Duplicate

DUPLICATE

Card 6/6/16 JF

ATTESTATION - PAPER.

No. 696369

Folio.

Duplicate

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

175TH BN

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Holley
1a. What are your Christian names?	Edward.
1b. What is your present address?	Scotfield: Alta
2. In what Town, Township or Parish, and in what Country were you born?	Gray Co. Ont
3. What is the name of your next-of-kin?	Adam Holley
4. What is the address of your next-of-kin?	Berkley. Ont. Canada
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	Jan 16th 1886
6. What is your Trade or Calling?	Farmer
7. Are you married?	no
8. Are you willing to be vaccinated or re-vaccinated and 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Holley, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Edward Holley (Signature of Recruit)

Date Mar 6 1916 John A Sully (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Holley, 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.

Edward Holley (Signature of Recruit)

Date Mar 6 1916 John A Sully (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 Youngstown this 6th day of March 1916.

John W Coubrey (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

Description of Holley. Edward on Enlistment.

Apparent Age 30 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 4 ins.

Complexion Dark

Eyes Blue

Hair Dark.

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

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).

1 bacon mark left arm

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 March 6 1916. W. W. Cross

Place Youngstown Lt. R.C.A.M.C.
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.

Edward Holley 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.

Nelson Spencer (Signature of Officer)
Lt. Col.
Comdg. 175th, O.Bn. C.E.F.

Date 6th March 1916

LG 1 7/19

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name HOLLEY. EDWARD.

Regt. No. 696369. Rank Private

Corps 175th Battn.

Demobilization

30238

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	2
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
~~Parchment~~ Dis Certificate	1
Medical Report for Invalids	1
Medical History Sheet	2
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1
MFW 192	1
AFB 122	1
Ex SMB	1
AAB 179	2
AF G 1237	1
Dent Hist Sheet	1
Dent Cert	1
R S S	1

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

PUBLIC ARCHIVES RECORDS CENTRE
DEPOT DES ARCHIVES PUBLIQUES
OTTAWA

406367

8-27
23-27
31 27
1

Pay card

1 R 22

1 m 21 W 67

1 leas bank

*Name Holley, Edward Rank Pte. Regtl. No. 696369.

Fyle Depot 5023

Original unit 1[illegible]th Bn Present unit M. or S. Age 30 Religion Meth. Ref. H.Q.

Port, ship, and date of arrival Halifax "Olympic" 14. 12. 18.

Next of kin Father A Holley Bookley Ont.

Address on leave

Address on discharge Youngstown Alta

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Youngstown 6. 3. 16.

Diagnosis Demobilization Date of Medical Boards 4-1-19

Discharged 11. 1. 19 DD 13/5/8

Date.	Remarks	Pt. 2 Order No.
DEC 22 1918	T.O.S. from O/seas 8.12.18 Posted to Cas. Coy 21.12.18 Leave 8.1.19	250/2359 A
15.1.19	Posted to Disc Sect 11-1-19	DDO 13/13-1-19

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Holley.	M.	696369.

Rank	Unit	Co.	Troop	Batty.
Pte.	50th. Bn.			

Hospital Berrington near Shrewsbury — Date of Admission 16-4-17

Transferred Woodcote Park Epsom — Hosp. 13.5.17

Hosp.

Hosp.

Hosp.

Diagnosis G.S.W. St. Arm. R

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION D is. 8.6.17 Date

REMARKS

C.L. 26-4-17. A.201. RFB. Wd. 10-4-17.
" 27-4-17 B283
" 18.5.17 B301²
" 14.6.17 B324(2)

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

EPITOME OF HOSPITAL TREATMENT.

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

No. 696369 RANK Pte NAME Holley E.

T.O.S. 6-3-16
M.O. 411 of 13-3-16 UNIT 175th Battalion C. E. F.

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 6	1916 Mar 31	V		
Apr		V		
May		V		
June		V		
July		V		
Aug		V	A.W.L. Forfeits 5 days pay.	# O.O. 183 of 26-8-16.
Sept-		V		
Oct		N.		

UNIT SAILED
OCT 3 1916

SURNAME. Holley

CHRISTIAN NAMES Edward

REGL. No. 696369 RANK Pte

UNIT 175th Bn

FORMER CORPS Nil

CARD No. 11

S.O.S. 11-1-19. 11
Do. 13 FOLL. 13-1-19.
P.M. U.D.D.

NEXT OF KIN.

NAMES IN FULL Holley Adam

RELATIONSHIP TO SOLDIER Father

ADDRESS Berkley Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Grey Co, Ont. DATE Jan 16th 1886

PLACE OF ATTESTATION Youngstown, Alta DATE Mar 6th 1916

O/S 3-10-16

R/C 14-12-18 232/143

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

Sailed from Halifax S.S. "Saxonia" 3-10-16.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 30 YEARS 1 MONTHS

HEIGHT 5' FEET 7¼ INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 4 INCHES

COMPLEXION Dark EYES Blue HAIR Dark

DISTINGUISHING MARKS

1 vacc mark left arm.

MEDICAL EXAMINATION. PLACE Youngstown DATE March 6th 1916

Present address Scotfield, Alta

REGT'L No 696369.

NAME Halley. Edward.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 50th Bn. formerly 175th Bn

FOLLOWS No. 175th Bn

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
M295	27-4-17.	Reported wounded April 10th 1917.

L. L. 12767—M. & D. 7390.

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

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
201.	Rep from Base	10-4-17	Wounded
1318 3	Berrington War. Hr. Shrewsbury	16-4-17	GSW left arm
B301 (2)	& Can. Conv. "Woodcote Pk. Epsom"	13-5-17.	" " " " "
B324 -1	Disc	8-6-17	" " "

FORM R. 149.
7106—250m—7/2/17.

Name HOLLEY Edward. *Rank* Pte. *Reg. No.* 696369

Unit 50th. Battalion

Next of Kin Canada.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-4	Reported from Base Wounded			A201	M2951	26-4
16-4	Berrington W.H.Nr	Shrewsbury	GSW L.Arm	B283		
15-5	Can. C. H. Woodcote Park	Epsom	do	B.301		
8-6	Discharged		do	B.324		

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

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
696369	Pte	Christian Names (1) Edward (2) (3)	B1 Date 19.2.18	

Place of Enlistment	Date of	Taken on from	Religion	Inoculations	Company
Youngstown	6-3-16	Alta Reg Depot	Meth	26-6-17 TAB 16-7-17 2	7
Province: Alberta	Age on 30 1/2	Date 20.2.18		Vaccination 5-11-16	

On Command	Hospital	Permanent Cadre Date taken on	Employed as
Date Proceeding	Date Admitted		

Record of Overseas Service:
50th Bn 19-1-17 to 15-4-17

Reason for Return: Wounded

Profession or Trade (Civil)
Farmer

Transferred or Posted to
Date

Married or Single Single

Address of Next of Kin Father Adam Talley
Bookley, Ontario

Country Canada

LEAVE.

No. of Pass Issued	From	To	Free Transportation
1682	29.8.18	3.9.18	Yes

A.G. 10435.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
	6th Bde				
242	30-8-17	S.I.			
39	8.2.18	S.D.			
	ARD				
40	9.2.18	S1			
51	20.2.18	C			
	21st Res			.5.	
45	22.2.18	AY		10.	

13/23) 1300 (56
8
115
150
138
12
23.

Number 496369 Rank Pte.

Surname HOLLES

Christian Name Edward.

Units 5-6th Bn Can Inf Theatre of War France.

Date of Service 20-1-17

Remarks John S. Wilson Esqr Sec-Tres. Can Legion

Latest Address P.O. Youngstown, Prince Rupert Branch # 27

Atta Box # 628

Roll No. B Page 12-5-40 Prince Rupert

200m.-2-21.M. B.C. 25/10/41

Bd. rec'd 27/27

DESP. NOV 13 1926

REGN. No. 27065

Returned undelivered 27-11-50

DESP. OCT 28 1941

REGN No. 291

ORIGINAL

F.C.T. 46

MEDICAL HISTORY SHEET.

Surname Holley Christian Name Edward.

Examined on 5th day of Mar 1916
at Youngstown

Birthplace City or Town Knaresdale
County Gray Ont.

Apparent age 20 years 1 month

Trade or occupation Farmer

Height 5' Feet 7½ Inches.

Weight 174 Lbs.

Chest measurement Minimum 34 inches.
Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. X
Number one.

When Vaccinated last 1906

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection Slight Pericardial Murb.

Approved by
W. H. C. Cross
Rank Lt R.A.M.C. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement	
Feb 5th	Cat.	raised to B1	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

25 APR 1917

Date.	Result.	Vaccinations.	
5.11.16	Ok	S/Kendall	M.O.
			M.O.
			M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
11.4.16		J. J. Mackell	M.O.
21.4.16		C. E. Smyth	M.O.
20-10-16		E. H. Wade	M.O.
20/6/17 16/7/17	Tab	Issued.	

Enlisted on 5th day of Mar 1916 at Youngstown

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	175th O.B.	696369.		6th March 1916
Transferred to	21st Reserve Battn. (Alberta) Seaford. 10/1/17.			
	6th Bde. S.S. Bramshott. 30.8.17.		P.T.I.D.O. 175.	
	a.R. Depot.			8/2/18
	Transferred Overseas to 50th, BATTN.			19/1/17

Bramshott Camp, Hants. 21st Reserve

17 AUG. 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Alberta R D 19/8/17.

Station.	Date.	Disease.	Result.
APPROVED. H. R. Burrell Major, C.A.M.C. for Colonel, A.D.M.S., Canadian Troops, Bramshott Camp.	21st Reserve	20/2/18. Myalgia.	Cat. 1 Adjt 21st Res. Alberta. Cat. four weeks. Sydney Goodwin PRESIDENT MEDICAL BOARD, BRAMSHOTT.
19/2/18	Bramshott	as above	B1 at B.79. Sydney Goodwin PRESIDENT.
Bramshott.	20 NOV 1918	Myalgia	MEDICAL BOARD, BRAMSHOTT. B1. C.1. Junk Capo.

CANADIAN

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.
200M—11-15.
H. Q. 1772 39-430.

Surname _____ Christian Name _____

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.
Berrington War Hosp Shrewsbury		16	4	17	14	5	17	G.S.W. Lt arm	28	BERRINGTON WAR HOSPITAL No. 12 MAY 1917 Date SHREWSBURY	[illegible]
M. C. H.	Epsom	14	5	17				do do		Wnd. s healed - only slight Pain. much improved. AIII.	R Brodie Anderson Capt. C.A.M.C.

Form M.S. 1348 (Revised).
—30m—2/12/16.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

17- 8- 1917

No. 696 369 Rank Pte Name Holley E.

Local Unit 21st Res Bn (175 Bn) Overseas Unit 50th Bn Age 30.

Examination held in Bramshott area.

DISABILITY. MYALGIA

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

O.R.
Complains pain in hips & shoulders
States that he cannot take physical exercises.
[illegible] physical disability.
Requires medical treatment in his [illegible] —
Will make A iij in less than one month

Board recommends: C iij (two weeks observation)

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures: Mas Carrie

Members: F. H. Maybood Pres.
J. A. Dickson Major

Approved.

Bramshott 17- 8- 1917 H. L. Burns Major Carrie
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

No. Rank Name

Local Unit Overseas Unit Age

Examination held in Bramshott area.

DISABILITY.

Overseas—Local
(Scratch one out)

PRESENT CONDITION

Board recommends:

1. Fit for Duty.
2. Fit for duty after ... weeks physical training.
3. Fit for Base duty ... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

Pres.

Members

Approved

Bramshott 191

for A.D.M.S. and G.O.C.
Canadian Troops, Bramshott

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT XI

NAME OF SOLDIER Holley, Edward

REGIMENT 175th Btn RANK Pte No. 696369

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 District	REMARKS
Condition on first Examination	1919 Jan. 3rd			2 / 8.9							5 / 2.18 19.29 30									Lieut Little	XI	Cavities in 1.17.31 I dont wish to have any work done. E Holley.

M.F.B. 465. 200M.—6-18. 1772-39-950.

C.A.D.C.5009. 50M-3-5-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
696369	HOLLEY E.	Pte	A.R.D.

Date of Examination	20 NOV 1918
Present Dental Condition	Good
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	no
Has he ever declined Dental Treatment?	no
Recommendation	no service Required

R.A.D.C. S.-BRAMSHOTT * 20 NOV 1918 * HQUARTERS

Date 20 NOV 1918

Station .....

Signature of Examining Officer ..... Capt. C.A.D.C.

* Name should be entered in block letters.

Forms I. [illegible]7/11

Exp. France

Patient's Serial Number to be quoted in all Communications.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
PCT 76	696369.	Pte	Holley.	E

Year	Unit.	Age.	Service.
1917	50th Canadians	29.	

Station and Date.

Disease Blt wd arm. VIII (1).

Total Service 13/12

Service in Fd 2/12.

Bellington War Hospital, Shrewsbury.

NEXT OF KIN.

Mother.

Medecine Hat.

Alberta. Canada.

Slight ~~Severe~~ ~~Dangerous~~

Religion. C of E.

Arrived here from France on Apr 16th suffering from a Blt Wound of Arm. Both exit & entrance wound were fairly clean on arrival.

INOCULATION AGAINST ENTERIC.

TV/1 TV/2 TT/NIL

Date 20. 10. 16

Cross out that which does not apply

Treatment. Suitable dressings

Apr 21st Removed to Auxiliary Hospital

Requires Anti-tetanic Serum

J E Power Capt

RECOMMENDED

Transfer to Canadian Conv. Hospital

DISCHARGE

8. 5. 7

T W Grant Mo. /c

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

(23205) Wt. W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

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 175th O Bn C E F

(2) Regimental Number 696369

(3) Full Name of Soldier Edward Holley

(4) Place of Birth Parkdale Ontario

(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

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? yes

If so, state name and address Adam Holley, Berkely Ont.

(10) Is your Mother alive ? yes

If so, state name and address Mrs

(11) If your Mother is a widow no

Are you her sole support, or not ? no

(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.

Nelson Spencer

Officer Commanding.

Date 23/9/16

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

District Depot M.D. XI
JAN 11 1919
Discharge Section

This is to Certify that No. 696369 (Rank) Private

Name (in full) Edward Holley enlisted in

the 175th Battalion

CANADIAN EXPEDITIONARY FORCE at Youngstown on the 6th

day of March 1916

HE served in France with 50th Battalion

and is now discharged from the service by reason of On demobilization

Under R.O. 1420 c. of 12.12.18.

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

Age 32 years.

Height 5' 7"

Complexion Dark.

Eyes Blue.

Hair Dark.

Marks or Scars G.S.W. scars. left arm

E Holley
Signature of Soldier

H. B. Andrews,
Issuing Officer

Captain
Rank

for O.C. District Depot XI.
Appointment

Date of Discharge 11th January 1919.

Signed at Victoria B.C. this 11th day of January 1919.

in Military District No. D.D. XI

File Reference No. D.D.H. 5023.

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.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Demobilization Pay M D. No

M. D. 11

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 52

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25/15c, C.E.F., 1916).

Regimental No. 696369 Rank Pte. Name Bolley. E.

Corps No-11- Dist Depot who was* discharged

On 11-1-19 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191...., to 11-1-19 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	392	38
Advances by Cheques No. 27302 Clothing	35	00	Regt'l Pay 42 days at $ 1 c 00	42	00
Advances by Cheques No.			Field Allow. 42 days at $ c 10	4	20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 27303	450	03	Other Credits Auto 11 20 Trans 25	11	45
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	485	03	Total	485	03

*Give particulars.

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

(Address) .....

.....

CHECKED BY

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Nil -

(3) cause of discharge ..... authority D.O.4 13 -

(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 January 10/19

Place Victoria B.C.

C. R. Mayo Captain

Demobilization Paymaster. M.D.

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.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 175th, O. Batt. C.E.F.

Regimental No. 696369 Rank Pte Name Holley, Edward.

Enlisted (a) 6/3/16 Terms of Service (a) Duration war Service reckons from (a) 6/3/16

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) None Farmer

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 Canada	Halifax	4-10-16	
		Disembarked England	Liverpool	13-10-16	
~~10~~ 10/1/17	~~H.Q. Cad.~~ ~~Seaford~~ O/C 175th	Transferred to 21st Reserve Batt. (Alberta)	Seaford	10/1/17	Authy Local Command R.O. 136 Pt. II D.O. 10 Date 10/1/17 Lieut. A/Adjt 175th. Bn. C.I.
10/1/17	~~H.Q. Seaford~~ ~~A.O. 136~~ O/C 21st Res.	Taken on Strength of 21st Res. Bn. Alberta from 175th Bn. C.I.	Seaford	10.1.17	Part 2 D.O.1.d/10-1-17 A.D. Munson Lieut. A/Adjt 21st Res. Bn. Alberta

(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.

CERTIFIED CORRECT. 30 JAN. 1917 CAN. RECORDS, LONDON.

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
19.1.17	O/C 21st Res Bn.	Transferred Overseas to 50TH BATTN. D.O.Pt 2 No 10 d/ 19/1/17	Seaford	19.1.17	pt. II O. 10. a/Lieut/A Adjt 21st Res. Bn. Alberta
20-1-17	D.O. 6BS	Arrived 6BS from T.O.S. 50th	Havre	20-1-17	N.R. Pt II A.O. 15 d/ 23-1-17.
13-2-17	Do	Left to join Unit	Field	13-2-17	N.R.
25-2-17	O.C. 50th	Joined Unit	Do	19-2-17	B213 OBS 130 d/5-3-17.
16-4-17	Do	Wounded.	Do	10-4-17	G.S. 16/256H OBS 157 d/21-4-17.
15-4-17	"Jan Breydel"	Invalided (wounded) and posted to Alta. Regt. Depot.	Bramshott	15-4-17	W3083/4219 Pt II A.O. 74 d/24-4-17
					Mbanderson Lieut. for major a.a.g. Canadians
					Lieut. for Lieut-Col i/c Records, C.E.F.
16/6/17	21st Res Bn.	T.O.S. 21st Res Bn to Alberta Reg Depot	Bramshott	8/6/17	Pt II 20157
22/8/17	21st Res Bn	Posted to Alberta R D	Bramshott	18/8/17	Pt II 20224. a/Lieut & Asst. Adjt. 21st. Reserve Battalion. (Alberta)
22-8-17	21st Res Bn.	T.O.S. A.R.D. + posted to Depot Shorncliffe	Bramshott	22-8-17	Pt II 20167 H. Seaton Lt Adjt for Major Comd. Alberta Reg. Depot
3-9-17	A.R.D.	Transferred to 6.B.6th Res Bde	"	30-8-17	Pt II D. 175
1-9-17	A.R.D.	T.O.S. 99/Staff 6th Can Res Bde	"	30.8.17	Pt II A.O. 248 Lieut. Orderly Officer, 6th Canadian Reserve Brigade.
8. 2. 18	H.Q. 6th C.R.Bde	T.O.S. to Alta Regt. Depot	"	8. 2. 18.	Part II A.O. 39. H. Tomlinson Lt.

Army Form B. 103. 2

Regimental Number 696369

Casualty Form—Active Service.

Regiment or Corps 175th O. Batt. C. E. F.

Rank Pte Surname Holley Christian Name Edward

Religion Methodist Age on Enlistment 30 years 1 months

Enlisted (a) 6-3-16 Terms of Service (a) Duration of War Service reckons from (a) 6-3-16

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

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

or Corps Trade and Rate Farmer

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	A.R.D.	Tos. from 6th C.R.B. S.S. Ex. will be shown as attached to 21st Res. Bn.	Bramshott	8-2-18	Pt II DO 40
20-2-18	A.R.D.	On Command to 21st Bn. Bramshott	"	20-2-18	Pt II D.O. 51
					[signature] Lieut & Adj Alberta Reg Depot
22-2-18	21st Res Bn	Attached from Alberta R D	Bramshott	20/2/18	Pt II DO 45
18/11/18	do.	Ceases to be attached from A R D	do	15/11/18	" " 273
					[signature] Lieut. & Asst. Adjt. 21st Reserve Battalion (Alberta)
26 NOV 1918	O.C. A.R.D.	POSTED TO Dep. Ot. Co.	BRAMSHOTT	25-11-18	PART II D.O. 30

(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.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[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				
	O.C. A.R.D.	S.O.S. To Port of Embarkation for Canada.	BRAMSHOTT		PART II D.O.
1.12.18		Sailed for Canada	DEC 3 1918		Geo. Duckett Jr.
					LT. O.I/c RECORDS ALBERTA REGIMENTAL DEPOT.
23/12/18	Overseas	(T. O. S. District Depot, M. D. XI.	Victoria, B. C.	8/12/18	D. O. Part 11. 25.00 1918)
		Discharged on demobilization under R.O 1420 d/12. 12. 18 (c)	— " —	11.1.19	DOP'tt 13/58 d/d/13.1.19.
					H.B. Andrews Capt. for O.C. District Depot.,

R—122
8,401—50,000—21-10-16.

G.B. Rank Name HOLLEY. Edward. Reg'l No. 696369.

Unit 175th Battn If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Youngstown 6th March 1916. Place of Birth ~~Maybo~~ Grey Co. Ont.

Name and Address, Next-of-Kin Adam Holley,

Berkley Ontario. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place x 6 Res Bde Reason Character

N/E. R.B. No 8363
File R.L.
Category CAN.OR

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·SAXONIA 13-10-16					
10-1-17	175thBn.	S.O.S, To 21st Res. Bn.	Seaford	10-I-17	Pt, 2 D.O.10
10.1.17	21 Res Bn	T.O.S. fr 175 th. Bn.	Seaford	10-1-17	Pt 11, D,O.1.
19 I 17	21 Rs Bn	SOS to 50 Bn	Seaford	19 I 17	Pt. 11. O 10
23-1-17	50thBn	T.O.S. from 21stResBn	In the Field	20-1-17	Part 2 D.O.15
16.4.17	" "	Reported from Base Wounded	"	10.4.17.	CL. A201.
27.4.17	" "	Adm Berrington War Hos. N. Shrewsbury.		16.4.17	" B283. G.S.W. Lt Arm
27.4.17	" "	Invalided Wounded and posted to Alta Reg. Depot.	Field	15.4.17.	Pt. IV D.O.74 Alta D.O.52 30/4/17
18.5.17	Ch. "	To C. Conv. Hosp. W'cote Pk.	Epsom	13.5.17	C.L. B.301 G.S. W.L. Arm.

A.F.B. 103 CHECKED 27 JAN 1917

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.
					GSW L. arm
14.6.17.	CL 50.	Disch'd. Can Con 4. W'cote Pk.	Epsom.	8.6.17	CY B 324
16.6.17	21st Rs	T.O.S. from Alta. R.D.	B'shott.	8.6.17	alta. D.O. 98'15 6/17 D.O 157.
22.8.17	"	S.O.S. to Alta. R.D. C III	"	18.8.17	alta. D.O. 167'23 8/17 & DO. 179'4 9/17 D.O. 224 Res
31.8.17	Alta. R.D.	S.O.S. to SS 6th Can. Res. Bde.	"	30.8.17	D.O. 175 & 6 Bde pt II O 242 dy 31.8.17
8.2.18	6th C. Res Bde.	S.O.S. on transfer to Alberta Regt. Depot	Pte. B'shott.	8.2.18	Pt II O 39. & ARD Pt II O 40 d. 9.2.18
20.2.18	ARD	On Command to 21st Res.	"	20.2.18	Pt II O 51 & 21st Res Pt II O 45 d. 22.2.18
18.11.18	21 Res	Ceases Attached	" "	15.11.18	DO 273 & ARD 294 d 18 11/18
11.12.18	ARD	S.O.S. to C.E.F. Canada	" "	7.12.18	DO 314

1. L.P.C. issued, date 20/2/18.

2. Authority RO 3457. 8/2/18

3. Discharged to Canada 21/2/18

4. Pay Book verified 20/2/18.

5. Balance shown on L.P.C. $ 298.79

6. Balance shown in Ledger Sheet $ 328.59

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

No.	Date.	Unit & particulars of entries.	Amount. Debit	Credit
~~14/1/18.~~				
~~144~~	~~10/1/18~~	~~£2.10.~~	~~12.17~~	
~~148~~	~~29/1/18~~	~~1.10~~	~~7.30~~	
968	14/2/18	2.0.	9.73	
	30/11/17	I/R.	.60	

Net Difference $ 29.80 | 29.80

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

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

Checked C.H. Robertson

Certified correct A.C. Walker

Officer i/c Group

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:–		EFFECTIVE DATE:–
AMOUNT:–		AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME A WORD "SAME" ONLY TO BE WRITTE

A 3 M. FORM REN'D
DISCHARGED TO Can
PAY BOOK VERIFIED Y
Cr. BAL 432.38 L.P.C. M
AUTHY. Non Roll. 176

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTR BY INSERTION OF DATE CHARGED IN R

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID
~~1998~~	~~13/11/18.~~	~~B'shott~~	~~4.87~~			

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans to Canad

MONTH	PARTICULARS	CR. 1	CR. 2.	P
31/3/18	Bal Fd			
April	R.P.	33		
		33		
May	P. Pay	34 10		AR 344
				DnaR 22
				DnaR. 61.
				AR. 489
		34 10		
JUN	P. Pay	33		" 649
				" 776
		33		
JUL	P. Pay	34 10		" 908
				" 1084
		34 10		
AUG	P. Pay	34 10		" 1199
				" 1330
		34 10		
SEPT	P. PAY.	33 –		" 1448
				" 1548
		33		
Oct	– –	34 10		" 1667
				" 1812
		34 10		
				" 1998
Nov.	– –	33		
	Interest on Def Pay.	23 62		
		56 62		

Nil

CANADIAN
ASSIGNED PAY AUDITED
S Morrie
AUDIT CLERK
DATE 11/6/19

D OR	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
	EFFECTIVE DATE:–	
	AMOUNT:–	

NAME:– HOLLEY . E.

NUMBER:– 696369

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Ste.

HORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

A 3 M. FORM REN'R ..... EFFEC ~~1-12~~
DISCHARGED TO Can. DATE 1.12.18
PAY BOOK VERIFIED Yes.
Cr. BAL 432.38 L.P.C. REN'R 20.11.18
AUTHY. Nom Roll 176. 17/11

UNIT AND TRANSFERS

ORIGINAL UNIT:– 175 Bn

DATE ACCOUNT FIRST OPENED – 1.10.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6 Res. KQ
105	15/4/18		A R D

-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
4.87				

DAILY RATES OF PAY AND ALLOWANCES

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

FECTIVE:– Trans to Canada N.R. 176 17/11.

	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								~~366 76~~	~~60~~	
	33							322 82	300	
	33							355 82	315	
	34 10		AR 344 21 Res. 15/5/18	9 73						
			DnaR 225 21 Res. 29/4/18	24 33						
			DnaR. 61. 21 Res 15/4/18	9 73						
			AR. 489 " " 30.5.18	24 33				321 80	330	
	34 10			68 12						
	33		" 649 " " 15.6.18	9 73						
			" 776 " " 29.6.18	24 33	34 06			320 74	345	BALANCE Aged 14.10.18
	33			34 06						
	34 10		" 908 " " 15.7.18	9 73						
			" 1084 " " 30.7.18	9 73				335 38	360	
	34 10			19 46						
	34 10		" 1199 " " 15.8.18	7 30						
			" 1330 " " 31.8.18	9 73				352 45		
	34 10			17 03						
	33		" 1448 " " 15.9.18.	9 73						
			" 1548 " " 30.9.18	9 73				365 99	390	BALANCE AGREED 15/11/18
	33			19 46						
	34 10		" 1667 " " 15.10.18	9 73						
			" 1812 " " 31.10.18	9 73				380 63		
	34 10			19 46						
			" 1998 " 15/11	4 87						
	33									
	23 62							432 38		
	56 62			4 87						

UDITED

T CLERK

NUMBER 696369. RANK PTE NAME HOLLEY. E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2

Holley. E.

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

P. 559

MARRIED OR SINGLE S.

PLACE OF BIRTH Grey Co. Ont. Canada

NAME AND ADDRESS OF NEXT OF KIN Adam Holley
Berkeley. Ont. Canada

RELATIONSHIP OF NEXT OF KIN Father

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
T.O.S	30/8/17	
S.O.S.	8/2/18.	Bo 3a 3/2/

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.
														3 –	3 –							
Oct	31	1.00	31	–	31	10	3	10							34 10	17	20/10					
Nov.	30	.	30		30	.	3								33							
Dec	31	.	31		31	.	3	10							34 10	56 109	7/11 24/11					
1917 Jany	31	1.00 10	9 34	20 10											34 10	217 159	29/12 15/12					
Feb	20	1.00 10	22	–											138 30 22	251		254	15/1			
21-28	8		8	80											160 30 8 80							
1/31 Mch	31		34	10.											34 10			883	5/3.	383 446.	3/2 1/2	
Apr	30		33												33.							
May	31		34	10.											34 10	41	4/4					
June	20		22.												22							
June	10	1.10	11	.											29 30 11.							
July	31		34	10											34 10							
			334	40										3 .	337 40							

18.
29. 1. 18.
14. 2. 18.
30. 11. 17 | I/R. 21

PROMOTIONS, &c.

Effective Date	Authority
3/8/17	
8/2/18.	Bo 3a1 3/7/18

HOSPITAL, &c.

Name of Hospital

Reg'l No. 696369 Rank Pte Name Holley, Edward

If in Permt. Corps What Unit } Unit 175th

Permanent Force Allowances

Place of Attestation Youngstown. Alta

Date of Attestation March 6/1916

Transferred to 21st Res Bn Date 1-2-17 Authority B.O. 10 10-1-17

Transferred to 50th Bn Date 21.2.17 Authority B.O. 10 19/1/17

Transferred to Alta Regt Dep Date 21-6-17 Authority G.L. 283.27/4/17

Transferred to Esquimalt Det 6th Res Bde. H.L.I.S. Date 11-8-17 Authority ab

70 3 Det. Capt 1.11.17 Nom Roll

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place ~~Canada. 21/2/18~~ Reason and Authority ~~R.O. 3457. 8/2/18 Bn~~

Discharge cancelled 4/2/18 attn R.D. wire 21/2/18 69

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	Remarks
														3 -			Bal from Canada
						14 60						14 60		22 50			
														55 50			
						9 73						24 33		65 27	45	20 27	
						14 60											Left to 21st Res Bn 1-2-17
						9 73						14 59		84 78	60	24 78	B.O. 10-10-1-17
						4 86						5 12		101 66			26th Q 4005. 24. 15.1.17
254	15/1						4 86				26	5 12		101 66			Left to 50th Bn 21-2-17
														110 46	75		
883	5/3.	~~387~~ 382 ~~446.~~ 1/2					261	4 36	4 36.			11 33		133 23.	90.		
														166 23			
						261						261		194 92.	120.		Trans to AKD 21-6-17
						56 13						72 58		219 72			
														230 72			
														264 82	195 -	69 82	
						56 13	7 47	8 72			26	72 58					

69.6369 Pte: Holley E.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4
			334	40										3	337 40									56 13	7 47	8 72	
Aug:	10	1.10	11												11												
			345	40											348 40												
			23	10										8 03	31 13												
Sept.	30		33	00											33 00	1265	8/6							48 66			

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.	Month	Particulars	Cr. 1	Cr. 2
Sept 30	Balance								291 29	275					
Oct 31	pp	34 10							325 39						
		34 10							67 10						
				AR 34 29/10/17 Det B'shott	9 73				392 49						
Nov.		33		AR 32 19/10/17 "	9 73				92 45						
				AR 29 14/9/17 "	17 03				300 04						
				DN AR 98. 31/8/17 A.R.D.	7 30										
				" " 401 15/8 21 Res.	9 73										
Dec.		34 10		" " 357 20/7 "	24 33					266					
				AR 37 24/11 Det. B'shott	9 73										
				31 30/9 "	87 58 / 4 84				300 04	255					
		67 10			92 45				57 35						
Jan.	Unfer. F.A. 124 days @ 15¢. 30/8/17–31/12/17	18 60		AR 40. 29/11. Det. B'shott.	9 73				359 39						
		38 75		AR 39. 28/11 "	9 73				58 41						
				42 17.12 "	19 46 / 19 47				298						
				DN AR 316. 15/7 "	9 74										
				877 15/5 Epson.	9 74				298 ~~301~~ 98	270					
		57 35			58 41										
Feb	1-7 @ 1.25	8 75													
	8-20. @ 1.10	14 30													
	Int on Def Pay	6 56							328 59						
				AR 48. 28/1/18. B'shott.	7 30				29 20						
				44 10/1/18 "	12 14				99 39 / 309 12						
		29 61			19 44				352 02						
Feb. 21															
Mar 31	39 days	42 90		AR 1224 21/3/18 21 Res.	19 47										
				968 15.2.18 "	9 73				322 82	300					
		42 90			29 20				322 82						

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
7 47 8 72				26	72 58	96482		195	69 82	
						27682				
					72 58	30695				17.96-196. 21 Rs 157. 196.
					48 66	29129		7 20		

ULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER RED. PAY	SER. ALLCE ENG.

This space to be for numbers.

28-2-1918

Proceedings on Discharge.

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

No.	696369.
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Holley, Edward.
Corps (Squadron, Battery or Company)	175th Battalion
Date of Discharge	11th January 1919.
Place of Discharge	Victoria B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	32 years ... months.
Height	5 feet 7 inches.
Complexion	Dark.
Eyes	Blue.
Hair	Dark.
Trade	Farmer.
Intended place of residence (To be given as fully as practicable.)	Youngstown, Alta.

Descriptive Marks

G.S.W. scars. left arm.

2. The above-named man is discharged in consequence of On demobilization Under K.O. 1142 0,6, of 12,12,18,

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

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

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

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

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

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

District Depot M.D. XI Discharge Section JAN 11 1919

(Place) JAN 11 1919 .....

(Date) ..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

District Depot M.D. XI Discharge Section JAN 11 1919

(Place) JAN 11 1919 E Holley *(Signature of Soldier.)*

(Date) ..... Fred Bowes *(Signature of Witness.)*

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

District Depot M.D. XI JAN 11 1919 Discharge Section

The discharge of the above-named man is hereby confirmed. JAN 11 1919

(Place) .....

(Signature) H.H. Andrews Capt. for O. C. District Depot, XI

(Date) .....

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. E Holley

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

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

(*a*) Proceedings on Discharge.

(*b*) Attestation.

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

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

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

H.1168

X1 C/C

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 New Westminster, B.C. DATE Jan. 4, 1919

1. 1 (a) Unit 175th O.B. (b) Regimental No. 696369 (c) Rank Pte.

(d) Surname Holley (e) Christian name Edward

(f) Home address Berkley, Ontario

(g) Next of Kin Nancy Holley (h) Relationship Mother

(i) Address of Next of Kin Berkley, Ontario

2. Age last birthday 32 Date of birth Jan. 16, 1887

3. Enlistment, or Appointment (if an Officer) (a) Place Youngstown (b) Date Mar. 5, 1916

4. Personal description:

(a) Height 5' 7" (b) Weight 157 (stripped) (c) Complexion Dark

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

Vacc. 2 left; 2 G.S.W. scars left arm.

5. Former trade or occupation Farmer A.D.M.S. Military District No. 11

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 9/12	30

JAN 6 1919 VICTORIA B. C.

	Periods From	Periods To
Canada	Mar. 5, 1916	Aug. 1916
England	Aug. 1916	Oct. 1916
France or other theatres of War	Oct. 1916	Apr. 1917
England	Apr. 1917	Dec. 1918
Canada	Dec. 14, 1918	Present.

7. Original disease, or injury Myalgia. G.S.W. left arm.

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

(c) Cause N. app.

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.)

None

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.)

No Incapacity

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

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

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

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

Evacuated with bullet wound left upper arm Apr. 10, 1917. No disability at present. Had myalgia in England. Feb. 1918. No disability now.

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*).)

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

v 2 G.S.W. scars inner side left upper arm; middle 1/3

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

(*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. app.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) 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.

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 Category A. 2.

B. E. Lang. Capt.

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 E. Holley 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. E. L.

E Holley Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concurs.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Duty Category A. 2.

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.

B C Langbaft President.

PLACE New Westminster, B.C.

W S Langbaft } Members

DATE ~~Dec.~~ Jan. 4, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President.

PLACE..... } Members

DATE.....

APPROVED BY

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

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

PART I. A.F.B. 179 Canada (Revised 1918). 40266 100M 1-18 D.343

Reserved for M.H.C.

Regt. No. 696369 Rank PTE Surname HOLLEY Christian Name EDWARD

Unit or Corps—(a) Overseas from United Kingdom 50th Batt (b) in United Kingdom 21st Res. Bn.

Born at—Town Markdale County or Province Ontario Country Canada

Date of Birth—Day 16 Month January Year 1885 Age 32 yrs. 10 months.

Joined at ~~Calgary Alta~~ Yoslington Alta Canada Date March 5th 1916

Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification :—

"Bullet wound" middle of upper left arm
Cut wound 2 inches just this side on inside

Height—feet 5 inches 9" Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Edward Holley

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*) MYALGIA

Disabilities Group (*b*) —

Disabilities Group (*c*) —

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Exposure to wet and cold when about 16 yrs. of age	Markdale	1902
(*ii.*) As to Group (*b*) above.	—		
(*iii.*) As to Group (*c*) above.	—		

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? yes If yes, has Active Service aggravated it ? yes

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ? —

(*iii.*) As to Group (*c*) above ? —

PART I. (continued).

5. MEDICAL HISTORY.

was exposed to wet and wld lumbering when he was 16 yrs of age and was troubled with Rheumatic pains. after he went to B.C. this condition improved. After enlisting he was troubled with these pains in France in March 1917 but received no Hospital treatment. G.S.W. left arm April 9th Treated in Bennington War Hospital and at Epsom where M.H.S. states wounds healed slight pain. Much improved and Boarded a iii Boarded 17-8-17 c iii two weeks observation Category raised 9-2-18 by M.O. to B ii

6. PRESENT CONDITION.

General condition fairly good no loss of weight subject to pain in muscles of legs in "wet weather" no objective signs of disability wounds healed no disability

Other systems normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what.

(iii.) Was one advised and declined? —

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe. —

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) Yes B i

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report Nov 17 1918

Signed E C Riseborough Lt
Officer in medical charge of case.

Station Bramshott

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

H Murray Capt (Officer i/c Hospital S.M.O., Brigade) Strike out one of these

Dated at Bramshott Station, on 18 NOV 1918 191

*Delete if inapplicable.

PART

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

10. Is the diasbility fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes.
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused? No. Aggravated? No.
(b) Misconduct of the Soldier { Caused? No. Aggravated? No.

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*) Ten per cent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) Five tenths

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? No
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Three months

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? None

17. Can the former trade or occupation be resumed? Yes

18. REMARKS :—
Boarded under authority A. G. Mayman 9083 dated 11/11/18

19. RECOMMENDATION :—
(a) Fit for duty? (*state category*) Yes BT
(b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board 20 NOV 1918

Signatures of the Board { [signature] President. H. McKenzie Capt. C. A.M.

Station Bramshott.

Approved J. W. Bridges Colonel, A.D.M.S. Canadian Troops, Bramshot Camp

A.D.M.S.

Dated at Bramshott

Station 20 NOV 1918

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Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in ~~England~~.) Eck
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

Edward Holley
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE.*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

One copy of A.F.B. 179 has been detached from this file and sent to the Office of the A.D.M.S., Victoria with proveedings of Medical Board.

for B. R. Laing. Capt. C.A.M.C.
Pres. Med. Bd. No1 Xl Cas. Co.

MEDICAL BOARD
NEW WESTMINSTER, B. C.
JAN - 3 REC

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No. 696369 Rank Pte Surname Hobley Christian Name EDWARD

Unit or Corps—(a) Overseas from United Kingdom 60th Bn (b) In United Kingdom C.R.D.

Born at—Town Markdale County or Province Ont Country Canada

Date of Birth—Day 16th Month Jan Year 1886 Age 32 yrs 1 months.

Joined at Youngstown Alta Date March 5th 1916

Trade or Occupation Hammer

Permanent marks or peculiarities that will serve for future identification:

Bullet wound middle of upper left arm.
Exit wound 2 inches further back on inside

Height—feet 5 inches 9" Colour of eyes Blue

Signature of Soldier (*for identification purposes*) Ed Hobley

Medical Report.

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

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

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

Disabilities Group (*a*) Myalgia
Pains and stiffness in muscles of back and legs.

Disabilities Group (*b*)

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Myalgia	Before Enlistment	
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(*i.*) As to Group (*a*) above? yes. If yes, has Active Service aggravated it? yes.

(*ii.*) As to Group (*b*) above? — If yes, has Active Service aggravated it? —

(*iii.*) As to Group (*c*) above? — If yes, has Active Service aggravated it? —

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? No

(*ii.*) As to Group (*b*) above? —

(*iii.*) As to Group (*c*) above? —

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

(*i.*) While on duty? Yes (*ii.*) While off duty? No

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

(*vi.*) Opinion of the Court? —

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

Had been troubled with rheumatic pains before enlistment in Ontario but condition improved in B.C. Was troubled with these pains again in France in March 1917. but received no hospital treatment. G S W arm April 9th Treated in Berrington War Hosp and at Epsom where M H S states "Wds healed only slight pain much improved. Boarded A'''. Boarded 17-18-17. C''' two weeks observation Cat raised 9-2-18 by M.O. to B''.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

General condition fairly good. No loss of weight. Subject to myalgic pains in muscles of legs in wet weather No objective signs of disability. Wounds healed. No disability

Circulatory System. normal
Respiratory System normal
Digestive System normal
Nervous System normal
Genito Urinary System normal

8. OPERATION. (*i.*) Was one performed? No

(*ii.*) If so, state what. —

(*iii*). Was one advised and declined? —

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

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe. —

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

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

(*c*) Invalid to Canada? No

(*d*) Discharge from the Service as permanently unfit? No

Date of Report Feb 17th 1918 Signed J W Ray Capt Canl
Officer in medical charge of case.

Station Bramshott.

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

J W Thomas Capt Canl { ~~Officer i/c Hospital~~ S.M.O. Brigade } Strike out one of these.

Dated at Bramshott. Station, on for Feb 18 1918

* Delete if inapplicable.

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

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

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

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).*
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent? not applicable
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not applicable

18. Remarks.

19. Recommendation :—(*a*) Fit for duty? yes B T
(*b*) Fit for base duty? not applicable
(*c*) Invalid to Canada? no
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 19 FEB 1918

Station Bramshott.

Signatures of the Board. W. H. May Ford Major *President.*
W. H. L. Baillie Capt
W. R. Stackhouse Capt

Approved _____ For G.O.C. A.D.M.S.
Colonel. A.D.M.S.

Dated at Canadian Troops, Bramshot Camp. Bramshott. Station 19 FEB 1918

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

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

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

49

AUDITOR	PAYMASTER
SW	X.

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

M. OR S. S

REGT. No. 696369 RANK Pte NAME (IN FULL) HOLLEY. R E- (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
TO WHOM PAID — RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Z for P	1-12-18	

ORIGINAL UNIT C.E.F. Alta R D — IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ — DATE EFFECTIVE
PAYABLE TO — RELATIONSHIP — ~~ANY CHANGE IN ASSIGNEE~~ OR ADDRESS: Youngstown Alta.
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED PLACE Victoria B.C. DATE 11-1-19 REASON AUTHORITY D.O.# 13- IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. No. of Days	Rate	Amount $	c.	Other Credits $	c.	Gr.L.P.C. $	c.	Total Credits $	c.	Acquittance Rolls Col. No. 1 No.	Date	Col. No. 2 No.	Date	Col. No. 3 No.	Date	Cash Payments Col. No. 1 $	c.	Col. No. 2 $	c.	Col. No. 3 $	c.	Assigned Pay $	c.	Regimental Charges $	c.	Other Charges $	c.	$	c.	Total Debits $	c.	Balance Debit $	c.	Balance Credit $	c.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT Jan 11-	42	1 10	46	70	11 35	35 30 00	392	38	485	03	77 77	303 308					450 35	03 00													485	03					D.O.- P14 + Sub-.
											Jan 11	Feb 12	Mar 11																								
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											Ap 12	May 14	- -																								
									350	-	G 171518	170463					70	-	70	-	-	-	final								140	-					
									$ 350	-																					350	-					

Certified that all payments have been made on this account for which covering authority has been received to date.
[signature] Lieut.,
Paymaster, Demobilization Pay
M.D. No. 11

WAR GRATUITY

Service 2 yrs 10 Mo.

80.

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.
[signature] Capt.,
Officer i/c War Service Gratuity
M.D. No. 11

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	