No. 3 FD. AMB. ..... Divn.
SEP 25 1914
CANADA

33353

ATTESTATION PAPER.

No.

Folio. 100

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Clarence Beamish Hallett
2. In what Town, Township or Parish, and in what Country were you born? ..... Truro N.S.
3. What is the name of your next-of-kin? ..... William Hallett
4. What is the address of your next-of-kin? ..... Truro N.S.
5. What is the date of your birth? ..... June 21st 1886
6. What is your Trade or Calling? ..... C.P.R. Loco. Engineer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... Yes
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

C B Hallett (Signature of Man).

Hielson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, C B Hallett, do solemnly declare that the above answers made by me to the above questions 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.

C B Hallett (Signature of Recruit)

Date. 25th Septr. 1914. Hielson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, C B Hallett, 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.

C B Hallett (Signature of Recruit)

Date 25th Septr. 1914. Hielson (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 Valcartier this 25th day of Septr. 1914.

Wwart (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Wwart (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

See B. 3rd F. Amb.

Description of Pte C. B. Hallett on Enlistment.

Apparent Age 28 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement.
- Girth when fully expanded 39¼ ins.
- Range of expansion 3¾ ins.

Complexion Dark

Eyes Brown

Hair Dark

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

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).

Birthmark left thigh.
Mole on left shldr.

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 Sept 9. 1914.

Place Valcartier

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.

C. B. Hallett 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.

(Signature of Officer)

Date 25 / Sept 1914.

8/5/18.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Hallett, Clarence Beamish

Regt. No. 33363 Rank Pte.

Corps C.A.M.C.

"Med. unfit for further War Service"

Comp. docs to B.O.C. on M.O.W. 2500 Ref. B.O.C. Spec. 441 of 4/7/19 M.K.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms 2

Proceedings on discharge 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 6

Medical History Sheet..... 1

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

Med. Ex. 31-8-20 ac

~~A.C.~~ 26-12-19.

Ntd. —

5-22

19-22

32-22

2

R.F.B. 122. 3. AFI-1237-1

A+D — 1

1 Can card. 1 A+D

2 pay cards

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Number 323353 Rank a/Sgt B.

Surname HALLETT V

Christian Names Clarence Beamish

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

Dates of Service 2-15

Remarks

Latest Address R.C. Institute
127 2nd St.
Brandon Man.

Roll No. B. Page 1067

4372

D.M.S. 1506.

Surname	Christian Name or Names	Reg. No.
Wallett	G B	39353

Rank	Unit	Co.	Troop	Batty.
Pte	9 Fld Amb.			

Hospital — Date of Admission

Transferred No 9 Fld Amb Hosp. 5-4-15
No 3 Gen Boulogne Hosp. 20-3-16
2 Mil Gen Bristol Hosp. 16-6-16
Bearwood, Wokingham. Hosp. 19.8.16

Diagnosis

(1) Later Diagnosis (if changed) Influenza.
(2) S/H Left ankle ab.
(3)

Additional Diagnoses: If more than one state present

DISPOSITION — Date

Disp to duty 8-4-15
Disch 26-10-16

REMARKS

C.L. 24-5-16 35
" 27-2-16 B174
" 22-6-16 B37
" 23-8-16 B83.
C.L. 20-9-16 B96
- 12-1-17 B160

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

6

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	Epsom Convl.	16-9-16
2.		
3.		
4.		
5.		
6.		
7.		

SURNAME. Hallett

CHRISTIAN NAMES Clarence Beamish

REGL. No. 33353 RANK Pte

UNIT No 3. Fld. Amb.

FORMER CORPS

CARD No.

FOLL. To D.O.S. Dio. 12-4-18 Bamb. Pte 1st of 16th #10. Cas Unit 3

NEXT OF KIN.

NAMES IN FULL Hallett, William

RELATIONSHIP TO SOLDIER

ADDRESS Truro, N. S.

Telegrams sent to Truro to be phoned to Brookside.

G.O.H. 129-27-5-16

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada,

PLACE OF ATTESTATION Valcartier, P. Q.

DATE

DATE Sept. 25th 1914

O/S. 7-10-14 27/14

R/C. 20-3-18 44 4 16

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Quebec per S.S. Cassandra 4/10/14

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

C.A.D.C.5009-10M.
3494-30-8-17.

BPC 35362

3335-3

DENTAL CERTIFICATE.

488

Sgt. Hallett C.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

C.A.M.C.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
9/3/18	Fit Failed to Report for Exam.			

F. D. Gillespie
Capt. C.A.D.C.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4/102	33353.	Pte	Hallett.	C.B. C.E.
Year	Unit.		Age.	Service.
2076.	C.A.M.C.		30	2 4/12.

Station and Date.

18 AUG 1916

Disease Rt. L. ankle.

Hill 60, Aug 19. 16

Rec 3 Can Gen. Boulogne Aug 20. 16
South Rnd Hsp. Bristol Sept 11. 16
Beamond Sep 18. 16.

S.I. Dor. Drawer shrapnel. wd Rt ankle
Result Good

Pte QC Good

I L O D Manage

15/9/16 Transferred to Epsom

L O Briggs Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

CANADIAN CONVALESCENT HOSPITAL
REGISTRARS
16 SEP. 916
OFFICE
BEAR WOOD, WOKINGHAM, BERKS.

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

92437—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 46th Can. C.

Regimental No. 33353 Rank Pte Name Hallett G. B.

Enlisted (*a*)_____ Terms of Service (*a*)_____ 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*)_____

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				
5 MAR 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 54.			
18 MAR 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
26.3.18.	D087.	T.O.S. #10 C Unit-	W.P.G.		
17.4.18	D105	Dis. 6088—2050	"		

Commanding J. Lock, Lt-Col. Lieut.-Col. Canadian Discharge Depôt.

A. Goldstone Capt

O.C. NO. 10 CASUALTY UNIT, Winnipeg.

(*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				

3 Coa

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

No. 3 FD. AMB. ..... Divn. SEP 25 1914

OOA 1681

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps _____

Regimental No. 33353 Rank Pte. Name Hallett, Clarence Beamish

Enlisted (a) 25/9/14 Terms of Service (a) Duration of War 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) _____

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				
16/4/15	OC. 3 CF Amb	Influenza Admitted to Hosp	In the field	5/4/15	A36 10/4/15
		Discharged to duty	"	8/4/15	" "
2.1.16	do	Proceeded on 8 days leave	"	2.1.16	B.213. Pt II Ord. No 3 15/1/16
16.1.16	do	Rejoined from leave	"	11-1-16	B.213 DCS. 217. 22/1/16
20/5/16	do	S.W. Ankle. Evacuated to Hosp	"	19-5-16	187/Camc/3/6 DCS. 256.
20/5/16	10 Hosp.	do Admitted		20/5/16	A36 DCS 258
		Transferred	7 A.T.	20/5/16	
27/5/16	London Recds.	S.W. ankle left. sl. Admitted	3 Can Genl	20/5/16	Can Hist A.174.
16/6/16	H.S. St Denis.	S.W.L. Ankle. Admitted	H.S. St Denis	16/6/16	W3083.
		Wounded. Transfd to C.C.A.C.	Folkestone	17/6/16	Pt II Ord 26. 21/6/16.

R. H. Smith
Capt CAMC
for Lt Col AAG. Canadian

(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 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.
		29.6.16 Taken on strength C.C.A.C. Pt. II D.O. No. 245.			
3/11/16		ATTACHED TRANSFERRED FROM C.C.A.C. TO C.D.D. PART II D.O. No.			J. C. Edwards. Capt. C.C.A.C.
3-11-17		Promoted A/Sergt. with pay and allowances of rank with effect 3-11-17 Auth. A.D.M.S. letter A.M.D. 1c/2920 3-11-17.	Buxton	3-11-17	C. D. D. part 11 order No. 252.
19/2/18	CDD	Cease to be att. to Base Cadre. C.D.D. On return to Can. Mil. Depot	Buxton	19/2/18	Pt II DO 42 Lt. Miller Asst Adj.
21-2-18	CAMC D	Returns from On comm to CDD Buxton	Shornecliffe do	19-2-18	Pt II DO 52
24-2-18	do	On comm to 1st CDD Buxton pending return to Canada		23-2-18	Pt II DO 55 Lieut Cpt. CAPT. ASST ADJUTANT FOR O.C. C.A.M.C. D.D.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
O.S.F.T. 42	33353	Pte	Hallett	C

Year	Unit.	Age.	Service.
1916 17-6-16	3rd Canadian Field Ambulance	29	1 10/12

Station and Date. Southwood Benisti

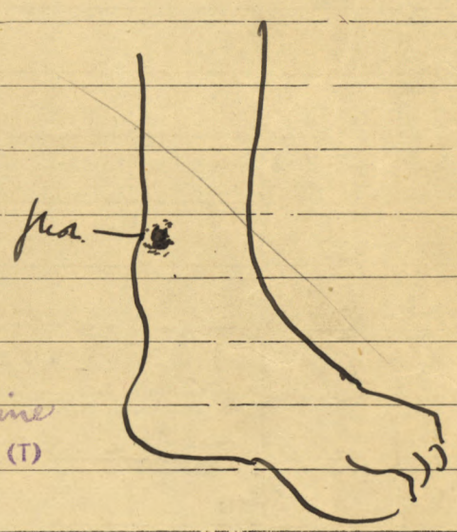
Disease G.S.W. L ankle. IX ① Skips.

DATE 19/5/16 PLACE Hill 60 France CAUSE Sh: wd. in action

CONDITION Small wound on inner side of left ankle 3/4 diameter
Sh: removed in France.
Stiffness of ankle joint

J. Carwardine
Capt. R.A.M.C. (T)

X-RAYS. FRACTURE :- 2nd.
FOREIGN BODY :- 2nd.



TREATMENT & FINAL STATE

June 18. W.C.D.

21. ~~Fit for S.H.~~.

W.C.D.

J. Carwardine
Capt. R.A.M.C. (T)

28. Bus. Inside Parkins

Temp 3 C. twice a day.

July 5. — Shot. Convalescent.

16. — With Capt. Jones having taken charge?

J. Carwardine
Capt. R.A.M.C. (T)

Wokingham. Conv: 14/16 Jones.

August 15th 1916. Discharged to Wokingham

J. Carwardine
Capt. R.A.M.C. (T)

Capt. R.A.M.C. (T)

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

~~1~~ (12)

Army Form W. 3172.

2nd L. G. Southmead **Hospital.**

Ward V No. of Bed 12 Date 18.6.16.

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
33353.	Pte Hallett C.	3rd Canadian Field Ambulance.	L. Ankle.

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

Fell L. ankle ? fr & dislocated.

T. Carwardine Capt. R.A.M.C. (T)

Signature of M.O.

Date 18th June. 1916.

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

No. of Plate 398

Negt. shows no Bone injury

Signature of Radiographer

Date 19/6/16

W 8290—3262 100,000 8/15 H W V(M 1318) G. 15/1043

D.S.F.T. 15.9.16 42 pte

ORIGINAL. ~~33353~~ 33353 H 1540 10 0.53 Vda 1681 245-29-6-16

MEDICAL HISTORY SHEET.

Surname Hallett Christian Name Clarence Beamish.

Examined { on 3rd day of Sept. 1914. at Valcartier. P. Q.

Birthplace { City or Town Truro. County N. S.

Apparent age 28 yrs. 3 mths.

Trade or occupation Engineer. C.P.R.

Height 5 Feet 7½ Inches.

Weight ____ Lbs.

Chest measurement { Minimum 36 inches. Maximum expansion 39¼ inches.

Physical development ____

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left. Number nil

When Vaccinated last nil

(a) Marks indicating congenital peculiarities or previous disease Birthmark left thigh. Mole on left shoulder

(b) Slight defects but not sufficient to cause rejection

Approved by ____

Rank ____ M.O.

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

28 JUN 1916

Date	Result	Vaccinations.	
2.10.14		As Donaldson Capt. Can's	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on ____ day of ____ 191 ____ at ____

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	3rd Fld Amb. C.A.M.C.	33353		
Transferred to.....				

The Medical History Sheets of all men proceeding overseas must be returned by the Officer Commanding their unit to the Record Office, Militia Dept., Ottawa, Ont.

In Charge of Records Canadian Contingent

Lieut.-Col.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe	30 OCT 1916	G.S.W. Double	Fit for Base duty.
C.D.S. Buxton	23-8-17.	G.S.W.	B 111

Captain C.A.M.C. for A.D.M.S., Canadians, London Area.

C.A.M.C. SENIOR MEDICAL OFFICER, CANADIAN DISCHARGE DEPOT

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.

Entries in Red Ink made from Attestation Sheets.

M. F. B. 313.

50M—8-14. H. Q. 1772—39—439.

AUG 19 1915 for D. D. M. S.

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

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.
2nd S. G. Bristol.		17	6	16	18	8	16	G.S.W. L. Ankle IX (T) Slight	63	Discharged to Wokingham	T. Carwardine Capt. R.A.M.C. (T)
Clett Bearwood		18	8	16	15	9	16	do	29	Transferred to Epsom	Capt C.H. Hudson
Woodcote	Park.	15	9	16				do do		To C.C.A.C. for Base Duty.	C.C. Richardson

17726/353.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

7782 - C - 1

Name Hallett, Clarence Beamish
(Surname) (Christian Name)

Regimental Number 33353 Rank Pte.

Unit C. A. M. C.

Original Unit

District where paid M.D.10.

Date of Discharge 17-4-18.

P. D. P. Filing Number 2-218-10.

Address (in full) 127-2nd St.,
Brandon, Man.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10				3396	17-5-18	33 00	3370	17-6-18	34 10	33 00	67 10

Remarks: Advance payment by Casualty Unit # 10.

M. F. W. 127.
50M—6 17.
1772 30-1140.

129. 4th St.,
Brandon, Man.

Dec'n No 17786/23 W. C. File No 7729-C-11
Award 183 days at $ 70 per day $ 4200
S. A. ..... months at $ ... per mo. $ ...
Less F. D. P. Deducted $ 1000
$
Less further debit balance $ .....
Not due paid as below 3190

3-4-19	3901	444688	210 00	✓		
21-5-19	1095	461514	70 00			
	1854	2539	90	✓		

GEN'L AUDITOR
Being checked by
G A Stelmok
Date 30/9/19

✓

2873-

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME HALLETT, Clarence Beamish

Regimental No. 22353

Unit No.3 Field Ambl.

Date of enlistment Sept.25th,1914.

Place of birth Truro,N.S.

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin
William Hallett,
Truro, N.S.

Date and place discharged

Reason for discharge

Character on discharge

PAY OFFICE, ... BRANCH
SEP 11 1918
CANADIAN CONTINGENTS

Date 1914 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 16	Oct 31	46	1	46	46	10	4 60		50 60			49			49	
Nov 1	Nov 30	30	1	30	30	10	3	1 60	34 60			32 50			32 50	
Dec 1	Dec 31	31	1	31	31	10	3 10	2 10	36 20			35			35	
1915 Jan 1	Jan 31	31	1	31	31	10	3 10	1 20	35 30			35 30			35 30	
1/2	28/2	28	1	28	28	10	2 80		30 80			3			3	
1/3	31/3	31	1	31	31	10	3 10	27 80	61 90							
1/4	30/4	30	1	30	30	10	3	64 90	94 90							
1/5	31/5	31	1	31	31	10	3 10	94 90	129							
1/6	30/6	30	1	30	30	10	3	129	162			9			9	
1/4	31/4	31	1	31	31	10	3 10	153	187 10			10			10	
								144 10				17 50				
								463								
1/8	31/8	31	1	31	31	10	3 10	181 73	215 83							Carried forward to Large Ledger sheet
1/9	30/9	30	1	30	30	10	3	215 83	248 83			2 68			2 68	
1/10	31/10	31	1	31	31	10	3 10	246 15	280 25							
1/11	30/11	30	1	30	30	10	3	250 25	283 25			5 30			5 30	
1/12	31/12	31	1	31	31	10	3 10	306 95	342 05			11 53			11 53	
1916 1/1	31/1	31	1	31	31	10	3 10	330 63	364 63			243 33			243 33	
1/2	29/2	29	1	29	29	10	2 90	121 29	153 19							
				537.			53 70	463				436 64				

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1/3	31/3	31	1	31	31	10	3.10	463	184.39			436.64				
				532			5320									
							184.39									
				563			563.0	463				436.64				Bal. 187.9

Checked TBS

BALANCE TRANSFERRED TO NEW LEDGER.

1. L.P.C. issued, date. 21-2-18

2. Authority. . . . . R.O. 24.J.1. 8/2/18. D III

3. Discharged to. . . . . Canada

4. Pay Book verified. 21-2-18

5. Balance shown on L.P.C. 470.45

6. Balance shown in Ledger Sheet . . . . . 504 J1 (red)

7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount Debit	Amount Credit
899	16.2.18	L.J. 0-0.	24 33	
702	22/2/18	L.-	9 74	
		Net Difference $ 34 07	34 07	

8. Assigned Pay cancelled
A.3.M. Forms rendered. . . . . .

or

9. Separation Allce and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment. . . . . .

Certified correct. . . . . Byatt . . . . . .
Officer i/c Group.

MARRIED OR SINGLE: Single.

PLACE OF BIRTH: Truro N.S.

NAME AND ADDRESS OF NEXT OF KIN: William Hallett. Truro N.S.

RELATIONSHIP OF NEXT OF KIN:

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
Hosp. Sgt. with pay.	3-11-17	Bo.165 8-10-17 C.B.O. Truro

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 33353 RANK ~~Pte.~~ A/Sgt. NAME Hallett C. B.

IF IN PERMT. CORPS WHAT UNIT — UNIT 3rd Battn. TRANSFERRED TO 6 Bde. DATE July 6/16 AUTHORITY DO 21 30.6.16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 6 DS Buston DATE 11-8-17 AUTHORITY A Mail

PLACE OF ATTESTATION — TRANSFERRED TO Sauch L.M. DATE 1/4/18 AUTHORITY

DATE OF ATTESTATION Sept 25th 1914 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

SEP 10 1918

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

DISCHARGE DATE AND PLACE Bermuda 24/2/18 — REASON AND AUTHORITY R.O. 3451 5/2/18 C.B. C.M.R.O.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

61

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
Mch 31			563	-			56	30						463	62393												436 64								
Apl 30	1		30			10	3	-							33	697	608							261 767						5 23	21506				
May 1/31			31	-	31	-	8	10							3410															-	24916				
June 1/30			30		30		3	-							33															-	28216				
July 1/5			5		5			50							550															-	28766				Old Book lost in France
New Book issued 1/6 6-31	26	1	26		26	10	2	60							28 60																31626				
aug 1/31	31	1	31		31	10	3	10							34 10																35036				
1/9 30/9	30		30		30		3								33																				
1/10 31/10	31		31		31		3	10							$25 23 34 10															852	37484				
Nov. 1-30	30	1	30	-	30	10	3	-							33 -	0194	1/11							487.		487	146 -			1094	39800				
Dec 1-31	31	1	31	-	31	10	3	10							34 10									486						1574	27526			165 -	110 26
			93	80			93	80																						486	30450			180 00	124 50
Jan 1917 1-31	31	10/100	34	10											34 10									17 03						17 03	32157				
Feby 28			30	80											30 80																35237			210	142 34
			986	40										463	991 33									748	241	61	241	33	682	64	63896				

Checked

New Book issued 1/6

Small Ledger Sheet

33353 Pte Hly. Hacker CB

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
			986	70										4 63	991	33								7 68	24 51	24 33	582 64			638 96	352	37			
																		11893 cca 1/6							13 17									
March	31		34	10											34	10	cca	1247 - 2/-							1166									
																	10629	14/-	12342	13/-	3/6			73	1160					1144 37	272	10			
Apr	30		33												33																305	10			
1930																																		
May	30		33												33																338	10			
" 31			1	10											1	10															339	20			
June	30		33												33																372	20			
July	31		34	10											34	10															406	30	285	121	20
Aug	10		11												11																417	30			To 6 DD Burton 11/8/17
			1166											4 63	1170	63								80 08	65 88	24 33	582 64			753 33					
"	71		23	10											23	10															440	40			
Sep			33												33			105 9/6							48 67						48 67	424	73			
																								80 08 1/6	55 24 33	582 64								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep 30	Balance	~~424 73~~							424 73		
Oct	P. P.	34 10		62. 15/5/17. CAS.	14 60				444 23	330	
		34 10			14 60						
Nov.	1-7 P.P. 2 20			109 29-6-17 CAS.	9 73				525 20		
	8-30 S.P. 28 days 42 00				9 73						
Dec	L.P.	46 50							525 20		
		90 70									
Jan	L.P.	46 50		873 23-11-17. CAS	48 67				525 20		
				1690. 19-12-17 "	24 33						
				4334. 19-10-17 "	24 33				456 04	68 10	
				3411. 10-9-17 "	24 33				480 04		
		46 50			121 66						
Feb.	1-24	36 -							486 04		
	Int on Dep Pay.	18 48							504 52	30	
		54 48		899. 16-2-18. CAS.	24 33				480 19	37 10	Totals brought
				1707. Wt 18 CAS.	24 33				456 46		
					9 73						
					9 73						
July				Sailing Bal.	470 46				Nil.		
					470 46						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. RED. PAY	SER. ALLCE. PAY BKD.

24-7 441

This space to be for numbers.

DEPT. MILITIA & DEFENCE
MAY -6 1918
H.Q. CANADA

Proceedings on Discharge.

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

No.	83353
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Hallett Clarence Beamish
Corps (Squadron, Battery or Company)	C.A.M.C.
Date of Discharge	April 17th 1918.
Place of Discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 31 years ..... months.
Height 5 feet 8 inches.
Complexion Dark
Eyes Brown
Hair Dark
Trade Loco.Engineer
Intended place of residence (To be given as fully as practicable.) 127 - 2nd Street Berandon, Man.

Descriptive Marks

S.W. left ankle

2. The above-named man is discharged in consequence of Being Medically Unfit For Further War Service.

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

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

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

Good

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

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

Loco.Engineer

M. F. B. 218.
160m.—6-16.
H. Q. 1772-39-113

(OVER)

K.C. 26-12-19.
R.R.

W.S. comp-13-2-19 JB

KCS 2/11/20 AK

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 ..... One gold bar

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) Winnipeg ..... H H Goldstone Capt.

(Date) April 17th 1918. ..... *Commanding* No.10 Casualty Unit.

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) G B Hullett ..... *(Signature of Soldier.)*

(Date) April 17th 1918. S Shead ..... *(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) Winnipeg .....

(Date) April 17th 1918. ..... *(Signature)* H H Goldstone Capt.
O.C.No.10 Casualty Unit M D 10

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.)

C B Hallett

(OVER)

List of Discharge Documents.

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

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

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

F.124936

Rank and Name	HALLETT, Clarence Beamish
Regimental No.	33353
Unit	No 3 Field Amb.
Date of enlistment	Sep. 25th, 1914
Place of birth	Truro, N.S.,
Married (Yes or No)	No
If in Permanent Force	
Promotions or appointments	

Name and Address of Next-of-kin
William Hallett,
Truro, N.S., Canada.

Date and place of discharge
Reason for discharge
Character on discharge

Regd. No. 2933
Fld. R.L.
Category OR Can.
B8
a/Sgt. 25

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
20-4-15	O.C 3 F.A.	Adm no. 3 F.A. (Influenza)		5-4-15	Casualty List no 35.
do.	do.	Disch to Duty. do.		8-4-15	do.
		On Strength No. 3 F. Amb.	France	July 1915	Nom Roll
15.1.16	O/C 3 F.A.	Granted 8 days leave from		2.1.16	P.II 0.3
16.1.16	-"-	Rejoins		11.1.16	B 213
		On strength No 3 F. Amb	In Field	1.3.16	Nom: Roll. 8 -4
27.5.16	C.A.M.C.	Adm. No. 3 Gen. Hosp	Boulogne	20.5.16	C.L. A 194 "G.W. left ankle"
22.6.16	-"-	" 2nd Southan Gen. Hosp.	Bristol	16.6.16	C.L. B 54 -"-
30.6.16	O/C 3 F.Amb	Wd. Transfd to C.C.A.C.	Folkestone	17.6.16	P.II 0.26
23.8.16	CAMC 1st Div.	Adm. Can. Gen Hosp Bear Wd.	Wokingham	19-8.16	C.L B53 Shrap Wd. L. ankle
20.9.16	1 C.A.M.C.	Hd. Conv. Hosp. Woodcote Pk.	Epsom	16.9.16	C.L. B.96 G.S.W. L. Ankle
31.10.16	C.C.A.C	Reptd from " " " "	Moreham.	26.10.16	Pt II 0477.
12.1.17	1 Can C	Disch " " " "	Epsom	26.10.16	C.L.B 150

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					
6-11-16	CCAC	on Com to Garr Duty Depot for BD		Shorncliffe	4-11-16	Pt II 0487
19-12-16	CDD	Reptd & att to Perm Cadre		Buxton	16-12-16	Pt II 0264 ALS
18-5-17	CAMC Dep	T.O.S from CCAC and on com to S.D.D Hastings		Witley Camp	10-3-17	— 138
26-5-17	"	Ceases on com to S.D.D and on com to S.D.D. Buxton		"	10-3-17	— 146.
28-2-18	Camc D	Ceases on Com. to C.D.D.		Seliffe	19-2-18	Pt II 52
24-2-18	Camc D	On Com C.D.D. Buxton		Seliffe	23-2-18	Pt II 55
17-8-17	C.D.D.	att'd Cadre Buxton		Buxton	15-17	Pt II 194.
8-11-17	"	Apptd A/Sgt with pay	A/Sgt A/Cpl	Buxton	3-11-17	Pt II 265
19-2-18	C.D.D.	Ceases att'd & return to Camc D SOS returned to Canada	A/Sgt	Buxton	19-2-18	Pt II 42
26-3-18	Camc D	for disposal by A.G.	A/Sgt	Seliffe	12-3-18	Pt II 85

B. P. C. ORIGINAL

(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 Winnipeg, Man. DATE March 27th. 1918.

1. (a) Unit (10. C.U.) CAMC. 3rd Field Amb (b) Regimental No. 33553 (c) Rank Sgt

(d) Surname Hallett (e) Christian name Clarence

2. Age last birthday 31 Date of birth 21st June 1886

3. Enlisted at Brandon, Man. on 11th August, 1914.

4. Personal description :—

(a) Height 5ft 7½' (b) Weight 140 (stripped) (c) Complexion Medium

(d) Colour of hair Black (e) Colour of eyes Hazel (f) Identification marks 1 vacc mark left arm small mole 1½' long on the left thigh.

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

127. 2nd Street, Brandon, Man.

6. Former trade or occupation Locomotive Engineer.

7. (a) Service

	Years	Days	Periods From	Periods To
C. E. F.			11th Aug, 1914	March 27th. 1918

(b) Has he been overseas? Yes 3 years and six months. France and Belgium 17 months

8. Present disease or disability (use authorized nomenclature if possible) Impaired function of the left foot.

(a) Date of origin 19th May 1916 (b) Place of origin Ypres.

(c) Cause* Gun Shot Wound left foot.

*(Here include original disease or injury)

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

RCAMC APR 1 1918 A.D.M.S. M.D. 10

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

Man is 20lbs under weight but is feeling well and looks to be in fair physical condition. Walks with a limp in the left foot. Can walk 2 miles without discomfort but foot then becomes sore and painfull. After greater exercise foot swells. Flexion of foot is limited about 50%. There has been some injury to the Tendo achilles and tendon is evidently adherent to its sheath. Other systems are 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.]

M. F. B. 227.

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

10. History :

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

On May, 19th, was wounded on inner side of Tendo achilles ; left foot; Foreign body removed the next day from opposite side of leg. Scar behind and above internal malleolus.

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

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

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

Originated on service.

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

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

#10. C.C.S. Dopenhinge 2 days, #3 Gen. Boulonge, 6wks, Soughernead Hosp. Bristol 2 mos. Bearwood Conv. 4 wks, Epsom Conv. Hosp. 7 wks.

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

None.

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

20. Recommendations

Discharge,

W J Beringer. Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

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

Clarence B Hallett

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

22. Is the soldier fit for

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

23. It is certified that the soldier

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

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

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

As medically unfit.

G. H. Saunders Captain *President*

John A. G. Bonnar Capt. } *Members.*

W. J. Heninger Capt.

STATION Winnipeg, Man.

DATE March 30th, 1918.

APPROVED
APR 2 - 1918

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

St. C.P., Kingsway, W.C.
30,000—17/4/16—10533.

H-1-440

Army Form B. 179
Canada.

Medical Report on an Invalid.

Station Epsom - Surrey.

Date 20th October, 1916.

1. Unit 3rd Field Ambl.
2. Regimental No. 33353.
3. Rank Pte
4. Name Hallett C.B.
5. Age last birthday 30
6. Enlisted { on 11th August, 1914. / at Brandon, Man.
7. Former Trade or Occupation } Engineer.

8. Disability.

G.S.W. Lt. Ankle.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. May 19th, 1916.

10. Place of origin of disability. Hill 60

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Shrapnel in foot causing lameness. Shrapnel removed and healed after 6 or 7 weeks. Makes patient limp and boot hurts foot.
To 3rd Genl. Hosp. Boulogne May 20th/16.
To Southmead Bristol 15th June/16.
To Bearwood 19th Augt/16.
To Epsom 15th Sept/16.

12. (*a*) Give your opinion as to the causation of the disability. Lame foot (injured) by shrapnel.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3.*) B.I. Yes.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the day of 191 .

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this day

of , 191 .

President.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Scar in inner side of left foot just anterior to Tendo Achilles - wound healed - considerabl thickening of centre of Tendo Achilles. Patient walks quite lame and is unable to wear a high shoe on account of scar so tender. Otherwise normal.

14. If the disability is an injury, was it caused

(*a*) In the presence of the enemy? Yes.

(*b*) On active service?

(*c*) On duty?

(*d*) Off duty?

APPROVED
CAPTAIN, C.A.M.C. FOR D. OS.H., & O.I. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN DIVISION

15. Was a Court of Inquiry held on the injury? No.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? Shrapnel removed.

17. If not, was an operation advised and declined? No.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable.

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for base duty? Yes.

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit?

30 OCT 1916

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

T C Richardson Capt.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station EPSOM

Capt. CAMC
Officer in charge of Hospital.

Date October 21st, 1916.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditi ns and disease to which the soldier would have been equally liable in civil life.

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.		
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it?		
21. Has the disability been caused or aggravated by		
(*a*) Intemperance?		
(*b*) Misconduct?		
22. Is the disability permanent?		
23. If not permanent, what is its probable minimum duration?		
To be stated in months.		
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?		
In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, *or total incapacity.*		
25. If an operation was advised and declined, was the refusal unreasonable?		
26. Do the Board recommend		
(*a*) Fit for duty?		
(*b*) Fit for base duty?		
(*c*) Invalided to Canada?		
(*d*) Discharge as permanently unfit?		
27. Remarks.		

Signatures:—

_____ President.

_____)

Station_____ Members.

Date_____ _____)

Approved.

Station_____ _____

Administrative Medical Officer.

Date_____

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 3rd Canadian Field Ambulance

Military Hospital 2nd S. Gen. Southwood Dorset

No. 33335 3 Rank and Name Pr Hallett C Age 29 Service 1/10/12

Disease Gsw L Arm Rle Date of admission 17-6-16 Date of discharge 18-8-16. Result Dis: Workingham

Dates of Observation									July																					
Days of Disease	17	18	19	20	21	22	29	30	2	3	4	5	7	6	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
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°	on admission																													
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute	100	104	92	84			80		80	92	84	84	84	84	96	92	112	88	88											
Respirations per Minute	22	22	20	20			20		20	18	18	18	18	18	18	20	20	20	20											
Motions per 24 hours			1	1			1		1	1	1	1	1	1		1														

J. Carwardine
Capt. R.A.M.C. (T)

(2669.) WD043—1195. 800,000. 12/14. C.P., Ltd. Forms/B. 181/3.

Signature ..... In charge of case.

Capt. RAMC. (T.)

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 33353 Rank SGT Surname HALLETT Christian Name CLARENCE

Unit or Corps—(a) Overseas from United Kingdom 3rd Fld Amb. (b) In United Kingdom 3rd Fld Amb.

Born at—Town Truro County or Province Nova Scotia Country Canada

Date of Birth—Day 21 Month June Year 1886 Age 31 yrs. 9 months.

Joined at Winnipeg, Manitoba Date 11/8/14

Former Trade or Occupation Locomotive Engineer

Permanent marks or peculiarities that will serve for future identification:—

MOLE on left thigh

Height—feet 5 inches 8 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) Clarence Hallett

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.*)
(*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*). LIMITED FLEXION OF LEFT FOOT. PAIN IN LEFT FOOT ON WALKING. PARTIAL LOSS OF CONTROL OF LEFT FOOT AFTER USE OF FOOT

Disabilities Group (*b*). NONE

Disabilities Group (*c*). NONE

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GUN SHOT WOUND OF LEFT ANKLE WITH INJURY OF TENDON ACHILLES.	FRANCE. Hill 60	19/5/16
(*ii.*) As to Group (*b*) above.	N. A.	—	—
(*iii.*) As to Group (*c*) above.	N. A	—	—

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

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? —

(*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 I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? YES (*ii.*) While off duty? NO

(*iii.*) Was a Court of Inquiry held? NO (*iv.*) Where? — (*v.*) When? —

(*vi.*) Opinion of the Court? —

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

Was wounded at hill 60 in France on the 19/5/16. Had wound dressed in dug out. On the 20/5/16 was taken to No 10 Casualty Clearing Station at Poperinghe. Had a piece of shell removed from the left foot there and was removed to No 3 Gen. Hosp. Boulogne. Then was sent to Southmead Hosp Bristol on 16/6/16. Remained until 19/8/19. Was then sent to Beamwood for four weeks. Was sent to Epsom 16/9/16. Then on the 30/9/16 was sent to C.C.R.C. Was boarded for [illegible] at Epsom

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) Present Weight 150 Previous weight before going to France 148. Has a scar on back and side of left foot one inch long and just over tendon Achilles. He cannot flex foot to full extent. Complains of pain and a feeling of numbness in left foot on using foot

8. OPERATION. (*i.*) Was one performed? Yes

(*ii.*) If so, state what. For removal of a piece of shell from outside of left ankle

(*iii.*) Was one advised and declined? N.A.

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service?

(*ii.*) If so, describe. No loss of teeth

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? —

(*b*) Fit for base duty? —

(*c*) Invalid to Canada? —

(*d*) Discharge from the Service as permanently unfit? Yes.

Date of Report Feb 16 1917 Signed H Bell Capt

Officer in medical charge of case. C.A.M.C.

Station C.D.D. Buxton

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

C.A.M.C. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

SENIOR MEDICAL OFFICER
CANADIAN DISCHARGE DEPOT

Dated at Buxton Camp Station, on 17-2-1917

* Delete if inapplicable.

PART II.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

yes

12. Is the cause of the disability, fully indicated in Part I. (2)?
If not, indicate it.

yes

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

14. 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*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

duty

not applicable.

15. THE PENSIONABLE DISABILITY—(*see Part I. (8). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?

not applicable

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

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

not applicable

18. Remarks.

Heart + lungs - examination negative -
Tonsils - red, enlarged + buried.
Cervical glands enlarged.. Glenn's lues.
No signs of venereal disease.
No apparent cause for loss of wt.
This boards finds no reason why this man cannot carry on in Category B III

19. Recommendation:—(*a*) Fit for duty? no
(*b*) Fit for base duty? yes - B III probably to cease in six months
(*c*) Invalid to Canada? not applicable
(*d*) Discharge from service as permanently unfit? not applicable

Classification for the Military Hospitals Commission.

G.

Date of Board 14-2-18

EXAM. MED. BOARD
17 FEB. 1918

Station Buxton, Derbyshire

Signatures of the Board

A. P. Menzies maj. R.A.M.C. *President.*

Geo. W. Boyce maj. Canada

Approved A.D.M.S.

Dated at Station 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....