REGIMENTAL DOCUMENTS

NAME Bain, Frank Cpl REGT. NO. 53996 UNIT 18th Bn H. Q. FILE NO. 2540

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
4	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
7	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	623					6-17
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1	AFB 241					27-19
1	C.A.D.C. 00 7A					
1	Index					5
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	(A) 102					
1	Ray Card					
1	R 14-91					

W 2589
100M-11-18
1772-30-1377

Duplicate 53996 8

ATTESTATION PAPER.

No. 996

Folio. Base

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1.	What is your name?	Bain, Frank.
2.	In what Town, Township or Parish, and in what Country were you born?	Vogery Scot.
3.	What is the name of your next-of-kin?	Father John Bain
4.	What is the address of your next-of-kin?	56 Forest Rd Galt
5.	What is the date of your birth?	16 July 1895
6.	What is your Trade or Calling?	Labourer.
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? If so, state particulars of former Service.	29th.
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.

F Bain (Signature of Man).

J W Wadley Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Bain, 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.

F Bain (Signature of Recruit)

Date Nov 2 1914. J W Wadley Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Bain, 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.

F Bain (Signature of Recruit)

Date Nov 2 1914. J W Wadley Capt. (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 Galt this 2 day of Nov 1914.

A Notary Public C. Stinson (Signature of Justice)

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

C. Stinson Lieut (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

+ 7th Bn. 74th Bde.

Description of Frank Bain on Enlistment.

Apparent Age 19 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded 37½ ins. / Range of expansion 3½ ins.

Complexion Fair

Eyes Light brown.

Hair

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

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

Scar over right eyebrow.

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 Nov 2 1914. John H Rath Major

Place Galt 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.

Frank Bain 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.

E White A J Galvin Capt (Signature of Officer)

Date Nov 2 1914.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No.....

THIS IS TO CERTIFY that No. 53996 (Rank) Corporal

Name (in full) Frank Bain enlisted in

the 18th Battalion

CANADIAN EXPEDITIONARY FORCE at Galt on the 2nd

day of November 1914

HE served in England and France in 18 Batt^n

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

~~Medical Unfitness~~.

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

Age 24 years

Height 5 feet 9 inches

Complexion Fair

Eyes Light brown

Hair Light brown

Marks or Scars Scar over right eyebrow

.....

Signature of Soldier.

W. W. Macgregor Lt

Issuing Officer.

O.C. Dispers'l Area Sta. K.

Rank

Date of Discharge

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Date ..... 19.....

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

12

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name ~~Sapper~~ Baum T Regtl. No. 53996 Rank Gnr

Unit 1st Can Date of first Sore Oct 1917 If T. Pallidum found ... . Secondaries,

if any..... Other Symptoms.....

Treatment, if any..... Arsenical full course Mercury full course

Previous Wassermann, date Oct 1917 before treatment Result Positive

Station and Date Witley 9-4-19

Heart Tab
mo 1st/2

Result of Wassermann (Original) Quarter System.

WASSERMANN
NEGATIVE

Date..... Serial No..... Result.....

Accepted
Major,
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey.

Canadian General Laboratory * 13 APR 1919 * WITLEY

.....191...

£19

Gale & Polden, Ltd. Aldershot. 8,660-y.

12

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name ~~5396~~ Bain T Regtl. No. 5396 Rank Cpl

Unit 18th Date of first Sore Oct 1917 If T. Pallidum found ... . Secondaries, if any..... Other Symptoms.....

Treatment, if any..... Arsenical full course Mercury full course

Previous Wassermann, date Oct 1917 before treatment Result Positive

Station and Date Witley 9-4-19

Herbert Taft
2nd Lieut

Result of Wassermann (Original) Quarter System.

Date..... Serial No..... Result.....

WASSERMANN
NEGATIVE

Canadian General Laboratory
11 APR 1919
WITLEY

Witley, Surrey.

.....191...

Major,
Officer Commanding,
Canadian General Laboratory.

Gale & Polden, Ltd. Aldershot. 8,660-y.

12

Grup 23

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block letters) FRANK BAIN

REGIMENT WOR. RANK CPL No. 53996

Date of Examination in England 7/4/19 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 8.9.19.31.
2. EXTRACTIONS Nil
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

CONTENTS COPIED
C. A. D. C., M. D. No. 1
1586

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 Yes

Signature of Dental Officer Ernest Capt

25M.—12-18.
H.Q. 1772-39-950

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Dec 8 1916.

No 53446 Rank Pte Name F. BAIN

Local Unit C.C.A.C. Overseas Unit 4th Bde M.G. Age 20

Examination held at Epsom Dec 8

DISABILITY.
Overseas—~~Local.~~
(scratch one out)

Synovitis Knee Rt

PRESENT CONDITION.

Was in France 10 months In Aug 7/16 Injured Rt Knee & has been unable to march or ride since, but is able for walking short distance. There is tenderness over Rt. Knee joint: no swelling at present time: no crepitus

BOARD RECOMMENDS:—

1. Fit for Duty Class C 2
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { I C Hall Capt ..... President.
{ J A Dermer Capt .....
{ .....

APPROVED

Dated at Dec 12 1916. F C Williams Captain
for A.D.M.S., Canadians, London Area. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

R. A. O. 2012 (Amended).

Examination held at.....

Local Unit.....Overseas Unit.....Age.....

No.....Rank.....Name.....

Dated at.....1918.

PRESENT CONDITION.

DISABILITY.

Overseas—Local.
(scratch one out)

1. Fit for Duty.....

2. Discharge.....

3. Fit for Temporary Base Duty.....weeks

4. Fit for Permanent Base Duty.....

5. Fit for duty after.....weeks, physical training.

BOARD RECOMMENDS:—

Signatures:—

Dated at.....1918.

For A.D.M.S.

APPROVED

Members { .....
.....
.....President.

ORIGINAL

MEDICAL HISTORY SHEET.

53996

Surname Bain *Christian Name* Frank

90a 2821

Examined { on 2 day of November 1914
at Galt

Approved by D. H. Bagg Major

Rank A.D.M.S. M.O. 1st Div.

Birthplace { City or Town Rogers
County Scotland

Apparent age 19 years

Trade or occupation shoe cutter

Height 5 Feet 9 Inches.

Weight [illegible] Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 3½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. [illegible] Left.
Number [illegible]

When Vaccinated last [illegible]

(*a*) Marks indicating congenital peculiarities or previous disease none

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

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

Date	Result	Vaccinations.
16/12/14	good	D H Bagg M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
12/11/14	good	D H Bagg M.O.
23/11/14	good	D H Bagg M.O.

Enlisted on *day of* 191 *at*

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	18th Bn	53996		
Transferred to	4th Lab Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.
50M—9-14.
H. Q. 1772-39-439.

28 SEP REC'D

CANADIAN

Surname..... Christian Name.....

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.

BSD — B. M351/6/11. 11/15. 3000 Army Form B. 241.

1478

DESCRIPTIVE RETURN of a Soldier at present stationed at In The Field.

who is desirous of being * { transferred / ~~posted~~ / ~~attached~~ } from the 18th Canadian Bn ~~Regiment~~

at In The Field to the Machine Gun Corps ~~Regiment~~

~~or Corps at~~ 4th Canadian Infy Bde for the purpose of completing establishment;

Brigade Machine Gun Corps.

Regiment and Battalion 18th Canadian Battalion.

No. 53996 Rank and Name Private Bain, Frank.

Service towards engagement — One — years — two — months.

Date of Attestation 2nd November, 1914.

Period for which attested — War — ~~Colours~~ — C.E.F. — ~~Reserve~~.

Age — 20 — years _____ days. Height — — feet — — inches.

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

Trade or Calling Shoecutter.

Where born — County Scotland.

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

Certificate of Education

Character Good

Good conduct badges —

Musketry qualification and score —

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

18th INFTY. BTN. 2 Divn. DEC 26 1915 CANADA

ADJ'S OFFICE AT BASE CANADIAN SECT. 12 JAN 1916 CENTRAL RECS

To be signed by a Soldier applying to be transferred.

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

Signature of Soldier Pte Frank. Bain x Sgn here

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

~~I request to be † _____ as above.~~

~~Signature of Soldier~~

I have examined the above man and find him medically fit for the branch of the service to which it is proposed to * { transfer / ~~post~~ / ~~attach~~ } him.

Signature of Medical Officer J C Stuke Capt MO 18 Bn

I have no objection to this man being † transferred as above

Signature of applicant's present Commanding Officer E S Ingleweb 18 Bn

(Station) In The Field (Date) 26-12-15.

I have no objection to this man being † transferred as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion J Edwards Lieutenant-Colonel Brigadier-General Comdng. 4th Canadian Inf. Bde.

(Station) The Field (Date) 5th Jan 16

Signature of competent authority for transfer Capt. Staff Captain, G.H.Q. 3rd Echelon. [P.T.O.

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.

† Insert "transferred," "posted," or "attached," as the case may be.

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

is to be { posted / transferred / attached } to the Regular Establishment of any arm of the

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

I certify that .....

.....

is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the Territorial Force to which I recommend he should be { posted / transferred / attached }

.....Officer Commanding,

.....

Place .....

Date .....

DOCUMENTS TO ACCOMPANY THIS FORM.

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

Sheet 4

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps ..... C.E.F. .....

Regimental No. 53996 Rank Cpl Name Dan Frank

Enlisted (*a*) 2-11-14 Terms of Service (*a*) D of War Service reckons from (*a*) 2-11-14

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				

TOS No 1 Dist. Depot
Displ. Stn. K. 13-5-19
SOS Dispersed
24,5,19 D.O, No, 143
W. W. Macgregor Lt.
for O.C. Dispersal Area Stn. K.

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

[P.T.O.

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

(9178)— W12165—2146.—1,250,000.—2-15.—C. & G. Forms 103/1. (Sheet No. 1)

Army Form B. 103.

W. S. B. CLASS. "A"

Casualty Form—Active Service.

Regiment or Corps 18th Battalion C.E.F.

Regimental No. 53996 Rank Pte. Name Bain Frank

Enlisted (a) 2 Nov 1914 Terms of Service (a) D of War Service reckons from (a) 2/11/14.

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				
		Arrived in England		29.4.15	
18-9-15	18th Bn.	Embarked for France Disembarked in France	Folkestone Boulogne	14-9-15 15-9-15	Taken on Nominal Roll.
25-12-15	4th. Can. Inf. Bde. M.G. Co.	Transferred to 4th. Can. Inf. Bde. Mach. Gun Co., & struck off strength of 18th Can. Bn. Authority: A.O. 414 of 1915	In the Field	25-12-15	B 213, 25 12/15. Part II Order 3, 15 1/16.
15-1-16	4 Bde M.G. Co	Taken on strength	do	26-12-15	Pt II Order 1 15/16
2/9/16	4 C Fld Amb.	Sgn. R Kuce adm	4 C Fld Amb.	1/9/16	A36 DCS No 121 11/9/16
11/9/16.	1 Con Depot.	Sgn. R. Kuce. adm	1 Con Depot.	11/9/16	W3034.
9-9-16	44 Cls.	do — do — adm.	44 Cls Sta.	9/9/16	A36 DCS No 123-24-9-16
11/9/16.	1 Con Dep.	Unfit. Transf to.	Base Details	11/9/16	W3034
16/9/16	1 Base.	Arrived Base Depot.	Le Havre	16-9-16	N Roll

OVER

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36; or other official documents.
Date	From whom received				
~~19.9.16.~~ 22/9/16	OC Base	Classified C by Med. Board and transf. to CCAC Folkestone sick.	C. Base.	21-9-16.	AAW 3339. Part 2 Ord No 41. ~~Part 2 Ord~~ dated 26/9/16.
					Lieut. For Officer i/c Can. Records, Canadian Section, G.H.Q. 3rd Echelon.
12~~8~~/3/17	C.C.A.C.	Transferred ~~4th Can Lab Bn~~ Can M.G.C.	~~Seaford~~ Hastings	10/3/17	Part 2 A.O ~~64~~ 118.
					Capt, O.C. Records & Dispatch, For Lt. Col. Commanding, Canadian Garrison Duty Depot.
9 MAR 1917	O.C. 4 LB.	T.O.S. 4th Lab Bn	Seaford.	9 MAR 1917	Part 2 A.O. 24
14.3.17	— do —	Proceeded O/Seas	— do —	14.3.17	~~Part 2 A.O~~ A II O. 29. Seaford RO 1201
					N.M. Halkett Lt & Adjt Capt for 4th Labor Bn.
23.9.16	C.C.A.C.	T.O.S.	Folkestone	23.9.16	A II O. 414.
29.5.17	M.G.R.D.	T.O.S. ton Comd 4th Labor	Crowborough	10.3.17	A II O. 81.
					Lieut. for Lieut Col i/c Records, C.O.M.G.
15.3.17.	M.L.O.	Disembkd. France	Havre.	15.3.17.	N.R.

CERTIFIED CORRECT 20 JUN. 1917 CAN. RECDS. LONDON

OVER

Army Form B. 103 Regimental Number 53996.

Casualty Form—Active Service.

Regiment or Corps 4th Can. Labour Battn.

Rank Pte. Surname BAIN. Christian Name F.

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

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

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

Extended { ..... / ..... } Re-engaged { ..... / (Sheet No. 2) } Qualification (*b*) .....

Occupation ..... or Corps Trade and Rate .....

.....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...			
16.6.17.	50.66.S.	Dental Caries. Adm.	50.66.S.	15.6.17.	A36 DCS. No 24.
16.6.17	26th F.A.	" " adm	26th F.A. }	13.6.17.	" " " 24
		Do 2	6an665 }		
17.6.17	98th Amb	" " adm	Field	14.6.17	" " " 26
		To 50.ccs.		15.6.17	
1-7-17	O.C. Unit	" " Do	110 F.A.	4.6.17	B213 DCS 28
1-7-17	o/c "	Rejoined Unit	Field	23.6.17	B213 do "
23.6.17	50 ccs.	Discharged to duty		23.6.17	A36 Dcs 30
5.8.17.	O.C. 4th Lab.	Evac. Unit.	Field	28.7.17.	B213. DCS. No 38
2.8.17	87th F.A.	P.U.O. Adm	87th F.A. }	28.7.17	A36/A5513
		Do	665 }		
12-8-17.	4th.Lab.Bn.	Rejoined Unit.	Field.	8-8-17.	B.213.DCS.No 40.

(*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.

OVER

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				
24-8-17.	O.C.4th Lab.Bn.	Sentenced to 5 dys F.P.No2. for"Neglecting to obey an order given by a superior officer".	Field.	18-8-17.	B.2069.Pt.11.D.O.No 79.
18.10.17.	47. Genl	V.D.S.	Adm 47. Genl	18.10.17	W3034/1787.
17.10.17.	3 Can C.A.	Syphilis.	Adm 3 Can C.A. / Do 2 C.C.S.	17.10.17	A36/335.
20.10.17.	47. Genl	V.D.S.			W3034/2028.
21.10.17.	4th Lab Bn	V.D.S.	Evac Field	17.10.17.	B.213.
17.10.17.	3. C.C.S.	Do	Adm 3. C.C.S. / Do 25 A.T.	17.10.17	A36/423.
20.10.17	51 Genl	Do	Adm 51. Genl.	20.10.17	W3034/2120
20.10.17.	47. Genl	Do	Do 51 Genl	20.10.17	" 2028.
10.11.17.	OC 51 Genl	Hospital Stoppages (Venereal) from 21.10.17 to 10.11.17. (21 days)	Etaples	10.11.17	A.F.O.1643. Ref can be see R&R No 6798 Pt II. DO. No 277
10.11.17.	4 Stat[illegible]	V.D.S.	Adm 4 Stat[illegible]	10.11.17	W3034/[illegible].
10.11.17	51 Genl	Do	Do	10.11.17	" " 4382
7.12.17.	OC. 4 Stat[illegible]	Hospital stoppages from 10.11.17 to 13.11.17.	(Venereal) (3 days)		A.F.O.1643. Ref can be see Vide K.J 16/30034 d/7.12.17 Pt II. D.O. No 1006
22.12.17.	OC. 4th Stat[illegible]	V.D.S.	Remaining.	22.12.17	K.J 17-182
2.1.18	Do	Phimosis	Admitted	2.1.18	W3034/9617 Stat[illegible] 8.2.18.
8.1.18	Do	Hospital Stoppages (Venereal) from 14.11.17 to 8.1.18.	56 days.	8.1.18	A.F.O.1643/279. Pt II. DO. No 4 d/14.1.18.
10.2.18	Do	Phimosis	Remaining	10.2.18	K.J 17-132
19.2.18	Do	Do	Do Details Stat[illegible]	19.2.18	W3164
21.2.18	6 G.B.D.	205 "A" from 4 Stat[illegible] Hosp.		21.2.18	R.R. 73[illegible]

OVER

Army Form B. 103. (Sheet No. 2) Regimental Number.....

Casualty Form. Active Service.

Regiment or Corps 18th Battalion, C.E.F.

Rank Pte Surname Bain Christian Name Frank

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

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

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

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

(Sheet No. 3) 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 ...			
18.3.18	A.A.G.	SOS of 4th L Bn on transfer to 18th Bn	18.3.18		KR 12774/M 18th Bn No 21. d/21.3.18
		Transferred from 4th Can. Labour Bn., and T.O.S. of 18th Can. Bn. (Auth: A.A.G., Can. Sect., G.H.Q., 3rd. Echelon, No. KR. 12774/M)	Can. G.B. Dep., Etaples	19-3-18	Pt. II Ord. 23 26/3/18.
27-3-18	Can. G.B. Depot.	Transfd. to No. 2 Can. I. B. Depot		27-3-18	Nom. Roll. (Ext. B.E. 306)
28-3-18	2 Can. I.B. Dep.	Class A. Adm.	2 Can. I.B. Dep.	28-3-18	Nom. Roll.
1-4-18	C.C.R. Camp.	Arrived at Can. Corps Reinf. Camp.		1-4-18	do

(*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.

W. 8635 - M2733 2000m 9/17 (3561) C. P. & S., Ltd., Form B./103 E/1897.

P.T.O.

OVER

53996 Cpl. Barr, F.

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	C.C.R. Camp	Granted 14 days leave to U.K.		10-8-18	B 213. Pt. II Ord. 73, 21/8/18.
31-8-18	do	Returned from leave		26-8-18	B. 213
7-9-18	18th Bn.	Joined 18th Can Bn.	In the field	1-9-18	B 213
21-10-18	18th Bn	Apptd. Lance-Corporal, vice 126061 L.Cpl. A.Bilney, promoted.	In the Fld	14.8.18	Letter 21/10/18 Pt II Ord. 110, 6/11/18.
8-2-19.	18th Bn.	Promoted Corporal, vice 654633 Cpl. C.H. Mitchell, to England.	In the Fld.	1-1-19.	B. 213 Part II Order No. 20/1919

4 AVR 1918 C.E. Camp.

Proceeded To England 4 AVR 1919

N.R. Pte No.

Proving

M. 5.4.19

24/26 8/10/13

* Sailing 30/4

S.S. CAPONIA
Sailed L'pool 14-5-19

H. Walters Capt
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

H. Walters

Form R 122.
8750—15M—25-4-17.

SECOND PAGE OF RECORD

Rank | Name BAIN, Frank | Reg'l No. 53996

Unit 18th Bn. | If in perm. Corps / What Unit? | Married or Single Single

Place and Date of Enlistment Galt, Ont. 2nd Nov. 1914 | Place of Birth Vogery, Scotland

Name and Address, Next-of-Kin Jas. Bain, 26 Forest Road, Galt, Ont.

Relationship Father

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 7561
File
Category CAN.OR

H. W. V., Ld.—11319-17.

1st Page filed in Envelope

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.
C	4 Lab Bn	Perm. Grade ..... Pte. Trans 4 Stat Hosp.	Actg. Rank ..... Argyle.	10-11-17	
26-3-18	4th Can Lab Bn	S.O.S to 18th Battalion	Field	18-3-18	18th Bn No 00 23.4/26.3.18 Pte 21.
6-11-18	18th Bn	Appt'd Lance Corpl	Field	11-8-18	Pte II C 110
21-2-19	"	Promoted Corpl	"	1-1-19	" 20
9-4-19	P.W.O.C.C.C.	T.O.S. from 18th Bn	Witley Camp	5-4-19	" 2.
		60-K-		15-5-19	

13 5 19 IP Wing S O S To Canada Witley I3 5 19 D0 28

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.					

L. L. Job 70[illegible] Req. 5220.

M. F. W. 12.
10m. 11 14.
H. Q. 1772 39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Miss M. Bain

Address c/o W. D Sheldon
Cedar St
Galt Ont.

By Whom Assigned Bain Jr

Regtl. No. 53996

Rank Pte

Corps D Coy. 18th Battn

Rate $18.00

MAY. 1 1915

P.L. 3-30 X 9628 - 10th Sept 15. Rab.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		} P856	36 —	
May				
June				
July		N14037	18	
Aug.		N5359	18 —	
Sept.		07086	18 —	
Oct.		P7206	14 00	
Nov.		97342	18 —	
Dec.		9184	18 —	
Jan.	1916	W7425	18 —	
Feb.		X10926	18	
March		Z14244	18 —	

CONSOLIDATED ACCOUNT 1

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Miss M. Bain,

PAYMENTS.

Name of Soldier Bain, H.

453996 "D" 78 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 1279	18 —	
May		KH452	18	
June		L7633	18	
July		A 8152	18	
Aug.		B11640	18 —	
Sept.		K 15768	18	
Oct.		K 20153	18	
Nov.		K 24747	18	
Dec.		C 33551	18	
Jan.	1917	T 36973	18	
Feb.		T 42901	18	18 R
March		V 44331	18	18 L
April		J 450	18	18. L
May		T 6340	18	
June		M. 12995	18	18. 5
July		M 19669	18	Pu
Aug.		V 26559	18	Co # 522.00 T.D.C.
Sept.		32828	18	
Oct.		F 46609	18	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Rank Pte. Name BAIN Frank H 60 Reg'l No. 53996

Unit 18th Battn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Galt 2nd Nov. 1914 Place of Birth Vogery Scotland

Name and Address, Next-of-Kin Jno. Bain, 26 Forest Road, Galt, Ont.

Relationship Father.

Assigned Pay Monthly $ 18.00 Payable to Miss M. Bain c/o W.D. Sheldon

Cedar St. Galt. Ont.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	31	31	10	3 10		34 10				18 ✓		18	16 10	
1/6	30/6	30	1	30	30	10	3		33			17 50	18 ✓		35 50	13 60	
1/7	31/7	31		31	31		3 10		34 10			17 50	18 ✓		30 50	17 50	
									80							18.	Ex Exchange
1/8	31/8	31	1	31	31	10	3 10		34 10	272 317		14 61	18 ✓		32 61	19 49	
1/9	30/9	30		30	30		3		33				18 ✓		18	34 49	
1/10	31/10	31		31	31		3 10		34 10	442		5 23	18 -		23 23	45 36	
1/11	30/11	30		30	30		3 .		33 .	545 594		4 46	18 -		22 46	58 90	
1-12	31-12	31		31	31		3 10		34 10	640		872 262	18 -		29 34	60 66	
1-1-16	31-1-16	31		31	31		3 10		34 10	716		76 2	18		30 62	74 14	Lieut Machum Co 4 Reinforcements
1-2-16	29-2-16	29		29	29		2 90		31 90				18		18	88 04	P.O.S. 17 16
1-3-16	31-3-16	31		31	31		3 10		34 10			73 36	18		91 36	30 78	
				336 00			33 60	80	370 20			12 162	198 00		339 62	30 78	

Checked L.E. Pilgrim

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						

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

498

Date of Assignment May 1, 1915

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

18 -			

7-2-6-13-1

18

PARTICULARS OF SEPARATION ALLOWANCE

No. S 3996

Rank Pte Promoted Reverted Discharge

Soldier's Name D. Barr.

Battalion D Coy. 18th Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss M. Barr.

Address C/o W. D. Sheldon, Cedar St. Galt Ont.

Change of Address

1

2

3

4

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
					744 F 13
Sept.			522	522	
Oct.	F 46609		18	18	
Nov	C 53523		18	18	
Dec	D 57043		18	18	m
Jan	A 55637		18	18	m
Feb	B 54774		18	18	
Mar.	a 91812		18	18	✓
April	I 8545		18	18	R
May	C 9843		18	18	D.
June	B 18298		18	18	L
July	H 31321		18	18	L
Aug	A 33913		18	18	L
SEP	A 40767		18	18	L
OCT	A 47407		18	18	A
NOV	A 55496		18	18	L
DEC	B 66160		18	18	
Jan 19.	B 74528		18	18	A
"	A 81253.		18	18	
MAR	D. 86741		18	18	
APR	L 3760		18	18	
MAY	A 8307		18	18	
			882	882	

AUDITED.

A/c Closed 31-5-19

Ret'd per Lacrosse

Date 23/5/19 M.F.W.187 Nv1

Clerk Kurshutz

M.O. 113014 rend. 24/5/19

CONSOLIDATED ACCOUNTS

M. F. W. 128
400m.—6-17—172-39-141
L. L. 22320—M. & D. 1593.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

٩٠			

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7983.

Extract of Information Coded for Hollerith

Regtl. No. 53996 Name { Surname Bain / Christian Names Frank

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
A.P.C., Attestation Paper and Pay-roll Card.
Cas., Casualty Form and Record Sheet.
P.D., Proceedings on Discharge.

Extracted by: MVM Coded by: MV Checked by: MB2

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.... 3	3
B. Professional Soldier	A.P.	1	Active militia	6
C. Theatre of Service	Cas.	2	European	0
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	Ns	0
E. Rank on Discharge	P.D.	4	OR.	1
F. Date Discharged	P.D.	5	May 24th 1919	6 5
G. Disposition on Discharge	P.D.	6	Demob	5 2
H. Place proceeding to	P.D.	7	Ont.	4
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	18th Bn	3 0 1 8.
K. Country of Birth	A.P.	8	Scotland	1 4
L. Occupation	A.P.	9	Shoe Cutter	2 2.
M. Date of Enlistment	A.P.C.	5	Nov. 2nd 1914	1 1
N. Place of Enlistment	A.P.C.	13	Galt, Ont	1 1 9

O. Age on Enlistment	A.P.			Years	19 years.	19
P. Religion	A.P.			10	Presby	3
Q. Rank when left Canada		Cas.		4	OR.	1
R. Unit left Canada with		Cas.		12 (b)	18th Bn.	018
S. Date left Canada		Cas.		5	Apr. 18th 1915	16
T. Unit in England		Cas.		12 (b)	18th Bn	018
U. Date first proceeded to Theatre of War		Cas.		5	Sept 14th 1915	21

Source of Information—Casualty Form.

1st Unit in T. of W.	2nd Unit in T. of W.	3rd Unit in T. of W.	4th Unit in T. of W.
18th Bn	Hyde McCoy.	4th Battn	
018	624	735	
Period of Service	**Period of Service**	**Period of Service**	**Period of Service**
Months: 16	Months: 9	Months: 12	Months:
16	09	12	

X. Check Column						~~CHECK~~
Z. Casualties		Cas.		11		nil
YA. Honours and Awards		Cas.		1. ~~Yes.~~ 2. No.		~~1~~ 2
YB. Married or Single	A.P.			4. ~~M.~~ 5. S. Single 6. ~~W.~~		~~4~~ 5 ~~6~~
YC. Service Unit Transfer		Cas.		7. Subsequent Unit or Units. 8. First Unit.	All cards subsequent to 1st. Last or only card.	WATCH

725M.—6-8-20
H.Q. 54-21-40-96

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Bain	F.	53996

Rank	Unit	Co.	Troop	Batty.
Pte.	2nd Can. Div. M. Gun Co's. 1st. Que. Reg.	4 Lab. Batt (4 Lab.)		

Hospital — Date of Admission

Transferred * H Can Fld. Amb — Hosp. 1.9.16

10/ Base Boulogne — Hosp. 11.9.16

Woodcote pk. Epsom — Hosp. 30.9.16

50 Bas Clearing Station — Hosp. 15.6.17.

2047 D.H.S. Le Treport. — 18-10-17

Diagnosis

(1) Syph. Rt. Knee — Later Diagnosis (if changed) Dental Caries RW.

(2)

(3) Phimosis "A" N.Y.D. "2" V.D.S. Hd

Additional Diagnosis: if more than one state present Phimosis N.Y.D.

DISPOSITION — **Date**

Bas Dep 11.9.16

Ch. 15.9.16 # a/119

19.9.16 B122

Ch. 10.10.16 # B/102

27.12.16 B144

" 5.7.17. a67.

17.7.17 a75

18.8.17. A101.

23-8-17 a105

" 27-10-17 a47 (1)

31-10-17 a98 (2).

21.11.17 a.68 (3)

28.1.18. a/124

27.2.18 a/147-2.

REMARKS Dis. 16.12.16.

Rej. unit 23.6.17

" " 8.8.17

RTB. Sick Hosp. 28.7.17.

Dis 7.1.18

& Re-admitted 7.1.18

Dis 19.2.18

A.M.D. 2 (Ref.)
Bch. of D.G.M.S. O.M.F.C. London.

P.T.O.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	51 Gen. Staples —	20-10-17
2.	4. Stationary: Argues. 4 Stat Argues.	10.11.17. 7.1.18.
3.		
4.		
5.		
6.		
7.		

FORM R. 149.
7106—250m—7/2/17.

Frank

Name BAIN Rank Pte Reg. No. 53996.

Unit ~~4th Labour Battn~~ Can. Forestry Corps.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
18-10	~~No 47. L. of L. Le Treport~~ 2d. at. 15411		D. of S. at 47			
20-10	No 51. L. of L. Etaples 2d. at 15440		do at 50			
10-11	No 4. ~~L. of L. Etaples~~ 2d at 16851/8		do at 68			
1918						
7-1.	Discharged to new disease entered			A 124		Letter Vat.
7-1.	4. Sta Hosp Etaples.	Rheumatism.		A 124		18317.
14.1	Discharged to Depot St Omer	St Omer	Rheumatism N.Y.D.	A 148		14972.

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

R. 149.

Name BAIN Frank *Rank* Pte. *Reg. No.* 53996

Unit 2nd Can.Divn.M.G.Coys.(4)

Next of Kin CANADA

1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-9	4 CFA		Syn.R.Knee	A119		
11-9	1 Con.Dep.Boulogne		do	A122		
11-9	Base Det.Boulogne.		do	A122		
30-9	CCH Woodcote Pk.		do	B102		
16-12-16	Do DISC HARGED		Do	B144		

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

+ Hyp. 74th C

CARD NO. 520

FOLL. 24-5-19

R. Dos Denob

DO 148. 28/5/19. 1

SURNAME. Bain.

CHRISTIAN NAMES Frank

REGL. No. 53996, RANK Pte. Batt.

UNIT 18th.

FORMER CORPS 29th. Regt.

NEXT OF KIN.

NAMES IN FULL Bain, John

RELATIONSHIP TO SOLDIER Father,

ADDRESS 56 Forest Road., Galt, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland. Vogery, DATE Feb 16-1895

PLACE OF ATTESTATION Galt. DATE 2/11/14.

Sailed from Halifax Per S.S. [redacted] Grampian 18-4-15. 329

R.L.B. 22-5-19 47 Bn

L. L. 90589.—M. & D. 6312. M. F. 6722. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Shoe Cutter. RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 19 YEARS) MONTHS

HEIGHT 5- FEET 9 INCHES

CHEST MEASUREMENT 34; INCHES EXPANSION 3½. INCHES

COMPLEXION Fair EYES L. Brown HAIR Lt. Brown

DISTINGUISHING MARKS Scar over right eyebrow.

MEDICAL EXAMINATION. PLACE Galt Ont. DATE Nov. 2/14.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 119.	No. 4 Can. Fld. amb.	1-9-16	Synov. R. Knee.
a. 122	To. No. 1 Conv. Depot Boulogne	11-9-16	" " " "
a. 122.	To Base Details " "	11-9-16	" " " "
B 102	Conv. (Can). Woodcote Pk Epsom.	30-9-16	" " " "
B 144.	Discharged	16-12-16	" " " "
a 67.	No 5 Can. Cl. Stat.	15-6-17	Dental Caries
a 75.	" " " Ry. Unit.	23-6-17.	" "
a 101.	Rep. from Base: To Hosp	28.7.17.	Sick N.Y.D.
a 105.	Ry. unit.	8-8-17	" " "
a 47	#47 Gen. Lo Depot.	18-10-17	V.D.s
a 50 (3)	No. 5 Gen. Etaples	20-10	" " "
a 68	No 4 Stat Arques	10-11-17	" " "
a 124	Discharged	[redacted]-18.	" " "
a 124	Re-adm No 4 Stat Arques	7-1-18	P. hirorsis "A"

H. Q. FILE No. 649-

NAME Bain F.

REGT'L. No. 53996

RANK AND CORPS Pte. 2nd Cav. Div. M. G. C.

CABLE		NATURE OF CASUALTY
NO.	DATE	

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

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

REGT'L. No. 53996.

NAME Bain. F.

H. Q. FILE No 649

RANK AND CORPS Pte. 2nd. Can. Div. M.G. Co.

FOLLOWS

NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42 –100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A1148.2.	Nat. Stat. Argues.	1918	(Dis) Phimosis N.V.

No. 996 / 3996 RANK Pte NAME Bain, F

T. O. S. UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Nov 2	Nov 30	✓		
	Dec	✓		
1915	1915			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		

UNIT SAILED
APR 18 1915

Number 53996 Rank Lpl

Surname BAIN

Christian Names Frank

Unit 18 Bn Can Inf Theatre of War France

Date of Service 14-9-15

Remarks

Latest Address ~~56 Forest Rd~~

117 BARRIE ST Galt Ont

Roll No. Page 2376

qa 6549 .D45
MAY 1 2 1921
qa 38817 Deep
SEP 16 1921

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 3

Packed by No. 16

Date MAY 5 1919

Group 23

S.S. Saxonia
Sailed Liverpool M.5.19

SHORT FORM.

WAR SERVICE BADGE CLASS "A" No. 261231

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

D.A.K.-

O.G. 14

M

1. No. 53996
2. Rank. Cpl
3. Name. Bain F.
4. Unit. 18th Bn
5. Date of Discharge MAY 24 1919 Place London LONDON, ONT.
6. Reason for Discharge Demobilization.
7. Authority. R.O. 1894
8. Proposed Residence after Discharge 56 Ford Rd Galt Ont

T

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

Frank Bain
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date MAY 24 1919

Signature W. W. Mahaffy Lt.
(O.C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

1PM 10-Ba-305

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 53996 | RANK L/pl. | NAME (IN FULL) BAIN Frank | (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 18 Bn | IF IN P.F. WHAT UNIT? Royal Bank, Galt Ont

PLACE OF ATTESTATION Toronto | DATE 13/5/19 | AUTHORITY 20148

DATE OF ATTESTATION 2-11-14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY 18 Paid and Closed by Ottawa | DATE EFFECTIVE 31/5/19

PAYABLE TO Miss M. Bain | RELATIONSHIP m/s | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS c/o W. D. Sheldon, Cedar St. Galt Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London | DATE 24/5/19 | REASON Dem | AUTHORITY 20148 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	30/4/19						91	38	91	38																										Ret Varona 21/5/19
	1/2 29/3	29	1/20	34	80	35 - 70 =			139	80					3849	37	487	5 -	193	58	18 -			973					231	18			29/5/19		Advance L.L.L. 9/19
																																						L.M. Mortimore Sorty
						Welsh													WAR SERVICE GRATUITY																Solicitors Expenses
183 days				420	00				420	00									70 -																350	00	Refunds Income Tax
																														600				344	00	Ltd to adjust to date of discharge 20
																			64	00														280	00	25/6/19 96180
																			70															210		18/7/19 109483
																			70															140		21/8/19 120826
																			70	00														70	00	SEP 20 1919 1169562
																			70	00																OCT 1 1919 1178819
			420						420										414 -												6 -		420				

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1778-39-1390.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

W

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:– 18		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.

Miss M. Bain Sister W.R. Sheldon
Cedar St. Galt ont.

Stopped. Eff. 1-5-19

NAME:– BAIN Frank

NUMBER:– 53996

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private
A/o 110. 6/11/18. 18 Bn.	14-8-18	L/Cpl.
" 20. 21/1/19 "	1-1-19.	Cpl. (Promotn)

UNIT AND TRANSFERS

ORIGINAL UNIT:– 18 Bn

DATE ACCOUNT FIRST OPENED.–

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Harbor Bn
23.	19-3-18	25-4-18	18th Bn
	1-6-19		Can. Lect

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
8/4/19.	209.	P. Ring. £15–	75–				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		
A/o 110. 6/11/18. 18 Bn	1 06	– 10		
" 20 21/1/19 "	1 10	10		
				£ s. d.
				Bal. 61. 9 1/2 38

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans. to Canada 1/5/19. Auth 26 R.B 6726. 12/4/19. Bramshott M.D. #1

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Balance B/fd								143 81		
30/4	PP	33		CAP				18			
				A/R 46 5-4-18 2 CCRC	4 46				154 35		
May		33		CAP	4 46			18 18			
	31 ✓ PP	34 10		A/R 327 9-5-18 ✓	4 46				165 99		
June	30 PP	34 10 33.		CAP	4 46			18 18	180 99		
July	31 PP	33. 34 10		CAP	– –			18 18	197 09		
Aug		34 10		CAP	– –			18 18			
	31 PP	34 10		A/R C.P. 22358 10-8-18.	97 33				106 94		
				A/R. 1742. 10-8-18. 2 CCRC.	8 92						
		34 10		106.25	106 25			18			
Sept	30 "	33.		CAP.				18			
				730 6/9 18 Bn	3 57						
				854 26/9 "	3 57				114 80		a/c agreed 25/11/18
		33			7 14			18	148 90		
Oct	31	34 10		CAP.				18	35 16		
				- 951 14/10/18	3 73						
				- 1158 26/10	3 73				123 44		
		34 10			7 46			18	233 19		
Nov.	30 - A/cpl P	34 50		CAP.				18	7 0 79		
	adj xPay A/c to A/cpl. 1/8 - 31/10/18 = 79 days	3 95									
Dec	31 A/cpl. P.	35 65		CAP				18			
				- 720 23/11/18 ✓	13 06						
Jan	31	35 65		CAP	16 77			18	162 40		
		109 75			16 79			54			
Feb		32 25		CAP				18			
				- 1701 26/12/18 18 Bn	1 30						
				1851 16/2. ✓	6 49						
				— Over —	7 79						

NUMBER 53996 RANK NAME BAIN F.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb		£22 20			7 19			18.	162 40	Nil.	
				ak 2513 12/1/19. 18 Rx	3 77				234 75		
				3176 26/1/19 ✓	11 56 2 73				88 37		
				3517 9/2/19 ✓	15 29 22 39						
MAR		38 15		CAP.				18			
	24 d/s Pay. from 1/1 - 31/3/19 = 90 days @ 5d	4 50		4123 24/2 ✓	3 73						
				4631. 3/3 ✓	5 48						
				5476 19/3 ✓	46 89 5 48				146 38		
		72 35			£2 37			36			
April		36		Cap.				18			
				209 9/4 P W 6666	73						
				2580 9/5 End ✓	9 73				81 65		
		36.			£2 73 82 73			18			

S.O.S. to Canada 13/5/19 SL 60 WOR MO 1.

146 38 18.
36 73
182 38
91.
91.38

Holmes 7/19

MARRIED OR SINGLE S.

PLACE OF BIRTH Vogery. Scotland

NAME AND ADDRESS OF NEXT OF KIN Jno. Bain
26 Forest Road, Galt. Ont

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR W.	NAME OF HOSPITAL
11-11-17	8-1-18	V	20 Lond 14/1/18

REG'L. NO. 53996. RANK Pte NAME Bain Frank.

IF IN PERMT. CORPS } WHAT UNIT UNIT 18th Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Galt Ont.

DATE OF ATTESTATION Nov 2nd 1914

	DATE	AUTHORITY
TRANSFERRED TO Hdqrs B Co.		
TRANSFERRED TO 66 a C	16/10/16	AUTHORITY 6A 12 102
TRANSFERRED TO 4th La Bn	21/5/17	AUTHORITY 40 w 9/5/17
TRANSFERRED TO 18th Bn	31.2.18	AUTHORITY 23 19/3/18

ASSIGNED PAY MONTHLY $ 18.00. DATE EFFECTIVE

PAYABLE TO Miss M Bain c/o W.S. Sheldon. Cedar St Galt Ont. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON 24/14 B B.

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) 6.2

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
			336				33	60						80	370	40											141	67	198		339	62	30	78			
Apl 1/30	30	1st	30		30	10	3								33			20	19/4						2	62					2	62	61	16			
																		42	28/5						2	56		18							wages pay omitted in April
May 1/31	31	1st	31		31	10	3	11							34	10	28	5/8		35	22/8			2	56	2	56		18			43	68	51	58	
June 1/30	30		30		30		3	00							33	00												18	00			18	00	66	58	
June 1/31	31		31		31		3	10							32	10	51	30/7		59	13/7			5	11	2	61		18	00			35	72	74	96	
Aug 1/31	31		31		31		3	10							34	10	67	1/8		76	6/8			2	61	3	48		18				24	09	84	97	
Sept	30		30		30		3								33	00	85	22/3						2	61				18	00			20	61	97	36	
Checked L.C.Pelgram Oct 1/15	15		15		15		1	55							16	50											H	36	18			22	36	91	50	Imp 66 a C 16/10/16 6A 12 102
16/10 31/10/16	16		16		16		1	60							17	60											6	98				16	72	92	38	
1 30/11/16	30		30		30		3								33												H	87	18			25	20	100	08	✓ 100 08
1 31/12/16 year	31		31		31		3	10							34	10											2	43	18			22	86	111	32	
			61	10																							2	43	18							
1917 1-31	31	1.50	34	10											34	10	406	3/1/17	Mail					48	67				18			73	97	71	45	
																	558	31/12	4.10					7	30											
Allowance	28	1.10	30	80	✓										30	80	625	29/1						1	30	✓			18.			25	30	76	95	✓
			737											90	737	80								762	138	333	141	62	396			660	85			

53996. Pte Bain. Frank. A.P. 18

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
			737											80	737 80
March 1-20	20	1/-	22												22
" 21-31	11	1/-	12	10										80	759 80
April 1-30	30	1/-	33	-											33
May 1-31	31	"	34	10											34 10
June 1-30	30	"	33	-											33 -
July 1-31	31	"	34	10											34 10
Aug 1-31	31	"	34	10											34 10
Sept 1-30	30	"	33	-											33 -

DATE	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
March 1-20	C.9000 1146	3/4/17						
	1006	15/4/17						
" 21-31			83	24/9/17				
			36	15/8/17				
April 1-30								
May 1-31	62	3/4/17						
	10	11/4/17						
June 1-30	146	30.5.17						
	103	14.5.17						
July 1-31								
Aug 1-31	237	30.6.17						
	104	30.8.17						
	364	15.8.17						
Sept 1-30	344	30.7.17						
	278	15.7.17						

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
	76 72	13 83	33 34	141 62	396		660 85	76 93				
March 1-20	7 30				18		32 60	66 33				Draws to Lieut Bn. 27/3/17
" 21-31	9 6 1 6	12 67			41 4		693 45					
		9 73					12 34	66 11				
April 1-30					18		18	81 11				
May 1-31	2 62				18		23 24	91 97				
	2 62											
June 1-30	2 67				18		23 35	101 62				
	2 68											
July 1-31					18		18	117 72				
Aug 1-31	5 35				18		23 35	128 47				Sailed Feb, 1918 "Disembarkation Roll" 3/9/17
	2 67											
	2 67											
	2 68											
Sept 1-30					18	5 50	34 21	127 26				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PER.	SER. ALLCE. PAY	ENG.
		~~12 7 10~~							127 26			
Oct	P. Pay	34 10						18				
		34 10		OR 454 H/Qrs Bdn	15/9/17	5 67		18	140 69			
Nov	Pay	33 00		OR 520 -	2/10/17	3 57						
				OR 543 "	7/10/17	~~5 35~~						
				A.P.				18				
				OR 590 H Lab Bn	30/9/17	2 68						
Dec	Pay	34 10		Cancd				18				
Jan	"	2		V.D. 21-10-17 to 10-11-17.								
				21 [illegible] Regt 19/1/17			12 60					
				V.D. 11-11-17 to 13-11-17.								
				3 [illegible] BO 106 17/11/17			1 80		145 79			
		47 10			11 60	12 40		36				
Jan	Pay	34 10		Asfa Can				18				
				V.D. 14/11/17 to 3/1/18 20 H 13/18		23 60						
									128 29			
Feb	Pay	34 10				23 60		18				
		20 80		Can Asfa				18	141 09			
		20 80						18				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PER.	SER. ALLCE. PAY	ENG.
B/fd									141 09			
Feb	PP		21 10	Can Asfa				18				
				OR 8812 C9828 11-3-18		11 11						
				" 8195 " 28-2-18		11 11			148 27			
				" 9102 " 30-3-18		11 11			143 81			
			21 10			13 38		18				

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

Date	Brief details, and signature
16.12.14	Vaccinations Result - Good D.H. Hogg
12.11.14	Anti-Typhoid Inoculations " "
23.11.14	" " " "
23-9-16	To Epsom for Convalescence. R.W.Fergusson,Capt.
8-12-16	Epsom. Synovitis rt. knee. Class C2 G.C. Halr,
Dec 12th	Approved. G.S. Williams,Capt. C.A.M.C.

Table IV.—Service Table.

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

53996

Army Form B. 178.

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

DUPLICATE

MEDICAL HISTORY of 23

Surname ~~B A I N~~ *Christian Name* Frank

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Vogen[illegible] County Scotland

Examined ... ... on 2nd day of November 1914.
at Galt.

Declared Age ... ... 19 years days.

Trade or Occupation ... Shoe Cutter

Height ... ... 5 feet, 9 inches.

Weight ... ... lbs.

Chest Measurement — Girth when fully Expanded. 37½ inches.
Range of Expansion 3½ inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right Left
Number

When Vaccinated ...

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (a) none

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

Approved by (*Signature*) D.H. Hogg
(*Rank*) Major
Medical Officer.

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

Joined on Enlistment ... / Transferred to ...

Corps.	Regtl. No.
18th Btn.	53996

Became non-effective by

on day of 191 .

(*Signature*)
(*Rank*)

I certify the foregoing to be a true copy of an original entry in the Medical History Sheet of this man for the Officer in Charge of Records Canadian Contingents.
W.R. WARD, Colonel.
Officer in Charge of Records, Canadian Contingents.

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.
W.R. WARD, Colonel in Charge of Records, Canadian Contingents. P.T.O.

The Morgan Reeve Co. Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C.
(25289) Wt.W13871/604. 300m. 4/15.
Forms B. 178.

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				
C.C.H. Epsom	29	9	16	16	12	16	Synovitis of Rt.knee	79	Pain & weakness rt. knee, creaking is the only sign. No swelling. Lt. Col. Stair 28-11-16 recommended Base duty 179 completed.	R. Goulden, Capt.
50 Cas Clrg Stn.	15	6	17	23	6	17	Dental Caries.		Rej Unit.	A67-A75. GH.
R.F.B.	28	7	17	8	8	17	Sick to Hosp.N.Y.D.?		Rej. Unit.	A101/A105 ID.

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

Except question 13 should read not

applicable instead of Permanent.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Suggested that the patient be dealt with in accordance with P.C. 47 of 20-1-19

(*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.)

R.T.O. AUTH AG TEL 9083 of 11-11-18.

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

E D Contts Capt C.A.M.C. *President.*

PLACE Witley Camp — A J Mayl r Capt C.A.M.C. } Members

DATE April 15th 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE..... } Members

DATE.....

APPROVED BY W Burlam For *Assistant Director of Medical Services.* DATE April 15th 1919.

APPROVED BY Capt C.A.M.C. *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 Witley Camp DATE April 15th 1919.

1. 1 (*a*) Unit 18th Btn (*b*) Regimental No. 53996 (*c*) Rank Cpl.

(*d*) Surname B A I N (*e*) Christian name Frank

(*f*) Home address 26 Forest Road Galt Ontario

(*g*) Next of Kin Jno Bain (*h*) Relationship Father

(*i*) Address of Next of Kin 26 Forest Road Galt. Ontario

2. Age last birthday 24 years Date of birth 16th Feb 1895

3. Enlistment, or Appointment (if an Officer) (*a*) Place Galt (*b*) Date 2-11-18

4. Personal description Estimated.

(*a*) Height 5' 9" (*b*) Weight 182 (stripped) (*c*) Complexion Medium

(*d*) Colour of hair Brown (*e*) Colour of eyes Hazel (*f*) Identification marks, Scars, etc. 2 moles below 1 nipple 2 moles rt abd

5. Former trade or occupation Shoe Cutter

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	164.

	Periods	
	From	To
Canada	2-11-14	29-4-15.
England	29-4-15	14-9-16.
France or other theatres of War	14-9-16	4-4-19.

7. Original disease, or injury Syphilis

(*a*) Date of origin Oct 1917 (*b*) Place of origin France

(*c*) Cause Infection.

M. F. B. 227.
400m.—11-18.
1772-30-117.

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

(V.D.S) Nil

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.)

Can General Laby Witley Camp 11-4-19.

Date of 1st sore Oct 1917

No other symptoms

Treatment arsenical full course mercury full course . Previous Wasserman

Oct 1917 before treatment. Result Positive - Previous treatment

Result 11-4-19 - Negative.

Sgd H Williams Capt C.A.M.C.

(*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

Urine normal.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)
Primary sore Oct 1917 Oct 20-/17 adm to 47 Gen 21st Oct/17 4th Lab Bn,

10th Nov 17 adm 51 Gen 10-11-17 Adm 4 station where rec(d treatment.

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*).)

Symptoms R Knee Sept 1916 No disability

P U O Aug 1917. V D S Oct 1917.

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

May clasped Hands L forearm

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.)

N A.

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

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

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

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

arsenical and mercury full course.

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

Suggested he be dealt with on arrival in Canada in accordance with P.C.O 47 20-1-19.

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

17. Recommendations

R B Kennedy Lieut C A M C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Bain F. Cpl. 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

Bain F Cpl. Rank.
Signature of invalid examined.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this _____ *day of* _____, 191 .

_____ *President.*

_____

_____

_____

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station ~~Kirkdale.~~ Epsom.

Date 5.12.16.

1.	Unit.	4th.Bgde.M.G.Co.	Age last birthday		20.
2.	Regimental No.	53996.	6. Enlisted	on	2nd.Novr./14.
3.	Rank	Pte.		at	Galt, Ont.
4.	Name	Bain F.	7. Former Trade or Occupation		Shoe Cutter.

8. **Disability.** Synovitis Right Knee.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Aug.23rd.1916.

10. Place of origin of disability. Reninghelst.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

When rising up off the ground to put on his equipment preparatory to marching off to the Somme,he twisted his right knee. He afterwards marched 8 miles when he got it bandaged.He continued the march for 35 miles when he had to"give in".He was sent to Hosp. 4th.Fiadd Amb. remaining there 4 days. He was discharged to his lines.His knee remained swollen & painful but carried on for 10 days when he was returned to the same Hospital. He eventually got to No.1 Conv. Camp Boulogne(about 3rd.week of Sept) remaining 1 day.
He passed through many Hospitals etc until he got boarded by the CCAC Folkestone & recommended to Epsom where he was admitted29.10.16
No previous History of any accident or illness.

12. (*a*) Give your opinion as to the causation of the disability. Twist of the knee.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. *(See notes on page 3).* In the presence of the enemy, On Active Service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

No swelling, creaking beneath patella on movement of the leg, pain & weakness on walking. Had massage & electric treatment 6 weeks without any change. Special exercises 4 week did not seem to improve the knee. On Nov. 28th. 1916 Lt.Col. Starr examined the knee and recommended P.B.
Ex. of Chest - Negative.
Ex. of Abdomen - Negative.
General condition - Good, no lameness on walking.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy? Yes.

(*b*) On active service?

(*c*) On duty?

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury? No.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? No.

17. If not, was an operation advised and declined? Not advised.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable.

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for base duty? Yes.

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit?

R. Goulden Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Epsom.

Date 7.12.16.

Jm Barnett Capt. C.A.M.C.
for Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been caused or aggravated by

(*a*) Intemperance?

(*b*) Misconduct?

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit?

27. Remarks.

Signatures:—

_____ President.

Station _____ } Members.

Date _____ }

Approved.

Station _____

Date _____

_____
Administrative Medical Officer.