Original

ATTESTATION PAPER.

No. 2607029

~~A. M. C. Training Depot No. 2~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ~~COCKER~~ HUGHES
1a. What are your Christian names? ~~Edward~~x Edward
1b. What is your present address? 172 Ontario St. Toronto
2. In what Town, Township or Parish, and in what Country were you born? Manchester England
3. What is the name of your next-of kin? Mrs. C Hughes
4. What is the address of your next-of-kin? 172 Ontario St. Toronto
4a. What is the relationship of your next-of-kin? Wife 17
5. What is the date of your birth? August 4th 1858
6. What is your Trade or Calling? Coremaker 9
7. Are you married? Yes
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. 176 Bn CEF 4 months Pte
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, ..., 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 A Hughes (Signature of Recruit)

Date May 28th 191 19 R. F. Wakeling (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Hughes, 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 Hughes (Signature of Recruit)

Date May 28th 191 9 R. F. Wakeling (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 Toronto this 28th day of May 191 9

..... (Signature of Justice)

M. F. W. 28. 600M.—2-16. H. Q. 1772-89-241.

This man joined the Sanitary Corps July 16th 1916

Description of Efward Hughes on Enlistment.

Apparent Age 59 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Grey

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

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 May 28thm 191 9 Wm Robb Capt

Place Toronto

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 Hughes 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.

(Signature of Officer)

Date May 28th 1919.

ORIGINAL

ATTESTATION - PAPER.

No. 850743

C. E. F.

Folio.

176 Bn

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Hughes
1a. What are your Christian names? Edward
1b. What is your present address? St Catharines
2. In what Town, Township or Parish, and in what Country were you born? Manchester England
3. What is the name of your next-of kin? Mrs Edward Hughes
4. What is the address of your next-of-kin? Canandaigua New York
4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? 1870
6. What is your Trade or Calling? machinist
7. Are you married? yes
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? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Hughes, 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 Hughes (Signature of Recruit)

Date June 6 1916 Corp E England (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Hughes, 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 Hughes (Signature of Recruit)

Date June 6 1916 Corp E England (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 Thorold this 6 day of June 1916

W H Moore J P (Signature of Justice)

M. F. W. 23.
400M.—1-16.
H. Q. 1772-39-841.

Description of Edward Hughes on Enlistment.

Apparent Age 45 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5 ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 3 ins.

Complexion ruddy

Eyes brown

Hair grey

Religious denominations
- Church of England X
- Presbyterian
- Methodist
- 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).

Left forearm tatooed

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 June 6 1916.

Place Shorncliffe

G. A. Cudlow
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 Hughes 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.

D Sharpe Lt Colonel (Signature of Officer)

Date 6 June 1916.

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

HUGHES EDWARD 850743 176TH BN 38063

2607029

1. M.U.
2. DEMOB

H

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ... Edward ... 2. Surname ... Hughes ...

3. Rank Private ... 4. Original Unit ... CAMC TD #2 ... 5. Reg. No. 2607029 ...

6. Address, in full, to which future payments of gratuity are to be forwarded ...

... 172 Ontario St Toronto, Ont. ...

...

7. Date of enlistment in the C.E.F. ... May 28th 1919 ... a.m. 16-7-16 ...

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... Catherine Hughes ...

9. Relationship of such dependent ... Wife ...

10. Present address, in full, of such dependent ... 172 Ontario St. Toronto. Ont. ...

...

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ... NO. ...

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

... NO. ...

...

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ... No. ...

14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service ... Yes ... Sanitary Unit (Active Militia) From July 16th ... 1916 till May 28th 19191; CAMC TD #2 from May 28th 1919 till ... October 1st 1919. ...

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3 Years 76 Days Sanitary Unit. (Active Militia) CAMC TD #2. ...

...

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ... NO. ...

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... No. ...

M.F.W. 2595.
1772—39—1389.
122—D.P.—250M-2-19.

Paid In Full

C.A.M.C., M.D. No. 2

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....Yes...176 Batt...for 4 Months with Number 850743. Re-enlisted in Sanitary Unit (Active Militia) ..on July...16th 1919.....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ....No.....

20. Have you been issued with a War Service Badge? If so, what class? ..NO.....

21. Have you, during the present war, served in the Imperial Forces? ...No.....

22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....

Not Applicable.

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ...Not Applicable.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

24. Are you now serving in the C.E.F. .....Yes..... If not, give:—(a) Date of discharge ....(b) Reason for discharge .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ....Yes.....CAMC TD #2.....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ....No.....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .No.

(b) If so, are you in receipt of full pay and allowances from that Department? .....No.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Edward Hughes

Place of Residence: 172 Ontario St. Toronto, Ont.

Declared before me at: Toronto Ont.

This day of October 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

R H Thomas Major Commissioner

Certified particulars agree with documents,

Adjutant Orderly Captain.

O.C. CAMC TD #2

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

92 days

NEH.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 850743 Rank Pte Name Hughes. E.

Corps 176th Bn who was* Discharged

On August 25th 1916, to —

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from aug 1st 1916, to aug 25 1916, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	44	10
Advances by Cheques No.			Regt'l Pay 25 days at $ 1 c	25	—
Advances by Cheques No.			Field Allow. 25 days at $ c 10	2	50
Assigned Pay No.			Other Allowances*		
Other Charges* Clothing	2	-			
Payment on transfer or discharge No. 114445	69	60	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	71	60	Total	71	60

*Give Particulars.

A monthly stoppage of $ Nil (†) has — (‡) been paid on account of Assigned Pay for the month of — 191— to (Assignee) —

(Address) —

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment June 6/16

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

(3) cause of discharge and authority Medically unfit D.O. 168

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date —

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

Date Nov 3/1916

Place NIAGARA FALLS, ONT. J. W. Sykes

Paymaster

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

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

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

(649-H-4076)

CARD NO. 4

SURNAME. Hughes.

CHRISTIAN NAMES Edward.

REGL. No. 850743. RANK Pte.

FOLL. S.O.S. Dis. 28/5/16 1/2/16 Bn

UNIT 176th.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Hughes, Mrs. Edward.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS Canneadigby, N. Y. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. Manchester DATE 1870

PLACE OF ATTESTATION Thorold. Ont. DATE June 6th 1916

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Machinist. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 45. YEARS 9. MONTHS

HEIGHT 5. FEET 5. INCHES

CHEST MEASUREMENT 38. INCHES EXPANSION 3. INCHES

COMPLEXION Ruddy EYES Brown. HAIR Gray.

DISTINGUISHING MARKS Both forearms tattooed.

MEDICAL EXAMINATION. PLACE Thorold, Ont. DATE June. 6th. 1916.

Present Address. St. Catharines, Ont.

Reg. No. 2604027 Name Hughes Ed.

Rank Pte Corps C. A. M. C. Age 50 Service 6 4/12

Ledger No. Serial No. E 39579

HOSPITALS	DATE	DIAGNOSIS
St Andrews Mil. Toronto	22.1.20	I.C.T. Hand C
Leis to unit- for dis	3-3-20	(Boil)

P. T. O

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

H. Q.

M. D. No. 2

Surname Hughes

Christian names Edward

Regtl. No. 2607029 Rank Pte.

Unit C. A. M. C.

T. O. S. 19

D. O. Pt. II of

S. O. S. 19

Reason

Auth.

Next of kin Hughes Mrs. C

Relationship Wife

Address 172 Ontario St.
Toronto
Ont.

Also notify:

BORN—Place England Manchester Date Aug. 14th 1858

ATTESTED—Place Toronto, Ont. Date May 28th 1919

O/S Re-attested

R/C

W. 22—50M.-3-19. 1772-39-839

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME HUGHES. Edward. Coremaker.

REGIMENTAL NO. 2607029 RANK Pte. C.O.E.

ENLISTED AT Toronto, Ont. PROMOTIONS, &C. AND DATE

DATE 28-5-19.

IF SERVED PREVIOUSLY, STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE Married.

NEXT OF KIN Mrs. G. Hughes. RELATIONSHIP Wife.

ADDRESS OF 172 Ontario St. Toronto. Ont.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION. &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
S.O.S. 3-2-20			
Demob'n.	61	1-3-20	R.O. #1328.

No. 850743 RANK Pte NAME Hughes Edward

T.O.S. 6-6-16 UNIT 176 Battalion, C.E.F.
DO 106-7-6-16

M.D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
June 6	June 30	—		
July				
Augt 1	Augt 25	—		
	Sept-No a/c	m	Discharged Med. Unfit 25.8.16	DO 168-24-8-16.
		in		
			a/c closed by payment Oct pay list	

DIVISIONAL LABORATORY

URINE REPORT

RANK Pte NAME Hughes NO CORPS

WARD C1 DATE Feb 20th 1920

RECEIVED FROM

VOLUME

SP. GR. 1020

REACTION Acid

ALBUMIN 0

BLOOD

GLUCOSE 0

BILE

DEPOSIT Phosphates

EXAMINED BY G F Laughlen

M. F. W. 2537.

20M. 10-19.

1772-39-1314.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL ST. ANDREW'S

DATE Feb. 27th, 1920

NAME Hughes, E. RANK Pte. NUMBER 2607029 UNIT CAMC(P.StA.) AGE 64

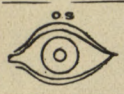
HISTORY

SYMPTOMS Up for Board

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD		Normal Pupil dilated.
OS		Normal

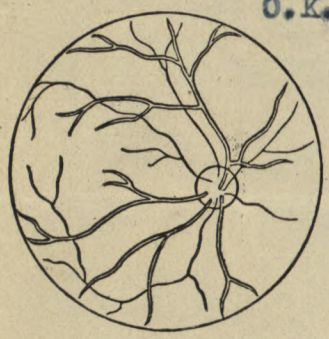
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOMOSCOPE

	FUNDUS	LENS	CORNEA
OD	Choroidal atrophy down and out and in- ocular change. O.K.	clear	clear
OS		clear	



FIELDS Diagnosis: Old Choroiditis right eye
Duration - 8 years
Disability - 25%
Due to Service - No.
Aggravated by service - no.

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

	BEFORE	SPH.	CYL.	AX.	AFTER
OD	V Fingers at 1'	not improved.			V
OS	V 6/6				V

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD No. ordered.

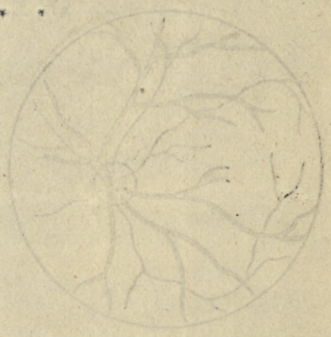
OS

(Sgd) L. J. Sebert.
Capt. CAMC.

TREATMENT:—

M. F. W. 144.

10M.—6-18.
1772-39-1173.



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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 178th O/s Bn C.E.F.

Regimental No. 850743 Rank Pte Name Edward Hughes

Enlisted (a) 6/6/16 Terms of Service (a) War Only Service reckons from (a) 6/6/16

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)

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.
		Discharged as "Medically Unfit" from Aug 25th-16			

J. B. McAndrew Capt.
Adjutant, 178th Overseas Batt., C. E. F.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

MEDICAL HISTORY SHEET.

Surname Hughes *Christian Name* Edward

Examined { on 6 day of June 1916
at Stroud

Approved by G A Pridmore

Birthplace { City or Town Manchester
County England

Rank M.O.

Apparent age 45

Trade or occupation Machinist

Height 5 Feet 5 Inches.

Weight 138 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number 1. 0

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease X

(b) Slight defects but not sufficient to cause rejection defective teeth

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.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 6 *day of* June 1916 *at* Stroud

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	176th Batt C E F	250743		June 6th 1916
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4'9.

Surname Shepherd Christian Name Edward

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

2607029 Sanitary Squad

MEDICAL HISTORY SHEET

Surname Hughes. Christian Name Edward

Examined { on 28th day of May 1919 / at Queen's Hotel Dis. Toronto

Approved by [signature]

Rank Sgt. M.O.

Birthplace { City or Town Manchester / County England

Apparent age 60

Trade or occupation Coal maker.

Height 5 feet 4 3/4 Inches

Weight 129 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 35 inches

Physical development Good

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left / Number 0 1

When Vaccinated last Childhood

(a) Marks indicating congential peculiarities or previous disease Nil

Wisdom - normal.

(b) Slight defects but not sufficient to cause rejection

Vision R 20/200 Less L 20/30 Rt injured in childhood

Age 60

C III

Date	Fit or Unfit	Examined for Re-Engagement
		Wm. Robb Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 28 day of May 1919 at Toronto, Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	AMC, T.D. #2	2607029		28-5-19
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Toronto Base Hospl.	28/5/19 14/1/20	Def vision Eye Def vision	C3 Fit Discharged H.B. Thomson Capt Res. S. M.D.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER Hughes

RANK Cpl.

REGIMENT

No. 260702

M.F.B. 465.
200M.—6-18.
1772-39-950.

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	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Feb 27/18																					
Condition on first Examination																					
	Dental Examination on discharge.																		H. E. Smith Capt.		
	St Andrews mil. Hosp.																				
	Dentally Fit.																				

Temporary

MEDICAL HISTORY SHEET

Surname Hughes **Christian Name** Edward.

Examined { on ..... day of ..... 191 ..... at .....

Birthplace { City or Town ..... County .....

Apparent age .....

Trade or occupation .....

Height ..... Feet ..... Inches.

Weight ..... Lbs.

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

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm ..... Right ..... Left ..... Number .....

When Vaccinated last .....

(*a*) Marks indicating congenital peculiarities or previous disease .....

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

Approved by .....

Rank ..... 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
		M. O.
		M. O.
		M. O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.
		M. O.
		M. O.

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

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to	Camb. 4th Bn	260727		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

Surname Hughes Christian Name Edward

STATION.	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	DATES OF Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
St Andrews Mil. Hosp.		22.	1.	20.				Boil on Rt Hand.		Boil cured. 7-1-20 Discharged. Boarded. M.F.W. 129.	J Hillier Capt
(M.F.W. 129. 3.1 documents to Unit.								1.3.20)			

~~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. A.M.C. TRAINING DEPOT No. 2

Regimental No. 2606029 Rank Private Name HUGHES ~~Edward~~ Edward

Enlisted (*a*)..... Terms of Service (*a*) C. E. F. C.E.F. Service reckons from (*a*) 28.5.19

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
18-10-19	DO "291	S.O.S. Posted to Base ~~Hospital~~ Hospital	Toronto	18-10-19	[signature] Capt. for O.C. A.M.C. T.D. #2
20-10-19	D.O.293	T.O.S. Base Hospital with effect from 18-10-19 (Auth. A.D.M.S. ; D.O. 246-2674, d/17-10-19.	Toronto	18-10-19	[signature] Capt. & Adjt. for O.C., Base Hospital, M.D.#2.
1-9-16	Sworn in by A.D.M.S., Sanitation (Auth., Adjt.Gen., telegram Nov.29/15) and served as an Active Militia man until attested in the C.E.F. Under R.O.795.		Toronto		
S.O.S., Base Hospital, M.D.#2 and posted to A.M.S., T.D.#2 for demobolization with effect from 21-1-20. (Auth., A.D.M.S., D.O.#10-42, d/13-1-20).			Toronto	14-1-20, D.O.#14.	

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		S.O.S. 23-2-20. Demobilization R.O. #1328 D.O.#61 d 1-3-20.			

A. Gluskey ..... Lieut.
For Major O.C. C.A.M.C.T.D #2.

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 2607029 Rank Pte Surname HUGHES
(Give name in full)
Edward

Unit or Corps C.A.M.C. Birthplace Manchester, England

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

1. GENERAL DESCRIPTION:

Physique Slight Weight 138 lbs. Height 5 ft 4 3/4 in. Colour of Eyes Brown

Nutrition Fair

Pulse 82

Condition of arteries Soft

Vision Rt. Nil Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Dilated rt pupil: due to injury in foundry 8 yrs ago.
Tatoo marks: Rt arm bust of woman: left arm "Crown anchor, Cross" also initials "E.H."

Opinion as to general health and physical condition Fair

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

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

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

Disturbance of mentality No. Muscular System No. Digestive System No.

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

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

Admitted with Boil on rt hand which has headed completely.
He has been blind in right eye for 8 years not due to or aggravated by service.
Specialists Report appended.
He is 63 years of age but in good health for this age.

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

[OVER]

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 St Andrews Mil Hosp. Toronto (Canada)

Date 27-2-20 Signed J Gillies Capt CAMC M.O.

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

Signature E. Hughes Smith

(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.

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. 2607029 Rank Pte. Surname HUGHES
(Give name in full)
Edward

Unit or Corps C.A.M.C. Birthplace Manchester, England.

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

1. GENERAL DESCRIPTION:

Physique slight Weight 138 lbs. Height 5 ft. 4¾ in. Colour of Eyes brown ~~blue~~

Nutrition Fair

Pulse 82

Condition of arteries soft

Vision Rt. nil Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left. 21 ft.

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

Dilated rt. pupil: due to injury in foundry 8 years ago. Tattoo marks rt. arm, bust of woman: lt. arm Crown anchor & cross - also initials "E.H."

Opinion as to general health and physical condition Fair

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

Nervous System No Genito Urinary System No Cardio-Vascular System NO

Special Senses Yes Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No.

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

Admitted with boil on rt. hand, which has healed completely. He has been blind in rt. eye for eight years, not due to or aggravated by service. Specialists report appended.

He is 63 years of age but in good health for this age.

APPROVED

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

[OVER]

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—

St Andrew's Mil.

Examined at..Hospital.....(Canada)

Date Toronto, Feb. 27th, 1920 Signed J Gillies Capt Can 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 E. Hughes Pte

(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.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL St. Andrews

DATE Feb. 27 - 1920

NAME Hughes, E. RANK Pte. NUMBER 2607029 UNIT C.A.M.C. (1. St. Hosp.) AGE 64

HISTORY

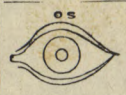
SYMPTOMS Up for Board

GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD normal pupil dilated

OS  normal

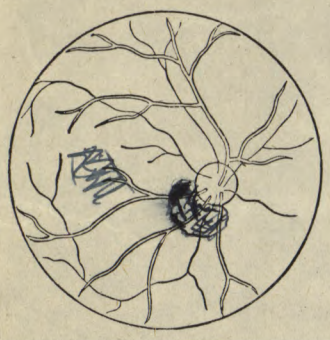
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
Chorioidal atrophy down & out & macular change O.K	Clear clear	Clear



FIELDS

DIAGNOSIS. old choroiditis Right Eye
DURATION- 8 years
DISABILITY. 25%
DUE TO SERVICE no.

MUSCLE BALANCE aggravated no TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

	BEFORE	SPH.	CYL.	AX.	AFTER
OD V	Fingers at 1 ft	not improved			V
OS V	6/6				V

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD no ordered

OS

TREATMENT:—

L. J. Lehert Capt CAMC

M. F. W. 144
20M.—8-18.
1172-39-1173.

DEPARTMENT OF EAR, NOSE AND THROAT.

DATE Feb. 27-1920

NAME Hughes, E. RANK Pte. NUMBER 2607029 UNIT A.M.C. (P) S.A. AGE 64

Diagnosis. NAD

History. No complaint of ear, nose or throat. For examination board.

	RIGHT	LEFT.
Ext. Facies		
Nasal Septum	Irregular defl. to R. & L.	
Inf. Turbs	+	
Mid Turbs		
Pos. Pharynx		
Pharynx	teeth very poor.	
Tonsils	small	
Accessory Sinuses		
Larynx		
Ext. Aud. Canal	was	clear.
Memb. Tymp	clear-normal	normal
Mastoid		
X-Ray		

Hearing

Right 21 feet

H. V. v. Air Bone Nobor.

Left 21 feet.

Treatment and Progress:- No disability with Ear Nose or Throat

VHK Macdonald Capt.

This space to be for numbers.

Proceedings on Discharge.

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

No. 850743

Rank Private

Name Edward Hughes

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 17th Coy Bde CEF

Date of Discharge Aug 25th - 1916

Place of Discharge Camp Borden. Ontario

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 45 years 10 months.
Height 5 feet 5 inches.
Complexion Ruddy
Eyes Brown
Hair Grey
Trade Machinist
Intended place of residence (To be given as fully as practicable.) Thorold Ont.

Descriptive Marks

2. The above-named man is discharged in consequence of Being

"Medically unfit"

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.

"Good"

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.)

"Machinist"

M. F. B. 218.

15m.—10-15.
H. Q. 1772-39-113.

(OVER)

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.

(Place) Camp Borden Ont H.G. Shipperd Maj

(Date) Aug 25th-16 *Commanding* 176th O.S. Bn C.E.F.

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.

(Place) Camp Borden Ont Ed. Hughes *(Signature of Soldier.)*

(Date) Aug 25th-1916 G.T. Herd *(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.**

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

(Place) Camp Borden Ont

(Date) Aug 25th-16

(Signature) H.G. Shipperd Maj

176th O.S. Batt'n, C.E.F.

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.)

There are no reservations referred to at Para 8

E Hughes

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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 space to be for numbers.

Proceedings on Discharge.

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

M. B.

No.	2607029
Rank	Pte.
Surname	Hughes.
Christian name	Edward.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	C.A.M.C.T.D. #2.
Date of discharge	~~January 21st 1920.~~ March 3rd. 1920.
Place of discharge	149 College St., Toronto, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	60 years ..... months.
Height	5 feet 4 inches.
Complexion	Dark.
Eyes	Brown.
Hair	Grey.
Trade	Coremaker.
Intended place of residence (To be given as fully as practicable.)	172 Ontario St. Toronto Ont.

Descriptive marks

One vaccination mark on left arm.

2. The above-named man is discharged in consequence of

"Demobilisation" R.O. #1328.

Authority for discharge.....

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 soldiers and the Officer Commanding his Squadron, Battery or Company.

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil.

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

6. Medals and Decorations..... Nil.

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.

(Place) Toronto, Ont. A. L. Disley Lieut.

(Date) March 3rd. 1920. ~~January 21st. 1920.~~ For Major O.C. C.A.M.C. T.D. #2.
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, and that I have received my permanent discharge certificate.

(Place) Toronto, Ont. E. Hughes *(Signature of Soldier.)*

(Date) March 3rd. 1920. ~~January 21st. 1920.~~ Gayoungs *(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 238 days.

11. Confirmation of Discharge.

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

(Place) Toronto, Ont.

March 3rd. 1920. ~~January 21st. 1920.~~

(Date).....

(Signature) A. L. Disley Lieut.

For Major O.C.C.A.M.C.T.D.#2.

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.)

No Reservations.

E. Hughes

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2607029 (Rank) Pte.

Name (in full) HUGHES. Edward.

enlisted in the O.A.M.C.T.D.No.2.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 20th.

day of May. 19 19

HE served in CANADA.

and is now discharged from the service by reason of ~~[illegible]~~ Demobilization.

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

Age 5' 4"

Height Dark.

Complexion Brown.

Eyes Grey.

Hair ~~Sandy.~~

Marks or Scars One Vaccination mark on left arm.

E Hughes
Signature of Soldier

A Ellisley Lieut.
Issuing Officer

Date of Discharge Toronto, Ont. March 3rd. 1920.

Rank
A/ O.C. O.A.M.C.T.D. No.2.
Appointment

Signed at ____ this ____ day of March 3rd. 19 20.

in Military District No. ____

File Reference No. ____

This man joined the Sanitary Corps July 16th 1916. and served until attested to C.A.M.C. on 20-6-18.

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

No. 850743, Pte. Edw. Hughes,
Next - of -kin... Mrs. Edw. Hughes, Canandaguia.N.Y. USA.

MEDICAL HISTORY OF AN INVALID.

NO. 2
MILITARY DISTRICT
AUG 21 1916
3H Hu-58

DEP. MILITIA & DEFENCE
SEP 1916
HQ
CANADA
9-H-4076

1. Station. Thorold.
2. Regiment or Corps. 176 Battalion
3. Regimental No. and Rank. Private
   No. 850743.
4. Name. Edward Hughes
5. Age last Birthday. 62 Years
6. Enlisted on June 4th 1916
   at Thorold.
7. Former Trade or Occupation. Machinist

8. General remarks on his :—
   (a) Conduct. Fair
   (b) Habits. Fair
   (c) Temperance. Moderate

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. July 12th 1916.

9. Service. One Month ~~Years.~~ 8 Days.

	PERIODS.	
	From.	To.
No previous service.	June 4/1916	July 12th 1916

10. (a) Disease or disability. Over age and general weakness
    (b) Date of origin. —
    (c) Place of origin. —
    (d) Cause. —

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)
Not able to stand marches & drill

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No

Carded 8-9-16 H.C.

M. F. B. 227,
100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Tattoo of girl on right arm
Tattoo E. H. on left arm

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14. Treatment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Aggravated by service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

All his life

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions.

Not at all

18. State if for discharge on account of unfitness for Service.

Yes

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service. Yes.

20. Recommendations:

That he be discharged as medically unfit on account of overage and general weakness.

Signatures:—

Niagara Falls July 19/1916

N. N. Thompson Lt. Col. President.

Station. St Catharines

Date. July 19th 1916

D A M Chisholm Capt. Members.

Date. 23.6.16

G. S. Jones, Capt
Asst. Director of Medical Services.

Approved.

Date. 6.9.16

D Cgo A Camm Capt
Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

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.....

.....

Date of final Medical Board or decision.

.....
Administrative Medical Officer.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

CASE HISTORY SHEET.

St. Andrews Military Hospital

Hospital. Toronto Station

No. 2607029 Rank Pte Name Hughes Ed. Age 50

Unit 6 th M G Bde Completed years of service Where and how long } 6 45/12

Date of admission 22 - 1 - 20 Date of discharge MAR 3 - 1920

Diagnosis Boil rt Hand Place of origin Can 10 - 1 - 20

CONDITION ON ADMISSION AND PROGRESS OF CASE

Duration

Complaint: "Pain + swelling of rt hand 5 days.

History: 5 days ago a small pimple appeared on back of rt hand. The next two days it became very large, red, + painful + swelling started up the arm as well. It was lanced on 3rd day + a lot of pus was evacuated. Improvement has continued since then. A large core came out.

Exam: at present there is an opening about half an inch across from which there is still some discharge, but it is healing at present.

21-1-20- Report from outside that he was sick at home + given permission to remain home till 1-2-20.

2-2-20. Reported at hosp. with slight cold. The hand has healed except for small area of redness about it.

10-2-20- Hand completely healed

FAMILY HISTORY Having Dentistry.

(Tuberculosis, mental or nervous diseases) 27-2-20- Boarded for Discharge M F W. 129

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date.....

M M Crawford Major
Medical Officer i/c case.

E395 19

M. F. B. 313a.
200M. 5-18.
1772-39-439.

MEDICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL ST. ANDREW'S

EXAMINATION UPON LEAVING DATE Feb. 27th, 1920

NAME Hughes, E. RANK Pte. NUMBER 2607029 UNIT CAMC (P.StA.) AGE 64

HISTORY

SYMPTOMS Up for Board

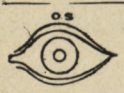
GLASSES WORN

OBJECTIVE EXAMINATION

EXTERNAL APPEARANCE

OD

Normal Pupil dilated.

OS 

Normal

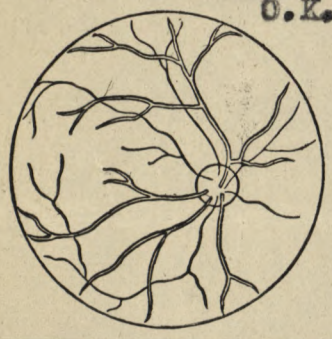
RETINOSCOPY AND OPHTHALMOMETER

OD

OS

OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
Choroidal ectopy down and out and in-ocular change. O.K.	clear clear	clear



FIELDS

Diagnosis: Old Choroiditis right eye
Duration - 8 years
Disability - 25%
Due to Service - No.
Aggravated by service - no.

MUSCLE BALANCE

TENSION

SUBJECTIVE EXAMINATION

TRIAL CASE

	BEFORE	SPH.	CYL.	AX.	AFTER
OD	V Fingers at 1'	not improved.			V
OS	V 6/6				V

P.P. P.R. A. ACC. PRESBYOPIA

GLASSES PRESCRIBED

OD No. ordered.

OS

(Sgd) L. J. Sebert,
Capt. CAMC.

TREATMENT:—

M. F. W. 144.
10M.—6-18.
1772-39-1173.

AUDITOR | PAYMASTER

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

M. OR S. **Married.** REGT. No. 2607029 **Militia.** RANK **PTE.** NAME (IN FULL) **HUGHES EDWARD.** M3W 2503. 1-11-19

NEXT OF KIN: **Mrs. C. Hughes.** RELATIONSHIP: **Wife.**
ADDRESS: **172 Ontario St. Toronto.**
IS SEPARATION ALLOWANCE PAID? **YES.** ($30) DATE EFFECTIVE
TO WHOM PAID: **Next of Kin.** RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TRAINING DEPOT.	28-5-19	D.O.151
BASE HOSP.	28-5-19	D.O.151
TRAINING DEPOT	28-5-19	D.O.154
To Base	18/10/19	DO 291 2193 Amd
To [illegible]	21/1/20	DO 14 20 13

C.A.M.C., M.D. No. 2

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION: **Toronto.** TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION: **1-6-16.** TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $: **$15.00** DATE EFFECTIVE
PAYABLE TO: **Next of Kin.** RELATIONSHIP: Mrs C Hughes Wife
ADDRESS: 172 Ontario St Toronto Ont
ANY CHANGE IN ASSIGNEE OR ADDRESS: Active Militia. M.F.W. 2595 - On file
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE 3-3-20
DISCHARGED PLACE: Toronto DATE: 29/1/20 REASON: Demob. AUTHORITY: DO 16 and DO 20 IF ENTITLED TO POST DISCHARGE PAY: DO 64

Subs 80

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		D.O. 154 Gn. Commence A.D.M.S. 28-5-19
MAR 31		1.10			-	10																												DO 291 Off Com. 18/10/19
Apr.	30	1.10	33		24 80 - 10		30	87	90	2	A6	5	A18			20 -		22	90			45 -						87	90					Sdrey P.L.
																																		(AP 30 (16)
																																		24 80 Subs 21 Mar to 20 Apr (Cert)
																																		24 Subs 21 Apr to 20 May (Cert)
May	31		34	10	24 80		30	96	90	A32		6	A43			20 -		23	10			45 -						88	10			8	80	86 Subs 21 - 31 May
																																		AP 1 - A20
June 1-30	30	1.10	33	-	24 80		30	- 95	80	3	55D	S96 62D	795 74/0			20 -		30	80			45 -						95	80					D.O. 151 T.O.S on Act 28.5.19
																																		D.O. 154 Cancelled D.O. 154 (2)
																																		Transfer Full Subsistence from 31-5-19 D.O. 16
																																		S.O. & O.P. 45.00 to 600 to 20-6
																																		Subs 1-6 to 30-6 24.00
July 1-31	31		34	10	24 80		30	- 88	90	S79 78L	629 15/1	S79 89L	968 28/7			20 -		23	90			45 -						88	90					45.00 S.O. 324838 826 22-7
																																		24.00 Subs 1-7 to 31-7
Aug 1-31	31	1.10	34	10	24 80		30	- 88	90	S84 77L	829 13/8	S85 106G	910 28/8			20 -		23	90			45 -						88	90					24.00 Subs 1-8 to 31-8
																																		45.00 S.O. 20 S155503 107G 26-8
Sept 1-30	30	1.10	33	-	24		30	- 87		S85 115G	523 12/9	S85 122G	709 24/9			20 -		22	-			45 -						87	-					45.00 S.O. & O.P. S155503 120B 22/9
																																		24.00 Subs 1-30 Sept
Oct	31		34	10	14 40		30	- 78	50	S136 135G	039 14/10	S3127 6	449 3/10			20 -		13	50			45 -						78	50					S314227 - 143 to 24/10
																																		Subs - 1-10 to 18-10-19 = 14 40
																																		D.O. 190-294 - Subs ceases 18-10-19
																																		D.O. 304 - Subs from 18-10-19 - Ret
																																		Subs - 19-10 to 30-11-19 - 34.00
Nov.	30	1.10	33		34 24	40 80	30	97	40	S313 157B	343 12-11	9314 146G	224 25/11			20		32	40			45						97	40					S314227 - 165 - B 24-11
												S315 631A	424 8/7																					Subs 1-31 - Dec = 24 80
Dec	31	1.10	34	10			30	88	90	180B	15-12					20		23	90			45				25		88	90					S315213 d/18-12-19 / 23.13
" "					- 25				25																				25						Cheque mailed Dec.
			101	20	73	85	90	- 265	05							60 -		49	80			135				25		265	05					

CARRIED FORWARD

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

AUDITOR | PAYMASTER

96

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

M. OR S. MARRIED

REGT. No. 2607029 RANK PTE NAME (IN FULL) HUGHES. EDWARD. MFW-3502-11-1-19

NEXT OF KIN Catherine Hughes RELATIONSHIP Wife
ADDRESS 172 Ontario St
Toronto
IS SEPARATION ALLOWANCE PAID? $30.00 DATE EFFECTIVE
TO WHOM PAID As Above RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Base		
To T.D. #2 (To Mar. D020)	21-1-20	DO 33/DO 13

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION A.M. 16/7/16 | TRANSFERRED TO C.E.F. 28-5-19 | DATE | AUTHORITY

ASSIGNED PAY $ $15.00 DATE EFFECTIVE

PAYABLE TO Mrs C. Hughes RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS 172 Ontario St
Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 31/3/20 | REASON Demob | AUTHORITY DO 61 | IF ENTITLED TO POST DISCHARGE PAY

BROUGHT FORWARD

MONTH 1920	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																			
Jan 1-31		1.10	34	10	16	80	30	-	80	90	5188 7996	22/6 13/1					20	-					45	-							65	-	WOFF		15	90	Lease Sub 21-1-20 DO 15 Subs 1-21 Jan $16.80 DO 20 Mach Gr Amer. Amer-DO 16 re Demob.
Feb 1-29	29	1.10	31	90			30	-	61	90	5322 2290	5/5 25/2					25	-					45	-							70	-	WOFF		7	80	SA & FP 45.00 S 321634 B 09-27-1-20 SA & FP 45.00 S 322323 223 19-2 K.I. Int Clo all SA 3.00 S 322676 2356 3/2 DO 61 Mach Hosp
March 3	3	1.10	3	30	35	-	3	-	41	30					5322 2356	6/5 3/3					46	10	3	-					49	10	WOFF				
			69	30	51	80	63	-	184	10							45	-			46	10	93	-					184	10	WOFF				

C.E. Denton CAPT. C.A.P.C.
PAYMASTER, C.A.M.C., M.D. 2.

DAYS 92

	W.S.G.	S.A.	A.C.G. Rolls	DATE	CHG No.	OTHER CHARGES	W.S.G.	S.A.	AMOUNT DUE
	210 -	90 -	170 B	1-12-19	S314 750 - 1		210 -	90	300 - Paid in Full

MFW 3595 On Lyle

C.E. Denton CAPT. C.A.P.C.
PAYMASTER, C.A.M.C., M.D. 2.

200M-3-19.—L. L. 38788-1. & D. 9985.
M. F. W. 2596.
1772-39-1390.