Duplicate

ATTESTATION PAPER.

No. 26311

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Charles Henry Hopkins
2. In what Town, Township or Parish, and in what Country were you born? ..... Southampton, Bruce, Ont.
3. What is the name of your next-of kin? ..... Charles Rutt Hopkins
4. What is the address of your next-of-kin? ..... Southampton, Ont.
5. What is the date of your birth? ..... June 26, 1893
6. What is your Trade or Calling? ..... Brakeman
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

C H Hopkins ..... (Signature of Man.)

R T Morrow ..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Henry Hopkins, 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.

C H Hopkins ..... (Signature of Recruit)

Date Sept. 11th 191 5. R T Morrow ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Hopkins, 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.

C H Hopkins ..... (Signature of Recruit)

Date Sept. 11th 191 5. R T Morrow ..... (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 Stratford this 11th day of Sept. 191 5.

..... (Signature of Justice)

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

Thos. S. Clarke ..... (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-59-841.

Description of Charles Henry Hopkins on Enlistment.

Apparent Age 22 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 38½ ins.
Range of expansion 4½ ins.

Complexion fair

Eyes grey

Hair light brown

Religious denominations:
- Church of England yes
- Presbyterian
- ~~Wesleyan~~ 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).

Scar on right knee
Scar on forehead

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 Sept. 11th 1915.

Place Stratford, Ont.

J P Rankin Capt
M. O. 28th Regt
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.

Chas. Henry Hopkins 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.

A H Bingham (Signature of Officer)
Lieut

Date Sept 11th 1915.

for O.C. 71st Battalion
C.E.F.

19/6/19

NAME ...RLES H... / ...UMENTS ... 211 UNIT ... H. Q. FILE NO. C...

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		1			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Deman
	MEDICAL EXAMINATION (M.F.W. 129)					
/	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
/	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
/	CL 03					
½	A & D					
3	Certificates					
/	Discharge					
/	K.R.S.M.					
	Carbon					

W 106413

2 2
21 3
33 3
2 2

FROM THE CANADIAN FORCES RECORDS CENTRE 32656

126311	HOPKINS	Charles Henry
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 4490

ARC-1048 (rev. 91)

6425

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Hopkins.	C. H.	126311.

Rank	Unit	Co.	Troop	Batty.
Pte.	3 Bat.	1st C.O.		

Hospital

Date of Admission

Transferred		
	Hosp.	
King George Hosp. Stamford St. S.E	Hosp.	25. 1. 19
Carl Cox Stearwood	Hosp.	30-1-19
	Hosp.	

Diagnosis G. S. W. L. arm

(1)
Later Diagnosis (if changed) Influenza

(2)

(3)

Additional Diagnosis: if more than one state present

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

DISPOSITION

Date

REMARKS

C.L. 5.9.16. A446. Prev. reptd. missing.
6.9.16 A447 now officially reptd.
18.5.17 A646 Pris. at Rslz. Julich.
14.11.17 A627.
Now at Stendall
6.9.16
Wittenberg
18.5.17
Gueolubung a/Stern

30-1-18 A126 Now "moved" to Alten Grabow
28.1.19 B432 Repatriated now admitted to
4.2.19 B438 2. King George H. Stamford St S.E
15.2.19 B448-3 Disc - 7.2.19. 25-1-19

EPITOME OF HOSPITAL TREATMENT.

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

6425

NAME Hopkins Chas Henry REGT. No. 126311

RANK AND UNIT Pte. 3rd Bn. form 71st Bn. 1st RD.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	
7.4. H660	29-1-19	T of W. Adm. to King Geo. Hospital
NZ. B4326	28-1-19	Stamford St London S. E. Jan 25/19.

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL 6425	DATE OF ADMISSION	REMARKS
B 438 - 2. B 448 3	Can Com. Bearwood Wokingham Dusch.	30-1-19 7-2-19	Influenza "

NAME Hopkins Charles Henry S.O.S. Demob 27-5-19 i 2 ✓

RANK & No. Pte. D.O. Pt II 157 of 6-6-19 126311.

CORPS 71st (1st R.D.) Batt.

ENLISTMENT, PLACE Stratford, Ont DATE Sept. 11th, 1915. S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada Southampton, Bruce Co. Ont

NEXT OF KIN Hopkins Charles Rutt. (R.N.S.)

ADDRESS OF NEXT OF KIN Southampton, Ont.

DISCHARGE, PLACE DATE

R/C. 25-5-19 332/26 Pte.

Sailed from Montreal S.S. "Metagama" 20/11/16 265/3

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011. H. Q. 1772-39-839.

REMARKS:

No. 126311 RANK Pte NAME Hopkins C. H.

T.O.S. 11-9-15 UNIT 71st Battalion C. E. Fd.
(D.O. No 145) 14-9-15).

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sept 11	1915 Sept 30	C		
Oct.				
Nov 1	Nov 15	C.		

UNIT SAILED
APR 2 1916

Number 126311 Rank Pte

Surname HOPKINS

Christian Name Charles Henry

Units 7th Bn Can Inf Theatre of War France

Date of Service 26-5-16

Remarks

Latest Address ~~South Ampton Ont~~
P O Box 351
Wellington
Palmerston
Ont.

Roll No. B Cage 12592

200m.-2-21.M.

DESP. APR 29 1922
REGN. NO 12440

78

Form DMS 1401.

6425

A. & D. CARD

A

Can: Conval: Hospital, HOSPITAL.

AT Bear Wood.

A. & D. No. 15/17076 PL. OF ACTION

RANK Pte REG. No. 126311 UNIT 3rd Can Inf "B" SICK OR WOUNDED

NAME Hopkins b AGE 25 RELIGION C of E.

PLACE IN HOSPITAL 304 & 230 D

DIAGNOSIS Influenza.

ADMITTED 29 JAN 1919 FROM King Geo

DISCHARGED 7 FEB 1919 TO 12th Rds Witley

TRANSFERRED 4/2

SERVICE AT HOME 1/2 IN FIELD 2/12.

RESULTS

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

Repatriated Prisoner

P.T.O.

REMARKS.

6425

REGT'L No 126311

NAME Hopkins Chas. Henry

H. Q. FILE No. 649-

RANK AND CORPS Pte 7th Bn. (form. 71st Bn) 1st R.D. 3rd Bn.

FOLLOWS No.

FOLLOWS

CABLE No.	DATE	NATURE OF CASUALTY
M. 9148	30-6-16	Reported missing June 13th 1916
M 10835	7-8-16	Reported missing June 13th 1916
Auth Let.	9-8-16.	N. of K. received information that he is now P. of W. & wounded in Rheinland Germany.
0283.	4-9-16	Prev. Rep. missing now officially P of W at Julich and wounded (GSW. arm)
H 30 14-2	31-1-18	Prev. rep. Pris. of War Guedlinburg now trans. Alton Grabow.
Next of Kin		Charles Rutt Hopkins R.N.S. Southampton Ontario

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

* 6425

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
~~a 405.~~	~~Rep. from Base.~~	~~13-6-16.~~	~~Missing.~~
a 423.	Rep from Base.	13-6-16.	"
a 425.	" " "	13-6-16	Missing.
a 439.	Cancel list fo a 405	15-8-16.	
a 446	Prev. rep. Missing at Rslz Julich.	now off. reported P. of W. (GSW left arm.)	
a 447	Prev. off rep. P of W at Julich	now moved to Stendal	
a 646	Prev. Repd. P. of W. at Stendal	now moved to Wittenberg.	
a 62-2	Prev. repd. P.O.W. at Wittenberg Hosp. List 13-11-17	now moved to Guedlinburg A/Harz 4-11-12-17	
a 126-1.	prev. rep. P. of W. Guedlinburg, Grabow.	now moved to Alten	

R. 149.

Name Hopkins, Charles Henry *Rank* Pte. *Reg. No.* 126311

Unit 3rd. Batt. 25-H-1342

Next of Kin Canada. 6425

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916				A	M	
13-6	Reported MISSING			423	10835	15/8/16
	Now Off. P of W. at Rsbz Julich			d 446	Q 283	
	Previously off. Rep. P of W at Julich		DCS 46 2-18-11	447		5/9/16
	Now moved to Stendal.					
	Now Moved to WITTENBERG			A646		
	" " " GUEDLINBURG A/HARZ			A62	L	2169
	RCL-L-2169-8-11-17				H/30	
	ALTEN GRABOW			W A126		
	R.C.L. 94 - 28-1-18					

-P.T.O-

HOPKINS, C.H. Pte. 3rd Bn 126311

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-1-19.	Rel. P. of. War. from Germany for ad. King George Hosp. Stamford St.			B432	H660	P.W. 5737
30-1-19.	C.C. Hosp. Bearwood		Influenza	B488		5998.
7-2-19.	Discharged		do	B488		1679.

6425

6425 ORIGINAL H4

MEDICAL HISTORY SHEET.

Surname Hopkins Christian Name ~~Har~~ Chas. Henry

Examined on 10 day of Sept 1915 at Stratford

Birthplace City or Town Southampton County Bruce, Ont

Apparent age 22

Trade or occupation Brakeman

Height 5 Feet 6 Inches.

Weight 144 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 38½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm ~~Right~~ Left. Number 1

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease none

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

Common Toe - [illegible]

Approved by J P Rankin

Rank Major M.O.

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

Date	Result	Vaccinations.
28 2/16		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18 10/15		[illegible] M.O.
29 10/15		[illegible] M.O.
		M.O.

Enlisted on 11 day of Sept 1915 at Stratford

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	71st Bn	126311		
Transferred to	1st Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bearwood C.C.H.	30-1-19	Influenza Rep. Pres.	Cert. A. J. McDonald Capt.
Ripon	13-4-19	Loss of Function 4th Finger Left hand	B1 permanent J Lyon Maj

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname 6425 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.
		24	1	19	29	1	19	Influenza.	6	REPATRIATED PRISONER OF WAR. Has old G.S.W. Left arm & side. Healed – no disability. ~~Ca~~ C.O.A. Influenza improving – Transferred to Canadian PP Wokingham.	
Bearwood		29	1	19	7	2	19	do	9	Fit ~~[illegible]~~ a.	

THE KING GEORGE HOSPITAL No. Date STAMFORD ST, LONDON, S.E.

[illegible] Stakelbrook [illegible]
Lieut. Col. I. M. S.

A. Mmorgan Captain,
Med. Off., Canadian Convalescent Hospital.
Bear Wood, Wokingham, Berks.

6425

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

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

No. 126311 Rank Sgt. Surname HOPKINS

(Given name in full) Charles Henry

Unit or Corps R.D.W.G. Birthplace Bruce Ontario

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

1. **GENERAL DESCRIPTION:**

Physique ..... Weight ..... lbs. Height ....ft.....in. Colour of Eyes.....

Nutrition .....

Pulse .....

Condition of arteries .....

Vision Rt. ..... Left .....

Hearing (conversational voice) Rt.....ft.

Left .....ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

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

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

Nervous System ..... Genito Urinary System ..... Cardio-Vascular System .....

Special Senses ..... Integumentary System ..... Respiratory System .....

Disturbance of mentality ..... Muscular System ..... Digestive System .....

Osseous and Joint System ..... Any other general condition.....

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

227 P Rudge

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

[OVER]

6425

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

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

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

Signature .....

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

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

[OVER]

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

6425

2

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block letters) HOPKINS C. H

REGIMENT 1st C.O.R.D. RANK Gte No. 126311

Date of Examination in England 21/4/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 9. 14. 21. 31.
2. EXTRACTIONS –
3. CROWNS 10.
4. DENTURES ulcerative stomatitis.
   - (*a*) Full Upper –
   - (*b*) Part Upper –
   - (*c*) Full Lower –
   - (*d*) Part Lower –

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada ——
- (*b*) In England ——
- (*c*) In France ——

Signature of Dental Officer P Roy Capt

25M.—12-18.
H.Q. 1772-39-950

D[illegible]S. [illegible]94-20M.
3958-19[illegible]-17.

6425

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Beaswood Jan 31/ 1919.

No. 126311 Rank Pte Name Hopkins C.

Local Unit ..... Overseas Unit 200 Can Bin Age 25

Examination held at Can Can Hosp Beaswood

DISABILITY.
Overseas-Local
- SCRATCH ONE OUT. -

PRESENT CONDITION.

Previous Illnesses - None.
Enlisted - Sept 1915.
Service in France - 2 mos.
Prisoner of War - 31 mos.
Wds, G.S.W. chest & arm, no disability.
Present Condition. Heart & Lungs clear.
Other systems normal.

BOARD RECOMMENDS:-

1. Fit for Duty Yes. Cat. A.
2. Fit for Duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

J M McDonald, Capt. C.A.M.C. President.

Members .....

APPROVED.

Dated ..... 191 . ..... For A.D.M.S.

6425

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 126311 (Rank) pte

Name (in full) Hopkins Charles Henry enlisted in

the 71st Bn.

CANADIAN EXPEDITIONARY FORCE at Stratford on the 11th

day of Sept 1915

HE served in 3rd and 7th Battns France + Belgium

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 26

Height 5' 6"

Complexion Fair

Eyes Grey

Hair Light Brown

Marks or Scars scar on right knee and on forehead

C H Hopkins
Signature of Soldier

Date of Discharge

No. 2 DISTRICT DEPOT
MAY 27 1919
TORONTO

Issuing Officer
For
O.C. No. 2 District Depot.
Rank

Date MAY 27 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 71st Can. Inf. Bn

Regimental No. 126311 Rank Pte Name Hopkins Charles Henry

C. E. F.

Enlisted (a) 11/9/15 Terms of Service (a) Duration of War Service reckons from (a) 11/9/15

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 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.
		TRANSFERRED TO 1st BATTN. C.E.F.		MAY 25 1916	D.K.S. A. Jules Carleton Major
		Embarked. Canada.	Montreal	19/11/15	
		Disembarked. England	Plymouth	30/11/15	
		Taken on strength 10th Bat. Reinforcing		1/12/15	DO. 207. Part 2 Para 1
		TRANSFERRED TO 1 st BATTN. C.E.F.		MAY 25 1916	A. Jules Carleton Major O.C. 36th Res. Bn. C.E.F.
26-5-16	C.B.D.	Draft for 1st CANADIAN INF. BATTALION	C.B.D.	26-5-16	7 R.R.R. P. II 0.22 dy 5/6
12-7-16.	A.A.G.	Taken on strength 7th Bn.		26-5-16.	P. II Orders 244
		Taken on strength 2nd Bn. on transfer from 7th Bn.		9-7-16.	Lieut. to Capt. 5-5-16 dy 12-7-16.
18-6-16	O.C. 3rd Bn	"missing" after action	Field	13-6-16	Pt. II. O. Orders 220. dy 5/6. 7.8.16.
11-6-16.	" "	Reported to 2nd Bn.		8-6-16.	B213 D.C.S. 337 Pt. II. O. Orders 31. 7.8.16.
7-8-16	A.A.G.	Date this man was taken on strength of 2nd Bn. previously stated		26.5.16	B.213. D.C.S. 399. Pt. II O. Orders 31. dy 7-8-16

(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.

[illegible] Lieut for A.A.G.

[illegible] [illegible]

6425

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.
					LIEUT. FOR A.A.G.
5.9.16.	3 Bn.	Now officially reptd. P. of War at	Roby Juliet	—	A.446. S.S.W. L Arm
6.9.16.	..	Now moved to	Stendal		A.447.
15.11.16.	..	Now off. P. of War & wounded	—	13.6.16.	Pt. II. O. 85.
18.5.17.	..	Prev. reptd. P. of War at Stendal now moved to	Wittenburg	—	C.L.A. 646.
13.11.17	1 C.O.R. (3 Bn)	Now transferred to Guedenburg	a/Harz.	—	C.L.A. 62.
28.1.19.	.. ..	Rep. P. of War arrived in England. & adm. to King George Hospital,	Stamford St. SE.	25.1.19.	C.L.B. 432.
					F. A. Lam Lieut. for Lieut.-Colonel i/c Records, O.M.F.C.
7.2.19	O.C. 3rd Res.	T.O.S. from 1 CORD	Witley	7.2.19	DO 42
28.2.19	do	SOS to 1 CORD	do	8.2.19	DO 60
10.4.19.	1 CORD.	T.O.S. from 3rd Res Battn	Ripon	31.3.19	D.O. 79
6/5/19	"	SOS to CCC Rhyl MD 2	Ripon	5.5.19	DO 99
					N.S.W. Mackay LIEUT. OFFICER i/c RECORDS,

W.S.B. CLASS "A"

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P21150 1M 5/18 G W.P.Co (3490)

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3)
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

6425

(A) Report	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
From whom received					

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No....., Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No. 115 d. 15.5.19.

Commanding 2 Wing, Kinmel Park Camp.

MAY 14 1919 EMBARKED FOR CANADA

MAY 14 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 157

MAY 27 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 157

W. C. Robert Lieut.
For O. C. No. 2 District Depot.

Nothing to be written in this margin.

6425

R—122.

Rank Pte. Name HOPKINS, Charles Henry. Reg'l No. 126311

Unit 71st to 36th Res Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Stratford. 11th Sept. 1915 Place of Birth Southampton Bruce Co, Ont.

Name and Address, Next-of-Kin Chas R. Hopkins.

Southampton, Bruce County, Ont. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 25949
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
1.12.15	O.C. 36	Arrived in England.	W Sandling	30 11-15	Pt II 207.
18.3.16	"	Forft. 2 dys pay, 10 dys #2 F.P. abs	"	18.3.16	" 78
31.3.16	O.C. 36th	Paid under Art 852	"	31.3.16	" 91103 checked 1-6-16
~~25.5.16~~	~~O.C. 36th~~	~~Trans to 1st Bn.~~	~~W Sandling~~	~~25.5.16~~	~~" 146~~
~~31.5.16~~	~~O.C. 1st Bn.~~	~~Taken on Strength~~	~~France.~~	~~26.5.16~~	~~Pt II 22 Cancelled Pt II 24~~
14.6.16.	" 7th "	" " "	"	26.5.16.	" 24.
5.7-16	7th	Missing	"	13-6-16	CLA 405 On.
31.7-16	7th Bn	Trans to 3rd Bn	—	9-7-16	Pt II O 30
31-7-16	3rd B	T.O.S. 3rd B.	"	9.7.16	" " 30
7-8-16	7 Bn	Should be Trans to 3rd Bn		26-5-16	" " 31
7-8-16	3rd B.	Do. Do. T.O.S.	"	26-5-16	" " 31.
7-8-16	"	Missing after action	"	13-6-16	" " 31.

6425

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
8-8-16.	3rd Bn.	Missing rept from Base		13-6-16	CL. A. 423
5-9-16	"	Now officially rep. P. of War at Rolz. Julich			" A 446 G.S. W Larm
6-9-16	"	Now moved to Stendal			" A 447
15-11-16	"	Now officially rep. P of W & Wounded		13-6-16	Pt 2 O 85.
18-5-17	"	Previously reported P of W at Stendal now moved to Wittenburg	Wittenburg	"	CL A 646
13-11-17.	1 CoR-(3 Bn.)	Now transferred to Guedenburg. A/Harz			CL A 62.
28-1-19	— " —	REP. P OF W. ARR IN ENG & adm. to King George Hospital Stamford St. S.E.	Pte	25-1-19	CL B. 432
31-1-19	1 CoRD.	T.O.S & in above Hospital	Pte W'lee.	25-1-19	Pt II O. 25.
4-2-19	3 Res	TOS from 1 CoRD	" "	7-2-19	DO 42 (1 CoRD 3 S. 17/2/19)
1-3-19	3 Res	SOS to 1 CoRD	" "	31-1-19	Pt 60
10-4-19	1 CoRD	TOS from Hospital	" Ripon	8-4-19	Pt 79
7-5-19	"	SOS to MD & Celeb Rhyl	" "	5-5-19	Pt 99 (109 of 8-5-19 MD 2)
15-5-19	MD 2	SOS to Canada	" "	14-5-19	DO - 115 SL - 75

S.L. 75-I-23.
14/5/19.

P—56

Rank Pte. 7th Bn. Name HOPKINS, Charles Henry. Reg'l No. 126311

Unit ~~71st to 36th Res Bn.~~ If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Stratford. 11th Sept. 1915 Place of Birth Southampton Bruce Co, Ont.

Name and Address, Next-of-Kin Chas R. Hopkins.

Southampton, Bruce County, Ont. Relationship

Assigned Pay Monthly $ 10 50/xx Payable to C. R. Hopkins, Southampton, Ont.

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

PAY OFFICE, N. E. BRANCH AUG 28 19 CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
Nov 16	D 31	46	1.00	46 00	46	10	4 60	1 50 / 10	62 10			4 86	10		10	52 10	1.50 ford pur acc 10.00 clothing
Jan 1	31	31	1.00	31	31	10	3 10		34 10			19 47	10		34 33	51 87	
Feb 1	29	29	1	29	29	10	2 90		31 90	883		29 32	10		39 32	44 45	
March 1	31	31	1	31 00	31	10	3.10		34.10	900		9.73	10	2 20 / 11 00	32 93	45.62	130.78 for 2 days pay 10 F.P. #2 for absence
				137			13 70	11 50	162 20			63 38	40	13 20	116 58	45 62	Jma

Bal trans to new Ledger Sheet

BALANCE TRANSFERRED TO NEW LEDGER.

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						

L. L. 28912 M. [illegible] 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom C. R. Hopkins, | By Whom Assigned Hopkins C. R.

Address Southampton Ont. | Regtl. No. 126311.

Rank Pte.

Corps Prisoner of War.

Rate $15.00

SPECIAL REMITTANCE

Sched # 466 27-11-17 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.		11 48120	15 —	
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. C. R. Hopkins

L. L. Job 89002.—Req. 6213.

Name of Soldier Hopkins C. H.

126311 7th Battn

Month.	Year.	Cheque No.	Amt.	Remarks.
			$10.00	
April	1916	W1305	10	
May		W 4643	10	
June		X 8794	10	
July		M10794	10	Spec Req 26/9/16. L.
Aug.		M14468	10	Acct to clse Aug 31/16
Sept.		Z16121	10	a/c open. L
Oct.		P 22224	10	T. L. W.
Nov.		R27935	10	Continue payments 10.00
Dec.		L 33864	10	
Jan.	1917	H 37782	10	
Feb.		H 43721	10	
March		L 51048	10	10 M
April		Z 2029	10	10 Ch
May		8721	10	
June		W 13588	10	10 Ch
July		Z 24527	10	Ch
Aug.		29268	10	
Sept.		M 35328	10	6
Oct.		42376	10	
Nov.		48733	10	
Dec.		652616	10	
Jan.	1918			250
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.				

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

135

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

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom C. R. Hopkins,

Address Southampton Ont.

Rate $10.00

DEC 1 - 1915

By Whom Assigned Hopkins, C. A.

Regtl. No. 126311

Rank Pte.

Corps Spl. Reinf. 71st Batt. C.E.F.

Sept '16 2m 22 9/16 JAB 20/10/16.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				~~Missing June 11th 14th 1916 C.L. 2/1/16 S.T.L.~~
June				
July				Now Officially prisoner of war & wounded C.L. 5/9/16. JB
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		L 5930	10	
Jan.	1916	N 13055	10 -	
Feb.		O 15414	10	
March		T 15996	10 -	

CONSOLIDATED ACCOUNT 6

MARRIED OR SINGLE S

PLACE OF BIRTH Southampton, Ont.

NAME AND ADDRESS OF NEXT OF KIN Chas. R. Hopkins

Southampton, Bruce County, Ont. Can.

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	
Missing	13.6.16	Can. H
Now P. of War.	"	C.H

ADMISSIONS TO HOSPITAL, &c.

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

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 ROL 1 NO	1 DATE	2 No.	2 DATE	3 No.	3 D
			137				13	70						11 50	162 20						
April 1-30	30	1	30	00	30	10	3	00							33 00			1058	30/4/16		
May 1-31	31	1	31	00	31	10	3	10							34 10	1104	16/5/16	1144	23/5/16		
June 1-10	10	1	10	00	10	10	1	00							11 00						
11/30	20	1	20		20	.10	2								22 -						
July 1-10 Sept	92		92		92		9	20							101 20						
1/31 Oct	31		31		31		3	10							34 10						
1 Nov '16 31 Jany '17	92		92				9	20							101 20						
1/28 Feb.	28		28		28		2	80							30 80						
March	31	1.00 to	34	10											34 10						
apr.	30		33												33						

Balance ou

Checked. C.D. Stewart

Checked. D. Markwell

B.O.Q. Pay restricted 31. 3. 16.

&c.

VE	AUTHORITY
6	Gaz List A 1405-5/7/16
	C.R.A. 446. 5.9.16

&c.

ME OF HOSPITAL

REG'L NO. 126311 RANK Private NAME Hopkins, Chas. Henry

IF IN PERMT. CORPS / WHAT UNIT

UNIT 36th Battn TRANSFERRED TO 7 Battn DATE 11/6/16 AUTHORITY 130146 25/5/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Stratford TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 11 Sept 1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 10.00 DATE EFFECTIVE 1-9-16

PAYABLE TO C. R. Hopkins Southampton Ont. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

a 2m Forms rend 21/9/16 Effect 1-9-16.

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) ~~22.8.16~~ EFFECTIVE ~~1.9.16~~ REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 1.7.16

£1. per month Can R x 1/8/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C. I. Germany

PAY OFFICE, N. E. BRANCH. AUG 28 1916 CANADIAN CONTINGENTS

NCE ROLLS 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
							6 K x	63 38 40	13 20	116 58		45 62			
6					7.30			10.00		17.30		61.32			
6				4.87	4.86			10.00	40/76	20.89		74.53			C. 569 issues on repayment C 678, 31/5/16 Stoppage on repayment
								10 00		10 00		75 53			
												97 53			
on transfer to N. E. Branch.												97.53			
								9 74 30		39 74		158 99			
								4 87 10		14 87		178 22			
								14 61 30		44 61		234 81			
								4 87 10		14 87		250 74.			
								4 87 10		14 87		269 97.			
								4 86 10		14 86		288 11			

126311. Pte. C. H. Hopkins

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount C.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount C.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3
Brot forward																										
May	31	1.10	34	10											34 10											
June	30		33												33											4 26
Jul	31		34	10											34 10											
Aug	31		34	10											34 10											
Sep	30		33												33											

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	SEP. RED. PAY	SEP. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1
OCT 1917	Balce FORWARD ~~377 82~~								377 82					
	pto pay	34 10						10	401 92					
		34 10						10						
Nov	"	33						10						
				A/R. 9465. 26/11/17. 7 R.	15 00									
Dec	"	34 10						10	434 02					
		67 10			15 —			20						
JAN 1918	"	34 10						10	458 12					
		34 10						10						
FEB 1918		30 80						10	478 92					
		30 80						10						
MAR 1918		34 10						10	503 02					
									503 02					

…H PAYMENTS			Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
2	3	4				Credit	Debit			
						2 ~~6~~88 11				
		4 86	10		14 86	307 35				
	4 26	19 47	10		33 73	306 62				CBD. 3590. 8.6.16. 1351. 13.6.17.
			10		10	330 72				
			10		10	354 82				
			10		10	377 82				

…LARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	SER. RED. ALLCE. PAY ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:-	1st Sept 1916	EFFECTIVE DATE:-
AMOUNT:-	10 00	AMOUNT:-

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

L R Hopkins
Southampton Ont.
Stopped Effect 1.5.19

125007 10 00

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHER BY INSERTION OF DATE CHARG

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT
6.4	-	London £15	~~13~~			
10.4.	143	Ripon £5	~~24 33~~			

PARTICULARS OF RENDERING NON-EFFECTIVE. Desan 30/4/19 Auth

MONTH	PARTICULARS	CR. 1	CR. 2.	
	Balce FORWARD			
April 1918	Ptes Pay & allce	33 -		
		33 -		
MAY 1918	Do	34 10		
		34 10		
JUN 1918	Do	33		
		33		
JUL 1918	Do	34 10		C.R.H.
		34 10		
AUG 1918	Do	34 10		C.a
		34 10		
SEP 1918	"	33		"
		33		
OCT 1918	"	34 10		-
		34 10		
	"	33		
NOV 1918				
Jan	Dec Jan	68 20		Dec
		101 10		
				Ca
Feby	C.N. Gk marked money C.R.X		2 43	✓
				✓
				allow
Feb	Pd	30 80		Feb
Mar	"	34 10		Mar 31
		33 -		C.R. 5
		64 90	2 43	6/4
				28/3

COMPILED BY H.H. Lloyd

CHECKED BY

TION
NCE.

ENGLAND OR
CANADA.

VE

:-

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

07/Con/L 25 1/19

EARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
TION OF DATE CHARGED IN RED INK

MBER A.R	UNIT PAID BY	AMOUNT

NAME:- HOPKINS Chas Henry.

NUMBER:- 126311

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 36th Bn

DATE ACCOUNT FIRST OPENED:- 1/11/15

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			p of war

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 —	10		
	L Pte	Lcd		

3/4/19 Auth WR 6852 Ripon 23/4/19 Ripon No D#2 637376 471 09

CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
						503 02		
	Can a Pay				10 -	526 02		
					10 -	~~526 02~~		
	D°				10	550 12		
					10			
	D°				10	513 12		
					10			
	D°				10			
	C. & H. 8. 7. 18. p of w	25				572 22		
		25			10			
	C. of f				10	596 32	160.	
	"				10			
	"				10	619 32		
	"				10			
	"				10	643 42/32	170	
	"				10			
	"				10			
	Due Jan				20	714 62	185	
					30			
	Ca. L. 16450. 25/1.	1460.						
243	" 17718. 28/1	1460.						
	" 29063. 9/2.	12167.						
	ab 27670 Brown. 21/1.	973.						
	L&A 38-1-19	1600			10			
	OR 881. Brown. 7/2	486.			10			
	C.P. 5606 g. 28/3/19	12167				431 05		
243	6/4. 15	330 94			20			
	28/3 = 25. Fond							

NUMBER 126311 RANK Pte NAME Hopkins CH.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALA
				Forward					431
April		33		Cap.				10	
	Int on Def Pay.	17 08		C.P. 59383. 7.4.19	73 ..				471
				ah 7453 Dipon 10/4	24 33				375
		50 08			97 33			6	
				ah 3932. 2 Rdy 30/4 End	48 67				
				" 9028. Kpk. 7/5 End	9 73				
					58 40				315

S.C.S to Canada 14/5/19 MDZ

S.L 7/5 1st C.O.R

AME Hopkins CH.

PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Forward					431 01	195 -	
Cap.				10		200 -	
P. L9383. 7.4.19	73 ..				471 09		
743 Ripon 10/4	24 33				375 76		
	97 33			6			
3932. 2RDG 30/4 End	48 67						
9028. RPK. 7/5 End	9 73						
	58 40				315 36		

P.O.S to Canada 14/5/19 MDZ

L L 7/5 1st C.O.R

6425

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ripon Yorks DATE 14 Apr 1919

1. 1 (a) Unit 1st C.O.R.D. (b) Regimental No. 126311 (c) Rank Pte

(d) Surname HOPKINS (e) Christian name CHARLES. H.

(f) Home address Southampton, Ont.

(g) Next of Kin Mr C. R. Hopkins (h) Relationship Father

(i) Address of Next of Kin Southampton. Ont.

2. Age last birthday Twenty five Date of birth 26 June 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Stratford. Ont. (b) Date 11 Sept 1915

4. Personal description:

(a) Height 5 ft. 6 (b) Weight (Est) 140 Est (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

~~none on enlistment~~ (+50) Cross scars on forehead

5. Former trade or occupation Brakeman

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
	Three	215

	Periods From	Periods To
Canada	11 Sept 1915	19 Nov ~~26 Mar~~ 1915
England	1 Dec 1915	26 May 1916
France or other theatres of War Prisoner Germany	26 May 1916	13 June 1916
England	13 June 1916	28 Jan 1919
	28 Jan 1919	To Date

7. Original disease, or injury Lacerated wound on palmar surface of metacarpo-phalangeal joint of 4th finger right hand.

(a) Date of origin June 13th 1916 (b) Place of origin France

(c) Cause

~~Bond~~ (+50) G.S. (+50)

M. F. B. 227.

400m.—11-18.
1773-39-117.

6425

4

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.

N/A

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or No.~~)
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) By permanent
(*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.)

Boarded for return to Canada.
"Authority A.G. Telegram 9083 dated 11-11-18."

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

PLACE Ripon — *President.*
DATE 14-4-19 — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE..... Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE..... CAPTAIN, C.A.M.C., for A.D.M.S., CANADIAN TROOPS, RIPON CAMP, YORKS.

APPROVED BY

Director-General of Medical Services.

DATE.....

14 APR 1919

6425

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).)

GSW. Chest over Left nipple (flesh) T.T wd. left arm (flesh) 13/6/16 – No disability

Influenza 24/1/19 no disability.

(c) (Here give a description of wounds, scars and deformities. Transverse scar 2"x 1" over left nipple

2 round scars 1/4" – on left arm

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

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

N/a

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

The regimental documents will be referred to.

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

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

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

See 10a

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

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

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

(If not, briefly state why)

17. Recommendations

Bi

+ S. Peary Capt Camc

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 Charles H. Hopkins 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

C H Hopkins Rank.

Signature of invalid examined.

C425

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.)

(ADHESIONS ~~[illegible]~~ (+cd) FLEXOR TENDONS OF 4th FINGER RIGHT HAND.)

Partial loss of function of 4th right finger

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

OBJECTIVE

over distal end of the palmar surface of the 4th metacarpal bone of the right hand, there is a small scar - not adherent.

Movements of 4th finger - Flexion at metacarpo-phalangeal joint is quite normal but there seems to be a strong pull on the head of metacarpal because when he bends the joint there is a marked depression of the distal dorsal end -

Voluntary flexion of interphalangeal joints is lost.

Joints can be flexed passively. There seems to be some adhesions of tendons to tendon sheaths

Subjective Cannot grip firmly because of dragging at the head of 4th metacarpal bone causing pain -

(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).)

was wounded on the 13th of June 1916 and taken prisoner was treated ~~by the~~ in German hospitals for eight weeks. Since then finger has been stiff. The wound became very septic and had to incised over the distal joint

D[illegible]S. [illegible]94-20M.
3958-19[illegible]-17.

6425

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bearwood Jan 31/ 1919.

No. 126311 Rank Pte Name Hopkins C.

Local Unit ..... Overseas Unit 2nd Can Bn Age 25

Examination held at Can Can Hosp Bearwood

DISABILITY.
Overseas-Local
- SCRATCH ONE OUT. -

PRESENT CONDITION.

Previous Illnesses - None.
Enlisted - Sept 1915.
Service in France - 2 mos.
Prisoner of War - 31 mos.
Wds, G.S.W. chest & arm, no disability.
Present Condition. Heart & Lungs clear.
Other systems normal.

BOARD RECOMMENDS:-

1. Fit for Duty (Yes. Cat. A.)
2. Fit for Duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

J M McDonald, Capt. C.A.M.C. President

Members .....

APPROVED.

Dated ..... 191 . ..... For A.D.M.S.

WAR [illegible] BADGE CLASS A 19[illegible] M.D.2 1-10-31 6425

SERVICE GROUP 22

OCCUPATIONAL GROUP 21

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

Toronto
Father
Brakeman

1. No. 126311 MAY 14 1919 EMBARKED FOR CANADA S.S. C

DISEMBARKED, HALIFAX, 24-5-19

2 Rank. Spr C

3. Name. Hopkins Charles Henry

4. Unit. 1st C.O.R. 12 Res. 71 Bn

5 Date of Discharge MAY 27 1919 Place TORONTO, ONT.

6 Reason for Discharge

DEMOBILIZATION

7. Authority. No.2, D.D., Part II, D.O.No. 137

8. Proposed Residence after Discharge Lucknow Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

C H Hopkins
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

No. 2 DISTRICT DEPOT
MAY 27 1919
TORONTO

Place

Date

B

For
Signature O.C. No. 2 District Depot.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge. | Place

6. Reason for Discharge.

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W. T.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.

Date.

Signature.

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

Group A
Checked by No. 20 HN
Date 12 MAY 1919

6425

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ripon Yorks DATE 14 Apr 1919

1. 1 (a) Unit 1st C.O.R.D. (b) Regimental No. 126311 (c) Rank Pte

(d) Surname HOPKINS (e) Christian name CHARLES. H.

(f) Home address Southampton Ont.

(g) Next of Kin Mr C. R. Hopkins (h) Relationship Father

(i) Address of Next of Kin Southampton. Ont.

2. Age last birthday Twenty five Date of birth 26 June 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Stratford Ont. (b) Date 11 Sept 1915

4. Personal description:

(a) Height 5 ft. 6 (b) Weight (St) 140 Lbs (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. ~~none on enlistment~~ (T.S.O.) Cross scars on forehead

5. Former trade or occupation Bricklayer

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
	Three	215

	Periods	
	From	To
Canada	11 Sept 1915	19 Apr 1915 ~~26 May 1915~~
England	9 Dec 1915	26 May 1916
France or other theatres of War	26 May 1916	13 June 1916
Prisoner Germany	13 June 1916	25 Jan 1919
England	28 Jan 1919	To Date

7. Original disease, or injury Lacerated wound on palmar surface of metacarpo-phalangeal joint of 4th finger right hand.

(a) Date of origin June 13th 1916 (b) Place of origin France

(c) Cause

~~Board~~ (T.S.O.) G.S.O. (T.S.O.)

M. F. B. 227.

400M.—11-18.
1772-39-117.

C425

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.)

(ADHESIONS ~~[illegible]~~ FLEXOR TENDONS OF 4th FINGER RIGHT HAND.)
1760

Partial loss of function of 4th right finger

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

OBJECTIVE

over distal end of the palmar surface of the 4th metacarpal bone of the right hand there is a small scar - not adherent.

Movements of 4th finger - Flexion at metacarpo-phalangeal joint is quite normal but there seems to be a strong pull on the head of metacarpal because when he bends the joint there is a marked depression of the distal dorsal end -

Voluntary flexion of interphalangeal joints is lost. Joints can be flexed passively. There seems to be some adhesions of tendons to tendon sheaths

Subject cannot grip firmly because of dragging at the head of 4th metacarpal bone causing pain -

(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).)

was wounded on the 13th of June 1916 and taken prisoner was treated ~~[illegible]~~ in German hospitals for eight weeks. Since then finger has been stiff. He wound became very septic and had to incised over the distal joint

6425

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*).)

G.S.W. Chest over Left nipple (flesh) T.T wd. left arm (flesh) 13/6/16 – No disability
Influenza 24/1/19 no disability.

(*c*) (Here give a description of wounds, scars and deformities. Transverse scar 2"x 1' over left nipple
2 round scars 1/4" – on left arm

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

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

N/a

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

The regimental documents will be referred to.

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

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

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

See 10a

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

Bi

T. S. Peary Capt Camc
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 Charles H. Hopkins 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

C H Hopkins Rank.
Signature of invalid examined.

6425

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes or No.~~)
(b) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) B7 permanent
(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.)

Boarded for return to Canada
"Authority A.G. Telegram 9083 dated 11-11-18."

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

Thos Lyon Mag ..... President.

PLACE Ripon ..... W H Wilson Capt } Members

DATE 14-4-19

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 E. Shouldice
Assistant Director of Medical Services.

DATE CAPTAIN, C.A.M.C., For A.D.M.S., CANADIAN TROOPS, RIPON CAMP, YORKS.

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

DATE .....

14 APR 1919

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch H 8973

OVERSEAS CONTINGENTS

Date of Assignment Dec 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10			

PARTICULARS OF SEPARATION ALLOWANCE

No. 126311

Rank Pte Promoted Reverted Discharge

Soldier's Name C. H. Hopkins

Battalion Spl. Reinf. 71st Battn. C.E.F.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name C. R. Hopkins

Address Southampton. Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 8932-6-29
Dec 31st	—		250	250		
Jany 1918	R 68502		10	10	m	Now off. prisoner of war & wounded
Feb	Z 72156		10	10	L	C.L 5/9/16
Mar.	I 93959		10	10	L	
Apl.	T 16735		10	10	L	2M 22 9/16
May	D 11826		10	10		
June	C 14230		10	10		Pres. rept. P. of War now repat. 25-1-19 MD 6-2-19
July	U 30406		10	10		
Aug.	F 29427		10	10		
Sept	G 44668		10	10		
Oct.	S 50217		10	10	✓	
Nov	C 59400		10	10	✓	
Dec	E 68704		10	10	✓	
Jan	F 70817		10	10	✓	
Feb	E 78757		10	10	✓	
Mar	E 89717		10	10	✓	
Apr	F 1103		10	10		
May	U 4920		10	10	B	
	M&R #2		420	420		

A/c Closed

Ret'd per Bohemian

Date 2.5.19 R.L. 3.5.19

Clerk R.L. Bullock

AR Off 4684

AUDITED.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7483.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22330—M. & D. 7993.

"BOHEMIAN" 24-5-19

DISPERSAL "I"

H. 44484

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 126311 | RANK Pte. | NAME (IN FULL) HOPKINS C.H. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 36 Batt. | IF IN P.F. WHAT UNIT P.O. Southampton Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 11/9/15 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 10 00 | DATE EFFECTIVE 31-5-19 closed by Ottawa

PAYABLE TO C.H. Hopkins | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Southampton, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto. | DATE 27-5-19 | REASON Demob. | AUTHORITY D.O. 157 | IF ENTITLED TO POST DISCHARGE PAY

27

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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																																					
30-4-19							373	76	373	76											5840		Endorsed on P.P.C.										373	76	Bal. P.P.C.
29-5-19	29	1.00	31	00																																	P. A. 1-5-19 to 29-5-19
					35	00																															Clothing Allce
					70	00																															W.S.G. payment
																							10	00												May Exc
																	4	87	5	00																Bout. Train money
					136	90	ck.										432	39													510	66				
		W.S.G.																									W.S.G.										AMOUNT DUE SOLDIER DEPENDENT
																											70	00									W.S.G. as above
																											2	20									2 days P.A. overcr. VP
183 days		1.20			420				420																						72	20	347	50			
																	2718	19																			
											A.R. #20		June 23.								686358						67	80			140	00	280				W
											A.R. 81		May 16								944217						70				210		210				WM
											A.R. 121		June 25								1374141						70				280		140				
											A.R. 145		Sept. 23								1388693						70	-			350	-	70	-			WM
											A.R. 168		Oct. 21								1397270						70	-			420	-					WM
		1.20	-		420	-																					420	00			420	-					W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICE GRATUITY

CAPTAIN

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