

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Dickens
- 1a. What are your Christian names?..... ~~BRADY~~ James
- 1b. What is your present address?..... c/o E.H. Whiting, Pottersburg, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Smethwick, Warwickshire, England.
- 3. What is the name of your next-of-kin?..... Hanna Dickens,
- 4. What is the address of your next-of-kin?..... C/o E.H. Whiting, 1st Street, Pottersburg, Ont.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... June 26th 1890
- 6. What is your Trade or Calling?..... Moulder
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... Yes-1 Worcestershire Regiment.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Jan 11th 1916.
James Dickens (Signature of Recruit)
A.M. Adam (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Dickens, 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.

Date Jan 11th 1916.
James Dickens (Signature of Recruit)
A.M. Adam (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 London, Ont. this 11th of January 1916.

W.H. Chubbuck (Signature of Justice)

Description of Dickens, James on Enlistment.

Apparent Age.....25.....years7.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height.....5 ft. 5 ins.

Chest measurement { Girth when fully expanded.....37 ins.
 Range of expansion.....54 ins. 3

Complexion.....Dark

Eyes.....Grey

Hair.....Brown

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

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.....Jan 11th.....1916.

A. M. C.

Place.....Lond on, Ont.

Major 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.

James Dickens.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

B. Rossan Lt. Col......(Signature of Officer)

Date.....15.....1.....1916.

C.E.F.

DICKENS JAMES

902681

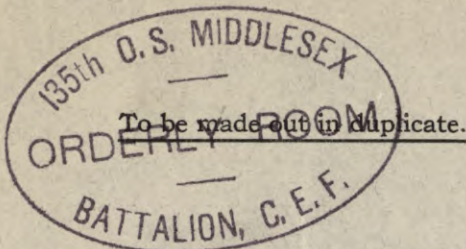
135 BN

15727

MED UNFIT







PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....
 **135th, O.S. Battalion, C.E.F.**

(2) Regimental Number **802681**

(3) Full Name of Soldier..... **James Dickens**

(4) Place of Birth..... **Smethwick, Warwickshire, England.**

(5) Are you married, or not? **Yes**

(6) If married, state,
 (a) Full name of your wife..... **Hannah Dickens**

(b) Present Postal Address..... **149 Wellington Street, London, Ontario,**

(7) Are you a widower? **No**

(8) Have you any children? **Yes**

If so, give number of boys and girls..... **1 Girl**

Also their names and ages..... **Lily Dickens 2 Years**

.....

.....

.....

9) Is your Father alive?.....**No**.....

If so, state name and address

10) Is your Mother alive?.....**Yes**.....

If so, state name and address...**Julia Dickens,**.....

11 Harding Street, Smethwick, W. Birmingham, England......

11) If your Mother is a widow.....

Are you her sole support, or not?.....

12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....**Hannah Dickens,**.....

.....**149 Wellington Street, London, Ontario, Can.**.....

14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....**Yes**.....

15) Are you insured?.....**No**.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

B. Brown
.....
Officer Commanding.

Date.....**May 6 th, 1916**.....

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. **802681.** (Rank) **PRIVATE.**

Name (in full) **DICKENS, James.** enlisted in
the **135th Battalion. C.O.M.F.**

CANADIAN EXPEDITIONARY FORCE at **LONDON. Ontario.** on the **ELEVENTH.**
day of **JANUARY.** 19 **16.**

HE served in **FRANCE. (With the 18th Battalion.)**

and is now discharged from the service by reason of **MEDICALLY UNFIT.**

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

Age **28. Years.**

Height **5' 5"**

Complexion **DARK.**

Eyes **GREY.**

Hair **BROWN.**

Marks or Scars

SCAR IN LEFT EYEBROW.

Signature of Soldier

**DISCHARGE SECTION
JAN 20 1919
No. 1 District Depot**

Date of Discharge

Issuing Officer

J. H. McLeod **LIEUT.**
Major

Rank

C. C. Discharge Section, No. 1 D. D.

Appointment

Signed at **LONDON, ONT.** this **TWENTIETH.** day of **JANUARY.** 19 **19.**

in Military District No. **(ONE.)**

File Reference No. **(1DD 10-D-169)**

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

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

Name. *Dickens J.* No. *802681* Unit.
 Rank. Service Date. *Jan 14/19*
 Diagnosis. *Concussion drape*
 History.
 Nose. Pharynx Larynx.

Hypopharynx.

R.E.	Ear.	L.E.	R.F.	Ear	L.F.
<i>no</i>	Perforation	<i>no</i>	<i>short</i>	Schwarback.	<i>short</i>
<i>no</i>	Discharge.	<i>no</i>		Weber.	<i>→</i>
<i>much thick 3 ft</i>	Retraction.	<i>yes</i>	<i>2</i>	Rinne.	<i>2</i>
	Voice.	<i>16 ft.</i>	<i>all very short</i>	Upper Fork Limit.	<i>cross short</i>
	After Inflation.			Lower Fork Limit.	<i>C2 56 short</i>
	Galton.			Tinnitus.	

Paraeussia.

Condition was *not* present previous to enlistment and has.....
 been *caused* by active service..... *no* improvement is
 to be expected. *dates from service concussion*

Vision.

V.O.D. *Apr 9/17* c Glasses.
 V.O.S. *CCR* c Glasses.
 Cornea. Fundus.

Condition was.....present previous to enlistment and has.....
 been.....by Active Service.....improvement is
 to be expected.

He is a Category.....man due to.....

W. Brown
Major



Dickens James

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 135TH O.S. BATTALION C.E.F.

Regimental No. 802681 Rank private Name James Dickens, James
C.E.F.

Enlisted (a) 11/1/16 Terms of Service (a) Period of War Service reckons from (a) 11/1/16

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) Abolished

CERTIFIED CORRECT.

DEC 1916

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.
		Embarked Canada	Halifax	22/9/16	
		Arrived England	Liverpool	30/9/16	
12-30-16	OB 135th	Transferred to 15th. Bn.	Witley	15-10-16	R.O. 267 15-10-16.
20-10-16	OB 116th	Take on strength	Bramshot	15-10-16	Robertson Lt. Col. D.O. 271 135th. Bn. Can. Inf.
29-11-16	OB 116th	Transferred for overseas service with 116th Bn.	FOR O.C. 118TH BN.	NOV 28 1916	Part II D.O. 311
29-11-16	Can Base Depot	Arr from 116 Can Res Bn England & taken on strength of 18 Can Bn.	Can Base Depot	29.11.16	Nom Roll Pt II Ord 57 d-18.12.16
9-12-16	18 BN	Joined unit	In the Fld	3.12.16	B.213
17-8-17	18 Bn	WOUNDED	In the Fld	15.8.17	Letter. DCS.311
18-8-17	do	Now reported Gassed	do	15-8-17	Letter 18/8/17. DCS. 312
15-8-17	4 C.F.A.	W-Shell gassed. Trans.	to 6 C.P.S.	15-8-17	A36 (bat. 2966)

(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.

OVER

[P.T.O.]

802681 Pte. Dickens J.

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.				
16-8-17	2 Stat.	W. Gassed.	Adm. No. 2 Stat.	16-8-17	W. 3034 (bat. 4239)
25-8-17	do	do	Trans. to 18 Amb. Train	25-8-17	do (bat. 4368)
26-8-17	A.T. Esiquibo	W. Gassed.	Adm. A.T. Esiquibo	26-8-17	W. 3083 (Can. Sect No. 3803) Pt. II Order 63 10/9/17
		Posted to Western Ont Regtl Depot Bramshott.			
			<i>J. Hogan</i>		Major for Lt. Col., A. A. G. Canadian Section, C. H. Q. 3rd Echelon B. E. F.
22-10-17 <i>g.w.</i>	WORDS	Evac. (W) and Posted from 15th Bn	Bramshott	24-8-17	Pt 2 195 <i>W. Myers</i>
					LIEUT. FOR LT: COL: I/O RECORDS, C.O.M.F.
20-11-17 5 JAN 1918	2 CCD	attached to 2 CCD	Bramshott	14-1-17	Pt 2 D.O. # 238
	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to... 4 th Res. Bn.	Bramshott	4 JAN 1918	Pt. 2 D. O. No. 4 <i>J. Raphael</i> for OC. 2nd CCD.
5-1-18	O.C. 4th Res. Bn.	T.O.S. 4th Res. Bn. on posting from W.O.R. D.	Bramshott	4-1-18	Pt 2 Order No. 4 .
15-4-18	do	Appointed L/serjt with pay	do	15-4-18	Pt 2 order n° 89.
3-10-18	do	Appointed A/serjt with pay	Witley	2-10-18	Pt 2 D. O. n° 234

A.G.R. Rank *Pte.* Name **DICKENS, James** ✓ Reg'l No. 802681 ✓
 Unit 135th Bn. If in perm. Corps, }
 What Unit? } Married or Single **Married**
 Place and Date of Enlistment **London, Ont., 11th Jan., 1916** ✓ Place of Birth **Smethwick,** ✓
Warwickshire, England.
 Name and Address, Next-of-Kin **Hanna Dickens,** ✓
c/o E.H. Whiting, 1st St., Pottersburg, Ont. ✓ Relationship **Wife.** ✓

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

N/E. R.B. No. **5022**
 File R.L.
 Category **CANON**

Discharge, Date and Place Reason Character

H. W. & V., Ld.-7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents
Date.	From whom received				
ARRIVED IN ENGLAND S.S. OLYMPIC 30-8-16					
Oct. 15, 16	135th	Trans'd to 116th Bn	WITLEY, 15-10-16.	Pt. 2D. O. 267	
20 OCT. 1916	135th 116th	T. O. S. from 135th. Bn.	B'shott.	15 OCT. 1916	Pt. 2 D. O. 271
29. 11. '16	Ob. 116 th Bn.	S. O. S. overseas to 18 th Bn.	Witley	28. 11. '16	Pt 2 D. O. 311.
18. 12. 16	18 th	Taken on strength.	Field	29. 11. 16	" " 57.
24-8-17	- " -	Rept'd from Base Wounded	"	15. 8. 17.	C. L. A. 5-87
25-8-17	- " -	in 2 Staty Hospl.	Abberville	16-8-17	" 588 Gas Shell Ser.
10-9-17	- " -	(Evac. Wd) & Posted to W.A.D.	Field	26-8-17	Pt 2 D. O. 195 ^{Gas. W. 11/17}
18. 10. 17	Wor	Adm. 5 th Ser. Gen. Stoop.	Portsmouth	27. 8. 17	21. 40. Gen. ?
19. 10. 17	"	Ex. to Gen. Com. Stoop.	Essex	19. 10. 17	- 41. Incl gas. Ser.

A.F.B. 103 CHECKED 4 DEC. 1916
 W.H.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
23.11.17	WOR	Bis. Am. Com. Hosp.	Epworth Pte	14.11.17	210.71
19.11.17	WOMAN	on Com 2nd CCS	Bshott "	14.11.17	PTE 219 2CCD. 238
5.1.18	4th Res.	Posted from Reg. Depot and in off command	" "	4.1.18	— 4. W.O. R.D. 5 ^d 7 ¹ / ₈
12.4.18	"	To be Lt/ltpl with pay	"	12.4.18	— 89
3/10.18	"	appt as ltpl paid	Witley 4th	2.10.18	" 234.
23.11.18	WORD	TOS from 4 Res	9/10/18	22 ¹¹ / ₁₈	.2778 4 Res 27707 22 ¹¹ / ₁₈
9-12-18	"	S.O.S.O.M. 7 of C. on trans. to C.E. 7 in Canada	" "	7-12-18	" - 290

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

OTTAWA 4, ONTARIO.
Date APRIL 20, 1966.

P.A.

Attention of

NAME DICKENS James.

SERVICE 802681 18TH & C.P.C. No. 101553
NUMBER 35TH BNS. W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

G. H. RICHARDSON, LONDON, ONTARIO. APRIL 7, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death.....MARCH 21, 1966.....
Cause of Death.....
Place of Death....NOT STATED.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~NAVY~~
~~ARMY~~
H.O.

} Destroy form if advice of death already received.

E. C. Richards

for
Chief, Central Registry

City of New York

1900

100

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EYE, EAR, NOSE & THROAT CLINIC.

Witley Camp, Surrey.

OCT 11 1918

.....1918

UNIT..... *H Res.*

Reg No. *802681* Rank *Cpl* Name *Dickens J.*

DIAGNOSIS:-

*Common
Eustachian obstruction*

REMARKS:-

HEARING:) Rt. Lt. Rt. Lt.

VOICE
WHISPER.
WATCH.

RINGS.
WEBER.
SCHWABACK
FORK 256.
FORK 2048
BONE CONDUIT.

CATEGORY RECOMMENDED:-

TREATMENT RECOMMENDED :-

Common removed

Prescription R, X

Return 9.00 am Monday Oct 21

RETURN FOR FURTHER TREATMENT AND EXAMINATION OF.....

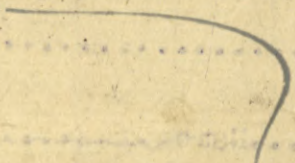
AND BRING THIS PAPER.

K. Stammers
.....Capt, C.M.L.C.
Eye & Ear Specialist, Witley Camp,
Surrey.

OCT 29 1918

Return one week.

3 Battery Col



27/10/18

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Handwritten vertical text in the center of the page, possibly a list or notes.

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



Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	27	8	17	21	9	17	Gas Poisoning 12307	26	admitted with Gas poisoning. now in Condition for aux. Hospital. fits out.	<i>[Signature]</i> W.S.R.C-208a
Langstone Towers Aux.	21	9	17	16	10	17	"	25		<i>[Signature]</i>
M. B. S. Spson	16	10	17	14	NOV	1917	do	30	On admission Dyspnoea on walking fast, can go about two miles, some cough; Spee Sec since admitted 7.11.17 Improving, fit for discharge to Command Dept Category D.1.	<i>[Signature]</i> Capt C.M.C.

LAST PAY CERTIFICATE

Regt. No. *802681* Rank *Capt* Name *Deekens James*
 Corps *135 Bn* who was *Discharged*
 on *20-1-19* to

The following is a statement of the account of the above named
 from *4-1* to *20-1-19*

Bal Dr from mon. of from L.P.C.	<i>18</i>	Bal Cr from mon. of from L.P.C.	<i>20 06</i>
ASSIGNED PAY:		Regt Pay <i>17</i> days at \$ <i>1-</i>	<i>17 00</i>
<i>1-1-196 20-1-19</i>	<i>13 50</i>	Field All <i>11</i> days at \$ <i>10</i>	<i>1 70</i>
SEPARATION ALLOWANCE: <i>9 75</i>		SEPARATION ALLOWANCE:	
<i>1-1-196 20-1-19 9 76</i>	<i>20 00</i>	<i>1-1-196 20-1-19</i>	<i>20 00</i>
OTHER CHARGES:		OTHER CREDITS:	
	<i>15 00</i>	Clothing Allowance	<i>35 00</i>
PAYMENTS: <i>R 285</i>		Subsistence,	
<i>9 77</i>	<i>35 00</i>		
Bal Cr (to be paid)		Bal Dr (to be deducted)	<i>7 74</i>
<i>P.P.P. Messes</i>	<i>101 50</i>	(from soldier \$)	
		(" Dependant \$)	<i>101 50</i>

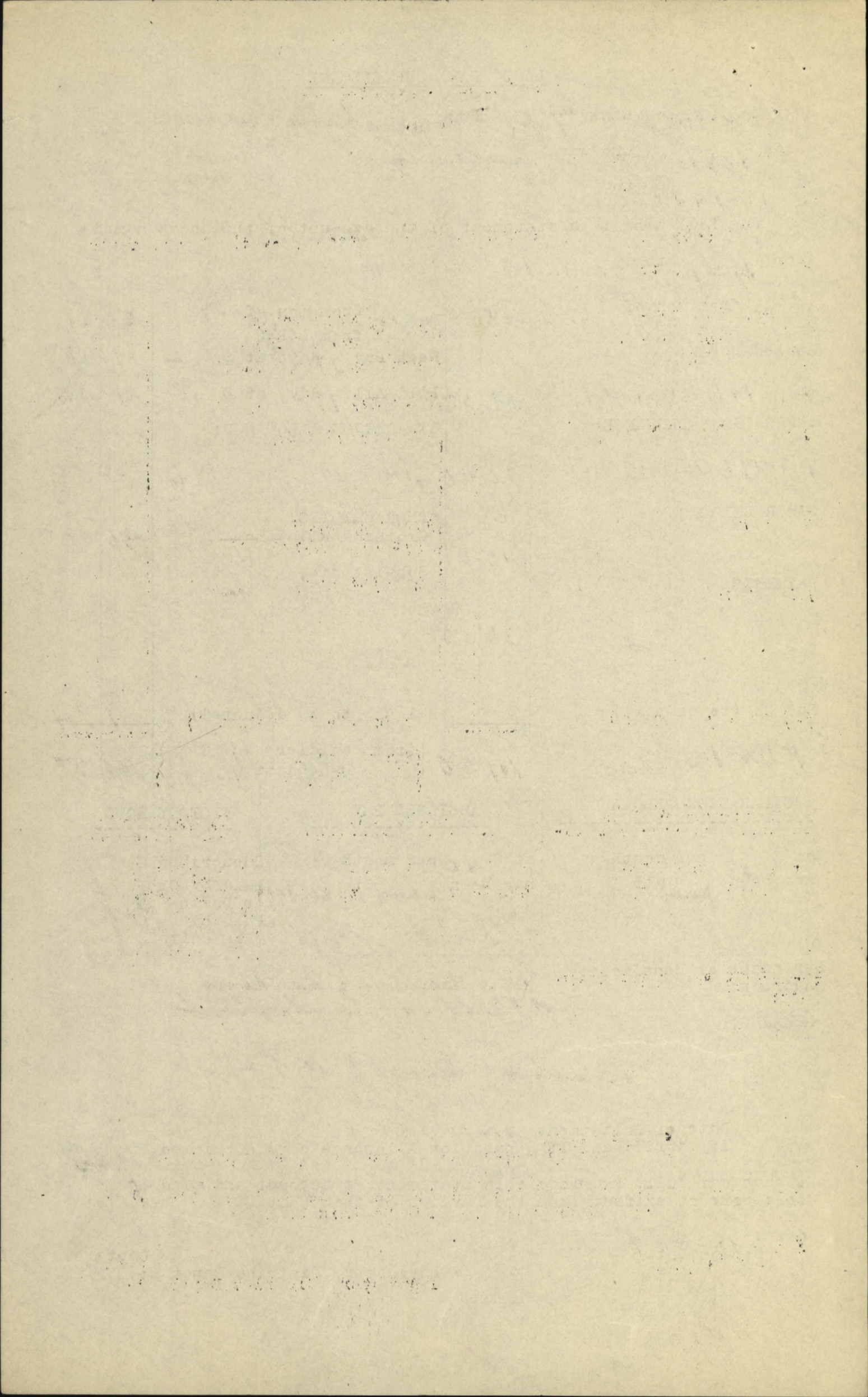
SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <i>30</i> per month has been paid to <i>20-1-19</i>	at \$ <i>20</i> per month has been paid to <i>20-1-19</i> <i>and used</i>	Subscribed \$ Paid by Other Units \$ Paid by this Unit \$ <i>Ref</i>

Dependant or Beneficiary;
 Address; *Mrs Hannah Deekens*
299 10th St London Ont

REMARKS;
Discharged Permit 10017
Med Ongrt

Date of Enlistment *11-1-16*
 If married and if Separation Allowance card submitted

I have carefully examined this statement of account and find it to
 be a correct extract from the Paylist of this Unit
 date: *18-1-19*
 London, Ont.
 Captain,
 Paymaster, District Depot No. 1



No. 802681. RANK *Plt.*NAME *Dickens James.*

T. O. S. 11-1-16.

UNIT *135th Battalion. C. E. F.**(No. 9. 11-1-16)*

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916.</i>	<i>1916.</i>			
<i>Jan. 11</i>	<i>Jan. 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar</i>		<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>Dis.</i>	<i>on leave</i>	
<i>Aug</i>		<i>m.</i>		

UNIT SAILED
AUG 22 1916



Name **DICKENS, James Rank Pte**

Reg. No **802681**

Unit **18th Bn.**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-8	Rept from Base		Wounded	A587 M	5942	
16-8	No 2 Slab Wash	Abbeville	W. S. S.	A 588	23/8	
27-8	5 th Southern	G. H. Milton	Ramsbury Gas Poisoning	B40		Letter
19-10	G. H. Epsom		Shell Gas (cont.)	B41		3874.1
14-11	DISCHARGED		DO	B71		15-02
11/11						26

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Dick

9/cpl

Howe

Number 802681 Rank

Surname DICKENS

Christian Name James

Units 18th Bn CAN 2^d Theatre of War France

Date of Service 28-11-16

Remarks 223 Grey St

Latest Address ~~299 Hill St~~
London, Ont

Roll No. B Page 165-95

200m.-2-21.M.

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

RANK

SURNAME

INITIALS

UNIT

Home address.....

(Street)

(City or Town)

(Province)

One person to be notified of arrival.....

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

Railway.....

Is your wife on board..... Number of children on board.....

Destination.....

(Sgd.).....



REGT'L. No. 802681

H. Q. FILE No. 649

NAME Dickens James

RANK AND CORPS Pte. 18th Bn. form 135th Bn.

FOLLOWS
NO.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

M 5942
135-1 26-8-14

6
Reported wounded August 15th.
1914. C

M 6186
(V/S.M.) 13-10-17

5th Southern Gen. Hosp. Gawcett Road,
Southsea gas poisoning weak but much
^{better}
~~improved~~

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A587.	Rep from Base wounded	15-8-17	
A588	#2 Ltat. Abbeville	16-8-17	"do" Gas shell sev. ²²⁻⁹⁻¹⁷
B40	5th So. Milton Portsmouth	27-8-17	Gas?
B.41.	to ban bonv. Widcoté Pk opsan	17-10-17	Shell Gas. Cour. 7-11-17
B71-3	"Disc."	14-11-17	" " (W Ont Reg)

L

DICKENS, James

Spr.

8 02681

*Name..... Rank..... Regtl. No.....

Original unit 18th Bn Present unit 135th Bn. M. ~~or S.~~ Age 28 Religion C/E Fyle Depot 1DD 10-D-169 Ref. H.Q. ID 30-D-822

Port, ship, and date of arrival Olympic, Halifax. 14-12-18

Next of kin Wife, Hanna Dickens C-0 E.H. Whiting 1st. St. Potterborg Ont.

Address on leave.....

Address on discharge 299 Hill St., London, Ont.

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Moulder Date and place of enlistment London 11-2-16

Diagnosis Shell Concussion Date of Medical Boards 14-1-19 London, Ont.

Date. I.O.S.	Remarks	Pt. 2 Order No.
7-12-18	Posted to Cas. Co. (Ex. Camp) 14-12-18	
	Leave 19-12-18 to 3-1-19	
	Subs. " " "	250
3-1-19	Transferred to D.D. 1. as # 803681.	6

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

Date.

No.1 D.D. Orders.

Remarks.

Pt. 2 Order No.

4-1-19

To Cas. Coy on transfer from No.2 District Depot

11

20-1-19

Discharged from H.M.S. Medically unfit. (P.D.P.)

17

Surname *Dickens* Christian Name or Names *J.* Reg. No. *802681*
Rank *Pte.* Unit *18th Battn. W.O.* Co. Troop Batty.
Hospital Date of Admission

Transferred *#2 Statny. Abbeville* Hosp. *16.8.17.*

5 S. Gen. Portsmouth Hosp. *27.8.17*

Can. Con. W. Pk. Epsom. Hosp. *17.10.17.*

Hosp.

Diagnosis *"W" Gas. Shell. Gen. HG*

(1) Later Diagnosis (if changed) *Shell Gas. Con.*

- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION *R. F. B. Wd. 15.8.17.* Date

Disch 14-11-17

REMARKS

cf 24.8.17. A587.

25.8.17. A588.

19-10-17 B40

20.10.17 B.H.1

24-11-17 B71-3

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Eye, Ear, Nose & Throat
Clinic,
Witley Camp, Surrey.
NOV 8 1918
.....1918.

UNIT: *H Res*

REG. NO. *802681* RANK *Cpl* NAME *Dickens*

DIAGNOSIS:-

REMARKS:-

*Old rupture Right
Ear drum, stated to
have followed direct con-
cussion from shell 14
months ago. Rt M. Y. scarred
and retracted but intact, left
M. Y. opaque and slightly
retracted*

HEARING:-

Rt.

Lt.

Rt.

Lt.

VOICE. "
WEISER.
WATCH.

6' 25'

RINNE:
WEBER:
SCHWABACK:
FOEK: 256.
FOEK: 2048.
BOE CONDⁿ.

CATEGORY RECOMMENDED:-

B I

TREATMENT RECOMMENDED:-

RETURN FOR FURTHER EXAMINATION AND TREATMENT ON

AND BRING THIS PAPER.

Monteant
Lieut-Colonel. C.A.M.C.
Eye and Ear Specialist.
Witley Camp, Surrey.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.



Handwritten initials and scribbles on the left margin.

Name Dickens, James
Surname Christian Name

Regimental Number 802681 Rank Pte.

Address (in full) 299 Hill St.,
London, Ont.

Unit 135th Bn.

Original Unit

District where paid M.D. 1.

Date of Discharge

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.
1772-33-1190.

Remarks: Account opened 20-1-19.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Hannah Dickens wife
PAYMENTS.

Name of Soldier

Dickens James

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>1657</i>	<i>20</i>	<i>20</i>
May		<i>4955</i>	<i>20</i>	<i>20</i>
June		<i>M8684</i>	<i>20</i>	<i>20</i>
July		<i>X8830</i>	<i>20</i>	<i>20</i>
Aug.		<i>013115</i>	<i>20</i>	<i>20</i>
Sept.		<i>715736</i>	<i>20</i>	<i>20</i>
Oct.		<i>S18944</i>	<i>20</i>	<i>20</i>
Nov.		<i>V22314</i>	<i>20</i>	<i>20</i>
Dec.		<i>V 25101</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>W28582</i>	<i>20</i>	<i>20</i>
Feb.		<i>W31469</i>	<i>20</i>	<i>20</i>
March		<i>W. 34342</i>	<i>20</i>	<i>20</i>
April		<i>W 721</i>	<i>20</i>	<i>20</i>
May		<i>W3959</i>	<i>20</i>	<i>20</i>
June		<i>26833</i>	<i>20</i>	<i>20</i>
July		<i>V 10577</i>	<i>20</i>	<i>20</i>
Aug.		<i>F 15361</i>	<i>20</i>	<i>20</i>
Sept.		<i>E 18050</i>	<i>20</i>	<i>20</i>
Oct.		<i>T 19882</i>	<i>20</i>	<i>20</i>
Nov.		<i>F 26597</i>	<i>20</i>	<i>20</i>
Dec.		<i>B 27701</i>	<i>20</i>	<i>20</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Remailed 16.1.17

*Remailed address below 20.8.17 R.H.
149 Wellington St. London Dist*

440

①

16

+367

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

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.				

SEPARATION ALLOWANCE

Name Hannah DickensName of Soldier Dickens James

Address

149 Wellington St Pottersburg
London Ont Ont.Regtl. No. 802681Rank PteCorps 135th Battr

Relation to Soldier

wife, child or mother

} wife

To what Corps belonging

when called out

} ✓ ✓

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March		<u>R33148</u>	<u>20</u>	<u>20</u>	



10

10

10

10

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Reg. 653

Wife
McHannah Dickens

PAYMENTS. -

Name of Soldier

Dickens James
pte

2000

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>#802681</i>	<i>135th US Bri</i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>J 16314</i>	<i>20</i>	
Oct.		<i>✓ 20661</i>	<i>20</i>	
Nov.		<i>22240</i>	<i>20</i>	
Dec.		<i>J 34194</i>	<i>20</i>	
Jan.	1917	<i>T 37992</i>	<i>20</i>	
Feb.		<i>T 43931</i>	<i>20</i>	
March		<i>V 45353</i>	<i>20</i>	
April		<i>21951 ✓ V 1409</i>	<i>20</i>	<i>20x</i> <i>20e.</i> <i>20.45 V1409 Can Inck 20/17 C.A.</i>
May		<i>P 4354</i>	<i>20</i>	<i>20th</i>
June		<i>J 14513</i>	<i>20</i>	<i>20lu</i>
July		<i>W 20860</i>	<i>20</i>	<i>W.</i>
Aug.		<i>7 30211</i>	<i>20</i>	<i>6</i>
Sept.		<i>z 37177</i>	<i>20</i>	<i>03</i>
Oct.		<i>7 40906</i>	<i>20</i>	
Nov.		<i>A 37892</i>	<i>20</i>	
Dec.		<i>I 53124</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MAN

McC

20x
20e.
20.45
20th
20lu
W.
6
03

320

CANADIAN
 ASSIGNED PAY AUDITED
OK J. Howbell
 AUDIT CLERK
 DATE *15/4/19.*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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.				

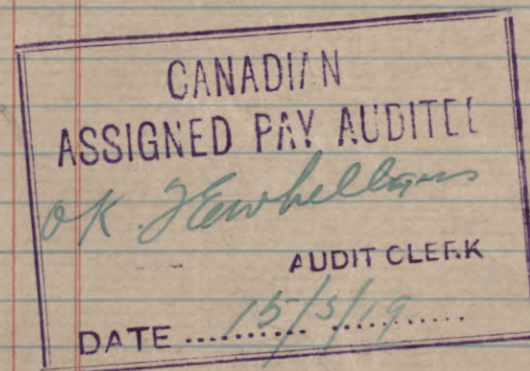
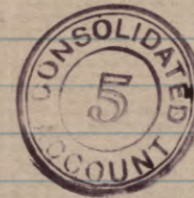
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Wife* *Mrs Hannah Dickens* By Whom Assigned *Dickens James*
 Address *149 Wellington St* Regtl. No. *802681*
London, Ont. Rank *Pte*
Can Corps *135th OS Bn C.E.F.*
 Rate *2000* $1\frac{9}{16}$

PAYMENTS

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



Name

Cpl J Dickens

M. F. W. 41
1004-1-13.
1773-33-839.

PB

Regimental No. 802631

Name and address of next-of-kin

Unit:

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

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					
							12 80							P.O.S. D.O. 250. Subs. D.O. 250 BPL

Q.P. - 4626-f-2
 English L.P.C. No. D. 451

M. F. W. 41a.
 120m. 1-18
 1772-39-1213

Name Nichens, James

Regt'l No. 802681 Rank A1 to pl. File Numbers { P.M. 25-90
P.M. 25-111

Former Units W.D.P.W. Original Unit 135th Bn.

Date of arrival in Canada 14.12.18 Boat Olympic Port of Disembarkation Halifax

Rates of Pay:—Regt'l. # 1.05 Field 1.07 Date of arrival in M.D. 2

Separation Allowance. Date paid to 31.12.18 Rate # 30.00 If continued by Chief Paymaster, England

Assigned Pay. Date paid to 31.12.18 Rate # 20.00 If continued by Chief Paymaster, England

Name and address of Beneficiary { Mrs Hannah Nichens (wife)
299 Hill Street, London, Ontario

Pay claimed on English L.P.C. to 30.11.18 to be paid by new Unit from 1.12.18

Name of new Unit #2 District Depot Date L.P.C. forwarded to new Unit 31/12/18

Q.P. charged on English L.P.C. to 30.11.18

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT		REMARKS	
\$	c.	\$	c.	\$	c.	On Boat		At Cl. Depot &c		\$	c.	\$	c.	Credit	Debit		
29	86			29	86												Emb. - 30.12.18 <u>30/12/18</u> REMARKS On Boat. On Boat Halifax. Dec. 19 18.
								5	00								
								5	00								
								30	00								
										20	00						
														60	00		
														60	00		
																30 14	

Debit Balance 30 14
60 00

No. 2 DISTRICT DEPOT

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

M. OR S. *M.* REGT. No. *802681* RANK *apt.* NAME (IN FULL) *Dickens J.*

ORIGINAL UNIT C.E.F. *WORLD 135th Bn* IF IN P.P. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO # *1 D.D.* DATE *3/1/19* AUTHORITY *D.O. 6*

DATE OF ATTESTATION TRANSFERRED TO

ASSIGNED PAY, \$ *2000* DATE EFFECTIVE *1/1/19*

PAYABLE TO *Mrs. Hannah Dickens (wife)* RELATIONSHIP *(wife)* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *299 Hill St. London ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

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		TOTAL		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	CHARGES	DEBITS	DEBIT	CREDIT				
			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE								NO.	DATE	\$	
<i>1919</i>																							
<i>Dec-14</i>																							
<i>JAN 13</i>	<i>34</i>	<i>110</i>	<i>3740</i>		<i>1280</i>	<i>5020</i>																	
					<i>2006</i>																		<i>cr Bal. Dec 12 80</i> <i>Dr Bal L.P.C. 30 14</i>
																							<i>ACCOUNT CLOSED. NOT SIGNED.</i> <i>RESPONSIBLE OFFICER S.G.S. PRIOR TO</i> <i>B.O. CIRCULAR No. 102 (LOCAL 120).</i>

NUMBER 802681

RANK

^a
Cpl

NAME

DICKENS J

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION		
				Balance Bw Ford					18.61				
Oct	P.P. Pay	1.18		C.A.P.				20					
	Cpl Pay	36.00		DR 2641 16-10-18 4 th R	9.73								
				v 2812 30-10-18	4.87				21.16				
Nov		37.15		C.A.P.	14.66			20	29.16				
		36.00		DR 2967 16-11-18	7.30			20	29.86				
		36			7.30								
				S/O/S to Canada. Eff 7-12-18. W. ORLANDO 290 9-12-18.									

Brown

War Service Badge

This space to be for numbers

Class **B** No. 52164 Issued

War Service Badge

Class **A** No. 82194 Issued

Proceedings on Discharge.

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

No. <u>802681.</u>	
Rank <u>PRIVATE.</u>	
Surname <u>DICKENS.</u>	
Christian Name <u>James.</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>135th Battalion. C.O.M.F.</u>	
Date of Discharge <u>JAN 20 1919</u> <u>D.O. #17. 21.17. 1.19</u>	
Place of Discharge <u>LONDON, ONT.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>28</u> years..... months.	Descriptive Marks <u>SCAR IN LEFT EYEBROW.</u>
Height <u>5</u> feet..... <u>5</u> inches.	
Complexion <u>DARK.</u>	
Eyes <u>GREY.</u>	
Hair <u>BROWN.</u>	
Trade <u>MOULDER.</u>	
Intended place of residence } <u>299 Hill, Street,</u> (To be given as fully as practicable.) } <u>LONDON. Ontario.</u>	
2. The above-named man is discharged in consequence of MEDICALLY UNFIT	
<small>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.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <small>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.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

R. O. Camp 26325 B B

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

*sc
Quincy*

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) LONDON, ONT. *Dickinson J* (Signature of Soldier.)

(Date) JAN 20 1919 *J. Seddon* (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) LONDON, ONT.

(Date) JAN 20 1919

J. R. Millard
O. C. Discharge Section, No. 1 D. D. Major

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.)

[Handwritten signature]
Dickens J.

List of Discharge Documents.

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

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.

Military Hospital

(To be attached to Case Sheet)

Date

Rank and Name

Age

Sex

Address

Reserved for M.H.C.

Regt. No. 802681 Rank 9CPL Surname DICKENS Christian Name JAMES
 Unit or Corps—(a) Overseas from United Kingdom 18 Batt (b) in United Kingdom W.O.R.D.
 Born at—Town SMETHWICK County or Province Country ENG.
 Date of Birth—Day 26 Month JUNE Year 1889 Age 29 yrs. months.
 Joined at LONDON ONT Date 11/15-1916
 Former trade or occupation MOULDER
 Permanent Marks or any peculiarity that will serve for future identification :—

PRESENT CONDITION

Height—feet 5 inches 7 Colour of eyes BROWN
 Signature of Soldier (for identification purposes) James Dickens

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

OLD RUPTURE RT EAR DRUM.

Disabilities Group (b)

na.

Disabilities Group (c)

na.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Concussion of shell</u>	<u>France</u>	<u>15-8-17</u>
(ii.) As to Group (b) above.	<u>na.</u>	<u>na.</u>	<u>na.</u>
(iii.) As to Group (c) above.	<u>na.</u>	<u>na.</u>	<u>na.</u>

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? no If yes, has Active Service aggravated it ? na.
 (ii.) As to Group (b) above ? na. If yes, has Active Service aggravated it ? na.
 (iii.) As to Group (c) above ? na. If yes, has Active Service aggravated it ? na.

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? yes
 (ii.) As to Group (b) above ? na.
 (iii.) As to Group (c) above ? na.

5. MEDICAL HISTORY. Came to England 26-8-16
 Went to France 26-11-16. In France II.
 Was always healthy before enlisting.
 Was gassed 19-8-17 #5 Southern General
 Hospital 28-19 to 21-9-17. Wroughton
 Lower Aux. 21-9-17 to 16-10-17
 M.C.H. Gypsum 16-10-17 to 14-11-17. Was
 discharged in fit condition.

6. PRESENT CONDITION. Specialists Report R. Pentecost
 Lt Col. 8-11-18 Witley Camp.
 Ear drum stated to have ruptured
 following direct concussion from shell
 on 25-8-17. Rt. M.G. scarred and re-
 tracted but intact. Left M.G. opaque
 and slightly retracted.
 Hearing Rt. Lt.
 voice 6' 25'
 Percuss. Resp. G.M.S. and U.S. normal

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

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

8. (i) Is there loss or decay of teeth attributable to Active Service? *Yes*
 (ii) If so, describe. *Had six extracted.*

9. DO YOU RECOMMEND:—
 (a) Fit for duty? *Yes B1* (state category)
 (b) Invalid to Canada? *No*
 (c) Discharge from the Service as permanently unfit? *No.*

Date of Report..... *2-2-11* 191*8*
 Station..... *Witley*
 Signed..... *H. Wagner*
 Officer in medical charge of case.
H. C. M. C.

I have satisfied myself of the general accuracy of the above Report,
 and concur therein *except
NOT IN HOSPITAL
 Dated at Station, on 191.....
 *Delete if inapplicable.

PART II
 10.
 11.
 12.
 13.
 14.
 15.
 16.
 17.
 18.
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 28.
 29.
 30.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. *Yes*

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. *Yes*

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier { Caused? *Yes* Aggravated? *No* } (b) Misconduct of the Soldier { Caused? *Yes* Aggravated? *No* }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) *Five percent*

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate. What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) *all*

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

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

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

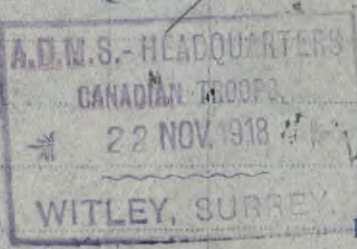
18. REMARKS:— *Autagi - 9083 - 11-11-18*
*Man's statement not corroborated by documentary evidence but board is prepared to accept it in disability *Yes* - *Yes**

19. RECOMMENDATION:— (a) Fit for duty? *No* (state category) (b) Invalid to Canada? *Yes* (c) Discharge from Service as permanently unfit? *Yes*

Date of Board *22-11-18*

Station *Pitts* Signatures of the Board *W. J. ... President*

Approved *W. J. ...* A.D.M.S. Station *Witley, Surrey* Dated at *22 NOV 1918*



THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION London, Ont. DATE 14-1-19

1. 1 (a) Unit 1 D.D. (b) Regimental No. 802687 (c) Rank Cpl.

(d) Surname DICKENS (e) Christian name James

(f) Home address 299 Hill St., London,

(g) Next of Kin Mrs. Hannah Dickens (h) Relationship wife

(i) Address of Next of Kin 299 Hill St., London,

2. Age last birthday 28 Date of birth June 26, 1890

3. Enlistment, or Appointment (if an Officer) (a) Place London, Ont. (b) Date Jan. 11/16

4. Personal description:

(a) Height 5' 5" (b) Weight 130 (c) Complexion Dark
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.

1 1/2" scar in left eye brow.

5. Former trade or occupation Moulder

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
	<u>3</u>	<u>3</u>

	PERIODS	
	From	To
Canada	<u>Jan. 11/16</u>	<u>22-8-16</u>
	<u>30-8-16</u>	<u>29-11-16</u>
England	<u>27-8-17</u>	<u>7-12-18</u>
France or other theatres of War	<u>29-11-16</u>	<u>27-8-17</u>

7. Original disease, or injury Shell Concussion

(a) Date of origin Apr. 10/17 (b) Place of origin France

(c) Cause Shell explosion.

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

Defective hearing from result of shell concussion occurring on Active Service.

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

Objective Signs See Specialist's Report.

Subjective Symptoms Deafness of right ear, left ear does not bother him. Does not have ear aches. Wet weather does not make it worse. It seems the same all the time. Does not have any discharge from ears.

Specialist's Report

Diagnosis: Concussion deafness.

R.E.	EAR	L.E.	R.E.	EAR	L.E.
No	Perforation	No	Short	Schwarback	Short
No	Discharge	No		Weber -----	
much & thick.	Retraction	Yes	? Rinne ?		
3 ft.	Voice	16 ft.	All very Sht.	Upper fork limit C2048	Short
				Lower fork limit C256	Short

Condition was not present previous to enlistment and has been caused by active service. No improvement is to be expected. Dates from severe concussion, Apr. 9/17. Sgd. W. J. Brown, Major.

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

- Nervous System..... No Cardio-Vascular System..... No Genito-Urinary System..... No (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses..... No Respiratory System..... No Integumentary System..... No
- Disturbances of Mentality..... No Digestive System..... No Muscular System..... No
- Osseous and Joint Systems..... No Any other general condition..... No

Says at times he is short of breath. Pulse 80. Resp. 20, at rest. After touching toes 10 times pulse 108, resp. 26, returning to pulse 80, resp. 20 in 2 minutes. No dyspnoea.

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

Was blown up on Apr. 10/17. could not hear at all for a week, then hearing gradually came to present condition. Right ear bled considerable following concussion. Has not improved at all in last 9 months.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Never sick previous to enlistment, except had ulcers of eyes when young.
Eyes normal now. Gassed Aug. 15/17. Complete recovery.

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

Left eyebrow cut by stone when young.

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

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

Not applicable

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

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

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

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

Was not treated in hospital for ear condition was only paraded to M.O.
for ears. Was in convalescent hospital following gas for 3 mos.

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

No

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

17. Recommendations

Cat. B11

J. J. Statts 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, James Dickens, 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

Dickens, James Rank. Epl
Signature of invalid examined.
865

Casualty Form - Active Service.


Regiment or Corps 18th Battr
 Rank pte Surname Dickens Christian Name James
 Religion Age on Enlistment years months
 Enlisted (a) 11-1-16 Terms of Service (a) Def War Service reckons from (a) 11-1-16
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Moulder Signature of Officer

Report		Record of promotions reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>22-11-18</u>	<u>4th Can. Res. Bn.</u>	<u>S.O.S. on posting & despatch to H.O.P. & D.</u>	<u>Witley</u>	<u>22-11-18</u>	<u>Pl. 2. Order no 277</u>
			<u>at</u>		
<u>23-11-18</u>	<u>DORP</u>	<u>T.O.S. from 14 Res & attach Dep Coy</u>	<u>Witley</u>	<u>23-11-18</u>	<u>DO 277</u>
<u>9-12-18</u>	<u>do</u>	<u>S.O.S. to L. & S. Canada</u>	<u>do</u>	<u>12-18</u>	<u>Do 286</u>
<u>7-12-18</u>		<u>Sailed for Canada</u>			<u>Albertson 290</u>
					<u>Lieut. i/c Records.</u>
					<u>West Ont. Regtl. Depot.</u>

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

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
7/12/18	O/S	T.O.S. No.2 District Depot, Part II, D.O. No. 250			<i>F. A. Herman</i> Lieut. and Assi. Adj. For O.C. No. 2 District Depot
3-1-19	S.O.S. No.2 District Depot on transfer to No. 1 District Depot, Part II, D.O. No. 6.				<i>W. Humphreys Esq</i>
4-1-19	Sum N'2 De. Depot	Taken on strength No. 1 District Depot, London, D.O. 711.			<i>F. A. Herman Lieut</i>
					<i>Luc</i> NO. 1 DISTRICT DEPOT
JAN 10 1919	LONDON, ONT.	DISCHARGED			<i>J. R. Millard</i> Major O.C. Discharge Section, No. 1 D.D.
		MEDICALLY UNFIT			

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Covey 786 Year 1917	802681	Lt.	Duckens.	
	Unit.	Age.	Service.	
	18th Ban Bn	28	20 mths	
Station and Date	Disease			
	<p>Gas poisoning 1030 f Patient admitted to Field Amb. Aug 15th; sent to Stationary Hosp. on the 16th; transferred to England Aug 27th.</p>			
	<p>on admission complains of pain in legs; at the bottom of the back & weakness at night.</p>			
	<p>Before being gassed was complaining of weakness on every. Heart & lungs - normal.</p>			
30 th	<p>on to 1st night after. Tds. a.c. Still complains of weakness. Pronounced palpitation sleep on balcony</p>			
2/9/17 7-9-17.	<p>has is rather better. To have morning a sweat pt. much better but complains of swelling while asleep at night</p>			
17-9-17.	<p>pt in condition for any hospital. [Signature]</p>			
1-10-17	<p>fit for duty [Signature]</p>			

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

Station
and Date.

Date of Enlistment

MILITIA AND DEFENCE

D 4188

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Sept 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		30
----	----	--	----

RATE OF ASSIGNMENT

20			
----	--	--	--

1-12-17
 Pl 3257-062753
 1-9-18
 MO 32293

PARTICULARS OF SEPARATION ALLOWANCE

No. 802681

Rank Pte Promoted Reverted Discharge

Soldier's Name James Dickens

Battalion 135th Bn C.E.F.

Beneficiary Hannah Dickens

Relationship Wife

Address Pottersburg Ont. do do
 M.F.A. 2554 28/18
 rec'd on 25/11/18

PARTICULARS OF ASSIGNMENT

Name Mrs Hannah Dickens "Wife"

Address 149 Wellington St

Change of Address London Ont Can

1 299 Hill Street, London Ont 7/10/18

2

3

4 Both addresses verified JDA

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Jan 17				4626	JDA
Dec 31		440	320	760	
Jan	W 66039	30	20	50	M
Feb	E 95599	25	20	45	M ^c
Mar	A 124699	25	20	45	M ^c
Apr	B 7006	25	20	45	M ^c
May	D 15868	25	20	45	C
June	I 76923	25	20	45	C
July	Q 30612	25	20	45	C
Aug	T 40912	25	20	45	C
Sept	V 43985	25	20	45	C
Oct	O 53031	25	20	45	R
Nov	L 61103	25	20	45	S
Dec	D 68449	45	20	65	a

M. F. W. 128
40094-6-17-1772-38-1141
L. L. 22320-M. & D. 7483.

at 765
 A/c Closed 31-12-18
 Ret'd per Olympic
 Date 14/1/19 F.X. 20/12/18
 at 560 Clerk J. Aronson

CANADIAN
 ASSIGNED PAY AUDITEE
 OK. Howbell
 AUDIT CLERK
 DATE 15/5/19

MRO 58769



