202ND O. BATT'N C.E.F. Duplicate

Duplicate

202ND BN

Ham. 21-7-16

ATTESTATION PAPER.

No. 23/656

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Duplicate

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Duffell
1a. What are your Christian names? ..... Harry James
1b. What is your present address? ..... Huxley Alberta
2. In what Town, Township or Parish, and in what Country were you born? ..... Kent England
3. What is the name of your next-of kin? ..... William Duffell
4. What is the address of your next-of-kin? ..... Huxley Alberta
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... June 11th 1894
6. What is your Trade or Calling? ..... Farmer
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? ..... no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry James Duffell, 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.

H. J. Duffell (Signature of Recruit)

Date June 12th 1916. H. Hobbs (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry James Duffell, 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.

H. J. Duffell (Signature of Recruit)

Date June 12th 1916. H. Hobbs (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 Sarcee Camp Alta this 12th day of June 1916.

[illegible] (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-341

Description of Duffell H. on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 5 1/2 ins.

Chest measurement. Girth when fully expanded ..... 38 ins.
Range of expansion ..... 2 1/2 ins.

Complexion ..... Clear

Eyes ..... Blue

Hair ..... Dark Brown

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

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

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

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 June 12th 1916.

Place Sarcee Camp Alberta C Dauterive
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.

Harry James Duffell 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.

P.E. Bowen (Signature of Officer)

Date June 12th 1916.

REGIMENTAL DOCUMENTS

NAME Duffill Harry James REGT. NO. 231656 UNIT 202nd Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category H
	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)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 3				27509	DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Med. Unfit
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) 4					
	MEDICAL EXAMINATION (M.F.W. 129)					
2	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	M.F.W. 67 Cas Cards					
2	W 3172					
1	W 3118					
4	W 1237 W 5647					
1	Q + D					

4.13
22.13
32-13
2

W. 2589
100M-11-18
1772-39-1377

R—122
8,401—50,000—21-10-16.

AGR

Rank Pte Name DUFFELL, Harry James . Reg'l No. 231656 -

Unit 202nd Bn. If in perm. Corps, What Unit? } Married or Single Single. -

Place and Date of Enlistment Sarcee Camp, Alta. 12th June. 1916. - Place of Birth Kent, England:

Name and Address, Next-of-Kin William Duffell, -

Huxley, Alberta. - Relationship Father. -

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 1490
File No.
Category
CAN.MU

Discharge, Date and Place Reason Character

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.
C.		Arrived in England Mauretania 30 11 16			
27-5-17	202nd Bn	SOS Proceeded Oseas to 31st Bn	Witley	27-5-17	P.R. II 0147 & P.R. II 036 31st Bn
5.9.18	A.R. 31	Wounded	2nd Field	31.8.18	C.L. A 310.
14.9.18	A.R.D.	T.O.S. from 31st Bn o/s	Bishopsgate	6.9.18	A.R. 20.238.488 31st Bn
8.7.19	A.R.	Invalided to Canada	Liverpool	30-6-19	C.L. B.5.5.9
		x Nos CGH Kirkcaldy SL 505 MS 2			x W.O. 163/15 1/19

Report.		Record of promotions reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

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 202ND O. BATT'N, C. E. F.

Regimental No. 231656 Rank Private Name ~~Harry James~~ Duffell Harry James

Enlisted (a) 12/6/16 Terms of Service (a) Duration of the War C. E. F. Service reckons from (a) June 12th 1916

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) Farmer

CERTIFIED CORRECT. 6 - JUL. 1917 CANADIAN RECORDS, LONDON.

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 Canada Nov 24th 1916			
		Arrived Liverpool England Nov 30th 1916			
		PROCEEDED OVERSEAS FOR SERVICE WITH 3/1st BATTN 202nd	Witley	MAY 27 1917	PT. 2. D.O 147 H.A. Lewis Major for Lt. Col. Commanding 202nd Battn.
MAY 27 1917		C.B.D. TAKEN on STRENGHT 38th		28.5.17	N.R. Pro 736 D 5.6.17
		" Left for Unit	FIELD	15.6.17	
		Unit Joined Unit	FIELD	16.6.17	B 213
				10.2.18	Pro 14
16.2.18	31 Bn	14 days leave			
1/9/18	83 Sep	Gen. L. Reg.	To 8 Stat. Sq.	1/9/18	W 2521
28/8/18	4 Extra	" "	add 4 Extra	28/8/18	} a 8233
			To 665	28/8/18	
1/9/18	8 Stat.	Thyt pac	add 8 Stat.	1/9/18	W 2436
28/8/18	33 665	Gen Lep.	add 33 665	—	} a 8356
31/8/18	31 Bn		To 33 a.s.		

(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				
31/8/18	83 Gen	G.S.W. Leg. L. (S) adm	83 Gen	31/8/18	W 2273
5/9/18	8 Stat.	" Shot L. Arm. to Eng		5/9/18	W 3219
5/9/18	"	Inv. (and) to Eng Posted to ARD Branchett.	x 745. Rutin de Konick	5/9/18	W 3083/5951 Pay 88d 18/9/18
					J.W. Hogan Major for Lt.-Col., A.A.G. Canadian Section G.H.Q. 3rd Echelon B.E.F.
14.9.18	ARD	T O S from 31st Bn	B/Shott	6.9.18	P.U. 238
					FOR LT. COL. I/C RECORDS, C.O.M.D. LIEUT.
11-7-19	T.O.S. No. 2 District Depot, Part II, D.O. No. 198				
20.10.19.	S.O.S. No. 2 District Depot on transfer to No. 13 District Depot, Part II, D.O. No. 789.				Major, O.C. Hospital Section, No. 2 District Depot.
					Capt. For O.C. No. 2 District Depot

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 202nd O. Bn

Regimental No. 231656 Rank Pte C. E. F. Name Duffell, Harry James

Enlisted (a) 12.6.16 Terms of Service (a) Service reckons from (a) 12.6.16

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

Extended Re-engaged Qualification (b)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
20.10.19		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 296 Trans from "2". Lumsden Major Officer Commanding District Depot No. 13			
26.11.19		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13. PART 2 ORDER NO. 330 AUTHORITY R.O. 1420 Lumsden Major Lieut. Col. Officer Commanding District Depot No. 13			

(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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 231656 (Rank) Private

Name (in full) Harry James DUFFELL enlisted in

the Two Hundred & Second Battalion

CANADIAN EXPEDITIONARY FORCE at Calgary, Alberta. on the twelfth

day of June 19 16

HE served in FRANCE

and is now discharged from the service by reason of being Medically Unfit

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

Age 25 Yrs. 6 Months

Height 5 Ft. 7 In.

Complexion Dark

Eyes Blue

Hair Black

Marks or Scars G.S.W. Lt. Thigh

Amp. Lt. Leg.

X H & Duffell
Signature of Soldier

Issuing Officer

Rank

Officer i/c Discharge Section District Depot M. D. 13

Appointment

Date of Discharge 26th Nov. 1919.

Signed at Calgary, Alta. this twenty-sixth day of November 19 19

in Military District No. 13

File Reference No. 13D-D.384.

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

War Service Badge, Class ..... No. ..... Issued

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.

649-D-5489

SURNAME. Duffell.

CHRISTIAN NAMES Harry, James.

REGL. No. 231656 RANK Pte

UNIT 202nd. Bn.

FORMER CORPS Nil.

CARD NO. 20-1079 20076 231656

Las M.U. 26-11-19

D. 3386 26-11-19

Las Gds M.D.13

NEXT OF KIN.

NAMES IN FULL Duffell, William.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Huxley, Alta.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Kent. DATE June 11th. 1894.

PLACE OF ATTESTATION Sarcee Camp, Alta. DATE June 12th. 1916.

R16 11-7-19 366/13 Pte

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

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

23/11/16.

From Halifax per S.S. Mauretania

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer. RELIGION Baptist

DESCRIPTION.

APPARENT AGE 22 YEARS MONTHS

HEIGHT 5 FEET 5½ INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 2½ INCHES

COMPLEXION Clear EYES Blue HAIR Dk. Brown.

DISTINGUISHING MARKS Not Stated

MEDICAL EXAMINATION. PLACE Sarcee Camp, Alta. DATE June 12th. 1916.

Present Address: Hurkley, Alta.

NAME Duffell Harry James

REGT'L. No. 23165-6

RANK AND CORPS Pte. 31st Bn Forms

H.Q. FILE No 649

FOLLOWS No. 202 Bn

FOLLOWS

CABLE

No.	Date	NATURE OF CASUALTY
42	6	
42 96.	9-9-18	Adm: 83. Gen H Boulogne
H.2 a 310	5-9-18	(Aug. 31st, 1918 (G.S.W. L Leg.)
Nok. William		Duffell (Father) Hanley. Alta,
H 341	25-9-18	Dang. ill 2nd South. Genl. H. Bristol
9-4.		Sept. 24/18 G.S.W. L. Leg.
Wsm 197.2210	8	Steadily improving.

Wsm 1390 9-10-18 Eng Nok.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 312 1/2	No 8 Stret Wimereux	28 5-8 7-9-18	G.S.W. l leg.
B 315 1/2	2nd South Gen Bristol	6-9-18	" "
B 326 1/2	Dang ill	24-9-18	" " "
B 390 1/2	Can Convl Bn W. Lond	5-12-18	" " " amp
B 415 1/2	No 4 Can Gen Basingstoke	5-1-19	" " " amp
B 467 1/2	Hyam. Lon Spec. Burton	7-3-19	" " " "
B 33 1/2	5 Can. Gen. Hosp	28/5/19	" " "
B 559	Invalided Canada	5-5-mg 2 30-5-19	" " " "

LEDGER NO. _____ SERIAL NO. B1765

44

REG. NO. 231656 NAME Duffell. H. J.

RANK Pte. CORPS 202nd Bn. AGE 25 SERVICE 1 6 4/12 OS. 7/12

HOSPITALS — DATE OF ADMISSION

1 Sarcee Camp Calgary — 34-8-16

2

3

DIAGNOSIS O.S. Scalp. Wound

TRANSFERRED TO Amer.

DISPOSITION Duty 11-10-16 CATEGORY

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

P.T.O.

REMARKS:	HOSPITALS.	DATE.	DIAGNOSIS.
	Adm Dom. Orthe. Hosp. Toronto	12-7-19	G.S.W. Arm. Lt A.K.
	from Ogden. Mil Calgary	20.10.19.	" " "
	Dis to unit for Dis	26-11-19	

Form DMS 1401.

~~Basingstoke~~ Can: Conval: Hospital HOSPITAL.
Bear Wood.

A. & D. CARD

~~Basingstoke~~ AT

A. & D. No. 08 160 60 PL. OF ACTION

RANK Lt REG. No. 23656 UNIT 31st Can Inf. SICK OR WOUNDED

NAME Duffell A. J. AGE 24 RELIGION B.

PLACE IN HOSPITAL S.W.

DIAGNOSIS G.S.W. Rt Leg & Frac Femur Amp above Knee

ADMITTED 4 DEC 1918 FROM 2nd S.G. Bristol

DISCHARGED TO

TRANSFERRED 6 - JAN 1919 No 4 Basingstoke

SERVICE AT HOME 1y 12 IN FIELD 1y 12

RESULTS

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

P.T.O.

REMARKS.

Ser Group. 26.
Occ " 1
Dis R

Form DMS 1401.

A. & D. CARD

.....HOSPITAL.

AT.....

REGISTRAR'S OFFICE 6 MAR 1919 BUXTON

A. & D No. 15557 * DATE OF ACTION *

RANK Pte REG. No. 23656 UNIT 3 1st Lans SICK OR WOUNDED

NAME Duffell N.J. AGE 24 RELIGION Bapt

PLACE IN HOSPITAL M. B

DIAGNOSIS G.S.W. L. thigh amps.

ADMITTED 6/3/19 FROM 4th Can Gen Basingstoke

DISCHARGED 27/3/19 TO L. Pool

TRANSFERRED 5th Con Gen

SERVICE AT HOME 2y/12 IN FIELD 1y/12

RESULTS 88 D

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

[illegible]

REMARKS.

Form DMS 1401.

No. 4 Canadian Gen. Hospital. Basingstoke.

R - 26 - 1. HOSPITAL.

A. & D. CARD

AT

A. & D. No. M 4 T 6600 PL. OF ACTION France

RANK Pte. REG. No. 231656. UNIT 31st Bn Can. Inf. HQ SICK OR WOUNDED

NAME Duffell H J AGE 24 RELIGION Bapt.

PLACE IN HOSPITAL IL

DIAGNOSIS GSW. Lt Leg. C/fract. femur. Ampt above knee

ADMITTED 4-1-19 FROM C.C.H.C. Beer Wood.

DISCHARGED TO I.L. Mtl. Beachill.

TRANSFERRED - 6 MAR 1919

SERVICE AT HOME 14 mos IN FIELD 15 mos

RESULTS

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

P.T.O.

REMARKS.

Number 231656 Rank Pte

Surname Loveless

Christian Name Harry James

Units 31st Bn Can Inf Theatre of War France

Date of Service 24-5-17.

Remarks

Latest Address Huxley, Alta.

Roll No.

200m.-2-21.M. Page 17380

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM)

NIT IN CATEGORY

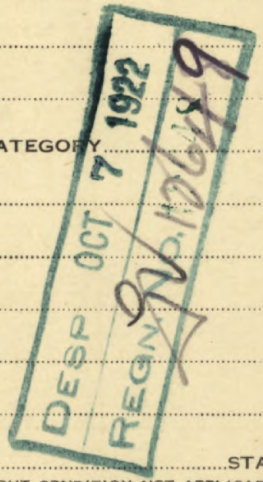
INVALID

WHERE TO)

DITIONS DIAGNOSED

ADDRESS

HOSPITAL STATION



* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

Form R. 149.

Name Duffell Harry James Rank Pte. Reg. No. 231656

Unit 31st B.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.					H 2 96	
31-8-18	Gen Hosp.	Boulogne	G.S.W. Lt. Leg	A 310		27325
1-9-	8 Sky Hosp.	Hamelincourt	do	A 312		27918
6-9-	2nd Con. Hosp.	Bristol	do	A 315		28437
24-9-	Dangerously Ill.	Southmead Hosp.	do	B 316	H 341	29284
5-12-	2 C.C.	Bearwood	Sick	B 390		2553
31-12-18	4 C. Gen Hosp.	Basingstoke	"	B 413		4426
4-3-	Can. Con. Stoc.	Bristol	do	B 476		8317
28-5-	3 Can.	Kirkdale	do	B 532		10959
30-6-	Invalided to	Canada				
	S.L. 6.05	M.D. 2.	do	B 550		9409

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

No. 231656 RANK Pte NAME Duffell, H J

T. O. S. 12-6-16 UNIT 202nd Battalion
D0106-14-6-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
June 12	June 30	"
July		"
Aug		"
Sept		"
Oct		"
Nov		"
Dec		"

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
NOV 23 1916

D.M.S. 1300 50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Duffell	H.J.	231,656

RANK	UNIT	CO.	TROOP	BATTY.
Pte	Alla Reg	31st Bn		

HOSPITAL — DATE OF ADMISSION

1. 83 Gen. Boulogne — HOSP. 31.8.18
2. 8 Sta Wimereux 2nd S.G.H Bristol — HOSP. 1-9-18 6.9.18
3. C.C.S. Beaucourt — HOSP. 5-12-18.
4. 14 C Gen. Basingstoke — HOSP. 5.1-19.

DIAGNOSIS

1. G.S.W. Lt Leg L
2. G.S.W. Lt Leg Amputn
3.

DISPOSITION Invalided to Canada. 30-5-19. DATE

C. & S. 5.9.18 A 310 ✓
7-9-18 A 312
11.9.18 B 318--II
24.9.18 B 326. D Dangill 24.9.18
7-12-18 B 390 D
9-1-19 B 415 D
12-3-19 B 467.
31.5.19. B 533.
8.7.19. B 559-1

REMARKS

A.M.D. 2 Dept.
Boh. of D.G.M.S. O.M.F.C. London

P.T.O.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.	Granville Apex Burton	7.3.19.
	5 G.H. Kirkdale	28.5.19.
2.		
3.		
4.		
5.		
6.		
7.		

D 354

B. P. C.

ORIGINAL

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 Col.Bel. M.H. Calgary,Alta., DATE 15-11-19.

1. 1 (a) Unit 31st. Batt'n. (b) Regimental No. 231656 (c) Rank Private

(d) Surname DUFFELL. (e) Christian name Harry, James,

(f) Home address Huxley,Alta.,

(g) Next of Kin Wm. DUFFELL. (h) Relationship Father

(i) Address of Next of Kin Huxley,Alta.,

2. Age last birthday 25 Years Date of birth June 11-1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Calgary,Alta., (b) Date June 12-1916.

4. Personal description:

(a) Height 5'-7" (b) Weight 130 Lbs (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Crescent shaped scar on head,just above forehead.

5. Former trade or occupation Farming.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	156

	Periods	
	From	To
Canada 30-6-19 - 15-11-19	12-6-16	24-11-16.
England	30-11-16	27-5-17
France or other theatres of War	27-5-19	6-9-18
	England 6-9-18	30-6-19

7. Original disease, or injury 1. G.S.W. Left Thigh.
2. Cut on head.

(a) Date of origin Aug. 28/18 (2) Aug.1.1916 Place of origin France.

(c) Cause (1) Wounded by shrapnel.
(2) Cut on head when diving into a Creek.

M. F. B. 227.
400m—11-18.
1772-39-117.

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

(1) Loss of left leg at middle third of thigh. Weakness moderate.
(2) Wound healed. Complains of inability to stand sound in confined space resulting from head injury.

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.)

(1) Wound healed. Scar 7 inches long extending to outer side of thigh. Adherent at back of thigh & bone. Pad over end of bone. Free movement of thigh. Complains of sensation of feeling in foot & part way up missing leg. No tenderness except on hard pressure. No pain from artificial leg. Muscles in good condition.
(2) Scar from upper part of forehead left side crescent shaped through hair to right side of forehead about 6 inches long. Well healed & non-adherent, which he states causes an inability to stand sound in confined space which causes him to be light headed and makes him very nervous.

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

Nervous System as above — 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 as above — Any other general condition No

Well nourished man & well developed.

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

(1) Wounded on Arras Front. Taken to 33 C.C.S. to No. 8 Stationary to Southern General Bristol, where amputation was performed Sept. 25/18, to Bearwood Convalescent, thence to Basingstoke, thence to Buxton, to Kirkdale. and to Canada, July 1st., 1919.
10b - At Basingstoke in Feb., 1919. Operation for removal of dead bone, otherwise normal recovery. Wound finally healed in April. 1919.

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*).)

(2) Wound in head caused by diving in Creek. Sarcee Hospital Aug., 3rd., 1916. normal healing in healing about 10 weeks.

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

(1) Scar about 7 inches long back & ext. aspect of thigh with branches.

(2) Scar about 6 inches long Creasent shaped from left forehead. to R. forehead.

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.)

Caused during service.

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? (1) Permanent (2) Questionable.

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

England & Canada.

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

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

16. Can the former trade or occupation be resumed? No

(If not, briefly state why)

17. Recommendations Discharge as unfit for further Military Service.

A G Blackmore

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID Major CAMC.

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H.J. DUFFELL. 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

H J Duffell Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

YES

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

As unfit for further Service Category E.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

R.M.O. Shillington Major *President.*

PLACE Colonel Belcher Mil.Hospital. C.P. Stewart Capt } Members

DATE 15-11-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President*

PLACE..... } Members

DATE.....

APPROVED BY

COLONEL.
Assistant Director of Medical Services.

DATE 21-11-19. M.D. #13.

APPROVED BY

Director-General of Medical Services.

DATE.....

CLINICAL CHART.

Corps D.D.#13. Hospital Station Calgary Alta.

No. 231656. Rank and Name Pte. Duffell. H.J. Age 25 Service C.9/12.O'S.2.7/12.

Disease 1244 b G.S.W. Arm Date of Admission 24-10-19 Date of Discharge 4-11-19 Result E Serial No. A. & D. Book A.T.67.

Dates of Observation — Left leg above knee

Days of Disease

Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107° .8 .6 .4 .2																															
106° .8 .6 .4 .2																															
105° .8 .6 .4 .2																															
104° .8 .6 .4 .2																															
103° .8 .6 .4 .2																															
102° .8 .6 .4 .2																															
101° .8 .6 .4 .2																															
100° .8 .6 .4 .2																															
99° .8 .6 .4 .2																															
98° .8 .6 .4 .2																															
97° .8 .6 .4 .2																															
.8 .6																															
Pulse per Minute																															
Respirations per Minute																															
Motions																															

Temp. with kidney pain.

M. F. B. 288.
50M.—3-19.
H. Q. 1772-39-513.

Signature [signature] In charge of case.

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom William Dupplee, By Whom Assigned Dupplee Harry Jas.

Address Huxley, Alta.

Regtl. No. 231656.

Rank Pte.

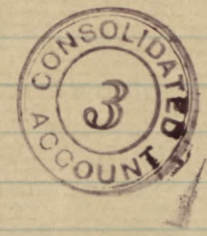
Corps 202 Bn. "B" Co

Rate 1500

DEC 1 1916

PAYMENTS

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



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Wm Duffell.

Name of Soldier Duffell. W.J.

PAYMENTS. 202 Bn. R.C.O. 231656.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	15 00	Remarks. DEC 1 1916
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		J 35904	15		
Jan.	1917	C 39501	15		
Feb.		G 44568	15		15-L.
March		D 50235	15		15. L
April		F 1303	15		15-L
May		X 7814	15		
June		S 14849	15		15 B.
July		~~D 21649~~ D 21648	~~15~~ 15		B. D 21648- same.
Aug.		K 28146	15		Cu
Sept.		J 35842	15		Cu
Oct.		Y 40920	15		
Nov.		X 54229	15		
Dec.		A 46790	15		195. D
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.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1 Dec 16		EFFECTIVE DATE:-	
AMOUNT:- 15.00		AMOUNT:-	

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

Wm Duffell (Father)
Huscley Alta
Stoppes 1/6/19

NAME:- DUFFELL Harry James
NUMBER:- 231656

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 202 Bn
DATE ACCOUNT FIRST OPENED:- 1 Dec 16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			31 Bn

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
31/5/19	777	Buxton	48 67	Sick Furl: 10 days			~~7 30~~

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis Canada 1/6/19 Buxton A 15 4 15/5/19 Buxton MDIS. Cr Bal: 187 95/100

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 MAR 1918	Bal forwd								40 48	✓	
APR 1918	PP	33		Can AP				15			
				AR 99 29/4 31 Bn	3 57				54 91		
MAY 1918	"	33			3 57			15			
		34 10		Can AP				15			
				" 135 5/5 "	4 46						
				" 229 24/5 "	8 03				61 52		
JUN 1918	"	34 10			12 49			15			
		33		Can AP				15			
				" 294 12/6 "	3 57				75 95		
JUL 1918	"	33			3 57			15			
		34 10		Can AP				15			
				" 375 1/7 "	4 46						
				" 406 10/7 "	3 57						
				" 572 24/7 "	4 46				82 56		
AUG 1918	"	34 10			12 49			15			
		34 10		Can AP				15			
				" 779 21/8 "	3 57				98 09		
SEP	"	34 10			3 57			15			
		33		Can AP				15	116 09		
		33			— —			15	150 19		
OCT	-	34 10		Can AP				15	136 19		
NOV		34 10						15	23 63 39		
	✓	101 20		664 6/12 Bearwood	9 73				64 46		
				998 13/12 "	9 73						
				Can AP	19 46			45	171 93		
		101 20			19 46			45	64 90		
FEB	✓	64 90		AR. 14548 10/2. # C. Gen Hos	4 87				23 68		
				✓ 15626 3/3 Bisley	4 87				39 74		
				Can AP	9 74			30	197 09		
		64 90			9 74			30			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									107 09	~~107 09~~	✓
Apr	P P.	33 -		C A P				15	37 10		
May		34 10						15	234 19		
				AR. 137 4/4 Bursc.	4 87				83 54		
				✓ 777 3/5 ✓	48 67				150 65		
		34 10			53 54			20			
June	SF #3/5 - 13/5/19. 10 dys. 115 16/6 APPD.	7 30		AR 4546 30/5 Scbsn Endtbe	4 87						
				5532 13/6 ~ ~	4 87						
				6429 27/6 ~ ~	4 87	9 74			143 36		
		7 30			14 61		—				

SOS Can 30/6 SL505

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Kent, Eng[land].

NAME AND ADDRESS OF NEXT OF KIN William Duffell
Hurley, Alberta, Canada

RELATIONSHIP OF NEXT OF KIN Father.

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. 231656 RANK Private NAME Duffell, Harry James

IF IN PERMT. CORPS } WHAT UNIT } UNIT 202nd O.Batt. C.E.F. TRANSFERRED TO 31st Bn. DATE 21/6/17 AUTHORITY B.O.147. 27/6/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Sarcee Camp. Calgary, Alberta. Canada. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION June 12th 1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE December 1st 1916.

PAYABLE TO Wm Duffell, Hurley, Alberta, Canada. RELATIONSHIP Father

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)

C1

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916														26 80	26 80																26 80				From Canada.
Dec.	31	1.00	31	00	31	10	3	10							34 10	15	14/12/16	51	23/12/16					24 33	14	63		15	00	53	96	6	94		6 94	
1917 Jany	31	"	31	00	31	"	3	10							34 10	91	16/1/17	129	30/1/17					4 87	4	87		15	00	24	74	16	30	15 00	1 30	
			6 20																															
Feby	28	1.00	30	80											30 80	169	13/2/17	248	25/2					7 30	7	30		15	00	29	60	17	50		
																		439	26/3						9	73								
Mar	31	1.10	34	10											34 10			343	15/3/17						7	30		15	00	32	03	19	57		
April	30	1.10	33	00											33 00													15	00	15	00	37	57		
May	31	1.10	34	10											34 10	89	27-4							9 73				15	-	32	03	39	64		
			208	20										26 80	234 00	31	17-4							5 2 39				90	-	187	36				
June	30	1.10	33	00											33 00	136	17/5							730	43	83									
																182	24/5							487				15	-	27	17	45	47	—	—
July	31	1.10	34	10											34 10													15	-	15	-	64	57		
	1-20														22 -																				
Aug	20	1.10	22	-											316 70									6 3 7 0	43	83		15	-	15	-	71	57		
			289	30																								135		144	53				
N-31	11		12	10											12 10	369	28/6							2 68						2 68	80	99		✓	
Sept	30		33												33	454	4/7	444	1/8	2	3/8			2 68	2	67	4	46	15	-	27	49	86	50		
																		594	7/8																
			334	40										26 80	361 20									7106	49	18	4	46	150		2747	0				

23656 Duffell Harry James Pte

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
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	SER. REG. ALLCE. PAY ENG.
~~Sept~~	~~To~~			~~$50~~														86 50																
Oct	1	Way		34 10														15																
				34 10		AR	755	8/9	31 Bn		2 68							15	102 92	✓														
											2 68							15																
Nov	"	"		33				ap. leave										15																
Dec	"	"		34 10		"	1035	20/10	31 Bn		4 46																							
						"	951	6/10	"		3 57																							
						"	887	20/9	"		2 68																							
									AP Can									15	129 31															
1918				64 10							10 41							30															
Jan	"	"		34 10					" "									15															
						"	1101	4/11	"		3 57																							
						"	1165	25/11	"		13 38																							
						"	2055	24/12	"		8 03								123 43															
				34 10							24 98							15															
FEB 1918	"	"		30 80					Can AP									15															
						"	2120	14/1	"		5 35																							
						"	2190	28/1	"		2 68							15															
				30 80		"	2241	10/2	"		~~8 03~~ 4 46								126 74															
											12 49																							
Mch	"			34 10					Can AP									15	160 84															
						"	3395	11/2	~~FC~~ 2		97 33																							
						"	2376	16/3	31 Bn		3 57																							
						"	2446	21/3	"		4 46																							
				34 10							~~105~~ 105 36							15	40 48															

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. 231656

Rank Private

Surname DUFFELL,

Christian name Harry James

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 202nd Bn

Date of discharge 26-11-19

Place of discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	25 years 6 months.	
Height	5 feet 7 inches.	
Complexion	Dark	
Eyes	Blue	G.S.W. Lt. Thigh
Hair	Black	Amp. Lt. Leg.
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Huxley, Alta.	

Discharged 26-11-19

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

Authority for discharge Order 330 of 26-11-19 by A.A.G.M.D.#13.
R.O. 142- Para A of 12-12-18.

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.

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

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

MEDICAL DEPT. FORWARDED O.C. 3-12-19

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

At-a
4-3-49

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Calgary ..... H H J Duffell ..... *(Signature of Soldier.)*

(Date) 26-11-19 ..... Y. H Brazier Sgt ..... *(Signature of Witness.)*

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

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

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

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

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Calgary, Alta.

(Date) 26th Nov. 1919.

(Signature) Lavender Major

Officer i/c Discharge Section District Depot M. D. 13

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.)

X Hy Stuffell

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 231656 2. Rank Pte 3. Original C.E.F. Unit 202 Bn.

4. Christian Names Harry James 5. Surname Duffell

6. Address, in full, to which future payments of gratuity are to be forwarded

Hupley Alta.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	231656	Pte	
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	12/6/16	26/11/19	Pte	31st	Calgary	M.U.
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

9. 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:

England 202 Bn. 6 mo. Nov '16 May '17
France 31st Bn 15 mo. June '17 Aug '18

10. 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

11. Have you been issued with a War Service Badge? If so, give number and class

Applied for. Not yet received

12. 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

13. 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, from where paid, and on what dates No

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled

No

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No

16. (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

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge No

18. Relationship of such dependent

19. Present address, in full, of such dependent

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: H. J Duffell

Place of Residence: Hanley Alberta

Declared before me at: Calgary.

This 26 day of Nov 19 16

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. C. Liddell

NOTICE.—If the dependent has not forwarded a Statutory Declaration **to Ottawa,** in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the **present** guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
	Nil	

REMARKS Wdy. 420 00

420 00

H.C.R.

Certified correct. G K Edwards Major

Assistant Director Pay Services, Mil. Dist. No. 13

Date 27/11/19

GENERAL AUDITOR'S DEPT. AUDITED JAN 6 1920 DISTRICT AUDITOR M. D. 13

To be made out in Duplicate. H.C. 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 202nd Forestry C.B. C.E.F.

(2) Regimental Number 231656

(3) Full Name of Soldier Noah Harry James Duffell

(4) Place of Birth London England

(5) Are you married, or not? No

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

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls

Also their names and ages

M.F.W.67
3001.-5-16
1772-39-954.

(SEE OTHER SIDE)

(9) Is your Father alive . . . Yes . . . . . .

If so, state name and address William Duffell. Huxley, Alberta.

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

If so, state name and address . Same address . . . . . .

. . . . . .

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

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

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

. . . . . .

. . . . . .

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

. . . . . .

. . . . . .

. . . . . .

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

. . . . . .

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

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

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

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

. . . . . .

. . . . . .

. . . . . .

A.T. Serum
Dose and date } 1st

2nd 500. 10.9.18
500 8 10 18
500 15.10.18

FIELD AMBULANCE NOTES.

Morphia
Dose and time }

Date of wound or
onset of illness }

Religion Bapt.

Army Form W. 3118.

FIELD MEDICAL CARD.

No. 231656 Rank Pte
Name DUFFELL W F
Unit 31 Edn Bn

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply).

No. of F.A. IV Field Ambulance C. E. F.
Date of admission 28-8-18
F.A. diagnosis Sw L leg

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

W3159/M2063. 1,750M. 6-17. M. & H., Ltd. (M65413).

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 33

Date of entry 28/8/18

Pte

No. of Hospital 83 Gen Hosp

Date of entry 31.8.18

Wound R knee joint T 98.6 P 104

X Ray

Comminuted

Fracture lower 1/3 Femur.

No. 8 Staty. Hospl.

1 SEP 1918

Comp. fract lower 1/3 L/femur

S/splints

Quiet

Lt X rayed

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

DIRECTIONS FOR READING

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 G.C.S.H. BUXTON DATE 25 APRIL 1919.

1. 1 (a) Unit 31st CANS. (b) Regimental No. 231656 (c) Rank PTE.

(d) Surname DUFFELL (e) Christian name HARRY JAMES.

(f) Home address HUXLEY, ALTA.

(g) Next of Kin WILLIAM DUFFEL (h) Relationship FATHER.

(i) Address of Next of Kin HUXLEY, ALTA.

2. Age last birthday 24 YRS. Date of birth 11 JUNE 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place EDMONTON (b) Date 12 JUNE 1916.

4. Personal description:

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

(d) Colour of hair DARK BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. SEMI-CIRCULAR SCAR FRONTAL SCALP

5. Former trade or occupation FARMER

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	317

PATIENTS STATEMENT

	Periods	
	From	To
Canada	12 JUNE 1916	17 NOVEMBER 1916
	17 NOV 1916	27 MAY 1917
England	5 SEPT 1918	PRESENT DATE
France or other theatres of War	27 MAY 1917	5 SEPTEMBER 1918

7. Original disease, or injury COMPOUND FRACTURE LEFT FEMUR

(a) Date of origin 28 AUGUST 1918. (b) Place of origin NEAR ARRAS, FRANCE

(c) Cause ENEMY SHRAPNEL.

M. F. B. 227.

40UM.—11-18.
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.)

(Amputation of left thigh.) - Partial loss of lower left limb Middle third

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.)

Amputation through Middle 1/3 of left thigh - with large transverse scar and two smaller scars antero-posteriorly. Stump well covered + scar adherent somewhat posteriorly + internally. All wounds well healed. Movement at hip free. Stump in good condition. No undue pain or tenderness

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

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

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

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

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

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

Hit on 28th August, near Arras + taken to #33 C.C.S. where wound was cleaned + dressed + thigh put in Thomas Splint. At #9 Stationary 4 days and then to 2nd Southern General where on Sept 26th thigh was amputated after Femoral Artery had been ligated on the 25th Sept for Haemorrhage. Progressed. Transferred to 4th Con General on January 4th and to C.C.S.H. on March 6. 1919. Wounds gradually healed.

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*).)

Severe accidental Escapement while swimming in August 1916
Completely Healed

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

Semicircular Scars of incised wounds over Frontal Area

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

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

Not applicable

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

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

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

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

Excision of Wds. Splint. Extension Dressings
Amputation. Dressings.

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

Yes. Fitting Artificial Limb

16. Can the former trade or occupation be resumed? No. Physically Incapable
(If not, briefly state why)

17. Recommendations Invalided to Canada

C. H. Bunn Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H. J. Duffell 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

W.D.?

H. J. Duffell 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.

Crutch case

Peg leg.

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.~~)	not applicable
(*d*) Temporarily unfit.	(" D)	(~~Yes or No.~~)	Yes. If to C.
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)	not applicable

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. Fitting well - artificial leg

(*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.)

Invalided 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.

EXAM. MED. BOARD
29 APR. 1919
G. C. S. H.

PLACE

DATE

President.

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

Assistant Director of Medical Services.

DATE 10. 5. 19

APPROVED BY

Director-General of Medical Services.

DATE

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 D.O.S. Toronto DATE 14/10/19.

1. 1 (a) Unit DD #2 (b) Regimental No. 23.1656 (c) Rank Pte

(d) Surname DUFFELL (e) Christian name Harry James

(f) Home address Hughey Alta.

(g) Next of Kin W. Duffell (h) Relationship Father

(i) Address of Next of Kin Same

2. Age last birthday 25 Date of birth 11/6/1894

3. Enlistment, or Appointment (if an Officer) (a) Place Edmonton (b) Date 17/6/16

4. Personal description:

(a) Height 5.5½ (b) Weight 170 (stripped) (c) Complexion Clear.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Amputation left Thigh.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	154

	Periods	
	From	To
Canada	17/6/16	24/11/16
England	24/11/16	27/5/17
France or other theatres of War	27/5/17	6/9/18
England	6/9/18	30/6/19
Canada	30/6/19	14/10/19.

7. Original disease, or injury Amputation left thigh.

(a) Date of origin 28/8/18 (b) Place of origin France

(c) Cause G.S.W.

M. F. B. 227.

400m—11-18.
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.)

Amputation left thigh.

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

Objective – Left thigh amputated 10" from perineum. Well healed non adherent posterior scar. No palpable nerve ends. Full movement of stump. Wears an artificial leg.

Subj. – Artif. leg is comfortable.

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

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

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

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

Wounded 28/8/18 G.S.W. left thigh. Thigh amputated at Bristol on 25/9/18. No subsequent re-amputation

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*).)

Nil.

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

Amputation left thigh.

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 appl.

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? Permanent.

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

Hospitalization. France 28/8/18 - 6/9/18
England 6/9/18. 30/6/19
Canada 30/6/19 - 14/10/19.

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

No.

16. Can the former trade or occupation be resumed? No.
(If not, briefly state why)

17. Recommendations

Discharge medically unfit.

H A Wilson Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned.....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.

H. J. Duffell.....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.

.....

.....

.....

.....

.....

.....

.....

.....

19. Is the invalid fit for

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

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

.....

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

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

.....

.....

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.

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

231656

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Duffell Christian Name Harry James

Examined on 12th day of June 1916 at Sarcee Camp, Calgary

Approved by [illegible] 7 SEP 16

Birthplace City or Town Kent County England

Rank M.O.

Apparent age 22

Trade or occupation Farmer

Height 5 Feet 5½ Inches.

Weight 170 Lbs.

Chest measurement Minimum 35½ inches. Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks ✓

Vaccination Marks Arm Right. Left. Number 3

When Vaccinated last Child

(a) Marks indicating congenital peculiarities or previous disease Scar on head

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

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
12/10/16	OK	C Da M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
2/10/16	OK	C Da Lucas M.O.
1/10/16	OK	C Da Lucas M.O.
6/10/16	OK	C Da Lucas M.O.

Enlisted on 12th day of June 1916 at Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	202nd Batt	231656		12/6/16
Transferred to	31st BATTN.			MAY 27 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
CCH Beauval	Dec 13, 1915	amputation left thigh mid lower middle third	Rtn. C. [illegible] Capt.
G.C.S.H. Brighton	April 2 3/17	amputation left thigh	Rtn C 25 Aug 17

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. 1772-38-439.

Surname Duffell Christian Name Harry James

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.
Lancs Camp	Hosp.	3	8	16	11	10	16	Scalp Wound	70	Recovered	
		6	9	18	4	12	18	gsw L thigh.	90	Amp j thigh	C. S. Glenny. Capt. R.A.M.C.(T.)
Beamond		4	12	14	4	1	19.	Abd.	32.	Leg is amputated at Jct of Lower Middle 3rds of Thigh. Stump quite healed yet. Invalided to Canada.	A.C. Morgan
								Amputation		Wound not healing well for further active treatment	A. Morgan
No. 4 Canadian Gen. Hospital, Basingstoke.		4	1	19.	6	3	19.	GSW L. leg. Amp. Case 1/3 L thigh.	61	A dressing stump 13" long. Left thigh - not healed on admission Persisting sinuses. Two sinuses removed - Wound now almost healed - M.M. sections to be transferred to Bristol	[illegible]

BRISTOL SOUTHERN GENERAL HOSPITAL

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*_____ *Christian Name*_____

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		
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

TABLE IV.—Service Table.

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

[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 Day	Month	Year	Discharged from Hospital Day	Month	Year	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
Crossville Can. Spec. Hosp. Buxton Derbyshire	6	3	19	26	5	19	G.S.W. Thigh Amputation	58	Well healed Stump. Scar adherent posteriorly. Fly free.	Capt
CANADIAN RM. HOSPITAL PORTSDOWN	27 MAY 1919			6 JUN 1919					G.S.W. Lt. thigh Wound healed Orth. outlook with Wound healed	
"ARAGUAYA"	30	6	19	11	7	19	"		no change.	Capt
D.O.H.	12	7	19				"		Artificial limb provided	Capt
Colonel Belcher Hospital, Calgary.	24	10	19	26	11	19	G.S.W. Lt. thigh Cut on hand	34	Loss of L. Leg at junction of upper & middle third of Thigh - Boarded Calgary 2.	Capt

Flower SW

PART I. A.F.B. 179 Canada (Revised 1918). 40266 10/8 [illegible] 1. (43

Reserved for M.H.C.

Regt. No. 731656 Rank Pte Surname Duffell Christian Name Harry James

Unit or Corps—(a) Overseas from United Kingdom 31st Batt. (b) in United Kingdom 202nd Batt.

Born at—Town Deptford County or Province Kent Country England

Date of Birth—Day 11th Month June Year 1894 Age 24 yrs. 6 months.

Joined at Edmonton Date June 12th 1916.

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 5'/2 Colour of eyes Blue.

Signature of Soldier (*for identification purposes*) H J Duffell

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) AMPUTATION OF LEFT UPPER LEG AT JUNCTION OF LOWER AND MIDDLE THIRDS

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GSW	ARRAS	09-08-1918
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

(*i.*) As to Group (*a*) above ? No If yes, has Active Service aggravated it ? No

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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

(*i.*) As to Group (*a*) above ? Yes

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART II.

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

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

YES

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

YES

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

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

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

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

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

17. Can the former trade or occupation be resumed?

18. REMARKS:—
Stump — old wound not yet completely healed.
Condition as described.

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

Date of Board Dec 13, 1918

Station 1 C.H. Bedwood

Signatures of the Board { President. / [illegible] / [illegible] Capt.

Approved [illegible] A.D.M.S.
Major, C.A.M.C.

Dated at ..... Station for A.D.M.S., Canadians, London Area

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 17 1918 13 BERNERS ST. LONDON, W.1

191

(continued).

5. MEDICAL HISTORY. Had no serious illness before enlistment went to France May 27-1917. Wounded at ARRAS August 28-1918. Dressing at first aid post → 33rd C.C.S. 28-8-18 Dressing and splint applied. 83rd Bde Hosp 31-8-18 x-ray showed comminuted fracture lower 1/3 of femur → no 8 stationary Hosp Boulogne splints & dressings changed Sept 1 → to no 2 Southern Gen Hosp Bristol on Sept 6 Leg extension splint and weight were put on leg, but on Sept 24 had a severe fractitious hemorrhage at site of wound and on Sept 25 leg was amputated at junction of lower and middle thirds of femur. Stump has healed fairly well since then and is now nearly healed

No history of V.D.S or V.D.Q.

6. PRESENT CONDITION. Mans leg left is amputated at junction of lower and middle thirds of femur. Man has fairly deep scar extending from upper and outer part of stump, down and across posterior aspect of stump which terminates on inner side of stump, a small subsidiary scar extends from main scar on inner side of leg upwards for about 2". Inner portion of scar is not yet healed there still being some discharge, but it is healing nicely. Stump is not tender on pressure, and end of bone is covered by a fairly thick flap. Man states that stump is not tender to pressure and causes him no pain, but that at times it has a peculiar sensation in stump as though the stump was about twice as large as it should be. Also he cannot tell when stump really is, otherwise he says it is O.K.

All Other systems normal

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what. amputation of upper left leg at junction of lower and middle thirds of femur

(iii.) Was one advised and declined? No

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. No

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) No

(b) Invalid to Canada? Yes

(c) Discharge from the Service as permanently unfit? }

Date of Report. December 10 1918.

Signed. A. G. Minnes Capt

Officer in medical charge of case.

Station. Beauwood C.C.H.

I have satisfied myself of the general accuracy of the above Report, and concur therein except

CANADIAN CONVALESCENT HOSPITAL ORDERLY 13 DEC. 1918 ROOM BEAR WOOD, WOKINGHAM, BERKS.

R. Woodhouse Lt Col A.D.M.S. (S.M.O. / Officer i/c Hospital / Brigade) Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 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.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

CA[illegible]TORY SHEE[illegible]

Colonel Belcher Hospital. Calgary Alta. Station.

No. 231656 Rank Pte. Name Duffell, H.J. Age 25

Unit D.D. #13. Completed years of service (Where and how long) C.9/12.0'S.2.7/12.

Date of admission 24-10-19 Date of discharge

Diagnosis Amputation. Mid L thigh Place of origin Amputated Bristol - England. proceeding a wound thereto.

CONDITION ON ADMISSION AND PROGRESS OF CASE Reported in Hosp from Toronto on above date. Was fitted in Toronto with artificial leg. Limb - which is apparently giving good satisfaction Stump is healthy, no inflamed pressure points noted anywhere.

27-10-19 Otherwise patient in apparently good health - Respiratory, Circulatory, Digestive, Genito urinary systems apparently normal.

7-11-19 Condition unchanged -

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT no treatment indicated.

(Especially any specific or special form)

CONDITION ON DISCHARGE Wound healed - Scar 7" long adherent at base of thigh.

(and disposal made of case) Good pad over end of stump. Movements of hip joint normal. muscles in good condition - artificial limb fits well. Crescent shaped scar on outside of forehead 6" long non adherent. States he cannot endure noise in a confined space - Is very nervous.

Date 17-11-19

Medical Officer i/c case.

M. F. B. 81.5.a.
100M.—6 18.
1772—39-4.39.

B1765

Forms
I. 1237
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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T5557	231686	Pte	Duffell	H J
Year	Unit.		Age.	Service.
	31st Cans.		24	2y 12 / 1y 12

Station and Date.

GRANVILLE CANADIAN GENERAL HOSPITAL
REGISTRAR'S
6 MAR 1919
OFFICE
BUXTON

Disease GSW Lt Thigh (amp)

Occupation Farmer

Enlisted June 12th 1916 Edmonton

Came to England Nov 1916

Went to France May 27th 1917

Wounded Aug 28th 1918

Rtd to England Sept 5th 1918

Hospitals:- 33 CCS 2 days
83rd Dublin Boulogne 1 day
8 Stationary Wimereux 4 days
2nd Southern General Bristol 4 months
Beaufort Convalescent 1 month
4th Can Gen Basingstoke 2 months
Sc & H. March 6th 1919

History:- Struck by Shell Casing above the knee Aug 28th 1918 Leg apparently went along OK until Sept 25th when he had a Haemorrhage from sitting wound & leg amputated next day at present date. Has since had bone removed at Basingstoke Jan 20th 1919.

Present Condition:- Healed Scar for 5" Left Leg amputated junction middle and lower 1/3. Antero Posterior flaps Sutured except for 3 Sinuses on inner side of Stump. Stump somewhat tender on pressure. Hip movements free. Bruising.

To Surgical Examination Board Sept Course

X Ray ordered 9/3/19

14 MAR 1919

Stump still discharging. Carry on dressings.

Crepe Bandage.

F.J. Des Brisay

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

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[P.T.O.

Station and Date.	
X Ray Report 9-3-19 – bullet upon formation lower inner side of stump – necrosis formation outer and. Lyle Capt Dental	
18/3/19.	Stump shot discharging measured for peg Leg Feb 10
25/3/19	Stumps & Hydes Examined Capt Evans Burns
31-3-19	Still discharge - wet dressings Lt Lawrence Capt
7-4-19.	Stump healed. scar firm. no evidence of sinus or dead bone. H R Travelyan. For MTB 227 –
14-4-19.	To return forearm with peg on. wound firm healed. H R Travelyan.
21/4/19	wearing peg. no discomfort G. W. Pailthorpe
EXAM. MED. BOARD 29 APR 1919 G. C. S. H.	
May 20.	To carry on. wearing peg R Rhumbers
May 24/19	Transfer to Kirkdale. D. Martin Capt.

Forms
I. 1237
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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
M+I 1600	231656	Pte.	Duffell	H. J.
Year	Unit		Age	Service.
	31st Bn Cams		24.	29/12 15/12

Station and Date. Disease GSW. Lt Leg & fem femur amp above k

4. 1. 19.

OCCUPATION Farmer

NEXT OF KIN —

ENLISTED Edmonton June 12. 1916.

ENGLAND November 1916

FRANCE May 1917.

WOUNDED August 29. 1918.

HOSPITALS No 23 C.C.S. 28.8.18.

No 83 General Hospital 31.8.18.

Beaurevoir Convalescent Hospital

~~Sam~~ 2nd Southern General Hospital - Bms 4/1

OPERATIONS

REMARKS There are no records from 2nd Southern General Hospital where patient's left leg was amputated.

SUMMARY OF P.M.C.&.M.H.S.

No 83 General Hospital 31.8.18.

Comminuted fracture lower third of femur.

Beaurevoir Conv. Hosp. 4.-12.18 - "Stump not yet healed

& tender."

PRESENT CONDITION General ~~Hlth~~ Condition - good

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

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[P.T.O.

Station and Date.	
	Left Lower limb.
	Incised amputation stump 12" long left thigh - Irregular flaps.
	Ends of bone well covered.
	Portions of bone are seen discharging - good deal of tenderness
	Movements of hip are Normal.
	X Ray -
	Shows Sequestra.
Jan 25	Operation.
	Large piece of loose bone removed -
Feb 14th	Wound now almost healed - Sore transferred to Radius
	Hypodermic Injection
	3
	4

Forms
I. 1237
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Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
16069	23165	Pte	Duffell	W.
Year 1918	Unit.		Age.	Service.
	21st Can Bn		34	30/12

Station and Date.

B'Wood.
4/12/18

Disease G.S.W. L. Thigh. C.A. Femur

Transfer to Basingstoke

A. Morgan Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

1/6/19. C.310. R. thigh amp. healed
Sinus. outlet
outlet
Specks
of bone

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
081606	231656	Pte.	Duffell	H. J.
Year 1918.	Unit. 31st Bn.		Age. 24	Service. 2y/12

Station and Date. L.D.C. Can: Conval: Hospital, Bear Wood.

Disease G.S.W. left leg (comp fract. Femur. amp above knee.)

Stump of leg still discharging some and is somewhat tender

G. C. Fan

G. G. Emmoga D

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

(8-20-1). W5982—PP2135 25,000 10/18 HWV(P52)

Army Form W. 5047.

SPECIAL CASE SHEET.

No. in Admission and Discharge Book	Regt. No.	Rank	Surname	Christian Name
In 4 T 6600	231656	Pte.	Duffell	H. J.
Year	Unit		Age	Service
Date of admission 4. 1. 19.	31st Bn Cans.		24.	2y 10m / 1y 12m

Name of Hospital No. 4 Canadian Gen. Hospital, Basingstoke. Disease—**G.S.W. Fracture of Femur** { Right / Left

History previous to admission

Dates of (1) Injury. (2) First Operation.

At C.C.S. St. Hosp. Gen. Hosp.

Previous Hospitals F.A. C.C.S. Stationary. General.

Character of missile causing injury

Operations, if any

Suture, primary – delayed primary. Fragments removed, bone – metal.

State on admission

General condition Pulse Temperature

Local condition. Wounds of soft parts—

(1) Situation
(2) Appearance
(3) Drainage

Fracture—

(1) Site
(2) Nature of
(3) Shortening
(4) Alignment or position of fragments.

Complications—

Nerves
Joints
Other wounds
Etc.

Subsequent history

X-Ray

Method of fixation and extension Date

Secondary hæmorrhage from (vessel?) Date

Amputation? Date For what?

Other operations on bone

Other treatment

Walking calliper applied, date

Wound of soft parts at site of fracture—

How treated?

Secondary suture? Date

Date of healing

Condition on discharge to Auxiliary Hospital

Give name of aux. hospital _____

Date _____

Shortening

Deformity

Mobility of Joints { Hip / Knee / Ankle

Complications { Nerves / Muscles / Etc.

Date when ambulatory calliper dispensed with _____

Deformity 7 days after

Treatment during stay in Auxiliary Hospital

Final Disposal

Date _____

Furlough Command Depot Employments Invalided

Union

Shortening

Other Deformity

Mobility of Joints. Hip. Knee. Ankle

Future treatment, if any, recommended

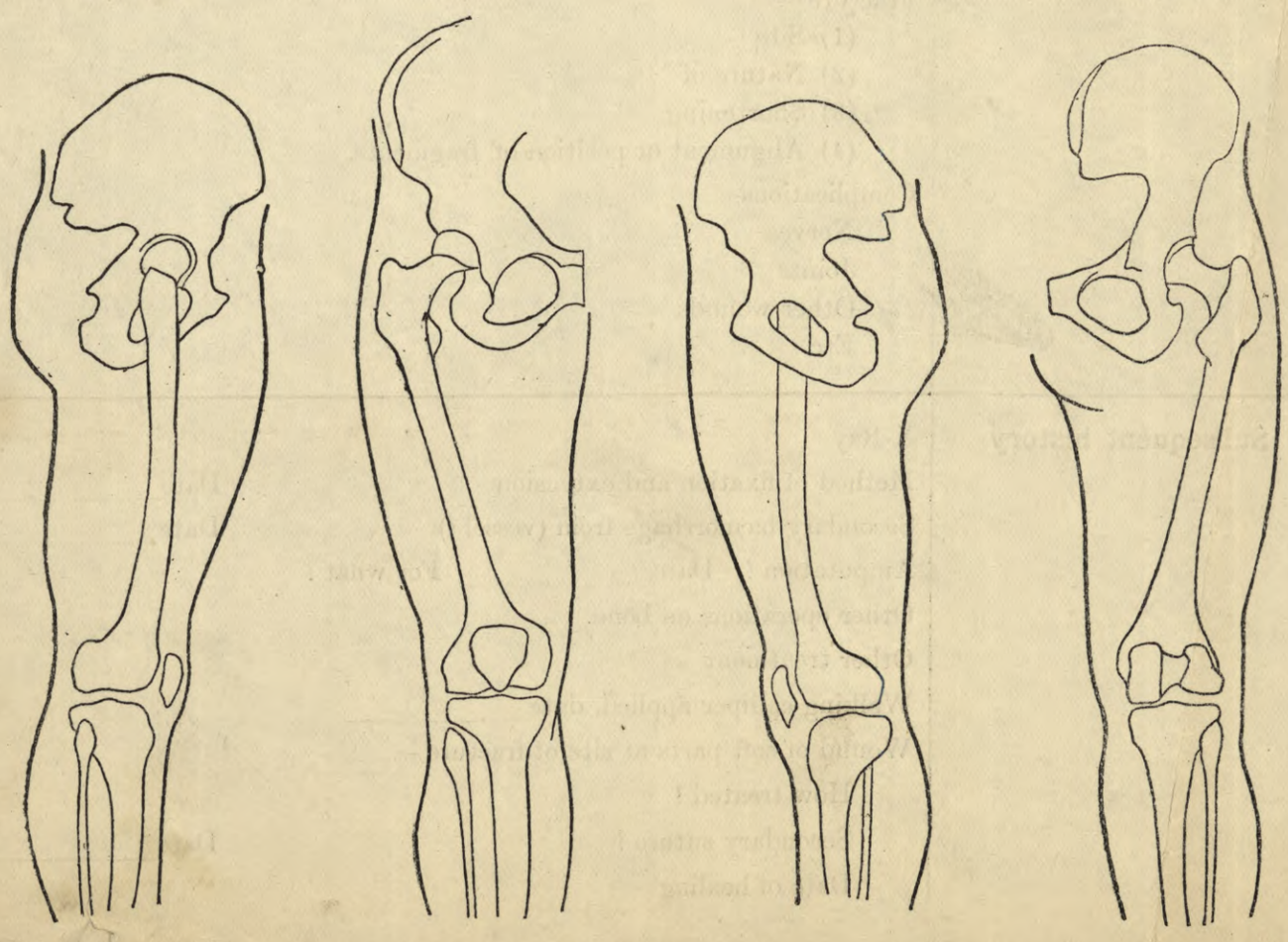
Officer who attended patient

(*a*) In General or Special Hospital

(*b*) In Auxiliary Hospital

DIAGRAMS. RIGHT THIGH (adapt for Left).

OUTER SIDE. FRONT. INNER SIDE. BACK.



880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

28 X 1 CRP 42

Army Form W. 3172.
(In pads of 50)

Nov. C.G.H. Hospital.

Ward I Lower No. of Bed Date Jan 13. 18.

Regl. No	Rank and Name.	Corps.	Part to be X-Rayed.
731656	Pte Duffell	31st Can.	Lower end of stump L. thigh.

Short History of Case.
(To be completed by M.O. i/c case.)

Amputation L. thigh.
Left 25th Ward has been healed but has been passing sinuses posteriorly.
Sequestra?

Signature of M.O. [illegible]
Date Jan 13. 1918.

Report on Result of X-Ray Examination.
(To be completed by Radiographer.)

No. of Plate 5007.

End of stump of L. femur shows necrotic bone with an irregular involucrum about it.

Signature of Radiographer A. H. Rolph Capt
Date 14/1/19.

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955. Palmer

AVD No T55-57

Army Form W. 3172.
(In pads of 5)

SCS Hospital.

Ward 107 No. of Bed 459A Date 9/3/19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
23165-6	Pte DUFFELL H	31st Can	X Ray Left Thigh & Stump.

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Wounded Aug 28th 1918
Bracketing Sinus
Present Left Thigh
Stump
X Ray for condition
of Stump 16X8

Signature of M.O. [illegible] Capt Can

Date 9/3/19

B.S. REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 8563

Calloues spur formation lower
inner side of Stump ~~Necrosis~~
periostitis outer end.

Signature of Radiographer [illegible]

Date Capt-Can

Calgary Alta

20-10-19

DOMINION ORTHOPAEDIC HOSPITAL.

Date 14/10/19. 1919

23656
Pte Russell

This is to certify that I have this day examined the marginally noted man, and find him free from Venereal or other Infectious Disease.

Captain C.A.M.C.

To:- Transfer M.[illegible].O.

Kindly arrange transfer of NO._____

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

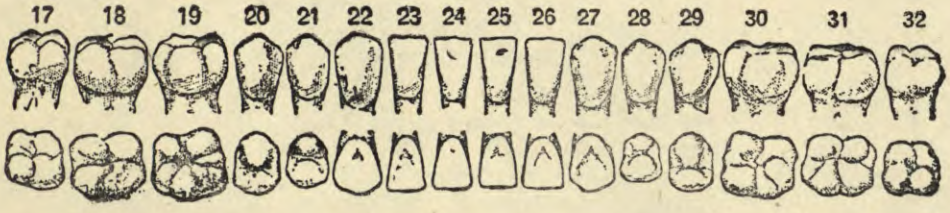
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DUFFELL H J

REGIMENT 31 Hy. Bty RANK Pte. No. 231656

Date of Examination in England 2/6/19 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 5·6·8·9·10·12·13
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 } Yes
- (*c*) In France }

Signature of Dental Officer A. D. Kennedy Capt

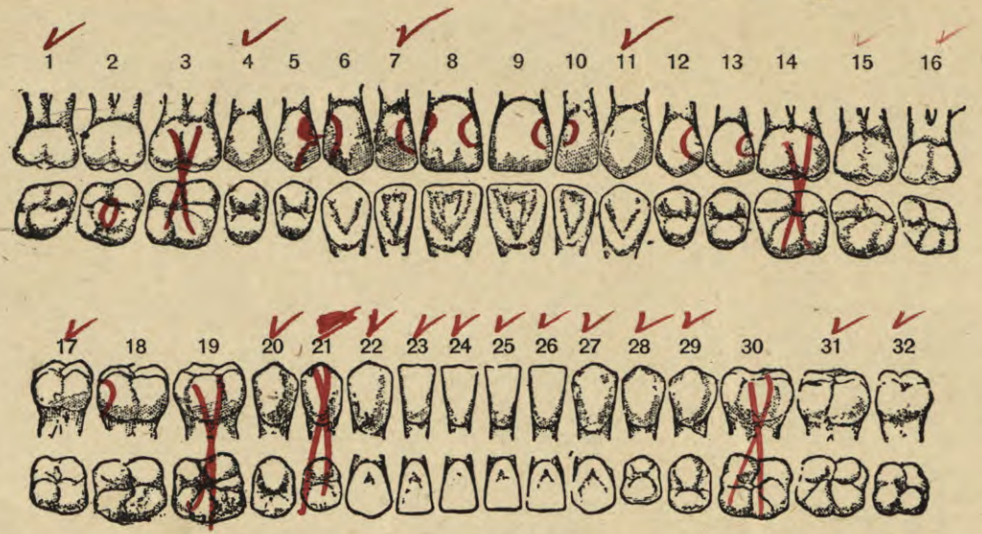
Duffill. H.J. Pte #231656, D.O.H. Toronto

DENTAL HISTORY SHEET

C.A.M.C. CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER H.J. Duffill RANK Pte No. 231656

REGIMENT



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	Pyrrhœa	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																						
Sept. 6		amalg						2 5 12	13	18												
" 10/19		Silicate fillings										8 9	7 10									
" 12/19		"						"					6 7 8									
		polished fillings, prophy.																			C.O'Heurs Capt.	Completed
Oct 20/19		Transferred to Calgary																				

B. 465.
—6-18.
72-39-950.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D

7364

Date of Assignment Dec 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15-			

9288 37 A

PARTICULARS OF SEPARATION ALLOWANCE

No. 22/656.

Rank Pte Promoted Reverted Discharge

Soldier's Name Harry Jas Duffell.

Battalion 202 Batt "B" Coy.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name William Duffell

Address Huxley alta.

Change of Address

1

2

3

4

5065-H-19

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			195-	195-		
Jan.	V 66358		15	15	D	
Feby	E 98617		15	15		
Mar	A 27691		15	15		
Apr	B 9887		15	15	R.	
May	O 19049		15	15	R.	
June	K 22179		15	15	R	
July	O 28075		15	N	a	
Aug	K 36732		15	15	L	
Sept	N 42625		15	15	L	
Oct	O 56375		15	15	L	
Nov	K 56925		15	15	L	
Dec.	S 67250		15	15	L	
Jan 1919	O 74324		15	15	L	
Feby	S 80519		15	15	L	
Mar.	J 87972		15	15	L	
Apr.	M 4146		15	15	L	
MAY	L 5159		15	15		
JUN	K 9698		15	15		
	L 11918		H80	H80		

W.B.

M. F. W. 128
400m.-6-17—172-39-1141
L. L. 22320—M. & D. 7493.

AUDITED. 23/7/19

A/c Closed 31-7-19

Rec'd per... Aragunya

Date 11-7-19. M.F.W.187 22-7-19

Clerk M.D.H.2 P.E.S

A.R.O. 101923

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—1772-39-1141
L. L. 22320—M. & D. 7693.

AUDITOR | PAY DIRECTION

M. OR S. S.

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

REGT. NO. 231056 RANK Pte. NAME (IN FULL) DUFFELL, H. J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
ADDRESS				
IS SEPARATION ALLOWANCE PAID? No.	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP			
ADDRESS				

Certified opening entries on this Ledger Sheet have been audited by Lilt
Date 31.10.19

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION

DATE OF ATTESTATION

IF IN P.F. WHAT UNIT?

TRANSFERRED TO | DATE | AUTHORITY

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15 00 DATE EFFECTIVE 1.10.19

PAYABLE TO Wm. Duffell RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Hanna, Alta.

STOP PAYMENT FOR ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Calgary, Alta. DATE NOV 26 1919 REASON M.U. AUTHORITY A.A.&.M. D13. 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
BALANCE FROM PREVIOUS ACCOUNT																																						Cr. Bal. 2 P.C.
20.10.19		1.10							22 00																													
31.10.19	11	"	12	10					34 10																												34 10		
															157	1/11/19					19 10		15															a/c Oct. AK 157
16 26.11.19	26	"	28 60		35 -				63 60						160	22/11/19					48 60		15 -												63 60			a/c Nov. A&S 19
			40 70		35 -		22 -		97 70												67 70		30 -										97 70				Clothing allce. $35.00
																							9 8 9.														Certified that all payments shown on this a/c have been paid.
					V 420 -				V 420 -														210 00								210 00		210 -				Captain.
																							70 00								70 00		140 -				M.148.905 — 5/1/20
																							70 -								70 -		70 -				" 1488960 — 26/1/20
																							70 -								70 -		0				197164 — 27.2.20
																																						192194 — 1-3-20
					420				420														420								426						All Payments Due on This Account have been completed.

200M-3-19.—L. L. 58788-M. & D. 9983.
M. F. W. 2596.
1772-39-1398.

998.

AR

ARAGUAYA 10.7.19

£33.00

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

M. & R S.

REGT. No. 231656

No. 2 DISTRICT DEPOT

AUDITOR | PAYMASTER

RANK PTE, NAME (IN FULL) DUFFELL H.J (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Mil — RELATIONSHIP

ADDRESS —

PARTICULARS | EFFECTIVE DATE | AUTHORITY

ORIGINAL UNIT C.E.F. 31st Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $ 15/- .

PAYABLE TO William Dufell

ADDRESS Hurley Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED

TRANSFERRED TO #13 D.D. — DATE 20-10-19 — AUTHORITY D.O. 289

TRANSFERRED TO — DATE — AUTHORITY

DATE EFFECTIVE 1/8/19

RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

EFFECTIVE

PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

T.O.S. 30.6.19 D.O. 147

SUBS. 10 D.O.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	DATE	COL. NO. 2	DATE	COL. NO. 3	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 31/5/19		1/10					18	95	18	95	4546		5332		6679		4	87	4	87	4	87	1	30	—										Credit a/c
											4546		5332		6679		4	87	4	87	4	87	1	30	—						84	48				Issue a/c Jun July a/c
																																				Issue a/c Total Advance
							18	95			121	374																								
											90	17/7					50	—																		
1/6/19	61		183	4.7																											84	48		103	47	Subs 17/7 to 17/8 D.O. 202
		1/10	67	10	25	60			196	17																					50	00		146	17	
Aug	31	1/10	34	10	146	17			180	27	126	394																								
											121	258			125	524																				
											114	262			118-21.8		16	50	27					15	00						180	27				
Sept	30	1/10	33	—					33	—	97	25.9			128	966																				
															145-23.9		18	—						15	—						33	—				
Oct 1/20	20	1/10	22	—					22	—																						Nil			22	—	
			156	20	275	24	187	95	619	39							243	01	9	87	34	87	60								347	75		271	64	
					22	00					L.B. 6 to MD #13						18.10.19 Receipt on file Dec 585																			

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.