

BR 17-217

DISCHARGE DOCUMENTS

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.D.B. 119-1  
A.D.B. 122-1

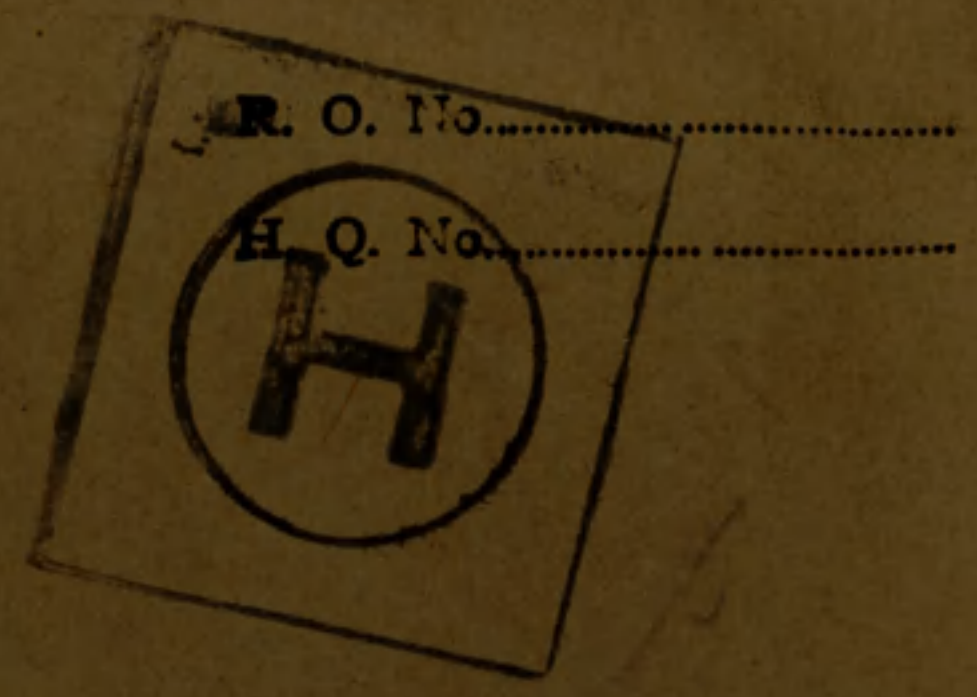
Chs. Camp  
A.D.B. 1232-3

Name CALDER, DAVID, SMITH.

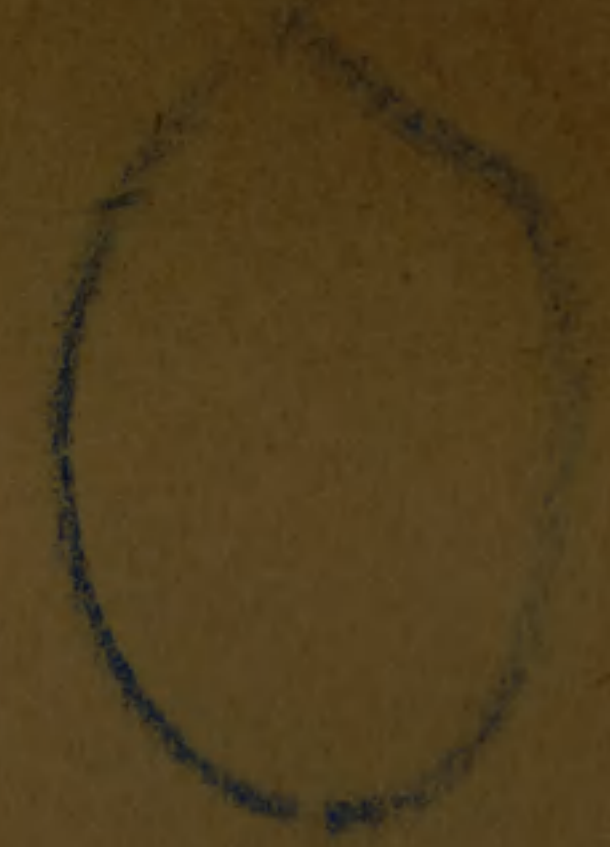
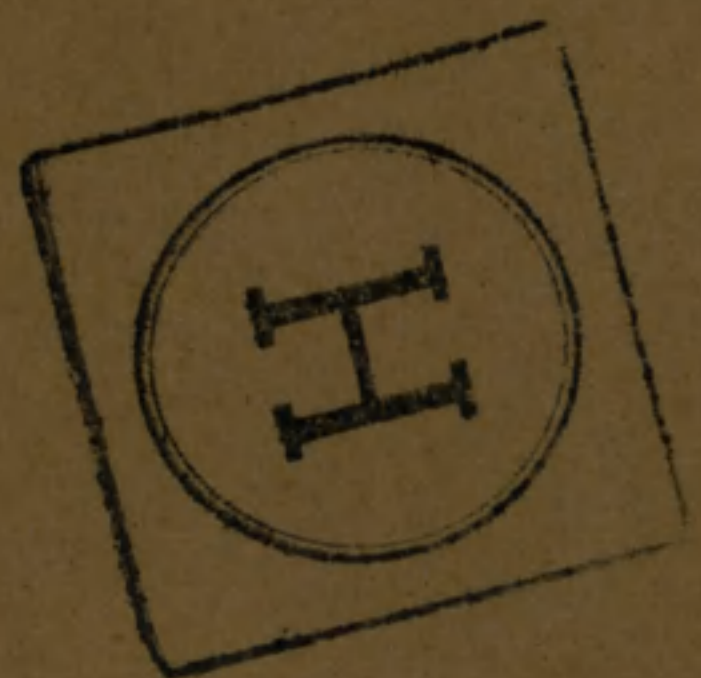
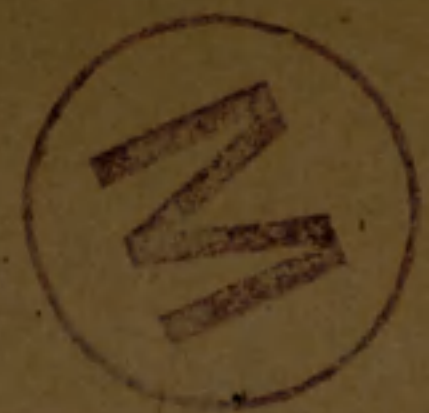
Regt. No. 145807. Rank Pte.

Corps W.D.R.

Phys. Unfit.

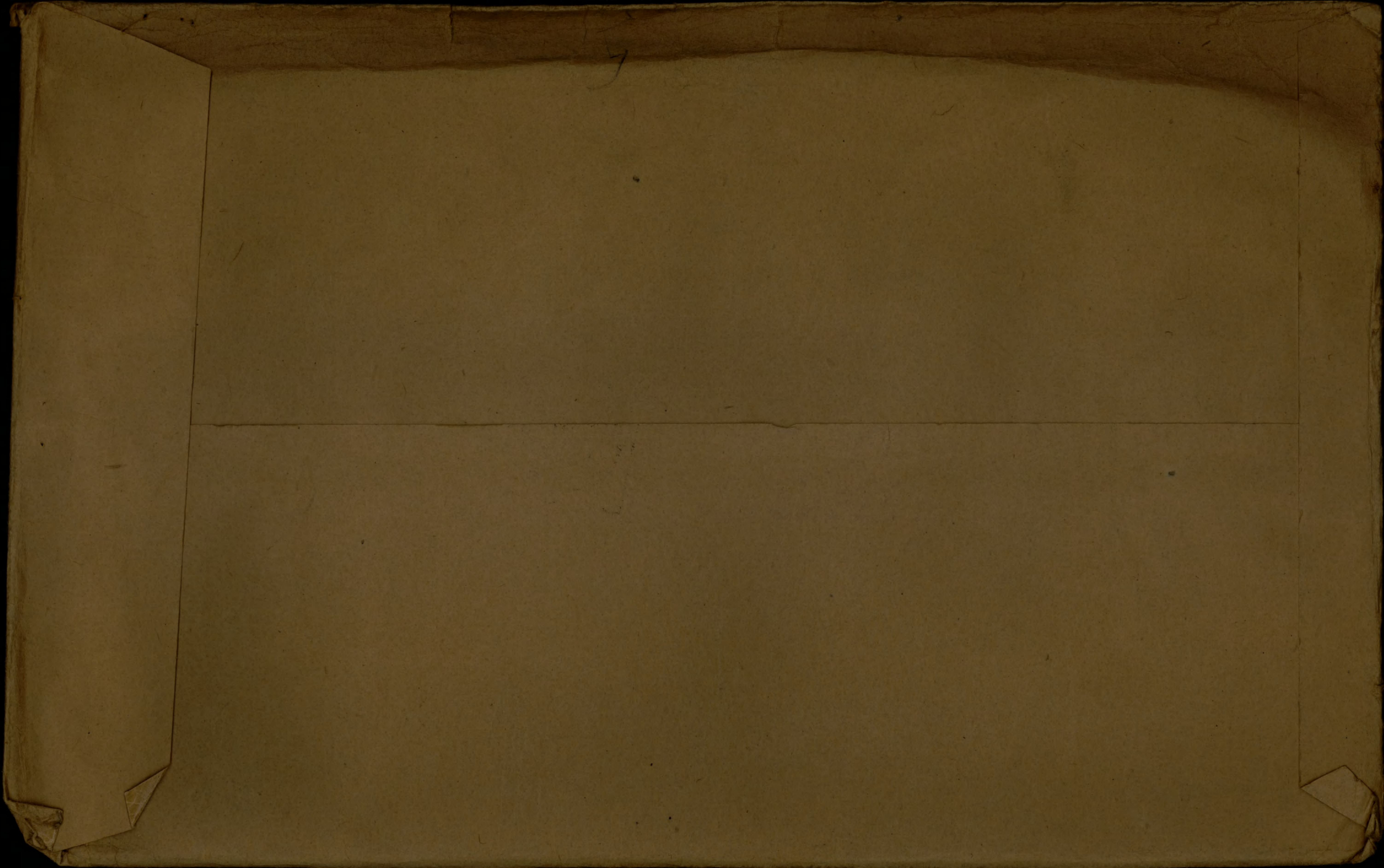


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25-15  
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2

1R149



57th REG'T

ATTESTATION PAPER.

No. 195807 ✓

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *C. Calder*
- 1a. What are your Christian names? *David Smith*
- 1b. What is your present address? *Warsaw P.O. Ont. Canada.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dummer Twp. Peterboro. Co.*
- 3. What is the name of your next-of-kin? *Mrs T. C. Calder* *Canada*
- 4. What is the address of your next-of-kin? *Warsaw, Ont. Canada.*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *8<sup>th</sup> of June 1874*
- 6. What is your Trade or Calling? *Labouring*
- 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? *9 yrs 57<sup>th</sup> Regt. Jr. 1905.*  
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, *David Smith Calder*, 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.

Date *March 16* 1916 *David S. Calder* (Signature of Recruit)  
*W. C. Hutton* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *David Smith Calder*, 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.

Date *March 16* 1916 *David S. Calder* (Signature of Recruit)  
*W. C. Hutton* (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 *Peterboro* this *16<sup>th</sup>* day of *March* 1916.  
*T. J. Johnson M. Col.* (Signature of Justice)

**Description of Calder, David Smith on Enlistment.**

Apparent Age 41 years 9 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. 10 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.  
 Range of expansion 2 1/2 ins.

**Scar above left nipple.**

Complexion Fresh

Eyes Hazel

Hair Dark Brown

Religious denominations { Church of England  
 Presbyterian Yes  
 Methodist  
 Baptist or Congregationalist  
 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 declares that he is not subject to fits of any description.

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

Date March 16th. 1916

*J. H. Cassin*

Place Peterborough, Ont.

Major 57th. Regt.

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.**

..... David Smith Calder ..... 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.

*T. J. Johnston Lt. Col.* (Signature of Officer)

Date 16/3 1916

649 C-126

No. Rank Name. 195807 Pte. Calder D.S.  
 Corps 18th Bn.  
 Address Warsaw Ont. Peterboro Co.

Next of kin Mother, Mrs. Fladder, above address

Occupation Laborer.

Age 43

Enlisted Peterboro 16/3/16

Examined by J.H. Eastwood Major.

Height 5'10"

Complexion fresh

Hair Dark brown

Eyes Hazel

Religion Presbyterian

HISTORY England July 1916.  
 France Sept. 1916.  
 Became ill Nov. 1916. Returned to England Dec. 1916.

OBSERVATION July 11, 1917.

History of myalgia affecting lower limbs. History excema forearms and legs dating back five years, most troublesome in summer. Fit for leave.

Wm. Gihson,  
 Captain,  
 S.M. Asselstine,  
 Captain,

Pay On Boat  
 At Quebec  
 Cheque \$40.00

Received.....

B. P. C. FOLIO  
 FALSE DOCKET  
 8

# POST DISCHARGE PAY OFFICE

20551/410

Three months pay and allowances after discharge.

*Emm*

2663-D-1.

Name Calder, D.S.  
Surname

Christian Name

Regimental Number 195807

Rank Pte.

Address (in full) Warsaw, Ont.

Unit 93rd Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 31-12-17.

P. D. P. Filing Number 9-47-3.

Rates:—Regimental pay \$ 1.00 per diem: Field Allowance \$ .10 per diem. Separation Allowance \$ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
175 10	940	9-1-18	58 00	923	9-2-18	58 00	920	11-3-18	59 10		175 10
<i>1764 128</i>	<del>37631</del>	<del>12-3-19</del>	<del>70 00</del>								
<i>1809 2<sup>nd</sup></i>	<del>433810</del>	<del>12-3-19</del>	<del>34.90</del>								

M. F. W. 127.  
50M-617.  
1772 39-1140.

Remarks:



Name Galder, David Smith. (Pfc)

M. F. W. 41  
1 0M-7-16  
1772-39 889

1635

Regimental No. 195807.

Name and address of next of kin Warsaw. Ont.,  
Peterboro. Co.

Unit 93 Bn.

Date of enlistment

Place of " S.A. \$20.00 fr 16/3/16 to 30/6/17 = \$210.00

Married (yes or no) No.

Date and place discharged 6. 7. 17

Amount of pay assigned monthly \$ 18.00 fr 1/7/16 to 30/4/17

Reason for discharge = \$180.00

To whom payable Mrs Phoebe Galder,

Character on discharge 142649. S. 12690

Uruguayu. 23. 6. 17. Warsaw, Ont. Class. 2.

Form 5351-M. & D. 6880.

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
	17/4/17						28 56								Buy S. P. C.
18/4/17	30/6/17	74	1.00	74 00	74	10	7 40					50 00			S. D. Que,
													59 96		July 17, "C" Unit, M. C. Kingston
								<u>109 96</u>					<u>109 96</u>		Ass <sup>d</sup> pay for July/16 Ch <sup>d</sup> on List 16 <sup>8</sup> / <sub>17</sub>
															Buy A.P. 30/4/17





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

310

*60*

To Whom Mrs. Phoebe, Calder,  
 Address Warsaw Out

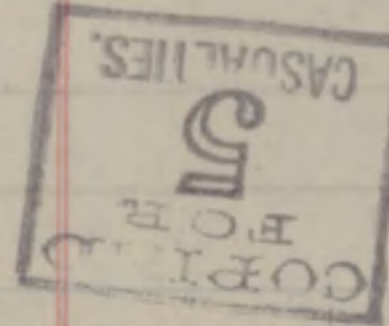
By Whom Assigned Calder, David, Smith,  
 Regtl. No. 195807,  
 Rank Pte,  
 Corps "D" Co 93rd Battr.

Rate \$ 18-

JUL 7 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop Payments May 1/17                      Discharged to Canada                      3M 17/4/17 @ P.O. 8/5/17</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<p><i>Transferred to "C" unit M.H. Co. for pay &amp; allowance on the 1-7-17.                      See file 2663-8-3.                      J.H.G. 4/2/18.</i></p>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



24

STAT.  
10-1-1  
11-1-1

STAT.  
10-1-1  
11-1-1

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

311

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. Mrs. Phoebe Calder.

Name of Soldier Calder, David, Smith,

L. L. Job 310.-Req. 6374.

PAYMENTS.

#195807, Pte, "D" Co., 93<sup>rd</sup> Batta,

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$18	JUL 1, 1916
April	1916			
May				
June				
July		C. 9428	18 -	
Aug. ✓		F 10471	18	
Sept.		W 16628	18 -	
Oct. ✓		W 21612	18	
Nov.		M 24058	18	
Dec.		H 30340	18	
Jan. Ch.	1917	437699	18	
Feb.		V 42985	18	18 R
March		F 50038	18	18 L
April		V 394	18	18 E
May		<del>V 7320</del>	<del>18</del>	Stop May 1/17 V 7320 cancelled
June				A/c Closed <del>30/17</del>
July			180.00	Ret'd per Asquay
Aug.				Date 11/6/17 F. X 20/17
Sept.				Clerk... [Signature]
Oct.				
Nov.				Discharged 31-12-17 Auth M.D. #3.
Dec.				Semi-monthly returns 15/1/18. J.H.G. 15/2/18.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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

### SEPARATION ALLOWANCE

Name Phoebe Calder

Name of Soldier Calder, David Smith

Address Warsaw  
Ont.

Regtl. No. 195807

Rank Pte

Corps 93<sup>rd</sup> Battrn

Relation to Soldier } Widowed  
wife, child or mother } mother

To what Corps belonging }  
when called out }

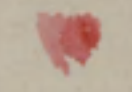
#### PAYMENTS

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

COPIED FOR CASUALTIES. 3

ACCOUNT CLOSED  
DATE..... PER W

Handwritten text in black ink, possibly a date or reference number.



Handwritten text in red ink, possibly a signature or name.

Handwritten text in black ink, possibly a date or reference number.

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# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Phoebe Calder Mother  
PAYMENTS.

Name of Soldier

Calder, David Smith  
195807 Pte

L. L. Job 95618—M. & D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q 2108	20 -	30
May		Q 1658	20	20
June		P 2579	20	20 Discharged 31-12-17 Auth. M.A. # 3.
July		Q 6624	20	20 Semi-monthly returns 15/1/18.
Aug.		H 11657	20 -	40 J.H.G. 15/2/18.
Sept.		U 15286	20	20
Oct.		O 18815	20	20
Nov.		Q 21079	20 -	20
Dec.		Q 24674	20	20
Jan.	1917	P 28093	20	20
Feb.		P 31379	20	20
March		O 37316	20	20
April		Q 458	20	20
May		P 3727	20	20
June		R 7421	20	20
July		<del>P 10590</del>	<del>20</del>	20 P. 10590. Cancelled.
Aug.			310	A/c Closed
Sept.				Ret'd per... <u>Maguoz</u> .....
Oct.				Date <u>11.6.17</u> ... F. X. <u>7.7.17</u>
Nov.				Clerk... <u>J.A.P.</u> .....
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED  
DATE..... PER W



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

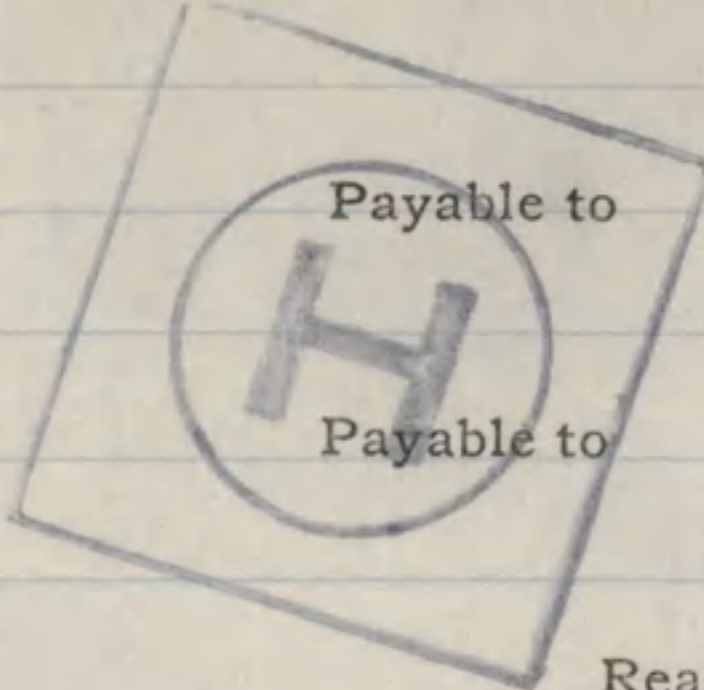
**PAYMENTS.**

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.				

A.G.R. Rank *Plc* Name CALDER, David Smith ✓ Reg'l No. 195807 ✓  
 Unit 93rd Bn. If in perm. Corps, } Married or Single Single. ✓  
 What Unit? }  
 Peterboro, ✓  
 Place and Date of Enlistment 16th March, 1916. ✓ Place of Birth Dummer Twp.,  
 Peterboro Co., Canada. ✓  
 Name and Address, Next-of-Kin Mrs. P.C. Calder, ✓  
 Warsaw, Ont., Canada. ✓ Relationship Mother

Assigned Pay Monthly \$

Separation Allowance \$



Relationship

Relationship

Relationship

N/E. R.B. No. 1741  
 File R.L.  
 Category MV. Can.

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

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.				
Arrived in England, S. S. Empress of Britain.				25th July 1916	
15.9.16	93rd Bn	Tr'f'd to 18th Bn	Otterpool	15.9.16	Pt II. DO234
24/9/16	18 <sup>th</sup> B'n	T.O.S. from 93 <sup>rd</sup> B'n	Field	16/9/16	Part II 42
8.12.16	18 <sup>th</sup>	No 7 Can. Staty Hosp.	Havre	29.11.16	C.L. A 384 Myalgia
30.12.16	"	Berrington War Hosp.	Shrewsbury	24.12.16	" B246 "
31.12.16	18 <sup>th</sup>	To C.C.A.C.	Shoreham	22.12.16	Pt II 59 S
8-1-17	CCAG	Taken on strength.	Hastings	24-12-16	Pt II 12
15-1-17	18 <sup>th</sup> Bn	Trans Kings Can R+Hosp.	Bushy PK	9-1-17	C.L B257
11-3-17	C.C.A.C.	S.O.S. on transfer to W. Ont Regiment	Hastings	10.3.17	Pt II D.O. 117

A.F.B. 103 CHECKED  
19 SEP 1916  
N.W

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.				
15. 3. 14.	<i>w. onl.</i> Regt. Depot.	T. O. S. from 6606 Bramshott.	Bramshott	10. 3. 14	Rt II O. 6.
15. 3. 14	18 <sup>th</sup> Bn	Ex King's Own Red & Co. Regt Spectator	Buxton	10. 3. 14	C. L. B 307.
19. 6. 17	"	Disch'd.	"	11-6-17	" 382 <i>Mgalyin</i>
26. 6. 17	M.A.D.	S.O.S. invalided to Canada. B. Photo. No longer physically fit for His Service	B. Photo.	11-6-17	P120.95
	Dis Depot.	To Convalescent Home	M Dno 3 Kingsdown	23-6-17	IV R 3024

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *David Smith* 2. Surname *Calder*
3. Rank *Pte* 4. Original Unit *93<sup>rd</sup> Bn* 5. Reg. No. *195807*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Warsaw, Ontario*
7. Date of enlistment in the C.E.F. *16 March 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Phoebe Caroline Calder*
9. Relationship of such dependent *Mother*
10. Address, in full, of such dependent *Warsaw, Ont.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*18<sup>th</sup> Bn. 15 Sept/16 - 25 Dec. 1916*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *no*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *93<sup>rd</sup> Bn. 16 March 1916 to 16 Sept/16 Can & Eng. 18<sup>th</sup> Bn. 15 Sept/16 to 31 Dec 1917. Home oc.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *yes*  
*3. times \$174<sup>00</sup> in all. Self & Mother.*
20. Have you been issued with a War Service Badge? If so, what class? *A*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *No*
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge  
*31<sup>st</sup> Dec. 1917.* (b) Reason for discharge  
*Medically unfit.*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit  
*18<sup>th</sup> Bn. 15 Sept/16. to 25 Dec 1916*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*  
 (b) If so, are you in receipt of full pay and allowances from that Department? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *David Smith Baldu*

Place of Residence: *Warsaw. Ontario*

Declared before me at: *Peterborough Ontario*

This *3<sup>rd</sup>* day of *February* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*C.R. Waddell*  
*aloune*

#### POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>1918</i> Jan. 9-	<i>33-</i>	<i>25-</i>		
Feb. 9-	<i>33-</i>	<i>25-</i>		
Mar. 11-	<i>24<sup>10</sup></i>	<i>25-</i>		

Certified Correct.

*B. James*  
 District Paymaster.

*Total Amt pd \$175<sup>10</sup>*

Report No. **E. C.** Class II. **D.** No. of H. C. File **8152** No. of Local File No. of H. Q. File  
**Calder David S.**  
**Warsaw, Ont.,**  
**Peterboro Co.,**

CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefitted by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.  
 (a) Unfit for overseas service but capable to take up their previous civilian occupation.  
 (b) Disability not the result of service or involving claim as the result of or aggravation by service.

No. **195807** Rank **Pte** Original Unit **93rd Bn.** Present Unit **18th Bn.**  
 Age **43** Height **5 ft. 10 ins.** Complexion **Fresh** Eyes **Hazel** Hair **Dark Brown** Character **Good.**  
 Date of enlistment **16-3-16.** Where enlisted **Peterboro, Ont.** Where seen service **France**  
 Ship returned by **Araguaya** Date of arrival **23-6-17.** Port of arrival **Halifax, N.S.**  
 Birthplace **Canada.** Religion **Presbt.**  
 Name and address next of kin **Mother Mrs. F. Calder, above address.**  
 Cause of disability **Notify Myalgia (2) Eczema.**  
 Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board **N. A.** Canadian Board **(1) (20%) (2) 20% 1/2**  
 Probable duration of incapacity **Permanent conditions,** of each due to service & decreasing to nil 2 months  
 Is final disability likely to prevent return to previous occupation?  
 Recommendation of Canadian Board **Convalescent Home**  
 Destination to which transportation issued **Kingston, Ont.,**  
 Members of Board **A. Haig, Capt., F. J. Coughlin, Lieut. E. A. Robertson, Capt.,**  
**INFORMATION TO BE FURNISHED BY SOLDIER**

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	<b>Mother</b>	<b>80</b>	<b>-</b>	<b>-</b>	<b>Fair.</b>
2					
3	<b>sep allnce.</b>				
4	<b>assgd pay.</b>				
5					

Occupation prior to enlistment **Laborer.**  
 Regular trade or profession **- do -**  
 Average earnings previous to enlistment **\$2.00 per day** Any other income  
 Name and address of last employer **F. Calder, Dummer, Ont.,**  
 Rent per month **-** If purchasing property amount due and annual payment, \$ **-**  
 Taxes **-** If Homestead, when is patent due? **-**  
 If carrying life or accident insurance, annual premium **-**  
 If in receipt of sick benefits or other insurance—name of society **-** Amt. per mo. \$  
 If unable to follow previous occupation, name preference **-**  
 At what age soldier left school? **-** What grade, standard, &c., was he in? **- if possible**  
 Has he taken any Technical or Continuation classes, if so what? **-**  
 Whether given Vocational Training while in Hospital in England. If so, what subjects? **- N. A.**  
 References  
 Witness **Last employer** I declare that the above statement is correct.  
**W. T. Byrne.** Signature **David S. Calder.**  
 Date **Quebec 6-7-17.**

Recommendation by Interviewer as to classes likely to be of use, and general remarks:  
**1635**  
 Last Pay Cert. Cr., \$ **Dr., \$** Amount paid at Depot H. Q., \$ **L. P. C. leaving Depot, \$**  
 Amount forwarded to H. Q. Unit, \$ **Credit Clothing allowances, \$**  
 Transf'd to Unit—Date **Transf'd Class 1—Date** **Transf'd Class 3—Date**  
 PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....  
 First payment date.....



FORM TO USED INSTEAD OF BLANK SPACE ON ARMY FORM 179:-

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT:-

Number 195807 Rank. Pte. Name and Corps of disabled Soldier. Calder, David Smith - 93<sup>rd</sup>

Previous civilian occupation:-

Cause of disability:- Laborer.

649-C-12690

JUL 12 1917  
CANADA

① Myalgia ② Eczema.

Condition, in detail, which prevents the soldier earning a full livelihood:-

Both conditions present before enlistment & slightly aggravated by service. Pr. Cond. Pt. states age as 42 but looks 50. Eczema on forearms & lower legs. Pains in calves along ant. tibial. Cervical Atherosclerosis. Respires reg. - He has lost some weight and feels weak. Should be regarded as previous to enlistment within 2 mos.

OPINION OF THE BOARD.

Degree of incapacity, (Please state in fraction)

① 20% - ② 20% - one half each due to service & decreasing to nil 2 mos.

Does it render him permanently unfit for Military Service?

Would operation, Special treatment, or use of appliances, etc., lessen incapacity:-? Cavalier - cut home.

Signature:- K. Cairns Capt. President.

Station: Quebec July 6 1917 Members: [Signatures]

APPROVED. Date. July 6 1917 E. A. Robertson Capt. Asst. Director Medical Services.

Date. Director General Medical Services

B. P. C. FOLIO FALSE DOCKET 4



RECEIVED

JUL 11 1917

ADMITTED

M

#195807 ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL C7142 649 C-12670

Surname Calder Christian Name David Smith

Examined { on 16th. day of March 1916  
 at Peterborough, Ont.  
 Birthplace { City or Town Dummer Township  
 County Peterboro County, Ont.

Approved by J. N. Eastwood  
 Rank Major 57th. Regt. M.O.

Apparent age 41 years 9 months  
 Trade or occupation Laborer  
 Height 5 Feet 10 Inches  
 Weight 144 Lbs.  
 Chest measurement { Minimum 35 inches  
 Maximum expansion 37 1/2 inches

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good.  
 Small-Pox Marks None.  
 Vaccination Marks { Arm Right Left  
 Number 0 1

Date.	Result.	VACCINATIONS.
<u>April 11/16</u>		<u>J. N. Eastwood</u> M.O.
		M.O.
		M.O.

When Vaccinated last Childhood.  
 (a) Marks indicating congenital peculiarities or previous disease None.  
 (b) Slight defects but not sufficient to cause rejection None.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Feb 29/16</u>	<u>P</u>	<u>J. N. Eastwood</u> M.O.
<u>April 11/16</u>	<u>P</u>	<u>J. N. Eastwood</u> M.O.
		M.O.

Enlisted on 16 day of March 1916 at Peterborough, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>18th Bn</u>	<u>195807</u>		

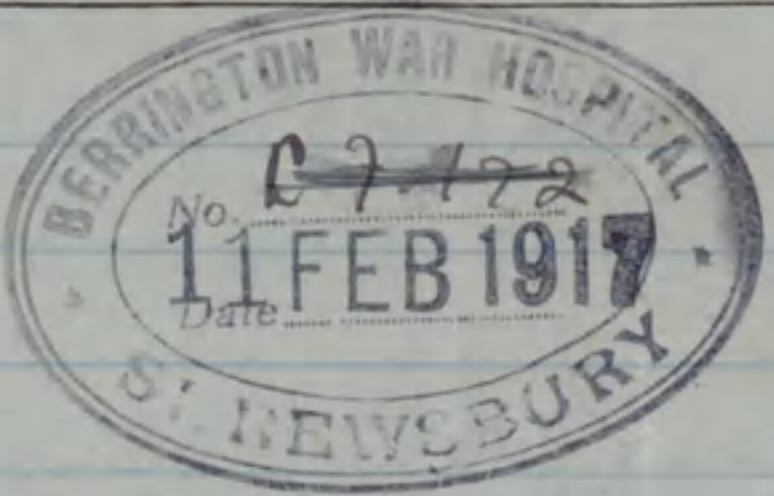
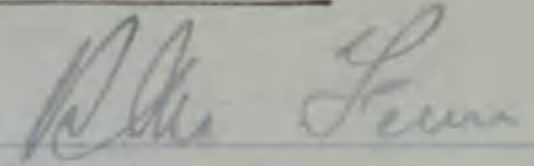
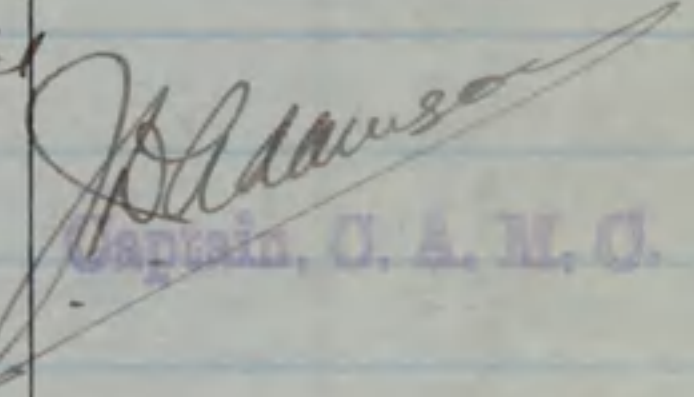
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Buxton Derby</u> A.D.M.S. CANADIANS, LONDON AREA, 76, STRAND, LONDON, W.C. 12 APR 1917	<u>6 April 1917</u>	<u>General Arterio-Sclerosis - myalgia</u>	<u>Invalid to Canada</u> <u>R.P. Borden</u> Capt. C.A.M.C., For A.D.M.S., Canadians, London Area.

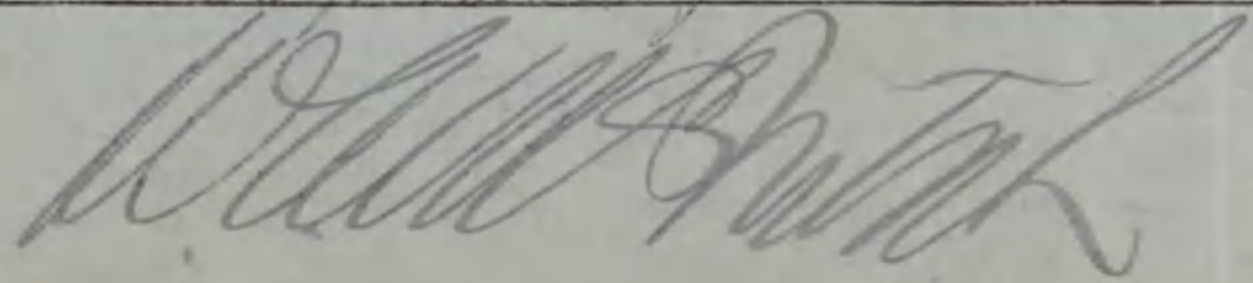
371 1/2  
 1-2-1917

Christian Name David Smith

Surname Calder

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Berrington War Hospital Shrewsbury.		24	13	16	8	1	14	Myalgia	16		
THE KING'S CANADIAN RED CROSS CONVALESCENT HOSPITAL		8	1	17	9	3	17		60	<p>on admission complains of pains in shins, ankles, knees, &amp; elbows during cold weather. He has had these for 3 years off iron. Exam looks thin and badly nourished looks older than his stated age. Cardiac nil. Pulse 90. Respirat nil. Renal B.C. Pres 125-90 Urinalysis. Has a dry excoriating condition of skin also scabies. Has blepharitis in left eye.</p> <p>Irons. Co. Canadian Red Cross Spec. Wash. Buxton</p>	
Canadian Red Cross Special Hospital. BUXTON, DERBY.		9	3	17						<p>Invalided to Canada for further medical treatment</p> <p>W. H. Sedgwick Capt</p>	<p>Major, C. G. M. C.</p>

HOSPITAL REPRESENTATIVE,  
 CANADIAN SPECIAL HOSPITAL, BUXTON.



Major, C. G. M. C.

CASE HISTORY SHEET  
QUEEN'S MILITARY HOSPITAL

Name	Private Calder.	Diagnosis	<i>Locomotion</i>
Reg. No.	195807	Ward	
Q. M. H. File		Bed	
C.R. No.		A. & D. No.	
Corps	93rd. transferred to 18th. Bn.	Transfer in Hospital	

Family History

Past History

History of Present Illness

JULY 31st, 1917.

Enlisted March 16th, 1916.  
Left for England July 12th, 1916.  
Left for France September 15th, 1916.  
After 2 weeks in France, the arches in feet began to give trouble. Reported sick with Eczema November 9th./16. Left France December 22nd/16. Sent to Nottingham Hospital. After two weeks sent to Bushy Park Hospital. Sent to Buxton Hospital March 9th. Left for Canada June 11th. Arrived Q.M.H. July 10th/17.

Present Condition

Patient naturally slightly flat footed. Tender over the long planter ligament on pressure. Rt. arch slightly deformed. Extensive eczematous patches over the flexor surface of both forearms. Also on the external surface of the rt. leg just above the ankle. Also on inner surface of the left leg just above the ankle. Slight varicosity of the veins the left leg below the knee. Patient complains of pain in left leg below the knee. Not always constant. Age 43.

Recommendation;- Arche for feet.

Same received 1-8-17.

D.E. Mundell,

Major.

*Dis:- 1 Eczema, 1 myalgia nil  
2 myalgia 20%, 10% of which D.D.S.  
Cat. E. Discharged Dec. 31st 1917.*

*R.H. Stevenson. M.D.*

Adjutant & Registrar  
Queen's Military Hospital

*C  
17012*



MEDICAL CASE SHEET.\*

C.F. 142  
Year 1916

No. in Admission and Discharge Book.

Regimental No. 195804

Rank. Pte

Surname. Calder

Christian Name. D. S.

Unit. 18<sup>th</sup> C. E. F.

Age. 42  
Total Service 10 yrs  
Service in Fd 4/12

Station and Date.

Disease Myalgia

Slight  
~~Severe~~  
~~Dangerous~~

Berrington War Hospital, Shrewsbury.

NEXT OF KIN.

(Mother)

M<sup>rs</sup> Jas. Calder

Warsaw, Ontario, Canada

Religion. Pres.

Arrived here on Dec 28<sup>th</sup> suffering from Rheumatism due to climatic conditions.

INOCULATION AGAINST ENTERIC.		
TV	TV	TT
1	2	NIL
Date March 11 <sup>th</sup> 1916		

Treatment

Suitable medicine &c.

Cross out that which does not apply

Jan.

Transferred to Canadian Convalescent Hoapt  
J. B. Pows Capt.

Transferred to Busby Park 8.1.14

RECOMMENDED

Transfer to	Convalescent Hoapt		
DISCHARGE			
(a)	(b)	(c)	(d)

~~Suitable~~  
Unsuitable  
for Command Depot

Cross out that which does not apply

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



Station  
and Date.

Has blepharitis in left eye  
To have sulphur treatment  
short baths for eye. JDA

1917

Jan 10

Dentally fit J.V.R.

Jan 16 -

1917 - Very little improvement - W.M.

Jan 23.

Rash on back not healed  
No getting any stronger. JDA

Jan 26

1917 - Rash on back a little  
improved - No improvement in  
general condition. W.M.

Jan 17. spec urine

sp. gr. 1020

no all. no sugar. W.M.

Feb 5

Rash not quite healed

Change ointment to Lassar's Paste

(Buxton when healed?)

Recovery in one week. W.M.

Feb 12.

Eyes now clearing.

Still complains of some pain in toes. W.M.

Feb 15.

Rash almost healed.

Buxton.

Feb 22/17

No improvement - Rash almost gone

Buxton. a trace

March 1/17.

- Rash off body - still on arms.

Mar 8

Rash present on arms yet.

Still complains of pain in toes. W.M.

March 9/17

Transferred to Canadian Special Hospital  
Buxton.

M. Barlow Debelly

Captain, C. A. M. O.



MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	195807	Pte.	Caldor.	D.S.
Year	Unit.	Age.	Service.	
1917	18th Bn.	42	12 4/12	
Station and Date.	Disease <i>Myalgia 931</i>			
Bushy Park. Jan 8 <sup>th</sup>	Born at <i>Dummer, Peterboro, Can.</i>		Occupation <i>Labourer.</i>	
	<del>Married</del> or Single			
	Enlisted at <i>Peterboro Ont.</i> On <i>16<sup>th</sup> mch 1916</i>			
	Inoc. T.	✓	S.P.V.	1
	Next of Kin <i>(mother) Mrs P. Caldor, Warsaw P.O., Ont.</i>			
1916. Nov 10 <sup>th</sup>	Reported sick to Bn HQ at <i>Bully</i>			
Nov 15 <sup>th</sup>	Symptoms <i>Pains in legs + arms.</i> <i>D. R. Camp. medicine massage. Exam by A. W. M. S. marked T.B. + myalgia</i>			
Nov 25 <sup>th</sup>	Harlem No 7 C. G. H. medicine massage			
Dec 24 <sup>th</sup>	Eng. <i>Brington</i> <del>old</del> <i>War Hosp.</i> <i>Shrewsbury</i> <del>War Hosp.</del> <i>medicine</i>			
1917 Jan 8.	<i>Bushy Park</i>			
Dr.	On Admission: Complaining of pains in <i>thighs</i> ankles, knees & elbows during cold weather. He has had these for <del>3</del> <i>3</i> years off & on.			
	Examination: Looks thin & badly nourished looks older than his stated age.			
	Cardiac <i>nil.</i> Pulse <i>90</i>			
	Respiratory <i>nil.</i>			
	Renal <i>nil.</i> <i>125-90</i> <i>False analysis</i>			

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

(M.B.2.)

OFFICE OF ASSISTANT DIRECTOR OF MEDICAL SERVICES,

CANADIANS, LONDON AREA.,

76, STRAID, W.C.2.

12th April 1917.

From:- A.D.M.S., Canadians,  
London Area.,

To:- Officer i/c Records,  
Green Arbour House,  
Old Bailey, E.C.

Name Calder D.S. Reg.No. 195807 Rank Pte.  
Battalion 18th Bn.

The above noted appeared before a Medical Board  
on 6/4/17 at Buxton and the following entry has been  
made on the Medical History Sheet of this man :-

Disability. General Artero Sclerosis, Myalgia.

Board Recommends:- Invalid to Canada.

Sgd:- C.F.Moffatt. Capt. C.M.C.  
President Medical Board.

APPROVED

Sgd:- W.S.Macdonell. Capt. C.A.M.C.  
for A.D.M.S., Canadians, London Area.,

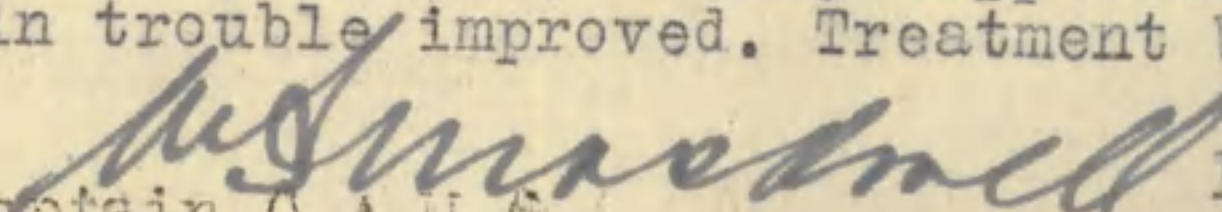
Further entries are also contained on this Medical  
History Sheet, as follows :-

Berrington War Hosp., Shrewsbury. 24/12/16 - 8/1/17. Myalgia.  
Signed. S.A. Fenn.

King's C.R.C.Hosp., 8/1/17 - 9/3/17. On admission complains of  
pains in shins, ankles, knees, and elbows  
during cold weather. He has had these for  
three years on and off. Exam. Looks thin and  
badly nourished, looks older than his stated  
age. Cardiac nil. Pulse 90. Respirat. nil. Renal  
B.C.Press. 125-90. Urinalysis nil. Has a dry  
exzemation condition of skin. Also scabies.  
Has olepharitis in left knee.

Signed. J.D. Adamson. Capt. C.M.C.  
Can. R.C. Spec.Hosp., Buxton. 9/3/17. Prior to enlistment had a  
sunstroke thirteen years ago. Had rheumatic  
pains in hips and legs two years before enlistment.  
Enlisted March 13th 1916. Had erysipelas in June  
at Kingston, Ont., Went to France Sept. 1916.  
Taken ill Nov. 15th with pains in legs and arms.  
Sent to Rest Camp, then to Le.Havre, then to  
England, Goddingham Park two weeks, then to Bushey  
Park 9 weeks, then to Buxton March 9, 1917. Had  
skin eruption. Eczemataus. which has been recurrent  
for about six years. Also pains in shins and arms.

I hereby certify that the entries as above noted are true copies.  
Has made very little, if any improvement in Myalgia,  
but skin trouble improved. Treatment W.M.B.

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

Present condition, Looks older than 42. Has slight tremor  
eczematous patches back and forearms. Pains in all limbs.  
Is generally debilitated. Heart variable in rate, otherwise  
negative. Lungs negative. Urinalysis negative. Recommended  
for invaliding to Canada.

Signed. W.A. McIntosh. Major. CAMC.

*W.A. McIntosh*

# MEDICAL HISTORY SHEET.

DEPT  
MILITARY DEFENSE  
JAN 21 1918  
649 C-12690  
CANADA

Surname Calder

Christian Name David Smith

Examined { on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_  
          { at \_\_\_\_\_

Birthplace { City or Town \_\_\_\_\_  
              { County \_\_\_\_\_

Apparent age \_\_\_\_\_

Trade or occupation \_\_\_\_\_

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches.

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum \_\_\_\_\_ inches.  
                          { Maximum expansion \_\_\_\_\_ inches.

Physical development \_\_\_\_\_

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right \_\_\_\_\_ Left \_\_\_\_\_  
                          { Number \_\_\_\_\_

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_ at \_\_\_\_\_

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.. .....				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Queen's Mil. Hospital	Dec. 8/17	Eczema. Myalgia	Category "B".

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.

B. P. C. FOLIO  
FALSE DOCKET  
6

Christian Name.....

Surname.....

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Queen's Mil. Hospital		10	7	17	1	12	17	Eczema. Myalgia	144	Discharged from Service with effect from December 31st/17 on recommendation of Medical Board dated Dec. 8/17	

*[Faint handwritten notes and a signature in the bottom right corner of the page.]*

(9) Is your Father alive?..... No.....

If so, state name and address .....

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

If so, state name and address..... Calder, Phoebe Caroline.....

..... Warsaw, Ont. Can......

(11) If your Mother is a widow..... Yes.....

Are you her sole support, or not? Yes.....

(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.

..... \$ 25.00 Only single Son!.....

(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.

..... Mother......

(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.

..... Yes.....

15) Are you insured?..... No.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

T. J. Johnson Lt. Col.  
.....  
Officer Commanding.

Date..... May 22nd, /16.....

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..... 93rd. O.S. Bn. C.E.F. 195007

(2) Regimental Number..... 195007

(3) Full Name of Soldier..... Calder, David Smith.

(4) Place of Birth..... Dummer Twp. Peterboro Co. Ont. Can.

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

(6) If married, state,  
(a) Full name of your wife..... .....

(b) Present Postal Address..... .....

(7) Are you a widower?..... .....

(8) Have you any children?..... .....

If so, give number of boys and girls..... .....

Also their names and ages..... .....

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

TRIPPLICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 195807 Rank Etc. Name D.S. Calder  
 Corps 93rd. Bn. who was \* Discharged  
 On December 31st 1917 to Class 3 Medically Unfit

\* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	DR.		CR.			
	December 1st, 1917	\$	c.	December 31st, 1917	\$	c.
To	Bal. Dr. from previous month.....			Regimental pay <u>31</u> days at \$..... 1c.....		31.00
	Total payments during period			Field allowance <u>31</u> " \$..... c. <u>10</u>		3.10
	from.....			Other allowances..... <u>Clothing</u>		13.00
	Assigned Pay..... <u>S/A</u>	43.00		Other Credits (give particulars)..... <u>S/A</u>		25.00
	Other Charges (give particulars).....			Do Subs <u>346</u>		16.80
	Bal. Cr. on discharge or transfer..... <u>4941</u>	45.90		Bal. Dr. on discharge or transfer.....		
From	TOTAL.....	88.90		TOTAL.....		88.90

The amount shewn as Balance Cr. due on discharge or transfer has † Been paid.

Monthly stoppage on account of assignment of pay is \$18.00, and has been charged in Pay-list for month of December 1917

Mrs. P. Calder,  
Warsaw, Ont.

† Insert "been" or "not been" as case may be.

REMARKS:—

POST DISCHARGE PAY  
MILITARY DISTRICT No. 3

(1) date of enlistment.....

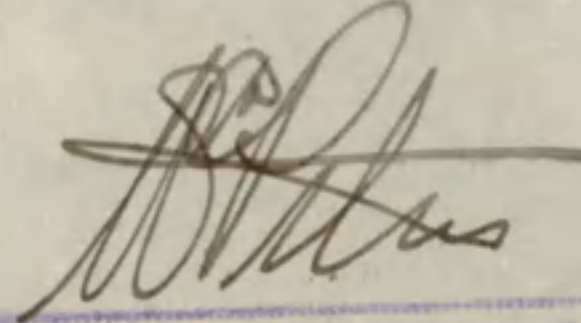
(2) if married and if a Separation Allowance Card has been submitted..... pd. to 31/12/17

(3) cause of discharge and authority..... SMD-68-C-144

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date..... December 28th, 1917  
 Place..... Kingston, Ont.

  
 Paymaster, "C" Unit M. H. C. C.  
 Capt. W. J. G. G.  
 Paymaster.  
Mrs. Calder  
22-1-18  
X.Y.

Cheque # 4941 Attached.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LASKY BAY CERTIFICATE

This form is to be filled in by the commanding officer of the unit to which the member is attached.

Regimental No. ... Name ...  
The following is a statement of the amount of the above named to date of transfer or discharge...

Table with columns for 'To the credit of the member', 'To the credit of the Government', and 'To the credit of the unit'. Rows include 'Basic pay', 'Allowances', 'Gratuities', and 'Total'.

The amount shown as 'Balance' is the amount of the member's account at the date of transfer or discharge. It is subject to adjustment in the event of any error in the above statement.

REMARKS

State of date of discharge...  
If the member is discharged, the amount of the above named to date of discharge is...  
If the member is transferred, the amount of the above named to date of transfer is...

Signature of Commanding Officer...  
Date...

# 195807

DUPLICATE

# MEDICAL HISTORY SHEET.

Surname Calder Christian Name David Smith

Examined { on 16th. day of March 1916  
 at Peterborough, Ont.

Birthplace { City or Town Dummer Township  
 County Peterboro County, Ont.

Approved by J. H. Carlwood  
 Rank Major 57th. Regt. M.O.

Apparent age 41 years 9 months

Trade or occupation Laborer

Height 5 Feet 10 Inches

Weight 144 Lbs.

Chest measurement { Minimum 35 inches  
 Maximum expansion 57 1/2 inches

Physical development Good.

Small-Pox Marks None.

Vaccination Marks { Arm Right Left  
 Number 0 1

When Vaccinated last Childhood.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None.

Date.	Result.	VACCINATIONS.
<u>April 11/16</u>		<u>J. H. Carlwood</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection None.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Mar 29/16</u>	<u>P</u>	<u>J. H. Carlwood</u> M.O.
<u>April 11/16</u>	<u>P</u>	<u>J. H. Carlwood</u> M.O.
		M.O.

Enlisted on 16 day of March 1916 at Peterborough, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>93rd Bn.</u> <u>12th Bn</u>	<u>195807</u>		

## 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.



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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 93<sup>rd</sup> Battalion C.E.F.  
 Regimental No. 195807 Rank Pte Name Davis Smith Calder  
C. E. F.

Enlisted (a) Mar 16/16 Terms of Service (a) L of W. Service reckons from (a) Mar 16th 1916

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

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

CERTIFIED CORRECT,  
 20 SEP 1916  
 CAN. RECORDS, LONDON.

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.
	Embarked.	Halifax	15/7/16	
	Disembarked.	Liverpool	25/7/16	
	Transferred to	18 <sup>th</sup> Batta.	19/9/16	
16-9-16	Can Base Depot	Arr from 93 Can Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	16.9.16 Nom Roll Pt II Ord 42 d-27.9.16
7-10-16	18 BN	Joined unit	In the Fld	3.10.16 B.213
18-11-16	5 C.F.A.	P.U.O.	Adm.	5 C.F.A. 13-11-16 A 36. DCs. 261.
do	6 C.F.A.	do	Adm.	6 C.F.A. 15-11-16 do do.
25-11-16	do	Dischgd. to duty with unit		23-11-16 do do.

*J. R. Munro* CAPT.  
 ADJUTANT, 93<sup>rd</sup> O. S. BATT'N, C.E.F.

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

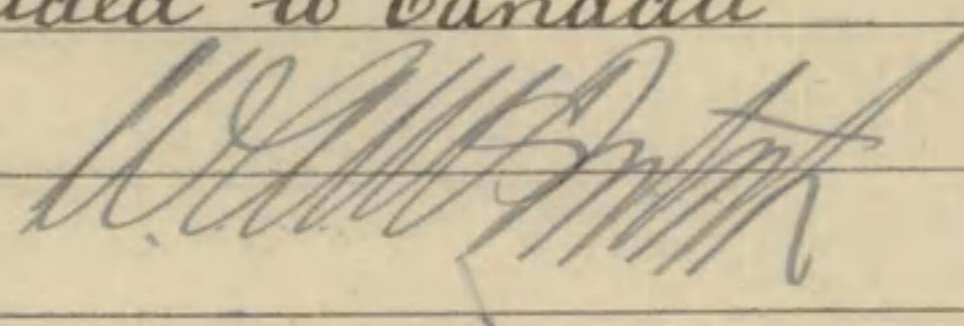
OVER

[P.T.O.]

195807 Pte. balder D.S.

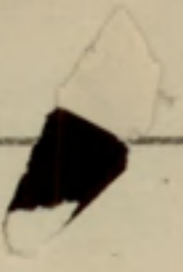
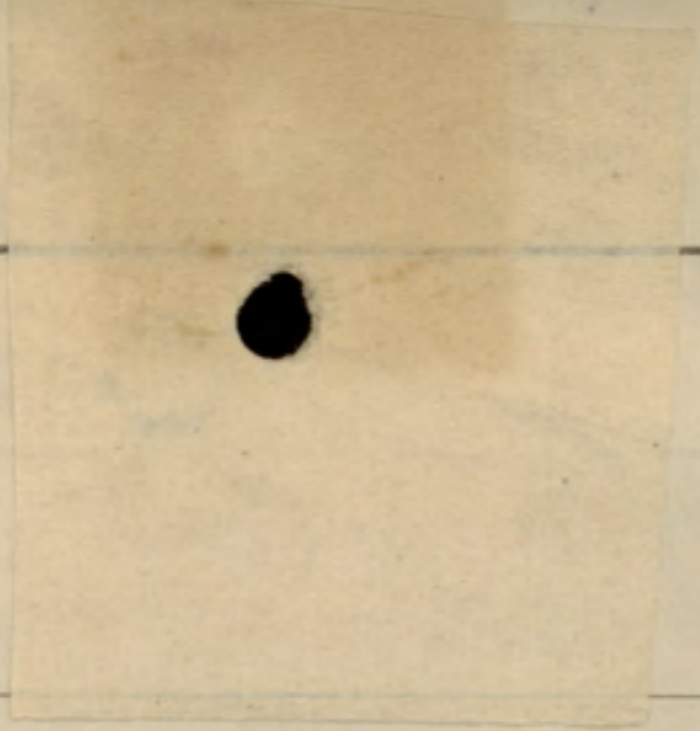
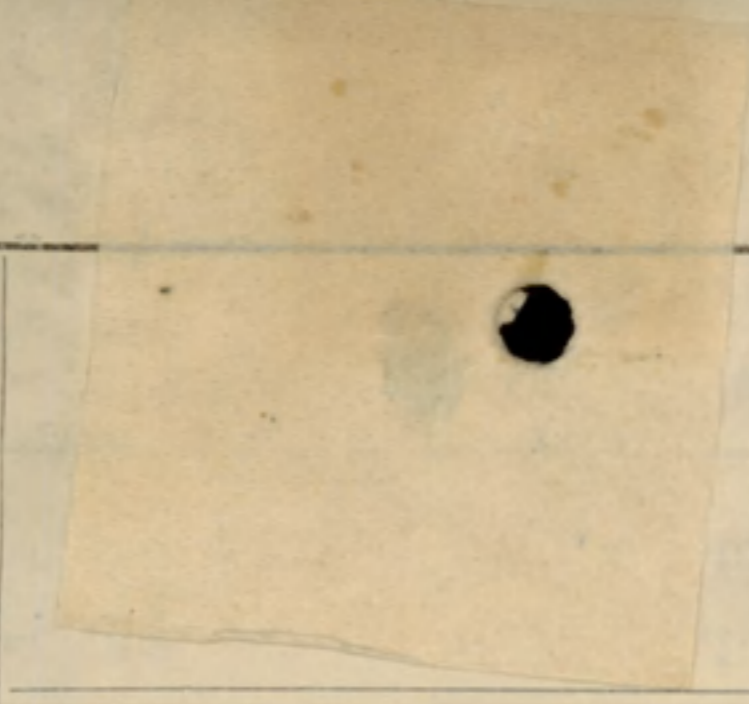
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
29-11-16	Can Base Dep.	Class T.B (from A.D.M.S) Adm.	Can Base Dep.	29-11-16	Nom. Roll.
do	7 Can Stat	Myalgia. Adm.	No. 7 Can Stat.	29-11-16	W 3034.
22-12-16	H.S. Canisbrook Castle.	do (severe) Adm. (Trans. to C.C.A.C., Shoreham-on-Sea)	H.S. Canisbrook Castle, to England.	22-12-16	W 3083 (Can. Sect. No. 4528) Pt. II Order 59, 31/12/16.
		<i>Whogau</i>		Canadian Capt. for Lt.-Col., A. A. G. Section, G. H. Q, 3rd Echelon, B. E. F.	
8-1-17	C.C.A.C.	Taken on strength	Hastings	24-12-16	Pt 012
11-3-17	do	S.O.P. to W Regt.	do	10-3-17	— 117
15-3-17	WRA Dept.	T.O.P. from C.C.A.C.	Bramshott	10-3-17	— 6
		INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT <i>W.H. Seed Capt.</i> HOSPITAL REPRESENTATIVE, CANADIAN SPECIAL HOSPITAL, BUXTON, Kingston		<p style="text-align: right;">LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.</p> <p style="text-align: right;">Auth 649-C-12690-213 <i>[Signature]</i> Frank</p>	
<i>Goemo 3</i>		<i>Sob Med. Unit</i> MD 3-88-C-144 d/18.1.18			

MEDICAL CASE SHEET

No. in Admission and Discharge Book. 1a-T791  Year 1917	Regimental No. 101507	Rank. Pte.	Surname. Calder	Christian Name. David S.
	Unit. 18th. Bn.	Age. 42	Service. 12/12	
Station and Date.  Canadian Red Cross Special Hospital, BUXTON, DERBY.  9/3/17	Disease Myalgia. Prior to war had a sunstroke thirteen years ago. Had Rheu pains in hips & legs two years before enlistment. Enlisted Mar. 16, 1916. On June 8 took sick with Erysipelas & quarantined thirteen days in Ripston Canada. On Nov. 13 took sick with pains in legs & arms. Was sent to rest camp then to Bellane then to Addingham park for two weeks then busby park for eight weeks & one half. Then Buxton.			
Fr. 3 mo.	Uchen & pains in shins knees & arms. Irregularity of pupils. Hesitation of speech. An erythematous rash on left arm - hips & back.			
Pres. Condn.	Uchen & pains in shins knees & arms. Irregularity of pupils. Hesitation of speech. An erythematous rash on left arm - hips & back.			
Treatment.	Warm mineral baths 96°. Ung. Sulphur. 10% to erythematous area, arms, hips & back. Ung. Icthyol-chanelin. 10% to right arm.			
27-3-17	Eczema improving.			
5-4-17	Not likely to be fit in 6 mo. C. 179. Aug. to Canada.			
11.6.17.	Invalided to Canada  Major C.A.M.C.			

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

Station  
and Date.



Lined writing area with horizontal ruling lines extending from the left margin to the right edge of the page.

Faint text at the bottom of the page, possibly bleed-through from the reverse side. The text is mostly illegible but appears to contain a date and some descriptive information.

No. *95907* Name *Baldwin David Smith*

Sqn., Batty., or Company } *D.* Corps *93rd Bn. C.F.C.*  
*18th Batt.*

Date of enlistment } *16 3 16*

G.C. Badges } *1*

Service or Proficiency Pay } *0 9 16*

Date of last entry in Company Conduct Sheet } *nil*

No. and date of last drunk } *nil*

Period not reckoning towards freedom from extra fine }

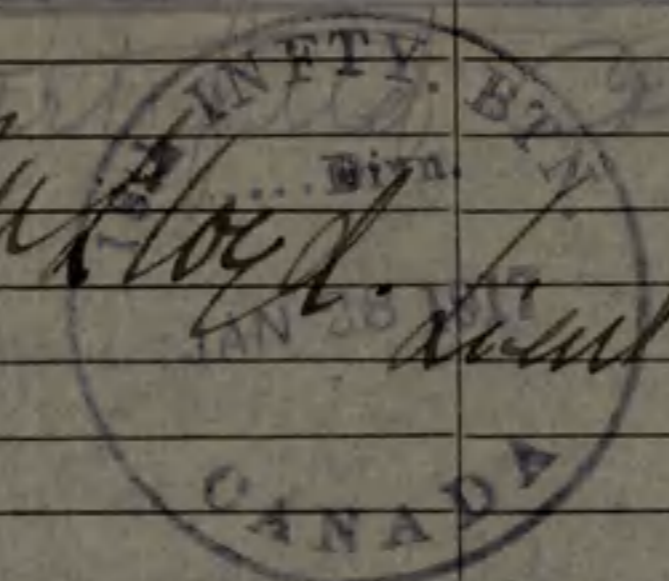
Sheet No. *One*

Signature O.C. Company, etc. } *J.D. Wilson Capt*

Character } *Good*

*15787*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
								<i>J.E.R. Jones Capt Supt 93rd Bn</i>	
				<i>308-5-1-17</i>	<i>J.E.R. Jones Capt Supt 93rd Bn</i>			<i>Certified</i>	<i>Correct</i>
				INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT <i>W.A. Stead</i> HOSPITAL REPRESENTATIVE, CANADIAN SPECIAL HOSPITAL, BUXTON. FURTHER MEDICAL TREATMENT INVALIDATED TO CANADA FOR					



Army Form B. 122



Surname *Calden.* Christian Name or Names *D. S.* Reg. No. *195807*  
 Rank *Plt.* Unit *18<sup>th</sup> Batt.* Co. Troop Batty.  
 Hospital Date of Admission

Transferred *#7. Can Stat. Havre.* Hosp. *29. 11. 16*  
*Berrington War Shrewsbury* Hosp. *24. 12. 16*  
*Tring's Can R. C. Dycley Pt.* Hosp. *9- 1- 17*  
*Can Red +. Duxton.* Hosp. *10. 3. 17.*

Diagnosis

(1) *myalgia*  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present:

DISPOSITION

*Dis 11. 6. 17* Date

*Ch. 8. 12. 16 a/384*

REMARKS

*.. 30. 12. 16 B246.*

*15- 1- 17 B/257*

*15. 3. 14. B307.*

*.. 16. 6. 17 B382*

To Canada per H.S. Araguaya  
from Liverpool 11-6-17

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London,

*104*

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name CALDER Rank Pte. Reg. No.  
 David Smith 195807  
 Unit 18th Bn.  
 Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
29-11	7 Can. S.H.	Havre	Myalgia	A.384		
24-12	Berrington War H.	Shrewsbury	-do-	B246		
9-1	Kings Can RCH	Bushy Pk.	-do-	B257		
10-3	Can. Red X Spl.H.	Buxton	-do-	B307		
11-6.	Discharged		do	B382		



17012

REG. NO. 195807 NAME Calder  
(SURNAME FIRST)

RANK Pte CORPS 18th Battr

AGE 43 SERVICE

NAME OF HOSPITAL Queen Mil Hospital PLACE Kingston

DATE OF ADMISSION 1-8-17

DISEASE Eczeme Myalgia

DISCHARGE 31-12-17

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS .....

Lined area for writing remarks, consisting of multiple horizontal dashed lines.

REGT'L No 193-807

NAME Calder D. S.  
RANK AND CORPS Pte 18<sup>th</sup> Bn

H. Q. FILE No. 649-

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE
1337.	18-6-17

Sailed from Liverpool for Canada  
per the troop ship Arguay.  
on June 11<sup>th</sup> 1917 (Myalgia).

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 384	No 7. Can. Stat. Havre	29-11-16	Myalgia
B 246	Barrington War. Strensburg	24-12-16	" "
B 257	King's Can. P.C. B.P.K. Hampton Hill	9-1-17	" "
B 307-	Can. Red Cross. Spl. Buxton	10-3-17.	" "
B 382.	Discharged -	11-6-17	" "
193	M. H. L. b Kingston	10-7-17.	Adm. Queen's Mil. Hosp.
194	M. H. L. b Kingston	12-7-17.	Outp. Queen's mil. Hosp.
218	" " " " "	4-8-17	" " Taken on List Queen's
233	" " " " Kingston	28-8-17	S.O.L. of Queen's
235-	" " " " "	22-8-17	C.P. taken on list of Queen's
250-	" " " " "	26-9-17	Struck off list of Queen's
306-	" " " " "	31-10-17	out 8. S.O.L. of Queen's
314	" " " " "	8-11-17	7.0 Int. pat. Queen's
346	" " " " "	11-12-17	Trans. Queen's with Subol



No.

RANK

*Pte.*

NAME

*Baldwin D S*

T. O. S.

UNIT

*57th Regt. Peterboro Langford*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914 Aug. 12 Aug. 24</i>	<i>1914 Aug 23 Sep. 13</i>	<i>✓ ✓</i>	<i>Discharged med. unfit Sep. 13 now shown on 2<sup>nd</sup> 13<sup>th</sup> payroll -</i>	<i>Sept. payroll</i>
			<i>a/c closed by payment.</i>	

**UNIT SAILED**  
**OCT 3 1914**



E.M.H

404

Number 195807 Rank *Plat*

Surname CALDER

Christian Name David Smith

Units 18<sup>th</sup> Pan Bakery Theatre of War France

Date of Service 16/9/16

Remarks

Latest Address Warsaw  
Out

Roll No. B, Page 21242

200m.-6-21.4.

## GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

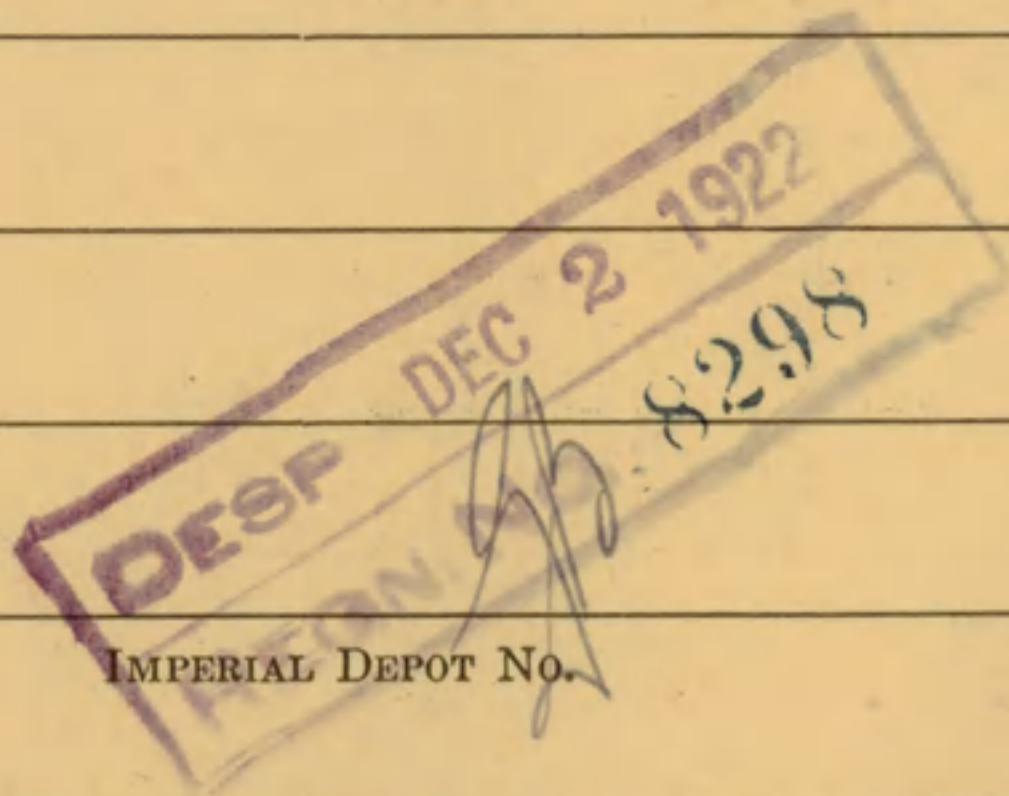
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



649-10-12690

SURNAME. *Calder*

CHRISTIAN NAMES *David Smith*

REGL. No. *195807*

RANK *pte*

UNIT *93rd.*

FORMER CORPS *57th Regt. (qys.)*

*S.O.S. Dis 31/12/17 3*

*Reason M.U. Auth Batti*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Calder, Mrs. Phoebe Caroline*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *Warsaw P.O. Ont.*

COUNTRY OF BIRTH *Canada* *Sumner Tp. Ont.*

DATE *June 4<sup>th</sup> 1874*

PLACE OF ATTESTATION *Peterborough Ont.*

DATE *Mar. 16<sup>th</sup> 1916.*

*0/8 15-7-16 475/4*

*R/c 23/6/17*

*KH*

~~Returned to Canada~~ Per S.S. "Araguaya" 11-6-17  
amt. 5.33.7

MARRIED  SINGLE  *yes* WIDOWER   
TRADE OR CALLING *Labourer* RELIGION *Presbyterian.*

DESCRIPTION.

APPARENT AGE *41* YEARS *9* MONTHS  
HEIGHT *5* FEET *10* INCHES  
CHEST MEASUREMENT *37 1/2* INCHES EXPANSION *2 1/2* INCHES  
COMPLEXION *Fresh* EYES *Hazel* HAIR *dk. Brown*  
DISTINGUISHING MARKS *Scar above left nipple*

MEDICAL EXAMINATION. PLACE *Peterborough Ont.* DATE *Mar 16<sup>th</sup>, 1916.*

*Sailed from Halifax 10/7/16 per. S.S. "Empress of Britain"*

No. 195807 RANK *pte*

NAME *Calder D. S.*

T. O. S. 16-3-16

UNIT *93rd Battalion*

A.O.# 67-17-3-16

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar. 16</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July 1</i>	<i>July 15</i>	<i>✓</i>		
<i>July 16</i>	<i>July 31</i>	<i>✓</i>		

UNIT SAILED  
JUL 15 1916





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, dispatch, 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.

This space to be left blank for the Chelsea Number.



056  
40  
Araguaya  
June 23 1917  
Proceedings on Discharge.

Army Form B. 268.

3/11/33

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

No. <u>195807</u>		Army Rank <u>Private</u>
Name <u>Calder, David S.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>Western Ontario Regiment</u>		
Battalion, Battery, Company, Depot, &c. <u>18th Battalion</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge _____		
Place of discharge <u>Canada</u>		
1. Description at the time of discharge.		
Age _____ years _____ months	Descriptive marks.	
Height _____ feet _____ inches	Scar over left nipple	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion _____	Eyes _____	
Hair _____	Trade _____	
Intended place of residence _____ (To be given as fully as practicable)	_____	
<small>(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.)</small>		
2. The above-named man is discharged in consequence of <u>Para. 392, Sec. 16, K. R. &amp; O. 1912.</u> <u>Being no longer physically fit for war service.</u>		
<small>(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.)</small>		
3. Military character:— <u>Good.</u>		
4. Character awarded in accordance with King's Regulations: _____		
<i>Deceased 7-10-43 649-C-12090</i>		
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.		
W. S. G. Comp. 14-2-1918 Army Form B. 2088 has been issued to*		Initials of Commanding Officer. _____

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) \_\_\_\_\_ (Date) \_\_\_\_\_
Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.
W. H. Dredge Capt



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

I 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.)

\_\_\_\_\_

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of  
the Board

President.

Reserved for M.H.C.

Regt. No. 195807 Rank Pte. Surname Calder Christian Name David Smith  
 Unit or Corps—(a) Overseas from United Kingdom 18th. Bn. (b) In United Kingdom 93rd. Battn.  
 Born at—Town Dummer Township County or Province Peterborough Ontario Country Canada  
 Date of Birth—Day 8th. Month June Year 1874 Age 42 yrs. 10 months.  
 Joined at Peterborough Ontario Date 16th. March 1916  
 Former Trade or Occupation Labourer  
 Permanent marks or peculiarities that will serve for future identification:— None.

Height—feet 5 inches 10 Colour of eyes Brown  
 Signature of Soldier (for identification purposes) David S. Calder

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.)  
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a).	Myalgia.
Disabilities Group (b).	Chronic Eczema
Disabilities Group (c).	Not Applicable.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	Myalgia.	France	Nov. 1916.
(ii) As to Group (b) above.	Chronic Eczema	Canada	1911
(iii) As to Group (c) above.	Not Applicable.		

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i) As to Group (a) above? No. If yes, has Active Service aggravated it? Not Applicable.  
 (ii) As to Group (b) above? Yes If yes, has Active Service aggravated it? Yes  
 (iii) As to Group (c) above? Not Applicable. If yes, has Active Service aggravated it? Not Applicable.

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i) As to Group (a) above? Yes.  
 (ii) As to Group (b) above? No. (Old Disability has been aggravated by Service)  
 (iii) As to Group (c) above? Not Applicable.

EXCLUDED TO CANADA FOR FURTHER MEDICAL TREATMENT

9

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? **Not Applicable.** (ii) While off duty? **Not Applicable.**  
 (iii) Was a Court of Inquiry held? **Not Applicable.** (iv) Where? **Not Applicable.** (v) When? **Not Applicable.**  
 (vi) Opinion of the Court? **Not Applicable.**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Prior to enlistment had sunstroke 13 years ago, had Rheumatic pains in hips and legs two years before enlistment. Enlisted March 1916 Had Erysipelas in June at Kingston Ontario, went to France Sept. 1916, taken ill Nov. 15th. with pains in legs and arms, sent to Rest Camp, then to La Havre 3½ weeks, then to Addington Park War Hosp. 2 weeks, then to Bushey Park 9 weeks, then to Buxton, March 9th. 1917. Had skin eruption. Eczematous which has been recurrent for about 6 years. Also pains in shins and arms. Has had very little if any improvement in Myalgia. but skin trouble has improved.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Looks older than 42. Has slight tremor. Some Eczematous patches, back and forearms. Pains in all limbs. Is generally debilitated. Heart variable in rate otherwise negative, Lungs Negative, Uranglysis Negative.

8. OPERATION. (i) Was one performed? **No.**  
 (ii) If so, state what. **Not Applicable.**  
 (iii) Was one advised and dedined? **No.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **No.**  
 (ii) If so, describe. **Not Applicable.**

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **No.**  
 (b) Fit for base duty? **No.**  
 (c) Invalid to Canada? **Yes.**  
 (d) Discharge from the Service as permanently unfit? **No.**

Date of Report **April 5th. 1917.** 191

Signed **W.A. McIntosh Major, C.A.M.C.,**

Officer in medical charge of case.

Station **Buxton, Derbyshire.**

I have satisfied myself of the general accuracy of the above Report, and concur therein except

**Frederich Guest Major, C.M.C.** (Strike out one of these.)

Dated at **Canadian Red Cross Special Hosp. Buxton, Derbyshire. 5th. April 1917.**

\* Delete if inapplicable.

### Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? **No. There is considerable Arterio Sclerosis in addition.**  
 If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? **No. This man had both these conditions prior to enlistment. Both complaints aggravated by Active Service.**  
 If not, indicate it.

13. Was the disability caused or aggravated by—  
 (a) Negligence of the Soldier { Caused? **No.** Aggravated? **No.**  
 (b) Misconduct of the Soldier { Caused? **No.** Aggravated? **No.**

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%)  
**Not Applicable.**

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all).

**Not Applicable.**

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent?

**Not Applicable.**

(ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not Applicable.**

18. Remarks. **Active Service conditions have aggravated both complaints. General physical condition not good.**

19. Recommendation:—(a) Fit for duty? **No.**  
 (b) Fit for base duty? **No.**  
 (c) Invalid to Canada? **Yes.**  
 (d) Discharge from Service as permanently unfit? **No.**

Classification for the Military Hospitals Commission.

Date of Board **6th. April 1917**

Station **Buxton, Derbyshire.**

Signatures of the Board

**C.F. Moffatt Capt., C.A.M.C.,** President.

**R.P. Borden Capt., C.A.M.C.,**

Approved by **W.A. Macdonnell** C.A.M.C.,

Dated for A.D.M.S., Canadians, London Area.

Station

A.D.M.S. CANADIANS,  
 LONDON AREA,  
 76, STRAND, LONDON, W.C.

12 APR 1917

MEDICAL HISTORY OF AN INVALID

DEPT MILITIA & DEFENCE  
 JAN 21 1918  
 649-C-12690  
 H. Q. ....  
 CANADA

Warsaw, Ont.,

1. Station. **Kingston,** 8. General remarks on his: (a) Conduct.  
 2. Regiment or Corps. **19th Battn.** (b) Habits. **649-C-12690**  
 3. Regimental No. and Rank. **195807 Pte.** (c) Temperance.  
 4. Name. **David Calder**  
 5. Age last Birthday. **43** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)  
 6. Enlisted on **Mar. 16/16**  
 at **Peterboro, Ont.,**  
 7. Former trade or occupation. **Laborer** Date **Dec. 8/17**

(At Station or Hospital where finally disposed of.)  
 Station and Hospital ) Arrived from }

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } Administrative Medical Officer.

Militia Form B. 227.  
 200M. 8.16.  
 H. Q. 1772-89-117.

**DETAILED MEDICAL HISTORY OF INVALID.**

Date	Disability	Name	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.	Date of final disposal.	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

9. Service.	Years. Days.	
	FROM	To
<b>93rd Battn.</b>	<b>Mar. 16/16</b>	<b>Sept. 15/16</b>
<b>18th "</b>	<b>Sept. 15/16</b>	<b>date</b>

10. (a) Disease or disability. **1. Eczema 2. Myalgia.**  
 (b) Date of origin. **1. 1912 2. 1913**  
 (c) Place of origin. **1. Peterboro 2. Peterboro**  
 (d) Cause. **1. Man says working with cement. 2. Working in drains & aggravated greatly by service.**

11. Present condition. (Most Important.) **1. Man was 3 1/2 mos. in France. Man gives a history of having had eczema on arms & legs in 1912. He claims that this was brought on by working with cement. He was turned down once on account of this condition. This condition was quite a very slight itching on legs & arms but says it does not bother him very much. Examination: shows a slight roughness of the skin on the flexor surfaces of the forearms and over the medial side of the left leg & over the lateral side of the right leg. There is now no weeping nor redness & on condition is practically healed. (2) Man complains of pains in the skin bones of both legs & in the arms, especially in damp weather. He says he suffered with pain in his hips in 1913 from working in wet places & digging drains. He says the condition is very much aggravated since doing service in France. He had one attack which kept him 4 weeks in bed & had several other milder attacks. Examination shows no tenderness on pressure over the affected areas. There is slight varicosity of the veins of the left leg below the knee. Man is slightly flat-footed. Arch of rt. foot slightly deformed. Man has been provided with arch supports & does not suffer any inconvenience.**

12. (a) Is the disability the result of service or climate?  
**1. NO-2. AGGRAVATED BY SERVICE.**  
 (b) Has it been aggravated by intemperance, vice or misconduct?  
**PO (1 & 2) Heart & Lungs normal. B.P.S. 110 - D.75. Urine:-S.G. 1.020 R. acid - alb. nil - sugar nil.**

1020  
 FOLIO  
 DOCKET

OPINION OF THE MEDICAL BOARD.

DEPT MILITIA & DEFENCE  
NOV 21 1918  
649 C-12690  
NABA

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Small angular scar on inside of left knee.

Circular scar 1 1/2" diam. on left side of chest 3" below clavicle.

signiX

vsd

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. "

12. "

15. "

16. "

17. "

18. Is he unfit for Military Service. Yes.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

1 & 2. Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

1 & 2. Not applicable.

14. Treatment.

French & English Hospitals  
Queen's Military Hospital since July 9/17

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

1. Not aggravated by service.  
2. Yes - 50% aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

1.  
2.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1. Nil.  
2. 20% - 10% of which is due to service.

18. State if for discharge on account of unfitness for Service.

Yes.

*Maunor Capt*  
Medical Officer by whom the case is brought forward.

Recommendations :

On account of disability resulting from myalgia and susceptibility to eczema, this man should be placed in Category "E". Man requires no further hospital treatment. Man able to pass under his own control.

Signatures :-

*Wm Gibson Caprawe* President.

*E C D Macballyn Capt*

Station. Kingston,

Members.

Date. Dec. 10/17

*SM. Asseltoni Capt RMC*

Date DEC 13 1917

Approved.

*G. W. Weatherhead Capt*  
A.D.M. Ass. Director of Medical Services.  
For A.D.M.S. Mil. District No. 3

Date.

Director-General of Medical Services.

B. P. C. FOLIO  
F.A.B.S. DOCKET  
7

40. Was the Soldier at the time of his enlistment a civil employee of the Dominion or a Provincial Government? *no*  
 If so, state in what capacity and in what place? *none*
41. Is Soldier or any other child serving in C.E.F. in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to such service? If so, how much per month? *none*
42. Are you in receipt of Pension? If so, state amount and on what account. *no*
43. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much per month? *no*

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath and in virtue of the Canada Evidence Act.

Signature of Applicant *Phoebe L. Calder*  
 Place of Residence *Warsaw Ont*  
 Declared before me at *the village of Warsaw*  
 this *ninth* day of *April* 1919.  
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *Richard Deen Notary Public*  
 This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman of the Relief Committee, of the Local Canadian Patriotic Fund; or if the Applicant is in the United States, by the Secretary, or Chairman of the Relief Committee of the Local Red Cross; certifying that to the best of their knowledge, after careful investigation, the above statements are correct.  
 Signature of Clergyman *H. Brown Presbyterian Minister*  
 Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund

**MEDICAL CERTIFICATE**

1. Is husband of applicant totally incapacitated? *yes. He is dead.*
2. From what date has total incapacity been existent? *Oct 24th. 1880*
3. Of what nature is his disability? *He is dead*
4. How long is total incapacity likely to continue, and what will be effect on his earning power? *~~~~~*
5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date? *total*
6. How long have you been the regular attending physician? *twelve years*

I certify the above statements are correct.

*Donald Muir*  
 Physician  
*Warsaw, Apr 9th* Place  
*1919.* Date

MOTHER

**CANADIAN EXPEDITIONARY FORCE**

(Information for Pay and Allowance Board)

**NOTICE**

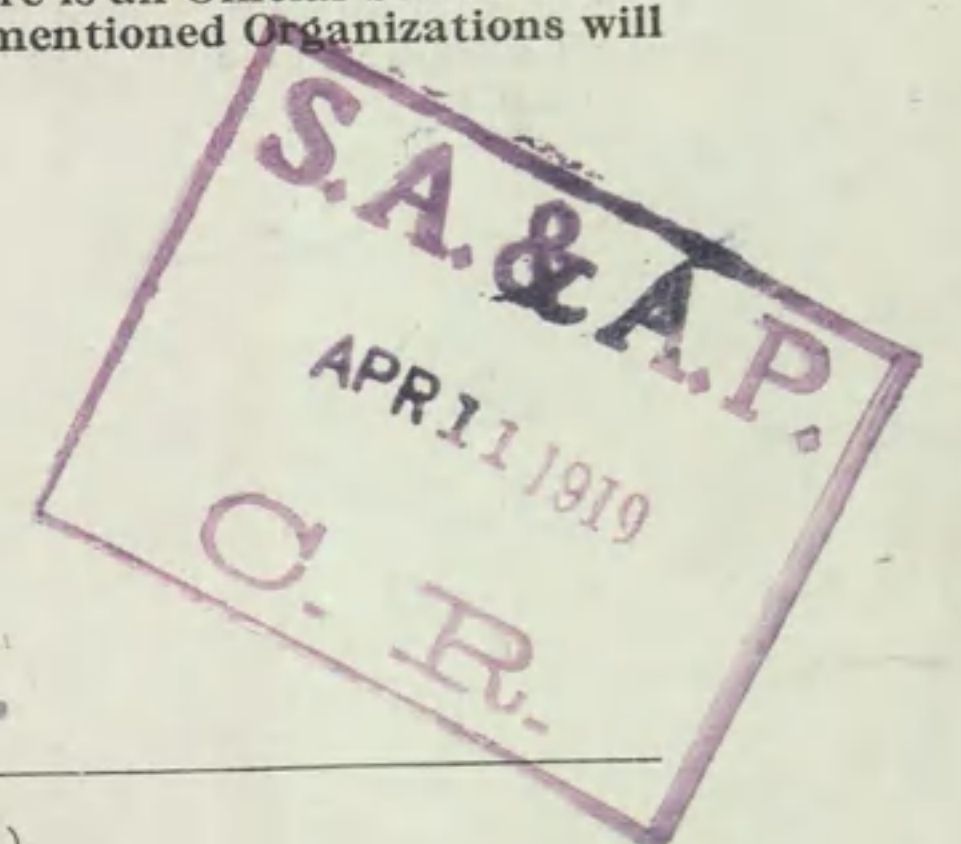
THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Pay and Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above-mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

S. A. & A. P. DIVISION  
 MILITIA AND DEFENCE,  
 OTTAWA, CANADA.



(This application to be made out for the last unmarried son that enlisted.)

- | 1. Name of Soldier (Surname first)  | Regt'l No.           | Rank               | Regt. or Unit  |
|---|----------------------|--------------------|----------------|
| <i>Calder, David S.</i>   | <i>195807</i>        | <i>Private</i>     | <i>93rd</i>    |
| 2. Age of Soldier   | Date of Birth        | Married or Single  |                |
| <i>43 years</i>   | <i>June 8th 1875</i> | <i>Single</i>      |                |
| 3. Date of enlistment of Soldier in C.E.F.<br><i>March 16 1916</i>  |                      |                    |                |
| 4. Is Soldier at present in Canada or Overseas? <i>in Canada</i><br>(If in Canada state where stationed.) <i>working at Peterboro.</i>  |                      |                    |                |
| 5. Name in full of Mother of Soldier  | Age                  | Address in full    |                |
| <i>Phoebe Louisa Calder</i>   | <i>80 years</i>      | <i>Warsaw Ont.</i> |                |
| 6. Name of your husband   | Age                  | Occupation         | Where Employed |
| <i>James Calder</i>   | <i>(Deceased)</i>    |                    |                |
| 7. If your husband is alive, state total amount of support received from him during the past year.<br><i>not alive</i>  |                      |                    |                |
| 8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support. <i>not living</i>           |                      |                    |                |
| 9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (Form of Medical Certificate at end of Declaration must be completed.) <i>not living</i> |                      |                    |                |

10. What amount did your husband earn during the past (a) year? *not living*  
(b) month?
11. What amount did you earn during the past year? *none*
12. If you are a widow, state date and place of death of your husband. *Oct-24<sup>th</sup> 1880*
13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. *He is my own son*
14. Have you married again since death of your above mentioned husband? If so, give date of said marriage and forward marriage certificate. *no*
15. Names of all your other unmarried children. Address Date of Birth Name of Employer Wages per week

*none*

Include step children and foster children.

16. Names of all your married children. (If a soldier, give Regimental number, Rank and Unit.)	Address.	Age.	Date married.	If widowed state number of children.
<i>Alexander Calder</i>	<i>Peterboro.</i>	<i>57</i>	<i>Jan 1-1882</i>	
<i>Frederick Calder</i>	<i>Warsaw,</i>	<i>55</i>	<i>Dec 4-1893</i>	<i>one</i>
<i>Charles A. Calder</i>	<i>Warsaw,</i>	<i>53</i>	<i>April 4-1892</i>	
<i>James W. Calder</i>	<i>St. Thomas</i>	<i>51</i>	<i>1892</i>	

Include step children and foster children.

17. Are any of above unmarried sons nineteen years of age or over totally incapacitated? (If so, Medical Certificate, similar to form at end of Declaration, must be furnished.) *no*
18. State amount per year and source of any other income. Give full details. *no other income than what my son David S. gives me*
19. State value of real property belonging to you and your husband. State amount of mortgage on this property. *property worth about \$200. and no mortgage thereon*

20. State amount of Taxes and Insurance Premiums paid by you per annum on your real property. *Taxes \$5.68 (no insurance thereon)*
21. State value of personal property belonging to you and your husband. *husband not living; about \$100.*
22. State total amount contributed in cash by soldier during the year prior to enlistment. *\$100.*
23. Was this amount contributed weekly or monthly? *yearly*
24. Did Soldier live with you during the year prior to enlistment? *no he was working at Peterborough*
25. State your son's trade or occupation prior to enlistment. *laborer*
26. State amount of his wages per week. *different amounts \$15 and \$20.*
27. State name and address of his last employer. *Last employer: Fred Calder*
28. State amount of ASSIGNED PAY received by you from soldier monthly. *not receiving any thing at present*
29. From what date did you receive ASSIGNED PAY? *none*
30. Actual amount contributed monthly by each child: During year prior to enlistment. At present.
- |  |             |             |
|--|-------------|-------------|
|  | <i>none</i> | <i>none</i> |
|--|-------------|-------------|

31. If not receiving support from unmarried children, state reason. (THIS QUESTION MUST BE ANSWERED IN DETAIL.) *no unmarried children except my son David S. Calder*
32. State name and date when any unmarried child away from home ceased to contribute. *none*
33. With whom are you residing at present? State relationship, if any. *Frederick Calder, son*
34. From what date have you resided with above person? *from June 1912*
35. State amount of rent or board paid by you per month. *in consideration of my work*
36. Have you made a previous claim for Separation Allowance? Give particulars. *no*
37. Is Separation Allowance being paid on this Soldier's account to any other person? *no*
38. Are you now, or have you been at any time in receipt of Separation Allowance from any source? If so, how much per month, and on whose account? *none X*
39. Was Soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give Regimental number, Rank and Unit. *195807, Private, 93 Batts.*



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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 (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

\*Only if discharged "Medically unfit."

*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.*

This space to be for numbers.

*Warsaw Ont.*

## Proceedings on Discharge.

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

No.	195804
Rank	Private
Name	Calder David S.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	9 <sup>th</sup> Battalion
Date of Discharge	Dec 31 <sup>st</sup> 1917
Place of Discharge	Kingston Ont
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....43.....years.....6.....months.	Descriptive Marks <i>Small angular scar on inside of left knee circular scar 1 1/2" diam on left side of chest 3" below clavicle</i>
Height.....5.....feet.....10.....inches.	
Complexion	<i>4 fresh</i>
Eyes	<i>Hazel</i>
Hair	<i>Dark Brown</i>
Trade	<i>Salvager</i>
Intended place of residence	<i>Warsaw Ont</i>
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>Physical unfitness for further service</i>	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <i>Very good</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.  
25m.—11-15.  
H. Q. 1772-39-113.

(OVER)

*Miss Lee  
22-1-18  
H.S.*

2

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.....


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) Kington

*[Signature]*  
 O. C. "C" Unit, M. E. C. C.  
 Major  
 Commanding

(Date) 29-12-17

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.

(Place) Kington, etc. *[Signature]* (Signature of Soldier.)

(Date) Jan 5<sup>th</sup> 1918 *[Signature]* (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 year 29 days.

Total 1 year 29 days.

11. Confirmation of Discharge.

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

(Place) Kington

(Signature) *[Signature]*  
 O. C. "C" Unit, M. E. C. C.  
 Major

(Date) 29-12-17

3

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.)

*None*

*[Signature]*

X

P. 589. MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ 20<sup>00</sup> EFFECTIVE (DATE)

PAYABLE TO Mrs P. G. Calder

Warsaw P.O. Ont. Canada

RELATIONSHIP OF DEPENDANT

Single  
Sumner L. B. Peterboro, Ont. Canada  
Mrs Phoebe G. Calder  
Warsaw Post Office, Ont. Canada  
Mother

CASUALTIES, PROMOTIONS, &C.

Table with 3 columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

ADMISSIONS TO HOSPITAL, &C.

Table with 5 columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL

REG'L. No. 195807

RANK

Plt

NAME

Calder, David Smith

IF IN PERM. CORPS  
WHAT UNIT

UNIT

93 Battalion

TRANSFERRED TO 18<sup>th</sup> Batta

DATE

Sept 15/16 AUTHORITY DO 234 15/16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO ccac

DATE 21/1/17

AUTHORITY 20 1/4 14/17

PLACE OF ATTESTATION

Peterboro Ont. Canada

TRANSFERRED TO Pay. 2. f.

DATE 18/4/17

AUTHORITY 20 1/4 14/17

DATE OF ATTESTATION

March 16/1916

TRANSFERRED TO R.

DATE 18.4.17

AUTHORITY 20 1/4 14/17

ASSIGNED PAY MONTHLY \$ 18.00

DATE EFFECTIVE

July 1st 1916

PAYABLE TO

Mrs P. G. Calder Warsaw P.O. Ont. Canada

RELATIONSHIP

Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

17/4/17 EFFECTIVE 1/5/17

REASON Disch'd to Canada

DISCHARGE DATE AND PLACE

17/4/17 Canada

REASON AND AUTHORITY

Buston 20%. 16/4/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

Entered on N.E. Card 1/1/17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by H. Wolfe 1/1/17



Main table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS

Checked by W. Meyer

Transf to 18<sup>th</sup> Batta DO 234 15/16

Transf to 18<sup>th</sup> Batta Effective 11-10-16

Trans to R.R.C. 21/1/17

Trans to Pay. 17/4/17

195804

*Pe Calder W. J.*

*Assigned Pay #18.00*

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	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT						
1917 Lead			286 00						13 80 299 80					37 59 5 92			24 33 162 00			229 84 69 96														
																				41 40 2856														

*88 v 16/20/77  
1017 29/06/78  
75 21/11/77*

*125 ✓  
122 ✓  
3893 ✓  
4100*

ASM. FORM REN # 7/11/77 EFFECTIVE 1/5/77  
 DISCHARGED TO *Canada* DATE 7/11/77  
 PAYBOOK VERIFIED 7/11/78 *Correct*  
 Credit BAL. 2856 L.P.C. REN # 7/11/77  
 AUTHY *Reston* 16/4/78

*Invalidated*      Checked *Kidd L.P.C.*

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED	SEP. ALLG.	PAY ENG.
01/17	<i>Isalford</i>	2856							2856			

*Balance transferred to Canadian Liability of  
Balance transferred to E. E. Branch.*