1st Depot Battn. Sask. Regt. Co 4

1 M. D. Depot Battalion Regiment

Regtl. No. 269005

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class 1)

1. Surname Muir.
2. Christian name Charles William.
3. Present address Saltcoat, Sask.
4. Military Service Act letter and number F.C. 464854.
5. Date of birth Nov 19 - 1895.
6. Place of birth (town, township or county and country) Saltcoat, Sask.
7. Married, widower or single Single.
8. Religion Presbyterian.
9. Trade or calling Farmer.
10. Name of next-of-kin Thomas Muir.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Saltcoat, P.O. Box 37 Sask.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:—
    (a) Place Yorkton (b) Date Oct 23/17 (c) Category A2

DECLARATION OF RECRUIT

I Charles William Muir, do solemnly declare that the above particulars refer to me, and are true.

I Charles William Muir (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22	yrs.	6	mths.
Height	5	ft.	8	ins.
Chest measurement — fully expanded	36			ins.
Chest measurement — range of expansion	3			ins.
Complexion	Fair			
Eyes	Blue			
Hair	Brown			

Distinctive marks, and marks indicating congential peculiarities or previous disease.

E J McWilliams Capt & Adjt

O. C. Depot Btln.

1st Depot Battn. Sask. Regt. Regt.

Place Regina Sask Date May 23/18.

M. F. W. 133.
500 M.—8-17.
1772—39—1158

M. D. ..... Depot Battalion ..... Regiment

Regt. No. .....

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class .....

1. Surname .....
2. Christian Name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth .....
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Naval or Military Forces .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act .....

(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

I, ... do solemnly declare that the above particulars are to me, and are true.

..... (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... yrs. ..... mths.

Height ..... ft. ..... ins.

Chest measurement { Fully expanded ..... ins. / Range of expansion ..... ins.

Complexion .....

Eyes .....

Hair .....

Place ..... Date .....

No. 2. W. 132.
500 Pads—6-17.
17/2—35—1158

B 20/7/19.

REGIMENTAL DOCUMENTS

NAME MUIR CHARLES WM. PTE. REGT. NO. 269005 UNIT 1 Dpo Lond. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			Category H
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
2	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				37195	Category
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Demob.
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Misc.				18/10/89	(1)
1	A.F.I. 1237					32-27
1	A.F.W. 3112					16-27
2	A.F.B. 181					12-27
1	Casualty Card					
1	R.I.P. 2					
1	Identity Card					

W 2589
100M-11-18
1772-39-1377

NAME Muir L. H. REGT. No. 269005

RANK AND UNIT Pte 15 R.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 325	12 Can Gen Bramshott	3-10-18	Influenza.
C 358	Disc	7-11-18	" " "

H. Q. ✓

M. D. No. ~~12~~ M10

Surname Muir

T. O. S. May 23rd 1918

Christian names Charles William

D. O. Pt. II 142 of 22-5-18

Regtl. No. 269005 Rank Pte

S. O. S. Dis 24-6-19 19

Unit Sask Regt 1st Dpo Bn

Reason Demob

Auth. D.O. 179 of 28-6-19 #10019

Next of kin Muir Thomas Relationship Father

Address Saltcoats, Sask

Also notify:

BORN—Place Canada, Saltcoats, Sask Date Nov 19th 1895

ATTESTED—Place Regina, Sask Date May 23rd 1918

O/S 29-7-18-13 51/13

R/C 20-6-19 351/123 Pte

W. 22—75M-5-18. 1772-39 830

Form R. 149.

Name Muir, Charles William Rank Pte. Reg. No. 269005

Unit 15th Res

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-10-18	12 Can Hosp	Bramshott	Influenza.	6325		27997.
7-11-18.	Discharged.			C358		9303

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

CA
Smith

Number 269005 Rank Pte

Surname MUIR

Christian Name Charles Williams

Units L.R. Theatre of War England

Date of Service 15-8-18

Remarks

Latest Address Saltcoats
Sask

Roll No. a Pag 1091

No. RANK NAME

T. O. S. UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

DESD. MAR 21 1922
REGD. No. 34829

Surname	Christian Name or Names	Reg. No.
MUIR	C.W.	269005

Rank	Unit
Pte.	Sask. 15R.

Cas. List.	
7-10-18 C325	12 CGH Bramshott 3-10-18. Influenza. Rw
14.11.18 C358	Illisc - 7.11.18.

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

M.S.A. 15. 1/2 sub

OCT 2 6 1917

2 5 6 Corps

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname MUIR Christian name CHARLES WILLIAM

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 4648542

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Saltcoats Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of October 1917, by the undersigned medical board sitting at Yorkton Sask

5. Age as stated 21 Years 11 Months. 6. Apparent age 24 Years — Months

7. Height 5 Feet 8 Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Fair { Eyes Blue / Hair Brn }

11. Physical development Fair { Good / Fair / Poor } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm — } 14. When vaccinated last Rem

15. Distinctive marks and marks indicating congenital peculiarities or previous disease —

16. Slight defects but not sufficient to cause rejection —

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 11

Harvey C Boughton President.

Member. D. K. McLaren Member.

Signature of Man [illegible] Muir

Ckd. to Schedule by [illegible]

No. 6

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
		D Emery	M.O.	24/5/18	+	D Emery	M.O.
24/5/18	+		M.O.	31/5/18	+		M.O.
			M.O.	11/7/18	+		M.O.
			M.O.	29/7/18			M.O.

Joined 23 day of May 1918 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot	269005		23 May 1918
Transferred to	46th Canadian Res. Batty.			16 AUG 1918 4 Day

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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 Grant Christian Name Charles William

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				
No 12 CAN. GENERAL HOSPITAL.								Influenza		Onset Sept 25 -	
"		2	10	18	7	11	18	"	36	Temp on Adm 102 - few fine crepts right front - Cough	
										Sputum - negative Gram + Diplococci in Sputum.	
										No T.B. of Influenza - Temp	H.H. Chisholm
										normal on Oct 5th	

Report No. _____ Army Form W. 3212.
(In books of 100.)

Regtl. No., Rank and Name } Pte. [illegible] Age _____ Corps 1st Ld

Disease Influenza Hospital 12 Can Gen

To Officer i/c Laboratory. Ward 10 - Bed 29

Please carry out an examination of the accompanying specimen of Sputum

with special regard to Pus

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 3-10-18 Major [illegible]
O. i/c Ward.

3

LABORATORY REPORT.

Microscopical examination shows Gram positive diplococci and various other bacteria in very large numbers. Pus cells in moderate. B. influenzae and B. tuberculosis were not found.

No. 1 CANADIAN MOBILE LABORATORY
8 OCT 1918
WITLEY

Date of Examination _____

Thos. P. Thine Major RAMC
O. i/c Laboratory.

(S.O. 1452.) W. 5750/P821. 6,000 Bks. 3/18.—McC. & Co., Ltd., Ldn.—

3

LABORATORY REPORT.

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. 269005 Rank Pte. Surname MUIR

(Given name in full) Charles Wm

Unit or Corps 15th Regt. Birthplace Saltcoats Sask.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 168 lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition Good

Pulse 68

Condition of arteries Good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. n ft.

Left n ft.

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

Nil

Opinion as to general health and physical condition Good

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 No 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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Aldershot (Overseas)

Date 6 5 19 Signed + E Bertiff 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 Muir C. W.

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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

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

Signature .....

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

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

certifies 24/6/19 Mitchell Capt

[OVER]

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "C" NO 77549 ISSUED

THIS IS TO CERTIFY that No. 269005 (Rank) Pte

Name (in full) Charles William Muir enlisted in

the 1st Depot Bn.

CANADIAN EXPEDITIONARY FORCE at Regina on the Twenty-third

day of May 1918.

HE served in Sask.Reg.in England

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (c)

~~Medixxxx Unfitnessx~~.

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

Age 23 years & 5 months

Height 5ft 8 ins.

Complexion Fair

Eyes Blue

Hair Brwon

Marks or Scars

C W Muir
Signature of Soldier.

Date of Discharge

Dispersal Station "M" JUN 24 1919 Military District No. 10

Jakirkcaedy
Issuing Officer.

Capt
Rank

Date 24 6 19 19

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders one liable to usual military discipline as if on the strength of a unit.

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 1st Depot Battn. Sask. Regt. Co. 4

Regimental No. 269005 Rank Private Name Muir Clarke William

Enlisted (a) May 23/15 Terms of Service (a) C. E. F. DURATION OF WAR Service reckons from (a) May 23/15

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

Extended ..... Re-engaged ..... Qualification (b) Military Mil. Farmer.

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				
		Embarked	Montreal	3-7-18.	
		Disembarked	Liverpool	15-8-18.	
23-8-18		Taken on strength 15th Can. Res. Bn.,	Bramshott	15-8-18	part 11 D.O. No. 234.
14-6-19	9.8. 15th RES. BN.	STRUCK OFF STRENGTH TO RIPON		14-6-19	PART II. DAILY ORDERS No. 165 ADJUTANT, 1st RESERVE BATTALION.

1 S'hamton - Aq'i 14 6 19
Debk'd Halifax 20 6 19

14-6-19 T.O.S. Dispersal Station Do 179 Pa 32
" " Pa 3.

and Dispersed 24-6-19

D. C. Patton Lieut.
for O. C. 10 District Depot.

(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				

CLINICAL CHART.

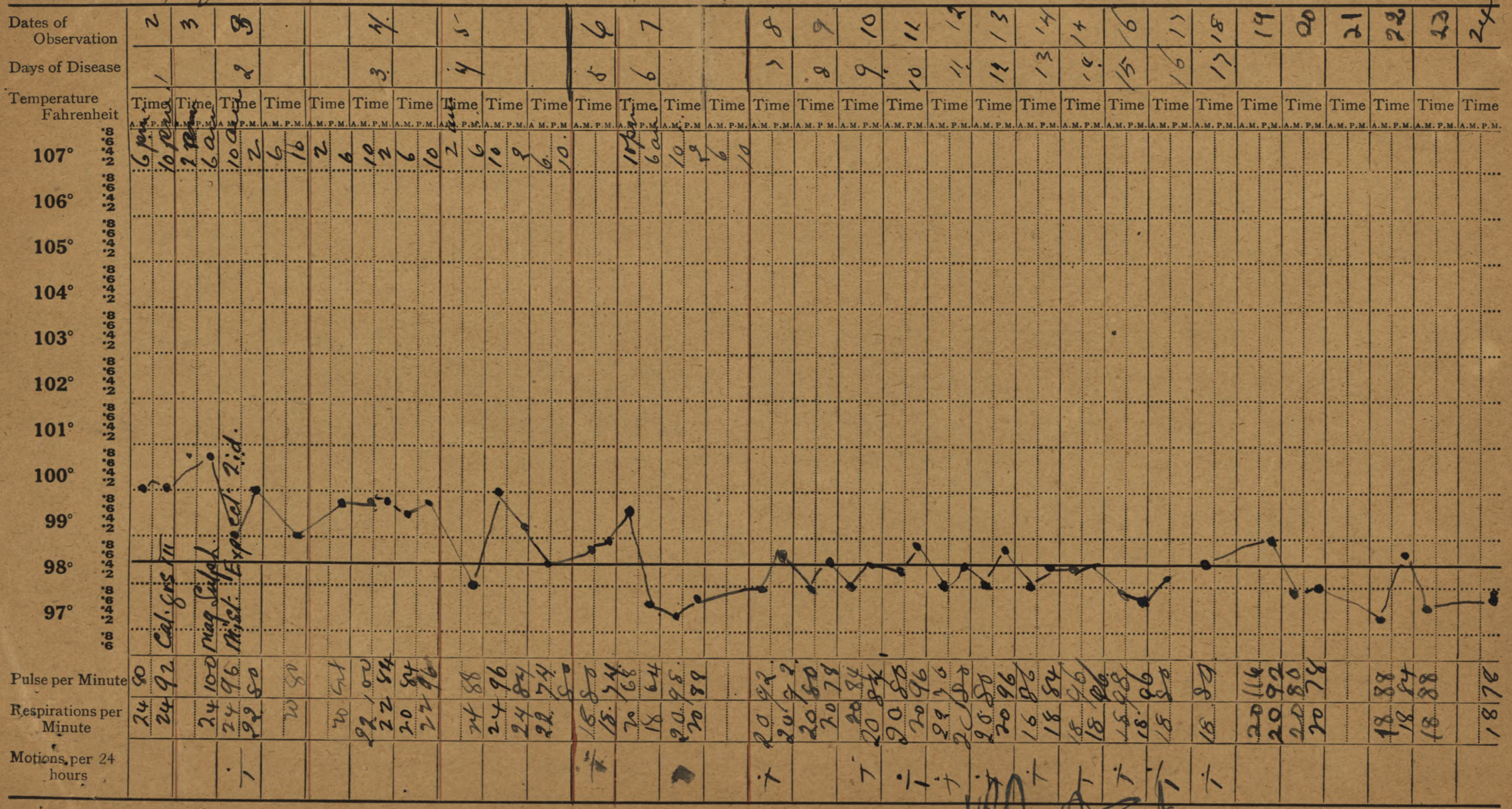
(To be attached to Case Sheet.)

Army Form B. 181

Corps 15 Res. Military Hospital Bramshott

No. 269005 Rank and Name Pte Muir C W Age 22 Service 4/12

Disease Influenza Date of admission 2nd Oct 1918 Date of discharge Result



(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) M.U.I.R. C.W.

REGIMENT 13TH. RE. S. BN. RANK PTE No. 269005

Date of Examination in England 12-5-19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

DENTAL BOARD 12 MAY 1919 RIPON

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 6. 14.
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (a) Full Upper —
   - (b) Part Upper —
   - (c) Full Lower —
   - (d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer

FORM OF WILL.

I Charles William Muir (Name in full)
Regimental Number 269005 serving in 1st Depot Battn. Sask. Regt. Co 4
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto Father.

Thomas Muir.
Box 37 Saltcoat P.O
Sask

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Same as above.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 23 day of May A. D. 1918

Charles William Muir Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H C Ganguhar
1st Depot Battn. Sask. Regt.
Address of Witness
Occupation of Witness Soldier
Signature of Second Witness W Filsinger
1st Depot Battn. Sask. Regt.
Address of Witness
Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

Form R 122.
2353—100M—9-1[illegible]-16

R.P.

Rank Name Muir Charles William Reg'l No. 269005

Unit 196th Dft Sask If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Regina May 23/18 Place of Birth Saltcoats Sask

Name and Address, Next-of-Kin Thomas Muir Father

Saltcoat P.O. Box 37 Sask Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

NE. R.C. No. 14703
File R.L.
Category C.B. C81

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.
C		Arrived in England	15 AUG 1918		HMT Cassandra
22.8.18	15 Res	T.O.S FROM Canada	Bramshott	16.8.18	Pt.II O 234
14.6.19	15 Res	S O S to Canada	Ripon	14.6.19	Pt.II 164
		To Canada 85-0-37.		14.6.19	

Report.		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.	
Date.	From whom received.					

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 15th. Reserve. Military Hospital 12th. Can. General.

No. 269005. Rank and Name Pte. Munro. Age 22 Service 4/12.

Disease Influenza Date of admission 9-10-18. Date of discharge _____ Result _____

Dates of Observation	25	26	27	28	29	30	31	1	2	3	4
Days of Disease								19	20	21	22

Temperature Fahrenheit — Time A.M. P.M.

	Pulse per Minute	Respirations per Minute	Motions per 24 hours
25	88	16	1
26	88	18	1
27	96	18	1
28	86	16	1
29	100	18	
30	78	18	1
31	100	18	1
1	96	18	1
2	86	18	1
3	100	18	1
4	70	18	1
	90	18	1
	84	18	1
	88	18	1
	118	18	1

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M. P.M.

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

8 6 4 2

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:-	AMOUNT:-

NAME:- MUIR, Chas William

NUMBER:- 269005

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.O.L.	AUG - 1 1918	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 106th Lt. 1st S.R.D.

DATE ACCOUNT FIRST OPENED:- 1-8-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
		15-8-Res	S R D

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
13/5	394	"	~~7 10~~			"	
						"	
26/5	553		~~19 47~~			L.P.C.	145 36
			~~26 47~~			Ledger Bal	1 7 2 13

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C.	1 - -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transfer to Can 31/5/19. Fg 194 Rpt to Rep 27/5/19 mA 10

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
July 31	Bal. Can.								32 00		
Aug	P.P.	34 10		AR 45 2018 Bourley	4 87				61 23		
		34 10			4 87						
Sept	~	33		~ 687 7/9 ~	4 87						
				~ 1544 15/9. 15th Res	19 20						
				A.O. 4005-304 25/9 ~	12				60 04	30	Agreed
		33			34 19						
Oct	~	34 10			— —				94 14		
		34 10									
Nov	~	33 00		~ 1914. 15/11/18 ~	14 60						
Dec	~	34 10		~ 3076. 21/12/18 ~	48 67						
Jan	~	34 10			63 27				132 07		
		101 20									
Feb	~	30 80		~ 3303. 15/1/19 ~	19 47						
Mar	~	34 10		~ 3497. 31/1/19 ~	9 73						
				~ 3650. 15/2/19 ~	9 73						
				~ 3781. 28/2/19 ~	14 60						
				~ 3899 12.3.19 ~	9 73				133 71		
		64 90			63 26						
Apr.	~	33		~ 4126 31/3 ~	49						
				~ 4039 ~ ~	12 17						
May	Interest m Dept.	34 10		~ 111 15/4 ~	9 73				178 42		
		3 14		~ 282 30/4 ~	9 73				1 12 13	150	
				~ 397 15/5 ~	7 30				164 83		
		70 54			39 42						

COMPILED BY C.W. Fletcher

CHECKED BY Duncan

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									16483		
				AR553 - 31-5-19. 15 Res.	1947				14526		
					1947						

E.O.S. to Can 14/6/19 SL 85- SRD ND 10.

AQUITANIA

M. OR S. M 1868

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

AUDITOR | PAYMASTER

REGT. No. 269005 RANK Pte NAME (IN FULL) MUIR. G. W. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE

TO WHOM PAID ✓ — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
(24)		

ORIGINAL UNIT C.E.F. 1st D.B.M.R. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO Dis Stn M — DATE JUN 14 1919 — AUTHORITY D.O. 179

DATE OF ATTESTATION 23-5-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ Nil — DATE EFFECTIVE

PAYABLE TO ✓ — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. W.S.G. Saltcoats Sask. ✓

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE M.D. 10 — DATE JUN 24 1919 — REASON D — AUTHORITY D.O. 179 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.		TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							145 36	145 36																								145 36		BY BAL. ENG. L. P. C.
1/6 to 4/7.	34	1re	34	40	80	-	1	142	40 ✓									4 87 5 -	1	27	89 ✓								287	76 ✓					Clothing Allce. 1st payment W.S.G. ✓
																																		Advances - Boat - Train ✓
																																		A.P. chgd. on Eng. L. P. C. to.
	W.S.G.															W.S.G.																SOLDIER DEPENDENT			
122 Days at Min 280 =								280 -	✓									70 -	✓													210 -	✓ Nil		1st Payment W.S.G. as above ✓
																										11 -	✓					199	✓ Nil		Dr 11 on P Pay ✓
											Aug 27					122	953 ✓	140 -	✓													59 -	6		140 2nd + 3rd Pays as W.S.
											Sept 24					124	314 ✓	59	✓													Nil		6	59 - 4 " "
								280 -	✓									269 -	✓							11 -	✓		280 -	6					
																a/c closed																			

AUDITED SEP 18 1919 Audit Clerk M.D. 10

200M-3-19.—L. L. 58788-H. & D. 9985.
M. F. W. 2596.
1772-39-1390.

WAR SERVICE BADGE

CLASS No. 6

Dispersal Area No. 10

Occupational Group No. 1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

WAR SERVICE BADGE CLASS "C" NO 22549 ISSUED

1. No. 269005 Embd S'hanton-Aq'l 14 6 19 Debk'd HalifAx 20 6 19

2. Rank. Pte.

3. Name. Muir Charles William

4. Unit. 15th Can. Res. 1st D.B.S.

5. Date of Discharge | 24-6-19. | Place Winnipeg

6. Reason for Discharge Demobilization

Service in France Nil ; Category B2

Next of kin Father Reg. Pres.

Occupation: Farmer

7. Authority. D.O. 179

8. Proposed Residence after Discharge Saltcoats Sask.

9 CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

C. W. Muir

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date JUN 24 1919

Dispersal Station "M" Military District No. 10

Deceased 22-843 649-M-62394

Signature Jakukcady Capt

(O. C. Discharging Unit.)

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

E.R.J.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate .....Militia Form W. 23.

or Particulars of Recruit.....Militia Form W. 133

Field Conduct Sheet .....Militia Form W. 178 or A.F.B. 122

Casualty Form .....Militia Form W. 54 or A.F.B. 103

Last Pay Certificate .....Militia Form W. 44

Certificate that missing documents are unobtainable .....

Medical History Sheet.....Militia Form B. 313 or A.F.B. 178

Proceedings of Medical Board.....M.F.B. 227, A.F.B. 179 or A.F.A. 45

Dental History Sheet.....Militia Form B. 465

Medical Report .....M. F. W. 129 or D. M. S. 1375

Regimental Conduct Sheet .....Militia Form B. 263

Company Conduct Sheet .....Militia Form B. 263a

Group.....A.....
Checked by No.....23.....
.....
Date.....11-6-19.....

Forms
I. 1237
12

Mr Thos. Muir
Box 37. Saltcoats Sask.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7970	264005	Pte.	Muir	C. D.
Year 1918.	Unit. 15 Res	Age. 22.	Service. 4/12	

Station and Date.

Disease Influenza.

Brainholme

Complaints - pains

past History - Joined Army May 1/18. Came to England Aug 1st

Had measles, whooping cough. Chicken pox.

Family History not important

present Ill: patient states that he took sick on Wed. 23rd/10/18

had aboad cough. lost his appetite and felt weak

he reported sick next day to Heavers sent to bed.

present Condition on admission to Hosp. patient had a temp

of 100 - pulse 80. slightly anaemic. had cough

with a muco purulent expectoration -

chest clear with the exception of harsh breathing

in front on right side and after expectoration

24-10-18 - patient up - for awhile felt pretty well - but

still coughed yet - some cough with a thin

frothy expectoration

24/10/18 - Feeling well - assisting about ward -

4/10/18 - Has slight cough - chest now neg

marked out

[signature] Capt.

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12/16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	