Card Mde 13/5/16

Duplicate

ATTESTATION PAPER.

No. 534215

No. 8, Overseas Stationary Hospital Folio. C

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Doyle
1a. What are your Christian names?	Ralph Clement
1b. What is your present address?	Ogdensburg, New York.
2. In what Town, Township or Parish, and in what Country were you born?	Ogdensburg, New York.
3. What is the name of your next-of kin?	Mary Doyle.
4. What is the address of your next-of-kin?	Ogdensburg, New York.
4a. What is the relationship of your next-of-kin?	Sister.
5. What is the date of your birth?	August 1st, 1894.
6. What is your Trade or Calling?	Salesman.
7. Are you married?	No.
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? If so, state particulars of former Service.	No.
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, Ralph Clement Doyle, 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.

Ralph Clement Doyle (Signature of Recruit)

Date April 10, 1916. 191 . H W Hambly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ralph, Clement Doyle, 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.

Ralph Clement Doyle (Signature of Recruit)

Date April 10, 1916. 191 . H W Hambly (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 Saskatoon this 10th. day of April 191 6.

Jno A Thompson (~~Signature of Justice~~)

a Commissioner for Oaths in and for the Province of Saskatchewan

My commission expires Dec. 31st, 1918

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Ralph Clement Doyle on Enlistment.

Apparent Age 31 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded ..... 41½ ins.
- Range of expansion ..... 3 ins.

Complexion ..... fair

Eyes ..... blue

Hair ..... light

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic ..... Yes
- 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).

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 April 10, 1916. W A Harvie

Place Saskatoon, Sask. Capt C.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.

Ralph Clement Doyle 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.

Lieut C.A.M.C. (Signature of Officer)
No. 2 Can. Stationary Hospital

Date April 10, 1916.

REGIMENTAL DOCUMENTS

NAME DOYLE R. No. Pte REGT. NO. 534215 UNIT 6 Coy M.G. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
		21/7/19				DEATH
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				21415	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)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category Med unfit
4	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)					
1	A.D.B. 5009a					
1	Ward					
2	A & C 6043					
1	A F 2237					
1	Postcard					
1	Card					

2-7
21 7
33 4
2

W 7589
100M-

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 8, Stationary Hospital.

Regimental No. 334213 Rank Private Name Doyle Ralph Clements.

Enlisted (a) 10.4.16. Terms of Service (a) C. E. F. Duration of War. Service reckons from (a) 10.4.16.

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) W.S.B. class "A"

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	Halifax	May 22/1916	
		Disembarked	Liverpool	" 30/1916	
8.6.16	of 8th Stat HP	On command for duty to Moore Barracks Hosp.	Shorncliffe	7-6-16	Part 2 Orders No. 2. 8-6-16.
12.9.17	- " -	Returned to Unit for duty	Shorncliffe	12-9-16	Part 2 Orders No ~~45~~ 14-9-16. 256
3-11-16	8th Stat Hosp.	On command for duty to Military Hosp.	Shorncliffe	2-11-16	Part 11 Orders No. 82 3-11-16.
19-1-71. Shorncliffe.	Mil. Hosp.	Ceases to be Attached on returning to Unit.	Hastings.	19-1-17.	Part 11. D.O. 20
		Returned to No. 8. C.S.H. and ~~T.O.S.~~	Hastings	22-1-17	Part Orders No. 22.
11-10-17	No 8 Stat Hosp	From C.M.H. Hastings & posted to Can. Special Hosp	Witley	9-10-17	Part II D.O. 8+9. 10-10-17 & 11-10-17. + Pt II D.O. 20 12/11/17 Pt II
7-11-17	ADMS	S.O.S. Can Special Hosp. & 308 qrs 8 Can Stat Hosp.	Witley	10-11-17	Pt II D.O. 20 - 12-11-17 Pt II NOI of 8 Stat Hosp

Lieut. Col.
Officer Commanding No. 8, Stationary Hospital

CERTIFIED CORRECT
12 DEC. 1917
CAN. RECORDS, LONDON

(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				
17·12·17	8 b. S.H.	Arrived in France with 8 bde Stat. Hosp	8 b.S. Hosp	5·12·17	file K.M. 16/3449 6. Pt II 3 of 26/1/18.
30·5·18	[redacted] "	Sentenced to 2 days F.P. No 2. for letting on a/s. whilst a defaulter, absent from Tattoo. Roll Call at 9·45 pm 24/5/18.	"	25·5·18	B2069. Pt II 18 of 6.6.18.
21·12·18	" "	Granted 14 days leave	U.K.	17·12·18	B213. Pt II 1 of 4·1·19
3·1·19	Off. i/c Records	Adm sick to Mil Hosp Endell St. whilst on leave, to be rptd. Offrs on discharge.		25·12·18	file K.M. 17/336 & B.R.O. 36
2·1·19	" "	Granted extension of leave from 31·12·18 till 6·1·19			K.R. 143 Pt II 2 of 16/1/19
11·1·19	8 b.S. Hosp	Rejoined from leave	8 b.S. Hosp	6·1·19	B213
10·1·19	" "	Influenza admitted	"	10·1·19	W7276/a8346
7·2·19	14 Gen. Hpl.	" Adm	14 Gen. Hpl.	7·2·19	K7040
6·2·19	8 C.S. Hpl.	" To	33 A.T.	6·2·19	K7208
9·2·19	14 Gen. Hpl.	" To	England	9·2·19	K7213
9·2·19	" "	Invalided sick fr A.T. & forwd to C.A.M.C. Casualty Coy Shorncliffe	"Jan Breydel"	9·2·19	W3083/6719 P.O 7 of 5·3·19.

A.H. Christie
Captain, C.A.M.C.,
for Major, A/A.A.G. Cdn Sec. G.H.Q. 3rd Echn.

KF

R—122

Rank Name **DOYLE. Ralph Clement.** Reg'l No. **534215**

Unit **No. 8 Stationary Hos.** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Saskatoon, April 10th, 1916.** Place of Birth **Ogdensburg, New York.**

Name and Address, Next-of-Kin **Mary Doyle,**
J. Hamilton, St.
Ogdensburg, New York. Relationship **Sister.**

Assigned Pay Monthly $ Payable to M.O.3 Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B No 4923
File R.L.
Category M.U Can

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 S.S. Adriatic		30 MAY 1916	
8-6-16	06 8 Sta Hosp	On command Moore Bk.	Dcbgate.	8-6-16	P II D 2. M 20159 MSH
12-9-16	Moore Bk.	Ceases to be att. to pt. to 8th Sty.	St Cliffe	12-9-16	" " 256.
3-11-16	8 Sta H	On command Shorncliffe H.	Shorncliffe	2-11-16	" 82
5-1-17	Sh. Mil H.	Adm. Shorn. Military Hosp	"	4-1-17	also Can List 226. " 5 Paringitis"
20-1-17.	"	Ceases to be att on return to No 8. Stary Hos.	"	20-1-17.	Ple. Pt. II-20.
24-1-17.	"	Adm. Manston Base Hos. ex Sch. Hos.	Kent.	17-1-17.	" Can List 236.
4-2-17.	No 8. Stary H.	Discharged from Shorn. Mil. Hosp.	Shorncliffe.	3-2-17.	" PT II. 35 + Can. List 246.
11-10-17	#13 Gen Hosp	LO Supernating to 6 Sp Hosp Whitley	Hastings	9-10-17	Part D.O. 281 / Pt II D.O. 8

Cover

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.
					A.F.B. 103 CHECKED 10 DEC. 1917
12-11-17	Can Spec Hosp	SOS. to #8 Stly Hosp	Witley	10.11.17	Pro D.O. 201 Auth A.R.M.S. Ltr 34-3-6 dy 7/11/17
12-11-17	#8 Stly Hosp	TOS from Can Spec Hosp	do	10.11.17	—1— do —
12-11-17	do	Attd to Can Spec Hosp.	do	10.11.17	—1— Can Spec Hosp Pro D.O. 20 17/1/17.
26-1-18	"	Arrd in France with S.B. Hosp	Rte D'barnes	5.12.17	—3.
18.2.19	Canadian Convoy	T.O.S from 8 Stly Hosp	" S'cliffe	9.2.19	—41 8 Stly Hosp Pro 7 dy 5-3-19.
29.5.19	Came	Invalided to Canada SL 501 MD 3	" Kirkdale	23.5.19	CB. 520
16.7.19	Came & D.	Dis from Hosp S.O.S. O.M.F.C. To C.E.F in Can	Witley	23-5-19	DO 166

D - 1029

DEPARTMENT OF MILITIA AND DEFENCE.

CHECKED BY 183

WAR SERVICE GRATUITY.

1051

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 Ralph ..... 2. Surname Doyle .....
3. Rank Pte. 4. Original Unit 8th Can. Lt. H.G. Reg. No. 534.215.
6. Address, in full, to which future payments of gratuity are to be forwarded .....
7. Hamilton St. Ogdensburg N.Y.
7. Date of enlistment in the C.E.F. 18-4-16
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None
9. Relationship of such dependent None
10. Present address, in full, of such dependent None
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? None
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:—
5th Can. Stationary Hospital
13-5-16 10-2-19
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 3 yrs 3 months
5th Can. A.H.S.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department None
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 ... No

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

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

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

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

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

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

24. Are you now serving in the C.E.F. ... No ... If not, give:—(a) Date of discharge ... 24-7-19. ... (b) Reason for discharge ... Medically unfit.

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 ... Sick Can. Dtl. Hos. 5-12-18 to 2-5-19.

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: Ralph Doyle.

Place of Residence: 7 Hamilton St. Ogdensburg N.Y.

Declared before me at: Kingston Ont.

This 24th day of July. 19.19.

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

D.J. Mooney Capt

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent

Certified Correct.

District Paymaster.

War Service Gratuity	Net amount due
183 days @ $1	$420.00

18

Temp: ORIGINAL

Army Form B. 178

B 3
C.A.M.C.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Doyle. *Christian Name* M. C.

TABLE I.—General Table.

Birthplace { Parish..... County .....

Examined { on.....day of.....191 , at .....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches; Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT; Number ..... | .....

When Vaccinated .....

Vision { R.E.—V= ..... L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—

.....

.....

(b) Slight defects but not sufficient to cause rejection—

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at..... on..... day of .....191...

	Corps	Regtl. No.
Joined on enlistment	Can.	534215
Transferred to		

Became non-effective by .....

.....

on..... day of .....191...

(*Signature*).....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
	Orig. to B.E.F. South France 19/11/18.

3 - JAN 1919

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

CANADIAN

[11,823] W2836/M2217 1,800,000 6/17 W. P. & Co. (1349)

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				
Military Hospital Endell Street W.C.	24	12	18	30	12	18	21 Influenza	6	Recovery	R. Calvert Roberts MB CM
R.A.M.C. Kingston	4	6	19	21	7	19	Influenza	47	Boarded 12-7-19 Med Unfit	Lt [illegible] Stevenson Capt. A.M.C.

*Name DOYLE Ralph Clement Rank Pte. Regtl. No. 534215

Fyle Depot 3. D - 536

Original unit 8th St.Hosp. Present unit 8th Can.St.Hosp. M or S. Age 34 Religion R.C. Ref. H.Q.

Port, ship, and date of arrival Megantic 2-6-19 Quebec

Next of kin Miss Mary Doyle, Sister, Ogdensburg, N.Y.

Address on leave Same

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Com. Traveller Date and place of enlistment Saskatoon 10-4-16

Diagnosis D.A.H. Date of Medical Boards

Date. T.O.S	Remarks.	Pt. 2 Order No.
4-6-19	From Clearing Depot	
	Posted to Hospital Section, Queen's	HS: 162
6.6.19	Granted leave with subsistance to 20.6.19	HS 162
21-7-19	Transfered to Cas Coy	203
22-7-19	T.O.S. from H.S. Queens 21-7-19	CE 203

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

[OVER]

Date	Remarks.	Pt. 2 Order No.
2/1/19	D.D. Des [redacted] Mem Hospital G.O. 1894	A.R. 206

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Doyle.	R. C.	534215

Rank	Unit	Co.	Troop	Batty.
Pte	C. A. M. C.	(8th Batty)		

Hospital — Date of Admission

Mil. Shorncliffe 5. 1. 19

Transferred Canadian Mil. Hos. Ichaing. Hosp. 17. 1. 19

Mtz. Hosp. Lydell St. W.C. Hosp. 25-12-18.

8 Can. Sta Dunkirk Hosp. 10.1-19.

1st. G.H.W. inerent. Hosp. 1-2.19

Diagnosis Pharyngetis

Later Diagnosis (if changed) (1) Influenza

(2)

(3) Influenza

Additional Diagnosis: if more than one state present

DISPOSITION

Sick 3-2-17

Date

REMARKS

Dis. 30-12-18

CL. 11. 1. 19. 276

" 24. 1. 19 No 236.

- 7-2-17 245

2-1-19 B401. Admtd. whilst on leave ex France.

7-1-19 B405

16.1.19 A420/2.

13.2.19 a443.

4.2.19 B437.

27. 3. 19 B471

23.4.19. B492.

29.5.19 B519

Inv. to Canada 23.5.19

S

A.M.D. 2 Dept.

Boh. of D.G.M.S. O.M.F.C. London

R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Spc. Mil. Surgical Bristol.	9.2.19
2.	15 6 G.H. Dapton	23.3.19
3.	5 Can: Gen: Hospital.	17.4.19.
4.		
5.		
6.		
7.		

Form. DMS 1401.

CANADIAN FRANCE HOSPITAL

A. & D. CARD

AT

A. & D. No. 12032. PL. OF ACTION

RANK Pte REG. No. 534215 UNIT C.A.M.C. & Stat. HP. SICK OR WOUNDED

NAME Doyle R. AGE 35 RELIGION R.C.

PLACE IN HOSPITAL Isol. G.2

DIAGNOSIS Influenza.

ADMITTED 22 MAR 1919 FROM Spec. Mil Surg H. Bristol

DISCHARGED 10 APR 1919 TO

TRANSFERRED Mrs C.G.H. Kukdal

SERVICE AT HOME 3. IN FIELD

RESULTS Bd. 7 to C. 28 MAR 1919 Leave April 3rd – 12th

appd

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

[P.T.O.

H.

REMARKS.

NO. 16 CAN. GEN. HOSPITAL,
TAPLOW

Dun

Number 534215 Rank Pte.

Surname DOYLE

Christian Name Ralph Clement

Units C.A.M.C. Theatre of War France

Date of Service 5-12-17

Remarks

Latest Address ~~G.P.O.~~ 7 Hamilton St
Ogdensburg
N.Y. U.S.A.

Roll No. 2 Page 17901

200m.-2-21.M.

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM)

IT ..... IN CATEGORY

INVALID

WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL ..... STATION

* CROSS OUT CONDITION NOT APPLICABLE.

DEPT. RECON'STR.
DEC 21 1922
9269

(OVER)

NAME Doyle R. C.

RANK AND CORPS Pte. C.A.M.C.

REGT'L No 534215.

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
226.	mil. Shorne.	5-1-17.	Pharyngitis.
236.	to Manton House Charing Kent	17-1-17.	" "
2145.	Aged & infirm on leave from France	3-2-17	" Disc.
B 401	Mil Endell St. W.C.	25-12-18	Influenza
B 405	Aisah	30-12-18	"
A 420	208 Can Stry Dunkirk	10-1-19	"
A 443	14 Gen. Wimereux	1-2-19	"
B 436	Aper Mil Surgical Bristol	9-2-19	Influenza
B 471	15 Can Gen. Taplow	23-3-19	Influenza
B 492	205 Can Gen. Tidworth	17-4-19.	"
B 830	Invalided to Canada S.S. 501 M.D. 19.	23-5-19	"

SURNAME. Doyle

CHRISTIAN NAMES Ralph Clement

REGL. No. 534215 RANK Pte

UNIT No 8 Stat Hosp.

FORMER CORPS Nil.

CARD NO.
SOS M.U. 24-7-19
D.O.206: 25-7-19
FOLL. 5 DD

NEXT OF KIN.

NAMES IN FULL Doyle, Mary

RELATIONSHIP TO SOLDIER Sister

ADDRESS Ogdensburg, N. Y. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Ogdensburg N.Y. DATE Aug 18th 1884

PLACE OF ATTESTATION Saskatoon Sask DATE Apr 10th 1916

O/S. 19-5-16 420/4

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

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Salesman RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 31 YEARS 8 MONTHS

HEIGHT 5 FEET 8 1/2 INCHES

CHEST MEASUREMENT 41 1/2 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Light

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Saskatoon Sask DATE Apr 10th 1916.

Present Address. Ogdensburg N.Y. U.S.A.

R. 149.

Name DOYLE *Rank* Pte. *Reg. No.* 534215.
Ralph Clement
Unit C.A.M.C. Shorncliffe Mil.Hosp.

Next of Kin U.S.A.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Jan.5.	Mil.Hosp.	Shorncliffe.	Pharyngitis.		226.	ER
" 17.	Manton House Hosp.	Charing. Kent.	do.		236.	
Feb.3.	Discgd.ex.Mil.Hosp.	Shorncliffe.	do.		245.	ER

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

LEDGER NO. 12579 SERIAL NO. C/2186

REG. NO. 534215 NAME Doyle Ralph

RANK Pte CORPS 3 DD AGE 34 SERVICE C 1/12 E 18/12 F 14/12

OS

HOSPITALS	DATE OF ADMISSION
1 Queens Mil Kingston	4-6-19
2	
3	

OS
DIAGNOSIS Influenza

TRANSFERRED TO

DISPOSITION 3 D cc 21-7-19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

No. 534215 RANK Pte NAME Doyle. R. C.

T. O. S. 10-4-16 UNIT C A M C No 8 Stationary Hospital

D 13 April paylist

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr 10	1916 Apr 30	C		

"MIGANTIC"
3-6-19.

AUDITOR | PAYMASTER

WM 9TH

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

M. OR S. | REGT. No 534215 | RANK Pte. | NAME (IN FULL) Doyle Ralph C. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN hd. | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? hd. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
$1.10		
Pte R. Doyle		
7 Hamilton St.		
Ogdensburg		
N.Y.		
U.S.A.		

ORIGINAL UNIT C.E.F. C.A.M.C. | 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 $ 15.50 Fx | 10/4/16 DATE EFFECTIVE 1-7-19.

PAYABLE TO Mrs Mary Doyle, Suite 7 Hamilton St. Ogdensburg, N.Y. U.S.A. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Kingston DATE 24.7.19 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS 1051.
BALANCE FROM PREVIOUS ACCOUNT							128.	46	128.	46																									128.	41	
																	4.84		19.47		20.00		30.00								79.34				49.12		AR
May	31	1.10	34	10					34	10																									83	22	
June	30	"	33	-					33	-							116	22															116	22					23982
July	24	"	26	40	30	-			61	40							46	40							15	-							61	40					275466 277601 Subsidies Doc 62 416857
							12	-	12	-							12	-															12	-					
																	Wartime Gratuity																						In Fd 2578 Rec
			W.S.L.																						W.S.L.				W.S.L.								
183 days	Mil		420	00					420	00															70	-					70	-	350	-					277601
																									70	-					140	-	280	-					1298108 - Aug. 21/19.
																									70						210	-	210	-					1319019 - Sept. 19/19
																									70						280		140						1337096 Oct 20/19.
																									70						350	-	70	-					1333495 - Nov. 24/19
									420																70						420								1851139 DEC 18 1919

OK
9TH

200M-3-19.—L. ... 58785-... & D. 9935.
M. F. W. 2.96.
1772-39-1390.

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-[illegible]-17		EFFECTIVE DATE:-	
AMOUNT:- 15.		AMOUNT:-	

NAME:- Doyle. Ralph. Clement.

NUMBER:- 534215.

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.

Miss Mary Doyle,
7 Hamilton St.
Ogdensburg, New York.
Sister.
Stopped 15/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		St

UNIT AND TRANSFERS

ORIGINAL UNIT:- 8 Stat. Hosp.

DATE ACCOUNT FIRST OPENED:- 1-6-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
M.Coll.		1/1/17	C. Spec. H.

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
24.19	95	Taplow.	~~53~~ 53				
14/11/19	651		~~9~~ 13				
			~~4~~				
	10	A.F. 3/4. Can 73	7 30				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		
			128.46.	
			B.C.	
		LC	~~128.46~~	

PARTICULARS OF RENDERING NON-EFFECTIVE:- 30/11/19 Dis Can Quot R. Pay A. 78. Taplow. 17/11/19 Taplow. Ledger. 156.42

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
2nd 31	Bal Fwd								176 44	150	
Apr	C.O	33							209 44		
				OR 19. 1 Gen 4/4 C1				15	194 44		
					446				189 98		
				" 160. " 12/11 C1	446				185 52		
May	C.O	33			892			15	219 62		
		34	10								
								15	204 62		
				14. 8 Stat. 7/5 C2	446				200 16	150	
June		34	10		446			15			
	C.O	33							233 16		
				Can. A.P.				15	218 16		
				2 days T.P. #2 Do 18 8 Stat H. 6/6/18		220			215 96		
				AR 45A C2 8 Stat H. 21/5	1338				202 58		
				" 68 do do 6/6	446				200 32		
				" 97 5 " 19/6	446				~~193~~ 186		
		33			2238	220		15	1193 66		
July	C.O.	34	10	C.A.P.				15	212 76		
				AR 125 1 " 3/7	892				203 84		
		34	10		892			15			
Aug	C.O	34	10					15	222 94		
				178 " 9/8 C3	446				218 48		
				236. " 24/8. C8	1784				200 64		
		34	10		2230			15			
Sept	C.O	33						15	218 64		
				AR 253 29. 8 H C1	446				214 18		
				294 " 24-9 C14	446				209 72	Appeal	
		33			892			15		2.9.19	

COMPILED BY [illegible]

OPERATED BY [illegible]

FORD

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									20972		
Oct	Pay	34 10						15	22882		
				CR 373. & Stat 18/Oct 24	4 66				2241 6 150		
				373 " 28/10 Extra	18 66				20550		
		34 10			23 32			15		150	
Nov	Pay	33						15	22350	50	
				5499 " 10/11 (8)	9 33				214 17	100	
				409 " 25/11 22	13 99				200 18		
Dec	✓	34 10						15	219 28		
				437 " 10/12 SH	4 66				214 62		
				6.P.89391 Un 23/12 68	48 67				165 95		
1919				Dr. L/C. 13 & Stat 15/12 80	63 27				102 68		
Jan	✓	34 10						15	121 78		
		161 20			139 93			45			
				489 " 13/1 24	4 66				117 12		
				509 " 28/1 60	4 66				112 46		
Feb	-	30 80			9 32			15	128 26		
Mar		34 10						15	147 36		
		64 90			9 32			30			
Apl.		33 00						15	165 36		
	Inst on Def	19 06							184 42		
				95 15 Ch H 3/4 9	53 53				130 89		
				651 " 14/4 29	9 73				136 89		
					63 26						
				3929. 20-5 85	9 73						
				1927 28-4 80	4 87						
				3040 Can. 13-5 83	4 87				16 69		
		52 06			82 73			15	101 69		

S-O-S Canada
S/L #507. 23-5-19

MARRIED OR SINGLE Single

PLACE OF BIRTH Ogdensburg New York

NAME AND ADDRESS OF NEXT OF KIN Mary Doyle. Ogdensburg New York.

RELATIONSHIP OF NEXT OF KIN Sister

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. 534316 RANK Pte NAME Doyle. Ralph. Clement.

IF IN PERMT. CORPS WHAT UNIT | UNIT 8 Stat. Hosp. TRANSFERRED TO C. Spec. H. DATE 1.11.17 AUTHORITY N Rdl

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Saskatoon TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Apl 10th/16. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 00 Jas DATE EFFECTIVE 1st April 1917

PAYABLE TO Miss Mary Doyle, 7 Hamilton St, Ogdensburg, New York RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY 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
May 31															44 10													10	10 00	34 10					
June 1-30	30	1 00	30	00	30	.10	3	00							33 00			4	2/6					9	73					9 73	57 37				
July 1-31	31	1 00	31		31	.10	3	10							34 10	14 9	29/6 15/6	23	17/7					24 34 4 86		4 86				34 06	57 41				
Aug 1-31	31		31		31	.	3	10							34 10															91 51				
Sept 1-30	30	.	30	.	30	.	3	00							33 00			32	15/9	1452 1613	M.B.H 16/6 30/6				12 17	4 87 9 73				26 77	97 74				
Oct	31	.	31	.	31		3	10							34 10	34	28/9	36	13/10	1715	1579	M.B.H		9 73	14 60	9 73 4 87				38 93	92 91				
Nov	30		30		30		3	.							33	39	28/10			3385 2677 1252 2855	6/11 4/11 3/7 30/11	M.B.H M.B.H M.B.H M.B.H		9 74		9 73 4 87 4 87				9 74	116 17		115 50		
Dec 1917	31		31 21 40		31		3	10							34 10															2/32A	125 93				
Jan	31	1 10	34	10											34 10					3354	26/12	"				4 87				4 87	155 16		120		
Feb	28		30	80											30 80			16	9/2/17	3663	17/11	"			19 47	2 44				21 91	164 05				
Mar	31		34	10											34 10	46	28/2	155 75	28/12 13/3					29 32	8 73 7 42					46 47	151 68		152		
Apr	30		33												33													1 75		15	169 68				
May	31		34	10											34 10	35 174								9 85 9 73				15		34 58	169 20				
			401	80										44 10	445 60									97 57	77 92	60 85		30	10	276 45	169 20				

1/10

534215 Pte. Doyle R.C.

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
1917.			401	50										44 10	445 60									97 57	77 98	60 85		30 10		276 40	169 20		150 00	19 20	
June	30	1 09/10	33												33	462	30/5							9 74										
																350	19/5	581	12/6					7 42	2 43			15		34 59	167 61		150 00	17 61	
July	31		34	10											34 10	668	26/6							9 74				15		24 74	176 97		150 00	26 97	
Aug	31		34	10											34 10	582	15/6							7 43				15		22 43	188 64		153 50	38 64	
																826	18/7							12 17										
																932	30/7							2 30										
Sept	30		33												33	948	14/8							9 74				15		51 51	170 13				
			536	70										44 10	579 80	1003	27/8													409 67	170 13				

Oct →	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	CR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
20-9	Br. Bal.	~~170 13~~ 163							170 13	~~163~~	
Oct.	C. O.	34 10		C.P.C.			15				
				1095 AR 14.9.17 B.H. Hosp.	9 74						
				72 - W.H. 27.9.17 "	9 74				169 75		
		34 10			19 48		15				
Nov.	P/P	33					15		671 0		
Dec.		34 10		AR 2 Blackwell 05/10/17	9 73				236 85		
				" 32 " " 29.10.17	9 73				66 15		
				" 97 " " 9.11.17	12 17						
					31 03		15				
									34 10		
1918.		67 10		24005 Witley 23.11.17 Y/81	4 52		30		170 70		
Jan.	P/P	34 10			36 15		15		204 80		
									36 50		
				A.B. 204 C.S.H. Witley 27.11.17	4 87						
				" 5035 1 Gtt " 11.12.17	4 46						
		34 10		" 145 Witley " 12.12.17	12 17						
					21 50		15		168 30	150	
Feb	P/P	30 80		54031 Glen 23/1	4 46						
				5422 " 9/1	4 46				149 10		
				5603 " 6/2	4 46				28 38		
		30 80			13 38		15		170 72		
							15				
Mar	P/P	34 10		5805 " 21/2 C.10	4 46						
				6024 " 6/3 C.22	4 46				204 82		
							15		28 38		
		34 10		6133 " 20/3 C.36	4 46		15		176 44	150 00	
					13 38						

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 15 C.G. Hosp. Taplow DATE March 26th 1919

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 534215 (c) Rank Pte.

(d) Surname DOYLE (e) Christian name RALPH CLEMENT

(f) Home address OGDENSBURG NEW YORK U.S.A.

(g) Next of Kin Mary M Doyle (h) Relationship sister

(i) Address of Next of Kin as above (f)

2. Age last birthday 34 Date of birth August 18th 1884

3. Enlistment, or Appointment (if an Officer) (a) Place SASKATOON SASK. (b) Date 10-4-16

4. Personal description:

(a) Height 5 ft 8½ ins (b) Weight 190 approx (stripped) (c) Complexion fair

(d) Colour of hair blonde (e) Colour of eyes blue (f) Identification marks, Scars, etc. nil

5. Former trade or occupation commercial traveller

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
	2	350

Patients Statement.

	Periods From	Periods To
Canada	10-4-16	19-5-16
England	19-5-16	5-12-17
	10-2-19	~~26-3-19~~
France ~~or other theatres of War~~	5-12-17	10-2-19

7. Original disease, or injury A. INFLUENZA

B. D.A.H.

(a) Date of origin A 10-1-19 B 10-2-19 (b) Place of origin A. DUNKIRK FRANCE B. ENGLAND

(c) Cause A & B. EXPOSURE & INFECTION.

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.)

A. WEAKNESS MODERATE OF BODY WITH NECESSITY FOR REST (DEBILITY).

B. WEAKNESS MODERATE OF HEART WITH NECESSITY FOR REST. (DAH).

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.)

obj A. physical signs negative save (8 B) patient is obese.
Subj He states he has pain in R side upon deep inspiration gets out of breath upon very slight exertion.

~~Obj~~ B. Rapid rate of heart with occasional irregularity increased by slight exercise, no bruit noted apex beat within 1 nipple line - B.P. 130-82. Urine negative to albumen & micro.
Subj complains of pain over precordia, "thumping" and dyspnoea upon walking.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? no
(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

10. (a) History (of the condition referred to in Section 9 (a).) A. B.
entry upon A.F.W. 3118 admitted 8 C. Stat Hosp 10-1-19 with Influenza Special Mil Hosp Southmead Bristol 9-2-19 22-3-19 Influenza — 3 previous attacks of influenza now definite signs of myocardial degeneration, widely dilated heart gallop rhythm 15 C Gen Hosp Saplow 22-3-19 to date signs of above 9(a) A & B

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*).)

M.H.S. entry Pharyngitis 4-1-17 — 2-2-17
good recovery

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

none

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? 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? 6 months

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

rest & graduated exercise

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? yes

(If the answer is "yes" state nature of treatment required and probable duration)

as above. 14 — 3 months

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations invaliding to Canada

D.G. Aikenhead Capt CAMC

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 Pte R Doyle 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~~ nil

R. Doyle Pte 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.

Q15 - We concur with treatt.

19. Is the invalid fit for

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

} Invalid to Canada

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.)

Yes - rest & graduated exercises - for 3 months.

(*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.)

to Invalid to Canada.

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.

CANADIAN CONVALESCENT HOSPITAL
28 MAR 1919
CANADIAN GENERAL HOSPITAL
1ST CANADIAN CONNAUGHT HOSPITAL
CLIVEDEN
TAPLOW, BUCKS.

PLACE Taplow, Bucks.

DATE 28-3-19

J. Veech-Lt Col C.A.M.C. *President.*

J. Taylor Capt. C.A.M.C.

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE.....

DATE.....

} Members

APPROVED BY

A. Collins

Assistant Director of Medical Services.

DATE.....Major, O.A.M.C.
for A.D.M.S., Canadians. London Area.

APPROVED BY

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS LONDON AREA.
APR 8 1919
13, BERNERS ST. LONDON, W.1.

Director-General of Medical Services.

DATE.....

C.A.D.C. 5009

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DOYLE. R.C.

REGIMENT Canada. RANK PTE No. 5-34,215

Date of Examination in England Ap 23. 19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1. 12
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France Yes

Signature of Dental Officer L. D Steele

CAPT. CADC

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 534215 (Rank) Private

Name (in full) DOYLE, Ralph Clement. enlisted in

the No. 8 Overseas Stationary Hospital.

CANADIAN EXPEDITIONARY FORCE at Saskatoon, Sask. on the 10th

day of April 19 16.

HE served in Canada, England and France.

and is now discharged from the service by reason of "Medically Unfit R.O. 1894"

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

Age 34 yrs. 11 months. Marks or Scars

Height 5 ft. 8½ ins.

Complexion Fair NIL

Eyes Blue

Hair Blonde

R. C. Doyle,
Signature of Soldier

Captain
Issuing Officer
O. C. Discharge Section
No. 3 District Depot
Rank

Appointment

Date of Discharge 24-7-19

Signed at Kingston, Ont. this 24th day of July 19 19

in Military District No. 3

File Reference No. 3DD 3-D-536

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
200m.—2-18.
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

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

CASE HISTORY SHEET.

Q.U.M.H. Hospital. Kingston Station.

No. 534215 Rank Pte. Name Doyle, Ralph Age 34

Unit #3 D.D. Completed years of service (Where and how long) C. 1/12. E. 18/12. F. 14/12.

Date of admission June 4/19. Date of discharge July 21/19.

Diagnosis Influenza Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE Man was taken ill with Influenza Dec. 1918 and had two relapses with high temperature. Apparently made good recovery, but was again taken ill in Dunkirk 10th Jan. 1919 and developed pleurisy right side and was sent to England. At present physical signs are negative, except that man complains of occasional brief attacks of praecordial pain. Man sleeps well, eats well, and is up to his normal weight 182. Tendency toward obseity. Heart 76 per minute. No murmurs, detected. S.B.P. 128. D. 80.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Urinalysis - acid 1020. Normal. Sputum - negative.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, (and disposal made of case.) Slight rapidity of heart action 90 sitting. 102 after walking up flight of stairs. Fit for discharge from hospital.

Date July 21/19.

Medical Officer i/c case. Capt. A.M.C.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

C/12186

ORIGINAL

Devl SCF 18

MEDICAL HISTORY SHEET.

Surname Coyle, Christian Name Ralph Clement

Examined { on 10 day of April 1916
at Saskatoon

Approved by W R Harris
Rank Lt. C.A.M.C. M.O.

Birthplace { City or Town Ogdensburg
County Newyork

Apparent age 21

Trade or occupation Salesman

Height 5 Feet 8 1/2 Inches.

Weight 190. Lbs.

Chest measurement { Minimum 38 1/2 inches.
Maximum expansion 41 1/2 inches.

Physical development good.

Small-Pox Marks none

Vaccination Marks { Arm Right. 0 Left. 0
Number 0

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection Nil

Date.	Fit or Unfit.	Examined for Re-Engagement. Anti-Typhoid Inoculations	
24/6/17	O.K	[illegible]	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

T.A.B 1.cc

Date.	Result.	Vaccinations.	
3/5/16	Good	[illegible]	M.O.
			M.O.
			M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
25/4/16	Ne	[illegible] copo coccic	M.O.
3/5/16	O.K.	Armed trip	M.O.
15/6/17	O.K.	Manitoba- see above	M.O.

T.A.B. ½ C.C

Enlisted on 10 day of April 1916 at Saskatoon

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	4 & 8 Overseas Stat Hospital			
Transferred to		534215	Good	10/4/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	23-10-17	Flat feet & obesity	B.I. [illegible] D.S. Stewart Mayor.
Kapuskasing	21-3-19.	[illegible]	I to C [illegible]

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

Surname Lloyd Christian Name Edward George

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
MILITARY HOSPITAL, SHORNCLIFFE.		4	1	17	17	1	17	Pharyngitis		Trans to V.A.D. Charing	
V.A.D. Charing.		17	1	17	2	2	17	"	16	Thrombosis: fit. Discharged to Duty	
Special Military Surgical Hospital No. Date SOUTHMEAD, BRISTOL.		9	2	19	22	3	19.	Influenza	41	3 previous attacks of influenza now definite signs of deg. myocardium - widely dilated heart - gallop rhythm etc.	
15 CANADIAN GENERAL (DUCHESS OF CONNAUGHT'S CANADIAN RED CROSS) HOSPITAL TAPLOW BUCKS		22	3	19	16	4	19	Influenza	25	chest signs neg. Slight D.A.H. no bruit B.P. 130-82 urine neg. M.F.B. 227 prepared for I.t.C. To: No. 5 Can. Gen. Kirkdale	D.C. Ashenhead Capt. R.A.M.C.
No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL.	16 APR 1919				15 MAY 1919			do.		Heart condition. To I to Can.	
[illegible]		23	6	19				do		[illegible]	

Army Form B. 103.

Regimental Number 534215

Casualty Form—Active Service.

Regiment or Corps .....

Rank Rfte. Surname Doyle Christian Name RC

Religion ..... Age on Enlistment ..... years ..... months.

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (*b*) .....

or Corps Trade and Rate .....

..... 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...			
18.2.19	Lane Casby	T.O.S from Field adm Sth Hosp. Bristol	Sheffs	9.2.19	Rtd to duty
23-5-19	M.O. 3	T.O.S 3.D.S.O Posted to Dun's 1911	Kingston	11.6.19	H.A.R. II-162
24/7/19	D.D.S.	Dis Mea Medal R.O. 1894			H.A. 206

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

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				

Form I. 1237 1/4

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	539215.	Pte.	Doyle.	Ralph C.

Year.	Unit.	Age.	Service.
1919.	C.A.M.C.	35.	8y 12d

Station and Date. Taplow. 23. 3. 19.

Disease Influenza

Complains of dyspnoea upon exertion pain in R side

Flu for 8 days December 1918
2 weeks January 1917 developed pleurisy R side 10-2-19. in hospital ever since.

present Condition
well developed triple chest. physical signs negative spleen not palpable.

24-3-19 up & around.

26-3-19 B.P. 130-82 M.F.B 227 passed for T.D.

28 Can Gen Hosp 23-4-19 Heart is enlarged to L.T. no murmurs. Patient complains of dyspnoea & slight pain over heart. T.D. J.D.C.

J. Thompson
Capt A.M.C.

14

10

10-4-19

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

(A 1014) W3031/P/296 3,450m 7/18 Drayton Mill Forms/I. 1237/14 (E. 3420)

[P.T.O.

Yukon 2 21

Station and Date.	

DENTAL HISTORY SHEET

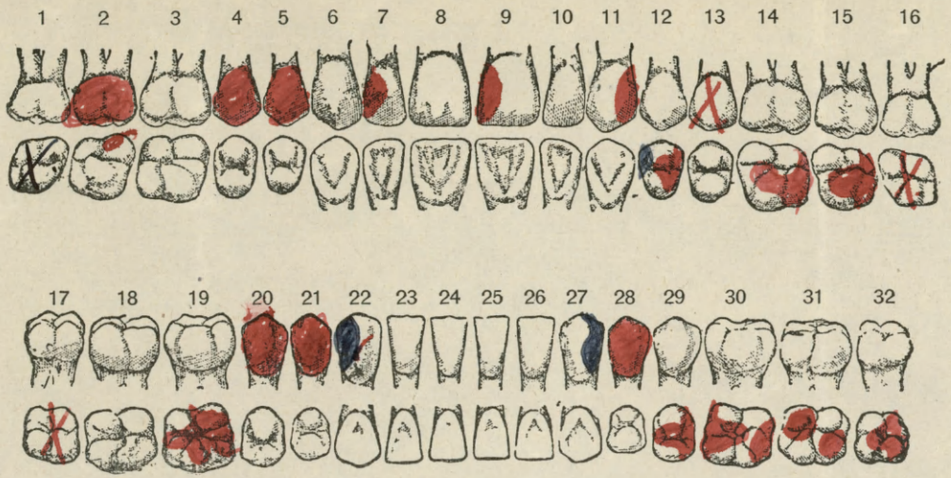
CANADIAN ARMY DENTAL CORPS

DISTRICT 3.

NAME OF SOLDIER Doyle R. L.

REGIMENT 8th Can. Stat. Hosp. RANK Pte. No. 534215

M.F.B. 465.
150M.—6-18.
1172-39-950.



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919. 10	3.11.12.15.14 19.28. 32.															5 2.41.30 21.28					
July 11/19																						
July 11/19.		1/12.		2/32.37.																St. Simpson May	3	Incomplete
																				St. Simpson May	3	Complete

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley Camp. Surrey. Oct. 23rd. 1917 1916.

No. 534215 Rank Pte. Name DOYLE, R.C.

Local Unit #8 Can. Staty. Hospital. Overseas Unit Age 33

Examination held at Canadian Special Hospital, Witley, Surrey.

DISABILITY.
Overseas—Local.
(scratch one out)

F. foot - feet.
Obesity

PRESENT CONDITION.

F. foot - feet - due to over weight.
19 stone - Constitutional - long standing
Patient - looks 46 years of age

BOARD RECOMMENDS:—

1. Fit for Duty B1
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { R.A. Stewart Mayor ..... President.
H.G. Craig Capt.
Chipman Capt.

APPROVED

Dated at 28-10-17 1916. Lt Colonel Major
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... Date .....

No. ..... Rank ..... Name ..... Age .....

Local Unit ..... Overseas Unit .....

Examination held at .....

DISABILITY.

Causation—Local.
(Scratch one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....

2. Fit for duty after ..... weeks, physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

President .....

Member .....

.....

APPROVED

Dated at ..... Date .....

For A.D.M.S.

War Service Badge Class. A.B.

No. 213434 55854 Issued

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 534215

2. Rank Private

3. Name DOYLE, Ralph Clement.

4. Unit No. 3 District Depot.

5. Date of Discharge 24-7-19 | Place Kingston, Ont.

6. Reason for Discharge "Medically Unfit".

7. Authority R.O. 1894.

8. Proposed Residence after Discharge Ogdensburg, N.Y.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?39.

R. C. Doyle

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date AUG 2 - 1919

Place Kingston, Ont.

Date 24-7-19

Signature [illegible] Captain

(O.C. Discharging Unit)

O.C. Discharge Section

No. 3 District Depot

M.F.B. 218a—150M-3-19—1772-39-118.

ZP.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M.F.W. 129 or D.M.S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

No. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Miss Mary Doyle

Address 7 Hamilton St
Ogdensburg N.Y.
U.S.A.

Rate 15c Apl 1/17.

By Whom Assigned Doyle R.C.

Regtl. No. 53425

Rank Pte

Corps 8 Stat Hosp.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2M 23/3/17 JB 31/5/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Miss Mary Doyle
(Assignee)

Name of Soldier Doyle R C. Pte 534215 8 Stat Hosp

L. L. Job 19227—M. & D. 7814.

15th Apl 1/17.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		P 18274	45	s.
July		B 22965	15	15
Aug.		I 28341	15	
Sept.		H 35365	15	03
Oct.		V 29833	15	
Nov.		L 54041	15	135
Dec.		S 56861	15	
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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D 6639

Date of Assignment April 1917

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

1142 102 4 K06

PARTICULARS OF SEPARATION ALLOWANCE

No. 534215

Rank Pte Promoted Reverted Discharge

Soldier's Name R C Doyle

Battalion 8 Stat Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Mary Doyle

Address 7 Hamilton St

Change of Address Ogdensburg NY U.S.A.

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			135	135		
Jan 1918	E 54837		15	15	Br.	
Feb	E 97934		15	15		
mch	A 127021		15	15		
apr	B 9246		15	15	R.	
may	O 18336		15	15	R.	
June	Z 9549		15	15	R.	
July	Z 20644		15	15	C	
Aug	Z 32783		15	15		
Sept	Z 46115		15	15		
Oct.	Z 60701		15	15	C.	
Nov.	Z 75246		15	15	C	
Dec.	Z 95066		15	15	C	
Jan 1919.	Z 106053		15	15	C	
Feb	Z 119715		15	15	C	
mch	Z 132069		15	15	C	
apr	Z 2219		15	15	C	
MAY	Z 10864		15	15		
JUN	Z 17547		15	15		
			405	405		

A/c Closed 30-6-19

Ret'd per Regantee

Date 3-6-19 F.X. 11.6.19

Clerk

121336 AUDITED. AEH 11/7/19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—172-33-1141
L. L. 22220—M. & D. 1193.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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—177-38-1141
L. L. 22320—M. & D. 7493.