REGIMENTAL DOCUMENTS

NAME Blades, Charles Pte REGT. NO. 3180047 UNIT #6 Coy C.A.S.C. H. Q. FILE NO. 22439

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1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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						1

W. 2589
100M-11-18
1772-39-1377

ORIGINAL

ATTESTATION PAPER.

No. 3800477

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Blades
1a. What are your Christian names? ..... Charles
1b. What is your present address? ..... 7 Queens Row Main St Yarmouth Co.
2. In what Town, Township or Parish, and in what Country were you born? ..... Yarmouth N S
3. What is the name of your next-of kin? ..... Susan Blades
4. What is the address of your next-of-kin? ..... 7 Queens Row Main St Yarmouth N S
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... March 8th 1900
6. What is your Trade or Calling? ..... Seaman
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? ..... no
10. Have you ever served in any Military or Naval Force? ..... no
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Blades, 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.

Charles Blades (Signature of Recruit)

Date January 18th 1918. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Blades, 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.

Charles Blades (Signature of Recruit)

Date January 18th 1918. [illegible] (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 Halifax N.S. this 18th day of January 1918.

[illegible] MAJOR
O. C. "A" Coy. 1st Depot Batt'n, N. S. R. (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of Blades Charles on Enlistment.

Apparent Age 18 years 10 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft ft 7½ ins.

Chest measurement: Girth when fully expanded 33½ ins.

Range of expansion 1½ ins.

Complexion Fair

Eyes Brown

Hair Red

Religious denominations:
- Church of England
- Presbyterian
- Methodist Yes
- Baptist or Congregationalist
- Roman Catholic
- 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).

Branch scar outside right 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 Jan 21. 1918.

Place Halifax

Maximilian Lapat
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.

.....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.

H. Flowers (Signature of Officer)
Lt. Col.
O. C. 1st Depot B'n N. S. Regiment.

Date 22/1 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3180047 (Rank) Private

Name (in full) Charles Blades enlisted in

the 1st Depot Bttn. N.S. Regiment

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 18th

day of January 1918

HE served in 1st Depot Bttn N.S Regt + No 6 C.A.S.C. Service Co. Canada

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

R-O-1420(8)

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

Age 19

Height 5-4½

Complexion Fair

Eyes Brown

Hair Red

Marks or Scars Small scar outside right forearm

Blades Charles
Signature of Soldier

Issuing Officer
Major
Rank
O. C. No. 6 C. A. S. C. Service Co.
Appointment

Date of Discharge 20th March 1919

Signed at Halifax N S this 20th day of March 1919

in Military District No. 6

File Reference No. 44-B-471

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
200m.—2-18
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

On demobilization the certificate should be handed to the officers called for on the back of this form.

Pensions will not be granted

CASE HISTORY SHEET.

Cogswell St. Military Hospital

Hospital. Halifax Station.

No. 3182047 Rank Pte Name Baker Chas Age 17

Unit C.A.S.C. Completed years of service Where and how long 1 2/12 Canada

Date of admission 27-1-19 Date of discharge 8-2-19

Diagnosis Bilateral Pneumonia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Three large lines on back, two of which are crackling. T. 103 Pulse & Resp. normal. Jan 28 – Coughing. Very weak & pain in chest. Physical exam – Jan 31 – Cough developed. Lt. L. affected

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Antiseptic pneumotoxin

CONDITION ON DISCHARGE

(and disposal made of case.) Recovered When sent

Date 6-2-18

Dr. Chevalier Cotton

Medical Officer i/c case.

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

639851

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

meth

Cogswell St. Military Hospital

Corps C.A.S.C. Hospital Station Ward III

No. 31847 Rank and Name Rte. Blades, Chas. Age 17 Service 1 yr. 2 mths - 2 wks. Can.

Disease Bacillary Dysentery Date of Admission 27-1-19 Date of Discharge 8.2.19 Result Recov'd Case Book Folio

Dates of Observation	27	28	29	30	31	1	2	3	4	5	6	7	8
Days of Disease													
Temperature Fahrenheit (TIME a.m. p.m.)													
Pulse per Minute	90	86	78	66	68	60	68	62	68	64	62	54	76
Respirations per Minute	20	20	22	20	18	16	18	18	20	16	18	20	18
Motions		T	T	T	T	T	T	T	T	T	T	T	T

Dates of Observation	9	10	11	12	13	14	15	16	17	18	19	20	21
Pulse per Minute	76	74	82	68	64								
Respirations per Minute	16	20	18	19	18								
Motions	T	T	T	T	T								

admission

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature [illegible] In charge of case.

MEDICAL HISTORY SHEET

Surname Glades. *Christian Name* C.

Examined { on ..... day of ..... 191 ..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

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

Physical development .....

Small-pox Marks .....

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

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

Rank ..... M.O.

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 ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.G.S.B.			
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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Blades 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				
Halifax		27	1	19	10	2	19	Furunculosis	15	Two or three small boils on back. Under hot fomentations recovered promptly. Duchess [illegible]	H. Chambers [illegible]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Haile Charles

DISTRICT G. Coy

No. 318007

REGIMENT 1st DEPOT BATTALION

RANK

M.F.B. 465
200M-1-17
1772-39 950

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	9-8-18										1.16 17.30 B2									H. J. Adamson	6	Cavities 2 H.8.
	9-8-18										5.14 19.									H. J. A.	6	

A. Coy.

COPY.

3180047

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Blades Christian name Charles

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) ..... Voluntary

4. Address (including street and number, if any) 7 Queens Row Main St Yarmouth N.S.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of January 1917, by the undersigned medical board sitting at Halifax

5. Age as stated 18 Years 10 Months. 6. Apparent age 18 Years 10 Months

7. Height 5 Feet 7 1/2 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 33 1/2 Ins. } 10. Complexion Fair { Eyes Brown / Hair Red }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks None

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

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 / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(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 A II

17. (a) Vision R. 20/20 L. 20/20

(b) Hearing. R. 20/20 L. 20/20

..... President.

..... Member. ..... Member.

Signature of Man Charles Blades

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
1-12-18		M.O.	1-2-18		M.O.
		M.O.	9/3/18		M.O.
		M.O.	17.11.18		M.O.

Joined 18th day of Jan. 1918 at Halifax N.S.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.B.	3180047		
Transferred to.....	N.S.R.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.
800M.—10-17.
1772-39-439.

Surname Blades Christian Name Chas.

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No 3180047. Rank Private. Name Blades. C.

Corps C.A.S.C.No.6.Service Coy. who was* Discharged

On 20-3-19. 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-19. 191....,
to 20-3-19. 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	5	00
Advances by Cheques: No. A.Roll	2	50	Regt'l. Pay 20 days at $1 c. 00	20	00
Advances by Cheques: No.			Field Allow. 20 days at $ c. 10	2	00
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Defaciencies	3	14	Other Allowances* Civilian Cloths	35	00
Payment on transfer or discharge No. 719	56	36	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	62	00	Total	62	00

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned Pay for the month of .....191... and Sep'n Allce. for month of .....191... (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $.....has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 18-1-18

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

(3) cause of discharge Demobilization authority M.D.6.#77-B-471.4/17-3-1

(4) authority for transfer R.O.1420(C)

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 20-3-19.

Place Halifax.N.S.

Major.
C.A.S.C.No.6.Service Coy. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post' Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3180047 Rank Private Surname Blades
(Given name in full) Charles

Unit or Corps No. 6 C.A.S.C. Service Co Birthplace Yarmouth N.S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 131 lbs. Height 5 ft. 7 in. Colour of Eyes blue

Nutrition good

Pulse normal

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Small scar over right forearm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System yes Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

says guard room at Wadell was filthy and full of vermin
Numerous small lesions over body. which he said did not exist prior to being arrested

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....H..... .....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Halifax N S .....(Canada)

Date ...20-3-19..... Signed Ian R MacNeil Lt Colonel ...M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Charles Blader

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-29-1142.

82.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

1st. DEPOT BATTA...
Nova Scotia Regiment

Unit, Regiment or Corps .....

Regimental No. 3180047 Rank Pte C. E. F. Name Blades, Charles.

Enlisted (a) 18/1/18 Terms of Service (a) War and 6 months Service reckons from (a) 18/1/18

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

Extended ..... Re-engaged ..... Qualification (b) Nil (Seaman)

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				
		Transferred to C.A.S.C. D.O. 334 Para 6.	Halifax	2/12/18	T.H.E. Simmons Major Capt. for O. C. 1st. Depot B'n N. S. Regt.
		S.O.S. on Discharge D-O. 80 D/21-3-19	Halifax N.S.	20/3/19	P. Knox Major O. C. No. 6 C. A. S. C. Service Co.

(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				

DIVISIONAL LABORATORY

URINE REPORT

Rank Pt Name B. Pedast. No. C Corps

Ward II Date 6/2/19.

Received from

Volume

Sp. Gr. 1020

Reaction acid

Albumin Nil

Blood Nil

Glucose Nil

Bile Nil

Deposit

Examined by

M. F. W. 2537

15m.—5-18

1772-39-1314

No. 3180047 Rank Pte Name Blades, L

T. O. S. 18-1-18. Unit 1st Depot Battalion N.S. Regt,
D0200/22-1-18.

M. D. Li,

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1918 Jan 18	1918 Jan 31	L		

LEDGER No. 75 SERIAL No. 639851 5

REG. No. 3182047 NAME Blades C

RANK Pte CORPS CASC AGE 17 SERVICE 1 2/12 Can

	HOSPITALS	DATE OF ADMISSION
1	Cogswell St Mil Halifax	27. 1. 19.
2		
3		

DIAGNOSIS Furunculosis

TRANSFERRED TO

DISPOSITION Duty 10. 2. 19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

6

CARD No. 4

Dis.
S.O.S., Demob. 20/3/19.
D.O. 80 FOLL. 21/3/19.
#6 C.A.S.C. Sup. Coy Ho.

SURNAME. Blades.

CHRISTIAN NAMES Charles

REGL. No. 3180047 RANK Pte.

UNIT N.S. Regt. 1st Dpo. Bn.

FORMER CORPS nil.

NEXT OF KIN.

NAMES IN FULL Blades, Mrs. Susan

RELATIONSHIP TO SOLDIER Mother

ADDRESS 7 Queens Row, Main St. Yarmouth N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Yarmouth N.S. DATE Mar. 8th 1900

PLACE OF ATTESTATION Halifax. N.S. DATE Jan. 18th 1918

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE 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

M. F. W. 71—500M—6 18.
1772—39—9.1.

NAME Blades Charles

REGIMENTAL NO. 3180047 RANK Private

ENLISTED AT Halifax. N S PROMOTIONS, &c. AND DATE

DATE 18-1-18

IF SERVED PREVIOUSLY STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Susan Blades RELATIONSHIP Mother

ADDRESS OF 4 Queens Row, Main St. Yarmouth N S.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
S.O.S on Discharge	80	21-3-19	[illegible] Major O. C. No. 3 C. A. S. C. Service Co.

I certify that I have turned over to Admitting Medical Officer, all valuables and cash in my possession.

Date 7.1.19 Signature C. Blacker

Signature of Admitting Medical Officer.

I do vitly that I have turned over to Admitting Medical Officer, all valuables and cash in my possession.

Date..... Signature.....

Signature of Admitting Medical Officer.

LIST OF DISCHARGE DOCUMENTS.

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

C

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3180047

2 Rank. Private

3. Name. Blades Charles

4. Unit. No. 6 C. A. S. C. Service Co

5 Date of Discharge 20/3/19. Place Halifax N S

6 Reason for Discharge Demobilization

7. Authority. R. O. 1420 (8)

8. Proposed Residence after Discharge 7 Queens Row, Main St, Yarmouth N S

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. 29 Canadian Overseas Expeditionary Forces Discharge Certificate

Halifax N S 20-3-1919. Blades C.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax N S

Date 20th March 1919

Signature E. Knox Major

(O. C. Discharging Unit.)

O. C. No. 6 C. A. S. C. Service Co.

M.F.B. 218a—300M.-11-18—1772-39-113.