITAL REPRESENTATIVE
GRANVILLE CANADIAN SPECIAL HOSPITAL, RAMSGATE

CERTIFIED CORRECT TO CORRECT
23 OCT 1916
CAN. RECORDS, LONDON

(10) W5605—742 300,000 8/15 HWV(8M1268) Forms/W3172/2

Huddersfield War Hospital.

Ward A. No. of Bed 4. Date 12.

Regt. No.	Rank and Name	Corps	Part to b
40602[illegible]	Pte Aldrid	H[C] Boucdais	L. Elbow

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

L. elbow joint.

Signature of M.O. _____

Date _____

REPORT ON RESULT OF X-RAY EXAMINA
(To be completed by Radiographer.)

No. of Plate 1542

Bone Worn
Metal of Bullet

Signature of Radiographer _____

Date 13/6/17

W5605—742 300,000 8/15 HWV(8M1268) Forms/W3172/2

Army (In

X6 F. Trolley Huddersfield War. Hospital.

Ward F. No. of Bed 4 Date 8. 6. 1

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
40602 S	Pte Aldred	4th Bauodeaus.	L. elbow

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

L. Elbow. J.I-

Signature of M.O. J Knaggs

Date June 8. 1917

REPORT ON RESULT OF X-RAY EXAMINATION
(To be completed by Radiographer.)

No. of Plate 1565.

Bones. Appendix Room

B.I.F.

Signature of Radiographer [illegible]

Date 10/6/17

Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

406025

This is to Certify *that No.* ALDRED, Albert Leopold *(Rank)*

(Name in full) 36th Battalion

19th

Enlisted in April 15

Canadian Expeditionary Force, on the CANADA ENGLAND & FRANCE *day*

4th Battalion

of *19*

Toronto., Ont.

He served in 15th January 18

and was discharged at MEDICALLY UNFIT *on*

the *day of* *19*

Good

by reason of

1914-15 STAR

BRITISH WAR & VICTORY MEDALS

His conduct and character while in the Service were

32 Years

5'6"

Fair

(Clyde R. Scott),
Major,

Address Blue

Director of Records

Lt. Brown

Ottawa 25th *day of* March *19* 51

649-A-1399

H. Q.

M. F. W. 39d.
5M.—4-23
1772-39-882

20961

Rank — Name ALDRED A.L. (Albert Leopold) — Reg'l No. 406025

Unit 36th Bn. — If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Hamilton. 19th April 1915. — Place of Birth Leytonstone.Eng.

Name and Address, Next-of-Kin Mary Ann Aldred. 7 Huff Ave. Grand View. Brantford.Ont. Canada.

Relationship Mother

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

N/E R.B. No 8452
File R.L.
Category Can Mil

Discharge, Date and Place — Reason — Character

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arr^d in England		28-6-15	
5.10.15	O/C 36	Trans. to 4th Batt.	W. Sandling	5.10.15	Pt II O. 156.
16.10.15.	O/C. 4.	Shrey R. 4th Batt.	France	6.10.15.	— " — 33. ✓
14.7.16	" "	Adm. Mil Hosp.	Chatham	11.7.16	S.W. Buttock Slt C.L.B 115
21.7.16	" "	Inv. & Trans. to C.C.A.C.	Field	10.7.16	Pt II-29
17.7.16.	C C A C	Taken on strength.	Folkestone	11 7 16	Pt II O 276
18.8.16	O/C. 4th Bn	Trans. to C.C.Hosp. Woodcote Pk	Epsom	15.8.16	C/L B 143 Lt W Buttock
21.12.16	— " —	Discharged from →	"	19-9-16	" " 242 " "
21.9.16	C C A C	S.O.S. duty to 36th Bn	Folkestone	21.9.16	Part II WO 410/8.
23.9.16	36th Bn	T.C.S from C C A C. C. 410	W Sandling	20.9.16	" " 266
20.9.16	do	Arr from C C A C for R2D Pt2D	do	20.9.16	" " 263

31.7.16.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
20.9.16	Y.M.C.A.	Reported from Hosp:	Epsom	20.9.16	P.W.O. 407/H
13.10.16	36th Bn	Struck off to 4th Bn	Sandling	13.10.16	" 286. W2R
24 OCT. 1916	4th Bn.	T.O.S. 4th Bn.	Field	14.10.16	P.W. - 57
1-5-17	4 BN	Hd Can Gen Hospt	Etaples	23-4-17	C.L.A 637 Swann. W-Sec
26-5-17	4 BN	War Hospt Ď	Huddersfield	20-5-17	Ch B/353 9.a.Sec
4-6-17	I.C.O.R.D	T.O.S.	Sandling	20-5-17	-87 -60d 9-6-17 4 BN
28-7-17	4 Bn	Granville Can Spec. Hosp.	Ramsgate	24-7-17	C.L. B.394
30-8-17	"	C.P.C.R.X. Hosp.	"	24-8-17	C.L. B417
1-9-17	"	Can Con Hosp	Epsom	30-8-17	C.L. B414
26-9-17	C.O.R.D	S.O.S. to Canada K.R. 40	Sandling	14-9-17	P.W. B201
Sailed from Liverpool per H.S. Lansdowne Castle 19.9.17 for discharge Ref. H.R. Kirk 20					
13-10-17	Y.M.C.A. (H)	Discharged Conv. Hosp.	Epsom	19-9-17	C.L.B 36.
	Dis Depot	To Conv Home	M.D. No 2 Toronto	30.9.17	N.R 345.

NAME Aldred, A. L.

REGT'L No. 406025

H. Q. FILE No. 649.

RANK AND CORPS Pte.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
346.	M. H. & I. Toronto.	10 12 17.	I. O. P. M. Tor. Pend Disc

D.M.S. 1317

29 AUG 1917 HOSPITAL.

A. & D. No. 4-T-1911 Ward C.107

Unit 4th Bn. (HLGP) Sick or Wounded.

Regtl. No. 406075. Pl. of Act'n France.

Rank Pte. Name Aldred A L.

Age 36 Religion C of E

Service Compl'd 27.7 Time with Field Force 1Y 7.2

Diagnosis Shell Elbow L.

Admitted Aug 2nd 1917 Discharged

Transferred 29 AUG 1917 To Epsom

RECORD FURTHER REMARKS ON BACK.

No. Rank Pte Name Aldred, A. L.

T. O. S. Unit 38th Regt. Dufferin Rifles of Canada,

M. D. 2,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Jan. 11th	Jan 31st	✓		
Feb. 1	Feb. 28	✓		
Mar. 1	Mar. 31	✓	O/S. Service.	Paylist Mar.

No. A. 6025 Rank Pte Name Aldred A. S.

T. O. S. Unit 36th Battalion.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
apr. 1	apr. 30	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUN 19 1915

H. Q. FILE No. 649-

NAME Alfred Albert Leopold REGT'L. No. 406025

RANK AND CORPS Pte. 4th. Batt. (Form. 36th. Bn.)

CABLE NO.	CABLE DATE	C. NATURE OF CASUALTY
M 9741	13-7-16	Adm. to Mill. hosp Chatham July 11th. 1916. Shrapnel buttock
M 3313	30-4-17	Adm. to Can. Gen. Hosp April 23rd. 1917. (G.S.W. left arm severe)
J 352	24-9-17	Sailed from Liverpool for Can. per H. S. Llandovery Castle on Sept. 19th 1917. Loss function L. arm

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B115	Brit. Chatham	10 11-7-16	S. w. buttock. Left.
B143	To Can. Conv. Woodcote pk. Epsom.	15-8-16	S.W. Buttock
B242	Klisch.	19-9-16	S. w. buttocks.
A63 (1)	#1. Can Gen Etaples	23-4-1	2 w arm & L Leg.
B353	War Huddersfield	20-5-1	G.S.W arm Lew.
B394	Gran. Can. Spec. Ramsgate	24-7-17	G.s.w. L. arm. 20-8-17
B417.	P.P.C. Spec. Ramsgate	24-8-17	S. w. R. arm.
B419	Can. Conv. Epsom	30-8-17	G.s.w. L. elbow
B36 (3)	Disc	19-9-17	
288.	M.H.C. Toronto	10-10-17	Out P. Mtn. to L-
286.	" " " "	[redacted] 12-10-17	Adm Class 2 M.Tor.
297.	" " " " "	22-10-17	Out P. M. Tor. To off List

Form DMS 1401
8289 100M 9/3/17.

A. & D. CARD

_____ HOSPITAL.

AT _____

B.

A. & D. No. _____ PL. OF ACTION _____ SICK OR WOUNDED

RANK 406025 Pte UNIT 4

NAME Alared A.L. AGE 36 RELIGION C.E.

PLACE IN HOSPITAL _____

DIAGNOSIS G.S.W. L. elbow.

ADMITTED 29 AUG 1917 FROM A.P. Camogate.

DISCHARGED _____ TO _____

TRANSFERRED C.W.S.H. Liverpool Dis C. 19-9-17.

SERVICE AT HOME 2 7/12 IN FIELD 1 5/12

RESULTS _____

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

(P.T.O.)

REMARKS.

30-8-17. Very slight degree of movement in Elbow
Has been boarded for Canada Massage and H.D.
13-9-17. To C.O. Mass.

F.C. Marlow Capt

R. 149.

Name ~~AIKEN~~ ALDRED. *Rank* Pte. *Reg. No.* ~~406094~~ 406025
Albert Leopold
Unit 4th. Battn.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11.7--16	MIL. Hos.	Chatham	SW Buttock	B115	M9741	24-7-16 P.
15-8	Conv. Hos. W.P. Epsom		do	B143		
19-9	Discharged		do	B242		
23-4-17	No.1 Can Gen Hosp. Etaples		SW. Arm Sev	A637	M3313	
	Trans to Eng. 19-5					
20-5.	War Hospital Huddersfield		do	B353.		
24-7.	Granville Hosp Ramsgate.		do.	B394.		
24-8.	P. P. C. R. X. Spee Hosp Ramsgate		do	B417.		
30-8.	Can Conv Hosp Epsom.	(728)	Gsh W Lt Elbow	B429.		
19-9	discharged		do	B36		

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

FILE No. 406025 VOL.

SUBJECT Aldrich, Albert L.

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
P.R.H.		8-10-30			
P.R.H.		26-9-34			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5
30M—4-30 (3797)
H.Q. 1772—45-8

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5
30M—4-30 (3797)
H.Q. 1772—45-8

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Aldred	A. L.	406025

Rank	Unit	Co.	Troop	Batty
Pte.	4 Batt.	16.0.		

Hospital — Date of Admission

Transferred Con. Convl. Epsom Hosp. 15-8-16

Can Gen Etaples Hosp. 23-4-17

Huddersfield War Hosp. 20.5.17

Granville Spec. Ramsgate Hosp. 24.7.17

Diagnosis S. W. Buttock

(1) Later Diagnosis (if changed) S.W. Arm Lt Sen R.

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

C.L. 18-8-16 B/143

M 31.12.16 B242

1-5-17 a637

- 2.6.17 B353

28.7.17 B394.

30-8-17 B417

1.9.17 B419

15.10.17 B31(3)

Date

D5. 19.9.16

REMARKS

Dis. 19.9.17.

Dis to Canada per
HS Llandovery Castle
from Liverpool 19-9-17

A.M.D. 2 DEPT.
R.H. of D.G.M.S. O.M.F.C. Londo

RC

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	P.P.C.R.C. Special Ramsgate.	24-8-17
	Epsom Can Con	30.8.17
2.		
3.		
4.		
5.		
6.		
7.		

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Rank Pte Name ALDRED A.L. Reg'l No. 436025

Unit 36th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Hamilton. 19th April 1915. Place of Birth Leytonstone.Eng.

Name and Address, Next-of-Kin Mary Ann Aldred. 7 Huff Ave. Grand View. Brantford.Ont. Canada.

Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

NOV 26 1918

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
July 1	31	31	1	31 00	31	10	3 10		34 10	47		32 50			32 50	1 60	
								87	adj of exchange							2 47	
Aug 1	31	31	1	31 00	31	10	3 10		34 10	127		26 76			34 06	2 51	
										137		7 30					
Sept 1	30	30	1	30 00	30	10	3 00		33 00	179		9 73			14 60	20 91	Trans. 4th to 13th Bn. struck off 1st Oct 1915 M.O. 186
										222		4 87					
1.10	31.10	31	1	31	31	10	3 10		34 10			4 36			4 36	50 65	
1.11	30.11	30	1	30	30	10	3		33			2 67			2 67	80 98	
1.12	31.12	31	1	31	31	10	3 10		34 10			11 60			11 60	103 48	
1/1/16	31/1/16	31		31			3 10		34 10			10 46			10 46	127 12	
1.2	29.2	29		29	29		2 90		159 02			2 61			2 61	156 41	
1.3	31.3	31		31	31		3 10		190 51			5 84			5 84	132 67	
		275		275			27 50	87	303 37			170 70			170 70	132 67	Checked

BALANCE TRANSFERRED TO NEW LEDGER.

6 Ltd
29/11/17
9775

L. L. Job 88773—M. & D. 6195.

SPECIAL REMITTANCE

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom E. Aldred

Address Huff. Ave
Grand. View P.O.
Brantford Ont

Rate $50. 00/100 (£10-5-6.)

Sched 45- 18-3-16.

By Whom Assigned Aldred. A. L.

Regtl. No. 406025

Rank Pte

Corps 4th Bttn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	~~1915~~			
Feb.				
Marc/				
April		1916 #13 int	50.	mailed. 6/4/16.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P26200	50.	Schedule # 219. 19.10.16 mailed. 13-11-16. to Mrs M. Aldred.
Dec.				
Jan.	1916			
Feb.				
March				

Dep'n No. 1.88.79/376 File No. 191-A-6.

Award..... days at $ 70 per ✓ $ 420.00

S. A.....months at $ ..... per mo. $..... $

Less P. D. P. Credited $100.10

$319.90

Less further debit balance $.....

Not due payable as [illegible] 319.90

TO SOLDIER [illegible]

	Ag. No.	Ch. No.	[illegible]				
1	2054	43207	70 00				
2	1770a	44365	70 00				
3	1264B	429614	70 00				
4	1208C	463604	70 00				
5		485618	39.90				
6							
			319.90				

16-3-19

19-4-19

15-5-19

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

1 Huff Ave
Grand View P.O.
Brantford
Ont.

POST DISCHARGE PAY OFFICE

1887E/376

Three months pay and allowances after discharge.

191-A-1

Name Aldred, Albert Leopold
Surname Christian Name

Regimental Number 406025 Rank Pte.

Unit 36th & 4th Bn.

Original Unit

District where paid M.D.2

Date of Discharge 15-1-18

P. D. P. Filing Number 17-333-2

Address (in full) 7 Huff Ave.
Grand View,
Brantford, Ont.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	5603	12-2-18	33 00	5525	12-3-18	33 00	5410	12-4-18	34 10		100 10

~~2054 4th 543207 16-3-19. 70 00~~

~~1770A 2nd 544365 " 70 00~~

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

M. F. W. 41
1 0M—7-16
1772-39 889.

Pte Name Aldred A. L.

MILITIA & DEFENCE, OTTAWA
CASUALTIES C. E. F.
NOV 3 1917
Pay & Accounts Branch, Militia Dept.

Regimental No. 406025 Name and address of ~~next of kin~~ Home Brantford Ont.

Unit 36 Bn

Date of enlistment April 1915 M.B. 5/10/17 Can Home

Place of " "

Married (yes or no) No.

Amount of pay assigned monthly $ Nil

To whom payable Klondike 30/9/17

Date and place discharged

Reason for discharge

Character on discharge Cath D.S. HQ. 649. a 1399

b 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	16 8/17							3/17 70								Eng L. Pl. 6.
17 8/17	31 10/17	76	1-	76-	76	10	760							110-		D. D. Halifax
									40/30					10		Huddersfield
														110/10		
														29/20		
									40/30					40/30		L.P. 6 rend nr. 5/11/17
																Showing a/c Adj to 31/10/17
																a/c fwd to D. unit.

6/r Bal

Pensioned.
fr 1/2/18 180% Kd

W Lot 1

Enq apl Kiel

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Name Pte Aldred A L.

M. F. W. 41
1 0M—7-16
1772-39 889.

Regimental No. 406025

Unit 36 Bn

Date of enlistment

Place of "

Married (yes or no) —

Amount of pay assigned monthly $ —

To whom payable

Name and address of next-of-kin

No 317

Grand View P.O.
Brantford. Ont.

Date and place discharged Discharged. Jan 15th
O.C hotel Jan 9th

Reason for discharge No 10

Character on discharge

o 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Nov 1	30	30	1	30.	30	10	3.	291 20		41649		331 40				Cut Oct 10 No 288
								7 20								In " 22" 297
									331 40						331 40	D.S.
																hT
Dec 1	31	31	1.00	31 00	31	10	3 10	17 60		45094	30.					Cut. P.D. Dec 10 No 346
									51 70	50674	21 70				51 70	D.P.R.
1 Jan	15	15	1.00	15.	15	10	1 50	12.		52369	41 50					
								13.								
									41 50						41 50	J.P.R.

MARRIED or SINGLE S.

PLACE OF BIRTH Leytonstone Eng.

NAME AND ADDRESS OF NEXT OF KIN Mary Ann Aldred
7 Nash Ave Grand View Brantford Ont

RELATIONSHIP OF NEXT OF KIN Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 406025 RANK Pte NAME Aldred A. L.

IF IN PERMT. CORPS WHAT UNIT — UNIT 4th Batn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Hamilton Ont.

DATE OF ATTESTATION Apl. 19th 1915.

TRANSFERRED TO 6 a & b DATE 1.8.16. AUTHORITY 60.79 21/7/16

TRANSFERRED TO 36th Reg Belleville DATE 1/10/16 AUTHORITY DOS 410 21/9/16

TRANSFERRED TO 4th Batt DATE 31/12/16 AUTHORITY 100286 12/10/16

TRANSFERRED TO 1 Cond Lay 2 L 2. DATE 27/6/17 16.8.17. AUTHORITY C.R.B. 333 7/7/17 Gran 6.a/50. 11/8

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

NOV 28 1917

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped this EFFECTIVE REASON Discharged to Canada

DISCHARGE DATE AND PLACE 16/8/17 Canada REASON AND AUTHORITY Gran 6 a/50 11/8/17 Invalided Ord

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

P.697. EXTRACT FROM ACTIVE SERVICE PAY BOOK.

406025 Pte Aldred A

Date of Payment	No. of Acq. Roll	AMOUNT Francs	£	s	$	¢	Place of Payment.	Name of Paymaster	Remarks.
23/8/16			2						
2/8/17	921		1	5					
4/8/17	922		1	10					
							63.27		

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
										1/10 70				1/10 70	132 67				
														5 23	160 67				
								262	261					5 12	189 22				
								256	256					2 56	219 86				
									256					2 56	251 42				
								255						2 55	285 51				
															318 51				2036 Res Batn DO 410 21/9/16
																			1st Batn B0286 12/10/16
														50	285 01				4/10/16.
															302 61				
1.30	20					1/10	3/0												
1/10 4/10	15	15		15		1	50												
16/10 31/10	16	16		16		1	60												
Nov	30	30		30		3													
Dec	31	31		31		3	10												
		SS	-			SS	-												
Jan 31	1/3	34	10																
		639	10																

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Leytonstone Eng.

NAME AND ADDRESS OF NEXT OF KIN: Mary Ann Aldred
7 Mapleton Ave Grand View Brantford Ont

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 406025 RANK Pte NAME Aldred A. L.

IF IN PERMT. CORPS WHAT UNIT — UNIT 4th Bde

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Hamilton Ont.

DATE OF ATTESTATION Apl. 19th 1915.

TRANSFERRED TO 6.6.a.6. DATE 1.8.16. AUTHORITY 60.39 21.7.16

TRANSFERRED TO 36th Reserve DATE 1/10/16 AUTHORITY D.O. 410 21/9/16

TRANSFERRED TO 4th Bde DATE 21/10/16 AUTHORITY 180 286 1/12/16

TRANSFERRED TO 1 CORD Lay 22. DATE 21/6/17 16.8.17. AUTHORITY C.R. 353 7/6/17 6 Can. 6.a/50. 11/8.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

NOV 28 1918

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped 7/11/17 EFFECTIVE REASON Discharged to Canada

DISCHARGE DATE AND PLACE 16/8/17 Canada REASON AND AUTHORITY From 6.a/50 11/8/17 Invalided

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

P.697.

406025

Date of Payment	No. of Acq. Roll
25/10/16	1
28/11/16	2
4/3/17	3
	4

PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
		275				2750							87	303 37											170 70			170 70	132 67				
30	1	30		30	10	3								33	8/10	6/11/16	865	21/11/16					262	261					523	160 67			
31	"	31		31	"	3/0								34 10	808	9/11/16	955	23/11/16					256	256					512	1904 67			
30	"	30		30	"	3 -								33			976	19/11/16						256					256	2160 67			
31		31		31		3 10								34 10	628	26/11/16							255					255	2415 67			
31		31		31		3 10								34 10															2855 67			
30	1.30	30	-	30	10	3 00								33															3185 67				2036 Res Bn D.O. 410 21/9/16
15/10	15/10	15		15		1 50								16 50												50		50	2855 01				4th Bn. B.O. 286 12/10/16 3/11/16.
16/10	31/10	16		16		1 60								17 60															3021 61				
Nov		30		30		3								33			1317	5/11	8159	0820	2/10			262	436				1184	3237 77			
Dec		31		31		3 10								34 10	1369	27/11			2577	13/9			1133		487				1620	3417 67			
Jan	31		34 10											34 10			1489	9/1	1647	17/1				262	524				786	3679 91		17291	19500	
			639 10										87	639 97									1906	1297	1933	220 70			2720 6	3679 91				

Small Ledger Sheet

406025 Pte Aldred A. L.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Car. Ford			639	10										.87	639 97									1906	1297	1933	22070			37206	36791		195	17291	
Oct	14	100/10	30	80											30 80	1536 29/1					5R 554	17/1		-261			-4867			5178	34743		210	30743	
Nov	31		34	10											34 10	16445 21/-		1827	16/3					-262	-261					10781	27312				
Dec	30		33												33	1563 8/-		1747	5/3	1444	30/11/16			-262	-262	97	34			262	30410				
Jan			32	10											32 10	1145 20/-								-262						261	33559		255	8059	
Feb	20		22	-											22 -									-261											
Mch	31/30	10	11	-											70/17 97															43638	35759				Trans f COR D 21/6/17 @ LB 353 7/6/17
July	31		34	10											34 10																36859				
Aug	15		16	50											16 50						RR 68 Ramsgate 1/2					50			50	40269				
16/8	1		1	10										10 68	11 78															486 32	36919 38697				1 to Aug 2 L 2 · Gran 6 a/so. 11/8/17
Sept															855 57											10			10	38087				10.68 Subs on Def Pay 30-6-17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER ALLCE. ENG.
Oct.	Balce FORWARD	~~380 84~~							38084		
Nov.				Draft 921. Gran Que H. 2/8/17.	4 84						
				" 942 " 4.8.17	4867				32733		
					53 54						
June				Dr Balto Can	314 60				973		
					317 60						
Oct.				Dr Ch B. 28/8/17 Epsom.	973				0		
					973						

$317.60 Dhole

A3M. FORM REN'D ..... EFFEC.
PURCHASED TO ..... DATE 16/8/17
PAY BOOK VERIFIED Yes
BAL. 317 0 L.P.C. REN'D 16/8/17
ALLTMT Grand 15 0 11/8/17

Invalided

Checked ..... Graham LHC

Sup LBC rend. 29/8/17 Cr. 317.60.

A3.51. A 1006. Adp. Amended 16/7/17

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.

Army Form B. 268.

M

LLANDOVERY CAMP

Proceedings on discharge.

September *1917*

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

No. 406225 Army Rank Private

Name Aldred Albert L

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

Corps 2nd Battalion Enlisted 36th Battalion

Regiment, Company, Depôt, &c. 3rd Res 16-4-18 1st Can Ord

(or at 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 Jan. 16th 1918

Place of discharge Canada D Dist. M.H.C.C.

1. *Description at the time of discharge.*

Age 37 years 9 months
Height 5 feet 6 inches
Chest measurement { girth when fully expanded 36 ins. / range of expansion 34½ ins.
Complexion Fair
Eyes Blue
Hair Light Brown
Trade Car Inspector
Intended place of residence (To be given as fully as practicable) 2

Descriptive marks.

Five vaccination scars Left arm
S.W. Scar Left arm

(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 Becoming no longer fit for War Service

KR & O 392 (iii)

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good

4. Character awarded in accordance with King's Regulations :— Honest Sober & Conscientious

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. A4502 Wt. W17176 M291 500,000 2/16 Sch. 83 Forms B. 268 40

W.S.G. Comp. 13/3/19 A.G.

[OVER.

H.G. completed 22-6-19.

Lunch Sect. 22.2.17. E.C.

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

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

Nil.

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

6. Campaigns, Medals and Decorations

Service in France

Certificate of education ..... ✓

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

(Place) _____

(Date) _____

Duncan

Commanding *Battn.* *Regiment.*

CANADIAN CONVALESCENT HOSPITAL WOODCOTE PARK EPSOM
14 SEP 1917
HOSPITAL REPRESENTATIVE.
CANADIAN CONVALESCENT HOSPITAL
WOODCOTE PARK, EPSOM.

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

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

(Place) D. Nil. M.H.C.C.

(Date) Jan. 15-18.

Lee Cpl.

(Signature of Soldier.)

(Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to 15-1-18. (the date to which the record of service is completed) 2 years 281 days.

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

Total ... _____ " _____ "

11. *Confirmation of discharge.*

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

(date) 23-1-18.

(Place) D. Nil. M.H.C.C.

(Date) Jan 23-18.

Signature J. Wilson Capt

Officer in charge of Discharges

"D" Unit M.H.C. Command

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

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

Lee Cpl

Table III.—Boards; Courts of Inquiry, 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.

Date.	Brief details, and signature.
Feb 1915	Vaccinated N.H.Taylor
April 26th.1915	Anti Typhoid Inoculation N.H.Taylor
30th.1915	" " " "
May 7th.1915	" " " "
8/9/16	Epsom. G.S.W. Rt .Buttock. Fit. H.G. Craig. Capt.

Table IV.—Service Table.

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

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingents.

RH

406025

DUPLICATE

BPL 21741
CR486

Army Form B. 178.

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

MEDICAL HISTORY of

Surname A L D R E D *Christian Name* ALBERT LEOPOLD

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Leytonstone County Essex, England

Examined ... ... on 16th day of April 1915.
at Hamilton

Declared Age ... ... 30 years days.

Trade or Occupation ... Car Inspector

Height ... ... 5 feet, 6 inches.

Weight ... ... 150 lbs.

Chest Measurement — Girth when fully Expanded. 36 inches.

Chest Measurement — Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number 5

When Vaccinated ... ... 2 months ago

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*)

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) N.H.Taylor
(*Rank*) Lt A.M.C.
Medical Officer.

Enlisted ... ... at Hamilton
on 16th day of April 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	36th Battn	406025
Transferred to		

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*) W.R.WARD,
(*Rank*) Colonel in Charge of Records,
Canadian Contingents.

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L.

[P.T.O.

Dis Sect
5-2-18
BL.

Table II.—Only for Admissions to Hospital or to the Sick List in the 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 must 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				
Park House Southborough	10	7	16	10	8	16	Shrapnel Bullet in right Buttock	31	Bullet has not been removed. It causes no inconvenience	J.B. Footner. F.R.C.S.
Fort Pitt, Chatham	10	8	16	14	8	16	Do	5	Wound Healed. For Trans.	G.T. Davies.Capt.
Woodcote Park, Epsom	14	8	16	19	9	16	Do		Discharged to C C.A.U. Fit.	M.G. Brown. Capt.

406-13-14

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

NEXT OF KIN Mother Mrs Aldred
ADDRESS 7 Huff Ave. Grand View. Brantford
HOME ADDRESS Same
MEDICAL OFFICER CAPT. McCOWAN

Al-45

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

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION MILITARY ORTHOPÆDIC HOSPITAL DATE DEC 1 1917

1. (a) Unit 4th (b) Regimental No. 406025 (c) Rank Cpl.
   (d) Surname ALDRED (e) Christian name Albert Leopold
2. Age last birthday 36 Date of birth 27/1 Dec 1881
3. Enlisted at Brantford on May 2 1915

DEPT. MILITIA & DEFENCE DEC 13 1917 H.Q. CANADA

4. Personal description :—
   (a) Height 5' 6 ins. (b) Weight 140 lbs (stripped) (c) Complexion Fair
   (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks Scar on R calf leg
5. Address after discharge (for the use of the Board of Pension Commissioners.) 7 Huff Ave. Grand View Brant
6. Former trade or occupation Car Inspector.
7. (a) Service

		Years	Days	Periods From	Periods To
Canada	36 Batt.			May 1915	June 1915.
England	36 Batt			June 1915.	6 Oct 1915.
France	4 Batt.			6 Oct 1915	April 1917

   (b) Has he been Overseas? YES.
8. Present disease or disability (use authorized nomenclature if possible). 1. ANKYLOSIS LEFT ELBOW & FOREARM 2. WEAKNESS LEFT FOREARM HAND
   (a) Date of origin Apr 1917 (b) Place of origin Vimy Ridge
   (c) Cause* G Sw left elbow
   *(Here include original disease or injury).
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

1. This man has almost solid ankylosis "Bony" of his left elbow not more than 15° of motion in position 90° flexion. He has several drainage scars & wounds about the elbow. No nerve injury present. Forearm is held in slight pronation & about 20° of pronation is possible. No supination past the mid position. Between supination & pronation. Considerable atrophy of arm and forearm muscle. power about ⅓ normal. Wrist movement full range and power ⅔ normal. Hand. slight limitation in interphalangeal joints. others are normal range. thumb movement normal. Can grip, power ⅔. Fine movements.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.
15m.—6-17.
1772-39-117.

Her incapacity is due 1st (1) ankylosis of the left elbow and limitation of movement by scar of the forearm.
(2) Weakness from disease

V

10. History;

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

1. Ankylosis left Elbow
2. Several scars about left Elbow
   Drainage & Ly S.W.
3. Scar over Right Clavicular.

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

1. 20% Total - 30%
2. 10%

12. Did the disability arise on or off duty? (1) N/A On duty

13. Was a Court of Inquiry held? (1) N/A No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No (1) N/A Not applicable

(If the answer is in the affirmative, state in percentages to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) N/A No

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent (2) 1 year

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

Massage & electrical treatment

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

No

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations

That he be discharged as physically unfit

F. W. McEwan Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

A. L. Aldred

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

We concur

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(a) Does require treatment.~~
(b) Does not require treatment.
~~(c) Should pass under his own control.~~
~~(d) Should not pass under his own control.~~

(Strike out condition not applicable).

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

We recommend

That he be discharged as physically unfit

C. J. Cumming Maj. *President.*
A. Hughes Capt.
J. D. London, Lt. } *Members.*

STATION Military Orthopedic Hospital

DATE DEC 5 1917

APPROVED BY

DATE Dec 11/17

Chas. Gordon Fagan Capt. pp
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

President.

Date of Board

PART I.

A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 406025 Rank PTE Surname ALDRED Christian Name A.E.

Unit or Corps—(a) Overseas from United Kingdom 4th BN. (b) In United Kingdom 36th RES.

Born at—Town LEYTONSTONE County or Province ESSEX Country ENGLAND

Date of Birth—Day 26 Month MARCH Year 1881 Age 34 yrs. 4 months.

Joined at HAMILTON Date APRIL 16. 1915

Former Trade or Occupation CAR INSPECTOR

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

S VACC. SCARS. LT ARM.
S.W. SCAR LT ARM.

Height—feet 5 inches 6 Colour of eyes BLUE

Signature of Soldier (for identification purposes) A.E. Aldred

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*): I ANKYLOSIS LT. ELBOW. II LIMITATION OF MOVEMENT WRIST FINGERS, THUMB.

Disabilities Group (*b*): not applicable

Disabilities Group (*c*): not applicable

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (*a*) above.	S.W. LT ELBOW & ARM.	VIMY RIDGE	APRIL 9th. 1917
(ii.) As to Group (*b*) above.	not applicable	not applicable	
(iii.) As to Group (*c*) above.	not applicable	not applicable	

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?
(i.) As to Group (*a*) above? NO. If yes, has Active Service aggravated it? not applicable
(ii.) As to Group (*b*) above? not app If yes, has Active Service aggravated it? not applicable
(iii.) As to Group (*c*) above? not app If yes, has Active Service aggravated it? not applicable

4. Is the disability due to disease contracted or injuries received while on Active Service—
(i.) As to Group (*a*) above? YES
(ii.) As to Group (*b*) above? not applicable.
(iii.) As to Group (*c*) above? not applicable

PART I. *(continued).*

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

(i.) While on duty? YES. (ii.) While off duty? NO

(iii.) Was a Court of Inquiry held? NO (iv.) Where? not app. (v.) When? not app.

(vi.) Opinion of the Court? not applicable

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

Cpl. Wounded april 9th 1917 at Vimy by shrapnel
L. elbow, Right Head of radius. no fracture. 1st operation
3 days latter removed shrapnel by posterior incision 3" above
joint. 2nd operation following day made four incisions for
drainage. repair: 3rd operation Removed sequids and
curetted pus pockets. Healed by 1st July. Given
massage & electrical treatment since, with a little
improvement.

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

Scars:- Deep scar over head of Radius and Ext condyle-humerus
fused, not tender, considerable induration about scar:
second large scar just ext. to olecranon process, fused indurated:
four other minor scars. Round shrapnel scar over Biceps.
Movements:- Shoulder - abduction slightly above horizontal
elbow - ankylosis can move slight movement
Wrist - no supination or pronation. Right normal
fingers & thumb normal. Can oppose all fingers to thumb
Thumb - very little adduction. Can flex at inter-phalangeal joints
Strength - Grip fair. Muscles in forearm & hand good.

8. OPERATION. (i.) Was one performed? YES.

(ii.) If so, state what. I Removed shrapnel.
II Sutures for drainage.
III Curetting pus pockets

(iii.) Was one advised and declined? NO

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? NO

(ii.) If so, describe. not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalid to Canada? yes

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

Date of Report July 30th 1917 Signed W. Cabell

Station Granville Can Special Hosp, Officer in medical charge of case.
Ramsgate. Captain.

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

Dated at 2 AUG 1917 Officer i/c Hospital / S.M.O. / Brigade — Strike out one of these.

Registrar, for O.C., Capt. C.A.M.C. Station, on 191

Granville Can. Sp. Hosp., Ramsgate.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE RAMSGATE

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? yes

If not, indicate it. —

12. Is the cause of the disability, fully indicated in Part I. (2)? yes

If not, indicate it. —

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? no / Aggravated? no } (b) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

One hundred (100) per cent for 6 mos will reduce greatly

15. THE PENSIONABLE DISABILITY—*(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? *(Estimate at none, ⅛, ¼, ⅜, ½, or all.)*

all

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

(i.) Is it permanent? yes

(ii.) If not permanent, what is its probable minimum duration *(in months)*? not applicable

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

18. Remarks.

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

(b) Fit for base duty? no

(c) Invalid to Canada? yes

(d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

G

Date of Board

Station

Approved

Dated at

EXAM. MED. BOARD — 3 - AUG. 1917 — G. C. C. H. — RAMSGATE.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

Signatures of the Board — *President.*

A.D.M.S.

Station - 8 AUG 1917 191

SHORNCLIFFE

Melbourne Gardens, Folkestone.

PART III.

A.F.B. 179 Canada (Revised).

Proceedings of the Pensions and Claims Board on the Soldier mentioned i

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

President.

Reserved for M.H.C.

No. 5025 Rank Pte. Surname Aldred, Christian Name A. L.

Corps—(a) Overseas from United Kingdom 4th. Bn. (b) In United Kingdom 36th. Res. Bn.

Born at—Town Leytonstone. County or Province Essex. Country England.

Date of Birth—Day 26th. Month March. Year 1881 Age 36 yrs. 4 months.

Enlisted at Hamilton. Date April 16th, 1915.

Former Trade or Occupation Car Inspector.

Permanent marks or peculiarities that will serve for future identification:—
5 vaccination scars left arm.
S.W. scar left arm.

Height—feet 5 inches 6 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) A L Aldred

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). (1) ANKYLOSIS LEFT ELBOW.
(2) LIMITATION OF MOVEMENT WRIST, FINGERS, THUMB.

Disabilities Group (*b*). Not applicable.

Disabilities Group (*c*). Not applicable.

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	S. W. LEFT ELBOW & ARM.	Vimy Ridge	9-4-17.
(*ii.*) As to Group (*b*) above.	Not applicable.	Not applicable.	
(*iii.*) As to Group (*c*) above.	Not applicable.	Not applicable.	

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?
(*i.*) As to Group (*a*) above? No If yes, has Active Service aggravated it? Not applicable.
(*ii.*) As to Group (*b*) above? Not app. If yes, has Active Service aggravated it? Not applicable.
(*iii.*) As to Group (*c*) above? Not app. If yes, has Active Service aggravated it? Not applicable.

4. Is the disability due to disease contracted or injuries received while on Active Service—
(*i.*) As to Group (*a*) above? Yes.
(*ii.*) As to Group (*b*) above? Not applicable.
(*iii.*) As to Group (*c*) above? Not applicable.

PART I. (*continued*).

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

(*i.*) While on duty? **Yes.** (*ii.*) While off duty? **No**

(*iii.*) Was a Court of Inquiry held? **No** (*iv.*) Where? **Not app.** (*v.*) When? **Not app**

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

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

Wounded April 9th, 1917, at Vimy by shrapnel in left elbow, region of h d of radius. No fracture. 1st. operation 3 days later, removed shrapnel by posterior incision 3" above joint. 2nd. operation following day made four incisions for drainage-sepsis. 3rd. operation re-opened wound, and curretted pus pockets. Healed by 1st. July, given massage and electrical treatment since, with a little improvement. b

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

Scars: Deep scar over head of Radius and Ext. condyle Humerus, fixed, not tender, considerable induration about rear.
Second large scar just. Ext. to Olecranon process, fixed indurated. Four other incision scars. Second shrapnel scar over Biceps.

Movements: Shoulder-abduction slightly above horizontal-elbow, ankylosis can force slight movement. No supination or pronation. Wrist-slight extension and flexion. Fingers-Flexion third normal. Extension limited at Metacarpo-phalangeal joints. Thumb-Very little extension or flexion. General cond. good.

8. OPERATION. (*i.*) Was one performed? **Yes.**

(*ii.*) If so, state what. **(1) Removed shrapnel. (2) Incisions for drainage. (3) Curretting pus pockets.**

(*iii.*) Was one advised and declined? **No.**

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe. **Not applicable.**

DO YOU RECOMMEND:—

(*a*) for duty? **No**

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

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

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

Date of Report ..... 191 Signed **W.C. Cooper** Officer in medical charge of case.

Station **Capt Camc**

GRANVILLE CANADIAN SPECIAL HOSPITAL 30 JUL 1917

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

Nelson W. Cooper, Capt. CAMC. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE 2 AUG. 1917 RAMSGATE

Dated at ..... Station, on 191

* Delete if inapplicable.

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

... decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

Is the disability fully indicated in Part I. (1)? yes

If not, indicate it.

Is the cause of the disability, fully indicated in Part I. (2)? yes

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? no / Aggravated? no } (*b*) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none,* 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

One Hundred per-cent: for six months. will reduce greatly

15. THE PENSIONABLE DISABILITY—(*see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none,* ⅕, ⅖, ⅗, ⅘, *or all.*) all

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? yes
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? no applicable

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no applicable

18. Remarks.

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

Classification for the Military Hospitals Commission. 6

Date of Board ..... *President.*

Station ..... *Signatures of the Board* { A. Lemoyne Lieut Capt Camc / W.F. Taylor Capt Camc.

EARLY'S M.T. BOARD 3 AUG. 1917 C.C.S.H. RAMSGATE.

Approved S. Lolwell CAPT. SOR A.D.M.S. CANADIANS, SHORNCLIFFE

Dated at ..... A.D.M.S. Station ..... 8 AUG 1917 191

SHORNCLIFFE (19, Westbourne Gardens, Folkestone.)

PART III.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

President.

A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 406025 Rank Pte. Surname Aldred. Christian Name A. L.

Unit or Corps—(a) Overseas from United Kingdom 4th. Bn. (b) In United Kingdom 36th. Res. Bn.

Born at—Town Leytonstone. County or Province Essex. Country England.

Date of Birth—Day 26th. Month March, Year 1881 Age 36 yrs. 4 months.

Joined at Hamilton. Date April 16th, 1915.

Former Trade or Occupation Car Inspector.

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

5 vaccination scars left arm.
S.W. scar left arm.

Height—feet 5 inches 6 Colour of eyes Blue.

Signature of Soldier *(for identification purposes)* A. L. Aldred

Medical Report.

☛ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*). (1) ANKYLOSIS LEFT ELBOW. (2) LIMITATION OF MOVEMENT WRIST, FINGERS, THUMB.

Disabilities Group (*b*). Not applicable.

Disabilities Group (*c*). Not applicable.

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	S. W. LEFT ELBOW & ARM.	Vimy Ridge	9-4-17.
(*ii.*) As to Group (*b*) above.	Not applicable.	Not applicable.	
(*iii.*) As to Group (*c*) above.	Not applicable.	Not applicable.	

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

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

(*i.*) As to Group (*a*) above? No If yes, has Active Service aggravated it? Not applicable.

(*ii.*) As to Group (*b*) above? Not app. If yes, has Active Service aggravated it? Not applicable.

(*iii.*) As to Group (*c*) above? Not app. If yes, has Active Service aggravated it? Not applicable.

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

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

(*ii.*) As to Group (*b*) above? Not applicable.

(*iii.*) As to Group (*c*) above? Not applicable.

PART I. (*continued*).

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

(*i.*) While on duty? Yes. (*ii.*) While off duty? No.

(*iii.*) Was a Court of Inquiry held? No (*iv.*) Where? Not app. (*v.*) When? Not app.

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

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

Wounded April 9th, 1917, at Vimy by shrapnel in left elbow, region of he d of radius. No fracture. 1st. operation 3 days later, removed shrapne by posterior incision 3" above joint. 2nd. operation following day made four incisions for drainage-sepsis. 3rd. operation re-opened wound, and curretted pus pockets. Healed by 1st. July, given massage and electrical treatment since, with a little improvement.

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

Scars: Deep scar over head of Radius and Ext. condyle Humerus, fixed, not tender, considerable induration about rear. Second large scar just. Ext. to Olecranon process, fixed indurated. Four other incision scars. Second shrapnel scar over Biceps.

Movements: Shoulder-abduction slightly above horizontal-elbow, ankylosis can force slight movement. No supination or pronation. Wrist-slight extension and flexion. Fingers-Flexion third normal. Extension limited at Metacarpo-phalangeal joints. Thumb-Very little extension or flexion. General cond. good.

8. OPERATION. (*i.*) Was one performed? Yes.

(*ii.*) If so, state what. (1) Removed shrapnel. (2) Incisions for drainage. (3) Curretting pus pockets.

(*iii.*) Was one advised and declined? No.

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe. Not applicable.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? Yes

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

Date of Report 30 JUL 1917 191 Signed M. C. Cahill Capt. Cahill

Station Officer in medical charge of case.

GRANVILLE CANADIAN SPECIAL HOSPITAL RAMSGATE

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

Nelson W. Cooper, Capt. CAMC. Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE 2 AUG. 1917 RAMSGATE

....., Station, on ..... 191 .....

* Delete if inapplicable.

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

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)? Yes.

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? Yes.

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? No / Aggravated? No } (*b*) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none,* 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

100% for 6 months. Will reduce greatly.

15. THE PENSIONABLE DISABILITY—(*see Part I. (5). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none,* $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

All.

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

(*i.*) Is it permanent? Yes.

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Not applicable.

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

18. Remarks.

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

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? YES

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

Classification for the Military Hospitals Commission. G.

Date of Board Aug. 3rd, 1917.

Signatures of the Board: A. G. MacLeod, Capt. CAMC. *President.* N. B. Taylor, Capt. CAMC.

Station G.C.S.H. Ramsgate.

S. S Lobaskin CAPT. FOR A.D.M.S. CANADIANS, SHORNCLIFFE

Approved A.D.M.S.

Dated at SHORNCLIFFE— 19, Westbourne Gardens, Folkestone.) Station -8 AUG 1917 191