Eugenial

4

ATTESTATION PAPER.

No. 473119

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Meiklejohn
1a. What are your Christian names?	Robert ~~James~~ JAMES
1b. What is your present address?	Quill Lake, Sask.
2. In what Town, Township or Parish, and in what Country were you born?	Morris, Man. Canada
3. What is the name of your next-of kin?	William Meiklejohn
4. What is the address of your next-of-kin?	Quill Lake, Sask.
4a. What is the relationship of your next-of-kin?	Father.
5. What is the date of your birth?	~~XXXXXX~~ 28th June, 1891.
6. What is your Trade or Calling?	Farmer
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert James Meiklejohn, 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.

Robert James Meiklejohn (Signature of Recruit)

Date March ~~XXX~~ 7th 191 6. E Downes (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert James Meiklejohn, 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.

Robert James Meiklejohn (Signature of Recruit)

Date March ~~XXX~~ 7th 191 6. E Downes (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 Saskatoon, Sask. this 7th day of March 191 6.

K. J. Downie J.P. (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Robert James Meiklejohn on Enlistment.

Apparent Age 24 years 8 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. 7½ ins.
Chest measurement. Girth when fully expanded	36½ ins.
Range of expansion	2½ ins.
Complexion	Fair
Eyes	Grey
Hair	Dark
Religious denominations. Church of England	
Presbyterian	Yes
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 March 7th 1916. G. W. Brownes Major

Place Saskatoon, Sask. C. A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert James Meiklejohn 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.

Norman Lang Lt-Col (Signature of Officer)

Date March 7th 1916.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name Meiklejohn Robert James

Regt. No. 474119 Rank Pte

Corps 54th Bn C.E.F. C.C.A., C/Form 5th Army

Med Unfit

.16351

Proceedings of Court of Inquiry or on men reported Missing on Active Service	2
Attestation Papers	2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	3
Medical History Sheet	1 2 3
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1

a F.B. 122 - 1

m.z.w. 60 - 1

1 casual

W.O.67-1

1 Finding Sheet

WILL DESPATCHED TO M. D. 12 JUN 16 1920

M

H

4 to 6

1

45 - 7

26 - 7

5 - 7

1

408033

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—835.

BOX
6100

P. 559.

MARRIED OR SINGLE Single

PLACE OF BIRTH Morris. Man. Canada.

NAME AND ADDRESS OF NEXT OF KIN William Mikkelsohn
Quill Lake. Sask.

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	AUTHORIT

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
28-2-14			
120.00			1
			1.45

DATE 1916	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	
June.																						
July	10	1.00	10	00	10	.10	1	00							11	00						
11-31	21		21		21		2	10							23	10						
Aug	31		31		31		3	10							34	10	761	31/7				
Sept.	15		15		15		1	50							16	50	801	24/8			54 772	15/7
15-30	15	1.00	15	00	15	.10	1	50							16	50						
Oct.																					54	Bw.
1-31	31		31	00	31		3	10							34	10					852	H 9/16
Nov																						
1-30	30		30		30		3								33							
Dec.	31		31		31		3	10							34	10						
			18	40			18	40														
Jan	21	1.00/10	34	10											34	10						
Feb 1-16	16	1.00/10	17	60											17	60					468	27/1
Feb	—		—												—						610	5/2
March 1917.																						

Checked Murfan

Checked P Jackson

Checked W Hutchison

PROMOTIONS, &c.

Effective Date	Authority

HOSPITAL, &c.

Name of Hospital

Reg'l. No. 474119 Rank Pte Name Mikljohn, Robert James,

If in Permt. Corps / What Unit — Unit 65th Batt. Transferred to 54th Batt. Date 1/7/16 Authority B.O. #4

Permanent Force Allowances — Transferred to 6.6.M.G. Date 16.9.16 Authority 6th B 92 25.9.16

Place of Attestation Saskatoon. Sask. — Transferred to L.P.C. Date 17.2.17. Authority 6L 790 15/2/17

Date of Attestation 4th March 1916 — Transferred to — Date — Authority

New. C. S. P. Book issued 4-1-17. Mc.D.

PAY OFFICE, N. E. BRANCH. FEB 24 1917 CANADIAN CONTINGENTS

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) White Form — Effective White Form — Reason Discharge Canada

Discharge Date and Place Canada 16.2.17 — Reason and Authority 6 C.R. 1 790 15/2/17

Account transferred to Non-Effective Branch (Date)

Entered on N.E. Card Index.....

Account transferred to Officers' Pay Branch (Date)

Checked by H. Gillotson

Acquittance Rolls 2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
													2450				Balce from Canada
													7850				Pte to 54th Batt.
													6160				
							3407			3407			6163				
54 772 15/7							262		730	992			6821				Jo 6.6.M.G. 16.9.16. 6th B. 92 25.9.16.
													8471				
54 Bn. 852 H 9/16									262	262			8209				
													149 19				
													183 29				
		R 5/1							973	973			20766				Trans to L.P.C. 17.2.17 Auth. Ch. 790 15.2.17
													22526				x Cut from ASPB
468 27/1									487								ASPB verified
610 5/2									1460	1947			20579				Dis Can. CC12 790 15/2/17
									Balance transferred to N. E. Branch.				20579				Cr Bal 205:79
										205 79	205 79		Nil				LPC issued 16.2.17

Trans'd to "Canada" Disc'ge a/c

See Over

47/H 119

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4
																											Balance tra
1917 Sept 26.														1 75	1 75												

Pte Meiklejohn Robert James

H PAYMENTS 3	H PAYMENTS 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
Balance transferred to N. E. Branch.			1 75	1 75		Transf to "Canada Disc'ge a c"			C. # 1 75 Int. Def. Pay List 8

(649-M-5666)

NAME Meiklejohn, Robert James. S.O.S. Dis. 31/2/17. 12

RANK & No. Pte. 474119.

CORPS 65th, Batt.

ENLISTMENT, PLACE Saskatoon Sask. DATE Mar. 7th. 1916.

FORMER CORPS Mil.

COUNTRY OF BIRTH Canada, Morris Man.

NEXT OF KIN Meiklejohn, William. (Father).

ADDRESS OF NEXT OF KIN Quill Lake, Sask.

DISCHARGE, PLACE DATE

Sailed from Halifax
Lec. SS. Empress of Britain R/L 6. 5/3/17.

L. L. 85093—M. & D. 5952. 8-6-16 20-34

M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

Returned to Canada Per. S.S. "Esquibo" 19-2-17
auth 33426-2-17

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Presbyterian.

DESCRIPTION.

APPARENT AGE 24 YEARS 8 MONTHS

HEIGHT 5 FEET 7 1/2 INCHES

CHEST MEASUREMENT 36 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Fair EYES Grey HAIR Dark.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Saskatoon Sask. DATE Mar. 7th, 1916.

REMARKS:

No. 474119. RANK Pte NAME Meiklejohn. R. J.

T. O. S. UNIT Discharge Depot. Quebec

M. D. 85

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar	1917. no dates	✓	65th.	

No. 473119 RANK Pte NAME Meiklejohn R J.
474119 (May Paylist.)

T. O. S. 7-3-16. UNIT 65th Battalion C. E. F.
(D.O.J. 7-3-16)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T
1916 Mar 4	1916 Mar 31	✓
Apr.		✓
May		✓
June		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
JUN 18 1916

R. 149.

Name MEIKLEJOHN. Robert James. *Rank* Private *Reg. No.* 474119

Unit 54th Battalion.

Next of Kin Canada.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
		B'Ham.				
19-9.	1st Sth.Gen.Hos.	Stirchley.	Wd.Severe.	B92	01349	25-9.
18-1.	Can.Conv.Hos.	Woodcote Pk.	GSW Head.	B183		
19-2	Discharged	-	Do	B214		

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

REGT'L NO 474119

NAME Meiklejohn Robt James

H. Q. FILE NO. 649-

RANK AND CORPS Pte 54th Bn (form 65th Bn)

FOLLOWS NO.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
01349	23-9-16	Adm. 1st South General. Hosp. Birmingham Sept: 19th. 1916. (wd. severe)
I. 318	25-2-17	Sailed form Liverpool for Canada per the Hosp. Ship "Esquibo" on the 19th Inst. Gun shot Wound

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-883.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
B.92.	1st Southern Gen. Sterchley Birmingham	1-9-16	Wd. Severe.
B183	can conv. Woodcote Park, Epsom	18-1-17	GSW Head
B214	can conv. Wd. Pk, Epsom	19-2-17	Disch. GSW Head
74	M. D.C.C. Regina	15-3-17	St Chads C. P. Cl 2.
211	" " " " "	31-7-17	Disch Cl 3. Conv. Food.

Mel (474119)

Number. 474119 Rank. Pte

Surname. MEIKLEJOHN

Christian Name. Robert James

Units 54th Bn. Can. Inf. Theatre of War. France

Date of Service. 13-8-16

Remarks. Quill Lake

Latest Address. ~~Hamiota~~

Sask.

Roll No. B Page 8276

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. of Rect't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority

DESP. OCT 24 1921
REGN. No 403293

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Meiklejohn	R.J.	474119

Rank	Unit	Co.	Troop	Batty.
Pte.	54th Bn.			

Hospital — Date of Admission

1st S.G.H. Birmingham — 19.9.16

Transferred Can. Conv. Epsom, Hosp. 18-1-17

Hosp.

Hosp.

Hosp.

Diagnosis: Wd. Sev. G.S.W. Head.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION	Date	REMARKS
C.L.	25.9.16	B92
"	25-1-17	B183
	2.2.17	B214

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

EPITOME OF HOSPITAL TREATMENT.

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

CERTIFIED CORRECT
5 SEP 1916
CAN. RECORDS, LONDON.

O.M.-28431

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

M. F. W. 54. (A. F. B. 103.) R2054

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 65th OVERSEAS BATTALION C. E. F.

Regimental No. ~~473119~~ 474119 Rank Pte Name Meiklejohn, Robert James

Enlisted (a) 7/3/16 Terms of Service (a) Dur. of W. Service reckons from (a) attestation 7/3/16

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

Extended Re-engaged Qualification (b) (Farmer)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Halifax,	Canada	20/6/16	"Empress of Britain"
		Disembarked Liverpool	England	29/6/16	
		Transferred to 54th Batt.		30/6/16	Authority A.G. & Q.M.G. 4th Can. Div. H. J. Dennie Major
	Proceeded for Service		Overseas	13.8.16	Alf. Stamford Lieut to O.C. 54th Batt. Can. Inf.
18.9.16	St. David	**Disembarked. France** Gsw. face, shoulder, chest & breast To C.C.S. Treatment	Havre. Trains	14.8.16 18.9.16	N.R. W 3083 (590) 5m 11 No 2 Sqd 29.8.16 for Lieut for A.A.G.

25 OCT Rec'd

(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				

A.G.R.

R—122

Rank Dft. Name MEIKLEJOHN, Robert James Reg'l No. 474119

Unit Dft., 65thBn to 54thBn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Saskatoon, Sask., 7th March, 1916. Place of Birth Morris, Man., Canada.

Name and Address, Next-of-Kin William Meiklejohn, Quill Lake, Sask. Relationship Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

ceae

N/E. R.B. 5447
File R.L.
Category Can. M.D.

26.

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England.	28 JUN 1916		S.S. Empress of Britain
3-7-16	65th Batt	S. O. S. to 54th Batt.	Bramshott	3-7-16	Pt II. D.O. 4.
3.7.16.	Adj 54th	T.O.S. from 65th Bn (authy. 4th Can. Div. File No A.B. 5/193.1.7.16)	"	2.7.16.	" " 184. A.F.B. 103 checked 21.8.16. CHB
12.8.16	"	Proceeded Overseas	"	13-8-16	Pt. 2. D. O. After Order
25.9.16.	Cas.	Adm to 1st Southern General H.P.	Stirchley Birmingham	19.9.16.	Wound. Severe. D.C.L.B. 92.
29.9.16	OC 54th Bn	Wounded: Trans: to 6 G.A.C.	Field	18.9.16	Pt II DO 250
27.9.16	OC ceae	Taken on strength.	Folkestone	19.9.16	Pt II DO 420
25.1.17	OC 54th Bn	Can Div Con Hosp	Epsom	18.1.17	C.C.B. 183 G.S.W. Head
2-2-17	Do	Discharged on Hosp. W. Pk	Epsom	19-2-17	C.C.B. 214 —"—

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.
28. 2. 17	C.C.A.C	S.S.O. Discharge to Canada	Hastings	19. 2. 17	Pte. O 101
	Dis Depot	To Convl. Home	M.D. No. 12 Regina	5-3-17	N.R. 217.

11

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

3

Number 474119 Rank Pte. Name and Corps of disabled soldier. Merkley Robt James - 54 Ch

Previous Civilian Occupation.

Farmer.

DEPT MILITIA & DEFENCE MAR 19 1917 H.Q. CANADA

Cause of disability:-

Loss of bony tissue Skull. 649-M-5666

Condition in detail which prevent the soldier earning a Full livelihood:-

G.S.W. Head 16th Sept 1916; - followed by 2 x thoracoplasty - Operation at nec. removal of sharpnel - second operation Dec 6 removal of dead bone.

Present Condition - Healthy scar 7" x 3" on Rt Parietal Region - loss of portion of inter Cat b. Still has some headaches and is dizzy on exertion. Improvement gradual.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

1/2 - Demobilization & Rtd

Probable duration of incapacity:-

6 months.

Does it render him permanently unfit for "Military Service? yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalescent Home.

Signature. Jas Wache Capt President.

H Hanley Kirkland Capt Members.

Station. Quebec

Date 9-3-17.

Approved.

Date Mar 9/17 W. M. Carmichael Major Assistant Director Medical Service.

Date 27/3/17 Wearmouth Colin Director General Medical Service.

21

R/2

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. 474119 Rank Pte. Name Meiklejohn, R. J.

Corps "H" Unit, M.H.C.C. who was* discharged

On 31st July 191 7, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named ~~from~~ for Aug 191 7, to 191 , the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay days at $ c		
			Field Allow. days at $ c		
Assigned Pay No.			Other Allowances*		
Other Charges*			C.C. Allowance 211/831	8	50
			Other Credits*		
Payment on transfer or discharge No. 1377	8	50			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	8	50	Total	8	50

*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

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

(3) cause of discharge and authority D.O. 211/830

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 AUG 27 1917

Place REGINA, SASK.

Stuart Scott

Paymaster, H. Unit, M.H.C.C. *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.

150M.—4-17.
H. Q. 1772-39-908.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122 and 127, Financial Instructions, 1917). Regimental No. Rank Name

Corps who was

On 191 to

"Have / Have not" claimed or "Claimed"

The following is a statement of the account of the above named from 191 , the inclusive date of cessation of pay.

Dr.	$	Cr.	$
Bal. Dr. from pay month		Bal. Cr. from pay month	
Advances } No.		Regtl. Pay	
by Cheques } No.		Total Allow.	
Assigned Pay No.		Other Allowances*	
Other Charges*		Other Credits*	
Payment on transfer or discharge No.			
Balance Cr. (to be paid by the new unit)		Bal. Dr. (to be collected by new unit)	
Total		Total	

A monthly stoppage of $ ( ) has been made on account of Assigned Pay for the month of 191 to

(Address)

( ) Insert amount to be stopped whether it has been paid or not.

( ) Insert "nil" if amount has not been paid by regular Military Officer No.

On Transfer or any Other

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

REMARKS

State (1) date of enlistment

(2) if married and if a Separation Allowance has been allotted

(3) name of wife/dependent and address

If discharged from the Contingent, state if Step Payment in the Army has been forfeited, 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

Place

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 Military Paymaster, one to accompany the pay-list at the end of the month, and one for retention as a record.

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

M. P. W. 44.

(Form 411
M. G. 1st Brde

54th

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins 65th Overseas Battalion.

(2) Regimental Number 47[illegible]119.

(3) Full Name of Soldier Robert James Meiklejohn.

(4) Place of Birth Morris Manitoba.

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

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

(b) Present Postal Address

(7) Are you a widower ? No.

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes.

If so, state name and address William Meiklejohn. Quill Lake. Sask.

(10) Is your Mother alive ? Yes.

If so, state name and address Mary E.Meiklejohn.

Same address.

(11) If your Mother is a widow.....

Are you her sole support, or not ? No.

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

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

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

(15) Are you insured ? No.

If so, in what Company ?

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

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

Norman Lang Lt.-Col.
Officer Commanding.

Date April 18th 1916.

MEDICAL HISTORY OF AN INVALID.

1. Station. REGINA, SASK.

2. Regiment or Corps. late 65th Btn. Now M.H.C. "R" Unit.

3. Regimental No. and Rank. 474119, Pte.

4. Name. Robert Meiklejohn

5. Age last Birthday. 25

6. Enlisted on 7th March, 1916.

at Saskatoon.

7. Former trade or occupation. Farmer

8. General remarks on his:—

(a) Conduct.

(b) Habits.

(c) Temperance.

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

Date. APR 16 1917

Present address, Quill Lake, Sask.

9. Service.

	Years.	Days.
PERIODS		
To		

BOARD OF PENSION COMMISSIONERS FOR CANADA.
JUL 23 1917
CONSIDERED FOR PENSION.

10. (a) Disease or disability. Loss of bony tissue to skull

(b) Date of origin. 16th Sept. 1916.

(c) Place of origin. St. Eloi

(d) Cause. Shrapnel

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Depressed scar 3" long 1/3 inch wide over right left occipital region. Part of bone removed beneath same. Complains of some slight headache at present, dizzy on exertion; not strong, sleeps well, looks well.

12. (a) Is the disability the result of service or climate? Yes

(b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.

200M. 8 16.
1772-39-117.

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

Scar mentioned on 11.

(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 ?

On duty

(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.

not exceptional

14. Treatment.

Shrapnel removed along with dead bone.

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

Not applicable

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

Six months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

50 % at present, diminishing to nil.

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

Yes

Capt.C.A.M.C.

Lt.C.A.M.C.

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.

Yes

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations : That he be discharged in class 3 as this condition does not need further surgical or medicine treatment and he feels better away from noise or crowd.

Signatures :— E Boalpoth Capt. C.A.M.C. President.

S E Keefe Lt. C.A.M.C.

J K Mitchell Lt. C.A.M.C. Members.

Station. REGINA, SASK.

Date. APR 16 1917

Date. 25/4/17 W Carveth Cotton
Assc. Director of Medical Services.

Approved.

Date. 17.5.17 C. V. Forten
Director-General of Medical Services.
Main

(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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.....

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.....

.....

.....

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

20m. 8.-6. H. Q. 177-39-11.

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.

Forms
I. 123[illegible]
10[illegible]

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
C 38	474119	Pte	Merklejohn	Robert J.
Year 1916.	Unit. 5th Can.		Age. 25.	Service. 6/12.

Station and Date.	
	Disease Shrapnel wound Scalp Face Shoulder Breast pus underneath scalp.
1st S.G.H. Shirley Ave. 19.9.16.	
7/12/16	Operation. Under general anaesthesia wound of scalp was opened. A piece of loose bone was removed (about ½" long). Here was seen a groove in the skull probably outer table only. Wound packed with gauze & left.
15.	Impetigo developed round wound.
	Carbolic formulations
19.	Ung. H.A.D.
13-1-17	Persistent headache. —
	Tr. for Con. Hosp: Class A. —
	H.A. Drugs used Off
14.1.17	Epsom

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	

Temporary

Army Form B. 178

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Meekly John *Christian Name* R. J.

TABLE I.—General Table.

Birthplace { Parish ..... / County .....

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

Declared Age.....years.....days.

Trade or Occupation .....

Height.....feet.....inches

Weight ..... lbs.

Chest Measurement { Girth when fully Expanded ..... inches / Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT. | LEFT. / Number.....

When Vaccinated .....

Vision { R.E.—V = ... / L.E —V = ...

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

.....

.....

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

.....

.....

Approved by.....

Rank.....

Medical Officer.

Enlisted { at..... / on..... day of .....191...

	Corps.	Regtl. No.
Joined on enlistment	.....	.....
Transferred to	5th th	4741 R
	.....	.....

Became non-effective by .....

.....

on..... day of .....191...

(*Signature*).....

(*Rank*).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief Details and Signature
Jan 31/17	Sd W Shaw Thos
Epsom	Ft Cus GC Hale
	A.D.M.S. CANADIANS, LONDON AREA, 76, STRAND, LONDON, W.C.
	Approved:- 12 FEB 1917
	Captain C.A.M.C., for A.D.M.S., Canadians, London Area.

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of departure or disembarkation.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Y 8429. Wt. W717 /M838. 100m. 9/16. Drayton Mill. (422)

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
C.C.F. Hospital	17	1	17				Gen. Debility		Wded at St Eloi 16-9-16 ~~To Canada~~ ~~Invalided~~ Scar 3" long Back of R. parietal bone. Headache, dizziness worse on exertion he says some loss of bone but inner table of skull seems to be intact. Gen. condition good. Various systems normal.	P. K Dowson capt Canc

Type'd Jan 2/17

ORIGINAL.

Invr. to Canada 19/9/17

MEDICAL HISTORY SHEET.

Surname Micklejohn Christian Name Robert James

Examined { on 7th day of March 1916
at Saskatoon

Approved by W. Graves

Rank Major A.M.S., M.O.

Birthplace { City or Town Morris
County Man Canada

Apparent age 24 yrs 9 mths

Trade or occupation Farmer

Height 5 Feet 7½ Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks —

Vaccination Marks { Arm Right. Left.
Number 0 4

When Vaccinated last 18 years ago

(a) Marks indicating congenital peculiarities or previous disease —

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

Date.	Fit or Unfit.	Examined for Re-engagement.
		26 SEP 1916 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
4/5/16	2nd	Insp. Ingoiana M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
4/5/16	1st	Insp. Ingoiana M.O.
8/6/16	"	" " " M.O.
21.7.16	4	J.R.K. Capt. M.O.

Enlisted on 7th day of March 1916 at Saskatoon, Sask.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	65th Overseas Battalion	47¾119.		7th March 1916.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

J

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.
400M.—1-16.
H. Q. 1772-39-439.

Surname Markham Christian Name Robert

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.
1st SOUTHERN GENERAL HOSPITAL R.A.M.C. (T.) STIRCHLEY SECTION, BIRMINGHAM. CANADIAN DIVISION, CONVALESCENT HOSPITAL, WOODCOTE PARK, EPSOM		19	9	16	17	1	17	GSW Scalp, Face, Shoulder Breast.	121	From France - wound of scalp opened under general anaesthesia a piece of loose bone removed (about 3/4" long - Groove seen in skull - probably outer table only - wound packed with gauze - Trans to Epsom 17-1-17.	A Bates
		17	1	17.	19	2	17.	Do.	34.	Wd open on admission Dressing - Light Duty Has severe cephalalgia. Trans to Canada	J W Scarlett Capt. C.A.M.C. Registrar,

PART I. 7 A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 474119 Rank Pte Surname Micklejohn Christian Name Robert James

Unit or Corps—(a) Overseas from United Kingdom 54th Battn (b) In United Kingdom 65 Battn

Born at—Town Morris County or Province Man. Country Canada

Date of Birth—Day 28 Month June Year 1891 Age 25 yrs. 7 months.

Joined at Saskatoon, Sask Date 7 March 1916

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification:—

None.

DEPT. MILITIA & DEFENCE MAR 19 1917 H.Q. CANADA

Height—feet 5 inches 7" Colour of eyes Brown

Signature of Soldier (*for identification purposes*) R J Micklejohn

Medical Report.

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

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

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

Disabilities Group (*a*). Headaches, dizziness, Loss of bone of skull.

Disabilities Group (*b*).

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G.S.W. Head	St Eloi	16-9-16.
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

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

(*i.*) As to Group (*a*) above? No If yes, has Active Service aggravated it?

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

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

4. Is the disability due to disease contracted or injuries received while on Active Service— 20

(*i.*) As to Group (*a*) above? Yes

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

PART II.

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

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

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

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

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

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

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

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

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

18. Remarks.
The main condition seems good and we have only his words for the dizziness headache & loss of memory. It seems reasonable to suppose that he will be of military value after some months rest.

19. Recommendation:—(*a*) Fit for duty? No
(*b*) Fit for base duty? No
(*c*) Invalid to Canada? Yes
(*d*) Discharge from service as permanently unfit? No

Classification for the Military Hospitals Commission.

Date of Board Jan 31/17

Station Epsom

Signatures of the Board: G.C. Hale Capt — President.
A.A. Bennett Capt

Approved A.D.M.S.

Dated at ..... Station 191

A.D.M.S. CANADIANS
LONDON AREA,
LONDON, W.C.

For A.D.M.S., Canadians, London Area.
Captain, C.A.M.C.

12 FEB 1917

PART I. (*continued*).

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

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

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

(*vi.*) Opinion of the Court? —

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

In France 4 month - Wounded in head - was lying in no mans land several hours because paralysed from waist down. Crawled in. ~~Was unconscious~~ Not unconscious. Went to 13th Gen. Hosp. Boulogne - 1 day. Then to 1st South. Gen. Hosp. Birmingham. 4 months - then here - the paralyses only lasted 24 hours & legs are now as well as ever. Was operated on a 27-9-16 at Birmingham when P.B. & loose bone were removed. Had another a Dec. 6th to remove more bone.

Medical Hist. sheet negative.

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

Headaches & dizziness worse on exertion or excitement. Memory poor for trifling things but remembers anything important. No disturbance of special senses. Scar 3" long across back of right parietal bone. Some loss of bone but inner plate of skull seems to be intact. General condn Good. Various systems normal.

8. OPERATION. (*i.*) Was one performed? Yes

(*ii.*) If so, state what. 2 for removal of shrapnel & fragments of bone.

(*iii.*) Was one advised and declined? no

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

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

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? no

(*b*) Fit for base duty? no

(*c*) Invalid to Canada? Yes

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

Date of Report 23-1- 191 7 Signed Thos Butler Capt

Station Epsom Cen Lond Hosp. Officer in medical charge of case.

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

Thos Butler Capt for { Officer i/c / S.M.O. } { Hospital / Brigade } Strike out one of these.

Dated at Epsom Station, on 23-1-17 191

* Delete if inapplicable.

PART III.

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

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

on the day of 191

Members of the Board:—

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

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 54th Canadians. Military Hospital Stirchley

No. 474119 Rank and Name Micklejohn. Pte Age 25 Service 6/12

Disease _____ Date of admission 14-9-16 Date of discharge _____ Result _____

Dates of Observation	DEC 21	22	23	24	25	26	27	28	29	30	31	JAN 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																															
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per minute																															
Respirations per Minute																															
Motions per 24 Hours	1/0	1/0	0/0	0/	/	1/-	1/	1/1	1/1	1/	0/1	0/1	0/																		

(20312) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181. (373)

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 5th Div. Cav. Military Hospital Stirling

No. 47419 Rank and Name Meiklejohn Robert J. Age 25 Service 6/12

Disease _____ Date of admission 19.9.16. Date of discharge _____ Result _____

Dates of Observation	Sept. 19	20	21	22	23	24	25	26	27	28	29	30	Oct. 1	2	3	4	5	6	7	8	9	10.	11	12	13	14	15	16	17	18	19
Days of Disease																															

Temperature Fahrenheit — Time A.M. P.M. (each day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Left injured

Operation

Pulse per Minute: 68

Respirations per Minute

Motions per 24 hours: 0 0 0 1 1 1 0 1 0 0 0 0 1 0 1 0 0 0 0 1 0 0 0 1 1 1 1 1 1 0 1

(2669.) W9043—1195. 800,000 12/14. C.P., Ltd. Forms/B. 181/3.

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 54th Canadians — Military Hospital Shorncliffe B'ham.

No. 444119 — Rank and Name Meiklejohn Pte. — Age 25 — Service 6/12

Disease S. W head. — Date of admission 19 Sept 1916. — Date of discharge — Result

Dates of Observation													Nov																		
Days of Disease	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
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99°																															
98°																															
97°																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 Hours	1 0	1 0	1	1 1	0 0	0 1	0 1	0 0	1 0	0 0	0 1	1 0	0 0	1 0	0 1	2 0	0 1	1 0	1 0	1 1	0 1	0 1	0 1	1 1		1 1	0 1	1 0	1 0	0 1	1 1

(3103.) W 7204-1542. 750,000. 8/15. H. & Sp. Forms/B. 181/3.

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 54th Canadians — Military Hospital Shirley. B'ham

No. 474119. Rank and Name Nicklejohn. Pte — Age 25 — Service 6/12.

Disease S.W. Head. — Date of admission 19-9-16. — Date of discharge — Result

Dates of Observation	Nov 20	21	22	23	24	25	26	27	28	29	30	Dec 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease																															
Temperature Fahrenheit — Time A.M. P.M.																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours	D 1	D	1 1	0 1	1 0	1 1	D 1	D 1	0 1	0	0 1	1 0	0 1	1 1	0 1	0 1	1 0	0 0	0 1	1 1	1 0	1 0	1 0	1	1	1 1	1 0	1 0	1 D	1 0	1 0

Operation 17/11/16

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature _____ In charge of case.

This space to be left blank for the Chelsea Number.

H

ESQUIMALT 5-3 17

Army Form B. 268.

M

90

Proceedings on Discharge.

19-11-3-

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

No. 474119 Army Rank Private

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

Corps 54th. Battalion, C.E.F.

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

Date of discharge 31-7-17.

Place of discharge Invalided to Canada by authority of Medical Board.

1. *Description at the time of discharge.*

Age 26 years - months
Height 5 feet 7½ inches
Chest measurement (girth when fully expanded ins.; range of expansion ins.)
Complexion Fair
Eyes Grey
Hair Dark
Trade Farmer
Intended place of residence (To be given as fully as practicable) Harrip ~~Lac Lake~~ Lac

Descriptive marks.
Scar 3" over Rt parietal bone.

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

2. The above-named man is discharged in consequence of Being physically unfit for further war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— V Good

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* [illegible] 29.1.23

*Strike out if not applicable.

Wt. W. 13141/283 430,000 3/15 M.&C. Ld.
Forms B. 268 39

[OVER.

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

Dis 14/8/14. Dis

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

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

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

6. Campaigns, Medals and Decorations: France 1916.

Certificate of education .....

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

(Place) Regina

(Date) 31/7/17

E. J. Ashton Major

Commanding "A" Unit Depot Regiment.

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

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

(Place) Harris. Sask Robert J. Meiklejohn (*Signature of Soldier.*)

(Date) August 15th 1917 Earnest G. Meiklejohn (*Signature of Witness.*)

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

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

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... 1 „ 147 „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 31/7/17 (date)

(Place) Regina

(Date) 31/7/17

Signature E. J. Ashton Major

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

I hereby certify that there are no reservations.

Pte R.J. Meiklejohn

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

16527/329 M.G.A. 12628-R-1.

Name Meiklejohn, R.J.
Surname Christian Name

Regimental Number 474119 Rank Pte.

Address (in full) Quill Lake, Sask.

Unit 54th Bn.

Original Unit 65th Bn.

District where paid M.D.12

Date of Discharge 31-7-17

P. D. P. Filing Number 3 -7 -12

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	116	12-9-17	33 00	115	12-10-17	33 00	116	12-11-17	34 10		100 10
2309, 5	9400957	24/3/19	70 00								
1955a 21	948881	28/3/19	70 00								

M. F. W. 127. 60M—6 17. 1772-39-1140.

Remarks:

Quill Lake
Sask

16527/227

Dec'n No..... W.C. File No 12628-R.11

Award.....days at $ 1.0 per ... $ 280.00

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

Less P, D. P. Credited $ 100.10

$

Less further debit balance $

Net due paid as below $ 179.90

TO SOLDIER [illegible] DEPENDENT

O	Ag. No	Ch No	[illegible]	No	Ch No	Amount
1	2309	400957	70 00			
2	1955	248881	70 00			
3	1106	425993	39 90			
4						
5						
6						
	Total			Total		

24.3.19
28.3.19
11.4.19

GEN'L AUDITOR
Posting checked by
E. S. Bradley
Date 30/9/19

Name Meiklejohn P & R J

M. F. W. 41
1.0M—7-16
1772-39 889.

941

Regimental No. 474119

Unit 65th Bn

Date of enlistment 7-5-16

Place of " Saskatoon

Married (yes or no) no

Amount of pay assigned monthly $ nil

To whom payable SA Nil

Name and address of next-of-kin Quilt Lake Sask.

Date and place discharged

Reason for discharge

Character on discharge

Esquibo 5-3-17 II

649-M-5666

L. [illegible] 5351—M. & D. 6880.

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	Remarks, Casualties, etc.
	16/2/17							205 79								L P C
17/2/17	31/3/17	43	100	43 -	43	10	4 30		253 09					100 -		2nd to 10 Pd
												Cr Bal on Trans		153 09	253 09	From 1/4/17 "H" NID 12
								1.75								Int on def pay See list # 8
				Credit Bal Can Paid				153 09	154 84			Cr Balance		154 84	154 84	Supplement M O 12 15/11/18
																Rec'd ackg'd 25/11/18

Pensioned
1-8-17

PNP 31/8/17 Edm

M. F. W. 41
1 0M—7-16
1772-39-889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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