NAME BAKER, JAMES, Scott, 1st. Barber UNIT B. 2 H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M.R.B. 227 to B.P.C.	29/10/19	BPC – Spec 1046	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
					2
					4-20
					4-20
					11-20

ATTESTATION PAPER.

No. 21546

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... J. S. St B. Baker
2. In what Town, Township or Parish, and in what Country were you born? ..... Westend Hants Eng.
3. What is the name of your next-of-kin? ..... J.R. St B Baker
4. What is the address of your next-of-kin? ..... The Firs" Westend Hants Eng.
5. What is the date of your birth? ..... 21st Dec. 1891
6. What is your Trade or Calling? ..... Electrical Engineering
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. ..... Yes Canadian
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

J. S. St B. Baker ..... (Signature of Man).

J. C. Chisholm ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. S. St B. Baker, 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.

J. S. St B. Baker ..... (Signature of Recruit)

Date 23rd Sept 1914. J. C. Chisholm ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. S. St B. Baker, 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.

J. S. St B. Baker ..... (Signature of Recruit)

Date 23rd Sept 1914. J. C. Chisholm ..... (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 Valcartier this 23rd day of Sept 1914.

W. Marsh Capt ..... (Signature of Justice)

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

W. Marsh Capt ..... (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

1st Batt

Description of J. S. St. B. Baker on Enlistment.

Apparent Age 22 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	6 ft. 1/2 ins.
Chest measurement. Girth when fully expanded	40 ins.
Chest measurement. Range of expansion	3 1/2 ins.
Complexion	~~Light~~ Dark
Eyes	Gray
Hair	~~Black~~ Brown
Religious denominations. Church of England	yes
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 eye brow

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 Aug 20 1914.

Place Val Cartier

N. F. McLaren
Capt and
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:—

12

CERTIFICATE OF OFFICER COMMANDING UNIT.

J. S. St. B. Baker 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.

~~W. Macbrayne~~
~~Capt~~
(Signature of Officer)

Date 23rd Sept. 1914.

Geo Sommers LtCol
O.C. 11th Battn

7565

ATTESTATION PAPER.

No. F21546

Folio. B/16/642 2nd

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... J S St B Baker
2. In what Town, Township or Parish, and in what Country were you born? ..... Westend Hants England
3. What is the name of your next-of-kin? ..... J R St B Baker
4. What is the address of your next-of-kin? ..... The Firs Westend Hants Eng.
5. What is the date of your birth? ..... 21st Dec 1891
6. What is your Trade or Calling? ..... Electrical Engineering
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? .. If so, state particulars of former Service. ..... Yes Can. Militia.
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

J. S. St B Baker (Signature of Man).

J J Clifthill (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. S. St B Baker, 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.

J S St B Baker (Signature of Recruit)

Date 23rd Sept 1914. J J Clifthill (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. S. St B Baker, 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.

J S St B Baker (Signature of Recruit)

Date 23rd Sept 1914. J J Clifthill (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 Valcartier this 23rd day of Sept 1914.

R Marbrook Capt. (Signature of Justice)

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

R Marbrook Capt (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

1st Batt

Description of J. S. St B Baker on Enlistment.

Apparent Age 22 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft. 1/2 ins.

Chest measurement: Girth when fully expanded 40 ins.
Range of expansion 3 1/2 ins.

Complexion ~~Light~~ Dark.

Eyes Grey.

Hair ~~Black~~ Brown.

Religious denominations:
- Church of England Yes.
- 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 Aug. 30 1914.

Place Valcartier

D. F. McLaren
Capt. C.A.M.C. Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

J. S. St B Baker 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.

A. A. Macdonald Capt (Signature of Officer)

Date 23rd Sept 1914.

Lt Col
O.C. 1st Batt

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps 5th Canadians Military Hospital Fazakerley

No. ____ Rank and Name Lieut St Barb Baker Age 24 10/12 Service 2 4/12 7 8 1 6/12

Disease ____ Date of admission Octr 20th Date of discharge ____ Result ____

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature ____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

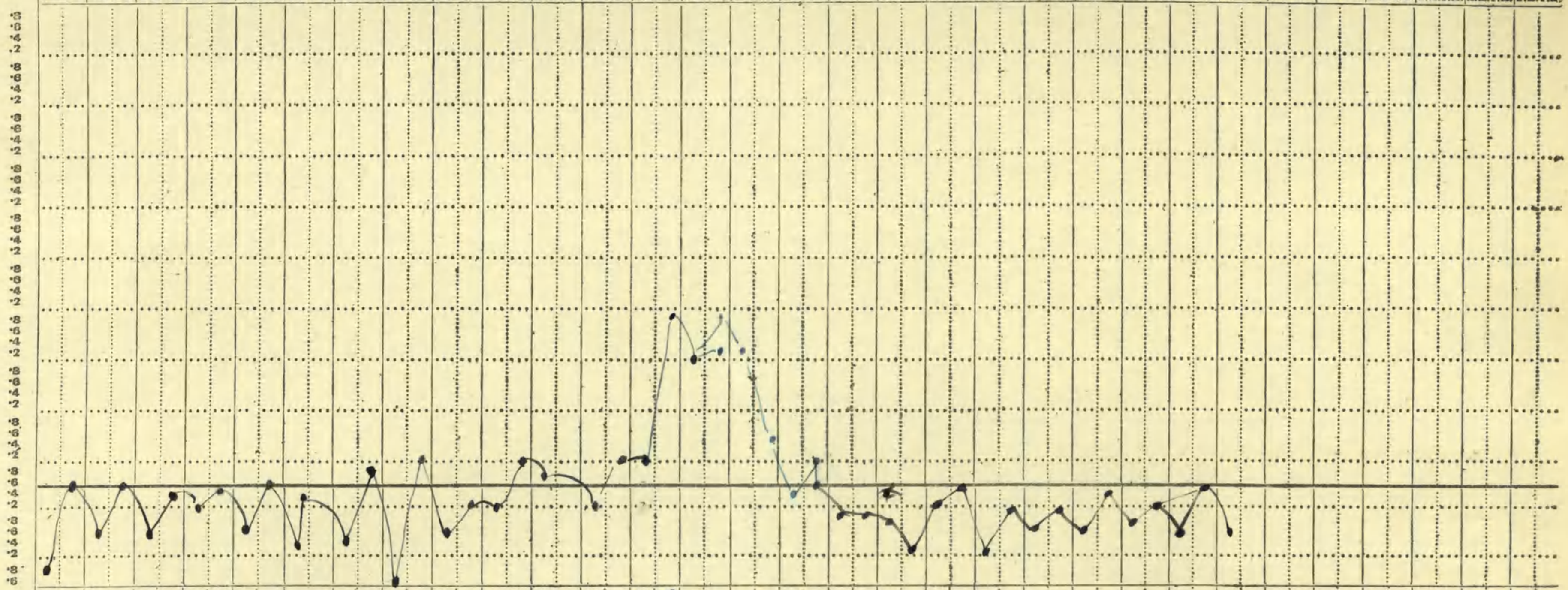
Army Form B. 181.

Corps 5th Canadians Military Hospital Lazskerley

No. _____ Rank and Name Lieut St-Barbe-Baker Age 24 10/12 Service 2 6/12 + 5 1 6/12

Disease _____ Date of admission Oct 20th 1916 Date of discharge _____ November Result _____

Dates of Observation	Oct 20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13
Days of Disease																									
Temperature Fahrenheit (Time A.M. P.M.)																									
Pulse per Minute	80	76	60	60	58	72	84	76	72	76	76	72	76	68	64	72	76	84	80	76	82	84	98	88	80
Respirations per Minute																									
Motions per 24 hours	•	1			1	0	1	1	1	2	1	1	1	1	1	1	1	1	1						



(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature _____ In charge of case.

Forms
I. 1237
10

1ST W.G.H.
LIVERPOOL

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lieut	St. Barbe Baker	J. S.

Year	Unit.	Age.	Service.
1916	5th Canadians	24 16/12	2 6/12 yrs 1 6/12

Station and Date.	Disease
Fazakerley	admitted Oct 20th
	Urine ac. 10·14 alb. nil. phos. reaction.
	Wounded Sept 26. Shell wounds: Left leg & back. S. gullet 8 cm deep in lower part of back. with superficial burn left knee & S. in leg also outside all F Rs removed. wounds now doing well.
Nov 15	all wounds doing well. Still a little thin discharge from the back

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station
and Date.

6121

ORIGINAL.

MEDICAL HISTORY SHEET.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

Colonel in charge of Records, Canadian Contingents, London.

Surname: Baker — Christian Name: James S. M. B.

Examined on 12 day of Sept 1914. at Valcartier

Approved by C G Chown, Rank Capt Canadian M.O.

Birthplace: City or Town Hampt; County England

Apparent age: 23.

Trade or occupation: Engineer

Height: 6 Feet 0½ Inches.

Weight: 168 Lbs.

Chest measurement: Minimum 35½ inches; Maximum expansion 39½ inches.

Physical development: Good

Small-Pox Marks:

Vaccination Marks: Arm Right. Left.; Number 4

When Vaccinated last: at sea

(a) Marks indicating congenital peculiarities or previous disease: Nil

Scar over rt. eyebrow

(b) Slight defects but not sufficient to cause rejection: Nil

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

6 NOV 191

Date	Result	Vaccinations.
Oct 2nd	Pos	C G Chown M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
22/9/14	Pos.	C G Chown M.O.
		M.O.
		M.O.

Enlisted on 23rd day of Sept 1914 at Valcartier

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	11th Batt	~~21546~~		
Transferred to	5 Bn 1st Res.	Lieut		29/4/18

(10)

CANADA

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
~~St Strand~~	~~17/8/16~~	~~G.S.W. Rt forearm~~	~~3 mos. Totally Unfit Capt Canadian~~
~~" "~~	~~1/11/16~~	~~G.S.W. Rt forearm~~	~~3 mos. Totally Unfit Capt Canadian~~
Braamshaw	8/3/17.	G.S.W. R. Leg & Back	G.S. Discharged
Matron Bort	21-10-18	G.S.W. Back (bed wounded)	A Invalid for life
Witley	3-8-19	G.S.W. Back	B. — J. W. Wright Capt.

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.

No. F. B. 313.
50M—8-14.
H. Q. 1772—39—439.

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.
(No. 1. Ward) 1st Western G. Hospl, Liverpool.		20	10	16	16	11	16	S. Wd. Left Leg.	27	Shell wound back + left leg Flesh only. No operation. Dying until when transferred Septic attack	[illegible] Major [illegible]
2nd EASTERN GENERAL HOSPITAL BRIGHTON.		27.	6	18	2	7.	18	Influenza			
CENTRAL MILITARY HOSPITAL FOR OFFICERS. Date. BRIGHTON.		7.	7	18	8	10	18.	G.S.W. Back. Fract. R. Ilium and Sacrum 26.9.16.	93	On admission - abscess at site of old wound - opened 8.7.18. 3.8.18. - large quantity of necrotic bone removed from R. Ilium and Sacrum. 7.10.18. - wound scabbed over. 8.10.18. - transferred to Canadian Officers' Convalescent Hospital, Matlock, Bath.	
C. C. O. H. Matlock Bath		10	10	18	18	10	18	do	→ 18 Fit for G.S.		H. P. Normoby MAJOR, R.A.M.C. O. i/c CENTRAL MILITARY HOSPITAL FOR OFFICERS BRIGHTON. [illegible] Maj.

CONFIDENTIAL.

Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Branshott, Hants.

Date March 7th, 1918.

1. Rank and Name Lieut. St. Barbe-Baker, James Scott.

2. Unit S.R.D.

3. Age 26. 4. Total Service 43/12. War Service (a) at home 25/12. Canada, and England. (b) abroad 18/12. France.

5. Address S.R.D. Branshott, Hants.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability G. S. W. LEFT LEG AND BACK.

7. Date of origin of disability Sept. 26th, 1916.

8. Place of origin of disability Somme.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

this officer was wounded twice in left leg and once in left gluteal region upper part. Wounds in leg are entirely better with exception of slight area anaesthesia inner side of foot, middle third - wound in back ishealed and only causes any trouble in bending forward and laterally to ~~right.~~ left. General condition good. Shrapnel wounds received ~~8/~~ 26-9-16. F.B's. all removed, wounds healed.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No.

(b) in the service? Yes.

11. Was it attributable to military service? Yes.

If so, to what specific military conditions is it attributed? Shrapnel wounds. left leg and left gluteal region.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable.

If so, by what specific military conditions? Not applicable.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

[P.T.O.

14. What is the officer's present condition ? Officer should be able to carry on and apart from some slight pain on bending body to right and forward he has no trouble from wounds at all.

15. To what degree is the officer disabled at the present time ? None.
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? No.

17. If not permanent, how soon is re-examination recommended ? -- months.

18. Is it necessary that the officer should be re-examined by the same Board ? No.

19. What treatment is the officer receiving, and where, and from whom ? None.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ?

No.

21. Does the officer require the constant attendance of another person ? No.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. Yes.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service :—
(i) Active duty with troops.
(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital.
(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with ?

Fred. A. Young, Major, CAMC — President.

W.H.T.Baillie, Capt.
F.J.Matthews, Capt. } Members.

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

CONFIDENTIAL. Army Form A. 48.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station CCOH Matlock Bath Derbys.

Date 19-10-18.

1. Rank and Name LIEUT. BARBE-BAKER, JAS. SCOTT.
2. Unit 5 C.E. Depot. Seaford.
3. Age 26. 4. Total Service 5 0 Service { (a) at home 2 (b) abroad 4 8 France 18.
5. Address West End, Hants.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability G.S.W. BACK – FRACTURE – R ILIUM & SACRUM. (OLD)
7. Date of origin of disability 26.9.16 7.7.18
8. Place of origin of disability France. England.
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Wounded as above. While in camp at Seaford was admitted to Central Mil. H Brighton with abscess on site of old wound. Operation 3.8.18. Large quantity of necrotic bone removed from R. ilium and sacrum. Recovery good. To CCOH. 10.10.18.

I concur in the findings of the Board or Medical Officers here recorded.

Major, D.A.D.M.S.
For D.M.S.
Canadian Contingents.

OPINION OF THE MEDICAL BOARD.

NOTES.-(i) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no
(b) in the service? yes

11. Was it attributable to military service? yes
If so, to what specific military conditions is it attributed? G.S.W. old.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? n.a.
If so, by what specific military conditions? n.a.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no

[P.T.O.

14. What is the officer's present condition? Good.

Heart & Lungs sound. wound on examination healed & now presents no disability. Fit again for G. S.

15. To what degree is the officer disabled at the present time? —

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? No

17. If not permanent, how soon is re-examination recommended? —— months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? Dressings

re C C.D.A.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service Yes

B.—Fit for service in a garrison or labour unit abroad

C.—Fit for home service:—

(i) Active duty with troops

(ii) Sedentary employment only

D.—For admission to a command depot

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital 2-a.

(ii) In an officers' hospital

F.—Permanently unfit for any further military service

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with?

A C Ramsden Lt. Col C.A.M.C. President.

J McWhirter Maj.

H A Mitchell Capt. } Members.

343. W3035/1166. 49. 6. 18. Wh. P. [illegible] E.3410.

(1048) [illegible]. W11188/M1[illegible] 100,000 12/16 J. P. & Co., Ltd. Forms A. 45A 14

Army Form A. 45A

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of A.D.M.S. London Area

for the purpose of examining and reporting on the present state of a wound or injury sustained by Lt. J. S. St Barbe Baker S Bn

at (Place of injury) Somme, Hessian Trench on the (Date of injury) 26-9-16

The Board find he was wounded, above date & place. Hosp - FA, CCS. 27-9-16, Duchess Westminster 28-9-16, Fazakerley 20-10-16, King Edward VII 29-11-16 19 Belgrade Dg. 17-11-16, Hyde Park Gens 5-12-16, 9 Eastern Terrace Brighton 11-12-16,

(1) L. leg, entry at post. surf. calf removed by operation just behind head of fibula.

(2) Wd L. leg, entry at outer surf. tibia 2 fingers above malleolus removed by operation, inner side of tibia, same level - it drainage wds in this area.

(3) Wd. over right sacro-iliac joint, this was associated with fract. trans. proc. 5 lumb. vert. F B removed 10-11-16. This wd continued to drain till about a week ago, was operated several times. All wounds healed, anaesthetic area over inner side of thighs. There is stiffness in the lumbar muscles.

The opinion of the Board upon the questions below is as follows:—

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)			
2.—If the case does not come under the category 1:— (a) Was the injury, in the first instance, very severe in character? (b) Are its effects still very severe?			
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)			
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.	1. 2. slight not permanent 3 severe not permanent		
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	15 months		

I certify that this is a true copy of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Signatures: A. [illegible] Capt. major R.A.M.C. / E. H. Welwin Maj. C.A.M.C. / J. Hogan Major R.A.M.C.

Station London

Date 26/10/17

[P.T.O.

INSTRUCTIONS to be observed by the Medical Board preparing the Report.

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1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

4. **If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.**

CONFIDENTIAL. Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, BERNERS STREET W.1. on 27-12-17

by order of A. D. M. S. LONDON AREA

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) LT.ST.BARBE BAKER (JAMES SCOTT) (Corps) 5th Battn.

Age 26 Service 41/12 Disability G.S.W.L.LEG & BACK

Date of commencement of leave granted for present disability 26-10-17

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this Officer reports after two months leave. Officer states he is feeling quite fit ~~and~~ except pain over wound in the back after much exertion.

Present Condition:- Still some tenderness on pressure over wound of back. No disability from wound of leg. General condition good.

THE BOARD RECOMMEND:-

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No - two months.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — -
3. Fit for Home Service — YES
4. Fit for Light Duty at Home
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital
   (*b.*) In an Officers' Convalescent Hospital
6. (*a.*) Fit for light duty at a Command Depôt
   (*b.*) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? Yes.
9. Was it contracted under circumstances over which he had no control? Yes.
10. Was it caused by military service? Yes.
11. If caused by military service, to what specific military conditions is it attributed? G.S.W.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? --

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address: Junior Naval & Military Club, 96 Piccadilly VER

Signatures: S.H.MCCOY MAJOR CAMC. President. F.E.ROGERS CAPT. CAMC. G.H.WILSON MAJ. CAMC. Members.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[228] Wt. W.1327—P.142. 100,000. 11/17. V. & S, Ltd.
[235] Wt. W.1984—P.325. 75,000. 11/17. V. & S., Ltd.

CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, BERNERS STREET on 26-10-17

by order of A.D.M.S. LONDON AREA

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) LIEUT. J. S. ST. BARBE BAKER (Corps) 5th Battn.

Age 25 Service 38/12 Disability G.S.W. L. LEG & BACK.

Date of commencement of leave granted for present disability 26-10-17.

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he sustained wounds and is in condition described in A.F.A.45a. this date.

HE IS ABLE TO TRAVEL BY TRANSPORT.

THE BOARD RECOMMEND:

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No - two months.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — ---
3. Fit for Home Service — No - two months.
4. Fit for Light Duty at Home — No - two months.
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital
   (*b.*) In an Officers' Convalescent Hospital
6. (*a.*) Fit for light duty at a Command Depôt
   (*b.*) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? — Yes.
9. Was it contracted under circumstances over which he had no control? — Yes.
10. Was it caused by military service? — Yes.
11. If caused by military service, to what specific military conditions is it attributed? — 1.) 3.) Shrapnel. 2. Bomb.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? — ---

I concur in the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address: West End. Hants.

Signatures:
S.H. MCCOY MAJ. CAMC. — President.
G.H. WILSON MAJ. CAMC. — Members.
F.E. ROGERS CAPT. CAMC. — Members.

VEP

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[168] Wt. W.4955—M.2449. 100,000. 7/17. V. & S., Ltd.
[198] Wt. W.8632—M.2739. 100,000. 9/17. V. & S., Ltd.

CONFIDENTIAL. Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, BERNERS STREET. on 26-10-17

by order of A.D.M.S. LONDON AREA

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) LIEUT. J. S. ST. BARBE BAKER (Corps) 5th Battn.

Age 25 Service 38/12 Disability G.S.W. L. LEG & BACK.

Date of commencement of leave granted for present disability 26-10-17.

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he sustained wounds and is in condition described in A.F.A.45a. this date.

HE IS ABLE TO TRAVEL BY TRANSPORT.

THE BOARD RECOMMEND:

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No - two months.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — ---
3. Fit for Home Service — No - two months.
4. Fit for Light Duty at Home — No - two months.
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital
   (*b.*) In an Officers' Convalescent Hospital
6. (*a.*) Fit for light duty at a Command Depôt
   (*b.*) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? — Yes.
9. Was it contracted under circumstances over which he had no control? — Yes.
10. Was it caused by military service? — Yes.
11. If caused by military service, to what specific military conditions is it attributed? — 1.) 3.) Shrapnel. 2. Bomb.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? — --

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Officer's Address: West End. Hants.

Signatures: S.H.McCOY MAJ. CAMC. President. G.H.WILSON MAJ. CAMC. F.E.ROGERS CAPT. CAMC. Members.

VEP [P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

[168] Wt. W.4955—M.2449. 100,000. 7/17. V. & S., Ltd.
[198] Wt. W.8632—M.2739. 100,000. 9/17. V. & S., Ltd.

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CONFIDENTIAL.

Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Brancaster Hants

Date March. 7. 1918

1. Rank and Name Lieut St BARBE-BAKER, JAMES, SCOTT

2. Unit S. R. D.

3. Age 26 4. Total Service 4 3/12. War Service { (a) at home 2 5/12 {Canada & England. (b) abroad 1 8/12 France

5. Address S.R.D. Brancaster Hants

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability G. S. W. Left Leg and Back

7. Date of origin of disability Sept 26. 1916

8. Place of origin of disability Somme.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This officer was wounded twice in left leg and once in left gluteal region upper part. Wounds in leg are entirely better with exception of slight area anaesthesia inner side of foot, middle third. Wound in back is healed and only causes any trouble in bending forward & laterally to ~~right~~ left. General condition good. Shrapnel wounds received 26/9/16. 7 Bde. all removed wounds healed.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) **The Board will on no account inform the officer of its opinion on any of the following questions.**

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no

(b) in the service? yes.

11. Was it attributable to military service? yes.

If so, to what specific military conditions is it attributed? Shrapnel wounds left leg and left gluteal region

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? not applicable

If so, by what specific military conditions? not applicable

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? no

I concur in the findings of the Board of Medical Officers here recorded.

Captain, D.A.D.M.S. for D.M.S. Canadians,

P.T.O.

14. What is the officer's present condition ? Officer should be able to carry on and apart from some slight pain on bending body to right and forward he has no trouble from wounds at all

15. To what degree is the officer disabled at the present time ? none

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? no

17. If not permanent, how soon is re-examination recommended ? — months.

18. Is it necessary that the officer should be re-examined by the same Board ? no

19. What treatment is the officer receiving, and where, and from whom ? none

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ?

no

21. Does the officer require the constant attendance of another person ? no

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. yes

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service :—
(i) Active duty with troops.
(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital.
(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with ? }

Fred A. Young Maj. CAMC President.

W. St. L. Baillie Capt } Members.

Fred Matthews Capt

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

CONFIDENTIAL. Army Form A. 45.

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Bramshott, Hants.

Date March 7th, 1918.

1. Rank and Name Lieut. St. Barrie-Baker, James Scott.

BAKER - J.S. St B

2. Unit S.R.D.

3. Age 26. 4. Total Service 43/12. War Service { (a) at home 25/12. Canada, and England. (b) abroad 18/12. France.

5. Address S.R.D. Bramshott, Hants.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability G. S. W. LEFT LEG AND BACK.

7. Date of origin of disability Sept. 26th, 1916.

8. Place of origin of disability Somme.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

this officer was wounded twice in left leg and once in left gluteal region upper part. Wounds in leg are entirely better with exception of slight area anaesthesia inner side of foot, middle third - wound in back ishealed and only causes any trouble in bending forward and laterally to right. General condition good. Shrapnel wounds received ~~at~~ 26-9-16. F.B's. all removed wounds healed.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No.

(b) in the service? Yes.

11. Was it attributable to military service? Yes.

If so, to what specific military conditions is it attributed? Shrapnel wounds, left leg and left gluteal region.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable.

If so, by what specific military conditions? Not applicable.

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? No.

[P.T.O.

14. What is the officer's present condition ? Officer should be able to carry on and apart from some slight pain on bending body to right and forward he has no trouble from wounds at all.

15. To what degree is the officer disabled at the present time ? None.
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent ? No.

17. If not permanent, how soon is re-examination recommended ? -- months.

18. Is it necessary that the officer should be re-examined by the same Board ? No.

19. What treatment is the officer receiving, and where, and from whom ? None.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature ?

No.

21. Does the officer require the constant attendance of another person ? No.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. Yes.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service :—
(i) Active duty with troops.
(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—
(i) In an officers' military or auxiliary convalescent hospital.
(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with ?

Fred. A. Young, Major, CAMC — President.

W.H.T.Baillie, Capt.
F.J.Matthews, Capt. } Members.

(14436.) Wt. W. 2070—P.P. 313. 500m. 11/17. S. O.

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CONFIDENTIAL

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Bruce St on 26/10/17

by order of A.D.M.S. London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt. J. S. St BARBE BAKER (Corps) S Bn

Age 21 Service 3 8/12 Disability G.S.W. L LEG + BACK

Date of commencement of leave granted for present disability 26/10/17

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

He sustained wounds & is in condition described in A F A 45 A this date.

He is able to travel by transport.

The Board recommend

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No, two months
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* —
3. Fit for Home Service — No, two months
4. Fit for Light Duty at Home — No, two months
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital
   (*b.*) In an Officers' Convalescent Hospital
6. (*a.*) Fit for light duty at a Command Depôt
   (*b.*) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation —
8. Was the disability contracted in the service? yes
9. Was it contracted under circumstances over which he had no control? yes
10. Was it caused by military service? yes
11. If caused by military service, to what specific military conditions is it attributed? 1 Shrapnel, 2 Bomb, 3
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?

Arthur Jay Maj Canadian President.

Officer's Address: West End, Hants

Signatures: [illegible] Members.

I concur in the findings of the Board of Medical Examiners here recorded. Captain, D.A.D.M.S. for D.M.S. Canadians.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. **Est. No. 1069.**

(1048) Wt. W11188/M152 100,000 12/16 J. P. & Co., Ltd. Forms A. 45A 14

Army Form A. 45A

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of A.D.M.S. LONDON AREA

for the purpose of examining and reporting on the present state of a wound or injury sustained by LT. J.S.ST.BARBE BAKER 5th Battn.

at (Place of injury) SOMME HESSIAN TRENCH. on the (Date of injury) 26-9-16,

The Board find he was wounded, above date and place.

HOSPITALS: F.A., C.C.S. 27-9-16, Duchess of Westminster 28-9-16. Fozakerley 20-10-16, King Edward VII's 21-11-16 19, Belgrade Sq. 23-11-16, Hyde Park Gdns. 5-12-16, 9, Eastern Terrace, Brighton, 11-12-16.

(1) L.Leg, entry at post. surf. calf and removed by operation, just behind head of fibula.

(2) Wd. L.leg, entry at outer surf. tibia, 2 fingers above malleolus, F.B. removed by operation, innerside of Tibia, same level, 4 drainage wounds in this area.

(3) Wd. over right sacro-iliac joint, this was associated with fract. trans. proc. 5 lumb. vert. F.B.removed 10-11-16, this wound continued to drain till about a week ago, was operated several times. All wounds healed, anaesthetic area over inner side of tarsus There is stiffness in the lumbar muscles.

The opinion of the Board upon the questions below is as follows:—

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)			
2.—If the case does not come under the category 1:— (*a*) Was the injury, in the first instance, very severe in character? (*b*) Are its effects still very severe?			
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)			
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.	1.2. Slight, not permanent. 3. Severe, not permanent.		
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	15 months.		

I concur in the findings of the Board of Medical Officers here recorded.
Captain, D.A.D.M.S. for D.M.S. Canadians.

Signatures
S.H. MCCOY MAJ. CAMC.
G.H.WILSON MAJ. CAMC.
F.ROGERS CAPT. CAMC.

Station LONDON

Date 26-10-17.

[P.T.O.

INSTRUCTIONS to be observed by the Medical Board preparing the Report.

---

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

4. **If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.**

8 B 270

CONFIDENTIAL.

Army Form. A.45.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at 13 Berners Street on 27.12.17

by order of A. D. M. S. London area

for the purpose of examining and reporting upon present state of health of

(Rank & Name) LT. ST-BARBE BAKER (JAMES SCOTT) (Corps) 5-4-BN

Age 26 Service 4 1/12 Disability G.S.W. L. LEG & BACK

Date of Commencement of leave granted for present disability 26.10.17

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order and having read the instructions on the back of the form proceed to examine the named officer and find that

This Officer reports after two months leave. Offer states he is feeling quite fit except pain over wound in the back after much exertion.

Present Condition - Still some tenderness on pressure over wound of back - No disability from wound of leg. General condition good.

The Board recommend

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being quoted.

1. Fit for General Service ..... no — two months
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category. .....
3. Fit for Home Service ..... yes
4. Fit for Light Duty at Home .....
5. Requiring indoor hospital treatment:-
   (a) In an Officers' Hospital .....
   (b) In an Officers' Convalescent Hospital .....
6. (a) Fit for light duty at a Command Depot .....
   (b) Fit for treatment only at a Command Depot .....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation. .....
8. Was the disability contracted in the service? yes
9. Was it contracted under circumstances over which he had no control? yes
10. Was it caused by military service? yes
11. If caused by military service, to what specific military conditions is it attributed? G.S.W.
12. If the disability was not caused by military service was it aggravated thereby, and if so, by what specific military conditions? —

I concur in the findings of the Medical Officers of the Board recorded here.
Captain, D.A.D.M.S. for Canadians, D.M.S.

Officer's address: Junior Naval & Military Club. 96 Piccadilly W

Wounds may cause

President

Members

(E.T.O.)

10

8 B 270

CONFIDENTIAL.

Army Form. A.45.

PROCEEDINGS OF A MEDICAL BOARD

Assembled at 13 Berners Street on 27.12.17

by order of A. D. M. S. London area

for the purpose of examining and reporting upon present state of health of

(Rank & Name) Lt. St-Barbe Baker (James Scott) (Corps) 5-4-BN

Age 26 Service 4 11/12 Disability C.S.W. & L.E.C. & BACK

Date of Commencement of leave granted for present disability 26.10.17

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order and having read the instructions on the back of the form proceed to examine the named officer and find that

This Officer reports after two months leave. Officer states he is feeling quite fit except pain over wound in the back after muscle operation.

Present Condition - Still some tenderness on pressure over wound of back - No disability from wound of leg. General condition good.

The Board recommend

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being quoted.

1. Fit for General Service ..... no — two months
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category. .....
3. Fit for Home Service ..... yes
4. Fit for Light Duty at Home .....
5. Requiring indoor hospital treatment:-
   (a) In an Officers' Hospital .....
   (b) In an Officers' Convalescent Hospital .....
6. (a) Fit for light duty at a Command Depot .....
   (b) Fit for treatment only at a Command Depot .....
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation .....
8. Was the disability contracted in the service? ..... yes
9. Was it contracted under circumstances over which he had no control? ..... yes
10. Was it caused by military service? ..... yes
11. If caused by military service, to what specific military conditions is it attributed? ..... C.S.W.
12. If the disability was not caused by military service was it aggravated thereby, and if so, by what specific military conditions? ..... — Injury may cause

I concur in the findings of the Board of Medical Officers here recorded. Captain, D.A.D.M.S. for Canadians, D.M.S.

Officer's address: Junior Naval & Military Club. 96 Piccadilly W

Signature of President: [illegible]

Members: [illegible] (R.T.O.)

10

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T.34	—	Lieut.	Baker	J.S.St.B.

Year	Unit.	Age.	Service.
1918.	2nd C.E.R.B'n.	27	5 2/12.

Station and Date.

2.12.18.

Disease G.S.W. Back.

First felt ill. Reported Sick.

Complaint. Onset Duration.

Wounded Sept 26. 1916.

Family History.

Personal History.

(a) Previous occupation & environment.

(b) Previous illness.

(c) Present illness.

Presents large adherent scar Right lumbar area. site of wounding in 1916. when 5th lumbar vertebra. right ilium and sacrum were damaged.

Physical Examination.

General inspection. Skin.

3-12-18. Hands. Normal

Dis 4 Eyes. Pupil. Amber. 10.30 negative to

Duty 10/12/18 Nose & Throat. Albumin - Sugar. and

Teeth & Gums. Microscopically

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

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

P.T.O.

Station and Date.	
6-15-18.	X ray shows no loose bone.
8-15-18.	Major Wayland. O/C in charge surgery advises that no operation be performed for raising of adherent scar. for a period of six months.
9-15-18.	Recommended for discharge to Depot
	Holy Spall. Major C.A.M.C.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 1456		Lieut	Barbe-Baker	James Scott
Year 1918		Unit. 5 Batt C.E.	Age. 26	Service. CANADA. 2 mos. FRANCE 18 TOTAL 50

Station and Date.

C.C.O.H. MATLOCK BATH.

Disease G.S.W Back. fract R. ilium & Sacrum (Old wound)

ONSET 26 . 9 . 16

WHERE France.

HISTORY OF DISABILITY. Wounded as above. While in Camp at Seaford was adm. to Can Mil. H. Brighton with abscess on ~~right~~ site of old wound. Operation 3.8.18 large quantity of necrotic bone removed from R. ilium & Sacrum. Recovery uneventful.

PERSONAL AND FAMILY HISTORY. Influenza July & Aug

PRESENT CONDITION. Good

DIGESTIVE SYSTEM. }
CIRCULATORY SYSTEM. }
RESPIRATORY SYSTEM } O.K.
NERVOUS SYSTEM. }
G.U. SYSTEM. }

LOCAL CONDITION. Wound not quite healed but clean.

Treat. Dressings R. Whitehouse

12.10.18 Not much disability wd not quite healed

16.10.18 Almost ready for M.B.

21-10-18 Boarded A.

[illegible]

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

(44502) Wt.W 11263—M 1150. 1,450,000. 6/12 16. C.F.&S. Form A. 1237/12. (E239)

P.T.

Station and Date.	

Forms
I. 1237
12

2_ EAST. GEN.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
56		Lr.	Barker.	J. S. Sr Barker
Year		**Unit.**	**Age.**	**Service.**
24. 6. 18		2 C. R. R43.	26.	4 6/12.

Station and Date.	Disease
Jun 28	Influenza Ill 3 days Headache pains in back T 102-8 nil cardiac nil pulm nil abd Rx Influenza L Moodie Major
July 1	Went out yesterday after being told to go back to bed Fit return to Unit L Moodie
	Direct to unit by ambulance train with See Telephone message Hillmann Capt
	2.7.18 So Seaforth

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

Wt. W 6601/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station
and Date.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

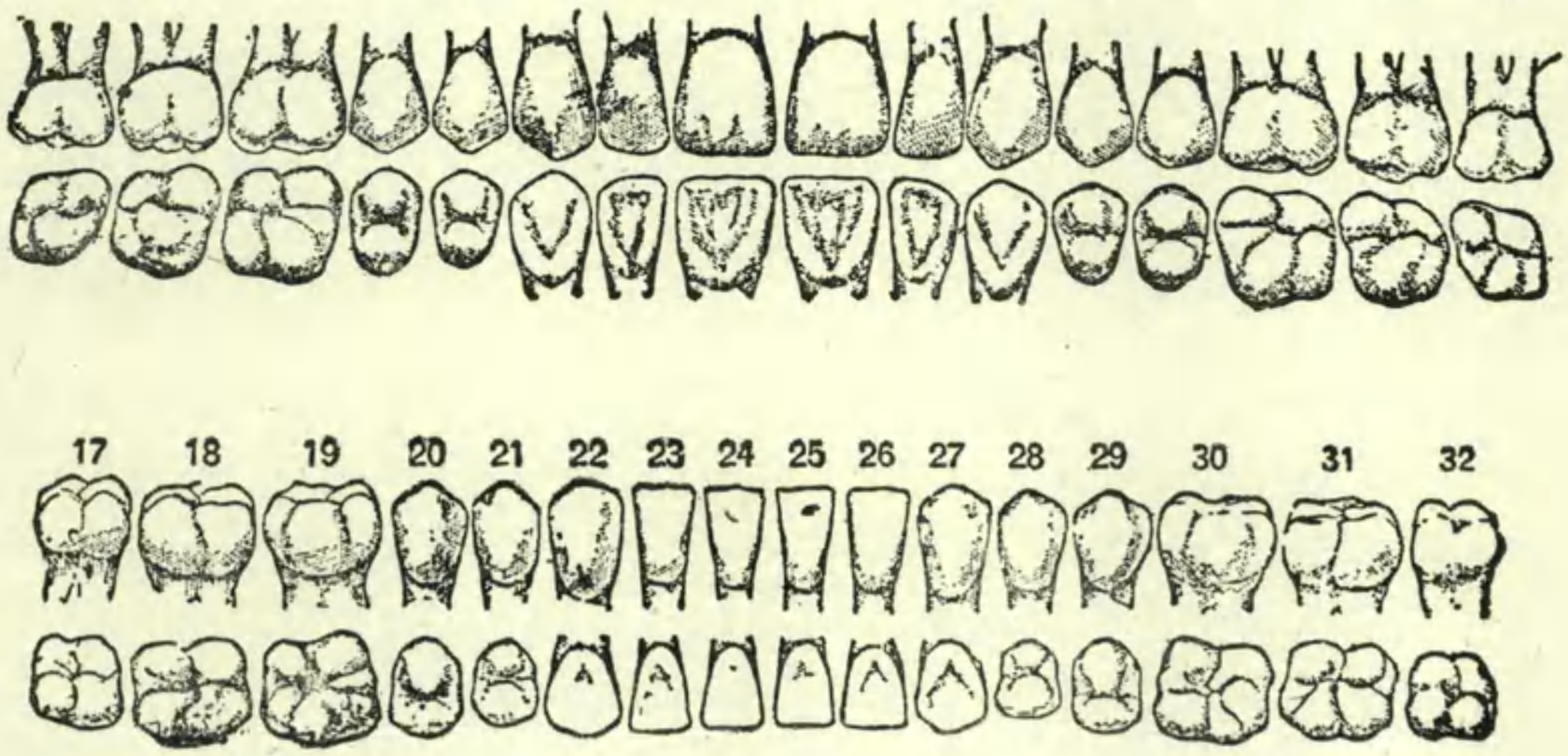
DIRECTIONS TO DENTAL OFFICERS

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) BAKER J. S. St. B.

REGIMENT Can. Eng. RANK Capt No. —

Date of Examination in England 3/8/19. | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5, 10, 11, 17, 29, 32,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 18, 19, 20, 21, 30, 31.

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~~ yes.
- (c) In France yes.

Signature of Dental Officer A. E. Crosby, Capt.

111

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps... Canadian Engineers

Rank Capt. Surname Baker Christian Name J. S. Ll. B.

Religion C.E. Age on Enlistment.....years.....months

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

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

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

or Corps Trade and Rate.....

Occupation..... .....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
27-6-19	3rd C.E.R.D.	To be A/Captain	Seaford	10-4-19	hond. Gaz. 27-6-19
30-6-19.	3rd C.E.R.D	S.O.S. to C.E.R.D. Witley	Seaford	2-7-19.	Pt II No. 149.

H. P. Duke
CAPT., R.E.
O.C. 3rd D.E. REG. B.H.

(*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. 866)

[P.T.O.

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				

2

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. 11th Bn. C. E. F.

Regimental No. — Rank Lieut. Name Baker, James S. St Barbe

Enlisted (a) — Terms of Service (a) C. E. F. DURATION OF WAR Service reckons from (a) —

Date of promotion to present rank 12. 6. 16 Date of appointment to lance rank Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b) (Elec. Engineering)

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				
1-5-18	1st Res.	T.O.S. from S.R.D.	Bishott.	29.4.18	Pt II 121
MAY 25 1918	O.C. 15th RES. BN.	STRUCK OFF STRENGTH TO S. R. D.	BRAMSHOTT.	25.5.18	PART II DAILY ORDERS No. 145 Lt. for ADJUTANT, 15th RESERVE BATTALION.
27. 5. 18	SRD.	T.O.S. fr. 15th Res Bttn & On Cmd. 42nd Cam. Seaford	Bramshott	25/5/18	D.O. 143. Jas. Binnie Lt for Major, Comdg. Sask. Regt. 1 Depot.
7-6-18	C&TC	Attached from Sask. Regt. pending transfer	Seaford	22-5-18	Pt II Order 15
25.7.18	2 C&RB	Ceases to be attached and is T.O.S. from Sask Regt. Depot	Seaford	22-5-18	Part II No 55

(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.

B 133

Capt. Baker J.S. Sl. 13.

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				
31-7-18	26ERB	S.O.S. to C.E.R.D. on being admitted to Red Cross Hospital Brighton	Seaford	7-7-18	Part II 60 A. Lore Lieut. C.E. for Lieut. Colonel, C.E. Commanding 2nd Canadian Engineers Reserve Bn.
3-8-18	O.C. C.E.R.D.	T.O.S. C.E.R.D. on pay from Service unit & struck in Hosp.	Seaford.	7-7-18.	Pt. II D.O. 210.
4-11-18.	O.C. C.E.R.D.	S.O.S. C.E.R.D. on pay. to C.E.T.C.	Seaford.	29-10-18.	Part D.O. 289. H. Shelley Lt. for O.C. C.E.R.D.
7-11-18.	2.C.E.R.B.	T.O.S. from C.E.R.D.	Seaford.	29-10-18.	Pt II 146.
11-12-18	3CERB	T.O.S. from 2nd CERB	Seaford	10.12.18	Pt. II 110.
2-1-19	3rd CERB.	Appointed Asst. Adjt	Seaford	10-12-18	Pt. II D.O. 1.
3-4-19	3rd CERB.	on Command Burton	Seaford	26-3-19	Pt. II Do. 79
3-4-19	3rd CERB	off Command Burton	Seaford	27-3-19	Pt. II. Do. 79.
5-4-19	3rd CERB.	Entries in Pt. II. 79 cancelled.	Seaford	5-4-19	Pt. II Do. 81
14-4-19	3rd CERB.	To be O.C. Company	Seaford	10-4-19	Pt. II. Do. 88
15-4-19	3rd CERB.	Ceases to be Asst. Adjt	Seaford	9-4-19	Pt. II. Do. 89.
30-6-19	3rd CERB.	S.O.S. to C.E.R.D.	Seaford	7-7-19	Pt. II. Do. 149.

CAPT. C.E. 2nd C.E. RES. BN.

(8915)—Wt. W4862—540. 600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 11th Battalion. C.E.F.

Regimental No. 21546. Rank ~~Private.~~ Lieut. Name J.S.St.B.Baker.

Enlisted (a) Sept. 23 Terms of Service (a) One Year Service reckons from (a)

Date of promotion to present rank Lieut 12/6/16 (auth. 29.8.16) Date of appointment to lance rank Numerical position on roll of N.C.Os. 26 1-2-2

Extended Re-engaged Qualification (b) (Elec. Engineering)

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				
		To Be Sergeant	Tidworth	9/3/15	B.O. 1316
				26-4-15	B 213 noted for O.C. 13/6/15
		Struck off 4th Bn			
		Taken on strength of 5th Bn	Field	5/5/15	Part 2 orders of 23/3/15
25/12/15	O.C 5th Bn.	Granted 9 days Leave	"	22/12/15	B213
8/1/16	"	retd from Leave	"	2/1/16	B213
3/7/16	A.G. G.H.Q	Granted Commission as Temp. Lieutenant	"	13/7/16	af. 14832. AAG. KE 5269 Pt II.O. no 28 of 14/7/16.
		Correction in Date of Commission		12.6.16	Auth:- List of appts Comms, and Rewards No 93 dated 29/7/16. Pt II O.32 of 14-8-16. Sup. to London Gazette 29/8/16
12.8.16	OC 5th Bn	To Can Corps Officers School	Hd.	6.8.16	B213.
29.8.16	"	Retd to Duty	"	29.8.16	B213

See File 6438. re Correct spelling of Name - James Scott, not Carlie Baker. Surname Baker only

(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				
29.9.16	G.H.Q.	Wounded.	Field	28.9.16	Daily Summary
28.9.16	1 Red X	Gsw L Leg.	Adm. Red Cross	28.9.16	W3034
30.9.16	5th Bn	Wounded.	Field	26.9.16	B213. Dcs 391 d. 14/9/16
30.9.16	3 CFA	GW Foot + L thigh	Adm 3 CFA / To C.C.S.	27.9.16	A36 " 393 d 18/10/16
"	9 CCS	GW L Leg & L Foot	Adm 9 CCS / To 6 A.T.	27.9.16 / 28.9.16	A36 " 394 d 18/10/16
"	"	"	"		
18.10.16	H.S. Stad	Antwerpen	Gsw L Leg	To England	18.10.16 W3083 / 8996 Pto 0.67 d. 27.10.16
					Pohogan Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
7-11-16	G.O.C.C.I.D	TAKEN ON STRENGTH & POSTED TO GEN. LIST		20-10-16	D.O. 5771 J S Burnham MAJOR, FOR COL. i/c RECORDS, C.E.F.
21-5-17	GL	Gfd to Sask Regt & posted Reg Dep	Bramshott	21-5-17	GL 0715 Duncan Capt FOR DIRECTOR OF PERSONAL SERVICES, C.E.F.
29-4-18	OC SRD	Posted to 15th Res Bn	Bramshott	29-4-18	DO 119 d/29-4-18. Geo. Binns Lieut. & Adjutant. Sask. Rgt'l Depot

MEDICAL TRANSFER CERTIFICATE

Army Book 172

(To accompany a Man Transferred from one Hospital to another)

Extract from Admission and Discharge Book of I. Red Cross **Hospital at** Le Tréguier **Date** Oct. 17.

No. of Case	Regiment or Corps	Troop or Company	Regt. No.	RANK AND NAME Surname first. If Married, write "M" under name.	Completed Years of: Age last Birthday	Completed Years of: Service	Completed Years of: Service in the command	DATES: Admitted into Hospital	DATES: Transferred	Religion	DISEASE (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred
	5th Canadians.			Sr Barbe Baker Lt-V.S.			1 yr	28.9.16.	17.10.16.		G.S.W. leg. & Back. Fracture of Transverse process of 5th Lumbar vertebra on R. side.	England.

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer

Wd 26.9.16. admitted here 28.9.16. with two penetrating wds of leg. & a penetrating wd of Back. 29.9.16. Wds explored with F.Bs removed from leg. Wd of Back declared F.B. not found. Leg cleaned up well but back was unsatisfactory pt running a temp ∴ 10.9.16. Back again explored & F.B removed from 1st part of sacrum in which it was embedded. Sacrum was not resected. pt's Temp. has now been normal for five days.

J. S. Young
Capt RAMC

Medical Officer in Charge

C/O. S. Office

Forms **R 150.**
9594—2½m—30/5/17

Surname Baker,

Rank Lieut

Promotion

Christian Names J. S. St. B.

Name and Address of Next-of-Kin

Unit

Place of Birth

Married (Yes or No)

Appointments

M

Date of leaving Canada

Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	ENGINEES REMARKS. Taken from Official Documents
Date	From whom received				
8-7-19.	C.E.R.D.	T.O.S from 3rd C.E.R.B.		2-7-19.	Pt. 2.O. 189
18.7.19	"	Ceases detached H.Q. Seaford		28.7.19	Pt. II. of 19.
30-7-19.	W.O.,	Relinq: Act Rank of Capt		23-6-19.	L.G. 31481.
5-8-19	"R" Wing C.C.C.	T.O.S. pending discharge in U.K.		2-8-19	Pt. 2. O. 100-
9-8-19	C&RD	Granted Extension of leave to		29.7.19.	Pt. 2.O. 281.
9-8-19	C&RD	Ceases leave + TOS to "R" Wing 2-8-19 from		2-8-19	Pt. 2.O. 221.
2-9-19	W.O	Retires in British Isles		21.8.19	AL 567 L.G. 31533
29-8-19	C&RD	SOS on T.C. + retires in B.I.		29-8-19	PO 242. + Pt. II. A.O. 4 of 24.1.20

22868

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authoriiy to be quoted in each case.	Place	Date	REMARKS. Taken from Official Documents	
Date	From whom received					

R 150

+ O.R. Folio 37, O.R. [redacted]

a. 7 B. [redacted] 8
5 Bn 1-7
do 1-8-16
do 1-9-16
SRE 1.7.17

Rank and Name	BAKER, J.S.St.B.	~~Acting~~ Temporary Lieutenant	
Regimental No.	21548 Sgt.	Name and Address of Next-of-Kin	
Unit	5th Battalion	J.R.St.B.Baker	
Date of enlistment	23.9.14 Valcartier	"The Firs"	
Place of birth	Westend Hants.Eng.	Westend, Hants.England.	
Married (Yes or No)	No	Date and place of discharge	59 A
~~If in Permanent Force~~		Reason for discharge	
		Character on discharge	

Last Rev Date

"The Firs" Westend Hants.

M

MT

22.5.18 A & C

Date		of promotions, reductions, casualties, etc., during active The authority to be quoted in each case.	Place	S R Date	O REMARKS Taken from Official Documents
				12-6-16	Pt-II ord 32 (5 Bn)
				3-9-16	Pt-II ord 28 (5 Bn) 2169
	G.O.C.				
15.6.16	1st Div.	Acting temporary Lieutenant			R.O. ~~2156~~
					R.O. 2420 (1st Div) per Lon Gaz 10-10-16
5-8-16.	do	To be Temp Lieutenant.		12-6-16.	R.O. 2297 Lon Gaz 21-8-16
2-10-16.	Tel.	Rept. from Base wounded.		28-9-16	C.L. 484
4-10-16	W.O.	Adm Duch West. Hosp. Le Toquet. The name of Lieut. J.R.St.B. Baker is as now described Not as in L.G. 21-8-16.		28-9-16	C.L. 486 G.S.W. L Leg Severe. R.O. 2420 (1st Div) Lon Gaz 10-10-16.
4-11-16	A.M.S.	Adm. 1st West. Gen Hosp. Fazakerley. Liverpool		20-10-16	C.L. 513. S.W. Leg
27.10.16	5 Bn.	Wounded. Hd Qtr C I D S'cliffe		18.10.16	Pt-II Ord 67.
7.11.16	G.O.C. C I D	TAKEN ON STRENGTH & POSTED TO GEN. LIST		20.10.16	A.O.S. 771
22.11.16	A.M.S.	Adm King Ed. VII Hosp, 9, Grosvenor Gdns, Lon.		16.11.16	C.L. 528
29.3.17	L.R.D	Admitted to Red x hosp	Discharged Brighton	11.12.16	C.L. 548
			Discharged	11/12/16	C.L. 636
21/5/17	G.L.O	Trans posted to Depot Reg Depot		11/10/17 21/5/17	C.L. 1818 C.L. 620
13/8/17	5th Bn	Having been detached from 5th Can Batt for over 4 mths is posted to Dark Reg Depot		18/2/17	Pt II O/93

A.F.B. 103 NOV. 16

ENGINEES

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				
8.11.17.	S.R.Depot	Granted two months sick leave		26.10.17.	Pt II ord 253.
31.12.17.	do	Ceases to charge on sick leave having reported to Depot 11.9.17. 2 months but fit 7.11.17. 2 months.		30.12.17	Pt II ord 305.
8.2.18	do.	Taken on Permanent Cadre of SRA. as asst Adjt		6.2.18.	Pt II ord 39.
29.4.18	do	S.O.S. on posting to 15th Res. Bn.		29.4.18	Pt II ord 119.
24.5.18	do.	S.O.S. on posting from 15th Res. on proc: to Hqs. Seaford for duty.		25.5.18.	Pt II ord. 143.
6.7.18.	S.R.D	S.O.S on trans to C.E.R.D.		22.5.18	Pt. II of 149.
14.6.18	W.O.	Hono Lieut Sask: Regt: to be Temp Lieut Cav: Eng:		22.5.18.	Lon: Gaz 30739.
7.6.18.	2nd CERB.	Attd. 2nd CERB.		22.5.18	Pt II of 15.
25.7.18	do	Ceases to be attd vis SOS for Sask Regt.		22.5.18	Pt II of 59
12.7.18	A.M.S.	Adm: Gen Mil Hosp. 21 Chesham Pl. Brighton		7.7.18	CL. 1031. G.S.H. Back (Old) C.E.R.D. Pt II of 210
31.7.18	2 CERB.	SOS to CERD on by adm: to Hosp:		7.7.18	Pt II of 60.
29.10.18	A.M.S	Adm Can Cons Officers Hp Hatfield Beth.		11.10.18	CL 1124. G.S.H. Back old.
4.11.18.	C.E.R.D.	S.O.S. to C.E.T.C. Crewe to be in hosp.	Discharged 2nd	CL 1149	
4.12.18.	A.M.S.	Admitted to Gen Genl. Hosp. Hastings		3.12.18	Ch. 1155. Gen. Back Red
11.12.18	S.C.R.D.	T.O.S from 2nd C.E.R.D.	Discharged	10.12.18	CL 1161
			Ceases to be asst. Adjt.	9.4.19	Pt. II of 89.
2.1.19	3 C.E.R.B.	Appt'd. Asst. Adjt. 3 C.E.R.B.		10.12.18	Pt. II of 1.
20.6.19	W.O.	To be a Capt. while comdg. a Coy.		10.4.19	L.G. 31412.
30.6.19	3 C.E.R.B	S.O.S. to C.E.R.D. & shown on command to H.Q. Seaford		2.7.19	Pt. II of 149.

Form P. 812B.
79691 6m 22/8/19 D.671

FILE NO 13223

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to BAKER James Scott St Barbe. a/Capt. Dependent

Address "The Firs" Westend. Hants. Address

£3 00 day

Date	Cheque No.	Gratuity	Paymen	Balance Due	Remarks
Aug 22	75478		24 13 2		1 Instl.
Sept 15	Grat	112 16 2			
" 15	P.Y.A.		8 4 5		a/Payment £40.00 RWG.
" 15	101504		16 8 9	63 9 10	less tx 8-4-5
Oct. 8	109427		49 6 4 / 24 13 2	38 16 8	3
Nov. 7	119696		24 13 2	14 3 6	4
Dec. 4	135477		14 3 6	0/0	Final.
		112 16 2	112 16 2		

37355 4

Rank and Name	BAKER, J.S.St.B.
Regimental No.	21546
Unit	11th. Battn.
Date of enlistment	Sept 23rd. 1914.
Place of birth	England
Married (Yes or No)	No
If in Permanent Force	

Name and Address of Next-of-kin

J. R. St;B. Baker,
The Firs, Westend,
Hants, Eng.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

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				
25 9/14	O.C. 11th Bn.	Promoted to Corpl.	Valcartier	25 9/14	M.T.D. 873, Part II, Do. 11th Bn.
8. 3/15	"	Promoted to Sergt. ? 2/Sergt	Tidworth.	9.3.15.	Pt II O.O. 1316.
9.5.15	O.C. 4th Bn.	Taken on strength 4th Bn.	3rd Echelon.	26.4.15	" " 11
23.5.15	" 5th "	Taken on strength of 5 Bn. on arrival from England	Do.	3.5.15	" " 12
8.1.16	" " "	Granted 9 days Leave of Abs. from 22/12/15 to		31.12.15	" " 2
14.2.16.	O.C. 5B	Taken on strength as Sgt.		3.5.15.	Part II O. 8.
15.6.16		Granted Commission			R.O. 2158.

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				

NAME BAKER, J. S. St.B.

Regimental No. 21546

Unit 11th Battalion

Date of enlistment Sept. 23rd, 1914

Place of birth England

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin

J. R. St.B. Baker,

The Firs, Westend, Hants, Eng.

Date and place discharged

Reason for discharge

Character on discharge

PAY OFFICE PAYMASTER NOV 29 1916 CANADIAN CONTINGENTS

Checked by ... FEB 20 1918 CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914																
9.22	10.31	40	1.10	44 00	40	10	4 00		48 00			15 00			15 00	
11-1	11-30	30	1.10	33 00	30	10	3 00	33 00	69 00			68 05			68 05	
Dec 1	Dec 31	31	1.10	34 10	31	10	3 10	95	38 15			23 55			23 55	
1915 Jan 1	Jan 31	31	1.10	34 10	31	10	3 10	14 60	51 80			48 05			48 05	
Feb. 1	Feb. 28	28	1.10	30 80	28	10	2 80	3 75	37 35			35 10			35 10	
1/3/15	9/3/15	9	1.10	9 90	9	10	90	2 25								Remarks by Sergeant- 10/3/15 Pro 35
9/3/15	31/3/15	22	1.35	29 70	22	15	3 30		46 05			45 25			45 25	
1/4/15	30/4/15	30	1.10	33 .	30	10	3 .	80	36 80			24 70			24 70	Transf. 4th Battn 30/4/15
1.5	31.5	31	1.10	34 10	31	.10	3 10	12 10	49 30			25			25	Paid at the rate of Gd in April in error. Difference Captain Gd. 10/6. will be adjusted in July Roll of 4th Bn
1.6	30.6	30	1.10	33 .	30	.10	3 .	24 30	60 30			5			5	
1.7	31.7	31	1.35	44 85	31	.15	4 65	27 30 55 30	129 10			19			19	27.30 Nil pay from April 1st from 11th Battn. transf as Gd in error.
								110 10								
		Adjustment of exchange						8 22				308 79				
1.8	31.8	31	1.35	41 85	31	.15	4 65	118 32	164 82			9 74			9 74	
1.9	30.9	30	1.35	40 50	30	15	4 50	155 08	200 08			15 40			15 40	
1.10	31.10	31	1.35	41 85	31	15	4 65	184 68	231 18			23 96			23 96	
1.11	30.11	30	.	40 50	30	15	4 50	207 22	252 22			15 05			15 05	Carried forward on Large Ledger
1.12	31.12	31		41 85	31	"	4 65	237 17	283 67			222 96			222 96	
1916 1.1	31.1	31	.	41 85	31	"	4 65	60 71	107 21			22 67			22 67	
1.2	15.2	15	.	20 25	15	15	2 25	84 54	107 04			– –			– –	TRANSFERRED TO 5th Bn.
				626 20			63 80	35 52	725 52			618 48			618 48	

2730
91
30
2730
910
405

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
				626 20			63 80	35 52	725 52			618 48			618 48	
16/2/16	29/2/16	14	1 35	18 90	14	15	2 10	107 04	128 04	1000		5 23				
										1062		10 46			15 69	
										1117		8 72				
1.3.	31.3.	31.	✓	41 85	31.	✓	4 65	112 35	158 85	1168		5 23.			13 95	
								144 90								
				686 95			70 55	355 52	793 02			648 12			648 12	

BALANCE TRANSFERRED TO NEW LEDGER.

Checked.....

D. M. S. 1347.

Surname: BAKER
Christian Name: J. S. St. B.
Reg. No.

Rank: Lieut.
Unit: 5th. Batt. C.E.

MEDICAL BOARD held at — Date — Serial No.

(1) London Area 26-10-17.
do. 27-12-17.

Other Medical Boards at — Date — Serial No.

(2) Bramshott 7-3-18.
Matlock Bath 21-10-18.

(3)

(4)

(5)

Condition found by Board
G.S.W.lt.Leg, & Back. GSW.Back,Frac.rt.Ilium & Sacrum (Old).

Disposition Recommended

(1) Unfit any service 2 months.
Fit Home ser. Unfit Gen. ser. 2 months.

(2) Fit for General service.

(3) Fit for General service.

(4)

(5)

PENSIONS & CLAIMS BOARD held at — Date.....

Disposition

Remarks

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—7025-16.

Baker. J. S. St. B.

Lieut. 5th. Battn. 2nd.C.E.R.B.

Duc. of West. Le Touquet. 28-9-16.

1st. Western Gen. Liverpool. 20-10-16.

King Edward VII Hosp. 16-11-16.

Red Cross Hos; 7 Chichester Terr.Brighton. 11-12-16.

Cent.Military Hospital, Brighton. 7-7-18.

Canadian Conval.Offs.Hosp.Matlock 11-10-18.

No.13 Canadian Gen.Hosp.Hastings 3-12-18.

Reported. Wounded. 28-9-16.

G.S.W. lt. leg. sev. & Back. Rad.

G.S.W.Back (Old). Rw.

G.S.W.Back (Old). a.T.

Discharged:-. 11-12-16.

do. 14-10-17.

do. 2-11-18.

do. 10-12-18.

C.L. 2-10-16. 484.

4-10-16. 486-3.

4-11-16. 513-3.

23-11-16. 528-4.

15-12-16. 548-2.

29-3-17. 636-2.

31-10-17 818-4.

12-7-18 1031-2.

CL.29-10-18 1124-5.

27-11-18 1149-6.

4-12-18 1155-3.

11-12-18 1161-2.

Carr Esq.
Lieut. Albert — Relinquishes the grant of Capt
23. 6. 1919. Lost 3-3-6 To W.O. 28-7-19
L.G. 30-7-19 31481 P9817

Returns in British Sales 21-8-19 Lost 567 To W.O. 28.8.19
L.G. 2-9-19 31533 P.11086

Address:-Junior Navy & Military Club,
96, Piccadilly, W.1.

A.G. 10425-5M.
6055-8-12-17.

Name Baker J. S. St. B. File No. 8-13-270
Regt. No. Rank Lieut
Unit Can Engrs.
Sent to W.O. 11/6/18. List No 384
Action taken from Rank Reg to be Lieut

Effective 22/5/18
Gazetted date 11/6/18. No. 30739 Page 6909
G.O.S. Order No. Date
Can Engrs
Lieut.
To be acting Capt. while commanding Coy Effective
10-4-1919. To W.O. 14-6-1919 List 541
L.G. 31412 P. 7899 of. 20. 6. 1919

Checked by Date P.T.O.

List 1897

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-12-18	13 Can Gen Hos	Hastings 7001	G.S.W. Back (Ola	1155		B1
10-12-18.	Discharged	7003		1161		

R. 149.

Name BAKER *Rank* Lieut. *Reg. No.* 91358

Unit J. S. St.B.
~~5th Bn.~~ ~~late~~ 2nd C.E.R.B.

Next of Kin J.R.St.B. Baker,
The Firs, Westend, HANTS.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
					C.8270	
28-9-16	Rep. from Base.		WOUNDED.	484	O.1916	2-10
28.9.16	D. W'to Hos. le Touquet		SSW L Leg Ser.	486		
20.10.16	1st W to H. Sagakeley	Liverpool	SW leg	513		
16.11.16	Kenq. Ed. VII Hos.	SW	GSW ankle	528		
11.12.16	Deceased		—	548		
11-12-16	Red X Hos. 7 Chichester Terrace Brighton		GSW L Leg Back	636		
14.10.17	Discharged			818		
7.7.18	Cent. Mil. Hos. 21 Chichester Terrace Brighton 2468		GSW L Leg (Old)	1031		
11-10-18	Can. Con. Off. Hos., Matlock Bath 7001			1124		
2-11-18	Discharged	7003		1149		

over

No. 21546 RANK Sgt. NAME Baker J. S. St. B.

T. O. S. UNIT 105th Regt. (Saskatoon Fusiliers)

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 12 Aug.	1914 27 Aug.	✓		
Aug 28th	Sept 28th	✓	Now shown on 11th Bn paylist	Sept paylist
Sept 22	Oct 31	✓	Shown as Cpl.	Oct. "

UNIT SAILED OCT 3 1914

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
	C.C. off. Mallock Back		
1149-5-	Disch	2-11-18	G.S.W. Back (old)
1155-3	Can. Gen. Hastings	3-12-18	(old) G.S.W. Back
1161-2	Disch.	10-12-18	" " "

NAME Baker, J. St. B. REGT. No.

RANK AND UNIT Lieut 5th Buffaloes. 11th H.Q. Staff & 4th

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
484 (1)	Reported from Base	28-9-16	wounded
486 (3)	1st Westminster's Le Touquet	28-9-16	G.S.W. L Leg. Sev
513 (3)	1st. West. Gen. Fazakerley Liverpool (A.W.S.)	20-10-16	" " "
528 (4)	King Edward VII 9. Grosvenor Gardens. S.W. (A.W.S.)	16-11-16	" " " Ankle
548 (2)	Discharged	11-12-16	" " " "
636 (2)	Red Cross, Chichester Terrace Brighton	11-12-16	" " " L Leg & Back
818 (4)	" " " Disch	14-10-17	" " " " " " "
1031-2	Cent. Mil. 21 Chesham Place, Brighton.	1-7-18.	" " " " " "
1124-5	Can Con Off. Matlock Bath.	11 10/18	Gsw Back old

REGT'L NO

NAME Baker J. St. B.

H. Q. FILE NO. 649-

RANK AND CORPS Lieut - 5th Bn (Tom. 11th H. 2. Staff & 4th)

FOLLOWS

NO.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
01916	2-10-16	Reported wounded Sept. 28th 1916

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 17-2-39-893.

—DECEASED PERSONNEL

	REGISTRATION No. DATE OF DESPATCH
	(1)
	(2)
	(3)

G.E.F.

DEPARTMENT OF VETERANS AFFAIRS **AWARDS**

SURNAME (in block letters)	CHRISTIAN NAMES	REG. No.	RANK DISCHAR
BAKER,	James S. St. Barbe	a/Capt.	

WAR SERVICE BADGE

(CLASS) **No.** **DATE DESPATCHED:**

ADDRESS: c/o James Heath Manufacturing Co.
41 BOLEYN ROAD
DALSTON JUNCTION
LONDON N.16 ENGLAND.

CAMPAIGN MEDALS	REGISTRATION NUMBER AND D
1914-15 STAR	14281-25/9/52
B.W. MEDAL	
VICTORY MEDAL.	

Number ..... Rank a/CAPT

Surname BAKER

Christian Names J. S. ST. B.

Unit ..... Theatre of War FRANCE

Date of Service 23.9.14 - 9.2.15 - 21.8.19

Remarks ~~Retired in British Isles~~

Latest Address "The Firs" Westend, Hants. Eng.

164 206

Roll No. B Page 3536

402275-6-7

P—15.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	~~5th Bn.~~ G.H.Q.			Lieut.	13-6-16	Meso 1st Can. D.R.O. 216 d/15-6-16	Name Baker
Address							Initials J. St. B.
							Bank of Montreal
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Aug 15	Bank			43 63				
25	"			246 97				
Sept 9	Pa A Lieut's rate Mar. 13/6/16		390 60					
	Pay Sept R		108					
25	Bank			108		— o —		
Oct 20	Pay Oct R		111 60					
26	Bank			111 60		— o —		
Nov 23	Adv. in Jd. 3/10/16 75 Fr. Gen Otc.			13 08				
24	Pay Nov R		108					
27	Bank			94 92		— 11 —		
Dec 14	Pay Dec R		111 60					
	Cr bal from page 12		30					
16	Bank			111 90		— o —		
1917 Jan 20	Pa a. Jan.		111 60					
23	Bank	19788		111 60		— o —		
Feb 14	Feb Pa.		100 80					
20	Bank	21931		100 80		— o —		
Mar 12	Pa Mar		111 60				Hold Pa a/c R. 15/3/17 B.	
23	Bank	24836		111 60		— o —	Release Pa. 15/3/17 B.	

OPINION OF THE MEDICAL BOARD

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

YES WE CONCUR.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.) Unfit 6 months
(*b*) Service abroad, not general service,	(" B)	(Yes ~~or No~~) B
(*c*) Home service (Canada only),	(" C)	(~~Yes or No~~) N.A.
(*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*) ~~Requires treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should be sent under his own escort~~
(*d*) ~~Should be passed under his own escort~~.
(Strike out condition not applicable.)

21. ~~This recommendation is not for invalid for discharge~~ (When not for discharge add special recommendation.)

Boarded for Discharge in U.K. Auth. H.Q.C.R.O. 5222 of 25. 1. 19.

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

J. W. DWYER CAPT. *President.*

PLACE WITLEY.

J. L. WRIGHT CAPT. } Members

DATE ~~2~~ 3. 8. 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

FRED. W. W. HIPWELL CAPT.
A.D.M.S. H.Q. Canadian Corps Camp. *Assistant Director of Medical Services.*
DATE 3. 8. 1919.
Witley Section.

APPROVED BY

Director-General of Medical Services.

DATE.....

1046

THIS FORM WI[illegible] 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. DATE 3. 8. 1919.

1. 1 (*a*) Unit C. E. (*b*) Regimental No..... (*c*) Rank A/Capt.

(*d*) Surname BAKER (*e*) Christian name James Scott St.Barbee

(*f*) Home address The Firs, Westend, Hants, England.

(*g*) Next of Kin J. R. Baker, (*h*) Relationship Father

(*i*) Address of Next of Kin The Firs, Westend, Hants, England.

2. Age last birthday 27 years Date of birth Dec. 21st. 1891

3. Enlistment, or Appointment (if an Officer) (*a*) Place Valcartier. (*b*) Date 23. 9. 1914.

4. Personal description:

(*a*) Height 6' ½" (*b*) Weight 158 est (stripped) (*c*) Complexion Dark

(*d*) Colour of hair D.Brown (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc. ¾" in perpendicular scar over left eyebrow.

5. Former trade or occupation Electrical Mechanical Engineer.

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	314

	Periods From	Periods To
Canada	23. 9. 14.	Sept. 1914
England	Sept. 1914.	26. 4. 15.
France or other theatres of War	26. 4. 15.	18. 10. 16.

7. Original disease, or injury Lacerated wound of back.

(*a*) Date of origin 26. 9. 16. (*b*) Place of origin France.

(*c*) Cause G.S.W.

M. F. B. 227.

400M.—11-18.
1772-39-117.

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.)

Weakness of back.

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 ; Well healed - depressed - occasionally tender - adhered scar an 1½" to right of fifth lumber. Is ~~right~~ over right Cocro-iliac joint was associated with fracture of trans-focess, of 5th lumb - vert and right ilium and socrum. Laterol movement limited.

SUBJECTIVE; Marked weakness of back on excessive exercise. Tenderness on change of weather and long position in one place.

(*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 YES

Osseous and Joint Systems NO Any other general condition NO

(1) Small non tender scar from G.S.W. on post. surface of calf, left. Removal by operation, just behind head of Fibula. No disability.
(2) Wound left leg entry on outer surface ~~tibia~~ tibia; 2" above malleolar external. Removed by operation, inner side of Tibia, same level, 4 drainage wounds. Araesthielis aerea over inner side of tarsus.

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

Injured by G.S.W. in France. On 26. 9. 16. In C.C.S. 27. 9. 17. Duch. of West. 28. 9. 16. No. 1. W.A.H. Liver. 20. 10. 16. King Edward 7th 21. 11. 16. : Belgravce Sq. 23. 11. 16. ; Hyde Park Gdns. 5. 12. 16. Brighton on 11. 12. 16. Wound broke open with abces and entered Brighton 7. 7. 18 to 8 . 10. 18. Matlock Bath 10. 10. 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*).)

C.C.S. 27. 9. 16. to Brighton 11. 12. 16. G.S.W. Left Leg. - Recovery.

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

Vide. 9(a)

11.—(*a*) Did the disabling condition have its origin before enlistment?

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months.

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

Vide. 10 (a) Brighton - Massage - 11. 12 16.

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? No. Unable to climb, or heavy lifting.
(If not, briefly state why)

17. Recommendations.

T. E. P. Hocher Capt. 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 J. S. St.Barbee Baker 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

J. S. .St. Barbee Capt. Capt. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)	Unfit 6 months.
(b) Service abroad, not general service,	(" B)	(Yes or No.)	B Yes
(c) Home service (Canada only),	(" C)	(Yes or No.)	
(d) Temporarily unfit.	(" D)	(Yes or No.)	N.A.
(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.)
xxxxxxxxxxxxxxxx
(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.)
x xxxxxxxxxxxxxxxxxxxxxxxxxxxx

For Discharge in the U.K. Auth HQ CRO 5222 of 25.1.19.

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

P.J.O'Dwyer, Capt CAMC. — *President.*

PLACE Witley — J.T.Wright, Capt CAMC. — Members

DATE 3.8.19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President.*

PLACE..... — Members

DATE.....

APPROVED BY — *Assistant Director of Medical Services.*

DATE 8/3/19

APPROVED BY — *Director-General of Medical Services.*

DATE

UK

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

L.A.H.

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 DATE 3.8.19.

1. 1 (a) Unit C.E. (b) Regimental No. (c) Rank S/Capt.

(d) Surname B.A.E.B. (e) Christian name James Scott St Barbi.

(f) Home address "The Firs" Hostend, Hants, Eng.

(g) Next of Kin J.E.St Barbi Baker. (h) Relationship Father

(i) Address of Next of Kin "The Firs" Hostend, Hants, Eng.

2. Age last birthday 27 years. Date of birth Dec 21st 1891.

3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier. (b) Date 23.9.14.

4. Personal description:

(a) Height Abt 6'.½" (b) Weight Abt 150 (stripped) (c) Complexion Dark

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

½" scar perpindicular over lt eyebrow.

5. Former trade or occupation Electrical Mechanical Engineer.

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	-314-

	Periods From	Periods To
Canada	23.9.14.	Sept 1914.
England	Sept 1914.	26.4.15.
France or other theatres of War	26.4.15.	18.10.16.
	18.10.16.	To Date

7. Original disease, or injury Incorated Bound of Back.

(a) Date of origin 26.9.16. (b) Place of origin France.

(c) Cause G.S.W.

M. F. B. 227.

300M.—8-18.
1772-29-117.

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.)

Weakness of back.

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

Obj:- Well healed-depressed-occasionally tender-adherent scar on 1½" to right of fifth lumbar. Is over right socro-iliac joint -was associated with fracture of trans process of 5th lumb vert and rt ilium and ~~Scorum~~ Sacrum. Latral movement limited.

Subj:- Marked weakness of back on exercise (excessive) Tenderness on change of weather and long position in one place.

(*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 (If pulse rate is abnormal, B. P. will be taken.) No Genito-Urinary System (Albumen and Sugar will be excluded.) No

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System Yes

Osseous and Joint Systems No Any other general condition No

1. Small non-tender scar from GSW on post surface of salf lt Removed by operation just behind head of fibula - no disability.

2. Wound lt leg entry on outer surface tibia 2" above malliobus external Removed by operation inner side of tibia same level 4 drainage wounds Anaestletic area over inner side of tarsus.

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

~~Inguinalx~~ Injured by GSW in France on 26.9.16. In CCS 27.9.16. Duch of West 28.9.16. No 1 W.G.H. Liver 20.10.16. King Edward 7th 21.11.16 Belgrade Sq 23.11.16. Hyde Park Gdns. Brighton on 11.12.16. Wound broke open with abscess and entered 5.12.16. Brighton 7.7.18. to 8.10.18. Matlock Bath 10.10.18.

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*).)

CCS 27.9.16. Brighton 11.12.16. Gsw lt leg recovery.

Brighton -Influenza 27.6.18. Recovered

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

vide 9(a)

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.)

NA

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

The regimental documents will be referred to.

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

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

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

Vide 10(a)

Brighton - massage. 11.12.16.

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? NO. Unable to climb or heavy lifting.
(If not, briefly state why)

17. Recommendations

T.B. P. Gosher Capt RAMC
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 J.S.St Barbe Baker 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

.JTW.

J.S.St Barbe Baker Capt Rank.
Signature of invalid examined.

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		
Oct. 2nd /14	Vaccination	Pos.	S.G. Choun.
29/9/14	Inoculation	Pos.	S.G. Choun.

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

ML. DUPLICATE. ~~21546~~

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.

MEDICAL HISTORY of

Surname ~~BAKER~~ *Christian Name* James S.St. B.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Hamps County Eng.

Examined ... ... on 12 day of September 1914. at Valcartier

Declared Age ... ... 23 years days.

Trade or Occupation ... Engineer

Height ... ... 6 feet, ½ inches.

Weight ... ... 168 lbs.

Chest Measurement. Girth when fully Expanded. 35½ inches. Range of Expansion. 39½ inches.

Physical Development ... Good

Vaccination Marks Arm ... Right Left. Number ... 4

When Vaccinated ... ... at Sea

Vision ... ... R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Scar over right eyebrow.

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

Approved by (*Signature*) S.G. Choun.
(*Rank*) Capt. A.M.C.
Medical Officer.

Enlisted ... ... at Valcartier on 23rd day of September 1914.

	Corps.	Regtl. No.
Joined on Enlistment ...	11th Batt.	~~21546~~
Transferred to	5th Bn	Lieut

Became non-effective by ...

on day of 191 .
(*Signature*)
(*Rank*)

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,

(7278.) Wt. 2869—'662. 200M. 5/15. J. T. & S., Ltd. Forms B. 178.

P.T.O.

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				

OPINION OF THE MEDICAL BOARD

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

Yes. We concur.

19. Is the invalid fit for

(a) General service,	(Category A)	~~(Yes or No.)~~ Unfit 6 months.
(b) Service abroad, not general service,	(" B)	(Yes ~~or No.~~) B. yes.
(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.) for a.

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.)

Boarded for discharge in U.K. Auth. H.Q.C.R.O. 53209 25-1-19

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

E. Bowyer Lt Col. President.

PLACE Witley

DATE 3-8-19

F. Wright 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

Fred Gerrard Lt Col.
Assistant Director of Medical Services.

DATE 3/8/19

APPROVED BY

Director-General of Medical Services.

DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

U.K.

Orig.

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 DATE 3-8-19

1. 1 (a) Unit C.E. (b) Regimental No..... (c) Rank a/Capt.

(d) Surname BAKER (e) Christian name James Scott St Barbe

(f) Home address The Firs Westend Hants England

(g) Next of Kin ~~Father~~ J.R. St Barbe BAKER (h) Relationship Father

(i) Address of Next of Kin The Firs Westend Hants England

2. Age last birthday 27 years Date of birth Dec. 21st 1891

3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier (b) Date Sept 23rd 1914

4. Personal description:

(a) Height 6 ft ½ ins. (b) Weight 1.5.8 (stripped) Est. (c) Complexion Dark

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

3/4 in. perpendicular scar over left eyebrow

5. Former trade or occupation Electrical Mechanical Engineer

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	314

	Periods From	Periods To
Canada	23-9-14	Sept. 1914.
England	Sept. 1914 / 18-10-16	26-4-15 / [illegible]
France or other theatres of War	26-4-15	18-10-16

7. Original disease, or injury

LACERATED WOUND OF BACK.

(a) Date of origin 26-9-16 (b) Place of origin France

(c) Cause G.S.W.

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.)

Weakness of back.

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:— Well-healed depressed occasionally tender adherent scar on 1½ in. to right of fifth lumbar Tr over right sacro-iliac joint — was associated with fracture of trans-process. of V lumbar vert. and ilium and sacrum. Lateral movement limited.

Subjective:— marked weakness of back on excessive exercise. Tenderness on change of weather and long position in one place.

(*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 ~~yes~~ Cardio-Vascular System ~~yes~~ (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 ~~yes~~

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

(1) Small, non-tender scar on back surface of calf, left. Removed from G.S.W. by operation, just below head of fibula — no disability.

(2) Wound left by entry on outer surface tibia, 2 in. above malleolus, external. Removed by operation, inner side of tibia, same level 4 drainage wounds. Adhesive area over inner side of tarsus.

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

Injured by G.S.W. in France ~~on~~ 26-9-16. In C.C.S. 27-9-16: Dual. of Wds. 28-9-16: To 1. W. G. H. Liver. 20-10-16. King Edward VII 21-11-16.; Belgrade Sq. 23-11-16; Hyde Park Gns. 5-12-16. Brighton on 11-12-16. Wound broke open with abscess and entered Brighton 7-7-18 to 8-10-18; Netley Hosp. 10-10-18.

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*).)

C.C.S. 27-9-16 to Brighton 11-12-16. G.S.W. leg — Recovery. Brighton — Influenza — 27-6-18. Recovered.

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

Vide 9(a)

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) ~~no~~ (b) ~~no~~

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mo.

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

Vide 10(a)

Brighton — massage — 11-12-16.

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? ~~no~~ Unable to climb or heavy lifting
(If not, briefly state why)

17. Recommendations

S. S. P. Gracher, Capt. Cam.
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 J. S. St. Barbe Baker 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

J. S. St. Barbe Baker Pte.
Rank.
Signature of invalid examined.

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.	NAME OF	~~DATE~~ Rates	AUTHORITY	RANK.	~~DATE~~ mess	AUTHORITY	NAME. 4
Beneficiary	Gen. List.	Pay	$ 2 00 P.D.	Lieut.	13 6/16	1st Can D.R.O.	Name Baker.
Address	S.R.D.	T.A.	$ 0 60			2169 15 6/16.	Initials J. St. B.
	Can. Engrs.	mess	$ 1 00	T/Lieut.	22 5/18.	D.G. 384-1 6/18.	Bank of Montreal.

Amount. $

Separation Allowance issued. Yes or No..... Add. Outfit Allce. 18/18

DATE 1918.	PARTICULARS		CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apl 3	Balance Forward						Nil		
5	Rations 1-3 3/18		Rs 3					4/-	
11	Pay R.			108 -					
23		Bank.	1094.		108 -				
May 6	Pay R.			111 60					
23		Bank	2551.		111 60				
June 22	Pay R.			108 -					
		Bank	4126.		108			Trans. fr. L.14 to L.14, 8th July 1918	
July 11.	Pay R			111 60					
26		Bank	5607		111 60				
Aug 12	Aug Pay.			111 60					
24		Bank	7207		111 60				
Sept 4	Sept Pay.			108					
25		Bank.	9186		108				
Oct 15	Oct Pay.			111 60					
23		Bank.	10430		111 60			Retd. to Can. L Pe to 30/4/18 To fd to M.E. Ledger	
28	Add. Outfit Allce. 18/18			100					
		Bank.	10930		100				
Nov 20	Adv. P & A		12001		140			7/4 Sep Tra a/c	
22	Pay R + M.F.A. 12 9/18			140					
Dec 11	Pay R.			124					
		Bank	13730		124				
1919 Jan 22	Pay R.			124					
		Bank	15564		124				
Feb 14	Pay R.			112					
		Bank	17062		112				

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.			RANK.			NAME.
NAME OF	DATE	AUTHORITY		DATE	AUTHORITY	
C. E.	Pay 2		Lieut.			Name Baker
	FA 1		a/ Capt	10 4/19	DG 541 14 6/19	Initials J. St B.
	M. 1.		Retired a/rank	23 7/19	" 556. 28 7/19	Bank of Mont.
					No 9177	

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Retired in Br. Sales 21/8/19 - Ltr A.G. d/25/8/19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1919								
Mch 14	Pay R.	Bank 18683	124	124		—		
Apr 14	Pay (R)	Bank 1101	120	120		—		
May	Pay (R)	Bank.	124	124		—		
June	Pay R.	Bank	120	120		—		
26	Adj. to Capt rate 10/4 - 30/6/19	Bank No 5260	82	82		—		
July	Pay R.	Bank	155	155		—		
Aug 1	A.D.A. 1 8/19	Bank No 6	100	100				
15	Pay R.	Bank	124					
	O.P. diff bet Capt & Lt 24/6 - 31/7/19	Bank V 554		38				
				86		—	Trans cease Eff. 1 9/19	
Sept. 19.	Overpaid P. 2 22. 31 8/19. 10 days @ 4.00	Vo. 22		40.00		40.00 Dr	Tr to N E ledger	
23	Charged to W.V.G	V° 731	40			—	V.o 13881.	
							Tfd fr 6-12 13 9/19	

H.S.G Clearance Certificate issued 31 8/19 Dr 40.00

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	Mess DATE	AUTHORITY	NAME.
Beneficiary	Gen List		Pay $2.00 P.D.	Lieut	13.6.16	1st Can. D.R.O.	Name Baker,
Address	Sask R. Depot		Ill. $0.60			#269 d/15 6/16	Initials J. St B.
			Mess $1.00				Bank of Montreal

Amount. $

Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apr 21	Apr R & A		108					
	Bank	3017		108		0		
May 22	May Pay R		111 60					
28	Bank	6039		111 60		0		
June 9	Pay R.		108					
	Bank	7999		108				
July 10	Pay R		111 60					
27	Bank	13082		111 60		0		
Aug 9	Pay R.		111 60					
23	Bank	17394		111 60		0		
Sept 15	Pay. R.		108					
25	Bank	21863		108		0		
Oct 11	Oct Pay (R)		111 60.					
19	Bank	26190		111 60		0		
Nov 14	Pay (R)		108 —					
20	Bank	30662		108 —		0		
Dec 8	Pay (R)		111 60					
13	Bank	35096		111 60		0		
1918 Jan 10	Pay (R)		111 60					
21	Bank	39336		111 60		0		
29	Cr Bal for Pay II. No 965. No 529 Pay II.		- 30.			- 30.		
Feb 6	Interest on Cr Pay 30/4/16 No 88 Pay II.		- 84			1.14		
8	Pay (R)		100 80			101 94		
19	Bank	40953		101 94		0		
26	Sick leave 26/12/17 - 27/12/17	14609				6.9.5		$31.50
						Fwd.		

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.			RANK.			NAME.
NAME OF	DATE	AUTHORITY		DATE	AUTHORITY	
Gen List		Pay 2.00 RR Ra 0.60 " Meso 5.00 "	Lieut.			Name Baker Initials J. St. B. Bank of Montreal.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918.								
			111 60					
Mch 8	Pay (R)		~~119 85~~					
21	Bank	42552		111 60				
	Rations 5.28 2/18 less 7 days	16956					1.2.8.	
	✓ 1.31 1/18	14829					2.1.4.	

Married or Single: S.

Place of Birth: England.

Name and Address of Next of Kin: J. R. St B. Baker
The Bits, Westend, Hants England.

Relationship of Next of Kin:

Name and Address of Next of Kin:

Relationship of Next of:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Appointed to Commission	12/6/16.	P.M. Branch Letter PL.9B758 P.M. 26816

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Comm

Reg'l No. 21546 — Rank ~~Pte~~ Sergt — Name Baker. J. S. St B.

If in Permt. Corps / What Unit — Unit 5th Batt.

Permanent Force Allowances

Place of Attestation

Date of Attestation 23rd September 1914

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 11-6-16 England

Reason and Authority Commission E.E.F.

Account Transferred to Non-Effective Branch (Date) Eff 12/6/16 — PL.9B758 PM 26-8-16

Account Transferred to Officers' Pay Branch (Date) ~~12/6/16~~ 12/6/16 — List 101 28/9/16 HEM

Transferred to	Date	Authority
~~P.M.B.~~ non-effective Pay I	12/6/16.	PM Branch Letter PL.9B758 PM.26816
	12/6/16	
N E B		

Entered on N.E. Card Index
Checked by C. J. Willia

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
															793 02															648 12	144 90		60 75		2. 6. J.
1-4-16 30-4-16	30	1 35	40	50	30	15	4	50							45	1217	6/4	1277	24/4					10	46	10	46			20	92	168	98		81	
1/5 31/5	31		41	85	31		4	65							46	50	1306	3/5	1331	23/5				5	11	5	11			10	22	205	26			
																			1398	9/6						51	10								
																			1380	9/6						10	22								
																			1399	9/6						34	07								
1/6 30/6	30		40	50	30		4	50							45															95	39	154	87			
1/7 31/7	31		41	85	31		4	65							46	50																201	37			
1/12 Aug	12	1 35	16	20	12	15	1	80							18														93	93		126	37			Overcredited 6 days Pay (@ 1.50-7/8) from 12/6/16 to 17/8/16 Authority Commission PL 9B758 PM 26816
13/8 31/8	19		25	65	19		2	85							28	50													28	50	28	50	126	37			overcredited 19 days pay.
1/9 1/9	1		1	35	1			15					3789	31/8	1	50												126 37	1	50	127	87					overcredited 1½ days pay.
															1024	02														1024	02					
																																		30			30 cents observation and debit 20 cents under credited on Pass Sgt 9/3/16. from P.M. Branch for adjustment 29/9/16. Returned P.M. Branch 29/9/16 Pl Pay I 7/6/16
Nov													30			30																				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Engl.
Oct	fwd								30		
Jan	Int. on def. pay to 31/12/16	2 38	84						1 14		

Balance transferred to N. E. Branch NIL

Checked H. Rodgers

Checked C. H. Roberts

ASM. FORM REN'D ... EFF'D
DISCHARGED TO Cust. from C.E.F. DATE 11/6/16
PAYBOOK VERIFIED not available
Cr. BAL. 30 L.P.C. REM'D 22.15
NOT YET List 101 28/9/16
Comm. C.E.F.

PAY OFFICE
PAYMASTER 1
NOV 29 1916
CANADIAN CONTINGENTS

A.L.P.C. 24/1/18
Cr. Bal. 1/14

Ledger Sheets