

ATTESTATION PAPER.

No. 2448437

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Edwards
- 1a. What are your Christian names?..... James Henry
- 1b. What is your present address?..... Arner, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Abergarbenney S. Wales
- 3. What is the name of your next-of-kin?..... Edwin Edwards
- 4. What is the address of your next-of-kin?..... Abergarbenney S. Wales
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... June 15th. 1899
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?.....
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No.
- 16. If so, what was the reason?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James H. Edwards, 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.

James H. Edwards (Signature of Recruit)

Date 27/6/17 1917 Lewis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James H. Edwards, 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.

James H. Edwards (Signature of Recruit)

Date 27/6/17 1917 Lewis (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 Windsor this 27th. June 1917

T. Bowditch (Signature of Justice)



**Description of James Henry Edwards on Enlistment.**

Apparent Age... **18** ..... years **xx** ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... **✓** ..... ft. **✓** ..... ins.

Chest measurement { Girth when fully expanded..... **3✓** ..... ins.  
 Range of expansion..... **3** ..... ins.

Complexion ..... **Fair** .....

Eyes ..... **Blue** .....

Hair ..... **Brown** .....

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

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

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

Hearing - R. *En*  
 L. *F*  
 Vision - - R. *E 20/30*  
 L. *E 40/30*

**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..... **27/6/17** ..... 191 .

Place..... **Windsor, Ont.** .....

*James M. Hamilton*  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

..... **James Henry Edwards** ..... 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.

*A. Milligan* (Signature of Officer)  
*L. 604*

Date..... **27/6/17** ..... 191 .



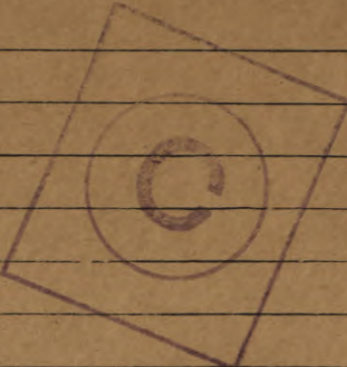

REGIMENTAL DOCUMENTS

NAME EDWARDS, JAMES HENRY

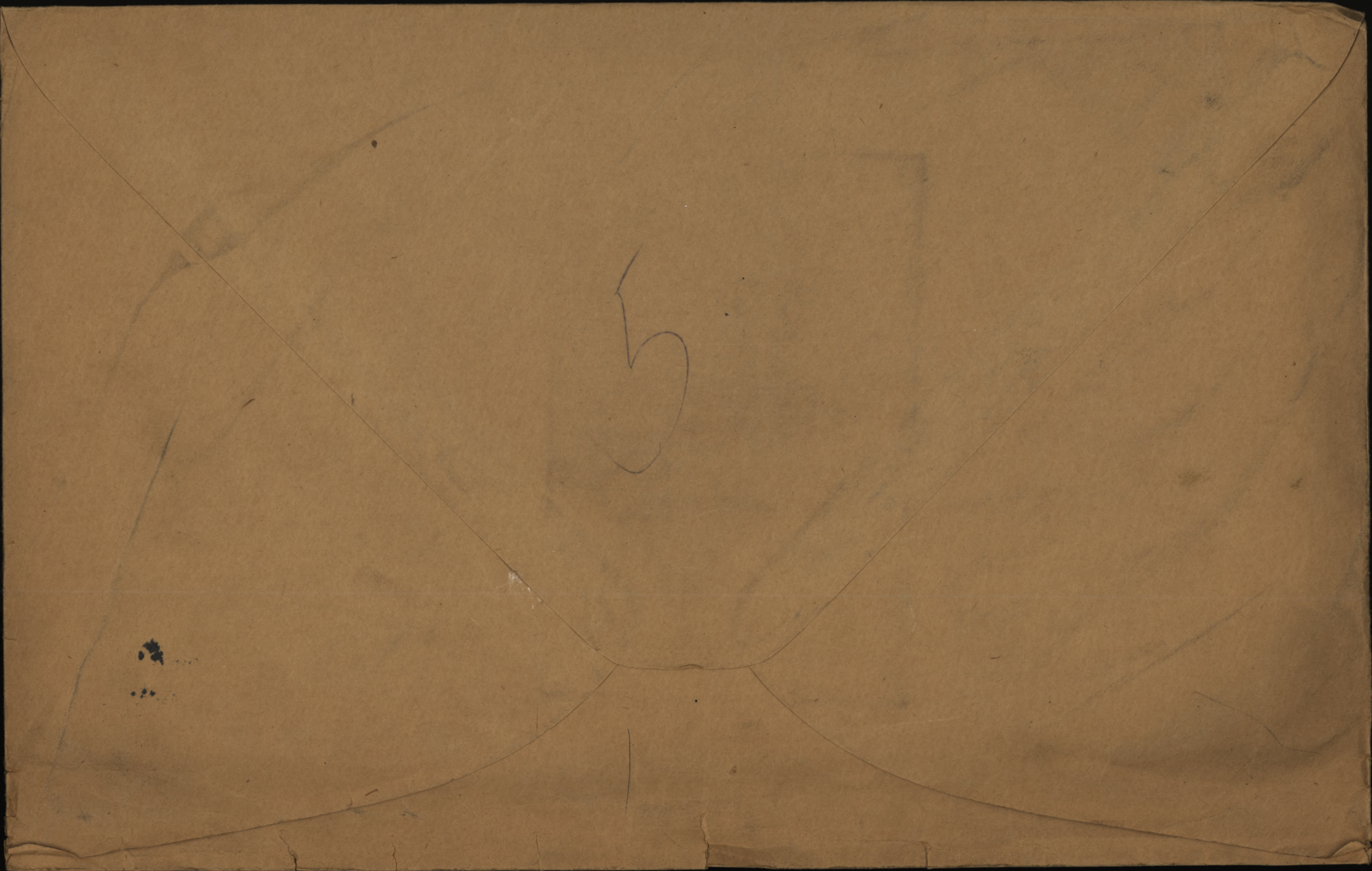
REG. NO. 2448437

UNIT 21st Bn

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH	
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
1 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)						
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
1 DENTAL HISTORY SHEET (M.F.B. 465)						
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DISCHARGE	
1 MEDICAL EXAMINATION (M.F.W. 129)					Category	
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					<i>Under Age</i>	
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
1 PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
2 m. f. w. 67						
1 m. f. c. 565						
1 misc.						
1 PC						











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

If so, state name and address Edwin Edwards, Abergarvenny  
S. Wales

(10) Is your Mother alive?..... not known .....

If so, state name and address..... not applicable .....

(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.

Date June 27<sup>th</sup> 17

H. L. Miller  
.....  
Officer Commanding Col











CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

30-E-143

Feb. 19-7

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

Regimental No. 2448437 Rank H.Q. Name EDWARDS James Harry

Corps No. 1 Special Service Co'y who was\* Discharged

On 25-2-18 1918, to 1-2-18 1918,  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-18 1918,  
 to 25-2-18 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	-
Advances by Cheques { No. <u>Feb adv. (G.R.)</u> 10 -			Reg't Pay <u>28</u> days at \$ <u>1</u> c. -	28	
			Field Allow. <u>28</u> days at \$ <u>-</u> c. <u>10</u>	2	80
Assigned Pay and Sep'n Allice. No. ....			Separation Allowances* (Monthly) .....		
Other charges <u>over ord. 3 days pay</u> 3 30			Other Allowances* .....		
Payment on transfer or discharge No. <u>2137</u> 40 50			Other Credits* <u>Blathing</u> 13		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	53	80	Total.....	52	80

Kit clear on discharge \*Give particulars. Not eligible for p.d. pay  
 A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of..... 191... } (to) Assignee.....  
 { and Sep'n Allice. for month of July 191... }  
 (Address) .....

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 27-6-17
- (2) if married and if a Separation Allowance Card has been submitted No No
- (3) cause of discharge Discharge authority 10.30-E-143/2-2-18
- (4) authority for transfer No. 1 S.S. by 2054/23-2-18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date Feb. 25, 1918  
 Place LONDON, ONT.  
 ..... Capt. Paymaster, No. 1 Special Service Paymaster F.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



LAST PAY CERTIFICATE

The following is a statement of the account of the above named soldier from the date of his entry into the service to the date of his discharge...

1. Pay for service rendered from the date of his entry into the service to the date of his discharge...

2. Pay for the month of ... 1917

3. Pay for the month of ... 1917

4. Pay for the month of ... 1917



(Possibile of Discharge Certificate)  
CANADIAN OVERSEAS EXPEDITIONARY FORCES  
DISCHARGE CERTIFICATE

This is to Certify that No. 2448437 Rank Private.  
(Name in Full) Edwards, James Henry. enlisted in  
21st Regt. (Overseas Company)  
Canadian Overseas Expeditionary Forces, on the 27th of June  
1917 and accompanied said unit to London, Ontario.  
was returned to Canada and discharged from the service at  
on the 25th of February 1918 in consequence of Under  
C.K.R. & O. para 322 sec 5 Auth I.D. 30-E-143 d/22-2-18

DESCRIPTION ON DISCHARGE

Age 16 years 8 months Marks or Scars  
Height 5ft 6ins  
Complexion Fair Nil.  
Eyes Blue  
Hair Brown.  
Trade Farmer  
Signature of man. J. W. Edwards

G. Gerald Hunt  
Officer in Charge Discharge Depot.  
No. 1 Special Service Co.

Place and Date London, Ontario. 25th February 1918

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.  
N.B.-Any person finding this Certificate is requested to forward it in an  
unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

I hereby certify that this is a true copy of the Discharge Certificate  
issued to the soldier concerned.

G. Gerald Hunt  
C.C. No. 1 Special Service Co.



CANADIAN OVERSEAS EXPEDITIONARY FORCES  
DISCHARGE CERTIFICATE

No....2448437.....

Rank..Private.....

Name...Edwards, James. Henry,...

Unit..No.1. Special. Service. Co. C.E.F.

Address on Discharge...307 W. Elizabeth St.  
.....Detroit, Mich.

His conduct and character while in the service has been

....."Very Good".....

Place..London, Ontario.....

Date. 25th February 1918.....Commanding.....*Gerald Hunt*

Campaigns....."Nil".....*for* O. C. No. 1 Special Service Co.

Medals and Decorations.....

....."Nil".....

N.B. To be forwarded in duplicate to District Headquarters with  
all proceedings on Discharge (M.F.B. 218.)



*Original Not Available*  
**MEDICAL HISTORY SHEET**

*no card*

Surname *Edwards* Christian Name *James Henry*

Examined { on <i>27</i> day of <i>June</i> 191 <i>7</i> at <i>Windsor</i> Birthplace { City or Town <i>Abergareenny</i> County <i>South Wales</i> Apparent age <i>18 years</i> Trade or occupation <i>Farmer</i> Height <i>5</i> feet <i>5</i> Inches Weight _____ lbs. Chest measurement { Minimum <i>35</i> inches Maximum expansion <i>3</i> inches Physical development _____ Small-pox Marks _____ Vaccination Marks { Arm Right Left Number _____ When Vaccinated last _____ (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection <i>Hearing L. Normal R. Normal</i> <i>Eyes L. 20/30 R. 20/20</i>	Approved by <i>G. McDonald</i> Rank <i>Lieut</i> M.O. <hr/> Date <i>20/1/18</i> Fil or Unit <i>A. W. J. M. Kelly Capt. Can.</i> EXAMINED FOR RE-ENGAGEMENT M.O. <hr/> Date _____ Result _____ VACCINATIONS M.O. <hr/> Date _____ Result _____ ANTI-TYPHOID INOCULATIONS, ETC. M.O. <hr/> Date _____ Result _____ M.O. <hr/> Date _____ Result _____ M.O. <hr/> Date _____ Result _____ M.O.
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Enlisted on *27* day of *June* 191*7* at *Windsor, Ont*

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<i>21st Btn C.D. &amp; L.</i>	<i>2448437</i>		<i>27-6-17</i>
Transferred to	<i>No 1 S.S. Co.</i>	"		<i>11-7-17</i>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
London, Ont. Examined by S.M. Board.	<i>20/2/18.</i>	<i>Juvenile.</i> <i>J. W. Kelly Capt. Can.</i>	<i>Category "A" IV.</i> <i>Pres.</i>

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.







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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 21<sup>st</sup> Battalion C.D.F. 75 Coy

Regimental No. 2448437 Rank Pte Name James Henry Edwards  
C. E. F.

Enlisted (a)..... Terms of Service (a) C.D.F. Service reckons from (a).....

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.....

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				
		EMBARKED	CANADA		H.M.T.
		DISEMBARCKED	ENGLAND		H.M.T.

(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.



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				



No. *2448437* RANK *Plt.*

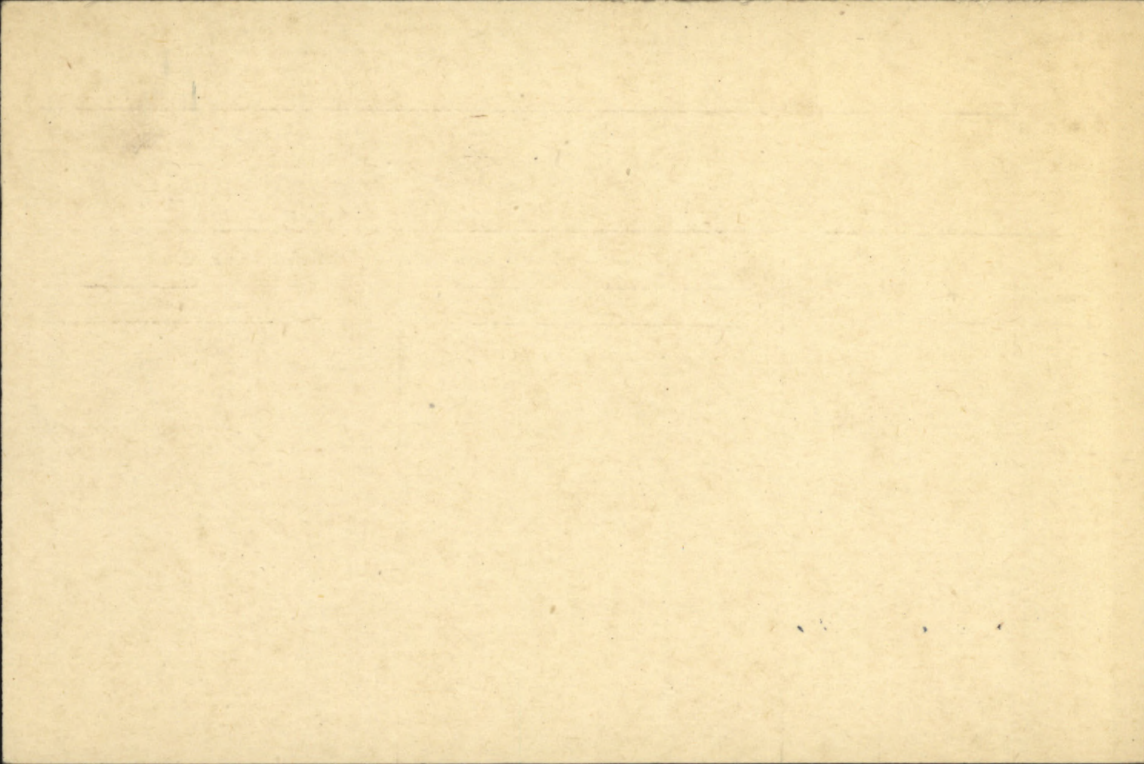
NAME

*Edwards. J. H.*T. O. S. *276-17* UNIT*(100-25-296-17)**Central Training Depot  
21<sup>st</sup> Regt. (Vol. Special Service Co.)*

M. D.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>June 27</i>	<i>June 30</i>	<i>n.</i>		
	<i>July</i>	<i>n.</i>		
	<i>Aug.</i>	<i>n.</i>		
	<i>Sept.</i>	<i>n.</i>		
	<i>Oct.</i>	<i>n.</i>		
	<i>Nov.</i>	<i>n.</i>		
	<i>Dec. 18</i>	<i>n.</i>		
<i>1918</i>	<i>Jan.</i>	<i>n.</i>		
	<i>Feb.</i>	<i>n.</i>		
			<i>Disch'd 25-2-18.</i>	<i>20 54-23-2-18.</i>
			<i>% covered by payment. n.</i>	







SURNAME.

*Edwards*

CARD NO.

CHRISTIAN NAMES

*James Henry*

FOLL.

REGL. NO.

*2448437*

RANK

*Pte.*

UNIT

*21<sup>st</sup> Regt.*

FORMER CORPS

*Mk.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Edwards Edwin*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Abergavenny S. Wales*

COUNTRY OF BIRTH

*S. Wales Abergavenny*

DATE

*June 15<sup>th</sup> 1899*

PLACE OF ATTESTATION

*Windsor Ont.*

DATE

*June 27<sup>th</sup> 1919*



MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*18* YEARS

MONTHS

HEIGHT

*5* FEET

*5* INCHES

CHEST MEASUREMENT

*35* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*nil.*

MEDICAL EXAMINATION.

PLACE

*Windsor Ont.*

DATE

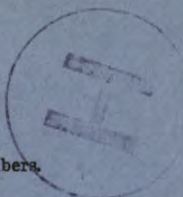
*June 27<sup>th</sup> 1917*

*Present Address.*

*Arner, Ont.*



This space to be for numbers.



F  
25-2-18  
27-2-18

# Proceedings on Discharge.

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

No. <i>2448437.</i>	
Rank <i>Private</i>	
Name <i>Edwards James Henry</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No. 1. Special Service Co. C E F.</i>	
Date of Discharge <i>25th February 1918</i>	
Place of Discharge <i>London, Ontario.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE. <span style="float: right;">FEB 27 1918 30-E-143</span>	
Age..... <i>16</i> years..... <i>8</i> months.	Descriptive Marks  <i>Nil</i>
Height..... <i>5</i> feet..... <i>6</i> inches.	
Complexion <i>Fair.</i>	
Eyes <i>Blue.</i>	
Hair <i>Brown</i>	
Trade <i>Farmer.</i>	
Intended place of residence } <i>302 W Elizabeth St Detroit Mich</i>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>C. W. R. &amp; O. para 322 sec 5. (Undersage)</i> <i>and ID. 30-E-143 of 22-2-18.</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.  <i>Very Good.</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <i>Farmer.</i>



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

Nil

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

6. Medals and Decorations.....

Nil

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) London, Ontario.

(Date) 25<sup>th</sup> February 1918.

Gerald Hunt  
for O. C. No. 1 Special Service Co  
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) London, Ontario. J. W. Edwards (Signature of Soldier.)

(Date) 25<sup>th</sup> February 1918. John Baker Derg (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.

J. W. Edwards (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 2 1/2.....days.

11. Confirmation of Discharge.

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

(Place) London, Ontario

(Date) 25<sup>th</sup> February 1918.

(Signature) Gerald Hunt  
for O. C. No. 1 Special Service Co.



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.)

I have received all just  
demands due me.

J. H. Edwards



## List of Discharge Documents.

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



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

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

# MEDICAL HISTORY OF AN INVALID

STATION London, Ont. DATE 20/2/18.

1. (a) Unit # 1 S.S. (b) Regimental No. 2448437 (c) Rank Pte.

(d) Surname EDWARDS (e) Christian name James Henry

2. Age last birthday 16 Date of birth June 15/01.

3. Enlisted at Windsor, Ont. on 27/6/17.

MILITIA & DEFENCE  
MAR - 1 1918  
CANADA

4. Personal description:—

(a) Height 5'4" (b) Weight 137 (c) Complexion Fair.

(stripped)

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

Burn on left heel.

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

C/O A.E. Bailey Arner Ont.

6. Former trade or occupation Farmer.



7. (a) Service

Years

Days

PERIODS

From

To

21st. Egt.

27/6/17.

11/7/17.

# 1 S.S Unit.

11/7/17.

20/2/18.

(b) Has he been Overseas? No.

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

(a) Date of origin Before enlistment. (b) Place of origin ---

(c) Cause\* Born June 15/1901.

\*(Here include original disease or injury)

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

This man states he was born June 15/01 Apparent age 16. Heart, lungs, and other organs normal.

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



10. History ;

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

oval scar 1 1/2 in diameter on left heel.

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

None at all.

12. Did the disability arise on or off duty? Off duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes No applicable. (If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 22 months.

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

None.

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

No.

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

20. Recommendations Category "A" IV.

J. Moore - Capt. Alms  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned J. H. Edwards, 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

Pte. J. H. Edwards  
Signature of soldier examined.



# OPINION OF THE MEDICAL BOARD

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

Yes.

(a) Regimental No. 2448477 (c) Rank 2nd Lt.  
 (b) Christian name James Henry  
 (d) Date of birth June 14/01.  
 (e) Height 5'7" (f) Complexion Fair  
 (g) Colour of eyes Grey (h) Identification mark

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~  
 (b) Does not require treatment.  
 (c) ~~Should pass under his own control.~~  
 (d) Should not pass under his own control.

(Strike out condition not applicable).

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

placed in some unit in Category "A" IV. Proof of age on file.

STATION London, Ont.

DATE 20/2/18.

APPROVED BY

DATE 20.2.18

APPROVED BY

DATE 4.3.18

*J. J. W. Nally Capt. Commandant*  
*A. Sutherland Capt. M.M.*  
*A. E. Mc Larty Capt. Surgeon*  
 Members.

*G. Bell*  
 Assistant Director of Medical Services.

*W. A. C. ...*  
 Director-General of Medical Services.





