2004

ATTESTATION PAPER.

No. ~~505~~ 19

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

PAY & RECORD OFFICE MAY 8 1915 CANADIAN CONTINGENT

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Ashford Price Hamilton
2. In what Town, Township or Parish, and in what Country were you born? ..... Boston Mass. U.S.A.
3. What is the name of your next-of-kin? Father ..... Mrs Mary Froude Hamilton
4. What is the address of your next-of-kin? ..... 1046 Dupper St Montreal
5. What is the date of your birth? ..... June 29 1859
6. What is your Trade or Calling? ..... Bank Clerk
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? ..... No
10. Have you ever served in any Military Force? ..... No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes.

A. P. Hamilton (Signature of Man).

R. B. Struthers (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ashford Price Hamilton, 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.

A. P. Hamilton (Signature of Recruit)

Date Mar 14 1914. Norman Clapham (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ashford Price Hamilton, 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.

A. P. Hamilton (Signature of Recruit)

Date Mar 14 1914. Robert Hale Capt (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 Montreal this 14th day of March 1914.

Robert Hale (Signature of Justice)

JUSTICE OF THE PEACE FOR THE CITY & DISTRICT OF MONTREAL.

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

.....(Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Gosford Price Hamilton on Enlistment

Apparent Age 29 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 3/4 ins.

Chest measurement: Girth when fully expanded 39 ins.; Range of expansion 5 ins.

Complexion Fair

Eyes Blue

Hair Brown

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).

2 moles in right axilla
1 large mole below left spleen.

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 Nov 13 1914. H Macnamara

Place Montreal Capt A.M.S.

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.

A. P. Hamilton 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.

Philip Burnett (Signature of Officer)
Capt

Date Nov 14 1914.

REGIMENTAL DOCUMENTS

NAME Hamilton Lyckford Pua (Capt) REGT. NO. 132 UNIT H. Q. FILE NO. 1335

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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)					
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)					
2 Myrs					
1 K122					

W. 2589
100M-11-18
12.2 30-1377

Number. . . 2004 . . . . . Rank. . . Gle

Surname. . HAMILTON

Christian Names . . Ayshford Price

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

Date of Service S.O.S. Comm. in Imp. Army 2-6-15 Authy C.F.A. Qtr D. Q.18. dy 13-6-15.

Remarks. Imp: Comm: W.O. Roll No 2. Page 88 auth: W.O. N/W/9/1783 of 5-5-20

Latest Address. . . . . N/S

Roll No. A

Page 269

Camb

SURNAME. Hamilton. 649-H. 7433.

CHRISTIAN NAMES Ryshford Price.

REGL. No. ~~2004~~

RANK ~~Pte~~ Lieut.

UNIT ~~6th Fld. Amb.~~ Perm. Cond. Staff. OMFC.

FORMER CORPS Nil.

CARD NO.

S.O.S. Dis. 2-6-15 O/S.
16-25-3
8-6-18 90 Com. F.A.
S.O.S. 10-10-19 Retard Auth. can. Records Ltr.

SOS 16-9-19. 649-H-7433 see folio 118

NEXT OF KIN.

NAMES IN FULL Hamilton, Mrs Mary Froude.

RELATIONSHIP TO SOLDIER R.N.S.

ADDRESS 1046 Tupper St., Montreal, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Boston Mass. DATE June 29th. 1889.

PLACE OF ATTESTATION Montreal, P.Q. DATE Nov. 14th. 1914.

R/C 13-6-16 342 capt
~~R/C 65-4-19 5-11 3~~ 189
R/C. 20-4-18. 1
R/C 2-5-2-19 Capt 270 1 1 for 1.
a/S. 18-4-15 5-9 2
R/C 13-8-19 387 1 Capt R/C. 15-9-18 R/C 20-11-18

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-239.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Bank. clerk. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 29. YEARS 5. MONTHS

HEIGHT 5. FEET 10 3/4. INCHES

CHEST MEASUREMENT 39. INCHES EXPANSION 5. INCHES

COMPLEXION Fair. EYES blue. HAIR Brown.

DISTINGUISHING MARKS 2 moles in right axilla. 1 large mole below sternum.

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE Nov. 13th. 1914.

(1001)—Wt. W8208—1273.—800,000.—11-14.—K. & K. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

O. C. 6th Field Ambulance C. E. F.

Regiment or Corps 6TH FIELD AMBULANCE, Canadian Expeditionary Force.

Regimental No. 2004. Rank Corp. Name Hamilton A. P.

Enlisted (a) Nov 14-14 Terms of Service (a) _____ Service reckons from (a) Nov 14-14

Date of promotion to present rank } Jan 29-19,5 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				
		Discharged from Canadian Expeditionary Force in Lieu of gratuity & commission in new service			

(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				

MEDICAL HISTORY SHEET.

Surname Hamilton Christian Name Ashford Price

Examined { on 13 day of Nov. 1914 / at Montreal

Approved by A Bwalker

Rank Capt. C.A.M.C. M.O.

Birthplace { City or Town Boston Mass. / County U.S.A.

Apparent age 26 5

Trade or occupation Bank Clerk

Height 5 Feet 10¾ Inches.

Weight Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 5 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	Vaccinations.
3 7/15		R J Burnett M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18 13/14		A S Mucheston M.O.
28 12/14		" " " M.O.
7 4/15		" " " M.O.

Enlisted on 14th day of November 1914 at Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 6 Field Ambulance C.E.F.	732 2004		Nov. 14th 1914
Transferred to..				

Commission on hearing this

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

Discharged from Hospital Sick Quarters to duty. Granted a commission in this unit. R. Palmer Howard

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Lieut. Col.
O. C. 6th Field Ambulance C. E. F.

Surname Bennetts Christian Name Augustus Buck

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.

File No. 7821 - A - 9

WAR SERVICE GRATUITY.

Register No. CAN. 1741

Enl'd

Reg. No. Capt

Name Hamilton A.P

Address C/o Mrs F.W. Hamilton

1046 Tupper St

Montreal P.Q.

Dependent Mrs Mary D. Hamilton. (Mother)

Address Same Addr.

English

Can 1742

Pay Soldier $ 194.62

English

C. A. N. 1741

Pay Dependent $ 96.30

Soldier $ 194.62

Dependant 96.30

Days ..... Rate ..... Due 96.30

12.90

Less P.D.P. credited Paid in Eng. Rel

Less further Dr. Bal. or overpayment. Payable in Can. $ 290.92

Net 278.02

being held and file passed to H.A. for adjustments S/A auth. C.A.N. as above.

W 99. 28-1-20

R. 134 W. 2-20

Clerk .....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 ~~28-1-20~~	51649	2-2-20 548984	194.62	Cancelled ~~28-1-20 51648~~				96.30
2				File passed to Ha to adjust seperation Allowance.	28-1-20	52409	548985	83.40
3				W 99 28-1-20				
4								
5								
6								

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by M. B.
28-1-20
Date.....

R. Evans 26 20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Hamilton G. P.
Surname Christian Name

Regimental Number Rank Capt.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Mrs. Mary F. Hamilton. PAYMENTS.

Name of Soldier Hamilton Aysford. P. L/cpl

L. L. Job 89002.—Req. 6213.

1

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G1015	20	20
May		2206	20	20
June		B3549	20	20
July		a7570	20	20
Aug.		Y12170	20	20
Sept.		@16060	20	20
Oct.		Y19525	20	20
Nov.		Y22771	20	20
Dec.		Y25807	20	20
Jan.	1917	K28235	20	20
Feb.		K31490	20	20
March		K34708	20	20
April		M1130	20	20
May		L 4339	20	20
June		B 8101	20	20
July		Y 9829	20	20
Aug.		Y.14139	20	M
Sept.		U 17031	20	B
Oct.		C. 21030	20	K
Nov.		S22810	20	M
Dec.		C27264	20	B
Jan.	1918			1/5/1. E. S. V
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

29455—THE MORTIMER SYSTEMS
OTTAWA, CANADA

~~30-11-14~~ 14/11/14

M. F. W. 11
4m. 11-14
H. O. 1772—39-819.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Mary J. Hamilton.

Address 1046. Tupper St.
Montreal. Que

Relation to Soldier wife, child or mother: Widowed Mother.

Name of Soldier Hamilton. Aylsford. Price

Regtl. No.

Rank ~~Pte~~ L/Cpl Corpl Confirmed

Corps Field Ambulance.

To what Corps belonging when called out: ✓ ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.		E/033.	20	
Jan.	1915	41696.	20	20 00
Feb.		63462	31	31 50
March		H902	20 -	20
Apl.		H.2487	20	20
May		76886.	20 -	20
June		M108	20 -	20
July		M1878.	20	20
Aug.		H 11109	20	20
Sept.		D 10479	20 -	20
Oct.		D 11857	20 -	20
Nov.		D22464	20	20
Dec.		D 22881	20	20
Jan.	1916	D 25247	20	20
Feb.		F-28733	20.	20
March		D27616	20	20

CONSOLIDATED 3 ADJUSTED

757
69
120

29456—THE MORTIMER SYSTEMS
OTTAWA, CANADA

M. F. W. 12.
5m. 11-14.
H. Q. 1772-39-819.

E

MILITIA AND DEFENCE

2nd Contingent **ASSIGNED PAY**

OVERSEAS CONTINGENTS

To Whom Mrs F. W. Hamilton

Address 1046 Tupper St
Montreal

By Whom Assigned Hamilton A. P

Regtl. No. 2004

Rank Corpl

Corps #6 Field Amb Coy

Rate ~~$ 23.00~~ APR 1 1915

Cancelled 3rd 3 8-15 THS

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			P.M. Letter, London, dated 15th Feb 1917 No A.S.P. 15250 advises a debit bal on this soldiers a/c of $38.40 caused by d.s.t. being paid after date of his discharge. $38.40 (2) refund requested from above assignee 14-3-17. F.L.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				C.P.M.L. advises under date 16/3/17 that there is no Payment, and C. Slip Rend. Refunds Br 14/3/17 CDH
March				
Apr.		O. 290	23 —	
May		M 662	23 —	
June		P. 1813	23 —	Per Cable - Col rmd 8-7-15
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

file away

Rank Lpl ~~Pte~~ Name HAMILTON Ayshford Price Reg'l No. 2004

Unit No. 6 F.A. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal 14th Nov. 1914 Place of Birth Boston Mass. U.S.A.

Name and Address, Next-of-Kin Mrs. Mary Froude Hamilton, 1046 Tupper Street, Montreal.

Relationship

Assigned Pay Monthly $ 23 00/100 Payable to Mrs J. W. Hamilton 1046 Tupper St. Montreal

Relationship

15750

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place England Liverpool 7.6.1915 Reason Comm. NA Character C.1

PAY OFFICE, N. E. BRANCH · AUG 20 1915 · CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties etc
1/4/15	30/4/15	30	1.10	33	30	10	3		36.00 ✓			35			35	1	Arm. Pte April 16 Co. 1112. B. ✓
1.5.15	31.5.15	31	1.10	34.10	31	10	3.10	1	38.20 ✓			10	23		33	5.20 ✓	
1.6.15	2.6.15	2	1.10	2.20	2	10	.20	5.20	7.60 ✓				23		23	15.40	Comm new Army Pt 11 Ord 18. June 13 d. a/p Stopped 1st.
N.E. Branch Hour:													23		23	38.40	
Dec 1915.								38.40								Nil	Refunded by cheque Auth. Audit's Statement Dec 15 Pay List

a/p Stopped August 1st

Transferred from P.2 a/c 15.40 D.

A charge has been put through Nov. P.L of 23 & off bal. above

CHECKED BY R

DATE

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Temporary

Regional No..... **MEDICAL HISTORY OF—** A.F. B.178

Regimental No..... Region.....

Surname Sullivan Christian Names Ashford - Price

TABLE I.—General Table.

Birthplace { Parish Boston / County Mass. USA

Examined { on ____ day of ____ 191 , / at ____

Declared Age 30 years ____ days.

Trade or Occupation Bank of Montreal

Height 5 feet 11¾ inches. Weight 160 lbs.

Colour of Hair Brown Complexion Medium

„ Eyes Blue

Chest Measurement { Girth when fully expanded ____ inches. / Range of expansion ____ inches.

Physical Development Good

Vaccination Marks { Arm, RIGHT. | LEFT. / Number ____ | 1

When Vaccinated 6

Vision { R.E.—V= ____ / L.E.—V= ____ } With Glasses { R ____ / L. ____

Identification Marks, such as Tattoo, Moles, Scars, etc.:—
Scar on Shoulder
Right & Left foot

Defects or Ailments:—

Examined and found—

Fit for Grade { I. / II. / III. / IV.

(Strike out those which do not apply.)

Signature ____

Chairman of Medical Board.

Re-examined for posting at ____

On ____ day of ____ 191__

Enlisted { at ____ / on ____ day of ____ 191__

	Corps.	Regtl. No.
Joined on enlistment	6 Field Amb	
Transferred to		

TABLE III.—Boards, Category, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature.
4/10/19	Old wound of Lung C/ A Macleod Maj. RAMC

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

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

Became non-effective by ____

on ____ day of ____ 191__

(*Signature*) ____

(*Rank*) ____

4438. Wt. W6595/P1805. 1,100,000(4). 11 18. S.O.,F.Rd.

[P.T.O.

TABLE II.—Only for Admissions to Hospital or to the Sick List in Case of Warrant Officers treated in Quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of Days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day.	Month.	Year.	Day.	Month.	Year.				

CLINICAL CHART.

Army Form B. 181

(*To be attached to Case Sheet.*)

Corps _____ Military Hospital _____

No. _____ Rank and Name Capt. Hamilton Age _____ Service _____

Disease _____ Date of admission 11. 10. 18 Date of discharge _____ Result _____

Dates of Observation: Oct.

Days of Disease: 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute: 40 38 36 72 62 76 68 64 68 72 84 74 80 76 70 72 72 74 72 72

Respirations per Minute: 20 20 24 16 20 16 18 18 16 24 18 16 16 22 20 20 18 20 22 22 16

Motions per 24 hours: 4 0 1 4

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature _____ In charge of case.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Capt	Hamilton	Clifford Price

Year	Unit.	Age.	Service.
1918	10th Trans. Conducting Staff.	39	CANADA 7 FRANCE 3. (Imperial) TOTAL 47.

Station and Date.

C.C.O.H. MATLOCK BATH.

Oct 28

Disease Bronchio-pneumonia?

ONSET 4-10-18 at Ter.

WHERE

HISTORY OF DISABILITY.

Adm. to Plymouth Hosp. 11-10-18. Still
dumbough + rales L. Base. No consolidation
Improved. + transferred to C.C.H. 28-10-18.

PERSONAL AND FAMILY HISTORY.

S.W. Camp. Aug. '16. Discharged from Imperials +
rejoined C.E.F. conducting staff.

PRESENT CONDITION Fairly Good.

DIGESTIVE SYSTEM. O.K.

CIRCULATORY SYSTEM O.K.

~~RESPIRATORY SYSTEM.~~ Dulness effusion R. base

~~NERVOUS SYSTEM.~~ Neurasthenia.

G.U. SYSTEM.

LOCAL CONDITION. On Bronchus visit. Baths

1-11-18 Discharged to duty —

Specialist Medical Officer

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F & S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T9		Capt	Hamilton	A. P
Year 1918	Unit. 10 Transatlantic Canadian Permanent Cond. Staff 29.		Age.	Service. 3 11/12

Station and Date.

Disease Pneumonia. (Broncho)

BURNFORD MILITARY HOSPITAL PLYMOUTH

11.10.18 On admn- Pt v debilitated. but is evidently improving. some crep. sl. rales & laxv. breath. l. left base. no consolidn., slight mucoid expectoration. H. Cleaver. Capt

15.10.18. very. good. progress. able to sit up. feels well

20.10.18. out of doors

26/10/18. Recommended. Transfer. to Convalescent Hospital Instructions for. further treatment. H.C.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Rank | Name HAMILTON Ayshford Price | Reg'l No. 2004

Unit No. 6 F.A. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Montreal 14th Nov. 1914 | Place of Birth Boston Mass. U.S.A.

Name and Address, Next-of-Kin Mrs. Mary Froude Hamilton, 1046 Tupper Street, Montreal.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

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				
		Arrives in England per S.S Northland		Entd. 18.4.15 29-11-15	Com
13.6.15	7/c 6th F.A.	Discharged on commission to the New Army	Otterspool Camp. 2.6.15		P.T 6th 18. (A.F.B. 268.)

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				

C.E.9-H-7713

To S. of S. 2-4-18

Capt. 28-8-18

Capt. 10-9-19

Sd

Copy from Ledger Sheet Original not available

CAMC

Form P.—59.

STATEMENT OF PAY ACCOUNT.

No. 2004 Rank Cpl Name Hamilton Aysbford Rice

Unit No 6 F.A. Original Unit on Enlistment in O.M.F. of C. No 6 F.A.

Date non-effective { Discharge / ~~Decease~~ / ~~Desertion~~ } 2-6-15 Authority Corn. New army Part II 18 13 June

Credits.	$	c.	Debits.	$	c.
From 1-4-15 191 , to 2-6-15			Total Cash Payments	45	00
No. of days 63			Total Assigned Pay @ $ 23.00 per month 3 mo ...	69	00
Pay @ 1.10 per diem ..	69	30	Total Assigned Pay @ $ ... per month		
F.A. @ 10 per diem ...	6	30			
From ... 191 , to ...			Other Charges ... . (Particulars) ...		
No. of days					
Pay @ ... per diem ...			$38.40 has since been refunded by cheque Auth. audits Statement Dec. 1915 Pay Sheet		
F.A. @ ... per diem ...					
Other Credits ... ... (Particulars) ...					
Adjustment of Exchange (see below)					
Debit Balance ...	38	40	Credit Balance ...		
Total ...	114	00	Total	114	00

Sterling equivalent of above Balance @ $4.86⅔ = £ 7-17-10

Assignment of Pay has been charged on Pay List from 1-4-15 to 20-6-15 (3 mo @ 23.00)

Stop payment form forwarded to Assigned Pay Branch on ...

PARTICULARS OF EXCHANGE ADJUSTMENT.

Total Cash Payments for period during which payments were made @ $5.00 to the £ ... ... $ ...

Exchange @ $5.00 ... ... £ ...

Exchange @ $4.86⅔ ... ... £ ...

Difference in sterling ... ... £ ...

Or Canadian Currency @ $4.86⅔ ... ... $ ...

Certified correct,

W. F. Farmer Lieut

For ~~Chief~~ Paymaster General

State if balance due is paid or transferred for settlement :—

Compiled by A. J. Bourque

Checked by W. Emery.

FORM P.15
7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Fr. Can. 9-H-998

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Conducting Staff

Pay 3.00
F.A. 1.00
Messing 1.00

Capt.

Mess 24-9-19 A.9.128-H-1591
a/2-10-19.

Name Hamilton,
Initials A. P.
Bank

Returns from O.M. Tofino Bd Isles 10/10/19 & M.S. Bch 8-H-1591 dy 11/10/19.

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
Oct 13	Pay Fa @ 4.00 pd 17/9/19 - 10/10/19 = 11 96.00						P & T. 6 cease to effect 11/10/19	
	Messing @ 1.00 pd 24/9/19 - 10/10/19 = 11 17.00 Vo 16808.		113				F. to M.E. Ledger.	
	Credit Balance from Canada Vo 60.		41 20				Credit to come.	
	Cheque Direct	239		154 20		—	J. 15066.	

W.S.G. Clearance Certificate Issued 15/10/19

FORM P.15

7847 10M 11-2-19 D.565

ASSIGNED PAY.

UNIT.

NAME OF RATE OF P. AND A.

RANK.

DATE AUTHORITY

NAME.

Beneficiary

Address

Amount $

Separation Allowance Issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS

Army Form B. 268.

This space to be left blank for the Chelsea Number.

CENTRAL REGISTRY
REFERENCE
No H 39-H-49
12 AUG. 1915
HEADQUARTERS:
CANADIANS.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 2004 Army Rank Corporal

Name Ashford P. Hamilton
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 6TH FIELD AMBULANCE, Canadian Expeditionary Force.

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge ~~JUN 1 1915~~ June 2nd 1915 (3) (June 2)

Place of discharge Otterpool Camp, Kent Co. England

1. *Description at the time of discharge.*

Age 27 years 0 months
Height 5 feet 10 3/4 inches
Chest measurement { girth when fully expanded 39 ins. / range of expansion 5 ins.
Complexion Fair
Eyes Blue
Hair Light Brown
Trade Bank Clerk
Intended place of residence (To be given as fully as practicable) { Cfo 11th Cheshire Regt. / War Office London.

Descriptive marks.

25.4.22 H

H

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being granted a commission (in Cheshire Regiment) 3rd Army

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— V. Good

4. Character awarded in accordance with King's Regulations :—

V. Good

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* ~~and that Army Form D. 489 was awarded in this case.~~

A.D.C.
Initials of Commanding Officer.

~~Army Form B. 2088 has been issued to~~*

1145 Wt. W. 6538/936 125,000 10/14 D. D. & L. Sch. 11* Forms B. 268 39

* Strike out if not applicable.

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated). ✓

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations ✓

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Otterpool

(Date) June 8th 1915

R. C. Cumpston

O. C. 6th Field Ambulance C. E. F.

Commanding _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page. (1)

(*Place*) Otterpool Camp. X _____ (*Signature of Soldier.*)

(*Date*) JUN 19 1915 _____ (*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 at his own request.*

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

X _____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

_____

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for June 2nd/15 (date)

(Place) Folkestone Kent

(Date) Dec. 28th. 1915.

Signature Director & Secretary Army Pensions

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

(1) Except balance due as shown by pay book

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required

See section 11 on second page

19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

6/10/19.

THE BLAND-SUTTON INSTITUTE OF PATHOLOGY,
THE MIDDLESEX HOSPITAL,
LONDON, W.

I have today examined the Sputum of Capt. A.P. Hamilton for Tubercle Bacilli, and find it to be negative.

Lt D Thomson
Capt R.A.M.C.

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 3 Southampton St London DATE 9-10-19

1. 1 (a) Unit Dr. conducting Staff (b) Regimental No. — (c) Rank Capt
   (d) Surname HAMILTON (e) Christian name Ayshford Price
   (f) Home address 1046 Upper de Montreal
   (g) Next of Kin Mrs Mary Hamilton (h) Relationship Mother
   (i) Address of Next of Kin same as "g"
2. Age last birthday 30 Date of birth 29-6-1889
3. Enlistment, or Appointment (if an Officer) (a) Place Quebec (b) Date 5-4-18
4. Personal description:
   (a) Height 5'-11 3/4 (b) Weight 166 (stripped) (c) Complexion Medium
   (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar under right clavicle & one on left foot
5. Former trade or occupation Bank-clerk

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
	1	

Statement

Transport duty only from Canada to England (25 trips)

	Periods From	Periods To
Canada	5-4-18	24-9-19
England	24-9-19	
France or other theatres of War	—	—

7. Original disease, or injury LACERATION of LUNG. (right)

(a) Date of origin 9-8-16 (b) Place of origin France

(c) Cause G. S. W.

M. F. B. 227.

400M.—11-18.
J772-39-117.

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

(Old wound of right lung) Partial loss of function of right lung.

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

Objective signs - well nourished and well developed Weight about normal. Large adherent scar about centre of right clavicle. a small piece of the clavicle missing. Some flattening of right chest in the supra-clavicular region. Expansion of right chest diminished. Vocal resonance increased at base of right lung posteriorly and in axilla. with diminished breath sounds in this area. no rales made out. Examination of sputum 6-10-19 neg for T.B.

Subjectively - Shortness of breath on exertion. Slight morning cough with slight expectoration

(*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*).)

States that he enlisted in 6th Fld ambulance on 16-11-14 in Montreal and came to England in May 1915. Got a commission with the Imperials and joined the Cheshire on 2-6-1916. went to France in June 1916. Wounded 9-8-1916. G.S.W. one fragment entered chest (right) about middle of clavicle, passing downwards. X Ray report shows three foreign bodies in chest. states that he spat a little blood at time of injury. Six weeks later an abscess right lung developed which broke and ~~drain~~ states that he expectorated profusely for days. Still has slight cough and expectoration, but is gradually improving and his weight is about normal.

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 and broncho-pneumonia in Sept 1916. in Hospital for 17 days: no disability –

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

Shell wd R 4,

11.—(*a*) Did the disabling condition have its origin before enlistment? 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.)

no

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

The regimental documents will be referred to.

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

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

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

Hospital

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

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

16. Can the former trade or occupation be resumed? yes'

(If not, briefly state why)

17. Recommendations

A Macleod Maj. C.A.M.C.

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 A. P. Hamilton have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Nil

Archibald P. Hamilton Capt. 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.

Concurs.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.) Six months
(*b*) Service abroad, not general service,	(" B)	(~~Yes or~~ No.) Six months
(*c*) Home service (Canada only),	(" C)	(Yes ~~or No~~.) C1
(*d*) Temporarily unfit.	(" D)	(Yes ~~or No~~.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No~~.) na

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.)

Boarded for discharge to U.K. auth. Amis 8-H-1591 2/10/4 on General Policy H.Q. CRO. 5222 of 23-1-191

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.

Jno. Macnaughton *President.*
major canc

PLACE 3 Southampton St

DATE 9-10-19

A Macleod maj. Can } *Members*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President*

PLACE.....

DATE.....

} *Members*

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

for D.M.S., Canadians, London

Captain, C.A.M.C.

DATE 9 OCT 1919

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK Capt | NAME (IN FULL) Hamilton Ashford Price ✓ (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID Mrs Mary F Hamilton | RELATIONSHIP ~~Wife~~ Wife

ADDRESS 1046 Tupper St. Montreal. Que.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Subs all		
170 for him ✓		
Ch. Med. Board	15-8-19	
Repatriation "	17-9-19	D.O. 2564

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Clearing Services Command | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 50.00 | DATE EFFECTIVE

PAYABLE TO Mary F Hamilton | RELATIONSHIP ~~Wife~~

ADDRESS 1046 Tupper Street. Montreal. Que.

ANY CHANGE IN ASSIGNEE OR ADDRESS: Forward all Postage Bank of Montreal Post End Branch Montreal (Pay cheques)

ARCHIVES CONDUCTING PAYMASTER. CLEARING SERVICES COMMAND.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Transferred. | PLACE Quebec | DATE 15-9-19 | REASON To O.M.T.C. | AUTHORITY D.O. 2584 2594 2604 | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	S.A. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
April	30	4.00 ✓	120	00 ✓	5	00 ✓	40	00 ✓	216	00 ✓	14	14 7/19			22	22 11/19	100	00 ✓					50	00 ✓			278	65 ✓			428	65 ✓	212	65 ✓			278.65 Pte Bal of Sparks Light fwd from Mark[illegible] Pay list 4.00 Ldy Lamb Jan 27 1920 5 4/19 Repayments after Signed 4.00 Deduction Pay 6 4.19 T. 13 4/19
May	31	4.00 ✓	124	00 ✓	52	70 ✓	40	00 ✓	216	70 ✓					1220	22 3/19							50	00 ✓			212	65 ✓			262	65 ✓	45	95 ✓			
June	30	4.00	120	00 ✓	51 4	00 00 ✓	40	00 ✓	215	00 ✓					2452	21 6/19							90	00 ✓			97 1	33 ✓ 95 ✓			233	28 ✓	18	28 ✓			
July	31	4.00	124	00 ✓	52	70 ✓	40	00 ✓	216	70 ✓	3234	9 7/19			3434	21 7/19	108	43 ✓					90	00 ✓			18	28 ✓	~~18 67~~ ~~18 67~~		216	70 ✓					
Aug	31	4.00	124	00 ✓	52	70 ✓	40	00 ✓	216	70 ✓	4455	15 8/19			4398	28 8/19	126	70 ✓					90	00 ✓							216	70 ✓					
Sept	~~30~~ 36	4.00	~~120~~ 60	00	~~25~~ 54	~~50~~ 00	40	00	~~125~~ 241	~~50~~ 60	4488	15 9/19					~~35~~ 121	~~50~~ 00 ✓					90	00 ✓							~~125~~ 241	~~50~~ 60	15	90	35	50	15 3/19
	6		24		10	20			74	80																					70	00					
Sept.	16	4.00	64	00 ✓	27	20 ✓	40	00 ✓	131	20 ✓					5175	22 3/19							90	00 ✓							90	00 ✓			41	20	Amount 2.20 17 5/19

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

M. F. W. 84.
3M.—9-18.
1772 39—993.
L. L. Job 8285.—M. & D. 7106.

Capt A. P. Hamilton P.C.S.

Date of Dis-embarkation
Place

A/CHIEF CONDUCTING PAYMASTER
CLEARING SERVICES CONTD

PERIOD 1919 From	To	PAY Chq # Days	Rate	Amount	FIELD Days	Amount	CREDIT LAST ACCOUNT	SUB-SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS Chq #
Apr 8			67			Advance Trav Ex			150 00	a/c fwd by DRC 5573					150 00	67
" 17			318						69 04		Trav Ex 15/3/19 to 27/3/19				69 04	318
May 1			767						56 70			5/4/19 to 15/4/19			56 70	767
June 20			2393.						176 86.			26/4/19 to 5/6/19.			176 86.	
	30.		2829						~~56 25~~			~~14/5/19 to 24/6/19.~~			~~56 25~~	see Folio 8
July 24			3667						141 50			16-6-19 to 11-7-19			141 50	
Aug 7.			3939.						5 95.		Refund on Postage 27/5/19				5 95.	
" 14			4201.						7 7 08	Trav Ex 30/7/19 to 3/8/19.					7 7 08	~~Dr Bal 150 00~~
									677 13						677 13	

Date of Embarkation .....

Place .....

Ship .....

DEPOT No.	REGT'L No.	RANK	NAME	CONTINGENT CORPS	ENLISTMENT CORPS	DESTINATION	REASON DISCHARGED	ADMITTED TO HOSPITAL	DISCHARGED FROM HOSPITAL	FINDING OF MEDICAL BOARD	DATE OF DISCHARGE

Date of Enlistment

14-11-14

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

~~20~~	$ 25.00 1-12-17 P.C.3257		

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 2004

Rank L/Corpl Promoted Reverted Discharge

Soldier's Name Ayshford Rice Hamilton

Battalion 6 Field Amb.

Beneficiary Mrs Mary F. Hamilton

Relationship Mid. Mother

Address 1046 Supper St. Montreal Que.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total
Dec. 31.		751	69.	820
Jan	Q 68922	30		30

REMARKS S.A.A.I. file 7821-A-9.

Close S.A. 31/8

Soldier appointed to Commission in Imp. Army
Advice from Records 18/8 states Struck off Strength
Commission in New Army 2-6-15. Thus Causing
an O/payment of $50.00 S.A.
Am forwarding Refunds a request slip to-day. 1 2/18
Credit Slip - $21.35

$50. Refund. ugust - 24-2-19.

$21.35 re. per a/chief P.M.G.S.G Letter date-23-11-18
Credit slip recd. 24-2-19. Eldue
" " " 31-5-19. # 3083 for $226.00

Cr Slip #5702 issued for $212.65
Sacon 16-9-19

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22230—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-37—1772-39-141
L. L. 223[illegible] M. & D. 7993.

Form P. 812B.
79691 5m 18/9/19 D.671

15879
FILE NO.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to HAMILTON. Aylsford Price. Capt. Mother

Address c/o. Mrs F.W. Hamilton. 1046 Sufferer St. Montreal PQ

Dependent Mrs Mary J Hamilton.

Address

Date	Cheque No.	Gratuity			Payments			Balance Due			Remarks
Dec. 22.	Gratty.	39	19	10.							Grat. £199.14.7
" "	S.A.	17	2	9.							Ass Imp " 142.12.0.
" "		2	13	0				57	15	7	S.A. Underpaid by att. 1/10-10/10/19. £ 57.2.7
" "	C.A.				39	19	10				C.A. 19 4 62 No. 1741 Sold. Patron £39.19.10
" "	C.A.				19	15	9		0/0		C.A. 96 30 - 1742. Dep. " 17.2.9.
		59	15	7	59	15	7				