Original

A.M.C. Training Depot No. 11, C.E.F.

Unit. A.M.C. Training Depot No. 11 Rank. Capt. Name. Nelson, I.A.

OFFICERS' DECLARATION PAPER.

Canadian Over-seas Expeditionary Force.

.....

Questions to be answered by officer.

(Answers.)

1.(a) What is your surname?..... NELSON .....

(b) What are your Christian Names?.. Ira Augustus .....

2.(a) Where were you born?(State place & country) Indianna, U.S.A. .....

(b) What is your present address?... Victoria, B.C. .....

3. What is the date of your birth?.... Jany 8 1876 .....

4. What is(a) the name of your next-of-kin?..... Morse Nelson .....

(b) the address of your next-of-kin?..... Tekoa ~~Takoa~~ Wash. .....

(c) the relationship of your next-of-kin?..... Son .....

5. What is your profession or occupation? Physician & Surgeon .....

6. What is your religion?..... Presbyterian .....

7. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes .....

8. To what Unit of the Active Militia do you belong?..... C.A.M.C. No. 11 .....

9. State particulars of any former Military Service.....

..... Spanish American War .....

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes .....

The undersigned hereby declares that the above answers made by him to the above questions are true.

Capt Ira a Nelson ....(Signature of Officer)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him.. fit. for the ~~CANADIAN OVER SEAS EXPEDIT-~~ IONARY FORCE.

Date. Jan 6 1916.

Place. Victoria ..... Medical Officer.

NELSON IRA AUGUSTUS CAPTAIN C.A.M.C. ATT. 11TH RES.

02551

RESIGNED.

DEAD 28-10-29

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

ORIGINAL

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..... A.M.C.Training Depot No.11,C.E.F.

(2) Regimental Number .....

(3) Full Name of Soldier..... Ira A. Nelson

(4) Place of Birth..... Jackson Co. Indiana, U.S.A.

(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 ? ..... Yes

(8) Have you any children ?..... Two

If so, give number of boys and girls..... Boys 1 Girls 1

Also their names and ages..... Morse K. Nelson ~~xxxx~~ (19)

Ruth N. Nelson (21)

M. F. W. 67

200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address James A. Nelson, Crothersville, Ind. U.S.A.

(10) Is your Mother alive ? Yes

If so, state name and address Sarah J. Nelson, do do

(11) If your Mother is a widow.. No

Are you her sole support, or not No

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

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

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

No

(15) Are you insured ? Yes

If so, in what Company ? New York Life. Indiana Mutual.

Have you made arrangements for payment of your Insurance premium Yes

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

Officer Commanding.

Major

O. C. A. M. C. Training Depot No. 11, C.E.F.

Date OCT 14 1916

(Vol. 2) 372-11-229

Number

Rank Capt

Surname NELSON

Christian Name Ira Augustus

Units

Theatre of War Eng

Date of Service 31-10-16

Remarks

Latest Address Port Gamble, Wash., U.S.A.

Roll No. 6.A.M.6

200m.-6-21. A. Page 45-43

FORM R. 149.
7106—250m—7/2/17.

Name NELSON *Rank* CAPT. *Reg. No.*

Unit Ira Augustus.
CAMC att 8th Res. Bn.

Next of Kin U.S.A.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-4-17	Mil. Hos. Shorncliffe		Gastritis	646		
19-4-17	Discharged			668		
21/4	Perkins Bull C. Hosp	"				
3/5	Discharged					

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

REGT'L. No.

NAME Nelson, L. A.

H. Q. FILE No. 649

RANK AND CORPS Capt. Co M 6 att. 8th Bn.

FOLLOWS No.

FOLLOWS

CABLE

No. | Date

NATURE OF CASUALTY

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
646 3/4	Military, Shorn	7-4-17	Gastritis
668 4/4	Discharged.	19-4-17	Gastritis.

CARD NO.

SURNAME. Nelson, 392-11-229.

CHRISTIAN NAMES Ira Augustus

REGL. NO. RANK Capt.

UNIT ~~A. M. C. Training Depot No 11.~~ Struck off Strength (4th R.D.)

FORMER CORPS C. A. M. C. No 11.

FULL S&S Rec. 7-6-17 II

NEXT OF KIN.

NAMES IN FULL Nelson, Morse

RELATIONSHIP TO SOLDIER Son.

ADDRESS Takea Wash. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Indiana DATE Jan. 8th. 1876

PLACE OF ATTESTATION DATE

L. 94504. M. & D. 6512.

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

Struck of Strength of the 6 E F Ts Late effect from 12/2/18, per to Resgn. 7/6/17

MARRIED SINGLE WIDOWER

TRADE OR CALLING Physician + Surgeon RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE	YEARS	MONTHS	
HEIGHT	FEET	INCHES	
CHEST MEASUREMENT	INCHES	EXPANSION	INCHES
COMPLEXION	EYES	HAIR	
DISTINGUISHING MARKS			

MEDICAL EXAMINATION. PLACE Vernon B.C. DATE July 6th 1916

Present address, Victoria B. C.

D. M. S. 1347.

Surname	Christain Name		Reg. No.
NELSON.	I.	A.	DMS.10-N-176

Rank	Unit
Capt.	C.A.M.C.

MEDICAL BOARD held at	Date	Serial No.
(1) Shorncliffe.	20-4-17.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

Gastric ulcer.

Disposition Recommended

(1) Unfit any ser. 3 weeks.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at **Date** .....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

Nelson. I. A.

Capt. CAMC. att. 8th. Res. Bn.

Mil Hosp. Shorncliffe. 7-4-17.
Perkins Bull Hospital, Putney. 21-4-17.

Gastritis.

Discharged:-19-4-17
do. 2-5-17.

C.L. 12-4-17. 646-3.
8-5-17 668-4.
15-10-17 Nom.Roll & Letter L.A.

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

R.

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

314

To Whom N. A Cowan

Address Davenport
Washington
U. S. A.

By Whom Assigned Nelson Ira Augustus

Regtl. No.

Rank Capt

Corps A. M. C. #11

Rate 5.00

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop Payments Feb 1/17
Sept.				Personal
Oct.				3M 30/1/17 A.R.C. 22/2/17
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 5 CASUALTIES.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. N. A. Cowan
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier Nelson Ira A. 516
Capt A. M. C

Month.	Year.	Cheque No.	Amt.	Remarks.
			50 00	NOV 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		C 31829	50	150 00 a/c closed 31/1/17
Dec.		X 34633	50	Auth W2L 37-11-29-12/6/17
Jan.	1917	C 41833	50	on file 1,34695-9-1 A.P. 12/6/17
Feb.		~~C 46953 50~~		Stop Feb/17
March				C 46953 Cancelled A.D.
April				
May				P.D.P. 20/7/17 PGC
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Nelson - Ira A. Captain

Regimental No. H.Q. 372-11-229

Unit C. A. M. C.

Date of enlistment

Place of "

Married (yes or no) Sa nil

Name and address of next-of-kin

Date and place discharged Struck off 7/11/17. Vide folio # 181

Amount of pay assigned monthly $ Af. nil.

Reason for discharge

To whom payable

Character on discharge

Grampian 4/11/17 to 14/11/17 (P.L.) 2 copies L.F.C. Cleared to 10/11/17

Form 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.
														7 00	7 00	# 31 Old Mercy 4/11/17 - 10/11/17
														102 75	102 75	Cheque # 1866. M.O. 11/11/17
														75 00	75 00	" # 1868 " " 15/11/17
										3390	8/11/17	93 22 ✓			93 22	Left £20.0.0 to C.P. Covering said cheques Vide folio # 118
												Credit bal.			18 53	
		174 00			43 50			81 00	298 50			~~43 75~~		184 75	298 50	
b/d bal brought down								18 53	18 53							
Balance Debtor								138 97	138 97	3534	14/11/17	157 50 ✓			157 50	Applied for # 184 a/c vide folio # 184
								157 50	157 50							
												157 50			157 50	Rendered A/c # 138.97 P. D. P. 29/11/17 Rms
								Debit bal brought down						138 97	138 97	
Recovered from R.A. Pay Authority Folio # 200								138 97	138 97					157 50		cheque as above and vide folio 202
" " " 214								157 50	157 50							

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					

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Nelson Capt J. A. (Sea Augustus)

Regimental No. 372-11-229

Unit C.A.M.C.

Name and address of next-of-kin Seward Hotel. Seattle. Wash

Date of enlistment

Struck off 7/7/17. Vide folio II 181 Rms

Place of " A.P. nil / E.a. nil } Canada

Married (yes or no)

Date and place discharged Resigned 7-6-17

Amount of pay assigned monthly $ nil / nil England

Reason for discharge

To whom payable

Character on discharge

Grampian 4/5/17 - 14/5/17 (Pub Ex h.)

L.R.C. clear 10.5.17
1 copy affixed

D. & C. Job 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.
11/5/17	7/6/17	28	2.00	84.00	28	75	21.00	24.50	129.50					10.27.5	16.17.5	CR 1566 5/6/17 MD 11
														7.5.00		+ 1868 15/6/17 MD 11
														7.00		+ Missing on boat from 4-5-17 to 10-5-17 @ 1/- per day
														9.7.33	9.7.33	Pub. 15/7 - 7.6.17 @ 1/50
																Board bill 26-0-6
																C.A. letter 12-6-17 Ent 27/7
															28.08	
									28.08							
									14.38							Debit bal
																Struck off Strength C.E.F. 7/6/17.
																Readjustment to 7/7/17
8/6/17	7/7/17	30	3.00	90.00	30	75	22.50	45.00	157.50							Debit bal as above 14.38
												14.92			14.92	Rendered P.D.
									157.50						157.50	Dr $ 14.38 cancelled 18/7/17 R.M.C.S.
									157.50							

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					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

13495 — J — 1

Name Nelson, I.A. (Surname / Christian Name)

Regimental Number

Rank Capt.

Unit A.M.C.

Original Unit

District where paid Ottawa

Date of Discharge 7-6-17.

P. D. P. Filing Number 3 N 9 & 1 N 11.

Address (in full) Seward Hotel,
Seattle, Wash.,
U.S.A.

new address -
% Bank of Montreal,
Ottawa, Ont.

Rates:—Regimental pay $ 3.00 per diem: Field Allowance $ .75 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
341 25	6046	5/12/17	112 50	5966	8/1/18	89 78				138.97	202 28
112 50	D.R. 4263	11/2/18	(Ap. bk A 6046)							112 50	
89 78	D.R. 4262	11/2/18	(Ap bk B 5966)							89 78	
341 25	6769	8/2/18	44.78							296.47	44.78
2000	D.R. Book Feb. 8. Cash refund										

Remarks: Residence U.S.A. Re-adjusted C.P. A + B cheques to be deposited
See vouches and 1.N.11.

M. F. W. 127.
60M—6 17.
1772 39-1140.

File No. 13495-A-1

WAR SERVICE GRATUITY.

Register No.

Reg. No. Capt.

Name Nelson, Ira A.

Address Poulsbo Wash

Dependent Nil.

Address

Dec'n No..... W.S.G. File No.....
Award.....days at $..... per day $
S. A.....months at $..... per mo. $.....
Less P. D. P. Credited
Less further debit balance
Net due paid as below
SOLDIER TO DEPENDENT
O | Ag. No | Ch No | Amount | Ag. No | Ch No | Amount
Total

Pay Soldier $ 3.75

Pay Dependent $

Days 92 Rate 3.75 Due 345.00

Less P.D.P. credited 341.25

Less further Dr. Bal. or overpayment.

Net 3.75

Clerk W. C. Rothwell

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
13/9/21								
1 14/9/21		91925340	3 75		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date 14/9/21

156473

Army Form A. 45.

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE— on 20-4-17
(19, Westbourne Gardens, Folkestone.)

by order of A.D.M.S. Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Capt. J. A. Nelson (Corps) Can. M.C.

Age 44 Service 13/12 Disability Gastric Ulcer

Date of commencement of leave granted for present disability ~~from Standing~~ 20-4-17 with. hosp

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has been suffering from the above disability for the past six weeks. He has had two attacks of hæmatemesis but has had none for past two weeks. He feels better, pain is less frequent, and is gradually improved under careful diet. The Board has recommended a Convalescent Hosp. for three weeks.

If the Officer is not fit for General Service:—
a. Is he fit for Garrison Duty abroad?
b. Is he fit for duty on the lines of communication? —

The opinion of the Board upon the questions herein is as follows:—

(1.) *a.* Is the officer fit for "General Service"? No
b. If not so fit, how long is he likely to be unfit? 3 weeks

(2.) *a.* *If unfit for General Service, is he fit for service at home?* No
b. *If not so fit, how long is he likely to be unfit for service at home?* 3 weeks
c. *If unfit for General Service at home, is he fit for light duty at home?* No
d. *If not so fit, how long is he likely to be unfit for light duty at home?* 3 weeks

(3.) Was the disability contracted in the service? Yes

(4.) Was it contracted under circumstances over which he had no control? Yes

(5.) Was it caused by military service? Yes

(6.) If caused by military service, to what specific conditions is it attributed? General Service Conditions

(7.) If the disability was not caused by military service, was it aggravated by it? —

Signatures { W. Smith — President.
W. McKenzie — Members.
Major D.A.D.M.S. for D.M.S. Canadian Contingents. }

I concur in the findings of the Board of Medical Officers here recorded. Wallace

Perdue Hall Convalescent Hospital.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

Capt

ORIGINAL

MEDICAL HISTORY SHEET

Surname Nelson Christian Name Ira Augustus

Examined { on day of July 1916
at Vernon B.C.

Birthplace { City or Town Indiana
County U.S.A.

Apparent age 40 - 6.

Trade or occupation Physician

Height 5 feet 10 Inches

Weight 205 lbs.

Chest measurement { Minimum 44 inches
Maximum expansion 48 inches

Physical development Good.

Small-pox Marks none

Vaccination Marks { Arm Right 1 Left 3
Number 4

When Vaccinated last 1915.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by Wallet Graham

Rank Captain C.A.M.C. M.O.

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

Date	Result	Vaccinations
22-6-16		JE M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
20/6/16		Capt Leo Moore M.O.
1/7/16		Capt Leo Moore M.O.
		M.O.

Enlisted on 20 day of June 1916 at Vernon B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A. M. C. TRAINING DEPOT No. 11			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

Surname Nelson Christian Name In quinotho

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				

Name Nelson Enl. 20-6-16

Date of Embarkation for England 3-1-10-16

Proceeded to France 3-12-16 Cond. duty Returned to England 5-1-17 from Cond. duty

14-2-17 " " 19-2-17 " " "

Date returned to Canada 4-5-17.

P.R.2855.

" Ch Kid 28-11-29

CERTIFIED COPY
12 AUG 1918
CANADIAN RECORD OFFICE

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

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

Casualty Form—Active Service.

A.M.C.

Unit, Regiment or Corps TRAINING DEPOT No 11, C.E.F.

Regimental No. ..... Rank Captain Name Nelson, Ira Augustus

C. E. F.

Enlisted (a) ~~30 June 1916~~ Terms of Service (a) 4 yrs, Dof W Service reckons from (a) ~~20th June 1916~~ 31.10.16

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) Physician

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	Halifax	31-10-16	
		Disembarked	Liverpool	11-11-16	
16-11-16	Canada	TAKEN ON STRENGTH C.A.M.C. T.S.	Dibgate	12-11-16	Pt II D.O 324
23/11/16	Camc. T.S.	Att to A.D.M.S. Folkestone Mess Bdo	Shorncliffe	23/11/16	Pt II D.O. 333 Hugh Allen CAPT. ASST. ADJUTA FOR O.C. C.A.M.C. TRAINING DE
3-11-16	~~a.d.m.s. Canada~~	attached to a.d.m.s.can.	Shorncliffe	23-11-16	Pt II 322.
28-2-17	"	Ceases to be attached on attachment to Shorncliffe Military Hospital	Folkestone	27-2-17	Pt 11-59 LIEUT & Q.M. C.A.M.C. FOR A.D.M.S. CANADIANS, SHORNCLIFFE AREA.
6-4-17.	M.S.	~~S.C.S.M.~~ Attached Mily. Hospital	Shorncliffe	23-3-17	Part II No. 62.
7-4-17	"	Ceases to be Attached	"	23-3-17	Part II 84

(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				
4-6-17	Can C.R.D. O.C. D. on being returned to Canada		Woolwich Garrison	4-5-17	P.II D.O. 155 D K Hetherington Lieut. ASST. ADJUTANT FOR O.C., C.A.M.C. DEPOT

CANADIAN EXPEDITIONARY FORCE

J.C.T. 11-22.
R.A.P.

Certificate of Service

M

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain

(Name in full) Ira Augustus NELSON,

Enlisted in No. 11 Canadian Army Medical Corps Training Depot.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191 AND WAS APPOINTED to COMMISSIONED RANK

in No. 11 Canadian Army Medical Corps Training Depot.

CANADIAN EXPEDITIONARY FORCE on the Twentieth day

of June 191 6

He SERVED in CANADA, and England with the No. 11 Canadian Army Medical Corps Training Depot., C.A.M.C.H.Q., Attached to A.D.M.S. Folkstone Medical Boards., and Attached to Shornecliffe Military Hospital.

and was STRUCK OFF THE STRENGTH on the Seventh day

of June 191 7 by reason of being Permitted to resign.

Dated at Ottawa, this Eighth day

of April 191 xxx 1920.

Proceeded to France on conducting duty from 3-12-16 to 5-1-17 and from 14-2-17 to 19-2-17.

Lt. Col.

for

Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

Surname NELSON / Christian Names Ira Augustus. /

Rank Captain / Name and Address of Next-of-Kin Son. /

Promotion Morse Nelson /
Tehoa. Wash.

2.6.16

Unit 11th Dft., A.M.C. T.D. No. 11. /

Place of birth Indianna. U.S.A. /

Married (Yes or No)

Appointments

Date of leaving Canada 31.10.16 Nov 18.11.16 Date and Cause of Resignation

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
16.11.16.	DMS.	T.O.S. on arr from Canada x. ptd	CAMC. T.S.	12.11.16.	Do 3004 3012. Do 5909. (C.T.D) Pt II ord. 322. (ADMS Shorn.)
27.11.16	Do ADMS.	(Transf) amended by Pt II ord 10 (ADMS Z.B.) att to ADMS. Cans.	Shorncliffe.	23.11.16.	Do. 3069. Pt III ord 333. Camc 28.
30.12.16.	Shorn. Area.	Proceeded O/Seas on conducting duty. "On Command"		30.12.16.	Pt II Ord. 357.
1.3.17.	DMS.	Ceases to be att to ADMS Can S'cliffe. area. on attmt to Shorn. Mil Hp.		27.2.17.	Do 296. Pt II ord. 59. ADMS. Folkestone
16.2.17	O.C. Scliffe	Proceeded O/S on conducting duty (On Command)		14.2.17	D.O. 827
22.2.17	O.C Scliffe	Returned from conducting duty O/S		19.2.17	D.O. 934 Pt II ord 53 D.M.S. Flkstone
3.3.17 24.3.17.	Mil Hosp Scliffe camc Depot.	attack to this Unit for duty from CAMC T.S. S.O.S. to Scliffe mil Hosp		2.3.17 23.3.17	Pt II ord 62. Pt II ord 83.
24.3.17.	DMS.	Ceases to be att. S'cliffe Mil Hp.		23.3.17.	Do. 409. Pt II ord 84 (M. Hp Scliffe)
24.3.17.	Do	att to 8th Can. Res. Bn.		23.3.17.	Do 409. Pt II Do 86 Scliffe
4.4.17. 5-4-17.	8th Res Bn 11th Res Bn	Ceases to be attd to 8th Can Res Bn (taken on att)		4.4.17 4-4-17	Pt II Ord 94: 79.
12-4-17	C R O	Adm Can Mil Hosp	Scliffe Discharged	7-4-17. 19.4.17	C.R. 646 & L 668. (Gastritis)
13-4-17.	11 Res Bn	Ceases to be att		13-4-17.	Pt II ord. 85.

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				
26.4.17.	DMS.	Ceases to be att 8th Can. Res Bn.		20.4.17.	Co. 541.
26.4.17.	Do	Granted leave by Med. Bd. from 20.4.17 to		11.5.17.	Co. 542.
31.5.17.	Do	S.O.S. Returned to Canada for disposal by A.G. Ottawa.		4.5.17.	Co. 697.

R01559CE79/13-5-5 B. 103.

12 AUG. 1918

Sr. 7.6.17

Bn Cupl (Gen 22), 31.10.16

Ret 15.4.20.

4028

P—15.

ASSIGNED PAY.

Beneficiary

Address

Canada

Amount. $ 50 00 1 1/16

Separation Allowance issued. Yes or No.

UNIT. NAME OF | DATE | AUTHORITY

C.A.M.C.D.C.

RANK. ~~DATE~~ | AUTHORITY

Capt. 12-11-16 From Canada Mess D.M.D. Corps C. #3004 d/16-11-16

NAME.

Name Nelson,

Initials J.A.

Bank of Montreal ✓

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Dec 12	P & A. from 1-30 11/16 Missing 12-30 11/16 Bank			131 50		131 50		
Dec 14	" 1-30 11/16 " 12-30 11/16	V 15093	131 50					
"	Pay Dec R.		147 25					
" 18	Bank			147 25				
1917 Jan 16	A.P. Can. 2 mos. Dec & Jan.				100 -			
20	Pay Jan R.		147 25					
26	Bank	19288		47 25				
Feb 6	Advance Feb. P & A. Bank	19401		48 67				
20	Pay Feb R.		133 -					
"	A.P. Can.				50 -			
25	Bank.	21931		34 33				
Mar 3	Bank Advance March P & A.	22066		48 67				
" 20	Pay Mar R.		147 25					
27	Bank.	24826		98 58				

UNIT

NAME

DATE OF APPOINT

MARRIED (YES OR

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

NEXT OF KIN:—

DATE NON-EFFECT

AND CA

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					TO
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	ALL

SUNDRY PAYMENTS

DATE	CHEQUE NO.	PARTICULARS

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.

UNIT.

NAME OF	DATE	AUTHORITY
S'cliffe Med. Hosp.		

RANK.

	DATE	AUTHORITY
Capt.		

NAME.

Beneficiary
Address

Amount. $ 50.00 Canada

Separation Allowance issued. Yes or No.....

Name Nelson
Initials J. A.
Bank of Montreal

1917-18

DATE 1917.	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Apr 21.	Pay Apr. R.		142 50				Refs to Canada	
28	Bank			142 50			L. P. b/c 10 5/17	
May 2	Direct. P & A. 1-10 5/17	3071		47 50		Dr 47 50	Dr to H.E. Ledger.	
10.	P & A. 1-10 5/17.	V. 3353	47 50				Transferred fr Ledger 7 to Ledger 12 - 9 6/17.	

FORM P.15
2227—10M—1/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary							Name
Address							Initials
							Bank
Amount. $							
Separation Allowance issued. Yes or No.....							

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

ORIGINAL.

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of Capt

Surname Nelson *Christian Name* L. A.

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 ... (*a*) _____

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

Approved by (*Signature*) _____
(*Rank*) _____
Medical Officer.

Enlisted ... ... at _____
on _____ day of _____ 191 .

Joined on Enlistment ...	Corps. C.A.M.C.	Regtl. No. Capt.
Transferred to	att'd. R.C.	

Became non-effective by ... Canada
P.T.O. 155

on _____ day of _____ 191 .

(*Signature*) _____
(*Rank*) _____

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD. Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the caus use. In cases of syp subsequent progress, be given in the speci
	Day	Month	Year	Day	Month	Year			
Helena Hospital Thorncliffe	7	4	17	20	4	17	Gastric Ulcer	13	For M

the Sick List in the case of Warrant Officers treated in quarters.

umber f days in ospital	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
13	For Medical Board.	R Johnston Capt RAMC Offr i/c Helena Hospital, Shorncliffe.

Table III.—Boards; Courts of Inquiry, 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
19-4-17	Three weeks leave; W. Dn. Machinnon Major, Cassw

PRESIDENT, STANDING MEDICAL BOARD.

Table IV.—Service Table.

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