ORIGINAL.

Unit 4th. D.A.C. Rank Lieut. Name M.B. Hastings

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

1. (a) What is your Surname? Hastings

   (b) What are your Christian Names? Milton Berkley

2. (a) Where were you born? (State place and country) Midland, Ont. Canada

   (b) What is your present address? Petawawa Camp

3. What is the date of your birth? July 6/85

4. What is (a) the name of your next-of-kin? James Hastings

   (b) the address of your next-of-kin? Midland, Ont. Canada

   (c) the relationship of your next-of-kin? Father

5. What is your profession or occupation? Electrical Engineer

6. What is your religion? Methodist

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? 9th. Batt. C.F.A.

9. State particulars of any former Military Service Nil

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

M.B. Hastings (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date August 28th 1916

Place Petawawa Camp

C.F. Moffatt Capt.
Medical Officer.

*Insert here "fit" or "unfit."

M. F. W. 51.
20m.—10-15.
H. Q. 1772-39 917.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A

HASTINGS MILTON BERKLEY LIEUT 4TH C.M.R. 13852

DEMOB

"NC"

Forms R. 150.
3232. 15 M. 14/12/16.

E.T.

Surname HASTINGS **Christian Names** Milton Berkley

Rank ~~Lieut.~~

Name and Address of Next-of-Kin Father.
James Hastings.
Midland. Ontario. Canada.

Promotion

Unit Draft 71st Battery, to Res. Art. Bde.

Place of birth Midland. Ontario. Canada.

Married (Yes or No)

Appointments

Date of leaving Canada 28.4.17 **Date and Cause of Resignation** ~~R~~ ARTILLERY

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
19.5.17	8th Res Bn	T.O.S. on trans from Res C.F.A. & Posted to 4 Log Effect		18.5.17	A.F.B. 103. Pt II Ord 139.
29.10.17	do	SOS on Posting to 4th CMR - O/S.		20.10.17	Pt II Ord 293.
5.11.17	Mil Sec	From Can Arty - to be Temp Lieut 2nd Can Rft		19.5.17	Adv List 277
10.11.17	W.O.	From Can Art. To be Temp Lieut 2nd CMR.		19.5.17	L.G. 30375.
23.10.17	4th CMR.	T.O.S. Having arr from Eng.		21.10.17	Pt II Ord 122
11.12.17	CMRO.	Adm & discharged to duty		7.12.17	C.L. 854. Dental
21.1.18.	4th C.M.R.	Attached for duty with 3rd Can Div Artillery.		10.1.18.	Pt II ord 10
21.1.18	Do.	Att temporarily for duty with 3rd Can Div T.M.B.		10.1.18.	Pt II ord 10.
~~7.3.18.~~	36.D.T.M.B.	~~Attd for duty etc to 3. T.M.B.~~		10.1.18	10. amended by
4.8.18.	"	Attd to 3rd C.D. T.M.B. from 4 C.M.R. to cover off a vacancy in the establ:		10.1.18	Pt II 44.
24.8.18	36.D.T.M.B.	Granted 14 days leave of Absence to Paris		26.8.18	Pt II 0.51.
6.11.18.	B.A.R.S.	~~Attnd~~ Reported from Gen Hosp. Injured		1.11.18.	C.L. 1131.

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 83	REMARKS Taken from Official Documents
13.11-18	1 CORD				
~~7.11.~~18.	~~B.A.M.S.~~	T.O.S. on evacuation Wounded		5.11-18	Pt II 315
2.12.18	W.O.	Awarded the Military Cross			L.G. 31043
7.11.18.	B.A.M.S.	Adm Royal Free Hosp. Grays Inn Road		5.11.18	Lac Wd Knee R. CL. 1132
15 11 18	4 CMR	S.O.S. & Establishment. Invalided to Eng Injured and having been absent from Unit for period of 4 mths is posted to 1 C.O.R.D.		4-11-18	Pt II 147
18 11 18	3 Cdn Divl T.M.B.	Ceases to be att on being invalided to Eng		4 11 18	Pt II 72
26 2 19	A.M.S.	Adm Granville Cdn Spec Hosp Buxton		24.2.19	~~T.O.S.~~ CL 1226 Lac Wd Knee R
6 3 19	"	Adm Cdn Convl officers Hosp Matlock Bath		5 3 19	~~Pt II~~ CL 1231
24.3.19.	3rd Res Bn	T.O.S. on posting from 1st C.O.R.D.	Discharged	17-3-19	CL 1241
				17-3-19	Pt II 0.67 S.O.S. Pt I 0.64 1st CORD
~~31.3.19~~	3 Res	S.O.S. to 1 CORD		31.3.19	" 90
2.6.19	1st C.O.R.D.	Det. to "S" Wing for demob.		27.5.19	" 113. T.O.S. "S" Wing Pt II 4 dy 29.5.19
		Sailed for Canada		7.6.19	S.L. 82.
9.6.19.	"S" Wing C.C.C.	S.O.S. on proceeding to Canada		7.6.19	Pt II 13.

A.F.B. 103.
22 [illegible] 1918

18[illegible]79

Ward III

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Hastings *Christian Name* Milton Berkley

Examined on 28th day of August 1916 at Petawawa Camp

Birthplace City or Town Midland, Ont County Simcoe.

Apparent age 31

Trade or occupation Electrical Engineer

Height 5 Feet 9 Inches.

Weight 165 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 36½ inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks Arm Right. Left. Number 0 0

When Vaccinated last As a child

(a) Marks indicating congenital peculiarities or previous disease

nil

(b) Slight defects but not sufficient to cause rejection

nil

Approved by C. F. Moffatt

Rank Capt. M.O.

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.
14/10/16		A.R. Tilley major M.O.
		M.O.
TAB. 1	16/10/17	A.L. Carter M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
July 22/16		C. F. Moffatt M.O.
July 29/16		C. F. M. M.O.
Aug. 6/16		C. F. M. M.O.

Enlisted on 17th *day of* July 1916 *at* Petawawa Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	4th D.A.C.			July 17-1916.
Transferred to	71st Bty C.F.A. 4th C.M.R	Lieut		Oct. 1st/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
C.C. Off Mistlock Bath	10-3-19	Acc. wound of right knee	Cat. A. [illegible] Cat. came

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.

400M.—1-16.
H. Q. 1772-39-439.

CANADIAN

Surname Hastings Christian Name Milton Berkley

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
R. Free Hosp^l London W.C. 1		5	X	18	21	2	19	Lacerated Wound Knee (R) Accidental		Wound healed. No disability. Transferred to Granville Spec. Can. Hosp. Buxton.	McDonald C.S.
Granville Can. Spec. Hosp. Buxton Derbyshire		23	2	19	4	3	19	Do	10	Full range movt both knees Knees not swollen. Transfer to Matlock	Colin H Black Capt. Cave
C.C. Off. Matlock bath		4	3	19	17	3	19	do	13	No appreciable disability. Fit again	[illegible] Cannon Capt. Cave

4th DIV'L. AMM. COL'N.

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

M[illegible] W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

CERTIFIED CORRECT
W. S. B. CLASS A.
OFFICE

Unit, Regiment or Corps 4th DIV'L. AMM. COL'N.

Regimental No. ..... Rank Lieutenant Name Hastings, Milton Berkley
C. E. F.

Enlisted (a) 28 Aug. 1916 Terms of Service (a) Duration of War Service reckons from (a) 28 Aug. 1916

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) (Electrical Engineer)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Halifax	Apr 28	H. M. T. 2810
		Disembarked	England	7/5/17	
9.5.17.	G.C. Res. Bde. C.F.A.	T.G.S.	Shorncliffe	7.5.17.	Pt. II No 129
19.5.17.		S.O.S on Transfer to 8th Reserve Battn		18.5.17.	Pt. II No. 139.
					G.B. Oland Capt. for Adjutant, Reserve Brigade, C.F.A.
19-5-17	Res.Bde C.F.A.	T.O.S. 8th Res.Bn.	Shorncliffe	18-5-17	D.O.Pt.2 #139
	O.T.B. Seaford	Sent to C.Y.S. Berkhill	Seaford	17-9-17	Part II P.O. a Heaylor Lieut for Major Adj. O.T.B.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
10.11.17	WO	From Can Aut To be Temp Lieut 2nd COR		19.5.17	LG 30375
12-10-17	8th R.Bn.	Returned from Command C.T.S.Bexhill.	Shorncliffe	11-10-17	D.O.Pt.2,#285
20-10-17	8th R.Bn.	S.O.S. to 4th C.M.R.Bn. (Overseas)	Shorncliffe	20-10-17	D.O.Pt.2,#293
21-10-17	3 CIBD	Arrived France and T.O.S. Battalion.	4th C.M.R.	21-10-17	Pt.II O.122
25-10-17	CCRC	Joined C.C.R.C.		25-10-17	N.R.
5-11-17	do	Left for Unit	Field	1-11-17	N.R.
3-11-17	4th CMR	Joined Unit	do	1-11-17	B.213
1-12-17	do	To Course Cdn.Corps School		26-11-17	B.213
8-12-17	58 CCS	Dental. Adm. & Disch to duty		7-12-17	A.4032
29-12-17	4th CMR	Ret'd from Cdn.Corps School		26-12-17	B.213
12-1-18	do	Att.for duty with 3rd C.D.A.until seconded to same.		10-1-18	B.213. (Auth;-8th Bgde.) (7/101 d/10-1-18)
12-1-18	3rd C.D. T.M.Bs.	Attached for duty	Field	10-1-18	B.213 (Auth;-3rd C.D.A. (A-6/1-38 d/10-1-18 Pt.II O.10

[illegible] LIEUT,
ASS'T ADJ'T, 8th CANADIAN RESI Bill

Forms I. 1237 / 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1695

Year

Regimental No. | Rank. Lieut | Surname. Hastings | Christian Name. M.B.

Unit. C.S.A. | Age. 34 | Service. 33/12 13/12

LLE CANADIAN SPECIAL HOSPITAL REGISTRAR'S 23 FEB 1919 OFFICE BUXTON

Station and Date.

Disease Lac Wd. Rt Knee (acc)

M.F.B. 227 Category Category B iii Likely to be rand – 6 months.

OCC. Engineer.

Enl. July 17. 1916 Petawawa

Eng. May. 7. 1917

France Oct. 20. 1917.

~~Wo~~ Injured. Nov 1. 1918 Valenciennes.

Ret. Eng. Nov. 5. 1918.

Hospitals 1st 42 C.C.S. 1 day. 2nd 20 General. 1 day.

3. Royal Free Hosp. London 3½ mos

4. Granville C.S.H.

Injured by being thrown by a horse. Both knees K injured, right was cut across front of patella, but left just bruised. At C.C.S. cut cleaned and closed with drainage. In bed 5 wks. Wound healed in 6 wks. Then had massage.

Present Condtns Healed scar across front of right knee cap Knee not swollen or tender full range of motion Left knee apparently normal but patient complains of slight tenderness over inner side of head of tibia. Full range of movt this knee. Patient can walk without limp for 3 miles

Recommend transfer to Matlock

C.N. McBlack Capt

Mar 4. 19 Transfer to Matlock

C.N. McB

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	

Number.....Rank. Lieut.....

Surname. HASTINGS.....

Christian Name. MILTON. BERKLEY.....

Units.....Theatre of War.....France.

Date of Service. 28-4-17. 20-10-17. 7-6-19.

Remarks. 14 COR. 223 Jameson Ave Apt 7 Toronto Ont.

Latest Address. c/o R.H. Winter, Joyner Bay

100 Wellington St. W.

Toronto, Ont.

Roll No. "B" Page 8386.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

DESP. NOV 19 1921
REGN. NO. 77778

*—Name will be given in full; surname first.

Form R. 149.

Name HASTINGS Rank LIEUT Reg. No.

Unit Milton Berkley

4 Cmr attd 3rd TMB

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
1-11	Reported GHQ (1524) INJURED.			1131		
5-11	Royal Free Hosp. Grays Inn Rd W C Ex H.S. (D D Wds)	Lac. Wd. Knee R		1132		
24-2 19	Granbanspec Hos Buxton 7001		—	1224		
5-3	Canbow Off Hos Marlock 7001		—	1231		
17-3	Discharged 4003		—	1241		

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

FORM R. 149.
7106—250m—7/2/17.

Name HASTINGS Milton B. Rank LIEUT. Reg. No.

Unit 4th CMR.

Next of Kin Berkley Canada.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-12	58 Cas. Clg. Stn (9640)					
	Adm & Disch to duty		Dental.	854		

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

SURNAME. Hastings M.C. L.G.H. 31043 I.2.

CHRISTIAN NAMES Milton Berkley

REGL. No. RANK Lieut

UNIT 4th D.A.C. 71st Bty. (3rd RD)

FORMER CORPS 9th Bty. C.F.A.

CARD NO.
SOS 19-6-19 Demob.
RO 2045 of 25-6-19 - OK 2
Rtns to Asst. Militia
S.O.S. Demob. 19/6/19
D.O. 184 of 3/7/19 2 D.D.

NEXT OF KIN.

NAMES IN FULL Hastings, James

RELATIONSHIP TO SOLDIER Father

ADDRESS Midland, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Midland, Ont. DATE July, 6th. 1885.

PLACE OF ATTESTATION DATE

Trans. from 4th D.A.C. to 71st Bty (3rd RD) Auth. 71st Bty (3rd RD) 21-4-17.

L. L. 10437. M. & D. 7253. O/S 30-4-17 803/1 M. F. W. 22. 100M.-11-16. H. Q. 1772-39-339.

R1C 17-6-19. 348/3 Lieut

MARRIED SINGLE WIDOWER

TRADE OR CALLING Electrical Engineer RELIGION Methodist

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Petawawa Camp, Ont. DATE Aug., 28th 1916.

Present Address Petawawa Camp, Ont.

No. | Rank Lieut. | Name Hastings. M. B

T. O. S. | Unit 71st Battery. C. F. A. (Depot)

M. D. 2

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916	1916			
Oct. 1	Oct. 31	"		
Nov.		"		
Dec.		"	Attending R.S.A. Kingston. (Unqualified)	Mess Payment
1917				
Jan.		"		
Feb		"		
Mar.		"		
Apr		"	Trans. o/s 24-4-17.	S.O. 115 of 24-4-17.

No. Rank Lieut, Name Hastings, M. B.

T. O. S. 17-7-16 Unit #2 Section, 4th Division, Ammunition Column.
D.D.6 20 of 17-7-16.

M. D. 6 Petawawa

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
July 17	July 31	N.		
Aug:		N.		

No. | Rank Lieut. | Name Hastings. M. B.

T. O. S. 1-9-16
D.O. 161 of 30-9-16.

Unit 67th Depot Battery. C. F. A. C. E. 2

M. D. 2.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916. Sept. 1	1916 Sept. 30	M.	Trans. to 71st Bty. for pay. 1-10-16	D.O. 167 of 6-10-16.

Form DMS 1401.

GRANVILLE CANADIAN SPECIAL HOSPITAL
REGISTRAR'S
23 FEB 1919
OFFICE
BUXTON

HOSPITAL.

A. & D. CARD

AT

A. & D No. 1695 PL. OF ACTION

RANK LIEUT. REG. No. UNIT C.D.A. SICK OR WOUNDED

NAME HASTINGS M.B. AGE 34 RELIGION C of E

PLACE IN HOSPITAL

DIAGNOSIS Lac wd Rt Knee (acc)

ADMITTED 23/2/19 FROM Royal Free Hosp London

DISCHARGED 4/3/19 TO

TRANSFERRED C.C.O.H. Matlock Bath

SERVICE AT HOME 33/12 IN FIELD 13/12

RESULTS

10 days

(See Document Card for M.H. Sheet and other Documents.)

[P.T.O.

REMARKS.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
854(1)	Admn. 58 Coy. Clg. Stn	7.12.17.	Dental
854(1)	Disch to duty	7.12.17	"
1131-1	Rept from Gen. H Q.	1-11-18.	Injured
1132 (4)	Royal Free Gray's Inn Rd W.C.	5-11-18	Lac. wd Knee R
1224. (2)	Granville Can. Spec. Buxton	24-2-19.	" " " R. Asc.
1231. (2)	C. C. Officers, Matlock Bath,	5-3-19.	" " " " "
1241. (2)	" Disch. " "	17-3-19.	" " " " "

NAME Hastings M. B

REGT'L No.

H. Q. FILE No. 649.

RANK AND CORPS Lieut. 4th C. M. R

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

Surname.	Christian Name.
HASTINGS	M. B.
Rank.	Unit.
Lieut.	4th. C. M. R. att. 3rd. T.M.B.

Date of admission.

Hospital

No. 58 Casualty Clg. Station. 7-12-17.
(Admitted & Discharged to Duty).
H.S. to Royal Free Hospital, London 5-11-18.
Transferred ..... Hosp.
Granville C.Spl. Buxton 24-2-19.
C.C.O.Hspl. Matlock Hosp. 5-3-19.
..... Hosp.
..... Hosp.

Diagnosis. Dental.
R.F., G.H.Q., Injured:-1-11-18.
Later diagnosis. Lacerated Wd. Knee rt. Acc.

Disposition. Date
Disch. to Duty:-7-12-17.
Discharged:-17-3-19

12-12-17 854.
6-11-18 1131.
7-11-18 1132-4.
C.L. ~~26-2-19~~ Remarks. 1224-2
C.L. ~~6-3-19~~ 1231-2
C.L. ~~18-3-19~~ 1241-2.
C.L. .....
C.L. .....
C.L. .....
C.L. .....

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

D. M. S. 1347.

Surname	Christian Name	Reg. No.
HASTINGS	M. B.	

Rank	Unit
Lieut.	4th. C.M.R.

MEDICAL BOARD held at	Date	Serial No.
(1) Matlock Bath	10-3-19	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Lac.Wd.rt.Knee Acc..

Disposition Recommended

(1) Fit for General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

C.A.D.C. 5009A

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) HASTINGS. M.B.

REGIMENT 2nd C.O.R.D. RANK LIEUT. No. 11-419

Date of Examination in England _____ Date of Examination in France _____

DENTAL BOARD * RIPON * 11 APR 1919

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5: 30.
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (a) Full Upper —
   - (b) Part Upper —
   - (c) Full Lower —
   - (d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? no.

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

- (a) In Canada yes.
- (b) In England yes.
- (c) In France yes.

Signature of Dental Officer A Ron

CANADIAN EXPEDITIONARY FORCE

T.K. 2-34.
JAM.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant.

(Name in full) Milton Berkley HASTINGS.

Enlisted in the 4th Divisional Ammunition Column.

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

day of [illegible] 191 AND WAS APPOINTED to COMMISSIONED RANK

in the 4th Divisional Ammunition Column.

CANADIAN EXPEDITIONARY FORCE on the Twenty-Eighth. day

of August 191 6

He SERVED in CANADA, ENGLAND & FRANCE, with the 4th Div.Amm. Col., 8th Reserve Battalion, 4th Canadian Mounted Rifles, 3rd Div. T.M.B. and 1st Central Ontario Regimental Depot.

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of June 191 9 by reason of General Demobilization.

Dated at Ottawa, this First. day

of December 191 9.

for Director of Personal Services. Lieut.

M. F. W. 2618a.
30m.—4-19.
1772-39-1428.

CANADIAN EXPEDITIONARY FORCE

T.K. 2-34.
R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Milton Berkley HASTINGS, M.C.,

Enlisted in 4th Divisional Ammunition Column.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191[redacted] AND WAS APPOINTED to COMMISSIONED RANK

in 4th Divisional Ammunition Column.

CANADIAN EXPEDITIONARY FORCE on the Twenty Eighth day

of August 191 6

He SERVED in CANADA, England and France with the 4th C.D.A.C.,

8th Reserve Battalion; 4th C.M.R's., 3rd Division Trench Mortar Battery;
1st Central Ontario Regimental Depot;

and was STRUCK OFF THE STRENGTH on the Nineteenth day

of June 191 9 by reason of General Demobilization

Dated at Ottawa, this Sixteenth day

of December 191 9

Awarded the Military Cross, L.G. No. 31043., 2-12-18.

Capt.

for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
Q. 1772-39-9 '0.

Casualty Form—Active Service.

Unit, Regiment or Corps. C. D. R. D

Regimental No. ..... Rank. Lieut. C. E. F. Name. Hasting S. H. B.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (*b*) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23/6/19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No 2	7/6/19	C.E.F. R.3. No. 2040-19
25-6-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No 2	19-6-19	C.E.F. R.3. No. 2045-19

W. Hunter. Capt
for Director Personal Services

(*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				

Lieut. M. B. Hastings

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
13.11.18	1st CORD	TOS from 4th Cmt R & Hosp	Witley	5.11.18	D.O. 3.5
20.3.19	—	Ceases Hosp & SOS to 3rd Res	—	17.3.19	D.O. [illegible]
					J. H. Pearse Lieut
					1st CENTRAL ONTARIO REGIMENTAL DEPÔT
11-4-19	1st CORD	20 S from 3rd Rest Bn.	Witley	31-3-19	DO 80
		Leave to 9-4-19			
	~~Struck off Strength O.M.F. of C.~~				
11-4-19	1st CORD	Att'd to Depot Coy for demob	Witley	10-4-19	DO 80
					1st CENTRAL ONTARIO REGIMENTAL DEPÔT
					S. D. S. ON PROCEEDING TO CANADA
					Part 11 orders
					no 11.
					6-6-19
					J. G. Milne Lt
					for D.C.

2nd SHEET

CERTIFIED CORRECT
NOV 1918
CANADIAN RECORD OFFICE

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps 4th C.M.R. Battalion

Rank Lieut. Surname HASTINGS Christian Name Milton Berkley

Religion..... Age on Enlistment.....years.....months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a) 28/4/17

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

Extended {.....} Re-engaged {.....} Qualification (b).....

or Corps Trade and rate.....

Occupation..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked ..			
9.2.18	3rd Dev. T.M.B.	To T.M. Course "First Army School of Mortars"		3.2.18	B.213.
9.2.18	First Army School of Mortars	Joined School from 3rd Dev. T.M.B.		3.2.18	B213. File 5929
23.2.18	3rd Dev. T.M.B.	Rejoined from First Army School.		19.2.18	B.213.
22-2-18	GOC. 1st Army	DETACHED FOR DUTY WITH Y.3.C. TRENCH MORTAR BATTERY		10-1-18	First Army No. 630/503.A. File 25142. Pt.II 0.27.
3.11.18	20 Gen.	Acc. Lac. Wd. Knee Adm	20 Gen.	Inj. 1.11.18 3.11.18	W.3034.
4-11-18	A.T. Princess Elizabeth	Invalided to England Injured (Accid'l) and having been absent from unit for a period of 4 months is posted to 1st C.O.R.D. Witley		4-11-18	AFW.3083/6425 D.O.147.

E.W. Davies Lieutenant

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

(b) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 52387

Year 1919

Regimental No. Rank. Surname. Christian Name.
Lieut Hastings Milton B.

Unit. 4 CMR

Age. 33

Service. CANADA. FRANCE 13/12 TOTAL 32/12

Station and Date.

Disease Lacerated wound of Rt. Knee (Acc).

C.C.O.H. MATLOCK BATH.

ONSET.

Nov. 2, 1918 France

HISTORY OF DISABILITY.

Mar 4

To 42 C.C.S 2-11-18 Cut over rt. knee joint swollen. Back splint. 2-11-18 Operation Very dirty cut in front of rt. knee opening up bursa of patella, Wound excised, sutured, Rubber dam drain. To 20 Gen. Hosp 3-11-18. Wound healthy, drain removed. To Royal Free Hosp. 5-11-18 Wound healed 21-2-19 To C.G.S.H. 23-2-19 No disability of rt. knee Left knee felt weak to C.C.O.H 4-3-19

PERSONAL AND FAMILY HISTORY.

Had previous accidents to ~~right~~ left knee.

PRESENT CONDITION. C. C. good.

DIGESTIVE SYSTEM. O.K

CIRCULATORY SYSTEM. O.K

RESPIRATORY SYSTEM. O.K

NERVOUS SYSTEM. O.K

G.U. SYSTEM. O.K

LOCAL CONDITION.

Healed scar across front of right knee - caps, knee not swollen or tender full range of motion. Left knee - slight thickening just internal to knee caps. Complains of weakness of joint and slight tenderness over head of tibia.

Capt Carleton's report.

7th In hist. this acc.

10th Slight weakness of left knee, no appreciable disability Boarded and C.H.A.

BR

*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. Form I. 1237/12. (E239) P.T.O.

Station and Date.	

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. ..... Rank Lieut ..... Surname Hastings
(Given name in full)
Milton Berkeley

Unit or Corps 4 CMR ..... Birthplace Midland

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION: Estimated

Physique R Fast Weight 175 lbs. Height 5 ft. 9 in. Colour of Eyes Blue

Nutrition Good

Pulse 74

Condition of arteries Soft

Vision Rt. 0-20 Left 6/6
fully corrected by glasses

Hearing (conversational voice) Rt. N ft.

Left N ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Long scar & couple
small ones over
patella right

Opinion as to general health and physical condition ..... Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no ..... Genito Urinary System no ..... Cardio-Vascular System no

Special Senses no ..... Integumentary System no ..... Respiratory System no

Disturbance of mentality no Muscular System no ..... Digestive System no

Osseous and Joint System Yes Any other general condition ..... no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Lac. wd. Rt Knee 3.11.18
1 " " " 5.11.18 - 21.2.19 Royal Free Hosp London
" " " 23.2.19 - 4.3.19 ~~C.C.O.H. Mostock~~ Gran. Sp. Buxton
" " " 4.3.19 - 17.3.19 C.C.O.H. Mostock Bath

no disability

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Ripon Yorks (Overseas)

Date 11.4.19 Signed Geo Elvin Dowsley Maj. CAMC M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature M.B. Hastings

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 4th D.A.C.

(2) Regimental Number

(3) Full Name of Soldier Hastings, Milton Berkley

(4) Place of Birth Midland, Ont., Canada,

(5) Are you married, or not? no

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address Petawawa Camp

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

300M.—5-16.
1T2-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address James Hastings, Midland, Ont.

(10) Is your Mother alive? no

If so, state name and address ~

(11) If your Mother is a widow ~

Are you her sole support, or not? ~

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

~

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

~

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

~

(15) Are you insured? Yes

If so, in what Company? Sun Life of Canada & Policy Holders Ins Co.

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

M. P. Hastings Lieut.
For / CAPT
O. C. No. 2 Sect. 4th. Div. Ammunition Column
a.o.l.
Officer Commanding.

Date Aug. 28/16

Royal George 16/6/19

AUDITOR | PAYMASTER

M. OR S. | REGT. No. | RANK LIEUT, NAME (IN FULL) HASTINGS MILTON BERKLEY (BLOCK LETTERS SURNAME FIRST)

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

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.F.A. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dominion Bank, Toronto, Ont. — DATE — AUTHORITY

DATE OF ATTESTATION 28/8/16. NK — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ NIL. — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 19-6-19. — REASON Dem. — AUTHORITY Do 184. — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Cr. Messing 1-6/6 Jeg
31/5/19					NIL				600								48	67	93	00													141	67	135	67			5/6/19 Pay Pm. With 19/6/19 Ldn 2nd Appt 1 Hon WSG.
June 1-19	19	3.00	57	00					57	00																					135	67	135	67	78	67			T.O.S D.O. 177
			W.S.G.																												W.S.G.				AMOUNT DUE SOLDIER DEPENDENT		
153 days	3		459						459																						78	67	78	67	380	33		
																	July 17	751545													93		171	67	287	33		
																	Aug 19	1045142													90		261	67	197	33		
																	Sept 12	1047685													90		351	67	107	33		
																	Oct 17	1164330													173	33	369		190			
																	Nov 15	1464197													90		459		Cr Rund			
			459						459																						459		459						

W. S. G. PAID IN FULL

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

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

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME.

	NAME OF	DATE	AUTHORITY		~~DATE~~ Mess.	AUTHORITY
Beneficiary	~~Res: Bde: C.F.A.~~		Pay $2.00	Lieut	4.5.17	From Canada
Address	Inf.		I.A. .60			Com: P.M. (Selffe)
	3. Div. M. Bly		Mess 1.00			d/ 9.5.17.

Amount. $

Separation Allowance issued. Yes or No.....

Name Hastings
Initials Milton Berkley
Bank ~~of Montreal~~
Dom. Bk of Can
73, Cornhill. E.C.

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917.								
May.	May Pay. P+A fr. 1/5. Mess. fr. 7-31/5/17. Auth. L.P.C. Com. P.M. S'Cliffe d/9/5/17. Vo.	8051	105 60					
19	Cr. Balance fr. Canada. Cash	4687		49 -				
21.	do. do. do. 30/4/17. L.P.C. fr. Canada. Vo.	512.	49 -					
22	Bank.	5923.		105 60		—0—		
June	Pay.		108 -					
19.	Bank	7991		108 -		—0—		
July	Pay.		111 60					
23.	Bank.	12952.		111 60		—0—		
Aug	Pay.		111 60					
21	Bank.	16975		111 60		—0—		
Sep	Pay		108 -					
20	Bank	21669		108 -		—0—		
Oct	Pay		111 60.					
20	Bank	26077		111 60		—0—		
	Rations 18 · 30 9/17	7073					17/4	
Nov 13	Pay		108					
22	Bank	30634		108		—0—		
Dec 10	Pay		111 60					
12	Bank	34435		111 60		—0—		
1918 Jan 12	Pay		111 60					
22	Bank	39287		111 60		—0—		
Feb 6	Pay		100 80					
14	Ion R. V. G. 28 1/18, £3. 13.3 Cash	40300		17 82				
20	Bank	40776		82 98		—0—	Transfr. L3 - L18	5/3/18
27	Rations 11-31 10/17	9211					£1-8-0	

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

RANK. | DATE | AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Pay. F.A. Mess Lieut
2.00 60 1.00 = 3.60

Name Hastings
Initials M. B.
Bank Dominion Cornhill

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Mar	Pay. Mar R		111 60					
21	Bank	42434		111 60				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY. | UNIT. | RANK. | NAME. 3.

	NAME OF	DATE	AUTHORITY		DATE	AUTHORITY	
Beneficiary	C.F.A.		Pay. F.A. Mess	Lieu	7 5/17	Can C.P.M. S'lfe. 9 5/17	Name Hastings
Address	3 Div. M. Bty.		2.00 .60 1.00 = 3.60				Initials Milton Berkley
							Bank Dominion

Amount. $

Separation Allowance issued. Yes or No.....

Add'l. Outfit Allce 1 8/18

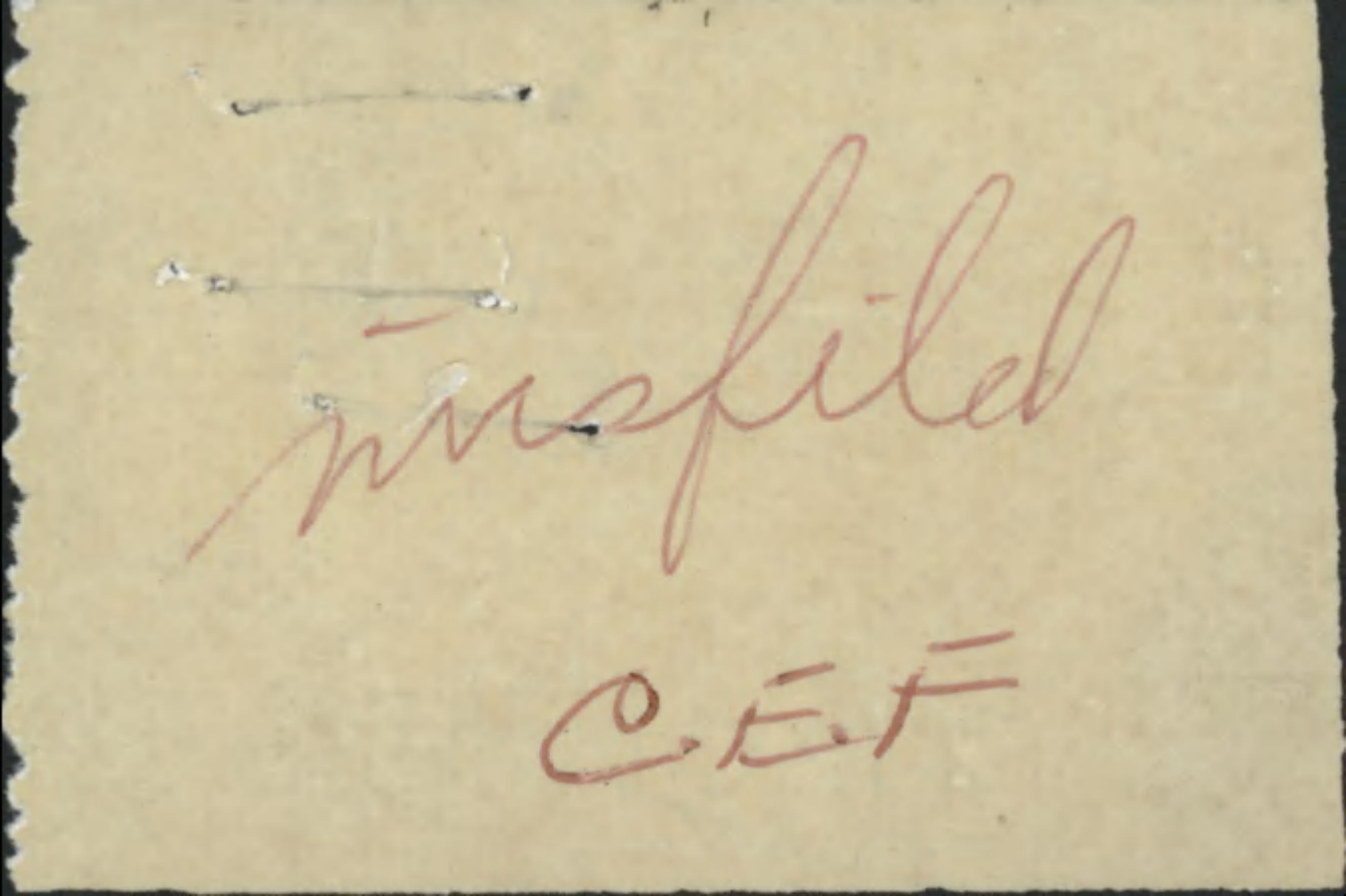
DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apr 19	Pay. Apr. R		108					
23	Bank	0959		108		0		
May 20	Pay R		111 60					
21	Bank	2469		111 60		0		
June 4	Iss. on Repmt. V. Goods 11 5/18 £2.19.2 Bank	2917		14 40				
19	Pay R.		108					
21	Bank	3991		92 08				
–	Iss on Repmt France V.G. 6 3/18 "6/3" Sec W.O. ~~Bank~~	3743		1 52		0		
July 20	Pay R.		111 60				Trans to Ledger 3 fr 18 = 5 8/18	
23	Bank	5425		111 60		0		
Aug 3	Pay. R.		111 60					
24	Bank	6968		111 60		0		
Sep 3	Pay		108					
25	Bank	8953		108		0		
Oct 3	Pay		111 60					
19	Iss R. V. G. France 11 9/18. £6.3.2 Cash	10276		29 97				
22	Bank	10681		81 63		0		
28	Add'l. Outfit Allce. 1 8/18		100					
	Bank	11035		100		0		
Nov 19	Pay (R) + Add'l F A fr 12 9/18 - 31 10/18.		140					
27	Bank	12346		140		0		
Dec 12	Dec Pay R.		124					
15	Bank	13664		124		0		
Jan 20	Jan Pay R.		124					
21	Bank	15448		124		0	Forward	

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	3 Dr M Bty	2 00		Lieut			Name Hastings
Address		1 00					Initials M.B.
		1 00					Bank Dominion
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE 1919	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Feb 15	Bt Forward.		Nil			Nil		
15	Pay R.		112					
17	Indem Loss of Kit 1 11/18	L552					£9-6-3	
21	Bank	17013		112		0	Pd in full R	
Mch 19	Pay R.		124					
21	Bank	18389		124		0		
Apr.	Pay R.		120					
24	Bank	1057		120		0		
May 3	Adv May P.T.A. Bank	1462		124				
9	Pay R.		124			0		
June 17	Adv by P.M Detail Wtley £10, 5/6/19 Endorsed on L.P.C. List 110 June Vo	1163		48 67		48 67	Trans to L.12 fo. 8 12/7/19	
July 31	Chgd to Can	Vo. 348	48 67			0		

RETURNED TO CANADA
L.P.C. TO 31 5/19 Ryson
TRANSFER TO N.E. LEDGER



FOR YOUR INFORMATION.

Please dispose of this
M.H.R. in accordance to
Army Council Instruction
No 479 of 1918 para 19.

SOS 19-6-19 RD 2045-19

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 C.C.O.H. Matlock Bath DATE 10-3-19

1. 1 (a) Unit 4 C.M.R. (b) Regimental No. —— (c) Rank Lieut

(d) Surname Hastings (e) Christian name Milton Berkley

(f) Home address Midland, Ont.

(g) Next of Kin James Hasting (h) Relationship father

(i) Address of Next of Kin Midland. Ont

2. Age last birthday 33 Date of birth July 6. 1885

3. Enlistment, or Appointment (if an Officer) (a) Place Petawawa. Ont. (b) Date July 17. 1916

4. Personal description:

(a) Height 5' 9" (b) Weight 175 (stripped) (c) Complexion medium

(d) Colour of hair d. brown (e) Colour of eyes blue (f) Identification marks, Scars, etc.

Scar over left eye.

5. Former trade or occupation Engineer, electrical.

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
	2 7/12	21

Officers Statement.	Periods From	Periods To
Canada	July 17. 1916	April 24. 1917
England	May 7. 1917 Nov. 5. 1918	Oct. 20. 1917 —
France or other theatres of War	Oct. 20. 1917	Nov. 5. 1918.

7. Original disease, or injury Lacerated wound of right knee (Acc).

(a) Date of origin 2-11-18 (b) Place of origin France

(c) Cause Fall from house.

B.P.C. FOLIO
FALSE DOCKET
4

M. F. B. 227.
300M.—8-18.
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.)

(Wound of right Knee)

No appreciable disability.

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.)

Healed scar across front of right knee-cap, knee not swollen nor tender, full range of movement. Musculature of leg normal. No complaints except some slight tenderness over scar. General condition good.

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

Special Senses Yes — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems Yes — Any other general condition No

left knee - slight thickening just internal to knee cap. Complains of weakness of joint and slight tenderness over head of tibia. States condition originated at Petawawa from fall of horse and aggravated by present accident. Complains of pain after much walking. Defective vision of right eye R.V. - D/20 Left eye normal. Condition of astigmatism corrected by glasses. Condition existed since 1907, he states.

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

M.C.S. To 42 C.C.S. 2-11-18 Cut over right knee. Joint swollen. Back splint applied. 2-11-18 Operation. - "Very dirty cut in front of right knee opening up bursa of patella. Wound excised and sutured. Rubber dam drain. To 20 Gen. Hosp. 3-11-18 Wound healthy, drain removed. To Royal Free Hosp. 5-11-18 Wound healed 21-2-19 To C.S.H. Buxton 23-2-19 No disability of right knee. Left knee felt weak to C.C.Off 4-3-19

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*).)

No previous illnesses

(*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.)

N.A.

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? No appreciable disability

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

Usual wound treatment. and rest

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

There ~~are~~ is some weakness of the left knee which time and use should remedy. No contra-indication to general service

[signature] Capt. [illegible]

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 Lieut. M.B. Hastings 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

B. P. C. FOLIO
FALSE DOCKET
3

[signature] Col. Comm.

M.B. Hastings Lt. 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.

The board concur.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~)	Yes
(b) Service abroad, not general service,	(" B)	(Yes or No.)	N.A.
(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~~ BC (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~~ BC
(~~d) Should not pass under his own control~~ BC
(Strike out condition not applicable.)

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

No he is fit for general service

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.

[signature] Lt Col Comc ..... President.

PLACE C.C.O.A Matlock Bath ..... [signature] Maj. } Members

DATE 10-3-14 ..... [signature] Capt Comm } 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 ..... } Members

DATE ..... } Members

APPROVED BY ..... Assistant Director of Medical Services.

DATE .....

APPROVED BY ..... Director-General of Medical Services.

DATE .....

I concur in the findings of the Board of Medical Officers here recorded.

[signature] Capt. D.A.D.M.S. for D.M.S. Canadians.

518

518

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

I/6

1. RANK Lieut.

2. NAME Hastings Milton Berkley

3. UNIT 4th C.M.R.

4. DATE STRUCK OFF STRENGTH | PLACE

5. REASON SOS 19-6-19 RO 2045-19

Demobilisation

13-2-22

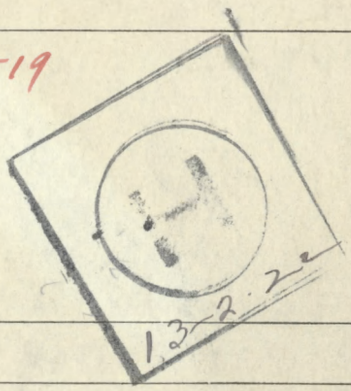
6. AUTHORITY

7. PROPOSED RESIDENCE

Toronto

90- A. H. Winter, Joyner Coy

100- Wellington, St. W.



This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
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. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuity Form (M.F.W. 2595).
9. Sundry Documents.

880

Dis Cert

10 Disposal Certificate

I have checked documents pertaining to all ranks and found them

Group 13

Checked by No. 10

Date 7/6/19

M. F. W. 2591.
20M—11-18.
1772-39-1380.