Canadian Engineers

DUPLICATE

Unit Canadian Engineers Rank Lieutenant Name Robert Campbell Philips

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Commd. 24-2-16

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname ? Philips
   (b) What are your Christian Names ? Robert Campbell
2. (a) Where were you born ? (State place and country) St Lolbie, Quebec.
   (b) What is your present address ? 343 Lansdowne Ave. Westmount P.Q.
3. What is the date of your birth ? Aug 11, 1889.
4. What is (a) the name of your next-of-kin ? Mrs John Philips
   (b) the address of your next-of-kin ? 343 Lansdowne Ave. Westmount P.Q.
   (c) the relationship of your next-of-kin ? Mother
5. What is your profession or occupation ? Electrical Engineer
6. What is your religion ? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes
8. To what Unit of the Active Militia do you belong ? CE
9. State particulars of any former Military Service None
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes

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

R C Philips (Signature of Officer.)

Taken on strength (place) St. Johns P.Q.

(date) 15-5-16

W W Nichols Lt. Colonel C. E. (Signature of Commanding Officer.)
O. C. Engineer Training Depot.

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date MAY 16 1916 191

Place ST. JOHNS, P.Q.

J M F McAvoy Capt. Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

1. (a) What is your Surname?

(b) What are your Christian Names?

(c) What is your present address?

2. What is the date of your birth?

3. What is (a) the name of your next-of-kin?

(b) the address of your next-of-kin?

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

4. What is your profession or occupation?

5. What is your religion?

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

7. To which Unit of the Active Militia do you belong?

8. State particulars of any former Military Service.

9. Are you willing to serve in the

CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

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

(Signature of Officer.)

Taken on strength (place).....

(date).....

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him

Date.....

Medical Officer.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 360-17-337

Name PHILIPS, ROBERT CAMPBELL

Regt. No.....Rank Lieut

Corps Pte C.E.F. Bn

DEMOB'N.

6330

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Dec S.7.10—
A.F.W 3997-1
C.A.W.G 5009a-1
D.A.S 1375—1
M F B 465-1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39-935.

M+W 192-1
Med Report

B

Number..... Rank. LIEUT.....

Surname..PHILIPS.....

Christian Names ROBERT CAMPBELL...

Unit..... Theatre of War. ENG....

Date of Service. 11.7.18. 12.1.19.....

Remarks .....90 Alberta Ave.....

Latest Address Ck. Toronto ~~Address Not available~~

.....

Roll No. A Page 572

DESP. FEB 24 1926
REGN. NO. 20827

NAME. Philips
Robert Campbell
Can. Eng. Tr. Dpy.

RANK. Lieut.

NO.

CORPS.

REC. FILE. 4/
T. O. Shaw 1.2.19.28

D.O. Part II No. 107
H.Q. FILE.

ENLISTMENT, PLACE. St. Johns P.Q. DATE. May 15th, 1918.

BIRTH
DISCHARGE, PLACE. Canada, St. Sophie, P.Q. DATE. Aug. 11th, 1889.

REASON. Dos. 8-2-19. RO. 1601 C. Demob.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN Philips Mrs. John. RELATIONSHIP Mother
ADDRESS 343 Lansdowne Ave.,
Westmount, P.Q.

O/S. 29-6-18-1301
1

R/Pt. 25-1-19 25/6 Lieut.
3-

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

*Name Philips. R.C. Rank Lieut. Regtl. No.

Fyle Depot 22-Off-653

Original unit CE Present unit DD #4 M. or S. Age 29 Religion Pres Ref. H.Q.

Port, ship and date of arrival Empress Britain St Johns N.B. Jan 23/1919

Next of kin (Mother) Mrs John Philips 343 Lansdowne Ave Westmount

Address on leave as above

Address on discharge as above

Transportation issued Yes / No Date Character on discharge

Previous occupation Elec. Eng Date and place of enlistment Hamilton Ont May 1st 1918

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
1-2-19.	T.O.S. From O/S On Gen. Demob. and. Posted to Cas. Coy.	
	effect. 13-1-19. Auth. R.O. 1575.	32 Page 1

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

(over)

Date	Remarks	Pt. 2 Order No.
21-2-19	SOS. on return to former Active Militia Units	#1.
	on Ge. Demobilization. effect 8-2-19 G.O. 1681	Page 4.

M. F. W. 192
5m.—12-18
1772-39-1243

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Canadian Engineers.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. ..... Rank Lieut. Name Philips Robert Campbell
C. E. F.

Enlisted (a) 15-5-18 Terms of Service (a) C E F Service reckons from (a) 15-5-18

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) Electrical Engineer

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 for overseas	Montreal	29-6-18	R. W. Porteous Capt T.A.C.S.
22 30/7/18	C.S.M.E	Attached C.S.M.E.	Seaford.	22.7.18	D.O. 2. No. 53.
31.8.18	2 C E R B	T.O.S. on arrival from Canada	Seaford	11.7.18	Pt II 87
17-12-18	2 C E R B	S.O.S. to 1st C E R B	Seaford.	16-12-18	Pt II 179 Ltr to W. L. Rogers for Lieut.-Col. C.E. Cmdg. 2nd C. E. Res. Bn, C.E.T.C.
20.12.18	1st C E R B	T.O.S. from 2nd C E R B	Seaford	16.12.18	Part 2 D.O. 181
5-1-19	1st C.E.R.B.	On Command Kinmel	Seaford	5.1.19	Part 2 D.O. No. 5. J. Hoels-de-Jelly Lieut and a/Adjutant 1st C.E.R.B., C.E.T.C.

(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				
6.1.19	1st C.E.R.B.	S.O.S. to O.M.F. to Canada. to the C.E.F. in Canada	Seaford	8.1.19	J. Wood-de Tilley Capt. for LIEUT.-COL. O.E. O.C. 1ST C. E. R. B.
		Embarked	England	12/1/19	
29.1.19	M.H.Q. Ottawa	T.O.S.C.E.F. in Canada General Demobilization	M.D #4	13.1.19	C.E.F.R.O. 1575-19
19-2-19	MHQ Ottawa.	S.O.S. to C.E.F. Canada General Demobilization	TM W 4	8-2-19	C.E.F.R.O. 1681—19 N.C.E. 3.1.21 D. Macfarlane Lieut. for D. A. G. Personal Services

CANADIAN EXPEDITIONARY FORCE

J.C.T.-4-25.
H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Lieutenant

(Name in full) Robert Campbell MILLS

Enlisted in Canadian Engineers Training Depot

CANADIAN EXPEDITIONARY FORCE, on the [illegible]

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

in Canadian Engineers Training Depot

CANADIAN EXPEDITIONARY FORCE on the fifteenth day

of May 191 6.

He SERVED in CANADA, and England with the Canadian Engineers Training Depot., 1st Canadian Engineers Reserve Battalion., Canadian School Military Engineering and District Depot No 4.

and was STRUCK OFF THE STRENGTH on the 14th day

of February 191 9 by reason of General Demobilization

Dated at Ottawa, this fourteenth day

of October 191 9

[signature]

Capt.

for Director of Personal Services.

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

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Lieut Name Robert Campbell Surname Phillips.

Unit or Corps 1st CERB. (If a soldier) Regtl. No.

Born at St Sophie Que. on, date 11 Aug 1889.

Signature (for identification) R.C. Phillips

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 138 lbs. est.

Height 5 ft. 10½ ins.

2. NUTRITION AND DIATHESIS? Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? normal.

4. RESPIRATORY SYSTEM. normal.

5. HEART?

Abnormal Sounds? none

Abnormal Size? no

Pulse Rate? 72 Intermittence or irregularity? no.

6. ARTERIES.—Any hardening? no.

7. DIGESTIVE SYSTEM? normal.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? N.E. Reaction? alk. Albumen? neg. Sugar? neg.

9. SKIN, MIDDLE EAR, EYE or any other part? normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no.

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Seaford

Date 3-1-19.

Signed [illegible], Capt. M.O.

Signed [illegible] Capt. M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

C.A.D.C. 5009 A

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) PHILIPS, R.C.

REGIMENT 1st, CERB RANK Lieut No.

Date of Examination in England 23/12/18 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS Nil
2. EXTRACTIONS Nil
3. CROWNS NIL
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper Nil
   - (*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 Nil
- (*c*) In France

Signature of Dental Officer Chas H Mowat Capt

MEDICAL HISTORY SHEET

ORIGINAL

Surname PHILIPS. Christian Name ROBERT CAMPBELL

Examined { on 16th day of May 1918
at St Johns P.Q.

Birthplace { City or Town St. Sophie
County Dne.

Apparent age 29 yrs.

Trade or occupation Elec. Engineer

Height 5 feet 9 Inches

Weight 137 lbs.

Chest measurement { Minimum 32½ inches
Maximum expansion 35½ inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right — Left ✓
Number One

When Vaccinated last childhood

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection

nil

Vision R 20/20 L 20/20
Hearing Normal

Approved by J. M. F. Malone
Rank Capt. M.O.

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

Date	Result	Vaccinations	
6.6.18		M K Sleet Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
18.5.18	~~10½~~ 1cc sgle	M K Sleet Capt	M.O.
25.5.18	1cc sgle		M.O.
6.6.18	1cc dble		M.O.

Enlisted on day of 191 at

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				15-5-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
ST. JOHNS, P.Q.	JUN 27 1918		A2 J Campbell
Seaford	30.7.18	Enc.	A-Cpl Service Incl Medical Board. PRESIDENT, STANDING MEDICAL BOARD.

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

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

Surname Phillips Christian Name R. C.

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				

CANADIAN EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

(Rank) Lieut (Name) [illegible]

Unit 22nd Batt. C.E. Regt. No. [illegible]

On 8-2-19 1919 to Dem. Mid. Unit

The following is a Statement of the account of the above-named from 1-2-19 to 8-2-19

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month Dr LPC	4 70	
Regt'l Pay 8 days at $2.00		16 00
Field Allce 8 days at $1.00		8 00
Sep'n Allce		
Clothing Allce		
Post Discharge Pay		93 00
Other Credits Sub. 8 days Ind. 1.70		13 60
Advances		
Sep'n Allce and Assigned Pay Cheque No.		
Other Charges		
Bal. on trans or on disc. Cheque No. 26055	125 90	
Total	130 60	130 60

A monthly stoppage of Nil has been paid on account of Assigned Pay for the month of 191 (To) Assignee

Sep'n Allce for the month of 191

Address)

REMARKS:

State (1) date of enlistment May 15th 18

(2) Sep'n Allce entitled or not Reason for disc

(4) Auth for disc. or trans. D.O. 5174

I have carefully examined this Statement of account and find it to be a correct extract from the Pay account of the Officer or Soldier.

Date FEB 22 1919

Place

CAPT. IN PAYMASTER

A/D—Demobilization Pay Division-Military Dist. 4

Paymaster.

DEMOBILIZATION PAY DIVISION

M.F.W. 44.

M. D. 4.

FORM OF WILL

I, Robert Campbell Phillips (Name in full)
Canadian Engineers.
Regimental Number Lieutenant serving in .....
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto my sister,-
Mistress Charles Henry Timm
343 Lansdowne Ave
Westmount, P.Q.
(Name and Address of person or persons to whom it is to go)

absolutely, and my personal estate I bequeath to

Mistress Charles Henry Timm
343 Lansdowne Ave
Westmount, P.Q.
(Name and Address of person or persons to receive personal estate. (See note)

NOTE

This space for the appointment of Executor if necessary .....

IMPORTANT NOTE This must be signed and dated by the Soldier himself.

Dated this 16th day of May A.D. 1918

R. C. Phillips
Signature of Soldier

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

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

The Two Witnesses must sign here

Signature of First Witness. Geo. H. Warren

Address of Witness. Trinidad, Colorado

Occupation of Witness. Civil Engineer

Signature of Second Witness. R. H. Findlay

Address of Witness. Box 18, Lachine Locks, Que

Occupation of Witness. Mechanical Engineer

M.F.W.8C
300m.12-16

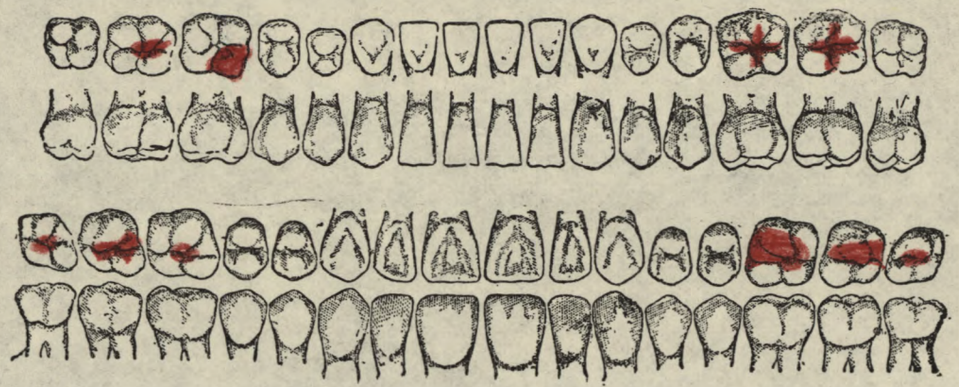
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION 4.

NAME OF SOLDIER P. Phillips R.A.M.C.

REGIMENT D.C. RANK Lieut. No.



X to be extracted
M are missing

V. Good.

DATE 1918	No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
June 28.															Capt. Simpson	OK.

M.F.B. 465
100m.—1.16
1772-39-950

ТЕНЕВУЮЧИЙ ЛАТИНЕЦЬ

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | **UNIT.** NAME OF: C E | RATE OF P. AND A. | **RANK.** Lieut | Mess DATE 22/7/18 AUTHORITY a.g. 1a. 8 1-139. 22/8/18 | **NAME.** 4

Beneficiary
Address
Amount. $
Separation Allowance issued. Yes or No.....

Pay
F.A.
Messing

Additional Outfit allce. 1/7/19. $100.00

Name Phillips
Initials Robert Campbell
Bank of Montreal Trafalgar Square

1918 F.19

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
August 2	Adv. P. & L. 1/8 Direct	5935		87 60		87.60		
28	P. & A. fr 1/7/18-31/8/18. Marg fr 22/7/18-31/8/18 To	10740	20220					
28	Bank	7272		114 60		0	fr 14 to 4 Sept 1918 £20-10-11	
28	Outfit allce	6246						
Sept 13	Sept Pay.		108					
25	Bank	8930		108		0		
Oct	Oct Pay.		111 60					
22	Bank	10667		111 60		0		
Nov 25	Pay R. + E. & A. fr 12/9/18		140					
26	Bank	12616.		140		0		
Dec. 13.	Pay.		124.					
- 14	BANK.	13492		124 00		0	Refer to Cash L.1. Cash 31/7/19 Ref to R.R. Ledger	
1919								
Jan. 6.	Adv. Jany P. & A.	BANK.	14395	124 00		0	From Ledger 21 to Ledger 12. 5/2/19	
Jan. 23	Pay R.		134				6/10	
Mch 24	Rations 7-11/19		R596					

FORM P. 15.
12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK. DATE	AUTHORITY	NAME.	
Beneficiary		Pay			Name	
Address		F.A.			Initials	
		Messing			Bank	
Amount. $						
Separation Allowance issued. Yes or No.....						

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

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 Montreal DATE Jan 25/19

1. 1 (a) Unit D.D.#4 (b) Regimental No. (c) Rank Lieut

(d) Surname Philips (e) Christian name Robt Campbell

(f) Home address 343 Lansdown Ave Westmount

(g) Next of Kin Mrs John Philips (h) Relationship Mother

(i) Address of Next of Kin same address

2. Age last birthday 29 yrs Date of birth Aug -11-1889

3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton Ont (b) Date May 15-18

4. Personal description:

(a) Height 5" 10½ (b) Weight 138 lbs (stripped) (c) Complexion fair

(d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc. No

5. Former trade or occupation Electrical Engineer.

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
	1	7 Mths.

	Periods	
	From	To
Canada	May-15-18	June 29-18
England	Mar-12-19	Jan-25-19
	June 29-18	Jan-12-19
France or other theatres of War		

7. Original disease, or injury None mentioned

Shortness of breath on exertion Complained of

(a) Date of origin Before enlistment (b) Place of origin Canada

(c) Cause Unknown

M. F. B. 227.
400M.—11-18.
1772-30-117.

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.)

D.A.H.

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.)

Well developed & nourished man, good color. Pulse 88, after P.T. 130 returning to 88 in 3 minutes. Heart not enlarged. There is slight blurring of the first sound at the apex but no definite murmur. Sounds at base normal.

Blood Pressure 80--120 Tycos

Urine normal

The Officer states that on running up a flight of twenty steps or walking fast for ½ mile he becomes short of breath, but at his own pace can walk all day.

(*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 as above (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

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

The Officer States that he has always been short of breath on exertion, but never has any precordial pain on outhopnoea.

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*).)

N.A.

(*c*) (Here give a description of wounds, scars and deformities. None

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? 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? 6 mos.

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

None

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)

No

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

17. Recommendations

B.2

A. MacKendrick 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 Polit C. Philips. 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 nothing

J.A.7. P.C. Philips 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.

We concur

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.)~~

Cat B 2

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.)

Cat B 2

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.

J. A. Laure Capt *President.*

PLACE Montreal

DATE Jan 25-19 } 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.

President

PLACE.....

DATE..... } Members

APPROVED BY

L. R. Shaw Lt Col
Assistant Director of Medical Services.

DATE 25-1-19

APPROVED BY

Director-General of Medical Services.

DATE.....

Forms R 150.
1594—2½m—30/5/17

Surname PHILIPS Christian Names Robert Campbell.

Rank Lieut.

Promotion

Name and Address of Next-of-Kin

Mrs. John Philips, (Mother)

343 Lansdowne Ave. Westmount, P.Q.

Unit C.E.

Place of Birth P.Q.

Married (Yes or No)

Appointments

Date of leaving Canada 11.7.18. (R.L. 28-15 5/151,152,153) Date and Cause of Resignation

Report

Date	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
22.8.18.	A.G.1a.	Retained in OMFC (CE)		11.7.18.	8-1-139. R.L. 28-15 5/3,6.
31-8-18	C.E.T. Centre	T.O.S. on arr. from Can. & on Bd. to C.S.M.E.		11-7-18	Pt. II 0/87.
		leave to be attd.		21-10-18	" 125. C.E.M.E.
30.11.18.	1st C.C. R.B.	Attached from 2nd C.R.B. for duty.		30.11.18	Pt. II 0. 167.
17.12.18	"	T.O.S. from 2. C.C.R.Bn		16.12.18	" 181
24.1.19	"	S.O.S. of O.M.F.C. on returning to Canada		12.1.19	Pt. II 0/20.

11934

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authoriiy to be quoted in each case.	Place	Date	REMARKS. Taken from Official Documents	
Date	From whom received					

AUDITOR | PAYMASTER

M. OR S. Off

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

REGT. No. RANK LIEUT NAME (IN FULL) PHILLIPS B C

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S. + posted to Can Co Gen Dist	13-1-19	Do 52-41

ORIGINAL UNIT C.E.F. CE — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION May 15, 1918. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY Nil — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP X — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS C/o Canadian Westinghouse Co. Hamilton Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE S.O.S. To A.M.L. Unit — DATE 8-2-19 — REASON Ro 1681/Gen Dist — AUTHORITY 8541/4 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	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																4 70				Br 2 06 4·70
1-2-19 to 8/2/19	8	2.00	24 00	13 60		37 60											4 70		32 90	
		1.00	8 00																	
		1.70	5 60																	
																		93 00		W. S. G.
																				L P B rendered 22/2/19
14/5/19				Other Credits: W. S. C. S. A. Total 37 60		37 60	26136 22-2-19			125 90 War Service Gratuity					Other Charges: W. S. G. S. A. 93 00		Total 93 00	Balance: Soldier 183 00	Dependant	303439 2-3 Final
															183 00		183 00	✓	✓	
																	276 00			

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		SALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	