DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

01724

Name Calveley Harry

1037216

Regt. No. 437900 Rank Pte

Corps 194th C.S. Batt C.E.F.

"Med. Unfit for further Service"

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 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet /

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

1 long Will
1 copy Will

30 - 22
16 - 22
9 - 3 22
2

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

7

238th Canadian Forestry Battalion

Original

ORIGINAL

ATTESTATION PAPER B

No. 1037216

Folio. 6 · 5

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Calveley
1a. What are your Christian names?..... Harry
1b. What is your present address?..... Rutland Saskatchewan
2. In what Town, Township or Parish, and in what Country were you born?..... Birkenhead Cheshire England
3. What is the name of your next-of kin?..... Elsie Morris Birkenhead
4. What is the address of your next-of-kin?..... 62 Gladstone Rd Seacombe, Eng
4a. What is the relationship of your next-of-kin?. Sister
5. What is the date of your birth?..... Oct 31st 1895
6. What is your Trade or Calling?..... Farmer
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?..... ~~yes~~ no A.S.C.
10. Have you ever served in any Military Force?.. ~~yes~~ 57th Batt C.O.C. ~~&~~ Transferred to 194th and Discharged (Nov 9th 1915 / July 12th) 1916
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, Harry Calveley, 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.

H Calveley (Signature of Recruit)

Date JUL 24 1916 191 . L Bassett (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Calveley, 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.

H Calveley (Signature of Recruit)

Date JUL 24 1916 191 . L Bassett (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 Calgary this 24th day of July 191 6

E B MacLean (Signature of Justice)

M. F. W. 23
750M—9-16
H. Q. 1779-89-941

Description of Harry Calveley on Enlistment.

Apparent Age 21 years ..... 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 6 ins.
Chest measurement.	Girth when fully expanded	33 ins.
	Range of expansion	2½ ins.
Complexion		Medium
Eyes		Grey
Hair		Light Brown
Religious denominations.	Church of England	X
	Presbyterian	
	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 he declares that he is not subject to fits of any description.

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

Date July 24th 1916 [signature]

Place Calgary Capt AMC
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.

Harry Calveley 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.

[signature] (Signature of Officer)

Date AUG 2 1916 191 . 238th, Can. Forestry Battalion, C. E. F.

Original 437900 "D" 191

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — Harry Calveley
2. In what Town, Township or Parish, and in what Country were you born? — Birkenhead England
3. What is the name of your next-of kin? — Mrs Herbert Morris
4. What is the address of your next-of-kin? — 62 Gladstone Rd, Seacombe, Eng
5. What is the date of your birth? — Oct 31st 1894
6. What is your Trade or Calling? — Farmer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Vaccinated & Inoculated — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

× Harry Calveley (Signature of Man.)

H C Wilson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

× Harry Calveley (Signature of Recruit)

Date Nov 9th 1915. H C Wilson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Calveley, 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.

× Harry Calveley (Signature of Recruit)

Date Nov. 9th 1915. H C Wilson (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 Edmonton this 9th day of November 1915.

F L Brecken (Signature of Justice)

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

(Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Calverley Fairy on Enlistment.

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

Height ..... 5 ft. 5" ins.

Chest measurement: Girth when fully expanded ..... 34 ins.
Range of expansion ..... 3¼ ins.

Complexion ..... Fresh

Eyes ..... Blue

Hair ..... Light Brown

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Nov 9th 1915. Jas. L. Hammond

Place Edmonton, Alta. Capt.
Medical Officer.

*Insert here "fit" or "unfit."

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

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry Calverley 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.

Robt L. Hamond (Signature of Officer)

Date November 9th 1915.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 238th Battalion Regimental Number 103716

Rank Private Surname Calveley Christian Name Harry

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (*a*) 24-7-16 Terms of Service (*a*) _____ Service reckons from (*a*) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ / _____ } Re-engaged { _____ / _____ } Qualification (*b*) _____

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
23.1.17					
		Disembarked Halifax Northland			
3.2.17		Receiving Depot outpatient			
12/2/18		Discharged from A.M.S. at Winnipeg D636 Para 199			
		Garrison Capt J. [illegible]			
		OFFICER COMMANDING [illegible] MILITARY HOSPITALS COMMISSION COMMAND			

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

(B99136) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

[P.T.O.

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

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1772	1037216	Pte	Calvely	A.
Year 1916	Unit. 238 nd Battalion Can.		Age. 22.	Service. 4/12

Station and Date.

Disease Debility

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

Complaint. Pain in left side. cough. expectoration. chills fever. night sweats

Entered 24 July 1916 at Calgary Alberta.

Family History. Father & mother died of typhoid. otherwise family history negative.

Previous Condition. aet 22. Farmer. Had illness in 1914 pleurisy & pneumonia. Rt lung. Ill 6 weeks. Also 1915. pleurisy Rt side Ill 2 mon no effects to after sickness. weight previous 132. present 127

Present Condition. Paraded sick 25 Oct 1916 at Whitley Camp with pain in left side & cough. Chills fever. Sup rael and inf rael. depression left side. Percuss. slight dulness. left side below clav. Ausc. Rales right side below clavicle. Tubular breathing left side as far as left mam.

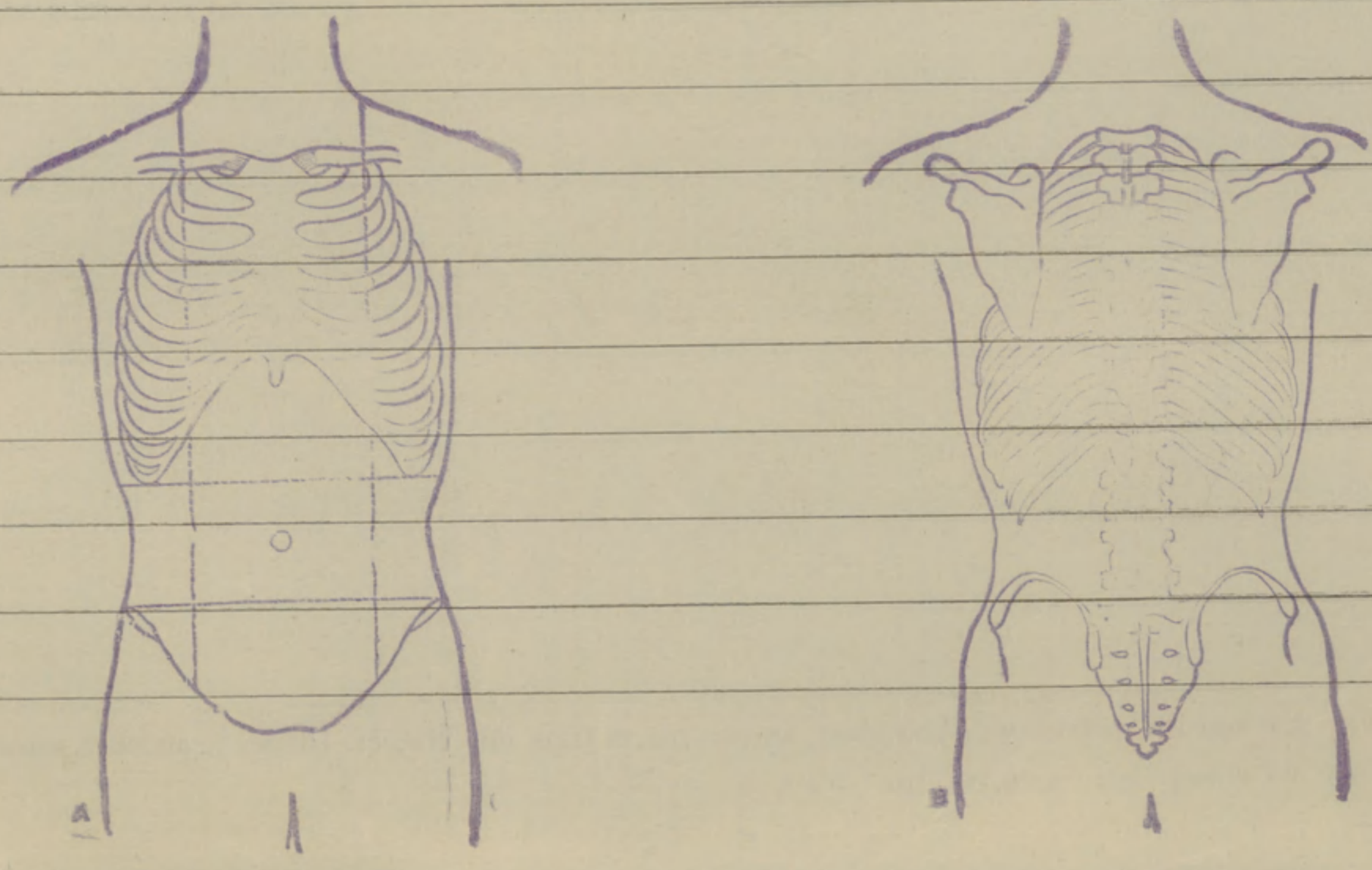
A. B. Greenwood

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	



CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps 242nd Can.

Military Hospital ONTARIO MILITARY HOSPITAL COBOURG, ONT. Bed 21.

No. 1037216 Rank and Name Pte Calvely H. Age 22 Service 4/12

Disease Debility Date of admission 15.12.16 Date of discharge Jany 13 17 Result Invl. to Canada

Dates of Observation	Dec 15	16	17	18	19	20	21	22	23	24	25
Days of Disease	1	2	3	4	5	6	7	8.	9.	10	11
Temperature Fahrenheit	Time A.M. P.M.										
Pulse per Minute	88	84	88	78	84	76	100	78	—	86	84	78		98	96	90		84
Respirations per Minute	20	18	20	18			20											20
Motions per 24 hours																		

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

Discontinued by Order of M.O.

(3253) W7204—1542. 750,000. 8/15. McA. & W. Ltd. Forms/B. 181/3.

Signature M G Stovel MB In charge of case.

Station and Date.	
Dec 1st.	Not much chang.
Dec 5th.	Lingering but coughing considerably
Dec 10th.	Not much chang.

Capt

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	163216	Pte	Cahraly	A
Year	Unit.		Age.	Service.
1916	23rd Canada		22	1/12

Station and Date.

Disease Influenza

Bramshott Military Hosp
NW 5/11

was admitted NW 5/11 - Patient had severe headache - fist chilly - prostration - showed a temp of 103.4 - fever was irregular for several days but gradually became normal - & improved.
Chest Examinations shows dullness at base of both lungs -
Temperature rises every few days to 103- & 104 following a chill -

Family History

Father died aged about 50 - Typhoid Fever
Mother died aged about-40. Typhoid Fever
Brothers three - in good health
Sisters two in good health -
Nervous Illness.

Had Pneumonia in 1914 - Had Pleura Pneumonia in 1915.

Present Condition

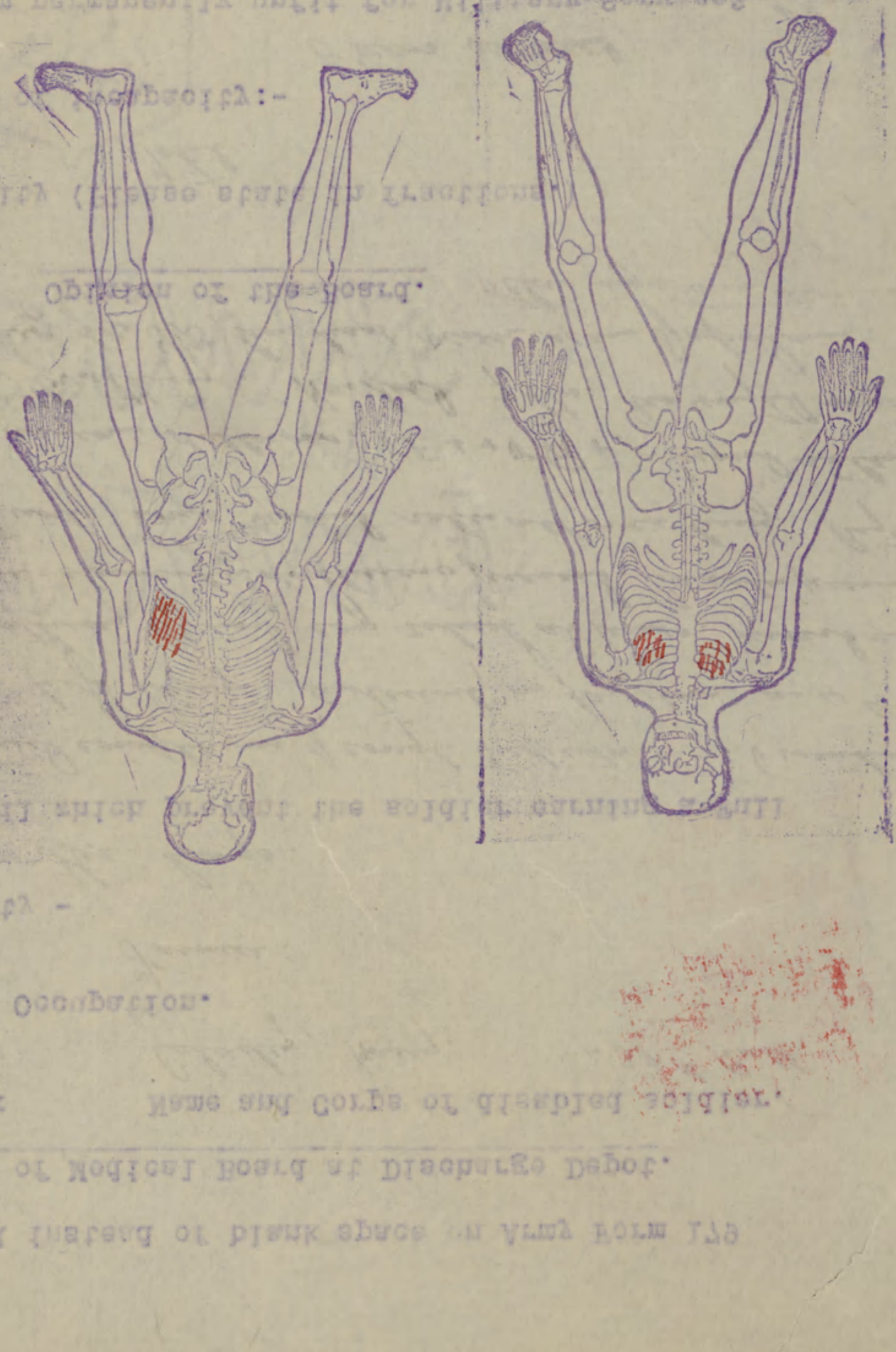
Admitted to Hosp. Nov 5th 1916
complaining of Pain in Chest - Cough -
Nov 20 - Chest symptoms growing worse -

Nov. 27th Temp normal. No pain Now
Chest:- well formed. apex in good.
Slight dullness 3" below left axilla
a few rales posteriorly. Weak breath sounds
left lung.

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

(J 3521.) W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.



Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number	Rank	Name and Corps of disabled soldier.
1037216	Pte	Calverley, Harry. 238th Batt.

Previous Civilian Occupation.

Farmer.

649 C-8563

MILITARY DEPT
FEB -5 1917
H.Q.
CANADA

Cause of disability -

Rec. lungs.

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

Patient complains of cough & expectoration & weakness.
Exam: Lungs:- Left lung: anteriorly as far down as 4th rib there tubular breathing almost cog-valed at times. Sound râles present. Some supra-clavicular dullness present. Dec râles present. Right lung:- Anteriorly some sound râles all over lung. Right supra-clavicular region dullness. V.F. + + V.R +. Sound râles + & almost tubular breathing. Has lost 7 lbs. Dec weight & measurements. Speaks as an age for G.B. Has had seven & an Influenza. Other systems normal

P.T.O.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Total.

Probable duration of incapacity:-

6 Weeks at least.

Does it render him permanently unfit for Military Service? Yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity? Sanatorium.

Signature. E A Roberts Capt President.
W McCoglon Capt. Members.
W E Hodge Capt

Station. Quebec

Date Jan. 26, 1917.

B. P. C. FOLIO
FALSE DOCKET
6

Approved.

Date Jan 26/17 W McCarrey Major
Assistant Director Medical Service.

Date 25/2/17 Geo A Cameron Capt
Director General Medical Service.

D.G.M.S. 14-12-17

5m-11-16.(M)

437900
3D

MEDICAL HISTORY SHEET.

Surname Calveley *Christian Name* Harry

Examined { on 9th day of November 1915
at Edmonton.

Approved by Jas. L. Hammond
Rank Capt M.O

Birthplace { City or Town Birkenhead
County England.

Apparent age 21 years

Trade or occupation Farmer

Height 5 Feet 5 Inches.

Weight 133 Lbs.

Chest measurement { Minimum 30 1/4 inches.
Maximum expansion 34 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks { Arm ~~Right.~~ Left.
Number 1

When Vaccinated last 1905

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

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

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

Date	Result	Vaccinations.
12/2/16	✓	Jas L Hammond M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1/2/16	✓	Jas. L. Hammond M.O.
12/2/16	✓	Jas L. Hammond. M.O.
		M.O.

Enlisted on 9th *day of* November 1915 *at* Edmonton.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	51st D. Batt.	437900	Good.	9th Nov. 1915.
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

437900

Christian Name Harry

Surname Calveley

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.
Edmonton	Nov 1st	20	11	15	2	12	15	Grippe	13	Recovered.	Jas. L. Hammond
		5	12	15	31	1	16	"	58	"	Jas. L. Hammond
		11	2	16	16	2	16	"	6	"	Jas L. Hammond

238th. BATTALION C. E. F.

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 238th. BATTALION C. E. F.

(2) Regimental Number 1037216

(3) Full Name of Soldier Harry Calverley

(4) Place of Birth Birkenhead England

(5) Are you married, or not ? no

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

(b) Present Postal Address Macklin, Sask., Canada.

(7) Are you a widower ? no

(8) Have you any children ? no

If so, give number of boys and girls —

Also their names and ages

M. F. W. 67.
300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

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

(10) Is your Mother alive ? No

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

.....

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

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.

.....

.....

(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.

Mrs Herbert Morris

62 Gladstone Rd Seacombe Cheshire

England

(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 ? .....

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.

W W Smythe

Officer Commanding.

Date 16th August

Regimental No. 1037216

MEDICAL HISTORY SHEET

238th. BATTALION C. E. F.

Surname Calveley Christian Name Harry

Examined { on 24 day of July 1916
at Calgary Alta

Birthplace { City or Town Birkenhead
County Cheshire

Apparent age 21

Trade or occupation Farmer

Height 5 feet 6 Inches

Weight 130 lbs.

Chest measurement { Minimum 30½ inches
Maximum expansion 33 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm ~~Right~~ Left
Number Four

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease None

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

Approved by [signature]

Rank Capt RAMC M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

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

Date	Result	Anti-Typhoid Inoculations, Etc.
2.9.16		[signature] M.O.
14.9.16		[signature] M.O.
		M.O.

Enlisted on 24th day of July 1916 at Calgary

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	238th. BATTALION C. E. F.	1037216		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

18

Surname Caldwell Christian Name Harry

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

W. D. 40

No. 16

LAST PAY CERTIFICATE

TRIPLICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1037216 Rank Pte. Name Calveley, Henry

Corps 238th.Bn.&"G"Unit,M.H.C.C. who was* Discharged

On 12th. Feb. 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. Feb. 1918, to 12th. Frb. 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month	7	20	Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 12 days at $ 1 c.	12	00
Advances by Cheques No.	16	80	Field Allow. 12 days at $ 10 c.	1	20
Assigned Pay and Sep'n Allce. No.	41	33	fr.2/1/18 to 12/2/18 Separation Allowances* (Monthly) 25.	34	90
Other charges			Other Allowances* 21 Subs.@80¢	16	80
Payment on transfer or discharge No.	16	07	Other Credits* Civ.Clothing	16	50
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	81	40	Total	81	40

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay ~~for the month of~~ fr.1/12/18 to 12/2/1918 and Sep'n Allce ~~for month of~~ fr.2/1/18 to12/2/1918 (to) Assignee Mrs. Lizzie Calveley,

(Address) 636 Alexander Avenue,
Winnipeg, Man.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Yes.

(3) cause of discharge Med. Unfit, authority D.O. #36.

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 9th. Feb. 1918.

Place WINNIPEG, MAN.

J. R. Gunn

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

10M.—1-18.
H. Q. 1772-39-903.

MADE UP BY H.S.

CHECKED BY M.H.

437900

MEDICAL HISTORY SHEET.

Surname Caborley Christian Name Harry

Examined on 9" day of Nov 1915 at Edmonton

Birthplace City or Town Burkinhead County England

Apparent age 21

Trade or occupation Farmer

Height 5 Feet 5 Inches.

Weight 133 Lbs.

Chest measurement Minimum 30½ inches. Maximum expansion 34 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number 1

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by Jas. L. Hammond

Rank Capt Canc M.O.

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

Date.	Result.	Vaccinations.
12/2/16	✓	Jas. L. Hammond M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1/2/16	✓	Jas. L. Hammond M.O.
12/2/16	✓	Jas L Hammond. M.O.
		M.O.

Enlisted on 9" day of Nov 1915 at Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	51st Batt	437900	Good	9" Nov 1915
Transferred to	194 O. Batt.	437900		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-439.

437900

Surname Laborday Christian Name Harry

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.
Edmonton	Nov 1	29	11	15	2	12	15	Grippe	13	Recovered	Jas. L. Hammond
"	"	5	12	15.	31	1	16	Grippe	58.	Recovered.	Jas. L. Hammond
"	"	11	2	16	16	2	16	"	6	"	Jas. L. Hammond

No card

Pte. H. Caveley, #1037216, 238th Bn.

Class

No. Name, Rank, Battn. Pte. H. Caveley, # 1037216, 238th Bn.

Address. Macklin Sask.

Ship returned by. Northland Date of arrival 23-1-17.

Where [illegible]n service. (?)

Condition preventing soldier earning full livelihood.

Patient complains of cough and expectoration and weakness. Exam; Lungs: Left lung: Anteriorly as far down as 4th rib, there is tubular breathing almost cog-wheel at times. Moist rales present. Right lungs: Ant. some moist rales all over lung. Right infraclavicular region dullness, V.F. X and V.F.X. and almost tubular breathing. Has lost 7 lbs. No night sweats. Sputum exam; neg. for T.B. has had seven exam. of sputum. Other systems normal.

Degree of incapacity : Eng. Board: N.A.

Canadian Board. Total.

Probable duration of incapacity. 6 mos. at least.

Recommendation Canadian Board : Convalescent Home.

R—122

J.M.

Rank Name CALVELEY, Harry. Reg'l No. 1037216

Unit 238th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Calgary. 24th July 1916. Place of Birth Birkenhead, Cheshire, England.

Name and Address, Next-of-Kin Florrie Morris.

62 Gladstone Rd., Seacombe, Birkenhead, Eng. Relationship Sister.

C.C.A.C

N/E. R.B. No 275
File H.L.
Category M. & C.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character R133B35

H. W. & V., Ld.—7165-16.

	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.
			Arrived in ENGLAND S.S. Scandinavian 22.9.16			
7-11-16		238th Bn	Admtd. Military Hospt.	Bramshott	5.11.16	D.C. Pt II 136
23-12-16		"	Hd to Ont. Med. Hdqrs	Orpington	16.12.16	C.L. 17.
			238thBn SOS to C.F.C Wiley	15-12-16		PtIIDO177
28-4-17		C.F.C	Discharged Orpington Hdqrs.	Barton	13-1-17	C.L. 78
			15.12.16. C F C. T.O. 8 DEC. 15 16-Auth, Pt. II. DC-21.			
13.1.17		C.C.A.C.	Taken on Strength	Hastings	1.1.17	Pt. II 22
22-1-17		"	SOS. to Canada for duty	"	13.1.17	Pt. II 30
3-2-17		C.F.C. Disch: Depot	SOS of Corps on trans: to C.A.C. To Sanitorium	London M.D. #10 Winnipeg	1-1-17 23.1.17	Pt II O 30 Auth N.R. 176.

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.					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

W. E. Belore

Name of Soldier Colueley, Harry 510

1037216 - Pte "C" coy 238 Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
			# 16.00	SEP 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		L21347	16	
Oct.		R22739	16	
Nov.		a25761	16	
Dec.		930346	16	
Jan.	1917	S37564	16	Cancelled 64.00 Slip 1/1/17
Feb.				Returning Northland 13/1/17 F.X. S.A.S
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
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.				

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7/16
H.Q. 1172-39-810

Auth. Sig. on Nom. Roll + A.F. C.A.S. 309

Calveley

To Whom W. E. Belore

Address Macklin Sask.

Rate #1.60 SEP 1 - 1916

By Whom Assigned ~~Calveley~~, Harry

Regtl. No. 1037216

Rank Pte. "C" coy

Corps 238 Bn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2695-H-5 also H-1.
Sept.				Stop Payments Feb. 1/17
Oct.				Discharged to Canada
Nov.				3M 8/1/17 Disc. 24/1/17
Dec.				Prev noted by F.I.X.
Jan.	1915			
Feb.				
March				Acct Closed
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 3 CASUALTIES.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Calveley Pte Henry

(986)

Regimental No. 103721 Calveley

Unit 238 Battn

Date of enlistment —

Place of " —

Married (yes or no) No

Amount of pay assigned monthly $ 16.00 December,

To whom payable ~~Mrs~~ W E Belore
Macklin, Sask

Name and address ~~of next of kin~~
Macklin
Sask R

Date and place discharged

Reason for discharge

Character on discharge

Northland 25/7

Ab 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	8/1/17							36 50						9 73		Boat
9/1/17	31/1/17	23	1.00	23.	23	10	2 30							50		Quebec
		Asad Pay Jan 9			16.							Bal forward 18 07				x To Bde Unit 1/7
								77 80						7780		

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

File No. 2695-H-5

WAR SERVICE GRATUITY.

INV 2312-19 W 121

Register No. C 2495

Reg. No. 1037216

Name Calveley

Address DECEASED

Pay Soldier $ —

Clerk J. O'Bonneville

Dependent Elizabeth Calveley

Address Harry 636 Alexander Ave

Winnipeg Man

Pay whole of W.G. to wife. P.A.B. ruling 13/7/19

RW 104 5/20

Pay Dependent $ 224.90

122 Rate 70.00 — 280.00

Days 122 Rate 30.00 Due 120.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment. ✓

Net 224.90

A. Sinclair

W. H. Turner

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						12/20	49575	546630	224	90
2										
3										
4										
5										
6										

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

GEN'L AUDITOR
Posting checked by
L. Stone
Date 10/12/19

R Rowan
23/12/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Babbeley H.
Surname Christian Name

Regimental Number 1037216 Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

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

Remarks:

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

PC 22-12-19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2695-H-1

Name Calveley, Harry
Surname Christian Name

Regimental Number 1037216 Rank Pte.

Unit 238th Bn.

Original Unit

District where paid M.D.10.

Date of Discharge 12-2-18.

P. D. P. Filing Number 18-128-10.

Address (in full) 636 Alexander Ave.,
Winnipeg, Man.

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	1944	14-2-18	58 00	1913	14-3-18	58 00	1897	14-4-18	46 30	12 80	162 30

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Dr. Bal. $12.80 overpayment by "G" Unit.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dec'n No..... W. S. C. File No.....
Award.....days at $.... per day $
S. A.....months at $.... per mo. $.....
Less P. D. P. Credited
Less further debit balance
Net due paid as below
TO SOLDIER TO DEPENDENT
0 | Ag. No | Ch. No | Amount | Ch. No | Amount
1
2
3
4
5
6
Total

Dependent.....

Address.....

.....

$.....

$.....

$.....

$.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

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

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

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

Register No. D61540

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 2695-H-5

Regt'l No. 1037216 Name Harry (Christian Name) Calveley (Surname)

Unit 230 Bde Rank Pte Date of enlistment 24/7/16

Date of casualty 7/11/18 B.P.C. File No. 276-88

Was service performed overseas ? yes

DEPENDENT

Name Mrs Elizabeth Ferguson nee Relationship widow

Address 636 Alexander Ave. Calveley
Winnipeg
Man.

Amount of Special Pension Bonus $ 80.00 Abstracted by M. McN. Colam

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 : Widow remarried 17/1/22
Not eligible under O.C. 1486
W.S.G. already paid in full

Clerk W. Mitchell

Audited by

Date .....

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

Moved 20/8/20 D/8/18

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

I.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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

D.M S 130C.

Surname	Christian Name or Names	Reg. No.
Calveney	H.	1,037,216.

Rank	Unit	Co.	Troop	Batty.
Pte.	238th	Battn.		

Hospital — Date of Admission

Military Hosp. Bramshott. 6. 11. 16.

Transferred Ontario Mil. Orpington Hosp. 16-12-16.

Hosp.

Hosp.

Hosp.

Diagnosis

Debility

(1) N.Y.D

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Disc. 13-1-17

C.L. 16-11-16 to 5

O.L. 23-12-16 " 17

" 28-4-17 #78

REMARKS

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

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No......

NUMBER	RANK	SURNAME	INITIALS
.....	.....	.....	.....

Full postal address.....
(Street) (City or Town) (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board.....Number of children on board.....

Their destination.....

(Sgd.).....

M. F. W. 2502.

50 M.—1-19.
1772—39—1269.

Dvr Mus

Number 103716 Rank Pte

Surname CALVELEY

Christian Name Harry

Units 636 Theatre of War England

Date of Service 22-9-16 (D)

Remarks

Latest Address 630 Alexandra Ave
Cupar Fife

Roll No. A Page 4685

200m.-6-21...

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Reg. No. 1037216 Name G. alverley.

Rank Pte Corps 238th Age 23 Service 1/12

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Camp Hughes. Winnipeg Dvt	3-8-17	Gonorrhoea c

P. T. O.

No. 1037216 RANK Pte, NAME Caverley, Harry.

T. O. S. 24-7-16-20.0.47 UNIT 238th. Battalion & Forestry &
of 1-8-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 24 Sept.	1916 Aug. 31 Nok/c	✓		

UNIT SAILED
SEP 11 1916

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
No. 5	Mil Branchott.	6-11-16	N.Y.D.
17	To Ont. Mil. Orpington	Kent 16-12-16	Debility
48.	Loc.	13-1-17	" "
271	M.St.C.C. Winnipeg	24-10-17.	trans. Rec. Depot to St. Bon. Hosp.
317	" " " " "	11-12-17.	To Clerk - p. (with cards) Rec. Dep.
316-3	" " " " "	10-12-17.	St. Bon To Rec. Depot.
24-	" " " " "	23-1-18.	Rec. Dep. to St Boniface
24	" " " " "	23-1-18.	To. Dup Rec. Depot.

M. St. C. M. D. 10. 30

NAME Calveley, H

RANK AND CORPS Pte. 238th Bn.

REGT'L NO 1037216

H. Q. FILE NO. 649-137900

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
7309	16-1-17	Failed for Canada per "S.S. Northland" Jan 13th/17. D.R.O. Thurso.

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M.—4-10-16.
H. Q. 1772-39-893.

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

R. 149.

1037216.

Name Harry. Calveley. Rank Pte. Reg. No [redacted]6

Unit ~~8th~~ 8th Batt~~n~~n. Forestry Boys.

Next of Kin ~~Canada~~. Florie Morris, 62 Gladstone Rd. Seacombe Birkenhead Lancs.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6.11.	Mil Hosp	Bram.	N.Y.D.	5		
16-12-16.	Ontario	A. Orpington	Debility	17		
13-1-17	Discharged	"	"	78		

No. 437900 RANK Pte. NAME Calveley H.

T. O. S. 9-11-15. UNIT 51st Battalion C. E. F.
D. O. 266. 11-11-15.

M. D. 13.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Nov. 9.	Nov. 30.	✓		
	Dec.	✓		
1916	1916	✓		
	Jan.	✓		
	Feb.	✓		
	Mar.	✓	transf. to a. a. g. Dept M. D. 13.	O. O. 76.

No. 437900 RANK Pte NAME Calverley H

T. O. S. UNIT Casualties

M. D. 12

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr 1	1916 Apr 25	L	from 3-1 st Bn transf'd to 194th Bde 25-4-16	Apr pay list.

No. 437900 Rank Pte. Name Calveley Harry

~~T.O.S.~~ Unit 194th Battalion

Trans from 51st Bn
26-4-16. AO 70-27-4-16.

M.D. 13

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916	1916			
Apr 26	May 31	C		
	June	C		
July 1	July 12	C	Discharged m.u. 12-7-16.	AO 134-12-7-16.

Cleared by Payment &c.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England

DESCRIPTION.

APPARENT AGE 21 YEARS — MONTHS

HEIGHT 5- FEET 6 INCHES

CHEST MEASUREMENT 33 INCHES EXPANSION 2½ INCHES

COMPLEXION Medium EYES Grey HAIR Lt Brown

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Calgary Alta DATE July 24th 1916

Present address. Rutland, Sask.

SURNAME. Lakeley 649-C-8563

CARD NO.

CHRISTIAN NAMES Harry

S.O.S. Dis. 12-2-18 10

REGL. No. 1037216 RANK Pte

Med unfit

UNIT 238th Bn

FORMER CORPS 51st Bn C.D.E.F. 194 Bn 8 months

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Morris Florrie

RELATIONSHIP TO SOLDIER Sister

ADDRESS 62 Gladstone Rd, Seacombe Eng

COUNTRY OF BIRTH England. Birkenhead Cheshire DATE Oct 31st 1895

PLACE OF ATTESTATION Calgary Alta DATE July 24th 1916

Sailed from Halifax 1/9/16 3rd Class Per S.S. Scandinavian

L. L. 94501. M. & D. 65th.

M. F. W. 22. 250m.—2-18. H. Q. 1772-39-339.

R/6. 23-1-17

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.		
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."

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.)

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.

MILITIA & DEFENCE
AUG 24 1916
H.Q. CANADA

Proceedings on Discharge.

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

No. 437900

Rank Private

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

Corps (Squadron, Battery or Company) 194th O. H. Bn, C.E.F.

Date of Discharge 12th July 1916

Place of Discharge Mobilization Camp, Calgary, Alta

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 8 months.
Height 5 feet 5 inches.
Complexion Fresh
Eyes Blue
Hair Light Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Army Service Corps M. D. No 13 Calgary

Descriptive Marks

2. The above-named man is discharged in consequence of being medically unfit. for further 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.
Good

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:

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

Farmer

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Conduct
24-8-16

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

nil

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

6. Medals and Decorations..... nil

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) Calgary Alta ..... W. L. Craig D. Col.

(Date) 12th July 1916 *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.

(Place) Calgary Alta ..... H Calveley ..... *(Signature of Soldier.)*

(Date) 12th July 1916 ..... *(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 147 days.

11. **Confirmation of Discharge.**

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

(Place) Calgary Alta .....

(Date) 12th July 1916 ..... *(Signature)* W L Craig Lt Col

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.)

H Calveley

(OVER)

I-286
1772-15
2nd

B.C.

484/19/2/18

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

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

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

636 Alexander Ave.

B.P.C. DUPLICATE 1

MEDICAL HISTORY OF AN INVALID.

1. Station. Winnipeg, Man.
2. Regiment or Corps. 238th Bn, M.HC.C.
3. Regimental No. and Rank. Private #1037216
4. Name. Harry Calveley
5. Age last Birthday. 23
6. Enlisted on July 24th, 1916
   at Calgary, Alta.
7. Former trade or occupation. Farmer

8. General remarks on his:—
   (a) Conduct. No records available.
   (b) Habits.
   (c) Temperance.

   (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Jan. 4, 1918

RECEIVED. FEB 19 1918. CANADA

649-6-8563

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
C.E.F.			July 24th, 1916	Jan. 4th, 1918

10. (a) Disease or disability. Moderate Debility.
    (b) Date of origin. Nov. 1916
    (c) Place of origin. Whitly Camp, England.
    (d) Cause. Pulmonary tuberculosis.

11. Present condition. (Most Important.)
    (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Fairly well nourished, rather anemic looking man. Complains of becoming tired on moderate exertion. Slight change in breath sounds in both clavicular regions anteriorly. No crepitations to be heard. Nasal condition has practically all cleared up following operation Becomes short of breath on going up stairs. Other systems normal. Disability is more a need of rest.

12. (a) Is the disability the result of service or climate? Both.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

B. P. C. FOLIO FALSE DOCKET 8

M. F. B. 227.
200M. 8-16.
1772-39-117.

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

00

(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 ?

00

(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.

Exposure not exceptional.

14. Treatment.

Hospital England 1½ month.

Sanatorium M.D. 10 3 months. Hospital 2 months.

Convalescent M.D. 10 6 months.

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

00

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

One year.

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.

30%

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

For discharge as medically unfit.

D Macdonald Capt AMC

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations : That he be discharged from the service. His condition was contracted on service. He has had adequate treatment. Further treatment, other than a need of rest is not indicated. It is advisable that he should pass out under his own control.

Signatures :—

D Macdonald Capt AMC President.

W G Campbell Capt AMC

APPROVED

JAN 9 1918

Members.

Station. Winnipeg, Man.

Date. Jan. 4th, 1918.

Major, A.M.C.
A.D.M.S., M.D.No. 10
WINNIPEG, MAN.

Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

B. P. C. FOLIO
FALSE INVOICE
1

*N. B—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Court of Inquiry

assembled at "G" Unit I.S.C., Winnipeg

on the 9th day of November 1918

by order of Unit Medical Director

for the purpose of Inquiring into the circumstances surrounding the death of #1037216 Pte. Harry Calveley, 238th Battalion

PRESIDENT.

N. K. McIvor, M. D.

MEMBERS.

J. R. W. Nicholson, M. D.

M. C. Bridgman, M. D.

The Court having assembled pursuant to order, proceed to to inquire into the death of #1037216 Pte. Harry Calveley, 238th Battalion, and find as follows:

Pte. H. Calveley on October 24th 1918 consulted Dr. Bridgman of the Invalided Soldiers' Commission, suffering from what appeared to be an acute bronchitis. He was admitted to the Winnipeg General Hospital. On his arrival at the hospital a diagnosis of Spanish Influenza was made, and he was admitted to the quarantine ward of that hospital.

He developed pneumonia and died at 11 P.M. on November 7th.

N K McIvor Pres.

M C Bridgman

J R W Nicholson

M. F. B. 303.
150M.—1-17.
H. Q. 1772—39—133.

36

.....

.....

.....

R. C. NOV 7 1916

31/10/16

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

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

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

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

MEDICAL HISTORY OF AN INVALID.

C. 112

DEPT MILITIA & DEFENCE OCT 30 1916 H.Q. 49 C 46 CANADA

1. Station. Edmonton.
2. Regiment or Corps. 51st O.Bn, & A.S.C.
3. Regimental No. and Rank. 437909, (437900)
4. Name. Calveley, Harry.
5. Age last Birthday. 21,
6. Enlisted on Nov. 7th, 1915.
   at Edmonton,
7. Former Trade or Occupation. farmer.

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. May 25th, 1916.

9. Service. Years. Days.

	PERIODS. From.	To.

10. (a) Disease or disability. Feeble Constitution.
    (b) Date of origin. prior to enlistment.
    (c) Place of origin. ~~Congenitally~~ Edmonton,
    (d) Cause. Congenital.

11. Present Condition. (Most Important) (To include full description of present disabling condition or conditions.) Revocered from pneumonia, but not standing the work. Has been on pass and light duty for nearly two months.

12. (a) Is the disability the result of service or climate? No.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

Invalided 16-11-16

M. F. B. 227.

100 M—2-16.
1772-39-117.

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

None.

(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 ?

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.

Not exceptional.

14. Treatment

Hospital for pneumonia.

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

Not aggravated.

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

No disability.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions.

None.

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

Yes.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

19. Is he unfit for Military Service. Yes.

20. Recommendations : We do not considerthis man to be vigorous enough for active service, and recommend his discharge as "Medically Unfit for Service".

Signatures :—

President.
Major C.A.M.C.

Captain C.A.M.C.

Members.

Station. Edmonton, Alberta.

Date. May 25, 1916.

Captain C.A.M.C.

Date. 8/6/16

Asst. Director of Medical Services.

Approved.

Date. 14/6/16

Director-General of Medical Services.

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 depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.

Northland 23/1/17

Army Form B. 268.

Proceedings on Discharge.

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

No. 1037216 Army Rank Private

Name Calveley Harry.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 238th. Battalion, C.E.F.

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

Date of discharge

Place of discharge Invalided to Canada by authority of Medical Board.

1. *Description at the time of discharge.*

Age years months
Height feet inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

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

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

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

To be filled in on the soldier quitting the Colours.

3. Military character :—

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Wt. W. 13141/283 430,000 3/15 M.&C. Ld. Forms B. 268 39

*Strike out if not applicable.

[OVER.

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

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

Classification for service, or proficiency pay ... ... Class_____

6. Campaigns, Medals and Decorations

_____

_____

_____

_____

_____

Certificate of education ..... _____

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

(Place)_____ _____

(Date)_____ *Commanding* _____ *Battn.* _____ *Regiment.*

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.)

_____

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.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. 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.)

(*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.)

Has to be discharged from the service. His condition was contracted on service. He has had adequate treatment. Further treatment, other than a need of rest is not indicated. It is advisable that he should pass out under his own control.

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.

(Sgd) D. Macdonald, Capt. *President.*

PLACE Winnipeg, Man. W.C. Campbell, Capt.

DATE Jan. 4th, 1918. C.H. Crick, Lt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

for man's file

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 Winnipeg, Man. DATE Jan. 4th, 1918.

1. 1 (*a*) Unit 238th Bn. M.H.C.C. (*b*) Regimental No. 1037215 (*c*) Rank Pte.

(*d*) Surname Calveley (*e*) Christian name Harry

(*f*) Home address.....

(*g*) Next of Kin..... (*h*) Relationship.....

(*i*) Address of Next of Kin.....

2. Age last birthday 23 years Date of birth.....

3. Enlistment, or Appointment (if an Officer) (*a*) Place Calgary, Alta. (*b*) Date July 20/16.

4. Personal description:

(*a*) Height..... (*b*) Weight ..... (stripped) (*c*) Complexion.....

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

5. Former trade or occupation Farmer.

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

	Periods	
	From	To
Canada C.E.F.	July 24th, 1916.	Jan. 4th, 1918.
England		
France or other theatres of War		

7. Original disease, or injury.....

(*a*) Date of origin Nov. 1916. (*b*) Place of origin Whitby Camp, England.

(*c*) Cause Pulmonary Tuberculosis.

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.)

Moderate Debility.

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.)

fairly well nourished, rather anaemic looking man. Complains of becoming tired on moderate exertion. Slight change in breath sounds in both clavicular regions anteriorly. No crepitations to be heard. Nasal condition has particularly all cleared up following operation. Becomes short of breath on going up stairs. Other systems normal. Disability is more a need of rest.

(*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.....Cardio-Vascular System.....Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....Respiratory System.....Integumentary System.....

Disturbances of Mentality.....Digestive System.....Muscular System.....

Osseous and Joint Systems.....Any other general condition.....

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

Nil.

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

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

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

(*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.)

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? One year.

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

Hospital England 1½ month.
Sanatorium, N.D. 10 2 months, Hospital 2 months.
Convalescent N.D. 10 6 months.

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

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

17. Recommendations.....

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.....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.....

.....Rank.
Signature of invalid examined.

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.		
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."

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.)

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.

Proceedings on Discharge.

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

No. #1037216

Rank Private

Name Harry Calveley.

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

Corps (Squadron, Battery or Company) 238th Overseas Battalion

Date of Discharge February 12th, 1918.

Place of Discharge

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years months.
Height	5 feet 7 inches.
Complexion	Fair
Eyes	Grey
Hair	Brown
Trade	Farmer
Intended place of residence (To be given as fully as practicable.)	636 Alexander Ave. Winnipeg.

Descriptive Marks

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

Medically unfit for further War 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.

VERY GOOD

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.

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

M. F. B. 218.

160m.—6-16.
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) Winnipeg, Man. .....

(Date) February 12th, 1918. .....

W Dawson Capt Lt.-Col.
Commanding OFFICER COMMANDING "G" UNIT.
MILITARY HOSPITALS COMMISSION COMMAND

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) Winnipeg, Man. Harry Calveley *(Signature of Soldier.)*

(Date) February 12th, 1918. J F Dawson *(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 Feb 12 1918 (the date to which the Record of Service is completed) 1 years 203 days.

Total 1 years 203 days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg, Man.

(Date) February 12th, 1918.

(Signature) W Dawson Capt Lt.-Col.
OFFICER COMMANDING "G" UNIT.
MILITARY HOSPITALS COMMISSION COMMAND

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

Harry Calveley

(OVER)

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Birkenhead, Eng.

NAME AND ADDRESS OF NEXT OF KIN Florence Morris,
62 Gladstone Rd, Seacombe, Eng

RELATIONSHIP OF NEXT OF KIN Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

NW

REG'L. No 1037216 RANK Pte. NAME Calveley, Henry.

IF IN PERMT. CORPS WHAT UNIT } UNIT 238th Batt'n TRANSFERRED TO 61 Bde DATE 1/1/17 AUTHORITY 61 Bde 1594 29/12/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Calgary TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 24-7-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 16.00 DATE EFFECTIVE Sept 1-16.

PAYABLE TO W.E. Belora, Macklin, Sask. RELATIONSHIP Friend

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 8.1.17 EFFECTIVE 1.2.17 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Disch to Canada 8/1/17 REASON AND AUTHORITY 61 1594 29/12/16

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 9.1.17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

JAN 22 1917 CANADIAN CONTINGENT

Entered on N.E. Card Index

Checked by F.M. Thomas

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Sept 1					Balance from Canada.										10															10 00				Brought forward from Canada Sheets.
11-30	30	1.00	30	00	30	10	3	00							33 00	16	29/9/16							12 17 ✓				16 00		28 17	14 83				
Oct 31	31	1.00	31	00	31	10	3	10							34 10	64	16/10/16	97	30/10/16					48 ✓	7 30 ✓			16 00		28 17	20 76				
Nov 30	30	1.00	30	00	30	10	3	00							33 00													16 00		16 00	37 76				
Dec 1-31	31	1.	31		31	10	3	10							34 10													16		13 43	58 43				
1917 Jany 1-8	8	10 1.00	8	80	8	10		80							14 20 8 80															90 77 25 73	36 50				
															183 00															116 80				
																															36 50				
																													36 50	36 50		Nil		

237 15/11 9th Mtg Stock
333 30/11
438 15/12
150 19/12

2 43 ✓
2 43 ✓
4 87 ✓

Balance transferred to N.S. Branch.

Checked J.C. Ross
Checked J.C. Bay Lt

M & March 17

Brought forward from Canada Sheets.

Trans to 61 Bde 1/1/17
61 Bde 1594 29/12/16
* Taken from a.s.p. Book
Cr Balance $36.50 Ldb
Reduced 8/1/17. to Canada
CC/L594. 29.12.16.

Cr Bal 36.50.
Trans to "Canada
Discge a/c"

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