I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms
112005	BALDWIN	ROBINSON MAURICE

DEC'D 22/07/41

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 386

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

3560 3560

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Baldwin Robinson Maurice

Regt. No. 112005 Rank 2pr

Corps #1 Spec. Sec. Form. 7th C. M. R.

"Physically Unfit"

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

a 7 B 1221

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

12.19
22-20.
33-23

2

~~432~~ ~~75~~ 8

ATTESTATION PAPER.

No. 112005.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Robinson Baldwin
2. In what Town, Township or Parish, and in what Country were you born?..... London, Ont.
3. What is the name of your next-of-kin?..... Alice Mabel Baldwin
4. What is the address of your next-of-kin?..... 115 Jackville St., London, Ont.
5. What is the date of your birth?..... 8th January 1879
6. What is your Trade or Calling?..... Asphalt Refiner
7. Are you married?..... yes - but separated.
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?.. 17 yrs. 6th Battery
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... yes

(Signed) Robinson Baldwin (Signature of Man).

J.M. Spry Capt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, R. Baldwin, 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.

Robinson Baldwin (Signature of Recruit)

Date 23 Oct. 1914 J.M. Spry Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, R. Baldwin, 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.

Robinson Baldwin (Signature of Recruit)

Date 23rd Oct 1914 J.M. Spry Capt (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at London, Ont this 23 day of Oct 1914

E.S. Wigle (Signature of Justice)

A Notary Public Notary Public.

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

E.S. Wigle (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Certified true copy of original.
E.S. Wigle

Description of Robinson Baldwin on Enlistment.

Apparent Age 34 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6½ ins.
Chest measurement. Girth when fully expanded	39½ ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Medium
Eyes	Brown
Hair	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).

Tatoo mark on right forearm
Vaccination left arm

COPIED Archives COPY

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 23 Oct 1914 Geo. B. Hale Medical Officer. R B

Place London, Ont.

*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.

Robinson Baldwin 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.

(sd) E. S. Wigle (Signature of Officer)

Date 23rd October 1914.

28 March 1915 Chas. A. Reason Major to Lt Col O.C. 7 C.M.R.

(Facsimile of Discharge Certificate)

CANADIAN OVERSEAS EXPEDITIONARY FORCES
DISCHARGE CERTIFICATE.

This is to Certify that No. 112005 (Rank) TROOPER

(Name in Full) ROBINSON MAURICE BALDWIN enlisted in

18TH BATTALION.

Canadian Overseas Expeditionary Force, on the 23RD of OCTOBER

1914, and accompanied said unit to BELGIUM

was returned to Canada, and discharged from the service at LONDON

ONTARIO on the THIRTY-FIRST of DECEMBER 1917, in

consequence of BEING MEDICALLY UNFIT FOR FURTHER MILITARY SERVICE.

DESCRIPTION OF DISCHARGE

Age	44 YRS.	Marks or Scars	CROSS ON LEFT
Height	5 FT 8 INS.		FOREARM, CANNON AND FLAG, RIGHT
Complexion	RUDDY		FOREARM.
Eyes	HAZEL		
Hair	BLACK		
Trade	TEAMSTER		

Signature of Man .....

J.E.SMALLMAN, Captain.
Officer in charge Discharge Depot

Place and date LONDON, ONTARIO, DECEMBER 31st. 1917.

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N.B.-Any person finding this certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

I hereby certify that this is a true copy of the Discharge Certificate issued to the soldier concerned.

O.C. F UNIT, M.H.C. Command

CANADIAN OVERSEAS EXPEDITIONARY FORCES

DISCHARGE CERTIFICATE.

No. 112005

Rank TROOPER

Name ROBINSON M. BALDWIN

Unit 18th BATTALION.

Address on Discharge

585 QUEENS AVE., LONDON, ONTARIO.

His conduct and character while in the Service have been:

GOOD.

Place LONDON, ONTARIO.

Date DECEMBER 31st. 1917.

J.E.SMALLMAN, Captain
Commanding for Lieut-Col.
O.C."F" Unit, M.H.C.Command.

Campaigns BELGIUM

Medals and Decorations NONE YET AWARDED.

N.B.-To be forwarded in duplicate to District Headquarters with all proceedings on discharge (M.F.B. 218).

Number 112005 Rank a/Cpl

Surname BALDWIN

Christian Name Robinson

Units Can Cav. Bde Theatre of War France

Date of Service 15-9-15.

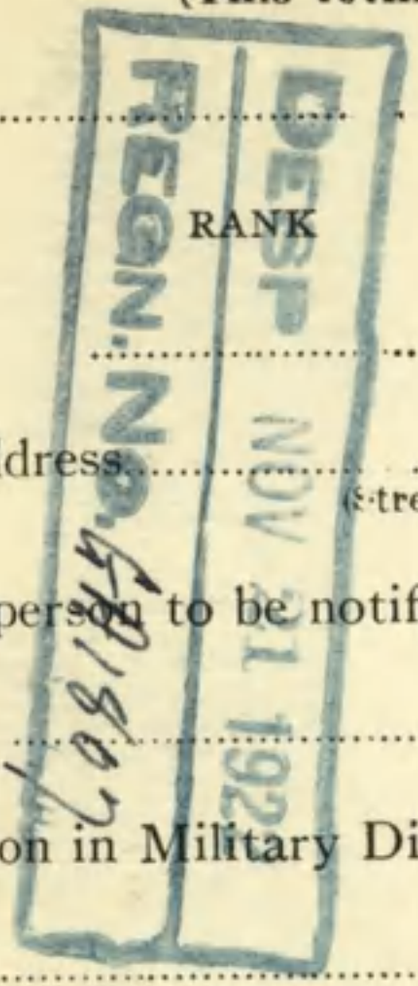
Remarks

Latest Address 585 Queens Ave,
London, Ont.

Roll No. B Page 9916

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)



.....

RANK SURNAME INITIALS UNIT

....

l address..... .....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board.....Number of children on board.....

tination.....

(Sgd.).....

&

(649-B-10369)

SURNAME. Baldwin

CHRISTIAN NAMES Robinson M.

REGL. No. ~~53085~~ 112005 ~~7432~~ RANK ~~Pte.~~ A/Cpl.

UNIT ~~18th~~ ~~7th~~ C.M.R. ~~Trans. Section, Div. Cav.~~ No. 1. Spec. Ser. Co. ~~Batt.~~

FORMER CORPS 6th Baty. 11 yrs.)

S.O.S. Dis

31-12-17. 1.

NEXT OF KIN.

NAMES IN FULL Baldwin, Alice Mabel

RELATIONSHIP TO SOLDIER W. N. S

ADDRESS 115 Sackville St., London, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. London DATE Jan. 8th 1879

0/39/6/15 109

PLACE OF ATTESTATION London, Ont. DATE 23/10/14

Trans from Trans Sect Div Cav. to No 1 Spec Ser Co [redacted] attch. No 1. Spec Ser Co. W.R. 9/9/17.

R/6. 4/12/16.

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Asphalt Refiner. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 34 YEARS 10 MONTHS

HEIGHT 5 FEET 6½ INCHES

CHEST MEASUREMENT 39½ INCHES EXPANSION 3½ INCHES

COMPLEXION Medium EYES Brown HAIR Brown.

DISTINGUISHING MARKS Tattoo right forearm. Vacc left arm.

MEDICAL EXAMINATION. PLACE London, Ont. DATE Oct. 23rd. 1914.

No. 53 Rank Pte Name Baldwin, R

11200 5

T. O. S. Unit 18th Battalion.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 23	Nov 30	✓		
	Dec	✓		
1915	1915			
	Jan	✓		
Feb 1	Feb 12	✓	Transfd to 7th C.M.R.	D.O. 102 13-2-15.

R. 149.

Name BALDWIN. Robinson. *Rank* Pte. *Reg. No.* 112005

Unit 1st. Canadian Hussars.

Next of Kin Canada

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
May 1st.	No. 4 Div. Rest. Stat.		Strained Muscles ~~Adductors~~	A74		
" 17	Discharged to Duty	Adductors	do	A74		
Sept 27	No 3 Can F. A. Transferred to No 5 C F.A.		Lumbago	a65		
" 28	No 2 Can F Amb.		do	A67		
Oct 3	Discharged to Duty		do	A67		

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

No. 112005 Rank Pte. Name Baldwin. K. W.

T.O.S. Trans. fr "F" Unit Do 114 - 7-6-17) Unit #1 Special Service Co

M.D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
June 8.	June. 30	"		
	July.	"		
	Aug.	"		
Sept. 1.	Sept. 7.	"	Trans to F" Unit. 7/9/17	Do 83, Sept 1917.

No. 11200 S. Rank Pte. Name Baldwin R.

T. O. S. Unit Discharge Depot. Tuba

M. D. 25

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916		7th C M R.	
Dec no	dated	✓		

No. 112005 RANK Pte NAME Baldwin, R. M.

T. O. S. UNIT Canadians L & E

Trans from Rural Depot
11.12.16 D.0133 of 11.12.16

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916	✓	18th Bn.	Dec. paylist.
N1 date	Dec. 31			
1917				
Jan. 1	Jan. 31	✓		
Feb		✓		
Mar.		✓		

REGT'L NO 112005

NAME Baldwin, R. M.

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 1st Can. Hussars.

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
T.295	28-11-16	Sailed for Canada from Liverpool per the S.S Missanabie Nov. 25th 1916 Concussion Back.

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

M D 1.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 74	# 4 Div. Rest Stat.	1-5-16	Muscles strained Adductors
a 74	Disch. to Duty	17-5-16	" " " " " " "
a 65	No 3 Can. Fld. Amb	27-9-16	Lumbago
a 65	Trans to No 5 " "	27-9-16	"
a 67	to. #2 C. F. A.	28-9-16	"
a 67	Disch. to duty.	3-10-16	"
15-9	M. H. C. C. London	6-17	Struck off. Out Patient. 18th 3m
254.	" " " " "	7-9-17.	T.O.S. Inp. L. M. C. H.
343	" " " " "	30-12-17	Dis from H.M.S

No. 432 / 7432 Rank Pte Name Baldwin, Robert.

11 N 005

T.O.S. Transfd from 18th Bn 14-2-15. (P.M. Obs. 29.3.15) Unit 7th Canadian Mounted Rifles.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Feb 14	Feb 28	L		
Mar 1	Mar 31	L		
apr.				
may.		L	O/S. 8-6-15.	Do. 11 S.F. 8-6-15.

UNIT SAILED
JUN 9 1915

Name BALDWIN R.M. Rank Pte Regt. No 112005 Unit E.

Battn. 18th Camp or O.S. O. File M.H.C.C. H.Q. File 649-B-10369

Pension awarded 60.00 6 Mos. Date of first payment 1-1-18

Discharged to Class 3 Conduct on discharge Good

Next of kin Mrs. A.M. Baldwin, 115 Sackville St., London, Ont.

Address on discharge 585 Queen's Ave., London, Ont.

DATE	CLASS	REMARKS	PART 2 ORDER
11-12-16	2	C.M.C.H. (Outpatient)	Nom Roll 31-12-16
7-6-17	2	Trans. to Special Service Co. M.D. #1	#159
7-9-17.	2	T.O.S. L.M.C.H.	#254.
10-11-17	2	L.M.C.H. Outpatient	#314
31-12-17	2	DISCHARGED	#343
		On Roll.	

M.H.C. F. 29

DATE	CLASS	REMARKS	PART 2 ORDER

D.M.S. 1806.

Surname	Christian Name or Names	Reg. No.
BALDWIN	R..	112005.

Rank	Unit	Co.	Troop	Batty.
Pte.	1st. Can. Hussars 6. Corps Cav. Regt.			

Hospital: No. 4 Div. Rest Station. Date of Admission: 1-5-16.

Transferred 3 6. F. Amb. Hosp.

5 " " " Hosp. 27.9.16.

7 " " " Hosp. 28.9.16.

Hosp.

Diagnosis: Muscles Strained Adductors.

(1) Later Diagnosis (if changed) Myalgia

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION: Discharged to Duty 17-5-16. Date

C.L.31-5-16. "A74.

7.11.16. 1465.

9.11.16 # 67.

REMARKS

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

D Ff

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

W. McKenzie
274 Commissioners Rd. E.
London, Ontario
N6C 2T2

Nov 9 / 90

National Archives
Personnel Records Centre

Dear Sir or Madam —

I am seeking information on A/CPL ROBERT BALDWIN # 112005 who served with the 2nd Divisional Cavalry during The Great War 1914-18 and would appreciate receiving confirmation of his service. A short statement of his record would be ideal should, if possible, include his unit of original enlistment and whether or not there is any evidence of previous service in the Canadian Field artillery (militia). His date & place of birth and death would be of interest.

Your assistance in this regard would be much appreciated.

Yours sincerely

W. McKenzie

RECEIVED-REÇU
PA/NL

13 NOV 1990 11 47

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

Army Form B. 103.

Casualty Form—Active Service.

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

Regiment or Corps 2nd CANADIAN DIVISIONAL CAVALRY

Regimental No. 112005 Rank Pte Name R. Baldwin

Enlisted (*a*) 23.10.14 Terms of Service (*a*) 1 Year +C. Service reckons from (*a*) 23.10.14.

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6/5/16	4.C.F.A.D.R.S.	Muscles strained. addictors	Field.	1/5/16	A.36. D.C.S. 83
19/5/16	Unit	Rejoined Unit	"	17/5/16	B213 " "
13 5/16	2.D.R.S.	Muscle strain adm. 1 5/16 Tolmont De Cats	"	7/5/16	A.36 " 2.
"	15.C.C.S.	Strain Muscle. L Thigh adm.	"	9/5/16	" 3
18 6/16	Unit	Granted leave	"	13/6/16	B213 Pte I O. # 5 30 6/16
14 6/16	"	Granted 24 hours exclension	"	14/6/16	B166 " " "
2 7/16	"	Rejoined unit	"	25/6/16	B213 " 7 14 7/16
5/16	A.G.H.Q.	This Unit will in future form part of C.C. Cav Reg	"	31/5/16	" 22 30 5/16
19/10/16	O.C.	Lumbago To F. A	"	27/9/16	" D.C.S. 36 dy 6-10-16

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

[P.T O.

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				
5.10.16	C.B.D	Arrived C.B.D.	Field	6.10.16	From Rolt.
12.10.16	"	Classified 'C' & transf to C.C.A.C Shoreham on Sea	"	15.10.16	" " Petition 41 dy 19.10.16

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

DISCHARGED.
under
Para 392, Sec. 16, K.R. & O. 1912.

Being no longer physically
fit for war service.

for Commandant.
Canadian Casualty
Discharge Depôt,

ORIGINAL. 112005

7432

MEDICAL HISTORY SHEET.

Surname Baldwin *Christian Name* Robinson

Examined { on 23rd day of October 1914
at London. Ont

Birthplace { City or Town London,
County Ont.

Apparent age 34 yrs. 10 mon.

Trade or occupation Asphalt Refiner

Height 5 Feet 6½ Inches.

Weight 165 Lbs.

Chest measurement { Minimum 36. inches.
Maximum expansion 39½. inches

Physical development Normal.

Small-Pox Marks Nil.

Vaccination Marks { Arm Right. Left. 1
Number 1

When Vaccinated last Child.

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

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

Approved by O Lav. 644

Rank M.O

Date	Fit or Category	Examined for Re-engagement,	
3/8/17	Dis	J.B. Lt Gourlay Capt	M.O
			M.O.
			M O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
7/5/15.	Good	G H Mahon Major	M O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
3/3/16.	Good.	G H Mahon Major	M.O.
12/3/15.	Good.	G H Mahon Major	M.O.
			M.O.

Enlisted on 23rd *day of* October 1914 *at* London Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	7 Can F.	7432.	Good.	Oct 23 1915.
Transferred to..	2nd CANADIAN DIVISIONAL CAVALRY 112005			APR 15 1915

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London.Ont.	3/8/17. Examined by medical board.	Lumbago. J.B. Lt Gourlay Capt	Category."D" III DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912. Being no longer physically fit for war service. R. Hamilton Lt-Col for Commandant. Canadian Casualty Discharge Depôt, Pres.

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

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

112005

Surname Baldwin Christian Name Reginald

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.
London, Ont.	17 Feb. 1915.									Good results in Vaccinations ~~and~~ and Inoculations.	C.A. Workman Major
										2nd Examination 11 May 1915. Fit.	C.A. Workman Major
N. 4 Div Rest Stat.	1	5	16	17	5	16	Strained Muscles	16		Dis to Duty.	A 74.

Report No. B.J.C. 3462 F | Class II. | No. of M. H. C. File | No. of Local File | H. Q. File

Baldwin, Robinson H.
115 Sackville St.,
London, Ont.

No. 112005 Rank Tpr. Original Unit 18th. Present Unit C.C.D.

Age 43-11 Height 5 ft. 8 ins. Complexion Swarthy Eyes Hazel Hair Dark Character Good

Date of enlistment 29-10-15 Where enlisted London Where seen service France (2341

Ship returned by Missanabie Date of arrival 4-121-16 Port of arrival St. John

Birthplace London, Ont. Religion Presby

Name and address next of kin Wife. Mrs. A.M. Baldwin, same address.

Cause of disability Contusion of Back and right thigh.

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Total Canadian Board 1/5. may reduce to nil

Probable duration of incapacity 3 months

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board Convalescent Home.

Destination to which transportation issued London, Ont.

Members of Board E.A.ROBERTSON CAPT. M.F. COGLON CAPT W.G. DALPE CAPT. E.A.ROBERTSON CAPT.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	32			
Children 1					
2	5 eldest	19	1 son C.E.F.		Good
3					
4					
5					

Occupation prior to enlistment Asphalt repairer

Regular trade or profession Teamster and Contractor

Average earnings previous to enlistment $20.00 week Any other income

Name and address of last employer J. Gray, Shedden Forwarding Co., London, Ont.

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

Taxes wife pays If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

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

If unable to follow previous occupation, name preference

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

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

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

References last employers

Witness J. MCDONNELL

Date 3-12-16

I declare that the above statement is correct.

Signature A.H. BALDWIN.

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

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

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

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

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

First payment date.....

Form No. 5a.

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

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

Form No. 28.

First payment date.....

PENSION—Class..... Amount per week, $..... Period Granted for..... Dating from.....

Transf'd to ..... Unit—Date ..... Transf'd Class I—Date ..... Transf'd Class 3—Date .....

Least Per. Cert. Cl.' $ ..... Dr.' $ ..... Amount held at Depot H. Q.' $ ..... L. P. C. leaving Depot.' $ .....

Amount forwarded to H. Q. Unit.' $ ..... Credit Clothing allowance.' $ .....

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

Date .....

Witness .....

Signature .....

I declare that the above statement is correct.

References .....

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

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

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

If married give address to direct any Pay Allotment to be made.

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

Occupation prior to enlistment .....

Regular trade or profession .....

Average earnings previous to enlistment ..... Any other income .....

Name and address of last employer .....

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

Taxes ..... If Homestead, what is betterment due?

If carrying life or accident insurance, annual premium .....

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

If liable to follow previous occupation, name reference .....

INFORMATION TO BE FURNISHED BY SOLDIER

Address to which transportation issued .....

Recommendation of Canadian Board .....

Is final disability likely to prevent return to previous occupation?

Probable duration of incapacity .....

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

Name and address next of kin .....

Cause of disability .....

Condition which prevents the soldier from earning a full livelihood .....

Birthplace ..... Religion .....

Ship returned by ..... Date of arrival ..... Port of arrival .....

Date of enlistment ..... Where enlisted ..... Where seen service .....

No.	Rank	Original Unit	Present Unit	
Age	Height	Complexion	Eyes	Hair

Report No. ..... Class II.

No. of A.M.C. File ..... No. of Local File ..... H. & T. File .....

Age to be given as on Attestation Paper. If not born in Canada, state how long resident in Canada. If not naturalized, state nationality. If born outside the British Dominions, state whether parents were British subjects at time of birth of applicant.

Applicant should be warned that wilful misstatement or concealment of any material fact will render him liable to be discharged with ignominy.

B-53-

DEPARTMENT OF MILITIA AND DEFENCE.

V.O.R.

14303/285

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Robertson Maurice 2. Surname Baldwin

3. Rank Trooper 4. Original Unit 18th Batn 5. Reg. No. 112005

6. Address, in full, to which future payments of gratuity are to be forwarded

240 Princess Ave

London Ont

7. Date of enlistment in the C.E.F. Oct 22 and 1914

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Alice Mable Baldwin

9. Relationship of such dependent Wife not dependent on me

10. Address, in full, of such dependent In care of J. Moule Police Clerk Carling st London Ont

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? Don't know.

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

Sept 17th 1916 to Oct 27th 1916

Fort Garry Horse

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service Not Applicable

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Oct 22nd 1914 to Dec 31st 1917

18th Batt 2 Div Cavalry Canadian Light Horse.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

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

27

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

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid 2 Months. $17.10 Post Pay. Paid by Capt Donaldson. M. D. No1. London Ont

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

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... Not Applicable.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Yes Corp to Trooper.

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F. No If not, give:—(a) Date of discharge Dec 31 1917 (b) Reason for discharge Medical unfit

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.... No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit... Yes 2 div Cavalry and Canadian Light Horse

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(b) If so, are you in receipt of full pay and allowances from that Department? No

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

Signature of Applicant: W Baldwin.

Place of Residence: 840 Princess Ave London Ont

Declared before me at: London Ontario

This 17 day of January 19.19

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

No Overpayment

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
Jan 21st 1918	$58.00			
Feb 21st "	58.00			
Mar 21st "	59.10			

Certified Correct.

for W J Henderson Capt
District Paymaster, M. D. 1.

District Paymaster.

B.J.C.

Report No. 3462 F

Class II.

Baldwin, Robinson M.
115 Sackville St.,
London, Ont.

No. of M. H. C. File	No. of Local File	No. of H. Q. File
649-B	- 10	369

No. 112005 Rank Tpr. Original Unit 18th. Present Unit C.C.D.

Age 43-11 Height 5 ft. 8 ins. Complexion Swarthy Eyes Hazel Hair Dark Character Good

Date of enlistment 29-10-15 Where enlisted Loddon Where seen service France (234

Ship returned by Missanabie Date of arrival 4-121-16 Port of arrival St. John

Birthplace London, Ont. Religion Presby

Name and address next of kin Wife. Mrs. A.M. Baldwin, same address.

Cause of disability Contusion of Back and right thigh.

Condition which prevents the soldier from earning a full livelihood

Invalid complains of pain in back and right thigh, addictor muscles on walking or jarring. Swelling of adductor occurs on slipping. He was thrown from his horse on active service and wrenched his back. Later he was buried and injured his back again and also his right thigh and slight exercise has caused pain and swelling whenever attempted since then. There is some tenderness over lumbar region and iqner side of right thigh. Otherwise physically sound.

Degree of incapacity (Please state in fractions) Eng. Board Total Canadian Board 1/5, may reduce to nil

Probable duration of incapacity 3 months

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board Convalescent Home.

Destination to which transportation issued London, Ont.

Members of Board E.A.ROBERTSON CAPT. M.F. COGLON CAPT W.G. DALPE CAPT. E.A.ROBERTSON CAPT.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	32			
Children 1					
2	5 eldest	19	1 son C.E.F.		Good
3					
4					
5					

Occupation prior to enlistment Asphalt repairer

Regular trade or profession Teamster and Contractor

Average earnings previous to enlistment $20.00 week Any other income

Name and address of last employer J. Gray, Shedden Forwarding Co., London. Ont.

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

Taxes wife pays If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

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

If unable to follow previous occupation, name preference

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

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

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

References last employers

Witness J. MCDONNELL

Date 9-12-16

I declare that the above statement is correct.

Signature R.M. BALDWIN.

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

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

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

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

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

First payment due.....

Form No. 5a.

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

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

Report No. | Class II. | M. H. C. No. | Local No. | M. C. No.

Name | Rank | Original Unit | Present Unit

No. | Age | Height | ft. | in. | Complexion | Eyes | Hair | Character

Date of enlistment | Where enlisted | Where seen serving

Ship returned by | Date of arrival | Port of arrival

Birthplace | Religion

Name and address next of kin

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board | Canadian Board

Proportionate duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board

Destination to which transportation issued

Examined at ..... Date .....

Attended by ..... Rank .....

Address .....

Diagnosis .....

Recommendation .....

Signature .....

Witness .....

Date .....

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment

Regular trade or profession

Average earnings previous to enlistment | Any other income

Name and address of last employer

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

Taxes | If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

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

If married, wife's occupation, name, birthplace

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

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

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

References

I declare that the above statement is correct.

Witness | Signature

Date

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

Last Pay Cert. Cr. $	Dr. $	Amount paid at Depot H. O. $	L. P. C leaving Depot, $
Amount forwarded to H. O. Unit, $	Credit Clothing allowance, $		
Transf'd to	Unit—Date	Transf'd Class I—Date	Transf'd Class II—Date
PENSION—Class	Amount per year, $	Period granted for	Dating from
Form No.	First payment		

Form 9—Man to be retained in Hospital for Vocational Training.
(Advise Pay Branch when Man is to be discharged from Hospital.)
Soldiers who are in receipt of Pension or Allowance are not required to fill in the particulars (1) to (5).

TT

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.
11/2005. Tpr. Baldwin, Robinson Maurice, 18th Bn.
Previous Civilian Occupation. Contractor & Teamster.

DEFENCE FEB-1ST CTR

Cause of disability:-
Contusion of Back & rt. Thigh. - 649 - 03 - 10369.
Condition in detail which prevent the soldier earning a full livelihood:-

Invalid complains of pain in back & right thigh, adductor muscles. on walking or jarring & swelling of the adductors occurs. on. slipping

He was thrown from his horse. on active service & wrenched his back. Later he was buried. & injured his back again & also his right thigh &. slight exercise has caused. pain & swelling whenever attempted.

There is some tenderness over. lumbar region & inner side of rt thigh. Opinion of the Board. Otherwise physically sound

Degree of incapacity (Please state in fractions.)
1/5. may reduce. to nil.
Probable duration of incapacity:-
3 months.
Does it render him permanently unfit for "Military Service? Yes.
Would operation, special treatment or the use of appliances, etc.. lessen incapacity. Convalescent home

Signature. E A Roberton Capt President.
M J Coglon Capt Members.
H C Rolfe Capt

Station. Que., Que

Date Dec. 5th /16

Approved.

Date Dec 14 1916

E A Roberton Capt

A/ Assistant Director Medical Service.

Date 20 12 16

for D. J. McKay Capt
Director General Medical Service.

Carded 14-12-16 J.G.

Opinion of the Court.

PARTICULARS OF DISCHARGE.

1. *Name* Baldwin, Robinson Maurice.

2. *Regimental Number* 112005 3. *Rank* Tropper

4. *Corps* #1. Spec. Sec. Form. 7th. C. M. R.

5. *Date of Discharge* December 31st. 1917

6. *Place of Discharge* London, Ont.

7. *Place to which transport given.* (*Give street address where possible.*)

115 Sackville St., London, Ont.

Place of enlistment. London, Ont. October 23rd. 1916

8. *Description at time of Discharge* :—

Age 43 *years* 11 *months.* *Descriptive marks* Vaccination mark right arm

Tattoo (Field Gun Initial

R.B.A.S.

Height 5 *feet* 8 *inches.*

Complexion Swarthy

Eyes Hazel

Hair Dark

Trade Steamster

9. *The above named man is discharged in consequence of* Para. 392, sec. 16, K.R.&O

Being no longer Physically fit for war service

(*If medically unfit, state nature of disease or disability.*) Lumbago

10. *To what extent will it prevent his earning a full livelihood?*

Not at all.

11. *Character*

Good

Date January 8th, 1918

A. N.

Lieut *i/c Records.*

for Director of Records.

M. F. W. 60

100M.—8-16.
H. Q. 1772-39-928

PARTICULARS OF DISCHARGE

112005 P—56

Rank Pte. Name BALDWIN Robinson Reg'l No. ~~7458~~

If in perm. Corps, What Unit?

Unit "C" Squad 7th C.M.R. Married or Single Married (Separated)

Place and Date of Enlistment London. Ont. 23rd Oct. 1914 Place of Birth London. Ont.

Name and Address, Next-of-Kin Alice Mabel Baldwin, 115, Sackville St, London. Ont.

Relationship

Assigned Pay Monthly $ 15.00 Payable to Mrs. R. Baldwin 117 Sackville St London Ont

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Tolanada Reason Character

Entered on N.E. Roll Index

Checked

NOV 25 1916 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	Balance	Remarks, Casualties, etc.
1915																	
1 June	30	30	1	30	30	10	3		33			15	15		30	3	
1 July	31	31	1	31	31		3 10		37 10			15	15		30	7 10	
								80								79 0	Diff in exchange
1 Aug	31	31		31	31		3 10		42			17 03	15		32 03	99 7	
1 Sep	30	30		30	30		3		33				15		18	27 97	
1 Oct	31	31		31	31		3 10		34 10			9 76	15		24 76	37 31	
1 Nov	30	30		30	30		3		33			2 61	15		17 61	52 70	
1 Dec.	31	31	1 00	31	31	10	3 10		34 10			16 83	15		31 83	54 97	
1 Jan	31	31		31	31		3 10		34 10			5 24	15		20 24	68 83	
1 Feb	29	29		29	29		2 90		31 90			8 53	15		23 53	77 20	
1 Mar	31	31		31	31		3 10		34 10			5 24	15		20 24	91 06	
				305			30 50	80	336 30			95 24	150		245 24		

BALANCE TRANSFERRED TO NEW LEDGER

Checked

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Alice M Baldwin wife

Name of Soldier Baldwin R M

Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 257	20	
May		L 4972	20	
June		D 2351	20	
July		R 10161	20	
Aug.		C 11015	20	
Sept.		L 15144	20	
Oct.		L 18523	20	
Nov.		M 21811	20	
Dec.		K 20919	20	Accnt closed Rtnd Missonibie 25-11-16 J X Reopen accnt and pay from 1-6-17 SA from 1-1-17 to 31-5-17 paid by CasRm - File 768-R-6. J Parker. 23/6/17
Jan.	1917			
Feb.				
March				
April				
May				
June		A.5919	20	— mailed 29-6-17
July		V. 12157	20	Bo
Aug.		B.15046	20	T
Sept.		XX	20	T dosnemo chyge tall se. trans pm 7" and notified sla paid to 31/8/17
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

COPIED FOR CASUALTIES.

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Alice M. Baldwin (wife)

Name of Soldier Baldwin, R. M.

P/R

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K257	20 —	20
May		4972	20	20
June		23571	20	20
July		R10161	20	20
Aug.		10115	20	20
Sept.		L15144	20	20
Oct.		L18523	20	20
Nov.		M21811	20	20
Dec.		K20919	20	20
Jan.	1917		320	20
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Acct. Closed
Returned Missanabie 23/11/16
11/12/16 M. G. H. S. A.

Destroy
JAK

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L.L. Job 68939—M. & D.—5162

3 m. 10-14.
H. Q. 1772—1-13.

23-10-14.

274

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Alice M Baldwin

Address 117 Sackville St. London Ont

Relation to Soldier wife, child or mother — Wife

Name of Soldier Robertson M. Baldwin

Regtl. No. 112005

Rank Pte

Corps ~~1st Battn~~ 4th Reg "A" Unit M.A.C. 8/9/17 #1 Dom 5/9/17 17/9/17 ~~Transferred To C.M.R. 13 2/15~~ 16-1-25 13 2/15

To what Corps belonging ~~Transferred To Div Cas. 8/6/15 Rtd 12/6/15~~

when called out ~~1 SSC. 8/6/17 Dom 14/6/17 7. Unit M.T.C 18/8/17 #1 Dom 18/8/17~~ WSB 23/8/17

PAYMENTS

	Month	Year	Cheque No.	Amt.		REMARKS
	Aug.	1914				
	Sept.					
	Oct.					
	Nov.					
	Dec.		E68	20	—	
	Jan.	1915	G.1326	20		
	Feb.		J1631	45	—	
	March		J3228	20	—	
	Apl.		J1326	20	—	
	May		E7797	20	—	20
	June		F8332	20	—	20
	July		G1695	20	—	20
	Aug.		F11639	20		20
	Sept.		F14472	20		20
	Oct.		G19410	20		20
	Nov.		J3969	20		20
	Dec.		E21705	20		20
	Jan.	1916	H21098	20		20
	Feb.		G.29635	20		20
	March		J26653	20		20

CORPS EXPEDITIONARY FORCE 3 CASUALTIES.

ACCOUNT CLOSED DATE..... PER.....

ACCOUNT CLOSED DATE..... PER.....

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a. 235
60m.—12-15.
1772—39—819.

Sheet No. 2: Mrs. R. Baldwin

L. L. Job 89002.—Req. 6213.

Name of Soldier Baldwin R.
7432 2 Div Cav.

$15.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K100	15 —	
May		L2912	15	
June		M6887	15	
July		B6662	15.	
Aug. ✓		B11918	15	
Sept.		L15294	15	
Oct. ✓		L19920	15	
Nov.		L24582	15	270.00 Stop 1/12/16
Dec. Cancelled		D32622	15	Returning Mossanabee 25/11/16 F.K. Stop 3 M. Nov. 15/16 confirming F.K. Stop Dec-1/16 J.K. 11 12/16
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 80137—M. & D. 5683.

234

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. R. Baldwin

Address 117 Lackville St.
London, ~~Canada~~ Ont.

Rate $15 00/xx

JUN 1 1915

By Whom Assigned Baldwin, R.

Regtl. No. 7432 112005

Rank Pte

Corps Divisional Cavalry 2nd. Division.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				Discharge
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		P.2749.	15—	
July		M397	15—	
Aug.		M5810	15—	
Sept.		L948	15—	
Oct.		L3622	15	
Nov.		P8447	15—	
Dec.		Q11042	15	
Jan.	1916	Q12483	15	
Feb.		L12833	15—	
March		W13400	15	

COPIED FOR 2 CASUALTIES.

M. F. W. 41
10 M.—5-16.
1772-39-889

Name Baldwin. Pte Robinson

E

999 ~~999~~

Regimental No. 112005

Unit 7 6 NR

Date of enlistment —

Place of " —

Married (yes or no) Yes.

Amount of pay assigned monthly $ 15 Nov.

To whom payable Wm a m Baldwin
Sam Ada

~~Name and~~ address of ~~next of kin~~
115 Sackville St
London. Ont.

Date and place discharged

Reason for discharge Class 2.

Character on discharge H.L. 649 B-10369
Missanabie 4 12/16.

Form 2376. M. & D. 6692.

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.
	15 11/16							83 85						9 73		Boat
16 11/16	31 12/16	46	1-	46-	46	.10	460					70 -		9 73		Quse. Adv Exp.
									1345	Balce			×	4499	1345	Tomis 1. 1. 17
Recovered on Sept. pay Sheetsley P.M. Ile D.I.								698	698	Cash payment AR 7725			+	698	698	Supp. L.R.C. 21 8/17
																+ Letter to Trust to record 21 8/17

Pensioned.
Apr 1-1-18

Name .....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

14303/285

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

768-R-6

Name Baldwin, Robinson M.
Surname Christian Name

Regimental Number 112005 Rank Tpr.

Unit 18th Bn.

Original Unit

District where paid M.D.1

Date of Discharge 31-12-17

P. D. P. Filing Number 10-38-1

Address (in full) 585 Queen's Ave.
London, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	692	21-12-17	58 00	684	21-1-18	58 00	674	20-2-18	59 10		175 10
~~1315. 1st~~	G18576	1-3-19	70 00								
~~1209 2nd~~	G43690	16-3-19	70 00								

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

Dec'n No. 146303/256 W. S. G. File No. 765 R- 6

Award ..... days at $ 100.00 per day $

S. A. ..... months at $ .... per mo. $ ..... $ 600 00

Less P, D. P. Credited $ 175 10

$ 424 90

Less further debit balance $ ....

Net due paid as below 424 90

TO SOLDIER | TO DEPENDENT

O	Ag. No.	Ch No	Amount		Ch No	Amount
1	1315	85-76	70 00	~~3029~~	30	00
2	1287A	43690	70 00	~~4267~~	30	00
3	~~2649B~~	~~478075~~	~~70 00~~	3028	30	00
4	95-7C	94594	34 90	95-7C	30	00
5	2649B	478075	70 00	487371	30	00
6				493047	30	00
					17 50660530	00
	Total		244 90	Total		180 00

1-3-19 ~~70/14~~ 12-5-19 10-6-19.

16. 3. 19

6-5-19.

12. 5-19

Cancelled 12788 order for cancellation of cheques. 11-7-19 Mailed 24-7-19

~~Cheque # 478075 on a.g. 2649B is duplicate of 3rd already entered~~

1 Cheque 493047 cancelled. 3-7-19.

GEN'L AUDITOR
Posting checked by
EBB
Date 7-7-19

540 Princess Ave.
London.
Ont.

D- Mrs. Alice Mabel Baldwin
c/o J. Moule
Police Clerk.
Carling St.
London
Ont.

BF

R—122.

Rank Name **BALDWIN** Robinson Reg'l No. 112005

Unit ~~7th~~ ~~C.M.Rs.~~ 1st Can Hussars Spec Service Sqdn Attch RL 22-5-31-1-16 If in perm. Corps, What Unit? Married or Single Married (but separated

Place and Date of Enlistment London.Ontario.23rd October.1914 Place of Birth London.Ontario.

Name and Address, Next-of-Kin Alice Mabel Baldwin.115 Sackville,St.London.Ontario. Relationship

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

C.C.A.C
N/E. R.B. No 880
File R.L.
Category M.V. Canada

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Discharge, Date and Place Reason Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
		Arrived UK	S.S. ~~Scotian~~ Caledonian	22-6-15	Information from
24-7-15	T.C. 2nd Div Cav	To be acting Cpl while in Charge of Transport sections	Dibgate Camp	24-7-15	Part II orders 157-15-6
3-9-15	—"—	Lft for Transport Section	Liverpool	3-9-15	—"— 194
		Embarked for France		~~15-9-15~~	
31-5-16	14th Can. Hus.	adm. no. 4. Wirl Rest Sta.	Field	1.5.16	Strained adductors l.a.t. a.m.
—"—	—"—	Discharged to Duty	—"—	17.5.16	—"—
31-5-16	—"—	This Unit will be known in future as 1st Can. Corps. Can. Regt.	—"—	31.5.16	Pt" 6.22. HPC II / 31.5.16 Corps Cav. Regt.
30-6-16	C.C.C.R.	Granted L. of A. 11-6-16	In the Field	13-6-16	Pt II DO. 5.
"	"	" Extension of L. 24 hours	"	14-6-16	" 5 RL. 166.
14.7.16	"	Rejoined from L. of Absence	"	25.6.16	" 7

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
19.10.16	OC. CCC Regt.	Clsd "C" Trans CCAC	Field	16.10.16	Pt II 41. EVC
16.10.16	C.C.A.C.	Taken on Strength & Base	Folkestone	16.10.16	Pt-II 02455
7-11-16	C.C.R.	Fr a/No 5 Can Field Ambulance	Field.	27-9-16	C.C.A. 65. Lumbago.
9.11.16	—"—	Admt. No 5 Can Fd Amb	—"—	28.9.16	C.L.A. 67
9.11.16	—"—	Discha to duty. —	—"—	3.10.16	C L A 67
12.11.16	C.C.A.C.	O/Com C.O.D. Shorld: to Can.	Shoreham	10.11.16	Pt II 0498
26.11.16	C.O.D.	S.O.S. to Canada M.U.	—	26.11.16	— 244
21-3-17	C.C.A.C.	S.O.S. proceeding to Canada M.U.	Hastings	25.11.16	— 127.
	Dis Depot	To Convalescent Home	H.D. No 1 London	4-12-16	N R No 113.

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LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F

CERTIFICATE RE DISCHARGE DOCUMENTS

Regtl. No. 112005.

Missoumatic 4/12/16

10-3-32

Discharge.

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

No. 112005 Army Rank Spr.

Name Baldwin Solomon Maurice

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

Corps C.C.A.C.

F. UNIT, M. H. C. COMMAND.

Battalion, Battery, Company, Depôt, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

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Date of discharge 31st December 1917

Place of discharge London, Ontario.

1. *Description at the time of discharge.*

Age 43 years 11 months

Height 5 feet 8 inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion Sallow.

Eyes Hazel

Hair Dark.

Trade Teamster

Intended place of residence (To be given as fully as practicable)

Descriptive marks.

Vaccination Mark Left Arm

Scar (Field Gun) Left Thigh

Initials P.B.A.S.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

Para. 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good

Barton CAPT. & ADJT. for O. C. Discharge Depot Quebec.

4. Character awarded in accordance with King's Regulations :—

Good

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

CANADIAN DISCHARGE DEPOT

K 6.0 12.2.17.

W S G Comp. 10-2-19. EC

D. D. & L., London, E.C. A4508 Wt. W17176/M291 500,000 8/16 Sch. 33 Forms B. 263 40

[OVER.

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

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

None

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

6. Campaigns, Medals and Decorations

St Nazaire 13 Months

Certificate of education .....

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

CANADIAN DISCHARGE DEPOT

(Place) NOV 16 1918

(Date) FILE

Lieut-Col,
A.D. of P. & O.
Officer Commanding

Commanding _____ *Battn.* _____ *Regiment.*

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

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

(*Place*) LONDON, ONT. R.B. Baldwin (*Signature of Soldier.*)

(*Date*) DEC 1 1 1917 J. Shuttleworth (*Signature of Witness.*)

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

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

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) 1 years 20 days.

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

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

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

(Place) LONDON, ONT.

(Date) DEC 1 1 1917

Signature J. Shuttleworth Capt
for O.C. F. UNIT, M. H. C. COMMAND.

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

None

R.B. Baldwin

AUG 14 1917

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date.....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

MEDICAL HISTORY OF AN INVALID.

1. Station. London.Ont.
2. Regiment or Corps. I8th. Bn C.E.F.
3. Regimental No. and Rank. II2005. Pte.
4. Name. Baldwin. Robinson. M.
5. Age last Birthday. 44,Years.
6. Enlisted on 23/I0/I4.
   at London.Ont.
7. Former Trade or Occupation. Teamster. Date. 3/8/I7.
8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

DEPT. MILITIA & DEFENCE AUG 14 1917 CANADA

9. Service. Years. Days.

	PERIODS.	
	From.	To.
I8th. Bn. C.E.F.	23/I0/I4.	
S.S.Co.		3/8/I7.

10. (a) Disease or disability. Lumbago.
    (b) Date of origin. May.Ist.
    (c) Place of origin. Belguim.
    (d) Cause. Dragged by horse.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

This man does not stand erect, always leans a little to the left relieving weight from his rightside. He walks (with a limp) on the toes of the right foot. The lumbar muscles especially of right side are rather tender on pressure or palpation. He cannot stoop over more than 60 degrees from the perpendicular without Extending right leg from the hip. His trouble is worse in damp weather. At times radiates down back of the leg. The posterior muscles of the the thigh also become very sore and tender.

He is otherwise in good condition.

12. (a) Is the disability the result of service or climate? Yes
    (b) Has it been aggravated by intemperance, vice or misconduct? No

Discharged 14 Aug 1917

19

M. F. B. 227,

100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Tattoo marks. Cannon and flag in right forearm.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? On duty

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. Service at the front not exceptional.

14. Treatment 6 Months treatment at Convalescent Hospital. London.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? 2 Months if treated.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. I/2 One half.

18. State if for discharge on account of unfitness for Service. No

H.D. Linington Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion. Yes

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. No

Category. "D" III.

20. Recommendations:

The board recommends that he be placed in Category "D" III and transferred to "F" unit for treatment.

Signatures:—

J.B. Le Tourneau Capt. A.M.C. President.

H.D. Linington Capt. A.M.C. Members.

A.E. McLarty Capt. C.A.M.C.

Station. London. Ont.

Date. 3/8/17.

Date. 11-8-17

L.V. Douglas Capt. M.D. U.S.
for Asst. Director of Medical Services.

Approved.

Date. Aug 11. 1917

Henry Howard Wolfe
for Director General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

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

B. P. G.

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

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

MEDICAL HISTORY OF AN INVALID

STATION London, Ont. DATE 7/11/17

1. (a) Unit "F" Unit, M.H.C.C. (b) Regimental No. 112005 (c) Rank Tpr.
   (d) Surname BALDWIN (e) Christian name Robinson Maurice.
2. Age last birthday 44 Date of birth 8/11/73
3. Enlisted at London, Ont. on 23/10/14

Military District No. 1
DEPT. OF MILITIA & DEFENCE
NOV 19 1917
H.Q. B3-13-218

4. Personal description :—
   (a) Height 5' 8" (b) Weight (stripped) (c) Complexion Ruddy
   (d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks Cross on left forearm. Cannon and Flag, right forearm.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
   585 Queen's Ave., London, Ont.
6. Former trade or occupation Teamster.
7. (a) Service

	Years	Days	Periods From	Periods To
18th B'n.			23/10/14	18/6/17
S.S.Co.			18/6/17	3/8/17
"F" Unit, M.H.C.Command.			3/8/17	7/11/17

   (b) Has he been Overseas? Yes.
8. Present disease or disability (use authorized nomenclature if possible). (1)Part.loss function rt.leg
   (a) Date of origin 1/4/17 (b) Place of origin Belgium.
   (c) Cause* Dragged by a horse.
   *(Here include original disease or injury)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Stands slightly stooped. Walks with a limp on toes of right foot. Lumbar muscles ache and seem tender on pressure. In stooping over extends right leg backwards. Movements at knee and ankle normal. When he puts weight on heel he gets pain in right lumbar muscles.

In good physical condition. Heart and lungs normal.

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

M. F. B. 227.
15/M.-6-17.
1772-39-117.

10. History ;

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

On April 1st 1916 was riding Broncho when he was thrown. Right foot caught in stirup. Was dragged a quarter mile.
Was buried by shell explosion in Sept. 1916 which causes recurrence of trouble in leg and back.

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

20%(twenty per cent.)

12. Did the disability arise on or off duty ? On duty

13. Was a Court of Inquiry held ? NO.

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

Yes..... No... Not applicable.

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

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? NO.

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Impossible to say.

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

L.M.C.H. London, Ont.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? NO.

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

20. Recommendations ..... DISCHARGE.

J Hudson M13

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

R Baldwin

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Agree except in (9)Can find no tenderness on pressure over lumbar muscles. Can stand erect. On stooping to touch toes extends leg but can bring ~~leg~~ down to floor while still ~~xxxx~~ touching floor with fingers. Movements of right hip joint mornal. We have observed this man while on the street and did not observe any abnormality in gait. He has a tendency to lumbago which is aggravated by wet weather. Otherwise in good physical condition.

(11)10%(ten per cent.)

22. Is the soldier fit for

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

23. It is certified that the soldier

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

(Strike out condition not applicable).

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

DISCHARGE.

B. T. Kirkpatrick Colonel, *President.*

Members.

STATION London, Ont.

DATE Nov. 7th, 1917.

APPROVED

NOV 12 1917

D J M Gray Capt

A.D.M.S.M.D. No. I.

APPROVED BY

DATE ..... *Assistant Director of Medical Services.*

APPROVED BY

DATE ..... *Director-General of Medical Services.*

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Fo[illegible], assembled at Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

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

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

_____ *President.*

_____

_____

_____

St. C.P., Kingswa[illegible].C.
30,000—17/4/16—1[illegible].

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Base Shorncliffe

Date Nov 5 1916

Transfers to 2nd Can. Corps Cav. 18th Dn. Batt 4

1. Unit
2. Regimental No. 112005
3. Rank Pte
4. Name Baldwin R.

5. Age last birthday 43
6. Enlisted on Oct 26 1915 at London Ont
7. Former Trade or Occupation Contractor and Teamster

8. **Disability.**

Concussion Back and Right Thigh

Statement of Case.

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

9. Date of origin of disability. May 15th 1916

10. Place of origin of disability. France

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

In France 4 months On May 15 he was thrown from his horse, and legs were injured so that he could not move for several days. Was in bed three weeks. Back was wrenches at the time. Returned to light duty, and at times at full duty On Sept 24 he was "buried". He walked out and was laid up in a field hospital for two days.

Complains of sharp sticking pain in back (lumbar region) and pain and swelling in right groin when he does much walking or work. Trouble is worse in wet and cold weather. Says he has severe pain and swelling in groin that incapacitates him if he slips.

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

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

Injury from fall from horse and again from concussion

(1) Yes (2) Yes as above

Awarded 14-12-16 J.J.

13. What is his present condition? Well developed and nourished

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

Examination does not reveal any tenderness in right lumbar region and in right thigh in adductor muscles. No swelling at present. His M.O. at the time (Maj. Campbell) informs us that the injury in May was a severe one which badly wrenched the adductor muscles. Heart normal.

14. If the disability is an injury, was it caused

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

(*b*) On active service? Yes

(*c*) On duty? Yes

(*d*) ~~Off~~ On duty? No (Leave)

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

If so—(*a*) When? —

(*b*) Where? —

(*c*) Opinion? —

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Teeth are poor. Has had some work done while in the service.

19. Do you recommend

(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalided to Canada? No

(*d*) Discharge as permanently unfit? Yes

R A Henderson Capt

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

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

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

Opinion of the Medical Board.

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

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

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

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

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 Yes a2 Yes

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? by dragged by a horse while on active service.

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? no

23. If not permanent, what is its probable minimum duration? 6 months

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? ~~total~~ not applicable D.J.M.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? Yes, date 9

(*d*) Discharge as permanently unfit? no

27. Remarks.

This man is also over Military age

APPROVED
CAPTAIN C.A.M.C. FOR D. OF R. & O. FOR
MAJOR-GENERAL
COMMANDING
CANADIAN TRAINING DIVISION.

Signatures:—

G C Hall Capt President.

A A Zerniger Capt

Station Shoreham by Sea

Date Nov 6/16 Members.

Approved.

Station Shoreham

Date - 6 NOV 1916

D J McIntyre
Administrative Medical Officer.

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area

JAN 1 0 1918

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted. Index No.	If under treatment. From	From	Disease.	How fully disposed of.	Date of Discharge, &c.
Date					
.....					
.....					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

Home address:- 115 Sackville St., London, Ont.

1. Station. London, Ont.
2. Regiment or Corps. 18th B'n. C.E.F.
3. Regimental No. and Rank. 112006 Tpr.
4. Name. Baldwin, R. Robertson service
5. Age last Birthday. 44
6. Enlisted on Oct. 23rd, 1914. at London, Ont.
7. Former trade or occupation. Teamster.
8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

DEPT. MILITIA & DEFENCE JAN 10 1918 H.Q. CANADA

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. April 30th, 1917.

9. Service.

	Years.	Days.	PERIODS From	To
18th B'n. C.E.F.			Oct. 23rd, 1914	April 30th, 1917

10. (a) Disease or disability. None
    (b) Date of origin. ------
    (c) Place of origin. ------
    (d) Cause. ------

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Looks robust and healthy. Heart, lungs and other organs normal. Appetite good. Sleeps well, and at present complains only of a slight stiffness in the lumbar muscles on stooping to touch his toes. Says the back does not trouble him and he could follow his occupation of teamster today but at change of weather and on exposure to wet there is a tendency towards lumbago.

12. (a) Is the disability the result of service or climate? Not applicable.
    (b) Has it been aggravated by intemperance, vice or misconduct? Not applicable.

Discharge 3-1-18 S.T.

M. F. B. 227.
200m. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Tattoo marking flexor surface right forearm. Fld. Gun and Flag with initials R.B.A.S.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not xxxx applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

Hospital and L.M.C.H. London,Ont.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

No disability at present.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Not at all.

18. State if for discharge on account of unfitness for Service.

No. [redacted]

(Sgd.)B.F.Keillor,Capt.A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion. Yes

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. Xxx. No.

Recommendations : [redacted]

Board recommends transfer to Category "B" 2.

Signatures :—

(Sgd.)T.J.McNally,Capt.A.M.C. ..... President.

(Sgd.)J.J.Walters,Capt.A.M.C. ..... Members.

Station. London,Ont.

Date. April 30th,1917 (Sgd.)B.F.Keillor,Capt.A.M.C. .....

Date. .....

Asst. Director of Medical Services.

Approved.

Date. .....

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. } .....

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

MEDICAL HISTORY OF AN INVALID.

1. Station. London, Ont.
2. Regiment or Corps. 18th Bn. C.E.F.
3. Regimental No. and Rank. 112005 Tpr.
4. Name. Baldwin R.M.
5. Age last Birthday. 44
6. Enlisted on Oct. 23rd, 1914. at London, Ont.
7. Former Trade or Occupation. Teamster

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.
   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. March 5th, 1917.

9. Service. Years. Days.

	PERIODS.	
	From.	To.
18th Bn. C.E.F.	Oct. 23rd, 1914	March 1915.
2nd Div. Cav.	March 1915	March 5th, 1917

10. (a) Disease or disability. Contusion of back and right thigh.
    (b) Date of origin. May 1st, 1916, and Sept. 24th, 1916.
    (c) Place of origin. Belgium
    (d) Cause. Thrown from horse and dragged, also "buried" five months later.

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)
    Invalid is in good general health, is well nourished, appetite good. Sleeps well, but is obliged to lie on left side or prone as he states he has aching pain in right side if lying on right side or back. Invalid complains of pain in back muscles, most severe in right side, after walking at ordinary pace for distance of two miles. This pain also present on bending or stooping. The pain is of dull aching character with occasional sharp pain in lumbar muscles of right side.
    He also complains of pain in groin (right side) This pain also is of dull aching character, and is aggravated if invalid makes mis step or slips while walking. There is no evidence of pain in right groin on stooping or bending. Invalid states that he is much improved since return to Canada. Physical examination negative. Heart and lungs normal.

12. (a) Is the disability the result of service or climate ? Service.
    (b) Has it been aggravated by intemperance, vice or misconduct ? No.

M. F. B. 227,

100 M—2-16.
1772-39-117.

carded 15-6-17. Ottawa.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Tattoo markings, flexor surface right forearm, field-gun and flag, with initials R.B.A.S.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? On duty

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. Not applicable.

14. Treatment Hospital and Convalescent Hospital

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Two months

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. One fifth

18. State if for discharge on account of unfitness for Service. Unfit for service. Recommend further treatment for period of two months.

W.B. Rhaundy Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Agree

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. Yes, at present.

20. Recommendations: Two months further treatment at London Military Convalescent Home.

Signatures:—

T.J. McNally Capt. A.M.C. President.

Sol. Spencer Capt. A.M.C.

B.T. Kirkconnell Capt. A.M.C. Members.

Station London, Ont.

Date. March 5th, 1917.

Date. 12-3-17

O.C. Bell Lieut.-Col.
Asst. Director of Medical Services.

Approved.

Date. 22/3/17

W.B. Nealy Capt.
Director-General of Medical Services.

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

NOV 14 1916

R. C.

Members of Board.

Proceedings.

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

APPROVED

Signed at Prior Park, Bath, this day

of , 191 .

President.

St. C.P., Kingsway, W.C.
30,000—17/4/16—10533.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

50

Station C.C.A.C. Shoreham.

Date Nov. 5th. 1916.

1. Unit 18th. Battn.
2. Regimental No. 112005.
3. Rank Pte.
4. Name Baldwin R.
5. Age last birthday 43
6. Enlisted { on Oct.20th.1915. / at London Ont.
7. Former Trade or Occupation } Contractor and Teamster.

8. **Disability.**

Contusion of back and right thigh.

Statement of Case.

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

9. Date of origin of disability. May 1st. 1916.

10. Place of origin of disability. France.

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

In France 13 months. On May 1st. he was thrown from his horse, and legs were injured so that he could not move for several days. Was in bed three weeks. Back was wrenched at the time. Returned to Light duty and at times to full duty. On Sept. 24th. he was "buried" He walked out and was laid up in a field hosp. for 2 days. Complains of sharp sticking pain in back (lumbar region) and pain and swelling in right groin when he does much walking or work. Trouble is worse in wet or cold weather. Says he has severe pain and swelling in groin that incapacitates him if he slips.

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

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

Injury from fall from horse and again from contusion.
1. yes) as above.
2. yes)

13. What is his present condition?

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

Well developed and nourished.

Examination shows some tenderness in lumbar region and in right thigh, in adductor muscles. No swelling at present. His M.O. at the time (Major Campbell) informs me that the injury in May was a severe one which badly wrenched the adductor muscles. Heart normal.

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy? yes

(*b*) On active service? yes

(*c*) On duty? yes

(*d*) Off duty? no

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

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

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

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Teeth are poor. Has had some work done while in the service.

19. Do you recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? no

(*d*) Discharge as permanently unfit? yes

R.K. Henderson Capt

Officer in medical charge of case.

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

Station_____

Officer in charge of Hospital.

Date_____

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

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

Opinion of the Medical Board.

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

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

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

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

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 yes a2 yes.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? dragged by a horse while on active service.

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no

(*b*) Misconduct? no

22. Is the disability permanent? no

23. If not permanent, what is its probable minimum duration? 6 months.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? ~~Total.~~ not applicable D.J.M.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable.

26. Do the Board recommend

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalided to Canada? Yes Class G.

(*d*) Discharge as permanently unfit? no

27. Remarks. This man is also over Military Age.

APPROVED
CAPTAIN, C.A.M.C. FOR D. OF R. & O. FOR BRIGADIER GENERAL COMMANDING CANADIAN TRAINING DIVISION,

Signatures:—

R.K.Hal. Capt President.

J.A.Henderson Capt

Station Shoreham-By-Sea. Members.

Date Nov. 6th 1916.

Approved.

Station Shoreham

- 6 NOV 1916

Date_____

D.J.M. Intyre

Administrative Medical Officer.

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

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.
7/5/15	Vaccs. Good. G. H. Wilson, Maj.
3/3/15	Inocs. do do
12/3/15	do do do

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
London, Ont.	17/2/15				

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of the C.A.M.C. for the Canadian Contingents.

Officer i/c Records, C.A.M.C.

IC

112005

DUPLICATE.

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 BALDWIN *Christian Name* ROBINSON

Table I.—General Table.

Birthplace ... Parish London, County Ontario.

Examined ... ... on 23rd day of October 1914.
at London, Ont.,

Declared Age ... ... 30 years 10 mos days.

Trade or Occupation ... Asphalt Refiner.

Height ... ... 5 feet, 6½ inches.

Weight ... ... 165 lbs.

Chest Measurement — Girth when fully Expanded 39½ inches.
Range of Expansion 3½ inches.

Physical Development ... Normal

Vaccination Marks — Arm ... Right 1 Left
Number 1

When Vaccinated ... ... Child

Vision ... ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) ?
(*Rank*)
Medical Officer.

Enlisted ... ... at London, Ont.,
on 23rd day of October 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	7th C.M.R.	
Transferred to	2nd Can. Div Cav.	112005

Became non-effective by

on day of 191.

(*Signature*)
(*Rank*)

This Medical History Sheet has been compared with the Correspondence Attestation Paper, and entries made in red have been verified.

Officer i/c Records, C.A.M.C.

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

[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 must be shown The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
London, Ont.									Good results in vaccinations and inoculations.	G. H. Wilson. Major.
									2nd Examination - 11 May 1915 Fit	do
No 4 Div Rest Stat	1	5	16	17	5	16	Strained Muscles	16	Dis to Duty.	A74.
No.5 Can.Field Amb.	27	9	16	29	8	16	Lumbago:		to No.2 Can.Fld.Amb.	A65-A67.
No. 2 Can.Field Amb.	29	8	16	3	10	16	"		Discharged to Duty.	A67-A67

MARRIED OR SINGLE: M (Separated)

PLACE OF BIRTH: London Ont

NAME AND ADDRESS OF NEXT OF KIN: Alice Mabel Baldwin
115 Sackville St, London Ont

RELATIONSHIP OF NEXT OF KIN:

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 112005 RANK Pte NAME Baldwin, Robinson

IF IN PERMT. CORPS WHAT UNIT: UNIT 1st C.M.R.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION London Ont

DATE OF ATTESTATION 23-10-14

TRANSFERRED TO 1st Hussars DATE AUTHORITY

TRANSFERRED TO CCCReg't DATE 1-6-16 AUTHORITY

TRANSFERRED TO C.C.A.C. DATE 1-11-16 CCCR BO 41 of 19-10-16

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE

PAYABLE TO Mrs. R. Baldwin, 117 Sackville St. London Ont RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 15/11/16 EFFECTIVE 1/12/16 AB REASON Disch'd to Canada

DISCHARGE DATE AND PLACE 15-11-16 Canada REASON AND AUTHORITY C.C.R.O. 1451 - 11/11/16

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 16/11/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index

Checked by

DATE 1916	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
Inch	31														336 30														245 24 91 06					
Apr	30	1.00	30		30	.10	3								33	115 11426	130 21-6-16							.2 62	.5 23			15		22 85 101 21					
May 1-31	31	"	31	-	31	"	3	10							34 10		26 28-5-16								.256		146	15	-	19 02	116 29				Rly Warrant 37/392.
June 1-30	30	"	30	-	30	"	3	-							33 -				C.S.M. 14-6-16.						.9733.	15	-	112 33	36 96				
July 1-31	31	"	31	-	31	"	3	10							34 10	107 30-6-16.								.256				15	-	17 56	53 50				
Aug 1-31	31	"	31	-	31	"	3	10							34 10	166 24-7-16.								.262				15	-	20 24 437 24	67 36		2 65 36.		
Sept 1-30	30	"	30		30	"	3								33 50 4 60	182 31-7-16.	248 25-8-16		215 CCCRO 18-8-16					.261	.262			15	-	20 23	80 13				
Oct 1-15	15	"	15	-	15	"	1	50							16 50 554 10	272 14-9-16.								.261				15	-	17 61 475 03	79 02				Trans C.C.A.C. 16-10-16.
16-31	16	"	16	-	16	"	1	60							17 60 571 70	869 8-10-16	24/10	1002						.343							96 62				1-11-16.
1/11/16	15		15		15		1	50							16 50 588 20	1016 3/11	1152 9/11		Havre 6/10/16.					.243	.243	.698 X		15		2927	83 85				X Extract from Pay Book Disch'd to Canada 6 C I L 451 - 11/11/16 Pay Book Vouchers Present 15/11/16 to 14/12/16 Trans. N.E. 16.11.16.
																												Balance transferred to N. E. Branch.		83 85					
Jan'17																9695								9 73						9 73	74 12				9 73 acct. C.D.O. Shorncliffe C.A.F. 18-35/11/16
N.E. Jan: 1917.															74-12	7726	C.B.D. 23-10-16.	N.E. 4/14						6 98.				74-12	74-12	7 11 6 98		6 98			Transf to "Canada Disc'ge a/c"
Transf'd.																															Nil.			
													6 98	6 98																						

Checked ..... Checked .....

A.L.P.C. issued 15.5.17
Cr. bal $67.14 7d
Acker Ottawa 4/7/17
N.E. 87 [illegible]
Typer.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			