

ORIGINAL

ATTESTATION PAPER.

No. 696227

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Jerguson*
- 1a. What are your Christian names?..... *Robert*
- 1b. What is your present address?..... *855 10th Street, Sudburi Wat.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Glasgow, Scotland*
3. What is the name of your next-of-kin?..... *Mr James Anderson*
4. What is the address of your next-of-kin?..... *77 Taylors St, Glasgow, Scotland.*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *23rd May 1879*
6. What is your Trade or Calling?..... *Sawyer. Es.*
7. Are you married?..... *Es.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Es.*
9. Do you now belong to the Active Militia?..... *Es.*
10. Have you ever served in any Military Force?..... *4 years 1st Highland Light Infantry*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Es.*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Jerguson*, 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.

Date *19th February* 191 *6* *R Jerguson* (Signature of Recruit)
J E Hanson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Jerguson*, 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.

Date *19th February* 191 *6* *R Jerguson* (Signature of Recruit)
J E Hanson (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 *Sudburi Wat* this *19th* day of *February* 191 *6*.

H Parker Jk (Signature of Justice)

Description of Robert Ferguson on Enlistment.

Apparent Age.....35 years.....9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 7 3/4 ins.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
Range of expansion.....2 1/2 ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Brown

Religious denominations { ~~Church of England~~
Presbyterian.....yes
~~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.)

1 Vaccination mark left arm

Tattoo mark left forearm

Cross flags
British & U.S.A.
Initial R.F.

Tattoo right arm

Heart, Cupid & Anchor

2nd & 3rd left fingers off at
second joint of left hand

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.....19th February.....1916

Place.....Edmonton, Alta.

J. Macleod
Quartermaster
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.

Robert Ferguson.....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.

Nelson Spruill.....(Signature of Officer)

Date.....19th February.....1916

Lt. Col.
Comdg. 175th, O.Bn. C.E.F.

Inc

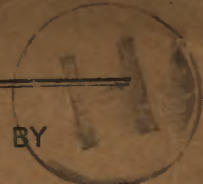
REGIMENTAL DOCUMENTS

NAME *FERGUSON, Robert*

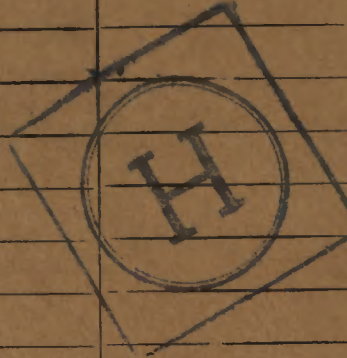
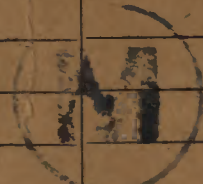
REGT. NO. *696227*

UNIT *63. Depot*

H. Q. FILE NO.

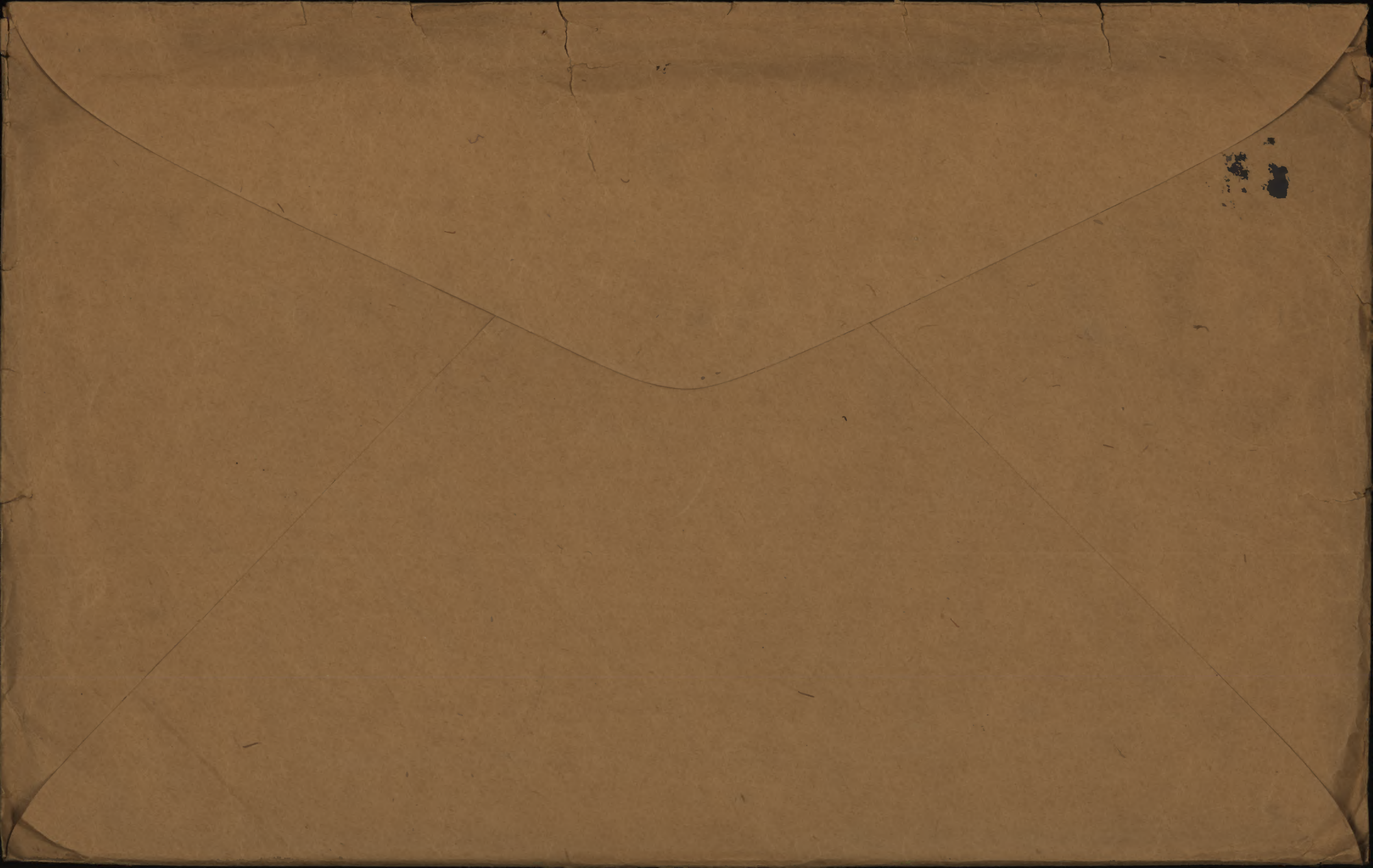


CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
MEDICAL EXAMINATION (M.F.W. 129)					
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Washed</i>					<i>5-23</i>
<i>12/2</i>					<i>5-23</i>
<i>Form C-43</i>					<i>3-23</i>
<i>P.L.</i>					<i>1</i>



04634

5-23
5-23
3-23
1



Handwritten notes: *12/15/1916*, *17/19/1916*, *Office*

ORIGINAL

AS

MEDICAL HISTORY SHEET. 696227

Surname *Fergusson* Christian Name *Robert*

Examined { on *19th* day of *February* 191*6*
at *Edinburgh*

Approved by *J. Macleod*
Rank *Rank Capt* M.O.

Birthplace { City or Town *Glasgow*
County *Scotland*

Apparent age *35 years & 9 months*

Trade or occupation *lawyer*

Height *5* Feet *7 3/4* Inches

Weight *160* Lbs.

Chest measurement { Minimum *34* inches

{ Maximum expansion *2 1/2* inches

Physical development *good*

Small-Pox Marks

Vaccination Marks { Arm Right Left *1*
Number *1*

When Vaccinated last *Infancy*

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

1/4/16 *C. Smith* M.O.
11/4/16 *C. Smith* M.O.
M.O.

Enlisted on *19th* day of *February* 191*6* at *Edinburgh*

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>175th O. Post</i>	<i>696227</i>		<i>19th February 1916</i>
	<i>13th O.M.R.</i>	<i>696227</i>		
Transferred to	<i>P.P.C.L.I.</i> <i>R.C.R.</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Christian Name	Robert
Christian Name	Robert

[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

FERGUSON, R.

REGIMENT

RANK

Pte

No.

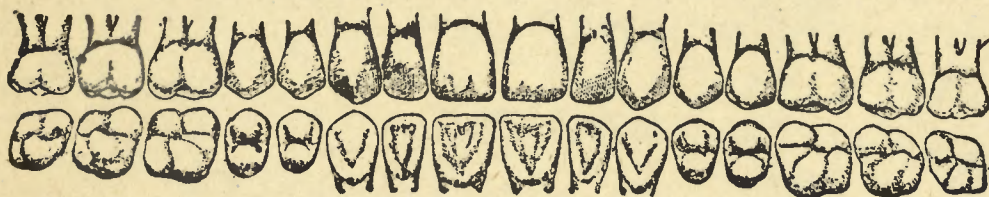
696227

Date of Examination in England

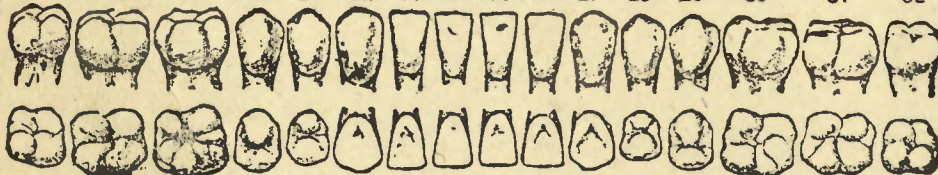
10-6-19

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

no

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

W. H. Lushford Capt.

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

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date.....11-6... 1919.

Reg 696227 Rank Pvt Name Ferguson R

UNIT.....B.....Haring

WITHOUT GLASSES.

WITH GLASSES.

(as per prescription below)

SPH. CYL AXIS.

Visual acuity Rt 6/60 with

Visual acuity Lt. 6/9 with

Gaugery recommended is B1

Glasses not ordered

Original disease or injury Hyperopia

Date of origin. Childhood

Place of origin.

Cause. congenital

Present disability. defective vision

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS.....

BEEN CAUSED BY SERVICE. HAS..... BEEN AGGRAVATED BY SERVICE

L.B

Hearing normal

D. Macneil
Captain C.M.D.
Eye and Ear Specialist
Witley Camp, Surrey.

FRN.

Rank

Name **FERGUSON, Robert.**

Reg'l No.

196227

Unit **13th O.M.R's.**If in perm. Corps,
What Unit?Married or Single **Single.**Place and Date of Enlistment **Medicine Hat. 19th Feb 1916.** Place of Birth **Glasgow Scotland**Name and Address, Next-of-Kin **Mrs Jane Anderson.****77 Taylor St, Glasgow Scotland.**

Relationship

Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

N/E. R.B. No. 11649

File R.L.

Category **C.R. Eng.**

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.					
Arrived in England. S.S. Olympic. 6th July 1916						
22.7.16	OR. B. C.M.R.	S.O.S. on trans. to A.C.R. & P.C.L.I. Depot	Shorncliffe	19.7.16	Pt II D.O. 175	A.F.B. 103 CHECKED 6 SEP 1916
21-7-16	R.C.R. P.P.C.L.I. Dep.	Taken on strength.	do	19-7-16	" 72	
28-8-16	do.	Struck off to R.C.R.	Overseas	24-8-16	Pt II D.O. 104	
9.9.16	R.C.R.	Taken on strength.	Field	28.8.16	Pt II D38.	
18.12.16	R.C.O.M.W. C.O.C.	Attached to 21st Can. Ordn. mobile workshop for duty	"	9.12.16	Pt II 33 #79 d/- 22.12.16	
23.1.17	C.O.C.	Admtd. to #4 Staty. Hos. Arques St Omer.	St Omer.	18.12.16	C.L. # A59.	
23.1.17	C.O.C.	Discharged to Duty.		5.1.17	C.L. #A59.	
9.9.18	R.C.R.	Granted permission to marry	Field	—	DO. 92.	
10.10.18	R.C.R.	Trans. to 8 Can. Mobile Workshop	Field	6.10.18	Pt II 115	8 Can. Mobile Workshop Trans. to 8 Can. Mobile Workshop 10/10/18 S.O.

A.F.B. 103 CHECKED

6 SEP 1916

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.
30.11.18	8 Comm. op.	This unit will in future be known as the #93 Can and Mobile W. S. S. Medium			
30.4.19	S. Comm.	Sailing to 14 days C. B. & W. O. S. R. Lucia		2.4.19	D.O. 14.
		overlapping leave from 29.10.19 to 4.11.19. Forfeit 7 days pay by P. & R. Reg.			
30.4.19	"	S. S. on expiration of leave and R. Lucia		12.5.19	T. S. Gen. Dep. D.O. 109 D.O. 14. 27.9.19
		R. Lucia C. Gen. Dep.			
31.5.19	Gen. Dep.	S.O.S. to N. W.ing bbl. Thely. R. Thely		29.5.19	D.O. 117. H. King D.O. 117. 25.5.19
		Discharged in British Isles		28.6.19	
		K. R. O. Para 392 Sec. IV NR 884			
10.7.19	W. W. Cee	S.O.S. on being Dis. in the British Isles		28.6.19	D.O. 63



DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES

THIS REPORT
IS NOT VALID
WITHOUT THE
IMPRINT OF
THE OFFICIAL
STAMP OF THE
DEPARTMENT

Service Rank and/or Number 696227 Name Robert FERGUSON

- Branch of Service: CANADIAN EXPEDITIONARY FORCE
- Date and Place of Birth: 23rd May, 1879. Glasgow, Scotland.
- Date and Place of Appointment, Enlistment or Enrolment: 19th February, 1916. Medicine Hat, Alta.
- Unit on Appointment, Enlistment, or Enrolment: 175th Battalion
- Theatres of Service: CANADA--ENGLAND--FRANCE
- Date and Place of Retirement or Discharge: 28th June, 1919. England.
- Reason for Retirement or Discharge: "Demobilization".
- Rank on Retirement or Discharge: Private.
- Medals and Decorations: BRITISH WAR & VICTORY MEDALS.
- Remarks: Nil.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Age: 40 Years 1 Months. Height: 5 Feet 7 1/2 Inches.

Eyes: Brown Hair: Brown Complexion: Fair

Marks or Scars: vaccination mark left arm. Tattoo marks right and left arm.

2nd and 3rd fingers off at second joint of left hand.

Ottawa, Ontario, Canada
November 10th, 1954.

OTTAWA - CANADA

19

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IS NOT VALID
WITHOUT THE
SIGNATURE OF
THE OFFICER
STAMP OF THE
DEPARTMENT

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES

Service Rank and Number

Branch of Service

Date and Place of Birth

Date and Place of Appointment

Assignment of Service

Rank or Appointment at Enlistment

of Enlistment

Previous Service

Date and Place of Retirement

or Discharge

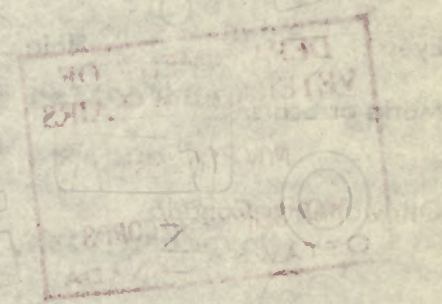
Reason for Retirement or Discharge

Rank or Retirement or Discharge

Medals and Decorations

Remarks

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE



(* To be entered in pencil to facilitate alteration.)

W1889-PP1150 500,000 5/18 G.W.P.Co(3490)

Ferguson R

Nothing to be written in this margin.

24-5-19
J. McDonald
LIEUT. I/O RECORDS.
CANADIAN GENERAL DEPOT.

Casualty Form—Active Service.

Regiment, or Corps 13th LANC.

Rank Pte. Surname Ferguson Christian Name Robert.

Religion Presby. Age on Enlistment 35 years 9 months.

Enlisted (a) 19.2.16 Terms of Service (a) 8.8W. Service reckons from (a) 19.2.16

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

Extended { } Re-engaged { } Qualification (b) a Sawyer
or Corps Trade and Rate _____

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	<u>Halifax N.S.</u>	<u>Olympic</u>	<u>28.6.16</u>
		Disembarked ...	<u>Liverpool</u>	<u>"</u>	<u>5.7.16</u>
<u>Transferred to R.C.R. & P.P.C.L.I. Depot</u>			<u>13th L.</u>	<u>72-11</u>	<u>21-7-16</u>
<u>Proceeded Overseas to R.C.R.</u>					
			<u>LIEUT.</u>	<u>ADJT.</u>	
			<u>R.C.R. & P.P.C.L.I.</u>	<u>DEPOT.</u>	
	<u>O.C.C. B.D.</u>	<u>Landed in France. Taken on</u>	<u>Nom. Roll</u>	<u>d/28/9/16</u>	
		<u>strength 1st Cdn. Bn.</u>	<u>Pt II D.O.</u>	<u>d/9/9/16</u>	
	<u>— do. —</u>	<u>Left for 3rd Submarine Bn.</u>	<u>Nom. Roll</u>	<u>d/</u>	
	<u>C.C. Bn.</u>	<u>Arrived</u>	<u>d/</u>		
<u>23-12-16</u>	<u>11.4.72.</u>	<u>Tuberculosis Trans</u>	<u>6.6.68 Berlin</u>	<u>19-12-16</u>	<u>A36 D.C. 117</u>

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

[P.T.O.]

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
22.12.16	4 Stat Hosp.	Boils	4 Stat Hosp.	22/12/16	W 3034 (165)
31-12-16	26 Mobile Wkshop	admitted to Hospital	11 C.B.A.	18-12-16	B213
10-12-16	"	Attached to 26 Can. Ordn. Mobile Wkshop	Field	9-12-16	B213 Pt 2 Order No 1904-22/12/16
5-1-17	4 Stat.	To Duty	Duty	5-1-17	W 3034 (182)
7-1-17	26 mobile Wkshop	Rejoined from Hospital	Duty	6-1-17	B213
23.12.16	6 Cas C. Stat.	Boils	4 Stat Hos.	22.12.16	A36 DC. 157
8-9-14	26 Mobile Wkshop	Granted 10 days leave		8-9-14	B213 Pt II 94 d/19/9/17
16.3.18	"	Granted 14 days leave	England	16.3.18	B213. Pt 02904-26.3.18
13.4.18	"	Returned from leave	Field	1.4.18	B213
6.7.18	"	Granted 7 days Spec. Leave	England	30.6.18	B213 Pt 06106 19.7.18
13.7.18	"	Returned from leave	Field	11.7.18	B213
31.8.18	"	Granted permission to	"	2.7.18	B.213. P.110. 92 d/9-9.18
		marry in accordance with order in Council Canada P.C. 1872 d/6.7.17			
8-10-18	a.a.s.	Transferred to 8 Cdn Mobile Workshop (medium)	Field.	6-10-18	Cdn. Corps A. 105-126 d/10-10-18 a.a.s. file K.E. 30776. Pt. II. O. 115 d/10-10-18.
1.10.18	Can Corps	105 108 COM Wks (Med)	Field	4.10.18	KA 30446 F. 11 W 1
30.11.18	A.A.G.	This Unit will in future be known as			G.P.O. 710 3504
		83. Cdn Ordn. Wk. Wkshop. Medium		8.11.18	PT II 0. 4/18.
8.3.19	O.C. Unit	14 days leave to UK from		6.3.19	B213 P II O. 11
5.4.19	OC Unit	Rejoined from leave		5.4.19	B.213.

DEPARTMENT

Dept. of Veterans Affairs
OF VETERANS AFFAIRS
War Service Records

To **Chief of Records, D.V.A., OTTAWA, ONT**

MAR 16 1962

WINDSOR, ONTARIO

Date **9.3.62**Attention of **H.O. CENTRAL REGISTRY**NAME **FERGUSON, Robert**SERVICE
NUMBER**REF 696227
WW 1**C.P.C. No.
W.V.A. No.**None
None****NAVY
ARMY
RCAF**

The DEPARTMENT has received information from
Service Officer, Great Lakes Command, Canadian Legion, Detroit, Mich.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

26 DEC 61

Date of Death.....
Cause of Death.....
Place of Death.....**Detroit, Michigan, USA**

Name and Address of next of kin (if known).....**Mr. James Anderson, nephew****320 S. Park Dr., Joliet, Illinois, USA**

Copies to: W.S.R.
V. I.
PAY
D.O.
H.O.

Destroy form if advice of death already received.

W.H. Garnham, Lt-sub

for

"LO" DISTRICT Chief, Central Registry



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom *A Adams*
 Address *Treas., Columbia St.,*
New Westminster
B. C.

By Whom Assigned *Ferguson. R.*

Regtl. No. *69622*

Rank *Dte.*

Corps *P.C.R. & P.P.C.L.I.*

Rate *\$ 9.74*
xx

SPECIAL REMITTANCE

Sched 183 6 9
16.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.	1916	N 18344	9 74	
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to *FERGUSON Robt*

696227
Dependent *Mrs Jean Ferguson*

Address *10 College St
Glasgow, Scotland*

Address *(wife)*

Date	Cheque No.	Gratuity	Payments	Balance Due.	Remarks
<i>June 28</i>	<i>37263</i>		<i>59 10 7</i>		
<i>" 28</i>	<i>37264</i>		<i>5 15 -</i>		<i>12th inst less of 8/3</i>
<i>June 30</i>	<i>L.P.E.</i>	<i>40 18 5</i>	<i>X</i>		
<i>" 30</i>	<i>P.O. 28/10/19</i>	<i>4 6</i>	<i>X</i>		
<i>" 30</i>	<i>L.R. 2 days</i>		<i>8 3</i>	<i>X</i>	
<i>" 30</i>	<i>60 all</i>	<i>4 0 0</i>	<i>X</i>		
<i>July 17</i>		<i>86 6 0</i>	<i>X</i>		
<i>" 17</i>		<i>36 19 9</i>	<i>X</i>	<i>102 14 10</i>	
<i>" 28</i>	<i>56354</i>	<i>168 8 8</i>	<i>14 7 8</i>		<i>2nd inst</i>
<i>" 28</i>	<i>56355</i>		<i>6 3 3</i>	<i>82 3 11</i>	
<i>Aug. 21</i>	<i>70944</i>		<i>14 7 8</i>		<i>3rd</i>
<i>" 21</i>	<i>70945</i>		<i>6 3 3</i>	<i>61 13 0</i>	<i>3rd</i>
<i>Sept 1</i>	<i>86603</i>		<i>14 7 8</i>		
<i>" 1</i>	<i>86604</i>		<i>6 3 3</i>	<i>41 2 1</i>	
<i>Oct. 6</i>	<i>112079</i>		<i>14 7 8</i>		
<i>" 6</i>	<i>112080</i>		<i>6 3 3</i>	<i>20 11 2</i>	
<i>Nov. 10</i>	<i>135555</i>		<i>14 7 8</i>		
<i>" 10</i>	<i>135556</i>		<i>6 3 3</i>	<i>%</i>	
		<i>168 8 8</i>	<i>168 8 8</i>		

WAR SERVICE GRATUITY AND SEPARATION ALLOWANCE

Surname Christian Name or Names Reg. No.
 Ferguson R. 696227
 Rank Unit Co. Troop Batty.
 Pte C.A.O.C.
 Hospital Date of Admission
 4 Stat Arq ues 18-12-16

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis Furunculosis

(1)
 Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L.23-1-17 A59 Dis 5-1-17 REMARKS

A.M.D. 2 Dept.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME

Ferguson

CARD NO.

✓

CHRISTIAN NAMES

Robert-

REGL. NO.

696227

RANK

Pte

UNIT

~~*145th*~~*13th. C.M.R.*

FORMER CORPS

*4 yrs 14-Highland Lt-Inf**Doonuk 28-6-19**2063846-7-19**cast in the**Am*

NEXT OF KIN.

NAMES IN FULL

Anderson, Mrs Jane

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

*47 Taylors St- Glasgow
Scot*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Scotland Glasgow

DATE

May 23rd 1879

PLACE OF ATTESTATION

Medicine Hall-Alta

DATE

*Feb 19th 1916**Trans. from 175th Bn. to 13th. C.M.R. Auth. 175th. Bn. R.R. 15-5-16.*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Sewer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

35

YEARS

9

MONTHS

HEIGHT

5

FEET

4 $\frac{3}{4}$

INCHES

CHEST MEASUREMENT

36 $\frac{1}{2}$

INCHES

EXPANSION

2 $\frac{1}{2}$

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

1 vac mark left arm Tatter mark left forearm
 Cross flags British & U.S.A. M. 4' right arm Tatter above cupid
 and angel 2nd & 3rd left fingers off at second joint of left hand

MEDICAL EXAMINATION.

PLACE

Medicine Hat, Alta

DATE

Feb 14th 1916

Present address 86-6-10th St - S. & Medicine Hat

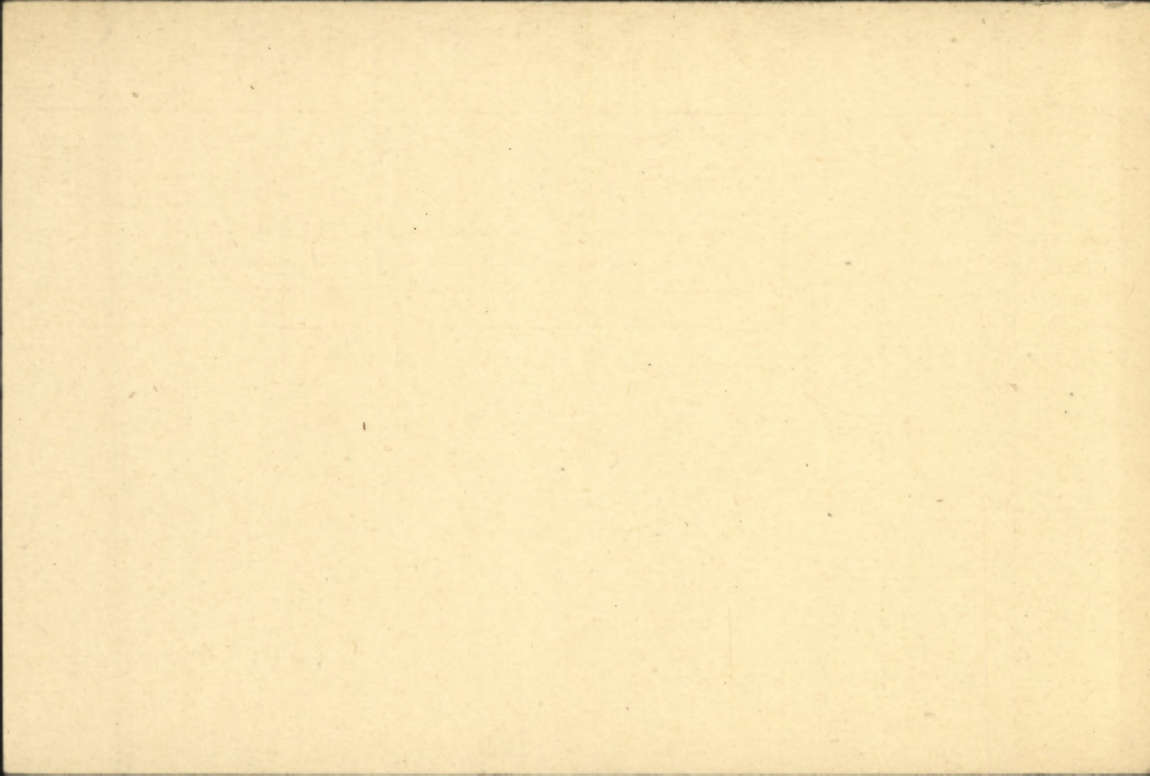
No. 696227

RANK *Pte*

NAME

*Ferguson R.*T. O. S. 19-2-16
W. O. 23 of 21-2-16UNIT *175th Battalion C. E. F.*M. D. *13*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Feb 19</i>	<i>1916</i> <i>Feb 29</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
<i>June 1</i>	<i>June 6</i>	<i>✓</i>	<i>A. W. L. forfeits 4 days pay & F. A. D. O. #75-</i> <i>awarded 5 days b. R. for A. W. L.</i> <i>forfeits 2 days pay</i> <i>Trans to 13th O.M.B. 16-6-16</i>	<i>D.O. 91 of 11-5-16.</i> <i>"#"</i> <i>D.O. 126-</i>



Not replaced on payment.

com.

Number 696227.

Rank P.Li

Surname FERGUSON

Christian Name Robert

Units R.C.R.

Theatre of War France

Date of Service 27.8.16.

Remarks 545 Congress St. E. Detroit Mich. U.S.A.

Latest Address 10 College St. 3/4/37

Glasgow Scotland

Roll No.

200m.-2-21.M. B Page 17454

DATE

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

DATE

HISTORY

Name **FERGUSON** Robert Rank Pte.

Reg. No. 696227

Unit Can. ~~Army~~ Ordnance Corps. (Royal Can. Regiment.)

Next of Kin Mrs Jane Anderson, 77 Taylor St, Glasgow
Scotland.

[illegible]

[illegible]

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L NO 696227

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 59.	#4 Stat. Argues St. Vme	18-12-16	Purpuraeulosis
n	Disce. Its duty	5-1-17.	..

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Glasgow Scotland

NAME AND ADDRESS OF NEXT OF KIN

*Mrs Jane Anderson**17 Taylor St. Glasgow Scotland*

RELATIONSHIP OF NEXT OF KIN

Sister

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE
ADMITTEDDATE
DISCHARGEDV.
OR
A.

NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3		
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.
1916																						
Jun 30												12 30	12 30									
July 19	19	100	19		19	10	190					20 90	35 18									
July 20-31	12	100	12		12	10	120					13 20										
Aug 1-31	31	100	31 00		31	10	310					34 10	195 31/7/16	220 17/7/16								
Sept 1-30	30	100	30		30	10	300					33	284 2/8									
Oct 1-31	31		31 -		31		310					34 10	996 28/9	1019 13/10	6029							
Nov 1-30	30		30		30		300					33	1041 4/11									
Dec 1-31	31		31		31		310					34 10	1080 24/11	1105 10/12								
1917			1840				1840															
Jan 1-31	31	100	31 10									34 10										
Feb 1-28	28		30 80									30 80										
March 1-31	31		34 10									34 10										
April 1-30	30		33 -									33 -										
			334 40									12 30	346 70									

Checked

*R. Jackson**W. Wright*

149
26th Oct. 1916
195
229
253 26th Nov.
303
346
524

[illegible]

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4					CREDIT	DEBIT			
8	45	27	02	9	74	91	92	254 78	150		
								288 88			
								321 88	180	141 88	
								355 98	195 -		
	2	68				2	68	387 40	210 -		
	5	23	146								
	3	54	4	84		159	64	260 43	225	35 43	

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENG
CAN

EFFECTIVE
DATE:- Aug 1st 1918

EFFECTIVE
DATE:- 27.18 19.1

AMOUNT:- 15⁰⁰

AMOUNT:- 25⁰⁰ 30⁰⁰

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE
WORD "SAME" ONLY TO BE WRITTEN IN TH

Jane Ferguson
10 College St
Glasgow Scot.

Same

Wife
Stopped 1.7.19

S.A. overpaid 28.6.1
3 days 3⁰⁰

Granted permission to marry Do 92 9/9/18 R.R.K.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL
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
23/6/18	13907	J.C.C.C.	9.75			Ledger Bal C Ledger P.C. C

PARTICULARS OF RENDERING NON-EFFECTIVE £7.6-19 Discharged

MONTH	PARTICULARS	CR. 1	CR. 2	PARTI
1918				
Feb 71	Balance fwd.			
April	Pte Pay	33		AR. 930 8 ⁷⁸ AR 24 14 ⁷⁸
		33		
May	Pte Pay	3410		AR. 36 15 ⁷⁸ 2 AR. 43 15 ⁷⁸
		3410		
June	Pte Pay	33		AR. 58 1 ⁶⁸ AR. 71 15 ⁶⁸ AR. 13771 30 ⁶⁸
		33		
July	Pte Pay	3410		AR. 99. 21 AR 56 15
		3410		
Aug	Pte Pay 404.70 582.56	3410		A.P. 6 AR. 122 18 AR. 166 13 ⁹⁸
		3410		
Sept		33		AR 24852 AR 137 4 1 161 17
		33		
Oct	OP	3410		D66.377 AR 188 AR 232
		3410		

NUMBER

696227

RANK

Pte

NAME

FERGUSON

R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR.
31.10.18								
Nov	P.P	33		298705			15	
				245d 4.11.18	82nd Omu	373		
Dec	do	3410		58098			15	
				4238d 15.11.18	82nd Omu	373		
				2d 30.11.18	82nd Omu	1306		
				27 14.12.18		389		
Jan	do	3410	101 20	7294		20 68	15	48
Feb	do			48d 24.12.18		389		
				74 2.1.19		377		
				392 16.1.19	82nd Omu	377		
	do	3080		796689			15	
				418d 4.2.19		373		
				498 18.2.19		373		
Mar	do	3410		71289			15	
				114d 5.3.19	83rd Omu	365		
				Cash 7.2.19 Don 45505		8273		
				7.2.19	45462	3893		
				95d 2.3.19	83rd Omu	365		
Apr	Pte Pay	33		222683			15	
				CR. 29/4/19 Rem 65857		24 33		
				Rem 15/4/19 Rem 79392. Cheque 1921		9733		
				62 13.4.19	83 Omu	3 49		
				87 25.4.19		5 23		
				(May) 286807	29.4.11		15	
				20.14 4/30.4.19. 23.50.19. w. dwt				
				29/3/19 - 4/4/19. 7 days Pay.		770		
May	-	3410		4060. 19.5.19 Cgd	83	4867		
				3930. 17.5.19	85	973		
		67 10				188 78	770	30
June	-	33		49947	29.4.11		15	
				11191 9/6/19 H Wing	99	973		
				60.00 P+G 28.6.19 to 30.6.19 3 day		3 30		
	Interest on Ref Pay.	35 66		13907. 23/6/19. H Wing	113	973		
		68 66				1946	330	15

NON EFFECTIVE ACT.

NAME

FERGUSON

R.

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
					40500	375	
298705			15		42306		
245d 4.11.18 82nd Omu	373				41933		
58098			15		43843		
42360 15.11.18	373				40115		
2d 30.11.18 83rd Omu	1306				42537		
27 14.12.18	389				42148		
7294			15		44058		19919
	2068		45				19919
48d 24.12.18	389				43669		
74 2.1.19	377				43292		
392 16.1.19 82nd Omu	377				42915		
796689			15		44695		30
418d 4.2.19	373				44122		
498 18.2.19	373				43749		
91289			15		45659		30
114d 3.3.19 83rd Omu	365				45294		
Bas 17.2.19 45505	8273				37021		
7.3.19 45462	3893				33128	336	
95d 2.3.19 83rd Omu	365				32763		60
	14785		30				
A 22683			15		34563	236	30
EP. 29/4/19 You 65857	2433				32130		
Rem 15/4/19 You 79392. Cheque 1920	9733				22397		
62 13.4.19 83 Omu	349				22048		
87. 25.4.19	523				21525		
(May) A 86807 £9.4.11			15		20025		30
50. 14/30.4.19. 83 Omu. w. and					19255		
29/3/19 - 4/4/19. 7 days Pay.		770			22665		
4060. 19.5.19 Cyd 83	4867				17798		
3930. 17.5.19	85				16825		
	18878	770	30				60
A 49947 £9.4.11			15		18625		30
11191 9/6/19 HWing	99	973			17652		
Gr. Cr P. & A. 28.6.19 to 30.6.19 3 day		330			17322		
					20888		
13907. 23/6/19 HWing	113	973			19915		
	1946	330	15				30
NON EFFECTIVE ACT.							

On no one
Def Pay £18
7.3.19

On no one
Def Pay £20
29/4/19

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa.

P. 851 A.

LAST PAY CERTIFICATE.

Military District ENGLAND
Dispersal Area

No. 69622 Rank Plt Name FERGUSON R Unit C.O.C
Nominated for embarkation to Canada Yes Date 27-6-19 On th 20th 20th 20th 27-6-19

CREDIT.		\$	¢	DEBIT.		\$	¢
BALANCE FORWARD				CASH PAYMENTS:—			
as at <u>31-5-19</u>				Date	A.R. No.	Paying Unit	Amount
EARNINGS:—				<u>23/6/19</u>	<u>11171</u>		<u>9.73</u>
From <u>1-6-19</u> to <u>27-6-19</u>				<u>23/6/19</u>	<u>13907</u>		<u>9.73</u>
<u>27</u> days at \$ <u>1.10</u>							
<u>27</u> days at \$							
<u>27</u> days at \$							
ANY OTHER CREDIT:—				OTHER CHARGES:—			
Interest on Deferred Pay <u>30-6-19</u>				<u>19 46</u>			
“VICTORY” WAR LOAN				WAR LOAN INSTALMENTS CHARGED:—			
Amount Subscribed - \$				X ASSIGNED PAY for period			
Amount Paid				from <u>1-6-19</u> to <u>30-6-19</u> at \$ <u>15</u>			
Balance due				per month in favour of:			
				Name <u>Mr James Ferguson</u>			
				Address <u>10 Colony St</u>			
				Relationship <u>Glasgow</u>			
				X SEPARATION ALLOWANCE, if any, in favour			
				of same party as Assignment at			
				\$ <u>30</u> per month			
				S.A. overpaid <u>28-6-19 to 30-6-19</u>			
				3 days <u>30</u>			
				X BALANCE CREDIT			
				<u>191 15</u>			
				<u>all repaid</u>			
				<u>199 15</u>			
				<u>233 61</u>			

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:— X (Strike out whichever inapplicable.)

X Have been stopped. Effective 1-7-19 and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY [Signature] CERTIFIED CORRECT [Signature]
CHECKED BY [Signature] Capt. [Signature]
Lieut. [Signature]

Date 27-6-19 191

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.O.

Original

B. H. H. H.

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 W. H. H. DATE 18.6.19

1. 1 (a) Unit C. G. Depot (b) Regimental No. 696227 (c) Rank Pte
(d) Surname FERGUSON (e) Christian name ROBERT
(f) Home address 10 Colage St Glasgow
(g) Next of Kin John Ferguson (h) Relationship wife
(i) Address of Next of Kin as above

2. Age last birthday 4.0 Date of birth May 23rd 1879

3. Enlistment, or Appointment (if an Officer) (a) Place Medicine Hat (b) Date 19.2.16

4. Personal description:
(a) Height 5' 7 3/4" (b) Weight 150 Est (c) Complexion medium
(d) Colour of hair grey (e) Colour of eyes brown (f) Identification marks, Scars, etc. Amputation of 1st + 2nd fingers of left hand at middle joint

5. Former trade or occupation Sawyer

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
	<u>3</u>	<u>113</u>

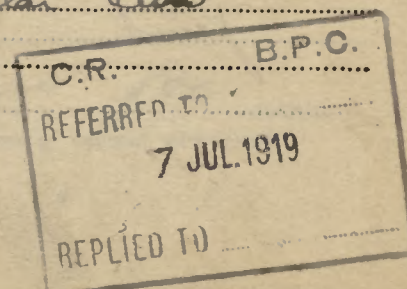
	PERIODS	
	From	To
Canada	<u>19.2.16</u>	<u>28.6.16</u>
England	<u>28.7.16</u>	<u>28.8.16</u>
France or other theatres of War	<u>28.8.16</u>	<u>12.5.19</u>

7. Original disease, or injury... (1) HYPEROPIA
(2) COMPOUND FRACTURE of 1st + 2nd FINGERS of LEFT HAND

(a) Date of origin... (1) childhood (2) 1876 (b) Place of origin... (1) Scotland (2) Scotland
(c) Cause... (1) Congenital (2) Accidental - circular saw

M. F. B. 227.

400m.-11-18.
1773-30-117.



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) Defective vision. Right Eye
 (2) Partial loss of ~~first~~ ^{middle} finger of left hand

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) Eye Report: Willey 11/6/19
 V. R. $\frac{6}{60}$ With $\frac{6}{19}$
 V. L. $\frac{6}{9}$

Category Bi - Original Disease: Hyperopia
 Date of Origin - Childhood

Condition was present previous to enlistment and has not been aggravated by Service. F.A. Maxwell Opt. 6.11.16.

(2) Amputation of 1st and 2nd fingers of left hand at 2nd joint. Stumps well healed July. Compensation of weakness in left hand.

(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*..... Genito-Urinary System.....*No*.....
 (If pulse rate is abnormal, B. P. will be taken.) (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).)

(1) Condition was present previous to enlistment and has not been aggravated by Service. Wears glasses for reading for past 12-13 years.

(2) 1st & 2nd fingers of left hand cut by Circular Saw - 23 yrs ago - necessitating amputation at 2nd joint -

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).)

Influenza June 1916 - no disability
Tuberculosis Dec. 1916 - no disability

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

Amputation of 1st 2nd fingers of
left hand at middle joint

11.—(a) Did the disabling condition have its origin before enlistment? 1/8(2) yes

(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.)

(1/8(2) No

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) (a) no (b) no (2) (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? (1) Permanent (2) Permanent

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

(1) Hearing Glasses

(2) Not since Enlistment

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (1) No (2) No
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations None

E. Grant Capt. Surgeon
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, Robert Ferguson, 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

Signature of invalid

Robert Ferguson Pte Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes we concur

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service;
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
 (" B) (Yes or No.)
 (" C) (Yes or No.)
 (" D) (Yes or No.)
 (" E) (Yes or No.)

yes BT

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.)

Rec. and ag. Tre 90837 11.11.18

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.

WITLEY CAMP, SURREY,

PLACE

11/6 1919

DATE

[Signature] President.
[Signature] 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.

PLACE

DATE

APPROVED BY

APPROVED BY

[Signature]
 Assistant Director of Medical Services.

[Signature]
 Director-General of Medical Services.

DATE

DATE

A.D.M.S. HEADQUARTERS
 CANADIAN CORPS CAMP.
 12 JUN 1919
 WITLEY SECTION.

G.I.D.

SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)



1. No. 696227

2. Rank Plt

3. Name Ferguson Robert

4. Unit C.O.C

5. Date of Discharge

28-6-19

Place

2.C.D.D

6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 5222)

7. Authority

D.B.

26.6.19

8. Proposed Residence after Discharge

10 College St-
Glasgow

9.

CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. I

A 7132079

R Ferguson
Signature of Soldier.

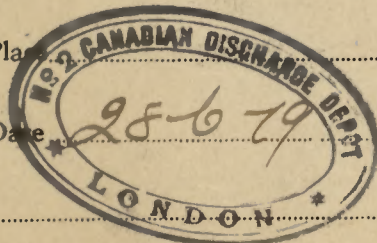
10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

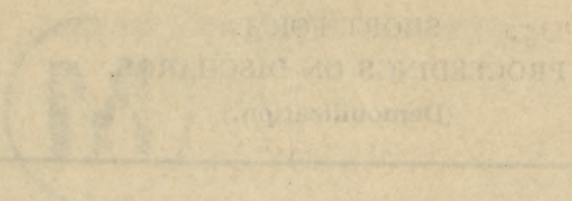
Place

Date

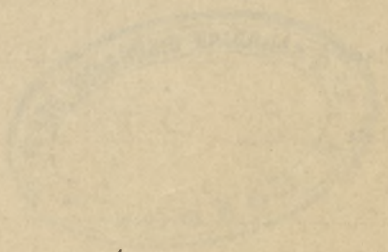


Signature

J. H. Macdonald Capt
(O. C. Discharging Unit.)



1. Name	James M. [unclear]
2. Rank	Private
3. Unit	1st [unclear]
4. Date of Discharge	Dec 2 1918
5. Reason for Discharge	[unclear]
6. [unclear]	[unclear]
7. [unclear]	[unclear]
8. [unclear]	[unclear]
9. [unclear]	[unclear]
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96. [unclear]	[unclear]
97. [unclear]	[unclear]
98. [unclear]	[unclear]
99. [unclear]	[unclear]
100. [unclear]	[unclear]



LIST OF DISCHARGE DOCUMENTS.

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