ORIGINAL

ATTESTATION PAPER.

No. 273558.

2

216th Battln.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	PETERS
1a. What are your Christian names?	Herbert.
1b. What is your present address?	#63 Gould St., Toronto, Can.
2. In what Town, Township or Parish, and in what Country were you born?	London, England.
3. What is the name of your next-of kin?	Ethel Peters.
4. What is the address of your next-of-kin?	30 Peters St., London, England.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	January 9th, 1898.
6. What is your Trade or Calling?	Clerk.
7. Are you married?	Single.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Herbert Peters. (Signature of Recruit)

Date May 17th, 191 6. Geo Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert Peters, 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.

Herbert Peters (Signature of Recruit)

Date May 17th, 191 6. Geo Smith (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Toronto, Canada this 17th day of May, 1916.

(Signature of Justice)

M. F. W. 22.
600M.—2-16.
H. Q. 1772-89 941.

Description of Herbert Peters on Enlistment.

Apparent Age 18 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height	5 ft 1 ins.	
Chest measurement. Girth when fully expanded	35 ins.	
Chest measurement. Range of expansion	3 ins.	Nil
Complexion	Fair	
Eyes	Brown	
Hair	Fair	
Religious denominations. Church of England		
Presbyterian		
Methodist	Meth.	
Baptist or Congregationalist		
Roman Catholic		
Jewish		
Other denominations (Denomination to be stated.)		

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date May 17/16. 191

Place Toronto Canada.

H L Thompson
Medical Officer.
Toronto Recruiting Depot.

*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.

Herbert Peters. 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.

Wm Campbell Major (Signature of Officer)
Major
216th O. S. Battalion, C. E. F.

Date Sept. 29th 1916.

REGIMENTAL DOCUMENTS

NAME PETERS HERBERT REGT. NO. 2735-5-8 UNIT 210th Bn H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				4573	Dem to
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	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
1	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)					
13	Misc					
1	Cash Ex-Gratia					
2	Postcards					
1	Gilbert					
1	Discharge					
1	Payabut					
						38 - 28
						13 - 28
						4 - 28
						2

W 2589
100M-11-18
4772-39-1377

NAME Peters H. REGT. No. 2735 J 8

RANK AND UNIT Pvt. Can. Art.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A400-2	6 Cas. Sl. Stat	7.11.18.	Can Otitis media
A402-4	" 18 Sm. Camiers	10.11.18	" "
B437 1	2 West Gen Manchester	15-12-18	Otitis Media L.
B458 2	Mil Conv. Wilcote Pk, Epsom	21-1-19.	Otitis Media L.
B470 2	Discd	3-2-19.	Otitis Media L.

LEDGER No. 477 SERIAL No. ~~A24077~~ 16

REG. No. 273558 NAME Peters. Herbert

RANK Pte CORPS D.D.S. AGE 19 SERVICE

	HOSPITALS	DATE OF ADMISSION
1	Mil Wards. T.G.H. Toronto	10-4-19.
2		
3		

DIAGNOSIS Otitis. Media. O.P. Left

TRANSFERRED TO

DISPOSITION 16-4-19. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

Form R. 149.

Herbert.

Name Peters, Rank Gnr Reg. No 273558

Unit Arty Pool

Next of Kin Ethel Peters
30. Peters St London W. Eng

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7. 11. 18	6 Cas Cl Sta	Abbeville Area		A402		39338
10. 11.	18 Gen Hosp	Camiers	do B	A402		41 55974
15. 12.	2 Gen Gen	Manchester	do	B4357		3549
21. 1. 19	Mills (con)	Epsom	do	B4578		5431
3. 2.	Rej Chd	do	do	B4470		1335
R.L.S 3/19	Will Proceed on 18/3/19	G TCCS	Mil Grp	Auth	2/19	L 22198

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

CARD NO. 942

SURNAME. Peters.

CHRISTIAN NAMES Herbert.

REGL. No. 273558. RANK Pte.

UNIT ~~216th.~~ No. 2nd. A.

FORMER CORPS Nil.

S.O.S. Demob. 23-4-19 FOOL 220.111 & 24/4/19 No. 2nd A. Bn.

NEXT OF KIN.

NAMES IN FULL Peters, Mrs. Ethel.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 36 Peter St. West, London, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England. London. DATE Jan. 9th. 1898.

PLACE OF ATTESTATION Toronto. Ont. DATE May 17th. 1916.

O/S. 18-4-17. R/C. 27-3-19 292/52 Dvr.

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-333.

From Halifax Per S.S. "Scandinavian" 18-4-17

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Clerk. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 18 YEARS 4 MONTHS

HEIGHT 5 FEET 1 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3. INCHES

COMPLEXION Fair EYES Brown HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE May 17th 1916.

Present Address. - 63 Gould St, Toronto, Ont.

No. 273558 RANK Pte. NAME Peters A.

T. O. S. 17-5-16 UNIT 216th Battalion
Do. 55 - 18-5-16

M. D. 2

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
May 17	May 31	✓	UNIT SAILED APR 18 1917	
June		✓		
July		✓	Pro. L/Cpl. 10-7-16	D.O. 97. 10-7-16
Aug		✓		
Sept.		✓		
Oct.		✓	Rev. to ranks (own request) 23-10-16	D.O. 186-25-10-16
Nov.		✓		
Dec.		✓		
1917	1917			
Jan.		✓	Signalling Course 3-1-17	D.O. 3 Jan. paylist
Feb.		✓		
Mar.		✓	Rpt. for duty 26-3-17	D.O. 72. Mar. " "
Apr.		M.		

UNIT SAILED

APR 1 8 1917

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
277358. C.79.	Sgt.	PETERS. Christian Names (1) H. (2) ..... (3)	Cl 4 Date	

Place of Enlistment:	Date of Age on	Taken on from Date	Religion	Inoculations / Vaccination	Company
Toronto Province Ont	16/5/16	3-2-19.	M		

On Command	Hospital	Permanent Cadre / Date taken on	Employed as
Date Proceeding	Date Admitted		

Record of Overseas Service: 16 Mos

Reason for Return: Sick

Profession or Trade (Civil): Clerk.

Transferred or Posted to ..... Date .....

Married or Single Married

Address of Next of Kin: Mrs H. Peters, 13 Beamark Toronto Ont

Country Canada

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.
	3.2.19	13.2.19	S.F

L.G. 1043.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
40	11-2-19	A7			
		Ly 26			
		A 3			
		L a d.			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

Number 273558. Rank Gnr.

Surname PETERS

Christian Name Herbert

Units C.F.A. Theatre of War France

Date of Service 11-9-17

Remarks 119 Seaton, Toronto Ont

Latest Address ~~13 Bincleath Rd~~ Toronto Ont

Roll No "B" Page 805-7.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

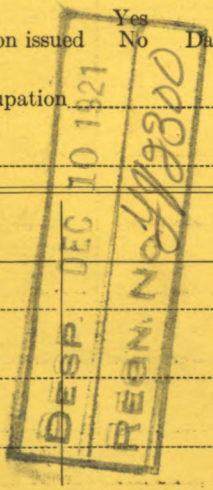
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



*—Name will be given in full; surname first.

Surname	Christian Name or Names	Reg. No.
Peters	W.	273558

Rank	Unit
Gnr.	6a Pool

Cas. List.	
15. 11. 18. a400 v.	6. 6 8th. 7. 11. 18
	Otitis media b L.
18. 11. 18 a401 v.	18 G.S. Convl. 10. 11. 18
31-12-18 B437	2nd W.G. Manchester 15-12-18
25. 1. 19 B458	2 Epsom Convl. 21. 1. 19.
8. 2. 19 B470	Disch 3-2-19

A.M.D. 2 Dept.
Boh. of D.G.M.S. O.M.F.C. London.

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

Cas. List.

*Name PETERS. H. Rank PTE. Regtl. No. 273558.

Fyle Depot

Original unit ..... Present unit ..... M. or S. S Age 20 Religion Meth. Ref. H.Q.

Port, ship and date of arrival Cedric. 27-3-19.

Next of kin MOTHER ESTHER PETERS 30 Peter St. W. London, Eng.

Address on leave same.

Address on discharge 13 Binsgarth Rd. Toronto, Ont.

Transportation issued Yes / No Date ..... Character on discharge .....

Previous occupation Clerk Date and place of enlistment Toronto May 17-16.

Diagnosis OTITIS MEDIA CHRONIC Date of Medical Boards 7-4-19.

Date.	Remarks	Pt. 2 Order No.
T.O.S. 19-3-19.	#2 D.D. and posted to Cas.Co. Ex.Camp 27-3-19.	90
/	Granted Subs from 30-3-19 to 7-4-19.	90
9-4-19	Posted to Cas.Co(Park School)	99

*—Name will be given in full; surname first.

Does not WIA 7/11/17

(over)

Date.	Remarks	Pt. 2 Order No.
10-4-19.	Posted from Cas. Co. Pk. Sl. to Hosp. Sect	102
	Cas. Co. to T.G.H. 10-4-19 H.S. 102	
16-4-19	S.O.S. HOSPITAL SECTION TO CASUALTY COY. PARK SCHOOL	106.
23-4-19	S.O.S. ON DEMOBILIZATION (IS ENTITLED TO W.S.G)	111

M. F. W. 192
150m.—5-18
1772-39-1243

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 273668. (Rank) Pvr.

Name (in full) PETERS Herbert. enlisted in

the 216th. Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 17th.

day of May. 19 16.

HE served in England and France.

and is now discharged from the service by reason of

" Demobilization."

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

Age 19

Height 5' 1"

Complexion Fair.

Eyes Brown

Hair Fair

H Peters.

Signature of Soldier

Marks or Scars Nil.

A Rede Robson Lieut

Issuing Officer

Date of Discharge April. 23rd. 1919

O. C. Dis Rankge Sections,
No. 2 District Depot

Appointment

Signed at Toront, Ont. this 23rd. day of April. 19 19

in Military District No. 2.

File Reference No. R.L.

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.

No. 2
APR 25 1919
DISTRICT DEPOT

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882

War Service Badge
Class 4
No. 153790 issued 28-3-19.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization this particulars called for on the back of this certificate will not be completed

ORIGINAL

Army Form B. 178.

[illegible] 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

Surname Peters *Christian Name* H.

TABLE I.—General Table.

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

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

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

Trade or Occupation .....

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

Weight ..... lbs.

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

Physical Development .....

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

When Vaccinated .....

Vision { R.E.—V = ... L.E.—V = ...

(a) Marks indicating congenital peculiarities or previous disease—

.....

.....

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

.....

.....

Approved by .....

Rank .....

Medical Officer.

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

	Corps	Regtl. No.
Joined on enlistment		273558
Transferred to	C.A.M.C.	

Became non-effective by .....

.....

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

(Signature) .....

(Rank) .....

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

Date	Brief details, and Signature
	30 DEC. 1918
	Orig W.K.S. dispatched to France
28-1-19.	M. B.C.H.
[illegible] 28-1-19.	B.C.H.

TABLE IV.—Service Table.

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

CANADIAN

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1111] W7179/M838 200m 9/16B 45 59

Forms B. 178. 48

[P.T.O.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	15	12	18	20	1	19	Otitis Media Rt.	34	Sup: Clr Improved Removal of granulations	
M.C.H. Epsom.	20	1	19	3	2	19	Otitis media Right (Chron)	12	Onadm- Fit for duty no disability P.A. 26-1-19. as above. Had P.A. Duties to L.C.D. category D1.	
Toronto Gen. Hosp.	10	4	19	16	4	19	O.M.C.P.	6	Discharged - No further hospital treatment necessary. Should continue daily dry irrigation 5 583 IV alcohol drops	

WESTERN GEN. HOSPITAL CANADA

M.D. 2

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE No. 56

Regimental No. 273558 Rank Pte Name Peters H.
(Surname first)

Unit No. 2 District Depot. who was* DISCHARGED

On April 23 191 9, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Apr 4 to Apr 23 191 9 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		460 09
Regimental Pay 20 days at $ 1 c 10		22 00
Field Allowance days at $ c		
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		70 00
*Other Credits Subs		7 20
Advances 3130/3 - 25.00 162422 - 50.00	75 00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges Ha Ha allee Canteen	105 00	
Balance on transfer or on discharge, cheque No. 162521	414 29	
Total	594 29	594 29

*Give particulars.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

- DEPARTMENT OF EAR, NOSE AND THROAT -

Date Apr. 11. 19.

Name Peters H. No 273558 Unit #222

Age 19. Enlisted

In or Out Patient for

Diagnosis O/M.C.P. Left.

History Discharge from left ear since Jan. 1919 when had operation (mastoid) left. Discharging left ear 1 year before enlistment.

	RIGHT	LEFT.
Ext. Facies		
Nasal Septum		
Inf. Turbs		
Mid. Turbs		
Nas. Pharynx		
Pharynx		
Tonsils		
Teeth		
Accessory Sinuses		
Larynx		
Ext. Aud. Canal	clear	moist.
Memb. Tymp	intact.	large perf. post. fr. quadrant
Mastoid		
X-Ray		

Hearing. R. 22 feet. H. C.V. v. C256 Air Bone C512 Webber

L. 2 feet.

Treatment and Progress Dry wipe & 5% drops. tid.

Apr. 15. Condition about same. May be discharged - could report to out door clinic if necessary. To use dry wipe and 5% drops.

O.H.K. Moorhouse Capt.

EYE, EAR, NOSE AND THROAT CLINIC.
Witley Camp, Surrey.

FEB 21 1919 1919.

UNIT. C a n D

Reg.No. 273558 Rank Dvr. Name Peters H

Diagnosis:-

Remarks:- O.M.C.S left-

HEARING:-	Rt.	Lt.		Rt.	Lt.
VOICE			RINNE		
WHISPER	24'	6'	WEBER		→
WATCH			SCHWABACK		
			FORK. 256		
			FORK. 2048		
			BONE COND'N		

CATEGORY RECOMMENDED:- B11

CONDITION WAS not PRESENT BEFORE ENLISTMENT AND HAS BEEN CAUSED BY SERVICE.

HAS _____ BEEN AGGRAVATED BY SERVICE.

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

EAR, NOSE AND THROAT REPORT.

Exhibition Camp, Toronto,

Apr. 7th 1919.

NAME. PETERS H. RANK. Dvr. NO. 273558 AGE. 19

COMPLAINT:- Left ear first discharged in 1915. Condition was quiescent. Began again

Examination shows:- Nov 1918 and has continued since.

Nose

Nasopharynx

Pharynx

Tonsils

Larynx

Ears { Right M.I. ..... Discharge { Foul Offensive
{ Left M.I. .....

Hearing Right 30' + Left 20'

Voice

Rinne -

Weber

Schwaback

~~Condition due to service~~ O.M.C. Suppurative.

Condition existed prior to service

Condition aggravated by service.

RECOMMENDATION Hospital Treatment before discharge

Category as to ears, nose and throat C

E.G. Smith Lt.C.

MR. LOUIS ALLEN SEARCH RECORD.

Application Card. Form No.

.....1910.

.....TO.....FOR.....

.....

Name-

Location desired:-

Home

Occupation

Phone

Domicile

Date { Left L.....Right R.....

Hearing

Voice

Name -

Color

Nationality

Location due to service

Location changed prior to service

Location subsequent to service.

COMMENTATOR

Records on to card, name and phone

4/0

Form A.G. 10410 5M-10238-23-2-17.

OVERSEAS MILITARY FORCES OF CANADA,

DATE 30-1-19 191 .

To:- Hospital Representative,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

CIA
273538
St Peters H
Overseas

The marginally named soldier has this day been Medically examined and placed in Category D1 and is now available to be discharged.

I hereby certify that this man has been found as this Inspection this day free from Vermin, Venereal and Infectious Diseases.

FURLOUGH ADDRESS.

ymca
Manchester

Arty exs
Worthy

NEAREST STATION.

Captain, C.A.M.C.,
for Commandant,
Military Convalescent Hospital,
Woodcote Park, Epsom, Surrey.

EHC.

2

URINALYSIS REPORT.
(for Board)

Reg. No. 2733558 Rank DRIVER

Name PETERS: H- Unit C.A.R.D.

Sp. Gravity 1010

Reaction Acid

Albumen Nil

Sugar Nil

Microscopic

Canadian General Laboratory
22 FEB. 1919
WITLEY

Captain, C.A.M.C.
for Major, C.A.M.C.
O.C., Can.Gen.Laboratory

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. 273518 Rank Dvr. Surname Peters, Herbert
(Given name in full)

Unit or Corps C.F.A. Birthplace Croydon, England.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 3 in. Colour of Eyes Brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. Normal Left

Hearing (conversational voice) Rt. 20 ft.

Left 2 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Vaccination mark Left arm

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 See sec. 3 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.

Has had a discharge from Left ear since a year before enlistment. There is a perforation of the Left. Memb. Tymp. and a purulent discharge.

APPROVED
APR 17 1919
CAPT.
FOR A. D. M. S. M. D. 2

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Toronto ..... (Canada)

Date Apr. 15. 19. ..... Signed [signature] 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 [signature]

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

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

M.F.W. 129
1033 (D.P. 500M-11-18.)
1772-39-1142.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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

NAME OF SOLDIER (Block Letters) PETERS. H.

REGIMENT CARD. RANK DVR. No. 273558.

Date of Examination in England 22. 2. 19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 18, 17, 31
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
- (*b*) In England
- (*c*) In France Yes

Signature of Dental Officer H. C. Hardman Capt

ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL P 3558

Surname Peters Christian Name Herbert

Examined on 17th day of May 1916. at Toronto, Canada.

Approved by H. Thompson Lt. Col.

Birthplace City or Town London, County England.

Rank Toronto Recruiting Dep't. M.O.

Apparent age 18 Yrs. 4 Months.

Trade or occupation Clerk.

Height 5 Feet 1 Inches.

Weight 111½ Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35 inches.

Physical development Good.

Small-Pox Marks Nil

Vaccination Marks Arm Right. Left. 3 Number 3

When Vaccinated last 1912.

(a) Marks indicating congenital peculiarities or previous disease Nil

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

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.
23/5/16	Vacc. T. Stoneham	M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
9		Vacc. T. Stoneham M.O.
16	8/16	M.O.
2nd Inoc.	23/8/17	Hamilton Lt. M.O.

Enlisted on 17th day of May, 1916 at Toronto, Canada.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	XX 216th Battn.	213558.		
Transferred to	Can. Res. Artillery 1st Edn. D.A.C.			20-6-17. 11-9-17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
1st CCD Witley	19-2-19	Nil	A. Fit Class
	24/2/19	B.N.C.D.	B1 Jas. L. Hamilton Capt. RAMC

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

M. F. B. 313.

400M.—1-16.

H. Q. 1772-39-439.

J.MC

Surname Peters Christian Name Herbert

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

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 216th Battalion Canadian Expeditionary Force

(2) Regimental Number 243558

(3) Full Name of Soldier Herbert Peters

(4) Place of Birth London England

(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 ? ✓

(8) Have you any children ? ✓

If so, give number of boys and girls ✓

Also their names and ages ✓

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

DUPLICATE

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes

If so, state name and address Alice Peters, 6 20 Peters St. London England

(11) If your Mother is a widow Yes

Are you her sole support, ~~or not~~? Yes

(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.

10 Dollars Month

(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.

Yes.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

Date March 31/17

Officer Commanding.

Lt. Col.
216th O.S. Battalion, C.E.F.
"BANTAMS"

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 216TH OVERSEAS BN., C.E.F.

Regimental No. 273558 Rank Pte Name Peters, Herbert

Enlisted (a) 17/5/16 Terms of Service (a) Duration & 6 months Service reckons from (a) 17/5/16

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) Clerk, Signaller, Bomber

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked	Halifax	18-4-17	
		Disembarked	Liverpool	29-4-17	
30-4-17	O.C. 216 Bn.	Transferred to 3rd. Can. Res. Bn.	West Sandling	30-4-17	Part II B. O. 90
					A. R. Fuller Adjutant for Lieut. Colonel O.C. 216th. Can. Bn.
5-5-17	O.C. 3rd.	Taken on the strength of the 3rd Can. Res. Bn.	West Sandking	30-5-17	Part II B.O. 122
20/6/17	O.C. 3rd Res. Bn. C.E.F.	Transferred to C.R.A. Artillery Ba	W Sandling	20/6/17	Pt. II. Ba. O. 168 Lt. Col. O.C. 3rd RESERVE BN. C.E.F.
21.6.17	O.C. 3rd Res. Ba.	T.O.S. Can. Res. Arty. Reserve C.J.P.	Sheerness	21.6.17	Bolton

(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				
22.6.17	1st Bde CRA	K.O.S. Jabsorbed from Res. Bde C.F.A.	Shorncliffe	22.6.17	Bo. Part II 1
12-9-17	1st Bde CRA	S.O.S. to 1st C.A.W. D.A.S.	Witley	11-9-17	B.O. Pt. II #83. W.B. Oudall Adjutant 1st Brigade Canadian Reserve Artillery.
22/6/17	C/Res Bde	S.O.S. to 1st Res Bde	Shorncliffe	22/6/17	B.O. #173 L. for Lt/Col'c Records Co m.f.
1st-9-17	C.G.B.Dep.	Arr'd. Reinf. Att'd. 1st C.D.A.C.		13-9-17	N.R.Pt.II O.171 d/18-9-17.
4-10-17	do	Left Base for Can.Corps Reunf.Camp.		4-10-17	N.R.
5-10-17	C.C.R.C.	Arr'd.at Can.Corps Reinf. Camp.		5-10-17	N.R.
6-10-17	Unit.	Joined Column.	Field.	5-10-17	B.213
22-10-17	A.A.G.	Ceases to be attached to Column on being posted to Can.Arty.Pool		13-9-17	K.R.13645 Pt II 193 d/1-11-17
22-10-17	A.A.G.	T.O.Syr.Canadian Arty.Pool		13-9-17	Pt II 97 d/1-11-17
3.11.17	Adj	Asked to 2nd C.D.A.C.	Field	3.11.17	N.R.87(20) Pt II 102 5/11/17
"	Dr	T.O.S.	"	"	" " " 1/12/17
10.11.17	Unit.	Joined Unit.		5.11.17	B.213
24-6-18	Edinburgh	S.O.S. 26 Bde to Horsted Can. Arty Pool		24 6 18	Can Corps A.F.O.s 35 d/4/6/18. C.R.L. N.R. (1001) d/4-6-18. Pt II 84 d. 9-7-18
Do	Do	T on S Can Arty Pool		24.6.18	Do Do 90 5/9.7.18

CERTIFIED CORRECT. 5 SEP. 97 CAN. RECORDS. LONDON.

Army Form B, 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps C.F.A. Regimental Number 273558

*Substantative Rank Dr Surname Peters Christian Names H.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

To be folded on this line.

Nothing to be written in this margin.

W1880—PP1150 500,000 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
10-11-18	18th Genl.	Inf.	Wnd. Evac. S. adm. 18th Genl.		10.11.18	W1570
10-11-18	6 R.R.		Evac. to Hosp. Sick		7.11.18	K.J. 18-17075
10-11-18	6 C.G.H.	Inf.	Med. Evac. C.33 A.T.		10-11-18	A 21442
14-12-18	Brighton		Ins. to England Sick and Posted to C.A.R.D. Bordon		14-12-18	Le 3063/6614 H.D. 193
						J. Anderson Lieut for Lt Col, A.A.G. Canadian Section
7.1.19.	CARD.	T.O.S. from C. Ast Pool.		Witley	15.12.18.	S.H.D.7.
						LIEUT: FOR LT COL: I/C RECORDS, C.C.M.F.
20-2-19	Ceases to be attached on proceeding to C.R.A.				D.O.No. 50 Dy. 21-2-19	
						Adjutant 1st Canadian Command Depot.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
			Ceases to be attached on preceding to		D.O.No.	
28/2/19	C.A.R.D.		S.O.S. for Rhyl. for A-t-Cl- Canadian Command Depot, Witley 1-3-19 Adjutant [illegible] for O.C. Lt- C.A.R.D.			
			Attached C.C.C:K. P. 1 MAR 1919 Part 2 Orders pending transfer to C. E. F. Canada.			
			Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 70. 24/3/19 D.A.Graham Lieut for Officer Comd'g M.D.2. C.W. Kinmel Park Camp, Rhyl.			

Nothing to be written in this margin.

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

M. F. W. 54. (A. F. & C. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. Dor Rank 273558 C. E. F. Name Peters Herbert

Enlisted (*a*) ..... Terms of Service (*a*) ..... 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				
19.3.19		T.O.S. No.2 District Depot, Part II, D.O. No. 90			
		Dis.#2.D D. April. 23rd.1919. Pt.11# 111			

D Graham Robertson Lieut.
Discharge Section
No. 2 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				

Form R 122
2353—100M—9-12-16.

MK

Rank Name PETERS Herbert. Reg'l No. 273558.

Unit 216th Bn to 1st Gen Dpt If in perm. Corps, what Unit? Married or Single Single.

Place and Date of Enlistment May 17th 1916 TORONTO. CAN Place of Birth London. England.

Name and Address, Next-of-Kin Ethel Peters

30 Peters St London W. England. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 27469.
File R.L.
Category Can R.

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 29 4 17 S.S. SCANDINAVIAN				
5.5.14	3rd Res	T.O.S.	W Sandling		30/4/14	Pte O. 122
20 6/17	"	SOS. to Res Bde C.F.A.	"		20 6/17	Res Bde T.O.S. Pt II P.O. # 172 D. 24-6-17. 168 o/o
22-6-17.	Res Bde.	S.O.S. to 1st Res arty.	Schiffe.		22-6-17.	1st Res arty T.O.S. Pt II P.O. # 94 D 22-6-17. " " 178 o/o
12-9-17.	1st C.R.A.	SOS. on Proceeding O/Seas to 1st D.A.C.	Ovr	Witley.	11-9-17.	Pt II P.O. 83.
18-9-17.	1st D.A.C.	Attached to the Column on arrival in	Ovr.	Field.	13-9-17.	Pt II P.O. 171.
1-11-17	do	Ceases Att & Posted to A Pool	"	do	13-9-17	Pte O 193 of Arty Pool & Pt II O 97 1-11-17
14-11-17	x Dac	TOS from Arty Pool	Gnr	Field	3-11-17	Pt II O 198 & Pt II O 187 of Arty Pool 13-11-17
9-7-18	do	SOS to Pool	"	"	24/6/18 -84	x Pool 90 9/7/18
24-12-18.	C a Pool	Invalided Sick & Posted to C.a.f.D London	"	do	14-12-18 15.12.18	Pt II P.O. 193 * C a R.D. Pt II P.O. 7. 7/1.1.19

A.F.B. 103 CHECKED 1917

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.
11-2-19	CARD	O/C mo to 1st CCD	Dor Witley	3-2-19	P II-42 + 1st Cav. HO-11 7/19
21-2-19	1 CCD	Ceases to be Att. on proc to CARD	" Witley	20-2-19	P II 1050 + CARD P 1032 21-2-19
		To Canada.	29-L 11	19.3.19.	
1-3-19	CARD	To I to Rhyl	" "	28-2-19	— 60 + M.D.2. 1052 P/3 3/19
24-3-19	2 MDCW	1058 to Canada	Dvr Rhyl	19-3-19	— 70

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: London, Eng.

NAME AND ADDRESS OF NEXT OF KIN: Ethel Peters
30 Peters St., West London, Eng.

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. 273558 RANK Pte NAME Peters, Herbert

IF IN PERMT. CORPS WHAT UNIT } UNIT 216th BATTALION, C.E.F.

TRANSFERRED TO 3rd Res. Bn. DATE 1/5/17 AUTHORITY A.O. 1252 5/5/17

TRANSFERRED TO 2nd Wab DATE 1-11-17 AUTHORITY 94

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto, Ont.

DATE OF ATTESTATION May 17/16

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)

CJ

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	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
May 1	Balance from Canada													28 -	28 -																28 -				
1-31	31	1 00/10	34 10												34 10																62 10		15 .		
June	30		33												33	436 28/5															46 23	48 87		30 .		
July	31		34 10												34 10	385 21/5								21 90								82 97		45 .		
Aug	31		34 10												34 10	607 15/6								24 33											
Sept	30		33 .												33 .									487							15 21/40	21 48	95 59		53 .		
			168 30											28 .	196 30																	128 59		68 .		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept. 30	Balce.	~~128 59~~							128 59	68	
Oct.	Pte Pay.	34 10					-	-	162 69		
		34 10									
Nov	Pte Pay	33 00					-	-			
				24 59 8/9 CRA	4 87						
				2 07 12/8 "	1 30						
		33 00			12 17		-	-	162 69		

Q 4005-175 K 19/6
14 days F Pay Battalion
on plate D 0.28 C 7a.

No. 273558 Pte Peters, Herbert.

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
MONTH	PARTICULARS		CR. 1	CR. 2			PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.															
12 Wed			32 00											12 14		-	-	16 26 9																
									2362	29/4	Restart			2 43																						
Dec P.P.			34 10						1411	29/6	"	"		14 60																				
									1938	30/4	"	"		9 93																						
									2503	10/9	"	"		9 93																						
									1633	13/4	"	"		9 93																						
									985	21/10	"	"		3 57																						
									3220	4/10	GBD Stapleer			4 46																						
									234	22/9	6 GBD			4 46				158 90	120 00																	
			64 10											70 89																					
1918																																		
Jany. P.P.		1 K 31	34 10						Othoos	6/10	A129	5a/11	2 DAC	1 44																					
													2 DAC	1024	22/11	13 38																			
													2 DAC	1113	14/12	3 57																			
													2 DAC	1166	26/12	4 46		170 15																	
			34 10											22 85				180 45	135 00																
July G.P.		1 K 28	30 80										2 DAC	1347	23/1	4 46																			
													2 DAC	1196	16/1	3 57																			
													2 DAC	1241	23/1	4 46																			
									DM&R	1000	2 DAC			8/11	3 57																					
													2 DAC	1291	7/2	3 57																			
									DM&R	978	2 DAC			7/11	4 46			176 86	149 02																	
			30 80											24 09																					
Mch G.P.		1 K 31	34 10										2 DAC	1334	20/2	4 46																			
													2 DAC	1380	17/3	3 57		202 93	164 03																
			34 10											8 03																					

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.	

NAME:– PETERS. Herbert

NUMBER:– 273558

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner

UNIT AND TRANSFERS

ORIGINAL UNIT:– 216th Bde

DATE ACCOUNT FIRST OPENED:– 1-5-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
D097	1-11-17		2nd D.A.C.
90. 9-7-18	24-6-18.		Art. Pool

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
14-2	11147	1ccd.	4 87		0 Days	SF	7 30
20-2	4952	ccra.	~~4 47~~				
			24 34				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– 28-2-19 Duke to Canada in R 3427 Witley 27/2/19 Witley in B'ham 2 a Bal £337 2/8

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal Fwd.								202 93	164 .	
Apl	Gnr Pay	33 .		2 DAC 35 5/4/18	8 03						
				2 DAC 81 20/4/18.	4 46				223 44	179 .	
		33 .			12 49						
May	Gnr Pay.	34 10		2 DAC 126 3/5/18	3 57						
				2 DAC 188 19/5/18	4 46				249 51	194 .	
		34 10			8 03				24 97 / 274 48		
June	Gnr Pay.	33 .		2 DAC 204 2/6/18.	3 57						
				2 DAC 272 16/6/18	4 46				274 48	209	
		33 .			8 03						
July	Gnr Pay	34 10		S.S. Can C. HQ 2838 3/7/18	3 57						
				— " — 3189 18/7/18	4 46				300 55	224	
		34 10			8 03						
Aug		34 10		662 9/8 2 DAC detail	7 14						
				820 17/8 "	3 57				323 94	239	
		34 10			10 71						
Sep		33 -		D.A.R. 1374 7/9 CCHQ Detail	3 57						
				1977 19/9 " "	3 57				349 80	254 -	
		33 -			7 14				383 90		
Oct.	"	34 10		D.A.R. 2486 CCHQ Det. 7-10-18	1 39 5						
				2474 " 7-10-18	3 73						
				A. 43358 London. 7-10-18	97 33						
				D.A.R. 3162 CCHQ Det. 31-10-18	3 73				265 16		
		34 10			118 74						
Nov	"	33		D.A.R. 3851 " 7-11-18	3 73						
Jan	"	68 20							362 63	314	
		101 20			373						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS			DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Ford										362 63	314	
Feb	GB	30 80											
	London Def. Pay 28/2/19.	1443		VCR 5259	Efron	21-1-19	9 73				415 16		
	SF 3-2/13-2-19=10 days PO +1 / CCD 12-2-19	45 27 7 30		VCR 23757	Yale	4-2-19	19 47						
				VR 217	Efron	3-2-19	24 33				384 57	329	
				" 11147	/ CCD.	13-2	53 53 4 87						
				" 4952.	VCRA.	22-2	19 47						
				" 5595	K. Park	End. 6-3	77 87 4 73				327 56		
		52 53					87 60						

Octo-car 21-3-19 List 29

337 29

War Service Badge
Class A
No. 153790 issued 28-3-19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

R.L.

1. No. 273558.
2. Rank Dvr.
3. Name PETERS. Herbert.
4. Unit 216th. Bn. (#2.D D.)
5. Date of Discharge APR 23 1919 | Place TORONTO, ONT.
6. Reason for Discharge

"Demobilization."

7. Authority #2.D.D. April. 23rd.1919. Pt.11# 111
8. Proposed Residence after Discharge

13 Binscarth Rd. Toronto, Ont.

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. ?

Herbert Peters

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date APR 23 1919

Signature [signature] O. C. Discharge Sections No. 2 District Depot (O. C. Discharging Unit.)

M.F.B. 218a—50M. -2-19 —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

126036 127

FORM OF WILL.

I, Herbert Peters (Name in full)

Regimental Number 273558 serving in 216th OS Battalion

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

Mother

Alice Peters
20 Peter St.
London England

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

absolutely, and my personal estate I bequeath to

Same

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 4th day of April A. D. 1917.

H Peters Signature of Soldier.

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

13 Bismarke Rd Toronto

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 Herbert Warner

Address of Witness 6 Balfour Ave Toronto

Occupation of Witness Clerk

Signature of Second Witness Sergt J Dixon

Address of Witness 431 Dovercourt Ave Toronto

Occupation of Witness Blacksmith

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

(b)

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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 DATE 22-2-19

1. 1 (a) Unit C.A.R.D. (b) Regimental No. 273558 (c) Rank Driver

(d) Surname Peters (e) Christian name Herbert

(f) Home address 13 Bismarke Rd Toronto Ont Canada

(g) Next of Kin Mrs H Peters (h) Relationship Mother

(i) Address of Next of Kin 13 Bismarke Rd Toronto Ont Canada

2. Age last birthday 19 Date of birth 9-1-1900

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto Ont (b) Date 6-5-16

4. Personal description:

(a) Height 5'3" (b) Weight 125 (Est) (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Vac mark R Arm

5. Former trade or occupation Clerk

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
	2	8 Months 16 Days

	Periods	
	From	To
Canada	6-5-16	18-4-17
England	18-4-17	9-8-17
France or other theatres of War	9-8-17	20-12-18

7. Original disease, or injury O.M.C.S. left

(a) Date of origin prior to enlistment (b) Place of origin Canada

(c) Cause Unknown

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.)

(Defective Hearing) Partial loss function left ear

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: Specialist report. O. M. C. S. (Left) – Hearing Rt 24' Left 6' – Category recommended B11 – Condition was present before enlistment and has not been caused by service. Signed W. W. Hume Capt 7/1/19

Subjective: Deafness and discharge left ear.

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

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

Urine – 7/1/19 – 1010 – Acid – No albumen – No sugar

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

States had present ear condition before enlistment and has remained same since. Ear trouble began a year before enlistment – a running ear –

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*).)

Nil

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

Nil

11.—(*a*) Did the disabling condition have its origin before enlistment? ~~Yes~~ ~~No~~ 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~~ Yes — Man states can no work. No record of condition on enlistment

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

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?

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

K[illegible] General — 10/11/18 — 20/1/18 — D.M.C.S. — ~~[illegible]~~

Manchester — 21/1/18 — 20/1/19 — D.M.C.S. — operation

(Man's statement)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes —

(If the answer is "yes" state nature of treatment required and probable duration)

~~[illegible]~~ operative interference

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

D M Low

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 Herbt Peters 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

Peters Pte 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.) B 11/11
(*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. yes

(*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.)

Boarded for Return to Canada

Authority Telegram A.G. 1-9853 - 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.

H. J. Boulton Major C.A.M.C. *President.*

PLACE Witley

DATE 24/2/19

Jas. L. Hammond } Members

Capt. Canad. A.M.C.

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.

.....*President*

PLACE.....

DATE..... } Members

APPROVED BY CAPTAIN, CANADIAN TROOPS, WITLEY.

Assistant Director of Medical Services.

For A.D.M.S.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

HEADQUARTERS A.D.M.S. 27 FEB. 1919 File..... CANADIAN TROOPS, WITLEY.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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 Bramp DATE Apr 7 1919

1. 1 (a) Unit #2 D.D. (b) Regimental No. 173558 (c) Rank Drvr.

(d) Surname PETERS (e) Christian name Herbert

(f) Home address 13 Bincarth Rd Toronto

(g) Next of Kin Mr Chester Johns (h) Relationship Father friend

(i) Address of Next of Kin 13 Bincarth Rd Toronto

2. Age last birthday 19 Date of birth Jan 9 1899

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date May 17 1916

4. Personal description:

(a) Height ..... (b) Weight ..... (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Brown (stripped) (f) Identification marks, Scars, etc. Tattoo Anchor mark Rt Arm

5. Former trade or occupation Clerk

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
	2	334

	Periods	
	From	To
Canada	May 17 1916	Apr 18 1917
England	Apr 18 1917	Sept 10 1917
France ~~or other theatres of War~~	Sept 10 1917	Dec 20 1918
Canada	Dec 21 1918	to date

7. Original disease, or injury Otitis Media Chronic Suppurating Left

(a) Date of origin Prior to Enlistment (b) Place of origin Canada

(c) Cause Infection

M. F. B. 227.

400M—11-18.

1772-39-117.

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).)

States he has never had any other illness either prior to or during enlistment except Influenza November 1918

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

No

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.)

Yes impossible to say no entry on notes

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No

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? 3 months

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

18th General Manchester 10.11.18 to 20.1.1919

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes.

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations Discharge to D.S.C. for Out Door treatment

H.D. Maurice Capt

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.....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.....

.....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.

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19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*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.)

.....

.....

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.

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

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.

.....

.....

.....

.....*President.*

PLACE..... .....
} Members
DATE..... .....

APPROVED BY

.....
Assistant Director of Medical Services.

DATE.....

APPROVED
APR 17 1919
.....CAPT.
FOR A. D. M. S. M. D. 2

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

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.)

Partial loss of function of left Ear

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.)

Subjective Discharge from left Ear & difficulty of hearing with Left Ear

Objective Right no discharge

Left discharge Offensive.

	Right	Left
Hearing	35'+	20'

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

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

Urinalysis Albumen Neg Sugar Neg

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

States he had a slight discharge from left Ear Prior to Enlistment but became worse in France November 1917.

"CEDRIC" 27-3-19.

No. 2 DISTRICT DEPOT P 1557

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. CCEC. 273558 | RANK Ite. | NAME (IN FULL) PETERS, H.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE ✓

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
✓		

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

PLACE OF ATTESTATION ✓ | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 14-5-16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil. | DATE EFFECTIVE ✓

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 23/4/19 ✓ | REASON Demob. | AUTHORITY DO 111 ✓ | IF ENTITLED TO POST DISCHARGE PAY Yes

13 Binscarth Rd., Toronto.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							337	29	337	29																							337	29	Cr. Bal. Eng. L.P.C.
1.3.19																																			
3.4.19	34	1.10	37	40	35	00															9	43	Endorsed on L.P.C.										1.3.19 To 3.4.19 P. & A.
					70	00																													Clothing Allowance
																																		1st Payment W.S.S.