ORIGINAL

ATTESTATION PAPER.

No. 22 3447

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Withrow
1a. What are your Christian names?	Charles Arthur
1b. What is your present address?	Shubenacadie Hants Co N.S.
2. In what Town, Township or Parish, and in what Country were you born?	Shubenacadie Hants Co N.S.
3. What is the name of your next-of-kin?	Mrs. Elizabeth Withrow.
4. What is the address of your next-of-kin?	Shubenacadie Hants Co N.S.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	29th Nov. 1894
6. What is your Trade or Calling?	Banker.
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles A. Withrow, 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.

(Signature of Recruit)

Date 14-2-16 191. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles A. Withrow, 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.

(Signature of Recruit)

Date 14-2-16 191 (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax this 14th day of Feb 191 6.

(Signature of Justice)

A.J.P. in and for the City and County of Halifax

Lt. Co

2nd. in Com'd. 85th. Overseas Batt. C. E. F.

(Nova Scotia Highlanders.)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Wetherow Charles Arthur on Enlistment.

Apparent Age 21 years ..... months.
To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded ..... 36½ ins.
- Range of expansion .. 2½ ins.

Complexion Medium

Eyes Blue

Hair Dark Brown

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

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

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

Weight 140 lbs.

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 declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date 14th February 1916

Place Halifax

A. E. Mackintosh per M. O.
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.

Charles A. Wetherow 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.

N. H. Parsons (Signature of Officer)

MAY 23 1916

Date ..... 191 .

REGIMENTAL DOCUMENTS

NAME Withrow, Charles Arthur REGT. NO. 223447 UNIT 85th Bn. H. Q. FILE NO.

H

	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
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
1	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)					
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)					
1	Dent. Cert.					30 11
1	C.D. 3					17 11
1	M.F.W. 67					9 11
2	Misc.					3
1	A & D					
1	FR 149					
1	Cascard					
1	[illegible]					
1	[illegible]					
1	Index Card					

30467

H

W. 2589
100M-11-18
1772-49-1377

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 223447 Rank Pte.

Surname WITHROW

Christian Name Charles Arthur

Unit 85th Bn. Can. Inf. Theatre of War France

Date of Service 10-2-17

Remarks

Latest Address G. P. O. Shubenacadie N. S.

Roll No. B Page 3547

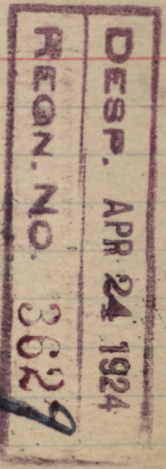
NAME REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY



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

SURNAME. Withrow

CHRISTIAN NAMES Charles Arthur

REGL. No. 223447 RANK ~~Pte~~ L/Cpl

UNIT 85th

FORMER CORPS nil.

B"E CARD NO.

SOS 8-6-19 Demob

FOLL.

DO: 168 of 17-6-19 L.DO

Bn.

NEXT OF KIN.

NAMES IN FULL Withrow, Mrs. Elizabeth

RELATIONSHIP TO SOLDIER Mother

ADDRESS Shubenacadie, Hants Co., N. S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Shubenacadie DATE Nov. 29th 1894

PLACE OF ATTESTATION Halifax, N. S. DATE Feb. 14th 1916.

R/C. 8-6-19 344/14 Sgt.

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Banker RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 21 YEARS not stated MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 2½ INCHES

COMPLEXION Medium EYES Blue HAIR Dark Brown

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE not stated DATE Feb. 11th. 1916

Present address Shubenacadie,
Hants Co. N. S.

REGT'L. No. 223447

NAME Withrow Charles Arthur

H.Q. FILE No. 649

RANK AND CORPS Pte 85th Bn

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	6. NATURE OF CASUALTY
M4172	11-5-17	Adm to 35 Gen Hosp Calais May 4th 1917 GSW Neck Hand.

L. L. 18950—M. & D. 7789

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A48	No 35 Gen. Calais	4-5-17	SW. Neck R. hand
B60	Aux. Mil Southall	11-5 17	G.Sw " " "
B96	Ex " " Can. Conv. Wdc Pk Epsom	22-6-17	Sw Neck & R. hand L. 17-6-17
B96	" " " " "	27-6-17	" " " " L. 30-7-17 Arm Disch L 30-7-17
C110	Can. Spec. Witley Camp	12-1-18	V. D S.
C.137	"Dis" "Charged"	15-2-18	" " "
C240	Can Spec Witley	18 6 18	V. D. G. & V D S as pr H L C255
C28	Discharged	9-8-18	" "

No. 223447 RANK Pte. NAME Withrow C. A.

T. O. S. 14-2-16 (Feb. payist) UNIT 85th Battalion C. E. F.

M. D. 6.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916.			
Feb. 14	Feb. 29	✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		N.		

UNIT SAILED

OCT 12 1916

Form D.M.S. 1317.
1202—15m—21/11/16.

_____ HOSPITAL.

A. & D. No. _____ Ward F

Unit 85 Sick or Wounded.

Regtl. No. 223447 Pl. of Act'n _____

Rank L/C Name Withrow C.A.

Age 21 Religion P.

Service Compl'd 14/12 Time with Field Force 7/12

Diagnosis G.S.W. neck

21 JUN 1917

Admitted M.H. Edmonton Discharged A III 27/6/17
17 Res Bramshott

Transferred _____

RECORD FURTHER REMARKS ON BACK.

Shrap. in L. side of neck still present but no defects. Also [illegible] trench fever. Feels weak.

A III

M G Brown
Capt

Form R. 149.

Charles Arthur

Name WITHROW. Rank Pte. Reg. No. 223447.

Unit 17th Reserve

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-1-18	Can Spec H. 10451	Witley Camp	V.D.S.	C 110		
15-2	Discharged	"	"	C 137		
18-6	Can Spec Witley	3177 V.D.G.		C 240		19930
24-6	V.D.G. Changed to	V.D.G."	"V.D.S"	C. 255		442
9-8	Discharged	"	"	C 284		7261

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

FORM R. 149.
7106—250m—7/2/17.

Name WITHROW Charles Arthur *Rank* Private *Reg. No.* 223447

Unit 85th. Battalion

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-5	35 Gen Hsp. Calais	SW	Neck R Hand	A48	M.4172	11-5
11-5	Ana. Mil H. Southall.		do	B60		
22-6.	Woodcote P.R. Epsom.		- do -	B91		
27-6.	Discharged.		- do -	B96.		

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Withrow	C A	223447

Rank	Unit	Co.	Troop	Batty.
Pte	85 Batt N.S.		17 R.	

Hospital — Date of Admission

Transferred 35 Gen Calais — Hosp. 4. 5. 17

[illegible] Hosp. Southall — Hosp. 11. 5. 17

Epsom Co. W. — Hosp. 22. 6. 17

Can. Spec. Witley Camp. — Hosp. 12. 1. 18

Diagnosis S W neck Rt Hand

(1) Later Diagnosis (if changed) V. D. S. Ho

(2) V. D. G. Ho

(3) V. D. G. & V. D. S. Ho as

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Dis 27. 6. 17

REMARKS Dis 15. 2. 18

" 9. 8. 18

~~Ch~~ 11. 5. 17	A48
17. 5. 17.	B60
27. 6. 17.	B91.
4. 7. 17	B96
17. 1. 18	C110
18. 2. 18.	C137
21. 6. 18	C240
10. 7. 18	C255. Re. C240 Diag is V. D. G. & V. D. S.
13. 8. 18	C284

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Gen. Spec. Whitley	18.6.18
2.		
3.		
4.		
5.		
6.		
7.		

R—122
8,401—50,000—21-10-16

JM.

Rank

Name WITHROW, Charles Arthur.

Reg'l No. 223447

Unit 85th Bn.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Halifax. 14th Feb 1916.

Place of Birth Shubenacadie, Hants Co. N.S.

Name and Address, Next-of-Kin Mrs Elizabeth Withrow.

Shubinacadie, Hants Co. N.S. Canada

Relationship Mother.

Assigned Pay Monthly $

Payable to

Relationship

N/E. R.B. No 11269
File R.L.
Category OR CAN

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.
C		Arrived in England S.S. Olympic 18/10/16			A.F.B. 103 CHECKED 21 FEB. 1917 H.W.
10-2-17	OC 85Bn	PROCEEDED OVERSEAS *WITLEY*10.2-17*DO3			
11-5-17	85th Bn	#35 General Hospital	Calias	4-5-17	C.L. a/48. S.W. Neck R Arm
17-5-17	do	Aux Mil Hospt	Southall	11-5-17	C.L.B 60 G.S.W. Neck R Hand
19-5-17	N.S.R.D	T.O.S. From 85th O/seas Cas	Bshott	11-5-17	P II O 7
26-5-17	85th Bn.	Inv W & Posted to N.S.R.D.	Field	11-5-17	— 12
27-6-17	do	C.C. Hospt Wood Cpk	Epsom	22-6-17	— C.L.B. 41
4-7-17	do	Disch C.C. Hospt	"	27-6-17	— C.L.B 96
1-7-17	N.S.R.D	S.O.S. to on post to 17th Res	Bshott	27-6-17	— P II O 114
16-7-17	17th Res	T.O.S. from N.S.R.D.	do	27-6-17	P II DO 167

223447 Withrow C. A.

A.F.B. 103 CHECKED 7 OCT. 19[illegible]

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.
7.3.18	17th	granted Permission to wear one (1) Good Conduct Badge	Pte. Bshott	14.2.18	Pt II 0.56
4-10-18	17th Res	SOS on proc of S 20 85th Bn	✓ do	3-10-18	— 23 S 85 Bn DO. 116 of 9.10.18.
15.3.19	85th Bn.	forfeits 1 days pay. for absent from parade 20-2-19 forfeits One G.C. Badge.	✓ Field	21.2.19	DO 19.
6-5-19	85 Bn	proc. to England	pte La Havre	29.4.19	-32
10-5-19	85 Bn	Employed as clerk in B.O. Room in excess of Establishment, for duty in Connection with Demob	" " "	14.2.19	— 34
30-4-19.	F. Wing C.C.C.	T.O.S. from 85th Bn.	" Bshott	30-4-19.	DO # 17
		Sailing 78-B-17 of 31.5.19			
10-6-19	-"-	SOS to Canada	" -"-	31-5-19	-23.

WASSER

Army Form B. 103. Sheet II Regimental Number 223447.

Casualty Form—Active Service.

Regiment or Corps 85th Battalion

Rank Pte. Surname Withrow Christian Name Charles Arthur

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

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

Date of promotion to present rank ..... Date of appointment to lance rank ..... (12)

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

W. S. B. CLASS. A. or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked ...			
		Proceeded to England.		29 AVR 19	
		B Johnston Capt Sk			
			for Lt Col. A. A. G.		
			Canadian Section. G. H. Q. 3rd Echelon B. E. F.		
		S. O. S. on F. C.			
31.5.19		PROCEEDED TO CANADA	Part II 22		W R Rogers Lt
					for Adj't

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

(b) Signaller, Shoeing Smith, &c.

W. 8695—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1887.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
31.5.19		T. O. S. No. 6 D. D. from O/S and posted Dist Stn B Hx			DO 168
16.6.19		So on discharge			DO 168

[signature] Lieut.
Officer i/c Records No. 6 D.D.

HW

(12)

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.

(1) (2) Charles Arthur

Unit, Regiment or Corps 85th Overseas Btn Nova Scotia Highlanders C.E.F.

Regimental No. 223447 Rank Pte Name Charles Arthur Wilhelm

Enlisted (a) 14/2/16 Terms of Service (a) C. E. F. Duration of war Service reckons from (a) 14/2/16

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) Banker

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, Canada	Halifax	OCT 13 1916	
		Disembarked, England	Liverpool	OCT 18 1916	
10-2-17	85 Bn	Proceeded overseas for Service	Witley	10-2-17	Part II Orders no 36
					[signature] MAJOR. For Officer Com'dg 85th. Overseas Bn. C. E. F.
10-2-17	M.L.O.	Disembarked	Boulogne	10-2-17	L.R.7558
5.5.17	O.C. 85 Bn	Wounded in action	Field	2.5.17	B 213, Obs. 31.
5.5.17	11 C.F. Amb	S.W. neck & (R) hand.	adm. 11 C.F. Amb. Trans. 22 C.C.S.	3.5.17	A. 36, Obs. 34.
11.5.17	"O.C. H/S Princess Elizabeth"	Invalided & posted to Nova Scotia Reg. Depot, Bramshott. England.		11.5.17	W3083/A2474. Pt-II O 72 dt 26/5/17.

J M Anderson
Lieutenant
for Major A. A. G.
Can. Sect. G.H.Q.
3rd Echelon.

W.S.B. CLASS. A.

SID-LVPL MAY 31/19
FRI. HR. LUNE 7
HM 1 ADRIATIC

CERTIFIED CORRECT. 24 FEB. 1917 CAN. RECORDS LONDON

(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.

2234.1.19

[redacted] Westerson

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				
19.5.17	N.S.R.D.	T.O.S. from 85th Coy	Bshott	11.5.17	
					Lieut.
					Colonel i/c Records, COMF.
1-7-17	N.S.R.D.	Trans to 17th Res. Bn.	Bramshott.	27-6-17	Part 11 Order 114.
16-7-17	O.C.17th	Taken on strength.	Bramshott.	27-6-17	Part 11 Order 167.
7-3-18	O.C.17th	Granted permission to wear One (I) Good conduct Badge	Bramshott	14-2-18	PT.II. Order 56
4 OCT 1918	do	PROCEEDED OVERSEAS FOR SERVICE WITH 85 BATTN.	do	3 OCT 1918	H.Q. 99.235
					Lieut., Asst. Adjt., 17th Canadian Res. Batt.
					D.O. No. 116 d/ 9-10-18.
5-10-18		T.O.S. 85TH BN ON ARRIVAL	FRANCE	6-10-18	N.R. B/145.
7-10-18	C.C.R.C.	S.O.S. TO C.C.R.C.	FIELD	4-10-18	N.R.
7-10-18	C.C.R.C.	T.O.S.	"	7-10-18	N.R.
8/11-18	C.C.R.C.	S.O.S. TO UNIT	"	8/11-18	N.R.D. 1996.
14-11-18	UNIT	JOINED UNIT	"	9-11-18.	B. 213
27.2.19	do	Forfeits 1 Days Pay 21-2-19 for Absent from 09.00 hrs 14.00 hrs parade 20/2-19. Forfeits one Good Conduct Badge			B2069. H.Q. DO. 194. 15-3-19.

CERTIFIED TO BE A TRUE COPY. 8 OCT. 1918. CAN. RECORDS, LONDON.

(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, Shooting Smith, etc., also special qualifications in technical Corps duties.

[P.T.O.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Class 254691

THIS IS TO CERTIFY that No. 223447 (Rank) Pte

Name (in full) WITHROW Charles E enlisted in

the 85th Bn

CANADIAN EXPEDITIONARY FORCE at Halifax on the 14th

day of Feb. 1916.

HE served in 85th Bn in France.

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 5-10

Complexion Med.

Eyes Blue

Hair D.brown.

Marks or Scars

Signature of Soldier

Date of Discharge

Dispersal Station "B" JUN 13 1919 Military District No. 6

Issuing Officer Major

O. C. Dispersal Station "B"

Rank

JUN 9 1919

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

AUTHORIZED TO WEAR One WOUNDED STRIPES

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) Withrow. C. A.

REGIMENT 85 B N RANK Pte No. 553447

Date of Examination in England 6/5/19 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

12 B

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1
2. EXTRACTIONS 3. 5. #. 12 13
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper 2 3 5. # 12 13
   - (c) Full Lower
   - (d) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES JUN 9 1919 M. D. NO. 5

HAS HE EVER REFUSED DENTAL TREATMENT?

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

BRAMSHOTT CAMP HANTS.

Signature of Dental Officer E G Berry. Capt

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 85th Overseas Battalion C.E.F.

(2) Regimental Number 223447

(3) Full Name of Soldier Charles Arthur Withrow

(4) Place of Birth Shubenacadie N.S.

(5) Are you married, or not? No.

(6) If married, state,

(a) Full name of your wife Nil

(b) Present Postal Address Nil

(7) Are you a widower? Nil.

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address James Withrow, Shubenacadie N.S.

(10) Is your Mother alive? Yes

If so, state name and address Elizabeth Withrow
Shubenacadie N.S.

(11) If your Mother is a widow

Are you her sole support, or not? Nil

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Nil

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Nil

(15) Are you insured? No

If so, in what Company? Nil

Have you made arrangements for payment of your Insurance premium Nil

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

E. L. Spurr Lt. Colonel
Comd'g 85th "Overseas" Batt'n, C.E.F.
(Nova Scotia Highlanders.)

AUG 5 1916

Officer Commanding.

Date

12

12

APPENDIX TO A.D.M.S. CANADIANS BRAMSHOTT ROUTINE "A" ORDERS DATED 6th JUNE 1917.

VENEREAL DISEASE RECORD.

DATE 10-1-18 1917.

REGT'L NO. 223447 RANK Pte NAME Wilkins, E.A.

UNIT 17th Res Bn AREA Bramshott

DIAGNOSIS Chancroid DATE AND AREA OF EXPOSURE 6-12-17 Aldershot

DETAILS OF EARLY TREATMENT & TYPE Calomel Ointment 30%

INTERVAL AFTER EXPOSURE (HOURS) Immediately

PLACE Aldershot

DESCRIPTION OF ALLEGED INFECTED PROSTITUTE

(1) NAME Unknown

(2) ADDRESS Unknown

(3) HEIGHT 5.3" (4) FIGURE Slim

(5) COMPLEXION Fair (6) HAIR Fair

(7) EYES Blue (8) DRESS Fawn Blue coat no fur I am O'Shanter

(9) HABITAT Met her at Moving Picture Show (name unknown)

(10) ~~COMPLEXION~~ Companion + None

I certify that I can identify above described Suspected Prostitute.

Signature of Soldier E.A. Wilkins

If on Leave, reasons for same Had one day draft leave

Date of Pass 6-12-17 to 7-12-17

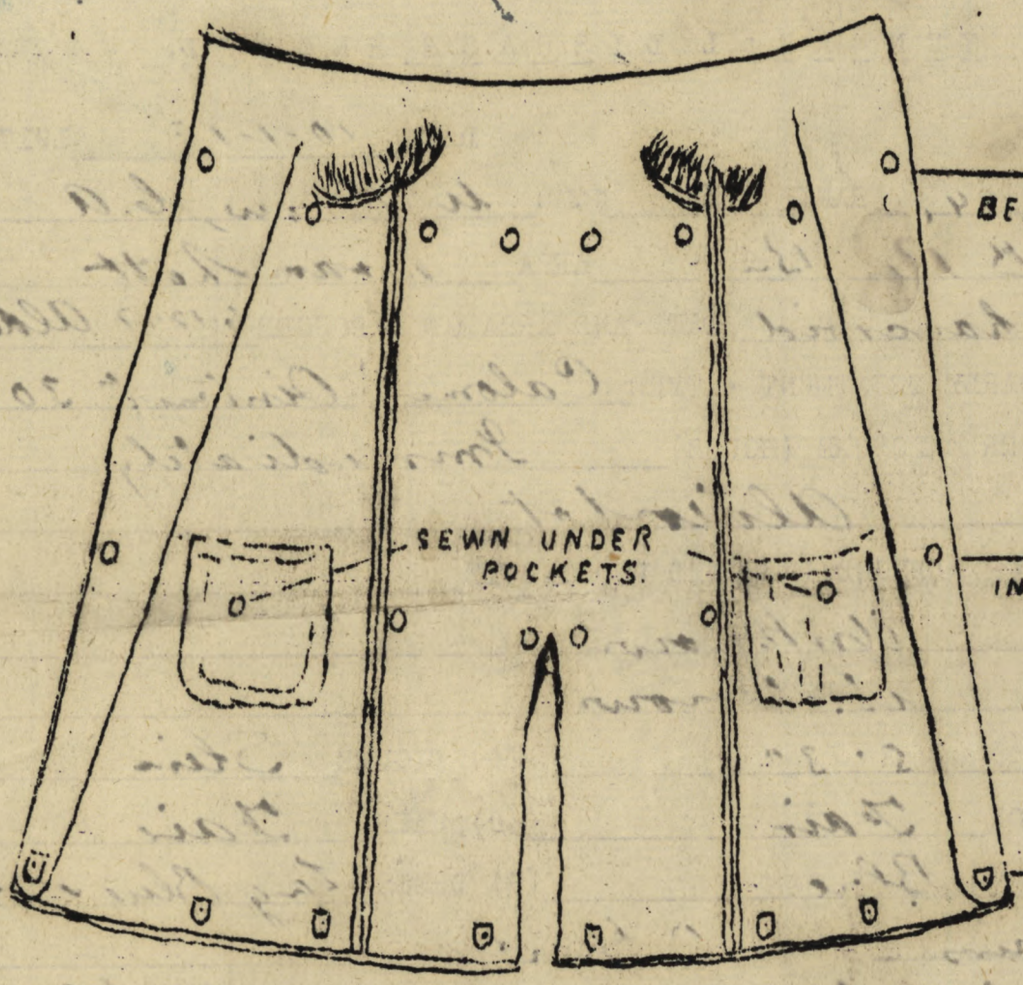
Date of Visa Stamp None

REMARKS

D.D. Mitchell Capt.

Signature of Medical Officer

A.D.M.S. B.19.



SKETCH SHOWING POSITION OF BUTTONS AND TABS ON INSIDE OF GREAT COAT.

(12)

APPENDIS TO A.D.M.S. CANADIANS BRAMSHOTT ROUTINE
"A" ORDERS DATED 6TH JUNE 1917.

VENEREAL DISEASE RECORD.

Date. 17-6-18 1918.

REGT'L NO. 223447 RANK. Pte NAME. Whitshaw H.

UNIT. 17th Res. Bn. AREA. Bramshott

DIAGNOSIS. V.D.G. DATE AND AREA OF EXPOSURE. London. 31-5-18

DETAILS OF EARLY TREATMENT - TYPE. Nil.

INTERVAL AFTER EXPOSURE (HOURS). nil.

PLACE. Theobald Road off Oxford St.

DESCRIPTION OF ALLEGED INFECTED PROSTITUTE.

(1) NAME. Unknown.

(2) ADDRESS. Unknown.

(3) HEIGHT. 5"4" (4) FIGURE. Medium.

(5) COMPLEXION. Dark (6) HAIR. Dark Brown.

(7) EYES. Dark (8) DRESS. Unknown.

.....

(9) HABITAT. Theobald Road & Oxford St.

(10) ~~COMPLEXION~~ Companion. None.

I certify that I can identify above described Suspected Prostitute.

Signature of soldier.....

If on leave, reasons for same. 8 day Leave.

Date of pass. 24-1st June.

Date of Vise Stamp.....

REMARKS.

A.D.M.S. B.19.

G.B. Ferguson Capt.
(Signature of Medical Officer.)

50

G.

Group 12

F Wing

83

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASES FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name Withrow . . . . . Reg.No. 2 2 8 4 4 7 Rank. Pte.

Unit. 85th Batt. . . . . Date of Service. . . . . .

If T.Pallidum found. . . . . Secondaries if any. . . . . .

Other Symptoms. . . . . .

Treatment if any. . Yes. . . . . Arsenical. . . . . .

Mercury. . . . . Previous Wasser Date. Aug. 15.

Result. . Negative. . . . . Station and Date. . . . . .

Result of Wasserman (Original) Quarter System.

Date. . . . . Serial No. . . . . Result. WASSERMANN NEGATIVE. .

[signature] . . . . . Major,
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey.

. . . . . 1919.

Canadian General Laboratory
9 - MAY 1919
WITLEY

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-319.

To Whom James Withrow

Address Shubenacadie N. S.

Rate $20.00.

OCT 1 1916

By Whom Assigned Withrow C. A.

Regtl. No. 223447.

Rank L/C.

Corps 85th Battn. C. E. F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. James Withrow

Name of Soldier Withrow C. A.

PAYMENTS #223447. 85th Battn C.E.F. L/C.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20.00 OCT 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		T 27310	20	
Nov.		D 30369	20	
Dec.		R 35369	20	
Jan.	1917	X 41162	20	
Feb.		X 47153	20	
March		X 53223	20	
April		X 5586	20	20
May		X 12349	20	
June		W 21411	20	
July		U 25778	20	
Aug.		L 33508	20	
Sept.		B 39846	20	
Oct.		F 46472	20	
Nov.		M 54183	20	
Dec.		Y 61664	20	
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.				

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Shubenacadie, N.S.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. Elizabeth Withrow
Shubenacadie, N.S.

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 773447 RANK Pte. NAME Withrow Charles A.

IF IN PERMT. CORPS WHAT UNIT } UNIT 85th Batt'n, C.E.F. TRANSFERRED TO N.S.R.D. DATE 21-6-17 AUTHORITY G.R.O. 1917/7

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Halifax, N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Feb. 14th 1916 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE Oct. 1st 1916

PAYABLE TO James Withrow, Shubenacadie, N.S. RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916														17 10	17 10																17 10				C C1 Asst Dy Pay's Gen'l Branch Brock St Recovered on Det Pay Ledger Canada
Nov 30th	30	1.00	30		30	10	3								33	26	11/16	121	29/11/16					1460	487			20		3947	1063		1063		From Canada
Dec 31st	31	"	31		31	"	3 10								34 10	157	15/12/16	199	27/12/16					244	730			20		2974	1499		1499		
1917 Jan	31	"	31		31	"	3 10								34 10	45	15/1/17	293	31/1/17					487	486			20		2973	1936		1936		
FEB	28	1.10	29	20											30 80													20		2000	30 10		2000	10 10	
MAR	31	"	34	10											34 10	337	20/2/17	411 373	20/3/17 5/3/17					262	262			20		27 85	36 41		—		
Apl	30		33												33			34	7/4					349				20		23 49	45 92				
May	31		34	10											34 10	98	17/4							262				20		22 62	57 40				
June 21	20		22	00										17 10	22													20		24 87	5H 53				Struck N.S.R.D. 6-21-17 G.R.O. 1917/7
30	10		11												11									30	6H	22	26	H 87 160		21 4	11 1	63 53				
July 31	31		34	10											34 10													20		20	79 63				
"	31		34	10											34 10													20		20	93 73				
Sept	30		33												33													20		20	106 73				

223447 Pte Withrow. C.A.

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

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept 30		~~106 73~~ ok		Bal Fwd					106 73	✓	
Oct	Pte Pay	34 10		Can A.P.				20			
				Ln AR 478 17th Res 14/9/17	7 30				113 53		
		34 10			7 30			20			
Nov	Pte Pay	33		Nov A.P.				20			
Dec	" "	34 10		AR 622 31/10 17 Res	7 30						
				AR 549 17/10 17 Res	7 30						
				AR 573 27/9 17 Res	7 30						
				Can A.P. Dec				20			
				D.R. A.R. 378 31/7 17th Res	4 87						
				" 409 14/8 "	7 30						
				Dr AR 1519 27/6 CCH Eps	9 43						
				Dr AR 447 30/8 17 Res	4 30						
				" 1608 27/6 Epsom	48 66						
				AR 671 15/11 17 Res	9 73				~~41~~ 31 14		
		67 10			109 49			40			
Jan 1918	P.P.	34 10		Can A.P.				20			
				AR 802 17/12 17 Res.	9 43						
				AR 775 5/10/17 17 Res	9 73						
				AR 760 24/11/17 17 Res	4 87				30 91		
		34 10			24 33			20			
Feb	P.P.	30 80		Can A.P.				20			
				AR 846 12/1 17 Res	9 43						
				AR 608 29/1 C Spl House	2 43				19 55		
		30 80			12 16			20	34 10		
									53 65		
March	P.P.	34 10		C.A.P.				20	32 36		
				AR 695 13/2 C Hos Witley	2 43						
				Hos Chg 15/2 Witley	20						
				AR 1414 28/2 17 Res	2 43						
				" 1640 18/3 "	4 30				21 29		
		34 10			12 36			20			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:– Oct 1st 1916	EFFECTIVE DATE:–
AMOUNT:– 20 00	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.

James Withrow
Shubenacadie N.S. Father

Stopt Effect 1.6.19

NAME:– WITHROW Charles A
NUMBER:– 223444

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 85th Bn
DATE ACCOUNT FIRST OPENED:– Nov 1st 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			NSRD

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
29.4.19	4501	85 Bn	3 49				
~~2-5-19~~	~~2496~~	~~1 CCC~~	~~4 87~~				
~~7-5-19~~	~~2820~~	"	~~73~~				
			81 36				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dsch to Can 1/6/19 (E 8619 8/5/19 Kraus to Kraus M.D.6) L.I. C.O. 61 52 Ledger Cr 19 84

Month 1918	PARTICULARS	Cr. 1	Cr. 2.	PARTICULARS	Dr. 1	Dr 2.	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd								21 29		
Apr	S S	33		A.P. Can.				20			
				AR 86 9/4 17 Res.	2 43						
				" " 225 26/4 " "	4 87						
		33			7 30			20	26 99		
MAY 1	P. Pay	34 10		Can A.P.				20			
				AR 369 15/5 17 Res	4 87				36 22		
		34 10			4 87			20			
June.	PP	33.		can				20			
				AR 1017 15/6. 17 Res	9 73				39 19		
		33			9 73			20			
JUL 1918		34 10		AP				20			
				AR 1358 18/7. 17 Res.	2 43				51 16		
		34 10			~~2 43~~			20	85 26.		
AUG		34 10		AP				20	52 06		
				VD 17/65 9/8/18. 54 days @ 60 50/100 9/8/17 Res.		32 40			32 86.		
		34 10			—	32 40		20	65 86		
SEP	P.P.	33.		AP.				20	52 07		
				AR 2364 1/9. 17 R.	12 17						
				V 2138. 28/8 ✓	7 30						
				" 1861 27/9 ✓	14 60				11 79		
		33.			34 07			20			
Oct	OP	34 10		2805. 2.10 ✓	4 87						
				CAP				20			
				3712 20.10 ✓	3 73				17 29.		
		34 10			8 60			20.			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS			DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
											17 29		
Nov	pp.	32.		4178.	3.11.	ccs.	3 73						
Dec	✓	34 10		1057.	20/11	R.B.	13 06						
Jan	✓	34 10		cap.						20.			
				1153.	3.12	✓	3 73						
				cap						20.			
				1158.	14.12	✓	3 73						
				cap						20.	34 24	10/-	
		101 20					24 85			60.			
Feb.	✓	30 60		1346	1.1	✓	3 73						
Mch	✓	34 10		1480.	17.1	✓	18 66						
				1444	17.1	✓	3 73						
				cap.						20.			
				1668.	4.2	✓	3 73						
				cap						20			
				1800	15.2	✓	3 73						
				1925.	7.3	✓	3 65						
				2035.	18.3.	✓	3 65						
				1 day Pay 21.2.19 20.19. 15/2/19 HBw				1 10			17 16		
		64 90					40 88	1 10		40.			
Apr	✓	33.		cap						20			
May	✓	34 10		5-1.	3/4.	✓	3 49.						
				185.	15.4	✓	17 44						
				17x	15.4	✓	3 49						
				cap						20 -	44 26		
				4501.	29.4.	✓	365				16 19		
		67 10					28 07			40	32 27		
1st fl. Clerestory 11x 3/19-30 4/19. Tapp Co.				2496 A.	12.5.	F ccc	4 87						
HQ&HD 15325.		45 60		2820.	7.5.	✓	73 -				16 08		
		45 60					77 87						

S.O.S. Com 31.5.19 5/L 78. 85 Bn

War Service Badge
Class "A" No. 25469 DA B

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

Occupational Group No. 3

(Demobilization.)

1. No. 223447

2 Rank. Pte

3. Name. Withrow Charles Arthur

4. Unit. 85th Battn

5 Date of Discharge JUN 15 1919 Place Halifax.B.

6 Reason for Discharge Demobilization

H

R.O. 1420

7. Authority.

8. Proposed Residence after Discharge Shubenacdie, N.S. G.P.O.

SLD-IVPL MAY 31/19
ARR HFX LUNE
H M T ADRIATIC

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.?

C.A. Withrow
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. JUN 9 1919

Date

Signature [signature] Major
(O. C. Discharging Unit.)
O.C. Dispersal Station "B"

M.F.B. 218a—300M.-11-18—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

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 (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).
13. Pay Book (A.B. 64),
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group

Checked by No.

29 MAY 1919

Date

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Oct 1/16.

RATE OF SEPARATION ALLOWANCE

W

8676

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 223447.

Rank L/Cpl Promoted Reverted Discharge

Soldier's Name C.A. Withrow.

Battalion 85 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name James Withrow.

Address Shubenacadie. N.S.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec	—		300	300	✓
Jan	W 71394		20	20	✓
Feby	H 68274		20	20	✓
Mch	Y 90601		20	20	✓
April	X 8798		20	20	✓
May	X 18923		20	20	✓
June	T 27643		20	20	
July	B 27807		20	20	
Aug	X 34652		20	20	✓
Sept	W 43293		20	20	✓
Oct	X 56255		20	20	✓
Nov.	S 56699		20	20	✓
Dec 1919	W 67958		20	20	✓
Jan	R 71193		20	20	✓
Feb	X 76043		20	20	✓
Mar.	O 83048		20	20	✓
Apr.	V 4318		20	20	✓
May	V 6017		20	20	✓
June	W 11638		20	20	✓
			660	660	

195-82-6-10

REMARKS

A/c Closed 30-6-19.

Ret'd per Admiralty

Date 8-6-19 P.X. 16-6-19.

M.O.4 6 Clerk Elder

M.O. L.P. 97144 dec. recd

M. F. W. 123.
400M.—6-17—1772 39-1141
L. L. 22320)—M. & D. 7993.

STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.-6-7-1772-39-1141
L. L. 22320—M. & D. 7993.

THIS FORM WILL BE USED FOR ALL RANKS F (12)

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 Bramshott DATE 13 May 19

1. 1 (a) Unit 85th Batt (b) Regimental No. 223447 (c) Rank Pte

(d) Surname Withrow (e) Christian name Charles Arthur

(f) Home address Shubenacadie N.S.

(g) Next of Kin Mr Withrow (h) Relationship Father

(i) Address of Next of Kin as above

2. Age last birthday 24 Date of birth 29th Nov 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Halifax (b) Date 14-2-16.

4. Personal description:

(a) Height 5' 10" (b) Weight 155 Lbs (stripped) (c) Complexion dark

(d) Colour of hair dark (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar over left mastoid

5. Former trade or occupation Bank 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
	3 yrs	88 days

	Periods	
	From	To
Canada	14-2-16	13-10-16
England	13-10-16 / 11.5.17	10-2-17 / 11.10.18
France or other theatres of War	10-2-17 → 11.10.18	10.5.17 → 29.4.19

7. Original disease, or injury V. D. SYPHILIS

(a) Date of origin 11.1.16 (b) Place of origin ENGLAND

(c) Cause 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.)

V. D. S. (no disability)

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.)

Obj Report from Gen. Laboratory 9.5.19.
W. Utley
"Wassermann negative"

Subj 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).)

Infected Jan 1918. and was admitted to Hosp. and given treatment

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).)

11.5.17 G.S.W. neck. Metal still in tissue ~~ne~~ just below left mastoid process.

1917 Trench fever

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

Scar just below mastoid process. (left)

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~~ 1 ~~no~~ yes. th 1 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? n. a.

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

Hosp. treatment of "606" & Hg at time of infection

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)

It is recommended that he be dealt with on arrival in Canada in accordance with P.C.O. 47 of 20.1.19

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

17. Recommendations n.a.

D.S. McCurdy Capt. C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of nothing

D.H.

H.E. C.A. Withrow Rank.
Signature of invalid examined.

C.N.M.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) Yes Cat A.
(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 invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

suggest he be dealt with on arrival in Canada in accordance with P.C.O. 4720-1-19

~~(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.)

Boarded with Feld Ct of 90838 of 11-11-18

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.

D. Nathan Capt. *President.*

PLACE Bramshott

DATE 13-5-19

T. N. Macdonald Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President.*

PLACE.....

DATE..... } Members

APPROVED BY

I. H. McKenzie Capt

for *Assistant Director of Medical Services.*

DATE 13/5/19.

APPROVED BY

Director-General of Medical Services.

DATE.....

AUDITOR | PAYMASTER

Adriatic 8-6-19

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

M. OR S. | REGT. No. 223447 | RANK Pte | NAME (IN FULL) Withrow C.A.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Z.Pb

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Tons	31-5-19	Leo. 168

ORIGINAL UNIT C.E.F. M.S.R. | IF IN P.F. WHAT UNIT? | BLOCK LETTERS SURNAME FIRST

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1-7-19 | 100%

PAYABLE TO James Withrow | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~Shubenacadie N.S.~~ | Shubenacadie, N.S. (9-10)

(Dist. Depot Officer)

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Halifax | DATE JUN 15 1919 | REASON Demob. | AUTHORITY Leo. 195 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		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.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
adj to																																				
BALANCE FROM PREVIOUS ACCOUNT 31-5-19																													61	52						
15-6-19	15	110	16	50	35 00 / 70 00				121	50							487	50	70	00	20	00							161	39	39	89					Balance Dr Clo Allow Allowance M.S. Grat Col. 1-20 on Acct Col. 3 Cheque B 76075 C.P. June
					W.S.G. S.A.												WAR SERVICE GRATUITY W.S.G. S.A.																				
183 days			430	00					430	00														70	00							350	00			1st Payment W.S.G.S.A.
																								70	00		39	89				240	11			Bal Dr Earned Table pu 2/6
																								30	11							210	00			8-8-19 # 1116868
																								70	00							140	00			8-9-19 # 1132296
																								70	00							70	00			10-10-19 # 150 9515
																								70	00							4360				3-11-19 # 1341985
			45	60					465	60														45	60					420						5-11-19 # 1341995
			465	60					465	60														425	71		39	89		465	60					Co. Working Exp. # 1341995-82-8-10
H.Q. Staff 1-5-19 to 30-5-19 =	30	60	18	00					18	00																	17 40 1800 60				18	00			Nil		$19 20 Cheque No 701166 Underpaid of Clerks Pay from 1-5-19 to 30-5-19 (date of employment taken) 21 days pay @ $19 20 per week Sanford

Chas Archer

JUL 18 1919

200M-3-19.—L. L. 58788-M. & D. 9985.
M. F. W. 2596.
1772-39-1390.

ORIGINAL 223447 C Original

MEDICAL HISTORY SHEET.

Surname Throw Christian Name Charles Arthur

Examined on 14th day of February 1916 at Halifax

Birthplace City or Town Shubenacadie County Hants

Apparent age 21

Trade or occupation Baker

Height 5 Feet 10 Inches.

Weight 140 Lbs.

Chest measurement Minimum 34-36½ inches. Maximum expansion 2½ inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right. Left. Number

When Vaccinated last now

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

E. Macintosh

Rank Lt. Surg. M.O

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

15 MAY 1917

Date	Result	Vaccinations.	
15/6/16	Good	J Hays	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
5/7/16	Good	J Hays	M.O.
19/7/16	Good	J Hays	M.O.
24/10/16	TAB		M.O.

T.A.B. 29/11/17 T.A.B. 7/4/18

Enlisted on 14th day of February 1916 at Halifax

	Corps.	Regt'l Number.	Ranks.	Date.
Joined on enlistment	85th. Overseas Bn, C.E.F. Nova Scotia Highlanders.	223447.		14/2/16
Transferred to..	P.O.S. 17th Res Bn	do		10-2-17
	85 Bn.			27-6-17
				3/10/18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brandshott	13-5-19	D.S. Cat. A.	C.H. Macdonald Capt

CANADIAN 12

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.

100m.—5-15.
H. Q. 1772-39-439.

Surname Withrow Christian Name Charles Arthur

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
Halifax	14/2/16				21	6	17	G SW Neck	~~38~~		
Aux: Milit: Hosp: Southall	11/5/17	11	5	17	~~18~~	~~8~~	~~17~~	Trench fever	41		H Sinnyan
										Transferred to Epsom	~~MAJOR R.A.M.C.~~
McGl Epsom	21	6	17	27	6	17	— Do —		7	Complete recovery - Now fit A III	McG Mann Capt
Can Spec Hosp Witley	11	1	18	15	2	18	U D.S.		36	Lesions healed. Stoppages as per dates discharged as an outpatient	N A Christie Capt
	17	6	18	9	8	18	U. D.S. & Gonorrhoea		54	Healed. 2 Inj 606 & Hg Transferred to U D 9 as Op	J R Elkinson Capt
										Irrigations & med Stoppages to 26-7-18. Retained for circumcision	N A Christie Capt

GENERAL MILITARY HOSPITAL EASTERN COMMAND 21 JUN. 1917 EDMONTON, N. 18

CANADIAN SPECIAL HOSPITAL WITLEY 9 ~~JUL~~ August 1918 REGISTRA