

Unit A. M. C. T. D. No. 4 Rank Lieut Name Derick C.L.

DUPLICATE

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Derick
- (b) What are your Christian Names? Clifford Lambie
2. (a) Where were you born? (State place and country) Noyan, Que.
- (b) What is your present address? 743 University St., Montreal. P.Q.
3. What is the date of your birth? Octr. 20th. 1894.
4. What is (a) the name of your next-of-kin? Mrs. Rodney Derick,
- (b) the address of your next-of-kin? Noyan, Que. Wn.
- (c) the relationship of your next-of-kin? Mother.
5. What is your profession or occupation? Physician
6. What is your religion? Anglican
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? ---
9. State particulars of any former Military Service. ---
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

Clifford L. Derick M.D. (Signature of Officer.)

Taken on strength (place) MONTREAL, P.Q.

(date) April 17th. 1918.

Chapman Major,
A.M.C. Training Depot No. 4.
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 24th. 1918.

Place Montreal, Que.

W. Ness Capt amc
Medical Officer.

*Insert here "fit" or "unfit"

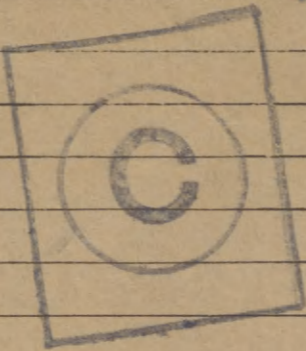
REGIMENTAL DOCUMENTS

A.C. 19
 6.9.19
 NAME Derrick Clifford Lambert

REGT. NO. Lieut.

UNIT A.M.C.T.D. No. 4 H. Q. FILE NO. 3144-250

Inc.
 3144-250

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>To Personal Services</i>	<i>26 9 19</i>	<i>Ref Pers - 1173</i>	DEATH	
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
TRAINING HISTORY SHEET (M.F.W. 113)						
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				12182		
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
9 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 485)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)						
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
1 Misc.						

Major Boleman
10/28-6-22



mess Smith 29 3 21



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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. A. M. C. TRAINING DEPOT NO 4

Regimental No. _____ Rank Lieut Name Herick Clifford Lambert
C. E. F.

Enlisted (a) 17-4-18 Terms of Service (a) War Service Service reckons from (a) 17-4-18

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

Extended _____ Re-engaged _____ Qualification (b) Physician



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				

31.3.19	MD#4	105. Clearing Service Command	Quebec.	29.11.18	Pl II DO 125. 3. 12. 18
		Rel cm 25.1.19 + 15.5.19			
2.9.19.		Ceases to be attached to MD on transfer to MD 4.	Quebec	27.8.19	Pl II DO 125. 3. 12. 18 Officer in Charge Records Clearing Services Command No. 239. of 27.8.19
		Taken on strength of adms staff, MD #4	MD 4.	27.8.19	Pl II DO 125. 3. 12. 18 Officer i/c Records Clearing Services Command adms staff to 1048 dated 27.8.19 adms staff order no. 213. dated 27.8.19.
		Struck off strength adms staff MD of Montreal		28.8.19	Pl II DO 125. 3. 12. 18 adms staff Montreal 3066 dated 28.8.19 Ref adms staff no 1053 dated 30/8/19.

(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. 38, 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. 38, or other official documents
Date	From whom received				
4-9-19	HQ Ottawa	leaves to be att'd to the Clearing Services Command	M D-4	29-8-19	RO 2155-19
			<i>McHinto, C. S.</i> for Director Personal Services		

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

MILITIA & DEFENCE
 SEP - 5 1919
 H.Q. CANADA

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. Rank Lieut ... Surname Derick
 (Given name in full)
Clifford Lambie
 Unit or Corps C.A.M.C. ... Birthplace Boyau

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Fair ... Weight 150 lbs. Height 5 ft. 9 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 76
 Condition of arteries Good
 Vision Rt. OK ... Left OK
 Hearing (conversational voice) Rt. OK ft.
 Left OK ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scar from appendicitis operation

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No ... Genito Urinary System No ... Cardio-Vascular System No ...
 Special Senses No ... Integumentary System No ... Respiratory System No ...
 Disturbance of mentality No ... Muscular System No ... Digestive System No ...
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Montreal*(Canada)

Date *29/8/19* Signed *E. D. Brown* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *E. L. Derick Lint*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

CANADIAN EXPEDITIONARY FORCE

W.H.4.48

Certificate of Service

W.H.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Clifford Lambie DERICK

Enlisted in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

day of ~~XXXXXXXXXXXXXXXXXXXX~~ 19~~18~~ AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the Seventeenth day

of April 1918.

HE SERVED in CANADA, with the Canadian Army Medical Corps.

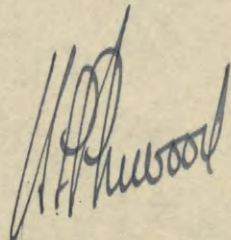
and was STRUCK OFF THE STRENGTH on the Twenty-ninth day

of August 1919 by reason of General Demobilization

Dated at Ottawa, this Thirtieth day

of June ~~1920~~ 1922.

Service in England on Conducting Duty.



Major,

for Director of Personal Services.

THE CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS WHOSE NAMES ARE

This is to certify that

has served in the Canadian Expeditionary Force

and was appointed to the rank of

on the 1st day of

in the

and has been credited with

of

ORIGINAL

MEDICAL HISTORY SHEET

Surname Druck Christian Name Clifford Lambie

Examined { on 24th day of April 1918
 at Montreal Que.
 Birthplace { City or Town Noyan. Que.
 County Missisquoi
 Apparent age 23.

Approved by [Signature]
 Rank Capt. med M.O.

Trade or occupation Physician M.O.
 Height 5 feet 9. Inches M.O.
 Weight 150 lbs. M.O.
 Chest measurement { Minimum 34 inches M.O.
 Maximum expansion 37 inches M.O.
 Physical development good. M.O.
 Small-pox Marks None M.O.

Vaccination Marks { Arm Right Left
 Number None.
 When Vaccinated last 1906 M.O.
 (a) Marks indicating congenital peculiarities or previous disease No M.O.

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

Enlisted on & 17th day of April 1918 at Montreal, Que.

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	<u>AMC.TD.#4</u>	<u>Lieut.</u>		<u>17-4-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

SURNAME.

Derick

CHRISTIAN NAMES

Clifford Lambie

REGL. NO.

RANK

Lieut

UNIT

BA M. B. (T.D.) Perm. Conducting Staff

FORMER CORPS

nil. (A. G. M. S. no staff)

NEXT OF KIN.

NAMES IN FULL

Derick, Mrs. Rodney

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Troyaan, P. Q.

COUNTRY OF BIRTH

Canada, Troyaan, P. Q.

DATE

Oct. 20th 1894.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

April 17th 1918.

*R/C. 25-1-19 25⁸ Lieut
R/c 15-15 M.F. W. 22. 100M. -8-17 H.Q. 1772-39-339.*

*5th Ant. D.O. 125
Clearing Service Command
CARD NO.*

*8.0.8.29-8-19 R.M.S.
FOLL
20.0.8.11 215-216 of 298 30-8-19*

*T. O. S. April 17 1918 add. M.S. # 4
D.O. Part II No. 107
30.8.27-8-19*

*20.0.22-213 of 26-8-19 to 27-8-19
add. 26.8 #4
CHANGE OF ADDRESS*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Physician

RELIGION

Anglican

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

April 24th - 1918.

Present Address, 743 University St.
Montreal, P. Q.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT *4*

NAME OF SOLDIER

Demuth G. C.

REGIMENT

C.A.M.C.

RANK

Sgt.

No.



INSTRUCTIONS

X to be extracted
M are missing

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>Good</i>	<i>Nov 5</i>	<i>2, 5</i>	<i>12-13</i>												<i>8.10</i>				<i>Capt. H. Ken 4</i>		<i>No H to file</i>	
	<i>Nov 5</i>				<i>4</i>	<i>4</i>		<i>4</i>											<i>Capt. H. Ken 4</i>		<i>Completed</i>	<i>Nov. 5/18.</i>



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

M. OR S. _____ REGT. NO. _____ RANK *Lieut* NAME (IN FULL) *Derrick C. L.*

IF IN P.F. WHAT UNIT? _____ # (BLOCK LETTERS SURNAME FIRST) *11 PCS.*

RELATIONSHIP _____ PARTICULARS *Suballee of 170 per diem* EFFECTIVE DATE _____ AUTHORITY _____

PLACE OF ATTESTATION *Clearing Services Command* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE *1 4/19* ASSIGNED PAY \$ _____ DATE EFFECTIVE _____

TO WHOM PAID _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____ ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED- *Transferred* PLACE *26-8-19* DATE *M.D.4.* REASON *NO. 239* AUTHORITY _____ ENTITLED TO POST DISCHARGE PAY _____

CHIEF CONDUCTING PAYMASTER
 CLEARING SERVICES COMMAND

no go

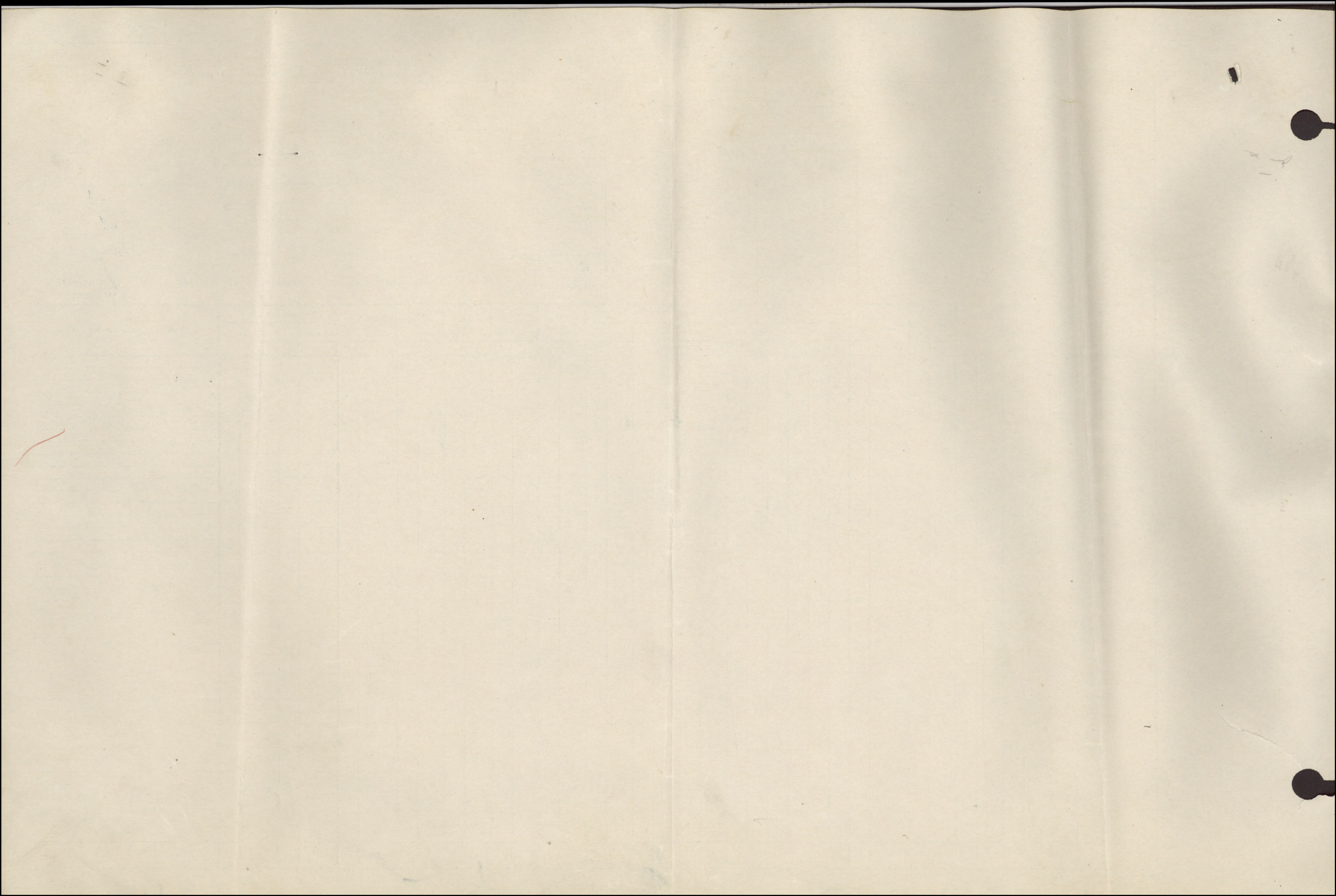
no. 9.7

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	NO.	DATE	NO.	DATE	NO.	DATE		\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.																				
<i>1919</i>																								
<i>April</i>	<i>30</i>	<i>4.00</i>	<i>120.00</i>	<i>51.00</i>	<i>171.00</i>		<i>29</i>	<i>4/29</i>				<i>171.00</i>							<i>171.00</i>					
<i>May</i>	<i>31</i>	<i>4.00</i>	<i>124.00</i>	<i>52.70</i>	<i>176.70</i>		<i>26</i>	<i>5/26</i>				<i>176.70</i>							<i>176.70</i>					
<i>June</i>	<i>30</i>	<i>4.58</i>	<i>135.00</i>	<i>76.50</i>	<i>293.85</i>		<i>21</i>	<i>6/21</i>	<i>28</i>	<i>6/28</i>	<i>21</i>	<i>6/21</i>	<i>823.50</i>		<i>18.60</i>	<i>40.50</i>			<i>312.40</i>	<i>18.60</i>			<i>823.50</i>	
<i>July</i>	<i>31</i>	<i>4.00</i>	<i>124.00</i>	<i>52.70</i>	<i>176.70</i>										<i>18.60</i>	<i>70.00</i>			<i>59.31</i>		<i>117.29</i>		<i>823.50</i>	
<i>Aug</i>	<i>31</i>	<i>4.00</i>	<i>124.00</i>	<i>52.70</i>	<i>176.70</i>										<i>70.00</i>	<i>48.67</i>	<i>40.03</i>		<i>279.09</i>	<i>13.50</i>			<i>117.29</i>	
			<i>607.00</i>	<i>476.84</i>	<i>1083.84</i>							<i>547.44</i>	<i>211.50</i>		<i>199.58</i>	<i>40.03</i>			<i>998.55</i>	<i>13.50</i>			<i>117.29</i>	

L.P.C. [Signature]

823.50 Advance pay for May
18.60 per Cash Debit voucher 5/21/19
40.50 per Cash Debit voucher 5/21/19
70.00 per Cash Debit voucher 7/21/19
48.67 per Cash Debit voucher 26-8-19
40.03 per Cash Debit voucher 26-8-19



M. F. W. 84.

3M.-9-1.
1772 39-99
L. L. Job 8285.-M. & D. 7106.

7957
L. L. Herrick

P-65

Date of Dis-embarkation *15.* / CHIEF CONDUCTING PAYMASTER,
CLEARING SERVICES COMMAND.

Place

PERIOD 1919		Chq #		FIELD		CREDIT LAST ACCOUNT	SUB- SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
From	To	Days	Rate	Amount	Days	Amount									
May	19		1267					190 00						190 00	
June	23		2486					14 55						14 55	
	24		2605					80 00						80 00	
	30		2861					38 00						38 00	
			2822					8 50						8 50	
Aug	15		4102					30 00						30 00	
	26		4506					172 14						172 14	
Sep	6		4734					3 62						3 62	
								<u>536 81</u>						<u>536 81</u>	

*ded. for ch. 2486.
18/3/19 to 26/3/19. 41.75
12/4/19 to 21/4/19. 162.80
ded. for by ch. 2822
15/3/19 to 22/3/19.
28/5/19 to 13/6/19.
20/6/19 to 25/6/19
5/7/19 to 16/8/19
Refund Baggage*

