A25.5.14

REGIMENTAL DOCUMENTS

NAME CHILDS RICHARD REGT. NO. 3326338 UNIT 2nd Bn E.O.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				18479	Category
/	TRAINING HISTORY SHEET (M.F.W. 113)					
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
/	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/	DENTAL HISTORY SHEET (M.F.B. 465)					Category
/	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
/	LAST PAY CERTIFICATE (M.F.W. 44)					
/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

H

W. 2589
100M-11-18
1772-39-1377

H.9.

3

2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

Original.

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. 3326338

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Childs
2. Christian name: Richard
3. Present address: Fieldville, Que.
4. Military Service Act letter and number: SC 257400
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: June 11th, 1894.
6. Place of birth (town, township or county and country): England.
7. Married, widower or single: Single
8. Religion: R.C.
9. Trade or calling: Farmer
10. Name of next-of-kin: Mr. Thomas Daley,
11. Relationship of next-of-kin: Friend
12. Address of next-of-kin: Fieldville, Que.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act :—

(a) Place: Ottawa, Ont. (b) Date: 24-8-18 (c) Category: E

DECLARATION OF RECRUIT

I, Richard Childs, do solemnly declare that the above particulars refer to me, and are true.

Richard Childs (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 24 yrs. 2 mths.

Height: 5 ft. 3½ ins.

Chest measurement: fully expanded 34 ins.; range of expansion 2 ins.

Complexion: Ruddy

Eyes: Hazel

Hair: Brown

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

Eruptions on body.

Psoriasis.

O. C. [signature] Depot Btln.

O. C. 2nd. Depot Batt., E. O. R. Regt.

Place: OTTAWA Date: July 16-1918

M. F. W. 133.
500M.—5-18.
1772—39—1159

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MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. 3326338

1. Surname Childs Christian name Richard

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule SC 257400

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

4. Address (including street and number if any) Fieldville, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24 day of August 1918, by the undersigned medical board sitting at Ottawa Ont.

5. Age as stated 24 Years 2 Months. 6. Apparent age 24 Years 2 Month

7. Height 5 Feet 3½ Inches. 8. Weight 114 Pounds.

9. Chest measurement Minimum 32 Ins. Maximum 34 Ins. 10. Complexion Ruddy Eyes Hazel Hair Brown

11. Physical development Fair. (Good / Fair / Poor) 12. Smallpox marks none

13. Number of vaccination marks Right arm 3 Left arm 1 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Eruptions on body

16. Slight defects but not sufficient to cause rejection Psoriasis

The man denies having had Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.

We find no evidence of past Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

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

17.
(a) Vision. R. Imp. L. 6/24
(b) Hearing. R. n L. n

J. Nelson Capt. President.

W. Crawford Capt. Member. Member.

Signature of Man Richard Childs

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
28/8/18		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 16 day of July 1918 at Ottawa Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2ND DEPOT BN. E.O.R.	3326338		16-7-18
Transferred to				

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M—4-18.
1772-39-439.

Surname Childs Christian Name Richard

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				

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DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Child Reshaid

DISTRICT 3

No. 3326338

REGIMENT 2nd. DEPOT BATTALION, Eastern Ontario Regiment

RANK Pte

M.F.B. 465.
2-10M.—6-18.
4172-39-950.

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	1918 Aug 24										6 1.3 16.18 30.32									Capt. H S Allen	3	Cav # 5.13

CANADIAN CONTINGENT EXPEDITIONARY FORCE

Sept.
Folio 24
Line 13

LAST PAY CERTIFICATE

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

Regimental No. 3326338 Rank Pte. Name Childs, Richards

Corps 2nd Depot Bn. E. O. R. who was* Discharged

On 13-9-18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st 1918, to Sept. 13th 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	7	70
Advances by Cheques: No.			Regt'l Pay 13 days at $ 1 00	13	00
Advances by Cheques: No.			Field Allow. 13 days at $ 10	1	30
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 1860	22	00	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	22	00	Total	22	00

*Give particulars.

A monthly stoppage of $ 15.00 (†) has not (‡) been paid on account of Assigned Pay for the month of Sept. 1918 and Sep'n Allce. for month of 191... (to) Assignee Mr. Thos Daley

(Address) Fieldville, Que.

(†) 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 16-7-18

(2) if married and if a Separation Allowance Card has been submitted no no

(3) cause of discharge returned to Registrar Category E authority R.O. 977 D.O. 260

(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 Sept. 18th, 1918,

Place Rockcliffe Camp, Ottawa, Ont. Capt.

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.

300M.—2-18.
H. Q. 1772-39-903.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd. DEPOT BATTALION, Eastern Ontario Regiment

Regimental No. 3326338 Rank Pte Name Childs Richard

Joined ~~Enlisted~~ (a) 16-7-18 Terms of Service (a) C.E.F. C.E.F. Service reckons from (a) 16-7-18

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

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

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				

(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				

M

H. Q. .....

M. D. No. 3

Surname Childs

T. O. S. July 16th 1918

Christian names Richard

D. O. Pt. II 177 of 16-7-18

Regtl. No. 3326338 Rank Pte

S. O. S. this 13-9 1918

Unit East Ont Regt 2nd Dpo Bn

Reason R. to R.

Auth. M.O. 260 of 17-9-18 3/E.O.R.

Next of kin Daley, Thomas

Relationship friend

Address Fulfullen, P.E.I.

Also notify:

BORN—Place England

Date June 11th 1894

ATTESTED—Place Ottawa, Ont.

Date July 16th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

LIST OF DISCHARGE DOCUMENTS.

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. Regtl.No. 3326338 Serial No. SC-257400

2. Rank Pte.

3. Name CHILDS, Richard

4. Unit 2nd Depot Btn., E.O.R.

5. Date of Discharge Oct.13-1918 Place Ottawa, Ontario

6. Reason for Discharge DEMOBILIZATION
~~Struck off Strength~~
on return to Registrar's records Sept.13-1918
~~Daily Order No. 260 of Sept.17-1918~~
Discharged
under authority PC-3051 of 11-12-18

7. Authority

8. Proposed Residence after Discharge

Fieldville, Ontario

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Category "E"

No.Disability Due To Service.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

President.

Members.

PLACE Ottawa, Ont.

DATE September 12th.1918.

APPROVED BY

for *Assistant Director of Medical Services.* M.D.3

DATE Sept 12th 1918.

APPROVED BY

Director-General of Medical Services.

DATE

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

President.

Members.

PLACE

DATE

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Ottawa, Ont. DATE Sept.12th.1918.

1. 1 (a) Unit 2nd.Depot Batt'n E.O.R. (b) Regimental No. 3326338 (c) Rank Pte.

(d) Surname Childs (e) Christian name Richard

2. Age last birthday 24 Years Date of birth June 11th.1894

3. Enlisted at Ottawa, Ont. on July 16th.1918.

4. Personal description:—

(a) Height 5' 3½" (b) Weight 114 (stripped) (c) Complexion Ruddy

(d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks

Skin eruption on body

5. Address after discharge (for the use of the Board of Pension Commissioners)

Fieldville, Que

6. Former trade or occupation Farmer

7. (a) Service

	Years	Days

	Periods	
	From	To
2nd. Depot Battalion, E.O;R.	July 16th.1918	To Date

(b) Has he been overseas? No. 8. Original disease or disability Purpura

(a) Date of origin 1912 (b) Place of origin Fieldville, Que.

(c) Cause* Unknown Previous to Enlistment.

(d) Present disease or disability Purpura

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (*a*) weakness, (*b*) loss (complete or partial) of any organ or member of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

Subjective Symptoms;- Man states that this skin eruption breaks out all over his body about once or twice a month. He states that the rash is very itchy and burns at night. States that he cannot sleep on account of this. Believes that heavy diet of meat and potatoes aggravates the condition.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

Objective Symptoms;- At present rash is confined chiefly to the thigh There being only a few scattered areas on the face and chest. The character of the eruption ~~xxxx~~ varies considerably in different areas, but consist of a small elevated area surrounded by a blush discoloration. In some parts the elevation has been turn off evidently as a result of scratching. The condition id such that it gives a blush appearance to whole of affected surface. Man was placed in Category "E" by Standing Medical Board.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Normal Digestive Normal Respiratory Normal Cardiac Normal

Genito-Urinary Normal Skin, Middle Ear, Eye or any other part as above

10. History: (*a*) of Condition referred to in "a" section 9.

States that condition started in 1912 and has recurred every month since.

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not aggravated by Service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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? Probably Permanent.

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

Treatment by Civilian Doctors

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

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.)

No.

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

17. Recommendations Category "E" [redacted]
No disability due to Service.

[signature] Capt. A.M.C.M.O.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned R. Childs. 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

Cl
Richard Childs
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the soldier fit for

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

20. It is certified that the soldier
(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).