4/1/19 amd

S

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

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 1

Last Pay Certificate.....

a DB 122 1

MDW 71 1

Misc 1.

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

~~DISCHARGE~~ DOCUMENTS

R. O. No. 2-6-19

H. Q. No. [illegible]

Name CHILES FREDERICK. SAMUEL

Regt. No. 3060736 Rank Pte

Corps No 3 Bn. C. G. R. C E F 18495

Died 5/12/18

H

6

No. 3

ORIGINAL

..... M. D. ..... Depot Battalion 1st Depot Bn., E.O. Regt., C.E.F. Regiment

Regtl. No. 3060736

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname: Chiles
2. Christian name: Frederick Samuel
3. Present address: Havelock, Ont.
4. Military Service Act letter and number: JC 549447
5. Date of birth: Jan. 17th, 1885.
6. Place of birth (town, township or county and country): Elora, Ont.
7. Married, widower or single: Single
8. Religion: Presbyterian
9. Trade or calling: Telegraph Operator
10. Name of next-of-kin: Mrs. Charlotte Chiles
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Havelock, Ont.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place Melville, Sask. (b) Date Nov. 19th, 1917 (c) Category A-2

DECLARATION OF RECRUIT

I, Frederick Samuel Chiles, do solemnly declare that the above particulars refer to me, and are true.

F. S. Chiles
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	32	yrs 10	mths.
Height	5	ft 6½	ins.
Chest measurement	fully expanded	34	ins.
	range of expansion	2	ins.
Complexion	Clear		
Eyes	Blue		
Hair	Light		

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

NONE

Weight 130 lbs.

R. Wilson Smith Lt. Col.
O. C. 1st Depot Bn., E.O. Regt, C.E.F.
O. C. ..... Depot Btln.

..... Regt.

Place Barriefield, Ont. Date August 1st, 1918.

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

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, ..Frederick Samuel Chiles.....

Regimental number ..3060736.. Rank ..Private.. serving in the

..1st. Depot Bn. R.O. Regt. C.E.F.. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint ..Mrs. Charlotte Chiles.....

whose address is ..Havelock, Ont.....

to be the executor of this my last will.

General gift I give to ..(My Mother) Mrs. Charlotte Chiles.....

whose address is ..Havelock, Ont.....

all my property not disposed of above.

Date Dated at ..Barriefield, Ont.. this ..1st. Day of August.. 191..8

Signature ..F. S. Chiles.....

Signature of Soldier.

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

Witnesses	1ST WITNESS	2ND WITNESS
Signature	H.C. Lewis	J. C. Snell.
Address	1147 Bank St. Ottawa, Ont	Box 113, Belleville, Ont
Occupation	Clerk.	Clerk.

M.F.W.82
100m-6-18
1772-39-983

I hereby certify that this document is a true copy of an original document now in possession of this office.

JAN 2 1919

L. B. Hubbard Lt.
for Director Military Estates

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*..... ...
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

No. 3

DUPLICATE

.....M. D.....1st Depot Bn., E. O. Regt., C.E.F.....Regiment

Regtl. No. 3060736

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname..... Chiles
2. Christian name..... Frederick Samuel
3. Present address..... Havelock, Ont.
4. Military Service Act letter and number..... JC 549447
5. Date of birth..... Jan. 17th, 1885.
6. Place of birth..... Elora, Ont.
   (town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Presbyterian
9. Trade or calling..... Telegraph Operator
10. Name of next-of-kin..... Mrs. Charlotte Chiles
11. Relationship of next-of-kin..... Mother
12. Address of next-of-kin..... Havelock, Ont.
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... None
15. Medical Examination under Military Service Act:—

    (a) Place Melville, Sask. (b) Date Nov. 19th, 1917. (c) Category A-2

DECLARATION OF RECRUIT

I, Frederick Samuel Chiles, do solemnly declare that the above particulars refer to me, and are true.

F. S. Chiles (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 32 yrs. 10 mths.

Height 5 ft. 6½ ins.

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

Complexion Clear

Eyes Blue

Hair Light

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

NONE

Weight 130 lbs.

Lt. Col.
O. C. 1st Depot Bn., E.O. Regt, C.E.F.
O. C. ..... Depot Btln.

..... Regt.

Place Barriefield, Ont. Date August 1st, 1918.

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

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9:0.

MX
31/1/21 MJ.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn., E. O. Regt., C. E. F.

Regimental No. 3060736 Rank Pte Name Chiles Frederick Samuel

Enlisted (a) 1/8/18 Terms of Service (a) C.E.F. C.E.F. Service reckons from (a) 1/8/18

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) Telegraph Operator

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
		Transferred to #3 Bn. C.E.R. 3/8/18			G. E. Wood Lieut for Capt. & Adjt. 1st Depot Bn., E.O. Regt., C.E.F.
4-8-18.	1st Depot Bn. DO 106/8-8-18.	TAKEN ON STRENGTH No. 3 BATTALION GARRISON REGIMENT, C.E.F.			E. M. Freeman Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.
3060736	On Command H.L. MD #3 DO #126/28/8/18.				Auth 3 MD 26-6-154.
27/11/18.		DISCHARGED & STRUCK OFF STRENGTH No. 3 Bn., Can. Gar. Regt., C. E. F. Auth 3 MD 26-6-151 19/11/18	KINGSTON, ONT.	DO 217 27/11/18.	E. M. Freeman Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.
5/12/18	KINGSTON, ONT.	Died (Queens Un. Mil. Hosp) Pneumonia & Influenza Ref (3M-1) 66-C-527		DO 231 11/12/18	E. M. Freeman Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.

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

Register No. D. C. 1334

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3144-F-7.

Regt'l No. 3060736 Name Frederick Samuel (Christian Name) C Niles (Surname)

Unit 2nd C. G. R. Rank Pte Date of enlistment

Date of casualty 5-12-18 B.P.C. File No. 117489

Was service performed overseas ? no.

DEPENDENT

Name Mrs Charlotte C Niles Relationship W. Mother

Address Havelock
Ontario

Amount of Special Pension Bonus $ Nil Abstracted by E.L. Lapensee

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

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

Total deductions $

Balance due $

noted D.G. 18/8/20

Cheque No. Date issued

REMARKS : Not eligible under P.C. 1486
No S.D. paid

Clerk W Mitchell

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

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

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

Remarks:

649-C-26309.

Chiles, Pte.Fred.Sam. No. 3060736, 1st Depot Bn. E.O.R.

M & D. Mother, Mrs. Charlotte Chiles,
Havelock,Ont.

P & S. Father, Mr. Richard Chiles,
as above.

Per # 806754

M.D.3.

Mem.Cross,Mother, as above.

not elig. for star
" " " V.M.
" " " B.W.M.
M.J.

Scroll Desp. MAY 4 - 1921 Reqn. No 2 41225

Plague Desp. JAN 27 1922 Reqn No 6458 p 24996

B -

105.7

M 44299 FEB 7 1921

D 5/12/18

H. Q. 649-6-26309

M. D. No. 3

Surname Chiles

T. O. S. Aug 1st 1918

Christian names Frederick Samuel

D. O. Pt. II 212 of 31/7/18

Regtl. No. 3060736 Rank Pte

S. O. S. Dis 5-12 1918

Unit East Ont Regt 1st Dpo Bn

Reason Deceased

Auth. W.O. 231-11-12-18

Next of kin Chiles Mrs Charlotte

Relationship Mother

Address Havelock, Ont

Also notify:

BORN—Place Canada, Elora Ont Date Jan 17th 1885

ATTESTED—Place Barriefield Ont Date Aug 1st 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

LEDGER NO. 5784

SERIAL NO. A. 13194

REG. NUMBER 3060736 NAME Childs ES

RANK pte CORPS 36 G.R

AGE SERVICE

NAME OF HOSPITAL Sydenham Mil PLACE Kingston

DATE OF ADMISSION 28/11/18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

Died 5/12/18

OPERATION

DISCHARGED TO IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Chiles, Frederick Samuel.

REGIMENTAL NO. 3060736 RANK Pte?

ENLISTED AT Bamfield, Ont, PROMOTIONS, &c. AND DATE

DATE 1-8-18

IF SERVED PREVIOUSLY: STATE UNIT, &c. ——

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs. E. Chiles RELATIONSHIP Mother

ADDRESS OF Havelock, Alb?

ASSIGNMENT OF PAY $ C. TO

ADDRESS Havelock, Alb?

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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

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

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

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

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

JM

MEDICAL HISTORY OF AN INVALID.

TRIPLICATE

1. Station. Fort Henry
2. Regiment or Corps. #3 C.G.R.
3. Regimental No. and Rank. 3060736, Pte.
4. Name. CHILES FRED. SAMUEL
5. Age last Birthday. 33
6. Enlisted on Aug. 1/18 at Barriefield
7. Former Trade or Occupation. Telegraph Operator.

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

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

Date.

9. Service. Years. Days.

	PERIODS.	
	From.	To.
1st Depot Batt'n.	Aug. 1/18	Aug.14/18
3rd Can. Garr. Regt.	Aug.14/18	Present date.

10. (a) Disease or disability. (1) Asthma
    (b) Date of origin. (1) 1916
    (c) Place of origin. (1) Havelock, Ont.
    (d) Cause. (1) Exposure.

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)

Complains soreness of chest, shortness of breath through the night. Says he has asthmatic attacks every night, when he has to sit up in bed. Says every night about 10 or 11 o'clock he has a rumbling feeling and pains of depression in chest and attacks come on between 3 and 4 o'clock in the morning and last about 1 hour. Has some cough but no Asthmatic cough. Fairly good lung expansion. Chest is a regular music box-- Bronchi and scattered rales through both chests.

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

M. F. B. 227,

100 M—2-16.
1772-39-117.

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

Vaccination scar left arm. Scar result of appendectomy right Iliac region.

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

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

14. Treatment No hospital treatment.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ? NO

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ? 1. 6 months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. 5%

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

W. S. Leary Capt

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Y E S.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. YES

20. Recommendations :

Category "E" No disability due to service.

Signatures :—

W. J. Coglon Capt Camp President.

Wilfred J. Johnson Capt Camp

W. S. Leary Capt

Members.

Station. Fort Henry, Ont.

Date. 20-11-18.

Date. NOV 23 1918

Approved.

Date.

D. K. Mundell Major, A.M.C.

for D/ A.D.M.S. Mil. District No. 3

Asst. Director of Medical Services.

For A.D.M.S. Mil. District No.3

Director-General of Medical Services.

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

This space to be for numbers

Proceedings on Discharge.

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

DEPT. OF MILITIA & DEFENCE DEC 21 1918 H.Q. CANADA

No. 3060736.

Rank Private.

Surname CHILES,

Christian Name Frederick Samuel.

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

Corps (Squadron, Battery or Company) No. 3 Battalion, Canadian Garrison Regiment, C.E.F.

Date of Discharge December 5th, 1918.

Place of Discharge KINGSTON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 33 years 11 months.	Descriptive Marks
Height 5 feet 6 inches.	Nil.
Complexion Clear.	
Eyes Blue.	
Hair Light.	
Trade Telegrapher	
Intended place of residence (To be given as fully as practicable.)	

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

Death, from pneumonia following influenza.

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

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

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

Good.

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations..... Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)....KINGSTON, ONT. Geo Crawford Lt.-Col.

O. C. No. 3 Bn., Can. Garr. Regiment

(Date)....December 14th, 1918. *Commanding*.....

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

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

(Place)....KINGSTON, ONT. .....*(Signature of Soldier.)*

(Date)..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....0 years 127 days.

Total.....0 years 127 days.

11. **Confirmation of Discharge.**

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

(Place)....KINGSTON, ONT.

(Signature)....Geo Crawford Lt.-Col.

O. C. No. 3 Bn., Can. Garr. Regiment

(Date)....December 14th, 1918.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations

(OVER)