90TH.B.1. Duplicate

ATTESTATION PAPER.

No. 186222

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Pike
1a. What are your Christian names?	James Francis
1b. What is your present address?	No 6 Forum Block, Winnipeg
2. In what Town, Township or Parish, and in what Country were you born?	Lime Springs, Iowa.
3. What is the name of your next-of-kin?	Mrs. Erna Pike
4. What is the address of your next-of-kin?	Omro, Wisconsin. R.F.D. No. 21.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	25th April 1879
6. What is your Trade or Calling?	Lumberman
7. Are you married ?	Yes
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, James Francis Pike, 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.

Jas. F. Pike (Signature of Recruit)

Date 17th Novr. 1915. 191 . J. G. Ferguson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Francis Pike, 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.

Jas. F. Pike (Signature of Recruit)

Date 17th Novr. 1915. 191 . J. G. Ferguson (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 Winnipeg, Man. this 17th day of Novr. 1915. 191 .

A. H. Nursey (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of James Francis Pike on Enlistment.

Apparent Age 38 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded 41 ins.
- Range of expansion 4 ins.

Complexion Light

Eyes Hazel

Hair Dark Brown

Religious denominations
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic XXXXXXX X
- Jewish
- Other Denominations (Denomination to be stated)

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.)

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 declares that he is not subject to fits of any description.

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

Date 17th Novr. 1915. 191 .

Place Winnipeg, Man.

Capt.
Medical Officer.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Francis Pike 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.

(Signature of Officer)
Lt.-Colonel
90th Canadian Infantry Battalion
(Winnipeg Rifles.)

Date 17th Novr. 1915. 191 .

PIKE, JAMES FRANCIS 186222 C.A.P.C. 8607

DEMOB

DECEASED 13-12-44

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

AO
Box 481548

PR H

FOR REFERENCE ONLY
NOT TO BE TAKEN FROM THIS ROOM

Number 186222 Rank A/Cpl.

Surname PIKE

Christian name James Francis

Units C.E.F. Theatre of War England

Date of Serving 27-6-16

Remarks 180 South California St. Bell. Calif. U.S.A. 23/9/25

Latest address 582 Union Bank Bldg. Winnipeg Man.

Roll No. A Page 1877

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

DESR. SEP 25 1925
REGN. NO. 16461

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

No. 186322 RANK pte NAME Pike Jas. F

T. O. S. 15-11-15 UNIT 90th Battalion

D. O. # 15-2-12-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T
1915 Nov. 17	1915 Dec. 31	✓
1916	1916	
	Jan.	✓
	Feb.	✓
	Mar.	✓
	Apr.	✓
	May.	✓
	June	✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED

MAY 31 1916

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

671

To Whom Fred Caron

Address Room 6 Forum Blk
Main St. Winnipeg. Man

JUN 1916

Rate 15.00

By Whom Assigned Pike James F

Regtl. No. 186222

Rank Pte

Corps 90th Batt.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Fred Caron

Name of Soldier Pike J. F. 672

186222. 90th Batt

L. L. Job 310.—Req. 6574.

15cc

Remarks. JUN 1916

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June		H6552	15
July		H11302	15
Aug.		H13177	15
Sept.		~~H19612~~	~~15~~
Oct.			
Nov.			
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

Stop Sept 1-16 3. M. 4 9/16

Assignment no longer necessary. 21 9/16

J. A. E. C.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

OFFICE OF SENIOR MEDICAL OFFICER

CANADIANS, LONDON DISTRICT

URINALYSIS.

4-10-18 1918

No. 186222 Rank. a/Cpl Name. Pike J7.

Unit. CAPC Station. Heillbourn.

1 Sp. Gr. 1030. 2 Colour. Medium yellow-turbid.

3 Reaction. Alkaline 4 Sugar. Nil

5 Albumen. Nil. 6 Pus. Nil

7 Microscppic. Phosphates - abundant.

I certify that this sample was passed in my presence by the above named. BM.

Captain
S.M.O., i/c London District.

P-585

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-38-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 90th. Overseas Battalion

Regimental No. 186222 Rank Private Name Pike, James Francis

Enlisted (a) 17/11/15 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) Nov: 17/15

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

Extended ..... Re-engaged ..... Qualification (b) .....

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 1916	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
		Embarked	Halifax	May 31	
		Arrived	Liverpool	June 8	
			St Martins Sta	19/7/16.	
19/7/16.	O.C.90th.	Transferred to 11th. Battalion.			B.O.196.
					A.R. Bowden
14-8-16	O.C.11th	Seconded Pay Office	London	23-6-16	Pt.11. B.O. 193
20-7-16	O.C.11th	Taken on strength 11th	Shorncliffe	19-7-16	Pt. 11 Bn. O. 174.
16-2-17	OC 11th	On Command to Pay Office	London	23-6-16	pt II Bn O. 46
16-3-17	"	Posted to Man. Reg. Depot	Dibgate.	16-3-17	pt II Bn O. 62

Capt. & Adjt. 90th Overseas Battalion Winnipeg Rifles C.E.F.

Captain & Adjutant,
11th (Res.) Battalion.

(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				
8.8.17	M.R.D.	Taken on Strength	Sibgate.	1-4-17	Pte S.O. 23.
"		att. C.A.R.C.	London	1-4-17	Pte S.O. 23.
"		Ceased att. C.A.R.C.	London	30-4-17	Pte S.O. 54.
"		Trans. C.A.R.C.	London.	30.4.17	Pte S.O. 54
					D.S. Robson Lieut. & Adjutant Manitoba Regimental Depot.
28-6-16	O/C No. 1 Det C.A.P.C.	Attached as Clerk from 11th Res.	London.	23-6-16	Part II — 155.
24-5-17	"	To S.O. trans from Man Reg Dep	"	30-4-17.	" " - 122.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) PIKE. J.T.

REGIMENT C.A.P.C. RANK Cpl. No. 186222

Date of Examination in England 4-3-19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 13
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

Signature of Dental Officer J. Girvin Capt
C.A.D.C.

PIKE. 7

Cpl. 18122

Army Form B. 103.

Regimental Number 186222

Casualty Form—Active Service.

Regiment or Corps Can. Man. Regt. Depot

Rank Pte. Surname Locke Christian Name J.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (*b*) .....
or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
24.5.17	C.A.P.C. Det.	T.O. S. Transfd. from Man. Bde	London	30.4.17	Pt.2. 132
9.9.18	o.c. No.1 Dtt CAPC	appointed A/Sgt.	London	1.9.18	Pt 2. DO 211
24-3-19	CAPC.1.	S.O.S. having proceeded to Can.Concentration Camp, Kinmel Park, (Wing 10) for demobilization (Auth.Corps Order 23,25-3-19	London D. Williams Capt., O.C., No.1,Det'mt., C.A.P.C. O.M.F.C.	22-3-19	Pt.II.70
28-3-19			Capt. C.F.		
			Wng Discharge Office MDS Kinmel Park Camp		

(*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*) Signaller, Shoeing-Smith, &c.

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		ST. JOHN, N. B.			
		10. 4, 19, DISCHARGED CEF.			

H H Smith MAJOR

O. C. Clearing Depot. St. John, N. B.

2nd ORIGINAL DUPLICATE

MEDICAL HISTORY SHEET.

Surname Pike Christian Name Jas. Francis

Examined { on 17 day of November 1915 / at Winnipeg

Approved by J Allastair

Rank Capt M.O.

Birthplace { City or Town Lime Springs Iowa / County U. S. A.

Apparent age 38

Trade or occupation

Height 5 Feet 10 Inches.

Weight 185 Lbs.

Chest measurement { Minimum 37 inches. / Maximum expansion 41 inches.

Physical development good.

Small-Pox Marks none

Vaccination Marks { Arm Right. ✓ Left. / Number 1

When Vaccinated last 10 years ago

(a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection

Teeth need attention.

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.
1915 Dec 15	Pos	J P R M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Nov 26/15	Pos	J Allastair M.O.
Dec 2/15	Pos	J Allastair M.O.
Dec 10/15	Pos.	J Allastair M.O.

JUN 10 1916

Enlisted on 17 day of November 1915 at Winnipeg.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		186222		
90th OVERSEAS BATTALION Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
13 Beaver A. W.	6. 3. 19	Chronic Bronchitis	B I Thomas Campbell Capt A.M.C.

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.

150M.—8-15.
H. Q. 1772-39-439.

Surname Pike Christian Name James Frederick

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 186222 (Rank) A/Corporal

Name (in full) Pike, James Francis enlisted in

the 90TH Bn.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 17TH.

day of November 1915

HE served in England.

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

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

Age 46

Height 5'-10"

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars Nil.

Jas. F. Pike
Signature of Soldier

R. Ingleton Capt for MAJOR
Issuing Officer
O. C. Clearing Depot, St. John, N. B.

Rank

Date of Discharge CLEARING DEPOT APR 10 1919 ST. JOHN, N.B.

Date APR 10 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY That No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the

day of _____ 19__

HE served in _____

and is now discharged from the service by reason of

Demobilization.

Medical Unfitness.

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

Age	Marks or Scars
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

O.C. Training Depot

Date _____ 19

Bank

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it unsealed envelope to the Secretary, Militia Council, Ottawa, Canada.

R—122

WGB

Rank | Name PIKE, James Francis | Reg'l No. 186222

Unit 90th Bn. | If in perm. Corps, What Unit? | Married or Single Married.

Place and Date of Enlistment Winnipeg Nov. 17th 1915 | Place of Birth Lime Springs, Iowa.

Name and Address, Next-of-Kin Mrs Erna Pike. Omro Wisconsin R.F.D. No 21 U.S.A.

Relationship Wife

Assigned Pay Monthly $ | Payable to

Relationship

N/E. R.B. No. 9457.
File R.L.
Category OR. Can.

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place 1921 | Reason | Character

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.	SS. Olympic	8 JUN 1916	
28.6.16	K Pay 6	T.O.S.	London	24.6.16	Pte 155
19.7.16	o/c 90th Bn	S.O.S on transfer to 11th Res Bn		19.7.16	" 196
		NOW KNOWN as *I☆C A PAY Corps☆DEC, ?, 1916 D O-1			
		8,12,16 *I C A P C→T O S←London DEC, 1, 1916 DO*-1			
16.3.17.	Man. Regt.	On Command to Pay Office	Dibgate	23.6.16	Pte No. 62. a Capt. Pte DO 7
24.5.17	#1 Can P.C.	T.O.S from Man Regt. Dep.	London	30.1.17.	Pte DO 122
		Entries Prior-To-4.4.17. Should. Read. To. Show. On Strength of Man: R.D.			
		Attached To C A P C-Authy Office-Instruction☆154-Dated☆4/2/17			
9-9-18	C.A.P.C.1.	Appte 4/Corpl	London	18.5.18	Pte 211

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.
		D 8 - E - 2 Sailing 28/3/19.			
10-4-19	Gen Dep	T.O.S. from CAPT Ldm	a/cpl Sefton	20-3-19	Do 80
		am cm 1 CD D Barbs	a/cpl Sefton	28-3-19	Do 80
10-4-19	Gen Dep	Ceases cm 1 CD D on			
		T.O.S. to L. E. H. in Bermuda			

P. 559.
MARRIED OR SINGLE: Married

PLACE OF BIRTH: Lime Springs, Iowa. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN: Ellen M. Kaiser
Alexandria, Minn. U.S.A.

RELATIONSHIP OF NEXT OF KIN: Sister

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO (Separated from Wife)

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. 186223 RANK Private NAME Pike, James Frances

IF IN PERMT. CORPS WHAT UNIT | UNIT 90th BATTALION TRANSFERRED TO P.B.R.O. DATE 23/6/16 AUTHORITY Cashiers letter 22/7/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION WINNIPEG, MAN. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 17/11/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~15.00~~ DATE EFFECTIVE ~~4/6/16~~

PAYABLE TO ~~Frederick Caton, Room 6, Tokum Block, Main St, Winnipeg, Man.~~ Canada RELATIONSHIP

ASSIGNED PAY MONTHLY $ 10 DATE EFFECTIVE 1/4/18 Rate Nov 29

PAYABLE TO Mrs Ellen M Kaiser Box 1070, Aitkin, Minnesota USA RELATIONSHIP Sister

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE ~~1-9-16~~ REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY Pay Bk

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) no small Ledger Sheet.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916														18 10.	1810												Balance from Canada			1810				
June 1/30	30	1—	30	—	30	10	3	—							33 —	7 15/16							973				15 —		24 73	26 37				
July																											15 ·	8 80	23 80	2 57				
June 23 July 31	39	1.50	58	50	39	20	7	80	39	10¢	39				105 30	924	6.	810	7/16				973	14	60	48	67	24 33		97 73	10	54			
Aug 1/31	31		46	50	31		6	20	31		31				83 70			1225	1/16	1434	30/16			29	20	48	67	15		92 87	1	37			
Sept 1/30	30		45		30		6	00	30		30				81	15	15	1789	11/16		9/16		38 93			41	36			80 29	2	08			
Oct. 1. 31	31		46	50	31		6	80	31		31				83 70			1578	15/16	250	30/16			38	93	46	53			85 16	-	62			
Nov 1/30	30		45		30		6		30		30				81			8331	15/16	255	30/16			43	80	36	50			80 30	1	32			
Dec 1/31	31		46	50	31		~~6 20~~		31		31				83 70			2529	15/16					82	73					82 73	2	29			
1917 Jan 1/31	31	1.70	52	70			41	40	31		31				83 70			3085	15/17	336	31/17			43	80	41	36			85 16	-	83			
Feb 1/28	28	·	47	60					28		28				75 60			3581	15/17	3943	28/17			38	93	36	50			75 43	1	00			
Mar 1/31	31		52	70					31		31				83 70			4102	15/17	4495	31/17			43	80	38	93			82 73	1	97			
Apl	30	1.70	51	·					30	1.00	30				81 ·			78	15/17	309	30/17			38	93	43	80			82 73		24			
			563	40					317					18 10	893 50									583	97	382	07	24 33	45	8 80	~~893 76~~					

Checked Lobkeffey

*$8.80 in O.C. test, for pay June 23rd to 30th inclusive.

Pay Stops 1-9-16

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $ c.	No. of Days	Rate	Amount $ c.	No. of Days	Rate	Amount $ c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			
1917			563 40						317 -		18 10	893 50									58 39	374 77	387 07	24 33	145	8 80	893 76		24			
May	31	1/70	52 70				31	1/00	31 -			83 70			560	15/5/17	762	31/5/17				43 80	38 93				83 73	1 21			
June 30	30		51				30		30			81			974	15/6	1195	30/6				43 80	38 93				82 73		52		
July	31		52 70				31		31			83 70										43 80	38 93				82 73	45			
Aug	31		52 70				31		31			83 70			1888	15/8	2126	31/8				43 80	38 93				82 73	1 42			
Sept	30		57 -				30		30			87 -	9		64	15/9	166	30/9			29 10	14 60	38 93				82 73		4 31			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Oct 1	Bal Ford.					31			31		
"	Ikl Pay	83 70		A.R. 250 4/10/17 London	43 80						
				" 332 23/11/17 "	38 93						
					82 73						
		83 70			83 73				66		
Nov	Ikl Pay	81 -		A.R. 10168 17/1/18 London	43 80						
Dec	Ikl "	83 70		" 17188 28/1/18 "	34 07						
				" 23845. 7-12-17 "	48 67						
		164 70			126 54				38 82		
918				A.R. 30545 23/12/17 "	34 07						
Jany	Ikl Pay	83 70		A.R. 63133 7/1/18 "	43 80						
Feby	Ikl Pay	83 80		A.R. 80876 28/1/18 "	77 87				44 65		
		75 60			43 80						
				" 92171 12/2/18 "	38 93						
				" 97697 27/2/18 "	34 07						
		75 60			116 80				3 45		
				" 50558 12/3/18 "	43 80						
Mch	Ikl Pay	83 70		" 9226 22/3/18 "	38 98				4 42		
		83 70			82 73						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.

£10 4/1/17
£9 18/1/17
£9 7/4/18
£9 23/4/18
£8 15/5/18
£7 28/5/18
£9 17/5/18
£8 2/6/18
qp 51.9s 8d ✓

Dan Brae

Distant 1/4/18

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

EFFECTIVE DATE:- 1. 4 18

AMOUNT:- 10 00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- PIKE James Francis

NUMBER:- 186727

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.

Mrs Ellen M Kaiser
R R No 2 Box No 40
Aitkin Minnesota
USA (Sister)

Dis to Can 1-4-19 Auth: NR N4881. Edn
L P C compiled 20/3/19.
Cr Balce 10 8

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Do.	23. 6. 16.	Private CRT
Dcl Do 211	1-9-15	A/Cpl
Dcl Do 70	23. 3. 19	do

UNIT AND TRANSFERS

ORIGINAL UNIT:- 90th Bn

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do.	23.6.16		Lab. Dct Can Con Bapp Kinmel Park.
Dcl Do 70	22/3/19		
	3/4/19	16/4/19	Non Eff. "N"

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
20/3/19		Ldn	~~2920~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Do.	1 20	50		1
Dcl. Do. 70	1 20	50		

PARTICULARS OF RENDERING NON-EFFECTIVE:- L.P.C.

1918.	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									4 42		
Apl 30.	1. A. Cer. 27o.	81		Canadian				10			
				AR 1140 11.4.18. pm Bch	43 80						
				AR 3270. 25.4.18 "	38 93				7 31		
		81			82 73			10			
May	P & A	83 70		Canadian				10			
				AR # 5356. 9.5.18. pm.	38 93						
				AR 7595. 24.5.18 "	34 07				6 61		
		83 70			73			10			
June	P & A	81		L & P				10			
				AR 10223. 12.6.18	34 07						
				AR 13575 28 6 18	29 20				1 12		
		81			63 27			10			
July	P & A	83 70		Can A/Pay				10			
				AR 16294 L Ao 12/7/18	34 07						
				AR 20178 L Ao 31/7/18	29 20				11 55		
		83 70			63 27			10			
Aug	P & A	83 70		Canadian A/Pay				10			
				AR 24200 L Ao 16.8.18	38 93						
				AR 28879 L Ao 30.8.18	34 07				12 25		
		83 70			73			10			
Sept	P & A	81		Canadian A/Pay				10			
				AR 33722 L Ao 13.9.18	38 93						
				CP 38116 L Ao 25.9.18	34 07				10 25		
		81			73			10			

NUMBER 186222 RANK a/cpl. NAME PIKE James Francis.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
									10 25		
Oct.	P.A	83 70		AR47003 Lao 11/10/18	38 93						
				Can A/Mny				10	45 02		
				AR05829 Lao 30/10/18	34 07				10 95	a/c agreed	
		83 70			73			10			
Nov	P.A	81		Can A/Mny Nov				10			
Dec	do	83 70		do Dec				10			
				AR65210 Lao 15/11/18	34 07						
				AR74192 Lao 29/11/18	34 07				87 51		
				AR83780 Lao 13/12/18	38 93				48 58		
				AR88567 Lao 20/12/18	38 93				9 65		
1919											
Jan	P.A	99 20		Can a/Pay.				10	98 85		
		263 90			146			30			
Feb.	do	89 60		AR3708 Lao 10.1.19	48 67						
Mar	do	99 20		AR15833 Lao. 28.1.19	38 93				100 85		
				Can a/Pay				10	90 85		
				AR34373 Lao 14.2.19	48 67				42 18		
				AR42544 Lao 28.2.19	38 93				3 25		
				Can A/Pay				10	92 45		
				CP45817 Lao 8/3/19	48 67				43 78		
				Sub allce a/c for from 23/3/19 to 31/3/19 incl		13 50			30 28		
				CP52955 Lao 20/3/19	29 20				1 08		
	188 60				353 07	13 50		20			
	1 0				0						

Service Group B.

DGAnaM
MD 10
29-1-38.

Category B2

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 186222.
2. Rank Acting Corporal
3. Name Pike James Francis
4. Unit C.A.P.C.
5. Date of Discharge APR 10 1919 Place ST. JOHN, N. B.
6. Reason for Discharge Demobilization
   Next of Kin Sister.
   Address AITKIN, MINNESOTA, U.S.A.
   Service in France Nil.
   Category BII
   Occupation Salesman.
7. Authority
8. Proposed Residence after Discharge

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.? 39

Jas. F. Pike
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

E. R. J.

Place

Date

CLEARING DEPOT
APR 10 1919
ST. JOHN, N.B.

Signature
(O. C. Discharging Unit.)
O. C. Clearing Depot, St. John, N. B.

M.F.B. 218a—50M.-12-18—1772-39-113.

Occupational Group 3.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851).
13. Pay Book (A.F.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group A
Checked by No. 23 Lieut
Date 27-3-19

Melita

AUDITOR | PAYMASTER 36

28

M. OR S.

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

REGT. No. 186222 RANK Cpl NAME (IN FULL) Pike J F E (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
28		

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

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 14-11-15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 10.00 — DATE EFFECTIVE 1.5.19

PAYABLE ~~Mrs E M Kaiser~~ — RELATIONSHIP

ADDRESS ~~R.R. #2 Box 110~~ Aitkin Minn USA

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: 892 Merch. Bank. Block. Winnipeg.

DISCHARGED — PLACE: St Johns — DATE: 28-3-19 — REASON: D — AUTHORITY: Dependants — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	31.3.19						✓	1 08	✓ 1	08									4 87 50 ✓																✓ 1	08	Gratuity 11-4-19
	1/4/19 17/4/19	14	1 40	✓ 19	60	✓ 35	—	✓ 1	08										125	11 ✓																	Clothing Allce. 1st payment W.S.G.
					✓ 40	—			✓ 134	98									134	98											✓ 134	98					Advances - Boat - Train
																																					A.P. chgd. on Eng. L.P.C. to

Date of Enlistment

14/11/15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Apl 1/18.

RATE OF SEPARATION ALLOWANCE

P 5044

RATE OF ASSIGNMENT

10.00			

C

PARTICULARS OF SEPARATION ALLOWANCE

No. 186222.

Rank Pte Promoted Reverted Discharge

Soldier's Name J. F. Pike

Battalion 90th Bn. C. E. F.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.ELLEN M.KAISER,
R.R.#2,BOX #40,
AITKIN.MINN.U.S.A. 10 10.00
% 186222 PTE.JAMES FRANCIS PIKE
TEN DOLLARS

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Apr.	H 3600		10	10	✓
May	H 16526		10	10	✓
June	Z 14560		10	10	✓
July	Z 25912		10	10	✓
Aug	Z 38502		10	10	✓
Sept	Z 52459		10	10	✓
Oct	Z 67331		10	10	✓
Nov	Z 81908		10	10	✓
Dec	Z 99095		10	10	✓
Jan/19	Z 112500		10	10	✓
Feb	Z 125642		10	10	✓
Mar	Z 137532		10	10	✓
Apl	Z 6502		10	10	✓
			$130	130	

File 14566-J-17 R. R. 90 REMARKS MRO2a 17-5-18.

LP $5 28 Rendered 6-5-18. mailed 7-5-18.

A/c Closed 30-4-19

#10 Ret'd per Melita

Date 5-4-19 2x 14-4-19

Clerk B Stotesbury

M0 12051 Destroy as

AUTHORITY FOR NEW ACC'T. A. M. 7/3/18
S Tackman 2/5/18

M. F. W. 128.
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
4'OM. 6-17—1772-39-1141
L. L. 22320—M. & D. 1993.

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 LONDON-ENG DATE 6-3-19

1. 1 (a) Unit C.A.P.C. (b) Regimental No. 186222 (c) Rank CORPL.

(d) Surname PIKE (e) Christian name JAMES FRANCIS

(f) Home address 822 Union Bank Bldg, Winnipeg

(g) Next of Kin Ellen M. Rdiser (h) Relationship Sister

(i) Address of Next of Kin ~~18~~ Aitkin, Minnesota, U.S.A.

2. Age last birthday 46 Date of birth 25-4-72

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 17-11-15

4. Personal description:

(a) Height 5 feet 10 (b) Weight 175 (stripped) (c) Complexion Fair

(d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks, Scars, etc.

5. Former trade or occupation Sales Manager

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
	3	109

	Periods	
	From	To
Canada	17-11-15	24-5-16
England	24-5-16	6-3-19
France or other theatres of War	nil	nil

7. Original disease, or injury PNEUMONIA

(a) Date of origin 1908. (b) Place of origin CANADA

(c) Cause INFECTION

M. F. B. 227.

300M.—8-18.
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.)

(CHRONIC BRONCHITIS) Impairment of function of lungs.

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.)

LUNGS. Chest faulty will developed. Percussion note hyperresonant throughout. Harsh breath sounds with expiration prolonged and few rhonchi.

HEART Normal. Slight thickening of arteries.

Urine. 1026. Alkaline. No sugar. No albumen.

Complaints. Cough most troublesome at night. Headache occasionally. Tired feeling all the time. Insomnia.

(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.

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

States he had Pneumonia in 1908 and again in 1912 but had not been particularly subject to Cough until he came to England. Has had bad cough he states last three winters in England. Has not been in hospital.

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*).)

Chickenpox 1908 Pneumonia and Phlebitis 1908 Pneumonia 1912

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

Nil.

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

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

Yes.

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? Permanent

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

No records was not in hospital

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

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

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

(If not, briefly state why)

17. Recommendations B II

Howard Cunliffe

Medical Officer by whom the case is brought forward.

Capt. A.M.C.

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 James Francis Pike have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Nil.

Jas F. Pike Opr. 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.

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.)~~

B II

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.)

B II Boarded for return to Canada Authority Telegram A.G. 9083 of 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.

PLACE 13 Berners St W.1 — J.H.R. Bell, Major, C.A.M.C. — President.

DATE 6.3.19 — H.S. Wood major came — 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..... } Members

DATE.....

APPROVED BY

A Callin

Assistant Director of Medical Services.

DATE Major, C.A.M.C. for A.D.M.S., Canadians, London Area.

APPROVED BY

Director-General of Medical Services.

DATE

ASSISTANT DIRECTOR OF MEDICAL SERVICES. CANADIANS, LONDON AREA. MAR 8 1918 13. BERNERS ST, LONDON, W.1

Form R. & O. 6045
1238-130M-29/11/16.

Dated 3 J B

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 3 Southampton St. 4-10-18. 1916.

No. 186232 Rank. A/Cpl. Name. PIKE J. F.

Local Unit. C.A.P.C. Overseas Unit. 90th Battly Age 46.

Examination held at 3 Southampton St. Strand London

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

SLIGHT ARTERIO-SCLEROSIS.
SLIGHT. VARICOSE VEINS.

PRESENT CONDITION.

Looks over age given.
Circulatory system. - normal. - artery wall is slightly thickened but not nodular.
There are some slight varicose veins in both legs. - venous walls thickened
Respiratory system - normal.
Genito-Urinary system - normal - Urinalysis attached
Digestive System - normal.
Nervous system - normal
General bodily condition good.
Board considers he would not stand hard training

BOARD RECOMMENDS:—

~~1. Fit for Duty.~~ B II

~~2. Fit for duty after~~ ..... weeks' physical training.

~~3. Fit for Temporary Base Duty~~ ..... weeks.

~~4. Fit for Permanent Base Duty~~

~~5. Discharge~~

Signatures:—

Members { C Anderson Major CAMC President.
K Wallace Capt CAMC
.....

APPROVED

Dated at 9 OCT 1916 1916.

Geo Taylor Major C.A.M.C.
for A.D.M.S., Canadian Area. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

B 2 Confirmed F.U.B.