REGIMENTAL DOCUMENTS

NAME COLBY, CHARLES REGT. NO. 454696 UNIT 59th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	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)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
2	DENTAL HISTORY SHEET (M.F.B. 465)				
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
	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)				
1	LAST PAY CERTIFICATE (M.F.W. 44)				
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	ISC 132				
1	MFW 192				
1	Lond 1394				
1	Lond 1394				
	[illegible]				
1	TOFS 1237				
1	[illegible]				
	[illegible]				

S

H

27775

4037.67

NON-EFFECTIVE BY	
DEATH	
Category	
DISCHARGE	
Category	Medically unfit
DESERTION	
	3
	20-1-17
	20-1-17
	1 17

W 2589
100M-11-18
1772 35 1377

R. 144.

UNIT 18th Bn. Regimental No. 454696

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Charles Colby
2. In what Town, Township or Parish, and in what Country were you born? Toronto Ont
3. What is the name of your next-of-kin? William Colby. (Father)
4. What is the address of your next-of-kin? 1047 College St. Toronto.
5. What is the date of your birth? October 10th 1893.
6. What is your Trade or Calling? Paper Roller
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? 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

(Dgd) C. Colby (Signature of Man).

James A. McKay (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

(Dgd) C. Colby (Signature of Recruit).

Date July 1st 1915. James A. McKay (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Colby, 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.

(Dgd) C. Colby. (Signature of Recruit).

Date July 1st 1915. James A. McKay. (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 Smith Falls this 5th day of June 1915.

(Dgd) J. A. Lewis (Signature of Justice).

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

(Dgd) E. J. Watt, Capt. (Approving Officer).

W. J. Dawson Lt Col.
O.C. 59th Bn.

V. & S., Ltd. 30M. 18-12-15. 48297.

Certified true copy.

for Lt.-Col. i/c Records, C.E.F.

Description of Charles Colby on Enlistment.

Apparent Age 21 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height		5' ft. 6½ ins.
Chest measurement.	Girth when fully expanded	34½ ins.
	Range of expansion	1 ins.
Complexion		dark.
Eyes		brown.
Hair		black.
Religious denominations.	Church of England	
	Presbyterian	X X
	Wesleyan	
	Baptist or Congregationalist	
	Other Protestants (Denomination to be stated.)	
	Roman Catholic	
	Jewish	

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

NONE.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date July 1st 1915.

Place Smiths Falls Ont. (Dgd) G. C. Comm.tt.

*Insert here "fit" or "unfit."

Medical Officer.

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 Colby. 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.

(Dgd) W. J. Dawson. (Lt Col.) (Signature of Officer.)
O.C. 59th Bn.

Date July 9. 1915.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 454696 (Rank) Pte

Name (in full) COLBY CHARLES enlisted in

the 59th Batt.

CANADIAN EXPEDITIONARY FORCE at Smiths Falls Ont on the 1st

day of July 19 15

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 25

Height 5' 6½"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Vacc. Scar Left rm.

G.S.W Shldr 15.8.17

Chas Colby
Signature of Soldier

FOR
Issuing Officer

O.C. No. 2 District Depot.
Rank

Date of Discharge March 27.1919

Appointment

Signed at Toronto Ont this 27th day of March 19 19

in Military District No.

File Reference No.

No. 2 DISTRICT DEPOT
MAR 27 1919
TORONTO

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

.....

Name of Officer

.....

Rank

.....

Appointment

Uniform is not to be worn after expiration of one month from date of discharge. except by special permission of G. O. C. district.

Cancelled
This Will be
Retained by
Applicant
On demobilization
Part I
Not to be
Cancelled for
This
Certificate

454696

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Colby - Colby Christian Name Chas

Examined on 25 day of June 191 1
at Smiths Falls

Birthplace City or Town Toronto
County York

Apparent age 21

Trade or occupation Paper Roller

Height 5 Feet 6 Inches.

Weight 150 Lbs.

Chest measurement Minimum 33 1/2 inches.
Maximum expansion 34 1/2 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by E. E. Cornell
Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
7/915	Fit.	K. E. Wallace M.O.
		8 MAR. 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
5 July		E. E. Cornell M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 9 day of June 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	59th Bn C E F	A54696		
Transferred to..	39th Bn C E F	454696		6-9-15

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Somerset Bks Shorncliffe	3-4-18	D.A.H.	Bt Pte Harris
L/Cpl	2 2/3/19	D.A.H. old injury to head	Bt J. McCallum Capt.

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.

100M.—5-15.
H. Q. 1772-39-439.

Lt Col.
O.C. 59th Bn C.E.F.

CANADIAN

Christian Name

Surname

4699

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No. 11 CANADIAN GENERAL HOSPITAL MOORE BARRACKS BYRNCLIFFE.		4	SEP	1918	23	9	18	Injury to Skull	19	Improved.	

A 54696

(42nd) Regt. C. E. F. Smiths Fallsm, Ont.

ATTESTATION PAPER

No. B

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Charles Colby
2. In what Town, Township, or Parish, and in what Country were you born? — Toronto, Ont.
3. What is the name of your next-of-kin? — William Colby (father)
4. What is the address of your next-of-kin? — 1047 College St. Toronto
5. What is the date of your birth? — October 10th 1893
6. What is your trade or calling? — Paper-roller
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — 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

Enlisted June 9th/15.

C. Colby (Signature of Man.)

James A McKay (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

C. Colby (Signature of Recruit.)

Date July 1st 191 5 James A McKay (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Colby, 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.

C. Colby (Signature of Recruit.)

Date July 1st 191 5 James A McKay (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 Smiths Falls this 5th day of June 191 5

J. A Lewis (Signature of Justice.)

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

H.B.

H J Dawson Lt-Col. (Approving Officer.)

Lt. Col. D.C. 59th Bn. C.E.F.

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Charles Colby ON ENLISTMENT.

Apparent Age 21 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6½ ins.
Chest measurement — Girth when fully expanded	34 1/2 ins.
Chest measurement — Range of expansion	1 ins.
Complexion	Dark
Eyes	Brown
Hair	Black

Religious Denominations

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

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

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

None

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date July 1st 1915

Place Smiths Falls, Ont.

G C Corsett
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 Colby 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.

H J Dawson Lt. Col. (Signature of Officer.)
O. C. 59th Bn. C. E. F.

Date JUL 9 1915 191 .

ORDERLY ROOM 59th BATTALION C.E.F.

CERTIFIED PARTICULARS AGREE WITH DOCUMENTS

DISCHARGED

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Charles 2. Surname Colby

3. Rank Cpl. 4. Original Unit 39 Bn. 5. Reg. No. 454696

6. Address, in full, to which future payments of gratuity are to be forwarded

1047 College St. Toronto

7. Date of enlistment in the C.E.F. 1 July 1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

9. Relationship of such dependent

10. Present address, in full, of such dependent

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ?

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

39 Bn Aug 1915 — Mar 1916

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ?

14. Were you on active service only in Canada or the United States ? If so, give particulars of units and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served

39 Bn — 39 Bn — 18 Bn — C.L. Pool —
1-7-15 to 27-3-19 3 yrs 8 mths

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enl
and under what regimental numbers and units ...No.....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ....No.....

20. Have you been issued with a War Service Badge? If so, what class? .....No.....

21. Have you, during the present war, served in the Imperial Forces? .....No.....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....No.....

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ...No.....

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

24. Are you now serving in the C.E.F. .....No..... If not, give:—(a) Date of discharge
.....27-3-19...(b) Reason for discharge .....
.....medically unfit.....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
...18 Bn March 1916 — Aug 1917.....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....
(b) If so, are you in receipt of full pay and allowances from that Department? .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: C. Colby

Place of Residence: 1047 College St Toronto

Declared before me at: Toronto

This 15 day of March 19..19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....		.....	.....
.....	.....		.....	
.....	.....		.....	.....

Certified Correct.

District Paymaster.

D.M.S. 1394-50M.
5958-[redacted]-18.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at April 3rd 1918.

No. 454696 Rank Pte Name COLBY. C.

Local Unit C.G. Depot Overseas Unit 18th Bn Age 21.

Examination held at Somerset Bks Shorncliffe

DISABILITY. D. A. H.
Overseas-~~Local~~
(SCRATCH ONE OUT.)

PRESENT CONDITION.

Was 24 mos. in France. Last 6 mos has been unable to do heavy work on account of dizziness, weakness, shortness of breath and pains in left chest.
Gen'l — Healthy looking young fellow.
Left Border cardiac dulness just outside nipple line. Rate at rest — 96. Touch toes 10 times 116. 2 min 3 mins — 96. the first sound is present but is followed by a tough murmur. Sys tole is forcible. pm. I. in 5th int space. no other apparent disability

BOARD RECOMMENDS:-

1. Fit for Duty .....
2. Fit for duty after B II weeks' physical training.
3. Fit for Temporary Base Duty (Temporary D I) weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

(Brd. W. W. Pipwell Capt. President.
(W. M. Parker Capt.
Members (
(
(
(.....

APPROVED

5 APR 1918

Dated ..... 1918. ..... For A.D.M.S.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE

(I)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT 2

NAME OF SOLDIER Leading Charles Edgar No. 43-469

REGIMENT RANK

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. At Exhibition Camp																							
Certificate issued for														fit									
Date. MAR 22 1919																							

Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs. W. Colby.
Address 1047 College St.
Toronto Ont.

By Whom Assigned Colby. C.
Regtl. No. 454696
Rank Pte.
Corps 1st Draft 59th Battn.

Rate 1.00 May 1st 1916 2M 25-3/6 a.s.R.

PAYMENTS

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

CONSOLIDATED ACCOUNTS

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

Sheet No. 2. Mrs W. Colby. PAYMENTS. Name of Soldier Colby. C.

454696. Pte. 4th Draft 54th Batt

L. L. Job 95618—M. & D. 6555.

15.00 May 1st 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		M6456	15	
June		73341	15	
July		74106	15	
Aug.		H11532	15	
Sept.		P.17768	15	
Oct.		P22432	15	
Nov.		025411	15	
Dec.		K32140	15	
Jan.	1917	Q 35850	15	
Feb.		Q 42192	15	15 Qu
March		S/19737	15	15 L
April		V1010	15	15 Ca
May		O 6916	15	
June		E13857	15	15 Ca
July		S.21023	15	W.
Aug.		W 29752	15	6
Sept.		V. 33789	15	03
Oct.		K 46978	15	
Nov.		4 48953	15	
Dec.		L 55565	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

300

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Rank | Name COLBY, Charles | Reg'l No. 454696

Unit 59th Bn. to 39th Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Smiths Falls July 1st 1915. | Place of Birth Toronto, Ont.

Name and Address, Next-of-Kin William Colby,
1047 College St, Toronto | Relationship Father

Assigned Pay Monthly $ 15.00 May 16 Payable to Mrs W Colby 1047 Collegeste Toronto Ont

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Aug 28	Sept 30	34	1	34	34	.10	3 40		37 40			37 00			37 00	40	
Oct 1	Oct 31	31	1	31	31	.10	3 10		34 10			29 70			29 70	4 80	
1.11.15	30.11.15	30	1	30	30	.10	3 ..		33 ..			29 93			29 93	7 87	
1.12.15	31.12.15	31	1	31	31	10	3 10		34 10			29 93			29 93	12 04	
1.1.16	31.1.16	31	1	31	31	.10	3 10.		34 10.			17 77		49	18 26	27 88	G. M. S.
1.2.16	29.2.16	29	1	29.	29	.10	2 90.		31 90.	7944 897.		5 35 12 41.	7944 897.		17 76.	42 02.	
1.3.16	31.3.16	31	1	31	31	.10	3 10		34 10.			5 35. 167 44		454 5 03	9 89	66 23.	B.060. 4.9.3.16 2. M. S. B.073 4.24.3.16. Grand. to 18 Bn Battn
		217					21 70		238 70			167 44		5 03	172 47	66 23	

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

(3)

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 45-4696 Rank Cpl. Name Colby C.
C. E. F.

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

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

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

Report		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				
FEB 17 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 83

Lieut.
For O. C. No. 2 District Dep.

27/3/19 S.O.S. (Discharged) No. 2 District Depot
Part II. D.O. No. 84

For
O.C. No. 2 District Depot.

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

[P.T.O.

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				

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

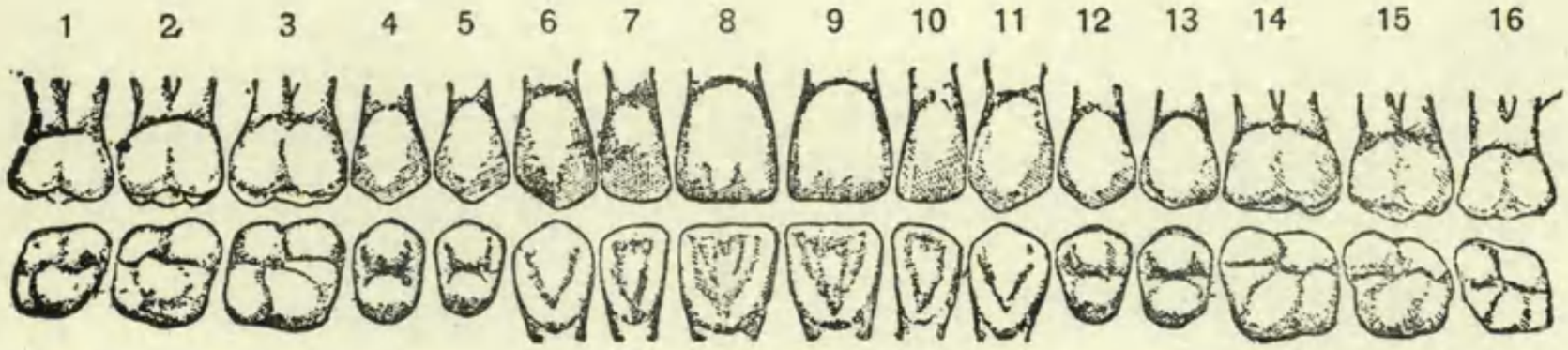
4D2

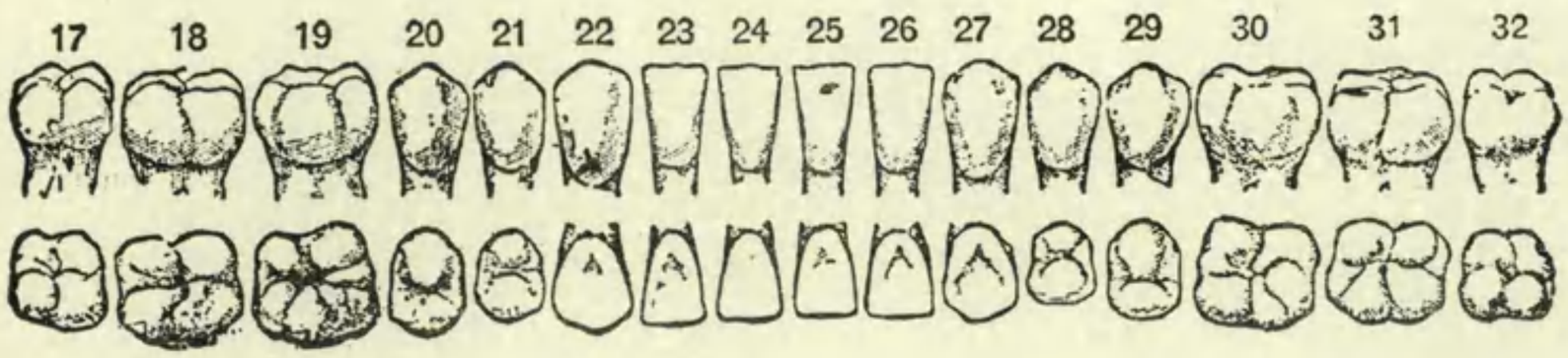
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COLBY C.

REGIMENT CAMC RANK Cpl No. 454696

Date of Examination in England 24/1/19 | Date of Examination in France





PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 3. 15. 30.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (*a*) In Canada
- (*b*) In England No.
- (*c*) In France

Signature of Dental Officer Wm Auclair Capt

DIRECTIONS TO DENTAL OFFICERS

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

92431.—W6490/1535.—2.000.000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

b 324

(Sheet No. 1)

Casualty Form—Active Service.

CERTIFIED CORRECT
Canadian Record Office
Westminster Palace
7, Millbank, S.W.

Regiment or Corps 39th Bn. C.E.F.

Regimental No. 454696 Rank ~~Pte~~ Cpl Name Colby, C.

Enlisted (a) 1-7-15 Terms of Service (a) ~~Duration of War~~ Service reckons from (a) 1-7-15

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report		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				
		Drafted to 18th Bn. Embarked for	Can. C.E.F. France	24-3-16 24/3/16	Auth:- 1943. A.G.2.A.
26-3-16	Can Base Depot	Arrived from 39th Can Res Bn, Shorncliffe, and taken on strength of 18th Can Bn.	Can Base Depot	26-3-16	Nom Roll. Pt II Order 18, 30/4/16
6-4-16	do	Proceeded to join unit	In the Fld	6-4-16	Nom Roll (101/BD/3/273) DCS.173
14-4-16	18th Bn	Joined unit	do	7-4-16.	B.213 DCS.173
30-6-17	18th Bn.	Appointed Lance-Corporal, vice 53815, L.Cpl. A.H. Jones, promoted.		20-3-17	Letter 30/6/17. Pt. II Order 47, 6/7/17

Lt.-Col.
Commanding 39th Battalion, 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.

OVER

454696 L. Cpl. Colby C.

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				
4-8-17	18th Bn.	Granted 10 days leave to	Paris	29-7-17	B.213. Pt. II Ord. 58, 2/8/17
13-8-17	18th Bn.	Promoted Corporal, vice 53971, Cpl. A.D. Strachan, promoted.	In the Fld.	20-5-17	Letter 13/8/17. Pt. II Order 62, 6/9/17.
17-8-17	18 Bn	WOUNDED	In the Fld	15.8.17	Letter. DCS.311
15-8-17	4 C.F.A.	GSW. R. shldr.	Trans. to 5 C.F.A.	15-8-17	A36. (Exct. No. 2752)
16-8-17	No. 18 Gen.	GSW. R. shldr.	Adm. No. 18 Gen.	16-8-17	W. 3034. (Exct. No. 3179)
1-9-17	2 Can. I.B.D.	Class A.	Adm. 2 Can. I.B.D.	1-9-17	Nom. Roll.
18-9-17	2 Can. Int. Bn.	Arrived at 2nd. Can. Int. Bn.	In the Fld.	18-9-17	do
6-10-17	do	To Field Ambulance (sick)		2-10-17	O. 213.
2-10-17	22 C.C.S.	D.A.H.	Adm. 22 C.C.S.	2-10-17	A 36. (Exct. A. 3691)
9-10-17	do	do	Trans. to 5 Amb. Train	9-10-17	do (Exct. A. 4918)
10-10-17	22 Gen.	D.A.H. (M)	Adm. No. 22 Gen.	10-10-17	W. 3034 (Exct. A. 5124)
13-10-17	6 Convl. Dep.	D.A.H.	Adm. 6 Convl. Dep.	13-10-17	do (Exct. A. 5897)
16-10-17	1st Convl. Dep.	do	Adm. 1st Convl. Dep.	16-10-17	do (Exct. A. 6481)
12-12-17	2 Can. I.B.D.	Class T.B.	Adm. 2 Can. I.B. Dep.	12-12-17	Nom. Roll.
18-12-17	do	Classified B.3 by Medical Board (D.A.H.)	do	18-12-17	A.F.W. 3339

OVER

Army Form B. 103. (Sheet No. 2) Regimental Number 454696

Casualty Form—Active Service.

Regiment or Corps 18th. Battalion, C.E.F.

Rank L/Cpl Surname COLBY Christian Name C.

Religion ..... Age on Enlistment ..... years ..... months

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

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

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

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
19-12-17	2 Can. I.B. Depr.	Transferred to Canadian Labour Pool (classified B.3), +S.O.S. of 18th Can. Bn.		19-12-17	Nom. Roll. (Can. Sect. No. 179) A.II Ord. 96, 24/12/17.
	A. A. G.	2. O. S. to Can. Lab Pool from 18th Batn.		20/12/17.	KR 627b. Pte. 28. 29/12/17
27.12.17.	L.G. B.O.	To No 2 b.G. Hosp.		27.12.17.	N/R. 8.55
29.12.17.	No 2 b.Gen	attached for duty		28.12.17	B 313
13.2.18	b.G. B.O	Rtd. from No 2 b.G. Hosp (ill)		13/2/18	N/R 705
16.2.18	No 2 b.Gen	To C.G. B.O		13/2/18	B 313.
26.2.18	C.G.B.O.	Ford to Eng. B3 posted to Can Gen Dep. Shelffe.	Field.	26.2.18	KR 251 Do. 27/2/318.

(*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, Sheeing-Smith, &c.

W.13863—M1477 1000m 1/17 (27612) S P & Co., Ltd. Forms B./104/4. 250,354

Bapt ~~Lieut~~ for Lt.-Col. A. A. G. T.O.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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				
1.3.18	General Depot.	To Base from Base Hamra	Shorncliffe	27.2.18	Pt 37. C&R
				Lieut. for Colonel i/c Records, CMFC	
19-4-18	Can Depot.	S.O.S. G.B. Leave to came. S'cliffe.	S'cliffe	18/4/18	Pt II D.93. 19-4-18
				M.F. Willcocks Captain For O.C. Can. General Depot	
20-4-18	Canuck Depot	Taken on Strength	S'cliffe	18-4-18	Pt 20 168
24-4-18	C.A.M.C. Depot	S.O.S. to C.S.H. Lenham	Shorncliffe	24-4-18	Pt2 -114
				O.K. Greenwood Lt. CHIEF ACCT. ASSISTANT. FOR O.C. C.A.M.C. DEPOT	
26/4/18.	"	T.O.S. of C.S.Hosp	Lenham	24-4-18	Pt II. 35
3-9-18	C.S.H. Lenham	Admitted to 11 C.G.H. "Moore Bar." S'cliffe	Lenham	3-9-18	PT II D.O. 76 of 7-9-18.
28/9/18.	— do —	Discharged from N: XI. C.G.H. Shorncliffe	Lenham	24-9-18	DO. Pt ii N: 82 28/9/18.
12/11/18.	do	"On Command" for N.C.O. Course of instruction to C.A.M.C. Recs & T. Depot. Shorncliffe	do	10-11-18	DO. Pt ii N: 96 12/11/18
				C. Macaulay Major C.A.M.C. for O.C. Canadian Special Hospital, LENHAM, KENT.	
12/11/18	Can Dets	attached to Unit and to 66 Course of instruction	Shorncliffe	10/11/18	Pt 2 D63/6

R—122.

Rank Pte Name COLBY, Charles Reg'l No. 454696

Unit 59th Bn. to 39th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Smiths Falls July 1st 1915. Place of Birth Toronto, Ont.

Name and Address, Next-of-Kin William Colby,
1047 College St, Toronto Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

M.D 2

N/E. R.B. No. 6748
Fils R.L.
Category OR CAN

Canc C

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place		Date	REMARKS Taken from Official Documents
		C Arrived in England.			- 5 SEP 1915	
24-3-16	OC 39th	Trsp to 18th Bn B.E.F.	France		24 3/16	A II 73
30-4-16	O.C. 18th	Arrived from 39th and taken on strength from	"		26-3-16	" 18
6-7-17	18 Bn	Appt Lance Corporal	"		20-3-17	" 47
24-8-17.	"	Reptd from Base Wounded	Field	Hospl	15-8-17	C.L.A 587
27-8-17	"	adm no 18 Gen. Hosp	carriers	Hospl	16-8-17	C.L.A 589 G.S.W. R.shld mild
7-9-17	W.O.R.	Ex. to No 6. Conv. Depot	Etaples	Hospl	29-8-17	—"— 5 —"—
6-9-17	18th B	Promoted Corporal.	Field	"	20-5-17	P.U.O. 62
12-9-17	W.O.R.	Discharged to Base Details	Etaples		31-8-17	C.L.R 9
8-10-17	WOR	No 22 C.C.S.	Field		2-10-17	C.L.A. 31 (D.A.H.)

69

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place		Date	REMARKS Taken from Official Documents
Date	From whom received					
17.10.17	work	No. 22. Gen. Hosp.	Camiers		10.10.14	Cl. 39
23.10.17	"	No 6. Con. Depot	Etaples	Cpl	13.10.17	— 44.
25.10.17	"	No. 14. " "	Trouville	"	16.10.17	— 46 D.M.F.
18.12.17	"	Dis. No. 14. Con. Depot	"	"	9.12.17	S/a 92. "
24.12.17	18 Bn.	SOS to Labour Pool	Field	"	19.12.17	Pt. II O. 96 Can Lab Pool Pt II 28/28.12.17.
1-3-18	General Depot	TOS from Base France	AMENDED TO READ	CPL Pte	27.2.18	Pt II O 84/15-4-18 Can Labour Pool - 51. Pt II 27/2-3-18
20.4.18	C.A.M.C. Dep	T.O.S from Gen Depot	Shorncliffe	Pte.	18/4/18	Pt II O. 15 d/15-1-19. Pt II D.O. 110. Gen Dep etc Pt II D 94 4/20/4/18 C.S.H.P. Lenham
24-4-18	do	SOS to C.A.M.C. Lenham	do	Pte.	24.4.18	Pt II O. 15 d/15-1-19 114 Pt II D.O. 354/26/4/18
16-1-19.	Con. St. Hosp.	Pt II D. 35 d/26-4-18 is amended to read Cpl	Lenham			30.5.
~~26.10.18~~	~~Gen Dep.~~	~~Pt II D.O. 94 d/20/4/18 is amended to read Pte.~~	~~Pte~~			~~Pt II D.O. 255.~~ Cancelled by Pt II O 266 d/ 8-11-18.
~~26.10.18~~	~~Gen Dep.~~	~~Reverts to permt Grade of Pte on posting to Camc.~~	~~S'cliffe~~	~~Cpl~~	~~18.4.18~~	~~Pt II D.O. 255.~~
13.1.19.	C.S.H.P.	SOS to Camc & Coy	Lenham	Cpl	13-1-19.	— 4. Camc & Coy Pt II O. 114 d/14-1-19.
4-2-19	No 2 M.D.C.	T.O.S. from C.A.M.C.	Rhyl	"	23-1-19	- 29
24-2-19	#2 MDC Wg	SOS to Canada	Rhyl		17-2-19	— 46

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 454696 Rank Pte Name Cosby C
(Surname first)

Unit No. 2 District Depot, who was* DISCHARGED

On MAR 27 1919 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.2.19 to MAR 27 1919 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	34 18	
Regimental Pay 55 days at $ 1 c 10		
Field Allowance 55 days at $ 1 c		60 50
Separation Allowance		
Clothing Allowance		35
Post Discharge Pay		70
*Other Credits Subs D.O. 62		12
Advances 5 104141	15	
Separation Allowance and Assigned Pay Cheque No. 5 106248	15	
*Other Charges		
Balance on transfer or on discharge, cheque No. 5 107362	113 32	
Total	177 50	177 50

*Give particulars.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 14738

Date of Assignment May 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 454696

Rank Pte. Promoted Reverted Discharge

Soldier's Name C. Colby

Battalion 1st Draft 49th Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. W. Colby

Address 1047 College St.

Change of Address Toronto Ont.

1

2

3

4

$242-6-7.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31			301	300	
1918 Jan 20	63023		15	15	D
Feb. 20	96266		15	15	
Mar. 20	114455		15	15	✓
Apr. 20	N7834		15	15	
May 20	18877		15	15	
June 20	24509		15	15	
July 20	2789		15	15	
Aug 20	34723		15	15	
W.B. Sept 20	46190		15	15	
Oct 20	398		15	15	
Nov 20	D 55381		15	15	
Dec 20	R 64079		15	15	
Jan 19 20	75487		15	15	
Feb 20	M 79507		15	15	
			5 10	5 10	

18/1/19 A/c Closed

Ret'd per Empress of Britain

Date F.X.

Clerk

734620 8/F

M. F. W. 128
400m.—6-17—177-39-1141
L. L. 22320—M. & D. 7693.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7498.

L.

*Name CCLBY, Charles Rank Cpl. Regtl. No 454696

Fyle Depot 24 Co 6/6

Original unit ● Present unit M. or S. Age 24 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival Halifax. Empress Britain. 25-2-19.

Next of kin Father. W. Colby. 1047 College St. Toronto.

Address on leave same

Address on discharge same

Transportation issued Yes — No — Date Character on discharge

Previous occupation Paper. Roller. Date and place of enlistment Smith Falls. June 5th 1915.

Diagnosis Injury to skull. D.A.H. Date of Medical Boards 15-3-19

Date.	Remarks	Pt. 2 Order No.
TOS 17-2-19	posted to CasCoExCamp 25-2-19	
	leave with subsfrom 1-3-19 to 15-3-19	63
27-3-19	SOS DISCHARGED "MED.UNFIT" entitled to 183 days WSG	84

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.
137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Colby.	C.	45-4696.

Rank	Unit	Co.	Troop	Batty.
~~L/Cpl.~~ Cpl.	18th Battn. W.D. Reg.			Camp Sec. Ten

Hospital

	Date of Admission
18. Gen. Camiers	16. 8. 17.
Transferred 6 Conv. Depot Etaples.	Hosp. 24.8.17
22 Gen Hosp Etaples	Hosp. 2-10-17
22 Gen. Camiers	Hosp. 10-10-17
6 Conv. Etaples.	13-10-17
14 " " Trouville	Hosp. 16.10.17.

Diagnosis

(1) G.S.W. R. Chest. mod. R

Later Diagnosis (if changed) D.A.H. Ft.

(2) Inj. skull: (acc.)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION R. T. B. Wd. 15.8.17. Date

	REMARKS
to 24.8.17. A587.	
" 27.8.17. A589	Dis. to Base Details. 31-8-17.
8-9-17 a 5 (2)	Dis 9-12-17
Ch. 13-9-17. @ 9 (2)	Disch 24. 9. 18.
9.10.17 A 31.	A.M.A.M.D. 2 DEPT.
18.10.17 a 39.	Bch. of D.G.M.S. O.M.F.C. London.
24-10-17 a 44 (2)	
26.10.17 A 46 (2)	
19-12-17 a 92-2.	
7.9.18. C 311.	
28.9.18 b 329	
30.12.18 b 406	note add "acc"

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	U. S. Moore Bks.	8.9.18.
2.		
3.		
4.		
5.		
6.		
7.		

No. 34696 RANK Pte NAME Colby Charles

T.O.S. Transfd from UNIT 42nd Regt L 8-7-15. 59th Battalion
D 136 9-7-15

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 8	1915 July 31	C	Transfd to Draft 27-8-15	D 78 26-8-15
Augt 1	Aug 27	✓		

UNIT SAILED
APR 21 1916

SURNAME Colby

CHRISTIAN NAMES Charles

REGL. No. 454696 RANK Pte

UNIT ~~59th~~ 39th 1st R.D. Batt.

FORMER CORPS

1/ CARD No.

S.O.S. Dec 27-3-19
D.O.84 FOLL 27-3-19
Med Unfit 2.DD

old no: a54696

NEXT OF KIN.

NAMES IN FULL Colby, William.

RELATIONSHIP TO SOLDIER father

ADDRESS 1047 College St.
Toronto. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Toronto, Ont. DATE

PLACE OF ATTESTATION Smith's Falls DATE June 5th/15

O/S 27-875 206/1

R/C 25-2-19 270/18 Pte 2

L. L. 90589.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Sailed from Montreal per. S.S. Scandinavian 27/8/15.

Jun Mus F

Number 454696 Rank Gnr

Surname COLBY

Christian Name Charles

Units 18th Bn CAMR Theatre of War France

Date of Service 24-3-16

Remarks

Latest Address ~~1047 College St~~
24 Shanmon, St.
Toronto Ont

Roll No

200m.-6-21... B Page 22208

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

M.D. No.....

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

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

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

Address.....

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

..... Railway.....

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

Their destination.....

(Sgd.).....

RECEIVED DEC 19 1922 DEPT. M.S.

M. F. W. 2502.
50 M.—1-19.
1772—39—1269.

Form R. 149.
7106—250m—7/2/17.

Name COLBY Charles *Rank* ~~XXXXX~~ ~~L/Cpl~~ Cpl *Reg. No.* 454696

Unit ~~18th Battalion~~ C.A.M.C. Lenham.

Next of Kin Canada

1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-8	Rept from Base		Wounded	A587	M5942	
16-8	18 G.H. Camiers	Sick	K Rhn	A529		23/8
29-8	No. 6 Con Depot	Etaples	Do	A5		HA13601
31-8	Discharged to Base	Dtls Etaples	Do	A29		HA13675
2-10	No. 22 Base Conv Stn		D. A. H.	A31		4636
10-10	22 G.H.	Camiers	Do	A39		HA15040
13-10	6 Con Depot	Etaples	Do	A44		HA15207
16-10	14 Con Depot	Trouville	Do	A46		HA15297
9-12	Discharged to Base	Dep. Etaples	Do	A92		17288
1918						
5-9	11 Can Con	Moore Bks	Injury Skull	C311		24832
24-9	Leave			C329		8251
Rept Injury Skull	chgd to Convalescent Camp			C406		5863

C329 dated 28-9-18

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

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a587	Repts from Base	15-8-17	Wounded
a589	#18 Henlamers	16-8-17	GSW R. Shldr Mild
a-5-2	Fr No "6 Conv. Depot "Etaples	29-8-17.	GSW. R. Shldr. (West Ontario). 24-9-17
a9 (2)	Disc. to "Base Details. Etaples.	31-8-17	GSW R. Shldr. (West. Ont. Regt.)
a31 (1)	#22. Gas. Bl. Stat.,	2-10-17	D. A. H. (West Ont.)
139	#22 Henlamers	10-10-17	" " "
a44 (2)	#6. Conv. Depot. Etaples	13-10-17	D. A. H. (West. Ontario)
a146. (2)	#14 " " Trouville	16-10-17	D A H. (" "
a922	Discharged	9-12-17	" " " "
	11 Leamington Rks		
do324	Discharged	24-9-18	Inj skull Acc

REGT'L No. 457696

NAME Colby Charles

H. Q. FILE No. 649.

RANK AND CORPS L/cpl. 18th Bn (from 59 Bn)

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	C	NATURE OF CASUALTY
M5-942 / 133-3	26-8-17		Rep. Wounded aug. 15th 1917

L. L. 20497—M. & D. 7938

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

Forms
I. 1237.
10

No. XI CANADIAN
GENERAL HOSPITAL.
MOORE BARRACKS.
SHORNCLIFFE.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3479.	45-4696	Pte.	Colby	C.
Year 1918	Unit. C. A. M. C.		Age. 25.	Service. 36/12.

Station and Date.	Disease
3. 9. 18	Injury to Skull. Hit on head with Base ball on 4. IX. 18 on occipital region - Heading of Vomiting for some hours immediately afterwards P.S. Nil on Examination of head. Rather drowsy - Left Pupil smaller than right Pulse 54. No Vomiting since admission Slight headache - S. L. Hamon Capt I/C Coy
14/9/18.	Right pupil still dilated RP
17/9/18	Examined RP.
20.9.18	~~Back to lines~~ To Returns to Lines P. B. Eaton Capt.

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

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

Station and Date.	

Army Form B. 103.

Regimental Number 45460

Casualty Form—Active Service.

Regiment or Corps Canc

Rank Cpl Surname Colby Christian Name G

Religion ... Age on Enlistment ... years ... months.

Enlisted (*a*) 1-7-15 Terms of Service (*a*) Dfw Service reckons from (*a*) 1-7-15

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

Extended { ... } Re-engaged { ... } Qualification (*b*) ...

or Corps Trade and Rate ...

Short to ... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
15-12-18	Canc Rtd.	Ceases to be attached on return to C.S.H. Lenham	S'cliffe	14-12-18	P.D. 349
					A.P.M. Capt. Asst. Adjutant
					For O.C. C.A.M.C. Reserve Depot
	to S. Hosp.				
21-12-18	Lenham.	Ceases to be on Command.	Lenham	14-12-18	P.D.O. 108 of 16-12-18.
					13-1-19.
14-1-19	Do	S.O.S. to Canc. bas. to. S'cliffe	Lenham	13-1-19	H.Q. P.D.O. 4 of 1919
					J. Wheeler Lieut. R.A.M.C. for O.C. Canadian Special Hospital, LENHAM, KENT.

(*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				
17.1.19	Canadas Coy	Tos from CAH London reported	Graffe	31.12.18	H.Bks 14
22.1.19	do	Awl Commandt Kinmel Park	do	21.12.18	— 16
					Sapper Nurse Army
		25 JAN 1919 Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. ____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada. Part II Order No. 4642 1425 Commanding 2 Wing, Kinmel Park Camp.			
EMPRESS OF BRITAIN					

SAILED FEB 17 1919
ARRIVED FEB 25 1919

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

War Service Badge.
Class W
No. 136892 Issued

This space to be for numbers.

Proceedings on Discharge.

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

No. 454696

Rank Cpl

Surname COLBY

Christian name CHARLES

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

Corps (Squadron, Battery or Company) 59th Batt. (D.D.#.2

Date of discharge MAR 27 1918

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years ..... months.
Height 5 feet 6½ inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Paper Roller
Intended place of residence (To be given as fully as practicable.) 1047 College St. Toronto Ont

Descriptive marks

Vacc. Scar Left Arm.
G.S. Shider 15.8.17

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

HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.

Authority for discharge D.O.D.D.#.2 Pt 11 No 84

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

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

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

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

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

ES

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

K.C. 2.2.20. com.

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

8. Certificate to be signed by the Soldier on Discharge

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

(Place) TORONTO, ONT. Chas Colby *(Signature of Soldier.)*

(Date) MAR 27 1918 *(Signature of Witness.)*

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

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

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

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

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

MAR 27 1918

(Signature).....

(Date).....

For
O.C. No. 2 Discharge Depot.

Reservations referred to at Para. 8.

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

OPINION OF THE MEDICAL BOARD

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

WE CONCUR.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	no
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	yes
(*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.)	no

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

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

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

Returned to duty category "B2"

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.

President.

PLACE Exhibition Camp. Toronto, Ont. J. Bruce Callum Capt. Chaplain
E. Armitage
} Members

DATE March 22nd.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

APPROVED
Assistant Director of Medical Services.
DATE MAR 24 1919
Capt.
For A.D.M.S., M.D. 2
FW

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 March 15th.1919.

1. 1 (*a*) Unit # 2 D. Depot. (*b*) Regimental No. 454696 (*c*) Rank Cpl.

(*d*) Surname COLBY. (*e*) Christian name Charles.

(*f*) Home address 1047 College St., Toronto, Ont.

(*g*) Next of Kin Mrs. Sarah Colby. (*h*) Relationship Mother

(*i*) Address of Next of Kin 1047 College St., Toronto, Ont.

2. Age last birthday 25 Date of birth 10-10-1893

3. Enlistment, or Appointment (if an Officer) (*a*) Place SmithsFalls. (*b*) Date July1st.1915

4. Personal description:

(*a*) Height 5 ft. 6 ½ in (*b*) Weight 120 (stripped) (*c*) Complexion Dark

(*d*) Colour of hair Black (*e*) Colour of eyes Brown. (*f*) Identification marks, Scars, etc. 1 Vaccination scars. Small scar right shoulder.

5. Former trade or occupation Paper Roller.

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
	3	255

	Periods	
	From	To
Canada	July 1st.1915	Sept. 5th.1915
England	Sept. 5th.1915	March 25th.1916
France or other theatres of War	March 25th.1916	Feb. 28th.1918
England and Canada.	Feb. 28th.1918	To date.

7. Original disease, or injury 1. Injury to skull.
2. D.A.H.

(*a*) Date of origin 1. Sept. 1918. 2. Sept. 1917. (*b*) Place of origin 1. England. 2. France

(*c*) Cause 1. Was hit with base ball while playing bull.

M. F. B. 227.
400m.—11-18.
1773-80-127.

8. Pr[illegible] — (Here state the exact nature of the disability resulting [illegible] disabling conditions: e.g. (*a*) Weakness—slight, moderate, (*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.)

sturbance of Mentality.

rtial loss of function of the cardio-vascular syster.

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.)

1. Objective: see special X-Ray report, attached.

1. Subjective: Complains of dizziness on looking upwards, a sharp pain, occasional, on left side of head.

2. Objective: See Special report.

2. Subjective: Palpitation of heart on exciment. Pains left side of chest sharp in character.

(*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: yes see above. (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: yes see above — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: no

urinalysis sugar and albumen absent.

Hernia, piles, goitre varicose veins, slight varicocele, , not a disability.

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

1. In September 1918 was hit on head with ball when playing base ball In hospital about 3 weeks.

2. Enlisted July 1915, served on 9 months in Canada and England and 24 months in France. Was Invalided home with D.A.H. and has been improving rapidly the past few months.

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*).)

None.

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

None

11.—(*a*) Did the disabling condition have its origin before enlistment? 1 and 2 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.)

1 and 2 not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 1 and 2 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? 1 - 3 months. 2 no disability at present.

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

1. Military Convy No 2 Can. Gen. Hospital 19 days.

2. None.

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)

1 and 2 no.

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

17. Recommendations

"B2"

J. Bourne Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Cpl. Chas. COLBY. have heard the description of my disability and esent condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

complain in addition of

Chas Colby Rank. Cpl
Signature of invalid examined.

TORONTO GENERAL HOSPITAL

Department of Radiology.

G.E. Richards M.B. DIRECTOR.

REPORT OF THE ROENTGEN EXAMINATION OF

Date March 19th.1919. Name Cpl. C. COLBY. #454696

Address Exhibition Camp.

Referred by Dr. Jas. Moore. Case No. 46245.

Stereoscopic plates were made of the skull, .

There is no evidence of F.B. or fracture of the bony contour.

The cranial vault is unusually thin, and in the vertex are several areas of apparent slight erosion of the inner table. Whether these are of clinical importance or not, we are not able to determine from the plates alone.

(SGD). G.E. Richards,

Capt. C.A.M.C.

O/C. , X-Ray Dept.

Charles Colby No. 454696

HEART EXAMINATION: No heart enlargement, left line within nipple line. Rhythem regular. Rate 78, standing, after touching toes 10 times rapidly 100, returning to 78 in two minutes. Response to effort seems normal. No cough, no dyspnoea..

Diagnosis : No disability .

(SGD.). M.B. THistle, Major.

PART III.

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.....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:—

.....
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.

PART I.

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

Reserved for M.H.C.

Regt. No. 454696 Rank Cpl. Surname "Colby" Christian Name Chas

Unit or Corps—(a) Overseas from United Kingdom 18th Batt. (b) in United Kingdom CAMC

Born at—Town Toronto County or Province Ont. Country Can.

Date of Birth—Day 10 Month Oct. Year 1896 Age 22 yrs. 3 months.

Joined at Toronto. Ont. Date June 9. 1915.

Former trade or occupation Paper Roller.

Permanent Marks or any peculiarity that will serve for future identification:—

N.I.

Height—feet 5 inches 6. Colour of eyes Brown

Signature of Soldier (*for identification purposes*) C. Colby

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*) D.A.H.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Active Service Conditions	France	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. Family H. negative.
No serious illness before enlist.
To France March 1916. Served on in France for 24 months and Returned to Eng. "D.H.H." Before being sent back noticed shortness of breath on exertion and occasional dizzy spells with pain in L. chest. Sl. wound L. shoulder Aug. 1917. No disability
Boarded B.H. D.H.H. in April 1918.
Served on in Can. C. since this time
In Sept. 1918. struck on head with baseball and was in Hosp. 18 days. Injury to Skull.

6. PRESENT CONDITION. General appearance good. well nourished. Complains of dyspnoea on exertion Pains in L. chest. and occasional dizzy spells. Cardio-vascular. Pulse of low tension - fair quality and slightly irregular. Heart. Not evidently enlarged - Impulse apex beat visible in 5th I.S. in nipple line especially after exertion.
at Rest. 84. On exertion 116. Showing Notes. 88.
Valves. Fine mitral systolic murmur. Heard. Not transmitted. No evidence of functional compression
Resp. Nervous. Digest. G.U., Muscular. Osseous systems and Special senses app. normal.

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

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? No
(ii.) If so, describe. Na

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

Date of Report Jan 4 1919
Station C.S.H. Lenham
Signed Cw Torrance Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except ..... {Officer i/c / S.M.O. / Hospital / 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)? If not, describe it. Yes

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.) ——

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.) ——

15. Permanency of the Disability due to Service estimated next above in (14). ——
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N.A.

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

18. REMARKS:—
Nil.
(A.G.I. 9083 11/11/18.) Authority for Board

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

Date of Board Jan 7 1919
Station C.S.H. Lenham
Signatures of the Board: F.H. Hatton Major R.A.M.C. President.; Cw Torrance Capt.

Approved ..... A.D.M.S.
Major, O.A.M.C.
Dated at for A.D.M.S., Canadians, London Area Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS LONDON AREA JAN 9 1919 13, BERNERS ST. LONDON, W.1

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
5th July 1915	Vaccination. E. A.Consett

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry made in the Medical History Sheet of this man.

C.A.M.C.
for the Officer in Charge of Records
Canadian Contingent.

DUPLICATE 454696

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname C O L B Y *Christian Name* Chas.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Toronto County York

Examined ... ... on 25th day of June 1915, at Smiths Falls

Declared Age ... ... 31 years days.

Trade or Occupation ... Paper Roller

Height ... ... 5 feet 6 inches.

Weight ... ... 150 lbs.

Chest Measurement — Girth when fully Expanded 34½ inches.; Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks — Arm ... (Right / Left); Number

When Vaccinated ... ...

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

(b) Slight defects but not sufficient to cause rejection ... ... (b)

Approved by (*Signature*) E.A.Consett.
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at Toronto on 9th day of June 1915.

Joined on Enlistment ... — Corps: 59th Batt. C.E.F. — Regtl. No.: 454696

Transferred to ... ... — 39th Res.Batt. C.E.F.

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper on the day of 191 .

(*Signature*)
(*Rank*)

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

(4887.) W. 9597/1588. 500m. 9/15. C. P., Ltd.

Forms E. 178 89

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

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

ZM402

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 454696

2 Rank. Gnr.

3. Name. Colby Charles

4. Unit. [redacted]

5 Date of Discharge | | Place

6 Reason for Discharge

7. Authority.

8. Proposed Residence after Discharge Toronto
Mother
Paper Ruler

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.?

EMPRESS OF BRITAIN

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

SAILED FEB 17 1919
ARRIVED FEB 25 1919

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

"EMPRESS OF BRITAIN" 25-2-19 — No. 2 DISTRICT DEPOT — 61846. | AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 454696 | RANK Pte. | NAME (IN FULL) COLBY, C. (BLOCK LETTERS, SURNAME FIRST) | 27

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.A.M.C.D. — IF IN P.F. WHAT UNIT? Same

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 1/7/15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-3-19

PAYABLE TO Mrs W. Colby — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 1047 College St. Toronto. Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE TORONTO, ONT. — DATE MAR 27 1919 — REASON Dnu — AUTHORITY Do84 — IF ENTITLED TO POST DISCHARGE PAY 183

	MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account	31-1-19		1.10					40	42																									
								40	42	168,419						9	75																	
										Cheque						40	00																	
										Boat						4	87																	
										Train						5	00					15	00											
																												74	60	34	18			
1-2-19 — 27-3-19		55	1.10	60	50	35 12		70		177	50	$104114	$107362	$106348		15	13	32				15		34	18					177	50					
		183 days		W.S.G. 420				420								Date Mar 27		W.S.G. 70																Chas Miller Soldier 350
																Apr 25	246690	70														70
																May 22	346655	70														140
												AR 70				June 23	664499	70														210
												AR 89				July 16	976976	70														280
												AR 115				Aug 11	134166	70														350
								420										420														420

February 1919 O.P. M.F. U.K.
T.O.S. 17/2 ..... D.O. 99 .....
SUBS. 1/3 TO 15/3 D.O. 62

1st W.S.G. Paid by #2 D.D.

W.S.G. PAID IN FULL
Chas Miller 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								COL. NO. 1		COL. 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 S.

PLACE OF BIRTH Toronto Ontario

NAME AND ADDRESS OF NEXT OF KIN Sir William Colby.

1047 Collage St. Toronto.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Appl. L/Cpl.	20/3/17	B.O. 47. 6/4/17
Prom Corpl	20/5/17	B.O. 62 6/9.

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 454696. RANK ~~Private~~ L/Cpl. NAME Colby. Charles.

IF IN PERMT. CORPS WHAT UNIT

UNIT 39th Battn TRANSFERRED TO 18th Batt'n DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Smiths Falls. Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 1st 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 1.00 DATE EFFECTIVE May 1st 1916.

PAYABLE TO Mrs W. Colby. 1044 Collage St. Toronto. Ont. Canada. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

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 1916	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
June 31st			2 17				2 1	70							238	70										167	44		503	172	47	66	23			
April 30	30	1.00	30	-	30	10	3								33	-	1002		1034					262	262			-	-	5	24	93	99			
May 31	31		31		31		3	10							34	10	1079	15.8	1114	27.8	2809	6.2		255	255	436		15		24	46	103	63			
June	30		30		30		3	00							32	00												15		15	00	121	63			
July	31		31		31		3	10							34	10			1166	5.7					523			15		22	85	132	88			
Aug	31		31		31		3	10							34	10			1203	14.7					262			15		20	24	146	74			
Sept.	30		30		30		3								34	10	1250	2.8	1294	13.8				262	262			15		17	67	162	17			
Oct.	31		31		31		3	10							33	-	Dr	30/8						26				15		22	84	173	38			
Nov	30	1.00	30		30	10	3	00							34	10	1379	21.9			3358	15.9		261		523		15		22	85	183	53			
Dec	31	1.00	31		31	10	3	10							33	00	1422	10/10	1472	3/11				436	349			15		26	33	191	30			
			49	20			49	20							34	10	1524	26/11						11	331			10 5/15								
Jan	31	1.00	34	10											34	10	1578	29/1						261				15		17	61	207	79			
Feby	28	1.00	30	80											30	80	1644	13/1			1693	2/2	650	262		262		15		20	24	218	35			
			606	10											606	10								339	1913	1221	167	44	150	503	38775				
			606	10											606	10								339	1913	1221	167	44	150	503	38775				

No 454696 Dvr/Cpl. Pte Colby. C.

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
			606	10											606 10
Mch	31	1.00/10	34	10											34 10
April	30	1.10	33	-											33 -
May	31	1.10	34	10											34 10
June	30		33	-											33
July	31	1.15	1 34	55 10										5 15	6 70 34 10
Aug	31		35	65											35 65
Sept	30	1.20	36	-										5 20	41 20

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		1810	7/3				
1754	9/1	1906	19/3				
		36	4/4				
85	27/4						
137	14/5	194	5/6				
						2810	8/7/18.
260	19/6						
336	24-7						
389	24-7						
403	2-8						

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
2394	1913	1321	16744	150	503	3887 75	2183 35				
262	523 261			15		25 46	226 99		15 -		
	261			15		17 61	242 38				
262				15		17 62	258 86				
268	535			15		23 03	268 83				
				15		15 -	294 63				Appl. L/Ch. from 20/3/17 B.O. 476/7. 10/3 days @ 59
268				15		17 68	312 60		2 50 18 - 17 50	297 60	From Capl 24/5 - B062 6/9
265 268 8922		5354		15		163 12	19068		19 -		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
1917 Oct.		~~190 68~~							190 68	19.	
Oct. 31	C.P.	37 20		Can Aff.				15			
				AR 502 5/9 2180		4 46					
				" 567 7/9		4 46			203 96	20.50	
		37 20				8 92		15			
Nov. 30	✓	36		Cap				15			
				" 1. 32/9 2 Bdr Rein		2 67					
				866 29/10 14 b. camp		1 78					
						4 45					
Dec. 1918		37 20				4 45		15	242 71	23.50	
		73 20						30			
Jan 31	✓	37 20		Cap.				15			
				" 1885 6/11/17 14 Con. Depot.		1 78					
				" 6005 31/12 GBD.		4 46					
				" 3619 3/12 14 Conv Depot		1 78					
				" 2749 19/1 ✓		1 78					
				" 1215 15/2 2 BD.		11 60			243 51	25.50	
		37 20				21 40		15			
Feb 28.	✓	33 60		Cap.				15			
				" 2122 31/1/18 2 Gen Hos.		4 46					
				" 2024 15/1 ✓		4 46			253 19	26.50	
		33 60				8 92		15			

MONTH	PARTICULARS	CR. 1	CR. 2
	Bal fwd.		
Mch		37 20	
		37 20	

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
					25319	26.50	
Capl.				15			
AR 2194 15/2/18 2 Gen Hos.	4 46						
CP. 564 2/3. 18 Bn.	170 33				174 79		
AR 8255 28/2 GBD.	4 46						
DM 52995	179 25						
AR 3408 1/3/18 Detail Sch/fe.	9 73				86 41	28.	
	18898			15			

Appl. L/Ch. from 20/3/17 B.O. 476/7.
10/3 days @ 59

From Capl 24/5 - B062 6/9

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND or~~ CANADA.

EFFECTIVE DATE:- 1-5-16.

AMOUNT:- 15 00

SEPARATION ALLOWANCE. * ENGLAND or CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- COLBY, Charles

NUMBER:- 454696

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.

Mrs M. Colby,
1047 Collage St Toronto - Can.
Allotment cancelled 23/1/19
Allotment stopped 6/7 1/2/19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
B.O. 62 6/9/17.	20/5/17.	Cpl.
B.O. 255 26/10/18	18/4/18	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 39 Bn.

DATE ACCOUNT FIRST OPENED:- ~~1-4-16.~~

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			15th Bn
B.O. 101 30.4.18	1.5.18	21.5.18	C.A.M.C. & Cancelled

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
13/1/19	895	Lenham 15/7 £3	4 60				

NR

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10	10		
	1 00	10		
Ked Bal. $ 55.02 LPC - 40 42				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Canada Epsom Sclipe 23/1/19 Rhyl MD 2.

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal Frd.								86 41	28	
Apl	C.P.	36		Can				15			
				Dn 61069 AR. 509 15-4-18. Dets Sclipe.	4 87				102 54	28	
May		36			4 87			15			
May	Cpl pay	37 20		Can a/c				15	124 74		
				AR 94 14/5 Lenham C4	24 33				100 41		
				DN 36294 " C8	9 73				90 68		
				AR 141 20/5 " C14	24 33				66 35	28	
		37 20			58 39			15			
June	Cpl pay	36		Can a/c				15	87 35		
				AR 198 15/6 Lenham C3	14 60				72 75		
				8256 " 30/6 C9	19 47				53 28		
				DN 42732 5/8 C11	9 73				43 55	28	
		36			43 80			15			
July	Cpl pay	37 20		C.A.				15	65 75		
				AR 316 15/7 Lenham C3	7 30				58 45		
				" 378 30/7 " C11	9 73				48 72	28	
		37 20			17 03			15			
Aug	Cpl pay	37 20		C.A.				15	70 92		
				AR 430 15/8 Lenham C3	7 30				63 62		
				Forfeits 3 days pay & R.W. 20 to 19/8/18		3 60 / 2 30			60 32		
				AR 485 30/8 Lenham C11	2 43				60 02		
		37 20			9 73	3 60		15	27 59	28	89
Sept.	Cpl pay	37 20		C.A.				15	79 79		
				AR 586 29/9 Lenham C14	~~4 87~~				70 06		
		37 20			4 87			15	74 92		

Restricted Pay 2 Months Ehy

COMPILED BY
CHECKED BY

NUMBER 454696 RANK Pte NAME COLBY Chas

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918										Rest	
Sept.	12/Ford								7492	28	
Oct	Cpl pay	37/20		Cash				15	9712		
				AR 635 14/10 Lenham C12	243				9469		
				Reverts to Pte 3/10 Paris 24/10/18		1970			7499		
				197 days 3/10 Paris 24/10/18							
				AR 693 20/10 Lenham C38	973				6526	28 Rest	
		37/20			1246	1970		15			
Nov	Pte pay	~~36~~ 33		Cash				15	8626		
				AR 733 8/11 Lenham C4	1947				6679		
				Forfeits 1 day Pay 3/11/18 Dog 4 4/11		110			6569		
Dec	Pte pay	34/10		Cash				15	6269		
1919									8179		
Jan	Pte	34/10		AR 825 20/12 Lenham C70	4867				3312		
				Cash				15	5222	28	
		101/20			6814	110		45			
	Int on Def Pay	280							5502		
	CPC			AR 895 15/1 Lenham C20a	1460				4042		
				" 168 4/2 (Endorsed) C77	973				3069		
					2433						
		280			2423						

SOS 17-2-19

181
1460
8554