1st Depot Batt N S Regt
(Special Draft 63rd Regt)

Original

ATTESTATION PAPER.

No. 3203089

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS.)
1.	What is your surname?	White
1a.	What are your Christian names?	Frank Charles
1b.	What is your present address?	Hatton Hants Co. N.S.
2.	In what Town, Township or Parish, and in what Country were you born?	Moncton N.B.
3.	What is the name of your next-of kin?	Charles White
4.	What is the address of your next-of-kin?	2 Silver St Amherst N.S. Sufficient address C.A.D.
4a.	What is the relationship of your next-of-kin?	Brother
5.	What is the date of your birth?	29 August 1874
6.	What is your Trade or Calling?	Lumberman
7.	Are you married?	No.
8.	Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9.	Do you now belong to the Active Militia?	Yes
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	2 yrs. 7 mos. 63rd. Regt. "D.S."
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
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.
14.	If so, what was the nature of the disability?	—
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	Yes
16.	If so, what was the reason?	Eyesight

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Charles White, 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.

Frank Charles White (Signature of Recruit)

Date 12-4-18 191 [illegible] Lieut 63rd Regt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Charles White, 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.

Frank Charles White (Signature of Recruit)

Date 12-4-18 191 [illegible] Lieut 63rd Regt (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 Deer Island this 12 day of April 1918.

[illegible] (Signature of Justice)

Recruit to be attested at Deer Island N.B.

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of White Frank Charles on Enlistment.

Apparent Age 43 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 2 ins.

Complexion Fair

Eyes Blue

Hair Black

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

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

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

Nil

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 12 4 1918 T. J. Byrne

Place McNabs Island Capt A.M.C.
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.

Frank Chas. White 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.

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

Date 11 4 1918

REGIMENTAL DOCUMENTS

NAME White Frank Charles REGT. NO. 3203089 UNIT W.D.B.N.S.B. 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
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
3	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
	MEDICAL EXAMINATION (M.F.W. 129)					Med. Unfit.
2	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)				17124	
1	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)					
X	Casualty Card					

W. 2889
1772-35 1377

Reg. No. 3203289 Name White F.C.

Rank Pte Corps N.S.R.R. Age 45. Service C 2 8/12, E 3/12 7 44 days

Ledger No. 495 Serial No. 67617 39

HOSPITALS	DATE	DIAGNOSIS
Camp. Hill Mil Hospital	20.7.19.	G.S.W. Shoulder. Lt & Rt
Dis to D.D. #6	27.10.19	Fract Scapula

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

6.

NAME. White Frank Charles. RANK. Pte. REC. FILE. M.D. 6

No. 3203089 T. O. S. Apr. 30. 1918

CORPS. N.S.R. Regt. Dets. Bn. H. Q. FILE. D.O. Part II No 18.

ENLISTMENT, PLACE. McNabs Island, N.S. DATE. April 12th 1918

DISCHARGE, PLACE. Canada, Moncton, N.B. DATE. August 29th 1874

REASON. [redacted]

S.O.S. 31/10/19 M.U.
S.O. 301 of 28/10/19
#6 DD

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN White, Charles. RELATIONSHIP Brother

ADDRESS Amherst, N.S.

O/S. 25-6-18 1290/3

R/C. 20-7-19 376/35 Pte.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

NAME White Frank Charles

REGT'L. No. 320.3089

RANK AND CORPS Pte R C R form R S R. 1st 2nd Bn

H. Q. FILE NO 649

FOLLOWS

NO

FOLLOWS

CABLE NO:	DATE	NATURE OF CASUALTY
Nof H		Charles White Brother Amherst N.S.
310 G 756	23 11 18	Dang wdd No 33 C C S Nov 19th 1918
H 2a 376		wds Head arms Back

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 387.	22 Gen Canners	28-11-18	G S W Head arm & Back
B 400	Gen Mil Col Chesterfield	12-12-18	" " " "
B 455	No. 4 Can. Gen. Basingstoke	22-2-19	" " " & "
B 520	Mil. Conv. Epsom	15-5-19	" " " & "
B 550	No. 16 Can. Gen. Orpington	29-6-19	" " " & "
B 2nd	Int. D Canada	12-7-19	" " " "
	8 L 5 0 6 m x 6		

Form R. 149.

FRANK. CHARLES.

Name WHITE Rank PTE Reg. No. 3203089

Unit R.C.R.

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-11-18.	33. Cas Clg Stn.	Gd W.	Head Arm	A 376		157629
	Dangerously Wounded		& Back.			
28-11-18.	22. Gen. H. Etretat		" "	A 387	7-56	6007-12
12-12-18.	Gen. H. Rochester.		"	B 400		3343
22-2-19	H.B. Gen Basingstoke.		"	B 455		7568
15-5-19	Witley Camp.		"	B 520		10668
29-6-19	16 Can. Con. Depot		"	B 550		11436
12-7-19.	Invalided to Canada.			B 2		5063
	(506-6)					

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

Number 3203089 Rank Pte

Surname WHITE

Christian Name Frank Charles

Units R.C.R. Theatre of War France

Date of Service 25-10-18

Remarks

Latest Address Avalon
Hants Co.
N.S.

Roll No. B. Page 1333

200m—2—21.M.

DESP. JUN 16 1922
REGN. No. 21728

Surname	Christian Name or Names	Reg. No.
WHITE.	W.C.	3203089.
Rank	Unit	
Pte.	N.S. RCR.	

Cas. List.	
	33. C.C.S. "Dang. Wd" 19-11-18.
21-11-18. A376.	Wds. Head Arm & Back. Rw.
4.12.18 A387-2	22 Con Convrs 28.11.18.
19.12.18 B400	Gen Mtl Colchester 12.12.18.
27.2.19 B455	4.C.G.T. Bristol 22.2.19.
17.5.19 B520	mc H Epsom 15.5.19
3.7.19 B550	16 Bf. H Orpington 29.6.19
22-8-19 B2-2	Invs. to Canada 12-7-19

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

D.M.S. 1300. 50M- 30-8-18.

Cas. List.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

...ar Service Badge
Class. A. No. 398388

This is to Certify that No. 3203089 (Rank) Private 66088
Name (in full) White Frank Charles enlisted in
the 1st Depot Battn. N.S.R.
CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the Twelfth
day of April 1918.
HE served in Canada. England & France
and is now discharged from the service by reason of Medical
Unfitness

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

Age 44 Yrs. 2 months
Height 5 feet. 8 inches
Complexion Fair.
Eyes Brown.
Hair Dark.

Marks or Scars G.S.W. Scars. two over Dorsum. Left. Scapula Small Scar. 5 inches long outer surface. Left. Arm.

F.C. White
Signature of Soldier

Geo. T. Blanchard
Issuing Officer
Captain
Rank

Appointment

Date of Discharge 31.10.19

Signed at Halifax this 28th day of October 1919

in Military District No. 6

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

CASE HISTORY SHEET.

Camp Hill Hospital. Hallpin Station.

No. 3203089 Rank Pte Name White F.C. Age 43

Unit 6 D.D. Completed years of service Where and how long } C 2 8/12 E 3/12 F 14 days.

Date of admission 4.8.18. Date of discharge 27.10.18

Diagnosis G.S.W. Shoulder L. Place of origin Mons Belgium
Tract Sequela

CONDITION ON ADMISSION AND PROGRESS OF CASE

On admission Wounds were all healed.
Scar 4" long extending from the tip of the
Sequela down back. This scar is firmly
Adherent to sequela. Another irregular scar
to outer border of sequela. 3rd scar 4" long
Commencing at the insertion of the deltoid and
extending obliquely down the arm. This scar is
Good condition soft. Was sent for massage
treatment. 10.9.18. Having some improve-
under massage treatment.
17.10.18. Movement in shoulder joint is gained
Has some difficulty getting the left arm
over the head. Due to scar adhesions.
Has also some Crepitus in joint due
to arthritis. Complains of Pain in left
shoulder. Increased in Wet Weather.
J.H. Cook Lieut.
18.10.18. X Ray does not show any abnormal
Condition of the sequela. J.H.C.

FAMILY HISTORY Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT Massage and Radiant heat

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Much Improved Boarded Category

(and disposal made of case.) E

Date 28.10.18 J.H. Cook Lieut
Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

G7617

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 26th Dft. 1 Bn N.S.

Regimental No. 3203089 Rank Pte Name White Frank Charles

C. E. F.

Enlisted (a) 12-4-18 Terms of Service (a) ~~Duration of War~~ Service reckons from (a) 12-4-18

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) Clerk & Stenographer

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 for Overseas	Halifax	25/6/18	H.S. Simpson Capt. Adjt. 1st Depot Bn N.S. Regiment
		A.M.T. Waimana			
		Disembarked.	England	7.7.18	—
10/7/18	OC 17th Res Bn	T.O.S on arrival from Canada and shown on Bmd Frensham Pond.	B. Shott	7/7/18.	P.T.O 161.
5/8/18	do	Reported off Bmd.	do	4/8/18	do 183.
26 OCT 1918	do	PROCEEDED OVERSEAS FOR SERVICE WITH CCR BATTN.	do	25 OCT 1918	A.F. 254 — Lieut., Asst. Adjt., 17th Canadian Res. Batt. E.C.

CERTIFIED CORRECT. OAK HALL OTTAWA

(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				
.10.18.	CIBD.	T.O.S. R.C.R.	Field.	26.10.18.	Pt II 128 d/2.11.18
.10.18.	"	To C.C.R.C.	"	29.10.18.	1443
.10 18.	CCRC	To Unit	"	30.10.18.	1955.
11.18	R.C.R.	Joined Unit.	"	11.18.	B.213.
10-11-18	10 C/A	Slt. Head, arm lt. & back.	33 CCS	9-11-18	M 5573.
12-11-18	33 CCS.	do	33 CCS.	12-11-18.	M 7788
28-11-18	22 Genl.	do	22 Genl.	28-11-18.	M. 9199.
13-12-18	22 Genl.	do	A.T.	13-12-18.	N. 775.
12-12-18.	22 Genl.	Invalided Wounded & Posted to U.S. R.D. Bramshott.	A.T. "Brighton"	12-12-18.	W. 3083/6608. Pt II. 149 d/24-12-18.

Embarked 12,7,19
Liverpool.
Disembarked 21 7.19
Halifax H M T Royal George.

J. W. Hogan Major for Lieut Col. A.A.G.
& Qu Section 3rd Echelon G.H.Q.

28-7-19 T. O. S. No. 6 D. D. from [illegible] and posted [illegible] 21-7-19 Dr 256

.....Lieut.
Officer i/c Records No. 6 D.D.

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 26th Batt. 1 Bn HS.

Regimental No. 3203089 Rank Pte C. E. F. Name White, T. C.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
27-10-19	HS	Trans to Can Coy	Hfx	27-10-19	D.O. 301
31.10.19	S.O.S.	On Discharge	from	31-10-19	do 301

Major
O. C. Hospital Section No. 6 D. D.

CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

(*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				

Form B 122.
10287—65M—28-7-17.

ET.

Rank Name WHITE, Frank Charles Reg'l No. 3203089

Unit 26th Dft 1st Bn N.S If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment McNabs Island, April 12th. 1918. Place of Birth Moncton, N.B.

Name and Address, Next-of-Kin Charles White,

Amherst, N.S. Canada. Relationship Brother.

N.S.R

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England		7-7-18	S/S WAIMANA
10/7/18	17th Res Bn	T.O.S. on arrival from Canada	Bramshott	9/7/18	Pte R.O. 161
26-10-18	17th Res.	S.O.S. on proc of 2nd R.R.	Bramshott	25-10-18	— 254 & 135 dcr 2-11-18
21-11-18	R.C.R.	Wounded.	Field	19-11-18	C.R.A. 376
24.12.18	R.C.R.	Inv. W.I. & posted N.S.R.D.	"	12.12.18	D.O. 149 +311 d/23.12.18 NSRD
NOVA SCOTIA REGT					
22.8.19	C.R.O.	Invalided to Canada S.L. 506. M.D. 6.	London	12-7-19	C.L.B. 2.
11.9.19	N.S.R.D.	S.O.S. to Buxton being in Hosp.	Witley.	6.9.19	— 202
9*10*19	Records	S.O.S. TO CANADA	London	12.7.19	A.O. 4

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

P 820
12474—375M—15-2-18.

N.R

* 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:– WHITE Frank Chas

NUMBER:– 3203089

* PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C Can	1-7-18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– Dft 26 1 Dep Bn N.S.R

DATE ACCOUNT FIRST OPENED:– 1-7-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			17th Res

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
8.7.	6069	Dep	4867				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Disch to Com 1/8/19 (Orp A.177 8/7/19 to Orp. 16 C.S.H. MD?) L.P.C. Can 273 43 Leave Can 322 10

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
June 30	Bal from Can								23 –		
July	R.P.	34 10		ack 74v 17/7 NS	4 87				52 23	15 –	
		34 10			4 87				86 33		
AUG		34 10		ack 1947 17/8. 17 Res	973				48 66		
				2110 28/8	3893				37 67	30 –	
		34 10			4846				70 57		
SEP		33 –		JOR 333. 25/8	24				24 57		
				ack 2336 12/9	973						
				2561 27/9	1460				1610	45 –	
		33 –			2457						
Oct		34 10		3195. 19.10	1947				6073	60 –	
		34 10			1947						
Nov		33 –									
Dec		34 10									
Jan		34 10							16193	105 –	
		10 20									
Feb.		306		Kilmuir 3.7. Nov	973						
mch		34 6		15876. 5.3. Bad.	487				21223	135 –	
		64 90			1460						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS			DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
											212 23		
apr	P.P.	33.		564.	2/4.	Bas	4 87						
may	✓	34 10		2306.	2.5.	✓	4 87				279 33		
				11006.	10/5.	✓	9 73				259 86	165 -	
		67 10					14 47						
June	✓	33 -		2753.	C16.6.	Epsom	9 73					180 -	
July	✓	34 10			✓								
	Int on DP.	4 87									322 10		
		71 97					9 73						
				6869.	8-7.	Orp	48 67				273 43		
							48 67						

Lost to Can 11/7/19. Sd L # 506

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge
Class. a No. 395388
B C. 66088

1. No. 3203089.
2. Rank Private
3. Name White - Frank. Charles.
4. Unit 12th Depot. Battn. N. S. R.
5. Date of Discharge | 31. 10. 19. | Place Halifax N. S.
6. Reason for Discharge Medical Unfitness

MEDICAL DOCUMENTS FORWARDED TO S. C. R. B. P. C. ON 4-11-19.

7. Authority P. O. 1470
8. Proposed Residence after Discharge Waltow Hants Co. 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. ? 39.

Fr C. White
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax N. S.
Date October 31. 1919.

Geo. J. Thomas
CAPT. & ADJT.
FOR LIEUT. COL. No 6 DISTRICT DEPOT
Signature
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-2-19 1772-39-113.

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

CASE HISTORY SHEET.

Camp Hill Hospital. Halifax N.S. Station.

No. 3203089 Rank Pte. Name A White. 7.C. Age 44

Unit 6th D. Completed years of service Where and how long } C 2 4/12 E. 2/12 7 1/12.

Date of admission 4. 8. 19 Date of discharge 3. 10. 19.

Diagnosis G.S.W (left Shoulder) Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complains of slight pain in shoulder & forearm but more especially when he attempts to raise arm forcibly above the level of the shoulder. Was wounded Nov 9th 1918 G.S.W.

Inspection shows Wound scar 3½ long (left arm) running obliquely downward & backward mid-way thro upper arm scar is non vascular adherent and slightly tender. Slight wound scar 1" long nearly across medial thro of Biceps (L=R) not bound and not adherent. Crow's foot (operation scar) mid way between anterior inferior Spine of scapula & L axilla Scar slightly adherent but tender. Wound scar 1" long left axilla to dependently

Wound scar 4" long over scapula Involving Subscapularis Muscle which has been severely lacerated. When arm is moved forward the scar becomes drawn in causing limitation of movement & pain

FAMILY HISTORY Nil

(Tuberculosis, mental or nervous diseases.)

TREATMENT None

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Fistula with a Peg and

(and disposal made of case.) artificial limb which is satisfactory

Date 30. 9. 1

Medical Officer i/c case.

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

87617

ORIGINAL

Original

MEDICAL HISTORY SHEET

2 - NOV 1918

Surname White Christian Name Frank Clarke

Examined { on 12th day of April 1918
at Moncton

Birthplace { City or Town Moncton
County N.B.

Apparent age 43

Trade or occupation Lumberman

Height 5 feet 8 Inches

Weight 150 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left X
Number 1

When Vaccinated last 1914 29/4/18

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

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

Approved by L. J. Byrne

Rank Lieut. M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		19 DEC 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
29/4/18		L. J. Byrne Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
12/4/18		L. J. Byrne Capt. M.O.
10.8.18	J.a.b.	M.O.
17.8.18	2	acd. M.O.
		M.O.

Enlisted on 12th day of April 19[illegible] at Moncton N.B.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	1st Depot Battalion Nova Scotia Regiment.	3203089		
Transferred to	17th Res Bn RCR			7/7/18 25/10/18

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
[illegible] Canadian General (Ontario) Hospital Orpington, Kent.	7 JUL 1919	Limited movement L shoulder adh. bet. L scapula	Invalided to Canada
Bailyns	22-10-19	G.S.W. R. Shoulder	Cat E Invalided to Canada

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.

300M.—1-17.
H. Q. 1772-39-439.

Surname White Christian Name Frank Charles

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
Arcade Lodge St Warley.		12	12	18	16	12	18	G.S.W. Chest (L)	5	Transferred to ~~Col Chas~~ Whipps Cross Warshipital	R.W.D. Lieut RAMC
WHIPPS CROSS WAR HOSPITAL, LEYTONSTONE.		16 12	18		21	2	19	G.S.W. of L Chest L Scapular region penetrating II at arm L III scalp.	68	Transferred Can Canadian Hospital Basingstoke	
										Arm + Scalp wds healed. Chest - Healing, lung clear.	W.D. Faweett Lieut RAMC
No. 4 Canadian Gen. Hospital, Basingstoke.		21	2	19	14	5	19	G.S.W. left Chest	182	Wound on posterior surface of left chest almost healed. Entire Condition good Ready for Convalescence	S. Lawson Edie Lieut
Wm C H Epson		14	5	19	28	6	19	Do	46	To Hand board for Cat E Disposal Signed Pridmore	
					TAKEN ON SAILING. 506 -ROYAL GEORGE. 12, 7, 19,						Arcadelodge
Osprey Lis 16 C Y H		TRANSFERED FROM SAIL-S 5 6.								1, 19	Capt, C.A.M.
		28	6	19	12	7	19	G.S.W.	15	Boarded I T C. Wounds Cert	
Camp Hut 9		4	8	19	27	10	19	Shoulder G.S.W. Shoulder		Wds well healed Still has slight pain on movement of shoulder joint. Boarded Category E	[illegible] Capt RAMC

CAMP HILL HOSPITAL HALIFAX

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Camp Hill Hospital DATE Oct.21-19

1. 1 (a) Unit 6th D.D. (b) Regimental No. 3203089 (c) Rank Pte.

(d) Surname WHITE (e) Christian name Frank Charles

2. Age last birthday 45 Date of birth Aug.29-74

3. Enlisted at McNab's Island on Aug. 18th 1915

4. Personal description:—

(a) Height 5' 8" (b) Weight 150 (stripped) (c) Complexion Dark

(d) Colour of hair Dk.Br. (e) Colour of eyes Blue (f) Identification marks NONE

5. Address after discharge (for the use of the Board of Pension Commissioners)

Walton, Hants Co., N.S.

6. Former trade or occupation Lumberman

7. (a) Service	Years	Days
	4	51

	PERIODS	
Canada	Fr. Oct. 30-18	Dec. 6-18
	~~Aug. 29-15~~	~~June 25-18~~
	July 12-19	Oct. 21-19
	June 25-18	Oct. 30-18
	Dec. 6-18	July 12-19

(b) Has he been overseas ? YES 8. Original disease or disability. GSW. Lt. Shoulder

(a) Date of origin Nov. 9th 1918 (b) Place of origin Mons

(c) Cause* Shell Wound

(d) Present disease or disability Loss function Rt. shoulder girdle slight

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Scar 4" lg. over lt. scapula. Scar adherent to the deeper structures

Scar 5" long outer side of lt. arm conversing at insertion of deltoid

Irregular scar ext. to the condyle of scapula.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Circular scar under axilla. Movement shoulder joint normal. Has pain on lifting lt. arm above the head. All movements through shoulder girdle are slightly painful. Is some creaking in the shoulder joint. Wounds well healed. Power in shoulder is good but slightly painful.

(b) Are the following systems normal ? If not, briefly state abnormality.....

Nervous..NO.. Digestive..NO.. Respiratory..NO.. Cardiac..NO..

Genito-Urinary..NO.. Skin, Middle Ear, Eye or any other part..NO..

10. History: (*a*) of Condition referred to in "a" section 9.

Wounded Nov. 9th 1918, 10th C.F.A. 2nd C.C.S. 9-11-18
G.S.W. back passing through Lt. scapula. F.B. not found.
Canada 12-12-18 to 16-12-18 4th C.G.H. 21-2-19-14-5-19. Epsom 14-5-19
28-6-19. Orpington 28-6-19 to 12-7-19.

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

Scalp wound. Healed. No disability.

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

N. A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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 ? 6 Months

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

2nd C.C.S. shoulder wound excised, dead bone removed. Incision for drainage. Arm wound explored, drained. wounds. 16-11-18

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

NO

16. Can the former trade or occupation be resumed ? No movements shoulder still painful
(If not, briefly state why.)

17. Recommendations Discharge Category "E"

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned ..... 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 .....

Signature of soldier examinea.

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 criticized.

The Board concurs with the recommendation Category "E".
In Section 9 (a) it states that movements of shoulder joint are normal which is not correct. The movements are as follows.
A.G.F. 120° A.G.E. 50° A.G.Abduction 120° Ext. Rotation 90°
Int. Rotation normal.

19. Is the soldier 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).
(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 soldier
(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).

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

YES

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

CAMP HILL HOSPITAL

PLACE..... Halifax, N.S.

DATE..... 22-10-19

..... *President.*

..... } Members.

APPROVED BY

APPROVED FOR G.O.C. M.D. No. 7

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

DATE..... 24-10-19

APPROVED BY

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

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... *President.*

PLACE.....

DATE..... } Members.

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 Orpington DATE July 7. 19

1. 1 (a) Unit R.C.R. (b) Regimental No. 3203089 (c) Rank Pte

(d) Surname White (e) Christian name Frank Charles

(f) Home address Walton Novia Scotia

(g) Next of Kin White. Charles (h) Relationship Brother

(i) Address of Next of Kin 2 Silver St. Amherst. N.S.

2. Age last birthday 44 Date of birth August 29. 1875

3. Enlistment, or Appointment (if an Officer) (a) Place Mc Nabs Island Halifax (b) Date 12th April 1918.

4. Personal description:

(a) Height 5ft 8 ins (b) Weight 150 lbs est (stripped) (c) Complexion Fair

(d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks, Scars, etc. G S W Scars two over dorsum left scapula. linear scar 5" long outer surface left arm - transverse cicatrix on front left arm linear scar 2" below left axilla

5. Former trade or occupation Lumberman

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

	Periods	
	From	To
Canada	12th April 1918	25th June 1918.
England 25th June 1918. 25th Oct. 1918.	6th Dec 1918	To Date
France or other theatres of War	25th Oct. 1918	6th Dec. 1918.

7. Original disease, or injury LACERATED WOUNDS - LEFT CHEST AND SHOULDER

(a) Date of origin NOV. 9. 1918 (b) Place of origin MONS.

(c) Cause G S W

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.)

I [LIMITATION OF MOVEMENT LT. SHOULDER. II ADHERENT SCAR - LT. SCAPULA.]
moderate weakness Left arm.

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.)

I Objective The left arm can not be raised beyond the level of the shoulder. When raised forcibly it causes him pain. There is full movement backward and forwards.

I II Subjective - He states there is a dull pain in this joint some days. and it causes him acute pain if he tries to raise it above the level of the shoulder

II Objective - Vertical scar 5" long over scapula The sub scapularis muscle has been severely lacerated. When arm is moved. scar becomes tense & is dragged on when arm is moved forward

II Subjective - states that the scar is painful on movement of arm.

(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 Yes. Respiratory System Yes. Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

Had small growth removed from left eye in. 1915. Now gives no symptoms
Penetrating wound of chest 9. 11. 18. - Now giving no symptoms.

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

I & II Documentary. Y.M.C. admitted 10 h. can Rd amb. 9-11-18 Hem & 2nd C.C.S. note - "G.S.W. Back passing through scapula close to Vert. Border - Y.B. not found - trachea incised & portion of bone removed. foul wd. of arm". N.H.S. & Coombe Lodge Hosp 12. 12. 18 & W Lipps Conv Hosp. 16. 12. 18. - note "arm healed chest healing Sinus clean" - to 4th C.G.H. 21. 2. 19. & 4. 5. 19. & from. 1st H.C. - 28. 6. 19. to Osney Isl.

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*).)

Measles & Whooping cough - in childhood

(*c*) (Here give a description of wounds, scars and deformities.) I Scar vertical 5" long over body of left Scapula II Oval shaped scar - upper left arm III Linear 5" long outer surface arm IV transverse ii across deltoid of arm V vertical ii long left axilla

11.—(*a*) Did the disabling condition have its origin before enlistment? NO I & II

(*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.) ~~Not applicable~~ ~~I Scar, Vertical, 5" long over body of left Scapula II Oval shaped scar at upper left Scapula III Linear Scar 5" long outer surface arm IV transverse scar on deltoid left arm V Linear ii long in left axilla~~

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? ~~N~~ I & II 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? I & II Six months.

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

I & II Gradual exercises - Removal F.B. dressings. Hospitalization

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? yes I & II

(If the answer is "yes" state nature of treatment required and probable duration)

Massage and R.E.

16. Can the former trade or occupation be resumed? yes in six months.

(If not, briefly state why)

17. Recommendations. I. T. C.

David Smith Capt Canada

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, Pte White 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. Nil.

Pte Frank White Rank. Pte

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.

Line concurs

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.) NA
(*d*) Temporarily unfit.	(" D)	(Yes or ~~No.~~) yes D.J.C.
(*e*) Unfit for service in Categories A, B and C	(" E)	~~(Yes or~~ No.) 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.)

Limited movement Lt shoulder, Adh scar left scapula. 6 months - R.A. Treatment

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

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

Related 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.

C. W. Shepherd Lt Col President.

PLACE 18 CANADIAN GENERAL (ONTARIO) HOSPITAL. MONTREAL, P.Q. JUL 1919

O. J. Dion Capt CAMC

DATE

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

Assistant Director of Medical Services.

DATE

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

APPROVED BY

Director-General of Medical Services.

DATE JUL 8 1919

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

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 3203089 | RANK Pte | NAME (IN FULL) White F.B. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

E.F.P.6.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	Subs.	Do 206

ORIGINAL UNIT (CAF.) M.S.R.

PLACE OF ATTESTATION

DATE OF ATTESTATION

IF IN P.F. WHAT UNIT?

TRANSFERRED TO | DATE | AUTHORITY

TRANSFERRED TO | DATE | AUTHORITY 1992

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO Mid | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Wacton, Norfolk Co. N. S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED . PLACE Hfx | DATE 31-10-19 | REASON Med Unfit | AUTHORITY Do 301 | IF ENTITLED TO POST DISCHARGE PAY

MONTH to	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31.7.19					273	43																													Dr Bal.
		1 12							273	43							487	50	50	00															Allow. Capt. C.F.C. Adjt. 4th Subs Do 206
Aug.	31	1 10	34	10	11	20	213	56	258	86					6260				258	86													258	86					
Sept	30	1 10	33	00					33	00					7022				33	00													33	00					
Oct	31	1 10	34	10	35 70	00 00			139	10					8179				139	10													139	10					blothg - 5 W.S.G.
WAR SERVICE GRATUITY, W.S.G. S.A.																																					
183 days		420							420	00																											
																									70	00							350	00			24-11-19, #1333491
																									70	00							280	00			# 1784231. 22-12-19.
																									70								210				#1789542 27/1/20
																									70	-							140	-			25-2-20, #1916324
																									70	-							70	-			19/7307 26-3-20
		420							420																420						420						

WAR SERVICE GRATUITY, W.S.G. S.A.

Certified that all payments due on this Acct. have been paid.

For Senior Officer Pay Services, M. D. 6 ..... CAPT.

AUG 15 1919

200M-3-19.—L. L. 38788—H. & D. 9985.
M. F. W. 2596.
1772-39-1390.