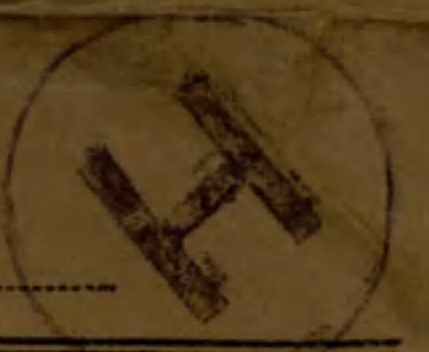


REGIMENTAL DOCUMENTS

4987



NAME ALLAN RICHARD CHAS

REGT. NO. 71662

UNIT _____

H. Q. FILE NO. _____

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CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Bomb

DESERTION

9-23
20-23
28-23

5

- 2 ATTESTATION PAPER (M.F.W. 23, 133, or 51) 3
- 3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 2
- TRAINING HISTORY SHEET (M.F.W. 113) 2 sheets
- 7 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 2
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 2
- 1 DENTAL HISTORY SHEET (M.F.B. 465) 1
- 3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 3
- 2 MEDICAL EXAMINATION (M.F.W. 129) 2
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- 2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1 M.F.B. 313 A
- 1 M.F.W. 145 pay sheets
- 1 Dental Cert
- 1 A.F.W. 3497
- 6 AF M.F.W. 192
- 2 Dental Cert
- 3 D.F.S. 1237
- 1 M.F.B. 181
- 1 R 149

[Handwritten notes and signatures in the 'TO WHOM FORWARDED' column]

[Handwritten notes and a square stamp with 'H' in the 'TO WHOM FORWARDED' column]

Open
ATIA

Box
106

Deceased
4/9/1972

ATTESTATION PAPER.

No. ~~644~~
Folio. 25

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Richard Charles Allan*
2. In what Town, Township or Parish, and in what Country were you born?..... *Crawlington, Northumberland*
3. What is the name of your next-of-kin?..... *Charles Joseph Allan*
4. What is the address of your next-of-kin?..... *36 Newbomen St., Redcar, Yorks*
5. What is the date of your birth?..... *19 Sept 1893*
6. What is your Trade or Calling?..... *Farmer*
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?..... *yes*
10. Have you ever served in any Military Force?..... *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *yes*

Richard Charles Allan (Signature of Man).
W. B. Macan (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Richard Charles Allan*, 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.

Date *Oct 28* 1914. *Richard Charles Allan* (Signature of Recruit)
W. B. Macan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Richard Charles Allan*, 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.

Date *Oct 28* 1914. *Richard Charles Allan* (Signature of Recruit)
W. B. Macan (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 *Winnipeg* this _____ day of _____ 1914.

W. B. Macan (Signature of Justice)

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

W. B. Macan (Approving Officer)
LIBT VUI
CAN. EXPD. FORCE

Description of Richard Charles Allan on Enlistment.

Apparent Age 27 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 6 ft. 2 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 35 3/4 ins.

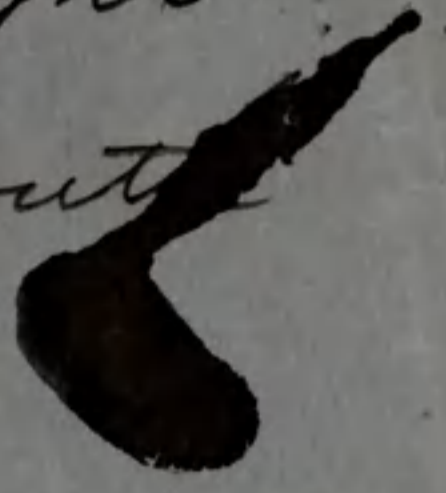
Complexion Fair

Eyes grey

Hair Dark Brown

Religious denominations. { Church of England yes
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

Scar at right of mouth



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 28 OCT 1914 1914.

Place WINNIPEG, MAN.

H. Kelatan Major, C.A.M.E.
 Medical Officer.

*Insert here "fit" or "unfit."

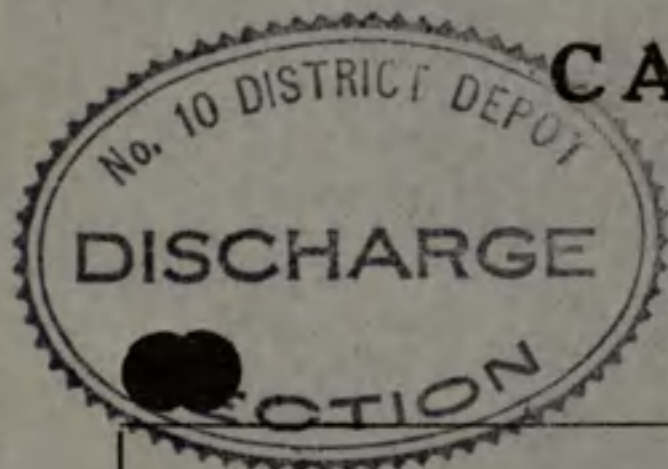
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

(Sqd.) Richard Charles Allan 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.

J.B. Mitchell (Signature of Officer)

Date 28 OCT 1914 1914.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" NO. 398545 ISSUED

THIS IS TO CERTIFY that No. 71662 (Rank) Lt

Name (in full) Richard Charles Allan enlisted in

the 77th Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 28th

day of October 19 14.

HE served in France and Belgium 25 months

and is now discharged from the service by reason of

Demobilization. R.O. 1470 (c)

Medical Unfitness.

★ D.O. 291-Para. 3. ★

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

Age 34 years

Marks or Scars

Height 6' 0"

Scar right side of mouth

Complexion Fair

Eyes Grey

Hair Brown

R.C. Allan

Signature of Soldier

J. DeLoody

Issuing Officer

Date of Discharge

Major
Officer Commanding No. 10 District Depot

20-10-1919

Date October 20th 19 19

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

W. H. Wood

A 1007

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names *Richard Charles* 2. Surname *Allan*
3. Rank *Sgt* 4. Original Unit *27th* 5. Reg. No. *71662*
6. Address, in full, to which future payments of gratuity are to be forwarded
*1590 Alexander Ave
Winnipeg*
7. Date of enlistment in the C.E.F. *28-10-1914*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. 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? *not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of 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 *Enlisted (27th Bde) 28/10/14 to England 13/5/15 to France (27th) 16/9/15 to England 11/5/1919 to Canada 11/9/19 #1000 to discharge 30/10/19*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. Have you been issued with a War Service Badge? If so what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to 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
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *20-10-1919* (b) Reason for discharge *Demobilization No 14206*
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 in which you served at the front, and dates of such service with that unit. *Yes as in para 15*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
- (b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *R.L. Allan*

Place of Residence: *1590 Alexander Ave. Wpg Man.*

Declared before me at: *Winnipeg, Man.*

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

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

J. Leach
Justice of the Peace for Manitoba

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>420⁰⁰</i>	
			<i>70⁰⁰</i>	<i>350⁰⁰</i>

Certified Correct.

District Paymaster.

J.L.

HIS
SYPHILIS CASE-SHEET.

Regtl. No. 71662 Rank and Name Sgt Allan Richard. Corps 27th Battrn:

Placed on Syphilis Register at La Salle Special Hosptⁿ Sept. 23rd No. in Register
(Name of Hospital)

Disease contracted at Namur, Belg: Primary sore appeared on (date)

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site

Lymphatic glands

Skin (nature and distribution of rash)

No documents received.

Mucous membranes

No lesions. Admitted to complete course only.

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction Result (positive or negative)

Station Winnipeg, Man.

Date October, 10th 1919.

Signature of M.O.

Major. (AMC)

Struck off Syphilis Register at La Salle Special Hospt; on October, 10th 1919.

Cause of being struck off Register { (a) Recovered
(b) Transferred to Army Reserve
(c) Discharged from Army

Station Winnipeg, Man.

Date Oct. 10th, 1919.

Signature of M.O.

Major. (AMC)

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."

The date and result of the blood test to be entered ; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine		Wasser- man Reaction		Treatment			Signature of M.O. (Each M.O. will sign his name in full on the first occasion ; subsequent entries may be initialled)		
				Normal (N.) Albumen (Alb.)	Method	Original (O.) Modification (M.)	Positive (+) Negative (—)	Arsenical		Mercurial Intravenous Injection dose in grammes		Mercurial Intramuscular injection Dose of Metallic Mercury in grains.	Other Methods
								Salvarsan	Neo-Salvarsan				
Winnipeg.	Sept. 25th												
Do	Oct. 2nd.									1. Gr			
Do	Oct. 9th									1. Gr			
										1. Gr			

P. J. Allen
Oct 7
Oct 7

SYPHILIS CASE-SHEET.

Regtl. No. **71662** Rank and Name **Sgt Allan Richard.** Corps **27th Battn:**

Placed on Syphilis Register at **La Salle Special Hospt;** on **Sept. 23rd** No. in Register

Disease contracted at **Namur, Belg;** Primary sore appeared on (date)

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site	}	No documents received.
Lymphatic glands		
Skin (nature and distribution of rash)		

Mucous membranes No lesions. Admitted to complete course only.

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—{ Method employed (original or modification)

Wassermann reaction { Result (positive or negative)

Station **Winnipeg, Man.** Date **October, 10th 1919.** Signature of M.O. *P. E. Foster*
Major. (AI)

Struck off Syphilis Register at **La Salle Special Hospt;** on **October, 10th 1919.**

Cause of being struck off Register {
 (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army

Station **Winnipeg, Man.** Date **Oct. 10th, 1919.** Signature of M.O. *P. E. Foster*
Major. (AMC)

N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."

The date and result of the blood test to be entered ; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink)	Weight clothed without boots—lbs.	Urine		Wasser- man Reaction		Treatment			Signature of M.O (Each M.O. will sign his name in full on the first occasion ; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method { Original (O.) Modification (M.)	Results. { Positive (+) Negative (—)	Arsenical		Mercurial Intramuscular injection Dose of Metallic Mercury in grains.	Other Methods	
							Intravenous Injection dose in grammes				
							Salvarsan	Neo-Salvarsan	Inunctions or Oral (Preparation and dose)		
Winnipeg.	Sept. 25th										
Do	Oct. 2nd.							1. Gr			
Do	Oct. 9th							1. Gr			

PE Foster
Oct 7
Oct 7

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
71662		Sgt.	Allan	Richard
Year	Unit.	Age.	Service.	
1917	2 nd Canadian	21	2 1/2 yrs.	
Station and Date.	Disease			
Indisposed - 3.3.17	Trench fever.	Was at Arras when he became ill 3 wks ago since treated by SH Wimmeroux.		
		Commenced by collapsing on parade - also had pains in legs + small of the back.		
		Still has pains in legs + headache.		
		Heart. not enlarged. much irregularity - the systoles missed beats		
		Urine for examination		
7.3.17		Still has pains + headache.		
9.3.17		He has radiant heat emanating from back		
16.3.17		To see Dr 19.3.17 Rec Bromley Re Champion.		
20.		To Bromley		

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

Station
and Date.

x

+

v

v

v

606

Ward 4

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 606 Year 1915	Regimental No.	Rank.	Surname.	Christian Name.
	71662	Pte	Allan	RC
	Unit.		Age.	Service.
	27 th Batt		21	6/12

Station and Date.

None Bks.
Shoncliff

Disease Ac Gonorrhoea
Complaint: Discharge from penis.

History: Exposed to venereal infection Apr 12th
discharge Apr. 16th First attack.
Winnipeg Gen. Hospital 10 days. Discharged
as cured and reappeared on route march.

Examination: Urethral discharge

Diagnosis: - Ac gon. urethritis

Transferred to Litchfield
W F Macaulay
Capt

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

Station
and Date.

MEDICAL CASE SHEET

Blank lined area for medical notes.

MEDICAL CASE SHEET.*

F.

No. in Admission and Discharge Book.
852

Regimental No.

Rank.

Surname.

Christian Name.

71662

Sgt.

Allan,

R.C.

Unit.

Age.

Service.

Year

27th Bn.

21

25/12.

Station and Date.

Disease Trench Fever

In France. 15/12. Took Sick. 8.2.1917.

Hospitals.

14th Gen. Hosp. Wimieux.

Endell St. Milt. Hosp.

5.3.17.

C. C. H. Bromley.

20.3.17.

Present Condition.

20.3.17.

Complains of pain in back and legs.

..... *H. Bell* Capt. CAMC.

Station
and Date.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *10*

NAME OF SOLDIER *Allen*

REGIMENT *27*

RANK *Sgt*

No. *71662*



INSTRUCTIONS

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

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

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

Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	Prophyllaxis	OPERATOR	Military District	REMARKS
										U	L	P			Gold	Porcelain					
Condition on first Examination <i>Oct. 15/19</i>	<i>2, 15 18-20 31</i>								<i>4, 16 30</i>												Cavities <i>4, 7, 8, 10, 29</i> Extractions

J. G. Dow Capt.

THE UNIVERSITY OF CHICAGO

RECEIVED
JAN 10 1900

LIBRARY OF THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

11

71662 Sgt. Allan R.C.
27 Bn

125000

20

Perforated sheet for Will from Pay Book of Reg.

No. 71662
Name Allan R.C. Sgt.
Unit 27th Bn

Military Will

In the event of my death I give the whole of my property and effects to my mother
Mrs C.J. Allan 36 Newcomen St
Redcar Yorks. England.

Signature R.C. Allan
Rank and Regt 27th Battⁿ
Date 26th May 1917

10 Canavanian Command Depot
St Leonards

Mr. J. H. ...
27/1/41

File P.M.C.C.

Office of the Paymaster,
Canadian Casualty Assembly Centre,
No. 3 Warrior Square Terrace,
St Leonards-on-sea, Sussex.

To:-

Active Service Pay Book.

I am in receipt of a request from

asking that Pay Book as marginally noted be forwarded to him as soon as possible, please. The Pay Book in question is not on file in this Office, neither have I any record of same. If this Pay Book is on file in your Office, will you kindly forward direct, please.

Lieut.,
A/Paymaster,
Canadian Casualty Assembly Centre.

M.

to ...

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.



Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 71662 Rank Sgt Surname Allan, Richard
 (Give name in full)
Richard Allan
 Unit or Corps 27th Battn: 10DD Birthplace Cramlington, Northumberland, Eng.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 195 lbs. Height 6 ft. 00 in. Color of Eyes Grey
 Nutrition Good
 Pulse Normal
 Condition of arteries Good
 Vision Rt. Normal Left Normal
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Scar right side of mouth.
 caused by accident in 1905

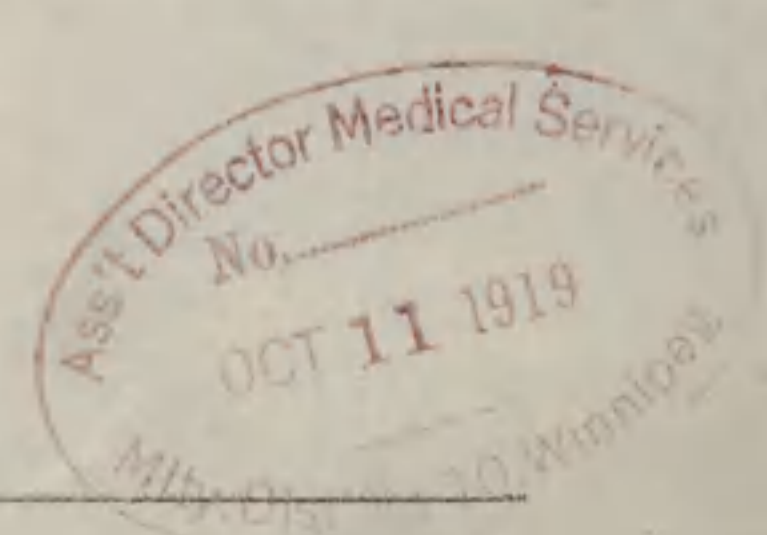
Opinion as to general health and physical condition Good Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

V.D.S. contracted in March 1919. Has had treatment overseas from August until September. Completed in La Salle Special Hospital. Winnipeg Man. Wasserman is negative
 Present condition: is good. no open lesions
Other systems normal



(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Canada)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signautre

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

APPROVED

J. Chapman
OCT 11 1919

FOR A. D. M. S., M. D. NO. 10
WINNIPEG, MAN.

[OVER]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 71662 Rank Sgt Priest Surname Allen
 (Given name in full) Richard
 Unit or Corps 27th Can Batt Birthplace Cramlington England

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION: Estimated

Physique good Weight 195 lbs. Height 6 ft. — in. Colour of Eyes grey
 Nutrition Good
 Pulse 70 Regular
 Condition of arteries Sp
 Vision Rt. normal Left normal
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
scar at mouth - pro wa
scar back
Sp

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System yes Cardio-Vascular System no
 Special Senses no Integumentary System yes Respiratory System no
 Disturbance of Mentality no Muscular System yes Digestive System no
 Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Scars: wounded back - head -
9-4-16. no disability

M.M.S.

30.5.15: Squarshoea
3.3.17 French Fever
13.5.19 N.A.D.

Recovery 20.3.17. 17.4.17
No evidence O.D.S.
B.T. report 19.1.19.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at M. C. H. Epsom (Overseas)

Date 6. 6. 19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature R. C. Allan Spt. Private 216

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

OCT 15 1919

CASE HISTORY SHEET.

La Salle Special, Hospital. Winnipeg, Man. Station.

No. 71662 Rank Sgt Name Allan Richard. Age 24

Unit 27th Battn: Completed years of service ^{Where and how long} c. 8/12. E. 5/12. F. 25/12.

Date of admission Sept. 23rd. 1919. Date of discharge October. 10th. 1919.

Diagnosis V.D.S. Place of origin Namur, Belgium.

CONDITION ON ADMISSION AND PROGRESS OF CASE No open leisions, August 15th blood xx plus

<u>September. 25th.</u>	<u>Mercury 1. Grain Intramuscular.</u>
<u>October 2nd.</u>	<u>" " 1. " " " # "</u>
<u>" 9th</u>	<u>" " 1. " " " " "</u>
<u>" " 10th Wasserman</u>	

FAMILY HISTORY Syphilis contracted March. 1919. Had 6 Inj. 606 & 6 Inj. Hg/.
(Tuberculosis, mental or nervous diseases.) in July.

Had V.D.C. in 1915, lasted 15 days. No signs since.

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE Present condition good. Wasserman is Negative.

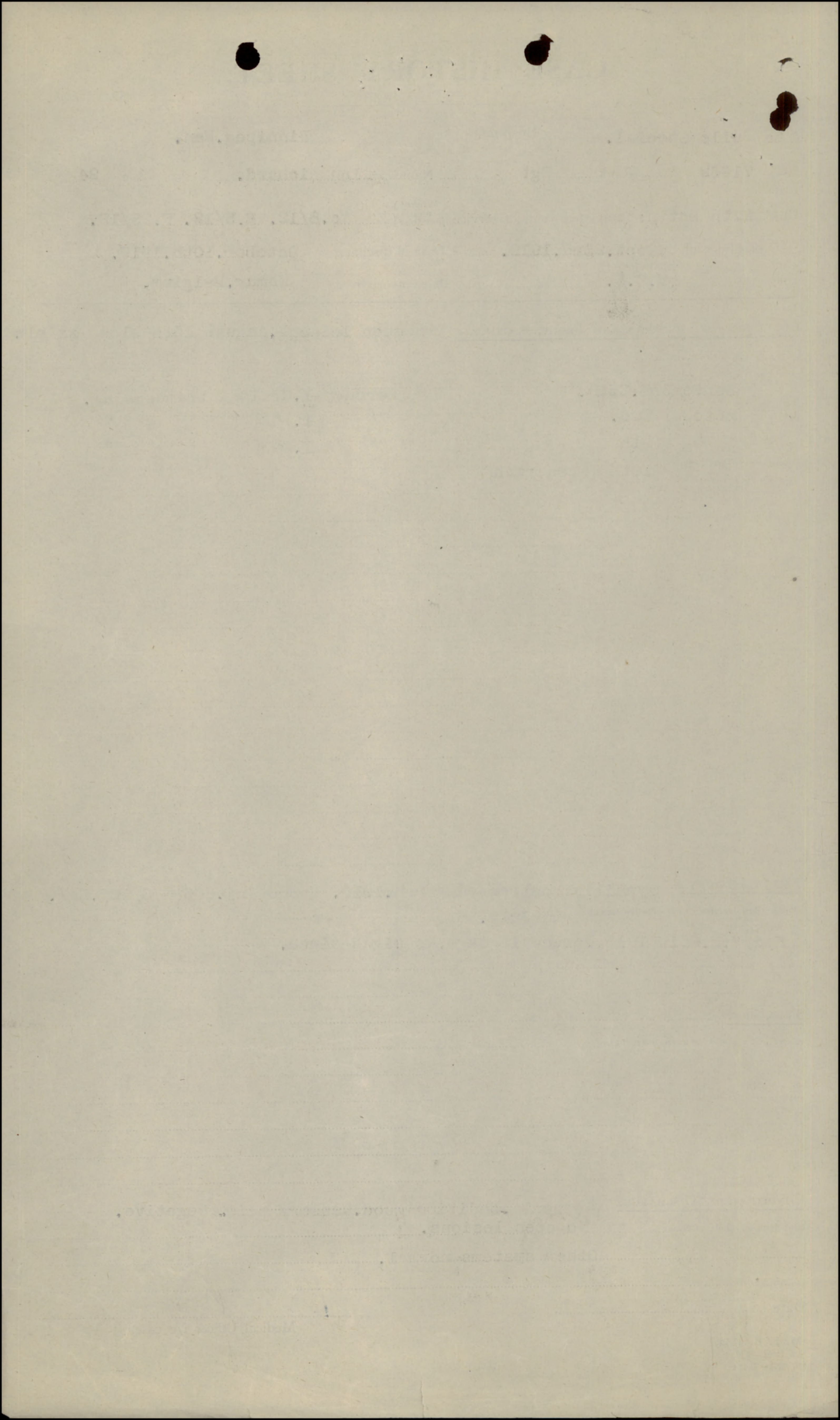
(and disposal made of case.) No open lesions.

Other systems normal.

Date.....

P. E. Foster

Medical Officer i/c case.



M. Joseph P. Wing

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) ALLAN RICHARD

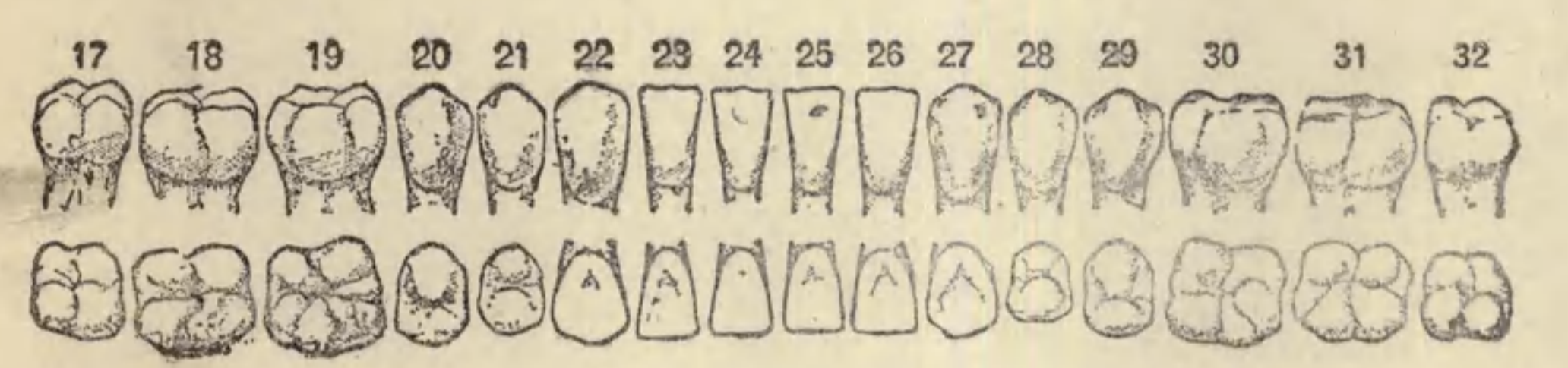
REGIMENT 27 Batt RANK Private No. 71662

Date of Examination in England _____ Date of Examination in France _____

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

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

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



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer _____

DENTAL CERTIFICATE FOR DEMOBILIZATION

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

Canadian Printing and Stationery Services, London

DIRECTIONS TO
DENTAL OFFICERS

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

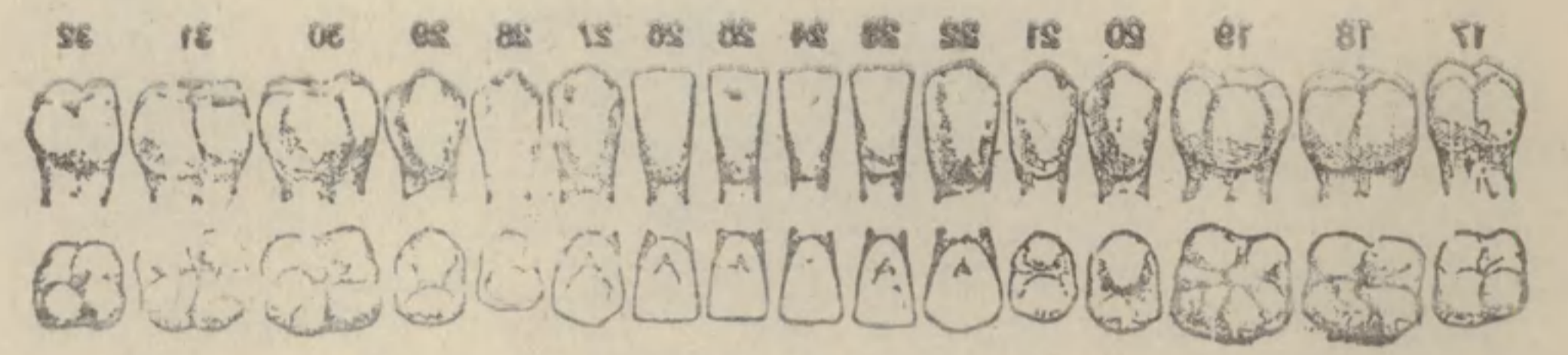
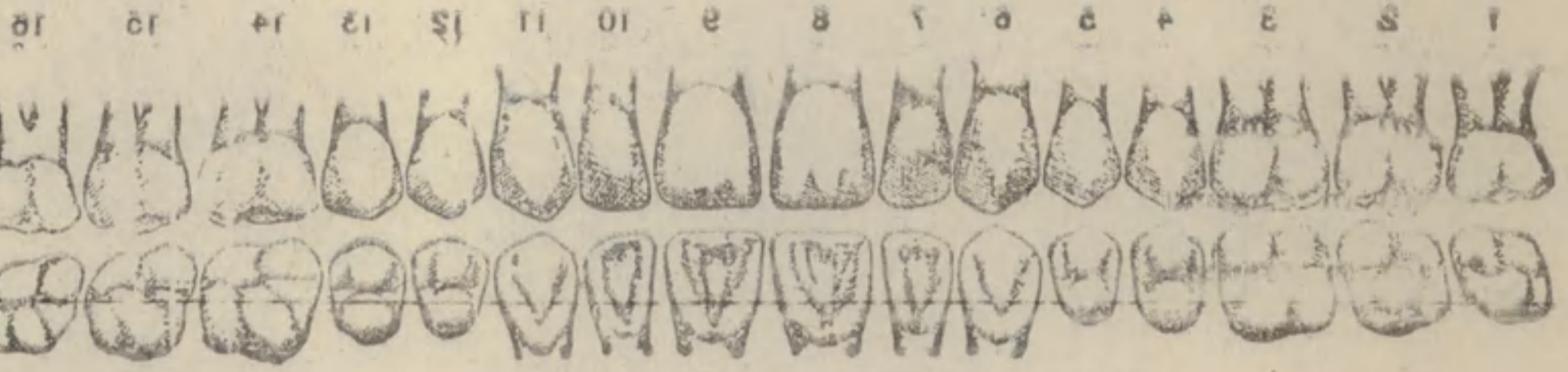
2. Figures as per chart will be used to designate teeth concerned

3. In this case the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters)

REGIMENT

Date of Examination in England



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWN

4. BRACES

(a) Full Upper

(b) Full Lower

(c) Full Upper

(d) Full Lower

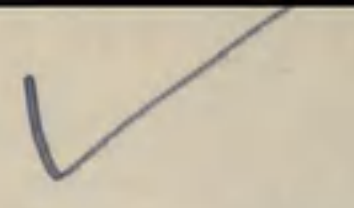
Has he ever received Dental Treatment?

Has he ever received Dental Treatment? (Specify) (If none applicable to any of all of 1-4)

(a) Full Upper

(b) Full Lower

(c) Full Upper



La Salle Special, Hospital, Winnipeg, Man., Station.

No. 71662 Rank Sgt Name Allan Richard, Age 24

Unit 27th Battn: Completed years of service Where and how long } c. 8/12. E. 5/12. F. 25/12.

Date of admission Sept. 23rd. 1919. Date of discharge ~~October 10th. 1919.~~ OCT 15 1919

Diagnosis V.D.S. Place of origin Namur, Belgium.

CONDITION ON ADMISSION AND PROGRESS OF CASE No open leisons, August 15th blood xx plus

September 25th. Mercury 1, Grain Intramuscular.

October 2nd. " " 1. " " " # "

" 9th " " 1. " " " " "

" " 10th Wasserman

FAMILY HISTORY Syphilis contracted March, 1919. Had 6 Inj. 606 & 6 Inj. Hg/.

(Tuberculosis, mental or nervous diseases.) in July.

Had V.D.G. in 1915, lasted 15 days. No signs since.

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE Present condition good. Wasserman is. neg.

(and disposal made of case.) no open lesions. other systems normal

Date

Handwritten signature of P. E. Foster

Medical Officer i/c case.

1922

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Almanac

views

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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				
9 ⁸ / ₁₆	27 Bz	app'd Lt/Col should read		10 ⁶ / ₁₆	B213. Lt II Q33-21 ⁶ / ₁₆
10 ¹¹ / ₁₆	"	promoted Capt	Field	19 ⁸ / ₁₆	" " 59-20 ¹¹ / ₁₆
10 ²⁷ / ₁₉	"	Serjt	"	1 ¹¹ / ₁₉	" " 10-20 ²⁷ / ₁₉
12 ²⁷ / ₁₉	14 Q H	P U O.	Adm, 14 Q H.	12 ²⁷ / ₁₉	W3024. 171 ✓
10/2/14	23 C.C.S.	"	Adm, 23 C.C.S.	9-2-14	3036 Dec.
10-2-14	S.C.Y.A.	P U O.	Adm, 14 Q.T.	11-2-14	
3 ³ / ₁₇	14 Q H	"	Adm, 5 C.Y.A.	8-2-14	3036 Dec 278
"	H.P. St Denis	Trans Capt	Adm, 23 C.C.S.	9-2-14	W3024. 198
		Trans Serjt, Dept Sherbrooke	Adm, England	7 ³ / ₁₇	W3023-9398 Lt II Q15-20 ³ / ₁₇
		Major Whogau	Adm, Major	7 ³ / ₁₇	
		Capt. for Lt-Col. A. A. G.			
		Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
16. 3. 17.	L.C.S.B.	J. O. P. from 27 th Batt	Dastings	3. 3. 17	PL II D.O. 122. ✓
16. 3. 17.	"	J. O. P. to Manitoba Regt	"	10. 3. 17	" 122 + Manitoba Regt 13 th d/22-3-17
					LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F.
28-8-17	O.G. 1st B.C.O.	Oske Coy. P. M. with pay, and allowances while employed on permanent cadre, effect 25-8-17	St. Bonans	28-8-17	W.O. pt. II #163 ✓

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 27th Battalion

Regimental No. 71662 Rank Pte Name Alan R.B.

Enlisted (a) 28 Oct 14 Terms of Service (a) Duration of War + 6 mos Service reckons from (a) 28 Oct 14

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Disembarked Boulogne 18/9/15			
7 ¹ / ₁₆	OC 27 Bn	Asst Pde Gren, Lch	6th C. B.	7 ¹ / ₁₆	B 213 118
14 ¹ / ₁₆	"	"	Unit	9 ¹ / ₁₆	" 119
18 ² / ₁₆	OC 27 Bn	8 days from leave		18 ² / ₁₆	B 213
20.4.16	3 Coy H.	Lw. Scaep	5th adn 3 Coy H.	20.4.16	W 3034 75
29.4.16	1 Coy Dep	wounded adn	Koudep	29.4.16	" 292
29.4.16	3 Coy H.	"	"	29.4.16	" 84
29 ¹ / ₁₆	OC 27 Bn	4th adn	6 Coy H.	20 ⁴ / ₁₆	A 26 170
29 ⁴ / ₁₆	"	"	"	20 ⁴ / ₁₆	"
6 ⁵ / ₁₆	1 Coy Dep	"	Det Base Details	6 ⁵ / ₁₆	W 3034 299
11 ⁵ / ₁₆	"	"	"	11 ⁵ / ₁₆	500/6/5/16 127
14 ⁵ / ₁₆	"	"	"	20 ⁵ / ₁₆	D.F. 22 130
26 ⁵ / ₁₆	27 Bn	Arrived Unit	Unit	22 ⁵ / ₁₆	B 213 130 8 ⁶ / ₁₆
30 ⁶ / ₁₆	"	Applied for leave	"	19 ⁶ / ₁₆	" 14 Oct 29 9 ³ / ₁₆

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

Casualty Form—Active Service.

Regiment or Corps 27th Bn C.C.F.
 Rank S.C. Surname Allan Christian Name Richard Charles
 Religion _____ Age on Enlistment _____ years _____ months
 Enlisted (a) 28-10-14 Terms of Service (a) Act of War Service reckons from (a) 28-10-14
 Date of promotion to present rank _____ Date of appointment to lance rank 4-8-16
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Occupation _____ Signature of Officer _____

Date	Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
	Date	From whom received				
				Embarked ...		
				Disembarked...		
<u>23-9-17</u>	<u>1st C.C.D.</u>	<u>S.O.S. of Man Reg. Depot on transfer to Permanent Cadre 1st C.C.D.</u>	<u>E. Sandling</u>	<u>27-8-17</u>	<u>effect</u>	<u>PT II D.O. No. 188</u> <u>4/23-9-17</u>
<u>9-10-17</u>	<u>1st C.C.D.</u>	<u>S.O.S. of 1st C.C.D. to M.R.D. and taken on strength of 1st C.C.D.</u>	<u>E. Sandling</u>	<u>23-9-17</u>	<u>effect</u>	<u>PT II D.O. No. 204</u>
<u>10-5-18</u>	<u>1st C.C.D.</u>	<u>Ceases to be employed on return to Man Reg. Depot. Effect 10-5-18</u>				<u>10-5-18</u> <u>10-5-18</u>
<u>10-5-18</u>	<u>1st C.C.D.</u>	<u>Reverts to Permanent Cadre of 1st C.C.D. on leaving to be employed in Man Reg. Depot.</u>				
		<u>Admitted to 1st C.C.D. from Bromley</u>				<u>D.O. Pt II No. 59</u> <u>0730-6-17</u>
<u>6-8-18</u>		<u>Ceases to be attached on proceeding to 11th Bn</u>				<u>D.O. No. 715</u> <u>07-8-18</u> <u>Chas. Casper</u> <u>1st Canadian Command Depot</u> <u>Adjutant</u>

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

Report

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

Place of Casualty

Date of Casualty

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

Date From whom received

11.10.19

L. R. D.

Relation on Strength }
Com 1 C.O. Co. }
Leave Com 1 C.O. }
Sub. Post 11 Res. }

S'cliffe

23.9.17

Pt. 11 Bn. 216.

8.8.18

Seaford

6.8.18

Pt. 11 Bn. 220.

7-8-18 O.C. 11th

TOS on posting from MRD

Seaford

7-8-18

Pt. 11. Bn. O. 184 ✓

8/11/18

O.C. 11th

P.O. on proceeding O/S to 17th Bn

Seaford

8/11/18

Pt. 11 Bn. 264 ✓

J. M. Reid Capt.

Air Reg. BTH. (MAN)

19.4.17 Man Dep.

On Com: Pt. 6 B Co.

S'cliffe

17.4.17

Pt. 11 Bn. 41

14.5.17 Pt. 6 B Co.

Retd from on Com from Dep. Hill

St. Leonard's

12.5.17

71

31.8.17 M.R. Dep.

leaves on Com Pt. 6 B Co. is

Thornecliffe

27.8.17

175

S.O. on Trans. to Pt. 6 B Co. Hastings (Perm cadre)

M. Charter

For Lt Col's Records O.M. 7 C.

9-11-18 6 B Co

Arrived 20 B Co. 27 Bn

9-11-18 NR 815 Pt. 11 Bn. O. 103-1918

" " " "

To CCR C

11-11-18 " 1463

11-11-18 CCR C

Arrived

11-11-18 " 1794

16.11.18 27 Bn

Journia

14.11.18 B 213

A.G.

Transferred to Old Record List.

12.4.19 Pt. 11 Bn. O. 26 d/1919

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps A R Co Regimental Number 71662

*Substantive Rank _____ Surname Allan Christian Names R. C.

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
15.4.19	h/w C.C.C.		Tos from 27 th Bn Certified true copy <i>[Signature]</i> LEUT. FOR LT: COL: I/C RECORDS. C.O.M.F.	Witley	13.4.19	1005
17.8.19	P. Muir C.C.C.	3-7-19	Reduced to the ranks by D.C.M. Witley 28.19. Auth: <i>[Signature]</i> C.C.C. Witley.		6.8.19	1080

To be folded on this line.

Nothing to be written in this margin.

(P26383.) Wt. W. 9893—P. 2008. 500,000. 3/19. S. & S., Ltd. E. 4602.

S.O. O.M.F.C. TO C.E.F.
P. II ORDER No. 62 DATED 3-7-19

[Signature]
OFFICER I/C RECORDS,
1st WING C.C.C. WITLEY.

[Signature]
[Signature]

(A) Report.		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
Date.	From whom received.					
			<p>11-9-19 T. O. S. of No. 10 District Depot, Part 2 Order No. <u>269</u> Para <u>2</u> <i>Woods</i> Major O. C. No. 10 District Depot.</p> <p>✦ Discharged / 20-10-19 ✦ ⇒ D. O. 291 Para 3 ⇒</p> <p><i>Woods</i> Major Major Officer Commanding No. 10 District Depot.</p>			

Nothing to be written in this margin.

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
12-4-19	Saline	D.G. <u>T.P. NOT FOUND</u>		

29 2nd Rest Camp

Duplicate

Farm

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

29 General.

Hospital.

B22.

Ward.

Age

Service

Religion

Disease

23

4 1/2

2

B. of B.

Regiment

Coy.

Reg. No.

Rank

Name

24 1st Cav. Inf.

C.

71662

Sgt.

Allen R. C.

Date of Admission

Disposal

Date of Discharge

11-4-19.

This space not to be written upon by M. O. i/c case.

SUMMARY

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and Places of Three last Exposures

had gonorrhoea in March 1918

27-3-19. Namut several exposures since

Main points in history

Reported sick to M.O. at Canadian Camp because of itching + redness of glans penis this condition lasted started on 8-4-19. 11 days after last connection has had no treatment

Condition on admission

I Several abrasions on under surface of Prepuce and on glans
II Slight adenitis of Both glands
III No other signs of V.D.

[P.T.O.]

No. _____ Name _____ Regt. _____ Disease _____

Date	Treatment		Progress	Complications and their Treatment
	Local	General		

No. 71662 Name Sgt. ALLAN Regt. 24 BN Disease ~~V.D.S.~~

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
	Sores all healed. D.C. negative.		Local treat only.	
	B.T. fracture 6.5.19.			Had B.T. 19.5.19.
26.5	Had no evidence of disease when admitted to C.C.H.			Neg.
	Reschony to duty.			
	Mnripp caps			

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Bromley Convales	21.3.17
2.	Epsom Conv	14.5.19
3.	B.S. Witley	30.7.19
4.		
5.		
6.		
7.		

62. 7.8.19 6573

1-9-19. 6. 10/3. Note Ref. C 573. Diag changed to.

5-9-19 C 13-4 Note Ref. ^{VDS. C} C 10 Report "VDSC"
change to VDSC & VDS.

Surname *Allan* Christian Name or Names *R. C* Reg. No. *71662*
 Rank *Sgt.* Unit *27* Co. *B* Troop *(M.R.D)* Batty.
 Hospital *Sgt.* Date of Admission

Transferred *3 Gen Marlboro Barrage* Hosp. *20-4-16*
1 Cow Dep. Hosp. *29-4-16*
#14 Gen Wimeren Hosp. *12-2-17*
Endell St. Mlty. W.C. Hosp. *3-3-17*

Diagnosis

SW scalp st.

(1) Later Diagnosis (if changed)

P.M.O. severe.

(2)

Zinc Fever.

(3)

Additional Diagnoses: If more than one state present

V.D.S.L.
N.Y.D "Q"
V.S.C leg & V.D.S leg

DISPOSITION

Dis. to Base Depot 6.5.16 Date
O.C. Base Depot reports: left for unit
20.5.16.

REMARKS

6-29-4-16 A204 *Disch 17-4-17*
8.5.16. A211. *11.6.19*
13.5.16. A216! INV. TO CAN ADA *11-9-19*
31.5.16. A231.2.
20.2.17 H450
9-3-17 B307
27.3.17 B320
26-4-17 B344

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

20.5.19 C522
31-5-19 C531 Ref C 522 report V.D.S. changed
16.6.19 C522 to N.A.D.

*Name Allan. Richard Charles Rank Pte. Regtl. No. 71602

Original unit 27th Present unit XXXXr S. Age 25 Religion CofE Fyle Depot
Ref. H.Q.

Port, ship, and date of arrival SS. ARAGUAYA.

Next of kin C. J. Allan. Cramlington, Northumberland, England.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Wpg. 28-10-14.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
11-9-19	T.O.S. #10 D.D. Posted Hosp. Sect.	D.O. 269-2
14-10-19	VD Stoppages from 23-9-19. To 10-10-19. \$1080.	D/O 287.

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

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
28.7.19	wash		multiple small abrasions sores ulcers	Dark Field Neg. Wasserman POS. X
30.7.19				Dark Field Neg.
31.7.19			Reports	
4.8.19 4/8/19	606	Septic ulcers of penis + Erosion and ulceration of foreskin and testis. 3 + Hg.		WASSERMAN POS. X Wass
7.8.19			Improving	
11.8.19	606 + Hg	These ulcers are not clinically syphilitic 32 + Hg.		Wass ✓
16.8.19	606 + Hg		Reported, Healing	WASSERMAN NEG.
17.8.19			healing	
18.8.19			Healing	WASSERMAN POS. XX Wass
21.8.19			Reported	
23.8.19		6x6, Hg W.O.	base of ulcer indurated	

7871

(7.93)

51591-19

66

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

CANADIAN SPECIAL, WITLEY, SURREY.

Hospital.

Ward.

Age	Service	Religion	Disease
23	17/12	C of E.	Chancroid
Regiment	Coy.	Reg. No.	Rank
25/5th Inf P.Wing		70662	Sgt. Lt
Date of Admission	Disposal	Name	
29-7-19	I.I.C.	Allen R. B.	
		Date of Discharge	
		11 SEP 1919	

This space not to be written upon by M. O. i/c case.

SUMMARY

2512

m-d 10

Boarded August 27-1919

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form L. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse	Dates and Places of Three last Exposures
	March 1919 France

Main points in history: Sores appeared & was sent to 39.9. Hypo he drove - & sent on to 1st Coy. Blood tests & smears taken & returned Neg. Condition on admission: & discharged to unit without treatment.

at present there are multiple small erosive sores in sulcus & prepuce. appeared about July 23rd 1919. Glands all palpable. Skins clear. Throat Neg.

[P.T.O.]

Date	Treatment given		Progress	Complications and their Treatment
	Local	General		
25.8.19			Reported healing	
23.8.19	SOS & HG			
24.8.19	SOS & HG			
5-9-19	606 & HG			J A A
9-9-19	606 & HG		ITC. Scabies treatment.	
		<u>To be given</u>		
19.9.19	6 N & HG			
26.9.19	6 N & HG			
	Wasserman observation			

VENEREAL DISEASE CASE-CARD.

Arm

Hospital.

Age

Service

Religion

Dise

Regiment

Coy.

Reg. No.

Rank

Name

27th Regt P. H. Coy

7166 ✓

Sgt

Allen P. G.

Date of Admission

Disposal

Date of Discharge

SUMMARY

This space not to be written upon by M. O. i/c case.

Boarded August 27-1919

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 1238) to be made up from this Card.

1st, 2nd, 3rd attack or relapse

Dates and
Places of Three
last Exposures

Main points in history

Condition on admission

[P.T.O.]

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 204.	#3 Can. Gen. Marlboro Boulogne	20-4-16	S. w. scalp. Lt.
A 211.	#1 Cowh. Dep. Boulogne	29-4-16	S. w. scalp.
A 216 (1)	Disch. to Base Depot	6-5-16	" " " Set.
A 23 (2)	D.C. Base Dep. rep. Left for unit	20-5-16	" " " "
A 450.	#14 Gen. Wimerburg	12-2-17	P. U. S. sev.
B 307.	Mil. Endell sh. W.C.	3-3-17	French Flier
B 320.	to Can. Cow, Bromley Kent.	21-3-17	" "
B 344.	Dis. ch.	17-4-17	" "
C 522	Mil. Cow - W. de la Pk. Exon	14-5-19	42
C 542	Dis. ch.	11-6-19	N 9 Di
C 573	Can. Spcl. Witley	30-7-19	N. G. D. p. 736 as per # 42 per C 1032

NAME Allan. Richard. Chas.

H. Q. FILE No. 649-

REGT'L. No. 71662.

RANK AND CORPS Pte.

27th Batt.

CABLE

NATURE OF CASUALTY

NO.

DATE

m5805

28-4-16

Adm. to to 3 Gen. Hosp. Boulogne
Apr 20. ysw. scalp.

CASUALTY.

Ref.....

Name

No..... Unit.....

Rank..... Overseas—Local.

Remarks

.....

.....

Final

Date	
Disposition	
To appear	
Date	
Disposition	
To appear	
Date	
Disposition	
To appear	
Date	
Box	

71662

SGT ALLEN. R.C. PAVING HUT 9

65

V.D. S.

20-8-19 WASSON POST

TO RECEIVE

23-8-19 LNHG OK

29-8-19 6 u u OK

5-9-19 6 u u OK

9-12-9-19 6 u u OK

19-9-19 6 u u

26-9-19 6 u u

29-9-19 WASSON

3-10-19 OBSO

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

628² Invalids to bank (p.l. 5/10 7/10/10) 11-9-19 736x42

NAME *Allan, Richard Chas.* REGT. No. *71662*

RANK AND UNIT *Pvt.* *M. P. Co.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY



No. ~~624~~
71662

RANK *Ste.*

NAME *Allan, G. C.*

T. O. S.

UNIT *27th Bn.*

M. D. *10.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1914</i>	<i>1914</i>			
<i>Nov. 9.</i>	<i>Nov. 30.</i>	<i>✓</i>		
<i>1915</i>	<i>Dec. 1915</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		

UNIT SAILED
MAY 17 1915

Richard Charles

Name **ALLAN** Rank **Sgt.** Reg. No. **71662**Unit ~~27th Bn. M.F.C.~~ **Charles Joseph Allan,**Next of Kin **36 Newcomen St., Redcar, Yorks.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
14-5	MPN		42.	C 522		10641
26-5	Ref 522 kept 42 chgd to	max.		C 531		9136
11-6-19	Discharged			C 522		4275
1919						
30-7	has Sp. H. Blitney	M.P.O.R.		C 513		11760
Note	ref to C 873 Drag chgd to		736	C 13		9621
Note	ref to C. 10. Drag now chgd to		736 + 42	C 13		9618
11-9	Invalided to Canada		do	C 522		9663
		510-10.				

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772-39-1332.

Name **Allan R.G.** Rank **Rex. Cpl.** Reg. No. **71662.**
 (Richard, Charles)
 Unit **27th. Battalion.**
 Next of Kin **Mr C.J. Allen, 36 Newcomen St. Redcarr. Yorks**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. L
1916.						
20-4	No. 3 Can. Gen. Hosp.	Boulogne	S.W. Scabb	Slt. A204	M 5805.29/4	
29-4	No. 1. Conv. Depot.	Boulogne	do	A211	28/4	
6-5	DISCHARGED TO BASE DEPOT.		DO	A216		
20-5	Left for Unit.		do	A231		
12-2-17.	No. 14. G.H.	Wimereux. PUO.	Sev. sta	A450.		
3-3.	M.H.	Endell St. W.C.	Trench Fever.	B307.		
21-31	C.C.H.	Bromley. Kent.	do	B320.		
17-4.	Discharged		do	B344.		

Rank _____ Name **ALLAN, Richard Charles.** Reg'l No. **71662.**
 Unit **27th Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Winnipeg, Man. 28th Oct. 1914.** Place of Birth **Cramlington.**
 (Northumberland.)

Name and Address, Next-of-Kin **Charles. Joseph Allan,**

36 Newcomen Street, Redcar, Yorks. Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **2764**
 File R.L. **M Allan**
 Category _____

Discharge, Date and Place _____ Reason _____ Character **open Car.**

(1st. Page of Record Filed in Envelope.)

Report Date	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
8-8-18	M.R.D.	Leases on Com 1 st C.C.W. & S.O.S to 11 th Res Bn.	Sgt Seaford	6-8-18	Rank amended M.R.D. No 227 of 15/8/18. 11 th Res No 184 of 7/8/18. No 220. No 215 of 6/8/18.
8-11-18	11 th Res	S.O.S to 27 th Bn Spec	Sgt	8-11-18	No 264. No 103 of 15/8/18.
26-6-19	C.R.D.	S.O.S to M.R.D.	" field	12-5-19	2058
15 4 19	M.W. CCC	TOS FROM 27th	Witley	13 4 19	DO 2026 14/4/19
2-4-19	C.R.D.	F.O.S			
16-6-19	ccc	TOS pending R.T.C	"	13-6-19	Do 518 M.R.D. No 170 19/6/19
16-6-19	M.R.D.	TOS from 18 RES.	"	10-6-19	167
3/7/19	G. Wang	S.O.S to M.R.D.	"	28/7/19	Do 75/M.R.D. No 218. 6-8-19
10-9-19	M.R.D.	S.O.S to C.O.D Buxton	do	8-9-19	Do 242

SGT
 103 CHECKED
 NOV. 1918

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.				
12.8.19	P\$Wing	<p>District Court Martial held at Witley, 2.8.19. (1) WOAS Deserting His Majesty's Service in that he at Witley on 23.7.19 after having been warned by Lieut. J\$D\$Haswell, "P"Wing to parade with draft embarking, for Canada on or about 25.7.19. failed to do so, thereby avoiding such embarkation and remained absent until he surrendered himself at Witley on 27.7.19.</p> <p>(2) Neglect to the prejudice of good order and Military Discipline, in that he at Witley on 23.7.19, after having been warned by Lieut. J\$D\$Haswell "P"Wing to parade with a draft embarking for Canada on or about 25.7.19. failed to do so. thereby avoiding such embarkation.</p> <p>FINDING:- The Court finds the accused 'NOT GUILTY' of the first Charge. but 'GUILTY' of the Second Charge.</p> <p>SENTENCE:- The Court sentences the accused to be reduced to the ranks.</p> <p>CONFIRMED:- Witley. 4.8.19 A\$H\$Bell, Brig\$Gen. G\$O\$C\$ CCC Witley.</p> <p>PROMULGATED:- "P"Wing CCC Witley 6.8.19 WITLEY 2.8.19 Authority D\$O\$ 80</p>			
23.9.19	CRO	<p>Invalided to Canada</p> <p>SL510 MD10</p>	PW	11.9.19	CLC 28
9.10.19		SOS TO CANADA		LDN 11-9-19	A0.4

Rank Name ALLAN Richard Charles

Reg'l No. 71662

Unit 27th Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg. Man. 28th Oct. 1914 Place of Birth Cramlington. North-

Name and Address, Next-of-Kin Charles Joseph Allan, (umberland.

36, Newcomen Street, Redcar, Yorks. Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character 194/51

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				
18.5.15	Op. 27th Bn.	Embarked to Eng ^d S.S. Carpathian Company to Hosp. as a result of officers under the Army Act 11 General Diseases Adm. Moore Barracks Hosp 30.5.15 and discharged 11.6.15 13 Days	Shorncliffe	17.5.15	Pt II W.O. 146
"	"	Embarked for France.		17.9.15	From Roll 17.9.15
29.2.16.	27th Bn	Granted 8 days leave from	In the field	18.2.16.	Pt II D 10
29.4.16.	do.	Adm. No 3. Can. Gen ^d Hosp ^t	Marlboro Boulogne	20.4.16.	C.R. A 204. S.W. Scalp set O.N.N.K.
8.5.16.	do.	Tsfd No 1. Convul. Depot	do.	29.4.16.	C.R. A 211 N.K.N. do.
13.5.16.	do.	Discharged to Base Depot	do.	6.5.16.	C.R. 216. S.W. Scalp set
31.5.16.	do.	Left Base for unit	France	20.5.16.	C.R. A 231 do.
7.7.16	do	Promoted P/Corps. so complete establishment	do	19.6.16	Pt II W.O. 27 + Pt II W.O. 33.

Alan A. C.

131 71662

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				
20.11.16	27 th Inf	Promoted Corp.	Field	19.8.16	PT II O. 59.
20.2.17	"	Adm. no. 14 Gen. Hosp.	Wimereu	12.2.17	C.L.A. 450 P.V.O. Sen
20.2.17	"	Promoted Sergt.	Field	1.1.17	PT II O. 10.
9.3.17		Yfl. Mil. Hosp.	Endell St. We.	3.3.17	D.C.L.B. 307 French Fever
26.3.17	24 th Bn.	Ex to Can Con. Hosp. Bromley	Kent	21.3.17	C.L.B. NOB-320 " "
16.3.17	24 th Bn.	Sick. Hd to Regt's Depot	In the Field	2.3.17	PT II O. 15.
22.3.17	24 th Bn.	T.O.S from 27 th Batt	Hastings	3.3.17	PT II DO122
16.3.17	C.C.A.C.	S.O.S to Manitoba Regt	"	10.3.17	PT II DO122
22.3.17	Man Dep.	T.O.S from C.C.A.C.	Schiff	10.3.17	" 13.
26.4.17	27 th Bn	Dis: C.C. Hosp.	Bromley	17.4.17	C.L.B. 344 " "
19.4.17	Man Dep.	On home 1 st C.C.D.	Schiff	17.4.17	PT II O. 41.
14.5.17	1 st C.C.D.	Retd from "On home" from Beckett	St Leonard	12.5.17	" 41.
27.8.17	"	To be A/S of Regt Major with pay & allowances of rank	"	25.8.17	" 162.
31.8.17	M.R. Dep.	beam on home. 1 st C.C.D. is T.O.S on the 1 st C.C.D. Hastings (Per: Cadre)	Schiff	27.8.17	PT II 175. (1 st C.C.D. PT II 163 of 22.8.17) " 188 of 22.9.17
9.10.17	1 st C.C.D.	T.O.S to M. Reg Dep	W/S M. P. Sand	23.9.17	PT II 204.
11.10.17	M.R. Dep.	T.O.S from 1 st C.C.D. On home 1 st C.C.D.	"	23.9.17	PT II 216.
10-5-18	1 st C.C.D.	ceases to be employed on Perm Cadre & Reverts to Perm grade Sgt.	A/S M. Schiff	10-5-18	PT 50.128.

Rank

Name

ALLAN Richard Charles

Reg'l No. 71662

Unit

27th Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment

Winnipeg, Man. 28th Oct. 1914

Place of Birth Cramlington, North-

Name and Address, Next-of-Kin

Charles Joseph Allan,

(umberland.

36, Newcomen Street, Redcar, Yorks.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

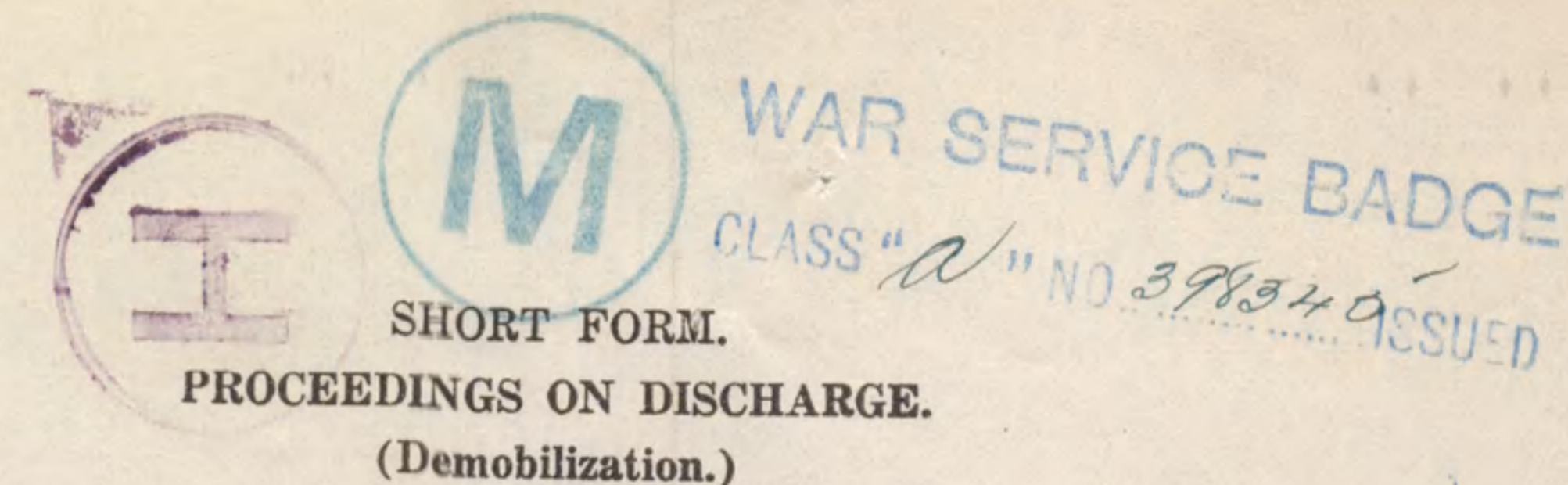
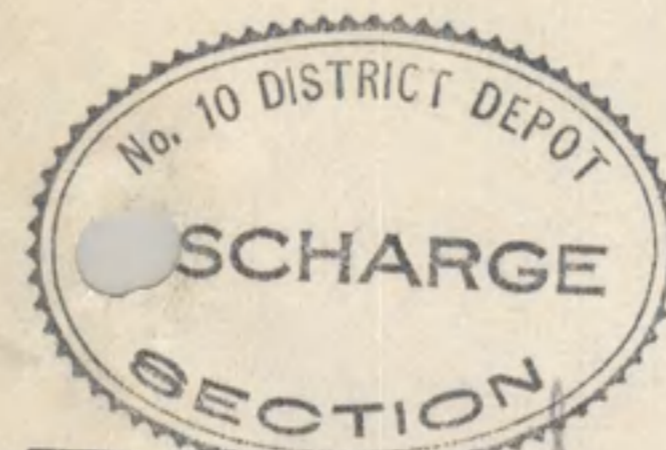
Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1 st	30 June	30	1	30	30	.10	3	33 50	66 50			40 44		1 95	42 36	24 14	Hospital ✓ 13 days at 15¢	
1 st	31 July	31	1	31	31	.10	3 10		34 10			57 50			57 50	74		
					Days of exchange			262	2 62									
1	31 Aug	31	1	31	31	10	3 10		34 10			34 06			34 06	3 40	✓	
1 st	30 Sept	30	1	30	30	10	3		33					19	19 36	21	C/S 19/8	
1	31 Oct	31	1	31	31	10	3 10		34 10			6 19			6 19	64 12		
1	30 Nov	30	1	30	30	10	3		33			10 40			10 40	86 72	✓	
1 st Dec	31 st	31	1	31	31	.10	3 10	36 12	34 10			14 01			150 10	106 81		
									27 52			162 57		2 14	164 71			
1 Jan	31	31	1	31	31	.10	3 10		34 10			7 85			7 85	133 06		
									24 50			170 62		2 14	172 56			
1 Feb	29	29	1	29	29	.10	2 90		31 90			4 37			4 37	160 59		
									30 50			2 62			2 62			
1 Mar	31 Mar	31	1	31	31	.10	3 10		34 10	954		262			102 57	92 12		
									30 50			97 33			2 14	279 50		
									30 50			277 36		2 14	279 50			

LIST OF DISCHARGE DOCUMENTS.

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



1. No.	71662	
2. Rank	Sergt.	
3. Name	Allan, Richard Charles.	
4. Unit	27th Battalion	
5. Date of Discharge	20-10-19.	Place Winnipeg.
6. Reason for Discharge	Demobilization.	
7. Authority	R.O. 1420/c. ☆ D.O. 291-Para. 3. ☆	
8. Proposed Residence after Discharge	1590 Alexander Ave. Winnipeg, Man.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?</p> <p style="text-align: right;"><i>R. C. Allan</i> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>Winnipeg.</u></p> <p>Date <u>20-10-19.</u></p> <p style="text-align: right;">Signature <i>W. G. Cook</i> (O.C. Discharging Unit.)</p>	

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to re-serve (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. 2070 or Army Form B. 204).
- (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.

Proceedings on Discharge.

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

No. <u>71662</u>	Army Rank <u>25gt.</u>	
Name <u>Allan Richard Charles</u>		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)		
Corps <u>M.R.D.</u>		<u>27th</u>
Battalion, Battery, Company, Depot, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)		
Date of discharge _____		
Place of discharge _____		
1. Description at the time of discharge.		
Age	years	months
Height	feet	inches
Chest measure	girth when fully expanded _____ ins.	
	range of expansion _____ ins.	
Complexion _____		
Eyes _____		
Hair _____		
Trade _____		
Intended place of residence _____		
(To be given as fully as practicable)		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)		
2. The above-named man is discharged in consequence of _____		
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)		
3. Military character:—		
4. Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
		Initials of Commanding Officer.
Army Form B. 2088 has been issued to*		

OPINION OF THE MEDICAL BOARD

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

Yes we concur

No. MHS. or AFB.103 Produced Auth.DAG. 14-1-48 of 13-6-19

19. Is the invalid 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.) | Yes ^{no} Temp.D. |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | No. |

20. It is certified that the invalid

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

Suggest that he be dealt under P.C.O. 47 of 20-1-19 on arrival in Canada.

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

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

I to C. Auth DMS. Letter of 25-8-19

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

S. J. W. Horne Captain President.

PLACE CSH. Witley

L. G. Hillier Captain

DATE Aug 27th. 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE

CERTIFIED TRUE COPY

Members

DATE

APPROVED BY

APPROVED BY

C. I/c Canadian Special Hospital, Witley.

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION C.S.H. Witley DATE Aug 28th. 1919

1. 1 (a) Unit 27th. Bn. (b) Regimental No. 71662 (c) Rank Sgt.

(d) Surname Richard Allan (e) Christian name Allan Richard

(f) Home address Rink Box 62 Holland Manitoba

(g) Next of Kin C.J. Allan (h) Relationship Father

(i) Address of Next of Kin 36 Newcomen Street Redcar Yorkshire England

2. Age last birthday 23 Date of birth Sept. 19th. 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date Oct. 1914

4. Personal description:

(a) Height 5 ft. (b) Weight 185 (c) Complexion Fair (stripped)

(d) Colour of hair L. Brown (e) Colour of eyes Gray (f) Identification marks, Scars, etc.

Brithmark on right shoulder

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	PERIODS	
	Years	Days
	4	11 months

	PERIODS	
	From	To
Canada	Oct. 1914	May 15th. 1915
England	May 1915	Sept. 15th. 1915
	March 1st., 1919	to Date
France or other theatres of War	Sept. 15th. 1915.	March 1st. 1919

7. Original disease, or injury Syphilis

(a) Date of origin March 1919 (b) Place of origin France.

(c) Cause Infection

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

A. & B. Therapeutic

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Multiple small erosive sores in sulcus and on prepuce. Moderate

General Adneitis. Throat and skin negative.

2 Dark Fields negative

2 Wasserman's pos. x 1 Wasserman Neg.

1 Wasserman pos. III

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

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no

Special Senses... no Respiratory System... no Integumentary System... Nox Yes

Disturbances of Mentality... no Digestive System... no Muscular System... no

Osseous and Joint Systems... no Any other general condition... no

Scar of sore on penis

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

Sores appeared July 23rd 1919.

Previous local treatment at No. 3a Gen. Hosp., Le Havre and Epsom.

All Blood Tests and smears returned Neg. and diagnosis Chancroids.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Trench Fever March 1917

G.S.W. in March 1916 Back and Head.

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

Small GSW. Scar on right shoulder blade.

Small GSW. scar on top of head.

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

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

Not app

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

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

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

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

606 and Hg.

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

Should continue to take mercury at intervals for two years at least.

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

17. Recommendations You should have a blood test every 3 months and further medical advice according to result.

(Sgd) W.R. Atkinson, Capt. CANC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

(Sgd) R.C. Allan, Sgt.

Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

No. MHS. or AFB.103 Produced Auth.DAG. 14-1-48 of 13-6-19

19. Is the invalid 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.) Yes Temp.D.
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) No.

20. It is certified that the invalid

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

Suggest that he be health under P.C.O. 47 of 20-1-19 on arrival in Canada.

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

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

I to C. Auth DMS. Letter of 25-8-19

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

S. J. W. Horne Captain President.

PLACE CSH. Witley

L. G. Hillier Captain

DATE Aug 27th. 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President

PLACE

CERTIFIED TRUE COPY

DATE

Members

APPROVED BY

APPROVED BY

Col. C.A.M.C.

Assistant Director of Medical Services.

Director-General of Medical Services.



DATE

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION C.S.H. Witley DATE Aug 28th. 1919

1. 1 (a) Unit 27th. Bn. (b) Regimental No. 71662 (c) Rank Sgt.

(d) Surname Richard Allan (e) Christian name. Richard

(f) Home address. 242 Box 62, Holland, Manitoba

(g) Next of Kin C.J. Allan (h) Relationship. Father

(i) Address of Next of Kin 36 Newnham Street, Hedges, Yorkshire, England

2. Age last birthday 23 Date of birth Sept. 19th. 1895

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date Oct. 1914

4. Personal description:

(a) Height 6 ft. (b) Weight 185 (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks, Scars, etc.

Brithmark on right shoulder

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
		4

	PERIODS	
	From	To
Canada	Oct. 1914	May 15th. 1915
England	May 1915	Sept. 15th. 1915
	March 1st. 1919	to Date
France or other theatres of War	Sept. 15th. 1915.	March 1st. 1919

7. Original disease, or injury Syphilis

(a) Date of origin March 1919 (b) Place of origin France.

(c) Cause Infection

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

A. & B. Therapeutic

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Multiple small erosive sores in sulcus and on prepuse. Moderate

General Adneitis. Throat and skin negative.

2 Dark Fields negative

2 Wasserman's pos x 1 Wasserman Neg.

1 Wasserman pos. xx

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

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

Special Senses...no Respiratory System...no Integumentary System...no Yes

Disturbances of Mentality...no Digestive System...no Muscular System...no

Osseous and Joint Systems...no Any other general condition...no

Scar of sore on penis

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

Sores appeared July 23rd 1919.

Previous local treatment at No. 3a Gen. Hosp., Le Havre and Epsom.

All Blood Tests and smears returned Neg. and diagnosis Chaneroids.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Trench Fever March 1917

G.S.W. in March 1916 Back and Head.

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

Small GSW. Scar on right shoulder blade.

Small GSW. scar on top of head.

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

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

Not app

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

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

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

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

606 and Hg.

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

Should continue to take mercury at intervals for two years at least.

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

17. Recommendations. You should have a blood test every 3 months and further medical advice according to result.

(Sgd) H.R. Atkinson, Capt. CAMC.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

(Sgd) R.C. Allan, Sgt.

Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*Yes we concur
no mtdl a 24B 103 produced
Auth. D.A.G. 14.1.48 / 13/6/19*

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Supposed to be a mild case of Canada like death with in accordance with P.C.O. 47/100-1-17
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

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

Discharged to Canada Auth. D.M.S. letter 25/8/19

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

PLACE *C.S.H. Witley* *A. W. Home Capt* President.
G. H. G. Capt Members
DATE *27-8-19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President

PLACE..... Members

DATE.....

APPROVED BY *[Signature]* Col. G.A.M.G. APPROVED BY

[Signature] Assistant Director of Medical Services.

[Signature] Director-General of Medical Services.

DATE

DATE



1-A-199

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *C.S.H. Witley* DATE *Aug 28th. 1919*

1. 1 (a) Unit *27th. Bn.* (b) Regimental No. *71662* (c) Rank *Bgt.*

(d) Surname *Richard Allan* (e) Christian name *Richard Allan*

(f) Home address *Box 62 Holland Manitoba*

(g) Next of Kin *C.J. Allan* (h) Relationship *Father*

(i) Address of Next of Kin *36 Newcomen Street Redcar Yorkshire England*

2. Age last birthday *23* Date of birth *Sept. 19th. 1895*

3. Enlistment, or Appointment (if an Officer) (a) Place *Winnipeg* (b) Date *Oct. 1914*

4. Personal description: *Estimated*

(a) Height *6 ft.* (b) Weight *185* (c) Complexion *Fair*

(d) Colour of hair *L. Brown* (e) Colour of eyes *Gray* (f) Identification marks, Scars, etc.

Brithmark on right shoulder

5. Former trade or occupation *Farmer*

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<i>4</i>	<i>11 months</i>

	PERIODS	
	From	To
Canada	<i>Oct. 1914</i>	<i>May 15th. 1915</i>
England	<i>May 1915</i>	<i>Sept. 15th. 1915</i>
France or other theatres of War	<i>March 1st. 1919</i>	<i>to Date</i>
	<i>Sept. 15th. 1915.</i>	<i>March 1st. 1919</i>

7. Original disease, or injury *Acute Abdominal TB Syphilis*

(a) Date of origin *March 1919* (b) Place of origin *France*

(c) Cause *Infection*

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

A9B Therapeutic

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important: to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Multiple small erosive sores in sulcus & on prepuce. Moderate General adenitis Throat & skin neg. 2 Dark fields - neg. 2 Wassermann pos X 1 Wass, neg. 1 Wassermann pos XX

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

Nervous System no Cardio-Vascular System no Genito-Urinary System no (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.) Special Senses no Respiratory System no Integumentary System yes Disturbances of Mentality no Digestive System no Muscular System no Osseous and Joint Systems no Any other general condition no

Scars of sore on penis

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

Sores appeared July 23rd 1919. Previous local treatment at 2039 Gen Hosp. Le Kane. and Epsom, all Blood tests & smears returned neg and diagnosis. Chancroids.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Sprench Fever. March 1917 95W in March 1916. Back and Head.

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

Small 95W. Scar on right shoulder blade Small 95W. Scar on top of head.

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

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

not app.

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

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

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

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

606 & Hg.

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

should continue to take Mercury at intervals for two years - at least

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

17. Recommendations You should have a blood test every 3 months & further medical advice according to result

J.R. Merson Capt. Home Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

R.C. Allan Sgt. Rank. Signature of invalid examined.

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 will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Mum Bks. Telford	30	May	1915	1	June	1915	Gonorrhoea			
THE MILITARY HOSPITAL, ENDELL STREET, W.C.	3	3	17	20	3	17	Trench fever		Onset 15 ² / ₁₇ Pains in limbs. Recovering.	Thurston
CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.	20	3	17	4	17	17	Trench fever		Fit for P.M. in Command Depot Class D.	W. H. Carr
M.C.H. Epsom	13	5	19	11	6	19	N.A.D.	30	Had no evidence of disease when admitted to C.C.H. Wasserman 19/5/19. negative. Discharge to Duty. Boarded a Cat.	
CANADIAN SPECIAL HOSPITAL, WITLEY, SURREY.	29	7	19				V.D. and Chancroid	45	J.I.C. Treatment not complete M.H. pages as per dates	<i>[Stamp: M.O., No. 2 Division]</i> J. H. Carr CAPT. REGISTRAR.
Sgt. Arjany	11	9	19	20	9	19	V.D. & Chancroid	9	Condition unchanged	J. H. Carr CAPT. REGISTRAR.
MANITOBA MILITARY HOSPITAL	23	9	19	15	10	19	Syphilis	22	No open lesion. Wasserman is negative. Treatment - 6 injection 606 " " " 149. Other system normal. Discharged to #10 T.D.C.	<i>[Stamp: Registrar for O. C. Manitoba Military Hospital]</i> W. H. Carr Registrar for O. C. Manitoba Military Hospital Dobson

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: ALLAN Richard Charles
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 71662
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				DATE EFFECTIVE
				RANK OR APPOINTMENT
				UNIT AND TRANSFERS
				ORIGINAL UNIT:- 27 th Batt.
				DATE ACCOUNT FIRST OPENED:-
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S P'D
				UNIT TRANSFERRED TO
				M.R.D.

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28/5	3916	P.Wing O.V.C. D.B.M. Wulu	28.17	11/11/19	111	W.D. 32 days @ 65	20.90
18/6	6752	P.Wing	48.67	11/11/19	111	P.Wing	11.60
12/1/19	4.8	32 days @ 65	20.80				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1.60	20		
	1.35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Feb.	Ret. Forward								518 37	497	
Apr.	C.S.M. Pay	54		A.R. 408 12 th 1 st C.C.D.	19 47				543 17	512	
May	Sgts Pay	46 50		10/4/18 to 30/4/18 paid as S.M. should be Sgts		6 30			544 44	527	
JUN	" "	45		" 1646 4/6/18	24				589 20	542	
JUL	" "	46 50		" 2582 12/7/18	24 33				586 92	557	
Aug	" "	46 50		" 1540 13/8/18 11 Res	12 17				618 08	572	
SEP	Sgts Pay	45		A.R. 1883 9/9/18	38 93				616 85	587	
Oct.	" "	46 50		A.R. 2297 14/10/18	12 17				639 01	602	
Nov.	" "	45		A.R. 2457 8/11/18	38 93						
Dec	Ret. for	93		Victory Loan 1918 from Def. Pay	400					100	
				A.R. 2668 28/11 27 Res	19 59						
				" 3821 10/12	6 49				312 00	202	

Victory Loan
400.00
from Def. Pay.

COMPILED BY *W. Ellis*
CHECKED BY *K. Arnold*

NUMBER 71662

RANK Sgt.

NAME ALLAN R. G.

A. P. N. L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919				Jan 31 st Bal Fwd.					312-	247	
									88 50		
Feb. & March	Sgt	88 50		AR 4308 27 Bm. 14. 1. 19	12 57				400 50		
				✓ 4885 ✓ 21. 1. 19	5 60				34 72		
				✓ 5188 ✓ 9. 2. 19	5 60				365 78	262	
				6384 ✓ 11. 3. 19	10 95				360 30	277	
				7001 ✓ 21 ✓	5 48						
		88 50			40 20						
April & May	✓	91 50		24 ✓ 2. 4. 19	23 73					392	
				4507 Exam 15. 5. 19	2 43				425 64	307	
		91 50			26 16					307	
June - Sgt Gary		45		AR 5916 28/5/19 M. W. Exam	7 30				470 64		
mt on deft pay.		60 50		6752 19/6/19 Rayble	48 67				475 77	322	
		105 50			53 97						
July	Sgt Gary	46 50		30 55 12/6/19 L. R. Exam 14/5					521 67	337	
		46 50		Nov 11/4/19 - 12/5/19 32 days							
				65 cent per diem		20 80					
				9986 C.C.C. 16/7	14 60				486 27	352	
Aug	Sgt's Pay	46 50			14 60	20 80					
	2.8.19 to 31.8.19 Sgt's Pay	46 50		5743 Edu S. Hosp. 4.9.19 End.	9 73				476 64		
					9 73						

Dec 10/9/19 Lt. H. 510