No 5 Coy. 3rd Batt.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Yule Samuel Richard
2. In what Town, Township or Parish, and in what Country were you born? ..... London England
3. What is the name of your next-of-kin? ..... Mrs Margaret Yule
4. What is the address of your next-of-kin? ..... 40 Derrington Upper Tooting Lon Eng.
5. What is the date of your birth? ..... 11 June 1896
6. What is your Trade or Calling? ..... Waiter
7. Are you married? ..... yes
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
10. Have you ever served in any Military Force? ..... West Kent Reg. 12 years.
    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

S R Yule (Signature of Man).

B N Martin (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

S R Yule (Signature of Recruit)

Date 22 Sept 1914. B N Martin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Yule, 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.

S R Yule (Signature of Recruit)

Date 22/9/1914. H Burnett (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 Valcartier this 22 day of Sept 1914.

(Signature of Justice)

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

R. Rennie Lt-Col. (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

6e Batt

Description of R. Yule on Enlistment.

Apparent Age 32 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4½ ins.

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

Complexion Fair

Eyes Blue

Hair Iron Grey

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

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

scar right hip

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 Sept 1 1914. A.A. Macdonnell

Place Valcartier 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.

R. Yule 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.

R Rennie Lt. Col. (Signature of Officer)

Date Sept. 22 1914.

V.T.M. 3/7/19

ATTESTATION PAPER.

No. ~~2606995~~ 2607021

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	YULE
1a. What are your Christian names?	Samuel Richard
1b. What is your present address?	176 King St W. Toronto, Ont
2. In what Town, Township or Parish, and in what Country were you born?	London, England
3. What is the name of your next-of kin?	Mrs Margaret Yule
4. What is the address of your next-of-kin?	176 King St W. Toronto, Ont
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	June 11th., 1880
6. What is your Trade or Calling?	Waiter
7. Are you married?	Yes
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.	17th Gloucesters, B.E.F., ~~[illegible]~~ German East Africa 3 Years
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	No

128

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Samuel Richard Yule, 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.

S R Yule (Signature of Recruit)

Date May 3rd ~~March 26th.~~, 1919. R. F. Wakeling (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Richard Yule, 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.

S R Yule (Signature of Recruit)

Date May 3rd ~~March 26th.~~, 1919. R. F. Wakeling (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 Toronto, Ont this ~~26th~~ 3rd day of ~~March~~ May 1919.

[illegible] (Signature of Justice)

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

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

Description of Samuel Richard Yule on Enlistment.

Apparent Age 38 years 9 Mos months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 1 ins.

Complexion Medium

Eyes Blue

Hair Dark

Religious denominations.
- Church of England Yes
- Presbyterian
- 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).

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 March 26th., 1919.

Place Toronto Ont

W. Fetherstonhaugh Capt
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Samuel Richard Yule 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.

Gordon Hunter Major
(Signature of Officer)

Date March 26th., 1919.

NAME Yule Samue

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		
TRAINING HISTORY SHEET (M.F.W. 113)		
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		
DENTAL HISTORY SHEET (M.F.B. 465)		
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		
MEDICAL EXAMINATION (M.F.W. 129)		
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)		
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)		
LAST PAY CERTIFICATE (M.F.W. 44)		
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		
PARTICULARS OF CHARACTER (A.F.W. 3226)		
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		

M

H

02729

Box No 484419

W. 2589

9640	Yule	Samuel Richard
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 10673

R.R.
92

Number 96660 Rank Pte

Surname YULE

Christian Names Samuel Richard

Unit 3rd Bn Can Inf Theatre of War England

Dates of Service

Remarks

Latest Address 272 Adelaide St.
Toronto
Ont

Roll No. "A" Page 36

G. 29997 - Disp June 21/21

SURNAME. Yule.

CARD NO.

CHRISTIAN NAMES Samuel Richard

REGL. No. 9640 RANK Batman

UNIT 3rd.

FORMER CORPS West Kent Regt. 12 yrs.

S.O.S. 18-1-15 Eng.
Auch. 16.253
8-6-18 22 M.W.
Gen Ald. List. Cam Bus. 9227
Dr 18/1/15

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Yule Margaret.

RELATIONSHIP TO SOLDIER Not stated.

ADDRESS 40 Derinton Rd. Upper Tooting, London. Eng.

COUNTRY OF BIRTH England London. DATE June 11th 1881

PLACE OF ATTESTATION Valcartier P.Q. DATE Sept 22nd 1914

Ps. 7-10-14 3/2

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2/16. H. Q. 1772-39-339. E.L.

From Quebec per S.S. "Tunisian" 4/10/14

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Wailer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 32 YEARS 2 MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Iron Grey

DISTINGUISHING MARKS Scar right hip.

MEDICAL EXAMINATION. PLACE Valcartier P.Q. DATE Sept 15th 1914

Present address Not stated

No. 9645 RANK Pte NAME Yule R

T. O. S. UNIT 2nd Regt. Queens Own Rifles

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug 27	Aug 30	L		
Aug 31	Sept 21	L	Name on 3rd Bn. Paylist	
Sept 22	Oct 31	L		

UNIT SAILED
OCT 3 1914

Surname Gule.
Christian names Samuel Richard
Regtl. No. 2607021 Rank Pte
Unit C.A.M.C.

H. Q.
M. D. No. 2.
T. O. S. Mar 5-4 1919
D. O. Pt. II 128 of 8-5-19
S. O. S. 19
Reason
Auth.

Next of kin Gule Mrs. Margaret Relationship Wife
Address 176 King St W. Toronto Ont.

Also notify:

BORN—Place England London Date June 11th 1880
ATTESTED—Place Toronto Ont. Date May 3rd 1919
O/S R/C

W. 22—50M.-3-19. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2607021 (Rank) CORPORAL

Name (in full) YULE Samuel Richard. enlisted in

the A.M.C.T.D. #2

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 3rd

day of MAY 19 19

HE served in CANADA

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 40 Years 4 Months

Height 5 Feet 4½ Inches.

Complexion Medium

Eyes Blue

Hair Dark

Marks or Scars

G.S.W. Scar Rt. Hip.

1914-15 Star. General Service

Victory Medals.

E.R. Yule
Signature of Soldier

E. Godfrey
CAPT. & ADJUTANT
DOMINION ORTHOPAEDIC HOSPITAL
Issuing Officer

Date of Discharge

31-10-20

Dominion Military Orthopaedic Hospital
Orderly Room
OCT 31 1920
Christie St., Toronto

Cpl E.R. Yule
Rank

Date October 31st. 1920

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
100M 8-19.
H.Q. 1772-89-882.

Neo/021
~~2606093~~

MEDICAL HISTORY SHEET. C.A.M.C.

Surname Yule *Christian Name* Samuel Richard

Examined on ~~26th~~ 3rd day of ~~March~~ May 1919
at Toronto, Ont

Birthplace City or Town London, England
County

Apparent age 38 Yrs, 9 Mos

Trade or occupation Waiter

Height 5 Feet 4½ Inches.

Weight ~~130~~ 122½ Lbs.

Chest measurement Minimum 34 inches.
Maximum expansion 35 inches.

Physical development good

Small-Pox Marks

Vaccination Marks Arm Right. Left. X
Number Four

When Vaccinated last 1917

(a) Marks indicating congenital peculiarities or previous disease Vt pes cavus, c callosities

(b) Slight defects but not sufficient to cause rejection
GSW. scar Vt hip - no disability

Approved by [signature]

Rank Sol M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
	B2	[signature] Capt M.O.
		[signature] Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 3rd ~~26th~~ *day of* ~~March~~ May 1919 *at* Toronto, Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Dott. Toronto		Old GSW. Rt hip upper Rt Rull	Discharge fit for home service [signature]

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.
400M.—1-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Samuel Richard Yule

DISTRICT 2

REGIMENT A.M.C. T.D.2

RANK Private

No. ~~2606993~~ 1607021

Full upper Denture

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Oct 20			Impression Bite Gyin and Upper Inserted																				Completed
																					W W Thornton Capt		

F.B. 465. M.—6-18. 772-39-950.

NWS

MEDICAL HISTORY SHEET.

Surname Yule *Christian Name* J Richard

Examined { on 1 day of Sept 1914
at Valcartier

Approved by

Rank M.O.

Birthplace { City or Town London
County Eng

Apparent age 32 yrs 2 months

Trade or occupation Waiter

Height 5 Feet 4 Inches.

Weight 132 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 2 inches.

Physical development good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 2
Number Two

When Vaccinated last 1907

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

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

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

Date	Result	Vaccinations.
30/9/14		J D McQueen Capt RAMC M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 22 *day of* Sept 1914 *at* Valcartier

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	3rd Bn	9140	Temperate	22-9-14
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname..... Christian Name.....

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Yule, Samuel R. (Surname, Christian Name) Y-602.

Regimental Number 9640 / 2607021 Rank Cpl.

Unit

Original Unit 3rd Bn.

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: No Record P. D. P. Ledg. Sht. written from Ded.

M. F. W. 127
300M-1-19
1772-39-1140

File No. 19908-S-5.

WAR SERVICE GRATUITY.

Inv. 6-12-19-W.93.

Register No. Y-602.

9640

Reg. No. 2607021.

Name Yule, Samuel R.

Address 176 King St., West.

Toronto, Ont.

Pay Soldier $

Clerk

Dependent Mrs. Margaret Yule, (Wife)

Address Same Add.

W. S. G. to be paid by I. G.
auth Card 5-1-20
W 67

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

R Evans
6 12/19

29281 THE MORTIMER SYSTEMS
OTTAWA, CANADA

Account Closed

R.S. 77

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Yule Mrs Margaret.

Address 40 Derington Road
Tooting
London Eng

Relation to Soldier wife, child or mother } Wife

Name of Soldier Yule Samuel Richard

Regtl. No. 9640

Rank

Corps 3 Prov.

To what Corps belonging when called out } Q. O. R.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Copy sent to England.
Sept.		B849	20 —	
Oct.				
Nov.				
Dec.				Discharged 18.1.15
Jan.	1915			
Feb.				See official list of Discharges
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

29281 THE MORTIMER SYSTEMS
OTTAWA, CANADA

Discharged
892 18/1/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Yule Mrs Margaret
Address ~~40 Derington Road~~ ~~Tooting~~
Overton House
130 Devizes Road
Salisbury ~~London~~, Engl.
P.O. Salisbury
Relation to Soldier wife, child or mother } wife

Name of Soldier Yule Samuel Richard
Regtl. No. 9640
Rank Pte.
Corps 3 Rwo B
To what Corps belonging when called out } P.O. R.

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				Marriage Certificate P'duc'd JAN 12 1915 JWD
Sept.		B849	20	—	
Oct.		1012	20	—	
Nov.					Discharged Para 392. xxv. 18/1/15.
Dec.		J.2757	40	-	
Jan.	1915				P.O. Drafts D, 632555/567 JAN 7 1916
Feb.					
March			✓ 9	73	
Apl.					P.O. Drafts returned
May			89	73	
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

FILE

MILITIA AND DEFENCE.

SEPARATION ALLOWANCE.

Name of Dependant

Relation to Soldier

1

P.O.

2

P.O.

3

P.O.

4

P.O.

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging when called out

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $	c.	Amount. £	s.	d.	Date.	£	s.	d.	REMARKS.
		Brought Forward ...										
Apl.	1916											
May												
June												
July												
Aug.												
Sept.												
Oct.												
Nov.												
Dec.												
Jan.	1917											
Feb.												
Mar.												
Apl.												
May												
June												
July												
Aug.												
Sept.												
		Carried Forward ...										

MARRIED OR SINGLE M.

PLACE OF BIRTH England

NAME AND ADDRESS OF NEXT OF KIN Mrs Margaret Yeale
40 Darrington Rd Upper Tooting London S.W.

RELATIONSHIP OF NEXT OF KIN

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
Suspense a/c Ltd Nor		

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO 9640 RANK Pte NAME Yule R. Samuel

IF IN PERMT. CORPS WHAT UNIT — UNIT 3rd Bn TRANSFERRED TO 1st E Brand DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Sept 29/14 TRANSFERRED TO DATE AUTHORITY

CANADIAN CONTINGENT
NOV 22 1916
PAY OFFICE

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

Entered on N. E. Card Index by WS

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

Checked by J Sherman

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE 18.1.15. No information as to place of Disch REASON AND AUTHORITY K.R. 23. (XXV) Par. 392 ~~10~~, ~~10~~.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 19.1.15. VI

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	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
Checked W Sayers W Smyth	Sept														130 90															130 85		05			adj of Exch Nov 8. 19.1.15. 14 R05. Par 392.
														2 73	2 73																2 78				
MONTH	PARTICULARS	CR. 1	CR. 2	CR. 3	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	PAY WITHHELD																							
1918 June					Transferred to Pay & O.					2 78																										

Balance transferred to N. E. Branch 2 78

Note. This credit of 2/78 would appear to be due the soldier, whose present whereabouts cannot be traced.

Records
Dis Canada M.U. 1st 60 R

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

Rank and Name	YULE R. Samuel.
Regimental No.	9640
Unit	3rd. Battalion.
Date of enlistment	22nd Sept. 1914.
Place of birth	England.
Married (Yes or No)	Yes.
If in Permanent Force	No.

Name and Address of Next-of-kin
Mrs. Margaret Yule
40 Derrington Road. Upper Tooting
London S.W. England.

Date and place of discharge 6/1-15 Bustard.
Reason for discharge Character Good, but physically unfit for Mil. Ser.
Character on discharge

Promotions or appointments

NERB No. 15

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
17.11.14	HC 3 Lt. Col.	Deprived of 13 days pay	Bustard		Pt II O. absence
18/1/15	R. Rennie	Absent without leave. Breaking Camp & remaining absent without leave. Overstaying Pass 8 days.	Bustard Camp. S. Flus. Eng.	30/1/15	Para. 392 (xxv) King's Regs.

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				

This space to be left blank for the Chelsea Number.

Army Form B. 268.

PAY & RECORD OFFICE
JAN 30 1915
R.L.
CANADIAN CONTINGENT

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 9640 Army Rank Private.

Name S H Yule.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Toronto Regiment, 1st Canadian Exped. Force.

Battalion, ~~Battery~~, Company, Depôt, &c. Third Battalion, Base Detail Coy.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge January Eighteenth, nineteen hundred and fifteen.

Place of discharge Bustard Camp, Salisbury Plains, England.

1. *Description at the time of discharge.*

Age _____ years _____ months

Height _____ feet _____ inches

Chest measurement { girth when fully expanded _____ ins. / range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Intended place of residence (To be given as fully as practicable) _____

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of paragraph 392 (XXV) King's Regulations.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good

4. Character awarded in accordance with King's Regulations :—

Good - but physically unfit for military service

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* _____

1145 Wt. W. 6538/936 125,000 10/14 D. D. & L. Sch. 11* Forms B. 268 39

* Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Bustard

(Date) 29. 1. 15.

[signature]

Commanding 3rd *Battn.* Toronto *Regiment.* CEF

8. *Certificate to be signed by the soldier on discharge.*

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ _____ *(Signature of Soldier.)*

(Date) _____ _____ *(Signature of Witness.)*

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ *(Signature of Soldier.)*

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge)
18. Descriptive return (Army Form D. 400), where required

See section 11 on second page

19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A.M.C. T.D. 2

Regimental No. ~~2606993~~ 260702 Rank Private Name Yule, Samuel Richard

Enlisted (a) ~~26-5-19~~ May 26/19 Terms of Service (a) C. E. F. C.E.F. Service reckons from (a) ~~26-5-19~~ May 7/19

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
3-6-19	DO #154	Promoted provisional Corporal with P&A	Toronto	1-6-19	G. Kinsey .....Capt Adjt for O.C. A.M.C. T.D. #2.
		S.O.S., CAMC., T.D.No.2. posted to D.O.H.	Toronto.	8-5-20.	ADMS., D.O.No.106 d/7-5-20.
		T. N. McKinnon Lieut-Col. CAMC. O.C., CAMC., T.D.No.2.			
31-10-20		S.O.S. D.O.H. #2 Det.Gen.List.C.E.F. On. Demobilization. with effect from 31-10-20 Auth. R.O. 1894 & Memo Pt.2.D.O. 297 dated 23-10-20. Toronto Ont. Edwards CAPT. & ADJUTANT DOMINION ORTHOPAEDIC HOSPITAL			

(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				

ORTIMER SYSTEMS
WA, CANADA

NAME YULE. R.Samuel O

Regimental No. 9640.

Unit 3rd Battalion.

Date of enlistment 22nd Sept. 1914.

Place of birth. England.

Married (yes or no) Yes.

Amount of pay assigned monthly $

To whom payable next of kin

Name and address of next-of-kin

Mrs. Margaret Yule,

40, Derrington Road, Upper Tooting,

London, S.W., England.

Date and place discharged 18/1/15

Reason for discharge K.R. Para 392 (xxv)

Character on discharge

Mrs Margaret Yule 40 Derrington Rd Upper Tooting London England

PAY OFFICE, N.E. BRANCH NOV 22 1916 CANADIAN CONTINGENTS

Entered on N.E. Card Index

Checked by

Date From 1914	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 22	Oct 31	40	1	40	40	.10	4		44			40			40	
Nov 1.	Nov 30	30	1	30	30	.10	3	4	37			20		14 30	34 30	absent 13 days R.O. 64
1/12	31/12	31	1	31	31		3 10	2 70	36 80			20 75			20 75	
1/1	7/1	7		7	7		70	16 55	24 75					14 30	14 30	13 days pay.
8/1	18/1	11		11	11		1 10	9 95	22 05			22			22	Disch 18/1/15. K R Para 392 XVI 19/1/15
~~Sept 1916~~					~~Exchange~~			~~2 73~~ 05 ~~2 78~~	~~2 78~~							
					~~119~~		~~11 90~~	~~2 73~~ ~~2 78~~	~~133 63~~			~~102 25~~		~~28 60~~	~~130 85~~	To N.E.B. 19/1/15 K R. Para. 392 XVI 19/1/15
			119		119		11 90		130 90			102 25		28 60	130 85	Cr Bal .05

R 18-9-16

BALANCE TRANSFERRED TO NEW LEDGER

Dis 18/1/15
R.R. Para 392 (xxv)

Checked

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 2607021

Rank Corporal

Surname YULE

Christian name Samuel Richard

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

Corps (Squadron, Battery or Company) D.O.H. #2 Det.Gen.List.C.E.F.

Date of discharge 31-10-20

Place of discharge Toronto Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 40 years 4 months.	Descriptive marks
Height 5 feet 4½ inches.	
Complexion Medium	G.S.W. Scar Rt. Hip.
Eyes Blue	
Hair Dark	
Trade	
Intended place of residence (To be given as fully as practicable.)	272 Adelaide St. Toronto

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

Demobilization.

Authority for discharge R.O. 1894 & Memo Pt.2.D.O. 297/23-10-20

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations 1914-15 Star. Victory, & General Service Medals.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Toronto Ont. E A Godfrey

(Date) 31-10-20 *Commanding* CAPT. & ADJUTANT DOMINION ORTHOPAEDIC HOSPITAL

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Toronto Ont. S K Vale *(Signature of Soldier.)*

(Date) 31-10-20 A H Hallacombe *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed) 1 years 220 days.

Total 1 years 220 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Toronto Ont. E A Godfrey

(Signature) CAPT. & ADJUTANT DOMINION ORTHOPAEDIC HOSPITAL

(Date) 31-10-20

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Cpl P. R. Gale

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Edwards CAPT. & ADJUTANT DOMINION ORTHOPAEDIC HOSPITAL

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Class. 5-21. Pay 1.00 F.A 50¢ Sub 80¢ Auth P.M. 19-F-109

AUDITOR | PAYMASTER

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

M. OR S. Married — REGT. No. 2607021 — RANK ~~PTE~~ Cpl. — NAME (IN FULL) YULE SAMUEL RICHARD — M 2 W. 2503

NEXT OF KIN: Mrs Margaret Ellen Yule — RELATIONSHIP: Wife

ADDRESS: 176 King St. West Toronto Ont

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE: 3-5-19

TO WHOM PAID: As Above — RELATIONSHIP:

ADDRESS: As Above.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TRAINING DEPOT	3-5-19	DO 128
From to C.M.D.	1-6-19	DO 151 N.D.H.
To D.O.H.	8-5-20	DO. 12-8 DO 131

C.A.M.C., M.D. No. 2

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

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

DATE OF ATTESTATION: 3-5-19 Att. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE: May. 1919.

PAYABLE TO: As Above — RELATIONSHIP: Mrs M. E. Yule Wife — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: As Above 176 King St. W. Toronto. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Toronto — DATE: 21/10/20 — REASON: Demob — AUTHORITY: Memo D.A.G. — IF ENTITLED TO POST DISCHARGE PAY

No. 2 DETACHMENT, JUL 1 1920 C.E.F.

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	S.A. $	S.A. C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 2	COL. NO. 3	CASH PAYMENTS COL. NO. 1	COL. NO. 2	COL. NO. 3	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																													
May 3-31	29	1.10	31	90	1	60	28		61	50			1 HSD			8 50	43						51	50			10		S.A. 3-5 to 31-5 8 days 2.39 D Sub. 19-5 to 20-5 1.60 Amt term
June 1-30	30	1.20	36		32	80	30		108	80		3	879370		30	23	80	45					98	80			10		Fwd Subsn 21-5-1920 B7 Sub 21-5 to 30-6 $32.50 B-6 to 23-6
July 1-31	31		37	20	24 10	80	30		102			579 78/6	591 15/6	579 87/6	984 38/6			23		24		45			92			10		$45.00 SD.A.C. 5 7 5 9 0 1 24.80 Sub 1-7 to 31-7
Aug 1-31	31	1.20	37	20	24 10	80	30		102 105			984 97/6	704 13/8	985 106/8	136 88/8			20		27		45			92		1	10		$24.80 Sub 1-8 to 31-8 $45.00 SDAAP 5 1 8 5 8 0 7 10 7 6 2 6 8
Sept. 1-30	30	1.70	51		70 10 24	40	30		185	40	4 06	1185 11/9	572 18/9	5185 1236	755 25/6	70	40	8		32	80	45		19 20 12 80	175	40	1	10		Cr 70-40 Sub 1-4 to 31-5 $40.00 " 1-6 to 31-8 $50.00 Overdr. Sub PA 1-4 to 19-5 - 7 2 2 - 22 19-20 $45.00 SDAAP 5 1 8 5 6 2 2 1 9 24.80 Sub 1-30 Sept. - $19.20 D.O.H. 1-6 to 31-8.
Oct. 1-31	31	1.70	52	70	10 19	20	30		136	70	5186 356	050 11/10		599 44/6	063 29/10	40				41	70	45			126	70		10		$19.20 Cr P.A. Dr. Error Ca. $186327. 1144 L 27.10
Nov 1-30	30	1.70	51		24	80	30		105		5186 1576	799 12/11		5187 1666	230 25/11	25				35		45			105			10		$24.80 Sub 1-10 to 31-10-19
Dec 1-31	31	1.70	52	70	24	80 25	30		107	50	25 5185 1740	5145 12/12		5187 1846	741 19/12	25				37	50	45		25	107	50	25	10		Sub 1-12 to 24-12 Nov $24.80 $45.00 SDAAP 5 1 8 7 7 3 8 182 L 17/12
Jan 1920	31	1.70	52	70	24	80	30		107	50	333 5006	332 1141		5321 2166	770 28/1	25				37	50	45			107	50		10		Sub 1-31 Dec $24.80 $45.00 SDAAP Com 5 5 2 1 8 7 9 6 206 22/1
Feb 1-29	29	1.70	49	30	23	20	30		102	50	5226 5322	13/2 1466		5322 2298	139 25/2	25				32	50	45			102	50		10		Sub 1-31 Jan $24.80 SDAAP Feb $15.00 5 3 2 3 6 1 1 6 225 19/2
Mar	31	1.70	52	70	24	80	30		107	50	5226 5323	4/47 12/3		5323 2446	127 29/3	25				37	50	45			107	50		10		Sub 8 28-10 - Ded. SDAAP $45.00 5 3 2 3 0 4 1 1 6 249 23/3
April	30	1.70	51		24		30		105		5323 5 6	4140 13/4		5323 2606	701 27/4	25				35		45			105			10		SDAAP Amt 5 3 2 3 6 6 2 186 244/4 Sub 24.00 Apl
May	31	1.70	52	70	6	40	30	00	89	10	5323 5324	11/5 221		5324 2745	106 4/5	20				24	10	45			89	10		10		Cancel Sub of 12/8 to 8th May. D0128 Sub. to 8th May 6.40
June	30	1.70	51				30		81		5324 5326	10/6		5324 2876	728 25/6	20				16		45			81			10		SDAAP 5 3 2 1 0 4 5 . 25/5 43A 5 3 3 4 1 1 4 - 6 2 - 24 6 20
July	31	1.70	52	70			30		82	70	5326 5332	4/7 1/8	27/7 1345	25 056	19/7 3333	15 4140	20		17	70			45			82	70		10		

100M-1-19.—L. L. 53982-M. & D. 9723.
M. F. W. 2596.
1772-39-1500.

Sheet 2

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES (2)

M. OR S.

REGT. No. 2607021 RANK CPL NAME (IN FULL) YULE. SAMUEL RICHARD

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 3.5.19

TO WHOM PAID Same RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F. | 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 $ 15 DATE EFFECTIVE May 1919

PAYABLE TO Mrs M E Yule RELATIONSHIP wife

ADDRESS 176 King St W Toronto Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

No. 2 DETACHMENT, C.E.F. 56

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Yor. DATE 31.10.20 REASON Demob AUTHORITY Memo 96 IF ENTITLED TO POST DISCHARGE PAY

MONTH 1920	PAY AND F.A. No. of Days	Rate	Amount $	C.	Other Credits $	C.	Sept'n Allce. $	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
BALANCE FROM PREVIOUS ACCOUNT																																					
Aug	31	1.70	52	70	10	-	30	-	92	70	1/8-34 346652		25/8-46 346464		20/8-42 346015		20	-	27	70			45	-							92	70					C 10.00 Bal from Sheet 1
Sept	30	1.70	51	-	3	20	30	-	84	20	10/9-59 347189		27/9-74 348626		20/9-68 347499		20	-	19	20			45	-							84	20					Subs 23/8 - 26/8 Adms Memo 49
Oct	31	1.70	52	70	35	-	30	-	117	70	3490-49 87	12/10	99 349406	28/10	952 349202	20			52	70			45	-							117	70	~~10~~		~~0~~		
			156	40	48	20	90	00	294	60							60	00	99	60			135	00							294	60					

[signature] CAPTAIN,
PAYMASTER, No. 2 DETACHMENT, C.E.F.

200M-3-19.—L. ... 58789-... & L. 9985.
M. F. W. 2396.
1772-39-1390.

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 DOH. Toronto DATE Oct 20th 1920

1. 1 (a) Unit Same (b) Regimental No. 2607021 (c) Rank Cpl

(d) Surname YULE (e) Christian name SAMUEL RICHARD

(f) Home address 272 Adelaide St.

(g) Next of Kin MRS. MARGARET ELLEN YULE (h) Relationship WIFE

(i) Address of Next of Kin same address

2. Age last birthday 39 Date of birth June 11 1881

3. Enlistment, or Appointment (if an Officer) (a) Place TORONTO (b) Date May 3 1919

4. Personal description:

(a) Height 5' 4½" (b) Weight 126 (stripped) (c) Complexion Fair

(d) Colour of hair Grey (e) Colour of eyes Pale Blue (f) Identification marks, Scars, etc.

GSW Scar Rt hip ~~[illegible]~~ [illegible]

5. Former trade or occupation Professional soldier & waiter

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

2nd Enlistment C.E.F.	Periods From	Periods To
Canada Documentary.	May 3 1919	to Date
England		
France or other theatres of War		

7. Original disease, or injury G.S.W. Rt. hip & contusion Rt Knee.

(a) Date of origin Aug 1901 (b) Place of origin South Africa

(c) Cause Enemy fire and injury Rt Knee.

M. F. B. 227.

400M—11-18.

1772-39-117.

Cpl. S.R. Yule
#2607021

The man on physical examination shows a general depreciation which is attributed by him to recurrent malarial attacks. His present main symptom is a sense of suffocation and headache when indoors for long periods. Twenty pounds below wt. Heart and lungs and abdomen negative. Reflexes normal.

Impression: General Debility sequel to Malaria.

[signature]
Hct 9 b1

15. 10. 20.

C. E. Corpuck
[signature]

both actively + passively. No synovitis at present. Complaints of pain + weakness at times. Wears an elastic bandage at times. Knee strong otherwise.
Disability slight, due to S.A. war and aggravated by service in this war

[signature] 13/10/20 Hct 9 a. [signature] A.K. Menzies [signature]

9 (a) above?

y System NO
d Sugar will be excluded.)

System NO

System NO

MHS. Rt pes cavus & callosities on enlistment May 1919 B2 Cat.
States contracted severe attack of malaria Aug. 1915 while with BFF. German East Africa. Invalided to Cape Town 1916 after having 20 relapses. Returned to duty in E. Africa. Recurrence, so invalided to England Sept 1917. Discharged to duty at end of Sept 1917. Given under 20% disability 5/6 per week for 26 weeks & Repatriated to Canada Apr 8 1919. Discharge granted after repatriation. No recurrence of malaria since arriving back in England 1917 → See Cat. Cotis report.

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

States 12 yrs service in R. West Kents, 7 yrs abroad, 1½ yrs in South Africa where he received wd. Rt hip from Pom-Pom shell, was dragged in saddle sustaining contusion of Rt. Knee at same time. In hospital 3 months. Invalided to England, granted 3 mos. furlough. Returned to full duty. Discharged from army 1912. fit. Transferred to army reserve. Enlisted in C.E.F. Aug 1914. Took discharge in England Jan 1915 to join Imperial forces. Proceeded to German East Africa Apr. 1915.
Re-enlisted May 3 1919 in CEF Canada. Cat B2. Rt pes cavus. Had synovitis of Rt. Knee Aug 1919 following injury falling out of ambulance. Off duty one week. Knee considerably swollen. Has been wearing elastic bandages off and on since.

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.)

PARTIAL LOSS OF FUNCTION RT. LOWER LIMB

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective & Subjective.

Scar over Rt hip 2½" x 1½" depressed and somewhat adherent. No limitation of movement hip

~~See~~ Cpl. Menzies report for examination

Cpl. Yule.

Rt Knee – Old gsw in South African War. At present has no tenderness or swelling in joint. AgC 170°, AgF. 65°. Joint is freely moveable between these limits both actively + passively. No synovitis at present. Complains of pain + weakness at times. Wears an elastic bandage at times. Knee strong otherwise.

Disability slight, due to S.A. War and aggravated by service in this war

[signature] A.K. Menzies

13/10/20 Hed 4a. [signature]

9 (a) above?

y System No

d Sugar will be excluded.)

System No

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10.—(b) (He... to or...

(c) (Here give...

11.—(a) D...

(b) If... cond...

12. Was th...

refus...

The...

(If the ans... this...

13. What i...

than...

14. Treatr...

15. Is furt...

16. Can th...

17. Recom...

(Sections 7...

I, the... present co...

I complain...

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.)

PARTIAL LOSS OF FUNCTION Rt. LOWER LIMB

9. Pre... physical examination. Import-... y" must be recorded in Section ... be stated first, then subjective

Ol... depressed ... tation of ... examination

APPROVED	RECEIVED BY	SIGNATURE

(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 Yes Any other general condition No.

MHS. Rt pes cavus & callosities on enlistment May 1919 B_2 Cat.

States contracted severe attack of malaria Aug. 1915 while with BFF. German East Africa. Invalided to Cape Town 1916 after having 20 relapses. Returned to duty in E. Africa. Recurrence, so invalided to England Sept 1917. Discharged to duty at end of Sept 1917. Given under 20% disability 5/6 per week for 26 weeks & Repatriated to Canada Apr 8 1919. Discharge granted after repatriation. No recurrence of malaria since arriving back in England 1917 → See Cat. Cotis report.

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Re-enlisted May 3 1919 in CEF Canada. Cat B_2. Rt pes cavus. Had synovitis of Rt. Knee Aug 1919 following injury falling out of ambulance. Off duty one week. Knee considerably swollen. Has been wearing elastic bandages off and on since.

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

~~Illness~~ other than mentioned.

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

See Sect 4 f. & 4 a.

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.)

Yes. No mention of Kell on MHS.

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

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

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

Elastic bandages.

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? No because of Rt leg injury

(If not, briefly state why)

17. Recommendations Discharge from army as fit for home service.

[signature] 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 S. R. Yule have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

[signature] Rank. CAL

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.

The Board Concurs

19. Is the invalid fit for

(a) ~~General service~~,	(~~Category A~~)	(~~Yes or No~~.)
(b) ~~Service abroad, not general service~~,	(" B)	(~~Yes or No~~.)
(c) Home service (Canada only),	(" C)	(Yes ~~or No~~.)
(d) ~~Temporarily unfit~~.	(" D)	(~~Yes or No~~.)
(e) ~~Unfit for service in Categories A, B and C~~	(" E)	(~~Yes or No~~.)

20. It is certified that the 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.)

as Fit for Home Service Canada only

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.

J. P. Cathcart Mayor *President.*

PLACE D.O.H. Toronto.

DATE Octr 20th 1920

J. S. Edmison 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..... } Members

DATE.....

APPROVED BY

APPROVED

Assistant Director of Medical Services.

DATE OCT 21 1920

[illegible] *Lieut. Col.*

For A.D.M.S., M. D. 2

APPROVED BY

Director-General of Medical Services.

DATE.....