..... DIVISONAL SIGNAL COMPANY

ORIGINAL

Divisional Signal Training Depot.

ATTESTATION PAPER.

No. 507463

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Yetts.
1a. What are your Christian names? ..... Maynard Arthur.
1b. What is your present address? ..... 122 Aylmer Ave., Ottawa, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Ottawa, Ont.
3. What is the name of your next-of kin? ..... Mrs. Mary Yetts.
4. What is the address of your next-of-kin? ..... 122 Aylmer Ave., Ottawa, Ont. Canada.
4a. What is the relationship of your next-of-kin? ..... Mother.
5. What is the date of your birth? ..... Jan. 18th., 1898.
6. What is your Trade or Calling? ..... Clerk.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Maynard A. Yetts., 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.

Maynard A. Yetts (Signature of Recruit)

Date Dec 1st 1916 A. J. Kirby Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Maynard A. Yetts., 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.

Maynard A. Yetts (Signature of Recruit)

Date Dec 1st 1916 A. J. Kirby Lieut (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 Ottawa this 1st day of Dec 1916.

R. M. Beasley (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-241

Description of MAYNARD ARTHUR YEETS. on Enlistment.

Apparent Age 18 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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 1. 12. 1916. C B Macaulay Capt

Place Ottawa 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.

Maynard Arthur Yetts. 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.

L O Shaley CAPT. O. C. SIGNAL TRAINING DEPOT. (Signature of Officer)

Date Dec 4 1916.

NAME JEFFS Reginald Arthur REGT. No. 2074683 UNIT [illegible] H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		BPC	22/6/20	Spec-6398	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	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
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	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. 303 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)					
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	RD 3.					
1	M.F.W. 69.					
1	R.I.P.					
1	Pass Card					
1	L. & D. card.					

PUBLIC ARCHIVES RECORDS CENTRE

30754

484381

25=22
10=22
8 22

507463 SPR
I.D. number
No. d'identification

YETTS
Surname
Nom de famille

MAYNARD ARTHUR
Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

0084
Location
Lieu 10637

Ham

Number ..... 507463 Rank ... Spr ...

Surname ... V.E.T.T.S. ...

Christian Name ..... Maynard Arthur ...

Unit ..... C.E. ..... Theatre of War. France ...

Date of Service. 20-1-18 ...

Remarks ...

Latest Address ... 122 Aylmer Ave ... Ottawa ... Ont ...

Roll No. B Pay 3067

Received Br. War &
Victory Medals 28/7/21

Form R. 149.

Name YETTS. Maynard Arthur. Rank Spr. Reg. No. 507463.

Unit 5. C.D.S.Co.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
24 2	4 Sect. C.D.L. Base [illegible]	[illegible]		B462		4885
[illegible]	[illegible]	[illegible]				
[illegible]	[illegible]	[illegible]				9051
2-5-19	[illegible]	[illegible]		B-513		10334
2 5	[illegible]	[illegible]		B537		4200
[illegible]	[illegible]	[illegible]				

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

NAME Yetts M. A. REGT. No. 507463.

RANK AND UNIT Spr. (5 Sig) Can. Eng.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
	Adm. whilst on leave from France		Influenza as per N.R. B462-2
B462-1	4th Scottish Gen. Glasgow	27-2-19	~~N.Y.D.Q.~~ " "
B512.	Mil. Conv. Epsom.	2-5-19	Influenza
B537.	Discharged	2-6-19	"

No. S/07463 RANK Pte NAME Yetts M A

T. O. S. 1-12-16 UNIT 4th Divisional Co Signal Training Depot.
20 26 04-12-16

M. D. M.G.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec 1	1916 Dec 31	~		
Jan 1917		C		
Feb		~		
Mar		C	Blood	
April		~	Arrears 24.4.17	April paylist

Form DMS 1/91.

O.L.E.F.

Convalescent Hospital,
Woodcote Park, Epsom.

HOSPITAL. IV

A. & D. CARD

A. & D. No. T 35624 PL. OF ACTION

RANK Spr REG. No. 507463 UNIT 5th Can Engrs. SICK OR WOUNDED

NAME Yeeles. M. AGE 19. RELIGION Pres

PLACE IN HOSPITAL

DIAGNOSIS Influenza (Can)

ADMITTED 28 APR 1919 1-6-19 FROM H.S.S. Glasgow

DISCHARGED a. 16/6/19 TO C.E. Witley

TRANSFERRED

SERVICE AT HOME 2 5/12 IN FIELD 1 7/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.

REMARKS.

27/8/9. Recovered. C & H.

Ann Blakley

SURNAME. Yetts

CHRISTIAN NAMES Maynard Arthur

REGL. No. 507463 RANK Sapper.

UNIT Signal Training Depot. (12th R.D.)

FORMER CORPS Nil.

'9"3 CARD NO.

SOS.O.is. 15-7-193 Demob

FOLL. DO. 205. of 24-7-19 "300

NEXT OF KIN.

NAMES IN FULL Yetts Mrs Margaret

RELATIONSHIP TO SOLDIER Mother

ADDRESS 122 Aylmer Ave. Ottawa Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ottawa Ont. DATE Jan. 18th. 1898

PLACE OF ATTESTATION Ottawa Ont. DATE Dec. 1st. 1916.

R/C. 12-7-19 371/47 Apr

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

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

Sailed from Halifax per S.S. Olympic 29/4/17.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Clerk. RELIGION Congregationalist

DESCRIPTION.

APPARENT AGE 18 YEARS 10 MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Fair.

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Ottawa Ont. DATE Dec. 1st. 1916

Present address, 122 Aylmer Ave. Ottawa Ont.

Surname	Christian Name or Names	Reg. No.
YETTS.		
Rank 1. Spr. 2. 3. 4.	Unit 1. M.A. C.E. 5.SIG. 2. 3. 4.	507463.

Cas List.	Hospital and Diagnosis.	Date
4-3-19.B462.	4.Scottish GH.Glasgow. On leave from France. N.Y.D."Q"	27-2-19.
8-3-19 B466[2]	Note-N.Y.D. changed to Influenza.	
5-5-19 B512	Mil Mons Hosp Epsom 2/5/19	
5-6-19 B537	Disch.	2-6-19

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

Cas. List.	Hospital and Diagnosis.	Date

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No. 382107

THIS IS TO CERTIFY that No. 507463 (Rank) Spr.

Name (in full) Yetts Maynard, Arthur enlisted in

the Signal Training Depot.

CANADIAN EXPEDITIONARY FORCE at Ottawa Ont. on the 1st

day of December 1916

HE served in the 5th Div. Sig. Coy. 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 21 yrs. 6 Months

Height 5 ft. 4 inches

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Nil

M. Yetts.
Signature of Soldier

Date of Discharge

Dispersal Station "G"
JUL 15 1919
Military District No. 8

J. A. Williams
Issuing Officer

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

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

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

W. S. B. CLASS A

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

Casualty Form—Active Service.

SIGNAL TRAINING DEPOT

* 507463

Unit, Regiment or Corps .....

Regimental No. 507462 Rank Dvr. Name Watts Maynard Arthur

C. E. F.

Enlisted (a) 1-12-16 Terms of Service (a) for D.O.W. Service reckons from (a) 1-12-16

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) Clerk

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.	29-4-17.	
		Disembarked.	England.	7-5-17.	
8-5-17	C.E.T.D.	Taken on Strength of C.E.T.D. from Canada.	Crowboro.	7-5-17.	Part II Order No 109.
21 JAN 1918	C.E.T.D.	Proceded to Signal Pool France. is Struck off Strength of C.E.T.D.	Seaford	20/1/18	Part II Order No. 17 Fred W. Cubbe Lieut. C.E. Adjutant, C.E.T.D.
—	A.A.S.	Arr as Rft + 2nr A	Sig Pool	21/8	P.S.
28/8	C.C.R.C.	Joined	C.C.R.C.	21/8	R.R.N.Z.
31/5/18	do.	Ltd A's Cond Dvr Sig Arr Det.		26/5/18	A 831 P. 21
—	A.A.S.	Taken on Art Det 5th Div Sig Coy		27/5/18	P. 18. 1918
16/18	O.C. Unit	T.O.S. from C.C.R.C.		25/5/18	B 413.
22/2/19	do.	Granted 14 days leave to U.K.	Field	22/2/19	B 213. R.T.O. 7. 4 7/3/19

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
4/3/19.	O.i/c Reds. O.M.S.C. London.	Admitted to 4th Scottish Gen. Hosp. whilst on Leave. (Illness slight)	Glasgow.	27/2/19.	Warrant Letter dy 4/3/19. Ref. R.L. 4-115-303 over R.3. 4319
~~[illegible]~~ 18.3-19	c/c Reds London	adm. to 4th ~~[illegible]~~ Scottish Gen Hosp Glasgow whilst on leave and Posted to 6th R.D. Seaford		27-2-19	R.L. 4-115-303 over R.3. 1819 P.II.O no 19 of 1919.

J. Mathieson
Lieut.
for Lieut-Col. A.A.C.
Canadian Section.

21. 3. 19. 6th R.D. S.O.S. from 5th Dvsl Inf, Seaford. 27.2.19 20. 80.

W. Harry Smith LIEUT.
FOR LT. COL. I/C RECORDS, C.O.M.D.

R. D. S. ON PROCEEDING TO CANADA.
P.R.O. No 86 5-7-19

G. D. Mather LIEUT.
FOR OFFICER COMMANDING,
"M" WING, C.O.O.

Embark R.S. Carmania
Liverpool 5.7.19
W. P. Cully Capt. & Adjt.

5.7.19 To S.S. Ludgate Ottawa No 205
15.7.19 To S.S. Orca Ro 1894 No 205

J. Mathieson Lieutenant
For O. C. No. 3 District Depot.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 507463 Rank Pte C. E. F. Name Yates Maynard Arthur

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				
29-9-19.	C.E.R.D.	S.O.S. of Ont. to Canada	Witley	5-7-19	a.o.6.

Capt
for
Maj R

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

4C IV

DIVISONAL SIGNAL COMPANY

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

507463

Surname Yetts Christian Name Maynard Arthur.

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

Birthplace { City or Town Ottawa.
County Carleton Co.

Apparent age 18

Trade or occupation Clerk.

Height 5 feet 4 Inches

Weight 112 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left
Number Nil.

When Vaccinated last

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

(b) Slight defects but not sufficient to cause rejection TAB
Foot slightly flat, slight irregularity of heart action.

Approved by O Ellenday Maj
Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
27/5/19	A	[illegible]	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
14.4.17		J.W. Shillington	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8.12.16		J.W. Shillington	
15.12.16		J.W. Shillington	M.O.
21.12.16		J.W. Shillington	M.O.
9/1/18	TAB	W.P.	M.O.
17.5.19	TAB 2	Carr	M.O.

Enlisted on 1st day of December 191 6 at Ottawa.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Signal Training Depot.	507463		1.12.16
Transferred to	C.E.T.D			

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
WITLEY CAMP, SURREY. 22/6 1919 WK Can 24		myopia	A Archbaitt Capt

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

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

Surname Yeates Christian Name M. A.

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
		24	2	19	29	4	19	Influenza	61	Was landed at Liverpool 24/2/19 & admitted to 4th Scottish General Hospital, STOBHILL, GLASGOW. Tachycardia on exertion. Now nearly fit.	J Rhodes Capt RAMC
Mrs Epsom		1	5	19	2 MAY 1919			do	33	Recovered Category "A"	Allott Capt RAMC

C.A.D.C. 5009A

589 G

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) YETTS. MAYNARD. A

REGIMENT C.E.R.D. RANK SPR. No. 507463

Date of Examination in England 21-6-19 | 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 ~~24~~ 18. ~~25~~. 21. 22.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

A. D. D. S., M. D. No. 3

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 yes
- (c) In France

Signature of Dental Officer J. W. Ross 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 ... th. DIVISONAL SIGNAL COMPANY

(2) Regimental Number ... 507463

(3) Full Name of Soldier ... Maynard Arthur Yetts

(4) Place of Birth ... Ottawa, Ont. Can.

(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 ... nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Yes, Robert Peter Yetts.....

If so, state name and address .....122 Aylmer Ave., Ottawa.....

(10) Is your Mother alive ?.....Yes.....

If so, state name and address.....Mrs. Mary Yetts.....

.....same as above.....

(11) If your Mother is a widow.....no.....

Are you her sole support, or not ?....no.....

(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.

.....no.....

.....

(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.

.....no.....

.....

.....

(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.

.....no.....

15) Are you insured ?.....no.....

If so, in what Company ?.....no.....

Have you made arrangements for payment of your Insurance premium.....no.....

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

.....
for Officer Commanding.

Date.....4th December 1916.

Signal Training Depot.

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs M. Yetts

Address 122 Aylmer ave
Ottawa Ont.

Rate 20 00 MAY 1 1917

By Whom Assigned Yetts M. A

Regtl. No. 507463

Rank Sup

Corps Sig Draft apr 1917

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 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2 Mrs M. Yetts
(Assignee)

Name of Soldier Yetts M. A

L. L. Job 19227—M. & D. 7814.

PAYMENTS.

507463 sig Draft Apr 1917 Sep

20 ~~00~~

MAY 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		J 17509	40	B.
July		C 25918	20	20
Aug.		S 33944	20	
Sept.		H 40891	20	
Oct.		X 46114	20	
Nov.		V 52641	20	
Dec.		L 64443	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

$160 00

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 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.5.17		EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

NAME:- YETTS. M.A.

NUMBER:- 507463.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

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 M. Yetts.
122 Aylmer Ave.
Ottawa
Ont. (Mother)

UNIT AND TRANSFERS

ORIGINAL UNIT:- C8 T D 12th Sig Dft.

DATE ACCOUNT FIRST OPENED:- 1.5.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
N.R. Apl 1918			CC Sig Co
			C. Sig Bde

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
26/9	29.	Epsom.	24 33	SJ	26/9	14/6/19. 12 days.	8 7
19/9	5402	M CCC.	24 33			From route letter.	
			48 66				

DAILY RATES OF PAY AND ALLOWANCES

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

Debit Bal. £17.6.5

PARTICULARS OF RENDERING NON-EFFECTIVE:- To Canada 1/19 MR. 10923 Bramton Witby No. 3 M.D. Wing. 21/9/19

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balance fwd.								28 38		
Apr	Spr. Pay.	33		C.A.F.				20			
				AR 28. C.C. Sig Co. 4.4.18	4 46						
				AR 312 " 18.4.18	3 54				33 35		
		33			8 03			20			
May	Spr. Pay	34 10		C.A.F.				20			
				AR 568 CC Sig Co 1.5.18	4 46						
				AR 877 Do 15.5.18	3 54				39 42		
		34 10			8 03			20			
June	Spr Pay	33		C.A.F.				20			
				AR 427 14th CFA 15.6.18	3 54						
				AR 501 14th CFA 18.6.18	4 46				44 39		
		33			8 03			20			
July	Spr Pay.	34 10		C.A.F.				20			
				AR 504. 14th CFA 7.7.18	4 46						
				AR 625 Do 20.7.18	3 54				50 46		
		34 10			8 03			20			
Aug	✓	34 10		Can				20	64 56		
				708. 6/8/18 14th C.F.A.	3 57						
				745 20/8/18 ✓	4 46				56 53		
		34 10			8 03			20			
Sept	✓	33.		Can				20	69 53		
				893 10/9/18 ✓	3 57				65 96		
		33			3 57			20	80 06		
Oct	✓	34 10		Can.				20			
				1017. 15/10/18 ✓	4 46						
				Quak. 973. 18/10/18 ✓	3 73				68 87		
		34 10			11 19			20			

NUMBER 507463. RANK Spr. NAME YETTS. M. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Bal.								6887		
Nov	PP	33-		Nov-Jan. Can A.P.				60-			
Dec	✓	34 10									
Jan	✓	34 10							11007		
		101 20						60			
				1503. 2/12/18. 14 C7a	1947						
Feb.	✓	30 80		2090. 25/1/19. 2662	373						
Mar	✓	34 10		Daa R 1587 ✓ 1/19 14 C7a	502				17497		
				" ✓ 1196. 17/1/19 ✓	746						
				39139. 23/1/19. Low	1947						
				224 " 19/1/19 14 C7a	746						
				93. 11/1/19 5 Sig	373						
				58. 14/1/19 ✓	373						
				D.M.66. 28. 26 29/2/19 ✓	4867						
				Can Lebanon.				40-	1632		
		64 90			11875			40-			
Apl.	✓	33-		+4.0.0 23/2					4332		
May	✓	34 10		224 " 2/5/19 mcH Epsom	973						
				68 ✓ 3 ✓ " 10/5/19. Low ✓	1947						
				365 ✓ " 10/5/19 mcH Epsom	487						
				Can.				40-	925		
		67 10			3467			40-			
		33.		Cal.				20	3101		
June -											
S.Z 2-14 6/19. 12 days. DO. 163. 12/6/19 CERD		876		5432. 19/6 (26) mcCC	2433						
				29. 2/6. (38) mcH Epsom	2433				1765		
		4176			4866			20			
				6344 M-666 4-7	973				2738		
					973						

Sol 5-7-19 Sl 93

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Ottawa

NAME AND ADDRESS OF NEXT OF KIN: Mrs Mary Yetts

122 Aylmer Av. Ottawa Can

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. 507463 RANK Spr NAME Yetts M.A

IF IN PERMT. CORPS } WHAT UNIT } UNIT C.E.T.D 12 Sig Pk TRANSFERRED TO Sig Pool DATE 1-2-18 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Ottawa TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Dec 1st 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20.00 DATE EFFECTIVE 1/5/1917.

PAYABLE TO mrs m yetts. 122. Aylmer Ave. Ottawa Ont. Canada 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)

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
May	31	1.25/10	34	10											34 10													20 -		20 -	28 - 42 10			
June	30		33												33	422	15/6							14 60				20		34 60	40 50			
July	31		34	10											34 10													20		20	54 60			
Aug	31		34	10											34 10	110 303 795 666	15/6 30/6 15-7 31-7							9 73 9 73 9 73 9 73				20		39 46	49 24			
Sept	30		33												33	421	15-7											20		49 19	83 05			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEPARATION ALLOWANCE ENG.
Oct: 1		~~33 05~~							33 05		NIL
				A.P.				20			
				1031. C.E.T.D. 15/9/17.	9 73						
	S/Sr Pay	34 10 34 10		1091. C.E.T.D. St Law 30/9/17.	4 87 14 60			20	32 55		

REMARKS: C

Cr from Canada

507463 Yetts M. A. A.P. $20

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.	ACQUITTANCE ROLLS 1 DATE	ACQUITTANCE ROLLS 2 No.	ACQUITTANCE ROLLS 2 DATE	ACQUITTANCE ROLLS 3 No.	ACQUITTANCE ROLLS 3 DATE	ACQUITTANCE ROLLS 4 No.	ACQUITTANCE ROLLS 4 DATE	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 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	P.										S	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	CERTIFIED PAY	CERTIFICATE ALLOWANCE ENDS																			
1917																																			
Oct 2	Bal forward																	39 55	Pd																
Nov	Pte		33 00						OR 1461	5/11	6.6.2	D Seaford		9 75																					
									1078	14/10	"	Shaw		9 75																					
											6	A Ray					20																			
									1381	30/10	6.6.2	D		4 87																					
									1540	30/11	"	"		4 87																					
Dec	"		34 10								6	A.P.					20	30 45																	
			67 10											29 20			40																	
Jan 1918									a/27	6-11-17	CEW			32																					
"									1635	6-12-17	"			9 73																					
"	"	"	34 10						1718	20-12-17	"			4 87																					
											6	A.P.					20	29 63																	
			34 10											14 92			20																	
Feb	A.P.		30 80								6	A P					20																	
									a/1151	15/1/18	P.O.R.			36				40 04																	
			30 80											36			20																	
Mar	A Ray		34 10								Leave	Rec Pay					20																	
									AK 4465		CC Sig Co	15/2/18		= 3 54																					
									Am 1442		C & TD	12/1/18		= 9 43																					
									AK 5145		C.C. Sig Co	1/3/18		= 4 46																					
									Am AK 4284		do	3/2/18		= 4 46																					
									AK 5490		do	16/3/18		= 3 54				28 38																	
			34 10											25 79			20																	

Form R 122.
2353—100M—9-12-16.

LTR

Rank — Name YETTS, Maynard Arthur — Reg'l No. 507463

Unit No.12.Sig.Div.to,CETD. If in perm. Corps, What Unit? — Married or Single Single.

Place and Date of Enlistment Ottawa. Dec. 1st. 1916. — Place of Birth Ottawa. Ontario.

Name and Address, Next-of-Kin Mrs Mary Yetts.

122 Aylmer Ave. Ottawa. Ont. Canada. — Relationship Mother.

ENGRS

Assigned Pay Monthly $ — Payable to

Relationship

Separation Allowance $ — Payable to

Relationship

Discharge, Date and Place — Reason — Character

N/E. R.B. No. 76638
The R.I. Corps
Ontario
CANCR

H. W. V., Ld.—9546-16.

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.
		ENGINEERS 43 — ARRIVED IN ENGLAND 7-5-17 S.S.OLYMPIC.			A.F.B. 103 CHECKED 24 JAN 1918
8.5.17	CETD	T.O.S.	Crowl	7.5.17	P II 0109
21.1.18	"	S.O.S. to Signal Pool France	Str Seaford	21.1.18 - 20.1.18	TOS. Sig Pool - PEO. 5/31.1.18
7.6.18	5th Sig	T.O.S for Sig Pool	" Freed	27.5.18 — 18.	Sig Pool P II 281 5-6/18
21.3.19	CERD	T.O.S from 5th Div. SC.	" Leigh.	27.2.19 " 80	Sold 5 cwt Sig 27.3.19 £0.10 £4/19
18.6.19.	M'Wing	T.O.S.	Mulby	18.6.19	D.O 69. L.B.K.D. D.O. 175. 24/6/19
9*10*19	Records	S.O.S. TO CANADA	London	5-7-19	A 0 4
			939-107	5-7-19	
			fbs		

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.				

WAR SERVICE BADGE 38207
CLASS A NC

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B.R. 6160307

D.A.G. 17-5-35

O.G. ~~23~~ 14.

1. No. 507463
2. Rank. Spr.
3. Name. Yetts Maynard, Arthur,
4. Unit. 5th. Div. Sig. Coy.
5. Date of Discharge JUL 15 1919 Place Ottawa
6. Reason for Discharge DEMOBOLIZATION
7. Authority. R O ~~420~~ 1844
8. Proposed Residence after Discharge 122 Aylmer Ave. Ottawa Ont.

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

M.O. Yetts.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "G" JUL 15 1919

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date AUG 1 - 1919

Embark R.M.S. Carmania Liverpool 5.7.19 Capt. & Adjt.

Captain
for O. C. Dispersal Area Station G.

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

W 40 26.8.64

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. 6

.....

Date. 30-6-

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 Witley Camp DATE June 22nd. 1919.

1. 1 (a) Unit C.E.R.D. (b) Regimental No. 507463 (c) Rank Spr.

(d) Surname Yett6 (e) Christian name Maynard Arthur

(f) Home address 122 Aylmer Ave; Ottawa Ont.

(g) Next of Kin Mrs. M.E. Yett6 (h) Relationship Mother

(i) Address of Next of Kin As Above.

2. Age last birthday 19 Date of birth Jan. 8th. 1900

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date 23rd. Nov. 1916

4. Personal description: Est.

(a) Height 5----4 (b) Weight 138 (stripped) Estimated (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar back L. shoulder no recollection as to cause.

5. Former trade or occupation Student.

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
	2	241

	Periods	
	From	To
Canada	23-II-16	29-4-17
England	29-4-17	2-I-18
France or other theatres of War	21-I-18	26-2-19

7. Original disease, or injury Myopia left.

(a) Date of origin Adolescence (b) Place of origin Canada

(c) Cause Congenital

M. F. B. 227.

4QUM.—11-18.
1178-29-117.

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.)

ive Vision left (Myopia left)

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.)

Specialist's Report, 20-6-19, Witley.

R.V. 6/6

L.V. 6/24 with glasses 6/9

Category "A". Myopia left. Condition present prior enlisting not caused nor aggravated by service.

Sgd. J. ... Brennen Capt. CAMC.

(*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*).)

Vision left always poor.

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

Measles and mumps in childhood. Recovered.

Influenza 29-4-19 states had Pneumonia also at this time. Good recovery.

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

small scar back L. shoulder but no recollection as to cause.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*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.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? NO (a & B)

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? Permanent

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

Nil

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

No

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

17. Recommendations

S. J. W. Horne Capt. QAMC.
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 M. A. Yetts 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.

M. A. Yetts Spr. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

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.)

(*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 for RTC Auth. A.G. Tel. 9083 of II/II/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.

L.Hyttenrauch Capt. CAMC. *President.*

PLACE Witley — A.Archibald Capt. CAMC. } Members

DATE 22-6-1919

DH.

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..... } Members

DATE.....

APPROVED BY

F.B.Wilson Capt. CAMC.

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED TRUE COPY

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 22 JUN 1919 WITLEY SECTION.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS Y

188

Date of Assignment

May 1-1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

10 Z 3 11 y1
D M

PARTICULARS OF SEPARATION ALLOWANCE

No. 507463

Rank Sap. Promoted Reverted Discharge

Soldier's Name M. A. Getts.

Battalion Sig. Draft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. M. Getts

Address 122 Aylmer ave. Ottawa Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31	—		160. 00	160 00		
Jan 1918	M 73116		20 -	20 -	✓	
Feb	N 73130		20 -	20 -	✓	
March	V 92503.		20 -	20 -	✓	
Apr.	X 10743		20	20	✓	✓
May	X 20968		20	20	✓	✓
June	V 24700		20	20		✓
July	B 29790		20	20		✓
Aug	X 36694		20	20		✓
Sept	W 45370		20	20		✓
Oct	O 50155		20	20		✓
Nov	S 58764		20	20		✓
Dec	Y 59117		20	20		
Jan	R 73082		20	20	✓	
Feb	X 77792		20	20		
Mar	O 84682		20	20		
Apl.	W 3594		20	20		
May	V 7031		20	20	✓	
June	V 11127		20	20	✓	
July	W 13028		20	20	✓	
			5-40	540		

1967-9m-5.

A/c Closed 31/12/19 M.O. Boston L.P. 116154

Ret'd per Carmania

Date 13/1/19 M.F.W.187 26/1/19 M.O. #3

Clerk M Venture

CONSOLIDATED ACCOUNT

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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.—5-17—1772 39-1141
L. L. 22320—M. & D. 1933.

Original

"M" WING, C.C.C.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS G. Group

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 Witley Camp DATE June 22nd 1919.

1. 1 (a) Unit C.E.R.D. (b) Regimental No. 507463 (c) Rank Spr.

(d) Surname Yetts (e) Christian name Maynard Arthur.

(f) Home address 122 Aylmer Ave Ottawa Ont.

(g) Next of Kin Mrs M.E. Yetts (h) Relationship Mother.

(i) Address of Next of Kin 122 Aylmer Avenue Ottawa Ont.

2. Age last birthday 19 Date of birth Jan 8 1900

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date 23rd Nov 1916

4. Personal description: Estimated

(a) Height 5' 4" (b) Weight 138 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar back Rt. shoulder no recollection as to cause

5. Former trade or occupation Student.

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
	2	241

	Periods	
	From	To
Canada	23-11-16	29-4-17
England	29-4-17	21-1-18
France or other theatres of War	21-1-18	26-2-19

7. Original disease, or injury MYOPIA LEFT.

(a) Date of origin ADOLESCENCE (b) Place of origin CANADA.

(c) Cause CONGENITAL

M. F. B. 227.
400M.—11-18.
J772-39-117.

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.)

Defective Vision Left (Myopia Left)

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.)

Specialist report 20/6/19. Witley.

R.V. 6/6

L.V 6/24 = glasses 6/9

Cat. A. Myopia Lt.

Condition present prior enlisting not caused nor aggravated by service.

Lgt. J.P. Brannon
Capt.

(*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*).)

Vision Lft always poor.

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

Measles? Mumps in childhood. recovered.
Influenza 29/4/19 states had pneumonia also at this time
Good recovery.

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

Small scar back R. shoulder but no recollection as to cause.

11.—(a) Did the disabling condition have its origin before enlistment? Yes

(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.)

No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No (a & b)

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? Permanent.

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

Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

N/a

S. W. Horne Capt.
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 M.A. Yetter 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
as

Maycotts Sgt. Rank.
Signature of Invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes we concur

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.)

(*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.)

Board for A.T.C. Auth. Tel. a.g. 9083 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.

WITLEY CAMP, SURREY.

PLACE 22/6 1919

DATE

President.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE

DATE

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMPS
22 JUN 1919
WITLEY SECTION.

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 Witley Camp. DATE June 2nd. 1919

1. 1 (a) Unit C.E.F.B.D. (b) Regimental No. 507463 (c) Rank Spr.

(d) Surname Yetto (e) Christian name Maynard Arthur

(f) Home address 122 Aylmer Ave; Ottawa Ont.

(g) Next of Kin Mrs. M.E. Yetto (h) Relationship Mother

(i) Address of Next of Kin As Above.

2. Age last birthday 19 Date of birth Jan. 8th. 1900

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date 23rd. Nov. 1916

4. Personal description: Est.

(a) Height 5---4 (b) Weight 138 Estimated (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar back L. shoulder no recollection as to cause.

5. Former trade or occupation Student.

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
	2	241

	Periods	
	From	To
Canada	23-II-16	29-4-17
England	29-4-17	2-I-18
France or other theatres of War	2I-I-18	26-2-19

7. Original disease, or injury Myopia left.

(a) Date of origin Adolescence (b) Place of origin Canada

(c) Cause Congenital

M. F. B. 227.

40m.—11-18.
1773-20-117.

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.)

Defective Vision left (Myopia left)

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.)

Specialist's Report, 20-6-19, Witley.

R.V. 6/6

L.V. 6/24 with glasses 6/9

Category "A". Myopia left. Condition present prior enlisting not caused nor aggravated by service.

Sgd. J. P. Brannen Capt. CAMC.

(*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*).)

Vision left always poor.

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

Measles and mumps in childhood. Recovered.

Influenza 29-4-19 states had Pneumonia also at this time. Good recovery.

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

small scar back L. shoulder but no recollection as to cause.

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*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.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? NO (a & B)

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? Permanent

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

Nil

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

No

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

17. Recommendations

S. J. W. Horne 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 M. A. Yetts 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.

M. A. Yetts Spr. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes we concur

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.)

(*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 for RTC Auth. A.G.Tel.9085 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.

L.Hyttenrauch Capt. CAMC. *President.*

PLACE Witley A. rchibald Capt. CAMC. } Members

DATE 22-6-1919 } Members

DH.

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..... } Members

DATE..... } Members

APPROVED BY

F.B.Wilson Capt. CAMC.
Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED TRUE COPY
D.A.M.S. HEADQUARTERS
CANADIAN CORPS CAMP
22 JUN 1919
WITLEY SECTION.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 507463 RANK Spr. NAME (IN FULL) YETTS Maynard A.
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN nil RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Spr. Maynard A. Yetts, Reckoning Ottawa, Base Struct. Det. Ottawa, Ont 122 Aylmer Ave.		

ORIGINAL UNIT C.E.F. C.F.R.D. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 1-12-16. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 20.00 DATE EFFECTIVE 1-8-19.

PAYABLE TO Mrs. M. Yetts, RELATIONSHIP Mother ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 122 Aylmer Ave., Ottawa, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Ottawa DATE 15-7-19. REASON Demob. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																															17	65			17	65	Returned "Carmania".
July	20	10/xx	22	00	35	00	70	00	127	00							4	87	9	73	5	50	10	50	20	00							109	60			25		Bal. per Eng L. P. C., Clothing Allce. and 1st Payment W. S. G. Pay to estimate date of discharge. Advances in England. Boat Money, Train Money.
																													5	50			5	50	5	75	Overpaid 5 days on discharge.
																																					O/P. on Dis. Cheque.
			D.S.C. & D.				War Service Gratuity				D.S.C. & D.																										
153 days at minimum 350.00																	70	00																			1st Payt. W. S. G. as above.
																	64	25											5	75							9.1290933. AUG 15 1919.
																	70																				Balance as above.
																	70																				9.1309190. 12-9-19.
																	70																				9.1324001 9-10-19.
																	70																				9.1335132. 14-11-19.

200M-3-19.—L. L. 58788—H. & D. 9985.
M. F. W. 2096.
1772-39-1390.

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	507463	Spr	Yetts	W
Year.	Unit.		Age.	Service.
	5 Can Eng.		19	2 5/12

Station and Date. M.C.H. EPSOM. 2 MAY 1919

Disease Influenza (Coms)

Out of bed 1 month. Still med.

F 6.

19/5/19. Mty P.T.

27/5/19. Recmnd. Categy A.

Attached

Cpl Camp.

Lab 2 — 17-5-19

Ottawa 28 — 23

* The first and last entries will be signed, and transfers from one Medical Officer to another attested by their signatures.

(A 1014) W3081/P/1296 3,45Cm 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Station and Date.	