DUPLICATE

13 M. D. 1st, Depot Battalion Alberta Regiment

Regtl. No. 3207294

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname: Warren
2. Christian name: Christopher Peterson.
3. Present address: Gen. Delivery, Edmonton Alberta
4. Military Service Act letter and number: Volunteer
5. Date of birth: 16th, April 1896
6. Place of birth (town, township or county and country): Skudeneshavn, Norway.
7. Married, widower or single: Single
8. Religion: Lutheran
9. Trade or calling: Farm Labourer
10. Name of next-of-kin: Henry Peterson
11. Relationship of next-of-kin: Brother
12. Address of next-of-kin: Readlyn, Sask.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—
    (a) Place: Edmonton (b) Date: 11.6.1918. (c) Category: A.2.

DECLARATION OF RECRUIT

I, Christopher Peterson Warren, do solemnly declare that the above particulars refer to me, and are true.

Christopher Peterson Warren (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 22 yrs. 2 mths.

Height: 5 ft. 9½ ins.

Chest measurement: fully expanded 37½ ins.; range of expansion 3½ ins.

Complexion: Clear

Eyes: Blue

Hair: Brown

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

Left varicocele moderate.

O. C. Absentee Detachment Depot Btln.
Alberta Regt.

Place: Edmonton Date: 11th, June 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

REGIMENTAL [illegible]

NAME Warren, Christopher Peterson REGT. NO. 3207294 UNIT 22nd Hosp H. Q. FILE NO. 15 D

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
1	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
1	DENTAL HISTORY SHEET (M.F.B. 465)				
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
1	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)				
	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	M.F.W. 25-95 Misc.				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category Demob.

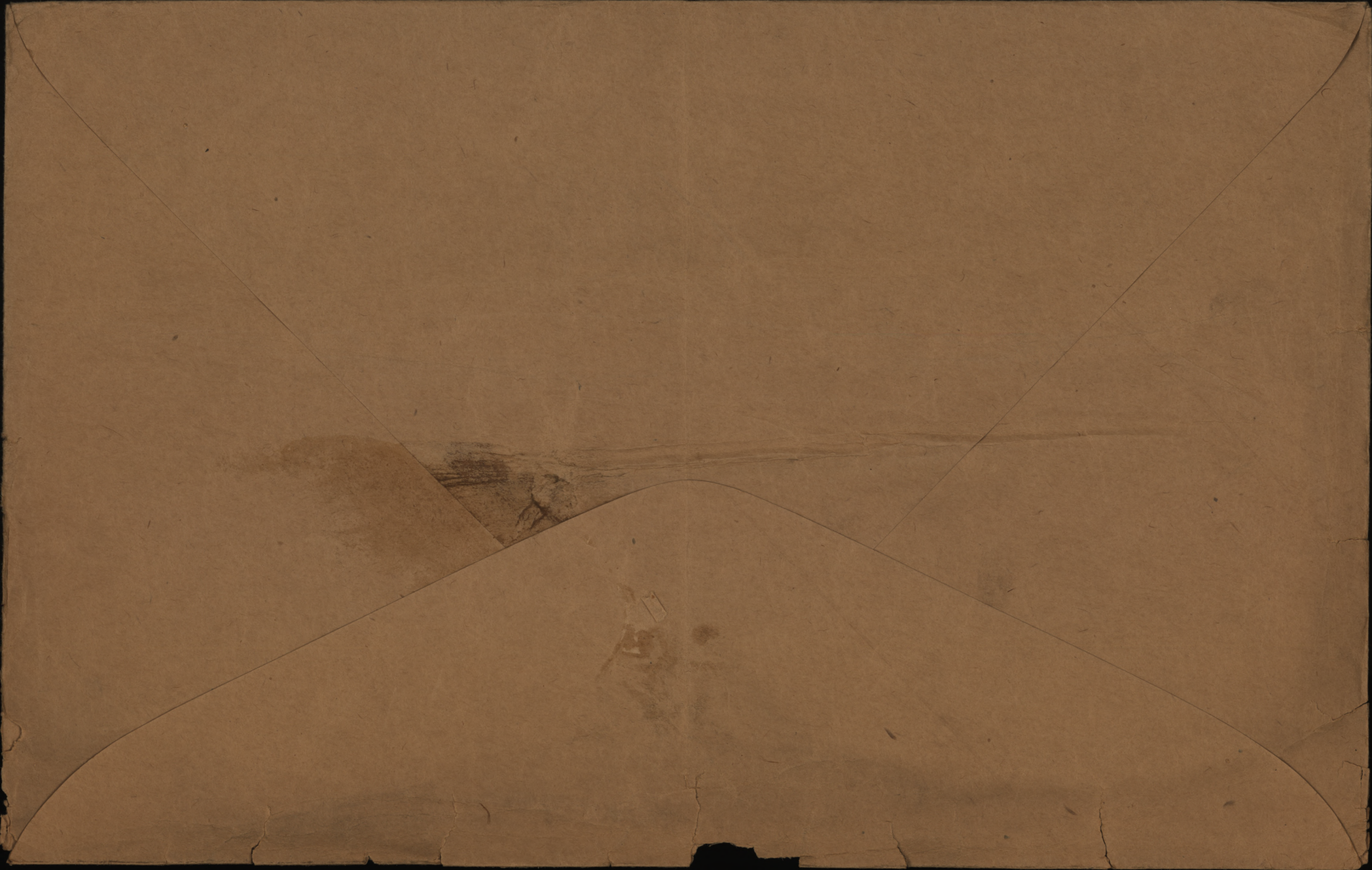
DESERTION

07150

Bot 10.104

39-7
17-7
9-7
2

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



3207294 — WARREN — CHRISTOPHER PETERSON

SIN/NAS — Surname/Nom — Given names/Prénoms

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

AO-10104

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

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

COMPONENT
ÉLÉMENT CLF

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME WARREN Christopher P

REGIMENTAL NO. 3207294 RANK Pte.

ENLISTED AT Edmonton Alta. PROMOTIONS, &c. AND DATE

DATE 11 6 18

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Henry Peterson RELATIONSHIP Brother

ADDRESS OF Readlyn Sask

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	
Taken on strength	172	1st Depot	Batt'n, Alta. Regt
Transferred to the C. A. M. C. T.D. #	13 348	14 12 18	
Leave	179-227		
Hospital	194-271-322		
Transf from amc TD no 13 will Cloth 14-12-18 to Strathcona Mil Hosp.	355	21. 12. 18.	
Strathcona Mil Hosp T.O.S. 14.12.18.	DOP II 8	23.12.18	
	~~13~~	~~14.5.19~~	
Edmonton " " S.O.S 8.9.19.	251	8. 9. 19	

H. Q.

M. D. No. 13

Surname Warren

Christian names Christopher Peterson

Regtl. No. 3207294 Rank Pte

Unit Alta Regt 1st Depot Bn

T. O. S. June 11th 19 18

D. O. Pt. II 172 of 21-6-18

S. O. S. 8-9 19 19

Reason D.E.mob.

Auth. No. 251 9/9/9 Edmonton Mil Hosp.

Next of kin Peterson, Henry Relationship Brother

Address Readlyn Sask.

Also notify:

BORN—Place Norway, Skudenesshav Date Apr. 16th 1896

ATTESTED—Place Edmonton Alta Date June 11th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

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 Christopher Patterson 2. Surname Warren

3. Rank Pte. 4. Original Unit 1st Depot Bn. 5. Reg. No. 3207394

6. Address, in full, to which future payments of gratuity are to be forwarded
10715 - 98th Street
Edmonton Alta.

7. Date of enlistment in the C.E.F. June 11th 1918

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Wilhelmina Irene Warren

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 10715 - 98th Street
Edmonton Alta.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? N.O.K.

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:—
N.O.K.

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? N.O.K.

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service 1st Depot Bn. June 11th 1918 to December 14th 1918
C.C.S. W.S. December 14th 1918 to September 6th 1919

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 1 Year 3 Months
1st Depot Bn. June 11th 1918 to December 14th 1918 } Canada
C.C.S. W.S. December 14th 1918 to September 6th 1919 }

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department N.O.K.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? N.O.K.

M.F.W. 2595.
1772—89—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... N. of.

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 ..... N. of.

20. Have you been issued with a War Service Badge? If so, what class ? ..... N. of.

21. Have you, during the present war, served in the Imperial Forces ? ..... N. of.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... N. of.

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

(b) If so, was such reversion in consequence of misconduct or inefficiency ? ..... N. of.

24. Are you now serving in the C.E.F.? ..... N. of. If not, give:—(a) Date of discharge ..... September 6th 1919. (b) Reason for discharge ..... Demobilization. Auth: D.R.O. # 1326.

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 ..... N. of.

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 ..... N. of.

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 ? ..... N. of.

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: C. P. Warren

Place of Residence: 10715 – 98th St. Edmonton Alta.

Declared before me at: Edmonton Mil. Hospital Edmonton S. Alta.

This Ninth day of September 1919.

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

Marmichael
Capt. & Adjt.
for O. C. Edmonton Mil. Hospitals

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent
.....	.....	.....
.....	.....	.....
.....	.....	.....

Certified Correct.

District Paymaster.

War Service Gratuity	Net amount due
.....	.....
.....	.....
.....	.....

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. 3.20.729 Rank Pte. Surname Hansen
(Given name in full)
Christopher Clemens
Unit or Corps 1st Regt. Blue Birthplace Germany

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 165 lbs. Height 5 ft. 9¾ in. Colour of Eyes Blue.

Nutrition Good

Pulse 74

Condition of arteries Normal.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Five scars from left elbow to hand.

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 No. Respiratory System No.

Disturbance of mentality No. Muscular System No. Digestive System No.

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

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.

Scars on left forearm & hands results of operation for blood poisoning Aug. 1918. Grip of left hand slightly weaker than that of right hand.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (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 Edmonton (Canada)

Date ....6....Sept....1919 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 C. P. Watton

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

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

M.F.W. 129
1033 (D.P. 500M-11-18.)
1772-39-1142.

Temporary Sheet.

320294

MEDICAL HISTORY SHEET.

Surname Warren *Christian Name* Christopher

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 congenital 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.
		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				
Transferred to	1st. Depot	320294.		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-479.

Surname Hamer Christian Name Edwin Ebor

Temporary Lieut.

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.
Holding Hospital M. H. C. C. Moose Jaw CON. HOSPITAL	Calgary.	9 ~~31~~	7 ~~8~~	18 ~~18~~	15	7	18	575(2) Appendicitis ~~D. C. T. Hand (L)~~	36.	Operated upon & Wound healed	R. Eadie Captain C.A.M.C. Officer i/c Military Hospital, M. D. No. 13, Calgary
Gen'l Hospl Moose Jaw.		27	8	18	15	11	18	F.I. & T. Hand & L	50	Severe infection of hand and arm on admission with high temp. Two incisions to evacuate pus which lay deep. Later on massage to arm and hand. Influenza developed Oct. 26th. Mild attack. No complications. Returned Nov 4th	Jno. Nelson Capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 13

NAME OF SOLDIER Warren G. Defoe

REGIMENT 1st Depot Bn

RANK Pte

No. 3207224

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	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918 Nov 28	1/14									2/19/30									H. J. Robinson	13	Bav. 3.31.2.
		2/3/31																				
																						Completed 28/11/18

M.F.B. 465.
200m.—6-18.
1772-39-060.

3207294

MEDICAL BOARD NO.
SERIAL NO.
SHEET NO.
CONSEC. NO.

M.S.A. 15.

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 Warren Christian name Christopher Peterson

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

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

4. Address (including street and number, if any) General Delivery, Edmonton Alberta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of June. 1918 by the undersigned medical board sitting at Edmonton Alberta.

5. Age as stated 22 Years 2 Months. 6. Apparent age 22 Years 2 Months

7. Height 5 Feet 9½ Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 37½ Ins. } 10. Complexion Clear { Eyes Blue / Hair Brown }

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

13. Number of vaccination marks { Right arm ~~None~~ / Left arm 3 } 14. When vaccinated last Childhood.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection Left Varicocele - Moderate.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } (Strike out disease admitted or suspected.)

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

Hearing
R. Ear Normal
L. Ear Normal

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A1

Eyesight
R. Eye 20/20
L. Eye 20/20

Gillespie Major C.A.M.C. President.

A E Henderson Capt. C.A.M.C. Member.

H. J. Hadden Capt. C.A.M.C. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
2/7/18		cancelled MAJOR C.A.M.C. M.O.	2/7/18		cancelled MAJOR C.A.M.C. M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 11 day of June 1918 at Edmonton Alta

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BATT. ALBERTA REG'T.	3207294		11-6-18
Transferred to.....				

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, or the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Christopher Peterson Warren

Surname Meyer Christian Name Christoph Johannes Petersen

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, A.F.

Regimental No. 3207294 Rank private C. E. F. Name Warren, Christopher Peterson

Enlisted (a) 11-6-18 Terms of Service (a) duration of war Service reckons from (a) 11-6-18

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) Farm labourer

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
23-12-18	T. O. S.	Strathcona Mil. Hos.	14-12-18.	Daily Orders	Part II N° 7 of 22-12-18.
	S.O.S. Edmonton	Strathcona Mil. Hosp. (Demobilization)	8-9-19	Daily Orders	Daily Orders Part II N° 251 R. del. Warren 8/9/19.

Edmonton Military Hospital
SEP 10 1919
M. D. 13
EDMONTON, ALTA.

(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				

CASE HISTORY SHEET.

Sask. Mil. Con Hospital. Moose Jaw Station.

No. 820724 Rank Private Name Warren G. F. Age 22

Unit 1st Depot Batt. Alberta Reg. M.D.13. Completed years of service (Where and how long) 10 Weeks

Date of admission 26-8-18 Date of discharge 15-11-18

Diagnosis I.P.T. arm. (Left) Place of origin Saskatchewan Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Temp. - 102.4. Pulse 92.
Hand and forearm considerably swollen. Incisions had been made on flexor surface of proximal phalanx little finger and on ulnar side of palm. No discharge.
Morning temp normal with evening rises.
Condition of arm and hand improving.
Incision forearm on 25th. No pus found.
Oct. 3rd 18. Complains of Rheumatism in L. shoulder + L. elbow started this am. Treatment prescribed.
Oct. 18th 1918. Hand is oedematous and clammy. Epicritic sensation lost on 3rd finger protopathic remains. unable to squeeze down to prox. two fingers & index finger 3 with because pain
Had attack of Influenza Oct 26 - Nov 4
Mild. No complications. G. Gushue Capt.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative.

TREATMENT

(Especially any specific or special form.)

Incision. Hot Compresses. Bathing and Massage. passive Movements. Art.

CONDITION ON DISCHARGE, (and disposal made of case.) - No improvement for some weeks but will show some improvement by use after period of 6 ms. or more G. Gushue Capt.

Date Nov 15. 18

Geo. F. Nelson Capt.
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

L 39504

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3207294 (Rank) Private.

Name (in full) Christopher Peterson WARREN enlisted in

the 1st. Depot Battalion, Alberta Regiment.

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 11th.

day of June 1918

HE served in Canada Only.

and is now discharged from the service by reason of DEMOBILIZATION

Auth. Routine Order #1328.

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

Age 23.4/12

Height 5' 9½"

Complexion Clear

Eyes Blue

Hair Brown.

Marks or Scars

Five scars from left elbow to hand

C. P. Warren
Signature of Soldier

Robt. Hamm
Issuing Officer

Lieut-Col.
Rank

Date of Discharge 8-9-19.

O.C. Edmonton Military Hospital.
Appointment

Signed at Edmonton South, this Eighth day of September 1919.

in Military District No. Thirteen.

File Reference No.

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 3207294

Rank Private

Surname WARREN

Christian name Christopher Peterson

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

Corps (Squadron, Battery or Company) Edmonton Military Hospital

Date of discharge 8-9-19

Place of discharge Edmonton South, Alberta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 4 months.

Height 5 feet 9½ inches.

Complexion Clear

Eyes Blue

Hair Brown

Trade Farm Labourer

Intended place of residence (To be given as fully as practicable.) 10715-98th. Street Edmonton, Alta.,

Descriptive marks

Five scars from left elbow to hand.

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

D.O.#251, 8.9.19

Authority for discharge Routine Order R.O.#1328

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)

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) Edmonton Mil. Hospital C. P. Warren *(Signature of Soldier.)*

(Date) September 6th - 1919 W. L. Adam RAMC *(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) Winnipeg Alta

(Signature) Robt. Hamilton Lt. Col.

(Date) Sept 8th/19

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.)

C. P. Watson

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
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.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Proceedings on Discharge.

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

No. 3207294

Rank Private

Surname WARREN

Christian name Christopher Peterson.

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

Corps (Squadron, Battery or Company) Edmonton Military Hospital

Date of discharge 8-9-19

Place of discharge Edmonton South, Alberta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 4 months.

Height 5 feet 9½ inches.

Complexion Clear

Eyes Blue

Hair Brown

Trade Farm Labourer

Intended place of residence (To be given as fully as practicable.) 10715-98th. Street Edmonton, Alta.,

Descriptive marks

Five scars from left elbow to hand.

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

Authority for discharge Routine Order R.O.#1328

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)

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) Edmonton .....

(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) Edmonton Mil. Hosp. C. P. Warren *(Signature of Soldier.)*

(Date) September 8th 1919. W. L. Edgar R.A.M.C. *(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) Edmonton Alta.

(Signature) Hdl. Hammond Lt Col

(Date) Sept 8/19

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.)

C. P. Warren

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
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.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Edmonton Military Hospital, M. D. 13

AUDITOR PAYMASTER

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

M. OR S. Married — REGT. No. 3207294 — RANK PTE — NAME (IN FULL) WARREN, CHRISTOPHER PETERSON

NEXT OF KIN: Mrs Wilhelmina I. Warren, Wife — RELATIONSHIP

ADDRESS: 10715-98th St. ~~General Delivery~~ Edmonton, Alta

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 14.2.19

TO WHOM PAID: Mrs. W. I. Warren — RELATIONSHIP: Wife

ADDRESS: 10715-98th St. ~~General Delivery~~ Edmonton, Alta

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	Batt.	
Caledonian Blk. 108 a. Ave. Edmonton		

Certified opening entries on this Ledger Sheet have been audited by ____ Date ____

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION: Calgary — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 11.6.1918 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE

PAYABLE TO: Mrs Wilhelmina I. Warren — RELATIONSHIP: Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: 10715-98th St. ~~General Delivery~~ Edmonton, Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Edmonton — DATE: 8-9-19 — REASON: demob — AUTHORITY: D.O. 251 — IF ENTITLED TO POST DISCHARGE PAY

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.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 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 1.5.19							10	90																													Cr. Bal. 10.90. Apr. P.L.
1/5/19 to 31/5/19	31	1.10	34	10	30				75		13	15/5/19	14	20/5/19	17	29/5/19	10				10		45				1	10			66	10			8	90	A.P. May 15.00 S.A. May 30.00 D.O. 149 Asst. Jan 28.5.19 to Jan 29.5.19 Inf. Id. pay = 1.00
1/6/19 to 30/6/19	30	1.10	33		30		8	90	~~63 00~~ 71	90	20	13/6/19	22	20/6/19	23	29/6/19	5				11	90	45								61	90			10		A.P. June 15.00 S.A. June 30.00
1/7/19 to 31/7/19	31	1.10	34	10	30		10		~~64 10~~ 74	10	25	15/7/19	26	18/7/19	27	28/7/19	5				14	10	45								64	10			10		A.P. July 15.00 S.A. July 20.00
1/8/19 to 31/8/19	31	1.10	34	10	30		10		~~64 10~~ 74	10	29	15/8/19	30	20/8/19	31	27/8/19	5				14	10	45								64	10			10		A.P. Aug. 15.00 S.A. Aug 30.00
1/9/19 to 8/9/19	8	1.10	8	80	35	-	30		~~73 80~~ 83	80	33	13/9/19	40	27/9/19	XX		5	-	33	80	XX		45	-							83	80			0		Separation Allowance $ 30.00 Left A.S. 32 Clothing Allowance $ 35.00 D. 22.00 Recovery S.A. 1/9 to 30/9/19 (To be collected 4th or last pay see entry below) DISCHARGED 8-9-19
	144	10	155	00	40	90	340	00									30	00	33	80	50	10	225	00			1	10			340	00			0		

GENERAL AUDITOR'S DEPARTMENT M. D. 13 Audited by ____ Date 17-9-19

Certified opening entries on this Ledger Sheet have been audited by ____ Date 23-11-19

Days	W.S.G.	S.A.	WAR SERVICE GRATUITY	W.S.G.	S.A.	S.A. ARREARS	SOLDIER	DEPENDENT
31.	70 —	30 —	100 —			22 —	70 —	8 —
				70 —	8 00	78 —	0	0
	70 —	30 —	100 —	70 —	8 00	22 — 100 00	0	0

All Payments Due on This Account have been completed.

G. P. Edwards Major

S. O. P. S. M. D. NO. 13

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

1475