

ORIGINAL ^{mc} 6 57
ATTESTATION PAPER.

No. 697
435697
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS).

1. What is your name?..... *Frank Dana*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Bedford Eng.*
 3. What is the name of your next-of-kin?..... ~~*Estle G. Mason*~~
 4. What is the address of your next-of-kin?..... ~~*50th Bldg Calgary*~~
 5. What is the date of your birth?..... *June 27. 1887*
 6. What is your Trade or Calling?..... *Wrencher*
 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*
- Frank Dana*..... (Signature of Man).
N. D. Ritchie..... (Signature of Witness).

x Mr. J. G. Stammers (Commandant) / Bedford, Eng.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frank Dana*, 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.

Frank Dana..... (Signature of Recruit)
Date *Sept 13* 191*5* - *N. D. Ritchie*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frank Dana*, 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 Dana..... (Signature of Recruit)
Date *Sept 13* 191*5* - *N. D. Ritchie*..... (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 *Calgary* this *13* day of *Sept* 191*5*.
J. G. Stammers..... (Signature of Justice)

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

J. G. Stammers..... (Approving Officer)

Description of Frank Dana on Enlistment.

Apparent Age 27 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 ins.

Complexion fair

Eyes blue

Hair fair

Religious denominations { Church of England.....
 Presbyterian.....
 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.)

*Scars right thigh
 scars right & left legs
 scar left groin.*

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 Sept 13th 1915

Place Calgary Alberta

W. S. 50th St. B. E. F.
 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.

F. Dana 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.

W. S. 50th St. B. E. F. (Signature of Officer)

Date OCT 13 1915 1915

..... Lt.-Col.
 Commanding 50th Battalion C.O.

REGIMENTAL DOCUMENTS

NAME DANA FRANK, Pte REGT. NO. 435697 UNIT 50th Bn H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

- 1 INVESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 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)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 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)
- 1 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)
- Misc
- MFW 192
- 34 Cas cards
- 1 RIR
- 1 HSA

Ind 1-4-19

[Large blue scribble]

R27-1-20

01792

Key 1/10
R 9/2/10

DEATH

Category

DISCHARGE

Category

Med unfit

DESERTION

H

3-28
14-28
32-28
4

No. 435697 RANK *Oto.*

NAME *Dano, J.*

T. O. S. *13-9-15*

UNIT

50th Battalion, C. O. C. F.

S.O. 257 of 9-9-15.

M. D. *18.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i> <i>Sept. 13</i>	<i>1915</i> <i>Sept. 30</i>	<i>x.</i>		
<i>Oto.</i>		<i>✓</i>		

UNIT SAILED
OCT 27 1915



NAME

RANK AND CORPS

CABLE

NO. 20-8.

DATE 10-11-18.

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No 649

FOLLOWS

NO.

FOLLOWS

M. F. W. 42-100M.-28-11-17.

H. Q. 1772-39-893.

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

Dana Frank

Ste. 50th En.

C.

Adm. C. C. C. S. Nov. 1st 1918.
L. W. Head.

435697

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A366 ^①	6 Cas Gg stat	1-11-18	SW Head
B373 ^②	16 Con Gp Drington	14-11-18	SW Head
B413 ^①	5 Con Gp Kirkdale	4-1-19	SW Head
Bfd	invalided to Canada	13-1-19	...

Name **DANA, Frank**
Rank **Pte.**

Reg. No **435694**

Unit **50th Batta**

Next of Kin **Mrs. Gerald Harrison Belleour Woolton under
- Edge. Glouc. Duff**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
15-9-	11 Gen. Field Ambulance		V.D.C.	A16		3283
17-9-	51 Gen. Hos. Stables		do	A18		HA 14145
11-10-	Discharged to Base Dils		do	A41		HA 15055/8

R.M. 28/12/17
H. H. 1-18

Name

Dana

Frank
Rank

Pte.

Reg. No. 435697

Unit

50th B. N.F.

Next of Kin

Mrs Gerald Harrison Bellvue
~~Waltham-under-Edge Stn.~~

Date

HOMELANDS
Movement

NEW BARN RD.

Place

Casualty

List
No.Notified
N/K/O.

W.O. List

1918.

SEAFORD. SUSSEX.

1-11

666 Stn.

5th Head.

A3815

H

39106

14-11

16 Can & H Dispensary

Kirkdale

B3873

H

11200

4-1-19

5 Can Gen Hosp

Kirkdale

B413

H

4368

13-1-19

Invalided to Canada

B3424

H

6328

Name DANA, Frank Rank Pte.

Reg. No. 435697

Unit 50th. Battn.

*Also Notifying Col. E. G. Mason, Naughton
Riphook, Hants.*Next of Kin Mrs Gerald Harrison, Bellevue, Wootton under
Edge, Gloucestershire,

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
16-2.	No. 20 Gen. H ^O sp.	Dannes Camiers	GSW. Chest'Slt)	A152	09380	24-2 26-2
21-2.	No 6 Con. Depot.	Etaples.	----do-----	A156.		
23-2.	Base Details.	Etaples.	(do)	A157.		
21-3	Rejoined Unit		(do)	A184		

NAME

Dana Frank

REGT'L No

435697

RANK AND CORPS

Pfc

50th Battn

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

09380

24-2-17

C
Adm No 22 Gen. Hosp. Feb. 16th 1917
C.S.W. chest ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 152	# 20 Gen. Dannesbarger	16-2-17	G.S.W. chest slt.
A 156	# 6 Conv. Depot Etaples	21-2-17	" " " Pt. chest
A 157	Base Details Etaples	23-2-17	G.S.W. chest slt.
A 184	Reg. unit	21-3-17	" " " "
A 16-1	No 11 Cant Field Armb.	15-9-17	V.D.Y.
A 18(1)	No 51 Gen. Etaples	17-9-17	V.D.Y. (Alberta Reg.)
A. 41.	Disch to Base Det. Etaples	11-10-17	" " "

1/11529

2/137

REG. NO. 435697 NAME Rana, J. (SURNAME FIRST)

RANK Private CORPS 50th Br. 39

AGE 28 31 SERVICE 6 3/12 4 12/6 7 2 2/12

NAME OF HOSPITAL Sarcu Camp PLACE

DATE OF ADMISSION Oct 14-15

DISEASE La. Grippe (had 2nd skull of skull)

DISCHARGE Oct 15 15

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

Over

REMARKS

Admitted Ogden Military Academy

14-2-19.

Disch 5-3-19.

C/

13/ CARD NO.

SURNAME. *Dana. m.m. 2.9. #31430/3-7-19*

CHRISTIAN NAMES *Frank.*

S.O.S. No. 10-2-19.
FOLL. *Regd.*
Auth: *D.O. 69 of 6 P.*
15 13-19

REGL. NO. *H35697* RANK *Pte*

UNIT *50th.* *Batt.*

FORMER CORPS *Rail.*

Also Notify

~~NEXT OF KIN.~~

Index Noted
CHANGE OF ADDRESS

NAMES IN FULL *Mason Col. E. G.*

Mrs. T. F. Harrison
Honlands

RELATIONSHIP TO SOLDIER

ADDRESS: *50th. Bn. England*
(C.P.R. 00164, 26-2-17)

New Barn Rd
Seaford, Sussex
54-21-35-1 21-11-15.

COUNTRY OF BIRTH *England. Bedford.*

DATE

PLACE OF ATTESTATION *Calgary. Alta*

DATE

13/9/15

Sailed from Halifax Per. S.S. "Orduna" 27-10-15
7/1. 27-10-15 25 2/7
RIC 26-1-19 25 2/7 Pte.

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

Number 435697

Rank

Surname

DANA

Christian Name

Frank

Units

50th 154 C. Inf.

Theatre of War

France

Date of Service

10/18/16

Remarks

Latest Address

~~Millerville~~

Donnelly, Alta.

Roll No.

200m.-2-21.M.

Page 21281

* DUE TO SERVICE
* NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

IT

IN CATEGORY

INVALID

*Rec ack 15 1/23
bx 5873*

DESP. APR 11 1923
REG. NO. 6110

WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

REGT. NO. 435697 RANK Plt NAME DANA, FRANK

UNIT 50th Bn AGE 31 SERIAL NO. IN A. AND D. BOOK 500

TOTAL SERVICE WHERE AND HOW LONG C 3/12 C 12/12 F 2 2/12 DATE AND PLACE OF ORIGIN 1/11/18 Denver

DISEASE OR INJURY gpm head front skull *DUE TO SERVICE
*NOT DUE TO SERVICE

OPERATIONS.....

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION 14-2-19

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CATEGORY

DATE OF DISCHARGE AS AN INVALID 5-3-19 Discharged to A 13

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDANT CONDITIONS DIAGNOSED

Next of Kin Mr. G. Harrison
M. F. W. 142.

OGDEN M. C. H. - M. D. '18
* CROSS OUT CONDITION NOT APPLICABLE.

1772-39-171.
100M-6-18.

Bellvue Wooten - Under Edge 600 England (OVER)

REMARKS:

Wounded, sharpnel complaints of wound
sensitive to cold and blowing of vision right eye
Taken to USMC these tentacles when flb was removed
and decompression done. Now small triangular
opening, long since healed in frontal region
right side. No history of any disease, wound
healed quickly. awaiting report of specialist

LOCAL CARD


*Name DANNA Frank. Rank Pte. Regtl. No. 435697
 Fyle Depot 8234
 Original unit 50. Present unit 50th. Bn. M. or S. S Age 30 Religion C of E Ref. H.Q.
 Port, ship, and date of arrival Halifax. Essequibo 27-1-19.
 Next of kin Mrs. G. Harrison. Cousin. Belleview. Wooton. Underhedge. Glos. Eng.
 Address on leave Millerville. Alta.
 Address on discharge Millerville, Alta.
 Transportation issued Yes No Date Character on discharge
 Previous occupation Rancher. Date and place of enlistment 13-7-15.
Defective Vision in right eye. Date of Medical Boards
 Diagnosis Headaches. 20-2-19.

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
26-1-19.	Posted to Hos. Sec. Edmonton. 1-2-19. Granted leave with sub to 14-2-19.	38 38
14-2-19.	Trans. from Edmon. M.H. to Ogden M.H.	46
14-2-19.	Admitted to Ogden M.H.	48

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

Date.

Remarks.

Pt.  rder No.

4-3-19.

Trans. to Casualty Co. Calgary.

HSO.

63 D66

10-3-19

Discharged from H.M. Service

69

Surname **Dana** Christian Name or Names **F.** Reg. No. **435697**
Rank **Pte** Unit **(Actg. Reg) 50th Bn** Co. Troop Batty.

Hospital **20 Gen. Dannes Camiers** Date of Admission **16-2-17**

Transferred **no 6 Genval Etaples** Hosp. **21. 2. 17**
11 Cam Stee Amb Hosp. **15. 9. 17.**
51. Gen Etaples Hosp. **17. 9. 17.**
6 C.C.S. Hosp. **1-11-18**

Diagnosis **G.S.W. Chest**

(1) Later Diagnosis (if changed) **r.s.g. ft**
(2) **SW. Head**
(3) **Rev.**

Additional Diagnosis: if more than one state present

DISPOSITION

C.L.26-2-17 A152

Date
Bare det. Etaples 23. 2. 17
Rejoined Unit 21. 3. 17

REMARKS

Dis Bas Details Etaples 11.10.17

2. 3. 17 A156
3. 3. 17 A157
4. 4. 17 A184
21. 9. 17 A16-1.
24. 9. 17 218.
20. 10. 17 21410

Invalided to Canada
13. 1. 19. 2

9-11-18 A366
18-11-18 B373/3.
7. 1. 19 B413/1.
14-1-19 B422/2.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- | | | |
|----|-----------------------|----------|
| 1. | 16. Can Gen O'pington | 14-11-18 |
| 2. | 5 Can Gen L'posl. | 4-1-19 |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

FIELD MEDICAL CARD.

A.T. Serum
Dose and date

1st

300 units
1/1/18

2nd

750 units 11/1/18

FIELD AMBULANCE NOTES.

Morphia
Dose and time

Date of wound or
onset of illness

1-11-18

Religion

C. O.

No. *435697* Rank *Pte*

Name *DANA F.*

Unit

50th Gen Bn 1089 BMA

Battle Casualty ~~Accidentally Wounded~~ "Sick"

(Strike out description which does not apply)

No. of F.A.

NO 13 CANADIAN FIELD AMBULANCE

Date of admission

F.A. diagnosis

Wk 15
Sh head
W Lawlor

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)

Foot Shell

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.

MCA 10.30.18

No. of C.C.S. 20

Date of entry 1-11-18

No. of Hospital 205-A

Date of entry 10/4/18

mod. wound near forehead.

S.W. Rt. upper frontal region:
Depressed fracture. Skull trephined
Fragment of bone removed. Dura
penetrated - F.B. removed. wound
cleansed. Scalp sutured

Watani

J. P. Pella
Capt. C.M.S.

T. 100.

Wound: clean & healed
Sux. removed

Fit for Evac. B.
J. P. Pella
Capt.

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

Orpington, Kent. Date

17/11/18

Regt. No. 435697 Rank ste

Name Dana F

SPECIALISTS REPORT.

Complaint: continuous post occipital headaches,
 R.V. 6 = 6 with +5.00DS, L.V. 6 = 6 with +5.00DS
 Visual fields moderately contracted. Color fields
 extensively contracted - down as low as 10° for red/green
 in right and 20° for red and 10° for green - left.
 Ophthalmoscope shows media clear; the blood-
 vessels of fundi look rather full, and margins
 of disc very slightly blurred, with very deep physiological
 cupping in each eye

J. Deckerland
 CAPT. C.A.M.S.

Disposal advised _____

Officer i/c 442 Dept. _____

INVESTIGATION OF THE
RECORDS OF THE
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

STENOGRAPHER

George H. ...

16th B. G. Hospital.

(In pads of 50.)

Ward 33.

No. of Bed 33

Date 18-11-18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
435694.	Mc Dana. F.	50 th Canadians	Head - frontal

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Blk 10 Div 4

Rec: Valenciennes
21/10/18

Ref: 2nd Carriers

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

X
No. of Plate RH/219 8 1/2 x 6 in P.A

Excision of Skull 2 1/2" above
the upper border of the orbit
about 1" to the left of the
median line

Signature of M.O.

R.A. Howe

Signature of Radiographer

L. L. L. L.

Date

18-11-18

Date

Nov 19/18

Capt.



Agden M. C.

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date 11/2/19

Reg'tal No. 435697 Rank Pte Name Dana Frank Unit 508n

Bed Ward

Injury or disease Spur head Part affected Head

Treatment or Exam Rodiograph

Report Loss of bone the size of a silver 1/2 dollar - Right vault 9 in line to the fronto parietal suture.

to note extent of the injury head

W. H. C. W. H. C.

M. F. W. 2509.

50M.-4-18. 1772-39-1276.

Signed W. H. C. W. H. C. Capt. C. C. C.

1918

1919

Treatment of ...

...

...

INDICATION FOR TREATMENT OR EXAMINATION

Date

HOSPITAL

...

X

W

Rank **Pte.** Name **DANA. Frank** Reg'l No. **435697**

Unit **50th Bn.** If in perm. Corps, }
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Calgary, Sept 13th 1915.** Place of Birth **Bedford, England.**

Name and Address, Next-of-Kin **Col. E. G. Mason, ~~Mrs Gerald Harrison Bell~~**
50th Battalion, Calgary. ~~Wotton under Cliff~~ Relationship **Cousin**

Assigned Pay Monthly \$ Payable to **MRS. W.F. HARRISSON**

Separation Allowance \$ Relationship **HOMELANDS, NEW BARN RD.**
R.L. 299 d/4th SEAFORD, SUSSEX.

Discharge, Date and Place Reason Character

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				
C.		Arrived in England.	S. S. Orduna	6 NOV 1915	
22-9-16	50 th Bn.	EMARKED FOR FRANCE	B. Shott	10-8-16	a. & B. 103. ch ^d 19-8-16. R773 Pl 4 R. 0246
26-2-17	✓	Adm #20 Gen Hosp	Dannes Camiers	16-2-17	CL ^o 152 (Gsw Chest set)
2-3-17	✓	TRANS #6 Cow Depot.	Etaples	21-2-17	CL ^o 156 (✓)
3-3-17	✓	✓ ✓ Base Details	✓	23-2-17	CL ^o 157 (✓)
4-4-17	✓	Rejoined Unit	Field	21-3-17	CL ^o 184 (✓)
20-9-17	AP.	Adm #11 Cau Field Amb	✓	15-9-17	CL ^o 16 (VDG)
22-9-17	✓	TRANS #57 Gen Hosp	Etaples	17-9-17	CL ^o 18 (L)
19-10-17	✓ (SB)	Trisch to Base Details	✓	11-10-17	CL ^o 41 (L)
12-8-18	50 th Bn.	franked / franked Badge	Field	18-9-17	CM 20. 42

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				
9-11-18	W.D.	Wounded	Off Field	11-18	CG 1366 O.C.
21.11.18	A.R.D.	Y.O.S. from 50th Bn	Bohett	14.11.18	A. 296 50th Bn A. 136/29 th 18.
14.1.19	A.R.	Invalided to Canada		13.1.19	LB 422 4 A.R.D. A.D. 16 d/19-1-19
		M.M.			
5-8-19	50th Bn	Awarded Military Medal	Pr. Lon. Coy	31450	3/7/19 A. O. 2.

Rank **Pte.** Name **DANA, Frank** Reg'l No. **435697**
 Unit **50th Bn.** **If in perm. Corps, What Unit?** Married or Single **Single.**
 Place and Date of Enlistment **Calgary, Sept 13th 1915.** Place of Birth **Bedford, England.**
 Name and Address, Next-of-Kin **Col. E. G. Mason,** Relationship
50th Battalion, Calgary.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

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						
1/11/15	20/11/15	20	1 ⁰⁰	20	20	10	3 10	43			29 70			29 80	13 80	Clothing credit: \$10. ✓	
1/12/15	31/12/15	31	1 ⁰⁰	31	31	10	3 10	13 80			36 50			36 50	11 40		
1/1/16	31/1/16	31	1 ⁰⁰	31	31	10	3 10	11 40			19 47			19 47	26 03		
1/2/16	29/2/16	29	1 ⁰⁰	29	29	10	2 90	26 03			17 03			17 03	40 90		
1/3/16	31/3/16	31	1 ⁰⁰	31	31	10	3 10	40 90			29 20			29 20	45 80		
				152			15 20	10			133 60			131 40			

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) DANA, F
 REGIMENT 20th Bn RANK Pte No. 435697
 Date of Examination in England 7/1/19 Date of Examination in France _____

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.



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada No
- (b) In England Yes
- (c) In France Yes

Signature of Dental Officer [Handwritten Signature]

CERTIFIED CORRECT.

2 SEP. 1916

CAN. RECORDS, LONDON.

448 V6499/1535.—2,000,000—J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

AT 2234

Regiment or Corps 50th Battn C.B.F.

Regimental No. 435694 Rank Pte. Name Dana, Frank

Enlisted (a) Sept. 13/1915 Terms of Service (a) Duration of war Service reckons from (a) Sept. 13-1915

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

Extended _____ Re-engaged _____ Qualification (ii) Sniper Scout

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				

Embarked	<u>Canada</u>	<u>Halifax</u>	<u>27-10-15</u>	} <u>H.M.S. ordnance</u>
Arrived	<u>England</u>	<u>England</u>	<u>4-11-15</u>	

~~Proceeded overseas for service with 10th Bn. 10/6/16~~

Proceeded overseas for service Aug. 10 1916 gunnery Capt. Adj't for O.C. 50th Bn. Can. Inf.

15		Disembarked	France	Havre	11-8-16	N.R.
20-2-14	<u>ob. 50th</u>	<u>wounded.</u>		<u>Field</u>	<u>13-2-17</u>	<u>N. 1. 137</u>
16-2-14	<u>No. 20 Genl.</u>	<u>G.S.W. Chest. R.</u>	<u>Admn</u>	<u>do</u>	<u>16-2-14</u>	<u>W3034-236.</u>
14-2-14	<u>12th Bn. A.</u>	<u>G.S.W. R. Chest.</u>	<u>Admn</u>	<u>do</u>	<u>13-2-14</u>	<u>asb</u>
"	<u>do</u>	<u>do</u>	<u>To 6th C.B.S.</u>	<u>do</u>	<u>13-2-14</u>	<u>asb</u>
23-2-14	<u>No. 6 bon. sep</u>	<u>class "A"</u>	<u>Admn</u>	<u>do</u>	<u>23-2-14</u>	<u>W3034-239</u>
21-2-17	<u>do</u>	<u>G.S.W. Chest. R.</u>	<u>Admn</u>	<u>do</u>	<u>21-2-17</u>	<u>W3034-239</u>
21-2-14	<u>No. 20 Genl.</u>	<u>G.S.W. R. Chest.</u>	<u>To 6 bon. sep</u>	<u>do</u>	<u>21-2-17</u>	<u>W3034-240.</u>
24-2-14	<u>ob. 1st Bn.</u>	<u>"Taken on" class "A"</u>		<u>do</u>	<u>27-2-14</u>	<u>N.R.</u>
1-3-14	<u>do</u>	<u>Left to join 4th Ent. Bn.</u>		<u>do</u>	<u>23-14</u>	<u>N.R.</u>
18-2-14	<u>6th C.B.S.</u>	<u>G.S.W. Chest.</u>	<u>Admn</u>	<u>do</u>	<u>13-2-14</u>	<u>asb</u>
"	<u>do</u>	<u>do</u>	<u>To No 14 Trans</u>	<u>do</u>	<u>15-2-14</u>	<u>asb</u>
17-3-14	<u>4th Ent. Bn.</u>	<u>Joined 4th Ent. Bn.</u>		<u>do</u>	<u>16-3-14</u>	<u>N.R.</u>

(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.

435697 Pte Dana H.

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				
24.3.17	H. Butcher	left to join unit	Field	21-3-17	N.R.
24.3.17	O.B. 50th	Rejoined Unit	do	21-3-17	B213 obs. 144 dt. 21-3-17
11-8-17	-do	granted 10 days leave	do	8-8-17	B213 Pt II Do 11-8-17
25-8-17	do	Rejoined from leave	do	19-8-17	B213
16-9-17	no 116 FA.	Syphilis rem.	do	15-9-17	9006
17-9-17	no 57 Gen.	V.O.S. "m" arm	do	17-9-17	W 9111
22-9-17	obs 50th	Evac Sick	do	15-9-17	B213
1-10-17	46180	Taken on M.H.I.	do	12-10-17	NR106
11-10-17	no 57 Gen.	Defects Field allowance and placed under stoppage of pay at the rate of 50 cents per diem whilst in hospital from 18-9-17 to 11-10-17. 24 days	do	17-9-17	O.1643. NR 106 dt 16-10-17
11-10-17	57 Gen.	V.O.S. "m" To base	do	11-10-17	W 5877
28-11-17	60RS	joined 4th Div Wing	do	28-11-17	NR 49
5-12-17	460RS	To Unit	do	4-12-17	NR 55
8-12-17	Unit	- Rejoined Unit	do	5-12-17	B213
26-1-18	do	To 10th G.S.B (observer)	do	5-1-18	B213. aut. 4th G.D. A-11-249
18-7-18	40610th G.S.B.	Still attached	do	18-7-18	San Corps A-106-A-2-4 dt 26/18
3-8-18	Ob 50th	Granted Good Conduct Badge	do	13-9-17	KI 17-161 10th G.S.B. B.1-202
2-11-18	136 FA.	S.W. head - adm	do	1-11-18	A.1748.
2-11-18	6665	do - adm to 6 CCS	do	1-	
13-11-18	30 Genl	do - adm to England	England	1-11-18	A1730
9-11-18	Unit	Evac. Wd	Field	13-11-18	W2018
				1-11-18	B213

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 50th Battalion

Regimental No. H 35697 Rank pte. Name Diana, Frank
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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				
5-8-19	50 th Bn.	Awarded Military Medal. Auth. L. H. 314300/3-719			a-o-2 <i>[Signature]</i> Lieut. For 10/R.

1) 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.]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 435697 (Rank) Private

Name (in full) Frank DANA enlisted in

the Fiftieth (O) Battalion

CANADIAN EXPEDITIONARY FORCE at Calgary, Alberta on the Thirtieth

day of September 19 15

HE served in FRANCE

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

R.O. 1420 12-12-18.

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

Age 31 Years 8 Months

Height 5 Feet 9 Inches

Complexion Fair

Eyes Blue

Hair Fair

Frank Dana
Signature of Soldier

Marks or Scars

G.S.W. Right Chest

S.W. Head.

W. MacEwan
Issuing Officer

Rank

Officer i/c Discharge Section District Depot M. D. 13

Appointment

Date of Discharge March 10th. 1919

Signed at Calgary, Alberta this Tenth day of March 19 19

in Military District No. 13

File Reference No. 13D- D 234

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.

War Service Badge, Class B No 46282. Issued
WAR SERVICE BADGE CLASS " A " NO 68803 ISSUE

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

On demobilization the particulars called for on the back of this certificate will not be completed.

Sheet 2

Casualty Form—Active Service.

Regiment or Corps *50th Bn*

Rank *Pte.* Surname *Dana* Christian Name *Frank*

Religion Age on Elistment years months

Enlisted (a) *Sept 13-1915* Terms of Service (a) *D of W.* Service reckons from (a) *Sept 13-1915*

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		
<i>10-11-18</i>	<i>20 Gen'l</i>	<i>G.S.W. Head M.-Adm</i>	<i>Field</i>	<i>10-11-18</i>	<i>W1575</i>
<i>10-11-18</i>	<i>6665.</i>	<i>do</i>	<i>To 33 A.T.</i>	<i>10-11-18</i>	<i>A 2142</i>
<i>13-11-18</i>	<i>'Princess Elizabeth'</i>	<i>Invalided wounded (G.S.W. head) & posted to Alberta Regt Depot Bramshott</i>	<i>Bramshott</i>	<i>13-11-18</i>	<i>W3093/6513 D.O. 136 D/18</i>
		<i>J. Howson</i>	<i>Lieut. for Lt Col.</i>	<i>A. A. G.</i>	
			<i>Canadian Section, G. H. Q.</i>	<i>3rd. Ech</i>	
<i>21-11-18</i>	<i>Alta RD</i>	<i>from 50th Bn W</i>	<i>Bramshott</i>	<i>21-11-18</i>	<i>D.O. 296 10/18</i>
					<i>Lieut.</i>

(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. W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B.103 E/1555. **[P.T.O.]**

D 726

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 *Frank* 2. Surname *Danas*

3. Rank *Pte* 4. Original Unit *50th Bn* 5. Reg. No. *435697*

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

7. Date of enlistment in the C.E.F. *Sept 14 1915* *13 8/15* *Abemo*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*

9. Relationship of such dependent *no*

10. Address, in full, of such dependent *no*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*

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:
50th Bn from Sept 14th 1915 to Nov 1st 1918.

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? *no*

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *no*

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
50th Bn from Sept 14th 1915 - Nov 1st 1918. Can Post + France. Total length of service 3 yrs 6 months.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

S. 320

MAR 18 1919
MAR 18 1919

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, 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? *Class A + B.*
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? *no.*
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *March 10th 1919*
enfil. (b) Reason for discharge *Medically*
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 *no.*
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 *50th Bn*
from Aug 10th 1916 - Nov 1st 1918.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no.*
 (b) If so, are you in receipt of full pay and allowances from that Department? *no.*

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:

Place of Residence:

Declared before me at:

This *10th* day of *March* 19*19*

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

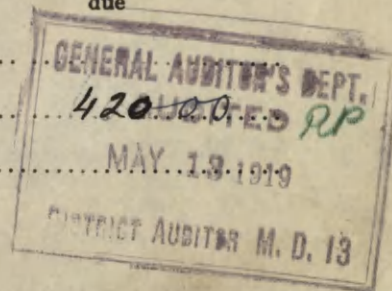
G. J. Beer
a Commissioner

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>gjk</i>	<i>Nil</i>		<i>42.00</i>	

Certified Correct.

E. Edwards
Capt
 District Paymaster.



DEMobilIZATION PAY DIVISION, M. D. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1183 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. ... 435697 ... Rank ... Pte. ... Name ... Dana, F. ...
(Surname first)
 Unit ... 50th ... who was* ... discharged ...
 On ... Mar. 10 ... 1919 ... to ...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-3-19 ... to 10-3- ... 1919
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		82
Regimental Pay ... <u>10</u> ... days at \$ <u>1.00</u> c.		10.00
Field Allowance ... <u>10</u> ... days at \$ <u>.10</u> c.		1.00
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. ... <u>B. 416</u>	46.82	
Total	46.82	46.82

*Give particulars.

A monthly stoppage of \$... (†) has ... (‡) been paid on account of
 Assigned Pay for the month of ... NIL ... 191 ... }
 and Separation Allee. for month of ... 191 ... } (to) Assignee ...
 (Address) ...
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$... has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment ... married or single ... Single ...
 (2) Separation Allowance, entitled or not ... no ... (3) Reason for discharge ...
 (4) Authority for discharge or transfer ... D.D. 13 ...

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date ... Mar. 7, 1919 ...

Place ... Calgary ...

[Signature]
 PAYMASTER—DEMobilIZATION PAY DIVISION, M. D. 13 Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
 (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

ORIGINAL.

MEDICAL HISTORY SHEET. 435697

Surname Dana Christian Name Frank

Examined { on 13 day of Sept 1915
at Caegay, Aeta
Birthplace { City or Town Beaford
County England

Approved by [Signature] **FEB 1916**
Rank Captain M.O.

Apparent age 27 year - 3 mos
Trade or occupation Rancher
Height 5 Feet 9 Inches.
Weight _____ Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>MK</u> 16 NOV 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left.
Number None
When Vaccinated last Never

Date	Result	VACCINATIONS.
<u>2/10/15</u>	<u>+</u>	<u>ablj</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Scar on right thigh
Scars right & left legs; Scar on left groin.
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/9/15</u>		<u>ablj</u> M.O.
<u>23/9/15</u>		<u>ablj</u> M.O.
<u>21-7-16 T.A.B</u>		<u>ablj</u> M.O.

Enlisted on 13 day of Sept 1915 at Caegay Aeta

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>50 Oseas</u>	<u>435697</u>		<u>Sept 13/1915</u>
Transferred to..	<u>Bil R.F</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
No. 10 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON, KENT.	30 NOV 1918	<u>G.S.W. Head</u>	<u>Residual</u> <u>[Signature]</u>
<u>Caegay</u>	<u>25-2-19</u>		<u>[Signature]</u> <u>Capt Capt</u>

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.

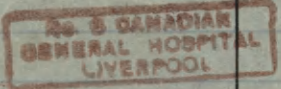
Frank

Christian Name

Dana

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No. 20. Gen. Hosp Dannes-Camiers.		16	2	17	21	2	17	G.S.W. Chest		A152	
No. 6. Conv. Depot. Etaples		21	2	17	23	2	17	"	Base Details Etaples	A156-157 CP.	
11 Can. Hd. Quarters.		15	9	17	17	9	17	V.S.G.		A 16. A 18	
5. G.H. Etaples		17	9	17	11	10	17		Bi & bn details	A 4	
No 16 Can. Gen. Hosp. Drington		12	1	18				G.S.W. Head.	at no 6 & C. D. skull trephined fragment of bone removed dura penetrated. A.B. removed extra dural abscess burst through the incision. Amputation now healed. Skin depressed over trephined area. Pulsation of brain can still be seen and felt. Complaints of continuous post occipital headaches. See specialist report re-eyes	J. F. Stanton Lt Col MC	
								do	2 to head healed	W.A. Redaugh Lt	
								do	complaints of burning on eye 2 to Canada unchanged	W.A. Redaugh Lt	



JAN 13 1919 JAN 25 1919

N. M. A. T. "ESSEQUIBO"

capsule.

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Bedford Eng.*

NAME AND ADDRESS OF NEXT OF KIN *Col. E. G. Mason.
50th Batt. Calgary.*

RELATIONSHIP OF NEXT OF KIN

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

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>18. 9. 17.</i>	<i>11-10-17</i>	<i>V</i>	<i>51 Gen. Hosp.</i>

REG'L No. *435694* RANK *Private* NAME *Dana Frank.*

IF IN PERM. CORPS | UNIT *50th Batt.* TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Calgary.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *13th September 1915.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO 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	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.																			
			<i>152</i>				<i>1520</i>							<i>10</i>	<i>177 20</i>										<i>131 40</i>		<i>45 80</i>				
<i>1-30/4/16</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>						<i>33</i>		<i>371 14/4/16 408 29/4/16</i>			<i>730</i>	<i>973</i>							<i>1703</i>	<i>61 77</i>					
<i>1-31/5/16</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>447 19/5/16 497 31/5/16</i>			<i>730</i>	<i>1217</i>		<i>62</i>	<i>2009</i>	<i>75 78</i>							<i>Issue on Repayment 7/581.</i>		
<i>1-30/6/16</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>						<i>33</i>		<i>529 15/6/16</i>				<i>730</i>						<i>730</i>	<i>101 48</i>						
<i>1-31/7/16</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>618 30/6/16 662 15/7/16</i>			<i>973</i>	<i>730</i>						<i>1703</i>	<i>118 55</i>						
<i>1-31/8/16</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>717 31/7/16</i>			<i>1217</i>							<i>1717</i>	<i>140 48</i>						
<i>1-30/9/16</i>	<i>30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>						<i>33</i>		<i>282 26/8/16 849 9/9/16</i>			<i>261</i>	<i>262</i>						<i>523</i>	<i>168 25</i>						
<i>1-31-10-16</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>1302 29/10/16 201 31/10/16</i>			<i>261</i>							<i>522</i>	<i>197 13</i>						
<i>1-30/11/16</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>						<i>33</i>		<i>266 20/11/16 334 7-11-16</i>			<i>262</i>	<i>262</i>						<i>524</i>	<i>224 89</i>	<i>165</i>	<i>59 89</i>				
<i>1-31/12/16</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>						<i>34 10</i>		<i>397 24-12-16 473 6-12-16</i>			<i>262</i>	<i>11 34</i>						<i>1396</i>	<i>245 03</i>	<i>180</i>	<i>65 03</i>				
<i>1917</i>			<i>4270</i>			<i>4270</i>																									
<i>1-31/1/17</i>	<i>31</i>	<i>1⁰⁰</i>	<i>34 10</i>									<i>34 10</i>		<i>537 29/1/16 500 no. 117</i>			<i>262</i>							<i>262</i>	<i>276 51</i>	<i>195</i>	<i>81</i>				
<i>Feb 78</i>			<i>7080</i>									<i>3080</i>		<i>669</i>				<i>262</i>							<i>578</i>	<i>307 08</i>					

* Strike out whichever inapplicable.

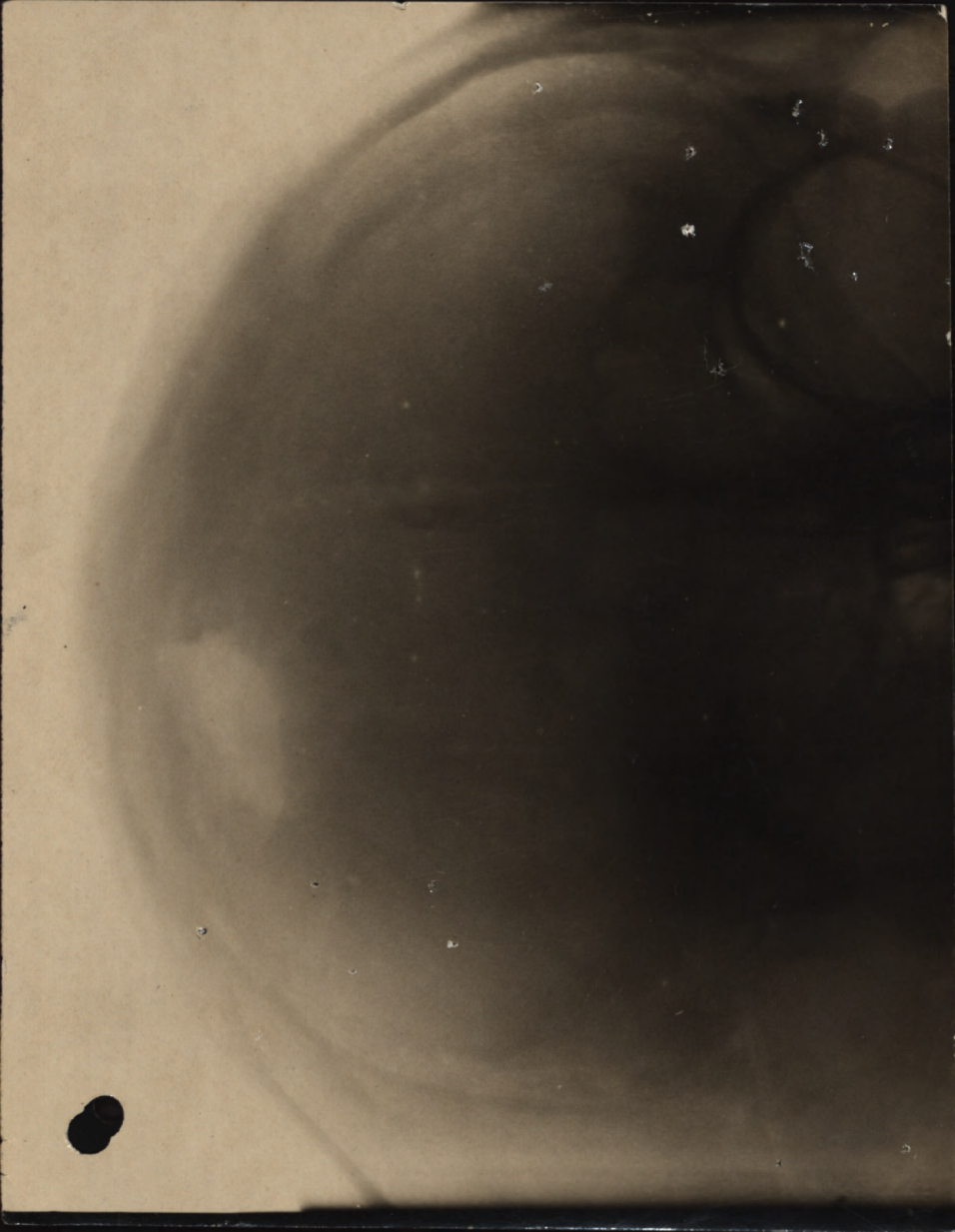
ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- DANA <i>Frank</i>				
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 435697				
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
						<i>Pte</i>		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:-	<i>50 Pm</i>			
				DATE ACCOUNT FIRST OPENED:-	<i>1/11/18</i>			
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO	
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	
<i>10/12/18</i>	<i>9021</i>	<i>Oxfordton</i>	<i>48 67</i>	<i>13/12/18 - 23/12/18</i>	<i>7</i>	<i>730</i>		
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis. from eff. 1/1/19. Oxfordton 17th 18 123. L.F.C. 669 39*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar</i>	<i>Balford</i>								<i>523 92</i>	<i>105</i>	
<i>Apr</i>	<i>Pte. Pay</i>	<i>33</i>		<i>AR 15. 54. 50th</i>	<i>3 57</i>				<i>548 89</i>	<i>420</i>	
		<i>33</i>		<i>" 118 2 1/4</i>	<i>4 46</i>						
		<i>33</i>			<i>8 03</i>						
<i>May</i>	<i>do</i>	<i>34 10</i>		<i>AR 242 2/5 50th</i>	<i>3 57</i>				<i>574 96</i>	<i>435</i>	
		<i>34 10</i>		<i>- 37 16/5</i>	<i>4 46</i>						
		<i>34 10</i>			<i>8 03</i>						
<i>JUN</i>	<i>do</i>	<i>33</i>		<i>AR 320 2/6 46 Bny</i>	<i>4 46</i>				<i>599 04</i>	<i>450</i>	
		<i>33</i>		<i>589 20/6 50th</i>	<i>4 46</i>						
		<i>33</i>			<i>8 92</i>						
<i>JUL 1918</i>	<i>do</i>	<i>34 10</i>		<i>714 1/3</i>	<i>3 57</i>				<i>625 11</i>	<i>205</i>	
		<i>34 10</i>		<i>859 15/7 10 1/3</i>	<i>4 46</i>						
		<i>34 10</i>			<i>8 03</i>						
<i>AUG 1918</i>	<i>do</i>	<i>34 10</i>		<i>CP. 23844. 16/8</i>	<i>9 33</i>				<i>558 31</i>	<i>490</i>	
		<i>34 10</i>		<i>AR. 647 15/8</i>	<i>3 57</i>						
		<i>34 10</i>			<i>100 90</i>						
<i>SEP</i>	<i>do</i>	<i>33</i>							<i>591 31</i>	<i>480</i>	
		<i>33</i>							<i>655 41</i>		
		<i>33</i>							<i>11 19</i>		
<i>OCT</i>	<i>✓</i>	<i>34 10</i>		<i>" 1687 8/10 10. C.I.B.</i>	<i>4 46</i>				<i>614 22</i>	<i>500</i>	<i>Approved</i>
		<i>34 10</i>		<i>" 1954 15/10</i>	<i>3 57</i>				<i>106 47</i>		
		<i>34 10</i>			<i>11 19</i>				<i>720 69</i>		
<i>NOV</i>		<i>33</i>		<i>AR 2212 20/11/18 #1605H</i>	<i>9 73</i>				<i>58 40</i>		
		<i>33</i>		<i>" 9021 14/11/18</i>	<i>48 67</i>						
		<i>33</i>			<i>58 40</i>						
<i>Dec</i>	<i>Int'on Safe pay</i>	<i>34 10</i>							<i>671 59</i>	<i>525</i>	
		<i>39 37</i>							<i>7096</i>		
		<i>106 47</i>							<i>662 29</i>		

ASRB # 45276

*Compiled by Wacklam -
Checked by: [Signature]*



Ward No. 33.

No. 16 Can Gen. (Ont.) Hospital.

Plate No. R L/219. P.A.

Date 18-11-18.

Name Dana F. Pte.

Regl. No. 435697.

Unit 50th Can. Bn.

Bde. 10th.

Div. 4th.

Part Head (Frontal Region.)

View Anterior.

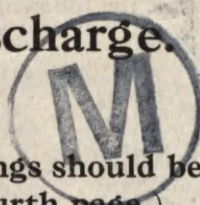
REPORT:

Excision of the Skull $2\frac{1}{2}$ "
above the upper border of the
Orbit, about 1" to the left of the Median
line.

To ward 22-11-18.

This space to be for numbers: WAR SERVICE BADGE CLASS " B " NO (46282) ISSUE

Proceedings on Discharge



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

No.	435697
Rank	Private
Surname	DANA
Christian name	Frank
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	50th. O. Btn.
Date of discharge	March 10th. 1919
Place of discharge	Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....31.....years.....8.....months.
 Height.....5.....feet.....9.....inches.
 Complexion Fair
 Eyes Blue
 Hair Fair
 Trade Rancher
 Intended place of residence } Millerville, Alta.
 (To be given as fully as practicable.)

Descriptive marks



G.S.W. Right Chest.
 S.W. Head.

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

MEDICALLY UNFIT

Authority for discharge.....R.O. 1420 12-12-18.....
 13DD- Part 11. DO 69 10-3-19.

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.)

*REC'D
9-2-20
ac*

M. F. B. 218.

200M.—5-18.
 H. Q. 1772-39-113.

McB.

MEDICAL DOCUMENTS
 FORWARDED TO
 S. C. R. OR B. P. C.
 19-3-19

(OVER)

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) *Calgary*.....

F. Dana (Signature of Soldier.)

(Date) *MAR 10 1919*.....

Geo Beau (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) *Calgary, Alta.*.....

W. MacEwan (Signature).....

(Date) *10-3-19.*.....

Officer i/c Discharge Section District Depot M. D. 18

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.)

D. D. Davis +

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	---

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.

P. 878.

Ext. ~~TRAINING LIST~~ D O No. 70

Unit:- ALTA

Date:-

Reg. No.

Rank

Name

435697

PTE

DANA, F.

Can See

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. MD13

13 1 19

Acted on

Ledger Ck.

107801 CF

D..... T..... C..... Passed to..... Rec'd. by.....

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

M. OR S. *[Signature]* REGT. No. *435697* RANK *Plt* NAME (IN FULL) *DANA F*

ORIGINAL UNIT C.E.F. *50th* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

ADDRESS: *Canadian Bank of Commerce Calgary*

PLACE OF ATTESTATION: *Calgary, Alta.* TRANSFERRED TO: *Calgary, Alta.* DATE: *Mar 10 1919*

DATE OF ATTESTATION: *Mar 10 1919* TRANSFERRED TO: *Calgary, Alta.* DATE: *Mar 10 1919*

ASSIGNED PAY \$ *his* DATE EFFECTIVE: *Mar 10 1919*

PAYABLE TO: *Canadian Bank of Commerce Calgary* RELATIONSHIP: *Plt* ANY CHANGE IN ASSIGNEE OR ADDRESS: *None*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: *None* EFFECTIVE: *None*

DISCHARGED: *Yes* PLACE: *Calgary, Alta.* DATE: *Mar 10 1919* REASON: *None* AUTHORITY: *[Signature]* IF ENTITLED TO POST DISCHARGE PAY: *None*

BALANCE FROM PREVIOUS ACCOUNT

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	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	
31-12-18						669 59																	<i>Plt Eng Ltc</i>
1-1-19						76 40																	<i>Subsistence 4 days 179 N 79 5/10 38</i>
28-2-19	39	110	64 90			<i>609 70</i>																	<i>82</i>
1-3-19						100																	<i>Clothing Allowance \$ 22</i>
10-3-19	10	110	11 00			<i>116 70</i>																	<i>DISCHARGED 10-3-19</i>
			75 90	46 20		669 59	791 69				4 87	5	50										<i># 65 Edward</i>
						420 00					70 00												<i>W.S.G. Certified opening entries on this Ledger Sheet have been audited by R.P. Date 13/5/19</i>
						420 00					70 00												<i>W.S.G. S.A. CHARGES SOLDIER DEPENDENT</i>
						420 00					70 00												<i>1350 30 18/3/19</i>
						420 00					70 00												<i>1354 32 14-4-19</i>
						420 00					70 00												<i>Duplicate cheque No 492489 issued 11/10/20 610 64 21 16/3/19</i>
						420 00					70 00												<i>842 264 16/6/19</i>
						420 00					70 00												<i>6858 365 16/7/19</i>
						420 00					70 00												<i>696798 14 16/9/19</i>
						420 00					420 00												<i>All Payments Due on This Account have been completed.</i>

[Signature]
 Paymaster War Service Gratuity M. D. 19

ORIGINAL 3. P. C.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION.....Ogden, Calgary......DATE.....Feb., 20th/1919.

1. 1 (a) Unit.....50th. Batt'n...... (b) Regimental No.....435697..... (c) Rank.....Pte.
(d) Surname.....DANA......(e) Christian name.....Frank.

2. Age last birthday.....30 Years.....Date of birth.....July, 13th., 1888.

3. Enlisted at.....Calgary, Alta.,.....on.....Sept., 14th., 1915.

4. Personal description:—

(a) Height.....5'-8½"..... (b) Weight.....138 Lbs...... (c) Complexion.....Fair.

(d) Colour of hair.....Lt. Brown..... (e) Colour of eyes.....Blue..... (f) Identification marks.....Scars

on both legs.

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

Millerville, Alta.,

6. Former trade or occupation.....Rancher.

7. (a) Service	Years	3	Days	169
	PERIODS			

50th. Bn. In Canada.	50th. Bn. In France.	From	To
		Sept., 14/1915.	to date.

(b) Has he been overseas?.....Yes..... 8. Original disease or disability.....

G.S.W. head, fracture skull.

(a) Date of origin.....1-11-18...... (b) Place of origin.....France.

(c) Cause*.....High explosive.

(d) Present disease or disability.....(a) Defective Vision in right eye.
(b) Headaches.

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

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

Applicant healthy young man, is quite fit but for above disability.

He complains of slight blurring of vision in right eye and mild headaches, especially if he is exposed to cold. Objectively:—

9. Present condition.—(Continued.)

The skin is depressed in the right frontal region just beyond the hair margin. There is a triangular opening in the skull nearly the size of a shilling. There is pulsation in this area. For report of Specialist see separate form, also for X-Rays. Headaches are mild variety, more present when out in the cold, and pain situated in the occiput.

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

Nervous..... Yes Digestive..... Yes Respiratory..... Yes Cardiac..... Yes
Genito-Urinary..... Yes Skin, Middle Ear, Eye or any other part..... See separate report for eye.

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

Wounded 1-11-18 went to 6 Cas. Clearing. Operated on and piece of shrapnel and two small pieces of bone removed 2-11-18. No history of paralysis. On 7-11-18 on to the Stat. Hosp. Cambiers, thence to No 16, Canadian

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

General Oprington. "Patient feels better, but complains of occipital headache". Invalided from No. 16 Canadian General.

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

N.A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

The regimental documents will be referred to.

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

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

Likely permanent.

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

France, England & Canada.

OPINION OF THE MEDICAL BOARD

14. (Continued).

.....
.....
.....

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

.....
.....
.....
No.

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

.....
.....
.....
.....
.....

17. Recommendations **Class E.**

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

STATEMENT OF THE SOLDIER.

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

I, the undersigned, **DANA, E.** 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.....

.....
.....
.....
D. Dana
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.
.....
.....
.....
.....
.....
.....
.....
.....
.....

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

20. It is certified that the soldier
~~(a) Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration).
.....
(b) Does not require treatment.
(c) Should pass under his own control.
~~(d) Should not pass under his own control~~
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Class "E"

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

PLACE... Calgary, Alberta.

DATE... February 25th, 1919.

[Handwritten signature] President.
[Handwritten signature] Members.

APPROVED BY *[Handwritten signature]* Captain
Assistant Director of Medical Services.

APPROVED BY
Director-General of Medical Services.

DATE... 26. 2. 19

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

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

PLACE.....

DATE.....

..... President.
..... Members.

D 722 N/C

Reserved for M.H.C.

Regt. No. 4 35694 Rank PRIVATE Surname DANA Christian Name FRANK

Unit or Corps—(a) Overseas from United Kingdom 50th CAN. BATT (b) In United Kingdom 21st CAN. RES. BATT

Born at—Town BEDFORD ENG County or Province BEDFORDSHIRE Country ENGLAND

Date of Birth—Day 28th Month JULY Year 1885 Age 32 yrs 4 months

Joined at CALGARY ALBERTA Date 13th SEPTEMBER 1915

Former Trade or Occupation RANCHER

Permanent marks or peculiarities that will serve for future identification

4" scar on Rt side of Head just above the Hair Line

Height—feet 5 inches 9 Colour of eyes GREY

Signature of Soldier (for identification purposes) [Signature]

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

- Disabilities Group (a) FRACT. SKULL RT. UPPER. FRONTAL REGION. WITH LOSS OF BONE
Disabilities Group (b)
Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: G.S.W, FRANCE, 1-11-18

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

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?

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **Yes**

(ii.) While off duty? **No**

(iii.) Was a Court of Inquiry held? **No**

(iv.) Where? **No**

(v.) When? **No**

(vi.) Opinion of the Court? **No**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Documentary. J. H. Head to no. 3 Can Field Ambulance to no. 6 B.C.S. on 1-11-16. S.W. Rt. upper frontal region. Depressed fracture, skull trephined, fragment of bone removed. dura penetrated I.B. removed. Wound cleaned scalp sutured. To no. 20 8th. Sutures removed from head wound. To no. 16 Can. Gen. Hosp. England Nov 13 1918. Curved scar 2 1/2" long on Rt. side of forehead. Just above the hair line. Bulging pulsating area 2 1/2" in diameter of which scar is the axis. Repetition shows that the bone has been trephined here. The edges of the opening can be plainly felt. X-ray of 8-11-18 shows a depression of skull 2 1/2" above the upper border of the orbit. About 1" to the left of the median line. Received slight chest wound at Vimy ridge on Feb 13/17. No lung symptoms now.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

The skin is now depressed over the trephine area. The incision thru which the extra dural abscess discharged is now healed. The pulsations of the brain can be seen & felt thru the opening in the skull. Mental health seems good except for post occipital headaches which trouble him considerably. Specialist report of 17-11-18 says: Complaints of continuous post occipital headaches. Visual fields moderately contracted. Optic nerves & optic chiasm shows median clear. The fundi of fundi look of a healthy fundi and margins of disc very slightly blurred with very slight physiological cupping. Other systems normal. Report attached.

8. OPERATION. (i.) Was one performed? **Yes**

(ii.) If so, state what. **Skull trephined & I.B. removed.**

(iii.) Was one advised and declined? **No**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **yes (will not be fit for duty on 6 mos)**

(d) Discharge from the Service as permanently unfit? **No**

Date of Report **26-11-18** 191

Signed **J. J. Stearns St. Paul**
Officer in medical charge of case.

Station **Orpington**

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

W. Williams M.D. 1927, F.R.C.S. (Ed.)

{ Officer i/c Hospital } Strike out one
{ S.M.C. Brigade } of these.

No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL

30 NOV 1918

Dated at **ORPINGTON, KENT** Station, on **30 NOV 1918** 191

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? no Aggravated?
(b) Misconduct of the Soldier { Caused? no Aggravated?

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/8, 2/8, 3/8, 4/8, or all.)

not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (in months)?

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

18. Remarks.

19. Recommendation :—(a) Fit for duty? no
(b) Fit for base duty? no
(c) Invalid to Canada? yes
(d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

4.

Date of Board 30 NOV 1918

Station No. 78 CANADIAN GENERAL (ONTARIO) HOSPITALS ORPINGTON, KENT.

Signatures of the Board.

L. M. Horton Capt. R.A.M.C. President.
Col. Postcastane
Dr. J. Kennedy Capt. R.A.M.C.

Approved L. M. Horton Major, C.A.M.A.D.M.S.

Dated at For A.D.W.S. Canadians, London Area.

Station

DFC 8 1918
13 BERNERS ST. LONDON, W.1

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part, I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at _____ this _____ day of _____ 191

Signatures of
the Board

President.

Forms
I. 1237
12

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	435699.	Pte	Dana.	Frank.
Year	Unit.	Age.	Service.	
	50 th Canadians	32	38/12.	
Station and Date.	Disease	G. S. W. Head.		
	Enlisted August 1915.			
	Operated on for varicose veins Calgary General Hospital Aug 1915.			
	Came to England Nov 4 th 1915.			
	Went to France August 11 th 1916.			
	Wounded at Vimy Ridge Feb 13 th 1917, bullet wound in chest. slight wound. Went to Stationary Hospital Camiers.			
	Went back to the line about 1 st May 1917.			
	Wounded at Valenciennes Nov 1 st 1918.			
	dressed and went to 6 th F. C. S. operated on and piece of shrapnel and 2 pieces of bone removed. Nov 2 nd 1918. Came to Stationary Hospital Camiers Nov 7 th 1918.			
	Came to England to 76 th Canadian General Hospital Nov 13 th 1918.			
	Present condition.			
	Curved scar 2 1/2" long on Rt side of forehead just above the hair line. Pulsations from a circular area 1 1/2" long over about 1 1/2" in diameter of which the scar is the axis. Palpation shows that the bone has been trephined here. The edges of the opening can be plainly felt.			
20-11-18.	Bulging abscess broke and discharge			
22-11-18	Patient feels better but still complains of headaches			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (F 2849)

Station
and Date.

24-11-18.

~~24-11-18~~
Skin is now depressed over the trephined
area. The pulsations of brain can still be
seen and felt.

25-11-18

Boarded for Canada got to St. Paul

5 C. H.

campers of bearing our case

2 to Canada

W. A. Reader left.

CASE HISTORY SHEET.

OGDEN M. C. H. CALGARY

Hospital.

Station.

No. 435197 Rank Pfc Name DANA, FRANK Age 31

Unit 52 Completed years of service } Where and how long } C. 3/12 E. 12/12 F. 2/12

Date of admission 14-2-19 Date of discharge 5-3-19

Diagnosis GPCY head from skull Place of origin Denair, France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wounded 1/11/18 shell, operation at Lambiere, decompression and removal of shell. Shows a small triangular opening in skull long since healed frontal region right side. Patient complains that cold affects head and that right eye is blurred. No history of any paresis. wound healed quickly. 19/2/19. No change. 26/2/19. Anticipating discharge.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) X-ray, specialist consulted.

CONDITION ON DISCHARGE

(and disposal made of case.) No change. Class E Discharge

Date 5/3/19 Medical Officer i/c case.

J. J. Little J. Richardson cap comm. 7470

