OMO 30-1-19.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name CARTWRIGHT CHARLES HENRY Proc. on Dis. Desp. to B.P.C. on M.F.W. 2503, Ref. B.P.C. 866 of 30-1-19 E

Regt. No. 1081632 Rank Pte

Corps No 1 Cons Bn. (2.D.D.)

10736

"Med. unfit"

S

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

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

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

Disch Parchment Certificate..... 1

Medical Report for Invalids..... 2

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

A F W. 3997 —— 1

A F B. 122 —— 1

I. S. C. 132 —— 1

M F W. 192 —— 1

M F B 463 —1

R149

P.C. - 1

M

H

Deceased 23-5-58

1

23 - 31

15 - 31

11 - 31

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

NO. 1 CONSTRUCTION BATTN C.E.F.

July 8. JUN 29 1916

ORIGINAL

ATTESTATION PAPER.

No. 1081632

~~No. 1 CONSTRUCTION BATTN.~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ... Cartwright
1a. What are your Christian names? ... Charles Henry
1b. What is your present address? ... 342 Victoria Ave. Westmount, P.Q.
2. In what Town, Township or Parish, and in what Country were you born? ... Colnbrook, England
3. What is the name of your next-of kin? ... Sophia Kate Cartwright
4. What is the address of your next-of-kin? ... ### ######## 75 Spa Hill Upper Norwood, London, England
4a. What is the relationship of your next-of-kin? ... Wife
5. What is the date of your birth? ... Nov. 21 1879
6. What is your Trade or Calling? ... Decorator
7. Are you married? ... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ... Yes
9. Do you now belong to the Active Militia? ... No
10. Have you ever served in any Military Force? ... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Henry Cartwright, 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.

Charles Henry Cartwright ... (Signature of Recruit)

Date June 30 1916. ... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Cartwright, 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.

Charles Henry Cartwright ... (Signature of Recruit)

Date June 30 1916. ... (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 Montreal, P.Q. this 30 day of June 1916

... (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

FTRaP 1589

Description of Charles Henry Cartwright on Enlistment.

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

Height ..... 5 ft. 4 ins.

Chest measurement: Girth when fully expanded ..... 36½ ins.
Range of expansion .... 4½ ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Fair

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

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

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

Tattoo on right forearm
small scar on forehead

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 June 29 1916. .....

Place Montreal, P.Q. .....
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.

Charles Henry Cartwright .....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 of Officer)

Date June 30th, 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1081632 (Rank) Pte.

Name (in full) CARTWRIGHT Charles Henry enlisted in

the No.1 Construction Bn.

CANADIAN EXPEDITIONARY FORCE at Montreal Que. on the 30th.

day of June 19

HE served in England and France

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

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

Age 44

Height 5'4"

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Vacc. scars on left arm.

C. H. Cartwright
Signature of Soldier

Issuing Officer

O.C. No. 2 District Depot
Rank

Appointment

Date of Discharge Jan. 22nd. 1919

Signed at Toronto. Ont. this 22nd. day of January 19

in Military District No. #2.

File Reference No.

JAN 22 1919
DISTRICT DEPOT

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.
250m —6-18.
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

Uniform is not to be worn after ..... Name of Officer

expiration of one month from ..... Rank

date of discharge, except by special ..... Appointment

permission of G. O. C district.

demobilization the details called for on this certificate will not be completed.

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. No. 1 CONSTRUCTION Bn.

Regimental No. 1081632 Rank Private Name Cartwright Charles Henry

C. E. F.

Enlisted (a) 30/6/16 Terms of Service (a) D. O. W. Service reckons from (a) 30/6/16

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

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

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Canada	Halifax N.S.	13/9/16.	
		Disembarked England	Liverpool	23/9/16.	✓
25-10-16	1st Const Batt.	Proceeded overseas		25/10/16	Pt II D.O. 170 ✓ A. B. Ottaway for O.C. No. 1 CONSTRUCTION Bn.
		Landed in France	Havre	26.10.16	L.R. 6777 Pt II D.O. 181 - 2.12.16
28.1.17	O.C. Unit	Granted leave to	U.K.	26.1.17	B213 Pt II D.O. #19 d/- 5-2-17
		Designation of Unit changed to 1st Bn. Canadian Railway Troops. Pt 11 D.O. No. 22 d/- 10/2/17.			~~No. 1 CONSTRUCTION Bn.~~
18.2.17	"	Rejd. Unit from Leave	Field	12.2.17	B213 Pt II D.O. # 28 d/- 24.2.17
27.10.17.	1st C.R.T.	Granted 10 days leave in	U.K.	27.10.17	B213 Pt II D.O. 98 d/- 5-11-17

CERTIFIED CORRECT. 14 NOV. 1916 CAN. RECORDS, LONDON.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	~~1st C.R.T.~~	~~Rejd. Unit~~	~~Field~~		~~B313 Pt II D.O.~~
19.11.17	Officer i/c Records, London.	Adm War Hospital, Croydon whilst on leave		12.11.17	R.N. 4-40-303 "F" 191117
✓	✓	Admitted to Hospital whilst on leave in England, & posted to Cdn. Rly. Troops Depot, Purfleet, 12/11/17.		12.11.17	ditto A.A.G., Cdn. Sec., 3rd Ech., K.H. 16/31950. Pt II D.O. 104 dt 27.11.17
20-11-17. BH	C.R.T.D	T.O. Son posting from 1st C.R.T. adm Hosp.	Purfleet	12-11-17.	Pt II O 313
26/3/18 27-3-18	C.R.T.D	S.O.S. to C.F.C. Sunningdale	Purfleet	26/3/18	Dept II 85

G. E. Crowe
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Fahan Lieut.
for Lt-Col i/c Records. Cdn 7

W. Williams Capt for O.C.

O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 26-3-18 Pt.11.D.O. 74

DEPOT CAN. RLY. TROOPS.

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate, M.F.W.W.)

This is to certify that No. 1081632 (Rank) Private

(Name in full) CARTWRIGHT, Charles Henry

Enlisted in 1st Construction Battalion

Canadian Expeditionary Force, on the 30th day

of June 19 16

He served in CANADA & FRANCE

with the Canadian Railway Troops

and was discharged at Toronto, Ontario

on the 22nd day of January 19 19

by reason of BEING MEDICALLY UNFIT

His conduct and character while in the Service were good

Medals and Decorations etc British War & Victory Medals

DESCRIPTION ON DISCHARGE

Age 44 years

Height 5'4"

Complexion fair

Eyes blue

Hair fair

H.Q. 649-C-18956

(Clyde R. Scott)
Major
(Assistant Director of Records)

Ottawa day of 19
13th January 32

NOTE - This Certificate of Service if lost will not be replaced.

Army Form B. 103. Sheet 2 Regimental Number 1081632

Casualty Form—Active Service.

Regiment or Corps

Rank Pte Surname Cartwright Christian Name C. H.

Religion Age on Enlistment years months.

Enlisted (a) 30-6-16 Terms of Service (a) DOW Service reckons from (a) 30-6-16

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

Extended { } Re-engaged { } Qualification (b) Cook

or Corps Trade and Rate

Signature of Officer.

Report: Date	Report: From whom received	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
		Embarked ...			
		Disembarked ...			
1-5-18	O.C. C.F.C.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE	1-5-18		PT. II. DO. NO 104
		on posting to H.Q.S.S. London			Maj. for O.C., C.F.C.
3-5-18	D.G.T.O.	T.O.S. H.Q.S.S. C.F.C. on posting London from Base Depot.	1-5-18		Pt II DO No 51
11.11.18	D.G.T.O.	S.O.S., H.Q.SS. C.F.C., on posting to Base Depot	London	14.10.18	Pt.II D.O.94
					Captain Headquarters Commandant Canadian Forestry Corps.
16.10.18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from H.Q.S.S.	14.10.18		Pt.II.D.O. 247
					Lt. & A/Adjt. For O.C. Base Depot, Canadian Forestry Corps.

(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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				

9-12-18. Attached C.D.D. Buxton for return to Canada Part 11 Order No. 291
Ceases to be attached C.D.D. Buxton on embarking for Canada.

J. Plough Capt for Lt. Col.
Commanding Canadian Discharge Depot

A BARKED S. S. NORTHLAND
LIVERPOOL DEC 15 1918

R. D. Lundford Capt.
SHIP'S ADJUTANT.

DEC 15 1918 O. S. T. O. S. No. 2 DISTRICT DEPOT. TORONTO 1918 PART II D. O. 258

W. C. Roberts Capt
For O. C. No. 2 District Depot

Dis. No. 2. D.D. Jan. 22nd. 1919 Pt. 11 #18

[illegible] Capt
For O. C. No. 2 District Depot

Cartwright. Charles.Henry. No.1081632

NEUROLOGICAL REPORT

History This man awoke in the morning of October 27th.1917 and found the right side of his face paralized. He had been sleeping in a tent and the weather was cold and wet. He had not been wounded nor had he received any blow to the head. He states he found the right side of his face drawn up and it felt numb and he was partially deaf in the right ear. He lost the sense of taste im right side of mouth. He could not close his right eye. He suffered marked pain in the right frontal region, He suffered marked discomfort in eating and food would get clogged in the in the right side of his mouth, His tongue felt dead on the right side. He recovered from deafness in right ear in a few weeks. In 4 months he could close his eye. He recovered his sense of taste in right side in 3 months. He still suffers periodically from right frontal headache.

Objective Symptoms Right side of face presents an "Ironed out" appearance. Wrinkles in left frontal region much more marked than in right frontal region. There is a slight ptosis of right eyelid. Marked limitation in movements of right facial muscle as compared to left group. He cannot whistle. The tongue protrudes without deviation. He has difficulty in closing right eye, but can do so.

Sensory :- There is a diminished reaction to pain over entire right side of face as compared to left. Further Neurological examination negative.

Subjective Symptoms:- Periodical right frontal headache. He is still awkward in chewing his food, but is improving. When walking in the wind or sunlight he suffers from profuse lachrymation of right eye. The right side of face "drawn up" when in the cold. He can taste food now on right side. The right side of face still feels numb. DIAGNOSIS:/ Bell's Palsy. Probable duration 6 months with proper treatment. Would suggest electrotherapy and tonics.

(Sgd) J.H.Travis. Capt.

17/1/19.

Boston II

I

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

37

Surname Cartwright *Christian Name* Charles Henry

Examined { on 29th day of June 191
at Montreal, P.Q.

Birthplace { City or Town Colnbrook,
County England

Apparent age 38

Trade or occupation Decorator

Height 5 Feet 4 Inches.

Weight 116 Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 39½ inches.

Physical development fair

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 2

When Vaccinated last as a child

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

dental corps

Approved by

C J Imrie
Lt-Col

Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
7/4/18	P Two	J H Davidson M.O.
23/5/18	B Two	A A Barker Capt. M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

20 NOV 1917

Date.	Result.	Vaccinations.
28/8/16		C N Hamel M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
10/8/16		Chas P Smith M.O.
16/8/16		Chas P Smith M.O.
21/8/16		Chas P Smith M.O.

Enlisted on 30th *day of* June 191 6 *at* Montreal, P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No I	1081632		
Transferred to	Construction Battalion			
	*127th Bn., C.E.F. Witley Camp, Eng	*1081632		21/10/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Ecs Hosp Boston Summingdale & Camp	25/2/18 21. 11. 18. 17/1/19	R. Facial paralysis Do Facial Paralysis	B II category B II Transferred Ecs Camp C Discharged Sick D3 Mgd

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

M. F. .B. 313.

400M.—1-16.
H. Q. 1772-39-459.

CANADIAN

Surname Cartright Christian Name Charles Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
WAR HOSPITAL. CROYDON		10	11	17	20	11	17	Facial Paralysis (rt side)	11	came on suddenly when home on leave 2 days ago: Transferred to Can: Hosp: Buxton	Guillett Capt
Granville Can. Spec. Hosp. Buxton Derbyshire		20	11	17	~~28~~	~~11~~	~~17~~	~~Bronchitis~~	~~9~~	~~Transferred to E. Eye Hospital~~	~~[illegible]~~
					4	3	18	Facial paralysis (rt side	105	~~28.11.17 Westcliffe Folkestone~~ Paralysis cleared up - discharged same category as an admission	Capt. C.A.M.C. Registrar, for O.C., Granville Can. Sp. Hosp., R B Harris Capt

Forms
I. 1237
12*

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	~~475~~ 108/632	Pte	Cartwright	G H

Year	Unit.	Age.	Service.
	16-R.Y.	40	1 yr 12 13 yrs 2

Station and Date

Disease

Making good progress. Temp. normal

Capt

GRANVILLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE Buxton

12 JAN 1918

29.1.18. Feels fine - No scabies no V.D. B.B.Stains

1=FEB.1918 Please Have ears syringed.

Ref. 1 wk

6.2.18 No scabies or V.D. B.B.H

Ears syringed —

8=FEB.1918 Carry on 1 wk

13.2.18. Feels much better - no V.D. or scabies B.B.H

15FEB.1918 Improved. Can close eye with effort. ∴
Palpebral fissure when asleep 1/3". Carry on 1 wk

20.2.18 No V.D. or scabies B.B.H

22FEB.1918 Can close eye completely = ~~Discharge~~
~~Transfer to Conv. Home~~ Discharge
ii Same category as he came in

EX.M. MED. BOARD
25 FEB. 1918
G. C. S. H.

B.H.

26.2.18 No V.D. Scabies or Vermin B.B.H.

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

(41502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

Forms
I. 1237
12

P. 145/617

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	108632	Pte	Cartwright	G.H.
T/1/78	Unit.		Age.	Service.
T7827	1st C.M.R.T.		40	1 5/12 13/12

Station and Date

Disease Facial paralysis

Previous Occupation, Cook.
Enlisted, Montreal, June 30/16
Arrived in England Sept. 20/16
Arrived in France Oct. 25/16
Went sick Nov. 4/17
Hospitals. Crescent War Hosp. Croydon 10 days

H.P.D. Nov. 2nd had pain in right side of face in font of ear. Nov. 3rd Right side of the face was paralysed.
Present Condition

Paralysis of muscles of right side of face mouth drawn to left side. Right eye does not close properly. The affected lid acts slightly the lower lid not at all. Tongue is protruded straight. Denies venereal disease.
Treatment to have eye washed out with Boric solution. For board & test of electrical reactions of muscles of face

J.E.C. Anderson Capt.

GRANVILLE CANADIAN SPECIAL HOSPITAL
REGISTRAR'S
20 NOV. 1917
OFFICE
Buxton

22 NOV. 1917

Rt facial muscles react weakly & Faradism and less promptly than normal & Galvanism

Thos Dunlop Capt Can

Right corrugator supercilii, frontalis, r. occipito-frontalis moves a little, Levator menti active. Skin sensation a little decreased on right.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	
	Taste discrimination decreased greatly for small differences. Can recognize elementary tastes but these are decreased & delayed. Bad taste in mouth in the morning.
	R Galvanising and tonising on alternate days & R side of face. Massage. Return 1 week.
29 NOV. 1917	Improving. Continue. 1 week.
3/12/17	Improving VD=0 SD=0
6 DEC. 1917	Improving. Report 1 wk
10/12/17	Much improvement in face. Lower lid of eye does not close yet VD=0 SD=0
13 DEC. 1917	all muscles R side of face act still stronger & facundum and more promptly & Galvanism. To continue current all muscles react to .05 mas and 5 at 60 Volts. Return 20-12-17
17-12-17.	Patient can't close right eye yet, and ~~has more mo~~ can draw muscles of cheek back further on left side than right. tongue protruded straight, patient's condition improving V.D. — 0. S.D. — 0.
19 DEC. 1917	condition improving Return in 1 week.
31-12-17.	Condition much improved. Some movement in right eye lids. Slight movement right side mouth. VD = 0 SD = 0 60 V.
2-JAN. 1918	Improving especially mouth and frontal muscles R side. Continue. Return in 10 days. R ear drum not to be seen - max Ria conduction better than bone R side

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Cartwright Charles Henry

DISTRICT

No. 1081 63

REGIMENT

RANK

M.F. 65.
200M.—6-18.
1772-39-950.

INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

DISCHARGE EXAM.
CASUALTY Co. # 2 D.D.
Date JAN 17 1919

Certificate issued for

Fillings & Partial Lower Denture

G. Cloveydue, Capt.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins..... No. 1 CONSTRUCTION BATT.

(2) Regimental Number 1081677

(3) Full Name of Soldier..... Cartwright Charles Henry,

(4) Place of Birth..... Colnbrook, England

(5) Are you married, or not ? ..... Yes.

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

(b) Present Postal Address..... #75 Spa Street, Upper Norwood, London, England.

(7) Are you a widower ? ..... —

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

If so, give number of boys and girls..... 1 girl

Also their names and ages..... Laurie Cartwright.

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? no

If so, state name and address —

(10) Is your Mother alive ? yes.

If so, state name and address Eliza Cartwright

High Street Twyford. Berks. Eng.

(11) If your Mother is a widow yes.

Are you her sole support, or not ? yes.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

$10.00 per month

only son & married daughters.

(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.

—

—

—

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

yes.

(15) Are you insured ? no

If so, in what Company ? —

Have you made arrangements for payment of your Insurance premium —

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

Thos R. Leyden Major
Officer Commanding.

Date 4/9/16

No. 1 CONSTRUCTION BATT.

Form R. & O 6015.
1238-130M-29/11/16.

EXAM. MED. BOARD
G. C. S. H.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at BUXTON FEB 25TH 1916

No. 1081632 Rank PTE Name CARTWRIGHT C. H

Local Unit. D.E.P.O.T. PURFLEET Overseas Unit 1ST C.R.T. Age 40

Examination held at GRANVILLE CANADIAN SPECIAL HOSPITAL

DISABILITY.
Overseas—Local.
(scratch one out)

RIGHT
PARALYSIS, FACIAL NERVE GROUP MUSCLES
(BELLS PALSY) (SEVENTH NERVE LESION)

PRESENT CONDITION.

Served in France three months. In october developed a right sided facial paralysis. Has been gradually improving until at present all the muscles are working. although still somewhat weaker than normal

BOARD RECOMMENDS:—

1. Fit for Duty B II

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

EXAM. MED. BOARD
A 25 FEB. 1916
G. C. S. H.

Members { Geo. H. Roper Maj Canc ..... President.
E. Sandwell Capt Canc .....

APPROVED W. J. Turner Maj Canc

26 FEB 1916

Dated at ..... 1916. .....

For A.D.M.S.

23/5/18 Bttn. RFB.

18 JUL. 1918 Bttn RFB

M. D. 2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 56

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

Regimental No. 163632 ... Rank ... Pte ... Name Cameron Pte D H

Corps ... No. 2 District Depot ... who was* DISCHARGED

On JAN 22 1919 191..., to I & C Out patient

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ... Jan 1 ... 1919

to ... JAN 22 1919 ... 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from ~~prev. month~~ L.P.C.	5		Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l. Pay 22 days at $ 1 c	22	
Advances by Cheques No.			Field Allow. 22 days at $ c 10	2	20
Assigned Pay and Sep'n Allce. No. 1705	21	30	Separation Allowance* (Monthly)	21	30
Other charges			Other Allowances* Clothing	35	
Payment on transfer or discharge No. 1164	61	60	Other Credits* Subs. D.O. M.D. 2	13	60
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	94	10	Total	94	10

*Give particulars.

A monthly stoppage of $ 1.00 (†) has ... (‡) been paid paid on account of Assigned

Pay for the month of December 191 8
and Sep'n Allce. for month of January 1919

(to) Assignee wife Mrs Sophia Cartwright

(Address) 35 Macay Ave

Toronto Ont

(†) 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.

Out 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 ... authority ... D.O. #19

(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.

JAN 20 1919

Date ...

Place TORONTO, ONT. ... Malcolm Cockburn CAPT.

PAYMASTER, No. 2 DISTRICT DEPOT

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

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

Number 1081632 Rank SA2

Surname CARTWRIGHT

Christian Name Charles Henry

Units CanRly Trs Theatre of War France

Date of Service 25-10-16

Remarks 83 Eastwood Road.

Latest Address ~~35 Stacey St.~~ Toronto Ont.

Roll No.

200m.-6-21. B. Page 20418

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

9088
DEC 5 1982
REGN. NO.

o.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al address.....
(Street) (City or Town) (Province)

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

.....

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

..... Railway.....

ed, is your wife on board.....Number of children on board.....

stination.....

(Sgd.).....

REGT'L NO. 1081632

H. Q. FILE NO. 649.

NAME Cartwright Chas. H.

RANK AND CORPS Pte. 1st Can Ry Troops.

CABLE

NO.	DATE

NATURE OF CASUALTY

FOLLOWS NO.

FOLLOWS

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 67.	War. Hosp. Croydon adm while on leave from france (Ex. War. Croydon)	10-11-17.	Facial paralysis
B 71.	To. Granville Can. Special Buxton,	20-11-17	Facial Paralysis (Can. R. T.)
B 1577.	Discharged.	4-3-18	Facial Paralysis.

Form DMS 1401.
8289 100M 9/3/17.

B ii Granville Can. Spl. Hospital, HOSPITAL.

A. & D. CARD

AT

A. & D. No. T. X 7827 PL. OF ACTION 1081632

RANK Pte. UNIT 1st C. R. T. SICK OR WOUNDED

NAME Cartwright, C. H. AGE 40 RELIGION C of E.

PLACE IN HOSPITAL 145/617

DIAGNOSIS Facial Paralysis

ADMITTED 20 NOV 1917 FROM War Hospital, Croydon.

DISCHARGED 4 MAR 1918 TO C. R. T. R. D Purfleet

TRANSFERRED

SERVICE AT HOME 18/12 IN FIELD 13/12.

RESULTS

105 days

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

(P.T.O.)

REMARKS.

No. 108132 RANK Pte. NAME Cartwright, Chas. Hy.

T.O.S. 30-6-16 UNIT 1st Construction Battalion
D 64-10-7-16

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 8	1916 July 31	✓		
Aug		✓		
Sept		✓		

Form R. 149.
7106—250m—7/2/17.

Charles Henry. Of

Name CARTWRIGHT Rank Spr. Reg. No. 1081632

Unit 1 Railway Troops.

Next of Kin Sophia Kate Cartwright. 75 Spa Hill, Upper Norwood, London SE Eng.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-	11	War Hosp Croydon			B67		
		C 6008		Facial Paralysis			
		Admitted whilst					
		on leave from France					
20-	11	Gen. C.S.H. Burton					
		C 6583		do	B71		
4-	3	Discharged.-		do	B157	✓	35-5-6
BH							

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

SURNAME. Cartwright.

CHRISTIAN NAMES Charles Henry.

REGL. No. 108/632. RANK Ste.

UNIT No. 1. Construction. Can.

FORMER CORPS Nil.

2 CARD NO.

SOS-Dis 20-1-19 M.U
FOLL. 100.19 of 19-1-19 2000

NEXT OF KIN.

NAMES IN FULL Cartwright. Mrs. Sophia Kate

RELATIONSHIP TO SOLDIER Wife.

ADD 35 Stacey St.,
Toronto E., Ont

auth. A.A.G.P. 22-6-18

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Colnbrook. DATE Nov. 21st. 1879.

PLACE OF ATTESTATION Montreal. P.Q. DATE June 30th. 1916.

O/S. 12-9-16. 328/0

R/6.26-12-18 246/6

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Decorater. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 38. YEARS Not stated. MONTHS

HEIGHT 5. FEET 11. INCHES

CHEST MEASUREMENT 36 1/2. INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Fair. EYES Blue. HAIR Fair.

DISTINGUISHING MARKS Tattoo on right forearm.
Small scar on forehead.

MEDICAL EXAMINATION. PLACE Montreal. P.Q. DATE June. 29th. 1916.

Present Address. 342 Victoria Ave.
Westmount. P.Q.

FORM D M S 1300

SURNAME | CHRISTIAN NAME OR NAMES | REG. NO.

Cartwright C H 1081632.

RANK | UNIT | CO | TROOP | BATTY

Pte. C.R.T. 1.

HOSPITAL | DATE OF ADMISSION

1. War Croydon HOSP. 10·11·17

2. Granville Can Spec. Buxton HOSP. 20·11·17

3. HOSP

4. HOSP

DIAGNOSIS Facial Paralysis.

1.

2.

3.

DISPOSITION | DATE

Dis. 4-3-18

REMARKS

Bd 20·11·17 B67 Admitted whilst on
24·11·17 B71(2) leave from France
7-3-18 B157

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

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

*Name L. CARTWRIGHT, Charles Henry Rank Pte. Regtl. No. 1081632

Fyle Depot

Original unit Present unit C.R.T. M. or S. Age 40 Religion C.E. Ref. H.Q.

Port, ship and date of arrival Northland Halifax, 26-12-18.

Next of kin Wife Mrs. Sophia Kate. Cartwright 75 Spa Hill Upper Norwood London Eng.

Address on leave same

Address on discharge 35 Stagey St. Toronto.

Transportation issued Yes / No Date Character on discharge

Previous occupation Decorator Date and place of enlistment Montreal June 29th 1916.

Diagnosis Bell's palsy Date of Medical Boards 14-1-19

Date. T.O.S	Remarks.	Pt. 2 Order No.
15-12-18	Posted to Cas.CoEx.Camp 26-12-18.	
	Leave and Subs from 26-12-18 to 11-1-19.	258
22-1-19	SOS DISCHARGED"MED UNFIT"91 das.PDP&CA(out-patient	19
	treatment with I.S.C.)	

*—Name will be given in full ; surname first.

(over)

Date.	Remarks	Pt. 2 Order No

M. F. W. 192
150m.—5-18
1772-39-1243

R—122

J.M.

Rank Pte Name CARTWRIGHT, Charles Henry. Reg'l No. 1081632

Unit No. 1., Const. Bn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Montreal, P.Q. 30th June 1916. Place of Birth Colnbrook, England

Name and Address, Next-of-Kin Sophia Kate Cartwright.

75 Spa Hill, Upper Norwood, London, S.E. England. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 4032
File No.
Category Can OR

Discharge, Date and Place Reason Character

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.
	6	ARRIVED IN ENGLAND S.S. NORTHLAND 23-9-16.			
		21.10.16 No. 1 Const'n Transferred to 127th Witley. 21.10.16. Pt. 2. D.O. 163			
		23.10.16 "1 Const. Bn Above Entry Cancelled. Witley			Pt II. D.O. 168.
		25.10.16 1 Con Batt Proceeded Overseas Witley		25.10.16	Pt. II 170
		9.2.17. Now known as 1st. Battn. Can. Railway Troops.			Pt. II. O. 22.
19.11.17.	1st CRT.	Admd War Hosp. Whilst on leave from France	Spr. Croydon.	10.11.17.	CL B 67. Facial Paralysis
23.11.17	do	To Granville Can. Spec. Hpl.	Spr. Buxton.	20.11.17	— B 71
20.11.17.	C.R.T. &	T.O.S. on posting from 1st CRT	Spr Purfleet	12.11.17	Pte 313. (Pte 104 d/ 27.11.17
26-3-18.	"	SOS to Can Forestry Corps Sunningdale.	Spr. "	26-3-18	Pte 085 (Pte 74 d/ 27.3.18
1.5.18	RRC.F.C.	S.O.S to H.Q. S.S. London	Pte S'dale	1.5.18	" 104 (Pte 52 d/ 3.5.18)

A.F.B. 103 CHECKED 2 NOV. 1916 HW

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.
15/10/18	A.Q.C.F.C.	S.O.S. to Base Depot.	Pte London	14.10/18	Pt II 94. (BDC.F.C. Pt II 247 d 16/10/18.
7.12.18	BDC.F.C.	On Com C D D Buxton	" S'dale	7.12.18	" 292

SOS to Canada MD 2.
15 12 18
BDCFC Pt.II.013 d:13-1-19

Duplicate

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. S. K. Carturight & Wife

Name of Soldier Carturight Chas. Henry Pte

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
[illegible]				
Aug.				
Sept.			60	
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
[illegible]				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Passed for pay
12/9/16

MW 7/9/16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

30/6/16.

Duplicate Folio 27684

L. L. Job 310—M. & [illegible]574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Sophia N. Cartwright

Address 75 Spa Hill
Upper Norwood
London Eng.

Relation to Soldier wife, child or mother } wife

Name of Soldier Cartwright Chas. Henry

Regtl. No. 108132

Rank Pte

Corps No 1 Const Battn

To what Corps belonging when called out }

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Au[illegible]	1914			WW 7.9.16 D
	Sept.				Marriage Certificate Produced
	Oct.				12 SEP.1916
	Nov.				Marr. 9.11.12.
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	Apl.				
	May				
	Ju[illegible]				
	July				
	Aug.				
	Se[illegible]				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1916			
	Feb.				
	March				

MILITIA AND DEFENCE. S. 203.

SEPARATION ALLOWANCE.

Name of Dependant Sophia K Cartwright

Relation to Soldier Wife

1 75 Opa Hill
Upper Norwood

P.O. London

2

P.O.

3

P.O.

4

P.O.

Name of Soldier Cartwright Chas Henry

Regtl. No. 1081632

Rank Pte

Corps #1 Const Bn.

To what Corps belonging when called out

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $	c.	Amount. £	s.	d.	Date.	£	s.	d.	REMARKS.
		Brought Forward ...										
Apl.	1916											
May												
June												
July												
Aug.												
Sept.		A 9647	60		✓							60 £12.6.4 SA
Oct.		B62576	20	✓								
Nov.		B66886	20	✓								
Dec.		B 84733	20	-	✓							
Jan.	1917	B 97277	20		✓							
Feb.												
Mar.		$ 1480										
Apl.												
May												
June												
July												
Aug.												
Sept.												
		Carried Forward ...										

Total Separation Allowance paid to end of January 1917.

TRANSFERRED TO ASSIGNED PAY LEDG

ENTERED

CHECKE

A-30

38856

Ref. No. N.R. 4

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs. Sophia Cartwright.

Address 75, Spahill.
Upper Norwood.
London. S.E.

Rate $15.00.

Date to Commence 1st. September.1916.

By whom assigned Cartwright Charles,H.

Regtl. No. 1081632.

Rank Pte.

Corps, &c. No. 1. Construction Bn.

PAYMENTS.

Month.	Year.	Cheque No.	Amt. ASSIGNED PAY	Pay Sheet Deduction. SEPARATION ALLOWANCE	REMARKS.
Jan.	1916				COMPULSORY.
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.		223429	30.	X	
Nov.		242493	15	X	
Dec.		274541	15	X	Total Separation Allowance paid to end of January,1917.
Jan.	1917	316572	15	X 140	
Feb.		353783	15	X 20	
March		394703	15	20	Ledger only opens Oct-1,16. $90 A.P. charged
April			105	180	A.P.& S.A. checked and found correct-
May					R.J Lancaster
June					
July					
Aug.					

RECEIVING SEPARATION ALLOWANCE $ 20
EFFECTIVE June. 1916
RELATIONSHIP Wife

ASSIGNED PAY.

By whom assigned Cartwright. Chas. H.

Regtl. No. 1081632. Private. 101 Constr Bn.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

A—315.

ASSIGNED PAY.

Duplicate.

PAID IN CANADA.

To whom Mrs. S. K. Cartwright

Address

Rate ap $15 Sa. $20 00

Date to Commence May 1st 1918

By whom assigned Cartwright. C H.

Regtl. No. 1081632.

Rank

Corps, &c.

Month.	Cheque No.	Amt. Pay.	Amt. Debited S. Allow.	REMARKS.
1914. Oct.				
Nov.				
Dec.				
1915. Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1916. Jan.				
Feb.				
March				

ASSIGNED PAY.

Month.	Cheque No.	Amt. A/Pay	Amt. Debited. L.A	REMARKS.
1916. April				
May				
June				
July				
Aug.				
Sept.				
Oct.	223429.	30 -		
Nov.	242493	15 -		
Dec.	274541	15 -		
1917. Jan.	316572	15 -	140 -	
Feb.	353783	15 -	20 -	
March	397703	15 -	20 -	
April	462028	15 -	20 -	
May	495428	15 -	20 -	
June	526028	15 -	20 -	
July	560627	15 -	20 -	
Aug.	613402	15 -	20 -	
Sept.	620830	15 -	20 -	
Oct.	629699	15 -	20 -	
Nov.	634628	15 -	20 -	
Dec.	682553	15 -	25 -	
1918. Jan.	745109	15 -	25 -	
Feb.	798263	15 -	25 -	
March	866556	15 -	25 -	
April	902063	15 -	25 -	
May		30	465	
June				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier S. K. Cartwright Wife Cartwright Chas. Henry Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			Duplicate sent to England for Payment. AUG 11 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

30/6/16.

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

E/
H. H.

Name Sophia K. Carturight

Address 75 Spa Hill
Upper Norwood
London

Relation to Soldier wife, child or mother } Wife Eng

Name of Soldier Carturight Chas. Henry

Regtl. No. 1081632

Rank Pte.

Corps No 1 Const Batn

To what Corps belonging when called out }

PAYMENTS

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

ENGLISH

Duplicate sent to England for Payment.

AUG 11 1916

Date of Enlistment 8-7-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch C

OVERSEAS CONTINGENTS

3059

Date of Assignment 1st May 1918.

Effective 1st May 1918.

RATE OF SEPARATION ALLOWANCE

25.00	30		

1/9/18
PC 275-3
MO 38773

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion No 1 Construction Battn

Beneficiary Mrs Sophia K. Cartwright

Relationship Wife MFW 2554 26 7/18

Address 21 Hiawatha Ave East Toronto Ont

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.SOPHIA K.CARTWRIGHT,
2 ~~21 HIAWATHA AVE., EAST,~~
~~TORONTO, ONT.~~ 15 25 40.00
3 % 1081632 SPR.C.H.CARTWRIGHT
FORTY DOLLARS
4 35 Stacey St Toronto East

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1918 May	I 4105	25	15	40	✓
June	G 20122	25	15	40	✓
July	T 30071	25	15	40	✓
Aug	E 33555	25	15	40	✓
Sept	H 48048	25	15	40	✓
Oct	J 50504	25	15	40	✓
Nov	D 50538	25	15	40	✓
Dec	D 63468	45	15	60	✓
/19 Jan		~~30~~	~~15~~	~~45~~	✓
		220	120	340	

File O 2862-C-2 NR. 414 REMARKS MFW 2554 RtOK 22 11/18

M 31 5/18 Adj cheque 7283 M issued for May SH & HP. GAH.

31 12/18
Northland

26 12/18 30 12/18 MD 2

GAHolbrook

MRO 55-084

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

AUTHORITY FOR NEW ACC'T. 2M 23rd April 1918. Edward Lecompte. 29/5/18

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.
4'Om. 6-17—172-39-1141
L. L. 22320—M. & D. 7993.

Forms
I. 1237
11

1/5/617

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	1081632	Pte	Cartwright	Chas. Henry
	Unit.		Age.	Service.
	1st Canadian Railway Troops		46	19 13 / 12 12

Station and Date.	
	Disease Facial Paralysis R side: while mowing lawn suddenly felt stiffness in R jaw: now has well marked: fac: par.
10. 11. 1917	Admitted to Croydon War Hosp Div 2
20 NOV 1917	Transferred to Can. Hosp. Buxton Elliott Capt RAMC
	G.C.S.H. 4.12.17 Extracted U.L. Lateral W. J. Bailey Capt. C.A.D.C. 11.12.17 Amalgam filling U.R. 2nd Mol & U.R. 1st Bic. W. J. Bailey Capt RADC

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

Station and Date.	

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

9-9-35

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M 38/1/19.

JB.

1. No. 1081632

2 Rank. Pte.

3. Name. CARTWRIGHT Charles Henry

H

4. Unit. No.1. Construction Bn. (2.DD.)

5 Date of Discharge | Jan.22nd.1919 | Place TORONTO, ONT.

6 Reason for Discharge HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE

7. Authority. D.O. D.D. #2. Pt.11 #18

8. Proposed Residence after Discharge

35 Stacey St. Toronto. Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Charles Henry Cartwright

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Toronto. Ont.

Date Jan.22nd.1919

Deceased 23-5-58

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

For
O.C. No. 2 District Depot.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in ~~England~~)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned 1081632 Pte Cartwright Charles Henry have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Charles H. Cartwright
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 1081632 Rank Pte Surname CARTWRIGHT Christian Name CHARLES Henry

Unit or Corps (a) Overseas from United Kingdom 1st CRT. (b) in United Kingdom CEC

Born at—Town Colnbrook County or Province England Country Canada

Date of Birth—Day 21 Month Nov. Year 1874 Age 44 yrs. 0 months.

Joined at Montreal P.Q. Date 30th June 1916

Former trade or occupation Decorator

Permanent Marks or any peculiarity that will serve for future identification :—
Dagger tatooed on Rt forearm.

Height—feet 5 inches 7 Colour of eyes

Signature of Soldier (*for identification purposes*) Charles H Cartwright

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a): PARALYSIS FACIAL NERVE GROUP MUSCLES (BELL'S PALSY) (SEVENTH NERVE LESION)

Disabilities Group (b):

Disabilities Group (c):

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Exposure. France.	Oct 29 1917
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

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

(i.) As to Group (a) above ? no If yes, has Active Service aggravated it ?

(ii.) As to Group (b) above ? If yes, has Active Service aggravated it ?

(iii.) As to Group (c) above ? If yes, has Active Service aggravated it ?

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

(i.) As to Group (a) above ? yes.

(ii.) As to Group (b) above ?

(iii.) As to Group (c) above ?

PART I. (continued).

5. MEDICAL HISTORY. Man states previous to enlistment: was decorator. Was troubled occasionally with lumbago. ~~Joined~~ No history of venereal disease, Joined army 30/6/16 was employed as cook. Came to England. Aug 1916. Went to France Sept 1916. Paralysis of R side of face came on suddenly Oct 27 1917. While on leave. Went to Croydon War Hosp. 10/11/17. From there to Buxton from there to 1st CRT Depot Purfleet then transferred to C.F.C.

Documentary. War Hosp Croydon 10/11/17 - 20/11/17 Facial R. Paralysis
Granville Can Spec Hosp Buxton } 20/11/17 - 4/3/18 " paralysis cleared up.
Board 25/2/18. Paralysis Facial nerve Group muscles. B II

6. PRESENT CONDITION. Complains of partial paralysis right side face, periodical headaches lasting about 3 days at a time. Lumbago.
Physical Ex. Slight loss of power in muscles of eye lid R. Otherwise apparently normal.
Other systems apparently normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what.
(iii.) Was one advised and declined? no.

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? yes.
(ii.) If so, describe. upper R canine } extracted
" L incisor }

9. DO YOU RECOMMEND:— (b) Invalid to Canada?
(a) Fit for duty? (state category) B II (c) Discharge from the Service as permanently unfit?

Date of Report 21/11 1918 Signed W H Scott
Officer in medical charge of case.
Station Sunningdale Major Camp

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
Officer i/c Hospital / S.M.O. Brigade } Strike out one of these
Dated at ..... Station, on ..... 191....
*Delete if inapplicable.

PART II.

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

10. Is the diasbility fully described in Part I. (1)? no
If not, describe it.
add. Myalgia - Conditions of civil life - Canada - before Enlistment

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.
yes

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? no / Aggravated? no } (b) Misconduct of the Soldier { Caused? no / Aggravated? no }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) five per cent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) none

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? no
(ii.) If not permanent, what is its probable minimum duration (in months)? no

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? no

17. Can the former trade or occupation be resumed? yes

18. REMARKS:—
Condition as described
face shows no trace of paralysis now
Lumbago - not caused or aggravated by service

Authority A.G. Telegram - 9083 - 11-11-18

19. RECOMMENDATION:— (b) Invalid to Canada?
(a) Fit for duty? (state category) B II (c) Discharge from Service as permanently unfit?

Date of Board 21. 11. 18. Signatures of the Board { F Wantnay Capt Camp President. / J M Clarke Capt Camp }
Station Sunningdale
Approved J M Clarke Capt Camp ~~A.D.M.S.~~ ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS, LONDON AREA. NOV 25 1918
Dated at Station 13, BERNERS ST. LONDON, W.1 191
for A.D.M.S. Canadians London Area

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.

We concur.

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.)

Yes. Special electrical treatment. 6 months.

(*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.)

Having been found medically unfit for service. For further treatment under the I.M.C. as out-patient. Category D.3.

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.

Chas B Shuttleworth *President.*

PLACE Exhibition Camp, Toronto.

Geo Carlow
} Members

DATE Jan. 17th, 1919.

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 J Heuss Capt
Assistant Director of Medical Services.
DATE 18/1/19

APPROVED BY
Director-General of Medical Services.
DATE.....

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 Exhibition Camp. DATE Jan.14-19.

1. 1 (*a*) Unit No.2 D.D. (*b*) Regimental No. 1081632. (*c*) Rank Pte.

(*d*) Surname Cartwright (*e*) Christian name Charles Henry.

(*f*) Home address 35 Stacey St., Toronto, Ont.

(*g*) Next of Kin Mrs. Sophia Cartwright. (*h*) Relationship wife.

(*i*) Address of Next of Kin 35 Stacey St., Toronto, Ont.

2. Age last birthday 44 Date of birth Nov. 21st, 1874.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal. (*b*) Date June 30-16.

4. Personal description:

(*a*) Height 5ft. 4in. (*b*) Weight 118 (stripped) (*c*) Complexion Fair.

(*d*) Colour of hair Fair. (*e*) Colour of eyes Blue. (*f*) Identification marks, Scars, etc. 3 vaccination scars, left arm.

5. Former trade or occupation Decorator.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	197

	Periods	
	From	To
Canada	June.30-16.	Sept.10-16.
England	Sept.10-16.	Oct. 14-16.
France or other theatres of War	Oct. 14-16.	Oct.27-17.
England and Canada.	Oct. 27-17.	to date.

7. Original disease, or injury Bell's Palsy.

(*a*) Date of origin Oct.27-17. (*b*) Place of origin England.

(*c*) Cause Unknown - Exposure.

M. F. B. 227.
300M.—8-18.
1772-39-117.

H.C.

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

Partial loss of function of Nervous system.

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 and Subjective:- See special neurological report attached.

(*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..

No hernia, haemorrhoids, varicose veins, or varicocele.

Urinalysis:- No sugar. No albumen.

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

See Special neurological report attached.

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*).)

Lumbago attacks at times, prior to enlistment.

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

3 vaccination scars, left arm. Tattoo on right forearm.

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 applicable.

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

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

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

War Hospital, Croydon 10-11-17 to 20-11-17. Massage and Electricity.

Granville Canadian Special Hospital, Buxton, 20-11-17 to 4-3-18.

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)

Yes -electrotherapy and tonics.

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

17. Recommendations D.3, under I.S.C. See special report.

C. T. P. Garbutt Lieut.
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 Pte. Cartwright, C.H. 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

C.H. Cartwright Rank.
Signature of invalid examined.

No. 2 DISTRICT DEPOT

AUDITOR	PAYMASTER
[illegible]	

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

M. OR S.

REGT. No. 1081632 RANK Pte. NAME (IN FULL) CARTWRIGHT, C. H. C 1069

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 1.1.19

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C F C

IF IN P.F. WHAT UNIT? 35 ~~Stacey St. Toronto~~ (BLOCK LETTERS, SURNAME FIRST)

EXHIBITION

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 30/6/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 15 xx/00 DATE EFFECTIVE 1.1.19

PAYABLE TO Mrs Sophia K Cartwright wife RELATIONSHIP

ADDRESS ~~35 Stacey St~~ ~~Toronto Ont~~

ANY CHANGE IN ASSIGNEE OR ADDRESS 25 Drayton Ave Toronto Ont 9.5.19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

Outpatient Use

DISCHARGED PLACE Toronto DATE 22/1/19 REASON M.U. AUTHORITY DO 19 IF ENTITLED TO POST DISCHARGE PAY Yes

Doc. Complete

MONTH 1919	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 Jan 1	22	1.10	24 20	21 30 / 35	13 60	94 10	17104		17105	67 80			21 30		5 00		94 10			To S DO #258 / Subs DO #258 / Dr Bal L PC 5.00
153 days			350		150	500 00					Cheque A		W.S.G.	Cheque A		S A				
									JAN 21		1270		70 00	1271		30 00		100.		a 1271 mailed 24/1/19
									FEB. 19		204730		70 00	204731		30 00		200.		
									MAR. 18		207734		70.	207735		30 -		300		Chs. mailed 20/3/19.
									Apr 17		245191		70 -	245192		30 -		400 -		
									May 14		343564		70 -	343565		30 -		500 -		
			350		150	500							350 -			150 -		500 -		

W.S.G. PAID IN FULL
[signature] CAPTAIN
FOR PAYMASTER WAR SERVICE GRATUITY

60m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								CCL. NO. 1		CCL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

MARRIED OR SINGLE M

PLACE OF BIRTH Colnbrook, England.

NAME AND ADDRESS OF NEXT OF KIN Sophia K Cartwright

75 Spa Hill, Upper Norwood, London, Eng

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 25 / 20 EFFECTIVE (DATE) 1/12/17 June '16

PAYABLE TO Mrs. Sophia Cartwright

75 Spahill, Upper Norwood, London, S.E.

RELATIONSHIP OF DEPENDANT Wife

A.P. & S.A. checked and found correct.

R.J. Lancaster

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 1081632 RANK Pte NAME Cartwright C B H Charles H. E

IF IN PERMT. CORPS WHAT UNIT | UNIT No 1 Consh Battn TRANSFERRED TO BRD Dep DATE 1/1/18 AUTHORITY 313 20/1/17 J.S

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 30/6/16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 DATE EFFECTIVE Sept 1st 1916 Spahill?

PAYABLE TO Sophia K. Cartwright, 75 Spon Hill, Upper Norwood, London, Eng RELATIONSHIP Wife

~~Trans to Canada for Payment Off Duty~~

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE Trans to Canada for Payment off 1st 1918 1/4/18.

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916															30 10															30 10				Assigned pay paid by A.P. Branch for September 1916 and recovered on September pay list (Canada)
Oct	31	1.00	31	..	31	.10	3	10							34 10	32	29/9	48	1/10					17 03 ✓	7 30 ✓			15	..	39 33	24 87			Balance from Canada
Nov	30	..	30	..	30	..	3	..							33	..		119	6/11						3 49 ✓			15	..	18 49	39 38			
Dec	31	..	31	..	31	..	3	10							34 10	190	25/11							5 23 ✓				15	..	20 23	53 25			
1917 Jan	31	1.00/10	34	10							9 20				34 10	217	15/12							8 72 ✓				15	..	23 72	63 63			
Feb.	28	..	30	80											30 80	H15	3/1							4 36 ✓				15		23 72	70 71			
																305	15/1							4 36 ✓									
Mar	1-31	31	..	34	10			180	-						214 10	452	15/2	529	21/2	1st EC 685	26/1/17			4 36 ✓	8 72 ✓	38 93. ✓		15	180	247 01	37 80			S.A. up to Mar. 31, 17 = $180
Apr	1-30	30	..	33	.			20							53							462028						15	20	35	55 80			
May	1-31	31	..	34	10			20							54 10	4	24/4					A9528		8 92 ✓				15	20	43 72	66 18			
June	1-30	30	..	33				20							53	64	25/5					A26028		8 92 ✓				15	20	35 8 92	75 26 ~~84 18~~			
July	1-31	31	..	34	10			20							54 10							A 107637						15	20	35 ..	94 36			
Aug	1-31	31	..	34	10			20							54 10	169	30-6					RR A31 1-8 124027		8 92 ✓			H867 ✓	15	20	92 59	55 87			Remitt to wife London
Sept	1-30	30	..	33				20							53	184	15/7	245	25/8			A 208630		8 92 ✓	8 92 ✓			15	20	30 20 20 52 84	56 03			
																												180	300					

1081632 Spr Cartwright CH.

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	PARTICULARS				CR. 1			CR. 2	PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SER. ALLCE. ENG.														
			Bal.		~~56~~	~~03~~												56	03																
Oct.	PP.				34	10							A219699			15					20														
									CP 30/10/17 3697					14 60	✓			60	53																
					34	10								14 60		15					20														
Nov					33	-			B. 24628 £7.3.10							15					20														
									AR 309 25/9/17 1 CRT					8 92	✓ ✓																				
									AR 1368 24/11/17 1 CRT.					4 87	✓ ✓																				
									AR 1876 26/10/17 1 CRT					9 73	✓ ✓																				
									" " " "					29 20	✓ ✓																				
									" 377 25-10-17 "					8 03	✓ ✓																				
Dec 1918					34	10			B82553 £8-4/5 Dec					60 75		15		36	88		25														
					67	10								60 75		30					45														
Jan.					34	10			EAP & SA. #C45109							15					25														
									G.F.O. 1680. 1V CEFM 886					14				55	84																
					34	10								14		15					25														
Feb.			PP		30	80			£8.4.5 #C98263							15					25														
									AR. 1787 - 13.12.17 Buxton					9 73	✓																				
									" 2955 - 8.1.18 "					4 87	✓																				
									" 4333 - 12.2.18 "					4 87	✓			41	40																
					30	80								19 47		15		52	17		25														
Mar			PP		34	10			£8.4.5 D66655							15		93	57		25														
	Sick furlough 10 dys @ 73¢ D.O. 65 6/3/18															90		63	67		140														
					7	30																													
									5021 - 5.3.18 - GCSH Buxton					48 67	✓			29	90																
					41	40								48 67		15					25														

P 820
474—375M—13-2-16.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ Can ~~CANADA~~	SEPARATION ALLOWANCE	* ENGLAND OR ~~CANADA~~
EFFECTIVE DATE:-	1.9.16. 1/5/18	EFFECTIVE DATE:-	1.12.17
AMOUNT:-	15.00	AMOUNT:-	25.00

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.

~~Sophia K. Cartwright, 75 Strahill, Upper Norwood~~ (Wife) ~~London, Eng~~	Same
~~Trans to Canada for Payment from 1st May 18~~	
~~Trans to Canada for Payment Eff 1/6/18~~	
Gen Del PO Toronto Ont eff 1/5/18.	
Stopped 94. 1.1.19	

NAME:- CARTWRIGHT Charles H.

NUMBER:- 1081632

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- #1 Constr. Bn

DATE ACCOUNT FIRST OPENED:- 1.10.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.D.
D.O. 74	26-3-18	25-4-18	C.F.C. Eng.
~~EFC~~	1.2.19	25.1.19	N.S.H.

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
~~30/11/18~~	~~4744~~	~~B.D. £1.10~~	~~7 30~~				
~~5/12/18~~	~~4888~~	~~£2~~	~~9 73~~				
			17 03				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 — 10			

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can. for Dis. 31/12/18. C.F.C. N.R. 5/12/18

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								29 90	✓	
April	PP.	33		Supp #A2063			15 -				25 -
				B54, 10/4/18 B.D.	4 87 ✓						
				B298, 24/4/18, B.D.	9 73 ✓				33 30	✓	
		33			14 60		15				25
May	PP.	34 10		~~Supp A40808 May~~			~~15~~				~~25~~
				L326, 14/5/18, H2.	7 30 ✓						
				Cap				15			
				B444, 4/5/18 BD	9 73 ✓				35 37	✓	
		34 10			17 03			15			
June	PP	33		Cap				15	53 37		
				L527, 13/6/18, HQ	17 03 ✓				36 34	✓	
		33			17 03			15			
July	PP.	34 10		Cap.				15			
				L762, 15/7/18 HQ.	17 03 ✓				38 41	✓	
		34 10			17 03			15			
Aug.	P.P.	34 10		Cap ~~admon for Awk. from 31/7/18 to 30 pm 4/8/18~~				15			
				Telegraphs D0 796/8/18 HQ			220				
				L1072 15/8. HQ	19 47 ✓				35 84		
		34 10			19 47	2 20		15			
Sept	P.P.	33		Cap				15			
				auk L1302 - 11/9/18 - Lohn	19 47				34 37		
		33			19 47			15			
Oct	P.P.	34 10		Cap				15			
				auk. L1637 - 11/10/18 - Lohn	29 20						
				" B.3968 - 29/10/18 B.D.	4 87				19 40		
		34 10			34 07			15			
				P.T.O.							

NUMBER 1081632 RANK Pte NAME CARTWRIGHT C. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bal Fwd					19 40		
Nov	P.P.	33		Cap				15			
				a/c B.4345 - 19/11/18 - BD.	14 60						
				" B.4714 - 29/11/18 "	7 30						
				" B.4888 - 5/12/18 "	9 73						
Dec	P.P.	34 10		Cap.				15	24 87		
		67 10			31 63			30	24 87		

1703

A 3 M. FORM 11 Stopped EFFEC. 1/9
DISCHARGED TO Can. DATE 31/12/18
PAY BOOK VERIFIED 7-12-18
Cr BAL. 24 37 L.P.C. REN'R 7/12/18
AUTHY C7CNR. 5/12/18

COMPILED BY [signature]
CHECKED BY [signature]