Original

Transferred to 18th Bn. 13th July 1915 from 17th Reg't. D.E.F.

54208

ATTESTATION PAPER.

No. 54

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Edward Ormerod
2. In what Town, Township or Parish, and in what Country were you born? — Blackburn England.
3. What is the name of your next-of-kin? — Mrs. Jane Ormerod (mother)
4. What is the address of your next-of-kin? — Tilsonburg Ont. Canada.
5. What is the date of your birth? — 28th June 1891.
6. What is your Trade or Calling? — Mechanic
7. Are you married? — No.
8. Are you willing to be vaccinated or re-vaccinated? — Yes.
9. Do you now belong to the Active Militia? — No.
10. Have you ever served in any Military Force? — No.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes.

Edward Ormerod (Signature of Man).

.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Ormerod, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

.....(Signature of Recruit)

Date Jan 18th 1915 .....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Ormerod, 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.

.....(Signature of Recruit)

Date Jan 18th 1915 .....(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 Tilsonburg, Ont. this 18 day of Jany 1915.

G W Hale .....(Signature of Justice)

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

.....(Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Edward Osmond on Enlistment.

Apparent Age 23 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5' ft. 9½ ins.

Chest measurement
- Girth when fully expanded ..... 34½ ins.
- Range of expansion ..... 2½ ins.

Complexion Fair

Eyes Blue

Hair Lt Brown

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Letter E tattooed on right forearm.

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 Jan 18th 1915

Place Tillsonburg ont

R.W. Easton M.B.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edward Osmond having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

A. Calvin C. Stevens (Signature of Officer)

Date Jan 12th 1915

Feby 1915

Lt-Colonel
O.C. 71st Regt. C.M.R.

ORMEROD EDWARD 54208 18TH BN 05289

DEMOB

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

H

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
ORMEROD	E.	54208.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		WOR. 18.		

HOSPITAL — DATE OF ADMISSION

4 C.F.A. 20-1-18.

1. 43 Cas. Clg. Stat — Hosp. 24.4.18
   1st Gn. Recd — 27.4.18
2. 2 Corps Depot Rouen. — Hosp. 29-4-18.
3. B.C.F. Amb. — Hosp. 19-9-18
4. 55th Gen. Hosp 7 Corps — Hosp 21-9-18 — 8.10.18

DIAGNOSIS

1 Scabies. 10/

2 Impetigo & Pyodermia & Boils. ang. & V. 1 C.T.R. Knee. &

3

DISPOSITION — DATE

CL. 26-1-18 A123. — Dis - 8.2.18

13.2.18. A138

1-5-18 A202. — REMARKS: Dis to Reinfts. 4-5-18

3.5.18 A204 — Dis to S.R. Camps 8.11.18

6-5-18 A206.

10.5.18 A240 (1)

27.9.18 @ 326

30-9-18 @ 328

15.10.18 A341

4.12.18 A384/2.

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.		

Form R. 149.

Name ORMEROD Edwards Rank Pte Reg. No. 54208

Unit 18th Bn.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20-1.	4 6 7A.		Scabies	A129		12351.
8-2.	Discharged to Duty		do.	A138		13398
24.4	43 CCS.		Impetigo	A264		17355
27-4	12 WSH. Gt. Rouen		do	A284		18227
29-4	2 Con Dth Rouen	Pyrexia + Bronch.		A306		18654
4-5.	Dis to Reinforcement Depot		do.	A310		19441
1918.						
19-9	13 C 7A.	I.C. Lacre R.		A328.		22012.
21-9	55 54 Blague		do	A328.		22357-8
8-10	7 C.D. Baloque		do	A344.		24156.13
8-11.	Disc 5 R.C.S. Martins		do	A384		25223/6

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

NAME Ormerod E.

RANK AND CORPS Pte. 18th Bn

REGT'L. No. 54208

H. Q. FILE No 649

FOLLOWS No. W. Reg

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 123. # a 138	4 Can. Fld Amb. Disc to Duty	20-1-18 8-2-18	Scabies Scabies
a-202.	#43. Cas. Clg. Stat.	24-4-18.	Impetigo.
a-204.	#12. Gen. Rouen.	27-4-18.	"
a-206.	#2. Conv Depot Rouen.	29-4-18.	Pyodermia & Boils.
a-210.	Disc. Reinforcement	4-5-18	" " W.O.Rg.
a 326	No. 13 Can Fld Amb	19-9-18	I.C.T. Rt knee.
a 328	55 Cent. Boulogne	21-9-18	" " "
a 341 (2)	7 Conv Dpo. Boulogne	8-10-18	" " "
a 384 (2)	Disch to 5 Rest Camp St Martins	8-11-18	" " "

No. 1208 / 4208 Rank Pte Name Ormerod, E

T.O.S. Transfd from 7th C.M.R. 3-2-15 (D.A. 102 - Feb 1915) Unit 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Feb 13	Feb 28	✓		
Mar		✓		
Apr		✓		

UNIT SAILED
APR 18 1915

D/ SOS Dis: 30-6-19
Demob. Hy Ch
DO 185-427-19

NAME Armerod, Edward.

RANK & No. 54208 7039.

CORPS ~~7th C.M.R.~~ 18th Bn.

ENLISTMENT, PLACE Tillsonburg DATE Jan 18th/15 - "S"

FORMER CORPS nil.

COUNTRY OF BIRTH England (Blackburn)

NEXT OF KIN Armerod. Mrs Jane (mother)

ADDRESS OF NEXT OF KIN Tillsonburg Ont.

DISCHARGE, PLACE DATE

R/C 28-6-19 35-3 Pte 21

~~Trans~~ from 7th C.M.R. to 18th Regt. Auth. DO No. 17, para 18.

Sailed from Halifax

Per S.S. Grampian 18-4-15. 64/19

L. L. 71518—M. & D. 5271.

M. F. A. 22.—50m—12-14.
H. Q. 1772—39—839.

REMARKS:

Number 54308 Rank Pte

Surname ORMEROD

Christian Names Edward

Unit 18th Bn. Can. Inf. Theatre of War France

Date of Service 14.9.15

Remarks 920 Liverpool Rd.

Latest Address Tilsonburg Ont ~~133 Emerald St N~~ Hamilton Ont

Roll No. Page 2580

G.C. 238 Nisp APR 25 1821

Rank Pte. Name ORMEROD, Edward. Reg'l No. 54208

Unit 18th Batt. If in perm. Corps, What Unit? Married or Single single

Place and Date of Enlistment Tilsonburg, Ont , 18th Jan 1915. Place of Birth Blackburn Eng.

Name and Address, Next-of-Kin Mrs. Jane Ormerod, Relationship mother.

Tillsonburg, Ont.

Assigned Pay Monthly $ 16.00 Payable to as above. Relationship

Stop put. assgt. rendered. Effect 1/7/15 ✓

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
~~1/4~~	~~30/4~~	~~30~~	~~1~~	~~30~~	~~30~~	~~10~~	~~3~~		~~33~~			~~33~~			~~33~~		
1/5	31/5	31	1	31	31	10	3 10		34 10			15	16 ✓	1 10	32 10	2	Forfeits 1 day pay #167
1/6	30/6	30		30	30		3		33			15	16 ✓		31	4	
1/7	31/7	31		31	31		3 10		34 10			33 50	16 ✗		48 50	10 40	
								1 67	1 67							8 73	Cr. Exchange
1/8	31/8	31	1	31	31	10	3 10	16 ✗	34 10	300		12 16			12 16	59 24	Stop pmt. rend. Effect 1/1/15. Cr. 16.00
1/9	30/9	30		30	30		3		33	343		2 68			2 68	59 53	Charged in July.
1/10	31/10	31		31	31		3 10		34 10	387 442 453		5 24			5 24	88 39	
1/11	30/11	30		30	30		3		33	498		2 67			2 67	118 72	
1-12	31-12	31		31	31		3 10		34 10	618 664		1 33			166	136 20	
1-1-16	31-1-16	31		31	31		3 10		34 10	685 736		262 262			5 24	165 06	
Feb		29		29	29		2 90		31 90	830 802		261 262			5 23	191 73	
March		31		31	31		3 10		34 10	874 922		262 261			5 23	220 60	
		336			336		1 67 38 24					117 57 48	1 10		166 72 20 60		

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

(9178)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

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

W. S. B. CLASS. "A"

Casualty Form—Active Service.

Regiment or Corps 18th Battalion, C.E.F.

Regimental No. 54208 Rank Driver Name Ormerod Edward

18-1-15

Enlisted (a) ~~13th Feb 1915~~ Terms of Service (a) War Service reckons from (a)

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

Extended Re-engaged Qualification (b)

Report		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				
	18th Bn	Disembarked in France	Havre	14-9-15	Nom. Roll
26-1-17	18th Bn.	Granted 10 days leave		21-1-17	O. 213. Pt. II Order 8, 5/2/17.
29-12-17	18 Bn	Granted 14 days leave to England		23-12-17	B.213 Pt II Orc 1, 7/1/18.
20-1-18	4 C.F. Amb.	Scabies	Adm. 4 C.F. Amb.	20-1-18	A. 36. (Ext. C.9589)
8-2-18	do	do	Discharged to duty	8-2-18	do (Ext. D.2134)
18-2-18	18th Bn.	Rejoined 18th Can. Bn.	In the Fld.	8-2-18	Letter 18/2/18 (Can. Sect. No. KI. 17/258)
27-4-18	12 Gen.	Impetigo.	Adm. 12 Gen.	27-4-18	W. 3034 (Ext. E.7660)
29-4-18	do	do	Trans. to Convl. Dep.	29-4-18	do (Ext. E. 8125)
do	2 Conv. Dep.	Not stated.	Adm. 2 Convl. Dep.	29-4-18	do do
4-5-18	do	Class A.	Discharged to Reinf'mts.	4-5-18	do (Ext. E. 9317)
7-5-18	Can. I.B. Dep.	do	Adm. Can. I.B. Dep.	7-5-18	Nom. Roll. (Ext. BE. 958)

(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.

OVER

[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				
6-6-18	C.C.R. Camp.	Arrived at Can. Corps Reinf. Camp.		6-6-18	Nom. Roll.
10-8-18	18th Bn.	Rejoined 18th. Can. Bn.	In the Fld.	8-8-18	B. 213.
21-9-18	55 Gen.	I.C.T. Knee. Adm.	55 Gen.	21-9-18	W. 303 (Ext. K. 2081)
8-10-18	do	I.C.T. R. Knee. Trans.	to] Convl. Dep.	8-10-18	do (Ext. L. 1195)
do	] Conv. Dep.	do Adm.	] Convl. Dep.	8-10-18	do (Ext. L. 9688)
11-11-18	C.I.B.D.	Class. A. Adm	C.I.B.D	11-11-18	Nom Roll
16-11-18	do.	do Left for. Unit	Field	16-11-18	do
do	C.C.R.C.	arrived	C.C.R.C.	do	do
23/12/18	do	On command. to	G.G.R.D.	23/12/18	do 28.D.2196

4 AVR 1919

A.A.G. Transferred to Cdn. Record List. Pl. 2.O. No.

4 AVR 1919 Proceeded To England 4 AVR 1919

LIEUT.
FOR LT COL.
A.A.G.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—1.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
Pte	18 Bn	54208
(4) Surname: Omerod		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

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

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

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

Initials and Rank of an Officer.

(Authority) (*date*)

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

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

Industrial Group No.
Trade or Calling
Married or Single
Particulars of Trade Test

Occupation Cards despatched on (*date*)
Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

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

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

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

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

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

Nothing to be written in this margin.

W1889—P71150 1M 5/18 G.W.P.Co (3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			2 o/s - C.C.C.		9.1.19	Pt 2 ord. 2 S.H. 19.
8.2.19	Unit		14 days leave		2.2.19	B213. Pt 2 ord 8 6.5.19
			PROCEEDED TO ENGLAND		16 MA 1919	
			" "			A. G. Carson Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
23.5.19	Ro		To O/Wing C.C.C. Witley		17.5.19	Pte D.O. 38

"O" WING S. O. S., O. M. E. C., ON PROCEEDING TO CANADA

WITLEY JUN 14 1919

D. O. PT. 2 No.

Lieut.,
OFFICER I/c RECORDS,
"O" Wing C.C.C.

H. M. T. SATURNIA
EMB GLASGOW 18 6 19
DISEMB. MONTREAL 28 6 19

Nothing to be written in this margin.

Rank Pte Name ORMEROD, Edward. Reg'l No. 54208

Unit 18th Batt. If in perm. Corps, What Unit? Married or Single single

Place and Date of Enlistment Tilsonburg, Ont , 18th Jan 1915. Place of Birth Blackburn Eng.

Name and Address, Next-of-Kin Mrs. Jane Ormerod, Tillsonburg, Ont. Relationship mother.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 8937 Fils R.L. CAN.OR

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
29.4.15	O/C 18	Arrived SS Grampian	England	29.4.15	Imp. Form.
1-8/5/15	O.C. 18th	Forfeits 1 days pay. A.W.L.	Shorncliffe	6-5-15	Part II orders 142.
18-9-15	"	Embarked Overseas (M.G.S.)	Folkestone	14-9-15	Imp. Form
5-4-19	Can. Emb. Camp	T.C.S. from 18th Bn	Field	9-1-19.	R.S.H. 002
6-4-19	18th Bn	S.O.S. to Can. Record List	"	4-4-19	" 334 C.R.L. 38 9/11/4/19
10-5-19	Can. Rec. List	S.O.S. to Can. Emb. Camp	"	8-1-19	" 48
23-5-19	O.W. 666	20 d. pending R.T.6	Witley	17.5.19	D.D. 38 M
		87 - 1 - 39		18 6 19	
8.7.19	"	Sold to Canada	"	18-6-19	C 75

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				

C.A.D.C. 5009A

B

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Omerod F.

REGIMENT C.E.C. RANK Pte, No. 54208

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

0

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5- 7.8.9.10.29.
2. EXTRACTIONS 19.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper 2.3.4. 11.12.13.
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

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

Yes

R Sinclair Capt
A. D. D. S. M. D. No. 4

Signature of Dental Officer H A Simmons Capt

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 24 — 5 1919.

Reg. 5-4208 Rank Pte Name Ormerod E

Unit 18th Bn O

	WITHOUT GLASSES.	WITH GLASSES. (As per prescription below)		
		SPH.	CYL.	AXIS.
Visual acuity Rt.	6/36 with.			6/18
Visual acuity Lt.	6/36 with			6/18

Category recommended is. B1

Glasses not ordered.

Original disease or injury. Myopic astigmatism

Date of origin.

Place of origin.

Cause. Congenital

Present disability. Defective vision

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS..... NOT

BEEN CAUSED BY SERVICE. HAS ?..... NOT BEEN AGGRAVATED BY SERVICE

L. B

J. P. Brauer Lt

CAPTAIN, C.A.M.C.
Eye and Ear Specialist.
Witley Camp, Surrey.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 1st Battalion C. E. F.

Regimental No. 54208. Rank Driver Name Ormrod Edward.

Enlisted (a) 18.1.16. Terms of Service (a) Dgw. Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		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				
23.12.18	F.C.C.K.	C. of Command C.C.K.D.		23.12.18.	N.K. 20. D. 2196.
	A.A.G.	Transferred to Odn. Record List. 4 AVR 1919			Pt. 2. O. No. 41
11/1/19	A.F. Cdns	S.O.S. Cdn Record List to Cdn Conl. Camp		8/1/19	A.F. 3 Doon A.47 + 281 KA 38238 K.X. 18. 27438

(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				
4-7-19	O-S	T.O.S D.D.# 4 Dis.Sta. "F"	Montreal	18-6-19	D.O Pt II-185
4-7-19		S.O.S D.D.#4 Demob	"	30-6219	D.O Pt II-185
					R.O 1420

G.H. Fletcher Lieutenant,
a/ Assistant Adjutant,
District Depot No. 4.

54208 ~~39~~ 39

MEDICAL HISTORY SHEET.

Surname Ormerod *Christian Name* Edward

Examined { on 18 day of Jan 191[illegible]
at Tillsonburg

Approved by
R E Watson
Rank M.O.

Birthplace { City or Town Blackburn Eng.
County Lancashire -

Apparent age 23

Trade or occupation Mechanic

Height 5' Feet 9 1/2 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 34 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number 6

When Vaccinated last 6 11 yrs ago

(a) Marks indicating congenital peculiarities or previous disease None

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

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.
July 2 011		J C Hall M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
April	Good	J C Hall M.O.
" 13	"	J C Hall M.O.
		M.O.

Enlisted on 18 *day of* Jan 191[illegible] *at* Tillsonburg Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	7th Regt C.M.R.		Good	Jan 18 '11
Transferred to..	18 Battn	54208		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.
50M—9-14.
H. Q. 1772-39-439.

39

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

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

MARRIED OR SINGLE S.

PLACE OF BIRTH Blackburn. Eng.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Jane Ormerod Tillsonburg Ont.

RELATIONSHIP OF NEXT OF KIN Mother

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	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 54208 RANK Private NAME Ormerod Edward OK

IF IN PERMT. CORPS WHAT UNIT UNIT 18th Battn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Tilsonburg Ont.

DATE OF ATTESTATION January 18th 1915

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C1 WR6

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	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
1916																																			
Mar 31			336				33	60						1767	38427												11757	4800	110	16667	22060				
April 1-30	30	1.10	30	-	30	10	3								33	965		1005					262	262						52424	24836				
May 1-31	31		31		31		310								3410	1057	15/15	1090	2/15				256	256						51227	734				
June	30		30		30		3								3300			1129	206					256						25630	778				
July	31		31		31		310								3410			1140	8.7					261						52236	664				
Aug	31		31		31		310								3410	1219	29.7	1264	138				261	262						52336	553				
Sept	30		30		30		3								3300	1320	29.8						261							26139	592				
Oct	31		31		31		310								3410	1389	21.9						261							26142	741				
Nov	30		30		30		3								33	1400	10.7	1441	3/11				436	348						7845	257				
Dec	31		31		31		310								3410	1494	26/11						1133							11337	534				
			6110				6110																												
Jan	31	1.10	34	10											3410	1549	30/IV						262				4867			14862	36082				
Feb	28		30	80											3080	1615	13/1						261		9733					9994	29165				
			737	-										1767	75467								3393	1906	9733	26357	48-	110	46299						
			737 00											1767	75467								3393	1906	9733	26357	48-	110	46299						

No 54208 Pte Ormerod. E.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
			737	-										17 67	754 67
March	31	1/10	34	10											34 10
April	30		33	00											33 00
May	31		34	10											34 10
June	30		33	.											33 .
July	31		34	10											34 10
Aug	31		34	10											34 10
Sept	30		33	.											33 .

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		1877	19/3				
1784	9/4	1779	11/3				
		4	4/4				
56	7/5						
107	14/5	167	5/6.				
224	19/6.						
290	8/7	521	20/5				
352	24/7	584	6/9.				
1102	30/7						
1135	4/8.						

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
33 93	19 06	97 22	262 87	48 -	1 10	462 99	391 68				
	2 61										
2 61	5 23					10 45	317 33		180 -		
	261					261	345 72				
261						261	377 21		210 -	167 21	
2 68	5 35					8 03	402 18		225 -		
			24 33			24 33	411 95				
2 68						2 68	443 37		255		
2 68	268										
2 67											
2 68	267					16 05	460 32		270 -		
2 67											

1917 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLOT. ENG.
Oct.		~~460 32~~							460 32	270.	
Oct.	31 days @ 1/10	34 10		a/c. 610 23/9 18 Pr.	2 67.				491 75	285.	
		34 0			2 67						
Nov	30 ✓	33 —									
Dec	31 ✓	34 10		658 12/10 ✓	4 46						
				711 28/10 ✓	3 57				550 82	315.	
		67 10			8 03						
1918 Jan	✓	34 10		C.P. 47638 31-12-17 18th Bn	48 67						
				J.C.2 a/c 2408 21.12.17 18th ✓	97 33						
				✓ 807 26.11.17 ✓	12 49						
				✓ 769 19.11.17 ✓	4 46						
				✓ 862 21.12.17 ✓	4 46				417 51	330	
		34 10			167 41						
Feb.	✓	30 80		✓ 984 18.1.18 ✓	4 46					345	
				✓ 1105 8-2-18 ✓	4 46				439 39	345	
		30 80			8 92						
Mch	✓	34 10		✓ 329 7-2-18 Journ Major Relinquish	4 46						
				✓ 1118 21-2-18 18th Bn	3 57					360	
				✓ 1169 7.3.18 ✓	4 46						
				✓ 1223 18.3.18 ✓	3 57				457 43	360	
		34 10			1606						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

L.P.C. Rend. off 1/7/19

N.S.F. Cash. £17-0-0 7/2/19.

NAME:– ORMEROD EDWARD

NUMBER:– 54208

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 18th Bn

DATE ACCOUNT FIRST OPENED:– 1/5/15

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			18th Bn

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
26/5/19	5065–	Witley £5-0-0	7 00				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
			6 01 · 20	

PARTICULARS OF RENDERING NON-EFFECTIVE: Canada. E/f 1/7/19. B10091. Witley – Bramshott. M.D.4. 2/6/19. C/Bal 60 20

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Balance Bro' Ford								457 43	360 00	
April	Pte pay	33 00		AR 55 16.4.18 18th Bn	4 46						
				" 5 7.4.18 " "	4 46						
				" 28 17.4.18 "	3 57				477 94	375 00	
May	" "	33 34 10		" 345 7.5.18 ENQ 3rd Ech	13 49 3 57						
				" 359 7.5.18 C/BD	4 46				504 01	390 –	
June	" "	34 10 33		" 723 6.6.18 "	8 03 4 46						
				" 834 19.6.18 #25 CRC	3 57				528 98	405	
July		33 2		" 1055 4.7.18 "	8 03 4 46						
	P. P.	34 10		" 1292 16.7.18 "	3 57				555 05	420 –	
Aug	P. P.	34 10 34 10		" 1544 7.8.18 "	8 03 3 57						
				" 599 19.8.18 18th Bn	3 57				582 01	435	
Sept	P.P.	34 10 33 00		" 718 6.9.18 "	7 14 3 57				611 44	450	
Oct	"	73 – 34 10		" 11886 15-10-18 Det Boul 3	3 57 2 80						
				1607 31/10. "	3 73				639 01	465	
		34 10			6 53						
Nov.		33 –		2751 6/11. Boul.	6 53						
Dec		34 10		4633. 16/11 1 B.D.	13 99						
				672 10/12 7th COE Co	3 73				715 96	510	
Jan	"	34 10									
		101 20			24 25						
Feb.		30 80		~~4888.~~ 2255 8-1-19. 1st Bde Cl/a.	3 73						
				605. 31/12. H.Q. Dets.	3 73						
				217 11/1. C.Embark. Camp.	7 46						
				476. 23/1. " 14.92	9 33						
				Of 27555. 7/2/19. 24.25	82 73						
Mar		34 10		BRAR 704 30/1/19 ✓ 13	7 46						
				L.C. 1– 2-2-19 ✓ 13	97 33						
				Forward	VII 17						

NUMBER 54208 RANK Pte. NAME OMEROD Edward

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bord	~~64 90~~ ~~30 80~~			711 77				715 96	510	
				a/c 7377 - 20/5/19 - L.E.L. L'Wave 15	7 46						
				✓ 3604 - 11-5-19 ✓ 30	~~719~~ 713 7 46						
				✓ 7710 - 14-3-19 ✓ ✓ 32 ✓	7 46				546 71	540	
		64 90			~~234~~ 234 ~~157~~ 153						
Apr		33 -		a/c 8714 - 28-3-19 - L.E.L. ✓ 1	7 46						
				✓ 3370 - 1-4-19 ✓ ✓ 2	7 30						
May		34 10		✓ 4994 - 29-4-19 ✓ ✓ 7	7 30						
				✓ 6393 - 13-5-19 ✓ ✓ 11	6 98						
		67 10			~~29~~ 29 ~~044~~ 044				584 77		
June	~	33		a/c 5065 - 11-5-19 - Owing ✓	73						
	Interest on Pay	56 43		- 8085 - 10-6-19 ✓ End ✓	9 73					630	
		~~89 43~~							591 47		
		89 43			82 73						

Lt L Canada
L 87 18/6/19 M1/4

Cr Bal c/e 584 77
33
June 56 13
Interest 674 20
73
24 601 20

Checked A Hanlon
2 Co RD
2/6/19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area [illegible] 13

War Service Badge
Class "A" No. 79276

1. No. 54208

2 Rank. Pte.

3. Name. Edward Ormerod

4. Unit. 18th Bn.

5 Date of Discharge 30-6-19 Place London, Ont. Montreal

6 Reason for Discharge Demobilization

7. Authority. R.O 1420 D.D.#4 D.O PT II-185

8. Proposed Residence after Discharge Silsonburg, Ont. P.O.

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.? 239 Montreal

June 30. 19

E Ormerod

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place H.M.T. SATURNIA Montreal

Date EMB GLASGOW 13 6 9 June 30. 19

DISEMB. MONTREAL 2 6 19

Steve 3/11/19

Signature [illegible] (O. C. Discharging Unit.)

Officer i/c Discharge Section [illegible]

M.F.B. 218a—300M.-11-18—1772-39-113.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (M.D.S. 5000),
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (T.F.W. 39)
   (disclosed in special envelope (D.O.1)),
9. Copy of Discharge Certificate (M.F.W. 39a),
10. Dispersal Certificate (A.B. 64),
11. Equipment Statement (C.Z.C. Form (D.O.S. 2),
    and Clothing)
12. Last Pay Certificate (P.A.O.). Dup
13. Pay Book (A.B. 64),
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 9

Date 14-6-19

91 | AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 57208 | RANK Pte | NAME (IN FULL) O'NEROD, EDWARD (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
T. o. S.	16/1/9	D.O. 185 Cl. 2 Oct 17/81

ORIGINAL UNIT C.E.F. 4 Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 18-1-1915 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS | C.O. Tillsonburg, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

Taulcan Jan 3/6/19 | Dem. D.O. 185 Cl. 2 Oct 17/81

MILITARY DIST. No. 1 JUL 21 1919

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																	Saurney Pte C. Regt. O.C. Pay Office Toronto 1-11-1900 Address 83 Ed. Ave. Toronto Ont.
1/4/19	7/10	2	30	00	5	00		591	47																			701	70	83	91			
2/4/19								101	70																	83	70						
								698	67																								
					420			420																			70			70	350			
																										203				2 13 34	69		
30/7/19																												70			70	279	69		1084845
30/8/19																												70			70	209	69		1518360
30/9/19																												66	97		66	97	140	00	1629615
30/10/19																												70			70		70		1646339
30/11/19																												70			70				1793405
																														420				

Other Credits W. S. C. S. A. Total | War Service gratuity | Other Charges W. A. G. S. A. Total | Balance Soldier Dependants

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

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No.....

Dispersal Area.....
Occupational Group.....

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 54208 (Rank) Pte

Name (in full) Edward Ormrod enlisted in

the 18th Battn

CANADIAN EXPEDITIONARY FORCE at London Ont on the 18th

day of January 1915

HE served in 18th Battn in France. 18th Battn in England

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

~~Medical Unfitness~~.

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

Age 27

Height 5' 2½"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Tattoo mark on Right arm.

E Ormrod
Signature of Soldier.

Date of Discharge

Dispersal Station "F" JUN 30 1919 Military District No. 4

Issuing Officer.

Lieutenant
Officer i/c Discharge Section, Dispersal Station "F"

Rank

Date June 30 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.

Original 3887

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

RECORD OFFICE 24 MAY 1919 O.C. WING C.E.F. WITLEY

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

STATION Witley Camp DATE 24/5/19

1. 1 (a) Unit C.E.F. (b) Regimental No. 54208 (c) Rank Pte.

(d) Surname ~~ORMEROD~~ ORMEROD (e) Christian name EDWARD.

(f) Home address Wilsonburg Ont.

(g) Next of Kin Mrs. A. Ormerod. (h) Relationship brother

(i) Address of Next of Kin R.F.D. Hamilton Ont.

2. Age last birthday 27 years Date of birth June 28th 1891.

3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Wilsonburg (b) Date Jan 18/15

4. Personal description:

(a) Height 5' 2½" (b) Weight 125 lbs esti (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Tattoo mark "E" on right forearm

5. Former trade or occupation Machinist

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	4	~~4~~ 126

	Periods	
	From	To
Canada	Jan 1915	April 1915
England	April 1915	Sept 1915
France or other theatres of War	Sept 1915	May 1919

7. Original disease, or injury MYOPIC ASTIGMATISM.

(a) Date of origin childhood (b) Place of origin England

(c) Cause Congenital

M. F. B. 227.

400m.—11-18. 1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Slight defective vision (myopic astigmatism).

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

Objective. Eye Clinic Specialist Report Witley Camp 24. 5. 19

Visual acuity rt. 6/36 with axis 6/18
" " lt 6/36 " " 6/18

Category recommended B1.
Condition was present previous to enlistment and has not been caused, has not been aggravated by service

J. S. Brammen
Capt. C. A. M. C.

Subjective.
Defective vision more marked in right eye.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.) no Genito-Urinary System (Albumen and Sugar will be excluded.) no

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no.

10. (a) History (of the condition referred to in Section 9 (a).)

Defective vision since childhood.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Scabies 20. 1. 18 discharged to duty 8. 2. 18
Impetigo 27. 4. 18 discharged to Reinf'mts 4. 5. 18

(*c*) (Here give a description of wounds, scars and deformities.

nil

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

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

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a & b) N/A not applicable W.D.

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

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

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

nil

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

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

17. Recommendations

W. B. Jones Capt. C.A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Edward Ormerod have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. ~~(If dissatisfied, statement should follow.)~~

I complain in addition of nil

Pte E Ormerod Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) B1 yo
(*c*) Home service (Canada only),	(" C)	(~~Yes or No.~~)
(*d*) Temporarily unfit.	(" D)	(~~Yes or No.~~)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes ~~or No.~~)

20. It is certified that the invalid

(*a*) Does ~~require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

R T C Austr Res Tel 9083 11-11-18

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

W. D. Smith Capt. A.M.S. *President.*

PLACE Witley

DATE 26-5-19.

A. H. Naylor Capt. A.M.S. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
26 MAY 1919
WITLEY SECTION.

President

PLACE.....

DATE..... } Members

APPROVED BY

W. Hunt A.

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

Additional papers

Papers transferred with him