Original

18th Bn

ATTESTATION PAPER.

No. 53470

Folio. D

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your name?	Bert Hardy
2. In what Town, Township or Parish, and in what Country were you born?	Thornbury Ont
3. What is the name of your next-of-kin?	Mrs. Wm Husband
4. What is the address of your next-of-kin?	Hepworth Ont
5. What is the date of your birth?	Jan 25 1894
6. What is your Trade or Calling?	Cabinet Maker
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? 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

B. S. Hardy (Signature of Man).

D. L. Houston (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Bert Hardy, 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.

B. S. Hardy (Signature of Recruit)

Date October 28 1914. D. L. Houston (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Bert Hardy, 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.

B. S. Hardy (Signature of Recruit)

Date October 28 1914. D. L. Houston (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 Walkerton Ont this 28th day of October 1914.

W. J. Douglas (Signature of Justice)

a Notary Public

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

W. J. Douglas Lt. Col. (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Bert Hardy on Enlistment.

Apparent Age 20 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion ~~2½~~ ins. 2½ ins.

Complexion Dark

Eyes Blue

Hair Black

Religious denominations:
- Church of England
- 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).

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 Oct 28 1914. F. C. Houston

Place Walkerton Ont 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.

Bert Hardy 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.

W. J. Dougherty (Signature of Officer)
Lt. Col.

Date Oct 28 1914.

REGIMENTAL DOCUMENTS

NAME Hardy, Bert S. Pte REGT. NO. 3 3470 UNIT 18th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M Medals	15-10-20		DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category 1
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				C8232	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
12	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					11/29
	PARTICULARS OF CHARACTER (A.F.W. 3226)					24-29
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					30 30
2	D.C.D 3					(1)
1	Cadetship					
1	Cy card R122					1
1	R.C.					

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Hardy.	B.S.	53470.

Rank	Unit	Co.	Troop	Batty.
Pte.	18th. Bn.			

Hospital — Date of Admission

Transferred 1. Conv. Dep. Boulogne. Hosp. 11-4-17.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) G.S.W. Lt. Arm. [illegible]

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION 1) to U 3 Rest. Comp. 25.4.17 Date

C.L.18-4-17. A/484.

" 1.5.17 A 495

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

No. 470 (3470) Rank Pte Name Hardy, B. S

T. O. S. Unit 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Oct 28	1914 Nov 6	OS		
Oct 7	Nov 30	V		
	Dec			
1915	1915	V	mobil-pay 2.20	DO. 44 - Dec 1914
	Jan	V		
	Feb	V		
	Mar	V		
	Apr.	V		

UNIT SAILED
APR 18 1915

NAME Hardy, Bert. S.O.S. Disch. 24-5-19 Demob. K/1
A.O. 1488 28-5-19 # 1.19.19.

RANK & No. pte. 53470.

CORPS 18th Battalion. S

ENLISTMENT, PLACE Walkerton DATE Oct: 28th 1914.

FORMER CORPS nil.

COUNTRY OF BIRTH Thornbury, Ont. Canada.

NEXT OF KIN Husband. Mrs. Wm.

ADDRESS OF NEXT OF KIN Hepworth, Ont. Can

DISCHARGE, PLACE DATE

Sailed from Halifax Per
S.S. 'Grampian' 18-4-15.

O/S 18-4-15 64/13

A/C. 22-5-19 329/33 Pte

M. F. W. 22. 50 m.—1-15.
L. L. 72594—M. & D.—5342. H. Q. 1772 39-839.

REMARKS:

FORM R. 149.
7106—250m—7/2/17.

Name **HARDY, Bert S.** *Rank* **Pte.** *Reg. No.* **53470**

Unit **18th Bn.**

Next of Kin **Canada**

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-4	1 C.D. Boulogne		G.S.W.L. Arm	A484	M2126	18-4
25-4	Disch. to 3 Rest Camp		-d.o-	A495		

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

REGT'L No 3-3470

NAME Hardy Bert S.

RANK AND CORPS Pte. 18th Bn.

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE No.	DATE	NATURE OF CASUALTY
		C.
M 2126	18-4-17	Adm. No 1 Conv. Depot: Boulogne Apr. 11th. 1917. (G.S.W. Left Arm.) V
M3863 (W.S.M.)	18-5-17	Disc from Hosp. to 3 Lagerest camp. Boulogne. April 25th 1917.

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A4841	No 1 Convl. Depot Boulogne	11-4-17	G.S.W L. Arm
A495	Div No 3 Rest Camp.	25-4-17	G.S.W L. Arm

R.R.

Number 53470 Rank Pte

Surname HARDY

Christian Names Bert S.

Unit 18th Bn. Can. Inf. Theatre of War France

Date of Service 14-9-15

Remarks

Latest Address Hepworth P.O

Ont.

Roll No. B

Page 2347

92449 Dist
JUN 1
SEP 14 1921

(9173)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

W.S.B, CLASS. "A"

Casualty Form—Active Service.

CERTIFIED CORRECT,
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 53470 Rank Pte. Name Hardy Bert S.

Enlisted (a) 24-10-14 ~~24th Oct 1914~~ Terms of Service (a) 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				
	18th Bn	Disembarked in France	Boulogne	15-9-15	Nom Roll
22-12-16	18th Bn.	Granted 10 days leave		20-12-16	B 213. Pt. II Order 59, 31/12/16.
15-4-17	9 C.F.A.	W- G.S.W. hand L. Adm.	9 C.F.A.	9-4-17	A36. DCS. 296.
11-4-17	1 Convl. Dep.	G.S.W. arm L. Adm.	No. 1 Convl. Dep.	11-4-17	W 3034.
29-4-17	Can Base Dep.	Class A. Adm.	Can Base Dep.	29-4-17	Nom. Roll.
2-5-17	do	Proceeded to rejoin unit	In the Fld.	2-5-17	do
19-5-17	18th Bn.	Rejoined unit	do	12-5-17	B. 213. DCS. 296, 31/5/17.
8-12-17	18th Bn.	Granted 1st days leave to	England	3-12-17	B. 213. Pt. II Ord. 94, 20/12/17.
30-11-18	do	do do	do	23-11-18	B213 Part II Ord. 1244 d/9-12-18
21/12/18	do.	Rejoined from leave		17/12/18	B. 213.

(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				
- 4 AVR 1919	Cdn. Embkn. Camp	Proceeded To England		- 4 AVR 1919	NR. Pt. II O.

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

P Wing

28. 13.
~~30~~ To
~~24~~ 5

S.O.S. O.M.F.C. TO C.E.F.
PT. II ORDER No. ~~44~~ DATED 4/5/19 WITLEY.

H.M. Bawden

TOS No 1 Dist. Depot
Displ. Stn. K 13-5-19
SOS Dispersed
24.5.19 D.O. No. 148

CAPT. & ADJUTANT,
D.O.C. "P" WING C.C.C. WITLEY.

S.S. CALEDONIA
Sailed L'pool 14-5-19

Sailing 59 *

Wm Nuttall Lt
O. C. Dispersal Area Sta. "K".

Rank | Name HARDY Bert S. | Reg'l No. 53470

Unit 18th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Walkerton. Ont. 24th Oct.1914 | Place of Birth Thornbury. Ont.

Name and Address, Next-of-Kin Mrs Wm.Husband, Hepworth, Ont. Canada.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. 7733
File No.
Category CAN.OR

Discharge, Date and Place | Reason | Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
29.4.15	O.C. 18th	Arrived S.S. Grampian	England	29.4.15	Information Form
18.9.15	"	Embarked for France	Folkestone	14.9.15	" "
18.4.17	"	Adm No 1 Convl Depot	Boulogne	11.4.17	Ch. A 484 Gen. Lanes
1.5.17	"	Dischd to No 3 Rest Camp.	Field	25.4.17	" - 495 "
9-4-19	PWCCC	SOS from 18th Bn	Witley	5-4-19	PH H 62
		60- K-		15.5.19	
13 5 19	RP Wing	SOS To Canada	Witley	13 5 19	DO 2

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				

No. 23

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) HARDY B.

REGIMENT 8th Can Bn - W.O.R. RANK Pte No. 53470

Date of Examination in England April 7th 1919 | Date of Examination in France

1783

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3. 7. 6 10.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

CONTENTS COPIED
D. C., M. D. No. 1.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England
- (c) In France No

Signature of Dental Officer J. Ross Capt.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE.
CLASS "A" No.

THIS IS TO CERTIFY that No. 53470 (Rank) Pte

Name (in full) Bert Hardy enlisted in

the 18th Canadian Battalion

CANADIAN EXPEDITIONARY FORCE at Walkerton on the 28th

day of October 1914.

HE served in England and France in 18th Bn

and is now discharged from the service by reason of Demobilization ~~Medical Unfitness~~. On demobilization medically unfit for general service.

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

Age 25 years

Height 5'.4"

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars Nil

Signature of Soldier.

Issuing Officer.

for O. C. Dispersal Area Sta. "K."

Lieut

Rank

Date of Discharge

DISCHARGE SECTION
MAY 24 1919
No. 1 District Depot

Date 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

B

MEDICAL HISTORY SHEET.

53470

Surname Hardy. Christian Name Burt

23

Examined { on 27th day of October 1914
at Walkerton Ont.

Approved by D. H. Dagg Major

Birthplace { City or Town Thornbury
County Ont. Canada.

Rank A.S.M.S. 1st Div. M.O.

Apparent age 20 years.

Trade or occupation Cabinet Worker

Height 5 Feet 4 Inches.

Weight V Lbs.

Chest measurement { Minimum 32½ inches.
Maximum expansion 36 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. V Left.
Number V

When Vaccinated last V

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

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

Date	Result	Vaccinations.
17/11/14	good	D. H. Dagg M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/11/14	good	D. H. Dagg M.O.
20/11/14	good	D. H. Dagg M.O.
		M.O.

Enlisted on ..... *day of* ..... 191 ... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	18 Batt'n	53470		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
WITLEY CAMP, SURREY. 2-4 1919		Limitation movty. Distal Phal. L. thumb	"B1" Invalided Capt. C.A.M.C.

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.

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.

L. L. Job [illegible]—Req. 5220.

M. F. W. 12.
10m. 11 14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs W Husband
Address Hepworth
Ont.

By Whom Assigned Hardy B.S.
Regtl. No. 53470
Rank Pte
Corps B.C. 18th Batn C E F

Rate 10 00

APR 1 1915

1st May 1915 P.L. 3-30x 9628 10/9/15 RAB. 16/5/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		J 1107	20 —	
June				No cheque for June to recover overpayment in April RAB. 16/5/17.
July		M3905	10	
Aug.		H5233	10 —	
Sept.		06963	10 —	
Oct.		P7087	10 00	
Nov.		S7224	10 —	
Dec.		Y9068	10 —	
Jan.	1916	W 7310	10 —	
Feb.		X10810	10	
March		Z14128	10 —	

CONSOLIDATED 4 ACCOUNT

cancelled
English Ledger

Cheque [illegible] Cancelled.
Sheet sent [illegible] English P.O.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. W. Husband

PAYMENTS.

Name of Soldier Hardy, B. S.

#53470 "B" 18 Bn

$10.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	M916	10	
May		W4323	10	
June		W7821	10	
July		10686	10	
Aug.		T13481	10	
Sept.		17079	10	
Oct.		a21632	10	
Nov.		26614	10	
Dec.		M31716	10	
Jan.	1917	L39732	10	
Feb.		L44813	10	
March		F50857	10	10 P.
April		J2271	10	10 E.
May		J9211	10	
June		L15552	10	10 B.
July		N22567	10	B.
Aug.		[illegible]	10	
Sept.		V35308	10	D
Oct.		M 43533	10	
Nov.		F48581	10	
Dec.		J58678	10	320 Hl.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Rank ~~Private~~ Name HARDY Bert S. Reg'l No. 53470

If in perm. Corps, What Unit?

Unit 18th Bn. Married or Single Single.

Place and Date of Enlistment Walkerton. Ont. 24th Oct.1914 Place of Birth Thornbury. Ont.

Name and Address, Next-of-Kin Mrs Wm. Husband, Hepworth, Ont. Canada.

Relationship

Assigned Pay Monthly $ 10.00 Payable to as above.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

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.
1/5	31/5	31	1	31	31	10	3 10		34 10			32 50	10	✓	32 50	1 60	
1/6	30/6	30		30	30		3		33			17 50	10	✓	27 50	17 10	
1/4	31/4	31		31	31		3 10		34 10			32 50	10	✓	32 50	13 70	
								1 53	1 53							15 23	Br. Exchange
1/8	31/8	31	1	31	31	10	3 10		34 10	887 331		24 33	10	✓	34 33	15	
1/9	30/9	30		30	30		3		33	344		2 64	10		12 64	35 33	
1/10	31/10	31		31	31		3 10		34 10			5 23	10		15 23	54 20	
1/11	30/11	30		30	30		3		33	512 365		2 67	10		12 67	74 53	
1-12	31-12	31		31	31		3 10		34 10	608 654		11 34 2 61	10		76 62	82 01	
1-1-16	31-1-16	31		31	31		3 10		34 10	701 761		2 62 2 61	10		15 23	100 88	
1-2	29-2	29		29	29		2 90		31 90	844 796		2 64 2 62	10		15 24	117 54	
March		31		31	31		3 10		34 10	888 936		2 61 2 62	10		15 23	136 41	
				336			33 60	1 53	371 13			124 72	110		234 72	136 41	

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						

1 P.M. - 10 - Ha - 465

247

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 53470 | RANK Pte. | NAME (IN FULL) HARDY Bert. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | ADDRESS

IS SEPARATION ALLOWANCE PAID? N/A | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP | ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 18th Bn | IF IN P.F. WHAT UNIT? Union Bank Hepworth Ont

PLACE OF ATTESTATION | TRANSFERRED TO 208851 | DATE 13.5.19 | AUTHORITY DO 148

DATE OF ATTESTATION 28-10-14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 10.00 | DATE EFFECTIVE Paid and Closed by Ottawa 31.5.19

PAYABLE TO Mrs. M. Husband | RELATIONSHIP NB | ADDRESS Hepworth Ont

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED London | DATE 24.5.19 | REASON Dem. | AUTHORITY DO 148 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Pte Bert Canada 21.5.19
30.4.19							220	22	220	22																											Bal. Eng. L.P.C. 30.4.19
1/5/19 29/5/19	29	1/-	31	90	35/- 70/-				136	90							29016	4	87	5	00	317	78	10	00			19	47			357	12					Pay to Estimated Date of Discharge 29.5.19 Clo. Allce. 1st. Payment of W.S.G. Boat Money. Train Money. Advances - 8.66.66 23.4.19 - 9.5.19
					W.S.G.																			W.S.G. 5/-													U.S.A. Mobilization & Army Separation Dependent
183 days			420	00			420	00									70																350	00			1st payment W.S.G. as above
																												5	50				344	50			Charges to adjust to date of discharge 5 days @ 1/-
																	64	50															280	00			JUN 25 1919 A96535
																	70																210	00			18/7/19 109134
																	70																140	00			22/8/19 121322
																	70	00															70	00			SEP 20 1919 1169990
																	70	00															0				OCT 20 1919 1179086
			420				420										414	50										5	50		420						W. J. Sisson Capt.

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

MARRIED OR SINGLE S.

PLACE OF BIRTH Thornbury Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs W. Husband
Hepworth. Ontario

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 53470 RANK Private NAME Hardy, Bert. S. OK

IF IN PERMT. CORPS WHAT UNIT | UNIT 18th Battn

TRANSFERRED TO | DATE | AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO | DATE | AUTHORITY

PLACE OF ATTESTATION Walkerton Ont

TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION October 24th, 1914

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ 10.00 DATE EFFECTIVE

PAYABLE TO Mrs Wm. Husband Hepworth Ontario RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

MM

C.I.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916																																			
Mar 31			33	6			32	60						1 53	371 13											124 72	110		234 72	136 41				
April 30	30	1.00	30		30	1.00	3								33 -	978	1025.							262	262			10 -		15 24	154 17				
May 31	31		31		31		3	10							34 10	1069	1075	1102	27.5					255	255			10		15 10	173 17				
June	30		30		30		3								33 00													10		1000	1963 17				
July	31		31		31		3	10							34 10.			1152 5.7							5 23			10		17 85	2124 2				
Aug	31		31		31		3	10							34 10	1225	2/8	1199 14.7	263 13/8					262	261			10		15 23	2312 9				
Sept	30		30		30		3								33 -	1318	30/8							261				10		17 61	2516 8				
Oct	31		31		31		3	10							34 10	1392	21.9							262				10		12 62	2731 6				
Nov	30		30		30		3								33	1399	10/10	1440	3/11					436	349			10		17 85	2883 1				
Dec	31		31		31		3	10							34 10	1493	24/11							1124				100 10		21 24	3010 7				
			61	10			61	10																											
Jan 31	1.10		34	10											34 10	1548	30/12							261		97	33	10		109 94	2252 3				
																Hosp	25/1							263											
Feby 28	1.10		30	80											30 80	1663	29/1							263				10		15 24	2407 9				
			737											1 53	738 53									36 57	19 12	97 33	124 72	220		497 74					
			737	00										1 53	738 53									36 57	19 12	97 33	124 72	220		497 74					

№ 53470 Pte Hardy. F. S. A. P. 10 00

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
			737 ·											1 53	738 53									36 57	19 17	97 33	124 72	220		497 74	240 79				
Mar	31	1 Dy 10	34 10												34 10	1711 9/7		1878 7/3						262	5 33 262			10		20 47	254 42		75		
April	30	-	33 00												33 00											6 98		10		10 00	277 42				
May	31	'	34 10												34 10					509 C83 30/4 731 " 22/4 121 " 15/4							2 61 2 62		10		22 21	289 31				
June	30		33 -												33 -	106 14/5		167 5/6		356 14/5 21 Rec				267	5 35	267 ✓		10		20 69	301 62		90		
July	31		34 10												34 10													10		10 ·	325 72				
Aug	31		34 10												34 10									267				10		12 67	347 15		100		
Sept	30		33 ·												33 ·	306 5/7 369 " 5/7 1151 5/8		1190 24/8 576 6/9						268 267 268	267 268			10 ·		23 38	356 77		105 ·		

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	ALLOT. ENG.
Oct.		~~356 77~~							356 77	105	
Oct	31 P.P.	34 10		Can. A.P.				10			
		34 10		AR 616 29/9 18 Rec.	2 68			10	378 19	110	
Nov.	30 ✓	33 ·			2 68			10			
				· 693 27/10 ✓	11 46						
				726 28/10 ✓	3 57						
				GP 25886 17/12	1146 —						
					154 03						
Dec.	31	34 10						10	371 26	120	
1918		67 10			154 03			20			
Jan	31	34 10		Can				10			
				AR 7.C.2 · 1997 2/12/17.	97 33						
				· 781 19/11 18 Rec.	4 46						
				· 850 1/12 ✓	4 46						
				" 821 26/11 ✓	12 49						
				· 936 28/12 ✓	3 57						
				· 878 21/12 ✓	4 46				168 59	125.	
Feb 28.	✓	34 10		Can.	126 77			10			
		30 80						10			
				· 1009 18/1/18 ✓	4 46						
				· 1033 29/1 ✓	3 57						
				· 1077 5/2 ✓	4 46				176 90	130	
		30 80			12 49			10			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	ALLOT. ENG.
	Bal Frd.								10	176 90	130
Mch		34 10		Can.							
				· 1183 7/3/18 18 Rec.	4 46						
				· 1157 24/2 ✓	3 57						135
				· 1239 18/3 ✓	3 57				189 40		
					11 60						
		34 10			11 60			10			

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1.5.15		EFFECTIVE DATE:-	
AMOUNT:- 10 00		AMOUNT:-	

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

Mrs Wm Husband
Hepworth Ont.
Stopped Effect. 1-5-19

NAME:- HARDY, Bert S.

NUMBER:- 53470

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 18 Bn.

DATE ACCOUNT FIRST OPENED:- 1.5.15

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1/6/19		Can Lee

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~8-4-19~~	~~219~~	~~B'Shott. Lt.~~	~~73 00~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 1-5-19 Auth B'Shott NRB6529. 10-4-19. B'Shott M D'v't. L.P.C. Bal. 220 22/30

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal Frd								189 40	135	
April	P.P.	33 -		Cap.				10			
				A.R. 20. 7-4-18 18th Bn. ✓	4 46						
				A.R. 72. 17-4-18 " ✓	3 57				204 37	140	
May	Pte. Pay	33			8 03			10			
		34 10		Can. AP.				10		145	
				AR. 172 19-5-18 " ✓	4 46				224 01		
June	Pte. Pay	~~34 10~~			~~4 46~~			10			
		33 -		Can. AP.				10			
				AR. 199 4/6/18 " ✓	8 03						
				AR. 252 22/6/18 ✓ ✓	3 57				235 41	150	
July	Pte. Pay	33			11 60			10			
		34 10		Can. AP.				10			
				AR. 385. 9.7.18 ✓ ✓	4 46						
				✓ 500. 24-7-18 ✓ ✓	3 57				251 48	155	
Aug.	Pte. Pay	~~34 10~~			8 03			10			
		34 10		Can. AP.				10			
				✓ 597 19-8-18 ✓ ✓	3 57				272 01	160	
~~Sept.~~		~~34 10~~		Can. AP.	~~3 57~~			10			
	"	33.						10			
				718 6/9 " ✓	3 57				291 44		
		33.			3 57			10		165	
	✓	34 10		CAP				10	315 54	170	Loss Cancelled 28/11/18
		34 10						10			
Nov		33		CP 71907 28/11	3 34 07						
Dec		34 10		AR 710 27/11 46.1.B.	3 13 06						
1919				✓ 4785 14/11 18 Bn	3 ✓ 3 73						
Jan		34 10		✓ 4531 30/11 ✓	5 ✓ 14 66						
				✓ LC 388 22/11 ✓	5 ✓ 97 33.						
				CAP Nov + Dec				20			
				✓				10	233 89	185	
		101 20			152 85			30			
				FORWARD							

NUMBER 53470 RANK Pte NAME HARDY Herb S.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
1919									233 89	185	
Feb	P P	30 80		AR 1714 26/12/18 18 Bn ✓	✓ 3 89						
				✓ 2525 12-1-19 ✓	✓ 3 77						
				✓ 3190 26-1-19 ✓	✓ 3 73						
				6 A P				10			
				AR 3643 10/2/19 ✓	✓2 3 73						
				✓ 4134 24-2-19 ✓	✓9 3 73						
				✓ 4641 7-3-19 ✓	✓1 3 65						
Mar.	✓	34 10		Cap.				10			
				✓ 5487 19-3-19	✓27 3 65				252 64	195	
		64 90			26 15			20	50 58		
									303 22		
									102 46		
April	✓	33		Cap.				10	200 76		
	Int on Deferred to 30-4-19	17 58		AR 219 10/4/19 P Wing	1 73 —					200	
				✓ 1575 28/4/19 Endorsed ✓	6 973						
				✓ 2774 9/5/19 Endorsed ✓	8 973				200 76		
		50 58			92 46			10			

SOS loan 13/5/19 £4 0s 0d R

25264 73.00
33 10.
1758 8300
30822 220 22 Gr Bal
30322

10/4/19

Group 23

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 Witley DATE 7-4-19.

1. 1 (a) Unit 18th Can Bn (b) Regimental No. 53470 (c) Rank PTE

(d) Surname HARDY (e) Christian name Bert

(f) Home address Hepworth, Ont.

(g) Next of Kin Mrs W. C. Husband (h) Relationship mother

(i) Address of Next of Kin Hepworth Ont

2. Age last birthday 25 Date of birth Oct 25th 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Walkerton Ont. (b) Date Oct 24 1914

4. Personal description:

(a) Height 5'-1 3" (b) Weight 135 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo rt. forearm.

5. Former trade or occupation Cabinetmaker

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
	4	164

	Periods	
	From	To
Canada	Oct. 24th 1914	April 18th 1915
England	Apl. 29th 1915	Sept. 14th 1915
France or other theatres of War	Sept. 14th 1915	Apl. 4th 1919

7. Original disease, or injury LACERATION THUMB, RT.

(a) Date of origin April 9/17 (b) Place of origin Vimy

(c) Cause G.S.W.

M. F. B. 227.

400M.—11-18.
1772-39-117.

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

Limitation of Movement Distal Joint Thumb Left

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.)

Examination - Distal joint left thumb slightly flexed & has very slight movement. Has good use of thumb. Very slight disability. Joint partially ankylosed

Subjective - Stiffness of distal joint left thumb.

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

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

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

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

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

R E 6/6 + L E 6/6 + Cor Normal

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

Has been to France 3 1/2 years with 18th Batt. Wounded Apl. 9/17 GSW. Thumb left. Was in No 1 Conv. Camp Boulogne 3 wks. States Thumb has been stiff ever since.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil

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

Nil

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

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

Nil

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

The regimental documents will be referred to.

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

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

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

Nil

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. H. Saulez Capt 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).

53470 I, the undersigned B. Hardy 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 ——

Bert. Hardy Pte. Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

A.A.G. Tel. 9083 11-11-18

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

J. Bruce Lt-A
President.
J. McF. Meahne Capt. Lieut.
} Members

PLACE WITLEY CAMP, SURREY.

DATE 2-4 1919

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.
} Members

PLACE.....

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

For A.D.M.S. CANADIAN TROOPS, WITLEY.

HEADQUARTERS A.D.M.S. 7 APR 1919 File..... CANADIAN TROOPS, WITLEY.

Q. 23

D.A. 5

O.G. 17

WAR SERVICE BADGE
CLASS "A" No. 261601

24-4-34

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 1-3470
2. Rank. Pte
3. Name. Hardy. Bert
4. Unit. 18 Canadian Bn.
5. Date of Discharge MAY 2 4 1919 Place London
6. Reason for Discharge Demobilization

On demobilization medically unfit for general service.

7. Authority. PO 1894
8. Proposed Residence after Discharge Hepworth P.O. Ontario

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? B. Hardy.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON ONT

Date MAY 2 4 1919

Signature [illegible] Lieut
for
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

a.K.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2). + duplicate
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 10

MAY 5 1919

Date

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H 2414

OVERSEAS CONTINGENTS

Date of Assignment May 1/15

RATE OF SEPARATION ALLOWANCE

767 #s 8C

RATE OF ASSIGNMENT

10			

PARTICULARS OF SEPARATION ALLOWANCE

No. 53470.

Rank Pte. Promoted Reverted Discharge

Soldier's Name B. S. Hardy.

Battalion 18 Battn. B. 160.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs W. Husband.

Address Hepworth. Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917						7951 B 5
Dec 31. 1918.			320	320		
Jany.	R 67688		10	10	Br.	MRO. 109891 des 29-5-19
Feb	E 64850		10	10		
Mch	H. 97842		10	10		
Apl	I 9094		10	10		
May	B. 12290		10	10		
June	a 15116		10	10		
July	W 30045		10	10		
Aug	D 29616		10	10		
Sept	C 37045		10	10		
Oct	E 43906		10	10		
Nov	C 51990		10	10		
Dec	E 63796		10	10		
1919 Jan	C 71379		10	10		
Feb.	B. 78334		10	10		A
Mar	E 83973.		10	10		A
Apl.	D 1460		10	10		A
May.	R 52446		10	10		L
			490	490		

A/c Closed 31-5-19 - MD1

Ret'd per Caronia

Date 22.5.19 M.F.W.151 29.5.19

Clerk N. Seeger

AUDITED.

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
•L. L. 22320—M. & D. 7993.