Triplicate

ATTESTATION PAPER.

No. 628466

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Reid George Donaldson.
2. In what Town, Township or Parish, and in what Country were you born? — Edinburgh Scotland
3. What is the name of your next-of-kin? — aunt Miss A. Donaldson.
4. What is the address of your next-of-kin? — 16 Bristo St Edinburgh Scot.
5. What is the date of your birth? — Jany. 24. 1888
6. What is your Trade or Calling? — Warehouseman
7. Are you married? — Single.
8. Are you willing to be vaccinated or re-vaccinated? — yes.
9. Do you now belong to the Active Militia? — 11th Irish Foot
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 2½ yrs. 5th VBRS
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

G D Reid (Signature of Man).

H W Hooper (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

G D Reid (Signature of Recruit)

Date 29th June 1915. H W Hooper (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Donaldson Reid, 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.

G D Reid (Signature of Recruit)

Date 29th June 1915. H W Hooper (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 Vernon B.C. this 29th day of June 1915.

Wesley Scott (Signature of Justice)

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

Wesley Scott (Approving Officer)

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

Description of George Donaldson Reid on Enlistment.

Apparent Age 27 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded 40½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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

Two vaccinations left arm.

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 29th June 1915 — A. T. MacKenzie Capt. CAMC

Place Vernon B.C. — A. M. Watson Capt. CAMC.

R. Gibson Capt. CAMC 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.

George D. Reid 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.

W. T. Winslow (Signature of Officer)

Date 29th June 1915

REGIMENTAL DOCUMENTS

NAME Reid George Donaldson REGT. NO. 628466 UNIT 47th Bn H. Q. FILE NO. 61c

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					DESERTION
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				6640	3 32-20 16-20 3-3-20
Casualty Form Q & D Envelope Receipt Pay Book Pay as Card					

W 2689

No. 29882. Rank Pte. Name Reid G.
428466. Det: Payliest.

T.O.S. 30-6-15. Unit 47th. Battalion, C.E.F.
D.O.95 of 30-6-15.

M.D. 11.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915.	1915.			
June 30	June 30	✓		
July.		✓	Appt: L/Cpl. 28-7-15.	D.O. 119 of 28-7-15.
Aug.		✓	" Cpl. 18-8-15.	D.O. 137 of 18-8-15.
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		31.		

UNIT SAILED
NOV 13 1915

NAME Reid, George Donaldson

RANK AND CORPS Lgt 47th Bn

REGT'L No 628466

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
M5673	4-7-17	S. Adm to 4th Gen. Hosp. Camiers June 26th. 1917. GSw. hand

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A116	No 12 C. H. A.	4-1-17	La Grippe.
A119	Dept from Base rej unit	5-1-17	" "
A253	No 4 Gen. Hospital Camiers	26-6-17	G.S.W. R. Hand.
B345	Barrington War Shrewsbury	30-6-17	G.S.W. R. Hand
B373 to	Mil. Comt Wood Park Eps.	4-8-17	G.S.W. R. Hand.
B379 to	Mil. Comt Water Park Eps.	13-8-17	G.S.W. R. Hand disch.

Form DMS 1401
8289 100M 9/3/17.

CANADIAN DIVISIONAL CONVALESCENT HOSPITAL WOODCOTE PARK, EPSOM

_____ HOSPITAL.

A. & D. CARD

AT _____

A. & D. No. _____ PL. OF ACTION _____ 7

RANK 628466 GSM UNIT 47 SICK OR WOUNDED

NAME Reed G.D. AGE 28 RELIGION P

PLACE IN HOSPITAL _____

DIAGNOSIS G.S.W. R. hand.

ADMITTED 3 - AUG 1917 FROM Bw. Shrewsbury

DISCHARGED a Tii 13-8-17. TO 24 Res. Seaford.

TRANSFERRED _____

SERVICE AT HOME 2 11/12 IN FIELD 11/12

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

Wound in hand well healed Slight defects
feeling fits A 1st

W. A. Brown Capt.

REMARKS.

R. 149.

Name REID, George *Rank* Sgt. *Reg. No.* 628466

Unit Donaldson.
47th. Battalion.

Next of Kin Miss A. Donaldson, 16 Bristo, St. Edinburgh. Scot.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-1	No. 12 C.F.A.		La Grippe	A118.		
5-1	Rejoined Unit.		do do	A119.		
26-6	No 4 Can Cam Hosp		GSW R Hand	A253		
30-6	Berrington W H Shrewsbury		do	B345		
4-8	McC H Woodcote pk		do	B373		
13-8	Discharged.		do	B.379		

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

NAME Reid George Donaldson

S.O.S. Demob. 12-4-19
O.S. Do. 102 2-5-19.
1 Can Res. Bn.

RANK & No. Corpl. 428466

CORPS 47th Batt

ENLISTMENT. PLACE Vernon DATE June 29th /15

FORMER CORPS 5th U.B.R.S.

COUNTRY OF BIRTH Scotland, Edinburgh

NEXT OF KIN Donaldson Miss G. (aunt)

ADDRESS OF NEXT OF KIN 16 Bristo St. Edinburgh Scot.

DISCHARGE, PLACE DATE

O/S · 13-11-15. 26-8
2c.

L. L. 85093—M. & D. 5952.

M. F. W. 22.—50m.—9-15.
H. Q. 1772—39—839.

REMARKS:

Number 628466 Rank A/C.S.M.

Surname REID

Christian Name George Donaldson

Units 47th Bn. C.A.S.C. Theatre of War France

Date of Service 10-8-16

Remarks

Latest Address 16 Bruntsfield Pl
Edinburgh Scot.

Roll No B.
Page 8979

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

DEBP DEC 10 1951
REGN NO 8864/50

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

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Reid	G.D.	628466

Rank	Unit	Co.	Troop	Batty.
Sgt	47th Bn			

Hospital — Date of Admission

12.C.F.Amb 4-1-17

Transferred to Gen Damm Tamworth Hosp. 26-6-17

Bennington War Shrewsbury Hosp. 30.6.17

Woodcote Park, Epsom Hosp. 4-8-17

Hosp.

Diagnosis La Grip

(1) Later Diagnosis (if changed) G.S.W. Rt Hand. R

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Disc. 13-8-17.

REMARKS

C.L. 24-1-17 A118

25-1-17 A119 Dis 5-1-17

4.7.17 B253

6.7.17 B345

9-8-17 B373

16:8:17 B379

A.M.D. 2 Dept.

Bah. of D.G.M.S.O.M.F.C. London

RW

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1. R.316.122.9.7.17 SOS 1st Rec 161 17/8/17 **Army Form B. 103.**

CERTIFIED CORRECT. 5 AUG 1916 CHANCERY LANE LONDON

Casualty Form—Active Service.

Regiment or Corps 47TH BATTALION C.E.F.

Regimental No. 628466 Rank ~~L/Sergt.~~ Pte Name Reid. George. Donaldson.

Enlisted (a) 29/6/15 Terms of Service (a) Duration of War Service reckons from (a) Enlistment.

Date of promotion to present rank 1-4-1679 Date of appointment to lance rank 11/1/16 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	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada R.M.S. "Missanabie"	Montreal	Nov. 13 1915.	
		Disembarked England	Plymouth	Nov. 22 1915.	Lieut. & Adjt. 47th Bn.
23rd Nov/15	47th Batt	Appointed Corporal	Bramshott	Pt 2 D.O 246	
~~Apl 16~~ 11.1.16	" "	" Lance Sergeant	"	~~Pt 2 D.O 79~~ 11.1.16	Pte D.O. 9.
~~Apl 16~~ 1.4.16	" "	To be Sergeant.	"	1.4.16	Pte D.O 79
20 Apl. 16	" "	Confirmed in Rank of Sgt	" 19.4.16	Pt 2. D.O. 94	LIEUTENANT & ADJUTANT 47TH BATTALION. C.E.F.
10-8-16	47th Bn.	Proceeded for service Overseas		10-8-16	For O.C.47th
11-8-16	O.C.47th	Arrived France	Havre	11-8-16	Nominal Roll.
6.1.17	Pte 47th Bn	La Gruspla 5 12 et 13	Field	4.1.17.	Bks. Des 98 of 17-1-17
6.1.17.	Pte 47th Bn	Returned from Hospl	Field	5.1.17.	Bks. Des 98 of 17.1.17
16.6.17	Pte 47th Bn	Appointed a/C.S.M with pay		3.5.17.	" D.O 80. of 7.7.17
30.6.17	Do	Evacuated Wounded.	"	25.6.17.	" Des 166.
28.6.17	Pte H. Shilton Pieter de Cornits	Invalided (Wounded) and Posted to B.C Regt Depot Seaford		28.6.17.	W. 3083. (a. 9436) Pte D.O. 81 of 9.7.17.

(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.

Lieut
A.P.M. In Lt-Col a.a.g
Canadian Section

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				
9.7.17	B.C.R	T.O.S	Seaford	28.6.17	Pt II DO 422 A.H. Young Lieut. for Lt-Col i/c Records, C.E.F.
17.8.17.	B.C.R.D	S.O.S on posting to 1st Res. J.D. Campbell Lt	Seaford	13-8-17	Pt II D.O. 161. Asst Adjt B.C.R.D.
17.8.17	1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	13-8-17	Pt II 254.
SEP 1 91917	1st Res	TRANSFERRED TO 16th Res. BATTALION.	Seaford	SEP 1 91917	Pt II 254 A.A. Wallace Capt. Adjutant, 1st Canadian Reserve Battalion.
19-9-17	O.C. 16th Res. Bn.	TAKEN ON STRENGTH.	SEAFORD,	19-9-17	Pt II. NO. 253.
31/12/17	16 Res Bn	On Command to School of Instr	Seaford	31/12/17	Pt 2 D.O. 355.
20/1/18	16 Res Bn	Returned from command	Seaford	18/1/18	Pt 2 D.O. 20.
15/2/18	16th Res Bn	T.O.S on posting to 1st Res Bn	Seaford	15/2/18	Pt 2 D.O 46 M.C. Berry Lieut. Adjt. 16th. Canadian Reserve Battn.
15/2/18	1st Res Bn	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford	15/2/18	Pt 2 D.O. 39.
28.8.18.	1st Res Bn.	On Command - Bombay.	Seaford.	28.8.18	Pt. II. S.O. 207. F.W. Mackay Wallace Capt. Captain, Adjutant, 1st Canadian Reserve Battalion.

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

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

C.S.M.

Casualty Form—Active Service.

Unit, Regiment or Corps. 47th Battalion 6 E. Y

Regimental No. 628466 Rank Lte Name Reid, George Donaldson

C. E. F.

Enlisted (a) 29.6.15 Terms of Service (a) D of W. Service reckons from (a) 29.6.15

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		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				
3-10-18	1st Res Bn	Returned from Command	Seaford	2.10.18	Kb II DO# 238
12-4-19	1st Res Bn	~~C.O.S. on Leaving to D.C.D.~~ on Command to C.D.D. London pending discharge British Isles	Seaford	11-4-19	Pt2 D.O.# 87

J. L. Sodd Captain,
Adjutant, 1st Canadian Reserve Battalion.

DISCHARGED IN ENGLAND,
K.R. & O. PAR. 392, SEC. XXV.

J. P. Macklymont Captain
Officer Commanding
No. 2 Canadian Discharge Depôt,

(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				

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Reid Christian Name George D

Examined { on 29 day of June 191 5
at Vernon, B.C.

Approved by W B Lohr
Rank Capt M.O.

Birthplace { City or Town Edinburgh.
County Scotland.

Apparent age 27 years.

Trade or occupation Warehouseman

Height 5' Feet 6 Inches.

Weight Lbs.

Chest measurement { Minimum 37 inches.
Maximum expansion 3½ inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. 2
Number

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
J.A.B 4.5.18 H.W.B.
2.

Date	Fit or Unfit	Examined for Re-engagement,
		4- JUL 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
6-7-15	✓	W B L M.O.
		M.O.
Vac 2 28/8/17		J.J.F. M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
27.7.15		W B L M.O.
2.8.15		W B L M.O.
14.8.15		W B L M.O.
10.7.16	Tab 1	J A Stewart M.O.

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	11th Regt. D.O.R.			
Transferred to..	47th Battn. C.E.F.	~~428466~~ 429124 29882		29.6.15.
	16th. Canadian Reserve Battalion.	628466		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford	21-1-18	Varicose Veins	B1 Inoperable
do	22-11-18	do.	B11 Recommended
Seaford	10-3-19	Ditto	B11 D1 Bycus Capt.

CANADIAN

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.
100M.—1-15.
H. Q. 1772-39-439.

Surname Reid Christian Name George D.

Berrington War Hospital, STATION Shrewsbury.

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.
~~Braunshott~~	~~2~~	~~12~~	~~15~~	~~7~~	~~12~~	~~15~~	~~Ankylosis~~ ~~Rt Elbow joint~~	~~6~~		
Braunshott	4	12	15	9	12	15	Rectal Abscess	6	Recovd	R Scott Main
No 12 C.F.A.	4	1	17	5	1	17	La Grippe		Rep F Base Rej Unit Duplicate Medical History Sheet posted to here. MW	A118-A119 GH
Berrington	30	6	17	3	8	17	GSW Rt Hand	34		W.A. Elsoon
Mb. H Essom	3	8	17	13	8	17	do		Recovered now fit A1	A.E. Wallace Capt RAMC

SERGT.

Rank ~~Cpl.~~ Name **REID George Donaldson** Reg'l No. ~~620882~~ 628466 R—122.

Unit **47th Bn** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Vernon, 29 June 1915.** Place of Birth **Edinburgh, Scot.**

Name and Address, Next-of-Kin **Miss A. Donaldson**
16 Bristo St, Edinburgh, Scot. Relationship **Aunt**

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to RBG-72 Relationship

N/E. R.B. No. 16/60
File R.L. C
Category C4 H4 B2

Discharge, Date and Place 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 Per S.S. Missanabie		23 NOV 1915	
6.12.15	47th Bn	Adm. Bramshott. HP	Bramshott.	4.12.15	Pt 2. D.O. 227
14.3.16	47th Bn	Hos. from Bramshott. HP	Bramshott.	9.12.15	Pt. 2. D.O. 63 "Sick"
11.1.16	47th Bn	To be Lt Sgt. 11.1.16	Bramshott.	11.1.16	Pt 2. D.O. 9
1.4.16	47 Bn.	To be. Sgt.	Bramshott	1.4.16	Pt. 2. D.O. 79
20.4.16	O/C 47th	Rank of Cpl. confirmed	Bramshott.	19-4-16	Pt 2 D.O. 94
31-5-16	O.C. 47th Bn	Proceed on Command P.T & B.F Course	Aldershot	31-5-16	Pt. II D.O. 128/A.T.C.O. 318
12-7-16	47th Bn	Returned from Command	"	23-6-16	Pt. II. D.O. 164.
31-3-13	47th	Embarked For France		10-8-16	Pt-11-190
24.1.14	47th Bn	Adm. No 12 Can. Field Amb	Field	14.1.14	C.L. A 118 La Grippe.

6284/66 — Reid Geo. Dow.

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 Document
25.1.14	Hyde Bn	Rejoined unit	Ypres Field	5.1.14	C.L. A119
4-7-17	"	No. 4. General Hosp. Cannes	Cannes	26-6-17	CL. A253 GSW R Hand.
6.7.17	"	Trans Berrington War Hosp	Shrewsbury	30.6.17	C L B 345
7.7.17	"	Appt. A/CSM (paid)	Field	3.5.17	Pt II DO 80
					BCR Pt II DO 122 d/7.7.17
9.7.17	"	Jn. Wounded posted BCR	"	28.6.17	" " 81
9.8.17	"	Trans. CC Hosp Woodcote PK	Epsom	4.8.17	C L B 373 GSW R Hand
16.8.17	"	Wdn. CC Hosp Woodcote PK	Epsom	13.8.17	C L B 379
					BCR Pt II DO 161 d/17.8.17
17.8.17	1st Res	TOS from BCR "A3"	Seaford	13.8.17	Pt II DO 224 + 227
19.9.17	16th "	T.O.S. from 1st Res	A/CSM "	19.9.17	" " 253
					1st Res Pt II DO 39 d/16.2.18
15.2.18	"	SOS to	" "	15.2.18	
12.4.19	1st Res.	Ex Com CDD London	" "	11.4.19	Pt II 87.
2-5-19	"	Hamworthy Wan dis - w/ B. L. Wanson com - 2nd CD D Hordwth & Sthmptn	" "	12-4-19	—— 102

Paymaster notified

P—56

Rank ~~Cpl.~~ Lt/Sgt. Name REID George Donaldson Reg'l No. ~~639883~~ 628466

Unit 47th Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Vernon, 29 June 1915. Place of Birth Edinburgh, Scot.

Name and Address, Next-of-Kin Miss A. Donaldson
16 Bristo St, Edinburgh, Scot. Relationship Aunt

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915																	
Dec 1	Dec 31	31	1.10	34 10	31	10	3 10	31 ..	68 20	13 69		21 33 43 80			68 13	07	31st bro forward
Jan 1	Jan 31	21 10	1.10	23 11 ..	10	10	1 ..			11		9 73					
Jan 1	Jan 31	21	1.15	24 15	21	15	3 15		39 30	171 225		9 73			19 46	19 91	
Feb 1	Feb 29	29	1.15	33 35	29	15	4 35		37 70	272		7 30			17 03	40 58	
Mch 1	31	31	1.15	35 65	31	15	4 65		40 30	319 364		9 73 12 14			21 90	58 98	
				138 25			16 25		185 50			126 52			126 52	58 98	

BALANCE TRANSFERRED TO NEW LEDGER

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

MARRIED OR SINGLE S.

PLACE OF BIRTH Edinburgh Scot.

NAME AND ADDRESS OF NEXT OF KIN Miss A. Donaldson.
16 Bristo St. Edinburgh Scot.

RELATIONSHIP OF NEXT OF KIN

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
Promotion	1.11.16	Do. 4/9
Apptd A/C.S.M. w.e.f. pay	3/5/17	D.R.O. 7/7/17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO 628466 RANK ~~Sgt~~ A/C.S.M. NAME Reid. George Donaldson

IF IN PERMT. CORPS WHAT UNIT UNIT 47th Battn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Vernon, B.C.

DATE OF ATTESTATION 29.6.15.

TRANSFERRED TO / DATE / AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
			138	25			16	25						31	185	50								126	52					126	52	58	58			
1-30/4	30	1.35	40	50	30	.15	4	50							45	50	417	15/4	469	30/4				12	17	9	93			21	90	82	08			
1-31-5-16	31	1.35	41	85	31	15	4	65							46	50	511	15/5	548	31/5				12	16	12	14			24	33	107	25			
1-30/6	30	1.35	40	50	30	.15	4	50							45				615	15/6						12	17			12	17	134	08			
1-31/7	31		41	85	31		4	65							46	50	669	30/6	735	15/7				9	93	12	17			21	90	161	68			
1-31/8	31		41	85	31		4	65							46	50	485	31/8	534	7/8				9	93	4	84			14	60	176	58			
1-30/9	30		40	50	30		4	50							45		69	2/9						5	23					10	46	228	12			
1-31-10	31		41	85	31		4	65							46	50	10	15/9						5	23					10	46	264	16			
1-30/11	30		40	50	30		4	50							45		188	1/10						5	23					5	23	303	93	165	138	93
1-31/12	31		41	85	31		4	65							46	50	118	15/9						5	23					24	41	326	02	234	92	02
1917			57	50			57	50									306	1/10						5	23											
1-31/1	31	1.35	46	50											46	50	360	15-11						5	23					10	46	362	06			
Feb.-28	28	1.35	42												42		246	15-10						5	23									254	25	107	81
			655	50										31	686	50	433	1/12						13	95					5	23	398	83	274	50	124	33
																	561	1/1						5	23											
																	485	15/12						5	23											
																	650	15/1						5	23											
																								236	56	51	11			287	67	398	33			

628466 afesm ~~Sgt~~ Reid G. D.

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
			65	50										31	686 50								236 56	51 11					287 67	398 33		274 50	124 33	
																		907	24/3					5 23									
Mar 1/31	31	135/15	46	50											46 50	763	1/2	830	10/3				10 46	5 23					20 92	424 41		294 75	149 66	
Apr 1/30	30		45												45			31	3/4					5 23					15 69	453 72		315	138 72	
																								10 46									
May	31		46	50											46 50							322	7/5	1664		8 92			8 92	491 30		335 25	156 05	
June	30		45												45	221	24/5						5 35						5 35	530 95		355 50	175 45	
July	31	60/30	46	50											46 50															577 45		378 75	201 70	
Aug	31	60/20	55	80										27	82 80	348	25/6						2 14						56 29	603 96				Affts A/Cecutt (paid) 2/5/17 60 80
																292	12/6						5 35			42 80							
Sept 1-	30		54												54															657 96		416 25	241 71	

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.
	Balee Fwd	657 96							657 96	416 25	
Oct	Cash. P.A.	55 80							713 76		
Nov	" "	55 80 / 54		AR 770 31/8/17 pt Res Bn	14 60						
Dec	" "	55 80		AR 636 6/10/17 16 Res Bn	48 67						
				AR 2459 7/8/17 66 R Sqn	14 60						
				AR 2079 13/8/17 "	4 87				740 82		
1918		109 80			82 72						
Jany	Cash P.A.	55 80		AR 843 15/9/17 1 Res Bn	97 33						
				AR 758 25/11/17 16 Res Bn	14 60						
				AR 780 28/11/17 "	14 60						
				AR 807 29/11/17 "	9 73						
				AR 829 7/12/17 "	14 60						
				AR 879 20/12/17 "	9 73				636 03	54 0	
Feby	Cash P.A.	55 80			160 59						
		50 40		AR 1217 19/1/18 47 Bn +	7 14						
				AR 925 29/12/17 "	29 20						
				AR 850 12/12/17 16 Res Bn	48 67						
				AR 1396 6/2/18 47 Bn +	6 25				595 17	564	
		50 40			91 26						

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.
	Fwd								595 17	564	
									34 10		
									629 27		
									59 62		
									569 65		
May	A. Pay	34 10		AR 1440 24/2/18 47 Bn	X 6 25						
				" 1492 8/3/18 "	X 7 14						
				DN 1232 29/1/18 "	14 60						
				" 1869 20/2/18 1 Res Bn	9 78						
				" 1396 12/2/18 16 Res Bn	7 30						
				" 2435 21/3/18 1 Res Bn	14 60				569 65	588	
		34 10			59 62						

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/9/18.	EFFECTIVE DATE:-
AMOUNT:- 15.00	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.

Bank of Montreal
Dunsmuyes & Granville St.
Vancouver. B.C. Canada.

A.D. Dr. forms rendered. 15/4/19.

Stopped 1/5/19

NAME:- REID George Doualdson

NUMBER:- 628466

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Bo 80 7/7/17	3/5/17	a/c 2 Sttk.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 47th Battn

DATE ACCOUNT FIRST OPENED:- 1/12/15

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
D	1/6/18	19/6/18	BC RD

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Bo 80 7/7/17	1 60	20		

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
7/4/19	18	Seaford	£6.0.0 89.20			L.S. & C.H. Rat	235.72
✓	77		4.0.0 19.47				~~246.99~~
			48.67				

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Hum. Dis~~ Dis in England 13/4/19 Auth: A.D.D. London 11/4/19 Disch. Board

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Fwds								569 65	588	
Apr	6 Sttk. Pay	54		AR 41 7/4/18 47 Bn	~~6 25~~						
				D.R.A.R 299 18/4/18 1 Res Bn	~~48 67~~				574 98	~~606~~	
May	6 S.M. P.A	54 55 80		AR	48 67						
				D.R.A.R 863 13/5/18 1 Res Bn	~~9 73~~				621 05	~~626~~ 606	
June	6 S.M. P.A	55 80 54		A.R. 1437 17/6/18 1 Res.	9 73						
				D.R.A.R. 1076. 29/5/18 "	14 60						
				AR 1817 27/6/18 "	14 60				636 12	631	
		54			28 93					~~606~~	
July	6 S.M. P.A	55 80		A.R. 2004 8/7/18 1 Res.	14 60						
	A.R's chgd in error should be.			" 1504 25/7/18. "	14 60 53				19 47		
	490691 Pte. Reid G.D. auth: P.C. 11/7/18.		26 78	A.R. 2236 Invalided Engd. with.	24 33				660 30	646	
		55 80	26 78	" 177 to 490691 Pte Reid G.D.	58 40					~~606~~	
					~~34 07~~						
Aug	6 S.M. Pay	55 80		A.R. 7642 15/8/18 1 Res.	19 47						
				" 3881 28/8/18 "	39 20				667 43	661	
		55 40			48 67						
Sept	C.S.M. Pay	54		Can A.R.				15			
				A.R. ~~3391~~ 3791 19/9/18 Bourley	19 47				667 49		
				" 3358. 28/9/18 " (4)	~~9 73~~ 9 73 Pub.				~~667 22~~	661	Balance agreed 11/11/18
					~~38 94~~ 38 93				15 15		
Oct.	6 S.M. Pay	55 80		Can. A.F.							
				A.R. 3926 15/10 1 Res	19 47				723 29		
				" 4092. 28/10 "	24 33				664 49		
		56 80			43 80				15 -		
Nov/Dec/Jan	C.S.M. Pay.	165 60		C.A.F.					15 -		
				A.R. 4684. 16/11/18 1 Res.	14 60				730 09		
				War Loan 1918 - from Deferred Pay	4 50 -						
				A.R. 4882. 26/11/18. 1 Res.	26 77						
				C.A.F. 6283. Dec/Jan. 21/12/18. "	38 93				30 - 254 79		
		165 60		Over.	530 30				45 -		

Surplus of Victory Loan £ 4/60.00 from Deferred Pay.

17/4/19

Refunded

NUMBER 628466 RANK C.S.M. Reid, George Donaldson

MONTH	PARTICULARS	CR. 1.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		- -	Over.	- -				254 79		
			A.R. 06674. 14/1/19. 1 Res.	34 07						
Feb. Incl	C.S.M. Pay	106 20	" 06912 14/2/19 "	24 33						
			L.A.F. Feb/Mar.				30 -			
		254 79	A.R. 7099. 17/3/19 "	48 67				223 92		
		106 20		107 07			30 -	299 46		
~~Feb.~~ Apl.	C.S.M. 17 Days Pay	71 60	Leaf.				15			
	~~Bal on Pay to 30/3/19~~	~~XX XX 6~~								
		~~49 96~~								
	Bal on Pay to 30/3/19	53 94						384 46		
			C.E. 61751. 14/4/19.	225 79						
			A.R. 18. 8/4/19 1 Res.	29 20						
			" 77 14/4/19. "	19 47				- -		
		75 54		284 46			15 -			

NON EFFECTIVE ACT.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 628466

2. Rank C.S.M.

3. Name Reid George Donaldson.

4. Unit 47 Batt. 1 Res. Batt.

5. Date of Discharge | 12/4/19 | Place 2nd C.D.D.

6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV

(Being Demobilized in England O.R.O. 5222)

7. Authority D.B. 2-R-2457. 3-4-19.

8. Proposed Residence after Discharge

16. Drumsheugh Pl—

Edinburgh

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.?~~ A.F.B. 2079

G. D. Reid

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date 12/4/19.

No. 2 CANADIAN DISCHARGE DEPOT LONDON

Signature J. V. Mackaymotte Capt

(O. C. Discharging Unit.)

M.F.B. 218a—50M -12-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

Reserved for M.H.C.

Regt. No. 638446 Rank C.S.M. Surname REID Christian Name GEORGE D.

Unit or Corps—(a) Overseas from United Kingdom 44th BN (b) in United Kingdom B.C.R.D.

Born at—Town EDINBURGH County or Province MIDLOTHIAN Country SCOTLAND [IRES]

Date of Birth—Day 24 Month JANUARY Year 1889 Age 29 yrs. 10 months.

Joined at VERNON, B.C. Date 29 JUNE 1915

Former trade or occupation WAREHOUSEMAN

Permanent Marks or any peculiarity that will serve for future identification :—

NONE.

Height—feet 5 inches 8½ Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) F.D. Reid

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) VARICOSE VEINS.

Disabilities Group (*b*) —

Disabilities Group (*c*) —

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	NOT KNOWN.	CANADA.	PRIOR TO ENLISTMENT.
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? YES If yes, has Active Service aggravated it ? YES

(*ii.*) As to Group (*b*) above ? — If yes, has Active Service aggravated it ? —

(*iii.*) As to Group (*c*) above ? — If yes, has Active Service aggravated it ? —

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? NO

(*ii.*) As to Group (*b*) above ? —

(*iii.*) As to Group (*c*) above ? —

PART I. (continued).

5. MEDICAL HISTORY.

M. H. S. Record (1) Bramshott 4/12/15 to 9/12/15 Rectal Abcess (2) No 12 C. F. A. 4/1/17 to 3/1/17 Sia Grippe. (3) Bernington 30/6/17 to 3/8/17 G. S. & W. Rt Hand. (4) Epsom 3/8/17 to 13/8/17 Ditto.

He states he had varicose veins before enlistment but have got worse since. Was operated on Mar. 1915 at Ladysmith B.C. Condition is worse than when joining service.

6. PRESENT CONDITION.

He states he has pain in legs especially after standing or walking a lot. Rt hand swells in cold weather.

Exam: Moderately prominent veins diffuse over both legs. General condition good. All other systems normal.

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what. For Varicose veins.

(iii.) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? ~~Yes~~. Yes

(ii.) If so, describe. Gums retracted somewhat due (he says) to trench mouth.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) B II (b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No.

Date of Report 22/11/18 191...

Station Seaford.

Signed G B Ferguson

Officer in medical charge of case.

Capt CAMC.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

NOT IN HOSPITAL

{Officer i/c Hospital / S.M.O. / Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? Yes.
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes.
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused? no / Aggravated? no }
(b) Misconduct of the Soldier { Caused? no / Aggravated? no }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) None.

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) none

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? not appld.
(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not appld.

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

18. REMARKS :—
accidently G.S. telegram 9083 = 11/11/18.

19. RECOMMENDATION :—
(a) Fit for duty? (*state category*) Yes - B1
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 22-11-18

Station Seaford

Signatures of the Board { [illegible] Capt, President. / [illegible] Capt }

Approved [illegible] Dorothy McCance A.D.M.S.

Dated at Seaford, Sussex. Station 191

22 NOV 1918

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

R. & O. 6045 (*Revised*).

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford Sussex. 31-1-1918

No 628466 Rank C.S.M. Name Reid G.D.

Local Unit 16th Can. Res. BN. Overseas Unit 47th Battn Age 29 Yrs 6 Mos

Examination held at Chyngton Camp Seaford Sussex.

DISABILITY.
Overseas—Local.
(scratch one out)

Varicose Veins

PRESENT CONDITION.

Sent from 11/2 Returned on account of Varicose veins Rt Leg June 1917. Wounds healed showing no disability.
Has varicose veins Rt Calf Leg extending into thigh Left Leg. Also cause swelling of foot & Leg after exertion.
General condition good.

BOARD RECOMMENDS:—

1. Fit for Duty B1
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

W.C. Wallace Capt. ..... President.

Members { ..... ; J. Gillies Capt

APPROVED 1 FEB 1918

Seaford, Sussex.

Dated at ..... 1918.

APPROVED.

T.J. Graham
Captain C.A.M.C.
for A.D.M.S., Canadians.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1918.

No. ..... Rank ..... Name ..... Regt. ..... Corps.

Local Unit ..... Regt. Depot ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas—Local.
(contain one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

..... President.

..... Members

.....

APPROVED

Dated at ..... 1918.

..... For A.D.M.S.

C.R. P.C.
REFERRED TO
29 APR 1919
REFERRED TO

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 Seaford DATE 8-3-1919

1. 1 (a) Unit 1st Bes (b) Regimental No. 628466 (c) Rank L.S.M.

(d) Surname REID (e) Christian name GEORGE-D

(f) Home address 16- Bristo St- Edinburgh Scot

(g) Next of Kin Mrs- A Donaldson (h) Relationship Aunt

(i) Address of Next of Kin 16- Bristo St- Edinburgh Scot-

2. Age last birthday 30 Date of birth Jan 24- 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Verdun (b) Date June 29-1915

4. Personal description:

(a) Height 5 ft 8 1/2 (b) Weight 154 (Est) (stripped) (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar outside scar on med. aspect of both legs. Tattoo mark R. upper arm

5. Former trade or occupation Watchmaker.

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	254

	Periods	
	From	To
Canada	29.6.15.	13.11.15.
England	22.11.15.	10.8.16.
	30.6.17.	10.3.19.
France or other theatres of War	10.8.16.	30.6.17.

7. Original disease, or injury VARICOSE VEINS BOTH LEGS.

(a) Date of origin Previous to enlistment. (b) Place of origin Vancouver, B.C.

(c) Cause Aggravation of civil life.

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.)

Weakness and Pain of both legs due to presence of varicose veins.

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.)

Exam. shows moderate varicosity of the left leg on its medial aspect, and over the calf. There is slight varicosity present in the right leg. There is a long vertical scar on medial aspect of both legs from a previous operation for varicose veins.

Other systems are normal.

The Sergt Major complains of pain in both legs after marching for 2-3 miles wearing puttees. Can walk a longer distance when not wearing puttees, and allowed to go his own pace.

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

Was in the Home Guard before joining the C. E. F. Had varicose veins operated upon, and was then enlisted into the C. E. F. His legs used to ache a little after a march when in France. On discharge from hospital 13.8.17, he began to be much better with pains in the legs when wearing puttees, as during the time in hospital he had worn only the trousers.

Boarded Seaford, 31.1.18, Varicose veins. B.T.
Do " 22.11.18. Do. B II
Has been doing clerical work since that time.

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*).)

Rectal abscess. 4.12.15. S.1.17. La Grippe. 4.1.17. 3.5.17.
G.S.W. Hand. 30.6.17. 13.8.17.

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

Long vertical scars r med. aspect of both legs.

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. Was operated upon for the condition before joining, but recurrity has since occurred.

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 unless again operated upon.

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

Operation for recurrence scar in legs.

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)

N.A.

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

17. Recommendations

G.H. Thomson. Lieut.
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 George Donaldson Reid 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

G.D. Reid. C.S.M. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

8. 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.~~)	YES - B II
(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.)	

yes

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~~ man be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for return to Canad.
Auth. A.G. tel. 9083 - 11/11/18.

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

D.S.P. Bruce Capt. ..... President.

PLACE Seaford

DATE 10-3-1919

H Mulock Cap. Capt. ..... } 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

for Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

OFFICE STAMP: MEDICAL BOARD * 12 MAR 1919 * SEAFORD. SUSSEX.

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 Seaford DATE 8-3-1919

1. 1 (a) Unit 1st Res (b) Regimental No. 628466 (c) Rank C.S.M.

(d) Surname Reid (e) Christian name George.D.

(f) Home address 16 Bristo St. Edinburgh. Scot

(g) Next of Kin Miss A Donaldson (h) Relationship Aunt.

(i) Address of Next of Kin 16 Bristo St. Edinburgh. Scot

2. Age last birthday 30 Date of birth Jan 24th 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Vernon (b) Date June 29th 1915

4. Personal description:

(a) Height 5ft 8½ ins (b) Weight Est 154 (stripped) (c) Complexion Fair

(d) Colour of hair L.Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Long vertical scar on med. aspect of both legs. 1 vaccin mark lt upperarm

5. Former trade or occupation Warehouseman

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	254

	Periods	
	From	To
Canada	29-6-15	13-11-15
England	22-11-15	10-8-16
France or other theatres of War	30- 6-17 10-8-16	10- 3-19 30-6-17

7. Original disease, or injury Varicose veins both legs.

(a) Date of origin Previous to enlistment (b) Place of origin Vancouver. B.C.

(c) Cause Conditions of civil life.

M. F. B. 227.

40UM.—11-18.
1772-20-117.

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.)

Weakness and pain of both legs due to presence of varicose veins.

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.)

Exam shows moderate varicosity of the left leg. [illegible] on its medical aspect and over the calf. There is slight varicosity present in the right leg. There is a long vertical scar on medical aspect of both legs from a previous operation for varicose veins.

Other systems are normal. The Sergt Major complains of pain in both legs after marching for 2-3 miles wearing puttees. Can walk a longer distance when not wearing puttees, and allowed to go his own pace.

(*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*).)

Was in the Home Guard before joining the C.E.F. Had varicose veins operated upon, and was then enlisted into the C.E.F. His legs used to ache a little after a march when in France. On discharge from hospital 13-8-17, he began to be much bother with pains in the legs when wearing puttees, as during the time in hospital he had worn only the trousers.

Boarded Seaford 31-1-18 Varicose Veins Bi.
do do 22-11-18 Do Bii
Has been doing clerical work since that time.

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*).)

Rectal abxess 4-12-15 5-1-17 La Grippe. 4-1-17 3-8-17

G.S.W. Hands 30-6-17 13-8-17

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

Long vertical scar on med aspect of both legs.

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, Was operated upon for the condition before joining, but caricosity has s

since recurred.

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 unless again operated upon.

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

Operation for varicose veins in legs.

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)

N.A.

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

(If not, briefly state why)

17. Recommendations

(S.G.D.) G. A. Cheesman. Lieut

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 George Donaldson. Reid 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

(S.G.D.) R. D. Reid, C.S.M. 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.)	
Yes (*b*) Service abroad, not general service,	(" B)	(Yes or No.)	Yes Bii.
(*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~~ man be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for return to Canada. Auth A.G. Teleg 2083 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.

(S.G.D.) D.P. Byers. Capt. *President.*

PLACE Seaford — G. G. Malcolm. Capt. } Members

DATE 10-3-1919 — }

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 — APPROVED BY

for *Assistant Director of Medical Services.* — *Director-General of Medical Services.*

DATE ..... — DATE .....

OFFICE STANDING MEDICAL BOARD
12 MAR 1919
SEAFORD. SUSSEX.

Form P. 812A.
7862 2m. 18/2/19 D570

War Service Gratuity

~~ASSIGNED PAY~~ and/or SEPARATION ALLOWANCE

CR. FILE NO. 1949

Payable to REID Geo. Donaldson 628466

Address 16 Bristo Street,
Edinburgh Scotland

Name

From Canada: No. Rank Unit

Rank	Authority	Unit

ASSIGNED PAY

Authority Dol. Effect

" "

" "

" "

Month	Cheque No.	Gratuity Payments ~~Assigned Pay~~	Amount Separation Allce.	Amt. Due. Total ~~A.P. and S.A.~~	REMARKS
DEC. 191					
~~JAN.~~ Apl 11	3982		14 7 8	14 7 8	Gratuity
FEB. May 5		86 6 0			
MARCH " 13	14444		14 7 8	57 10 8	
APRIL June 12	30136		14 7 8	43 3 0	
MAY July 12	45983		14 7 8	28 15 4	
JUNE Aug 11	70675		14 7 8	14 7 8	5
JULY Sept	93165		14 7 8		Final
AUG.		86 6 0	86 6 0		
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

Date of Enlistment January 29-15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

R. 9322

Date of Assignment 1st. Sept/18

+R39 Lond.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 47 Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 ~~Dunsmuir~~ BANK OF MONTREAL,
~~DUNSMUYE & GRANVILLE ST.,~~
2 VANCOUVER, B.C. 15 15.00
% 628466 C.S.M. G.D.REID
3 FIFTEEN DOLLARS
4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						F.015204-Y-11 NR.47
Sept	Y 45496		15-	15-	✓	AP A/cc closed 30/4/19. Soldier Discharged
Oct	H 50958		15-	15-	✓	in England A Pmts Cable 19/4/19 Pay 22/4/19.
Nov	H 61862		15-	15-	✓	
Dec	J 62355		15-	15-	✓	
Jan/19	Y 71676		15-	15-	✓	
Feb	Y 79504		15-	15-	✓	
Mar	A 90526		15-	15-	✓	
~~Apr~~	O ~~85922~~		~~1~~	~~15~~		085922
Apl	B 1921		15	15	✓	Can pay cc's AP 7781-Rcvd 19-3-19 Can 24 3/19. 20 3/19 RW.
			120	120		

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Wth 7. R.W. MRR 7365-6 Deserter
MRR 5966 after 7-3-19

AUTHORITY FOR NEW ACCT. L.M. 25.7.18 Schatto 18-9-18.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

CANCELLED 18659

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
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACC