REGIMENTAL DOCUMENTS

NAME Pvt Brereton Robert Baker REGT. NO. 505526 UNIT CAMC H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				38215	
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
2	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2)					DESERTION
	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)					
2	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	CADC 500 gr					
4	CD 3					
1	SCR 132					
3	misc.					
1	0880					14-18
1	3 Vols 8149					2nd 18
1	W Fin CR					33-19
1	R 172					
						1

W. 2589
100M-11-18
1772-55-1377

ATTESTATION PAPER

No. 500526

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Robert B Brereton
2. In what Town, Township, or Parish, and in what Country were you born? — Liverpool, England
3. What is the name of your next-of-kin? — Mrs Eliz. Kenisey (Mother).
4. What is the address of your next-of-kin? — Greenfield Ave, Greenfield Pk. St Lambert P.Q.
5. What is the date of your birth? — 5th August 1894
6. What is your trade or calling? — Salesman
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — 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

Robert B Brereton (Signature of Man.)

W. H. Gilean (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Robert B. Brereton (Signature of Recruit.)

Date 26th May 1915. W. H. Gilean (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert B. Brereton, 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.

Robert B. Brereton (Signature of Recruit.)

Date 26th May 1915. Robert Hello Capt (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 26th day of May 1915.

Robert Hello Capt (Signature of Justice.)

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

H. C. Macnaughton (Approving Officer.)

Capt C.A.M.C.

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Robert B. Brereton ON ENLISTMENT.

Apparent Age 22 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 4½ ins.
Chest measurement — Girth when fully expanded	35 ¾ ins.
Chest measurement — Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Brown

Religious Denominations

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

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

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

Circumcision
2 Vacc marks left upper 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 this 29 day 1915.

Place Kingston

W. Crue Wilson
Capt
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

Robert B. Brereton 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. Macnaughton (Signature of Officer.)
Capt C.A.M.C.

Date June 7th 1915.

WAR SERVICE BADGE
CLASS "A" No. .....

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 50526 (Rank) Pte

Name (in full) BRERETON Robert, Baker enlisted in

the C.A.M.C

CANADIAN EXPEDITIONARY FORCE at Montreal, Que. on the 26th

day of May 19 15.

HE served in France with C.A.M.C

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~

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

Age 24 yrs 6 mos

Height 5'4½"

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars 3 Vaccs Lt Arm

.....
Signature of Soldier

Date of Discharge

.....
Issuing Officer

.....
Rank

Date ..... 19 .....

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.B. 39.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

Canadian Special Hospital,
Witley Camp.....5/19.....1919.

To:- Hospital Representative,
Canadian Special Hospital,
Witley Camp.

50336

The marginally named admitted to this Hospital in

Category.....A.....is discharged in the same Category.

Pte Brewster RB

.....J.R.INGRAM.....Major Registrar.

To:- O.C.....

Canadian Special Hospital,

Witley Camp.....8/9/19.....191

All other ranks reporting for duty from Venereal Hospitals after treatment for VD Gonorrhoea will be confined to Barracks and excused from Squadding or Drills that include Marching, will be placed on the Defaulters List and forbidden the use of Alcohol in any form, and placed on Light Fatigues until such time that they are pronounced fit for duty by the Regt. Medical Officer. Auth. A.M.D. Circular Letter No. 10 of Sept, 1917.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. .....

DISCHARGE CERTIFICATE

War

THIS IS TO CERTIFY that No. 50526. (Rank) Pte.

Name (in full) Robert Baker Brereton. enlisted in

the 1st A.M.C.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 26th

day of May. 1915.

HE served in France with 2nd Fld Amb. R.A.M.C.

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 24.

Height 5 ft. 4½ ins.

Complexion Dark

Eyes Brown.

Hair Brown.

R B Brereton
Signature of Soldier

Marks or Scars .....

Date of Discharge OCT 1 4 1919

MONTREAL, QUE.

Issuing Officer

H. Francoeur Captain,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date OCT 1 4 1919 19....

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. ..... (Rank) .....

Name (in full) ..... enlisted in

the ..... CANADIAN EXPEDITIONARY FORCE at ..... on the

day of ..... 19..

He served in .....

and is now discharged from the service by reason of .....

Demobilization

Medical Unfitness

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

N.B.—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.

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE
CLASS "A" No.....

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 50526 (Rank) Pte

Name (in full) BRERETON Robert, Baker enlisted in

the C.A.M.C.

CANADIAN EXPEDITIONARY FORCE at Montreal, Que. on the 26th

day of May 1915.

HE served in France with C.A.M.C.

and is now discharged from the service by reason of Demobilization. Medical Unfitness.

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

Age 24 yrs. 6 mos.

Height 5' 4½"

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars 3 Vaccs Lt. Arm

.....
Signature of Soldier.

Date of Discharge

.....
Issuing Officer.

.....
Rank

Date ..... 19.....

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.B. 39A.

Number 50526 Rank Pte.

Surname BRERETON

Christian Name Robert D.

Units C.A.M.C. Theatre of War Salonica 9-11-15 France 2-4-16

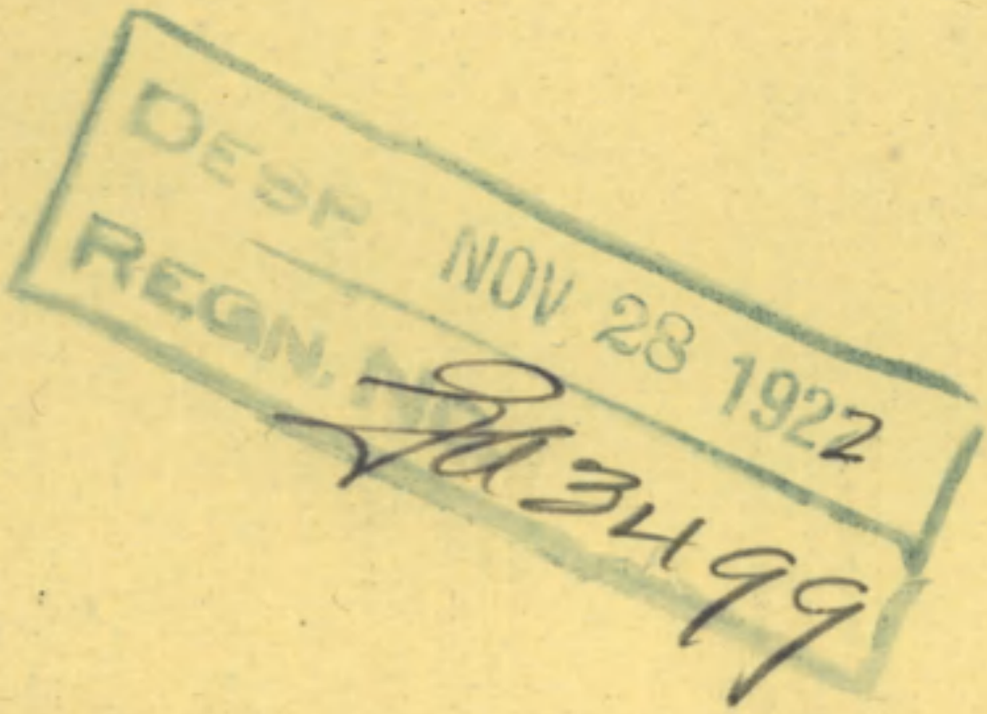
Date of Service

Remarks

Latest Address 104 Greenfield Ave.,
Greenfield Park, St. Lambert P.Q.,

Roll No. B. Esq. 21187

200m.-6-21.M.


DEPT NOV 28 1922
REGN.
Y 34499

SURNAME. Brereton

CHRISTIAN NAMES Robert B.

REGL. NO. 50526. RANK Pte.

UNIT C.A.M.C. (Reinf.)

FORMER CORPS Nil.

74 CARD NO.

Sos this Dmsb

FOLL. 14-10-19

DO 29/39 20-10-19

#DS

Both O.1.21.9.19 is cancelled by DO 21.A 13.9.19.

NEXT OF KIN.

NAMES IN FULL Kinsey Mrs. Elizabeth

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Greenfield Ave. Greenfield Park, St. Lambert P.Q.

CHANGE OF ADDRESS

ofs O 1 con by

ad 7.15.10.19

CMR-C

Rev

COUNTRY OF BIRTH England, Liverpool. DATE Aug. 5th. 1894.

PLACE OF ATTESTATION Montreal P.Q. DATE May 26th. 1915.

o/s. 29-6-15 135/1

R/C 12-10-19 426/7 Pte

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING clerk. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 22 YEARS 9 MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 35 3/4 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Brown.

DISTINGUISHING MARKS Circumcision. 2 vacc. marks left upper arm.

MEDICAL EXAMINATION. PLACE Montreal P.Q. DATE May 24th. 1915

Present Address: not stated.

NAME Brereton, Robert B. REGT. No. 505-26.

RANK AND UNIT Pte. Hdq. Co.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	
		14-10-19

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
655-1-	Can. Spec. Wilby.	27-6-19. 20	
619-	Discharged	8-9-19 20	

Form R. 149.

Name BRERETON Rank Pte Reg. No. 505-26 ROBERT B

Unit 7th Can Gen. Hosp

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-6-19	Can Spec Kitley		20.	C 551		11354
8-9	Discharged.		do	C 19		5226

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

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

W.S.B.
CERTIFIED CORRECT.
Canadian Record Office
Westminster House,
Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps C. A. M. C.

Regimental No. 50526 Rank Pte. Name Brereton, R. H.

Enlisted (*a*) May 24/15 Terms of Service (*a*) War. Service reckons from (*a*) 26 May 1915

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked H.S. Moria for Egypt.			
1-11-16.	O.C., Base Depot.	To y bain: Genl Hpl for duty.	Abbassia.	29 3/16.	B 213 d/- 1 11/16.
	Page 150	Embarked for England		11.4.16	RL 6-20-1079
		Cleared to Shore		21.4.16	
10/6/17	7 C G/H	Granted 10 days leave		8/6/17	B213 Pt II 37 d/- 30/6/17
24/6/17	"	Rejoined Unit.		19/6/17	" " 40 41 4/7/17
7/10/17	"	Granted Good Conduct Badge		26/5/17	" " 59 13/10/17
14.7.18.	"	Granted 14 days leave.		11.7.18	B.213 PT. II 47. d/- 23/7/18.
28/7/18.	"	Rejoined from Leave.		29-7-18	B213.
16 3 19	"	14 days leave. S. France.		12 3 19	B213 11. 12 1919
30. 3. 19	"	Rejoined from Leave.		28-3-19	B213

(*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.

[F.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				
		Proceeded to England.			
					J. G. Canson Capt. for Lt.-Col., A.A.G., Canadian Section, G.H.Q. 3rd Echelon, B.E.F.
2/6/19.	"R" Wing.	T.O.S.	Witley.	1/6/19.	Pte II D.O. 45.
	"R" Wing	A.O.S. of O.M.F.C. to C.E.F. in Canada.	Witley		A Vernon Macaulay Lt OFFICER i/c RECORDS. R. WING C.C.C., WITLEY
5-6-19	7 Can Regt	Proceeded Overseas	Folkestone	31-5-19	22
9-6-19	R Wing	SOS to Canada	Witley	21-6-19	77 Certified Correct D.T.O.B. Lieut for Lt-Col i/c Records

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

(6 23 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B.103/8

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I. Part I.

(1) *Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname Burton (5) Christian Names Robert. B. (6) Army Form, number of, Attestation Form or Record of Service paper (7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (*a*)		20526

(10) Enlistment (*b*) 26 May 1915 (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*) Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date) {Signature of Posting Officer

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
11-10-15		O/R 7 S	Struck off Strength 7 S/Shorncliffe		8.10.15	Pte No 34 (a) M (R0803)
			Trans to Mobile B/Hosp			
13-10-15	C/e Ca M L	S. Pt#0040	Taken on strength	V Camp	11-10-15	
10-11-15	V	V 77	S/S Proceeding to Base Details	Mustapha	9-11-15	
12-1-15	Mustapha V	1	T.O.S from Ca M L 7 S.	"	9-11-15	
16-4-16	Ca M L Details V	11	To T/Can Gen Hosp Permanent duty	R/Base	29-3-16	
27-4-16	T/Gen Hosp	R.L. 6-20-1071A	Embarked for England	Egypt	11-4-16	
"	"	" " "Non R	Arrived in France		21-4-16	
13-10-17	R/O/Can Gen Hosp	R#6059	Granted Good Conduct badge	Etaples	26-5-17	
2.6.19	Rhyl Details	V 45	T.O.S pending R.T.O.	Witley	1-6-19	
			"Certified Correct"			
			E.H. Starling Capt			
8.6.19	Rhyl	72	S.O.S. to Can C.C.C	Witley	21.6.19	
			Embark S.S. BELGIC.			
			Liverpool 4.10.19			
			J.C. Mesbitt Capt & Adj			
12.9.19	T.O.S. C.D.D. Buxton for return to Canada, Part II Order No. 212.					
29/9/19	S.O.S. C.D.D. Buxton on proceeding to Canada, Part II Order No, 226.					

C.H. Selley

FOR LT. COL. I/C RECORDS C.D.D.

C.H. Selley

FOR LT. COL. I/C RECORDS C.D.D.

C.H. Lock CAPT.
For OFFICER COMMANDING
CANADIAN DISCHARGE DEPOT.

Nothing to be written in this margin.

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

M. F. W. 54. (A. F. B. 198.
500M.—9-16
H. Q. 1772-39-9-'0.

Casualty Form—Active Service.

Sheet #2 Unit, Regiment or Corps ..... C.A.M.C. .....

Regimental No. 50526 Rank Pte. C. E. F. Name BRERETON, R.B.

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				
14-10-19	O/S	T.O.S. D.D.#4 Disp.Stn."F"	Montreal	4-10-19	D.O.Pt.II#293.
14-10-19		S.O.S. D.D.#4 Demob.	"	14-10-19	D.O.Pt.II#293. R.O. 1420.

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

(*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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

C.A.D.C. 5009 A

F

original

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

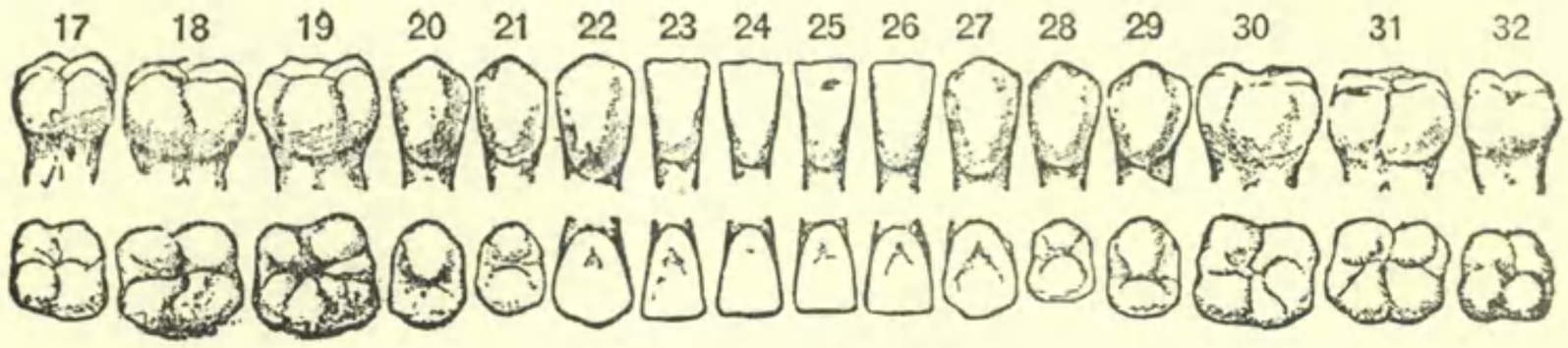
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BRERETON R. B.

REGIMENT C.A.M.C. RANK PTE No. 50526

Date of Examination in England 25/9/19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS Nil
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England } NO
- (*c*) In France

A. D. D. S., M. D. 4

Signature of Dental Officer

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BRERETON. Robert Blake.

REGIMENT Canadian Mounted Rifles RANK Lt. No. 50514

Date of Examination in England 3-6-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? Yes

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

Signature of Dental Officer J. Ross Capt

R—122.

Rank Name BRERETON Robert B. Reg'l No. 50526.

Unit C.A.M.C.Reinf. If in perm. Corps, What Unit? Married, or Single Single

Place and Date of Enlistment Montreal, 26 May 1915 Place of Birth England

Name and Address, Next-of-Kin Mrs Eliz.Kensey

Greenfield Ave, Greenfield Pk, St,Lambert,P.Q. Relationship Mother

H.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

	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					
11-10-15		O/C T.S.	Struck off Strength T.S. Stranraer Trans to Moore Bks Hosp.			8.10.15	A.F. II. Do 34 (A.A.& Q.L. R.O. 503)
13.10.15		O/C Cane Hl.	Taken on Strength	Do		11/10/15	" " " Do
10.11.15		Do	Struck off Strength Proceeding to Camp Details	Mustapha Camp Alexandria		9/11/15	P.R. = Do. 77. 908 Mustapha 12/1/16 Pt II Zelah
16/4/16		C.A.M.C. Details	To 1st Can Gen. Hosp. Permanent duty. ~~Salonica~~			29/3/16	Part II O.R. 11
27/4/16		7 Gen.	Embarked for England	Egypt		11/4/16	R.L. 6-20-A67A
"		"	Arrived in France			21/4/16	" " " Nom. Roll
13-10-17.		No 1 Can. Gen. Hosp.	Granted "Good Conduct" badge	Etaples	Ute	26-5-17.	Pt I O. 59.
2.6.19		R Wing CCC	T.O.S. pending R.T.C.	Witley	"	1.6.19	DO 45
5.6.19		7 C.G.H.	Proc to England	Etaples	"	31.5.19	— 22

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				
9.6.19	R Wing	SoS to CanCC	Witley Pte	21.6.19	PtII D077
	CAMC				
~~20.9.19~~	~~withdrawn~~	~~SOS to Canada~~		~~28.5.19~~	~~A01~~ CANCELLED. A10-5d/10.10.19.
		~~LL 70~~ 112-7-10		4.10.19.	
6.10.19.	1.C.D.D.	S.O.S. to CANADA	Buxton Pte	4.10.19	D.0232

Rank Name BRERETON Robert B. Capt Reg'l No. 50526

If in perm. Corps, What Unit?

Unit C.A.M.C.Reinf. Married or Single Single

Place and Date of Enlistment Montreal, 26 May 1915 Place of Birth England

Name and Address, Next-of-Kin Mrs Eliz.Kensey

Greenfield Ave, Greenfield Pk, St,Lambert,P.Q. Relationship Mother

Assigned Pay Monthly $ 20. Payable to Next Kin

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915																	
1/4	31/4	31	1	31	30	10	3 10	10	44 10			10	20		30	14 10	A.R.S. from 2 to 26 to 9 Mont. Bk
Aug 1	Aug 30/1	30/1	1	30/1	30/1	10	3 10	14 10 27	48 20			19	47 20		39	47 8 73	A/C 4 31/8 44/15/8 Dof 6.
Sep 1	Sep 30	30	1	30	30	10	3	9 00	42 00			19	47 20		39	47 2 53	from Cpl 8/10/15 Do 11 NB
Oct 1	Jan 31 1916	126. 7	1/10	127 60	123.	10	12 30	2 53	149 43			12	65 20 60	~~11 60~~	107	25 42 18	
Feb 1	29	29		31 90	29		2 90		76 98				70		70	56 98	5 6.98 Errors in Bal. adv'd in May credit until Cpl's A/c May
Mar 1	31	31		31	31		310		3410			584			10 71	23 39	
				28 950			27 50	10 77	32727			~~3690~~	160	~~14 60~~	246 90	23 39	

BALANCE TRANSFERRED TO NEW LEDGER.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

L. L. Job 80137—M. & D. 5683.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819

To Whom Mrs. J. ~~Kinsley~~ Kinsley

Address Greenfield Ave.,
Greenfield Park
St. Lambert. P.Q.

Rate $20.00

By Whom Assigned Brereton Robt. L.

Regtl. No. (50526)

Rank Pte

Corps "A" Sec No 2 Field Ambulance Depot

JUL 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		V638	20	
Aug.		R5399	20 —	
Sept.		M6530	20 —	
Oct.		N7466	20 —	
Nov.		Q.8480	20	
Dec.		R10873	20 —	
Jan.	1916	U10709	20	
Feb.		V13664	20	
March		N13630	20	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Mrs J. Kinsey

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Name of Soldier Brereton Robt B.

R. "A" Sec. No 2 F. Amb. Depot

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L 11157	20 —	$20.00
May		M 8495	20	
June		N 78233	20	
July		C 72333	20	
Aug.		E 10985	20	
Sept.		F 15504	20	
Oct.		J 1996 H	20	
Nov.		A 25280	20	
Dec.		C 34436	20	
Jan.	1917	E 37211	20	
Feb.		L 43641	20	20 R
March		F 48222	20	20. E.
April		P 146	20	20. Ch
May		D 6792	20	
June		K 13422	20	20 B.
July		F 20424	20	B
Aug.		J 27708	20	6
Sept.		I 34423	20	
Oct.		F 47349	20	8560. C B.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

F

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. 50526 Rank Pte. Surname Brewster

(Given name in full) Robert Baker.

Unit or Corps C.A.M.C. Birthplace England

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

1. **GENERAL DESCRIPTION:**

Physique Good **Weight** 145 lbs. **Height** 5 ft. 5 in. **Colour of Eyes** Hazel.

Nutrition Good.

Pulse 78

Condition of arteries Normal.

Vision Rt. N **Left** N

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Opinion as to general health and physical condition Fair

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 ..... **Genito Urinary Sytem** ..... **Cardio-Vascular System** .....

Special Senses ..... **Integumentary System** ..... **Respiratory System** .....

Disturbance of mentality ..... **Muscular System** ..... **Digestive System** .....

Osseous and Joint System ..... **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.**

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Basle (Overseas)

Date 23.9.19 Signed J. Mc Mc 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 R. B. Brenton

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

I hereby certify that I have read, or have heard read, the above lescription 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 bv Medical Board.)

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

[OVER]

M.F.W. 120.
1088 (D.P.) 500M-11-18.
1772-89-1142.

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. 50526 Rank Private Surname BRERETON.

(Given name in full) Robert Baker.

Unit or Corps 7 Can Gen Hosp. Birthplace Liverpool England

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

1. GENERAL DESCRIPTION: Est,

Physique Good Weight 145 lbs. Height 5 ft. 4 1/2 in. Colour of Eyes Brown

Nutrition Good

Pulse 70 Regular

Condition of arteries Soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Four scars on the face before enlistment C.P.
Three vacc scars on left arm bef. joining.

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 Yes Cardio-Vascular System Yes

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 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.

Circumcision bef enlist
Chicken-Pox: Infancy.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 5-6-19 Signed D Stirling Capt. 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 R Brereton

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Robert Baker 2. Surname BRERETON

3. Rank Pte 4. Original Unit CAMC 5. Reg. No. 50526

6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Montreal Point St Charles Branch Bank of Montreal Que

7. Date of enlistment in the C.E.F. 24/5/1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge NO

9. Relationship of such dependent NO

10. Address, in full, of such dependent NO

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? NO.

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:—

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?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

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 24/5/15 to 29/6/15 CAMC in Canada 10/7/15 to 9/11/15 CAMC in England 9/11/15 to 11/4/16 CAMC in Egypt 29/4/16 to 31/5/19 CAMC in France

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department NO.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? NO

5434 Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6624. Wt. /P56. 20,000(4). 5/19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

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

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

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 No

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F.? If not, give: (a) Date of discharge (b) Reason for discharge

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

Questions 12, 13, 14, 20, 24, 25, 26 and 27, are unanswered.

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: R B Brenet

Place of Residence: 104 Greenfield ave. Greenfield Park St. Lambert P.Q.

Declared before me at: Witley Camp. Surrey England

This 2 day of June 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

R. E. Hollis Maj
Lt. Col.
O. C. No. 7 Canadian General Hospital

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Brereton *Christian Name* Robert

Examined { on 14 day of May 1915.
at Montreal

Birthplace { City or Town Liverpool
County England

Apparent age 22

Trade or occupation Clerk.

Height 5 Feet 4 1/2 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 33 3/4 inches.
Maximum expansion 35 3/4 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left.
Number 7

When Vaccinated last 19-10-15.

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

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

Approved by N. Ernest Nelson
Rank Capt A.M.C. 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.
19-10-15	Good	W. H. Wolfe Casercaine M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
May 30		N. Ernest Nelson M.O.
June 13		H. Meunier M.O.
July 7.		Evans M.O.

Enlisted on 26 *day of* May 191 5 *at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	"A" Section #7 F.A. Depot.	50526		26 May 15.
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname Brereton Christian Name Roberts B

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.
Valcartier	9.6.15									No Admission.	H.C. Brereton Capt A.M.C.

Duplicate

MEDICAL HISTORY SHEET.

Surname Brereton *Christian Name* Robert Baker

Examined { on 26 day of May 1915
at Montreal

Birthplace { City or Town Liverpool
County Lancashire

Apparent age 21

Trade or occupation Clerk

Height 5 Feet 6 Inches.

Weight 145 Lbs.

Chest measurement { Minimum inches.
Maximum expansion inches.

Physical development

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. 2
Number

When Vaccinated last Child Hood

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

(*b*) Slight defects but not sufficient to cause rejection
none

Approved by Hendrie

Rank M.O

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

Date	Result	Vaccinations.
		M.O.
		Hendrie 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..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
CSH Witley	Aug 28-19	considered to Canada temp D- for C.E.	Bkeeley Capt
Brighton Camp	9/9/19	A Inv Coronel	RAMC

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.

150M.—8-15.
H. Q. 1772-39-439.

'Christian Name.....

Surname.....

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.
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY.		21	6	19	8	9	19	Sarcocele	80	APPARENTLY CURED. IRRIGATIONS, LOCAL TREATMENT AND MEDICINE. STOPPAGES AS PER DATES.	J Ruckee ..... CAPT. REGISTRAR.

1

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B 11654

Date of Assignment July 1/915

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 50526

Rank Pte. Promoted Reverted Discharge

Soldier's Name Robt. B. Brereton

Battalion "A" Sec. #2 Field Ambulance

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. J. Kinsey

Address Greenfield Ave. Greenfield Park.

Change of Address St. Lambert P.Q.

1 Dpt.

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct 31			560 -	560 -		
Nov	C 58421		20	20		
Dec	B 62129		20	20		M
1918.						
Jany	A 58843		20	20	D	
Feb	6 94973		20	20		
Mar	Q 102264		20	20	✓	
Apr	C 6185		20	20	✓	
May	S 17051		20	20	✓	
June	E 13233		20	20	✓	
July	V 28777		20	20	✓	
Aug	C 32920		20	20	✓	
Sept.	D 39250		20	20	✓	
Oct.	F 43071		20	20	✓	
Nov.	B 54650		20	20	✓	
DEC.	C 67432		20	20	✓	
JAN.	H 70591		20	20	✓	
FEB.	1 79653		20	20		
MAR	L 86001		20	20		
APR	G 1441		20	20		
May	D 6584		20	20		
June	6 10070		20	20		
July	B 11894		20	20	✓	980 over

M. F. W. 128
400M.—6-17—177-38-1141
L. L. 22330—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

XB37 MGR

PARTICULARS OF SEPARATION ALLOWANCE

No. 50526

Rank Pte. Promoted Reverted Discharge

Soldier's Name Robt. B. Brereton

Battalion #2 F.A.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1919	Cheque No.	Amount S/A	Amount A/P	Total
31-7-19			980	980
Aug - C	13316		20	20
SEP - A	14311		20	20
OCT B	13924		20	20
			1040	1040

2101-B-2

REMARKS

A/c Closed 31-10-19

Ret'd per Belgic

Date 11/10/19 M.F.W.187 M.D. 4

Clerk Caulfield Mo. 128101 ~~1267~~

AUDITED

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22340—M. & D. 1593.

11 2

CANADIAN SPECIAL HOSPITAL.
WITLEY CAMP SURREY.

Dept 4 — 19

To:- Regimental
O.S.Ft. Witley
50526 Plé
Brenton R.B.
C.A.M.C.

This is to certify that I have this day examined the M/R man and find him free from infective Venereal Disease, Skin, Vermin and other infectious diseases.

[signature]
.....Captain.

Medical Officer. Canadian Special Hospital.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: England

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Eliz Kensey
Greenfield Park. St Lambert P.Q

RELATIONSHIP OF NEXT OF KIN: mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Taken on Strength as Pte	11/6/16.	DO 126 (Ken Hosp)

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 50526. RANK ~~Cpl~~ Pte NAME Breveton R.B.

IF IN PERMT. CORPS / WHAT UNIT — UNIT 60 M.G.S. TRANSFERRED TO 7 Gen Hosp. DATE 10/6/1916. AUTHORITY DO 44 16/6/1916

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Montreal — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 26 May 1916. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1.7.15

PAYABLE TO Mrs. Eliz Kensey Greenfield Av Greenfield Pk St Lambert P.Q RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No	2 Date	3 No	3 Date	4 No	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916																																		
Mar 31			28	50			27	50						10 27	32 72 7										86	90	160		24	90	23	39			
Apl 1-30	30	1.00	30		30	.10	3								33							7 Res Hosp 104			5	84			5	84	50	55			
May 31	31	1.10	34	10	31	10	3	10						6 10	43 20							106	29/4 74 H.		8	72	584	40 Mar/Apr	74	56	76	27			
June 1.10	10	1.00	11		10	1	1.							292	1492												779 292	20	30	71	60	48			
July 1-30	20.		20		20		2								22	112	15/5	119	30/5					426	426			12	77	69	71			
July 1	31		31		31		3	10							34 10	136	29/6	153	13/7					426	436		20	28	61	75	20			
Aug 1	31		31		31		3	10							34 10			197	16/8						872		20	28	72	80	58			
Sept 1-30	30		30		30		3								33	208	28/8	236	14/9	Must 228	13/10			436	436	584	20	34	56	79	02			
Oct 1-31	31		31		31		3	10							34 10	247	29/9	265	13/10					436	436		20	28	72	84	40			
Nov 1-30	30		30		30		3								33	292	28/10							436			20	24	36	93	04		93 04	
Dec 1/31 1917	31		31		31		3	10							34 10	319	27-11							1308 436			20	37	44	89	70			
Jan 1/31	31	1.10	34	10											34 10	425	27/12							436			20	28	72	95	08			
Feb 1/28	28		30	80											30 80	414	15/12							436			20	20		105	88	✓		
			688	50										1929	10779									4775	3031	1073 0	1655	400	601	91				

Checked Hebert

$56.98 error Bal. adj in May
credit with Ch's Kay, May

5-84 Refund to Cashier Ldn Bal
6.10 adj of Galo Pay Apl may not be
7.29 Refund to Cashier Can Biet Reg Ch no
29.2 Range twice (Jan + June)

50526 Pte "Brereton" R. B.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
28 Feb			68	50										19 29	707 79																			
Mar	31		34	10											34 10	579	14/2	759	22/3					63	76/2	68	9/3							
April	1/30	1c	33												33																			
May	31		34	10											34 10	66	30/4																	
June	30		33	-											33 -	4	16/4																	
July	31	-	34	10											34 10	141	14/5																	
Aug	31	"	34	10											34 10	216	28/5																	
Sept	30	-	33	00											33 09	298	11/6																	
																525	24/8					FCSL	861	7/6										
																								87	49	39 03	204 63	16 55	540					
																									44									

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. RED.	ALLCE. ENG.
Oct.	C/Bal 30/9/17	689							$55 49			
Oct.	Plies Pay	34 10							$20 34 10			
				7th Gen. Hosp AR*614. 29/9/17	4 46				59 59			
				AR577-7TH GH-20-9-17	4 46				25 92			
		34 10			8 92				$60 67			
Nov	Plies Pay	33 00		CAN ASS PAY (NOV)					$20 67 10			
				AR652-7TH GH-20-10-17	4 46				$20 12 77 99			
				AR695-7TH GH-29-10-17	4 46				55 38			
				AR734-7TH GH-12-11-17	4 46							
Dec	Plies Pay	34 10		CAN ASS PAY (DEC)		13 38			$20 74 39			
		67 10		AR774-7TH GH-26-11-17		13 38			$40 34 10			
									108 49			
1918 JANY	Plies Pay	34 10		AR 811 - 7th G.H. - 11-12-17		4 46			42 30			
				AR850-7TH GH-24-12-17		4 46			66 19			
		34 10				22 30			$20 66 19			
Feb.		30 80		Can a/p.					$20 26 99			
Mch.		30 80							20 34 10			
		34 10		AR 1042 18/3/18. 7th C.G.H.	a6	4 46			111 09			
				" 1094 25/3/18. "	a19.	4 46			33 38			
				" 1143 1/3/18. "	a33	4 46			77 71			
				a/p.					$20 77 71 nil			
		34 10				18 38			20			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/7/15	EFFECTIVE DATE:-	
AMOUNT:-	20 00	AMOUNT:-	

NAME:- BRERETON. R. B.

NUMBER:- 50526

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.

Mrs Eliz: Kensey:
Greenfield Av: Greenfield PK.
St Lambert: P.Q. (Mother)

Stopped effect. 1.10.19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- C.A.M.C.T.S.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
D.O. 44 16/4/16.			7 Gen: Hosp.

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
~~6/4/16~~	~~4467~~		~~34 93~~			Ledger Cr	27 33
						L.B.6. v	11 60
8/9/19	5956		9 73				
8/9/19	C.M.R.		29 32				
			38 93				

DAILY RATES OF PAY AND ALLOWANCES

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

Cancellation Pay 1/10/19 to 31/12/19 Pte 1 - 6 - 19 Written in Ink 3 wrong

PARTICULARS OF RENDERING NON-EFFECTIVE

Discharged Canada 1/10/19 A.R. 13965 Bus to Bus M.D. 12

MONTH 1918.	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31.	Bal: Ford:								77 71	nil	
Apr	P.P.	33 -							110 71		
				a/p				20 -	90 71		
				AR 52 24/4/18 7 C.9.H (a10)	4 46				86 25		
May	P.P.	33 -			4 46			20	120 35		
		34 10		a.p.				20	100 25		
				AR 88 10/5/18 7 C.9.H (a2)	4 46				95 89		
				120 27/5/18 " " 16	4 46				91 43	nil	
June:	P.P.	34 10			8 92			20	124 43		
		33 -		a.p.				20 -	104 43		
				AR 160 No 7697 11/6/18 a3	4 46				99 97		
				AR 205 — " — 24/6/18 a7	4 46				95 51	9551	
		33 -			8 92			20 -			
July	P.E. Can	34 10							129 61		
				C.M.P.				20 -	109 61		
				AR 931 No 7697 11/7/18 a5	87 60				22 01		
		34 10			87 60			20 -			
Aug	P.E. Can	34 10							56 11		
				C.M.P.				20 -	36 11		
				AR 372 No 7697 5/8/18 a2	4 46				31 65		
				AR 420 — " — 26/8/18 a10	4 46				27 19		
		34 10			8 92			20 -			
Sept	C.E. Can	33 -							60 19		
				C.M.P.				20 -	40 19		Appeal 30/9/18
		33 -						20 -			
Oct	C.E. Can	34 10		C.M.P.				20 -	54 29		
				AR 633 No 7697 22/10/18 a33	4 66				49 63		
		34 10			4 66			20 -			

COMPILED BY Achabot
CHECKED BY Dean

NUMBER 50526 RANK Pte NAME BRERETON R.B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									49 63		
Nov	Ck Cay	33 -		Cal.				20 -	62 63		
				OR 703 No 7647. 7/11/18 a5	4 66				57 97		
				OR 765 —"— 14/11/18 a13	13 99				43 98		
Dec	Ck Cay	34 10		Cal.	18 63			20 -	58 08		
Jan	Ck Cay	34 10		Cal.				20 -	72 18		
		101 20			18 65			60 -			
Feb	Ck Cay	30 80		Cal				20 -	82 98		
				OR 932 No 7697 23/12/18 a3	4 66				78 32		
				OR 984 —"— 18/1/19 a19	4 66				73 66		
				OR 1045 —"— 27/1/19 a60	4 66				69		
				OR 1081 —"— 10/2/19 a81	4 66				64 34		
Mar	Ck Cay	34 10		Cal.	18 64			20 -	78 44		
				OR 1212 —"— 17/3/19 a147	65 29				13 15		
				OR 1176 —"— 11/3/19 a114	4 66				8 49		
		64 90			88 59			40 -			
Apr	✓	33		Cal				20	21 49		
				OR 7294 " 24/3 2.	4 66				16 83		
May	✓	34 10		Cal.				20	30 93		
				140 " 30/4 83	9 13				21 80		
		67 10			13 79			40			
June	✓	33		Cal				20	34 80		
				4467. " 6/6 11	38 93				4 13.		
		33			38 93.			20			
				4431. Leamb. 18/9	4 87						
				4980 CSH W.U. 10/5	4 87				13 87		
					9 74						
Sep.	July Aug & Sep Pay	101 20		Cal				60 -	24 33		
				AR 595 6/9/19 Bloemfontein	9 73						
				AR 86599 8/9/19.	39 20						
				AR 9230 23/9/19 Bloemfontein	4 87				16 47		
		101 20			43 80			60			

108 112 4/10

B36.16

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 50526 RANK Pte NAME (IN FULL) BRERETON. ROBERT. BAKER (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Self — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
DOS	4.10.19	DO 293. HR 112 P.B.

ORIGINAL UNIT C.E.F. 6 A M C — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION May 26/15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20 00 — DATE EFFECTIVE 1.11.19

PAYABLE TO Mrs J Kinsey — RELATIONSHIP

ADDRESS Greenfield Ave. St Lambert P Q

Cancelled

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: W S G. Bank of Montreal Point St Charles P Q

DISCHARGED — PLACE Montreal — DATE 14.10.19 — REASON Demob — AUTHORITY DO 293 HR 112 P.B. — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																															16 47		16 47		16 47			"Belgic"
1.10.19					35 00										CK																						Dr Bal ES PC
16																																						Civ 660 35 27 W S G 70 00
19.10.19	19	1.10	20	90	70	00			125	90	Boat	Train			159	200	4	87	5	00	79	56	20	00					5	50			114	93	5	50			O D 20 27 (to Oct 19.19)
																																131	40					P. Accts 15 to 19.10.19 5 39
			Other Credits	W. S. G. S. A.	Total																						Other Charges	W. S. G. S. A.			Total		Soldier		Dependant			
			420		420																						70				70		350					
14 11 19																											550	64 50			70		280					16517445 2
14.12.19																												70			70		210					14968729 3
1.2.20																												140			140		70					15023816 (11-5)
1.3.20																												70			70							18050000
																															420							

War Service Gratuity

200M-3-19.—L. L. 58788-M. & D. 9985.
M. F. W. 2596.
1772-39-1398.

LITARY D
OCT 27 1919
D. MOBILIZATION
PAY D

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
19/10/15	Vaccination W? Dalphé Capt
May 30/15	W Ernest Ullson
June 13/15	H.C. ?
July 7/15	Anti-typhoid inoculation J. Warnley

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Valcartier	9/6/15				

I certify the foregoing to be a true copy of an original Medical History Sheet of this man.

for Officer in Charge of Records
Canadian Contingents.

D.A.M.O.

DUPLICATE 50526

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname BRERETON *Christian Name* Robert B.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Liverpool County England

Examined ... ... on 24th day of May 191 5
at Montreal

Declared Age ... ... 22 years days.

Trade or Occupation ... Clerk

Height ... ... 5 feet 4½ inches.

Weight ... ... 145 lbs.

Chest Measurement — Girth when fully Expanded 35¾ inches.
Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right / Left
Number 2

When Vaccinated 19/10/15

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Circumcision

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

Approved by (*Signature*) W. Ernest Ullson
(*Rank*) Capt A.M.C
Medical Officer.

Enlisted ... ... at Montreal
on 26th day of May 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	"A" Section	50526
Transferred to	2 F.A. Deopt	
	C A M C, T D	

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*) N. Keltie Betty
(*Rank*) Lieut. Col.
Officer in Charge of Records, Canadian Contingent.

(4887.) W. 9597/1588. 500m. 9/15. W. Dietes. Forms B. 178 39

P.T.O.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

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.) ~~Yes~~ No
(d) Temporarily unfit.	(" D)	(Yes or No.) Yes D Temp
(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.)

Yaws 15

~~(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.)

Invalided to England ex H.M.S. 25-8-19

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.

President.

PLACE Witley Camp

DATE Aug 28/19

} 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

CERTIFIED TRUE COPY

APPROVED BY Col. R.A.M.C. APPROVED BY

O.C. I/c Canadian Special Hospital, Witley.

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

DATE DATE

CANADIAN SPECIAL HOSPITAL 31 AUG. 1919 ORDERLY ROOM WITLEY

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 C.S.H. Witley DATE 28-8-19

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 50526 (c) Rank PTE

(d) Surname BRERETON (e) Christian name ROBERT BAKER.

(f) Home address 104 GREENFIELD AVE GREENFIELD P/Q. ST. LAMBERT. QUE

(g) Next of Kin MRS ELIZABETH KINSEY (h) Relationship MOTHER.

(i) Address of Next of Kin same.

2. Age last birthday 25 Date of birth 5-8-1894

3. Enlistment, or Appointment (if an Officer) (a) Place MONTREAL (b) Date 26-5-15

4. Personal description:

(a) Height 5' 3" (b) Weight 145 (stripped) (c) Complexion DK.

(d) Colour of hair brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. none

5. Former trade or occupation CLERK.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	35

	Periods	
	From	To
Canada	26-5-15	29-6-15
England	29-6-15	24-4-16
France or other theatres of War	24-4-16	21-5-19
E & G.	21-5-19	To date

7. Original disease, or injury GONORRHOEA.

(a) Date of origin 10-6-19 (b) Place of origin MANCHESTER ENG

(c) Cause GONOCOCCAL INFECTION.

M. F. B. 227.

400M—11-18.
[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.)

Chronic Gonorrhoea.

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.)

Objective — In morning man has discharge in urethra. Mine 2 beaker test # shreds & debris #2 clear. Smear 26-8-19 very few pus cells no G.C. found. Left lobe prostate enlarged Tenderness has gone.
Subjective — nil.

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

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

Exposed 10-6-19. Discharge appeared in 8 days. Admitted to C.S.H. Wittley 21-6-19. Been on routine hosp. treatment since.

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

nil.

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

see 4 (b)

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

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

N. a.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) yes (b) no
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1 – 3 mos.

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

C.S.H Wittley 21-6-19 to date Injections, irrigations, P. M's steels.

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

hosp. treatment for gonorrhoea 1–3 mos.

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

17. Recommendations. that man be invalided to Canada for further treatment

R B Kennedy capt CAMC
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 50526 Brereton RB. 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

R B Brereton Rank. Pte
Signature of invalid examined.

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

1. **Triplicate** Attestation Paper (M.F.W. 23), **or**
   Particulars of Recruit (M.F.W. 133).
2. **Casualty** Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5609a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Dupl
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 13

Checked by No. 10

PW

Date JUN 20 1919

Regd 12.9.19 Nr. D. 4 Single Seized 4.10.19

O.G. 19
S.G. 20
D.A. B.F

SHORT FORM.

War Service Badge
Class "A" No. .....

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 50526
2. Rank. Pte
3. Name. BRERETON. Robert, Baker
4. Unit. 7th Can. Gen. Hospital C.A.M.C.
5. Date of Discharge | | Place Halifax. Montreal
6. Reason for Discharge ..... DEMOBILIZATION
7. Authority.
8. Proposed Residence after Discharge ..... 104 Greenfield Ave St. Lambert, Que.

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.? .....

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date .....

Signature .....
(O. C. Discharging Unit.)

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (A.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (enclosed in special envelope (260.D)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 6

Checked by No. 25

Date 27/9/19

No. of DEPENDENTS .....

RELIGION C of E

WITHOUT DEPENDANTS

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.) UNIT ..... Montreal

CANADIAN DISCHARGE DEPOT, C.E.F. DERBYSHIRE MILITARY CAMP SEP 12 1919

War Service Badge Class "A" No. 93483

1. No. 500526
2. Rank. Pte
3. Name. Brereton. Robert. Baker. 2nd F.L.D.A.M.C.
4. Unit. C.A.M.C.
5. Date of Discharge OCT 14 1919 Place MONTREAL, QUE.

DEMOBILIZATION

CATEGORY ..... D .....

6. Reason for Discharge .....

TRADE Clerk. OCCUPATIONAL GROUP ..... 3 .....

SERVICE IN FRANCE 2 6 months

7. Authority. D.D.#4 R.O. 1420 D.O.Pt.II#293.

8. Proposed Residence after Discharge 104 Green Fields Ave

Green Fields Park St Lambert Que

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.

Robert Baker Brereton

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place MONTREAL, QUE.

Date OCT 14 1919

EMB BELGIC
LIVER. OUL 4.10.19

Signature ..... Captain,
Officer i/c Discharge Section, District Depot No. 4
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

14-10-19.