4 10963 — SIN/NAS

BIELER — Surname/Nom

ANDIE CHARLES — Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Box: 720

CF 478 (10/74)
7530-21-870-6931

COMPONENT
ÉLÉMENT — CEF

REGIMENTAL DOCUMENTS

18435

Pte. NAME Bieler Andie Chas REGT. NO. 410963 UNIT P.P.C.L.I. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)	38				Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
+1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		M			
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med Unfit on Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
+1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	B.P.C. 871					
1	AFB 2069.					
1	AFB 241					
1	M.F.W. 192.					
1	[illegible]					
3	[illegible]					
1	R149					
2	[illegible]					
	[illegible]					

Box 720

8
9 — 17
20 — 17
28 — 18
8

W 2589

ATTESTATION PAPER.

No. A-10,963

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... André Charles Bieler
2. In what Town, Township or Parish, and in what Country were you born?..... Lausanne Switzerland
3. What is the name of your next-of-kin?..... Charles Bieler
4. What is the address of your next-of-kin?..... 9th Columbia Ave Westmount P.Q.
5. What is the date of your birth?..... Oct 8 1897 1896
6. What is your Trade or Calling?..... Student
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. ..... as Cadet at School
    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

A. Bieler (Signature of Man).

cadet (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, André Charles Bieler, 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.

A. Bieler (Signature of Recruit)

Date 15th March 1915 cadet (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, André Charles Bieler 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.

A. Bieler (Signature of Recruit)

Date 15th March 1915 E. G. Wall (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 Montreal this 15th day of March 1915.

E. G. Wall J.P. (Signature of Justice)

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

Lieut. Barclay (Approving Officer)

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

Description of Andrée Charles Bieler on Enlistment.

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

Height ..... 5 ft. 6-6 ins.

Chest measurement. { Girth when fully expanded ..... 36-1 ins.
Range of expansion ..... 4 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

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 March 15 1915. .....

Place Montreal ....
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.

A. C. Bieler ..... 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.

Gregor Barclay ..... (Signature of Officer)

Date March 15th 1915.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. A10963 (Rank) Private

Name (in full) BIELER, Andie Charles enlisted in

the Princess Patricias Canadian Light Infantry

CANADIAN EXPEDITIONARY FORCE at Montreal, Quebec on the 15th

day of March 19 15.

HE served in FRANCE

and is now discharged from the service by reason of

ON DEMOBILIZATION MEDICALLY UNFIT FOR GENERAL SERVICE

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

Age 22 years

Height 5 feet 6 inches

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars G.S.W. left thigh, 4.6.16

A. A. Bieler
Signature of Soldier

R. Wilgress, Captain,
Issuing Officer
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge May 15th, 1919.

Appointment

Signed at Montreal, Quebec this 15th day of May 19 19

in Military District No. 4

File Reference No. DD4 19-B-1168.

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and when wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

On demobilization the particulars called for on the back of this certificate will not be completed.

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

Army Form B. 103.

K.F. 102/272 x Lieut.

130

Casualty Form—Active Service.

Regiment or Corps P. P. C. L. I.

Regimental No. A10963 Rank Pte Name Bieler A. C.

Enlisted (a) 15-3-15 Terms of Service (a) 1 year or duration of War Service reckons from (a) 15-3-15

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Embarked		PRINCESS PATRICIAS CANADIAN LIGHT INF.		16.7.15	
3.9.15	O.C. Bn.	Joined from Hpl.		29.8.15	B.213.
23-10-15	24th Divl Rest Stn.	Scabies.	24th Divl Rest.	22.10.15	A36.
30.10.15	Unit.	Rejoined from Hospital	Field	26.10.15	B.213
28-11-15	No 1 Staty	Boils on Back. Admitted.	No 1 Staty.	28-11-15	W3034.
27-11-15.	Lucknow C.C.S.	Boils - Admitted Transferred to	Lucknow C.C.S. Base	23/11/15 27/11/15	A 36 27/11 B 213 26/11
21.12.15.	No. 1 Staty.	Boils Back Dischgd to	Conv. Depot	21.12.15	W3034
24.12-15	CBD.	Taken on Strength	CBD.	24/12/15	NR. 101/BD/3/107.

22-1-16. Can Base. Proceeding to Unit. In the Field. 19-1-16. 101/BD/3/195.

(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.

A10963 Private Bieler A.C.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
22-1-16.	O.C.Battn.	Joined Battn. In the Field.		21-1-16.	B.213.
22.3.16	142 Fld. Amb.	Tuberculosis. Adm.	142 Fld Amb.	18.3.16.	A.36 D.O.S. 323.
19.3.16	41 C.F.A.	" Adm. / Trans.	41 Can. Fld Amb. / 142 Fld Amb.	11.3.16. / 18.3.16	A.36 D.O.S. 325.
4-6-16.	11 Gen. Hos.	GSW ~~[illegible]~~ Thigh L. Adm.	11 Gen. Hos.	4-6-16.	W3034-410
29-6-16.	— do —	do do Transf to	6 Conv Depot Etaples.	29-6-16.	W3034 — 435.
4-7-16	CBD	Taken on strength of Unit at CBD		4-7-16	N.R.
21-7-16.	7 Can Stry	Bronchitis Adm	7 Can Stry	21-7-16.	W3034-32
22-7-16.	CBD	Struck off Strength Transfer 7 Stry Hosp.		22-7-16.	N.R. D.O.S. 388
6-8-16	7 Can Gen	Bronchitis Transfer Convalescent		6/8/16	W3034-48
26-9-16	No 4 Con Depot	Deprived of one days Pay for pillow fighting in his hut 24-9-16	No 4 Con Depot	25-9-16	A.F.B 2069 Part II orders 55/6-10/16
27-9-16.	C.B.D.	Taken on strength of C.B.D.		27-9-16	Nom Roll.
30.12.16	CBD	Class "A" - - - - at CBD		30.12.16	Authy:- File K.S. 115/1037 d/1-1-17
9-3-17	CBD.	Left CBD for 3rd Can Ent Battn.		9-3-17	Nom Roll. No 205.
14-3-17.	3rd Ent. Bn.	Arrived at 3rd Can Ent Battn Field		13-3-17.	Nom Roll. 24.
25-3-17.	— do —	Left for P.P.C.L.I. Field		25-3-17.	Nom Roll. 26.
31.3.17	Ob. Bn.	Arrived Unit in the Field		25.3.17	B213
19.4.17	7. Gen.	I.C.T. foot. L. set.	7 Gen.	19.4.17	W3034-290.
28-4-17.	OCBn.	Evacuated Sick. Field		17-4-17	B213. DOS. 484 d/- 9-5-17.
26-5-17.	CBD.	"A" Taken on strength of CBD.		26-5-17.	N.R.- 151.
29-5-17.	" "	Left CBD. for No 7 Can Gen HP.		29-5-17.	N.R.- 178.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
25-8-17	OC Battn.	Rejoined from Leave	Field.	24-8-17	B213 DCS 606
17-9-17.	O.C.Bn.	To 7th C.I.Bde. Trng Battn.	Field.	17-9-17.	K.I.16-23351.
6-10-17	OC Battn	Evacuated Sick not stated		28-9-17	B213
15-10-17	CCRC Camp	Left for unit in the	Field	15-10-17	[illegible]
20-10-17	OC Battn	Joined unit from CCRC	Field	15-10-17	B213
18-11-17.	G.O.C. Cdn Corps.	To att to Cdn Corps HQrs.	" "	8-11-17	B213 K.I.16-27188
31-1-18.	A.A.G. Base.	Transferred to Cdn Army Corps HQrs. (Topographical Section) and struck off the strength of P.P.C.L.I.		30-1-18.	B241. Ref File K.E. 24448. Part II Orders 14. dated 21-2-1918.
do.	do	T.O.S. Cdn. Corps HQrs for duty with Cdn Corps Topographical Sect. at regimental rate of pay.		31-1-18.	do. Part 2 O/s. 9 dt. 25.2.18
3.2.18	GOC Cdn Cps.	appointed Acting Sergeant without alteration of pay	Field	31-1-18.	B213. Part 2 O/s 9 dt. 25.2.18
2.3.18.	"	Graded for purposes of pay as Clerk, Class I.	"	31.1.18	CC 20-00. File KT18/5755 Part 2 O/s 12 dt. 7.3.18
22.5.18.	AAG Cdn Sect.	S.O.S. Cdn Cps HQrs on transfer to Cdn. Corps Survey Section.	"	13.5.18.	File (S) 290-300 Part 2 Orders 29 22.6.18
"	"	T.O.S Can Corps Sur. Section.		14.5.18.	Part II 6/7/18 No 3.
29.6.18.	A.S.D.	V.W.H. Classified "A"		29.6.18.	W3339/590
16.6.18.	C.C.S.S.	Continues to draw Clerks pay Class I.		14.5.18	Part II 10 14/8/18
7.8.18.	R.A.F.	Attached 13 Squadron.		13.7.18.	B213 KX17-1828
31.7.18					

2nd Sheet

Army Form B. 103. Regimental Number A.10963.

Casualty Form—Active Service.

Regiment or Corps P. P. C. L. I.

Rank Pte. Surname Bieler. Christian Name A. C.

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

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

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

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

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
22-5-17.	6 Conv Depot.	I.C.T. Foot L. Adm to 6 Conv Depot.		22-5-17.	W3034-W906.
25-5-17.	6 Conv. Depot.	Discharged to Cdn Base Depot.		25-5-17.	W3034-W1246
22/5/17	7 Cdn Gen	I.C.T. L Foot to	6 Conv Dep	22/5/17	W3034 W925
28-5-17.	7 Cdn Gen.	Otitis Media, Slt. Adm	7 Cdn Gen.	28-5-17.	W3034-W1465.
26-6-17	3rd CBD.	Taken on strength of "A"	3rd CBD.	26-6-17.	N.R.-306.
28-6-17	" " "	Left to Join P.P.C.L.I.		28-6-17	N.R.-351.
25-6-17	7 Cdn Gen.	Otitis Media, Disch to 3rd CBD.		25-6-17	W3034-W3904.
21-7-17	OC Battn.	Rejoined Unit from L of C. Field.		17-7-17	B213. DCS 508.
22-7-17	1 C. F. Amb.	Asthma Broncho Adm 10/7/17 Disch to	Duty Unit	16-7-17	A36. E.5192 DCS 60[illegible]
11-8-17	OC Bn.	Granted 10 days Leave of	absence		B213. Pt of Ord.
		to Neuilly-sur-Seine	France.	10-8-17	68 [illegible]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(6228) W. 13663/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[P.T.O.

Army Form B. 103. Sheet 3 Regimental Number A 10963.

A 5

Casualty Form—Active Service.

Regiment or Corps Can Corps Sur Section

Rank A/Sgt. Surname Bieler Christian Name A. C.

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

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

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

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

or Corps Trade and Rate .....

Occupation .... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked...			
17.11.18	4 General.	Asthma. M. adv.	4 General.	17.11.18	W3034/M6850
16.11.18	C C S S.	To Hospital Sick.		13.11.18	B 213.
11.12.18	A C & S.	Relinquishes appt. A/Sgt.		11.12.18	Part II 1. 4/1/19
11.12.18	"	Ceases to be graded as Clerk. Class I.		11.12.18	Part II 1. 4/1/19.
11.12.18.	A/T Brighton.	Asthma. To England.		11.12.18	W3083. Part II 1. 4/1/19.

[signature] Lieut. for Lieut Col AAG Can Sec.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

W.13863—M1477 1000m 1/17 (27612) S P & Co, Ltd. Forms B./103/4 E./354.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
21.12.18	Gen Depot	TOS from Ho CCSC	Witley	12.12.18	Pte 303
			D J Moore Lieut. for Colonel i/c Records.		
16-5-19.	SOS. Disch.Med Unfit RO.1420		Montreal.	15-5-19.	DO -Pt.11/136
			Captain, Officer i/c Discharge Section, District Depot No. 4.		

CANADIAN EXPEDITIONARY FORCE

TEMPORARY DISCHARGE CERTIFICATE

This is to Certify that No. A10963 Rank Sergeant

Name (in full) BIELER, Andie Charles

Enlisted in Princess Patricias Canadian Light Infantry

CANADIAN EXPEDITIONARY FORCE on the 15th

day of March 191 5.

HE SERVED IN FRANCE -

and is hereby discharged from the Service by reason of -

- - ON DEMOBILIZATION MEDICALLY UNFIT FOR GENERAL SERVICE - - - - - - - - -

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age 22 years

Height 5 feet 6 inches

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars G.S.W left thigh-4.6.16

Former Occupation Draughtsman

Signature of Soldier A.C. Bieler

Issuing Officer [signature] Captain,

Officer i/c Discharge Section, District Depot No. 4.

Date of Discharge May 15th, 1919

Rank

Appointment

Signed at Montreal, QUEBEC this 15th day of May 1919

Military District No. 4

Reference No. DD4 19-B-1168

M. F. W. 39c
100M.—2-18
1772-39-882

WAR SERVICE BADGE

Class "A" No. 275611 ISSUED

WAR SERVICE BADGE

Class "B" No. C57639 ISSUED

22254

Rank | Name BIELER Andre Charles | Reg'l No. A 10963

Unit P.P.C.L.I. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal.P.Q. 15th March.1915. | Place of Birth Lausanne Switzerland

Name and Address, Next-of-Kin Charles Bieler, 98, Columbia Ave, Westmount, P.Q.

Relationship In case of casualty also notify no 504 Pte J.H. Bieler no 3 Canadian Genl. Hosp.- McGill Army Post Office 3, B.E.F. France Authy. R.L. 29. 12/2/16

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No 8505
File R.L.
Category M U Can

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
C					
31.7.15	O.C. P.P.C.L.I.	Taken on strength P.P.C.L.I.	France	17.7.15	M.II Or. 32
28-11-15	W.O.	Adm no 1. Stationary Hspt.	Rouen.	8-12-15	Cas List 249.
21-12-15	W.O.	Discharged to Conv. Camp Boils back	Details.	31-12-15	" " 266.
19-1-16	W.O.	Rejoined Unit.	France.	28-1-16.	" " 285.
1-4-16	O.C. P.P.C.L.I.	Adm: 142. Field Amb.	France.	18.3-16	" " A.321. Tuberculosis.
15.4.16	"	Disc. to Duty	"	22.3.16	" " 330 "
20.6.16	"	Wounded in Action		2-4/6/1916.	C.L.A. 379.
5.7.16.	"	No 6 Conv. Depot	Etaples.	29.6.16	" 395 GSWL Thigh 54
31.7.16	"	7. Can. Staty Hosp.	Havre.	21.7.16.	C.L.A. 412. Bron.

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
15.8.16.	P.O.C.L.I.	Trans to Conv. Depot.	Havre	6.8.16	C.L.A. 423. Bron.
19.12.16	"	Disch'd from No 4 Con Depot	"	27.9.16	C.L.A. 513 "
6-10-16	" "	Deprived of 1 days pay 25.9.16 for pillow fighting in his hut		24.9.16	Pt II 55 —
24.5.17	✓	Adm No 7 Can Gen Hsp	Etaples	19.4.17	Cl. A630. ICT Sprain Foot Slt.
30.5.17	✓	Tfd. No 6 Conval Depot	✓	22.5.17	Cl. A. 635
1.6.17	✓	Dis to Base Details	✓	25.5.17	Cl. A. 637
5.6.17	✓	Adm No 7 Can Gen Hsp	Etaples	28.5.17	Cl. A. 640
4.7.17.	✓	Dis ✓ ✓	✓	25.6.17.	Cl. A. 658.
14.8.17	✓	Adm. No. 1. Can. Fld. Amb	Field	10.7.17	C.L.A. 685. Asthma Broncho.
✓	✓	Dis to Duty	✓	16.7.17	✓ ✓ ✓
21.2.18	✓	S.O.S. to C.A.C. Hdqrs.	Pte. ✓	30.1.18	Pt. II 14 C.C. Hq. Pt. II 09 25/2/18
25.2.18.	C.C. Hq	Appt'd a/Sgt. Topographical Section	" do	31.1.18	— 9
22.6.18.	C.A.C. Hq.	S.O.S. to Can. Corps a/Sgt	do.	13.5.18	— 29
4-1-19	C.C.S. Sec.	Inval (Sick) + posted to Gen Depot Survey Sick	a/Sgt Field	11.12.18	DO 1 CC SS Pt II 3 D/6.7.18
4-1-19	C.C.S. Sec.	Relinquishes appointment of a/Sgt	a/Sgt Field	11.12.18	DO 1
21-12-18	Gen Dep.	TDS from the C.C.S.C.	Pte by DO 17 of 21-1-19 ~~a/Sgt~~ Willey	12.12.18	303
7-4-19	Gen Dep	Invalided to Canada	Pte Seaford	31-3-19	C.L.B. 285
14-4-19	Gen Dep	Asthma Ceases Hosp & SOS on being Invalided to Canada	" "	31.3.19	0083

MD 4

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Bisles Christian name Sgt #410963

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any).... .....

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the .....day of..... .....19....., by the undersigned medical board sitting at.....

5. Age as stated.....Years.....Months. 6. Apparent age.....Years..... Month

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair ..... }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm..... / Left arm ..... } 14. When vaccinated last .....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....

.....

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. } { Epilepsy / Syphilis, / Asthma. }

We find no evidence of past { Rheumatism. / Tuberculosis, / Nervous or Mental disorder. } { Epilepsy / Syphilis / Asthma }

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.

(a) Vision. R.....L.....

(b) Hearing. R.....L.....

.....*President.*

.....*Member.* .....*Member.*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
.....	.....	..... M. O.	.....	.....	..... M. O.
.....	.....	..... M. O.	.....	.....	..... M. O.
.....	.....	..... M. O.	.....	.....	..... M. O.

Joined.....day of.....19.....at .....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Camp de Bois	8/5/19	Asthma Chr. Bronchitis	Cat "E" J.G. Rogers Lt. Col. D.M.S. Can. Exp. Force

N.B.—This sheet is 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.

300M.—6-18.

1772-39-439.

Signature of Man.....

If raised in category, record category in a square. The M. O. will initial and date.

[ ]

[ ]

[ ]

[ ]

Christian Name

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				
St Aug Mt		11	4	19	13	5	19	Asthma		Has had 5 definite attacks of asthma.	
								Ch. Bronchitis		Scattered dry rales in chest & his personal	
										rate. X Ray & sputum negative	
										for TBC. Discharged to Civil Life.	[illegible]

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.

No. A-10963 Rank Sgt. Name Bieler, Andrew Age 22

Unit DOA Completed years of service Where and how long } C 2/12 F 4 2/12 E 4/12

Date of admission 11-4-19 Inpass 28-4-19 Date of discharge 13/5/19

Diagnosis As Rma. Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE Enlisted Mar 1914:
Has had asthma after enlistment for a few years:
Served on enlistment since 1913. until Dec 1917
when patient has attacks of asthma & bronchitis
& had no cough after leaving until Nov 1917
When patient was (gassed) since & then has had
cough & slight expectoration. Had blood streaked sputum
in 1918 & but none since.
Cal Throne Mar 1/19.
Chest deep A-P diameter. Sub costal angle 80°
Expansion equal & full. A.V. slight Ly. breath sounds
in front, throughout. P.S. as/ similar throughout no changes in
V.F. & V.B. no adventitious sounds
Behind: A.V. not unpaired P.S. numerous coarse rhonchi
& dry subcrepitant rales throughout
Heart dullness outwards as usual Oct 1917, Dec 1918
Jan 1919, & Oct 1919
Repeates sputum, negatives for T.B.
X Ray: Slight enlargement Hilus Root shadows.
Both X rays & Wheezing sensations in chest, feels
FAMILY HISTORY found dead in bed on waking. When there is
(Tuberculosis, mental or nervous diseases.) Apoplexy.
Heart negative. Urine P.V.+. Sp. Gravity 1018
Bronchial irritation.
TREATMENT Rec. discharge to Can. Asp.
(Especially any specific or special form.) M.M. Patterson Capt.
CONDITION ON DISCHARGE
(and disposal made of case.)
Date Medical Officer i/c case.

M. F. B. 313a.
200M.– 5-18.
1772-39-439.

Weight. 146 lbs.

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.

No. A - 10963 Rank Sgt. Name Bieler, Andrew Age 22

Unit D D 4 Completed years of service Where and how long } C 2/12 F 42/12 E 4/12

Date of admission 11.4.19 on pass. 28.4.19. Date of discharge 13/5/19

Diagnosis Asthma (2) Bronchitis Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Enlisted March 1915. Has had asthma before enlistment for a few years. Well on enlistment and since 1913. Until July 1917 when patient had attack of asthma and bronchitis and and had no cough after recovery until Nov. 1917 when patient was gassed and since then has had cough and expectoration. Had blood streaked sputum in 1917 but none since.

Col. Browne. May. 1.1919.

Thorax deep A - P diameter. Sub costal angle 80°.

Expansion equal and ample. Percussion Note slightly hyper-resonant in front throughout. Breath Sounds vesicular throughout. No change in Vocal fremitus or Vocal resonance

No adventitious sounds.

Behind:- Percussion note not impaired. Breath Sounds numerous coarse rhonci and dry sibilant rales heard bilaterally.

Had definite asthmatic attacks in July 1917, Oct. 1917, Dec. 1918, Jan. 1919, and Feb. 1919.

Repeated Sputum negative for Tuberculosis.

X-Ray:- Slight enlarged hila. Small heart shadow.

With exception of wheezing sensation in chest, feels fairly well except on exertion when there is dyspnoea.

FAMILY HISTORY Heart negative except P^2 + +. Dyspnoea due to

(Tuberculosis, mental or nervous diseases.) Bronchial condition.

Weight:- 146 lbs.

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.) Recommend Discharge to Civil Life.

Date 8.5.19.

Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

E38824

DEPARTMENT OF MILITIA AND DEFENCE.

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 ..... Bieler ..... 2. Surname ..... Andrew Charles Bieler

3. Rank ..... Pte ..... 4. Original Unit ..... P.P.C.L.I. ..... 5. Reg. No. 410963

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

..... 98 Columbia Ave ..... Westmount .....

.... P.Q. .....

7. Date of enlistment in the C.E.F. ..... March ..... 1915 .....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... not applicable .....

9. Relationship of such dependent ..... not applicable .....

10. Present address, in full, of such dependent ..... not applicable .....

....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..... not applicable

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:—

..... Yes ..... Princess Patricias Canadian Light Inf. .....

..... July 1915 ..... to ..... Nov. 1917 .....

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 ? ..... not applicable

14. Were you on active service only in Canada or the United States ? If so, give particulars of units and dates of such service ..... No .....

..... 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 ..... 4 years 2 months ..

in 38 bn CEF P.P.C.L.I. and .....

Canadian Corps Survey Section .....

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.
122—D.P.—250M-2-19.

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 ..... No .....

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

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

22. Are you entitled to received, 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 ..... No .....

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ..... No .....

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... not applicable

24. Are you now serving in the C.E.F. ..... No ..... If not, give:—(a) Date of discharge ..... May 15 1919 ..... (b) Reason for discharge ..... On demobilization medically unfit for General Service .....

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 .. in France and Belgium from July 1915 to Nov. 1917 .... with Princess Patricia's Canadian Light Inf.

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? ..... not applicable

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: A C Bieler

Place of Residence: 98 Columbia Ave Westmount P.Q.

Declared before me at: Island Lake

This 23rd day of May 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. J. S. Dennison J.P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....		.....	.....
.....	.....		.....	.....
.....	.....		.....	.....

Certified Correct.

District Paymaster.

Ont: 2

ORIGINAL.

6598

A10963

MEDICAL HISTORY SHEET.

Surname Bieler Christian Name André Charles

Examined on 12th day of Mar. 191 5
at Montreal

Approved by
J. B. Harvey

Rank Lieut. M.O.

Birthplace City or Town Lausanne
County Switzerland

Apparent age 18.

Trade or occupation Student

Height 5 Feet 6 6 Inches.

Weight Lbs.

Chest measurement Minimum 32-1 inches.
Maximum expansion 36-1 inches.

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement.
		18 DEC 1918
		M.O.
		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.
14/4/15	500	J. B. Harvey M.O.
24/4/15	1000 million	" J. B. Harvey M.O.
7/5/15	500	" Geo Lechasseur M.O.

Enlisted on 15th day of March 191 5 at Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	38th Bn. C.E.F.	A-10963		15/3/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kapuskasing	4-3-19.	Asthma	Invalided to Canada
Hospital		Asthma + Bronchitis	Cat 4 Montreal

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

CANADA

Christian Name Arnold Geo

Surname Butterfield

A 10963.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No.7.Can.Gen.Hsp.		19	4	17	22	5	17	I.C.T.Spt.Foot			A630-A635.
No.6.Conv.Dep.Etaples		22	5	17	25	5	17	" "		Dis to Base Details	A635-A637.
No.7.Can.Gen.Hsp.	"	28	5	17	25	6	17	Otitis Media	Slt.	Dis. to Base Details	A640-A658.
No.1.C.F.A.		10	7	17	16	7	17	Asthma Broncho.		To Duty.	A685-A685. ID.
		12.	12	18	17	1	19	Asthma	37.	To Can Hosp.	
Mr Ettleson		17	1	19	30	1	19	Do	14	Transferred to Canadian War Hospital by Medical Officer of the day	
Manor War Hospital		30	1	19	20 FEB 1919			Do		Temp. remains normal, condition much improved forward to Taplow	
		20	2	19	14	3	19	Do.	23	Attack of asthma. Bronchitis throughout both lungs. Pneumonia. Inv. to Canada. To N.5.C.G.H. Kirkdale	
									12	Invalided to Canada and admitted Richards	

16 CANADIAN GENERAL (DUCHESS OF CONNAUGHT) HOSPITAL - TAPLOW BUCKS

1 JAN 1919 — No. 7 SOUTHERN GEN. HOSP. AUX. HOSP. OFFICE — EDGBASTON, BIRMINGHAM

14 MAR 1919 — No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

31 MAR 1919 — H.M.A.T. "ESSEQUIBO"

APR 11 1919

CAPTAIN R.A.M.C.(T.) FOR ADMINISTRATOR, No. 7 SOUTHERN GENERAL HOSP.

Capt. C.A.M.C. No. 1 Division.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C.C.S.S.

No. A 10965.

Rank and Name Bieler. A. C. Sgt

Age 22

Military Hospital Manor Epsom

Service

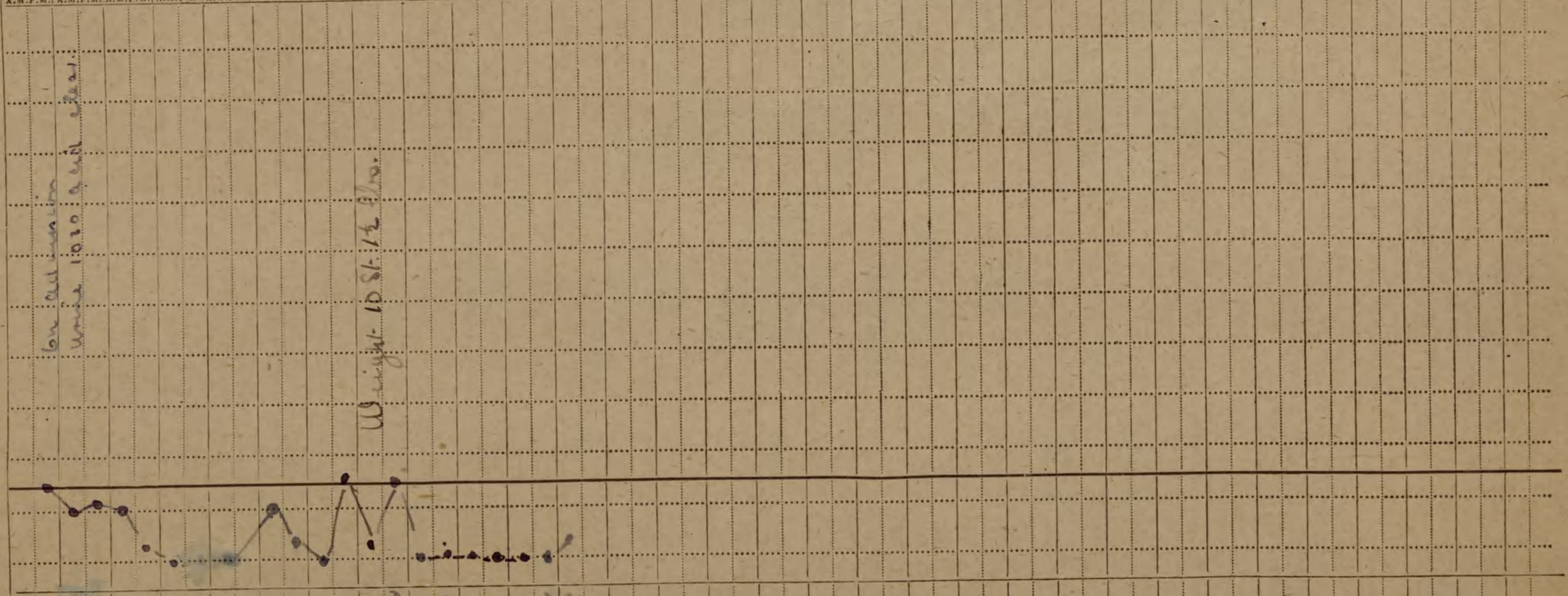
Disease

Date of admission 30-1-19.

Date of discharge

Result

Dates of Observation	30	31	1	2	3	4	5	6	7	8	9	10
Days of Disease			Feb									
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
Pulse per Minute	100	100			90	88	66	72	56	60	80	60
Respirations per Minute	30	25	28	28	20	20			24	24		
Motions per 24 hours												



Signature

In charge of case.

(6378) Wt. W4612/P566 2 ... 000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M.P.M. (repeated across the columns)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

·8 ·6 ·4 ·2

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd. B. 181/5 (E. 2565)

Signature_____ In charge of case.

Forms
I. 12
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Sgt	Burlin	

Year	Unit.	Age.	Service.
1918.	Can. Corps. Survey Coy	20	3 9/12.

Station and Date.	Disease Asthma.
Edgehaston	States he has had attacks for the last
12.12.18	10 years
	Can't lay down at all
	Has pain in right
	leg. Can't walk any
	more
23/12/18	Nurse to Ward
30.12.18	Ext. L6 [redacted]. Cap.
	to Jewish Dental treatment. Records as
	15th
7/1/19.	Canadian Hospital
	8 JAN 1919
	Canadian Ch

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Forms
I. 1237
.12.

Army Form I. 1237.

MEDICAL CASE SHEET.*

A

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	A/09663	Sgt.	Bicker	A. C.
	Unit.		Age.	Service.
	Can. C. S. S.		22.	3 9/12

Station and Date.

Disease Asthma (Con)

History of period of asthma over two years - eight years ago now complains of marked discomfort at night Heart tachycardia otherwise O.K. chest musical sounds most parts scattered mid. R. L. L.B.

27-1-19 E.T.n Impr

31-1-19 Transferred to Manor war Hospital by med officer of the day 30-1-19

Lieutenant

Manor War Hospital

31-1-19 Admitted complaining of Asthma signs of general Bronchitis both sides with wheezing expir^n Temp: normal

10.2.19 Patient was gassed in Nov. 1917.

Temp: remains normal, condition much improved

Forward Orpington

Captain

19.3.19

Nov C.G.H. Has Bronchitis In fair Condition - Impulsive procedural attacks of Shortness of breath & Choking - Heart & Lungs normal

Invalided to Canada

J. McKeown

Capt.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station
and Date.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T/1588	1/10963	Pvt.	Birles	Andrew Chas.
Year 1918	Unit. C. C. Supply Section		Age. 22	Service. 3/10/12

Station and Date.

Disease Asthma.

Captain Jan 1918

Cause in Complaining of Asthma -

Previous History

Two years ago began to suffer from asthma - worse in winter -
He then suffered for a few days at a time from spells in which
he had shortness of breath at night with difficulty in lying down
& Bad Cough - In 1910 he left Montreal owing to Asthma &
lived in the Country at a Boarding School - found he got an attack
Every time he went to Montreal on leave - He had had no attack
for 2½ years before Enlistment - was a student at Technical College -
Since enlistment he had no trouble till July 1917 when he had an attack
of 7 days - 2 days in bed - 2nd attack in Feb 1918 for the same time
After this attack he found he was sometimes short of breath in walking
about - 3rd attack in Nov 1918 Was then in Hospital since -
He is now short of breath from 4 pm. till he gets to sleep about midnight
& would feel if it will during the day - Smokes Occasionally -
Lives with temperance Tenant at Birmingham - was
last well in Birmingham - went to Epsom middle of January -
After a January an the attack of Asthma Was Confined to bed for a week
Was getting on all right till 3 days before admission When he had
a slight attack of breathlessness with Cough - Not an urgent Case
Was admitted with T°

P.C. Slightly wheezy with rubbly bleeding: no Cyanosis.
Lungs: very little emphysema - Odd rhonchi present on both
sides & all fronts: little distress.
Heart normal: Heart pressure apparently normal -
Urine, teeth Heart normal: abdomen negative

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

4 2

Station and Date.	
21.2.19.	Urine:- Sp. gr. 1027 - Reac: acid - Cons: Trans-
	Col: amber - Sed: none - Alb. nil -
24.2.19	Improving & to get up.
	Board proposes despatch to Canada
	per S.S. Tuscany (Capt.
14.3.19	To: No. 5, Can. Gen. Hosp., Kirkdale, L'pool

Rank Name BIELER Andre Charles Reg'l No. A 10963

If in perm. Corps, What Unit?

Unit P.P.C.L.I. Married or Single Single.

Place and Date of Enlistment Montreal.P.Q. 15th March.1915. Place of Birth Lausanne Switzerland

Name and Address, Next-of-Kin Charles Bieler, 98,Columbia Ave, Westmount, P.Q.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

	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						
July 1	31	31	1.00	31.		31	.10¢	3 10	x10. 85	44 95			15.			15.	29 95	x Clothing
				Diff in Exchange					.40 ✓				15.					
Aug 1	31	31	1.00	31.		31	.10¢	3 10		34 50	874 - 775 - 820 -		2 74 / 1 87 / 2 74			7 30	57 15	
Sept 1	30	30	1.00	30.		30	.10	3.		33.	964 - 919 -		2 67 / 2 67			5 34	84 81	
Oct 1	31	31	1.00	31.		31	.10	3 10		34 10	1083 - 1039 -		2 61 / 2 61			5 22	113 69.	
Nov 1	30	30	1.00	30.		30	.10	3.		33.	1200 - 1260 - 1320 -		2 61 / 2 68 / 2 67			7 96	138 73.	
Dec 1	31	31	1.00	31.		31	.10	3 10		34 10	1252 - 1375 -		4 35 / 2 68			7 03	165 80.	
1916 Jan 1	31	31	1.00	31.		31	.10	3 10		34 10	1528 - 1412 - 1348 -		3 49 / 3 49 / 1 78			8 73	191 17.	
Feb 1	29	29	1.00	29.		29	.10	2 90		31 90	1795 - 1865 -		2 62 / 2 61			5 23	217 84	
Mch 1	31	31	1.00	31.		31	.10	3 10		34 10							251 94	
				275 -				27 50	11 25	313 75			61 81			61 81		

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						

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Bieler.	A. C.	410963.

Rank	Unit	Co.	Troop	Batty.
~~Pte.~~ a/Sgt-Pte	P.P.C.L.I.	Misc 3 DIV Emp		(C.C.S.C.)

Hospital	Date of Admission
No.1. Sta. Rouen.	28-11-15.

Transferred	Hosp.
To Cons. Depot. Rouen.	Hosp. 21.12.15
142 Fld. Amb.	Hosp.
6 Con Dep Etaples	Hosp. 29.6.15

Diagnosis: Boils Back.

(1) Tuberculosis

Later Diagnosis (if changed)

(2) Wounded in action 2/4.6.16

(3) G. S. W. L. Thigh. (Slt)

Additional Diagnoses: if more than one state present

Bronchitis. I.C.T. Sprain Foot Slt.

Asthma. Otitis Media. Slt. Jl

Asthma Broncho

DISPOSITION — Date

Rejoined Elmt. 19-1-16

To Duty 22-3-16

REMARKS

C.L. 8-12-15. 249.

" 31.12.15 # 266

C.L. 28-1-16 285

C.L. 15-4-16. A 330

C.L. 20.6.16 A 379

" 8.7.16 a 395

" 31-7-16 A 412

" 15-8-16 A 423

19.12.16 a 513.

24.5.17 a 630.

30-5-17 a 635

1.6.17 a 637 Dis to B. Dets 25-5-17

O.C. Bn reports [illegible]

[illegible]

Dis 27.9.16

To Duty 16-7-17

Inv. to Canada 31.3.19

A.M.D. 2 DEPT.

Bch of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	#7 Can. Stat Havre	21.7.16
2.	trans to Conval Depot	6.8.16
	7 Can Gen. Hosp. Etaples	19.4.17
3.	6 Conv Depot Etaples	22-5-17
	7 G.H. Etaples	28.5.17
4.	1 Can Field Amb.	10-7-17
	4 Gen. Cannies	17-11-18
5.	1st Southern G.H. Edgras Ave Birmingham	12-12-18
6.	Woodcote Pk Epsom	18.1.19
	Manor War Epsom	31-1-19
7.	15 C.G. Taplow	21.2.19
	5 Can Gen. Kirkdale.	15.3.19.

Cf. 5.6.17. A640
– 14-8-17 @685
25-11-18 A 376
17-12-18 B 195 (1)
18-1-19 B 220/2 Note Ref B195 Correct Rank
24.1.19 B.225/2. now stated to be Private.
10.2-19 B236
26.2-19 B251
29.3.19. B278.
7.4.19 B285 Ref B278 Correct Date of
7.4.19. B.285. Admission to 5 CGH is 15.3.19

*Name Bicler, Andie Chas. Rank Sgt Regtl. No. 410963

Original unit PPCLI Present unit DD#4 ~~XX~~ or S. Age 18 Religion Pres Fyle Depot 19-B-1168 Ref. H.Q.

Port, ship, and date of arrival Port; and SS Essiquibo 31-3-19.

Next of kin (F) Chas Bicler, 98 Columbra Ave Westmount P.Que.

Address on leave 98 Columbra Ave Westmount Montreal. P.Que.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Student Date and place of enlistment 15-3-15. Montreal.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-4-19.	TOS.DD#431-3-19. Posted. to Hosp. Sec 11-4-19. Leave	
	W/Sub till 28-3-19. Cat "D"	10-2-p-1

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

(over)

Date.	Remarks.	Pt. 2 Order No.
13-5-19.	SOS.Hosp. Sec om Trans to Cas Co'y 13-5-19.	133-p-3
16-5-19.	Discharged.15-5-19.Med Unfit R.O.14 20.	136.

M.F.W. 192
150M—6-18.
1772-39-1243.

A.T. Serum Dose and Date } 1st

2nd

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness } 13-11-18

Religion Pres.

Army Form W. 3118.

FIELD MEDICAL CARD.

No. a/10963 Rank Sgt

Name Bieler A.C.

Unit Cdn Corp Survey Sec

~~Battle Casualty~~ ~~Accidentally Wounded.~~ "Sick"

(Strike out description which does not apply).

No. of F.A.

Date of admission

F.A. diagnosis

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Asthma

W.R.

Base Hospital diagnosis (alterations or additional)

W6508/M2843. 1,750M. 4-8-17. K. & J., Ltd. (6359).

RECEPTION ROOM
No. 4 CANADIAN
13 NOV 1918
CAS. ... STATION

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. Asthma	No. of Hospital 4 Gen
Date of entry Ever setting	Date of entry 14-11-18
	Asthma —
	Bn
	Serum dyspnoea
	[illegible]

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

CARD NO. 6993

SURNAME. Bieler,

CHRISTIAN NAMES Andie, Charles,

REGL. No. A. 10963 RANK Pte.

UNIT ~~38th. Batt.~~ (2nd. Reinforcement ~~Draft~~) P.P.C.L.I.

FORMER CORPS Cadet.

NEXT OF KIN.

NAMES IN FULL Bieler, Charles,

RELATIONSHIP TO SOLDIER

ADDRESS 98, Columbia Ave., Westmount, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Switzerland, Lausanne, DATE

PLACE OF ATTESTATION Montreal, P.Q. DATE Mar. 15-1915.

Sailed from Montreal, Per S.S. "Missanabie." 24-6-15

O/S 29-5-15

L. L. 90580.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE yes, WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
349.	#1 Stat. Rouen.	28-11-15	Boils back.
366.	Adis. to Convt. Depot. Rouen.	21-12-15	Boils back.
285	Rejoined unit	19-1-16.	Boils back.
A 321	#14/2 Fd. Amb	18-3-17	Tuberculosis
A 330.	#142 Fd. Amb. Disch	22-3-16	Tuberculosis
	to duty		
4319	D.C. Bn. Depot	2/4-6-16	Wd in action
4395	#6 Convt Depot Etaples	29-6-16	GSW. Left Thigh Slt
A.412	No. 7. Can. Stat., Havre		
	Evac. #6. Convt. Depot Etaples	21-7-16	Bronchitis
1423	Trans. to Convt. Depot	6-8-16.	"
1513	#1 Convt Depot Havre dead	27-9-16	
A630	#6 Can Sec, Etaples	19-4-17	D.C.T. Slr. foot slt
A 637	#6 Convt Depot " "	[redacted]	" " " Lt foot.
		22-5-17	

H. Q. FILE No. 649-

NAME Bieler Andie Charles REGT'L No. A, 0963

RANK AND CORPS Pte P. P. C. L. I. (Form 38th Bn Ind RD)

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M 8445	19-6-16	Reported wounded between June 4th. 1916.

NO. 1460

FOLL.

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H Q. 1772-39 893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 637	# 6 Const Depot Etaples Disch to Base Details	25-5-17	I. C. T. Sprain foot.
A 640	No. 7 Can Gen Etaples	28-5-17	Otitis Media Slt.
A 658	Dis to Base Details	25-6-17	" "
A 685	1. Can Fld. Am.	10-7-17	Asthma Broncho
A 685	to duty	16-7-17	" "
B 195-1.	1st A. Gen. Edgbaston Birmingham	12-12-18	Asthma.
B 225	Mil Const W Col Epsom	18-1-19	"
B 236-1.	Manor C of L. Epsom	31-1-19	"
B 251	15 Can Gen: Taplow	21-2-19	"
B 278	5 " " " Kirkdale	15-3-19 ~~15-2-19~~	as per B 285 "
B 285	Invalided to Can	31-3-19	" SL 74 MD #4

4

REGT'L. No. A 10963

H. Q. FILE No. 649

NAME Bieler Andie Charles

RANK AND CORPS Pte P.P.C.L.I. Form

FOLLOWS No. 38th Bn 2nd Rd

CABLE		NATURE OF CASUALTY	FOLLOWS
NO.	DATE		

9-M 20 4

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

Name Bieler.A.C. Rank Pte. Reg. No. A10963.

Unit P.P.C.L.I. Also No. 504 Pte of H Bieler.
No 3 Can Gen Hosp, Blgne.

Next of Kin Canada.

Date 1915.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-11.	No.1 Stny Hosp',	Rouen.	Boils Back.	249		
21 12	Conv. Depot	"	"	266		
19-1-16	Rejoined	Unit	"	285		
18-3.	142 Field Ambulance		Tuberculosis			
22-3	Discharged to Duty		"	a330	M	
2/4-6	O.C. Battyreports,	Wounded in Action		a379	19/6 8445	30/6/16
29-6	No. 6. Conv Depot	Etaples	G.S.W. Left Thigh. Slt	a395		
21-7	" 7 Can. Stat Hospital	Havre	Bronchitis	a412		
6-8	Trans. 4th Con. Depot.		"	a423		
2/9	Died			A518		
19-4	No 7 Can Gen Hosp	Etaples	I.C.T. Spr Foot Slt			a630
22-5	No 6 Con Dep	Etaples	Do	a637		
25-5	Discharged to B. Dtls					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-5-17	No 7 Can Gen Hosp Etaples		Otitis Med. Slt	A 640		
25-6	Discharged		Do	A 658		
10-7-17	No 1 C.F.A.		Asthma Bronchs	A 685		
16-7-17	To Duty		Do	A 685		

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 3/6-1.	4 Gen. Camers.	17-11-18.	Asthma.

NAME Bieber. A. C. REGT. No. A/10963.

RANK AND UNIT A/Sgt. C.C.S.C. H10963

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

Bieler, Andre, Charles.

38 Bn.

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

E.M.W.

Number 410963 Rank a/Sgt

Surname BIELER

Christian Name Andre Charles

Units P.P.C.L.I. Theatre of War France

Date of Service 17/7/15

Remarks

Latest Address ~~98 Columbia Ave.~~ 223 Milton St., ~~Westmount~~ Montreal P.Q.

Roll No. B2 Page 19145

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	

DESP. MAY 25 1923
REGN. NO. 428

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA — IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. — DATE FORWARDED TO OTTAWA

868—D.P.—40M-1-12-19.

Form R. 149.

Andre Charles.

Name BIELER. Rank A/Sgt. Pte. Reg. No. A/10963.

Unit C. C. Sur. Sect.

Next of Kin Canada. Also, No. 504. Pte. J. H. Bieler. No 3. Can. Gen. Hosp. McGill

Army Post Office 3 B.E.F. France

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
17.11.	No 4 G. H. Camiers	Asthma		1376		5770/7
12-12	1st Sth. Gen. Edgbaston Birmingham	Do.		B 195		3095
	Ref: B195 d 17/12/18 Rank should read Pte			B 220		
18-1-19	N/1 Con H Epsom.	"		B 225		5210
31-1.	M. Cos L. War H. Epsom.	"		B 236		6250.
21-2.	15 C. G. H. Taplow	"		B 251		7561
15 3	5 Cdn G H Kirkdale	do		B 278		8711
31-3-19	INVAL TO CANADA	SL 74 MO 4		B 285		8389
	Ref. B278. Date of Admission to Kirkdale should read 15-3-19 & not 15-2-19			B 285		Dues

Pte

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

No. 963. RANK Pte NAME Bieler. A. C

a 10963 April paylist

a 10963

Andre Chas

T. O. S. 15/3/15 UNIT 38th Battalion.

Mar paylist

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 15	Mar 31	—		
	april	✓		

Name. Bieler, A. L.

A/10963. Pte.

Unit. L. L. S. S., L. F.

Award. M. S. M.

Auth. L. Gy. 31370. 3-6-19.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263	Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	"	B. 263a / W. 178	Proceedings on Discharge	"	B. 218
Copies of Convictions, by C. P.		in MS.			
Med. Hist. Sheet,	Militia form	B. 313			
Casualty Form	"	W. 54			
Medical Report for Invalid§	"	B. 227			
Dental History Sheet	"	B. 465			
Last Pay Certificate	"	W. 44			
Duplicate Discharge Certificate	"	W. 39A			
‡Form of Will	"	W. 82			

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

WAR SERVICE BADGE
Class "A" No. 27564 ISSUED

"B" No. 57639 ISSUED

136/16/5/19

Proceedings on Discharge.

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

M

No. A10963

Rank Pte

Surname BIELER

Christian name ANDIE CHAS

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

Corps (Squadron, Battery or Company) PPCLI CEF

Date of discharge May 15th 1919

Place of discharge Montreal, Que

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years ..... months.

Height 5 feet 6 inches.

Complexion Fair

Eyes Blue

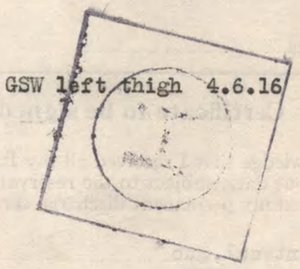
Hair Fair

Trade Draughtsman

Intended place of residence (To be given as fully as practicable.) 98 Columbia ave Westmount. Montreal.

Descriptive marks

GSW left thigh 4.6.16



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

RO 1420 ON DEMOB MED UNFIT FOR GEN SER

Authority for discharge .....

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

K.C. 10.3.20 Com.

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).....

(Date)..... *Commanding*.....

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

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

(Place).....Montreal,Que..... A C Bielle *(Signature of Soldier.)*

(Date).....May 15th 1919..... A T Halley Lt/m *(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).....Montreal,Que.....

(Signature)..... *Captain,*

(Date).....May 15th 1919..... Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS A C Bielle

MARRIED OR SINGLE B

PLACE OF BIRTH Lausanne. Switzerland

NAME AND ADDRESS OF NEXT OF KIN Charles Bieler.
98 Columbia Ave. Westmount. P.Q.

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
A/Sgt without pay	31/1/18	B.O.9 25/1/18
1st Class Cer	31.1.18	12 J.3.18

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. H10963 RANK Pte NAME Bieler Andre Charles

IF IN PERMT. CORPS WHAT UNIT UNIT P.P.C.L.I TRANSFERRED TO Can Corps H.Q. DATE 1-3-18 AUTHORITY 9 3/1/18

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal. P.Q. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION March 15th 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916			275.				2750							11 25	312 75												61.81			61 81	251 94				
April	30	1	30		30	10	3 00								33 00	2001 #416	20.4	23 #16						3 #8	34 88					38 36	246 58				
1/31/5/16	31	1	31	00	31	10	310								3410	2105	18/5/16							1703						17 03	263 65				
1/30 6.16	30	1	30		30	10	3								33															- --	296 65				
July	31		31		31		3 10								34 10															- --	330 75				
Aug	31		31		31		310								3410																364 85				
Sept	30		30		30		3								33															10 48	387 37				
Oct	31	1	31		31	10	310								3410														1 10	13 30	408 17				
Nov	30	1	30		30	10	3								33															6 97	434 20		165	269 20	
Dec	31	1	31		31	10	3 10								3410															10 80	457 50		180	277 50	
1917			55				55																												
Jan 1-31	31	1 00/10	34	10											3410															6 97	484 63		195	289 63	
Feb 1-28	28	1 00/10	30	80											3080															13 96	501 47		210		
			669	90										11 25	681 15									20 51	34 88	61 38	61.81		110	179 68					

5467 28.6. 6.12.2.
4225 8.7.16. "
4708 21.7.16. "
5586 24.8.16. "
7279 14/10 "
6419 4/9 "
4933 23/9 "
8287 1/11/16. "
9002 22/11 6/12.2
2nd bty 4/933
9217 30/11 "
9680 6.8.17 1/3/18
10341 27/7/18. 6 days
10817 7/9/18

Nil to 55 fined 1 days pay.

410463 Pc Beeler Andre Charles

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			66	80										11 25	681 15									20 51	34 88	61 38	61 81		1 10	179 68	501 47		210 -	291 47	
																										4 36								
																										4 36								
Mar 31	31	1 00/10	34	10											34 10											1 36			15 70	519 87		225 -	294 87	
																										2 62								
Apl 1/30	30	"	33												33 -	73	3/4/17							3 49						3 49	549 38		240 -	309 38	
May 1-31	31	1 00/10	34	10											34 10	80	3/5/17			432	20/4/17			1 75		6 98				8 73	574 75		255 -	319 75	
June 1-30	30	1 00/10	33												33															—	607 75		270 -	337 75	
July	31	"	34	10											34 10															—	641 85		285 -	356 85	
Aug	31	"	34	10											34 10					1 Off Leave Hosp. 857	15-8-17					4 46				446	671 49		300 -	371 49	
Sept	30	"	33												33	546	30/9	514	1/8	153	7/9/17	449	5/6/17	89 22	26 7	5 35								
			90 S	30										11 25	916 55	447	1/9	265	1/9	78	29/9/17		3/10/17	26 7	26 8	7 14				109 73	594 76		315 -	279 76	
																								1176 4	402 3	17 01	61 81		1 10	321 79					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
		594 76							594 76	315	
Oct 31	1 00/10	34 10		A.R. 701. 11/9/17. PAYEES	268				626 18	330	
		34 10			268						
Nov	PP	33		✓ 147 6/10/17 PAYEES	357						
✓				✓ 2616 19/9/17 CBS	268						
Dec 1918	PP	34 10		✓ 912 3/11/17 PAYEES	446				682 57	360	
Jan		67 10			10 71						
				- 46 1/12/17 CC HQ 33	4 46						
	P.P.	34 10		- 572 15/12/17 —	5 35						
				- 3619 14/1/17 CBBB HQ	13 38				693 48	390	
		34 10			23 19				669 29		
Feb.											
	✓	30 80		AR 1569 14/1/18 AA CC HQ	5 35						
				✓ 1185 31/1/18 ✓	5 35						
				✓ 4338 2/2/18 CC HQ CO	5 35				708 23	390	
		30 80			160 5						
Mar	Pay as 1st 6 BR			AR 1605 14/2/18 Det Paris	44 61						
31 - 1 18	29 24 60	17 40		" 17475 15/2/18 "	44 61						
1st 6 BR	Pay	52 70		" 4810 15/2/18 CCSC.	8 92						
				" 19590 27/2/18 Det. Paris	14 84						
				" 3648 15/3/18 CC HQ	5 35				654 -	405	
		70 10			171 33					4	
		52 70			121 33						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SEP. PAY ALLCE. ENG.

B13/12.

MILITARY DIST. No. 4 — ADJUTANT — DEMOBILIZATION — PAY DIVISION

AUDITOR | PAYMASTER

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

M. OR S. — REGT. No. 410963 — RANK ~~Pte~~ Dvr — NAME (IN FULL) BIELER. Andr Chas. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP — 0

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE — Nil.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	31-3-19	D0102. P1
Invalided to Hospital	11-4-19	D0102. P1
Can. Con.	13-5-19	OO. 1221

ORIGINAL UNIT C.E.F. — P.P.C.L.I. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — Montreal — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — 15-3-15 — TRANSFERRED TO — O/S France — DATE — AUTHORITY

ASSIGNED PAY $ — Nil — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS — 98 Columbia Ave. Westmount

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — Montreal — DATE — 15-5-19. — REASON — DD4-19. — AUTHORITY — B1168 — IS ENTITLED TO POST DISCHARGE PAY

DO 136. 2

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					0.00		1111	70	1111	70																									1111	70	Esquimalt. BALER Ens. L Pc 31/3/19. 1111 70
a							~~111~~ 0		~~111~~ 70		1276	24/3/19	boat		CD		4	87	5	00	50	00									59	87			1051	83	
April	30	1.10	33	00	14	40			47	40																									1099	23	14.45 18 Dys Subsist. 11/4/19-28-4-19 DD102.P1
May	15	1.10	16	50	35	00	70	00	121	50	32	15					35	00	1185	73											35 00 / 1185 73						
									1280	60																							1280 60						
					Other Credits		W.S.C.		S.A.		Total																W.S.G.		S.A.		Total							
					420	00			420	00																	70	00			70 00		350	00			
15 6 19																											70				70		280				
15-7-19																											70				70		210				
15-8-19																											70				70		140				
15-9-19																											70				70		70				
15 10 19																											70				70						
																											420										

War Service Gratuity

5075887
1066781
4232018
1560959
1638924

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P 820
12474 375H—13-2-18.

* Strike out whichever inapplicable.

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

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

NAME:– BIELER Andre. Charles

NUMBER:– 410963

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private / Clerk
DO 10. 14-8-18	14-5-18	Cy Sgt (unpd) 1st Cl
" I.C.C.S 4/19	11. 12. 18	Pay Case

UNIT AND TRANSFERS

ORIGINAL UNIT:– P.P.C.L.I.

DATE ACCOUNT FIRST OPENED –

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C C A & S S
29. 3/6/18.	13/5/18.	1/7/18.	C C Surv Sect

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
3/3.	6078	£1 Taplow	~~48~~			Ledger Balance 11/5/4	103 64
"/3.	6449	£10 "	~~48~~			L.P.C " 1111.7	50 10
			53 54				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 20	50		
DO. No 1. 4/19	1 00	10		
				1 10 4

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharge to Canada. 1.4.19 MR. List. Tap-A-75 15 Cl.H – 5 Cl.H Kirkcaldy

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal forward.								654 00	405	
Apr.	Clks pay	51 –		a/c 163 3/4/18. CCHQ	5 35					420	
				" 501 16/4/18 "	7 14				695 51		
		51			13 49						
May	Clks pay	52 10		AR 914 31/5/18 CCHQ	7 14						
				" 1385 15/5/18 "	7 14				733 93	435	
		52 10			14 28						
June	Clks pay	51 –		AR 1655 4.6.18 "	5 35						
				" 2038 15.6.18 "	8 03				741 55	450	
		51 –			13 38						
July	Clerks pay	52 10		AR 2550 1/7/18. CCHQ	6 25						
				AR 3210 18/7/18 "	8 92				809 08	465	
		52 10			15 17						
Aug	Clerks pay	52 10		AR 1634 31/7/18. Ray	8 92						
				" 4350 24/8/18 CCHQ	8 92				843 94	480	
		52 10			17 84						
Sept.	Clerks	51 –		HR 4763 7/9 CCHQ	8 92						
	AGM 8451. 9945. Cash to CK 2736 for £4-4-7 from Estate of 487425 Pte Ba Miller Att dep Pmt Bay		20 58	5083 16/9 "	8 92	17 84			894 68		
		51 –	20 58		17 84						
Oct.		52 10							950 38	510	
				6636 21/10/18 CCHQ (23)	9 33				941 05		
				5421 1/10/18 " (33)	9 33				931 72		
		52 10			18 66						
Nov		51							982 72	525	
				6817 8/11/18 " (15)	9 33				973 39		
	Dec Pay	52 10							1026 09	540	

NUMBER 410963. RANK NAME BIELER Andrew Charles

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1914	Bal Fwd.	10370			933				1026 09	540	
Jan		5270							1078 79	555	
		1564			933						
Dec	J. Pay			C. Pay Cease 11/12/18.		1260			1066 19		
		2080		H.I.S. 24/11/19 & Exam	973						
Mar		3410						1087 26	1059 76	585	
				5268. 24/2. 15 Clft. 90.	H87				1053 89		
XXX	Ent. on Lst Pay.	4875			— —				1103 64	585.	
				6078 3/3. 15 Cgt 105	H87				1165 24		
				6449 11/3 CCSS 118	H867				1160 37		
				1276. 21/3. 5 Clft. 127	H87				1111 70		
		11365			7301	1260			1106 83		

Ex

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
Yes for Asthma — Rest, and climatic — 3 months.
(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.) Feb. 3, 19.

21. It is recommended ~~that the invalid be discharged~~. (When not for discharge add special recommendation.)
to be invalided to Canada.

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

STANDING MEDICAL BOARD
4 MAR 1919
13 CANADIAN GENERAL DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL, TAPLOW, BUCKS.

Stuart E. Birch, Major, C.A.M.C. President.

PLACE Taplow, Bucks

J. Taylor, Capt., C.A.M.C. } Members

DATE 4-3-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... President.

PLACE ..... } Members

DATE .....

APPROVED BY A. Collins
Assistant Director of Medical Services.
for A.D.M.S., Canadians, London Area.
DATE .....

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

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA.
MAR 11 1919
13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION TAPLOW DATE 25. 2. 19

1. 1 (a) Unit C.C. Survey Section (b) Regimental No. A/10963 (c) Rank Sgt
(d) Surname BIELER (e) Christian name ANDREW CHAS.
(f) Home address 98 Columbia Ave. Westmount P.Q.
(g) Next of Kin Mr. Chas. Bieler (h) Relationship Father
(i) Address of Next of Kin 98 Columbia Ave. Westmount P.Q.

2. Age last birthday 22 Date of birth Oct 5. 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date March 1915

4. Personal description:
(a) Height 5' 8" (b) Weight 141 (stripped) (c) Complexion Fair
(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. hammer toe on left foot (second)

5. Former trade or occupation Student

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	343

	Periods From	Periods To
Canada	March 1915	May 1915
England	May 1915 / Dec 1915	July 1915 / Feb. 1919
France or other theatres of War France	July 1915	Dec 1918

7. Original disease, or injury ASTHMA.

(a) Date of origin 1907 (b) Place of origin FRANCE
(c) Cause UNKNOWN

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

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

PARTIAL LOSS OF FUNCTION OF LUNGS, SLIGHT WEAKNESS, COUGH (ASTHMA)

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

General condition of nourishment is good, color good. Tongue is clear. Moist. His chest is not very good and he has difficulty in lying flat. In expiration lungs very little emphysema, no râles which present now but on being put to exertion. He has little dyspnoea. He coughs considerably and at present has to remain in bed as he has had a marked attack of asthma. Pt. feels weak, has a cough and wheeziness and has dyspnoea on being put. During his stay in hospital here he has had diminished asthmatic attacks.

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

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

10 yrs ago he began to suffer from asthmatic attacks. For two yrs. after entering he had not any symptoms & then he had two first attack lasting for 1 week. 2nd attack Dec 1918, 3rd attack in Nov 1918 & since then he has been in Hospitals. In Dec he entered Birmingham Hosp. → Epsom 17-1-19 → Manor War Hosp 30-1-19 → 15 C.G.H. Taplow 20-2-19.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

whooping cough in infancy.
Enlisted Feb April 1917

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

Superficial wound thigh June 1916

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

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes. For two yrs previous to enlistment he had at times asthma but previous to this he had attacks

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

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

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

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

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

19-4-17 to 22.5.17 2 C.T. Taplow at 47 C.G.H.
10-7-17 to 16-7-17 Asthma " #1 C.T.A.
12. 12. 18 to 17. 1. 19 Asthma Recommended home
17. 1. 19 to 30. 1. 19 Asthma Epsom
30.1.19 to 20.2.19 Asthma Manor War Hosp
20.2.19 Asthma 15. C.G.H.

16. Can the former trade or occupation be resumed? yes. Rest, asthmatic mixtures.
(If not, briefly state why)

17. Recommendations. Invalid. To Canada

D.S.M. Cunady Capt. R.A.M.C.
(Medical Officer by whom the case is brought forward.)

STATEMENT OF THE INVALID

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

I, the undersigned A.C. Bicker have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

A.C. Bicker Sgt. Rank.
Signature of Invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur

19. Is the invalid fit for

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

20. It is certified that the invalid
(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Yes.

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

PLACE St Anne de Bel

DATE 8/5/19

J G Browne Lt. Col. M.M.C. *President.*
A J Martin Capt
} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE.....
DATE.....
} Members

APPROVED BY
Colonel
FOR *Assistant Director of Medical Services.*
M.D. No. 4
DATE MAY 10 1919

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION St Anne de Bel DATE 6/5/19

1. 1 (*a*) Unit 22nd #4 (*b*) Regimental No. A10963 (*c*) Rank Pte.
(*d*) Surname Beeler (*e*) Christian name ~~Victor~~ Andrew
(*f*) Home address 98 Columbia Av West Montreal
(*g*) Next of Kin Chas. Beeler (*h*) Relationship Father
(*i*) Address of Next of Kin 98 Columbia Av
2. Age last birthday 22 yrs Date of birth ~~May~~ Oct 8th 1897
3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal (*b*) Date Mar 19th
4. Personal description:
(*a*) Height 5 ft 6 in (*b*) Weight 114 lb (stripped) (*c*) Complexion fair
(*d*) Colour of hair fair (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. .....
Small scar on Left side of Forehead (Shrapnel Wd)
5. Former trade or occupation Draughtsman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	30

	Periods	
	From	To
Canada	Mar 1915	June 1915
England	June 1915	July 1915
France or other theatres of War	July 1915	Dec 1918
	Dec 12th 1918 England	April 1919
	Canada April 5th 1919	to date

7. Original disease, or injury Neurasthenia
(*a*) Date of origin 1907 (*b*) Place of origin Canada
(*c*) Cause Acute Lobar Pneumonia

M. F. B. 227.
400M.—11-18.
1778-39-117.

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

① Asthma &
② Chronic Bronchitis

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

① Has had Asthma in 1907 and definite attacks noted in July 1917, Oct 1917, Dec 1918, Jan 1919, Feb 1919.
② Thorax deep A-P diameter, sub costal angle 80°. Expansion equal & ample. Slightly hyperresonant percussion note. Pb° harsh vesicular c̄ prolonged expiration. Behind there are numerous dry sibilant & sonorous & wheezing rales and Rhonci. X Ray: slightly enlarged Hila. Small heart shadow. Sputum: Repeatedly negative for TBC. Heart: negative except P++.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Had Asthma in 1907. Healthy in enlistment & in July had ~~first~~ attack of asthma & again in Oct 1917, Dec 1918, Jan 1919 and Feb 1919. Since then has had cough & expectoration, aggravated since Nov 1917 when patient was gassed. Wounded in June 1916 in left thigh but no disability now except remaining small scar.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

nil

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

nil except small scar on left thigh

11.—(a) Did the disabling condition have its origin before enlistment? ① yes ② no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

① yes ② not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? ① no ② no

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? ① Latent now ② probably permanent

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

Usual palliative measures for Bronchitis. Clinical observation c̄ X Ray, sputum etc

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

① no ② no

16. Can the former trade or occupation be resumed? No atmosphere not conducive
(If not, briefly state why)

17. Recommendations

Discharge to Civil Life.

J M Patrick Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Andrew Bieler have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nothing

A C Bieler Sgt. Rank.
Signature of invalid examined.