3277 card R.M. 18/3/16

ATTESTATION PAPER

No. 841

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Hodgson, Michael Henry
2. In what Town, Township, or Parish, and in what Country were you born? — Newton-Willows, Yorkshire, England
3. What is the name of your next-of-kin? — Mrs. M. J. Hodgson (Mother)
4. What is the address of your next-of-kin? — Hetric, B. C.
5. What is the date of your birth? — 22nd Nov. 1883
6. What is your trade or calling? — Driver & Rgh Carpenter.
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? & Inoculated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
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

M H Hodgson (Signature of Man.)

Wm Philip Sayl (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Michael Henry Hodgson, 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.

M H Hodgson (Signature of Recruit.)

Date 5th Oct. 1915. Wm Philip Sayl (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Michael Henry Hodgson, 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.

M H Hodgson (Signature of Recruit.)

Date 5th Oct. 1915. Wm Philip Sayl (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 North Vancouver, B.C. this 12th day of Nov. 1915.

C. Gardner Johnson J. P. (Signature of Justice.)

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

Gadsden Ward Capt. C. E. (Approving Officer.)

O.C. 6th Field Company, C. E.

M. F. W. 23.
200 M.—8-15.
M.Q. 1772-23-941.

DESCRIPTION OF Michael Henry Hodgson ON ENLISTMENT.

Apparent Age 33 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement
- Girth when fully expanded 37 ins.
- Range of expansion 2' ins.

Complexion Dark

Eyes Blue Grey

Hair Brown

Religious Denominations
- Church of England Yes
- Presbyterian
- Methodist
- 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.)

Birth Mark, back of head

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 5th Oct. 1915. Prov. Lieut. A. M. C.

Place North Vancouver, B. C. 6th Field Company, C. E.

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

Michael Henry Hodgson 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.

Capt. C. E. (Signature of Officer.)
O. C. 6th Field Company, C. E.

Date Nov. 15th 1915.

3-10-18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name HODGSON. MICHAEL. HENRY.

Regt. No. 54/923 Rank Driver 28578

Corps Can Engineers. R.D.

On Compassionate Grounds

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

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 3

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

M FW 39a - 1,
A FB - 122 - 1
Dental Assist Sheet 1
Dental Certs - 1
Allowances 6

Deceased 27 - 4

11/24
24-24
30 25

2

M.F.W. 62.
50M.—9-16.
H. Q. 1772—39—935.

P—56

Rank Name HODGSON, Michael, Henry. Reg'l No. 541923.

Unit 11th Coy.3rd Div.Eng. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment N.Vancouver, 5th Oct.1915. Place of Birth Newton-Willows. Yorks, England.

Name and Address, Next-of-Kin Mrs. M.J. Hodgson.

Hatzic, B.C. Canada. Relationship Mother.

Assigned Pay Monthly $ 16.00 Payable to Next-of-Kin Relationship

Separation Allowance $ Payable to Relationship

9 SEP 1918

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.
1916																	
Mar 1	31	31	1.00	31.00	31	10	3.10	10.00	44.10			9.73	16.00		25.73	18.37	10.00 Bal from Feb.
								18.37									

Checked. [illegible]

Carried forward to Large Ledger sheet

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						

M. F. W. 41
100M-1-18.
1772-39-889.

Name Spr. Hodgson Michael Th. Henry

Regimental No. 541923

Unit C.E.

Date of enlistment 5/10/15

Place of "

Married (yes or no) No.

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin Hatzic B.C.

Trans R. 1-5-18.

Date and place discharged 11/9/18.

Reason for discharge D/O 147.

Character on discharge

Hodgson

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
June 1/5	30/6	61	1	61	61	10	6 10	11 20	78 30			33 32 4		12 81	78 30	
July 1	31	31	1	31	31		3 10		34 10			34 10		~~37 10~~	34 10	
Aug 1	31	31		31	31		3 10		34 10			34 10			34 10	
Sept 1	11	11		11	11		1 10	35	47 10			35 12 10			47 10	

Aug 1, 10, 11 days

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16033-/319

Name Hodgson M. H.
Surname Christian Name

Regimental Number 541923 Rank Pte.

Unit C.E.

Original Unit

District where paid M.D.#11.

Date of Discharge

P. D. P. Filing Number 4-338-11.

Address (in full)
P.O. Hatzic,
B.C.

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	4291	11-9-18	33 00	4139	11-10-18	33 00	3367	12-11-18	34 10		100 10
~~1451 1st~~	~~G18965~~	~~3 '19~~	~~70 00~~								
~~16102 2nd~~	~~G.42416~~	~~16/3/19~~	~~70 00~~								

M. F. W. 127.
25M.—8-18.
1779-39-1140.

Remarks:

Hatzic B.C.

Dec'n No 16035/319 W. S. C. File No 877-M-S

Award ..... days at $ 70 per day $ 350.00

S. A. ..... months at $ ... per mo. $ .... $

Less P, D. P. Credited $ 100.10

$

Less further debit balance $.....

Net due paid as below 249.90

TO SOLDIER TO DEPENDENT

O	Ag. No	Ch No	Amount	To	Ch No	Amount
1	1451	18965	70 00			
2	1161A	42416	70 00			
3	1126B	426261	70 00			
4	1027C	460143	39 90			
5						
6						
	Total					

3.3.19
11.3.19.

11.4.19
13/6/19

GEN'L AUDITOR
Passing checked by
Macdonell
Date 20.7.19

0/3

L. L. JOB. 85506 M. & D. 5997.

Led 132 Aqr

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

2nd. Contingent

Mrs

To Whom M. J. Hodgson

Address Halifax N.S.

Rate 16 00

MAR 1 - 1916

By Whom Assigned Hodgson M. J.

Regtl. No. 3277. 841923

Rank Spr

Corps 9th Co. 3rd Div Engrs

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		X16555	16	

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

2nd. Contingent

Sheet No. 2.

Mrs. M. J. Hodgson.

L. L. Job 89002.—Req. 6213.

Name of Soldier Hodgson M. H. 3277 9th Co. 3rd Div. Engrs

$16.00

MAR 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	V 1028	16	
May		W 4371	16	
June		X 8526	16	
July		Y 10532	16	
Aug.		U 13852	16	
Sept.		~~L 16828~~	~~16~~ 16	L 16828 Cancd Ch. ck written for 16.00
Oct.		L 21893	16	
Nov.		N 25462	16	
Dec.		O 32030	16	
Jan.	1917	A 39578	16	
Feb.		B 45098	16	
March		B 51194	16	16 P.
April		~~V 2570~~	~~16~~	16 Ch. V 2570 Cancelled Y&P
May		V 9161	16	
June		Z 15958	16	16 C.
July		~~W 24904~~	~~16~~	W 24904 Can H&S
Aug.		B 35119	16	
Sept.		X 40509	16	
Oct.		E 42307	16	
Nov.		E 49355	16	
Dec.		Z 56078	16	
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.				

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps C.E.F.

Regimental No. 541923 Rank Pte Name Hodgson Michael Henry

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				
25 APR 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 97			
13 MAY 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
					Lieut.-Col. Commanding Canadian Discharge Depôt
14.5.18	Overseas	T. O. S. District Depot XI.	Victoria, B. C.	29.5.18	D. O. Pt II 42. 243. 1918
		Discharged	Victoria B.C.	11-9-18	D.O. Pt. II 147/8976 of 11-9-18.
		On Compassionate Grounds Auth. H.Q. letter 649 H 17149 of 10-8-18.			H. B. Andrew Captain For O.C. District Depot XI

(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				

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office
Westminster House
7, Millbank

Regiment or Corps 3rd Div. Engrs. Regimental Number 554923

Rank Driver Surname Hodgson Christian Name Michael, Henry.

Religion C of E. Age on Enlistment 33. years months.

Enlisted (a) 5.10.15 Terms of Service (a) Duration of War Service reckons from (a) 5/10/15.

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

Extended Re-engaged Qualification (b) Farmer.

or Corps Trade and Rate

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
		Original not available			
		TRANSFERRED TO 9th F.C.C.E.			
		" " FROM B Coy C.E.T.D. B Ord: 105.		3/5/16	
		Proceeded To France		20/5/16	
		Cecil L. Walley Lieut. for. O.C. 9th. Field Coy. Canadian Engineers.			
		Disembarked		21-5-16.	M Coe.
11/2/17.	10.C.F.A.	P.W.O. ad.	10 C.F.A	10/2/17	236. E2507 a es. 1494

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

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

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				
17-2-17	30 C.C.S.	P. to H.O.	30 C.C.S.	12/2/17.	A36-2 v555 } 6 A.
Do	Do	Do & sick to	Mont	14/2/17.	Do } 150 Cy
24/2/17.	O.C.	Rejoined	Do	18/2/17.	B.213. Cy. 151 Cy
10-3-17	O.C.	Sick to	F. Amb.	7-3-17	B.213. Cy. 153 Cy
10-3-17	1 Can. Genl	Bronchitis Acute Adt.	1 C. Genl.	10-3-17	W.3034.
10-3-17	23 C.C.S. Mtt.	Do (404)	23 C.C.S.	7-3-17.	A36-E.2960. } CS. 153 Cy
Do	Do.	Do. to Mp. to	18 Train	9-3-17	Do }
11-3-17	9th C.C.S. Amb.	Do to	13 C.C.S.	7-3-17	A36. E-9879.
1/4/17.	6 Con. Depot.	Bronchitis, Chronic	6 Con. Depot	1-4-17	W.3034.
1/4/17.	1 Can. Genl.	Do. to	Do.	1-4-17.	W.3034.
8-4-17.	4 Con. Depot.	Bronchitis	4 Con. Depot.	8-4-17	W.3034.
7-4-17	6 Con. Depot.	Do to	5 Con. Depot	7-4-17.	W.3034.
28-4-17.	6. B. D.	Arrived at	6. B. D.	28-4-17.	N. Rolls.
4-5-17.	O.C. 6. B.D.	Left to join	Unit	4-5-17	N. Rolls.
12-5-17.	O.C.	Rejoined	Unit	8-5-17.	B.213. Cy. 165 Cy
1-9-17.	O.C.	To 1st Army Rest Camp		29-8-17.	B.213.
15/9/17	"	Rejoined unit		9/9/17	B 213.
10/11/17.	O.C.	On Leave		8-11-17.	B.213. 7/11
4-12-17	O.C.	Rejoined from Leave		24-11-17	B.213 7/12.
9-4-18.	20 C.C.S.	Left for Base	Etaples	8-4-18.	T.A.47-644-N.E.16335.
8-4-18.	6 G.B.D.	Arrived - a -	6 G.B.D.	8-4-18.	N.R. 779.

Army Form B. 103. Regimental Number 541

Casualty Form—Active Service.

Regiment or Corps 4th Field Company, C.E.

Rank Spr. Surname Hoogson Christian Name M. H.

Religion C of E. Age on Enlistment 33 years ... months

Enlisted (a) 5.10.15 Terms of Service (a) D. of W. Service reckons from (a) 5.10.15

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

Extended ... Re-engaged ... Qualification (b) Civil Farmer

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 ...			
11-4-18	O.C. Reims. Etaples.	Transferred to England for return to Canada on Compassionate Grounds & Posted to C.C.R.D.	Deford	11-4-18	Sick. O.C. Casuals C. B. 22-1-19 29-12-16. Can. Corps. A. 31-3-1918 21-3-18. Ry. Fd. 26335 Dy 23/4/18. 19.

C. A. Hewett.
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(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. 1625—M2733 2000m 9/17 (3011) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

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				
14.4.18	C.E.R.D.	T.O.S. from 9. Fld. Coy. C.E.	Seaford	14.4.18	Ft. II. 103
18.4.18	"	On command to 1st C.D.D.		18.4.18	Ft. II 104
		Burton pending furlough to Canada	"		
29.4.18	"	The above entry is amended to	"		Ft. II 118
		read on command 1st C.D.D. Burton			
		pending disposal of A.G. Ottawa			
		not as stated			
C.R.E.					
					H.P. Charters LIEUT
					FOR LT-COL i/c RECORDS, C.O.M.F.

R—122

VES

Rank pvt Name HODGSON Michael Henry Reg'l No. 541923

Unit ~~11th~~ Coy.3rd Div.Eng. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment N.Vancouver, 5th Oct.1915. Place of Birth Newton-Willows, Yorks, England.

Name and Address, Next-of-Kin Mrs M.J.Hodgson
Hatzic, B.C. Canada.

Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

N/E R.B. No 2924
File R.L.
Category Can oR

Separation Allowance $ Payable to

Relationship

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.
		Arrived in England. S.S. Metagama		25-3-16	
5-4-16	C.E.T.D.	Taken on strength Schiffe		3-4-16	P.R.O. #82 A.F.B. 103. Ch. 26/5/16
20-5-16	do	Embarked for France. 9th Hd Qy		20-5-16	" " 120
1.3.17	3rd A.F.	No 10 C. Fld Amb	Field	10.2.17	Ch A 198 P.R.O.
5.3.17	—"—	No 20 Cas. Clg Sta	—"—	13.2.17	—"— 200 —"—
—"—	—"—	Disch to Unit	—"—	17.2.17	—"— —"—
19.3.17	"	Adm No 1 Can Gen Hosp.	Etaples	10.3.17	Bronchitis Ac. Ch A 207
11.4.17	Ch "	Hd No 6 Conv Depot	—"—	1.4.17	Ch A 210 "
19.4.17	"	Hd to No 5 Conv. Depot	Layeux	8.4.17	" A 225. Bronchitis
4.5.17	—"—	Dis to Base Depot	Havre	26.4.17	" A 238

541923 Hodgson M H

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.
14.4.18	C.E.R.D.	T.O.S from 9th Fld Coy CE pending ~~forwarding to Can~~			
18.4.18	"	~~On proceeding to Canada~~ o/c 6 Det C.D.W. Buxton (~~on above~~) pending disposal of A.G. Ottawa	on Seaford	14.4.18 18.4.18	Pte D. 1039 9th Fld Coy A.F. 14/4/18. " 107 amended by A.F. II 118 29/4/18.
22.5.18	"	leaves 9th 1st C.D.D Buxton + S.O.S. to Canada for disposal by A.G. Ottawa K.R.+O Para 392 Sec XXV	"	13.5.18	" 141

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Hodgson	M.A.	541923

Rank	Unit	Co.	Troop	Batty
Spr.	3rd C.E.			

Hospital — Date of Admission

10 Can. Fld. Amb. — 10-2-17.

Transferred 30 Can Cly Sect Hosp. 13-2-17
No 1 Can Gen Hosp Etaples Hosp. 10.3.17
6 Con. Dep. Etaples Hosp. 1.4.17.
" " Cayeux Hosp. 8.4.17.

F.U.O.

Diagnosis (1) Bronchitis (Acute)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

To Blanch 17-2-17
C.L. 1-3-17 A198 Dis. to Home 26-4-17

REMARKS

3-3-17 A200
19.3.17 A204
11.4.14. A218.
19.4.17. A225.
C.L. 4-5-17 A238

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

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

No. 841 RANK Spr. NAME Hodgson, M. H.

T. O. S. 7-10-15 UNIT 6th Field Co. Can. Engineers
DO 72 of 15-10-15 mobilization

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Oct. 7	Oct. 31	"		
Nov. 1	Nov 20	"	Trans to Ottawa 20-11-15	DO 80 of 20-11-15

R. 149.

Name HODGSON, Michael Henry. *Rank* Spr. *Reg. No.* 541923.

Unit THIRD CANADIAN DIV. ENGINEERS. (9th. Fld. Coy)

Next of Kin Canada.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-2.	No. 10. Can. Fld. Amb.		P.U.O.	A. 198.		
13-2.	No. 30. Casualty Clg. Stat.		Do.	A. 200.		
17-2.	To Unit		Do.	A. 200.		
10-3.	No. 1. Can. Gen. Hsp. Etaples.	Bronchitis		A. 207.		
1-4.	No. 6. Con. Depot. Etaples.	c/o.	Sick	A. 218.		
8-4.	No 5 Con. Depot. Cayeux.	c/o.		A. 225.		
26-4.	Discharged to Base Depot. Hre.	(do).		A. 238.		

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

Number 54/1923 Rank Spr

Surname HODGSON

Christian Name Michael Henry

Units C E Theatre of War France

Date of Service 20-5-16

Remarks Box 134,

Latest Address Hatzic B.C.
G.P.O.

Roll No. B. Page 13822.

200m.-2-21.M.

JUN 10 1922

REGT'L. No. 541923.

NAME Hodgson M H

H. Q. FILE No. 649

RANK AND CORPS Spr. 3rd Can Div Engrs

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
9198	#10 Can Hld Amb	10-2-17	P.U.O. 9th Bn.
9200	#30 Cas Clg Stat	13-2-17	P.U.O. 9th Bn.
9205	To Unit	17-2-17.	P.U.O.
9207	#1 Can Gen Etaples	10-3-17	Bronchitis Ac.
9218	#6 Conv Dep. Etaples	1-4-17	Bronchitis Ac.
9225	#5 Conv Dep. Camiers	8-4-17	Bronchitis Ac.
9238	Disct to Base Dep Havre	26-4-17	Bronchitis

S.O.S. Dis 11-9-18
II. Comp. Do. 147.
11-9-18 #11 Dd

NAME Hodgson Michael Henry

RANK & No. Spr. 541923 ~~B277~~

CORPS ~~11th 9th Fld Co Can Eng~~ #11 Dd

ENLISTMENT, PLACE North Vancouver B.C. DATE Nov. 12. 1915.

FORMER CORPS nil.

COUNTRY OF BIRTH England. Newton-Willows, Yorks.

NEXT OF KIN Hodgson Mrs M. J. (Mother)

ADDRESS OF NEXT OF KIN Hatsic, B. C.

DISCHARGE, PLACE DATE

R/C 20/5/18 176/30-11

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H. Q. 1772-39-839.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Driver and Rgh. Carpenter RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 33 YEARS MONTHS

HEIGHT 5' FEET 11 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Blue Grey HAIR Brown

DISTINGUISHING MARKS Birth mark back of head.

MEDICAL EXAMINATION. PLACE North Vancouver B.C. DATE Oct. 5. 1915.

REMARKS:

No. 3277 RANK Pte NAME Hodgson M. A.

T. O. S. 21-11-15 (AO 1889 22-11-15) UNIT Canadian Engineers Training Depot

M. D. Hdqts.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 21	1915 Nov 30	✓		
1916 Jan	1916 Jan	✓		
Feb 1	Feb 15	R ✓	Trans to 3rd Div Engr 5/2/16	AO 1916-2-16
" 16	" 29			

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
SEP 11 1918
Discharge Section

This is to Certify that No. 541923 (Rank) Driver

Name (in full) Michael Henry Hodgson enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Mt. Vancouver on the 5th

day of October 1915

HE served in France with Canadian Engineers.

and is now discharged from the service by reason of On Compassionate Grounds, Auth: H.Q. 649 H 1/149 dy 10. 8. 18.

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

Age 36 Years

Height 5' 11"

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars Face 3 left arm

J. H. Hodgson
Signature of Soldier

S.H.D. Andrews
Issuing Officer

Captain
Rank

Date of Discharge 11th September 1918

for O.C. District Depot XI
Appointment

Signed at Victoria B.C. this 11th day of September 1918

in Military District No. XI

File Reference No. D.D.H. 2653

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 541923 (Rank) Driver Name W. H. Hodgson

Unit C. E.

Address on Discharge Hatzic P.O. B.C.

Character and Conduct Very good.

Former Occupation Farmer

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks European War France 1 Year 11 Months.

Signed at Victoria B.C. this 11th day of September 1918

H.B. Andrews
Name of Officer

Captain
Rank

for O.C. District Depot No XI
Appointment

3rd Div Engs

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 ... Can. Div. Engrs.

(2) Regimental Number ... ~~3277~~ 541920

(3) Full Name of Soldier ... Hodgson, Michael Henry,

(4) Place of Birth ... Newton-Willows. Yorks. Eng.

(5) Are you married, or not ? ... No.

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

(b) Present Postal Address ...

(7) Are you a widower ? ...

(8) Have you any children ? ...

If so, give number of boys and girls ...

Also their names and ages ...

9th. FIELD COY. 3rd. DIV. ENG. C. E. F.

M. F. W. 67
20 M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes. Thomas John Hodgson

If so, state name and address Natzic - B.C.

(10) Is your Mother alive? Yes. Mrs M. J. Hodgson

If so, state name and address Natzic. B.C.

(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? No.

If so, in what Company? ——

Have you made arrangements for payment of your Insurance premium ——

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

H. L. Trotter

Officer Commanding Major C. E.
O. C. 9th. Field Coy. Div. Eng. C. E. F.

Date FEB 28 1916

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 541923 Rank Spr. Name Hodgson, W.H. (C.E.)

Corps 11 District Depot who was* Discharged

On 11-9-18 191..., to...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 191..., to 11-9-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 11 days at $ 1 c.	11	
Advances by Cheques No.	12	10	Field Allow. 11 days at $ c. 10	1	10
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	
Payment on ~~transfer~~ or discharge No.	35		Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	47	10	Total	47	10

*Give particulars.

A monthly stoppage of $ NIL (†) has (‡) been paid on account of Assigned {Pay for the month of 191... and Sep'n Allce. for month of 191...} (to) Assignee NIL

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

CHECKED BY

On Transfer of an Officer

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 5-10-15

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge D.O. 147 authority

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 12-9-18

Place Victoria, B.C.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Hodgson *Christian Name* Michael Henry

Examined { on 5th day of Oct 1915
at N. Vancouver.

Birthplace { City or Town Newton Wilts
County Yorks. E.

Apparent age 32

Trade or occupation Rancher. Late Rgt Carpr.

Height 5 Feet 11 Inches.

Weight 158 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 2 inches.

Physical development medium

Small-Pox Marks —

Vaccination Marks { Arm Right. Left.
Number 1 2

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection —

Approved by [signature]

Rank Capt. Lieut. A.M.C. M.O.
C. Field Coy. C.E.

Date	Fit or Unfit	Examined for Re-engagement,
		19 APR 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
8/6/16		J.H. Compston Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
6.11.15		[illegible] Lieut. M.O.
10/12/16		[illegible] M.O.
14/6/16		[illegible] M.O.

Enlisted on 5th *day of* Oct 1915 *at* 16th Vancouver, B.C.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st Field Coy. C.E.	~~3277~~		5th Oct. 1915.
Transferred to..	Con Engrs CEF. 9th Field Co. C.E.	541923 ~~3277~~		

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

105

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.
No10 Can.field Amb.		10	2	17	13	2	17	P.U.O.	4		A198-200 (VW)
No30 Cas.C.Station.		13	2	17	17	2	17	"	4	To unit [redacted] Duplicate Medical History Sheet posted to here.	A200 "

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 11

NAME OF SOLDIER M. H. Hodgson

RANK Cpl

No. 5-411623

REGIMENT

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	June 12	1/21		1/29						1/9							2.3.6. 10/16/17 26.27		9/4.5. 12.13.14/16-17-19.20	Examined by Capt. Hacking	11	1 extraction required.
	June 12										1/32.									Capt. Hacking	11	Completed 6/12/18.

M.F.B. 2-1-[illegible] 9 950

DENTAL HISTORY SHEET

SERVICE DENTAL CLINIC
ARMY MAIN WAREHOUSE

MARRIED OR SINGLE Single

PLACE OF BIRTH Newton Willows, Yorks, England

NAME AND ADDRESS OF NEXT OF KIN Mrs M. J. Hodgson
Hatzic, B.C. Canada

RELATIONSHIP OF NEXT OF KIN Mother

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

DATE 1916	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.
Mar 1-2	31		31	00			3	10						10 00	44 10							
April 3-30	2.100		2	20	2	10		20							2 20							
April 1-31	28	-	28	00	28	-	2	80							30 80							
May 1-10	31	-	31	-	31	-	3	10							34 10	933	15/6/16					
June	10		10		10		1								11 -							
11/6/16-31/8/16	51	-	51	-	51	-	5	10							56 10	183	30/6/16					
																147	15/6/16	234	15/7/16			
Aug 1-31	31	"	31	-	31	"	3	10							34 10			299	31/8/16			
1-30/9	30	"	30	-	30	"	3	00							33 00	365	18/8	415	5/9			
1-31/10	31	"	31	-	31	"	3	10							34 10	456	30/9					
1-30/11	30	-	30	-	30	-	3	-							33 -	535	2/11					
																504	10/10					
															312 50	641	1/12					
1.31/12	31		31	-	31	-	3	10							34 10	586	19/11					
			La	30	60			30	60													
1917.																805	4/1					
1.31/1	31	100/10	34	10											34 10	734	20/12					
	337		370	90										10 00	380 70							

Checked LeKhaffey

ROMOTIONS, &c.

Effective Date	Authority

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 541923. RANK Sgt NAME Hodgson M. H.

IF IN PERMT. CORPS WHAT UNIT — UNIT 4 Div Engr TRANSFERRED TO C.E.T.D. DATE 3.4.16 AUTHORITY Part. II 010

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO 9 Fld Co DATE 11-6-16 AUTHORITY Part II. 120

PLACE OF ATTESTATION N. Vancouver. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 5 Oct 1915. — TRANSFERRED TO — DATE — AUTHORITY

9 SEP 1918

ASSIGNED PAY MONTHLY $ 16.00 DATE EFFECTIVE

PAYABLE TO Mrs. M. J. Hodgson, Hatzic B.C. Canada RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.5.18 REASON Discharged

DISCHARGE DATE AND PLACE 30.4.18. Can. REASON AND AUTHORITY A.G.3 A1 35-1-10 Disposal.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS 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	C.D. Remarks
								9 73		16.		25 73	18 37				from old Ledger Sheet.
										16 00		16 00	4 54 B				
865 3/4/16							9 43					14 60	20 77				
811 5 3/4/16							4 84										N.W.Z. 1 day. Pt II, 115.
6						9 44				16 -	1 10	26 84	28 03				
										16 -		16 -	23 03				
234 15/1/16						256											
						255	261			16 -		23 72	55 41				
279 31/1/16							261			16 -		18 61	70 90				
415 5/9						262	262			16.		21 24	82 66				
						262				16		18 62	98 14				
						5 23				16		23 84	107 30			107 30	
						2 61				144 00		205 20					
						11 33				16		29 95	111 45				
						2 62											
						261											
						262				16		21 23	12432				
						4911	22.44	9 73		176.	1 10	256.38	12432				

Small Ledger Sheet.

5 41 923. 2 pr Hodgson. M. E.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
																1		2		3		4		1	2	3	4
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				No.	Date	No.	Date	No.	Date	No.	Date				
1917	~~33~~ 37		370	70										10 00	380 70									~~47~~ 11	22 44		9 13
1-28/2	28	100 10	30	80					5 79 31 30 31 31 28 31 30						30 80	951	20/2							348 ✓			
March	31	100 10	34	10											34 10	414	5/2			1868	17/2	OSB.		523 ✓		1 74 ✓	
Apl	30		33												33					75	7/4/17	1689	400.		4 36 ✓		
																				463	CBA	30/4/17				6 98 ✓	
may	31		24	10											24 10					858	"	14/5/17				1 79 ✓	
June	30		33						7 92						33	203	10/5/17			OSB.				2 68 ✓			
																291	25/5/17			1639	26/6/17			3 57 ✓		1 79 ✓	
July	31		~~24~~ 33	10											~~24~~ 33 10												
																343	7/6/17							2 67 ✓			
Aug	31		~~24~~ 33	10											~~24~~ 33 10	445	21/6/17							2 68 ✓			
																620	28/7/17	700	20/8/17	1CR				5 35 ✓	5 35 ✓		
Sept	30		33												33	523	28/7/17	731	28/8/17	291	6/7/17			2 63 ✓	8 92 ✓	48 67 ✓	
	~~579~~ 579																							175 44	41 07	60 97	9 13

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SEP. ALLCE.	ENG.	PARTICULARS	CR. 1	CR. 2
Oct 1		~~154 59~~											154 59 ✓		
	P. Pay	34 10 ✓		Can. Detail Brulopne											
				A.R. 3852. 8-9-17.		8 92 ✓									
				A.R. 867. 23/9/17. 3rd D.B.		2 68 ✓			16	161 09 ✓			Mch P.P		32 10 ✓
		34 10 ✓				11 60 ✓			16 ✓						
						11 60 ✓			16 ✓						
				A.R. 1054 16/10 3DE		3 57 ✓									32 10 ✓
				A.R. 941 4/10 3DE		4 46 ✓									
	Nov Deg P.P	67 10 ✓													
									16	188 16 ✓					
		67 10 ✓				8 03 ✓			32 ✓						
									16 ✓						
				A.R. 1213 9/11 3 DE		8 92 ✓									
				A.R. 1652 7/12 3 Dw Clerks		4 46 ✓									
				Lab A.R. 1241 6/11 3 DE		9 73 ✓									
				" " "		8 60 ✓									
Jan															
1918	P.P	32 10 ✓		A.R. 1176 22/12 3 Dw Clerk		3 57 ✓				91 98 ✓					
		32 10 ✓				11 4 28 ✓			16 ✓						
									16 ✓						
				A.R. A2. 7/1/18 3 DE		89 ✓									
				A.R. 1386 " "		4 46 ✓									
2nd	P.P	30 80 ✓		A.R. 1652 25/1/18 "		8 03 ✓				93 40 ✓					
		30 80 ✓				13 38 ✓			16 ✓						

son. M. E. A. P. # 16.00

CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
92 44		9 73	176 00	1 10	256 38	124 32				
			16		16	139 12		✓✓		
	1 74 ×		16		26 45	146 77				
+ 36 ✓			16		20 36	159 41				
	6 98 ×									
	1 79 ×		16		24 77	168 74				
	1 79 ×		16		24 04	177 70				
			16		19 8	195 80				
			16		21 35	208 85				
5 35 ✓										
8 92 ✓	48 67 ✓		16		86 96	152 459				
41 07	60 97	9 73	304							

ULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
								93 40 ✓		
								16 ✓		
			AG 1512 25/2 3 DE	357 ✓				127 50		
								27 60		
31 10 ✓			AG 1638 5/3 "	4 46 ✓						
			AG 1716 20/3 "	257 ✓				99 90 ✓		
				11 60						
31 10 ✓				11 60 ✓				16 ✓		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.3.16	EFFECTIVE DATE:-
AMOUNT:- 16 00 Stopped eff 1/5/18	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 M J Rodgers mother	
Hatzic, B.C. Canada	

P.830-25M-21-2-18.

LAST PAY CERTIFICATE.

PARTICULARS.

1. L.P.C. Issued, date 26/4/18 2. Authority A.G.32 241781 5/5/18

3. Discharged to Canada 4. Pay Book Verified 26/4/18

5. Balance shown on L.P.A. $ 101-98 6. Balc. shown on Ledger Sheet $ 116-90

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

No.	Date	Unit and Particulars of Entry	Amount Debit	Amount Credit
12	4/4/18	Ticket	3 57	
57	11/4/18	"	8 23	
	12/4/18	London.	2 42	
			14 92	

8. Ass'd Pay ~~Cancelled A3M forms rendered~~ Stopped eff 1/5/18

or

9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment Nil

L McMorris

Certified Correct.

C Mansell Lieut.

Officer i/c Group "K"

June						4/6 Debit note. Bal Trans to Cor

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED
PAY *

EFFECTIVE DATE:- 1.3.16

AMOUNT:- 16.00 Stopped

NAME, ADDRESS, RELATIONSHIP

Mrs M J Rodgers
Hatzic, B.C. Ca

EXTRACTS FROM ACTIVE SERVICE

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY

~~Twelve weeks forfeit~~

PARTICULARS OF RENDERING

MONTH	PARTICULARS
1918	
March	31st Pay Ford
April	1-30 A. Pay
	Cr Note Accts Bd. A/C 291
	Error Acnts Note 130260
May	
June	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.3.16		EFFECTIVE DATE:-	
AMOUNT:- 16.00 Stopped off 1/5/18.		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 W J Hodgson mother
Hartzie, P.E. Canada

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	AMOU
						Sailing List #11. 13	
~~Twelve weeks furlough to date~~				~~C.G.36. 24/4/18~~		Stopped Cancelled	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to date 1/5/18

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS
March	31st. Pay Ford			
April	1-30. R. Pay	33 00		
	Cr Note Accts Bde AR 291 6/7/17. Chgd in Error shown Ref to 130260 Hogan G.		48 67	Draft to 9/1 3 DE
				6P 1587. 12/1 "
		33	48 67	
				AR DN. 12 6/4/18 3rd D E
May				AR 1881 24/4/18 CDD Burt
				AR 2272 3/5/18 " "
June				Per Debit note. Bal Fro

~~ENGLAND OR~~ CANADA. *	SEPARATION ALLOWANCE.	ENGLAND OR CANADA. *
3.16	EFFECTIVE DATE:-	
00 Stopped off 1/5/18	AMOUNT:-	

NAME:- Hodgson H6 76

NUMBER:- 541923

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper
9 SEP 1918		

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 Hodgson Mother	
B.C. Canada	

UNIT AND TRANSFERS

ORIGINAL UNIT:- 4th Div Eng

DATE ACCOUNT FIRST OPENED:- 1.3.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			3rd Div Eng
Dis to Can	1/5/18	21/5/18	Non Eff "K"

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

UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.B.	UNIT PAID BY	AMOUNT
				Sailing List #11 13-5-18.	
~~to forbought to Can~~		A.G. 3B. 211781 5/11/18	Cancelled		

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	= 10		

REASON OF RENDERING NON-EFFECTIVE:- ~~Discharged to Can 1/5/18~~ A.G. 3B. 211781 5/11/18 for Disposal

PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Bal. Ford								99 90		
A. Pay. *	33 00						16	116 90		
Rec'd Bde AR 291 6/3/17 Bkgd on		48 67	Dnark 70 9/4 3DE	8 92						
Bonds Rte to 130260 Hogan G.			6P 1587 12/4 " 10/=	2 13				15 22		
	33	48 67		11 35			16			
			AR DN. 12 4/4/18 3rd D E	3 57						
			AR 1881 24/4/18 CDD Burton	9 73	Endorsed					
			AR 2272 3/5/18 " "	24 33	Endorsed			116 59		
				37 63						
			Per Debit note. Bal Trans to Can	116 59				Nil		
				116 59						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.

ME

PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

11. C.C.
DD H. 2653.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge

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

No. 541923 Army Rank Pte

Name Hodgson Michael Henry

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

Corps C.E. R.D.

Battalion, Battery, Company, Depôt, &c. C.E.

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

Date of discharge 11th September 1918

Place of discharge Victoria B.C.

1. *Description at the time of discharge.*

Age 36 years ____ months

Height 5 feet 11 inches

Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.

Complexion Dark

Eyes Blue

Hair Brown

Trade Farmer

Intended place of residence (To be given as fully as practicable) Retyond R.D. B.C.

Descriptive marks.

3 Vac. marks left arm 27-4-15

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

2. The above-named man is discharged in consequence of Disposal by A.G. Returned a O 35. 1 10

~~Being Physically Unfit for Further Service~~

~~Under K. R. Can.~~ 344 1 9 10

~~Auth. Med. Board~~

~~(App. A. D. M. S. of~~ On Compassionate Grounds"

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.) Can. H. Qrs. letter 649. H. 1749 dy 10. 8. 18

3. Military character :—

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

Very good.

To be filled in on the soldier quitting the Colours.

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

Initials of Commanding Officer. Captain

W. S. G. Comp. 11-2-19. a. 20.

Army Form B. 2088 has been issued to* for O.C. District Depot No 11

* Strike out if not applicable.

[OVER.

D. D. & L., London, E.C. A8689) Wt. W7717/M2626 500,000 9/17 Sch. 33 Forms B. 268 41

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

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

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

6. Campaigns, Medals and Decorations — 2 3 Months (France)

Certificate of education .....

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

(Place) _____

(Date) _____

District Depot M.D. XI SEP 11 1918 Discharge Section

H B Andrews Captain
for O.C. District Depot XI
Corps, Regiment.

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

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

(Place) _____

(Date) _____

District Depot M.D. XI SEP 11 1918 Discharge Section

W H Hodgson (Signature of Soldier.)

J Davey (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

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

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to 11/9 (the date to which the record of service is completed) 2 years 341 days.

Further service „ „ 18 (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... 2 „ 341 „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 11th September 1918 (date)

(Place) _____

(Date) _____

District Depot M.D. XI SEP 11 1918 Discharge Section

Signature H B Andrews Captain
for O.C. District Depot XI

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

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

None

H. H. Hodgson.

542-30-8-18

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Mar. 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

16			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3277 5-41923

Rank Spr. Promoted Reverted Discharge

Soldier's Name M. H. Hodgson

Battalion 9 Co. 3rd Div. Eng.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. M. J. Hodgson

Address Hatzic, B C.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			352	352.	
1918 Jan.	N 70050		16	16	4
Feb	R 73326		16	16	
Mar	J 92776		16	16	
Apr	J 15044		16	16	
May	D 10611		16	16	

REMARKS M.R.O. 2 Rendered. 27-5-18.

31-5-18 A/c Closed

Ret'd per Mauretania

Date 23/5/18 F.X. 27/5/18

M.D. #11 Clerk M. S. Brennan

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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.—5-17-1772 39-1141
L. L. 22290—M. & D. 7993.

Mother, Mrs. T.J.Hodgson,, Hatzic, B.C.

No. 1/C.M.

MEDICAL HISTORY OF AN INVALID

A613

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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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.

JUN 13 Rec'd

STATION. New Westminster, B.C. DATE June 11, 1918.

1. (a) Unit C.E. (b) Regimental No. 541923 (c) Rank driver

(d) Surname Hodgson (e) Christian name Michael Henry

2. Age last birthday 34 Date of birth Nov 22, 1883

3. Enlisted at North Vancouver, B.C. on Oct 5, 1915.

4. Personal description:—

(a) Height 5'11" (b) Weight 153# (stripped) (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes blue grey (f) Identification marks vacc 1 left 2 right

A. D. M. S., M. D. XI
JUN 13 1918
VICTORIA, B. C.

5. Address after discharge (for the use of the Board of Pension Commissioners) P. O. Hatzic, B.C.

6. Former trade or occupation driver and carpenter

7. (a) Service — Years 2 8/12 — Days 6

Canada	Oct 5, 1915	Period	Mar 1916
England	Mar	From 1916	May 1, 1916
France	May 1	1916	Apr 16, 1918
England	Apr 16,	1918	May 20, 1918
Canada	May 20,	1918	present

(b) Has he been overseas? Yes

8. Original disease or disability None

(a) Date of origin N.App. (b) Place of origin N.App

(c) Cause* N. App.

(d) Present disease or disability None

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

This man claims he was returned to Canada on compassionate grounds.

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

There is no Aughority amongst his papers except that he was granted 12 weeks leave. London 5/4/18.A.G. 3 b. Canadians ref. 2-H-1781. No incapacity.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part Yes

10. History: (*a*) of Condition referred to in "a" section 9.

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

vac 1 left 2 right

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? N.App.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? N.App.

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? N.App.

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

N.App.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

N.App.

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

17. Recommendations

Duty A 1

B.E.Lang. Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned M H Hodgson 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

V.E.D.C.

M H Hodgson
Signature of soldier 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 criticized.

-Concurs-

19. Is the soldier fit for

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

20. It is certified that the soldier
(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).

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

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

Duty Al

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W D Lasselman Capt *President.*

PLACE New Westminster, B.C.

DATE June 11, 1918

F G Langley Capt } Members.

APPROVED BY

J Armand Capt A.M.C.
For *Assistant Director of Medical Services* M. D. 11

DATE JUN 17 1918

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE.....

DATE..... } Members.