488326

ATTESTATION PAPER.

No. ~~488326~~

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Dort
1a. What are your Christian names? ..... Howard Alphonsus
1b. What is your present address? ..... 36 North Albert St. Halifax, N.S. Canada
2. In what Town, Township or Parish, and in what Country were you born? ..... Queensport, Guysboro Co. N.S. Canada.
3. What is the name of your next-of kin? ..... Mrs. Howard Dort
4. What is the address of your next-of-kin? ..... 36 North Albert St., Halifax, N.S. Canada
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 29th. December 1891
6. What is your Trade or Calling? ..... Miner
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? ..... Yes "C" Co, C.B. Transferred
10. Have you ever served in any Military Force? ..... "
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, Howard Alphonsus Dort, 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.

Howard A Dort (Signature of Recruit)

Date 2nd. May 1916. W Blackhurst (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Howard Alphonsus Dort, 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.

Howard A Dort (Signature of Recruit)

Date 2nd. May 1916. W Blackhurst. (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 Halifax, N.S. this 4th. day of May 1916

J. Benjamin (Signature of Justice)

J.P. for City and Co of Halifax, N.S.

M. F. W. 23.
100M.—1-16.
H. Q. 1772-39-841.

Description of Howard Alphonsus Dort on Enlistment.

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

Height 5 ft. 9 ins.

Chest measurement: Girth when fully expanded 37 ins.
Range of expansion 2 1/2 ins.

Complexion Ingenuous

Eyes Blue

Hair Brown

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

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

Naval Marks on Left Shoulder.
Scar on Front Left thigh
Scar inside of Left Leg.

144 lbs.

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 15 - 5 1916 J. M. Murdoch

Place Halifax N.S. Captain 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.

Howard Alphonsus Dort 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.

Reinforcements (Signature of Officer)
Lt. Col.
O.C. C.B.

Date 4th. May 1916.

REGIMENTAL DOCUMENTS

15819 06

S

NAME DORT, HOWARD A Pte REGT. NO. H88326 UNIT Comp Bn H. Q. FILE NO.

	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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				21760	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)		Reg-1-20			Category Med unfit
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					11-4
1	Casualty					24-4
1	Pay					30-5
1	PC					1

H

Deceased - 13.5.56

A0-103-2609

~~40X537~~

To be made out in duplicate. Re Inf. Composite Regiment. C. E. F.

H.Q. 54-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins Re Inf. Composite Regiment. C. E. F.

(2) Regimental Number 488326

(3) Full Name of Soldier Pte. Howard Alphonous, Dort

(4) Place of Birth Queensport Guysboro Co. N.S.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Mrs Georgeina Dort

(b) Present Postal Address Halifax N.S.

(7) Are you a widower?

(8) Have you any children? Yes (2)

If so, give number of boys and girls two

Also their names and ages Annie Amila 15 Months
Gerty two Years.

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(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.

(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.

W R Clarke Lieut C.E.F.

Officer Commanding.

Date 29/7/1916

O. C. RE INFORCEMENTS.

C

SURNAME. Dort,

CARD NO. 6 X

CHRISTIAN NAMES Howard Alphonsus

FOLL. SOS mU. 4-8-19 DO 214 = 2-8-19 6 Bn.

REGL. No. 488326 RANK Pte.

UNIT Composite (3rd. R.D.)

FORMER CORPS "C," Co. C. B. Transferred

NEXT OF KIN.

NAMES IN FULL Dort, Mrs. Howard

RELATIONSHIP TO SOLDIER Wife

ADDRE

Academy St. Amherst, N.S.

Cent. Tel. O. 7/6/18

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Queensport, N.S. DATE Dec. 29th 1891.

PLACE OF ATTESTATION Halifax, N. S. DATE May 4th 1916.

O/S. 7/8/16. 209.6/2. 502/2 R/C. 10-1-19 256/19 Pte.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Miner RELIGION Church of England

DESCRIPTION.

APPARENT AGE 23 YEARS MONTHS

HEIGHT 5' FEET 9 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2½ INCHES

COMPLEXION Medium EYES Blue HAIR Brown

DISTINGUISHING MARKS Coal marks on left shoulder. Scar on front left thigh. Scar inside of left leg.

MEDICAL EXAMINATION. PLACE Halifax, N.S. DATE May 15th 1916.

Present address, 36 North Albert St. Halifax, N.S.

No. 1091 RANK Pte NAME Dort, H. A.
488326.

T.O.S. [redacted] 9-15 UNIT Composite Battalion.
(DO 225 of 21.9.15)

M.D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Sept. 15	Sept. 30	✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916				
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr		✓		
May.		✓		
June		✓		
July		✓		
Aug 1	Aug. 7	"	Proceeded OS 7-8-16	DO 189 of 9-8-16

com.

Number 488326. Rank Spr.

Surname DORT

Christian Name Howard Alphonsus

Units C.E. Theatre of War France.

Date of Service 4.12.16.

Remarks 54 Spring St

Latest Address Amherst. N.S.

Roll No. B

200m.-2-21.M. Page 15-983

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

.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al 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.....

d, is your wife on board..... Number of children on board.....

tination.....

(Sgd.).....

LEDGER NO. 1178 SERIAL NO. 21877

REG. NUMBER 488326 NAME Dorr H A 44

RANK Pte CORPS Cmp Bn

AGE 35 SERVICE 6 17/12 E 11/12 F 19/12

NAME OF HOSPITAL Military PLACE Halifax

DATE OF ADMISSION Jan

O.S

DISEASE G.S. W L Thigh & foot Amps 9/- Loc L/-

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 6 D 1-8-19 IN CATEGORY

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

P. T. O.

REMARKS:

NAME Dort, Howard Alphonsus

REGT'L. No. 488326

H. Q. FILE No 649

RANK AND CORPS Pte. #3 Tun. Co. (form. Comp. Pte 3rd N.S.)

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
N.O.K		~~Mrs. Howard Dort wife~~
		~~36 North Albert St. Halifax N.S.~~
8-3 H 1524	5-6-18	Adm. 13 C.C.S. May 29th 1918
		G.S.W. thigh, foot, G.S.W. Rt arm
Auth. S.A.A.P.		
Mrs G Dort		Academy St Amherst N. S.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A231 2	No 13 Can. Gen. Stat.	29-5-18	S.W.L. Thigh. foot. R. arm
B234 1	Graylingwell War Chichester	5-6-18	" " " " foot
B342 4	Granville Can Spec Buxton	8-10-18	S.W.L. thigh
B387 1	No 5 Can Gen Fortdale Hospl.	30-11-18	" " "
B413 2	Inval. to Canada	29-12-18	S.W.L. thigh foot R. arm

Form DMS 1401.

Granville Can. Spl. Hospital, HOSPITAL.

A. & D. CARD

AT Buxton

A. & D. No. T 3180 PL. OF ACTION

RANK Spr REG. No. 488326 UNIT C.E. SICK OR WOUNDED

NAME Dort. W. A. AGE 29 RELIGION RC

PLACE IN HOSPITAL ~~RA~~ ~~B~~ ~~H~~ B.

DIAGNOSIS swl Thigh & foot

ADMITTED 7 OCT 1918 FROM Gray Wards Blackeston

DISCHARGED 29 NOV 1918 TO

TRANSFERRED 5th Can. Gen. Lpool

SERVICE AT HOME 36 1/2 IN FIELD 18 1/2

RESULTS

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

54 days

P.T.O.

REMARKS.

Form R. 149.

Name [illegible]ORT Rank Spr Reg. No. 488326

Unit 3rd Tunn Coy C.E.

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918							A154
Feb 9	5	13 C. C. S.	Gd Hosp St				
			Foot, Rt Arm		A231		30992
5	6	Grandinguell W.W. Chichester		do	B324		19267
8	10	Evac. C.S.H. Boulogne			B342		28496
30	11	5 Cas. Gen Hosp	Kirkdale	✓	B387		2236
29	12	Invalided to Canada		do	B413		6119

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

MAY 28 1919

Schedule = 4-L-3-D-29

Completed by.

J. H. Brown

v

C. Eeles

NAME _____

RANK _____ UNIT _____

SAILED _____

BOAT _____

ARRIVED _____

DATE L.P.C. REC'D FROM C.P. _____

DATE L.P.C. REC'D FROM OFFICER _____

NO. OF L.P.C. _____

OWN OR PUBLIC EXPENSE _____

D.M.S. 1300 50M-21-1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Dor.	N. A.	488326

RANK	UNIT	CO.	TROOP	BATTY.
Apr.	C. Eng. (3TC)			

HOSPITAL — DATE OF ADMISSION

13 C.C. Station 29.5.18.

1. Graylingwell War Cheshire's 5.6.18
Granville Buxton. 8.10.18.

2. 5 C.G. Liverpool. HOSP. 30-11-18.

3. HOSP.

4. HOSP.

DIAGNOSIS

1. S.W. L. Thigh, Foot. R. Arm

2.

3.

DISPOSITION	DATE
del. 46-18 a/281 (2)	
7.6.18 B 234.1	
11.10.18 B 342-2	
3-12-18 B/387-1	
6.1.19 B/413.2	

REMARKS

Jno. W. Carr 29.12.18.

EPITOME OF HOSPITAL TREATMENT

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

1885

1585

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Howard Alphonse 2. Surname Dort

3. Rank Pte Sp. 4. Original Unit Can. Eng. 5. Reg. No. 488326

6. Address, in full, to which future payments of gratuity are to be forwarded
132 Academy St.
Amherst N.S.

7. Date of enlistment in the C.E.F. 2.5.16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs Howard A. Dort

9. Relationship of such dependent wife

10. Present address, in full, of such dependent 132 Academy St.
Amherst N.S.

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

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
from 8.8.16 to 10.1.19
Can. Eng. England & Lum. Coy France

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no

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

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served from 2.5.16 Draft Composite Bn Canada, England, 3 Tunnelling France, 6 D.R. Canada to

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

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

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ... yes

Composite Bn. Sept. '15 to May '16

Draft Composite Bn (Overseas) 2.5.16

Reg. no. 488326

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ... no

20. Have you been issued with a War Service Badge? If so, what class? ...

21. Have you, during the present war, served in the Imperial Forces? ... no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ... no

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ... no

(b) If so, was such reversion in consequence of misconduct or inefficiency? ... no

24. Are you now serving in the C.E.F. ... no ... If not, give:—(a) Date of discharge ... (b) Reason for discharge ...

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ... no

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ...

from 5.12.16 to 5.6.18

3 Tun Coy France

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... no

(b) If so, are you in receipt of full pay and allowances from that Department? ... no

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: H A Dort

Place of Residence: 132 Academy St. Amherst NS

Declared before me at: Halifax.

This 2nd day of Aug 1919

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

Commissioner to take declarations

Reg. W. S. C.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
2.8.19	70.00	30.00	183 days	420.00
			6 mos	180
				600.00
			less WSG su	100
				$500.00

Certified Correct.

District Paymaster.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. C.B.A.F.C.

Regimental No. 4 8 8 3 2 6 Rank Private Name Dart Alphonsus Howard

Enlisted (a). 2-5-16. Terms of Service (a). C. E. F. Dur War Service reckons from (a). 2-5-16.

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) .....

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				
21-8-19	H Dist	Trans. to Class Cay	Hfx.	1-2-19.	D.D.O. 213. J. A. Macaulay Major. O. C. Hospital Section No. 6 D. D.
4.8.19		DISCHARGED at Halifax, N. S	D. O 214		Horsesworth. LIEUT O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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				

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

Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps: C. B. C. E. F. Dort

Regimental No. 148336 Rank: Private Name: Howard Alphonsus ~~Dort~~

Enlisted (a) 2-5-16 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 2-5-16

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)

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.
		Embarked.	Canada	8-8-16	
		Disembarked	England	18-8-16	
19-8-16	OC 23rd	On strength. 23 Bn. Aust. Br. O. 197.		19-8-16	
12/10/16	O.C. 23rd Bn.	Trans. to C.E.T. Brigade Depot	Shoreliffe	12/10/16	D.O. Pt II 253 Part II Order No. 246 ..... Capt. Adjutant 23rd Bn. C.E.F.
5 DEC. 1916	C.E.T.D.	Struck off Strength of C.E.T.D. to 3rd Tun. Coy. Travel.	CROWBOROUGH	4 DEC. 1916	Part II Order No. 286 F. J. Riley Lieut. C.E. for Adjutant, C.E.T.D.
5/12/16	C.B.D	Taken on strength 3rd Can Tunn. Coy	C B D	5/12/16	N.R. Pt 2. 8. 799/19.12.16
15/12/16	O.C. unit	Arrived Unit	Field	12.12.16	B213 Dcs 1999/31.12/16

(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				
8/12/17	O.C.	Leave 7/12/17 to 21/12/17			B213 G/-90. 18/12
24/12/17	—	Pay Sheet		23/12/17	B213. O/-3-12/18
29/5/18	13 CCS	SW. with Thughs, L. Tank & R Arm.			
		do	do Adm 13 CCS	29/5/18	4524
2/6/18	"		Safe 38 A.T.	2.6.18	F4402.
2/6/18	8 Stuly	do	Adm 8 Stuly	do	5226
4/6/18	do	do	Dsch to Bn Sqd	4/6/18	5559
4/6/18	A.T. Prelet Comm de.	a	Adm A.T. Prelet de Comm de	4/6/18	W3083 (5516) O/-38. 18/6/18

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

10-6-18	CERD	T.O.S. from 3rd Tun. Coy.	Seaford	5-6-18	pt 11 Do 159.

L E Landy
LIEUT.
FOR LT. COL. I/C RECORDS, C.O.M.F.

29.12.18	O'seas	TAKEN ON STRENGTH NO. 6 DISTRICT DEPOT	Halifax.		
10.1.19.		Posted to Hosp.	Sect.		Do 15

A W Ferguson Lieut
ASST. ADJT. No. 6 DISTRICT DEPOT.

L. L. Lab 310—M. & D. 6574.

19—5—16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Georgina Dort,

Address ~~196 Campbell Road, Halifax, N.S.~~ Academy St. Amherst

Relation to Soldier wife, child or mother } Wife

Name of Soldier Dort, Howard Alphonsus

Regtl. No.

Rank Pte.

Corps C B (C E F) O/S Bn.

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				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
5m. 6-16.
1772—39—818.

Sheet No. 2. G. Dort. Wife Name of Soldier Dort H. A. Pte

L. L. Job 4503. Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		X 14419	68		68
Sept.		Y 15538	20		20
Oct.		V 18816	20		20
Nov.		Y 22010	20		20
Dec.		Y 25668	20		20
Jan.	1917	Z 28458	20		20
Feb.		Z 31391	20	248	20
March		Z 34329	20		20
April		Z 6566	20		20
May		Z 35599	20		20
June		E 7929	20		20
July		D 11833	20		20
Aug.		14119	20		T
Sept.		H 17367	20		H
Oct.		L 19964	20		M
Nov.		25541	20		BN
Dec.		Y 26173	20		BN 388 HS.
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

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.				

L-J[illegible]b 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs Georgeina Dort, wife

Address ~~196 Campbell Road, Halifax N. S.~~ Acadmey St. Amherst. N. S. 18/7/17.

Rate $20.-

By Whom Assigned Dort, Howard, A.

Regtl. No. 488326.

Rank Pte.

Corps C. B. Regt.

AUG 1 1916

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. Georgina Dort, wife

Name of Soldier Dort, Howard. A.
#488326, Pte, C.B. Regt.

L. L. Job 4503.—Req. 6832.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
				$20
April	1916			
May				
June				
July				
Aug.		L14983	20	
Sept.		m15909	20	
Oct.		m20507	20	
Nov.		Y23248	20	
Dec.		a36620	20	
Jan.	1917	Y38438	20	
Feb.		Y43923	20	20 R
March		Z49948	20	20 B
April		Z1328	20	20 G
May	T	7618	20	
June		O14490	20	20 W.
July		Y21272	20	C Academy St. Amherst. N.S. 18/7/17 Hep.
Aug.		Y27410	20	2
Sept.		Z37586	20	2
Oct.		R41035	20	
Nov.		~~Z54316~~	20	254316 & 54317 Can
Dec.		M57630	20	3 41 Ab.
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.				

R—122

ET.

Rank Dft. Composite to Name DORT, Howard Alphonsus Reg'l No. 488326

Unit 23rd Battn. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Halifax, May 2nd 1916. Place of Birth Queensport. Guysboro Co., Nova Scotia.

Name and Address, Next-of-Kin Mrs Howard Dort. 36, North Albert St. Halifax. Nova Scotia. Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per SS. Scandinavian 8.8.16			
19.8.16	B.C. 23rd	Taken on str	Dibgate	19.8.16	PT II. 194
14.10.16	" "	S.O.S. on trans to C.E.F.D.	Shoreham	13.10.16	" " 253
14-10-16	C.E.F.D.	T.O.S. from 23rd Battn	Shoreham	14.10.16.	Pt. II. 0. 245
1-11-16.	-do-	Adm. Brigade Hospital	Crowborough.	31-10-16.	Pt. II 0. 258. Bronchitis
2-11-16.	-do-	Disc. -do- -do-	-do-	1-11-16.	" " 259. -do-
4-12-16	—"—	S.O.S. to 3rd Tun Bay	—"—	4-12-16	— 286.
9 12 16	3rd Tun Co	Taken on Strength	Seeld	5.12.16	Pt 2 #79
4. 6. 18	Engrs	Wounded	"	29.5.18	RA 231.
10.6.18.	C.E.F.D.	T.O.S. from 3rd Tun Coy.	Seaford	5.6.18.	Pt. II. 159 & 3 Tun Co 38 9/18

488326 Dort H.a.

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.
6-1-19	C.E.	Invalided to Canada	Liverpool	Apr. 29-12-18	C.L.B. 413. In. Co. C.W.D. P20414 dated 7-1-19

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge
Class A No. 129191
B.C. 65966

This is to Certify that No. 488326 (Rank) Private

Name (in full) Howard Alphonsus Dort enlisted in

the Composite Battalion, Nova Scotia

CANADIAN EXPEDITIONARY FORCE at Halifax, N.S. on the Fourth

day of May 1916

HE served in Canada, England, France and Belgium

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 29 years and 7 months

Height 5 feet and 9¼ in.

Complexion Medium

Eyes Gray

Hair Dark

Marks or Scars Scar eight inches long over external surface of left thigh. Amputation of two toes

H A Dort
Signature of Soldier

S H Hodgsons
Issuing Officer

Lieut
Rank

O.C. Mechanic Section
Appointment

Date of Discharge August 4th 1919

Signed at Halifax this 2nd day of August 1919

in Military District No. Six

File Reference No.

COPIED Archives COPIE

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. .....(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

Married or Single: Married

Place of Birth: Queensport, Guysboro Co. N.S.

Name and Address of Next of Kin: Mrs Howard Dort
36, North Albert St. Halifax N.S.

Relationship of Next of Kin: Wife

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

Reg'l No. 488326 Rank Pte Name Dort, Howard Alphonsus

If in Permt. Corps What Unit | Unit Composite Bn. to 23rd Batt | Transferred to C.E.F.D. Date 1/11/16 Authority B.O. 253

Permanent Force Allowances | Transferred to 3rd Tunn. Co. Date 16/1/17. Authority T.II 79 9/12/16.

Place of Attestation Halifax | Transferred to | Date | Authority

Date of Attestation 2nd May 16. | Transferred to | Date | Authority

Assigned Pay Monthly $ 20.00 Date Effective 1/8/16.

Payable to Mrs G. Dort, 196, Campbell Rd, Halifax Relationship W.

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

1681

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1916			1 40												1 40																1 40				Bal from Canada
Aug.8-Sep.30	54	1 00	54		54	10	5 40								59 40	2567	31/8	2632	15/9					4 86	4 87			20 20		49 73	11 07				Aug. 1st pay
Checked Oct	1.31	31	.	31	..	31	.	3 10							34 10	2614	31/9	2731	13/10					7 30	4 87			20		32 17	13				Trans to C.E.F.D. eff 1/1/16. B.O. 253
Nov	1.30	30	.	30	.	30	.	3 00							9 40															8 40					
															33 –	2231	31/10							4 87				20		24 87	21 13				
																2430	29-11							4 87											
Dec	31	–	31		31		3 10								34 10	2331	15-11							4 87				20		29 74	25 49				Trans. to 3rd Tunn. Co. 16/1/17 T.II. 79. 9/12/16
			14 60				14 60																												
1917. Jan. 15	15	1 00 10	16 50												16 50													20		20	21 99				
16-31	16	"	17 60												17 60	1638	28/12	1783	14/1					1 75											
																		1722	5/1	Dert R. 9553	9/1			1 75	1 74	4 36				9 60	29 99				
Feby 1-28	28	– 10	30 80												30 80	1843	4/2							3 49				20		23 49	37 30				
																2010	18/2	2072	28/2					1 75	1 74										
Mar	31	1 00	34 10												34 10	1957	12/3	2044	9/3					1 74	1 75			20							
																1943	26/3							1 75						28 73	42 67				
																		1957	7/4						1 74										
Apr	30		33												33			41	17/4						1 74			20		23 48	52 19				
																	72	2072																	
May	31		34 10												34 10	1/2	5/5							1 74	1 79			20		23 53	62 06				
June 1-30	30		33												33 –	270	17/5	~~503~~						3 57				20		23 57	72 19				
			361 10												361 10									42 56	21 99	4 36		220		288 91	72 19				

488326 Pte. Dort Howard Alphonsus. $20.00

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			36	10											36 10									42 56	21 99	4 36		20		28 91	7 19				
July 1-31	31	1.10	34	10											34 10													20		20 00	86 29				
Aug	31		34	10											34 10	1/38		650						5 35	267 268			20		28 02	92 37				
Sep	30		33												33	7 43	3/8	854 819 776 801		7 10	13			5 67	267 535	267		20		59 61	85 76				
			462	30											462 30									60 58	38 93	7 03		280		376 54					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Red. Allce. Eng.
		8576							8576		
Oct								20	6576		
	Ate pay	3410							9986		
		3410		AR. 889. 1/9. 37 Co	268	268		20	9718		
Nov								20	7718		
				AR 918. 1/10. 37 Co	268				7450		
				AR 1038 15/10 40	535				6915		
	Sgt. pay	33							10215		
				AR 1070 1/11. 37 Co	357				9858		
				Dec				20 40	7858		
		33		CPM. 3/12 7.15	73				558		
	Dec pay	3410 6710			8460			40	3968		
Jan 18				AR 1376 26/11 37 Co	1338			20			
				" 1439 5/12 37 Co	892						
	Sep. pay	3410							3148		
		3410			2230			20			
Feb	" "	3080		AR. 1500 9/1 37 Co	357			20			
				" 1170 3/1 "	803						
				" 1226 27/1 "	446						
				" 1290 5/2	357				2765		
		3080			1963			20			
Mar pay		3410		" 1426 27/2 "	446			20	5675		
				" 1475 5/3	357				4426		
				" 1518 27/3	446						
		3410			1249			20	2426		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Red. Allce. Eng.

Remarks

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/8/16		EFFECTIVE DATE:-	
AMOUNT:- 20 00		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. J. Dort 196 Campbell Rd
Halifax N/S.

NAME: DORT Howard Stephen

NUMBER:- 488336

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Composite Bn

DATE ACCOUNT FIRST OPENED.- 8/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	26/1/17		3 T.C.
159 5/6/18		23/7/18	C.B.R.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~4/11/18~~	~~9331~~	~~Buxton £ 1.~~	~~4 84~~				
~~12/11/18~~	~~10054~~	~~" £10.~~	~~48 64~~				
			53 54				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred Canada. Eff. 1.12.18. Auth Gr. Adm. 17/11/18 6th/12 C. Pay & Allc. $21.05

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	Bal N. 31/3/18								3026		
Apl	pay	33		AR. 31 9/4 3 1.00	35			20	5706		
				ad 48 21/4 3 1.00	44				4923		
		33			83			20	3923		
May	pay	34 10		ad 74 3/5 3 1.00	35			20	6333		
				ad 136 18/5	768				5708		
		34 10			625			20	3708		
June	pay	33		Cal.				20			
		33						20	5008		
July	P Pay	34 10		Cal				20			
				AR 19127 #18227 26/7	9 73						
				AR 16250 # 15675 26/7	9 73				4472		
Aug	P Pay	34 10		Cal	19 46			20			
		34 10		Hosp Rem 22462 Chichester 8 8 18	9 73				4909		
					9 73			20			
Sept	P Pay	33		Cal				20			
				Rem 30442 Grayling War H 7 9 18	9 73				5236		
		33			9 73			20			
Oct	P Pay	34 10		Cal				20			
				ad 8120 Bexhill Hosp 10/10/18	4 84						
Nov.	P Pay.	~~34 10~~ 33 00		Cal	~~4 84~~			~~20~~ 20	4459		
		67 10			4 84			40	53 54		
				ad 9331 Buxton 7.11.18	4 84				21 05		
				ad 10054 Buxton 12.11.18	48 64						
				" 4429 Liverpool 3/10/18 C.P.C. Ind.	4 84						
				3052 " 18/12.18 NO	59 41 4 84				11 31		
					63 38						

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
	L.O.S. to Canada.		Eff 29.12.18	Do 11.				CBHD 11/1/19			

Date of Enlistment 19-5-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch D

OVERSEAS CONTINGENTS

5817

Date of Assignment Aug. 1, 1916

RATE OF SEPARATION ALLOWANCE

~~25~~	25.00	30-	
1-12-17 P.C. 3287	1-9-18 P.C. 2753 mo 45079		

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 488326

Rank Pte. Promoted Reverted Discharge

Soldier's Name Howard A. Dort

Battalion C. B. Reinf.

Beneficiary Georgina Dort

Relationship Wife

Address

M. F. W 2554 sent 29 8/18

PARTICULARS OF ASSIGNMENT "Wife"

Name Mrs. Georgeina Dort

Address Academy St. Amherst N. S.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 4895-H-1
Dec 31		388	340	728		M. F. W 2554 received, o.k'd 23 11/18 C. S. J
Jan. 1918	N 67531	30.	20.	50.	mc	
Feb	E 97181	25	20	45		
March	A 12626	25	20	45		
April	B 8508	25	20	45		
May	O 17527	25	20	45	Gw	
June	K 20727	25	20	45	Gw	
July	Q 33179	25	20	45	J	
Aug	K 35216	25	20	45	J	
Sept	N 45728	25	20	45	J	
Oct	O 54771	25	20	45	J	
Nov	K 57322	25	20	45	J	
Dec	D 68982	45	20	65	J	
Jan 1919	O 72857	30	20	50		

A/c Closed 31/1/19

Ret'd per Araguaya

Date 10/1/19 M.F.W.187 15/1/19

Closed C. S. Johnstone

M. R. 062709 sent 15/1/19 (Destroy)

CANADIAN ASSIGNED PAY AUDITED

J. H. Brown

AUDIT CLERK

DATE MAY 27 1919

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7493.

AUDITOR | PAYMASTER

M. OR S. Araguaya 10-1-19

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

REGT. No. 488326 RANK Pte. NAME (IN FULL) Dort A.A.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 30% Pd to 31-1-19 | DATE EFFECTIVE

TO WHOM PAID Mrs Georgina Dort | RELATIONSHIP

ADDRESS Academy St Amherst N.S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1		L.P.C.
10		

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE ~~31-1-19~~ 1-2-19

PAYABLE TO Mrs Georgina Dort | RELATIONSHIP

ADDRESS Same

15855

ANY CHANGE IN ASSIGNEE OR ADDRESS: 132 Academy St Amherst N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Off. U.S. | PLACE | DATE 4.8.19 | REASON Medical | AUTHORITY DO 214 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2		COL. NO. 3		ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
1-12-18 31-1-19	62	1.10	68	20	11	20			78	40																	83	69			83	94	5	34			Pds Dois
1/2/19 28/2/19	28	1.10	30	80	30	00			60	80	5	00					19	96					15855 50	00					5	34	60	34				46	
1/3/19 31/3/19	31	1.10	34	10	30	00	4	46	64	56							10 ~~40~~	00 ~~00~~					22184 50	00							60	00			4	56	
Apr	30	1.10	33	00	1 =		4	56			4	90					4	56					50	00													Underpaid Jan Apr 5a Apr CK #869
					30 =				68	56					#1835						14	00									68	56					
May	31	1.10	34	10	30				64	10					#2246						14	10	50	00							64	10					Total May CK# 2084
June	30	1.10	33	00	30	00			63	00					#4332						13	00	50	00							63	00					Total June CK# 2710
July	31	1.10	34	10	30	00			64	10					#4915						14	10	50	00							64	10					Total July CK# 4804
Aug.	4	1.10	4	40	35	00																															
					70	00																															
					4	00																															
					30	00			143	40					#4944						109	40	34	00							143	40					Total Aug. CK#4995
					Srsg	Pa																															
183 days					420	00	180	00	600	00													70	00	30	00											
																							70		30								280		120		1132637/2 3/9/19
																							70		30								210		90		1502202-3 2-10-19
																							70		30								140		60		1766362-3 1-11-19
																							70		30								70		30		1979946/8 2-12-19
																							70		30												1784860/1 2-1-20
					420	00	180	00	600	00													420	00	180	00					600	00			nil		

Certified that all payments due on this acct have been made

Paymaster

Chief Pay Services, M.D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.

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								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.	

Mad. unfit. Sub Lect. 4 Lint 7 9-8-19.

Amherst

This space to be left blank for the Chelsea Number.

577

Army Form B. 268.

Proceedings on Discharge.

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

No. 448326 Army Rank Private

Name Dort, Howard - alphonso.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canadian Engineers

Battalion, Battery, Company, Depôt, &c. C.E.
(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 Canada

MEDICAL DOCUMENTS FORWARDED TO ~~S. C. R.~~ B. R. C. ON 11-8-19

1. *Description at the time of discharge.*

Age years months

Height feet inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade

Intended place of residence (To be given as fully as practicable)

B. Descriptive marks.

'ARAGUAYA' SAILED Dec. 9th 19 Arrived Jan. 10th 19

(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 being no longer fit for war service under KR & O. 1912, para 392, sec 6.

(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 :—

Deceased

COPIED Archives COPIE

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.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. (A868a) Wt. W7717/M2626 500,000 8/17 Sch. 22 Forms B. 268 41

[OVER.

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 _____

Certificate of education ..... _____

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

(Place) _____ _____

(Date) _____ *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. 401, 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.)

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.

3

Shrapnel	2
Flesh	0
Slight	0
Lower.	9
Thigh	1

Shrapnel	2
Fract	1
Severe	1
Lower	9
toe	
amp.	L. 8 2nd toe

TRANSFER. Jan 1918.

488326 Spr NAME L. F. H. A

Remains in this bed 24 UNIT 650.

is for ~~discharge~~

Transfer to Ward J. Harrison, Wyn Camp

~~43A~~ YC4

8891
8161

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Dort Christian name Howard A

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any) .....

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the .....day of.....19....., by the undersigned medical board sitting at.....

5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Month

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair..... }

11. Physical development ..... { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm..... / Left arm ..... } 14. When vaccinated last .....

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

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism. Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.
(a) Vision. R.....L.....
(b) Hearing. R.....L.....

.....*President.*

.....*Member.* .....*Member.*

Signature of Man.

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

Joined.....*day of*.....*19*.....*at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Halifax	29-7-19	Impaired function left leg & rt hip	E R F D Brem Capt AMC

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

M. F. B. 313.
300M.—6-18.
1772-39-4-39.

Surname Scott Christian Name Howard G.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Halifax		25	1	19	1	8	19	Paralysis (R) External popliteal nerve		G.S.W. (R) Thigh & foot May 29/18. External popliteal nerve injured high up. - Has marked foot drop. - Has to wear Boot with Dorsal spring. Marked limitation of movement at (R) ankle. A.G.E. - Active 120° Passive 130° A.G.F. Active 110° Passive 90° No nerve suture was done - Has had 9 operations for drainage of pus. Muscles of (R) leg much atrophied Index toe (R) foot amputated & foot is deformed - Epicritic & Protopathic sensibility on Dorsum of foot lessened - Skin dry, harsh; nails thick & Brittle. Bracded Cat E. Also has impaired function (R) Hip to slight degree.	P. Lillie Capt AMC

D.6

CASE HISTORY SHEET.

Hospital: Camp Hill — Station: Bangor

No. 488326 — Rank: Spr — Name: Dott A. A. — Age: 35

Unit: 6 D.D. — Completed years of service (Where and how long): C 1 7/12 E 1 11/12 F. 19 7/12

Date of admission: 25-1-19 — Date of discharge: 1/8/19.

Diagnosis: GSW (Left) Thigh & foot — Place of origin: France.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Wounded in left thigh on May 29/18 - by shell casing. There is a long scar (8" long) over external surface of left thigh, commencing 3" above knee joint - also another scar on posterior surface of middle third of thigh. 6" long - Both have healed except a small healing raw area size of 10¢ piece in middle of former scar - no discharge. Small piece of shrapnel, subcutaneously placed on inner surface of thigh.
Index toe of left foot has been amputated & foot is deformed; the three outer toes being flexed and two raw surfaces between great & third toes - Tenderness and swelling over space between Great & Third toes.
Stiffness and lessened flexion of Great & Third toes - no discharging sinuses present.
27/1/19 - Fr. X. ray exam of left Thigh & foot

Present Condition (cont'd)

Has marked foot drop evidently due to wounding of Ext. Peroneal. Left up. Leg wasted & terrific tow away from outer side of thigh by missile.

Measurements. Circumference R. Thigh 18½"; L. Thigh 17"
Circumference R. Leg 12¾"; L Leg 11".

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

TREATMENT (Especially any specific or special form.)

Has had no nerve suture done. Wounds have been very septic. Has had 9 operations for drainage of pus. Has had no discharge since about 24-1-19.

Joints - Full movement of Hip joint; No loss of function there.
Knee joint - G.S.E. 170°; A.S.F. 45°.
Ankle joint. G.S.E. - Active 120°; Passive 130°.
G.S.F. - Active 110°; Passive 90°.
Epicritic and Protopathic sensibility present. Patient states that they began to re-appear about 1-1-19.

CONDITION ON DISCHARGE (and disposal made of case.)

Has slight power of flexion (active) in foot since about a week.

Date

27-3-19 - Transposition of Grd. V. Have adhesions high in
15-4-19 - Wound nearly healed. - Movements as above - General condition improved.
5/5/19 - Wound healed -
~~Condition finalized. for Board~~
31/7/19 - Boarded Cat. E. - Discharged.

Medical Officer i/c case.

V.L. Phillips Capt. RAMC

M. F. E. 31a.
200M. 5-18.
1772-39-439.

A-1877

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Halifax, N. S. DATE July 22/19.

1. 1 (a) Unit 6th Dist. Depot. (b) Regimental No. 480326. (c) Rank Gnr.

(d) Surname DORT (e) Christian name H. A.

(f) Home address 132 Academy St., Amherst, N. S.

(g) Next of Kin Mrs. Georgina Dort. (h) Relationship Wife.

(i) Address of Next of Kin Amherst, N. S.

2. Age last birthday 30 Date of birth Dec. 29th, 1888.

3. Enlistment, or Appointment (if an Officer) (a) Place Amherst. (b) Date Sept. 1/15.

4. Personal description:

(a) Height 5' 9½" (b) Weight 142 (stripped) (c) Complexion Medium

(d) Colour of hair Dark (e) Colour of eyes Gray (f) Identification marks, Scars, etc. Scar 6" long over external surface left thigh.

5. Former trade or occupation Coal Miner.

77-D-107

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 10 mos.	27

	Periods	
	From	To
Canada	Jan. 10, 1919 Sept. 1, 1915	Date. Aug. 1916.
England	June 2, 1916 Aug. 1916	Jan. 1919. Nov. 1916.
France or other theatres of War	Nov. 1916	June 1918.

7. Original disease, or injury G.S.W. left thigh and left foot.

(a) Date of origin May 29th, 1918. (b) Place of origin France.

(c) Cause Shell casing fragments.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

(1) Marked impairment of functions of left external popliteal nerve.

(2) Slight impairment of function right hip joint.

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.)

Scar 8" long external surface left thigh, beginning 3" above knee and then upwards. Scar 6" long on posterior surface middle third of thigh Index toe left foot amputated and foot deformed and three outer toes are flexed. There is stiffness and lessened flexion in great & third toes. Has extreme foot drop evidently due to wounding of external popliteal nerve high up. Large mass of tissue torn away from outer side of thigh. Atrophy of muscles as follows: Circumference: Rt. thigh 18½", Left thigh 17", right leg 13", left leg 11". No nerve suturing has been done. Had 9 operations for drainage - no discharge since about 24-1-19. Full movement at left hip joint. Left knee joint A.G.E. - 170, A.G.F. - 45°, left ankle joint A.G.E. active - 110° passive 90°. Walks with a limp in left leg. Has to wear a spring on dorsum of foot so as to walk. Has complete loss of all sensation on

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

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

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

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

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

outer side left leg from external malleolus to head of fibula. Epicritic and protopathic sensibility present on dorsum of foot and in other areas of distribution of ext. pop. nerve ant. markedly impaired. See diagram attached.

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

Wounded May 29th, 1918 - with lesions as described. Also 4 scars in upper third right thigh. F.B's. were removed. Has constant pain rt. hip, worse when walking. No impaired function right hip. No fracture of right or left thigh. Is unable to walk without a cane and can not walk over one mile without resting, owing to pain in left foot and thigh. Left foot and leg are always cold, skin is white and glossy, hair and skin dry. Toenails left foot grow faster than in right foot and nails are thick and brittle.

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*).)

Trench Fever 1917 (Oct.) - in Hospital (France) 17 days. "Gassed" in 1918 (March), but did not go to Hospital.

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

As described.

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

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

N.A.

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

Surgical - in France & England (9 operations).

Orthopaedic - in Canada (Camp Hill Hospital).

Massage, Galvanism, Dressings.

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? No.
(If not, briefly state why)

17. Recommendations Category "E".

N. H. Miller Capt AMC

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 H.A. Dort have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)
R Dort

I complain in addition of

H A Dort Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified ~~that the invalid~~
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
~~(*d*) Should not pass under his own control.~~
(Strike out condition not applicable.)

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

Yes - Category "E".

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.

R. F. T. Burns Captain *President.*

PLACE CAMP HILL HOSPITAL HALIFAX

W. Macdonald Captain } Members

DATE July 29th, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

President.

PLACE..... } Members

DATE.....

APPROVED BY APPROVED BY

Assistant Director of Medical Services. *Director-General of Medical Services.*

DATE 30-9-19 DATE.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

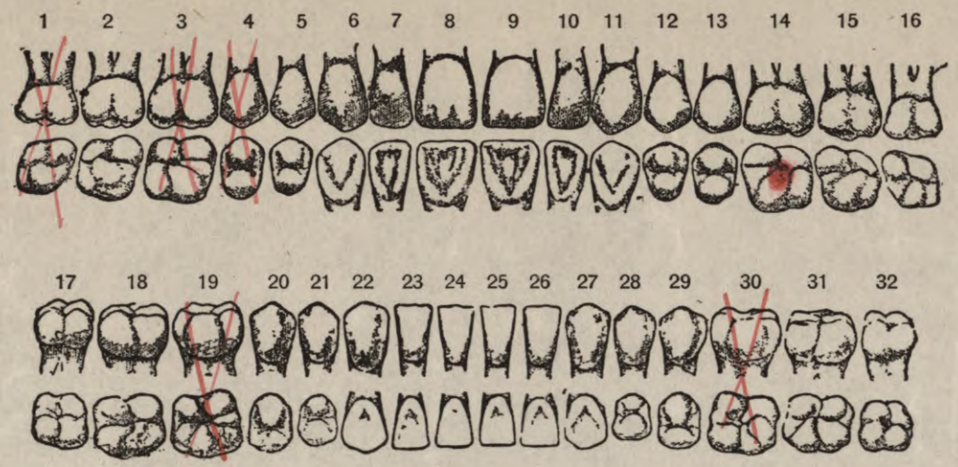
DISTRICT 6

NAME OF SOLDIER Rorke - H. a.

REGIMENT 3rd - Kfar.

RANK

No. 488326



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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination	29-7-19.	14									1.3.7. 19.30.										Capt. Woodbury	6.	Cavities	8. 9.
																							Extractions	