REGIMENTAL DOCUMENTS

NAME Caldwell Robt. Ervin. Pte. REGT. NO. 3181203. UNIT 1st Dpo. Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	Oct 13/20	BPC	26/3/20	Spec 20	88
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					DEATH Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		M			
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				01248	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. unfit.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)		H			
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					1
1	[illegible]					
1	M F W 67					47 15
	[illegible]					10 15
2	[illegible]					5 15
1	[illegible]					1
	[illegible]					
4	[illegible]					
4	Charts					
	[illegible]					
	[illegible]					

M 8-1-21 WO

W. 2589

DUPLICATE

6 M. D. 1st Depot Battalion Nova Scotia Regiment

Regtl. No. 3181203

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Caldwell
2. Christian name Robert Erwin
3. Present address Newport Landing, Hants Co., N.S.
4. Military Service Act letter and number 346151 G.R.
5. Date of birth April 18th, 1887
6. Place of birth Windsor, N.S.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Laborer
10. Name of next-of-kin Henry Caldwell
11. Relationship of next-of-kin Father
12. Address of next-of-kin Windsor, N.S. (Sufficient address)
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:—

(a) Place Windsor, N.S. (b) Date Nov 10th, 1917 (c) Category "A-2"

DECLARATION OF RECRUIT

I, Robert Erwin Caldwell, do solemnly declare that the above particulars refer to me, and are true.

Robert Erwin Caldwell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	31	yrs	mths.
Height	5	ft 9	ins.
Chest measurement	fully expanded	38	ins.
	range of expansion	3	ins.
Complexion	Fair		
Eyes	Gray		
Hair	Brown		

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

Nil.

J. S. Bauld Lt.Col

for O. C. 1st Depot Btln.

Nova Scotia Regt.

Place Halifax, N.S. Date 22/3/18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3181703 (Rank) Private

Name (in full) Robert Erwin Caldwell enlisted in

the 1st Depot Batt. N.S. Regt

CANADIAN EXPEDITIONARY FORCE at Halifax NS on the 27

day of March 1918

HE served in England & France

and is now discharged from the service by reason of Medically unfit for service

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

Age 3x yrs x mos

Height 5 ft. 9 in

Complexion Fair

Eyes ~~Grey~~

Hair Brown

Marks or Scars Scar inner side right foot

R E Caldwell
Signature of Soldier

G. J. Shaw
Issuing Officer

Captain
Rank

Appointment

Date of Discharge 18.6.19.

Signed at Halifax this 27 day of June 1919

in Military District No. Six

File Reference No.

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

1.—That discharge certificate must be carried when wearing the form.

2.—That uniform can be worn only thirty (30) days after discharge, or while duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline as if on the strength of a unit.

Canada 21/5/19

I. 1237
14

Army F

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian N
	3181203	Pte	Caldwell	R.E.
Year.	Unit.		Age.	Se
	R.C.R.		32	

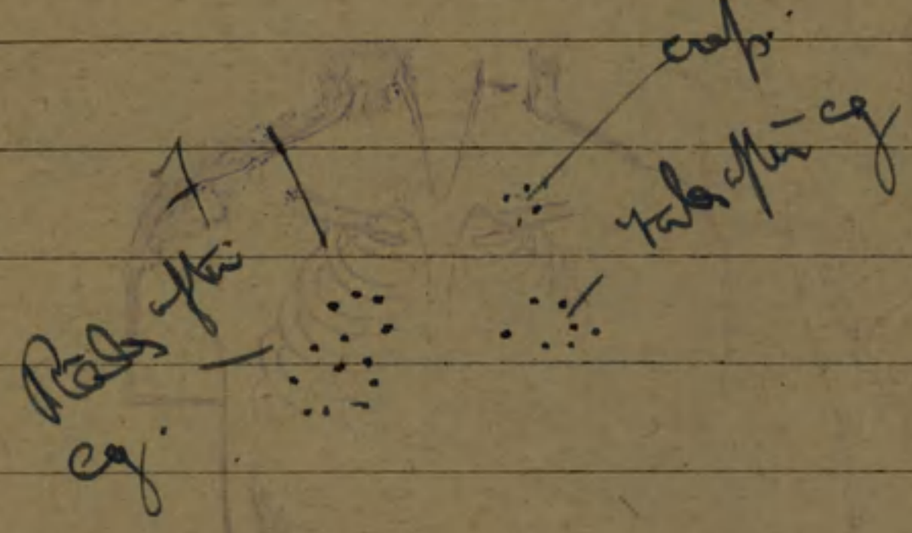
Station and Date.

Disease T.B. Lung.

No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL,
ORPINGTON, KENT.

25-4-19

Compl:- cough, weakness,
P.I. Bronchitis Jan 1918.
P.H:- 7 mat aunts + 1 mat uncle died T.B.
Pres. Ill:- began about Nov 1918
with weakness + loss of flesh + cough.
& has been ill since.
Admitted No 12 C.G.H. 21-2-19.
Exam/ation:-



Sputum Pos for T.B.

Invalided to

R.A.M.C. Orpington

Boarded I to C at C.S.H. Seham

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E 3420)

(P.T.O

...RY SHEET. 2676 Odf 1232

Campbell Hospital. Shaujay N.S. Station.

No. 318203 Rank Pte Name Bellowell R.C. Age 20.

Unit R.C.R. Completed years of service Where and how long } 14 months.

Date of admission 1-6-19 Date of discharge JUN 12 1919

Diagnosis Pulmonary Tuberculosis Place of origin England.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Has considerable cough and expectoration, worse in am. Is easily tired - is rather emaciated and skin somewhat jaundiced

Chest Exam.

Rt lung - Retraction of apex. Slight dulness and blowing breathing over apex - post tussic rales from 2 to 4 Interspace extending to Axillary border -

Rt Base shows friction sounds.

Left lung. Harsh apical breathing - a few rales in 2 interspace after cough -

Was Boarded in England 16/4/19 as definite TBC invalided to Canada

4/6/19 Sputum for Exam - Report Positive for Tubercle Bacilli.

Temperature chart for 10 days.

11/6/19 Running a continued Temperature.

Boarded Cat E. -

Recommended for 6 mos Sanatorium treatment.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Rest in Bed in "Sun Room." Generous Diet. Open windows.

D.C.H. + readmitted M.Bd E 10.6/19

CONDITION ON DISCHARGE, About same as when admitted

(and disposal made of case.) Discharged to D.S.C. 12/6/19 + Readmitted to Hospital 12/6/19 under D.S.C.

Date 13/6/19. H. Miller Capt A.M.C.

Medical Officer i/c case.

M. F. B. 313a.

M.S.A. 15.

1108

NOV 14 1917

ORIGINAL

MILITARY SERVICE ACT, 1917.

3181203

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Caldwell Christian name Robert Erwin

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) ... Chempert, Londonderry, Hants Co.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10 day of Oct 1917, by the undersigned medical board sitting at Windsor, Hants Co.

5. Age as stated 30 Years 7 Months. 6. Apparent age 21 Years ..... Months

7. Height 5 Feet 9 Inches. 8. Weight 153 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 36 Ins. } 10. Complexion fair { Eyes grey / Hair brown }

11. Physical development. good { Good / Fair / Poor } 12. Smallpox marks No

13. Number of vaccination marks { Right arm nil / Left arm nil } 14. When vaccinated last Never

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

9/8/18 A 2nd C.C.D. Hd Discharged Medical

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-III

R - D - 20
L - D - 20
hearing L - B - normal

W. H. Robertson Capt. President.

A. Balcom Capt. Member. H. D. Dorey Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9/10/18		W.M.L. M.O.	8/5/18	1 a 3	J. A. Kinnick M.O.
		M.O.	24/1/18	Left 1	D.D.C. Capt M.O.
		M.O.	19/10/18	Left 1	W.M.L. M.O.

Joined 2nd day of April 1918 at Halifax, N.S.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn N.S.Reg't	3181203		
Transferred to.....	R.C.R.			28. 4. 18 30-10-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
CANADIAN SPECIAL HOSPITAL, LENHAM, KENT.	24. 4. 19	Tb. Lung.	Invalided Canada. Ewt. Terrance, Capt

N.B.—This sheet is 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.

Surname Caldwell Christian Name R. E.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No 12 CAN. GENERAL HOSPITAL											
		9	6	18	18	6	18	Bronchitis	10	admitted complaining of cough and expectation - With exception of [illegible] [illegible] [illegible] [illegible] was discovered in the [illegible]. Sputum negative	[illegible] Capt [illegible]
Bearwood		18	6	18	5	7	18	Bronchitis	17	G.C. good. No complaints D.I.	C.B. Hammers Capt
No. 12 CAN. GENERAL HOSPITAL		21	2	19	11	4	19	Pulmonary Tuberculosis	50	Organism found in Sputum	M. [illegible] Capt
C.S.H. Lewham		11	4	19	21	5	19	do	41	Sputum pos. for T.B. Lesion (active) in Rt. lung. Moisture from 2nd to 4th is. Also sl. signs of disease in L.L. An incipient case. Invalided to Canada.	T.R. Wellwood Capt.
"ARAGUAYA."		21	5	19	31	5	19	do.		No charge.	C.E.S. Capt [illegible]

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps R. C. R. Military Hospital

No. 3181203 Rank and Name Pte Caldwell. Age 32. Service

Disease Date of admission April 11th. Date of discharge Result

Dates of Observation	April 11	12	13	14	15	16	17	18	19	20	21	22	23	24
Days of Disease														
Pulse per Minute	90	100	50	50	50	50	50	50	92	90	86	78	84	88	88	88	92	78	78	70	70	76	70
Respirations per Minute	20	22	20	20	20	20	20	20	18	18	20	18	18	18	18	18	18	18	18	18	16	20	20
Motions per 24 hours														

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

...s per 24 ...urs

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form [illegible] 181.

Corps R.C.R. Military Hospital

No. 318203 Rank and Name Caldwell Pte R.S. Age 32 Service 4 1/2

Disease T.B. Date of admission 25-4-19 Date of discharge Result

Dates of Observation: April 25 26 27 28 29 30 May 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

On Admission Weight 145 lbs

Weight 141½

Pulse per Minute: 88 92 74 80 76 80 84 90 80 108 96 92 70 88 104 92 84 90 88 80 88 96

Respirations per Minute: 20 20 16 16 20 20 20 18 20 20 20 20 20 20 20 20 20 20 20 20

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps R.C.R

Military Hospital 1st Can Gen

No. 318203 Rank and Name Pte Caldwell R. C. Age 32 Service 12/12 yrs -

Disease Influenza Date of admission 24-3-19 Date of discharge Result

Dates of Observation	March 24		25		26			27	28	29	30	31	April 1	2	3	4	5	6	7	8	9	10
Days of Disease																						
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	6	10	6	10	2	6	10	2	6	10	2 am	6 am	10 am									
106°																						
105°																						
104°																						
103°																						
102°																						
101°																						
100°																						
99°																						
98°																						
97°																						
Pulse per Minute	88	88	96		88 102		102	96	90	96	90	96	88	80	100	92	92	96	84	110	94	104	96	88	56	104	128	124	94	108	100	104	92	104
Respirations per Minute	20	18	20		24 28		22	24	24	22	24	22	22	20	22	20	24	24	22	24	22	28	32	28	56			24	24	28	20		
Motions per 24 hours																						

Vomit

Ophl

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature Peboyle Capt. In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps R.C.R.

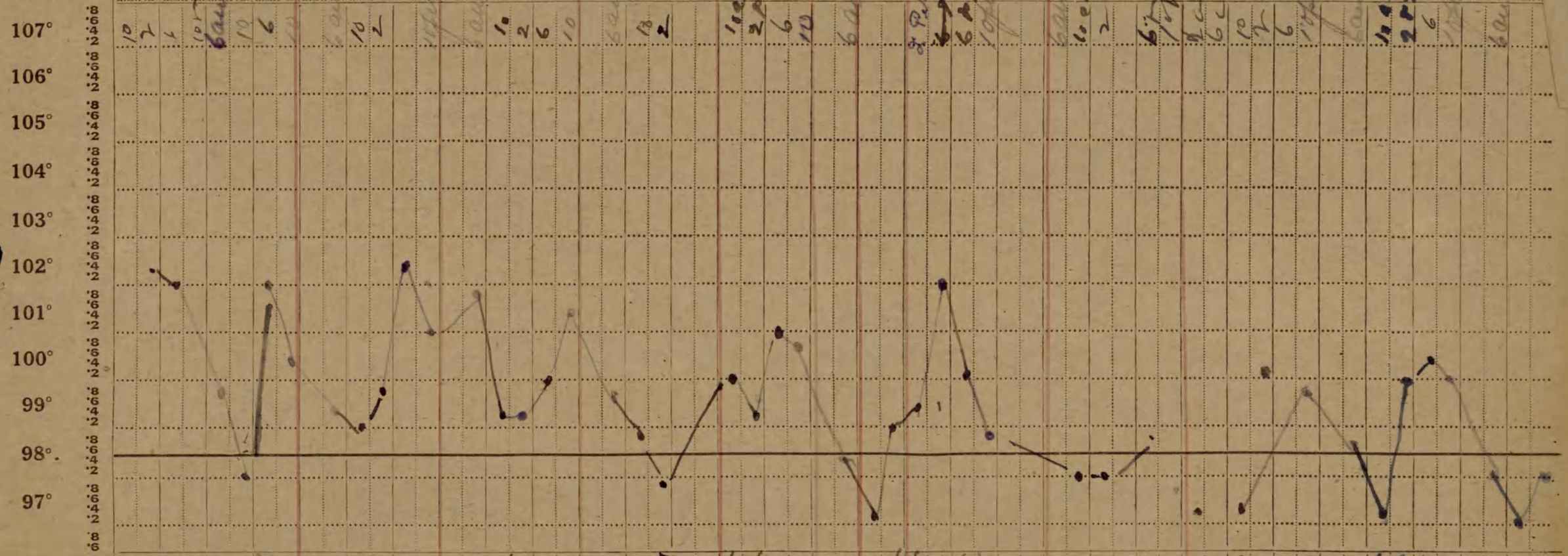
No. 318 1203 Rank and Name Pte Caldwell Age _____ Military Hospital _____ Service _____

Disease _____ Date of admission 21-2-19 Date of discharge _____ Result _____

Dates of Observation: 22, 23, 24, 25, 26, 27, 28, 1, 2, 3, 4, 5

Days of Disease: 22

Temperature Fahrenheit: Time A.M. P.M.



Pulse per Minute: 100, 96, 90, 60, 96, 90, 86, 80, 88, 84, 90, 100, 72, 88, 80, 86, 82, 80, 80, 88, 88, 76, 84, 80, 76, 88, 88, 84, 88, 88, 88, 80, 80, 88, 100, 88, 88, 88, 88, 86, 80, 80, 80

Respirations per Minute: 32, 26, 24, 22, 16, 20, 20, 24, 16, 24, 24, 24, 20, 20, 20, 22, 22, 20, 16, 20, 24, 22, 22, 22, 20, 20, 20, 22, 20, 30, 24, 24, 24, 24, 24, 22, 22, 24, 20, 20, 20, 20, 24

Motions per 24 hours

Bed - 10

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Mrs. J. Whale.
33rd St.
Wellington. West.

Army Form I. 1237.

Forms
I. 1237
12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Year

Regimental No. 3181203 | Rank. | Surname. Caldwell | Christian Name. Robert Ervin

Unit. R.C.R. | Age. Caldwell/32 | Service. 11/12

Station and Date.

Disease

Complaint - Cough - Weakness - Pains in Sacral area - ~~Pain in back~~ Numbness of fingertips & toes. No thyroid. Past H. Bronchitis last June - Nothing else.

Present Illness: Began Hemoptysis - with weakness & Loss of flesh - for ~~some~~ many wks since - Cough began & has continued from & hemoptysis becoming worse - Has occasional Pain in back & Headache.

Present Condition - 102° - 32 - 100 - Looks thin - Eyes & cheeks - face flushed. Temperature - Mouth not sore Some pyorrhoea.

Skin - Harsh & dry

Appetite Poor

Thirst - Vomiting a lot of work last 2 wks.

Urinary - Voiding quantities of ~~some~~ ~~#~~ last 2 wks - 4 times a night -

Lungs - Rapid Examⁿ negative - except ? High note Apex ?

Heart - negative

Flesh - Emaciated - Says has lost ~~any~~ 15lbs.

Urine - Sugar? Negative

Abdomen Liv -

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

(6305) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
25-2-19	Feeble breathing left base.
21-3-19	Has prolongation of Expiration on both species - Resonance is not good over back of Chest Râles heard over both apex post
25-3-19	His patient, has, in my opinion suspicious signs of T.B. Has been having an evening rise of Temp. Sputum, so far has been negative Rest Air treatment D. Williamson Capt. C.A.M.C.
28/3/19.	Marked subclavicular depression of chest on Rt with diminution of expansion. Rhonchi. Fremitus equal on both sides. Two areas of impaired resonance. Respiratory murmur broncho-vesicular - Moist sounds anteriorly Rales at the end of inspiration heard over upper Rt lung posteriorly - Heart sounds normal.
26/3/19.	Sputum analysis. T.B. Positive. For transfer to Chest Annex "D"
31/3/19	No change in physical signs & Rales. Capt.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

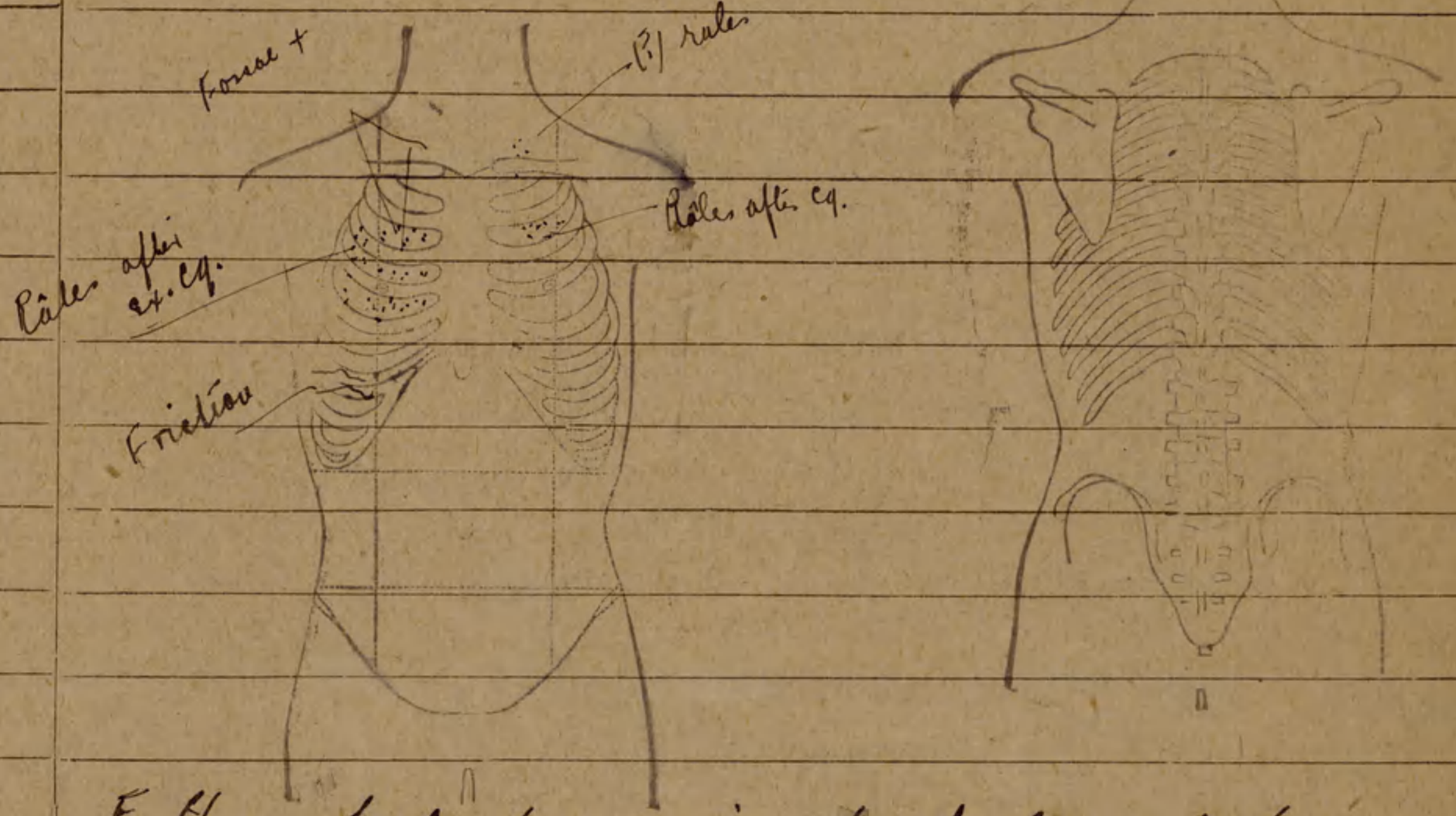
No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	3/81703	R6	Caldwell	R E.
	Unit.		Age.	Service.
	R C R.		31	

Station and Date.

Disease Tubercle of Lung.

Camp. Longmoor.

16.4.19



F. H. f. d. pneumonia br. d. cause unknown.

15. a + w. 1 mat. comb + 1 mat br. d. T.B.

No contact.

Chest findings as per chart. Sx suspect Case.

Inv. to Camp.

T. Caldwood
Capt RAMC.

25-4-19 Discharged to Orpington.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T O.

Station and Date.	

Form
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
W/16719	3181203	Pte.	Caldwell	R.E.
Year	Unit		Age	Service.
18 JUN 1918	17th Reserve Bans.		31.	3/12.

Station and Date.

Disease Bronchitis Acute.

Bramwood

14.6.18. Some cough. And says his chest is painful - F.C. good

A Shallcross Capt

24.6.18. Feeling better, Continue treatment one week.

2.7.18. General condition good, D.I. & P.T.

5 - JUL 1918

Discharged to 2nd C.C.D. Bramshott

A Shallcross Captain,
Med. Off. Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

29 JUL 1918

Registrar, Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4421	318193	Pte.	Caldwell	T.
Year 1918	Unit. 14 Res:		Age. 31	Service. 4/10

Station and Date.

Disease Bronchitis

7.6.18. Cough of 5 weeks duration / on right side of chest.

11.7 hours: Entered Apl 2/18 to England Apl 17/18.

Cough comes on in bouts and deafness during the Spasm

P.C. Commenced about / six weeks ago. The cough was dry at first and comes in the morning. Has stuck to night Sweats and has lost Some weight.

7.H. Sister died of Tuberculosis.

Examn:- General appearance Emaciated.

Respiratory System:

Palpation, Inspection negative.

Percussion:- Resonance Good all round except Upper Sternal Regions.

Auscultation:- Vesicular, Quiet Harsh

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

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

DEPT
MILITIA & DEFENCE
MAR 30 1920
H.Q.
CANADA

FORM OF WILL.

I, Robert Erwin Coldwell (Name in full)

Regimental Number 318203 serving in 1st. DEPOT BATTALION. Nova Scotia Regiment

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Henry Coldwell
Windsor
Nova Scotia

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Henry Coldwell
Windsor
Nova Scotia

Name and Address of person or persons to receive personal estate* *(See note).*

H. Coldwell

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 2 day of April A. D. 1918

Robert Erwin Coldwell Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Sergt Albert E. Ferrio

Address of Witness 1st Depot Battn N.S.R.

Occupation of Witness Soldier

Signature of Second Witness R. C. Macdonald Lieut

Address of Witness 1st Depot Battn N.S.

Occupation of Witness Soldier.

M. F. W. 82
300M-5-16.
1772-39-983.

CASE HISTORY SHEET.

Camp Hill Hospital. Halifax Station

No. 318283 Rank L-pte. Name Caldwell R.C. Age 32

Unit L.S.C. Completed years of service Where and how long } 14/12

Date of admission 12/6/19 Date of discharge 22-6-19.

Diagnosis Pulm. TBC Place of origin England.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Cough & expectoration, worse in a.m. tires easily - Clubbing of fingers, extremities cyanosed.

Temperature from 99° in a.m. to 101° in evening Pulse 80 - 92.

Sputum examination is positive for B. Tubercle.

Rt Lung apex retracted.

apical dulness & blowing breathing. - moist rales.

Rt Base shows friction Sounds.

Left Lung.

Harsh apical breathing - moist rales in 2 Inter Space.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Rest in Bed in Sun Room.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Transferred to Kentville

(and disposal made of case.)

Date 26-6-19

R. [illegible] Capt. CAMC
Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

a30401 ~~a30402~~

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins..... 1st. DEPOT BATTALION, Nova Scotia Regiment.

(2) Regimental Number ..... 3181203.

(3) Full Name of Soldier..... CALDWELL Robert Erwin.

(4) Place of Birth..... Windsor, N.S.

(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 ? ..... NOT APPLICABLE

(8) Have you any children ?..... NOT APPLICABLE

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

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes, Henry Caldwell.....

If so, state name and address ..... Windsor, N.S. (Sufficient address)

(10) Is your Mother alive ?..... No.....

If so, state name and address..... NOT APPLICABLE.....

.....

(11) If your Mother is a widow..... NOT APPLICABLE NOT APPLICABLE.....

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

(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.

..... NOT APPLICABLE .....

.....

(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.

.....

..... NOT APPLICABLE .....

.....

(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.

.....

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

If so, in what Company ?..... NOT APPLICABLE .....

Have you made arrangements for payment of your Insurance premium..... NOT APPLICABLE

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

J. S. Bauld Lt & Adj
Officer Commanding.

Date..... 22/3/18. .....

Register No. DC 1382

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 12668-R-5

Regt'l No. 3181203 Name Robert E Caldwell
(Christian Name) (Surname)

Unit R C R Rank Ste Date of enlistment

Date of casualty 10-3-1920 B.P.C. File No. 135448

Was service performed overseas ? yes

DEPENDENT

Name B P C District Office (Illegitimate) Relationship Child

Address for Myrtle Caldwell
308 Roy Building
Halifax N.S.

Amount of Special Pension Bonus $ 30 Abstracted by D Maher

Eligible for Gratuity ..... $.....

Less amount of Special Pension Bonus paid..... $.....

Less Debit Balance of S. A. or A.P..... $.....

Total deductions $.....

Balance due $.....

Cheque No..... Date issued.....

REMARKS: Soldier discharged 18/6/19
In further treatment with
The D S C R
Not eligible under P C 1486
Casualty date subs 1/10/19

Clerk W Mitchell

Audited by

.....

Date .....

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

Noted
12/8/20
26

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

Remarks:

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

Form R 122.
2353—100M—9-12-16.

ET. Rank Name CALDWELL, Robert Ervin Reg'l No. 3181203.

Unit 4th Dft. 1st Bn. N. S If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Halifax, March 22nd. 1918. Place of Birth Windsor. N.S.

Name and Address, Next-of-Kin Henry Caldwell.

Windsor. Nova Scotia. Canada. Relationship Father MD6

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. 9064
File R.L.
Category MM Can

Pte

m x 8-1-21 ac

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C		Arrived in England 28-4-18 S/S MELITA			
2.5.18	17th Res	TOS from Canada	Pte B'shott	28.4.18	Pt II O. 104
6.7.18	2nd CCD	attd from CCH. Bwood	"	5.7.18	— 158
8.7.18	SRD	TOS from 17 Res & o/c 2 CCD	"	5.7.18	Pro 166 17 Res Pro 160 d/9.4/18
17.8.18	"	Cases o/c 2 CCD TOS to 17 Res	"	9.8.18	Pro 196 17 Res Pro 188 d/10.8/18 2 CCD 188 d/10.8/18
31.10.18.	17 Res	S.O.S. to R.C.R.	Pte B'shott	30.10.18.	D.O. 2589 R.C.R. D.O. 130 d/7.11.18
9 2 19	RCR	Proc. to ENG	Field	6.2.19	Pt II O 13
1-5-19	R.S.R.D	T.O.S. from RCR	" Ripon	1.3.19	-100
27.5.19	N.S.R.	Invaleded to Canada	" Orpington	21.5.19	CLC 521
		S.L. 303 MD6			

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.				
2.6.19	N.S.R	S.O.S Canada M.D. 6	Ste Foisy	21.5.19	D.O 126

C.A.D.C. 5009A

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

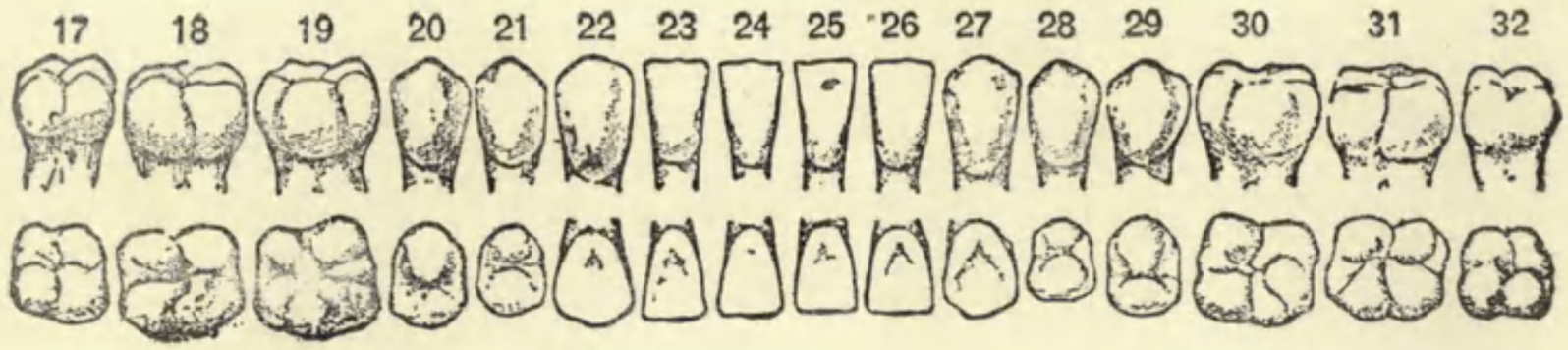
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CALDWELL, R A

REGIMENT Derby RANK Pte No. 3181203

Date of Examination in England _____ Date of Examination in France 11/1/19



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer [signature]

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

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 4th Depot 1st. DEPOT BATTALION, Nova Scotia Regiment.

Regimental No. 318202 Rank Pte Name Caldwell Robert Erwin ~~Irvin~~

C. E. F.

Enlisted (*a*) 22/3/18 Terms of Service (*a*) ~~4 years or~~ During war Service reckons from (*a*) 22/3/18

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

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

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				
		Embarked for Overseas	Halifax N.S.	15-4-18	L. Bowler Lt- 1st Depot Bn N.S. Regt
		Disembarked	Liverpool	28/4/18	✓
2.5.18.	O/C 17th Res. Bn	Taken on strength and shown on command to Segregation Camp, Frensham Pond.	Bramshott	28/4/18	Pt II O. 104 ✓
7 JUN 1918	O/C 17th Res. Bn	Reported off command	Bramshott	6 JUN 1918	Pt II O. 134
9-7-18	O.C.17th	S.O.S. to N.S.R.D.	Bramshott	5-7-18	PT.II.O.160 ✓

Lieut., Asst. Adjt., 17th Canadian Res. Batt.

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

[P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
8.7.18	NSRD	T.O.S. and on Command to 2nd C.C.D.	Bramshott	5-7-18	Pt II D.O. 166 ✓ Thackson Lieut. For CAPTAIN & ADJUTANT FOR O.C. NOVA SCOTIA REGIMENTAL DEPOT
6-7-18	2nd C.C.D.	Attached to 2nd C.C.D.	Bramshott	5-7-18	Pt. II No 188 ✓
10 AUG 1918	OC. 2ndCCD	Ceases to be attached to 2nd C.C.D. on return to 17 Res. Bn.	B'shott	9 AUG 1918	Pt. 2 D.O. No. 188 J M Christian LIEUT. & ADJUTANT. for OC. 2nd CCD.
10 AUG 1918	OC. 17th	T.O.S. posting from NSRD	Bramshott	9 AUG 1918	Pt II D.O. 188 & N.S.R.D. pt II 196 d/12-8-18
31 OCT 1918	do	PROCEEDED OVERSEAS FOR SERVICE WITH RCR BATTN.	do	30 OCT 1918	Pt II 258
					Lieut., Asst. Adjt., 17th Canadian Res. Batt.
31-10-18	C.I.B.D.	T.O.S. RCR.	Field.	31-10-18.	Pt II 130 d/7-11-18
3-11-18	"	To CCRC.	"	3-11-18.	809
8-11-18	CCRC.	To Unit		8-11-18	N.R. 57
16-11-18	RCR	Joined Unit		12-11-18	Pt 2 O/S. 13/19
5-2-19	Conc. Cmp. Le Havre	N.S.R.	Depot	5-2-19	
					Lieut. for Lt. Col A.A.G. Cdn. Sect. C.B.D.

Mobilisation to C.T.C. Report

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				

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn N. S. Hgt

Regimental No. 3181203 Rank Pte. C. E. F. Name Caldwell Robert. E.

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

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
21-5-19		T. O. S. No. 6 D. D. from O/S and posted Hosp. sect 30-5-19			Hlfx DO 1545
					C. A. Blakeney Lieut. Officer i/c Records No. 6 D.D.
12-6-19		HS. Trans to Easy Coy Hfx. 12-6-19.			HLDO. 163
					J. A. MacEwen Major O. C. Hospital Section No. 6 D. D.
18-6-19		DISCHARGED at Halifax, N. S DO. 169			[signature] CAPTAIN. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

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

[P.T.O.

Regd. No. Rank and Name 3181203 Pte Caldwell R E Corps R C M

Disease Tubercle of Lung Hospital C S H Lenham

To Officer i/c Laboratory. Ward Section 1. B.

Please carry out an examination of the accompanying specimen of Urine

with special regard to Routine

Date

T Wellwood Capt
O. i/c Ward.

LABORATORY REPORT.

15. 4. 19. Amber.

Acid.

1014.

Albumin - Negative.

Sugar - Negative

Date of Examination

W.3212. 50M-4-4-18.

R M C Cullerch. M.S.
for O. i/c Laboratory.

Report No. _____ Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name Pte Caldwell 3181203 Age ____ Corps R.C.R

Disease Influenza Hospital 12 Can Gen

To Officer i/c Laboratory. Ward 13

Please carry out an examination of the accompanying specimen of Sputum

with special regard to _____

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 22-3-19 Capt Sutherland
O. i/c Ward.

LABORATORY REPORT.

T. B. Positive.

Date of Examination 25-3-19 6

O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Report No. ——

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name } 318203. Pte Cracknell R.E. Age 32 Corps R.E.C.

Disease Influenza (T.B. Hospital No. 2 C.G.H.

To Officer i/c Laboratory. Ward Chest Army Hd. B.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to T.B.

Nos. of previous Reports (if any) ——

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date March 25/19 Capt Doyle

O. i/c Ward.

LABORATORY REPORT.

Jun. 2. 2 B.

T. B. positive.

Date of Examination 27/3/19

A. Montgomery Capt

O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Army Form W. 3212.
(In books of 100)

Rank and Name [redacted] Caldwell Age ____ Corps R.C.R.

Disease Influenza Hospital 12 C.G.H.

To Officer i/c Laboratory. Ward 13

Please carry out an examination of the accompanying specimen of Urine

with special regard to Routine

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date Mar 22 M. Carl

~~O. i/c~~ [redacted] Ward.

LABORATORY REPORT.

Reaction acid
albumen neg
Ppt 1018
Sugar neg

Date of Examination 22/3/19 A. Montgomery Capt

O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

Report No._____ Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name 31812203 Pte. Caldwell Age 32 Corps R.C.R.

Disease Influenza Hospital No 12 C.G.H.

To Officer i/c Laboratory. Ward XIII

Please carry out an examination of the accompanying specimen of Blood

with special regard to R & W. cell count.

Nos. of previous Reports (if any)_____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 17-3-19. E H Freeze Capt
O. i/c Ward.

LABORATORY REPORT.

Red Blood Count 4.000.000.

White Blood Count 16.800.

Polymorphs 85%

Small Lymphocytes 11%

Large do 3%

Transitionals 1%

Date of Examination_____ A. Montgomery Capt.
O. i/c Laboratory.

Report No._____
31.81203 Pte

(8690) W. 1369/P1107. 3y. (E 3123.)

Report No. 2 State Regimental number 06 please

Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name Pte. Caldwell. Age ____ Corps R.C.R.

Disease ____ Hospital 12 C.G.H.

To Officer i/c Laboratory. Ward 13

Please carry out an examination of the accompanying specimen of Urine with special regard to acetone.

Nos. of previous Reports (if any) One —

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 23-2-19 for R.A.P. Price
O. i/c Ward.

LABORATORY REPORT.

urgent.

Acetone Negative

Date of Examination 23/2/19 A. Montgomery Capt
O. i/c Laboratory.

(8690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

LABORATORY REPORT

10/

Regt. No. Rank and Name 3181203 Pte Caldwell Corps R.G.R.

Disease Influenza Hospital 12 C.G.H.

To Officer i/c Laboratory. Ward 13

Please carry out an examination of the accompanying specimen of Urine

with special regard to for Sugar & acetone

Date 21-2-19 A/S Petrie

O. i/c Ward.

LABORATORY REPORT.

Urgent.

Reaction acid
albu trace
s/g 1029
sugar neg
acetone

Microscopic a few Red Blood Cells
Leucocytes
& Epithelial Cells

Please send another sample to test for acetone 23-2-19

Date of Examination 22/2/19 3 A. Montgomery Capt.

W.3212. 50M-4-4-18. O. i/c Laboratory.

Reg[redacted] No. Rank and Name Pte Caldwell. Corps R.C.R.

Disease Influenza. Hospital 12 C.G.H.

To Officer i/c Laboratory. Ward 13

Please carry out an examination of the accompanying specimen of urine

with special regard to microscopic

Date 8-3-19. S.H. Ireland

O. i/c Capt Ward.

LABORATORY REPORT.

Reaction acid

Albumen. 4 point trace

Sp gr 1013

Sugar neg

a few Renal Epithelial Cells. Cells

& Red Blood

Occasional Hyaline Cast.

Date of Examination 8/31/19 A. Montgomery Capt

O. i/c Laboratory.

W.3212. 50M-4-4-18.

D M S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
CALDWELL.	R.E.	3181203.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		N.S. 17R.	R.C.R.	

HOSPITAL 12. C.G.H. B'shott. C. Conv. Bearwood.

DATE OF ADMISSION 10-6-18. 19.6.18.

1. 12. Can. Genrl. Bramshott HOSP. 22.[illegible]9.
2. Can. Spec. Hosp. Lenham HOSP. 12-4-19
3. 16 C.G.H. Orpington. HOSP. 26.4.19
4. HOSP.

DIAGNOSIS Bronchitis. a.

1. ~~Influenza~~ T.B. Pulmonary.
2. Influenza
3. T.B. Pulm.

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

DISPOSITION

C.L. 13-6-18. C233.
21.6.18 C240
12.7.18. C257
27.2.19. C450.
10.4.19. C485.
15-4-19 C489
2.5.19 C501.
27.5.19 C521

DATE

REMARKS Dis 5.7.18

Ref: C450. Influenza changed to T.B. Pulmonary.

Invalided to Canada 21.5.19

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

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

868—D.P.—40M-1-12-19.

HCB

Number 318203 Rank Pte

Surname CALDWELL

Christian Name Robert Ervin

Units R.C.R. Theatre of War France

Date of Service 30-10-18

Remarks

Latest Address Windsor N.S.

135448

Roll No. B. Page 2130

200m.-6-21.

Form DMS 1401.

A. & D. CARD

D1

Can: Conval: Hospital, HOSPITAL.

AT Bear Wood.

A. & D. No. MK. T 7191 PL. OF ACTION

RANK Pte REG. No. 318120 3 UNIT 17th Can Res A SICK OR WOUNDED

NAME Caldwell R.E. AGE 31 RELIGION P.

PLACE IN HOSPITAL hut 3

DIAGNOSIS Bronchitis acute

ADMITTED 18 JUN 1918 FROM 2012 Gen B'chall

DISCHARGED - 5 JUL 1918 TO 2nd C C D Bramshott

TRANSFERRED 3/12

SERVICE AT HOME IN FIELD

RESULTS

G. C. good DI

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

P.T.O.

REMARKS.

Robert Ervin

FORM R. 149.
7106—250m—7/2/17.

Name CALDWELL Rank Pte Reg. No 3181203

Unit ~~17th Reserve~~ R.b.R.

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-6	No 12 Can Gen, B'shott	Bronchitis		C 2	33	19492
19-6	C.C. Bearwood	"	acute	C 2	40	19934
5-7	Discharged	"		C 2	57	6445
22.2.19	12. C. Gen Bramshott Influenza			C 4	50	7521
	Drag changed to T. B. Pulm.		C 450 27-2-19	C 4	85	8463
12.4.19	Can Spec Tenham	"		C 4	89	9714
26-4-19	16. C. Gen, Orpington	"		C 5	01	10190
21-5	Invalided to Canada			C 5	21	9016
	S-L 503 M.D. 6					

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

REMARKS:

OTHER DOCUMENTS (Med. Board, Charge Sheets, etc.)

Document Card.

18 JUN 1918

Can: Conval: Hospital, Bear Wood.

Regt. No. 31[redacted]203 A. & D. No. U.K. 7191

Rank Pte Corps 17th Can. Res. A.

Name Caldwell R.E.

Original / Duplicate } M.H.S. Received from No 12. Gen B. Shott Date 18.6.18

M.H.S. Acknowledged to Date

M.H.S. Requested from Date

M.H.S. Despatched to 2nd C.C.D. Date 5 - JUL 1918

M.H.S. Acknowledged by Date

P.T.O.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

SURNAME. Caldwell

CHRISTIAN NAMES Robert Erwin.

REGL. No. 318/203. RANK Pte.

UNIT N. S. Regt. 1st. Dpo. Bn.

FORMER CORPS Nil.

6. CARD NO.

D.O.S. Dis. 18/6/19

FOLL.

D.O. 170 19/6/19 #6

D.O. 170 cancells D.O. 169.

T. O. S. Mar. 22 1918.

D.O. Part II No. 78.

Ded. 10.3.20 6

auth SCR 266R-7

CHANGE OF ADDRESS

NEXT OF KIN.

NAMES IN FULL Caldwell Henry.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Windsor, Hants Co. N.S.

COUNTRY OF BIRTH Canada. Windsor, N.S. DATE Apr. 18th 1887.

PLACE OF ATTESTATION Halifax, N.S. DATE Mar. 23rd 1918.

O/S 17-4-18 1226/2.

R/C 30/5/19 338/21 Pte.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

REMARKS: HOSPITALS.	DATE.	DIAGNOSIS.
Adm Camp Hill Halifax	12·6·19	OS Pul TB
Disch to S S C	27·6·19	

LEDGER No. 1672 SERIAL No. A30371-A30401

REG. No. 3181203 NAME Caldwell R C

RANK Pte CORPS R C R AGE 32 SERVICE Can 4/12

	HOSPITALS	DATE OF ADMISSION
1	Camp Hill (C G H) Halifax	30-5-19
2		
3		

DIAGNOSIS Ob Pul T B

TRANSFERRED TO

DISPOSITION Dis to T.G.C 12.6.19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REGT'L. No. 3181203

NAME Caldwell R Co.

H. Q. FILE No. 649

RANK AND CORPS Pvt. N. S. Regt

CABLE	
No.	Date

NATURE OF CASUALTY

Follows
No.
Follows

L. L. 31493. M. & D. 8476.

M. F. W. 42–100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 233	#12 Can. Gen Bramshott.	10-6-18	Bronchitis
C 240.	to Can. Conv. Bear Wood Wokingham.	19-6-18	" "
C 757	Discharged	5-7-18	Bronchitis acute
C 450.	12 Can Gen Bramshott	22-2-19	Influenza T.B. Pulm aspir C 485.
C 489.	Can Spl Lenham	12-4-19	" "
C 489.	16. Can Gen Orpington	26-4-19.	T. B. Pulm.
C 521	Invalided to Canada	21-5-19.	Influenza SL 5-03. m 06.

REMARKS.

Form DMS 1401.

CANADIAN SPECIAL HOSPITAL, LENHAM, KENT. HOSPITAL.

A. & D. CARD

AT .....

A. & D. No. T 514 Bk II PL. OF ACTION .....

RANK Pte. REG. No. 3181203 UNIT RCR SICK OR WOUNDED

NAME Caldwell RE AGE 32 RELIGION Pres

PLACE IN HOSPITAL Section I

DIAGNOSIS Tubercle of Lung

ADMITTED 11. 4. 19 FROM No. 12 C.G.H. Bramshott

DISCHARGED 25. 4. 19 TO No. 16 C.G.H. Orpington

TRANSFERRED .....

SERVICE AT HOME 8/12 IN FIELD 3/12

RESULTS .....

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

P.T.O.

Form DMS 1401.

A. & D. CARD

17 Can General HOSPITAL.

A 1/11 AT Beamshott

A. & D. No. 4421 PL. OF ACTION

RANK Pte. REG. No. 3181203 UNIT 17th Res. A. Co. SICK OR WOUNDED

NAME Caldwell R. AGE 31 RELIGION Pres.

PLACE IN HOSPITAL Ward 10.

DIAGNOSIS Bronchitis.

ADMITTED 9 - 6 - 18 FROM

DISCHARGED TO

TRANSFERRED JUN 18 1918 Beaumont

SERVICE AT HOME 4/12 3/365. IN FIELD

RESULTS

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

P.T.O.

REMARKS.

Form DMS 1401.

No. 12 CAN. GENERAL HOSPITAL. HOSPITAL.

A. & D. CARD

AT

A & D No. 1358 PLACE OF ACTION

RANK Pte REG. No. 378023 UNIT R.C.R. - a Wing SICK OR WOUNDED

NAME Caldwell R. E. AGE 32. RELIGION Pres.

PLACE IN HOSPITAL Wd-13 Chest-Annexe B

DIAGNOSIS Influenza

ADMITTED 2-10-19 FROM

DISCHARGED TO

TRANSFERRED 11 APR 1919 Lenham

SERVICE AT HOME 11/12, IN FIELD

RESULTS

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

[illegible]

REMARKS.

H.Q. 649-C-32879.

Caldwell, Ex-Pte. R.E., #3181203, R.C.R.

M. & D. (Sister) Mrs. Pearl K. Whall,
30 Third St., MEDFORD, Mass.

P. & S. " Ditto.
(Serial no. 31421.)
Mem. C. Nil.

JAN 18 1921
Scroll Desp. Reqn. No. Z 10737

FEB 1 - 1923
Plague Desp. Reqn. No. P 48614

not Eligible for 14-15 Star,
* Elig. for B.W.M.
" " " V.M.

42995

B-

ac

Date of Enlistment 22-3-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

385

~~April 1, 1918~~

957 b 2 Bal

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~15.00~~	② 15		

1-8-18

PARTICULARS OF SEPARATION ALLOWANCE

No. 3181203

Rank Pte Promoted Reverted Discharge

Soldier's Name Robert Ervin Caldwell

Battalion 1 Depot Battn. N.S. Regt. 4 Draft

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT Friend.

Name ②* Mrs. Adeline Miller

Address Newport Landing, Hants Co. N.S.

Change of Address

1

2 ~~HENRY CALDWELL,~~

3 ~~WINDSOR,~~ ~~N.S.~~ 15 15.00

4 % 3181203 PTE ROBERT ERVIN CALDWELL FIFTEEN DOLLARS

Date 1918		Cheque No.	Amount S/A	Amount A/P	Total	
April	H	4454		15	15	G
May	H	19572		15	15	G
June	E	18466		15	15	✓
July	V	34111		15	15	✓
Aug.	~~E~~	~~30976~~		~~15~~	~~15~~	✓ *
Oct.	M	3946		45	45	✓
Nov.	B	60341		15	15	✓
DEC	M	64146		15	15	✓
JAN 1919	H	75780		15	15	✓
FEB	J	78824		15	15	✓
MAR	F	90467		15	15	✓
APR	G	4999		15	15	✓
MAY	F	5779		15	15	
				210		

02668-R-5

REMARKS

L.A. 4908 (H4454) $15 A.P. for Apr/18. J.H.G. 9/5/18 mailed 10/5/18.

A.C.O. 9574 (M3946) $45 A.P. from 1-8-18 to 31-10-18 J.H.G. 29/10/18 mailed 4/11/18

E. 30976 Ret'd & Cancelled. Assignee deceased. Acct suspended. J.H.G. 29/8/18. M.R.O. 2A. (6840)

② Acct re-opened in favour of new assignee without interruption. M.R.O. 1-B & 1-C (20037) 29/10/18. J.H.G.

AUDITED.

A/c Closed

Ret'd per Araguaya

Date 30-5-19 F. X

Clerk M.D.6. M.O. 122805

AUTHORITY FOR NEW ACC'T. M.D.6. B.1. Stella Watts 8-5-18.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400m.—5-17—1773-39-1141
L. L. 22820—M. & D. 7993.

Bed 10

Report No. ____

Army Form W. 3212.
(In books of 100)

Regtl. No., Rank and Name } 3181202 Pte Caldwell Age ____ Corps RCR

Disease Influenza Hospital 12 C G H

To Officer i/c Laboratory. Ward 13.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to B.1

Nos. of previous Reports (if any) ____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date Mar. 22 M. Cmd

~~O. i/c~~ Ward.

LABORATORY REPORT.

No T.B. found.

Date of Examination 23/3/19 8 A. Montgomery Capt
O. i/c Laboratory.

(3690) W. 1369/P1107. 6,000 Bks. 8/5/18.—R. & J., Gy. (E 3123.)

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps R.C.R. Military Hospital 12 C.C.S.

No. 314203 Rank and Name Pte. Calwell R.E. Age 32 Service 1 3/12 yrs

Disease Influenza. Date of admission 21-2-19 Date of discharge Result

| | | |

Aragunya 205-19

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

AUDITOR | PAYMASTER

M. OR S.

REGT. NO 3181203 RANK Pte NAME (IN FULL) Caldwell R. E. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

L.P.C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
205-21-5-19 Hosp Ret. Duds	30-5-19	D01 72

ORIGINAL UNIT C.E.F. 5 SRD IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1-6-19

PAYABLE TO Mrs Adeline Miller RELATIONSHIP Friend ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Newport. Landing Hants Co N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE ~~Halifax~~ DATE 18/6/19 REASON T.I.S.C. Medical Ord 178 AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

2401

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				Balance Br. Advances & Outlawed
31-5-19	110						66	85																												
									66	85																		55	00		55	00			11	85	
June 18	1 10	14	80		11	20	11	85																												
					35	00			77	85			#2746	27 47			35	00	42	85											77	85				
122 days			280	00			280	00																					280	00						
			280	-			280	-																					280	-						

Int. on 2545 Pay-C 1809

Final C.R.A. 20 P.C.R. "B" Unit No. 1787 S 31 12-1-20

All payment made W.S.L.

H.A. Allen Lt

Certified that all payments due on this account have been paid.

A Bartholomew CAPT.
For Senior Officer Pay Services, M.D. 6

Soldier deceased. No Sep. allce In Force. Account Closed.

M.C.O.4. 16/20

JUN 17 1919

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ or CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- APR 1 - 1918		EFFECTIVE DATE:-	
AMOUNT:- $15.00 ~~per~~		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY } WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Henry Caldwell.
Windsor
N.S.
Father
MRS. ADELINE MILLER
WINDSOR.
Friend Nova Scotia
~~Stopped~~ 3/19

NAME:- CALDWELL. Robert Ernest
NUMBER:- 3181203.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. Ottawa Canada		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1 ST, DEPOT, B.Y.S.R.G.T.

DATE ACCOUNT FIRST OPENED APR 15 1918

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
17th DO 104	26/4/18		17TH RES BN

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~D/c~~	3775	Brockton Z 8.	~~3843~~				
Dec		Kit Stopp 2/-	~~50~~ 2				
			30 47				
~~8/5~~	~~3348~~	~~Orpington~~	972	Direct to Can 31/7/19 Sch 15 7/19 Orpington 13/9/19 Ledger LPC cancels			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. Canada	1 00	10	76 56	
			66.85	
			~~59.40~~ 59.40	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Direct to Can 13/9/19 NRE 2594 8/9/19 London Ledger

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
APR 4	Balance from Canada								4 20		
May	Ap 15/30 16 d	17 60		Can Ans pay April & May				30			
1	90	34 10		a/c 256 1/5/18 17 Res Bn	4 87						
—				a/c 391 17/5/18 " "	4 87						
				a/c 652 31/5/18 " "	4 87						
June	" "	51 70							11 39		
		33		L.A.P.	14 61			30 15 =			
				a/c 1886 2/6 Dwood	4 87				24 52		
		33			4 87			15			
July	/	34 10		L & P				15			
				a/c 1683 10/7 17 Res.	12 44						
				3107 26/7 " "	12 44						
				a/c 1666 25/7 17 Res. P	~~9 73~~				18 80		
		34 10			24 87			15			
AUG	P.P.	34 10		C.A.P.				15			
				a/c 2063/29/8/18 17 Res	24 33				13 57		
		34 10			24 33			15			
				C.A.P.				15			
SEP	P.P.	33		a/c 2313 12/9/18 17 Res	7 30						
				P 4005/246/14/8/18 "	1 32						
				a/c 2541 27/9	7 30				15 65		
		33			15 92			15			
Oct	P. Pay	34 10		C.A.P.				15			
				a/c 3098 19/10 17 Res Bn	9 73						
				" 3249 28/10 "	9 73				16 29		
		34 10			19 46			15			
Nov	P.P.	33 -		C.A.P.				15 -			
Dec	"	34 10		a/c 3138 14/11 17 C.F.B.	18 06						
Jan	"	34 10		a/c 3966 1/12 " Dec & Jany	3 73			15 15 -			
		101 70			16 79			45			

3006

NUMBER 318203 RANK Pte NAME Caldwell R.E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		101 20			16 79			45			
				ak 4526 11/12 7 C.F.B	3 73				50 97		
		101 20			20 52			45			
Feby	PP	30 80		ak 5402 3/19 7 C.F.B	3 73						
Mch	Pl.	64 90 C		ak 6065 15/7 "	3 73						
				ak Can				15	59 31		
				ak 3745 8/19 CC	26 93				2038		
		30 80			46 39			15			
Apr	G Pay	33		Mch + Apr Cas				30			
	Mch G Pay	34 10		"				15			
	Gratuity	34 10		ak 3348 8/19 Orpington	9 73				~~6685~~		
		101 20			9 73			45	6685		

Lost 21-5-19 Sailing Leit 503

59 31
39 31
19 90

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Sanatorium treatment under S.C.R.

~~(b) Does not require treatment.~~
~~(c) Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Category "E" - under care of S.C.R. for treatment.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

CAMP HILL HOSPITAL
HALIFAX

W A Rimchell Capt President.

PLACE

DATE 70-6-19.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

..... President.

PLACE

DATE

Members

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 11-6-19

DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

CAMP HILL HOSPITAL HALIFAX

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Halifax, N. S. DATE 10-6-19.

1. 1 (a) Unit 6th District Depot (b) Regimental No. 3181203. (c) Rank Pte.

(d) Surname CALDWELL (e) Christian name ROBERT ERVIN.

(f) Home address Windsor, N. S.

(g) Next of Kin Mrs. E. J. Whall. (h) Relationship Sister.

(i) Address of Next of Kin #30, 3rd St., Wellington, Mass, U.S.A.

2. Age last birthday 31. Date of birth April 18, 1887.

3. Enlistment, or Appointment (if an Officer) (a) Place Halifax, N. S. (b) Date Apl. 2/18.

4. Personal description:

(a) Height 5' 9" (b) Weight 139 (stripped) (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar 1" long inner side of right foot.

5. Former trade or occupation Laborer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1 2 months	8

	Periods From	Periods To
Canada	2-4-18	17-4-18,
England	1-2-19 17-4-18	28-10-18,
France or other theatres of War	28-10-18	1-2-19.

7. Original disease, or injury Pulmonary Tuberculosis.

(a) Date of origin 1918. (b) Place of origin England.

(c) Cause Tubercle Bacillus.

M. F. B. 227.

300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Pulmonary Tuberculosis (both Lungs).

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

Has continued fever from 97.4° in a.m. to 99.4° in evening. Pulse 80-100. Has considerable cough and expectoration. Tires easily - fingers clubbed and somewhat cyanosed. Appetite fair - has occasional night sweats. Sputum + for B. TBC. Examination of Chest: Right Lung: Retraction of apex with dulness and Broncho-vasicular breathing, prolonged expiration and a few moist rales - down to 1st interspace anteriorly. Left Lung:- Impaired note in left apex. A few moist rales (post-tussic) + V.T. and prolonged expiration.

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

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

One maternal aunt and one maternal undle died of T.B.C. Always had good health before enlistment. In Spring 1918 contracted a "cold" and in June 1918 went to Hospital as case of bronchitis. Discharged "D-1". In C.C.D. for one month. Felt well, went to France Oct. 1918. Contracted another cold, which has persisted. Diagnosed T.B. and transferred to C.S.H., Leiham. Invalided to Canada 11-4-19.

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

Nil.

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

As described.

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

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

N. A.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 12 months (or more).

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

Sanatorium treatment ~~12 months~~ in England.

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

Sanatorium treatment 12 months.

16. Can the former trade or occupation be resumed? No.
(If not, briefly state why)

17. Recommendations Category "E" under care of S.C.R.

A. R. Muller Capt A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of Wafer

Pte R. E. Caldwell Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes Concurs in recommendation for 6 mos San treatment in Canada(Ques 15)

19. Is the invalid fit for

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

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Yes six months San treatment for T.B.Lung.

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Patient be Invalided to Canada.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

CANADIAN SPECIAL HOSPITAL, — *Geo. Forrest Capt. Comdt.* — *President.*

PLACE LENHAM, KENT. — *Rivelwood Capt. Can. A.M.C.* — Members

DATE 24.4.9

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE ..... } Members

DATE .....

CERTIFIED TRUE COPY

APPROVED BY *A. Collins* — *Assistant Director of Medical Services.*

DATE ..... Major, C.A.M.C. for A.D.M.S., Canadians, London Area.

APPROVED BY ..... — *Director-General of Medical Services.*

DATE .....

ASSISTANT DIRECTOR MEDICAL SERVICES, CANADIANS, LONDON AREA. APR 29 1919 13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION C.S.H. Lenham DATE 15-4-19.

1. 1 (*a*) Unit R.C.R. (*b*) Regimental No. 3181202 (*c*) Rank Pte

(*d*) Surname Caldwell (*e*) Christian name Robert Ervin

(*f*) Home address Windsor N.S.

(*g*) Next of Kin Mrs E.J.Whall (*h*) Relationship Sister

(*i*) Address of Next of Kin 30 3rd St. Wellington Mass. U.S.A.

2. Age last birthday 31 Date of birth 18th Apr 1887

3. Enlistment, or Appointment (if an Officer) (*a*) Place Halifax N.S. (*b*) Date Apr 2nd 1918

4. Personal description:

(*a*) Height 5' 9" (*b*) Weight 139lbs (stripped) (*c*) Complexion Fair

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

(1) Scar 1" long inner side ofFt (R)

5. Former trade or occupation Laborer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	13

	Periods	
Soldiers Statement	From	To
Canada	2-4-18	17-4-18
England	17-4-18 1-2-19	28-10-18
France or other theatres of War	28-10-18	1-2-19

7. Original disease, or injury Tubercle of Lung

(*a*) Date of origin 1918 (*b*) Place of origin England

(*c*) Cause (1) Infection T.B. (2) Active service conditions

M. F. B. 227.
400M.—11-18.
1772-20-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(Tubercle of Lung)Partial loss of function of both lungs

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

Objective.Wt on enlistment 150lbs.T.97-99. P.80. R.20.Sputum pos for T.B. Not emaciated.Lungs.Rt.Sl retraction of apex.Br Ves.Br over apex with sl impairment of percussion note to 1st i.s. Rales after Ex Cg from 2nd to 4th i.s.extending round to mid axillary line.Some friction over base. Lt.Breathing rough over apex with definite rales in 2nd i.s.after ex cg. Subjective.Has considerable cough,more in morning,with about 3ozs muco purulent sputum in 24 hrs.Tires easily. An incipient case.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).) Born in Canada.Parents Scotch Canadians. F.H.1 maternal Aunt and 1 mat uncle died of T.B.No hist of contact.Says he always enjoyed good health before enlisting.In Apr 1918 caught cold which seemed to"hang on" and in June/18 went to Hosp from 9-6-18 to 5-7-18 as "Bronchitis" Discharged Di. In C.C.D. for 1 mo. Felt well.France Oct/18 Caught cold on way over which never left him.Came back with 3rd Div.Raported sick and went to No 12 C.G.H.21-2-19.Diagnosed T.B.and transferred here 11-4-19.

3181203.Pte.Caldwell R.E. RCR. Canadian Special Hospital.
T - O i/c Laboratory. Lenham Kent. 25-4-19.

Please carry out an examination of the accompanying specimen of Sputum with special regard to T.B.

T.B.found.

R.McCulloch N/S.
for O i/c Laboratory.

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

Not app

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mos

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

Routine Sanatorium treatment while here

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

6 mos in Sanatorium in Canada.

16. Can the former trade or occupation be resumed? Cannot say at present
(If not, briefly state why)

17. Recommendations Nil

Kirkwood Capt C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned 3181203.Pte.Caldwell R.E. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nil

3181203 Pte Caldwell R.E. Rank.
Signature of invalid examined.

8. Pre

9. Prese

Objec

Not e

impairment of percussion note to 1st i.s. Rales after Ex Cg from 2nd to 4th i.s.extending round to mid axillary line.Some friction over base. Lt.Breathing rough over apex with definite rales in 2nd i.s.after ex cg. Subjective.Has considerable cough,more in morning,with about 3ozs muco purulent sputum in 24 hrs.Tires easily. An incipient case.

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).) Born in Canada.Parents Scotch Canadians. F.H.1 maternal Aunt and 1 mat uncle died of T.B.No hist of contact.Says he always enjoyed good health before enlisting.In Apr 1918 caught cold which seemed to"hang on" and in June/18 went to Hosp from 9-6-18 to 5-7-18 as "Bronchitis" Discharged Di. In C.C.D. for 1 mo. Felt well.France Oct/18 Caught cold on way over which never left him.Came back with 3rd Div.Reported sick and went to No 12 C.C.H.21-2-19.Diagnosed T.B.and transferred here 11-4-19.

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

Nil

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

See-Sec 4.

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

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

Not app

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mos

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

Routine Sanatorium treatment while here

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

6 mos in Sanatorium in Canada.

16. Can the former trade or occupation be resumed? Cannot say at present
(If not, briefly state why)

17. Recommendations Nil

Edward Capt CAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned 3181203.Pte.Caldwell R.E. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nil

3181203 Pte Caldwell R.E. Rank.
Signature of invalid examined.

(21[illegible]) Wt. W8466—P 1968 250m 1/19 D & S. (E 1256)

Army Form W3997.

Halifax
6
Sisler.

Regtl. No. 3181203 Rank Pte.

Name Caldwell, R. E.
(Christian Names in full) (Surname)

Unit R. 6 R. Regt. or Corps N S.

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } .....191.....

* Strike out whichever inapplicable.

49 ?

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z. 22 is included among the documents the letter Z is to be stamped in the space provided below.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(**Demobilization.**)

War Service Badge
Class "A" No.

1. No. 3181203
2. Rank. Pte
3. Name. Caldwell Robert
4. Unit. R.C.R.
5. Date of Discharge | Place

MEDICAL DOCUMENTS
~~FORWARDED TO~~
S. C. R.
~~B. P. C.~~
ON 20-6-9

6. Reason for Discharge Demob

7. Authority.

8. Proposed Residence after Discharge

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

2088

88 98

War Service Badge
Class 'B' no. C 61954

This space to be for numbers.

M

Proceedings on Discharge.

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

No. 3181203

Rank Private

Surname Caldwell

Christian name ~~Robt~~ Erwin

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

Corps (Squadron, Battery or Company) 1st Depot Batt. N.S. Regt

Date of discharge 18-[illegible]-19

Place of discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years 2 months.

Height 5 feet 9 inches.

Complexion Fair

Eyes Grey

Hair Brown

Trade Laborer

Intended place of residence (To be given as fully as practicable.) Windsor N.S.

Descriptive marks

Scar inner side of right foot

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

medically unfit.

Authority for discharge ~~Unfit for service~~

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date)..... *Commanding*.....

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

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

(Place) Halifax. N.S. R E Coldwell *(Signature of Soldier.)*

(Date) June 13th 1919 Sgt Jell Roy *(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).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Halifax N.S.

(Date) June 18th 1919

(Signature) G. T. Shaw Capt

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.)

nil

R E Coldwell