11171

S

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

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Proceedings on discharge..... 1

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Medical History Sheet..... 2

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Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

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C

DISCHARGE DOCUMENTS

H

R. O. No.....

H. Q. No.....

Name Bell, Dolphin

Regt. No. 862548 Rank Pte

Corps "E" Coy, 180th. Overseas Bn. C.E.F.

Medically Unfit

H

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

Card m.m. 29-8-1916

DUPLICATE

ATTESTATION PAPER.

No. 862548

~~180th Batt.~~

5

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	BELL
1a. What are your Christian names?	Dolphin
1b. What is your present address?	25½ Montague Place, Toronto, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Toronto, Ont., Canada.
3. What is the name of your next-of kin?	Jean Bell,
4. What is the address of your next-of-kin?	25½ Montague Place, Toronto, Canada.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	May 15th, 1898.
6. What is your Trade or Calling?	Driver.
7. Are you married?	Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	Yes.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. 2 Months 48th High., Pte. 9th Civic F. A., 1 Month, Pte.
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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Dolphin Bell (Signature of Recruit)

Date February 21 1916. W. B. Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Dolphin Bell, 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.

Dolphin Bell (Signature of Recruit)

Date February. 21st 1916. W. B. Moore (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 Toronto, Canada this 21st day of February 1916.

(Signature of Justice)

M. F. W. 23.
100M.—1-16.
H. Q. 1772-39-841.

Description of Dolphin Bell on Enlistment.

Apparent Age 18 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Fresh

Eyes Blue

Hair Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic R. C.
- Jewish
- Other denominations (Denomination to be stated.)

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

Tattoo Dagger & Beaver R. Arm.

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 February 21st 1916

Place Toronto, Canada.

R. Hughes Capt
Toronto Recruiting Depot.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Dolphin Bell, having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

A. H. O'Brien Major (Signature of Officer)
for O.C. Comdg. 180th O.S. Battalion, C.E.F.

Date Feb - 22 1916.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 862548 Rank Private Name Bell, Dolphin

Corps 180th. Battalion C.E.F. who was* Discharged

On May 5th. 1916. 1915 to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

From 1/5/16 To 5/5/16 — Dr.	$	c.	From 1/5/16 To 5/5/16 — Cr.	$	c.
Bal. Dr. from previous month			Regimental pay 5 days at $ 1.00	5.	00
Total payments during period from			Field allowance 5 " $ .10	.	50
			Other allowances		
			Subs. 5 days at 60¢	3.	00
Assigned Pay			Other Credits (give particulars)		
			Uniform	10.	00
Other Charges (give particulars)					
Bal. Cr. on discharge or transfer	18.	50	Bal. Dr. on discharge or transfer		
Total	$18.	50	Total	$18.	50

The amount shewn as Balance Cr. due on discharge or transfer has †------been------paid.

Monthly stoppage on account of assignment of pay is Nil, and has been charged in Pay-list for month of

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment February 21st. 1916.

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge and authority Medically Unfit Camp Order (2) 4/5/16.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date May 5th. 1916.

Place Toronto, Ont.

F. O. Flanagan

Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

(This form is to be used for an Army Order 71 Finance Instructions C.E.F. 1914)

Regimental No. [illegible] Rank [illegible] Name [illegible] Date [illegible]

Corps [illegible]

On [illegible] day of [illegible] 19[illegible]

(Insert "discharge" or "transfer")

The following statement of the account of the above-named to date of transfer or discharge includes:—

	$	c		$	c
Bal. Dr. from previous month			Regimental pay days at $		
Total pay items during period from			Field allowance " $		
			Other allowances		
Assigned Pay			Other Credits (give particulars)		
Other Charges (give particulars)					
Bal. Cr. on discharge or transfer			Bal. Dr. on discharge or transfer		
TOTAL			TOTAL		

The amount shown as Balance Cr. due on discharge or transfer has ---------- paid.

Monthly stoppages on account of assignment of pay is . . . . and has been charged in Pay-list for month of

(Insert "been" or "not been" as case may be)

REMARKS:

Signature of [illegible]

Date [illegible] 20th day of January 1916.

(If married and if a Separation Allowance Card has been submitted)

(If cause of discharge and/or transfer) Month [illegible] Card [illegible] Order [illegible]

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and

Date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list

at the unit

Date

Signature

M. P. M. O.

Regimental
E. & A. Officer

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Bell *Christian Name* Dolphan

Examined { on 21st day of Febru ry 1916 / at Toronto, Canada.

Approved by [signature]

Birthplace { City or Town Toronto / County Ont., Canada.

Rank Capt M.O.

Toronto Recruiting Depot.

Apparent age 18 Yrs. 7 Months.

Trade or occupation Driver.

Height 5 Feet 5 Inches.

Weight 121 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 35 inches.

Physical development Good.

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 1 / Number 1

When Vaccinated last Infancy.

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

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

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

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 21st *day of* February *191*6 *at* Toronto, Canada.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	180th Batt.	862548		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Bell- Christian Name Dolphin

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 180th O.S.B., C.E.F.

Regimental No. 862548 Rank Private C. E. F. Name Bell, Dolphin

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

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				

(*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				

649-B-3080

CARD NO. X. M.F.

SURNAME. Bell.

CHRISTIAN NAMES Dolphin

S.O.S. Dis. 5-5-16 2 Lon.

REGL. No. 8625-48 RANK Pte.

UNIT 180th Bn

FORMER CORPS 48th Hgh. (2 mos) 9th Civic F.A. (1 mo)

NEXT OF KIN.

NAMES IN FULL Bell, Mrs. Jean

RELATIONSHIP TO SOLDIER Mother

ADDRESS 25½ Montague Place, Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE May 15th 1898.

PLACE OF ATTESTATION Toronto. Ont. DATE Feb 21st 1916

L L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Driver RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 18 YEARS 7 MONTHS

HEIGHT 5 FEET 5 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Fresh EYES Blue HAIR Brown

DISTINGUISHING MARKS Tattoo "dagger and beaver" right arm.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Feb 21st 1916.

Present address - 25½ Montague Place, Toronto Ont.

R. O. 26-10-16

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

36

This space to be for numbers.

Proceedings on Discharge.

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

No. 862548

Rank Private

Name Dolphin Bell

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

Corps (Squadron, Battery or Company) 180th O.S.Battalion, C.E.F."E" Co.

Date of Discharge May 5th 1916. Camp Order (2) 4-5-16.

Place of Discharge Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 18 years 10 months.
Height 5 feet 5 inches.
Complexion Fresh
Eyes Blue
Hair Brown
Trade Driver
Intended place of residence (To be given as fully as practicable.) 25½ Montague Place Toronto, Ont.

Descriptive Marks

Tattoo Dagger and Beaver right arm.

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

"Medically unfit".

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

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

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

Fair (RHF)

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

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

Driver (RHF)

M. F. B. 218.

15m.—10-15.
H. Q. 1772-39-113.

(OVER)

noted 30/10/16 BJF

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

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

6. Medals and Decorations.....

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

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

(Place) Toronto, Ont. H. D. O'Donoghue Lieut

(Date) May 6th 1916 *Commanding* O.C. "E" Coy

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

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

(Place) Toronto, Ont. D Bell *(Signature of Soldier.)*

(Date) 5/5/16. H F Farley *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Toronto, Ont.

(Date) 6/5/16

(Signature) R H Green Lieut Col O.C. 180th Ors Bn.

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.)

(OVER)

(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.

Militia Form B. 227.
100 m-2-16.
H. G. 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.

Next of Kin
Mother Jane Bell
Bell. Dolphin

Address of Next of Kin
25½ Montague place
Toronto

MEDICAL HISTORY OF AN INVALID.

DEPT MILITIA & DEFENCE
MAY 11 1916
H.Q. CANADA

1. Station. 255 Richmond St W Toronto
2. Regiment or Corps. 180th Battalion C.E.F.
3. Regimental No. and Rank. 862548 Private
4. Name. Bell. Dolphin
5. Age last Birthday. 18 yrs
6. Enlisted on February 21st 1916 at Toronto Armouries
7. Former Trade or Occupation. Driver

8. General remarks on his :—
(a) Conduct. Good
(b) Habits. Good
(c) Temperance. Good

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

Date. April 24 1916

9. Service. Years. 63 Days.

	PERIODS.	
	From.	To.
	February 21st	Present

10. (a) Disease or disability. Mitral Regurgant Murmur.
(b) Date of origin. 1 yr. ago
(c) Place of origin. Toronto
(d) Cause. Scarlet Fever.

11. Present Condition. (Most Important) Becomes Tired & Breathless on Slight Exertion
(To include full description of present disabling condition or conditions.)

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

M. F. B. 227.
100 M—2-16.
1772-39-117.

Carded EB 12-5-16

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Tattoo Marks on Right Arm Dagger & Beaver

(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? /

(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. /

14. Treatment Light Duty.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? None

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

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. None more than before Enlisting

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

Thos Douglas Capt. A.M.C.

M.O. 180th Os. Batt. C.E.F.

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. Yes – endocarditis

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service. Yes

20. Recommendations: For discharge as "Medically unfit"

Signatures :—

Geo. Acheson Lt. Col. President.

H. H. Harvie Capt. A.M.C.

Station. Exhibition Camp

Date. April 25/16

R. W. Phillips Capt. A.M.C. Members.

Date. 3/5/16

G. J. Jones Capt.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.