1st Depot Bn., E. O. Regt., C. E. F. **ORIGINAL**

#3 M. D. Depot Battalion Regiment

Regtl. No. ~~4020558~~ 3055558

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Duesberry
2. Christian name Charles Peter
3. Present address Belleville, Ont.
4. Military Service Act letter and number P. C. 920211
5. Date of birth March 8th 1895.
6. Place of birth Belleville, Ont.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Meth.
9. Trade or calling Plumber
10. Name of next-of-kin Fred Duesberry,
11. Relationship of next-of-kin Father
12. Address of next-of-kin 71 Pinical St. Belleville, Ont.
13. Whether at present a member of the Active Militia no.
14. Particulars of previous military or naval service, if any nil
15. Medical Examination under Military Service Act:—

    (a) Place Belleville, Ont. (b) Date Nov. 23d/17. (c) Category A. 2.

DECLARATION OF RECRUIT

I, Charles Peter Duesberry, do solemnly declare that the above particulars refer to me, and are true.

Chas Peter Duesberry (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 8 mths.

Height 5 ft. 5½ ins.

Chest measurement: fully expanded 33 ins.; range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair brown.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Lt. Col.
O. C. 1st Depot Bn., E.O. Regt., C.E.F.

O. C. Depot Btln.

Regt.

Place Kingston, Ont. Date Jan 7th 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

1st Depot Bn., E. O. Regt., C. E. F. **TRIPLICATE**

#3 M. D. Depot Battalion Regiment

Regtl. No. ~~4020158~~ 3055558

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Duesberry
2. Christian name Charles Peter
3. Present address Belleville, Ont.
4. Military Service Act letter and number P. C. 920211
5. Date of birth March 8th 1895.
6. Place of birth Belleville, Ont.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Meth.
9. Trade or calling Plumber
10. Name of next-of-kin Fred Duesberry,
11. Relationship of next-of-kin Father
12. Address of next-of-kin 71 Pinical St. Belleville, Ont.
13. Whether at present a member of the Active Militia no.
14. Particulars of previous military or naval service, if any nil
15. Medical Examination under Military Service Act:—

    (a) Place Belleville, Ont. (b) Date Nov. 23d/17. (c) Category A. 2.

DECLARATION OF RECRUIT

I, Charles Peter Duesberry, do solemnly declare that the above particulars refer to me, and are true.

Chas Peter Duesberry (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 8 mths.

Height 5 ft. 5½ ins.

Chest measurement: fully expanded 33 ins.; range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair brown.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

R W Smith Lt. Col.
O. C. 1st Depot Bn., E.O. Regt., C.E.F.
O. C. Depot Btln.

Regt.

Place Kingston, Ont. Date Jan 7th 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

C.E.F.

DUESBURY, CHARLES D 3055558 75 BTY 27305

M.U.

404628

No. 4020448 RANK Gnr. NAME Duesberry C. P.

3055448 Feb. pay list

T. O. S. UNIT 75th Depot Battery

Transf.d from 1st Depot Bn 8-1-18

D.O. 16 of 16-1-18

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan. 15	1918 Jan. 31	n		
Feb. Mar. 1	Mar 8	n	Discharged. Med. unfit. 8-3-18	(D.O. 67 of 8-3-18
			a/c closed by payment	

No. 4020558 RANK Pte. NAME Duesberry C.

T. O. S. UNIT 72nd Battery C. F. A. C. E. F.

Transf from 1st Depot-Bty. E. A. R. Jan. L. P. C.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 7	1918 Jan. 14	n.	Transf to 75th Bty.	Jan. L. P. C.

No. 558 RANK Pte. NAME Duesberry. Chas.

T. O. S. 7-1-18 UNIT 1st. Depot. Battalion E.O. Regt.

D.O.B. 6-1-18.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1918 Jan 7	1918 Jan 14	n.	Transfrd to 75th Bty 14/1/18	D.O. 14. 14-1-18

SURNAME. Duesberry

CARD NO. 4

CHRISTIAN NAMES Charles Peter.

3055538

REGL. No. ~~402 0558~~ RANK Pte.

S.O.S. Disc. 8/3/18 67/3 T.A.C.

UNIT East Ont Regt. 1st Depo Bn.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Duesberry, Fred.

RELATIONSHIP TO SOLDIER Father

ADDRESS 71 Pinical St; Belleville, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Belleville, Ont. DATE Mar 8th 1895.

PLACE OF ATTESTATION Kingston, Ont. DATE Jan 7th 1918.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

1968

~~1020558~~
3055558

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

COPY

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Duesberry Christian name Charles Peter
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P. C. 920211
3. Consecutive number on schedule of men reporting for service (if he appears on it) 475
4. Address (including street and number, if any) c/o Wm. Davies Co. Napanee Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of November 1917, by the undersigned medical board sitting at Belleville Ont

5. Age as stated 21 Years 8 Months. 6. Apparent age 22 Years ____ Months
7. Height 5 Feet 5 1/2 Inches. 8. Weight 134 Pounds.
9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Medium { Eyes Brown / Hair Brown }
11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks 0.
13. Number of vaccination marks { Right arm 0 / Left arm 0 } 14. When vaccinated last 0.
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 / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(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 A 2

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

R. W. Tennant Capt President.

R. S. Stevens Capt Member. W. J. Gibson Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		C H Elliott M.O.	12-1-18		C H E M.O.
		M.O.			C H E M.O.
		M.O.			C H E M.O.

Joined JAN 7 1918 day of 191 at Kingston Ont

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.B.E.O.R			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

Signature of Man Sgt Chas. Duesberry

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.—10-17.
1772-39-439.

Surname ..... Christian Name .....

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				

To be made out in duplicate. 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.

---

(1) Name of Overseas Unit which Soldier joins 1st Depot Bn., E.O. Regt., C.E.F.

(2) Regimental Number ~~4020558~~ 3855558

(3) Full Name of Soldier Charles Peter Duesberry

(4) Place of Birth Belleville, Ont.

(5) Are you married, or not? Single

(6) If married, state, nil
(a) Full name of your wife

(b) Present Postal Address nil

(7) Are you a widower? nil

(8) Have you any children? nil

If so, give number of boys and girls nil

Also their names and ages nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address Fred Duesberry, 71 Pinical St. Belleville,

(10) Is your Mother alive? nil

If so, state name and address nil

(11) If your Mother is a widow nil

Are you her sole support, or not? nil

(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.

nil

(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.

nil

(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.

nil

(15) Are you insured? nil

If so, in what Company? nil

Have you made arrangements for payment of your Insurance premium nil

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

Lt. Col.
O.C. 1st Depot Bn., E.O. Regt, C.E.F.
Officer Commanding.

Date Jan ~~Feb~~ 7th 1918.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3055558 Rank Gunner Name C.P.Duesberry

Corps 75th Battery, CFA, CE. who was* Discharged.

On March 8th, 1918 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Mar 1, 1918 191..., to March 8th, 1918 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	58	05
Advances by Cheques } No. 8873 A	20	00	Regt'l Pay 8 days at $ 1 c 00	8	00
Advances by Cheques } No.			Field Allow. 8 days at $ c 10		80
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No. 8880	46	85			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	66	85	Total	66	85

*Give Particulars.

A monthly stoppage of $ Nil (†) has Nil (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee)

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 7-1-18

(2) if married and if a Separation Allowance Card has been submitted nono

(3) cause of discharge and authority Medically Unfit Auth 3 M.D. 44-D-297

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

---

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

Date March 8th, 1918

Place Kingston, Ont.

Capt
Depot Batteries, M.D. #3 *Paymaster*

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

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

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-903.

4

FORM OF WILL

I, Chas. P. Duesberry (Name in full)

Regimental Number ~~410205-5-8~~ 305555-58 serving in 1st Depot Bn., E. O. Regt., C. E. F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Nil

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Geo. Duesberry
71 Pinnacle St.
Belleville, Ont.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

Nil

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 7th day of Jan A.D. 1918.

Chas Peter Duesberry
Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R. B. Saunders

Address of Witness 13 Sycamore, London, Ont.

Occupation of Witness Clerk.

Signature of Second Witness Grant Mullin

Address of Witness 21 Rideau St Kingston

Occupation of Witness Seaman

M. F. W. 82.
300M.-12-16.
1772-39-983.

To be made out in duplicate. 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.

---

(1) Name of Overseas Unit which Soldier joins 1st Depot Bn., E. O. Regt., C. E. F.

(2) Regimental Number ~~40.20558~~ 30.55558

(3) Full Name of Soldier Charles Peter Duesberry

(4) Place of Birt Belleville, Ont.

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife nil

(b) Present Postal Address nil

(7) Are you a widower? nil

(8) Have you any children? nil

If so, give number of boys and girls nil

Also their names and ages nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address Fred Duesberry, 71 Pinical St. Belleville

(10) Is your Mother alive? nil

If so, state name and address nil

(11) If your Mother is a widow nil

Are you her sole support, or not? nil

(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.

nil

(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.

nil

(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.

nil

(15) Are you insured? nil

If so, in what Company? nil

Have you made arrangements for payment of your Insurance premium nil

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

R W Smart Lt Col.
O. C. 1st Depot Bn., E.O. Regt., C.E.F.

Officer Commanding.

Date Jan ~~[illegible]~~ 7th 1918.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN.

TRIPLICATE

MEDICAL HISTORY OF AN INVALID

STATION Kingston, Ont. DATE Jan. 22/18.

1. (a) Unit 75th Battery. (b) Regimental No. 4020558 (c) Rank Pte.

(d) Surname Duesberry. (e) Christian name Charles.

2. Age last birthday 21 Date of birth 1897.

3. Enlisted at Kingston. on Jan. 7/18.

4. Personal description :—

(a) Height 5'3" (b) Weight 133 (stripped) (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes Hazel (f) Identification marks

Scar on chin.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

Belleville, Ont.

6. Former trade or occupation Inspector of food for British War Office.

7. (a) Service

	Years	Days

	Periods	
	From	To
75th Battery,	Jan.7/18.	Date.

(b) Has he been Overseas ? No.

8. Present disease or disability (use authorized nomenclature if possible). Neurasthenia.

(a) Date of origin 1915. (b) Place of origin Canada.

(c) Cause* Not known.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Man says he has trouble with his nerves for two years, says some nights he could not lie still in bed, After exertion the muscles twitch. He now complains of weakness and shortness of breath. Says he suffers from insomnia. Complains of a pain over the heart, especially when he walks fast or runs. Man appears nervous, truthful. There is a tremor of hands and tongue. Knee jerks exaggerated. No ankle clonus. Hands cold and clammy. Heart rapid, no abnormal sounds, pulse rate sitting, 86 standing 92. Lungs normal. Man undoubtedly a neurotic, and would not make an efficient soldier. B.P. Systolic -120. Diastolic 85. Urinalysis -acid. sh.gr.-1020. NO alb. no sugar.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

15 M -6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Scar about 1" long over the chin.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

20% not D.D.S.

12. Did the disability arise on or off duty? Not applicable.

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? Not applicable.

(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.)

16. 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 at least.

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

Queen's Military Hospital, Jan.17/18.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations Discharged as unfit for further service.

L. N. Armstrong Captain.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Chas. Dunsbury

Signature of soldier examined.

21. Does the Bo
number of

22. Is the soldier

23. It is certified

24. It is recomme

STATION King

DATE Jan.

APPROVE

DATE JAN 29

APPROVE

DATE

included in answer 8.
n

our market reduced ?
t due to all combined.

e ? No

gravation.)

reasonable refusal to

or aggravation. In
tances

onditions, if there is

No.

Captaine.
is brought forward.

ion of my disability
ow.) I complain in

soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier 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). Yes.

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(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).

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

Wm Gibson Capt AMC President.
E C D MacCallan Captain
H S Langrove Capt } Members.

STATION Kingston.

DATE Jan.22/18.

APPROVED BY

DATE JAN 29 1918

H Craig Major, A.M.C.
D/ A.D.M.S. Mil. District No.3
Assistant Director of Medical Services.
For A.D.M.S. Mil. District No.3

APPROVED BY

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Kingston Ont DATE Mar 4/18

1. (a) Unit 75th Battery (b) Regimental No. 4020558 (c) Rank ~~Pte~~ Gnr.

(d) Surname Duesberry (e) Christian name Charles

2. Age last birthday 21 Date of birth Mar 8/96

3. Enlisted at Kingston on Jan 7/18

4. Personal description :—

(a) Height 5' 3" (b) Weight 135 (stripped) (c) Complexion Dark

(d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners)

Belleville. Ont

6. Former trade or occupation Inspector of Fwd for British War Office

7. (a) Service

	Years	Days

	Periods	
	From	To
75th Battery	Jan 7/18	Date

(b) Has he been overseas? No

8. Present disease or disability (use authorized nomenclature if possible) Neurasthenia

(a) Date of origin ~~B~~ 1915 (b) Place of origin Canada

(c) Cause* Not known

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Man says he has been very nervous for two years. Says he does not sleep well at night. Complains of shortness of breath and weakness. Complains of pain over heart after exertion. Objective symptoms: Man appears very nervous. Tremors of both hands and tongue. Pulse rate, sitting 120 Standing 144. Double marking time for 10 sec 174 per min. Left border of heart in nipple line. No murmurs.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

20% as at enlistment

12. Did the disability arise on or off duty ? Before enlistment

13. Was a Court of Inquiry held ? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? No

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? At least six months.

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

Duchess Military Hospital Jan 13/18

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

No

19. Can the former trade or occupation be resumed ? Yes

20. Recommendations

Placed in category E for discharge

Capt Ame

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned ..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examined.

luded in answer 8.

untrained labour
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OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier 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).~~

23. It is certified that the soldier

(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).

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

Placed in category "E" for discharge

Capt. Amc *President*

Capt. Amc } Members.

STATION Kingston

DATE Mar 4/18

APPROVED BY

DATE MAR 5 - 1918

Captain A. M. C.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 3.

APPROVED BY

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

This space to be for numbers.

Proceedings on Discharge.

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

No. D.#3055558

Rank Gunner

Name Duesberry, Charles Peter
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 75th. Depot Battery, CFA.CEF.

Date of Discharge March 8th. 1918

Place of Discharge Kingston, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years months.
Height 5 feet 3 inches.
Complexion dark
Eyes hazel
Hair brown
Trade Inspector of food for British War Office
Intended place of residence (To be given as fully as practicable.) 71 Pinnical St., Belleville, Ont.

Descriptive Marks

Scar on chin.

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

Medically Unfit

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

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

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

None

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

6. Medals and Decorations ..... None

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston, Ont. Martin J. Kiel Lieut.

(Date) Mar.8th. 1918 Actg Commanding 75th.Depot Battery, CFA.CEF

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

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

(Place) Kingston, Ont. C. P. Duesbury (*Signature of Soldier.*)

(Date) Mar.8th.1918 [signature] (*Signature of Witness.*)

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

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

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

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

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) - years 61 days.

Total - years 61 days.

11. **Confirmation of Discharge.**

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

(Place).....

(*Signature*) .....

(Date) .....

(To be s

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

(*Squadron*
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Witness.)

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f Soldier.)

ars.....61 days.

ars.....61 days.

.....

Reservations referred to at Para. 8.

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

..... none .....

C. P. Duesbery

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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