2918/19

NAME COLLINS, FRANK Percival REGT. NO. 802572 UNIT 1/9th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~M.D.1~~ Rtd 17.11.19	30/10/19.	4-458 (M.D.)	DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				AO-76-1875	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				25345	
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
5 2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					on Demob
	MEDICAL EXAMINATION (M.F.W. 129)					Mod Unfit for
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Gen service
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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	a.F.W. 3118. N.R					3
1	a.F.W. 3172 N.R					25=5-0
2	a.F.W. 1237. N.R					10=2-0
1	a.F.W. 3212. N.R.					8 2 0
1	mow192					
2	Lancaster					
1	R12					
1	P.C.					

W. 2589
100M-11-18
[illegible]

1875

a Comp.

135th U.S. Battalion, C.E.F.

135TH U.S. BATTALION C.E.F.

ORIGINAL

No. 802522

ATTESTATION - PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Collins
1a. What are your Christian names?	Frank Percival
1b. What is your present address?	Strathroy Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Strathroy Ontario
3. What is the name of your next-of kin?	Mrs. Hannah Collins
4. What is the address of your next-of-kin?	Strathroy Ontario
4a. What is the relationship of your next-of-kin?	mother
5. What is the date of your birth?	24th June 1894
6. What is your Trade or Calling?	Tinsmith
7. Are you married?	no
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	yes
9. Do you now belong to the Active Militia?	no
10. Have you ever served in any Military Force? If so, state particulars of former Service.	no
11. Do you understand the nature and terms of your engagement?	yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Frank P. Collins (Signature of Recruit)

Date 30th Dec 191 5. K.J. Kenton Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Percival Collins, 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.

Frank P. Collins (Signature of Recruit)

Date 30th Dec 1915. K.J. Kenton Lieut (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 Strathroy this 31st day of Dec 191 5.

J.M. Brennan (Signature of Justice)

M. F W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Frank Percival Collins on Enlistment.

Apparent Age 21 years 6 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 10 ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 4 ins.

Complexion dark

Eyes grey

Hair brown

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

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

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

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 Dec 30th 1915. Capt. Berdan

Place Strathroy Lt-Col. 135 Batt

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.

Frank P Collins 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.

B. Robertson Lieut. (Signature of Officer)

Date 8 / 1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

COPY ONLY

THIS IS TO CERTIFY that No. 802522 (Rank) PRIVATE

Name (in full) COLLINS, Frank Percival. enlisted in

the 135th, BATTALION, C.O.H.F.

CANADIAN EXPEDITIONARY FORCE at STRATHROY, ONT. on the THIRTIETH

day of DECEMBER 19 15.

HE served in CANADA, ENGLAND AND FRANCE. (WITH 19th, BATTALION.)

and is now discharged from the service by reason of Demobilization. Medically unfit for ~~Medical Unfitness.~~ general service.

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

Age 25 YEARS	Marks or Scars G.S.W. R. arm 27.8.18. G.S.W. RIGHT THIGH. 8. 11. 18
Height 5' - 9½"	
Complexion FAIR	
Eyes HAZEL	
Hair BROWN	

F. P. Collins
Signature of Soldier

J. C. Eccles
Issuing Officer

LIEUT.
Rank

O.C. DISCHARGE SECTION, No. 1. D.D.

Date 28th, OCTOBER 19 19

Date of Discharge

DISCHARGE SECTION
OCT 28 1919
No. 1 District Depot

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.D.D.10.C.743

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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				
12/2/18	19 Bn.	Pte. 471923 Returned to Duty			
17.2.18	—"—	3 CFA.	1 Can. Corps Reception Camp	12.2.18	—"—
16.2.18	—"—	6 CFA	—"—	16.2.18	—"—
17.2.18	1 Can CCS.	—"— —"— 17th/18	—"—	17.2.18	Bx 9507
18.2.18	3 CFA.	—"— —"— 16th/18	—"—	—"—	Bx 3478
22.2.18	51 Bn.	1st A.T.	37 Bn.	22.2.18	Bx 4484
24.2.18	1 Can CCS	—"—	Steam 14 A.T.	19.2.18	Bx 4484
24.2.18	19 Bn.	Struck off Strength of F.A.		16.2.18	B 3713
7.4.18	2 CRB	Recd. from 51 Bn.	2 CRB	7.4.18	NR
6.4.18	51 Bn.	Deserted F.A. & Recd. under stoppage of 1 day. at rate of 50 per diem, forfeit in Field pay 22.2.18 to 6.4.18 (44 days)		6.4.18	O.16443/2900
9.4.18	2 CRB	Recd. from Base	18 Bn.	9.4.18	NR
					Fit II Ord 28 dy 17/4/18

GRANTED 14 DAYS LEAVE

Army Form B. 103.

Regimental Number.....

Casualty Form—Active Service

Regiment or Corps.....

Rank.....Surname.....Christian Name.....

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...			
11-1-19	26 Gen'l	~~Gsw Thigh R. To England~~	~~11-1-19~~	~~W. 7215.~~	
11-1-19	26 Gen'l	INVALIDED Wounded TO ENGLAND ENGLAND AND POSTED TO 1ST CENTRAL ONTARIO REGIMENTAL DEPOT WITLEY.	11-1-19	W3083/6708 PAY. 6/1919.	
~~20.1.19~~	~~ICORD~~	~~T.O.S from 19 Bn: To Witley~~	~~12.1.19~~	~~D.016~~ (19 Bn. ~~D06, 23.1.19~~)	
20.1.19	ICORD	T.O.S from 19 Bn: To Witley	12.1.19	D016 (D06, 23.1.19 19 Bn.)	

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

FOR LT: COL: I/C RECORDS, C.O.M.F.

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

(*b*) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

P.T.O.

Unit, Regiment or Corps 1357th Overseas Battalion C.E.F. Name Frank Percival Collins

Regimental No. 802522 Rank Private Terms of Service (a) Period of War Service reckons from (a) 30-12-15.

Enlisted (a) 30-12-15. Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Date of promotion to present rank. }

Extended Re-engaged Qualification (b)

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				
31.8.18	4 Gen	G.S.W. Arm R. Trans	6 Con Dep	31.8.18	H 5300
1.9.18	6 Con Depot	—"— Trans	12 Con Dep	1.9.18	H 5603
5.9.18	42 CCS	—"— Adm & Trans 12 Stdy		27.8.18	a 36
1.9.18	12 Con Depot	—"— Adm	12 Con Depot	1.9.18	H 6175
15 SEP 1918	C. I. B. D	Class 'A' from 10 C D	C. I. B. D.	15 SEP 1918	447
18 SEP 1918	C. I. B. D.	Left for C.C. Rein. C.		18 SEP 1918	
—"—	C. C. Rein. C.	Arrived.	Can. Corps Rein. Camp.	—"—	
12.9.18	10 Con Depot	G.S.W. arm Trans C.I.B.D.		12.9.18	H 180
9.9.18	—"—	—"— Adm 10 Con Depot		9.9.18	H 818
—"—	12 Con Depot	—"— Trans —"—		—"—	H 809
19 SEP 1918	Can. Corps Rein.	Camp. Left for Unit	Field	19 SEP 1918	
22 SEP 1918	19th Bn.	Arrived	Field	20 SEP 1918	B213
28.10.18	19 Bn	Appointed Acting Lance Corporal (paid) vice Summers, promoted		14.9.18	B213 Part II Ord. 117 of 1918
10.11.18	6 CFA.	G.S.W. Hand, Thigh R. Adm & Trans	CCS	8.11.18	M33H6
1917	A.F.	Reverts to PRIVATE on ceasing to F.A.		8.11.18	288 PIEO 123 of 1918
10.11.18	4 C.C.C.S	G.S.W. Hand per. Adm	4 C.C.S	10.11.18	M6140
17.11.18	26 Gen	—"— Adm	26 Gen	17.11.18	M6641
11-1-19	Do	G.S.W. Thigh R To England		11-1-19	W 7295.
8.8.19	D/S.	Taken on strength No. 1 District Depot Toronto, Ont.			

for C.O.

Capt

NO. 1 DISTRICT DEPOT

CERTIFIED CORRECT.
15 JAN 1917
CAN. RECORDS, LONDON.

BATTALION

MAY 23 1917

MAY 23 1917

18-5-17

18-10-16

7-9-16

1 7 JUIN 1917

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

1909 ~~Sept 1, 1916~~

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20	15.00	15.00	

2M. 1/6/18 Jan. 1/7/18. Mother

PARTICULARS OF SEPARATION ALLOWANCE

No. 802322.

Rank Lcpl. Promoted Reverted Discharge

Soldier's Name Frank Percival Collins.

Battalion 135th O.S. Battn. C.E.F.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Hannah Collins

Address Strathroy, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31			320	320		2M 18/12 reducing A.P. to 15.00 Mo. from 1/6/18. Mo. 1st 14/6/18. La-3666 act 19/6/18
Jan	M 67310		20	20	M	C.C.O 500 17/6/18.
Feb	D 96759		20	20		G 24980 Rte Cancelled 21/6/18. M/T.
Mar.	A 114944		20	20	✓	a.c.o. from June. 8925 Mailed 25/6/18.
Apr.	K 8311		20	20		
May	M 13376		20	20		
June	~~G 24980~~		~~20~~ 420	~~20~~	-	
Jan.	J 1823.		15 15	15	✓	
July	S 28372		15	15	✓	
Aug	S 38209		15	15	✓	
Sept	K 6651		10	10	✓	
W.B. Sept	J 46703		20	20	✓	a.c.o. 6401 - July 1st Aug. and Sept. mailed 25/8/18
Oct	L 55909		20	20	✓	
Nov	D 55897		20	20		31-8-19
Dec	K 64417		20	20		Arague
Jan 19	J 75988		20	20		1919
Feb	M 79916		20	20		amt due
Mar	H 86835		20	20		Voting 1900 110052 and 25/8/19
Apr	K 162		20	20		AUDITED
May	H 5815		20	20	✓	
June	G 10065		20	20	✓	
JUL	D 11758		20	20	✓	
Aug	E 13190		20	20		

* a/c 15.00

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 2250—M. & D. 1493.

Act Closed
Ret'd per
Date
Clerk
M.F.W.187

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-38-1141
L. L. 22320—M. & D. 7953.

a Company 21

135th O.S. Battalion C.E.F. 802522

ORIGINAL

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Collins Christian Name Frank Percival

Examined on 30th day of Dec 1915 at Strathroy

Birthplace City or Town Strathroy County Middlesex

Apparent age 21 yrs

Trade or occupation Tinsmith

Height 5 Feet 10 Inches.

Weight 165 Lbs.

Chest measurement Minimum 31 inches. Maximum expansion 35 inches.

Physical development Good

Small-Pox Marks 0

Vaccination Marks Arm Right. 0 Left. 0 Number 0

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease — none

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

Approved by O.L. Berdan

Rank Lt. Col. 135 Batt M.O.

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

Date	Result	Vaccinations.
23/3/16	good	O.L. Berdan. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
22/3/16	Good	O.L. Berdan M.O.
1/4/16	Good	ah Berdan M.O.
10/10/16	good	ah Berdan M.O.
20.6.17	DAB	R.L. 6.72.cF

Enlisted on 30th day of Dec 1915 at Strathroy

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	135th Batt	802522	Good	30-12-15
Transferred to..	134th. Bn. C. Inf.	802522	Good	15-10-16. R.O.266 B. Robson Lt-Col.
	19th Bn. MAY 23 1917			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL. ORPINGTON, KENT.	5 JUL 1919	Old fracture Rt. Femur 1 to C.	Boltaufgen 4th Cmc

CANADIAN

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

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname Collins Christian Name Frank Edward. 80252

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.
THE QUEEN ALEXANDRA MILITARY HOSPITAL EXTENSION. CENSUS.		12	1	19	24	1	19	Sh hand + thigh (R)	16	Compd fr. femur. Good union - dermatitis of leg.	Edward Dayton Capt. R.A.M.C.
SPECIAL MILITARY SURGICAL HOSPITAL. EDMONTON. LONDON. N. 18. No. Date	27	1	19	11	6	19		136			
										Transferred to Can: Hpl, Orpington.	
								Rt. Leg. Thigh Back Femur.		Healed by adhesive strapping + extension Dermatitis of leg - 2 Chgs Bone union Shortening	L. D. Boyle Capt R.A.M.C.
Orpington	11	6	19	25	7	19	Do		45	Bone united poor position Walks lame.	A. R. Shorey Capt
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL 25 JUL 1919				8 AUG 1919			Do.			Poor position. Walks lame. Can flex. knee about 20 degrees. Pains and is weak when walking.	E. D. Brown Lt
"ARAGUAYA"	8	8	19	18	8	19	Do			No change.	L. G. Arthur, Capt

MEDICAL HISTORY SHEET

Surname Collins Christian Name Frank

Examined { on ..... day of ..... 191.....
at .....

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

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

Eyes { Right ..... Left .....

Number .....

Last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

Rank ..... M.O.

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

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

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

Enlisted on ..... day of ..... 191..... at .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Collins Christian Name Frank

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
W.C.M.D.		19	8	19.	25	10	19.	Fract R Femur	68.	Bony union good. Scars healed. 1" shortening & leg. Leg is still weak. Man walks with limp. Is fit for light duty in Canada	J. G. Munro Capt RCAMC

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 1

No. 802332

NAME OF SOLDIER Bolduc J. R. (Pte)

REGIMENT 19th Bn Lab 135th RANK Pte

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.

Condition on first Examination	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
																							Ex 3.14.1731 Cav 16 Pyorrhea
	28/10/19																				WD Smythe Lt Col "B"		On Discharge

M.F.B. 465.
150M.—6-18.
1772-39-950.

Forms
I. 1237.
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	807522	Pte	Collins	Frank
	Unit.		Age.	Service.
Year. 1919	19th Canadians		24	3 yrs
Station and Date.	Disease G.S.W. Thigh. R. & Fracture Femur. R. Hand.			

Admitted Jan 27th 19. Suffering Rear on both R. hand, 4th metacarpal. fractured Femur under anæsthetic lowering.

Out of splint 25.4.19. Now walking in Callipers splint, 2. cms shortening.

J. A. Davis
Capt.

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

(A 1014) W3081/P/1296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

1.□ 30-62350
1 P.M.

ORIGINAL

LAST PAY CERTIFICATE

Regt.No. 802522 Rank Pte Name COLLINS Frank P

Corps 19 Bn Who was Discharged

on 28-10- 1919 to

The following is a statement of the account of the above named from 1-10-19 to 28-10-19

Bal Dr	from mon. of from L.P.C.		14 12	Bal Cr	from mon.of from L.P.C.	
ASSIGNED PAY:	509435		20.00	Regt.Pay	28 dys. @ $1.10	30.80
				F'ld All.	dys. @ $	
SEPARATION ALLOWANCE:				SEPARATION ALLOWANCE:		
OTHER CHARGES:				OTHER CREDITS: Clothing Allowance		35.00
PAYMENTS:	509177		5.00	Subsistence @ 80¢ per day		
	✓		35.00			
	S565782					
Bal.Credit (to be pd.)				Bal.Dr.(to be deducted)		8.32
				(from soldier $)		
			74.12	(from Dependent $)		74.12

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY B
at $ per month has been to by this Unit	at $ 20 per month has been paid to 28-10-19 by this Unit	Subscribed $ Pd.by $ other Units pd.by this Unit $
Nil		

Dependent or Beneficiary : Mrs Hannah Collins

Address: Strathroy Ont

REMARKS: D.O. 301 Discharged on Demobilization. 28-10-19 MH

Date of Enlistment: 30-12-15
If married and if Separation Allowance card submitted. Yes Yes

Paymaster,

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

District Depot
OCT 28 1919
No. 1
LONDON, ONT.

Date::
London, Ontario.

J D Patterson Captain
Paymaster, No.1 District Depot.

M. F. B. 239.

1½ million—9-16
H. Q. 1772-39-194.

In any further correspondence on this subject please quote Number and Date of this Communication.

No. .....

..... 191 .....

From .....

.....

To .....

.....

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps H I P. P. Hospital Station London Ont.

No. 802522 Rank and Name Pte Collins F Age 25 Service E 9/12 E 9/12 F 2 9/12

Disease Fract. of Femur Date of Admission 19-8-19 Date of Discharge Result Case Book 1095 Folio

Dates of Observation	Sept	"	"																														
Days of Disease	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	2	3	4	5	6	7	8
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	.8 .6 .4 .2																																
106°	.8 .6 .4 .2																																
105°	.8 .6 .4 .2																																
104°	.8 .6 .4 .2																																
103°	.8 .6 .4 .2																																
102°	.8 .6 .4 .2																																
101°	.8 .6 .4 .2																																
100°	.8 .6 .4 .2																																
99°	.8 .6 .4 .2																																
98°	.8 .6 .4 .2																																
97°	.8 .6 .4 .2	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	.8 .6																																
Pulse per Minute																																	
Respirations per Minute																																	
Motions																																	

M. F. B. 288.

25M.—8-17.
H. Q. 1772-39-513.

Signature ..... *In charge of case.*

CASE HIS[redacted] SHEET.

No. 80225 22 Rank Pte. Name Collins, F. Age 25

Unit 1 Div. Completed years of service Where and how long } C 9/12. E 9/12. F 20/12

Date of admission 19-8-19 Date of discharge Oct 25/19

Diagnosis Fract. rt. femur. Place of origin Overseas.

CONDITION ON ADMISSION AND PROGRESS OF CASE 4-9-19.

Oly. G. S. Pt. right femur. 10-11-18.
Star. about 4" long on inner side & thigh and about 3" long on outer side about middle third
he was operated on at 26 C. G. H. on 27-11-18.
Femur seemed to be ~~united~~ united. but reset next
month at same hosp. about one inch shortening
Patient can walk all right but uses a cane.
hip movement normal but knee ha limitation.
Leg was in Thomas splint for 7 months.

July. Complains of slight weakness in
right leg. and limitation of movement in
knee joint. IX

8-9-19. No Change - Taking Massage
Gym. Electricity - Radiant Heat -
12-9-19. no change
13-9-19 walks with cane.
16-9-19 Pt Still on leave -
19-9-19 Returned from leave - Massage.
Gym. Leg getting some Better -

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) M. Improvement in movement of Knee
23-9-19 Requires to have Boot
Built ↑ Rt. leg. Short -
26-9-19. Considerable pain in fracture
Oct 14/19. No apparent change.

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE Recovered & fwd - all scars are healed

(and disposal made of case.) 1" shortening of leg. Is fit for duty in Canada

Date Oct 25/19

J. T. Munro Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772-39-439.

C of C

E 7618

30 Bed.
47 30

Forms
1. 1
14.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	802622	Pte	Collins.	F P

Year.	Unit.	Age.	Service.
	19 Can Batt	25	4 2/12.

Station and Date.

Disease Fract. femur Rt.

No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

Recd from Sp.
Leg in walking Calipers

June 21/19 5" scars anterior & lateral surfaces Right thigh are Healthy. Fracture of upper third of femur upper fragment displaced outward. Good union. Can flex knee only 15°. Muscles of thigh & leg are flabby. Massage daily. Leg in walking calipers.

Benj. Cohen, Capt. Can M.C.

Boarded I.T.C. A.R.S.

22/7/19 Massage daily – E.W.B.

* The f… ll be signed, and transfers from one Medical Officer to another attested by their signatures.

20-2-23

MEDICAL EXTRACT OF INFORMATION FORM

Regt'l No 8025222 NAME: Surname Collins

Christian Names Frank Percival

	CODE No.	1	2	3	4	5	6
No. of Admissions	1	1	1	1			
Invalided to Canada		0 0	0 0	8 6			
Married or Single	2	2	2	2			
Unit	3	0 1 9	0 1 9	0 1 9			
Enlisted at	4	1 4 9	1 4 9	1 4 9			
Birth Place	5	0 5	0 5	0 5			
Age		2 3	2 4	2 4			
Occupation	6	0 4	0 7	0 7			
Rank	7	3	3	3			
Date of Admission to Hospital		1 6 2 5	2 7 8 5	0 8 11 5			
Days off Duty		0 4 9	0 1 6	3 5 4			
W. or D.	8	0	2	1			
Wound (or Disease)	9	00 1 6 1	00 0 8 4	22 1 9 1			
(Wound or) Disease	10			20 1 8 7			
Operation	11			4 7 7			
Operation							
Place of Treatment	12	0	0	9			
Check							
Results	13	0	0	6			
No. of times a Casualty	14	0	3	0			

H.Q. 54—21-40-96—600m—6-8-20.

6-4-18: 12-9-18: 28-10-19

S Reel 3

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 19th Lds

Regimental No. 802522 Rank Pte Name Collins Frank Percival

C. E. F.

Enlisted (a) 30. 12. 18 Terms of Service (a) Dft Service reckons from (a) 30. 12. 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				

LONDON, ONT. DISCHARGED OCT 28 1919 ON DEMOBILIZATION
Medically unfit for general service
O.C. Discharge Section, No. 1 D. D.

(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				

Bed 30

Report No. 3783C

Army Form W. 3212.
(In books of 100)

Regtl. No. }
Rank and Name } Pte. Collins Age Corps

Disease Diab. Insip. Hospital

To Officer i/c Laboratory. Ward 7

Please carry out an examination of the accompanying specimen of urine

with special regard to

No. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date J. M. Pomeroy 2. S.
O. i/c Ward.

LABORATORY REPORT.

Amber

Acid

Sp. Gr. 1030

Alb. O

Sugar - O

Date of Examination 14/6/19

O. i/c Laboratory.

W6591—P1803 300,000 10/18 HWV(iM374)

Report No. _____

Dept. _____

Ward _____

To-Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Nature of previous Reports (if any) _____

In Pathological Reports a resume of clinical history, treatment or progress since last report should be given.

Date _____

LABORATORY REPORT.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

N. General Hospital.

Ward A No. of Bed Date 20/11/15

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
852522	Pte COLLINS, FP	19 Canadians	Rt Thigh

Short History of Case.
(To be completed by M.O. i/c case.)

Gunshot Fracture
Rt Femur

Signature of M.O. A/Hutton Capt

Date 20/11/15

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 370

Comminuted fract. Rt Femur
upper 3rd

Signature of Radiographer

Date

*Name COLLINS, Frank Percival Rank Pte. Regtl. No 802522

Fyle Depot 1DD 10-5743.

Original unit 135th.Bn Present unit 19th.Bn M^ or S. Age 25 Religion Meth. Ref. H.Q

Port, ship, and date of arrival Portland, ARAGUAYA, 17-8-19.

Next of kin Mrs. Hannah Collins, Strathroy, Ont.

Address on leave

Address on discharge Stratford, Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Tinsmith. Date and place of enlistment Strathroy, Ont. 30-12-15.

Diagnosis Fracture right femur Date of Medical Boards London, Ont. 22-10-19

Date. T.O.S.	Remarks	Pt. 2 Order No.
8-8-19	NO. I.D.D.	
19-8-19	Posted to Hosp. Section (W.O.M.H.) and granted	
	furlough with subsistence to 2-9-19.	234
OCT 28 1919	Posted to Casualty Coy.	801

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

(over)

Date.	Remarks.	Pt. 2 Order No.
28-10-19	Discharged from H.M.S. On Demobilization Medically	
	Unfit for General Service (P.D.P.)	301

M.F.W. 192
150M—6-18.
1772-39-1243.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S.

Date of entry

2/5 Co. (Bf. Right wrist
Dr. Hand.
Spr WR Ablett RE

Yr 2/5 Co. Bf. Thigh - dressed.
Dy wd Rt. Thigh. fracture
Knee. upper Lard. wd
dressed. returns pack-
posterior dressing
Splint and back Rt Land.
Wd excised - bipped - returns
Jas Pullar
Capt-Camp

12 N 18
Evacuated -
To
Evac hospital 7

No. of Hospital 26 General

Date of entry 14/11/18

20-XI-18 Secondary suture

22-XI-18 X Ray shows
persistent flexion
of upper fragment.
There is no union —
Considerable irritation
of skin of leg
beneath extension which
is kept to be left
off frequently.

S. P. Barling
Lt Col

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature chart or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

A.T. Serum Dose and date } 1st 500 12/11/18

2nd 350 19.11.18
500 29.11.18.
500 10.12.18

FIELD AMBULANCE NOTES.

Morphia Dose and time }

Date of wound or onset of illness }

Religion Meth

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 802522 Rank Pte
Name COLLINS F P
Unit 19 Bde 2 Can Div

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply).

No. of F.A. No. 6 CANADIAN FIELD AMBULANCE.
Date of admission 10-11-18
F.A. diagnosis GSW Hand R Thigh R.
T. C. Smith
Capt Canc

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

W3. M2063. 1,750M. 6-17. M & H., Ltd. (M65413).

FORM D M.S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
COLLINS	F.P.	802522.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	1CO.19.			

HOSPITAL	DATE OF ADMISSION
3 C.F.A.	16-2-18.
1 Can.CCS.	17-2-18. HOSP.
2. 51 Gen Etaples	22.2.18 HOSP.
12 Stat. Hos. St. Pol.	27.8.18
3. 4 G. Camiers	HOSP. 29-8-18
6. C. H. Etaples	31. 8. 18.
4. 12 C.D. Auberyue	HOSP. 1-9-18
10 C.D. Ecault	9.9.18

DIAGNOSIS

1. V.D.G. W.
W.D. R. Arm. a.
2. G.S.W. R. Arm & R. Thigh.
3. G.S.W. R. Hand, R. Thigh, R.W. & L. Femur.

DISPOSITION	DATE
hlis.	6.4.18
"	12.9.18

REMARKS

CL. 22-2-18. A146.
23-2-18. A147-2.
28.2.18 A151.3.
13.4.18 a 187 (a)
2.9.18 A308 (5)
" 3-9-18 a 309 (3)
6.9.18 a 312-6.
10.9.18 a 315-8
18.9.18 a 322 (5+6)
19-11-18 © 375-29.
23.11.18 a 379 (2)
15.1.19 B421 (2)
30.1.19 B434 (2)
16.6.19 B543
30-7-19 B541

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.	Y.C.C.C. Shr.	10-11-18
	26 Gen Hos. Epsom.	17-11-18
2.	Queen Alex M. Millbank.	2.1.19
	Spec. Surg. Mil. Edmonton	27-1-19
3.	16 C.G. Uxbridge	12.6.19
	5 C.G. Kirkdale	26-7-19
4.		
5.		
6.		
7.		

CL.18-8-19 B578 Invalided to Canada 8-8-19.

REMARKS.

Form DMS 1401.

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

HOSPITAL.

A. & D. CARD

AT

A. & D. No. T13527 Pl. of Action

Rank Pte Reg. No. 802522 Unit 19 Bn Sick or Wounded

Name Collins T Age 24 Religion C. E.

Place in Hospital MC

Diagnosis Gun Shot Wound

Admitted 25 JUL 1919 From ORPINGTON

Discharged 8 AUG 1919 To INV. TO CANADA

Transferred

Service at Home 3 yrs In Field 1 yr

Results

Strathroy

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

L.P.T.O.

COLLINS. Frank Percival 802522

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918			19	1919			
10	11	4 Can Cbt Sch		Hand K	A 375	Q70	39468
				Flight K			
17	11	26 G H Hospitals		do	A 377		53395
12.11.19		Queen Alexandra Hospital		do Frac Femur	B 421		11540
27	1	Spl Surg Unit H. Edmonton		do	B 434		5913
12.6.19		No 16 Can. G.H. Orpington		do	B 358		11192
26.7.19		No. 5 Can. G.H. Kirkdale		do	B571		11709
8.8.19		Invalided to Canada			B578		9570
			(509-1)				

509n

Form R. 149.

Frank Percival

Name COLLINS Rank Pte Reg. No. 802522

Unit 19th Bn

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16	2	3 to F. A.		V. D. S.	A140		13831
17	2	1 to C. C. S.		do	A151		13967
22	2	57 to H. C. Staples		do	A151		10710
6	4	Dis to duty		do	A187	RHO	699/16
27	8	12 SH Sick GS W Rance			308	DUB	36560
29	8	4 to H. Canners		do	A309		36795
31	8	6 to D. Staples		do	a312		37959
1	9	12 to D Albergue		do	a315		38482
9	9	10 to Dep Ecault		do.	a322		40088
12	9	Dis to 5 Rest Camp		do	a822		40991

5997

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

Reg. No. 802522 Name Collins, F.

Rank Pte Corps # 1 M.B. Age 25 Service 6 9/12 E 9/12 F 20/12

Ledger No. 675 Serial No. E 7618

HOSPITALS	DATE	DIAGNOSIS
W.O.M.H. London	19-8-19	G.S.W. Frac Rt Femur
Mis to unit	28-10-19	

P. T. O.

NAME Collins. F. P. REGT. No. 802522

RANK AND UNIT Pte. 135 Bn.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B434	Spec. Surg Mil Edmonton	27-1-14	G Sw R hand & R thigh & Femur
B543	16 Gen Depiing	12-6-19	" " " " " "
B571	3 Can Gen Lineham	26-7-19	G Sw Hand R thigh & R Fem Femur
B578	Quartered to Can	8-8-19.	" "

C

SURNAME. Coollins

CHRISTIAN NAMES Frank Percival

REGL. NO. 802522 RANK Cte

UNIT 135th Batt.

FORMER CORPS Nil.

CARD NO. 1K

Sos Dis Demob
M.M. Gen Sec 28-10-19
DO 301 of 28-10-19

NEXT OF KIN.

NAMES IN FULL Collins Mrs Hannah

RELATIONSHIP TO SOLDIER (Mother)

ADDRESS Strathroy Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Strathroy DATE

PLACE OF ATTESTATION Strathroy, Ont DATE Dec 31/15

Sailed from Halifax per S.S. Olympic 22/8/16

RJC 17-8-19 390 Pte

L. L. 90.89.—M. & D. 6312. M. F. W. 22. 100m.—4/16. 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

No. 802522 RANK Pte (L. Corpl.) NAME Collins, F. P.

T. O. S. 30-12-15 (Do. 1. 1-1-16) UNIT 135th Battalion. C. E. F.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec. 30	Jan. 31	—		
	Feb.	=		
	Mar.	—		
	April	—		
	May	—		
	June	—		
	July	—		
	Aug	as.	Prom. L. Corpl from 19-8-16	D 10 / 211/3 of 18-8-16

UNIT SAILED
AUG 22 1916

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. No.
SCHEDULE No.	LINE No.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT No.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	

DEPOT
NOV 4 1922
DEPOT

868—D.P.—40M-1-12-19.

HSB

Number 802522 Rank ~~Capt.~~ a/Lieut

Surname COLLINS

Christian Name Frank Percival

Units 19th Can Inf Theatre of War France

Date of Service 23-5-17

Remarks Box 279.

Latest Address Strathroy Ont.

Roll No. B Page 1596

200m.-6-21.

NAME Collins Frank Percival

REGT'L. NO. 502522

RANK AND CORPS Pte. (T. to O. R.) 19th Bn

H.Q. FILE NO. 649

FOLLOWS 135th Bn

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
Nok	Mar	Hannah Collins (mother) Strathroy Ont
Q 498 44-8	3-9-18	Adm 12 Stat H. St. Pol. Aug 27th Shd. rt arm.
Q 450 6-5	21-11-18	Adm. H.6.6.S. Nov 10th G.S.W. R. hand. thigh

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A146	3 Can. Fld Amb	16-2-18	O.D Sq
A147	1 Can. Cas. Cl. Stat	17-2-18	" "
A151	51 Gen Etaples	22-2-18	" "
A184	Disch to Duty.	6-4-18	V " " First C.C Reg
A308	12 Stat. St. Pol.	27-8-18	wd. R. arm -
A309	4 Gen. Camiers	24-8-18	" " "
A312	6 Conv Etaples	31-8-18	GSw R. "
A315	12 " Aubchque	1-9-18	" " " " "
A322	10 " Ecault	9-9-18	" " " " "
A322	Discharged	12-9-18	" " " " "
A375	4 Can C.C.S	10-11-18	GSW Raine R thigh
A379	24 Gen Etaples	17-11-18	" " " " "
B421	Queen Alex. Millbank	12-1-19	" " " " "

L. L. J. [illegible]03.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Hannah Collins

Address Straithroy Ont

Rate $~~15.00~~ 20.00 a.S.P 3-10-16 Sept 1. 1916 Cust 17-10-16 Can

By Whom Assigned Collins Frank Percival

Regtl. No. #802522

Rank L. Cpl

Corps 135th O.S. Batt. C.E.F.

20.00 Sept 1st 1916 a.S.P. 3-10-16 17-10-16 Cust

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 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2.

L. L. Job 4503. - Req. 6833.

Mrs. H Collins

PAYMENTS.

Name of Soldier Frank Percival Collins
L/Cpl

Month.	Year.	Cheque No.	Amt.	Remarks.
			20.00 a.s.p 3-10-16	17-10-16 wks.
April	1916			
May				
June				
July				
Aug.				
Sept.		Q 17745	15	
Oct.		Q 22330	15	Cancelled 20.00
Nov.		Q 26282	20	future 20.00
Dec.		Q 33448	20	L 32090 Cancelled
Jan.	1917	B 7359	20	
Feb.		R 40740	20	20 F.
March		U 44883	20	20 Ch
April		M 1519	20	20 W
May		P 6962	20	
June		F 13891	20	20. S
July		T 21165	20	B
Aug.		X 26955	20	B
Sept.		W 36394	20	Ch
Oct.		L H6936	20	
Nov.		W 52762	20	
Dec.		M 5-55-61	20	
Jan.	1918		320	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Collins Frank Percival 802522

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.
20.1.19	in CORD	T.O.S. from 19th Bn.	Pte Witley	12.1.19	0.0.16 (19 Bn Do. 6 23-1-19)
31.7.19	I CORD	~~Forf. 2 days pay~~ " "			-150
		is awd. ~~forf.~~ 2 days pay for AWL. ~~from~~ 11-7-19 to 13-7-19			
18.8.19		~~GENTRAL ONTARIO REGIMENT~~ Dvr to Canada ex 5th Can C. Hpl St. 509 M.D.1.	L'pool	8.8.19	CL B5]8 & I CORD Pte O 1641 d/ 22.8.19

ON HIS MAJESTY'S SERVICE.

NATIONAL ECONOMY. FASTEN Envelope by gumming this Label across Flap. OPEN by cutting Label instead of tearing Envelope.

R—122

A.G.R. Rank a/L-6pl. Name COLLINS, Frank Percival Reg'l No. 802522

Unit 135th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Strathroy, 30th Decr., 1915. Place of Birth Strathroy, Ontario

Name and Address, Next-of-Kin Mrs. Hannah Collins,

Strathroy, Ontario. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. N 31353
File R.L.
Category AN. MU

X 367

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		ARRIVED IN ENGLAND S.S.OLYMPIC 30-8-16			
7-9-16	O.C. 135	to be a/L-6pl from date of embarkation	Witley 6/p	22-8-16	P.W.D.O. #229
Oct. 14, 16	136th	transf'd to 134th Bn	WITLEY,	16-10-16	Pt. 2D. O. 236
18-10-16	134th	D.O.S. on transfer from 135th	Bramshott	15-10-16	Pt II D.O. #234.
18-5-17	— " —	Reverts to Pte. own Request	— " —	18-5-17	" " 138
23-5-17	— " —	S.O.S. to 19th Bn O/S	— " —	23-5-17	" " 143 + P.C. II - 42 19/18 6/17
2-9-18	19.	Wounded	In Field	27-8-18	G.L. a 308
7-11-18	"	app. a/Lance 6pl.	" "	14-9-18	P.C. 117
19-11-18	"	Wounded	" "	10-11-18	G.L. a 376
22-11-18	"	Relinquishes the rank of a/6pl.	"	21-11-18	P.C. 123

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.)	no
(*c*) Home service (Canada only),	(" C)	(~~Yes or No.~~)	NA
(*d*) Temporarily unfit.	(" D)	(Yes ~~or No.~~)	yes 16C
(*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.)

Old fracture right femur 6 Months Massage.

(*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.)

Patient be Invalided to Canada.

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.

No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

PLACE

W.H.Eby Capt. C.A.M.C. *President.*
E.N.Ballantyne Capt. C.A.M.C. } Members

DATE 5 JUL 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 ..... } Members

DATE .....

CERTIFIED TRUE COPY

APPROVED BY

Assistant Director of Medical Services.

DATE Captain, C.A.M.C.

for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS, LONDON AREA. JUL 7 1920

13, BERNERS ST. LONDON, W.1

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.

No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.

STATION ..... DATE 5-7-1919

1. 1 (*a*) Unit 19th Batt'n (*b*) Regimental No. 802522 (*c*) Rank Pte.

(*d*) Surname COLLINS (*e*) Christian name FRANK

(*f*) Home address Strathroy Ontario Can.

(*g*) Next of Kin Mrs. W.E.Collins (*h*) Relationship Mother

(*i*) Address of Next of Kin Strathroy Ontario, Canada.

2. Age last birthday 25 Date of birth 24th June 1894

3. Enlistment, or Appointment (if an Officer) (*a*) Place Strathroy, Ont. (*b*) Date 30-12-1915

4. Personal description:

(*a*) Height 5' 11" (*b*) Weight 160 lbs (Est.) (stripped) (*c*) Complexion Fair.

(*d*) Colour of hair Red. (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc. 1 (One) Vaccination Scar left arm. & (Two) Ext and Int Rt. femur incision scars

5. Former trade or occupation Tinsmith.

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

STATEMENT.	Periods From	Periods To
Canada	30-12-15	18-8-16
England 18-8-16 to 24-5-17	12-1-19	
France or other theatres of War	24-5-17	12-1-1919

7. Original disease, or injury FLESH WOUNDS RT. THIGH WITH FRAC. FEMUR

(*a*) Date of origin 10-11-18 (*b*) Place of origin France

(*c*) Cause G.S.W.

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

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

(OLD FRACTURE OF RIGHT FEMUR) with marked weakness of limb.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE :- There is a G.S.W. healed on Int. and Ext. surfaces of Rt. thigh on middle third. Femur has been fractured about the junction of upper and middle third. United with poor position. Upper fragment displaced out. Callus can be felt. Walks lame. ¾" shortening. Limitation of motion of knee from splints.

SUBJECTIVE :- Complains of weakness of leg and stiffness of knee.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

F.M.C. shows that he was wounded in France and taken to No. 6 C.F.A. on 10-11-18 with G.S.W. hand R. and thigh Rt. and admitted to 4 C.C.S. on 10-11818 with T&T wound Rt. thigh Fr. Femur upper part. Wd. excised Flavine pack Transferred 26 Gen. Hosp. on 17-11-18 X-Ray shows persistent flexion of upper fragment. M.H.S shows that he was admitted to Queen Alexandra Hosp. 12-1-19 and to Edmonton Mil. Hosp. on 27-1-19 and transferred to Orpington 11-6-19

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*).)

M.H.S shows that Rt. Hand was wounded 10-11-18 healed No disability.

F.M.C. shows that Lt. was hit 10-11-18 Flesh No disability.

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

Described 9a

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a&b No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? six Months.

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

Splints. Dressings. Massage.

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

Yes Massage Six Months.

16. Can the former trade or occupation be resumed? Yes in 6 Months.
(If not, briefly state why)

17. Recommendations I.T.C.

A R Shore Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned F. Collins have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

wte

F. P. Collins Pte Rank.
Signature of invalid examined.

1 D-30-C 2350

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 802522 | RANK Pte | NAME (IN FULL) COLLINS Frank P. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 19 Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Strathroy Ont | DATE | AUTHORITY

DATE OF ATTESTATION 30/12/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20 | DATE EFFECTIVE 31-8-19

PAYABLE TO Mrs Hannah Collins | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Strathroy Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE | EFFECTIVE

DISCHARGED PLACE LONDON, ONT. DATE 28-10-19 REASON Demob M.M. 20301 AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND P.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 2 DATE	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	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	31/7/19								70 15				193732	4	87	5		50		20				38	50			118	37	48	22	12	46	Trfd Dept 1-8-19 5 00
	1-8-19	31	110	34	10	12			46 10																					2	12			Subs 1.19 6-2-19 2 34
	31-8-19										504474		505914							500726													
	1-9-19	30	110	33	00				33 00						10			15		20									45	00	14	12		
	30-9-19										509177									509435													
	28-10-19	28	110	30	80	35	00		65 80				565787	5	00			35	00	20									60	00	8	32			35 00 Coalite
																																	UK Mortuary
30-10-19																																	
	1/11/19	183 days	WSG 420 00						420 00		506271				70													70		350	00			1/2 pay WSG
																					8	32							341	68			Dr Bal on discharge
															61	68													280	-			18/11/19 118 29 18
															70	00													210	00			DEC 1 1919 1186695
															70	00													140	00			DEC 30 1919 1191299
															70														70				JAN 31 1920 1194092
															70																		FEB 26 1920 1195421
			420						420						41	68					8	32						420					

—WAR SERVICE GRATUITY—

Soldiers Gratuity Capt

M. F. W. 2/96.
1772-19-1390.

P. 559.
MARRIED OR SINGLE S

PLACE OF BIRTH Strathroy. Canada

NAME AND ADDRESS OF NEXT OF KIN Mrs Hannah Collins
Strathroy. Canada

RELATIONSHIP OF NEXT OF KIN Mother

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
Reverts to Ranks	18/5/17	B.O.138. 18/6/17

ADMISSIONS TO HOSPITAL. &c

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

Pte

REG'L. NO. 802522 RANK ~~A. Corpl~~ NAME Collins. Frank Percival

IF IN PERMT. CORPS / WHAT UNIT — UNIT 135 Bn. TRANSFERRED TO 134 B^n. DATE 15-10-16 AUTHORITY B.B.266/1

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 19th. Bn DATE 21-6-17 AUTHORITY 20.1143 23/5/17

PLACE OF ATTESTATION Strathroy. Canada — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 30-12-15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $~~75~~ 20.00 DATE EFFECTIVE

PAYABLE TO Mrs. Hannah. Collins Strathroy. Canada RELATIONSHIP Mother

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)

66

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
Aug 31														42 10	42 10				87 30/9/16																Bal. from Canada
Sept 30	30	1 05	31	50	30	.10	3								34 50	5	5/9/16	46	15/9/16					26 76	4 86			20		56 49	20 11				
Oct 14	14	1 05	14	70	14	.10	1	40							16 10	129	14/10/16							4 86				20		24 86	11 35				
Oct.	17	1 05	17	85	17	.10	1	70							19 55			245	29/10/16						9 73					9 73	21 17				
Nov.	30	1 05	31	50	30	.10	3	00							34 50	296	13/11/16	380	28/11/16					9 74	14 60			20 00		44 34	11 33				
Dec.	31	1 05	32	55	31	.10	3	10							35 65	475	15/12/16	517	30/12/16					9 73	9 73			20 00		39 46	7 52				
1917 Jan	31	1 05	32	55	31	.10	3	10							35 65	598	11/1/17	652	30/1/17					9 73	9 73			20 00		39 46	3 71				
Feb.	28	1 05	15 / 32	30 / 20											32 20	705	24/1/17	758	27/2/17					7 30	4 87			20 00		32 17	3 74				
Mch.	31	1 05/10	35	65											35 65			grat.	26/2/17						7 30 / 4 87			20		32 16	7 23				
Apl. 1-30	30	1 05/10	34	50											34 50			832	14-3-17									20		20	21 73				
May 1-7	17	1 05/10	19	55											34 95	117	26/4/17							7 30				20	57	35 17	21 51				O.4005. 666. 26/3/17.
18-31	~~34~~ 14	1 05/10	15	40												53	16/4/17							7 30										
June 1-10	20	1 05/10	22												22	216	23/5/17							4 87				20		32 17	11 34				Trf to 19th Bn eff 21/6/17 P.O. 1143 23/5/17
11-20	10		11												11	170	14/6/17							7 30							22 34				
			346	25										42 10	388 35									94 89	70 55			200	57	366 01					

802522 Pte Collins Frank Percival

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																		
Bro Fwd			346	25										42 10	388 35								9489	70 55			200	57	366 01	22 34				
July 1-31	31	1/10	34	10											34 10	427	29 6	508	10 7				268	268			20		2536	31 08				
Aug	31		34	10											34 10	330	13/6						268				20		2268	42 50				
Sept 1-30	30		33												33	678 539 796	11/6 23/7 24/8	846	4/9	2340 ~~440~~	3/6	268 268 268	267	4461		20		3517	40 83				
			447	45										42 10	489 55								10829	7590	446		260	57	449 22					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.
		~~40 33~~							40 33		
Oct	Pay	34 10		Canad			20				
				1918 888 1/9	268				51 75		
		34 10			268		20				
Nov.	P Pay.	33.		Canad			20				
				1918 1011 11/10	446						
				903 29/9	268						
				1080 2/10	357						
				1136 14/11	446						
Dec. 1918	P Pay	34 10		Canad			20		63 68		
		67 10			15 17		40				
Jan.				1197 26/11	3 57						
				1351 24/12	446						
				1355 24/12	892						
	P Pay	34 10		Canad			20				
				1384 30/12	357				57 26		
		34 10			20 92		20				
Feb	P Pay	30 80		Canad			20				
				CR 8403 31/1	24 83						
				1507 13/1	446						
				CR 87508 4/2.	4 87.						
				87365 4/2	1460						
				3108 27/1	24 83						
				1588 29/1	5 35						
				1705 13/2	446				14 34		N
		30 80			82 40		20				
March	Pay	34 10		Canad			20		24		
		34 10					20				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/6 ~~1/6~~ 1/7/18 A.F.W.N. 20/9/18	EFFECTIVE DATE:-	
AMOUNT:-	~~$ 30.00 48.00~~ 20.00 A.F.W.N. 20/9/18	AMOUNT:-	

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 Hannah Collins (Mother)~~
~~Strathroy, Ont.~~

Stopped 1/8/19

NAME:- COLLINS, Frank Percival

NUMBER:- 802522

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
B.O. 117, 19 Bn. 7/11/18	14/9/18	Appt'd A/L/Cpl.
B.O. 123 ✓ 22/11/18	8/11/18	Reverts to Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 135th Bn

DATE ACCOUNT FIRST OPENED:- 1/6

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			19th Bn

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
7.7.19	6757	Pte.	~~28 67~~			4861	118 82
						20 Bde 61 Bat	70 15

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
as above.	1.00	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Rtd to Can 1/8/19 Auth. O'ton A176, 7/7/19, 16 CCH.

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Bal Fwd									24	
Apr	P. Pay	33 -		Canad				20 -			
				NDChq 17/1/18 - 6/4/18 Bo 28 - 17/4/18		26 40					
				183 - 18/4/18 - 2 Bds	4 46						
				216 - 11 7/18 - NDCCRC	3 57				21 67		
May	P. Pay	33 34 10		Canad	8 03	26 40		20 20			
				224 - 9 5/18 - NDCCRC	4 46				12 03		
June	P. Pay	34 10 33		Can - AP	4 46			20 15			
				AR. 599 3/6 2 Bn. 66R6	4 46						
				CR 68 11 5/6 10 Army Musk Camp	3 57						
				311 23/6 18 Bn	3 57				5 63		7.
July	P. Pay	33 34 10		Can AP	11 60			15 20			
				AR 459 6/7 19 Bn	4 46						
				588 20/7	3 57				44		
		34 10			8 03			20			
Aug	P.P.	34 10		Can. A.P.				20			
				AR 792 7/8 19 Bn	3 57						
				" 889 18/8 "	3 57				7 40		
		34 10			7 14			20			
Sept	P.P.	33 -		Can.				20			
				1920 18/9 6 I.B.D.	7 14						
				1182 25/9 19 Bn.	3 57				9 69		
		33			10 71			20	9 69		
Oct.	✓	34 10		C.A. Pay				20			
				AR 1431 - 23/10/18 - 19 Bn.	3 73						
				AR 1732 - 29/10/18 - ✓	3 73				16 33		
		34 10			7 46			20			
				Forward.							

COMPILED BY John Doyle
CHECKED BY [illegible]

NUMBER 807522 RANK P/TE NAME Collins F.P.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								16 33 ✓		
Nov.	4 Cr. Pte Pay 14/9/18 to 31/10/18 = 48 days @ 5¢	2 40		C.A.P. Nov Dec & Jan				60			
✓	L/Cpl. Pay - 7 days	8 05									
✓	Pte. Pay - 23 days	25 30									
	✓ Dec & Jan	67 10							59 18		
		~~35 75~~ CRH									
		102 85			— —			60 -			
Feb & Mar	✓	64 90		C A P				40 ✓	84 08		
April	✓	64 90 67 10		H.K. 78369.	9 73			40			
				C.A.P.				40	101 45		
		67 10			9 73			40			
June & July.	P. Pay	67 10		A.R. 5677-18/6-16 C.G.H.	9 73						
				C.A.Pay, June & July	9 73			40	118 82		
		67 10			9 73			40			
				C.R. 6/5/19. 7/7/19. Captain	48 67				70 15		
		—			48 67						
July				Tot. 10 dys pay 16.7.19 on L 21.00 7/7/19 till 21.00 13/7/19 (total 12 dys)		13 20			56 95		
		— —		20150 - 1 Lock 31.7.19 End on LPC	— —	13 20					

SOS to Lon. (SL 509 8/8/19)

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.

AGREE S.

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.) No.
(c) Home service (Canada only), (" C) (Yes or No.) Yes.
(d) Temporarily unfit. (Yes or No.)
(e) Unfit for service in Categories A, B and C (" D) (Yes or No.) No
(" 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.)

Is fit for Special Duty in Canada.

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.

A. Ryerson Capt. President.
G.E. Clement Capt. C.A.M.C.
PLACE London, Ont., Members
DATE 22- 10- 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
D J McCarthy Major. C.A.M.C
Assistant Director of Medical Services.
DATE 23- 10- 1919.

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 London, Ont. DATE 22- 10- 19.

1. 1 (a) Unit No. 1. D.D. (b) Regimental No. 802522. (c) Rank Pte.
(d) Surname C O L L I N S. (e) Christian name Frank.
(f) Home address Strathroy, Ont.
(g) Next of Kin Mrs. W.E. Collins. (h) Relationship Mother.
(i) Address of Next of Kin Strathroy, Ont.

2. Age last birthday 25 Date of birth 24- 6- 94.

3. Enlistment, or Appointment (if an Officer) (a) Place Strathroy. (b) Date 30-12-15.

4. Personal description:
(a) Height 5'6" 9½" (b) Weight 152 (stripped) (c) Complexion Fair.
(d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. ONE Vaccination scar left arm. Two incision scars, Internal and External result of Fracture femur.

5. Former trade or occupation Tinsmith.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days	Periods From	Periods To
Canada			30- 12- 15. 9- 8- 19	21- 8- 16. 22- 10- 19
England			8- 1- 19. 21- 8- 16	9- 8- 19 24- 5- 17.
France or other theatres of War			24- 5- 17	8- 1- 19.

7. Original disease, or injury Fracture right femur.

(a) Date of origin 10- 11- 18. (b) Place of origin FRANCE
(c) Cause Gun shot wound.

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

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

Partial loss of function right thigh due to fracture Femur with shortening.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE:- Presentsan angular deformity of Femur with apex external. Good union about one inch shortening. Fitted with Orthopeadi boot boot to accommodate for shortening. Scar 4" long on external surface of Femur in middle 1/3 healed non tender non-adherent. Scar 5" long on internal surface of thigh in junction of upper and middle third non adherent non tender. Right knee limited in flexion from 180° to 95° all other joints normal.

SUBJECTIVE:- Complains of slight weakness after walking one mile.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System Yes. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems Yes. Any other general condition No.

As in 9.

Gonorrhoea. Feb. 1918.

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

Soldier states he was wounded in FRANCE 10- 11- 18. with resulting fracture of right Femur, also Gun shot wound of back of right hand, but no disability due to hand injury. Leg wound was packed and shipped to 26 General Hospital on 17-11-18 where leg was set, Result very good slight deformity with about one inch shortening.

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*).)

Gonorrhoea. Feb. 1918. Cured.

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

Small scar right arm due to shrapnel. Scar 2½" over 3rd. and 4th. metcarpal bones of right hand.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? Permanent.

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

Ordinary treatment for fracture.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations Fit for special duty CANADA.

C. Lawrence Major.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned F. Collins. have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

F. P. Collins Rank.
Signature of invalid examined.

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

War Service Badge Class A No. 263977 Issued

10-8-32

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 802522

2 Rank. PRIVATE

3. Name. COLLINS, Frank Percival.

4. Unit. 135th, BATTALION, C.O.M.F.

5 Date of Discharge OCT 28 1919 Place LONDON, ONT.

6 Reason for Discharge

ON DEMOBILIZATION Medically unfit for general service

7. Authority. R. O. 1894 DO #391 dd. 28.10.19

8. Proposed Residence after Discharge

STRATHROY, ONT.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39.

F P Collins

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON, ONT.

Date 28th, OCTOBER 1919.

Signature J. E. Leach Lieut

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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