19
No 56090

#1

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS).
1.	What is your name?	Defoe Fredrick Laumann
2.	In what Town, Township or Parish, and in what Country were you born?	Toronto
3.	What is the name of your next-of-kin?	Anna M. Defoe
4.	What is the address of your next-of-kin?	22 Sultan St. Toronto
5.	What is the date of your birth?	Apr. 19. 1895
6.	What is your Trade or Calling?	Student
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?	Yes No
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	Cadets
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

Fred R. Defoe ..... (Signature of Man).

J. K. Bulle ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Fredrick Laumann Defoe, 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.

Fred R. Defoe ..... (Signature of Recruit)

Date Mar. 2/15 191 . J. K. Bulle ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fredrick Laumann Defoe, 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.

Fred R. Defoe ..... (Signature of Recruit)

Date Mar. 2/15 191 . J. K. Bulle ..... (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 Toronto this 3 day of 3 1915

..... (Signature of Justice)

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

John McLaren ..... (Approving Officer)

Pte

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-341

Description of Fred. Defoe on Enlistment.

Frederick Rammann Defoe.

Apparent Age 19 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10½ ins.

Chest measurement: Girth when fully expanded 38¼ ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Light

Religious denominations.
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic X
- 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).

mole on left side of neck - just above Jugular in line with angle of mouth.

Small scar on right foot between large & 2nd toe.

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 Mar. 2nd 1916. Fred E Walts

Place Toronto. Lt. A.M.C.

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.

Frederick Rammann Defoe 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.

John McGarry Lt.-Col. (Signature of Officer)

Date March 3rd 1916

No. 12 56090 Cadet 24/9/15 Tor Cor

ATTESTATION PAPER.

No. 56090.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		ANSWERS.
1.	What is your name?	DeFoe Frederick Raymann
2.	In what Town, Township or Parish, and in what Country were you born?	Toronto
3.	What is the name of your next-of-kin?	Mrs. Anna M. DeFoe
4.	What is the address of your next-of-kin?	22 Lillian St. Toronto
5.	What is the date of your birth?	Apr. 19 1895
6.	What is your Trade or Calling?	Student
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?	96
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	Cadets
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

Fred R. DeFoe (Signature of Man).

J. R. Bullen (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick Raymann DeFoe, 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.

Fred R. DeFoe (Signature of Recruit)

Date May 2 1915 191 . J. R. Bullen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick Raymann DeFoe, 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.

Fred R. DeFoe (Signature of Recruit)

Date May 2/15 191 . J. R. Bullen (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 Toronto this 3 day of May 1915

Wm. McGillp (Signature of Justice)

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

John McLaren Col (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841

Description of Fred Defoe on Enlistment.
Frederick Rammann Defoe ?

Apparent Age 19 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 1/2 ins.

Chest measurement: Girth when fully expanded 38 1/4 ins.; Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Light.

Religious denominations:
Church of England
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic X
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).

Mole on left side of neck just below jaw - in line with angle of mouth.
Small scar on right foot between large and 2nd toe.

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 Mar. 2nd 1915. Fred E Walto

Place Toronto Lt. A.M.C.
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.

Frederick Rammann Defoe 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.

John D McLaren Capt (Signature of Officer)

Date March 3rd 1915

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 3

Corps History Sheet.....

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

Parchment Certificate..... 1

Medical Report for Invalids..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

R+06091 1

MfW71 1

MfB465 1

QfB122 2

MfW113 1

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

Mm. 3

Mf B 465-1

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name DEFOE FREDERICK RAUMANN

Regt. No. 56090 Rank A/Sgt 404334

Corps 2nd Bn. C. G. R. C9052

(3) Pro on Dis Depot to B.P.C. ~~on MFW2505~~

Ref B.P.C Spec. 152

d/ 4 4 19

B.Y

Demobilization

13-10-20

Medals

29-7-19

Rn 9-1-19

11-19

21-19

33 19

3

404336

PUBLIC ARCHIVES RECORDS CENTRE

Mp 7. B 263-7

M. 7. B 263-1

1 ca. ch

1 attach

RR

56090 Sgt	Defoe	Frederick Raumann
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 2406

Rank | Name DEFOE Frederick Raumann | Reg'l No. de 56090

Unit 19th Bn. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Toronto. Ont. 3rd Mar. 1915 | Place of Birth Toronto. Ont.

Name and Address, Next-of-Kin Anna Defoe, 22, Sultan Street, Toronto. Ont.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

CCAC
N/F R.B. No. 6317
File R.L.
Category Seaman

R139 [illegible]

R.33 B 453

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
13-5-15.	OC.19.	Arr. per S.S. Scandinavian	England	22-5-15	Inf. Form.
15.9.15	" "	Embarked for France	Folkestone Southampton	14.9.15	Inform: Form.
20-12-15	W.O.	Adm. 5th Can. Fd. Ambulance	France	10-12-15	Cas. list 93 - Inserted Apl 1eel.
31-12-15	"	Discharged to Unit		18-12-15	" " 102 " "
14.4.16	O.C 19th	Granted 8 days leave to England		26.3.16	Part II 16.
20.9.16	19th	St Johns Amb. Bde Hospital	Staples	12.9.16	Cas. List A315 GSW Legs + arms severe
"	"	Norfolk War Hospital, Thorpe, Norwich		14.9.16	" " B153 " "
22.9.16	19th	To C C A C	Folkestone	14.9.16	Part II 50 41
22-9-16	C C A C	Taken on strength.		14-9-16	Pt II O 412

P.T.O

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
19-12-16	19 Bn	Can Con Hosp Woodcote Park	Epsom	9-12-16	GHB230 G 3W Legs Arms
21-12-16	CCAC	Repl ex Epsom	Hastings	20-12-16	PIIO 563
27-12-16	19 Bn	Dis Can Con Hosp Woodcote Park	Epsom	19-12-16	GHB236 ——
23-12-16	C.C.A.C.	Bn Com to CCD for P.T.	Hastings	21-12-16	PIIO 567
1-2-17	do	Repl will cease to be on Com at C.C.D.	do	1-2-17	PIIO 55
12-2-17	do	Bn Com to CDD for disposal in Can	do	10-2-17	PIIO 72
5-3-17	COD	SOS to Canada for Dis	Buxton	5-3-17	" 54
2-5-17	C.C.A.C.	SOL to Canada for do	Hastings	5.3.17	— 169
	Discharge Depot	To Convalescent Home	N.D. No 2 Toronto.	16-3-17	223

NORFOLK WAR HOSPITAL.
THORPE, NORWICH.

Hospital.

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

Ward H No. of Bed 3 Date 15-9-16

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
56090	Pte Defoe	19th Lancers	

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case)

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 1787 A

Signature of M.O.

Date 15-9-16

Signature of Radiographer

Date

(9 38 40) W 8290—3262 100,000 8/15 H W V(M 163) Forms/W. 3172/1
15134—116 300,000 1/16

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Obj. 26243

Casualty Form—Active Service.

Regiment or Corps 19th Battn. C.E.F.

Regimental No. 56090 Rank Pte Name Defoe, Frederick Raumann

Enlisted (a) 3.3.15 Terms of Service (a) Period of War Service reckons from (a) 3.3.15

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 Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Disembarked	Boulogne	SEP 14 1915	
18/9/16	O.C. 19th Bn	Infected hand	5th Can F Amb	10/12/16	B213 d/18/9/16 78-28 4/16
11/9/16	5th Can. F.A.	Admitted	do	11/9/16	A.36 d/11/9/16 66-16 12/16
18/9/16	do	Transferred (Inf Hand)	Unit	18/9/16	A.36 d/18/9/16 73-28 10/16
1 4/16	O.C. 19th Bn	Granted 8 days leave	England	26/3/16	B213 Part II Orders No 16 d/14 4/16
11/9/16	2-7 A	Transferred (GSW Legs, head & Arm)	C.C.S.	11/9/16	A 36 225-19 9/16
12/9/16	S. John A. Bde	Admitted (do	S. John A. Bde	12/9/16	W3034
14/9/16	do	Trans to Eng do	not stated	14/9/16	W 3034
14/9/16	H.S. Stad Antwerpen	Admitted (GSW Head both Arms & Legs)	H.S. Stad Antwerpen	14/9/16	W 3083

Part II Orders No.50 d/22-9-16.

J.W. Hogan Captain,
for Lieut.Colonel, A.A.G.

9 OCT. 1916

22.9.16 Taken on strength C.C.A.C. Pt. II D.O. No. 412.

20.12.16 ATTACHED TRANSFERRED FROM C.C.A.C. TO Can Com Depot PART II D.O. No. ____ [illegible] Capt for O.C. case.

(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				
HASTINGS 8/2/17	ATTACHED				
	TRANSFERRED FROM C.C.A.C. TO 2 D D			PART II D.O. No.	
		T.O.S. No.2 District Depot, Part II, D.O. No.			
					Lieut. and Asst. Adj. For O.C. No. 2 District Depot
3-9-18	2nd Bn. C.G.R.	TAKEN ON STRENGTH, TORONTO		27-8-18 Part II,	D.O. # 65
10-9-18	2nd Bn C.G.R.	To be Sergeant	Toronto	27-8-18	Pt II D.O. 72
1-10-18	Do	Reverts to rank of Acting Corporal	Do.	1-10-18	Pt II D.O. 93
4-12-18	2nd Bn C.G.R.	Discharged "Under auth. of Routine Order #1328"	Toronto	6-12-18	Pt 2.D.O.#157

36 1/2
37.

DEFOE. F. #56090.· A/Sgt... Chest Report.

Developed a cough while convalescing in England during the Winter of 1916-1917. This cough disappears at times, but re-appears when he becomes over-heated and then exposed himself to cold weather. The cough has been absent during the last summer, but re-appeared about 1 week ago. It is accompanied with about half cup-full of black and yellow sputum in 24 hours. No history of haemoptysis. He admits having had frequent cough before enlistment, but not so much throat irritation. Smokes about 30 cigarettes a day. No Dyspnoea.

Objective Findings

Chest rather deep, but expansion is good, Breath sounds are normal. No adventitious sounds. Voice sounds well conducted all over chest.

Respirations

20 Sitting. Standing and after touching toes six times, In my opinion the chest is normal and is causing no disability.

J.D.Louden. Capt.
Nov. 25th.1918.

Neurological Report

Was wounded in Sept. 11th.1916, and sent back to England, As soon as landing in England he " went to pieces". He had crying spells, and felt weak and nauseated. He now feels sick if he sits long, and starts at sudden noises. He has difficulty in getting to sleep and is easily wakened. He states that he is 10 lbs. below his weight in France. He feels nervous,worried and very emotional. Memory has improved lately and is fairly good now. Power of concentration is not good. On examinaton he has a slight tremor of the hands. No Rombergism. Knee jerks present but not brisk.

Pulse rate:- 68 sitting. 86 standing. 94 after touching toes 6 times, returning to 68 after sitting i minute.

Diagnosis:- Neurasthenia following strain of service.

Recommendation:- Discharge with 20% disability for nervous conditio all due to service,

(Sgd) J.D.Loudon. Capt.

Nov. 23rd.1918.

RELIGION:
Church of England
Roman Catholic
Presbyterian
Congregationalist
Wesleyan
Baptist
R.C.

NORFOLK WAR HOSPITAL

Ward 4
Bed 3

Admitted into Hospital: 14 · 9 191 6

Visiting Medical Officer Major Hume
Resident Medical Officer Dr. McCall

Discharged from Hospital: 12 OCT 1916 191

REGT. NO.	RANK	NAME (SURNAME FIRST)	CORPS	AGE	A & D NO.	RESULT OF TREATMENT
56090	Pte	Depot Fred.	19th Canadians	21 5/12	B 389/16	Imp

Disease or Injury: Gsw face. legs both arms both

Operation:

Complications:

Skiagram Report: No. Nil

Pathological Exam. Report: No.

Abstract: Multiple [illegible] of face both legs [illegible] No fracture or [illegible] Healed up well but walking [illegible]

DATE	DIET	EXTRAS	TREATMENT	"BED" "UP, BED DOWN" "UP" or "OUT"
	OD			

Forms
I. 1237
10

NORFOLK WAR HOSPITAL.
THORPE, NORWICH.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6389	56090	Pte	Defoe	Fred.
Year 1916	Unit. 19th Canadians		Age. 21 5/12	Service. 1½ yrs

Station and Date.

Disease Gsw Both legs Face Both arms

L. Leg Gluteal region
Three septic wounds of L thigh; one in middle third of Knee, the other two entirely through thigh

R. Leg
Through & through wd in middle third of R Leg

Face & Hands. Splinters

Oct 8 Admitted Lying well, but walking badly.
Transferred to Army
H Bunbury Capt RAMC
Nurses dressed

12 OCT 1916 Sent to Auxiliary Hospital Cheadle

10-12-16 Ldn Div Mobile Epsom

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

CLINICAL CHART.

(*To be attached to Case Sheet.*)

NORFOLK WAR HOSPITAL
THORPE, NORWICH

Army Form B. 181.

Corps _____ Military Hospital _____

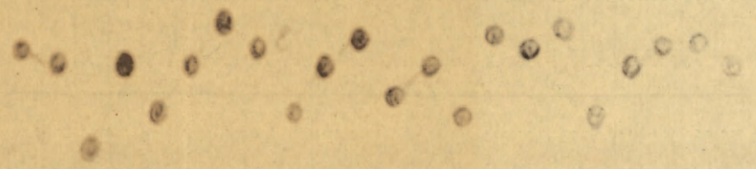
No. _____ Rank and Name Pte Depe _____ Age 21 Service _____

Disease Sept: _____ Date of admission _____ Date of discharge 12 OCT 1916 Result _____

Dates of Observation	14	15	16	17	18	19	20	21	22	23	24	25	26
Days of Disease													
Temperature, Fahrenheit — Time A.M. P.M.	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2	8 6 4 2
107°													
106°													
105°													
104°													
103°													
102°													
101°													
100°													
99°													
98°													
97°													
Pulse per Minute	84 78 72	82	68	80	68	78	84	80	74	80	82	80	80
Respirations per Minute	20 20	20	20	20	18	20	15	20	16	20	20	18	18
Motions per 24 Hours	0 0	0 1	0 0	0 0	0 0	0 0	0 1	1 0	0 0	0 1	0 1		

(3103.) W 7204-1542. 750,000. 8/15. H. & Sp. Forms/B. 181/3.

Signature _____ In charge of case.



CASE HISTORY SHEET.

13869.

No. 56690 Rank Sgt Name Defor. Fred. B Age 23

Unit 2 Co 1st Engrs Completed years of service Where and how long } 4 1/2

Date of admission AUG 26 1918 Date of discharge 23-IX-18

Diagnosis Ulcerative Tonsillitis Place of origin A.E.F. U.K. 7 Feby. 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaint:

Soreness of mouth & throat. 6 months

Began with soreness of gums 6 mos. ago - there was some hypertrophea present as well & had them treated by Capt. Barbour. B. H.

There is an ulcerous patch adjacent to lower left molar on buccal side & posterior - white in color with punkish base.

Left tonsil is swollen with what appears to be an ulcerous opening into tonsil just behind ant pillar & about middle of tonsil.

Previous Hist. Returned from France 6 months Shell shock - 10 days

Has been at V.D. # Clinic who advised in patient treatment at Base Hospital

Heart, lungs & other systems normal

FAMILY HISTORY Neg for TB

(Tuberculosis, mental or nervous diseases.)

TREATMENT Throat Irrigated Syringe & Saline

(Especially any specific or special form.) Mist Mentholis & Pot Chlorate 5 gr X to 3j - Sodii Sal gr xxxx Aquas 1.0j - daily

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date 26-VIII-18

J. H. Kinsey Capt

Medical Officer i/c case.

A.29/53

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

aug 29 – urine Report

Sp Gr 1027 – acid. alb V.S.

29-VIII-18 Sent to Dental Clinic for treatment of gums and buccal mucous membrane. Tonsils also being treated

30-VIII-18. Much improved. Spots are clearing.

3-IX-18. Continues to improve

5-IX-18. Much better. Patches on tonsil & buccal mucous membrane clearing

9-IX-18. Continues to improve.

11-IX-18 Throat swab shows absence of K.L. & Vincents angina

19-IX-18 Continues to improve – very little sign of ulcerative areas on tonsils or on buccal mucous membrane

21-IX-18 To be discharged Monday 23-IX-18
Throat clear + Mucous Membrane clear

CLINICAL CHART.

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

Corps 2 C.G.R. Ey. Camp. BASE Hospital Station TORONTO

No. 56090 Rank and Name Sgt. Defoe. Fred B. Age 23 Service 4 0/12

Disease Ulcerative Tonsilitis Date of Admission AUG 26 1918 Date of Discharge 23-11-18 Result Cured Case Book 13869 Folio

Dates of Observation	Aug 26.	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Days of Disease	1.	2	3	4	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	31
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.
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	86	76	84	80	78	80		80	88	84	96	96	80	96	94	88	84	80	78	78	76	72	78	78	80	64					
Respirations per Minute	18	20	20	18	18	18		20	20	20	18	18	20	20	20	20	20	40	18	18	18	18	18	18	18	18					
Motions																															

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature H. J. Kinsey Capt In charge of case.

DATE August.23rd,.1918..
#2 D.D. File.....

NAME	UNIT	RANK	NUMBER
Defoe, F.R.		Pte	56090

DOCUMENTS RECEIVED.

Proceedings on Discharge	/	1
Attestation Paper	/	1
Casualty Form	/	1
Company Conduct Sheet		
Regimental Conduct Sheet		
Field Conduct Sheet	/	1
Medical History Sheet		
English Medical Board		
Clothing Statement		
Last Pay Certificate		

DOCUMENTS PASSED.

Last Pay Certificate	To	Date
Medical History Sheet	"	"
English Medical Board	"	"
Clothing Statement	"	"

Clothing Assistance.....

Enclosed Medical Report.....

Medical History Sheet.....

Last War Certificate.....

Date

DOCUMENTS ENCLOSED

Last War Certificate.....
Clothing Assistance.....
Enclosed Medical Report.....
Medical History Sheet.....
Kit.....
Identity Disc and Cord.....
Command Pocket Book.....
Advance Pay Receipt.....
Protected Identity Certificate.....

DOCUMENTS RETURNED

NAME RANK UNIT BANK NUMBER

DATE.....

S.D.D. Lt.....

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 2

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

Regimental No. 56090 Rank Pte Name Depot, J. H.

Corps 2nd Bn. 6 C.M.R. who was* Disd

On 6/12/18 191___, to

*Insert "discharged" or "transferred."

No. 57

The following is a statement of the account of the above named from 1/1/18 191___

to 6/12/18 191___, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 6 days at $ 1 c	6	
Advances by Cheques No.			Field Allow. 6 days at $ c's		60
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Draper & Unit	1	20	Other Allowances* subs	8	
Payment on ~~transfer or~~ discharge No. 25336	81	40	Other Credits* Clothing	35	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	
Total	82	60	Total	82	60

*Give particulars.

A monthly stoppage of $_____(†) has_____(‡) been paid on account of Assigned

Pay for the month of _____191____
and Sep'n Allce. 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.

Out Allowance of $_____has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 7/3/15

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

(3) cause of discharge Demobilization authority 20157

(4) authority for transfer _____

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 7/1/19

Place Camp

W Redmond Capt
Captain.
Paymaster.

Paymaster, 2nd Bn. Canadian Garrison Regt'l

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

R. & O. 6091.

CERTIFICATE re DISCHARGE DOCUMENTS.

Name in full DeFoe. Frederick R. Reg'tl. No. 56090

Rank Private

Reserve Unit 3rd Present Unit C.C.A.C.

Place of Residence in Canada Toronto

Military District 2

Classification of Disability 1

(or) Reason for Discharge Being returned to Canada for disposal of Militia Authorities. Adj-General, Headquarters Canadians Letter A.G.4 B. Canadians 2-D-204 of 19-1-17.

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant C.D.D. (Originals).	List of Documents required to complete Discharge, checked and enclosed.	Initials of Commandant (Originals not available).
P.B.H.	Proceedings on Discharge. (B. 268.) (Must be Original)	
P.B.H.	Proceedings of Medical Board. (B. 179.) (Must be Original)	
P.B.H.	Medical History Sheet. (A.F.B. 178.) (Must be Original)	
P.B.H.	Last Pay Certificate. (Must be Original)	
	Certificate of Discharge. (A.F.B. 2079.)	
P.B.H.	Casualty Form. (A.F.B. 103.)	
P.B.H.	Attestation Paper. (M.F.W. 54.)	
P.B.H.	Field Conduct Sheet. (A.F.B. 122.)	
	Company Conduct Sheet. (A.F.B. 121.)	
	Reg'tl. Conduct Sheet. (A.F.B. 120.)	
P.B.H.	Inventory of Kit. (W. 3068.)	
P.B.H.	Declaration from Dischargee.	

(Signature) Commanding Lt. Col. Canadian Discharge Depot.

COMMANDANT.

CANADIAN DISCHARGE DEPOT.

Initials of Commandant C.D.D. (Original)	List of Documents required to complete Discharge. (Must be Original)	Initials of Commandant (Originals not available).
	Proceedings on Discharge. (B. 205.)	
	Proceedings of Medical Board. (B. 179.)	
	Medical History Sheet. (A.F.B. 178.)	
	Last Pay Certificate.	
	Certificate of Discharge. (A.F.B. 207.)	
	Casualty Form. (A.F.B. 104.)	
	Attestation Paper. (M.F.W. 54.)	
	Field Conduct Sheet. (A.F.B. 122.)	
	Company Conduct Sheet. (A.F.B. 127.)	
	Regtl. Conduct Sheet. (A.F.B. 120.)	
	Inventory of Kit. (W. 3044.)	
	Identification Disc.	

M. F. W. 41
100M-1-18.
1772-39-889.

Name Pte. T. R. Defoe ✓

Regimental No. 6090

Unit 19th Bn.

Date of enlistment

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $20.00

To whom payable Mrs. A. M. Defoe

23 Bertram St. Toronto, mail cheque each month.

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge "3"

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
May 1	31	31	1-	31-	31	10	3 10	24 80		74397			20-			R.W.L.
									58 90	77509		38 90			58 90	Sent
June 1	30	30	1-	30-	30	10	3-	24-		81272	taken	20-				
									57-	83801		37-			57-	cable
July 1	31	31	1-	31-	31	10	3 10	24 80	58 90	2561			20-			
										44723		38 90				
Aug 1	31	31	1	31-	31	10	3 10	24 80		5777		10 00				
										5795			20-			
									58 90	6636		28 90			58 90	

Cable to C.G.R. 27.8.18.
A.O. 134

M. F. W. 41
100M-1-18.
1772-39-889.

Name _____

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. F. R Defoe. ✓

23 Sultan St., Toronto

Regimental No. 56090

Name and address of next-of-kin

Unit 19th Bn

Date of enlistment

Place of "

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly $ 20^{xx}

Reason for discharge

To whom payable Mrs. G. M. Defoe

Character on discharge

"2"

o 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1 Nov.	30	30	1-	30 -	30	10	3 -	13 80	26 80	40215			20 -			Out Nov. 8 D 0314
										42866		26 80			26 80	NPL.
1 Dec.	31	31	1-	31 -	31	10	3 10	4 60		46862			20 -			
								24 60		47213		15 -				D. P. L.
									63 50	48797		28 50			63 50	
1 Jan.	31	31	1-	31 -	31	10	3 10	24 80	58 90	54187			20 -			
										55788		38 90			58 90 -	JPL
1 Feb.	28	28	1-	28 -	28	10	2 80	22 40	53 20	58645			20 -			
										59107		33 20			53 20 -	FPL
1 Mar.	31	31	1-	31 -	31	10	3 10	24 80		63886			20 -			
									58 90	65464		38 90			58 90	Sent JWL
1 Apl.	30	30	1-	30 -	30	10	3 -	24 -	57 -	67905			20 -			
										70249		37 -			57 -	Sent APL.

Name.....

M. F. W. 41
1 0M—[illegible]-16
1772-39 889.

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
1 0M—7-16
1772-39 889.

De-31

Name Pte Defoe, Fred R

23 Sultan St., Toronto

Regimental No. 56090

Name and address of next-of-kin

Unit 19th Bn

Date of enlistment

Issue no S.C. as the a/c is open under name of Wm A. Defoe. (2nd son) in C.E.F. 4th L.R.C.

Not 30r.

Place of "

Married (yes or no) Yes

Paid to Mar 31/17.

Date and place discharged

Amount of pay assigned monthly $20.00 Paid for Feb.

Reason for discharge

To whom payable Mrs. A. M. Defoe.

Character on discharge

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1917																
1 Apr	30	30	1-	30-	30	10	3-	10 480 63	48 43	16473		8 43	40		48 43	16129 APR 4th Do 89 Mar 23-20
1 May	31	31	1-	31-	31	10	3 10	7 80	41 90	19185			20-			Out 1-13 Apr Do 120
										19616		21 90			41 90	
1 June	30	30	1-	30-	30	10	3-		33-	21502			20-			
										22747		13-			33-	
1 July	31	31	1-	31-	31	10	3 10		34 10	25077			20-			
										26649		14 10			34 10	
1 Aug	31	31	1-	31-	31	10	3 10	14 40	48 50	28247			20-			Out Aug 8 ind Do 222
										30178		28 50			48 50	In " 30 Do 243
Sept	30	30	1-	30-	30	10	3-		33-	32090			20-			
										32677		13-			33-	
1 Oct	31	31	1-	31-	31	10	3 10	12 60	46 70	36411			20-			Out Sept 25 Do 272
										37989		26 70			46 70	In Oct 5 Do 282. Do 284 cancels 282 In Oct. 16 Do 290

Carried Forward.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

D. D.

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
10 M.—5-16.
1772-30-889.

738

Name Defore Pte F.R.

Regimental No. 56090

Unit 19th Bttn.

Date of enlistment 2/3/15

Place of "

Married (yes or no) No - S.A. to mother 21/3/17

Amount of pay assigned monthly $20.00 28/3/17

To whom payable

Name and address of next of-kin

23 Sultan St.
Toronto, Ont.

Med. Bd. see Conv. Home.

Date and place discharged

Reason for discharge Class II

Character on discharge

Metagama 16/3/17

Sb 2376. M. & D. 6892.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	2/17							3739								
3/17	31/3/17	57	1.00	57.-	57	.10	5.70							x 9.73		x A.R. 10750
														x 9.73		x Boat.
														x .50		x Quebec
													x 20			x A.P. Fct.
												Bal.		10.63		Fld to "29" Unit 1/4/17
									100.09						100.09	

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

29456—THE MORTIMER SYSTEMS
OTTAWA, CANADA

M. F. W. 12.
5m. 11-14.
H. Q. 1772-39-819.

565

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs A. M. Defoe.

Address ~~73. Dutton St~~
23 Sultan St. Toronto. ont.

Rate ~~25.00~~ $30.00 MAY 1 1915

By Whom Assigned Defoe. F R.

Regtl. No. 56090

Rank Pte.

Corps 19th Prov. Batt.
A. Coy.

May 1/16 P.C. 973 2M 10/5/16 Ext 4/7/16.
11/16 Wd.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop Payments March 1/17
Sept.				Discharged to Canada
Oct.				3M 2/2/17 C.P.C. 12/3/17
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May		Q157	25 00	
June		R113	25 -	
July		M4781	25	
Aug.		N5399	25 -	
Sept.		O7331	25 -	
Oct.		P. 7449	25 00	
Nov.		Q15482	25	
Dec.		R9425	25	
Jan.	1916	W 7664	25 -	
Feb.		X 11162	25	
March		Z14479	25 -	

COPIED FOR I CASUALTIES.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

P

366

Sheet No. 2.

Mrs A. M. Defoe

Name of Soldier Defoe J R.

56090 "A" 19 Bn

L. L. Job 89002.—Req. 6213.

$25.00 $20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L668	25	
May		P3443	20	$20.00
June		R6674	20	
July		G6584	20	
Aug.		K14479	20	
Sept.		A/9941	20	
Oct.		H20434	20	
Nov.		E26946	20	
Dec.		L 33242	20	
Jan.	1917	O37800	20	
Feb.		043781	20	Stop March 1/17
March		P50218	20	20-L-P5-0218 Cancelled
April				
May				
June				Rtd Mitagama 5/3/17 HCH
July				500.00 7 X 24 3/17 HCH
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
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.				

Rank Pte. Name DEFOE Frederick Raumann Reg'l No. 56090

If in perm. Corps, What Unit?

Unit 19th Bn. Married or Single Single

Place and Date of Enlistment Toronto. Ont. 3rd Mar. 1915 Place of Birth Toronto. Ont.

Name and Address, Next-of-Kin Anna Defoe, ~~22~~ 23 Sultan Street, Toronto. Ont.

Relationship

Assigned Pay Monthly $ ~~75 00~~ 20 00 Increase 1.5.16 Payable to As above

Relationship

Separation Allowance $ Payable to

Entered on N.E. Card Index W McL

Relationship Checked by A Persian

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
4/6/15	30/6/15	30	1.00	30 00	30	.10	3 00	10 00	43 00			5 00	25 00		30 00	13 00	Clothing Allce
1/7/15	31/7/15	31	"	31 —	31	"	3 10		34 10			5 —	25 —		30 —	17 10	
								27	27							17 37	
1/8/15	31/8/15	31	1.00	31 —	31	.10	3 10		34 10	156 204 253	1915 31/7 15/8 31/8	4 87 2 43 4 87	25 —		37 17	14 30	
1/9/15	30/9/15	30	1—	30 —	30	10	3 —		33 —				25 —		25	22 30	
1/10/15	31/10/15	31	1—	31 —	31	10	3 10		34 10	352 302		2 62 5 35	25 —		32 97	23 43	
1/11/15	30/11/15	30	1—	30	30	10	3		33	394 447		2 62 5 35	25		27 62	28 81	
1/12/15	31	31		31	31		3 10		34 10	493 538		5 32 2 61	25		38 18	24 73	
1/1/16	31	31		31	31		3 10		34 10	585		5 23	25		30 23	28 60	
1/2/16	29	29		29	29		2 90		31 90	630 692	7.C.	2 62	25		29 62	32 88	
1/3/16	31	31		31	31		3 10		34 10	741	3/303	2 32	25		52 32	14 66	
				305													
				305		30	50	10	27 345	77		81 11	250		331 11	14 66	Bal f'd

BALANCE TRANSFERRED TO NEW LEDGER.

Checked JMP

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						
														6U10			

Name DeFOE F.R. Rank Pte. Regt. No 56090 Unit D 2

Battn. 19th Camp or O.S. O File M.H.C.C. H.Q. File

Pension awarded Date of first payment

Discharged to Class Conduct on discharge

Next of kin Mrs. L DeFoe, Stratford-on-Avon, Eng.

Address on discharge

DATE	CLASS	REMARKS	PART 2 ORDER
23-3-17	2	Spadina	#86 #137
13-4-17	2	Whitby	#107 #111
22-5-17	2	Spadina	#145
2-6-17	2	North Toronto	#156
8-8-17	2	N. Toronto (Outpatient indefinitely	#222
30-8-17	2	N.Toronto.	#243
25-9-17	2	N.Toronto (Outpatient indefinitely)	#272
5-10-17	2	N.Toronto	#282

M.H.C. F. 29

DATE	CLASS	REMARKS	PART 2 ORDER
9-10-17	2	Item #282 cancelled.	#284
16-10-17	2	N.Toronto	#293
8-11-17	2	N. Toronto Outpatient Indef.	#314
5-4-18	2	H.Q's D. Unit On Command. M.D.2.	#98.
18-4-18		Staff. Trans. to D.D. 2	108 . 1.
27-8-18		Trans to 2 C.G.R.	134.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
De Foe	F. R.	56090

Rank	Unit	Co.	Troop	Batty.
Pte	19th Batt:			

Hospital No 5. Can: Hd: Amb: St Johns Amb. Bde St. Staples — Date of Admission 10.12.15

Transferred — Hosp.

Norfolk War. H. Thorpe Norwich — Hosp. 14-9-16

Can. Con. Woodcote. Epsom — Hosp. 9.12.16

Hosp.

Diagnosis Infected Left Heel.

(1) Later Diagnosis (if changed) G.S.W. Left Arm (Sev.)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

Dis. 19.12.16

REMARKS

C.L. 20.12.15 93(1).
CL. 20-9-16 H315
CL. 20-9-16 B163
~ 19.12.16 B.230
27.12.16 B.236

A.M.D. 2 Dept.
Boh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

NAME Defoe Frederick R.

REGT'L No. 56090

RANK AND CORPS Pte 19th Bn

H. Q. FILE No. 649.

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		M.D.2- 11.

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
			Cancelled per D.O. 284
~~282~~	~~M.H.C.C. Toronto~~	~~5-10-17~~	~~S.O.L. Out P. N. Toronto~~
293	" " " "	18-10-17	S.O.L. Out P. N. Toronto.
314	M.H.C.C. Toronto	8-11-17	Trans to Out P. N Toronto.

NAME Dr Lt Frederick Roumonx

H. Q. FILE No. 649-

REGT'L. No. 56090

RANK AND CORPS Pte. 19th Bn. C

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
81011	19-9-16	Adm. 16 St. John Amb. Brigade, Staples, Sept. 12th 1916. (Gsw legs & arms)
01659 WSM.	30-9-16	Norfolk War Hosp. Norwich, progressing
7320	8.3.17	Sailed from Liverpool for Canada per the S.S. "Metagama" on Mar 6th 1917 (Spec authority)
auth GOC in C	2-17-9-17	This man recommended for duty as in Category. "B" T.

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
93(11)	5th Can. Fld. Amb.	10-12-15	Infected left heel
102.	Dis. to unit	18-12-15	" " "
9315	St Johns Amb. Bdge. Depot	12-9-16	G.S.W. legs & arms &c.
B153.	Norfolk War Hospe Norwich	14-9-16	" " " " " "
B230	Con. Dis. Convt, Woodcote Park Epsom	9-12-16	" " " " " "
B236	Discharged	19-12-16	G.S.W. legs & arms.
86(11)	M. H. C. C. Toronto	23-3-17	Adm. Spadina M. H. Clr
120(11)	M. H. C. C. Toronto	Apr. 1st 1917. 13th	Out P. T. O. C. of Spadina.
156	" " " " "	2-6-17	M. Toronto from Spadina
222.	" " " " "	8-8-17	T. O. C. Out P. M. Toronto
243	" " " " "	30-8-17	T. O. C. Out P. M. Toronto
272	" " " " "	[redacted] 27-9-17	T. O. C. Out P. M. Toronto.

SURNAME. Defoe.

CHRISTIAN NAMES Frederick Raumann

REGL. No. 56090. RANK Pte.

UNIT 19th. Bn.

FORMER CORPS Nil.

CARD NO.

S.O.S. Dis 6-12-18
D.O. 157 of 4-12-18
Demob: 2Bn CEF

NEXT OF KIN.

NAMES IN FULL Defoe. Mrs Anna M.

RELATIONSHIP TO SOLDIER Not stated.

ADDRESS 23 Sultan St., Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto Ont. DATE Apr. 19th. 1896.

PLACE OF ATTESTATION Toronto Ont. DATE Nov. 3rd. 1915.

O/S. 13-5-15 75/5

R/C/16-3-17/#2.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Sailed from Montreal per S.S. "Scandinavian" May 18/15.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Student RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 19. YEARS 11. MONTHS

HEIGHT 5. FEET 10 1/2. INCHES

CHEST MEASUREMENT 35 1/4. INCHES EXPANSION 4 INCHES

COMPLEXION Fair. EYES Blue. HAIR Light.

DISTINGUISHING MARKS Mole on Lt. side of neck just below jaw in line with angle of mouth. small scar on Rt. foot between large & 2nd toe

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Mar. 2nd. 1915.

Present Address. Not stated.

Returned to Can. Ger SS. Metagama 9/3/17. Auth. J. 328 (Special Authority)

Name Defoe, ~~F.R.~~ Frederick Raumann *Rank* Pte. *Reg. No.* 56090

Unit 19th. Battalion.

Next of Kin Canada

Date 1915	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10 12	5th.C.F.A.		Infected Left Heel	66		
18-12	Discharged to Unit		do	102		
12-9-16.	St.John Amb.Bde.	H.Etaples	GSW. Legs &Arms	A315	0.10	11 20-9
14-9-16.	Norfolk War H.	Thorpe.Norwich	do.	B153		
9-12.	Can.Div.Conv.H.	W'cote Pk.Epsom	do.	B230		
19-12.	Discharged		do	B236		

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

A. 29153.

LEDGER NO. 764 SERIAL NO.

REG. NUMBER 56090 NAME Defoe. Fred. B

RANK Sgt. CORPS 2nd C.G.R. Co. Corps

AGE 23 SERVICE 40/12

NAME OF HOSPITAL Base Hospital PLACE Toronto

DATE OF ADMISSION 26-8-18

DISEASE Ulcerative Tonsillitis

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 2-9-18. IN CATEGORY

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

P. T. O.

REMARKS:

11. 7. 16.

D.M.S. 1317

HOSPITAL.

A. & D. No. ..... Ward 7

Unit 19 Sick or Wounded.

Regtl. No. 56090 Pl. of Act'n .....

Rank Pte. Name Defoe F R

Age 21 Religion RC

Service Compl'd 1 9/12 Time with Field Force 1 yr

Diagnosis G.S.W. rt leg

Admitted 8/11/16 E.D. Norwich Discharged C.C.A.C. Pd. 19.12.16

Transferred .....

RECORD FURTHER REMARKS ON BACK.

8.12.16 GSW. Face + legs. Healed. Pte Hastings.

M. F. W. 71—500M.—5 18.
1772—39—951.

C/2

NAME DEFOE, Frederick Robert.

REGIMENTAL NO. 56090 RANK A/Sgt Cpl¾

ENLISTED AT PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Mrs. Anna M. DeFoe. RELATIONSHIP Mother.

ADDRESS OF 23 Sulton St. Toronto. Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. Date	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
2 OS	171		leave to about. 10/12/18
S.O.S. Dis. Dem	157	4/12/18	6/12/18

No. 56090 RANK Pte. NAME Defoe H. P.

T. O. S. 3-3-15 UNIT 19th Battalion C. E. F.
D.O. 54 of 5-3-15

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Mar. 3	1915 Mar. 31	V		
Qrs.		✓		
Mag.		✓		

UNIT SAILED
MAY 13 1915

No 3-6090 RANK Pte. NAME Defoe F. R.

T. O. S. UNIT N. C. O's Training Depot.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Jan. 18	Jan. 31	N.	Attached 15/1/18	(D.O. 10)
Feb.		N.		
Mar.		N.		
Apr. 1	Apr. 3	N.	Returned to Unit 3/4/18	(D.O. 93)

No. 56090 RANK Pte NAME Defoe T R.

T. O. S. UNIT Discharge Depot. Seaford

M. D. V.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar. 3rd	1917 date	✓	19th	

War 56090

Number ..... Rank Pte.

Surname DEFOE

Christian Names Fred Rawsman

Unit 19th Bn Can Inf Theatre of War France

Date of Service 14-9-15

Remarks Sent to 23 Sultan St Toronto Ont

Latest Address ..... 19th Bn

Roll No. B
Page 2335

Sca. 2.72 Desp
GA 40514 Dem
JUL 12 1921
SEP 21 1921

MARRIED OR SINGLE S.

PLACE OF BIRTH Toronto, Ont.

NAME AND ADDRESS OF NEXT OF KIN Anna Defoe, 23 Sultan Street, Toronto, Ont.

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

Oct 27/16

REG'L NO. 56090 RANK Pte. NAME Defoe, Frederick Raumann

IF IN PERMT. CORPS | WHAT UNIT UNIT 19th Bn

TRANSFERRED TO C.E.F. DATE 1.10.16 AUTHORITY P.C.O.B. 153 24/9/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO L.O.L. DATE 1-2-16 AUTHORITY 661-429 24/1/17

PLACE OF ATTESTATION Toronto TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Mar 3/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 25 00 DATE EFFECTIVE

PAYABLE TO Anna Defoe. 23 Sultan St. Toronto. Ont. RELATIONSHIP

REDUCED TO
ASSIGNED PAY MONTHLY $ 20 00 DATE EFFECTIVE Anna Defoe (1-3-16) C.P.M. 3-3-16 P.L.44

PAYABLE TO 23 Sultan St. Toronto. Ont. RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 2/2/17 EFFECTIVE 1/2/17 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada. Feb 2/17 REASON AND AUTHORITY C.R.O. 177 Jan 17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 3.2.17 Entered on N.E. Card Index K.M.C.

Checked by H.Bureau

PAY OFFICE, N.E. BRANCH — FEB 20 1917 — CANADIAN CORPS

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			30	5			30	50						(0.2)	345	77								81.11				250		331	11	1466				
1-30.4	30	1-	30	-	30	10	3	-							33	-	799	15.4	85.1	29.4				262	261	-		25	-	3023	17	52			
1-31.5	31		31		31		3	10							34	10	832	17.5	951	27.5				255	255	-		25	10	26	43				
1.30.6	30	1-	30	—	30	10	3	—							33	—			1002	12/6					511	-		20		2511	34	32			
July	31		21		31		3	10							34	10			1053	15/7					261	-		20		2261	45	81			
Aug	31		21		31		3	10							34	10	1117	7/8						267				20		2262	57	29			
1-30.9	30		30		30		3								33		1207	28/9						262				20		2524	65	05			
Oct															547	07	1176	18/9						262				20		4820					
1-31	31		31		31		3	10							34	10												20		20	79	15			
1-30	30		30		30		3								33													20		20	92	15			
Dec.																												165							
1-31	31		31	-	31		3	10							34	10					Ep 375. 16/12					243	-	420		2243	103	82			
Jan 1-31	31	100 10	58	00											34	10			12-1-17 Handed						73	-		20		93		44	92		
Checked Feb 2	2	1 50/10	2	20	-	-	-								2	20			5017	29/1/17				94.14	85	88	973	468		9.73	37	39			
															684	87																			

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 $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 56090 Army Rank Sgt.

Name De Lor, Fred. A.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C.C.A.C.

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 21 years 10 months
Height 5 feet 10 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion Fresh.
Eyes Blue
Hair Fair.
Trade Surveyor
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

Scar Face, Scotch arms, & Scotch Legs

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is ~~discharged~~ in consequence of To be returned to Canada for disposal of Militia Authorities. Authority:- Chief General, Hqrs Canadians Letter A.G. B.E. Canadians 2-D-204 of 19/1/19

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Lt.-Col. Commanding Canadian Discharge Depôt.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4308 Wt. W17176/M291 500,000 2/16 Sch. 33 Forms B. 268 40

[OVER.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations

Flanders 12 Months

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

CANADIAN DISCHARGE DEPOT
23 FEB. 1917
BUXTON

(Place) _____

(Date) _____

Lt. Col
Commanding Canadian Discharge Depot

Commanding _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*) _____ _____ (*Signature of Soldier.*)

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

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

9. *Additional certificate in the case of a soldier who takes his discharge at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 4[illegible], and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Lefroe Christian Name Frederick Kenmann

Examined on 2 day of March 1915
at Exhibition Camp Toronto

Birthplace City or Town Toronto
County York

Apparent age 19 yrs. 11 mos.

Trade or occupation Student

Height 5 Feet 10 1/2 Inches.

Weight 155 Lbs.

Chest measurement Minimum 34 1/4 inches.
Maximum expansion 38 1/4 inches.

Physical development good

Small-Pox Marks None

Vaccination Marks Arm Right. ✓ Left. ✓
Number

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by Fred E. Walls
Rank Lt A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		01 SEP 1916 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
3/3/15		Unsuccessful M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3/4/15		M.O.
10/4/15		Unsuccessful M.O.
18/4/15		M.O.

Enlisted on 2nd day of March 1915 at Toronto

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..	19th Infantry Bn C.E.F.	56090		
	D.O.C. Ex. Camp.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Chem.	12 DEC 1916	Multiple scars	Transferred to C.A.M.C.
Exhibition	Nov 19/16	Painful scar on left leg.	C2 Disembodied Capt

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.
100M.—1-15.
H. Q. 1772-39-439.

Surname Depre Christian Name Ferdinand Rank Lieutenant

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.
Toronto	2. 3. 15										
H.S. Scandinavian	13. 3. 15										
Shoreditch	23. 3. 15										
NORFOLK WAR HOSPITAL, THORPE, NORWICH.		14	9	16	12	10	16	G.S.W. face and legs		Flesh wds only.	H. Burden Lt Col RAMC
aux. H Dereham		12	10	16	8	12	16	" "	57		V.D. Surgeon to Kg.
CCH Epsom		8	12	16	19	12	16	"	12	Transferred to CCH for D.T.	M.G. Brown Capt
Base Hospital, Toronto		26	8	18	23	9	18	Ulcus atrie. Dorsalis.	29.	Saline irrigations, dental treatment, throat clear, ulcus atrie cicatrised.	CAPTAIN A.M.C.

MARCH 1915

Jan 19/1918

The marginally noted man has
a painful scar on ~~left~~ Right leg.
as result of a shrapnel wound
Old scar was excised.
No treatment will be of any
avail. Do not think there
is as much pain as man
makes out. Cab C.2 will
send his case.

C.B. Hunt Lieut Col
Mayr.

This is not intended as a
specialist's report. Only as a
memo. for your information
CBH

Examined by Fred. C.Watts. Capt. March 2/15

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Exhibition Camp DATE Nov 23rd.1918

1. 1 (a) Unit 2nd. C.G.I.R. (b) Regimental No. 56090 (c) Rank A/Sgt

(d) Surname DEFOE (e) Christian name Frederic R.

(f) Home address 23 Sultan St. Toronto.Ont.

(g) Next of Kin Mrs. Anna M.Defoe (h) Relationship Mother

(i) Address of Next of Kin same address

2. Age last birthday 23 Date of birth April 19/1895

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date March 2/15

4. Personal description:

(a) Height 5' 10½ (b) Weight 155 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 1 Vaccination left arm. Scar right cheek.

5. Former trade or occupation Student. to lawyer. Surveyor

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	271

19th. C.S Battalion	Periods From	Periods To
Canada	March 2nd.1915	May 22nd.1915
England	May 22nd.1915	Sept 14th.1915
France or other theatres of War England & Canada	Sept 14th 1915 Sept 15th.1916	Sept 15th.1916 To date

7. Original disease, or injury (1) Painful scar right leg. (2) Neurasthenia.

(a) Date of origin (1) (2) Sept 11/16 (b) Place of origin 1.2. France.

(c) Cause (1) Shrapnel. (2) Strain of service.

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—s 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 som therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(1) Partial loss of function of ~~left~~ Rt. leg

(2) Weakness and nervous system.

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

(1) Objective:- Surgical scar 2½" long mid and inner side of right leg. Scar of exit of shrapnel just below part of calf mid part size of a quarter. Movement of foot normal. Pressure on scar causes sharp shooting pain down inside of leg to Internal Malleolus. There is a ~~marked~~ small area of anaesthesia below scar extending down to malleolus. Marked hyperaesthesia about the scar, not allowing one to press on same. A great deal of which is no doubt due to Neurasthenic condition.

Subjective:- Has to protect scar from any injury. If he walks far and come down on his toes first it causes him pain just along malleolus.

(2) Objective and Subjective. See specialist's report attached.

(*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	See 9A	Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.)	no
Genito-Urinary System (Albumen and Sugar will be excluded.)	No sugar No albumen		
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	

Osseous:- When 12 years of age had left Tibia fractured, just below mid part and he says "Leg was never short since. Until since injury in France. Examination:- One can feel area of ~~active~~ fracture in Tibia. Left pelvis is tilted up and left leg is 1½" longer than right. Measurements left leg 37¾" Right leg 36½" He shortening or deformity is due to service which I am unable to explain. Wears a high heel now but says he did not previous to enlistment. Digestive There is hyperaemia & sloughing of ~~gums~~ gums following trench mouth which requires treatment.

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

(1) Wounded on Sept. 11th.1916, wound healed in 2½ months. No operation performed at time. August 1917 had scar excised in ~~left~~ Rt. leg for relief of pain, since which time it has improved some, but very little.

(2) See report attached

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*).)

~~Nil known~~

(1) Scarlet Fever in childhood date unknown.

(2) Chicken Pox in childhood.

(*c*) (Here give a description of wounds, scar. and deformities. Right leg 1½" shorter than left. Oval scar inside of left knee size of quarter. Small scar of entrance inside left thigh, mid part, Small scar of exit outer side of thigh just above-patellar.

11.—(*a*) Did the disabling condition have its origin before enlistment? 1.2 No

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

N.A.

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

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) 12 months (2) 6 months.

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

(1) Massage to scar and whole of left leg and back. (2) Tonics and rest.

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)

Required Dentaltreatment

16. Can the former trade or occupation be resumed? No. Cannot concentrate on studie

(If not, briefly state why)

17. Recommendations For Categoryv"C2"

O.C. Dana Capt.

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.R.Defoe 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. R. Defoe 2nd Lieut.

Signature of invalid examined. Rank.

820

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.)	yes
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	no
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	no

20. It is certified that the invalid

(*a*) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

Does require treatment — Dental

(*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.)

That he be placed in Category "C2"

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.

Julian Boyd Maj. — President.

PLACE Exhibition Camp. Toronto.

DATE Nov. 25th.1918.

Members

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

Fr Assistant Director of Medical Services.

DATE Nov. 30-18

APPROVED BY

Director-General of Medical Services.

DATE.....

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 56 65090 | RANK Pte. | NAME (IN FULL) DEFOE FREDERICK R. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

No.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 3-3-15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 23 Sultan St. Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE 2nd Bn. C.G.R. — DATE 6-12-18 — REASON Demob — AUTHORITY D.O. 18-4 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	ACQUITTANCE ROLLS COL. NO. 2	ACQUITTANCE ROLLS COL. NO. 3	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Balance from previous account																														
6 mos							420	00														33	00	33	00					Cr. P.A.I.D.
												Jan 16																		Cr. mailed 16-1-19.
														772						64	50			97	50					
												Feb 14		205913						64	50			162	00					
												Mar 13		211181						64	50			226	50					
												Apr 14		254424						64	50			291	00					
												May 13		352442						64	50			355	50					
														691971						64	50			420						
	420																			387		33		final 420						

W.S.C. PAID IN FULL

Jm. Mains CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

pace to be for numbers

Proceedings on Discharge.

A.M. P.M. Central Registry JAN 6 1919 No.2 M

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

D. 56090

nk Acting Sergeant.

rname DEFOE.

ristian Name Frederick Raumann

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

rps (Squadron, Battery or Company) 2nd BN. CANADIAN GARRISON REGIMENT

te of Discharge December 6th.1918.

ce of Discharge TORONTO

DESCRIPTION AT THE TIME OF DISCHARGE.

e 23 years 7 months.

ight 5 feet 10 inches.

mplexion Fair

es Blue

ir Fair.

ade Student.

nded place of residence (to be given as fully as practicable.) 23 Sultan St. Toronto Ont.

Descriptive Marks

1 Vacc. left arm. Scar right cheek.

JAN 7 1919 RECORD OFFICE TORONTO

The above-named man is discharged in consequence of

"Demobilization"

"Under authority of Routine Order #1328"

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

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

Very Good — Hey

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.)

Student.

. B. 218.

.—1-17.
772-39-113.

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235
Proceedings on Discharge	" B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

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

None

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

6. Medals and Decorations..... None

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) TORONTO H C Good Major

for O. C. 2nd Bn., Canadian Garrison Regt.

(Date) December 6th. 1918. *Commanding*

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

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

(Place) TORONTO Fred P Defoe *(Signature of Soldier.)*

(Date) December 6th. 1918. L. Allen Lt. *(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) 3 years 27 days.

Total 3 years 27 days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO H C Good Major

(Signature) for O. C. 2nd Bn., Canadian Garrison Regt.

(Date) December 6th. 1918

Reservations referred to at Para. 8.

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

None

Fred R. Dyfas

(OVER)

YELLOW RECORD FORM

20 SEP 1916

NORFOLK WAR HOSPITAL

A. & D. No. 6389/16 Ward H

Regimental No. 56090 Rank Pte. Name Defoe. Fred.
(Surname first)

Regiment 19th Canadians Squadron, Troop, Battery, or Company Bombers

Date of Admission 14-9-16 Date of Discharge or Transfer 12 OCT 1916

Age 21 5/12 Service 1 6/12. Service with the Field Force 1 yr. Religion R C

*Home Address 23 Sultan St
Toronto
Canada.

Admitted or Transferred from C E F

*Rail Station _____ on _____ Line

16 SEP 1916

	No.	Regional Injury (To be filled in on admission.)	No.	Extent of Injury (To be filled in before discharge.)
†Wounds Received in Action	II	G.S.W. Face.	1.	Slight.
	IX	G.S.W. Both legs	1	Severe.
	VIII	G.S.W. both arms	1	Slight
†Disease or Injury				

†Disease or Diagnosis changed to _____ Date _____

Signature of Resident Medical Officer _____

REMARKS :—

M.H.S. Rec'd. ✓

‡1. To be Discharged : Fit for Duty *(a)*
Light Duty *(b), (c) or (d)*

Condition on Discharge: Impd

‡2. To be Transferred to : Military Convalescent Hospital : _____
Auxiliary Hospital "A."
Auxiliary Hospital "B."
(No Dressings or Massage).
Special Hospital : _____
Canadian Military Convalescent Hospital.
(No Dressings or Special Treatment).

NORFOLK WAR HOSPITAL Canadian 12 OCT 1916 REGISTRAR'S OFFICE

‡3. To be recommended for Discharge from the Army.

Date 6-10-16 Signature of Senior Resident Surgeon, or Physician _____

This Form is to be filled in by the Registrar, except where marked otherwise.
*To be filled in by the Ward Sister.
†To be filled in by the Resident Medical Officer.
‡To be filled in by the Senior Resident Surgeon, or Physician.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 1

Name of Soldier Defoe Frederick Robert R.

Regiment Rad. Sig. C. E. F. Rank C/Sgt. No. S 60170

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
DISCHARGE EXAM. Ex Camp DATE Nov 23/18																							
CERTIFICATE ISSUED FOR prophalytic + Trench mouth Treatment																							

M.F.B. 2000 6-18. 177-os-960.

MILITARY WARDS
TORONTO GENERAL HOSPITAL

Department of Ear, Nose and Throat

Date

Name Dyer C.F.T.R. No. 56090 Unit 2 C.G.H.R.

Age 23 Enlisted Mch. 1915 In Out Patient for

Diagnosis Vincent's Angina ?

History:

Sore throat & mouth -

	R.	L.
Ext. Facies		
Nasal Septum	Irregular	
Inf. Turbs.		
Mid. Turbs.		
Nas. Pharynx		
Pharynx	inflammed	
Tonsils	+	Large Ulcer
Teeth	ulcerated gums	
Accessory Sinuses		
Larynx		
Ext. Aud. Canal		
Memb. Tymp.		
Mastoid		
X Ray		

R.

Hearing H. V. v. C 256 Air Bone C 512 Weber

L.

Treatment and Progress Advise transfer to Base

Jacobi Biggs

This space to be for numbers

Proceedings on Discharge.

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

No.	56090
Rank	Pte
Surname	Defoe
Christian Name	Fredk Rauman
Corps (Squadron, Battery or Company)	17 Batt
Date of Discharge	
Place of Discharge	

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age..... years..... months.	
Height..... feet.....inches.	
Complexion	
Eyes	
Hair	
Trade	
Intended place of residence (To be given as fully as practicable.)	

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

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.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

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.

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

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

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....

(Signature) .....

(Date).....

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.)

(OVER)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 56090 (Rank) Acting Sergeant.

Name (in full) DEFOE, Frederick Raumann enlisted in

the 19th BATTALION.

CANADIAN EXPEDITIONARY FORCE at Toronto.Ont. on the Third

day of March. 1915

HE served in CANADA ENGLAND and FRANCE

and is now discharged from the service by reason of "Demobilization"

"Under authority of Routine Order #1328"

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

Age 23 years. 7 months

Height 5 feet. 10 inches

Complexion Fair

Eyes Blue

Hair Fair.

Marks or Scars

1 Vacc. left arm. scar

right cheek.

Fred R. Defoe

Signature of Soldier

H C Good Major

for O. C. 2nd Bn. Canadian Garrison Regt.

Issuing Officer

Rank

Appointment

Date of Discharge December 6th. 1918.

Signed at TORONTO this Sixth day of December 6th. 1918.

in Military District No. 2

File Reference No.

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

M. F. W. 39a.
250m.—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 56090 (Rank) Acting Sergeant Name DEFOE, Frederick Raumann

Unit 2nd BN. CANADIAN GARRISON REGIMENT

Address on Discharge 23 Euston St. Toronto Ont.

Character and Conduct Very Good — NCO

Former Occupation Student.

Special Qualifications of Value in Civil Life do

Medals and Decorations None. Nil

Remarks "Wounded in action 11-9-16"

Signed at TORONTO this Sixth day of December. 19 18

H C Good Major

for O. C. 2nd Bn. Canadian Garrison Regt.

Rank

Appointment

8552 3 10/11/19

F R,

Please draft memorial docs & return regrmt docs

A B Fall

1007

This Declaration appli
allowances

2.			
3.			
4.			
5.			

ALL PENSIONERS MUST SIGN HERE ☞

If Pensioner cannot write he or she must make
the presence of a representative of the Board of Pen
taking of Oaths.

Pensioner's name

NO

The above claim form must be completed and
pension for the coming month will be delayed.

This form is NOT A RECEIPT but is the pension
are paid monthly in advance.

Unless your signature appears in the space res
your PENSION CANNOT BE PAID.

Write Secretary, Militia Council, Ottawa, fo
Assigned Pay, Deferred Pay, Discharges, Personal
Commissioners with regard to matters not connecte

B. P. C. Form 26.

25M.—4-18.

NORFOLK WAR HOSPITAL

DISCHARGE NOTICE

968

To the Sister of Ward H

Arrangements have been made for the discharge of Dyce

Rank Pte Regt. 19 Bdns

To Dereham

on Date Oct 12th

For Officer in Charge.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

JAN 22 1919

Name Defoe, Frederick
Surname Christian Name

56,090

Regimental Number 65090 Rank Pte. Address (in full) 23 Sultan St,

Unit 2nd Bn. C.G.R. Toronto, Ont.

Original Unit

District where paid M.D.2.

Date of Discharge 6=12=18.

P. D. P. Filing Number

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

L. L. 46038—M. & D. 9245.

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

M. F. W. 127.
25M.—8-18.
1772-89-1140.

Remarks: Account opened 16=1=19.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name .....

Address .....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

.....

.....

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

1. In using th
issued
2. The M

light, moderate,
ie of its parts, for

.....

Next of Kin:- Anna Defoe. (Mother)
23 Sutton St Toronto

MEDICAL HISTORY OF AN INVALID.

Mans address:- Same as above

1. Station. Military Orthopedic Hospital

2. Regiment or Corps. 19th Btn.

3. Regimental No. and Rank. Pte. 6-6090.

4. Name. DEFOE FREDRICK. R

5. Age last Birthday. 22.

6. Enlisted on March 2nd 1915
at Toronto

7. Former trade or occupation. Surveyor. Student.

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

M. H. C. C. "D. UNIT" TORONTO, - ONT. 14 SEP 1917

DEPT. MILITIA & DEFENCE SEP 15 1917 H.Q. CANADA

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

Date. Sept 6th 1917.

9. Service. 1 Years. 189 Days.

	PERIODS	
	From	To
Canada	March 1915.	May 1915.
England	May 1915.	Sept 1915.
France.	Sept 1915.	Sept 1916.

10. (a) Disease or disability. Wounds of the Right Leg.
(b) Date of origin. Sept 11th 1916.
(c) Place of origin. Somme
(d) Cause. Shrapnel. both legs.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Had a shell wound of the right shin which caused a slight right limp. He had a scar and nerve had removed 27/7/17. Wound healed - operation successful. He had shell shock also but his nerves have improved and are now practically normal. Heart + lungs are normal.

26

12. (a) Is the disability the result of service or climate? of Service

(b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
200M. 8-16.
1772-39-117.

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

Right Shin - Scar of operation - 3" long

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

on duty

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

not applicable

14. Treatment. In France 2 days. - Norfolk War Hospital - Treated - 1 month - 3 V.A.D. Hospital - E. Sheen - 2 months - Epsom - 10 days - Hastings -

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable

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

6 months

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

10% for 6 months.

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

Yes

F. Rhuelgron Capt

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. yes.

11. yes. There is a slight tremor of the hands. The knee jerks are not over-active.

12. yes

15. yes

16. ~~yes~~ not applicable

17. ~~yes~~ No. Nil

18. Is he unfit for Military Service. No

Recommendations:

That he be placed in catgory B.1.

Signatures:—

C. J. Currie Maj President.

F. W. Hughes Capt

Station. Military Orthopedic Hospital Members.

Date. SEP 12 1917 J. D. London, Lt.

Date. 17/9/17 Edw. Taylor Capt. for Asst. Director of Medical Services.

Approved.

Date. Sept 20. 1917 Harry Jeakins Capt for Director-General of Medical Services.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

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

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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

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

Administrative Medical Officer.