DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name AUSTIN CYRUS

Regt. No. 91820 Rank Pte

Corps 2nd Leeds

Med Unfit

0 7518

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages..... 3

Casualty Forms..... 7

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1 copy

Medical Report for Invalids..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

AFB 1237-3 Mine Med 2

AFB 122 1

Dental 1

MSW 192 1 RC

Wallet Card

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

15-11
23-12
32-12
1

card
4th R
29/3/17.

DUPLICATE 931820

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Austin
1a. What are your Christian names?	Cyrus
1b. What is your present address?	Detroit, Mich. USA.
2. In what Town, Township or Parish, and in what Country were you born?	New Haven, Conn. USA.
3. What is the name of your next-of kin?	~~Cyrus Austin~~ Edith Rodgers
4. What is the address of your next-of-kin?	New Haven Conn. USA.
5. What is the relationship of your next-of-kin?	Sister
5. What is the date of your birth?	Febuary 16th
6 What is your Trade or Calling?	Laborer
7 Are you married?	No
8 Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Cyrus Austin (Signature of Recruit)

Date Febuary 16th 1917. Fred J. Hamphill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Cyrus Austin, 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.

Cyrus Austin (Signature of Recruit)

Date Febuary 16th 1917. Fred J. Hamphill (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 Windsor, Ont this 16th day of Febuary 191 7

Fred J. Horton (Signature of Justice)

M. F. W. 28
750M—3-16
H. Q. 1772-39-341

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

J.P. for Essex County

Description of Cyrus Austin on Enlistment.

Apparent Age 36 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 3 ins.
Chest measurement. Girth when fully expanded	35 ins.
Chest measurement. Range of expansion	2 ins.
Complexion	Colored
Eyes	Dark
Hair	Dark

Religious denominations

- Church of England
- Presbyterian
- Methodist
- Baptist or ~~Congregationalist~~ Yes
- ~~Xxxxxxxxxx~~ ~~No~~
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

Both Eyes 20/20

Hearing - R. E. normal
L. E. normal

Vision - R.E. 20/20
L.E. 20/20

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*.....for the **Canadian Over-Seas Expeditionary Force.**

Date Febuary 15th 191 7 ..... W. A. Burgess Major Canuc

Place Windsor, Ont ..... 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.

.....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.

Cyrus Austin

D. A. Sutherland ..... Lieut-Col. (Signature of Officer)
No. 2 Construction Batt'n, C. E. F.

Date Febuary 15th 191 8

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. 931820 (Rank) PRIVATE

Name (in full) AUSTIN, Cyrus, enlisted in

the 2nd Construction Battalion, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONTARIO. on the FIFTEENTH

day of FEBRUARY 19 17

HE served in FRANCE (With the No. 2 Construction Battalion)

and is now discharged from the service by reason of Being medically unfit for further general service. R.O. 668 d/14-6-18. Cat. "C" III.

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

Age 38 Years	Marks or Scars
Height 5' 4"	SCAR RIGHT EYE
Complexion COLORED	TATTOO ANCHOR RIGHT FOREARM.
Eyes BROWN	
Hair BLACK.	

Signature of Soldier

Issuing Officer

LIEUT.

Rank

Date of Discharge DEC 12 1918

O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at LONDON, ONT. this TWELFTH day of DECEMBER 19 18

in Military District No. (ONT)

File Reference No. ID 30-A-383 IDD 10-A-72.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 931820 (Rank) PRIVATE Name AUSTIN, Cyrus,

Unit 2nd Construction Battalion, C.O.M.F.

Address on Discharge NEW HAVEN, CONN. GENERAL DELIVERY.

Fair

Character and Conduct .....

.....

Former Occupation WAITER

Special Qualifications of Value in Civil Life WAITER

.....

Medals and Decorations NIL

.....

Remarks NIL

.....

Signed at LONDON, ONT. this TWELFTH day of DECEMBER 19 18

Hamm. M. Livingston

Name of Officer

LIEUT.

Rank

O. C. Discharge Section, No. 1 D. D.

Appointment

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181

Corps 2 Can Lab. Bltn. Military Hospital XI C. Hosp.

No. 931820 Rank and Name Pte Austin-Agnus Age 36 Service 3y/12

Disease Nephritis Date of admission 5-I-18 Date of discharge Result

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Days of Disease																		
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	80	80	80	90	90	70	80	80	70									
Respirations per Minute	20	20	20	18	20	18	20	20	18									
Motions per 24 hours																		

Disc.

Bal 14

300,000 [illegible] F.B. 181

Signature W.E. Jones Capt. C.A.M.C. In charge of case.

Forms I. 12 12

Baptist

Army Form I. 1237.

Hut H-7

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1612.	931820.	Pte	Austin	A.

Year	Unit.	Age.	Service.	
1917.	Canadian Constr. Coy att 2nd Can Forestry waiter	36.	10/12	10/12

Station and Date.

Disease Nephritis, 651

Ward VIII
Bed. 16.

3118 – now 15 duration – Hematuria – dyspnoea on exertion – P.C. alb. a trace – B.P. 180

No. 5 V. A. HOSPITAL EXETER. Admitted Dec. 13. 1917

16/1/18 Complains of pain in hands, legs & back B.P. 130.

17 Dec. No albumen

Heart area normal – B.P. normal

18/1/18 No albumen for 3 weeks – L.D. since 8th

J. Ryan Thomas

22.1.18 Trans: Canadian H. Westenhanger.

Bronkes Morton

23/1/18. General appearance good feels o.k. No lumbar pains. No frequency micturition No puffiness of face & ankles now, as previously stated. Recovered. Urinalysis Sheet 10 dys conval.

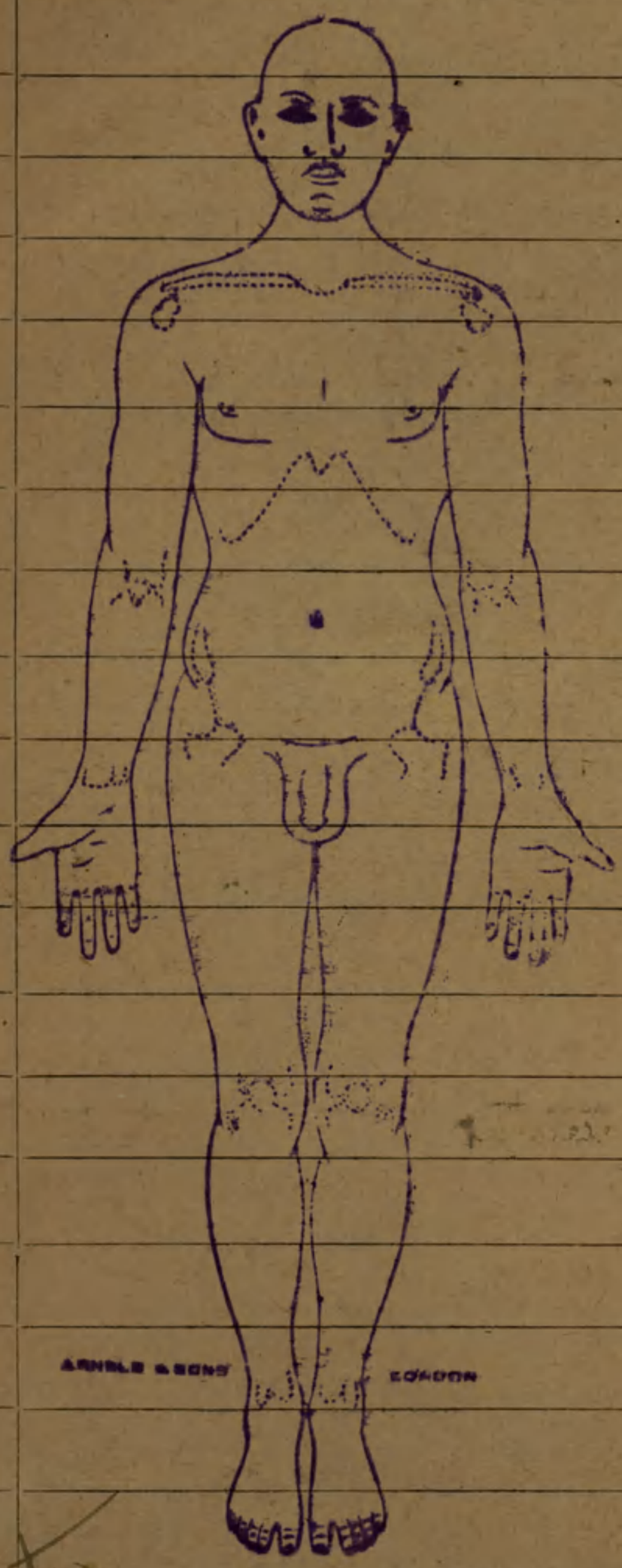
G. W. Burns

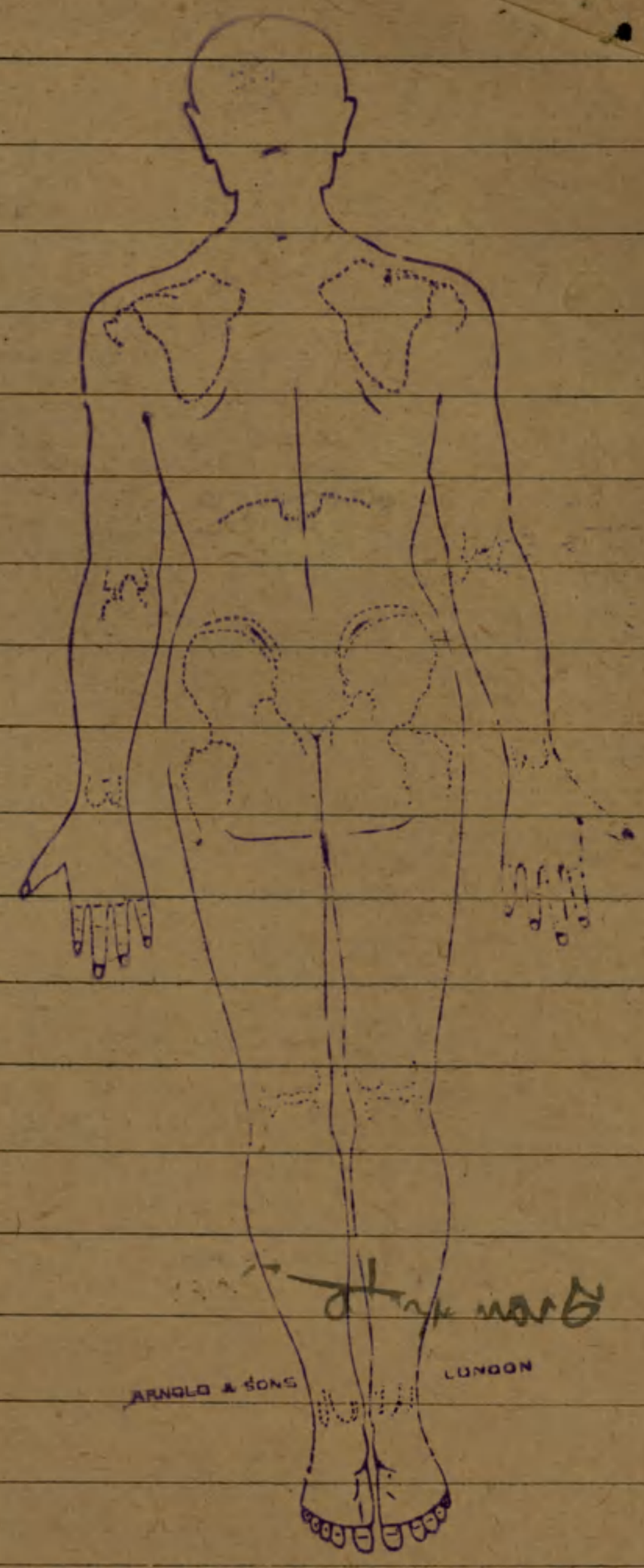
24/1/18 Complains of defective vision. Sees objects well. no pains, but has difficulty reading, states the print becomes blurred the paper at the greatest possible distance when reading. In view of nephritis history examination

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

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

Station and Date.





Of ocular fundi might be advisable.
Send to Westcliffe for Specialists report
Lt. Burns.

28-1-18 ~~To Bushy Park for Report~~ Medically my
-1-18 Urinalysis show many pus cells and
mine. Trans to No 11 Can Sen Hosp
for treatment diagnosis & treatment. Medically
my

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				

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Construction Bn

Regimental No. 931820 Rank Pte Name Austin Cyrus

C. E. F.

Enlisted (*a*) 15/2/17 Terms of Service (*a*) Dft W Service reckons from (*a*) 15/2/17

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				
		LONDON, ONT. DEC 1 2 1918 DISCHARGED Being medically unfit for further general service R. O. 668 d/14. 6. 18. Cat. "C" III		Hamm. m. Longley Lt. O.C. Discharge Section, No. 1 D.D.	

(*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 en[illegible]tm[illegible]ered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
10-8-18	N.S.R.D.	Attached to B.R.D. Sand posted to Depot Coy	Brantford	9-8-18	P.H.D.O. 195
13-8-18	N.S.R.D.	Dy. Command to C.D.D. Buxton, pending embarkation to Canada for disposal &c. Ottawa	Brantford	13-8-18	P.H.D.O. 197
					Geo Bruce Lieut for CAPTAIN & ADJUTANT FOR O.C. NOVA SCOTIA REGIMENTAL D.
14 AUG 1918	TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 191				
SEP 22 1918	EMBARKED FOR CANADA FROM LIVERPOOL				J. Lockhart Lieut. Jr. Lieut.-Col. Commanding Canadian Discharge Depot
22-9-18	Taken on strength No. 1 District Depot London D.O. #197.				W. Herman Lieut for O.C. NO. 1 DISTRICT DEPOT
12-10-18 C.O.#1DD		Posted to Hosp.Section L.M.C.H. 8-10-18 "D3" Nephritis	London	12-10-18	DDO 178
17-10-18 C.O.#1DD		SERVICE CHEVRONS 2 BLUE	London	17-10-18	DDO 183
9-12-18 C.O.#1DD		Posted to Cas.Coy from L.M.C.H. "C2"	London	9-12-18	DDO 237 HSO 237
					Lieut for O.C.No.1 District Depot

Army Form B. 103

Regimental Number 931820

Casualty Form—Active Service.

Regiment or Corps 1 D Construction Bn. C.E.F.

Rank Pte Surname Rollins Christian Name Lyman.

Religion ..... Age on Enlistment .....years.....months

Enlisted (*a*) 12.2.17 Terms of Service (*a*) ~~Duration of War~~ Service reckons from (*a*) 12.2.17

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....

or Corps Trade and Rate .....

Occupation ....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
22.12.17	L.R.D.	To 1st Train 2 Con Bn S/Seas	Bramshott	13.1.17	Pte 245 B 5/1/18
					LIEUT.
					FOR LT: COL: I/C RECORDS, C.O.M.F.
8/6/18	DISCHARGED FROM 3RD C. C. D.	Seaford TO Bramshott	BN. PART II D. O. No. 135		10/6/18
					For O.C.
					3rd Canadian Command Depot
10-6-18	2nd C.C.D.	attaches Pte	B'shot	8-6-18	Pte 136
10 AUG 1918	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to L.R.D. Res. Bn.	B'shot 9 AUG 1918		Pt, 2 D. O. No. 168
					LIEUT. & ADJUTANT. for OC. 2nd CCD

(*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.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 886)

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23/6/17	OC	5 days F.P. No. 1. for using disrespectful language to an Officer	Flu.	22/6/17	B2069 P. 123 14/7/17
28/6/17	do	10 days F.P. No 1 for Breaking a window in Main Barrack (3) Using obscene & insulting language to a N.C.O.	Flu	25/6/17	B2069 P. 124. 26/7/17
16.8.17	O.C.	20 Days F.P. No. 1 for I Found out of bounds. II Wilfully obstructing the escort III Striking an R.M.P.	Field.	14.8.17	B2069 P. 131 dy. 13/10/17
16.8.17.	Do	10 Days F.P. No 1, 2 Days Pay R.O. for I While in a drunken condition out of Camp. II Drunk, out of bounds. III A.W.O.L. from 6pm 13/8/17 until 2am 14/8/17	Fld.	15-8-17	B2069 P. 131 dy. 13/10/17.
16.8.17	Do	10 Days F.P. No 1. (To run concurrently with previous award) for unlawful possession of a fountain pen.			
12-12-17	OC H/S. Panama.	Invalided sick to Eng & posted to 17th Res Bn. Braunshett (No 12 for Hosp Syphilis)		12-12-17	A7 W 3083/45-37 P29 No 145 dy. 31-12-17

C.D. Johnston
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

M. F. W. 54.-(A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion C.E.F.

Regimental No. 931820 Rank Pte. Name Austin, Cyrus
C. E. F.

Enlisted (*a*) 15/2/17 Terms of Service (*a*) Duration of war + 6 months Service reckons from (*a*) 15/2/17

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked from Canada	Halifax, N.S.	25/3/17	
		Disembarked England	Liverpool	7/4/17	Seaforth.
17/5/17	O.C. #2 Const. Bn	Proceeded Overseas	Seaford	17/5/17	A.O. # 2227 A Gaylor Capt for Capt & Adjt
					Landed in France 17-5-17 N.R.
31.5.17	O.C.	Forfeits 5 days pay for Making away with Iron Rations	Fld.	31.5.17	B206 Pte 2-0.120 3/7/17
12.6.17	O.C.	Sentenced 10 days F.P. #2 Refusing to obey an order.	Fld.	12.6.17	B206 Pte 2-0.122. 7/7/17

CENTRED CAN. RECORDS, LONDON 17 JUN. 17

(*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.

(21100) Wt. W8466—P 1968 250m. 1/19. D & S. (E 1256

Regtl. No..... Rank.....

Name .....
(Christian Names in full)

Unit..... Regt. or Corps .....

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } .....

* Strike out whichever inapplicable.

COVE

FOR

4. Copy of Discharge Cert.....

5. Triplicate Attestation Paper.....

6. Casualty Form.....

7. Original med. History Sheet.....

8. Proceedings of Medical Board.....

9. Dental Certificate.....

10. Field Conduct Sheet.....

11. Disposal Certificate.....
Original.

12. D.C.S. 2.....

13. War Service Gratuity.....

14. Sundry Documents.....

29th April 1919 Embarked
S S Baltic Liverpool.

Disembarked Halifax 7-

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.				
8.10.18.	N.S.R.D.	Ceases to be on Command C.D.D. Buxton and is S.O.S. to Canada (O.R.) Pte	B'Shott	22.9.18.	W.O. 245.

Form R 122.
2353—100M—9-12-16.

J.P. Rank Name AUSTIN. Cyrus. Reg'l No. 931820.

Unit No2 Const.Bn. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Windsor.Ont. 15th Feb.1917. Place of Birth New Haven. Conn. U.S.A.

Name and Address, Next-of-Kin Edith Rodgers.

New Haven. Conn. U.S.A. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Pte. Character O/S

H

N/E. R.B No 4843
File R.L.
Category OR Can

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England via S.S. Southland		7.4.17	A.F.B. 103 CHECKED 2nd MAY 17 Awd 2nd W.
14.6.17	No.2. C.C.C.	Arrived in France	Field	17.5.17	Fm Dq 115
14.12.17.	Hdqrs.	No 12 Gen Hospl (Sick)	Rouen.	7.12.17.	bhd 89. Deploits
19.12.17.	"	Wdr Hospl	Dieppe	13.12.17	62 Bn 93 "
22.12.17.	HSRD.	TOS from 2 Con Bn Mass Cas.	Rt Bchott.	13.12.17.	Pte 275. 1st 145 21st Bn.
20.5.18	3rd CCD	A Wastage	"	Seaford.	18.5.18 Proc 114. + HSRD 150d 2 Con 19.6.18 Bn.
19.6.18	HSRD	to cease o/c 3rd to bde + o/c 2nd bde	"	Bchott	27.5.18 Proc 150
10.8.18	"	Ceases o/c to 2nd CCD.	"	"	9.8.18 Pte No. 195 T 2 CCD. No. 185
13.8.18	"	to comm CCD Buxton pending	"	"	13.8.18 Proc 194
		rel to Canada			

(9) Is your Father alive? No

If so, state name and address ×

(10) Is your Mother alive? No

If so, state name and address ×

(11) If your Mother is a widow ×

Are you her sole support, or not? ×

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

—

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(Sister) Mrs E. B. Rodgers
Orchard St, New Haven Conn

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

—

(15) Are you insured? No

If so, in what Company? ×

Have you made arrangements for payment of your Insurance premium ×

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

A. Thrie Capt for.
Lieut.-Col.
No 2 Construction Batt'n. C. E. F.
Officer Commanding.

Date MAR 19 1917

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 931820

(3) Full Name of Soldier ..... Cyrus Owston

(4) Place of Birt ..... New Haven Conn. U.S.A.

(5) Are you married, or not ? ..... Single

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

(b) Present Postal Address ..... ✕

(7) Are you a widower ? ..... No

(8) Have you any children ? ..... ✕

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

Also their names and ages: ..... ✕

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT ..... 1 .....

NAME OF SOLDIER ..... Cameron, Cyprus .....

REGIMENT ..... A 2 Labour Bn ..... RANK ..... Pte. .....

No. 231825

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918 Oct	23										19/ 25 15 17 2 19 30. 31			1						H. J. Hayden Capt		Capt with class on 3rd Mar
															1/16						No. 1 District Depot DEC 9 1918 1 D.D.		Completed 28/11/18

M.F. 465.
2000m—6-18.
1772-39-950.

ORIGINAL 931820

MEDICAL HISTORY SHEET.

Surname Austin *Christian Name* Cyrus

Examined { on 15th day of Febuary 1917
at Windwor, Ont.

Birthplace { City or Town New Haven, Conn.
County U.S.A.

Apparent age 36

Trade or occupation Laborer

Height 5 Feet 3 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 2
Number Two

When Vaccinated last

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

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

Both Eyes 20/20

Approved by Dan Murray
Rank Capt. C. A. M. C.

Date.	Fit or Unfit.	Examined for Re-engagement.
		20 DEC 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
3/3/17	L+GR	SSI M.O.
		9.4.11.8 M.O.
		8.5.11.8 TAB 2a. " M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
24/2/17	L+SR	SS Sleeper M.O.
23/3/17	L+SR	Dan Murray M.O.
30/3/17	L+SR	Dan Murray M.O.

Enlisted on 15th *day of* Febuary 1917 *at* Windsor, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st Construction Battalion C.E.F. N.S.R.D.	931820		15th February 1917
Transferred to				12-12-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont. S.K. Bruce Lieut Major, A.M.C.	FEB 16 1917 24/4/18	on enlistment Capt., A.M.C. Debility following Influenza Slight weakness and loss of weight. "C" III	Fit S.K. Bruce Capt. A.M.C. B+U likely to be raised in category within six months at Camp Lines

London, Ontario, 10-12-18

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

M. F. B. 313.

200M.—1-16.
H. Q. 1772-39-439.

GAIN COPY

Surname Austin Christian Name Sydney

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
5 Exeter TO/153	13	12	17	22	1	18	Nephritis 651	41	Convalescent	J Ringland Rees
Canadian Convalescent Hospital, Monks Horton, Kent.	22	1	18	5	2	18	Nephritis	14	Complains defective vision Westcaffe report + category A1. Pass and epithelial cells in urine Transfer to No XI Can. Gen.	C.W. Burns.
No XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, BROMLEY. FEB 5 1918	28	2	18				Nephritis	24	Improved. Transferred to Epsom Urine-faint trace of albumen with few pus cells.	W.E. Jones Capt R.A.M.C.
MCH Epsom	28	2	18	15 MAY 1918			N.	77	On admission Pain in Back occasional headach appetite good urining 12/3/18 Urine Oorg fair pus	J.A. Carpenter Capt. Canc
Barnwell Military Hospital, CAMBRIDGE.	27	5	18	11	6	18	Non Venereal Mechanics	8.	Usual treatment. Discharged Fit to Report Unit	C.A. Harris Capt R.A.M.C
L M & S	8	10	18	9	12	18	Nephritis	62	Improved. ~~Posted to M.C.R.~~ ~~Granted~~ Discharge to #1 Dist depot Calgary C.E. Occasional Headaches, Pain in Back. Urinalysis – rare cylindroids	E Hammerton Lt R.A.M.C.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Dec'n No ..... W. S. G. File No .....

Award ..... days at $ ... per day $ ...

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

Less P. D. P. Credited $ ....

$

Less further debit balance $ ....

Net due paid as below

TO SOLDIER V.C.D.

O	Ag. No	Ch No	Amount	Ch No	Amount

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Austin, Cyrus
Surname Christian Name

Regimental Number 931820 Rank Pte.

Unit 2nd Cons. Bn.

Original Unit

District where paid M.D.1.

Date of Discharge 12-12-18.

P. D. P. Filing Number

Address (in full) Gen. Del.
New Haven, Conn.
U. S. A.

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

L. L. 22573—M. & D. 8009.

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. XI CANADIAN GENERAL HOSPITAL BRACKNELL

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5.773	931820	Pte	Austin	Cyrus
Year 1918.	Unit.		Age.	Service.
	2 Can. Labor Bln.		36	1/12

Station and Date.
XI C.G.H. 5/2/18

Enlisted Port Arthur Oct 15th 1917
Windsor Ont

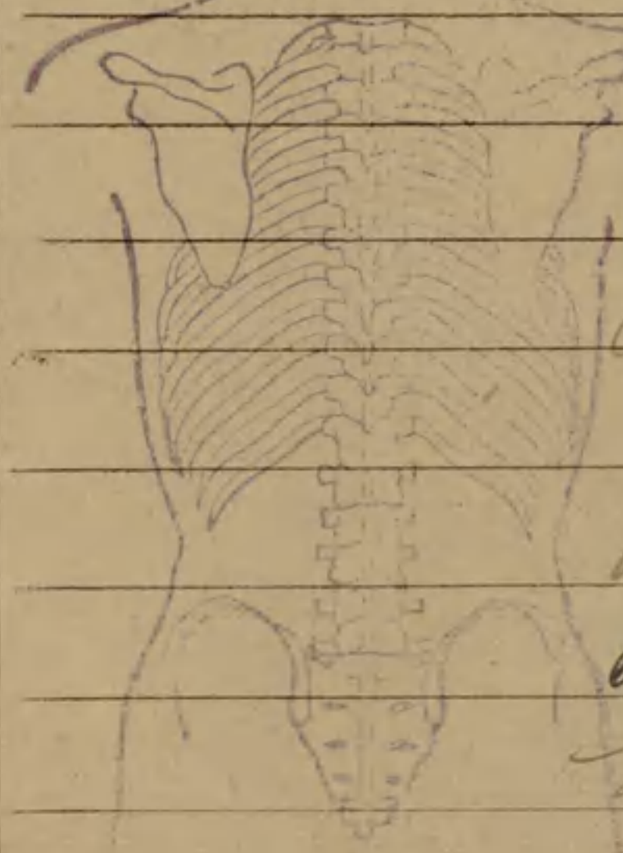
Disease Nephritis

Pt. the above patient States That till Last Oct 1917 he was a very healthy man but Last Oct 1917 he was working in trenches as laborer in cold water his feet & legs being wet and cold all the day and night — so he felt sick and with head ache and pain all over the joints of his body — He was sent To Hosp at Etaples for four night and was sent to — to 12 Stationary Hosp — American Hosp — Those Docs Have for à week and was sent back To England Exeter — Hosp. — for 3 weeks and was To Monks Horton — for two weeks — and was transferred To — No 11 Canadian Gen. Hosp. 5 — 2 — 18 —

Arrived in England April 17/ France May 1917. Admitted 3rd December Shell Concussion & Wounds face & ankles & body.

Physical exam
Teeth upper Set False
Pupils Clear. Heart Normal
B.P. and vessels Normal
Lungs Normal
Urine — neg

B.P. 135/70 Diastolic 90



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

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

P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

IV

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	93820.	Pte	Austin	C
Year 1918.	Unit. 2 Can Lab		Age. 37.	Service. 1 7/12.

Station and Date	Disease Nephritis.
1-5-18	Pains in back - occasional headache - appetite fine. urine reft. Y. IV Lt. Carpenter Capt.
4-3-18	Urine neg. - CO.
11-3-18	CO. - urine Reft.
12-3-18.	Urine neg. Emp. Bd.

2671-0

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLLESTONE ..... Jan 25 ..... 1918.

SPECIAL REPORT ON EYES.

NO. 931820

RANK Pte.

NAME Austin C.

IN OR OUT PATIENT

UNIT 2 Can. Construct. Bn.

FROM: OFFICER COMMANDING.

TO O.C. Granes Hook

RIGHT VISION- 6/9.

LEFT VISION- 6/9.

REMARKS:

Presbyopia.

HE IS — FIT FOR OVERSEAS SERVICE. GLASSES HAVE — BEEN ORDERED. CONDITION WAS — PRESENT PREVIOUS TO ENLISTMENT AND IS not CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY A.

C.A.M.C.

FOR O.C. WEST CANADIAN EYE & EAR HOSPITAL.

CASE HISTORY SHEET

CASE HISTORY SHEET.

No. 938220 Rank Pte. Name Austin C. Age 38.

Unit No. 1. D.D. Completed years of service Where and how long

Date of admission 8-10-18 Date of discharge 3-12-18

Diagnosis Nephritis, Epis Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE. First reported sick in France in November 1917 with headache, pain in back & legs & shortness of breath & swelling of hands & feet. On admission soldier complains of headache most marked in mornings. Pain in back, shortness of breath & dizziness & ejection of swelling of feet & hands each morning. Soldier has boil on side of face. Heart - 1st sound poor quality, soft systolic murmur - A2 markedly accentuated. Tenderness present over kidney area both sides. Eyes - Tears constantly flowing - Vision impaired. Hearing impaired.

22-10-18 - Urinalysis - 29-11-18 - Urinalysis
5-11-18 - Urinalysis - 12-11-18 Urinalysis
22-11-18 - Urinalysis 30-11-18 Urinalysis
3-12-18 Symptoms improving.
9-12-18 - Urinalysis negative.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases)

TREATMENT Milk diet, Rest in bed, Urinalysis

(Especially any specific or special form) Medicine

CONDITION ON DISCHARGE Detachment to Hosp 2 D Guelph.

(and disposal made of case.) Category C III

32506

Date 3-12-18

E. Hammond Lt.
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Surname Allen Christian Name Eugene

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

DUPLICATE.

931820

MEDICAL HISTORY SHEET.

DUPLICATE

Surname Austin *Christian Name* Cyrus

Examined { on 15th day of Febuary 191 7
at Windsor, Ont.

Birthplace { City or Town New Haven, Conn.
County U.S.A.

Apparent age 36

Trade or occupation Laborer

Height 5 Feet 3 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 2
Number Two

When Vaccinated last

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

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

Both Eyes 20/20

Approved by

Rank M.O.

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

Date.	Result.	Vaccinations.
3/3/17	Take	3rd M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
24/2/17	Take	1st Stebles M.O.
23/3/17	Take	2nd Dan Murray M.O.
30/3/17	Take	Dan Murray M.O.

Enlisted on 15th *day of* Febuary 1917 *at* Windsor, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st Construction Battalion C.E.F.	931820		15th February 1917
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont. S.W. Cruickshank Major, A.M.C.	FEB 16 1917	on enlistment A.D. Symmers Capt., A.M.C.	Fit Stebles Capt R.M.
London, Ontario, 10-12-18		Slight weakness and loss of weight. "C" III	Wallace Capt Pres Bd.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-30-139.

No. 931820 Rank Pte. Name Austin Cyrus.

T.O.S. 15-2-17. Unit No 2 Construction Battalion
D.O.46. 22. 2. 17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb. 15.	1917. Feb. 28	✓		
Mar.		M.	Sent 7/2 hrs det + 7/2 hrs det. (Bad conduct)	D. O 61. 13. 3. 17. D. O 70 23. 3. 17

From Halifax per S.S. "Southland" 28-3-17.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer RELIGION Baptist

DESCRIPTION.

APPARENT AGE 36 YEARS MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 2 INCHES

COMPLEXION Coloured EYES Dark HAIR Dark.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Feb. 15th 1917.

Present address: Detroit, Mich., U.S.A.

CARD N° - X 4th/1

SURNAME. Austin

CHRISTIAN NAMES Cyrus

REGL. No. 931820 RANK Pte.

UNIT No. 2 Constr. Bn.

FORMER CORPS Nil

S.O. 2 Dis 12-12-18
M.U. FOLL.
20.238 of 11-12-18
#1 2010

NEXT OF KIN.

NAMES IN FULL Rodgers, Edith

RELATIONSHIP TO SOLDIER Sister

ADDRESS New Haven, Conn., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. New Haven, Conn. DATE OF BIRTH Feb. 16th 1881

PLACE OF ATTESTATION Windsor, Ont. DATE Feb. 15th 1917.

O/S. 28-3-17. Q/E 7-10-18 2nd/2 #1

L. L. 10137. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

REMARKS:

LEDGER NO. 41-32. SERIAL NO. 32506

REG. NUMBER 93820 NAME Austin C 24

RANK Pte CORPS #1 LD

AGE 38 SERVICE

NAME OF HOSPITAL L. Gn. C. H PLACE London

DATE OF ADMISSION 9-10-18 Readmitted N.O.D. after furlough

DISEASE Nephritis & Defective Vision (2) Nephritis

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 3/12/18 9-12-18 IN CATEGORY C III

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

Number 93820 Rank Sgt

Surname AUSTIN

Christian Name Cyrus

Units C.O.R.C., C Theatre of War France

Date of Service 17-5-17

Remarks 778 Orchard St

Latest Address ~~Gen Del~~ New Haven Conn

Roll No. B. Page 20912

10m.-8-21.

DESP. MAR 3 1923
REGN. NO 41206

FORM R. 149.
7106—250m—7/2/17.

Cyrus

Name AUSTIN Rank Pte Reg. No. 931820

Unit ~~2 Construction Coy~~ N.S.R.D.

Next of Kin Mrs

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7.	7	17183 12 Gen H Rouen		Nephritis			
				Ser 484			
13	12 17	8651 Wks Hosp Exeter		do	B 93		
23	1 18	L. L. H. Kronkesdorton		do	B 123		
		11135					
6	2	No 11 Can G H S'Cliffe		do	B 136		12033
1	3	Pte Con H. Epsom			B 134		
			13495				
15	5	Discharged		do	B 220		5147
23	5	Barnwell Mil Cambridge			C 250		19900
4	6	Discharged			C 250		5477

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

NAME Austin C

REGT'L NO. 93/820

H. Q. FILE NO. 649.

RANK AND CORPS Pte. 2 Can.

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 89-1	#12 Gen. Racecx	7-12-17	Nephritis.
B93-1	War Exeter	13-12-17	Nephritis (N.S. Regt)
B129.	Can. Conv. Monks Horton	23-1-18	Nephritis Sev
B136-1	" " No H Can. Gen. Shorncliffe	6-2-18.	" (")
B.150	" " Mil. Hon. Epsom,	1-3-18	Nephritis (" ")
B220.	Hosp.	15-5-18	"
b250	Barnwell Milcam	28-5-18	"
b260	Discharged	4-6-18	"

FORM D M.S. 1300

SURNAME | CHRISTIAN NAME OR NAMES | REG. No.

Austin. C. 9.31820.

RANK | UNIT | CO. | TROOP | BATTY.

Pte. M.S. 2 Con. Dft.

HOSPITAL | DATE OF ADMISSION

12 Gen. Rouen. 7.12.17.

1. War Hosp. Exeter Hosp. 13-12-17.

2. Can. Gen. Monks Horton. Hosp. 23-1-18.

11 Can. Gen Shorncliffe 6-2-18

3. Hosp.

Convl. Epsom 1-3-18

4. Hosp. Bard wood Hosp Cambridge 28-5-18

DIAGNOSIS

1 Nephritis H.O
nephritis R.

2-

3

DISPOSITION

Dis 15-5-18 DATE

Dis. 4-6-18

REMARKS

Ch. 15.12.17. A89.
" 20-12-17 B 93
26-1-18 B 123.
11.2.18 B 1360
5-3-18 B 154
23-5-18 B 220
4-7-18 C 250

A.M.D. 2 DEPT.
Roh. of D.G.M.S. W.O. M.E.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name AUSTIN, Cyprus Rank Pte Regtl. No. 931820

Original unit 2 Con. Bn Present unit N.S.R.D. ~~MXXXS.~~ Age 36 Religion Bap Fyle Depot IDD 10-A-72 Ref. H.Q. ID 30-A-383

Port, ship, and date of arrival Montreal, City of Poona, 7/10/18.

Next of kin Sister, Edith Rodgers, New Haven Conn. U.S.A.

Address on leave

Address on discharge General Delivery, New Haven, Conn., U.S.A.

Transportation issued Yes / No Date Character on discharge Fair

Previous occupation Laborer Date and place of enlistment Windsor, Ont, Feb. 15th, 1917

Diagnosis Nephritis Date of Medical Boards London, Ontario, Dec. 10/18.

Date. T.O.S.	Remarks	Pt. 2 Order No.
22-9-18	No.1 D.D.	
8-10-18	Posted to Hospital Section	177
12-10-18.	Posted to (LIM.C.H.) 8-10-18. (NEPHRITIS) D.iii.	178.
17-10-18	SERVICE CHEVRONS 2 BLUE	183

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

(over)

Date.	Remarks.	Pt. 2 Order No.
9-12-18	Posted to Casualty Coy from L.M.C.H. "C2"	237 237
12-12-18	Discharged from H.M.S. being medically unfit for further general service. R.O. 668, d/14-6-18 "C3" (P.D.P.)	238

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

P. 550

MARRIED OR SINGLE: S.

PLACE OF BIRTH: New Haven. Conn. U.S.

NAME AND ADDRESS OF NEXT OF KIN: Edith Rodgers. New Haven Conn. U.S.

RELATIONSHIP OF NEXT OF KIN: Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION allowance MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Invalided Sick to Eng. Apl 12-17 + posted to 17 Res. Bn. Bramshott.		Do 145 3-5-17. O.C. H/S. Panama
Do 145 - commdn to Yeak. N.S.R.B. Kamloops		A.F.W. 3430 83/05-37 dft. 12-5-17.
		A.G.16-1-5. 5-11-17. pte
		Ag Can Sect G.H.Q. 3rd Echelon. file 3883.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 931520 RANK — NAME Austin Haynes

IF IN PERMT. CORPS WHAT UNIT — UNIT 2 Can Bn TRANSFERRED TO N.S.R.D DATE 1.2.18 AUTHORITY 22/12/17 275

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Windsor Ont — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 15 Aug 15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

69

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
							Shabbs							15 59	15 59													A/S			15 59				Bal from Canada.
Apr/30 20	1	10	33	00											33 00																			72 hrs Xcl to Sudbury D.O. 87: 12-4-17.
MAY 19	31	"	34	10											34 10	51	1-5																		10 days. F.P. No 2 3-5-17; D.O. 103, 3-5-17.
JUN 1-30	30	"	33	00											33 00	25	19-4							9 73				14 30	14 30	34 29			34 29	
July 1-31	31	"	34	10											34 10									4 87				5 50	20 10	48 29			30 00	18 29	5 days F.P. 2. 8-7-17. D.O. 109, 8-8-17
Aug 1-31	31	"	34	10											34 10															81 29			45 -	36 29	
Sep 1-30	20	-	33	-											33 -													5 50	5 50	109 79			60 -	49 79	Forfeits 5 days pay 21-8-17 D.O. 119. 26-7-17.
			201	30										15 59	216 89													6 60							Std 10 days F.P. 2, 22-6-17 } D.O. 123, 14-8-17
																												6 50							" 5 " " 122-6-17 }
																												11 00	23 10	120 89			75 -	45 89	" 10 " " 2, 12-6-17 D.O. 122, 5-8-17
																								3 57											
																								3 57											
																								3 57											
																												- -	10 71	143 18			90 -		
																								14 60		10 71		- -	48 40	73 71	143 18				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ENG.
Sep	Bal	~~3 46~~ 96							143 18		
Oct	P.P.	34 10		Std 20 days FP1. 14 8/17 } Fwd 2 days Pay RW 138 DO 13-10-17		23 10	-	-			
				Std 10 days F.P.1. 15 8/17.							
				Std 10 days F.P.1. 15 8/17.							
		34 10		AR 458 13 8/17 Clothing Bn Ath. CFC	3 57	23 10	-	-	150 61	105	
					3 57						

Gle 931820. Austin. C

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE	DEFERRED PAY	DEP. ALLCE. SNG.										
	Oct Bal																							150 61											
Nov.	P.P.				33	-							AR 815 25/9/17. C.T.C.			3 57				-	-															
													" 839 12/10/17 "			3 57																			
													AR 961 25/10/17 "			3 57																			
DEC	- -				34	10							" 1079 10/11/17 "			3 57				-	-			203 43											
					67	10										14 28																			
JAN	1918 P.P.				34	10														-	-													
													D/N AR 1617 11/9/17. C.T.C.			3 57																			
													A.R. 1271 25/11/17 " 2 Cos			7 14																			
													A.R. Wks. Wan Hosp. Bydki 12876 +5509. 19/12/17			4 87									221 95	150								
Jan	PP				34	10	-	-								15 58	-	-		-	-														
Feb	PP				30	80							AR. 1524 29/1/18 664.			2 53								250 32	165										
					30	80										2 43								284 42											
March	P.P.				34	10							" " 1304 5/3 Expsow			9 73								9 73	140										
					34	10										9 73								274 69											

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

nil

NAME:– AUSTIN. Cyrus.

NUMBER:– 931820.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Const Bn

DATE ACCOUNT FIRST OPENED:– April/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			HSRD.
			Bramshott

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
12/8/18	1072	BRDG	9 73				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	6		

Transferred to Canada 31/8/18 NSRD R116 19/8/18 Ledger Balce £ 290 7 0 L/C Balce £ 280 9 7

PARTICULARS OF RENDERING NON-EFFECTIVE:–

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Checked							
March 31	Balance forward								27 46 9	180	
April	96 pay	33 –		a/c 3095 2/4/18 CCA Lpool	4 87				30 28 2	195 –	
		33			4 87						
May	87 15/5/18 to 27/5/18 10d @ 117 29/4/18 SCCA	7 30		a/c 3025 1/5/18 CCA Lpool	4 87						
	PP	34 10		a/c 893 15/5/18 CCA "	48 67				290 68	210 –	
		41 40		S.O.R. 12.6	53 54 3 41						
June	PP	33 –		AR 1618 2CCA 14/6	24 57						
				" 4063 C/C 2CCA.	48 91				24 69	225	
		33			76 89				290 89		
July	✓	34 10		CA 7660 10/7 2CCA.	19 71				29 68		
				✓ 3102 26/7 ✓	9 97				251 21		
		34 10			29 68						
Aug	✓	34 10		AR 1147 12/8/18 13 RDG Last pay certificate endorsed	9 73						
	Dd May Sub to 31/7/18	5 39	P.	✓ 8350 26/8/18 C.D.D Buxton	9 73				27 12 4		
		39 49			19 46						
Sept				AR 10460 9/9 " 2CCA	24 33				24 69 1		
					24 33						

CANADIAN ASSIGNED PAY AUDITED
Hoass R.C. Thornelow
AUDIT CLERK
DATE 16/9/19

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

2-10-31

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

H

No. 931820

Rank PRIVATE

Surname AUSTIN,

Christian Name Cyrus,

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Construction Bn. C.O.M.F.

Date of Discharge DEC 1 2 1918 D.O.#238. d/11.12.18

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 38 years months.
Height 5 feet 4" inches.
Complexion COLORED
Eyes BROWN
Hair BLACK.
Trade WAITER
Intended place of residence (To be given as fully as practicable.) NEW HAVEN, CONN. GENERAL DELIVERY.

Descriptive Marks

SCAR RIGHT EYE
TATTOO ANCHOR RIGHT FOREARM.

Deceased 16-1-42 649-A-9915

2. The above-named man is discharged in consequence of

Being medically unfit for further general service
R. O. 668 d/14. 6. 18. Cat. "C"

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Fair

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

WAITER

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

K.C.D. 22-1-20

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

Nil

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

6. Medals and Decorations..... Nil

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

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

(Place) LONDON, ONT.

DEC 1 2 1918

(Date).....

Wm. m. Livingstone Lt.

O.C. Discharge Section, No. 1 D.D.

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) LONDON, ONT. E Austin .....*(Signature of Soldier.)*

DEC 1 2 1918

(Date)..... *(Signature of Witness.)*

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)..1..years..299..days.

Total...1...years..299..days.

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

Wm. m. Livingstone Lt.

(Signature) .....

(Date) DEC 1 2 1918

O. C. Discharge Section, No. 1 D.D.

Reservations referred to at Para. 8.

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

None

E Austin

(OVER)

PART III.

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

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

on the day of 191 .

Members of the Board:—

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

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

N.A.

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

N.A.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? N.A.
(ii.) If not permanent, what is its probable minimum duration (in months)? N.A.

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? N.A.
(b) Fit for base duty?
(c) Invalid to Canada N.A.
(d) Discharge from service as permanently unfit? N.A.

Classification for the Military Hospitals Commission.

Dated at this day of 191

Signatures of the Board

President.

PART I. 1 Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No 931820 Rank PRIVATE Surname AUSTIN Christian Name CYRUS.

Unit or Corps—(a) Overseas from United Kingdom 2nd CAN. LAB. BN. (b) In United Kingdom C.R.T. REG.

Born at—Town NEW HAVEN County or Province CONN. Country U. S. A.

Date of Birth—Day 15th Month MARCH Year 1881 Age 37 yrs. 1 months.

Joined at WINDSOR, ONTARIO. Date 15th FEBRUARY, 1917.

Former Trade or Occupation LABOURER.

Permanent marks or peculiarities that will serve for future identification:

TATTOO MARK - RIGHT ARM. (ANCHOR)

Height—feet 5 inches 3 Colour of eyes BLACK

Signature of Soldier (*for identification purposes*) C. Austin

Medical Report.

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

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

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

Disabilities Group (*a*) GENERAL WEAKNESS.

Disabilities Group (*b*) N. A.

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Debility - Following Nephritis.	Ypres.	November 1917.
(*ii.*) As to Group (*b*) above.	N. A.		
(*iii.*) As to Group (*c*) above.	N. A.		

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

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

(*i.*) As to Group (*a*) above? No. If yes, has Active Service aggravated it? No.

(*ii.*) As to Group (*b*) above? N.A. If yes, has Active Service aggravated it? N.A.

(*iii.*) As to Group (*c*) above? N.A. If yes, has Active Service aggravated it? N.A.

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

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

(*ii.*) As to Group (*b*) above? N.A.

(*iii.*) As to Group (*c*) above? N.A.

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable.

(*i.*) While on duty? (*ii.*) While off duty?

(*iii.*) Was a Court of Inquiry held? (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*). Went to France, May 1917, - In fall of same year was much exposed to the wet weather. About October was soaking wet for days - while in the trenches was continually in mud and water up to the knees-noticed gradual onset of pains in extremities region-dizzy spells- swelling of face, hands, and feet-dyspnoea and finally couldn't stand. Reported sick - sent to Hospital. Passed through usual medical channels. 79 days in England before being transferred to Epsom, 28.2.18. Has been on only light duty since admission.

C.C.S. "Eyes and feet swollen. Urine scanty - Albumen 3/4.
12 General. Heart enlarged 1 c.c. outside nipple line. Action good. B.P. 180 - 105.
~~Epsom. 11.3.18. "Urine negative".~~

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)
Subjective Symptoms. General weakness - easily tired out. Only able to do light duty work. Persistent headache. Some shortness of breath. No swelling. Appetite good.

Objective. B.P. S. 154 - Heart - rate good - sounds good- no dilation. Lungs clear.
Other symptoms apparently normal.

8. OPERATION. (*i.*) Was one performed? No.

(*ii.*) If so, state what. N.A.

(*iii.*) Was one advised and declined? N.A.

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

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

(*ii.*) If so, describe. Fit.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No.

(*b*) Fit for base duty? Yes. Biii. Likely to be raised in category within 6 Mos.

(*c*) Invalid to Canada? No.

(*d*) Discharge from the Service as permanently unfit? N.A.

Date of Report 19 APR 1918 191 Signed L.M. Matthews. Capt.
Officer in medical charge of case.

Station Epsom.

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

Capt. CAMC. { Officer i/c Hospital / S.M.O. ~~Brigade~~ } Strike out one of these.

Dated at Military Conv. Hosp. Epsom. Station, on 22 APR 1918 191

* Delete if inapplicable.

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

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

11. Is the disability fully indicated in Part I. (1)? YES.
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? YES.
If not, indicate it.

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

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

N.A.

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

N.A.

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

(*i.*) Is it permanent? N.A.

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

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

18. Remarks.

19. Recommendation :—(*a*) Fit for duty? N.A.

(*b*) Fit for base duty? YES. B.iii. Likely to be raised in category within six months.

(*c*) Invalid to Canada? N.A.

(*d*) Discharge from service as permanently unfit? N.A.

Classification for the Military Hospitals Commission.

Date of Board 24/4/18.

Station Epsom,

Signatures of the Board. A. H. Cameron-Smith, Major, *President.*
H. C. Wallace, Capt.

Approved [signature] A.D.M.S.
.....Major, C.A.M.C.

Dated at for A.D.M.S., Canadians, London Area. Station 191

A.D.M.S. CANADIANS. LONDON AREA. LONDON. 5 MAY 1918

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.)

Slight weakness and loss of weight.

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

OBJECTIVE. Weight on enlistment 140 lbs., Present weight 129 lbs. There appears to be some tenderness on deep pressure over the back muscles. Heart and lungs normal. Urinalysis report attache with which I agree. Systolic Blood pressure, 150, Diastolic Blood pressure, 100.
SUBJECTIVE. Walking rapidly for 1/4 mile tires his legs. Can walk five miles at his own pace. Pain in the back in damp weather and when he gets cold. pain is sharp shooting in character and is not present in warm weather or after he gets warm in cold weather. Hands and feet swell at times, he says.

URINALYSIS REPORT. 9-12-18.

COLOUR-Straw, clear; REACTION-Acid; SP.GR.1028; ALBUMEN, Negative, 2 tests. SUGAR-Negative. MICROSCOPIC, Few urates, few epithelial cells. Occasional leucocytes. (Sgd.) F.G. Colling, Lieut. CAMC.

SPECIALIST'S REPORT. 10-12-18

DIAGNOSIS-Defective vision (slight)
VISION
V.O.D. 20/20 ptly. c glassas 20/20 V.O.S. 20/30, c glasses, 20/20
Hm (0 / 0.5 ax 90 in each)
Fundus, normal No evidences of retinitis. Has proper glasses.
Condition was present previous to enlistment and has not been aggravated by active service. No improvement is to be expected.
He is a category "A" man due to EYES. (Sgd.) W.J. Brown, Major.

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

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

Special Senses NO Respiratory System NO Integumentary System NO

Disturbances of Mentality NO Digestive System NO Muscular System NO

Osseous and Joint Systems NO Any other general condition NO

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

Nephritis began Nov. 26th, 1917. Through usual medical channels to England. In Hospitals in England from 13-12-17 to ~~9-12-18~~ 12-9-18.

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*).)

None-veneral urathritis, 27-5-18 to 4-6-18 in Cambridge Military Hosp.

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

NONE

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 appliable.

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

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

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

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

Usual treatment in Hospitals.

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

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

17. Recommendations Category "C" III

A Lauderdale
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned C. Austin. 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

Heath. C Austin 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.

Board agees and would Add. xray shows no symptoms of nephritis at present with the possible exception of hight blood pressure, Systolic 150, diastolic 100. There is no albuminum retinitis and urinary report neg. See Specialist,s reports. His physical ~~xtrngth~~ strength is apparently not diminished. He complains of occasional headaches. Apparently his only pensionable disability would be from restricted choice of occupation in order to avoid ~~xxxxxx~~ recurrence of his nephritis.

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.)	YES
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	NO
(*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.)

(*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.)

Placed in Category "C" III

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 London, Ontario.

DATE Dec. 10th, 1918.

C C of Laye Capt. *President.*
A J McKay Capt.
F C Eakins Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE .....

DATE .....

} Members

APPROVED BY
G C Brock Capt. CAMC
for *Assistant Director of Medical Services.*
DATE Dec 10/18

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ontario DATE Dec. 10th, 1918.

1. 1 (*a*) Unit No. 1 Dist. Depot (*b*) Regimental No. 931820 (*c*) Rank Pte.

(*d*) Surname AUSTIN (*e*) Christian name Cyrus

Gen. Det.

(*f*) Home address NEW HAVEN, Connecticut, U.S.A.

(*g*) Next of Kin Edith Rogers, (*h*) Relationship Sister.

(*i*) Address of Next of Kin New Haven Conn.

2. Age last birthday 38 Date of birth Feb. 28th, 1880

3. Enlistment, or Appointment (if an Officer) (*a*) Place Windsor, Ont. (*b*) Date 15-2-17

4. Personal description:

(*a*) Height 5 ft 4" (*b*) Weight 129 lbs. (stripped) (*c*) Complexion Colored.

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

Scar 1/2" above right eye, tattoo anchor, right forearm.

5. Former trade or occupation Waiter.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	300

	Periods	
	From	To
Canada	15-2-17 22-9-18	25-3-17 10-12-18
England	25-3-17 12-12-17	17-5-17 22-9-18
France or other theatres of War	17-5-17	12-12-17

7. Original disease, or injury Nephritis.

(*a*) Date of origin Nov. 26th, 1917. (*b*) Place of origin France

(*c*) Cause Unknown.

M. F. B. 227.
300M.—8-18.
1772-39-117.