53614

Original

ATTESTATION PAPER.

No. [redacted]

Folio. 6

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS)
1. What is your name?	Alfred Robins
2. In what Town, Township or Parish, and in what Country were you born?	St Roots Hants England
3. What is the name of your next-of-kin?	John Robins (Father)
4. What is the address of your next-of-kin?	Mile Walkem Berkshire Eng.
5. What is the date of your birth?	Aug 17th 1879
6. What is your Trade or Calling?	Laborer
7. Are you married?	no
8. Are you willing to be vaccinated or re-vaccinated?	yes
9. Do you now belong to the Active Militia?	no
10. Have you ever served in any Military Force? If so, state particulars of former Service.	yes 8 years in Garrison artillery, 83. Co
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

A Robins (Signature of Man).

Cyril Smith (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred Robins, 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.

A Robins (Signature of Recruit)

Date Oct 30 1914. Cyril Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Robins, 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.

A Robins (Signature of Recruit)

Date Oct 30 1914. Cyril Smith (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Ottawa this 30 day of October 1914.

W W Macrae (Signature of Justice)

A Notary Public

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

W W Macrae (Approving Officer)

Major

200 M.—8-14.
H.Q. 1772-1-13.

Description of Alfred Robins on Enlistment.

Apparent Age 35 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 37½ ins.
Range of expansion 3 ins.

Complexion Sandy

Eyes Blue

Hair Lt Brown

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

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

Right Arm. Wound upper
Tattos.
Right Fore arm
Peacock Japanese girl
Union Jack Chicken
Left Fore arm Japanese girl
American Flag

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 Oct 30th 1914. A. R. McMillan

Place Sarnia Lieut No 10 F.A.U.A.M.C.
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.

Alfred Robins 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.

E S Wright (Signature of Officer)

Date 28th Nov. 1914.

REGIMENTAL DOCUMENTS

NAME Robins Alfred REGT. NO. 53614 UNIT M H. Q. FILE NO. H

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)		~~[illegible]~~			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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			17699		DESERTION
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)					
Clear Card					
Misc					
P122					15-5
					15-5
					8 5
					1

W. 2599
100M-11-18
1772 35 1377

MARRIED OR SINGLE S.

PLACE OF BIRTH St. Neots Hants. Eng.

NAME AND ADDRESS OF NEXT OF KIN Jno Roberts
White Waltham. Berkshire
Father

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
Reg 2to		

ADMISSIONS TO HOSPITAL, &c

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

REG'L. NO. 53614 RANK Pte NAME Robins, Alfred.

IF IN PERMT. CORPS WHAT UNIT UNIT 18th Bn TRANSFERRED TO 6.6.16 DATE 1.8.16 AUTHORITY 21/7/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 2nd CBD DATE 31/5/16 AUTHORITY AR

PLACE OF ATTESTATION Barrie, Ont. TRANSFERRED TO L.A.D DATE 2/10/16 AUTHORITY AR

DATE OF ATTESTATION 30th Oct 1914 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~Nil~~ 15.00 DATE EFFECTIVE May 1st 1916 (A2N 30/4/16)

PAYABLE TO Mrs Sarah Robins: White Waltham: Berkshire: Eng RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY D AOMS Book 63 WDE

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
			336				33	60						2 57	372 17											173 19				1 71	174 90	197 27				
Apl 1-30	30	1.00	30		30	00	3								33	990		1031						262	261					523	225 04				
May 1-31	31		31		31		3	10							34 10	1075	15.5	1111	2/5			25 FR		255	256		24 33			29 44	229 70				
June 1-30	30		30		30		3	00							33 00																26 70				
Checked R.T.Hogg July 1-31	31		31		31		3	10							34 10																29 80				
Aug 1-31	31		31		31		3	10							34 10							GPM 14/6					4 84			4 87	326 03				
Sept 1-30	30		30		30		3								33			Expenses	2946 19/10							4 87					359 03				
Oct 1-31	31	1.00	31		31	10	3	10							34 10				2735 26/9							4 87					974 38 39				
Nov 1-30	30		30		30		3								33	8849	24/10	CCD 5549	19/11					243	97 33						997 6 31 66 3				
Dec 1.31	31		31		31		3	10							34 10	1 CCD 3678	31/1							9 73							9 73 34 1 00				
1917 Jan 1-31	31	1.00	61 34	10 10											34 10	CCD 4465	19/12	CCD 4583	12/1			St Leonards Rem 9/1		48 64	4 84		48 64			102 21	242 89				
Feb	28		308	80											308	4915	30/1	CCD 664	26/3					97 11	9 98		5 23	48 67			63 04	240 05		210		
Mar 1 31	31		34	10											34 10	CCD 5480	15/2	443 565	24/2 12/3					4 99	7 42						32 12	242 03				
			771	10										257	773 67									807 3	1345 0	1881 6	1765 4			171	531 64	2470 3				

100
10
100
2[illegible]

53614.

Pte. Robins. A.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			771	10										267	773									80 73	134 50	188 16	136 64		171	531 64	242 03				
April	30		33												33																				
May	30		33												33													15		15	279 03				
"	31		110												110	49	13/4							9 98						20 07	274 06				
																123	26/4							10 09										
June	30		33												33	194	15/5	261	29/5					14 94	9 98			15		39 95	267 11				
July	31		34	10											34													15	970	24 70	276 51				
Aug	31		34	10											34													15		15	295 61				
Sep	30		33												33	413	29/6	6xx	29/7					9 98	9 98			15		91 77	236 84				
																380	14/6	548	14/7					7 66	7 30									
																		418	29/8						3 68									
																		695	18/8						3 30									
																		679	14/8						9 97									
			975	10										267	997									6[illegible]	203 61	188 16	[illegible]		[illegible]	[illegible]	[illegible]				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLGE. END.
		238 84		Field Kart					236 84	210	
Oct	P.P.	3H 10		6980			15				
				AWR 22.8.17							
				NO 163 2nd Mtge 2H8				110			
				C. 17-10-17 94126	973						
		3H 10			973	110	15		2H5 11		
					6						
Nov	Sub Allce 7/10/17 - 31/10/17	30 -		£3-1-6 216851			15				
	99 Rs.	63 -		a/K97088 10/10 LAO	19 47						
				a/R.2484 25/10/17. L.A.O.	19 47						
				£3-1-8. 67627.			15				
				a/R.17177. 28/11 L.A.O.	29 20						
				a/R 22193. 6/12 ✓	24 33						
Dec	P.P.	65 10		a/k 786. 13/9. 2 [illegible]	9 98						
				10252 17/11/17 LAO	19 47						
		158 10			121 92		30		251 29		
Jany.	9 Pds.	65 10		A/P. B 21358. £3-1-8.			15				
				a/k 30300 19/12 L.A.O.	29 20						
				a/k 68705 9/1 ✓	29 20						
				a/k. 139. 26/9 W.O.R.D.	17 30				3569		
July	P.P.	65 10			65 78		15				
		58 80		C56620 3-1-8			15				
				a/k 82791 25/1 LAO	48 67						
				✓ 93068 14/2 ✓	19 47						
				97679 26/2 ✓	14 60						
		58 80			97 74		15		196 75		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLGE. END.
Mar	P.P.	65 10		D3470	3-1-8		15				
				ARSo43 L.A.O	12/3	19 47 ✓			261 85		
				" 10703 "	26/3	24 33 ✓			58 86		
		65 10				43 80	15		203 65		

REMARKS
T&R
Issued 2nd Field 7312. C.F.F. 31.5.17. AB.
58890
Remark Issued 2nd Issued Tanjo 7312 D.D. 14.9.17. 10-7 Rec. 14-6-17.
13857
16468
13883
210776.
4-1/3
5-2/3
5.9/6
8-28/4

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR ~~CANADA.~~	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.5.17.	EFFECTIVE DATE:-
AMOUNT:- ~~75/-~~ Stopped off 1-8-19	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.
Mrs Sarah Robins	
White Waltham	
Berks. Mother	
~~A/C~~ rendered 29-7-19 eff 30-7-19 C Bal $237.6	
Resdsgned in England	
Auth ~~2½ 2~~ CDD 29-7-19	
Rem/s P/BK issued #43164.	1.8.18.

NAME:- ROBINS. Alfred

NUMBER:- 53614.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
~~H~~R.	2.10.17	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 18th Bn ~~D~~

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
~~H~~R	2.10.17		L A O ~~D.R.S~~
D.Q 144 30/7/19	29-7-19		Conv 2nd C D D
Rehab 06 145	1-8-19		L A O. C R + H

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
10/7/19		London [illegible]	7 9 0 0				
22/7/19		"	7 ~~34 01~~				
			~~68 19~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Balford								203 05	210	
Apl	Pay	63		CR £3-1-8 A 58915			15				
				AR 1119 L A O. 11-4-18	24 33						
				" 3284 " 25-4-18	24 33				202 39		
May	Pay	63 65 10		B 0117 £3-1-8	48 66		15 15				
				L A. O. 7098. 23/5/18	24 33						
				AR 5364. L A O. 9-5-18	29 20				198 96 202		N
June	Pay	65 10 63		B 45521. £3-1-8	53 53		15 15				
				AR. 11914. L A O. 21-6-18	24 33						
				" 10210 " 12-6-18	24 33				198 30		
July	Pay	63 65 10		B 58164 £3-1-8	48 66		15 15				
				AR 14804 L A O. 5-7-18	24 33						
				" 18506. " 24-7-18	24 33				199 74		
		65 10			48 66		15				
Aug	Pay	65 10		L 625-23. £3-1-8			15				
				AR 22112 L A O 9/8/18	24 33						
				✓ 26316 ✓ 23/8/18	24 33				201 18	210	
Sept	Pay	65 10 63		D 13525 £3-1-8	48 66		15 15				
				AR 31350 L A O 6/9/18	24 33						
				✓ 36142 ✓ 20/9/18	19 47				205 38	210	
Oct		63		B 33173 £ 3-1-8	43 80		15 15				
	Pay	65 10		AR 45444 L A O 9/10/18	24 33						
				✓ 53517 ✓ 24/10/18 N	19 47				211 68	210	
		65 10			43 80		15				

NUMBER 53614 RANK NAME ROBINS A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Fwd								211 68	210 -	
Nov	S & A	63		B37778 L3-1-8			15		259 68		
Dec	✓	65 10		E33321 L3-1-8			15				
				CP72161 Lao 29/11/14	24 33						
				AR65166 Lao 15/11/14	24 33				261 12		
				- 88549 - 18/12/14	53 53				207 59	210	
Jan/15	S & A	80 60		FH7113 L3-1-8			15		273 19	210	
Feb		208 70		AR2056 Lao 8/1/15	102 19 / 24 33		45		248 86		
				- 15736 - 22/1/15	38 93				209 93		
		72 80		FJ7749 L3-1-8			15		267 73	210	
	06-13 2 CCD July/17 £0149 10th Rm 9/6/17 £1920 in Emm. fm 2nd 17 day. TD	9 70		AR34293 Lao 12/2/15	29 20				248 23		
				AR44479 ✓ 26/2/15 ✓	38 93				209 30		
Mch		80 60		526436 L3-1-8			15		274 90	210	
		165 10		AR49228 Lao 14/3 ✓	34 07				240 83		
				- 36368 - 27/3/15	29 20				211 63		
		166 10			142 66		30			210	
April	Pol	78		A24154 L3-1-8			15		274 63		
				AR60711 Lao 10/5	34 07				240 56		
				✓ 16254 - 29/5 ✓	29 20				211 36		
May	✓	80 60		AR69556 L3-1-8			15		276 96		
				AR69886 Lao 15/5	34 07				242 89		
				✓ 72399 ✓ 29/5	29 20				213 69	210	
		158 60			176 54		30				
June	✓	78		B108358 L3-1-8			15		276 69		
				AR74562 Lao 12/6	34 07				242 62		
				AR76803 3/6	29 20				213 42		
July	✓	80 60		B105150 L3-1-8			15		279 02	210	
		158 60			63 27		30				
	Int on Def Pay	31 93		O/C Pra 2 days @ 2/9		5 20			273 82		
									305 75		
				~~Qrly~~			~~0~~				
				AR 79370 10/7	~~34 07~~						
				CR 80769 22/7	34 07				237 61		
		31 93			68 14	5 20					

305.75
6P 14
237.61
11—
226

Ed.

No. 614 / 5 3614 RANK Pte NAME Robins, A

T. O. S. UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 30	Nov 30	L		
1915	Dec 1915	L		
	Jan	L		
	Feb	L		
	Mar	L		
	Apr.	L		

UNIT SAILED
APR 18 1915

R. 149.

Name Robins, Alfred *Rank* Pte. *Reg. No.* 53614

Unit 18th. Battalion.

Next of Kin Mr. John Robins. White Waltham. Berks. Eng.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			GSW. Lt. Fo'rm.			
13 7	Mil. Hosp.	Edmonton	Slight	B115	17/7/16 M. 16987	18/7/16.
23-9	CCH Woodcote Pk. Epsom		-do-	B174	28-9	
13-10	Discharged		-do-	B265		

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

H. Q. FILE No. 649-

NAME Robins Alfred

REGT'L. No. 53614

RANK AND CORPS Pte. 18th. Battn.

CABLE		NATURE OF CASUALTY
NO.	DATE	
M. 9841	17-7-16	C

Adm. to Mil. Hospt. Edmonton July 13th. 1916 wounded left arm. L

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B.115	Mil: Edmonton.	10 13-7-16	G.S.W. Lt. Forearm Sl.
B174	Can. Dir. Mil. Conv. Wdcote E. Grs	23-9-16	" " " " Hand
B3265	" " " " " "	13-10-16	" " " " Forearm (disch)

S.O.S. 29-7-19 R.M.S.

NAME Robins, Alfred O/S. D.O. 1. of 7-10-19. G.D.M.S. London Area.

RANK & No. pte. D.O. 126. cancelled. D.O. 127. of 11-10-19 Can. Red Cross Off. Hosp. O/S. 53614.

CORPS 18th. Battalion,

ENLISTMENT, PLACE Sarnia. DATE Oct. 30th. 1914. S

FORMER CORPS 83 Co. Garrison Artillery.

COUNTRY OF BIRTH St. Noets., Hants., Eng.

NEXT OF KIN Robins, John (Father.)

ADDRESS OF NEXT OF KIN White Waltham, Berkshire, England.

DISCHARGE, PLACE DATE

Sailed from Halifax 18-4-15. Pr S.S. Grampian

64/20

L. L. 72594—M. & D.—5342.

M. F. W. 22. 50 m.—1-15.

H. Q. 1772-39-839.

REMARKS:

Number 53614 Rank Pte

Surname ROBINS

Christian Names Alfred

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

Date of Service 14/9/15

Remarks

Latest Address 77 New St., Horsham, Sussex, Eng.

Roll No. B. Page 2462

18th

9. a 38 579 [illegible]

SEP 21 1921

D.M.S. 1300.

Surname: Robins.
Christian Name or Names: A.
Reg. No.: 53614

Rank: Pte.
Unit: 18 Bat.
Co.
Troop
Batty

Hospital

Date of Admission

Transferred Edmonton Mil Hosp. 13.7.16.
Woodcote Pk. Epsom Hosp. 23-9.16
Hosp.
Hosp.

Diagnosis G. S. W. L. f'arm.

(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 18.7.16. B115.
Ch. 29.9.16 B174
24 1. 17 B265.

REMARKS

Dis 13 10. 16

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

16

EPITOME OF HOSPITAL TREATMENT.

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

//

DUPLICATE.

For use of A.P. and S.A. Branch, Ottawa

P. 851 A.

LAST PAY CERTIFICATE.

Military District .....

Dispersal Area .....

No. 53614 Rank Pte Name ROBINS A. Unit ADMS. LAO.

Nominated for ~~embarkation to Canada~~ Discharge in England : Date off 30-7-19 DB. 2 CDD. London 29-7-19

CREDIT.	$	¢
BALANCE FORWARD as at 30th June 1919	213	42
EARNINGS :—		
From 1-7-19 to 29-7-19		
29 days at $ 1.00	29	-
..... days at $ 10.00	2	90
..... days at $		
ANY OTHER CREDIT :—		
Interest on Deferred Pay 31-7-19	31	93
1/29 Subs @ 1.50	43	50
	320	75

"VICTORY" WAR LOAN

Amount Subscribed - $ .....

Amount Paid - - ✓

Balance due - .....

I hereby Certify that I am satisfied that the balance of my account as shown on this statement is correct.

.....

(*Signature of Soldier.*)

~~X BALANCE DEBIT~~

DEBIT.	$	¢
CASH PAYMENTS :—		
Date / A.R. No. / Paying Unit / Amount		
10-7-19 / London / 34.07		
22-7-19 / " / 34.07		
	65	14
OTHER CHARGES :— ✓		
WAR LOAN INSTALMENTS CHARGED :— ✓		
X ASSIGNED PAY for period from 1-7-19 to 31-7-19 at $ 15 per month in favour of :—	15	-
Name Mrs. S. Robins		
Address White Waltham, Berks,		
Relationship Mother		
X SEPARATION ALLOWANCE, if any, in favour of same party as Assignment at $ ..... per month		
X BALANCE CREDIT	237	61
Deferred Pay $ 210.00	320	75

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS :— X (Strike out whichever inapplicable.)

X Have been stopped. Effective 1-8-9 191 ..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or

~~X Being a Canadian payment, cancellation or otherwise of future payments will be dealt with by Ottawa.~~

COMPILED BY Davidson

CHECKED BY [signature]

Date 29-7-19 191 .....

CERTIFIED CORRECT [signature] Capt. / Lieut

FOR BRIGADIER GENERAL
PAYMASTER GENERAL, O.M.F.C

No.2 Canadian Discharge Dépot.
133 Oxford Street, London. W.1.

.....1919.

I HEREBY CERTIFY that I desire to secure my discharge in England and waive all claim on the Canadian Government for transportation to Canada for myself and dependents.

I ACKNOWLEDGE RECEIPT OF:- Certificate of Discharge.

WITNESS..Mark Butler..... SIGNATURE .....A Robins.....

Orders

ORIGINAL

MEDICAL HISTORY SHEET

Surname Robins Christian Name Alfred

Examined on 30th day of October 1914 at Barnia. Ontario.

Approved by D. H. Hogg Major

Rank A.D.M.S. M.O. 1st Div.

Birthplace City or Town St. Keels. County Hants. England

Apparent age 25 Years. 2 Months.

Trade or occupation Labourer.

Height 5 Feet 7½ Inches.

Weight V Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 37½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. V Left. Number V

When Vaccinated last V

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection Bullet Wound upper right-arm.

Date	Fit or Unfit	Examined for Re-engagement.
13/3/18	B II	C Henderson Capt & Comdr M.O.
12/9/18	B II	A. J. Bastide Capt & Comdr M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

20 JUL 1916

Date	Result	Vaccinations.
18/12/14	good	D. H. Hogg M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/11/14	good	D. H. Hogg M.O.
20/11/14	good	D. H. Hogg M.O.
		M.O.

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st Batt. A.S.C.	53614		
Transferred to..				26/8/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Hastings	3/5/17	G.S.W. Post. Thigh Hallux injured	B II [illegible] PRESIDENT, STANDING MEDICAL BOARD.
13. Berners st W.1	28-6-19	Thickening of bone 1st metat phalang R. foot Caused by bullet wound	B II [illegible]

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding the Unit to the Record Office from they leave England.

Lieut.-Col. In Charge of Records, Canadian Contingents.

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.

D.H. Macaree Major Can A.M.C.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

12 NOV. REC'D

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

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.
Edmonton		13	7	16	22	9	16.	GSW L forearm fract Ulna.	71	Improved Transferred to Epsom.	W W Woodd
(CANADIAN DIVISION), CONVALESCENT HOSPITAL. WOODCOTE PARK. EPSOM		22	9	16	13	10	16	do	22	Discharged to b.b a b (Fit)	Jn Burnett Capt Canc

Rank. Name ROBINS Alfred. Reg'l No. 53614.

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

Place and Date of Enlistment Sarnia, Ont 30th Oct, 1914 Place of Birth St Noets Hants. Eng.

Name and Address, Next-of-Kin Jno Roberts, White Waltham. Berkshire.

Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship R 133 B 178

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
29-4-15	O.C. 18	Arrived per SS. Grampian	England	29-4-15	Infm Form
1-8/5/15	O.C. 18th	forfeits 1 days pay. A.W.L.	Shorncliffe	4-5-15	Part II orders. 1/5.
18-9-15	"	Embarked Overseas (C.C. Coy)	Folkestone	14-9-15	Infm Form
29. 1. 16	"	stoppage of pay to replace 1 Tube Helmet lost by neglect, value 2/6-	In Field		Part II no. 5.
21.7.16	"	Wounded transferred to CCAC.	Folkestone	13.7.16.	Pt II No 29.
18.7.16	-	Admts Military Hosp	Edmonton	13.7.16	C.L.B 115 S Scs Rt Arm
20.7.16	CCHC	Taken on strength		"	Pt-II O 282.
29.9.16	18th Bn	T/s C D M CH Woodcote Park	Epsom	23.9.16	C.L.B 174
14.10.16	C.C.H.C	Repro O'Seas Cas	F Stone	13 10 16	Pt II O 452.
~~18.10.16~~	-	~~Cover and Reinforcing Depot~~	~~Shoreham~~	~~17.10.16~~	- ~~460~~ Cancelled Pt II O 60 d. 5.2.17

E3

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
2. 11. 16	CCAC	From C Lines to CCD for Full duty	Shoreham	1. 11. 16	Pt II O 482.
24. 1. 17	18th Bn.	Disch'gd from Hosp.	Epsom	13.10.16	CLB 265 GSW L 3rd Arm
31. 1. 17	CCAC.	Ceases to be attd CCD, S.O.S on transfer to 1st C.C.T.B	Hastings	4.12.16	Pt II O 52 & 60
3-2-17	CC2B.	Ceases to be attached and taken on strength	Hastings	4-12-16	Pt II O 34
10-4-17	" "	Pt II D O 34 Cancelled	"		— " — 54.
27.4.17	C.C.A.C.	S.O.S. on transfer to Western Ont Regiment & remains on Com. 2nd CCD & D O 42 WORD	Hastings	10.3.17	Pt. II D. O. 164
24.2.17	2 CCD	att from CCD	Hastings	19.2.17	Pt II O 6.
18-6-17	WORD	Ceases on Com & SOS to 2nd CCD	B'shott	2-6-17	— 88 & 2 CCD D.O. 105
25.8.17	2nd CCD	S.O.S to WORD & att from WORD	— " — Pte	25.8.17	Pt II O 164 & Pt II 150 d. 30.8.17 WORD
19-9-17	WORD	Ceases on Com 2nd CCD & SOS to CAMC. ~~London~~ Westenhanger & Proceeding to London for Duty with that unit 2-10-17	" "	10-9-17	— " — 167 ~~WORD Pt II O 167 d 19-9-17~~
17-9-17	CAMC. P	T.O.S ex. WORD & SOS. to A.D.M.S. L'don.	Whgr Pte.	11-9-17	— " — 260.
21.9.17	WORD	Pt II D O. 161. d 12.9.17. cancelled.			Pt II D O. 169.
10.10.17	B of ADMS	T.O.S on transfer from WORD and attached to WORD. B'shott for duty pay, Rations Etc. from 10.9.17 to 2.10.17	London	10.9.17	Pt II O 273 A

CAMC

Form R 122.
2353—100M—9-12-16.

2nd Sheet of Records

Rank | Name ROBINS. ALFRED | Reg'l No. 53614

Unit 18th BN. | If in perm. Corps, What Unit? | Married or Single SINGLE

Place and Date of Enlistment SARNIA. ONT. OCT 30th 1914 | Place of Birth ST NOETS. HANTS. ENGLAND

Name and Address, Next-of-Kin JNO. ROBERTS, WHITE WALTHAM. BERKSHIRE

Relationship FATHER

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

1st Sheet Filed in Envelope | Relationship Local

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	PERMANENT GRADE PTE		ACTING RANK. NIL.		
	O/S ADMS LONDON. 10.9.17		Cancelled by Pt II a.o 1.0	7.10.19	~~[illegible]~~
~~31.7.19~~	~~ADMS~~	~~SOS to CRxOHp Ldn.~~	~~PTE. London~~	~~31.7.19~~	~~145 CRxOH Pool. 116~~
		disc. in B. Iles 28.7.19. KRoO. Para 392 Sec xxv. Auth:-			
		Disc. Bd. Demot. CKO. 5222 N.R. 927			
7.10.19.	ADMS.	SOS on Disc in U.K.	" "	28.7.19	a.o. 1.

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

Original not available

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

M. F. W. 54. (A. F. B. 19[illegible]
500M.—9-16
H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps 18th Bn C.E.F.

Regimental No. 53614 Rank Pte Name Robins Alfred

Enlisted (a) 30/10/14 Terms of Service (a) C.E.F. D of W Service reckons from (a) 30/10/14

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				
7/10/19	A.D.M.S.	S.O.S. Discharged in the B.I.	London.	29/7/19	After Order #1

Clyde S. Scott
for D of R

(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				

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

Qnf 21447

Army Form B. 103.

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

Casualty Form—Active Service.

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

Regimental No. 53614 Rank Pte Name Robins Alfred

Enlisted (a) ~~30th Oct/14~~ Terms of Service (a) War Service reckons from (a)

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

Extended Re-engaged Qualification (b)

Report: 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.
	18th Bn	Disembarked in France	Boulogne	15-9-15	Nom Roll
19-1-16	18th Bn.	Placed under stoppages of pay to replace 1 Tube Helmet lost by neglect, value 2s. 6d.	In the Field	29-1-16	Letter, 19/1/16. Part II Order 5, 29/1/16.
10-7-16	30 Gen.	GSW. L. f'arm, fr. ulna. Adm.	No. 30 Gen.	10-7-16	W 3034.
13-7-16	H.S. Newhaven.	GSW. L. f'arm. Adm.	H.S. Newhaven, to England	13-7-16	W 3083. Part II Order 29, 21/7/16.

A. L. Lockhott
LIEUT.
FOR LT. COL., A. A. G.,
CANADIAN SECT, G.H.Q., 2ND ECHELON.

(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 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.
	20/7/16	Taken on strength C.C.A.C. Pt. II D.O. No. 282			
13/10/16		~~ATTACHED~~ TRANSFERRED FROM C.C.A.C. TO 39th Res Bn PART II D.O. No.			G. C. Edridge Capt. CCAC
24.2.17	2nd. CCD	Attached to 2nd. CCD	Hastings	19.2.17	Pt. 2. D.O. #5.
13.6.17	2nd. CCD	Taken on perm Cadre	Hastings	1.6.17	Pt. 2. D.O. #105
25.8.17	2nd. CCD	Struck off perm. Cadre to W.O.R.D. and attached to 2nd. CCD.	Bramshott.	25.8.17	Pt. 2. D.O. #164.
20.9.17	2nd. CCD	Ceases to be attached to 2nd. CCD on despatch to We O.R.D.	Bramshott	20.9.17	Pt. 2. D.O. #184. For OC. 2nd. CCD.
30.8.17	WORD.	T.O.S. from 2nd ccd on com to that unit.	Bramshott	26/8/17	DO # 150
19.9.17	WORD	Ceases on Command to 2nd ccd and S.O.S. on Transfer to C. A. McC Westenhanger.	"	18/9/17	DO # 167 Metre Co
11/10/17.	WORD.	T.O.S. as Orderly on transfer from W.O.R.D.	London.	10/9/17.	A.D.M.S. L.A. Pt. II. D.O. No. 237A of 10/10/17.

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

Captain Officer Commanding, No. 2 Canadian Discharge Depôt.

Form P. 812B
7961 10m 1/5/19 D.671

FILE NO. 115173

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to Robins. Alfred. 53614.

Address c/o Wm G. Burst. 77 New St. Horsham.

Dependent

Address Sussex

Date	Cheque No.	Gratuity	Payments	Balance Due.	Remarks
July 29	50397		18 7 8		Grat + Gc LRC
" 31	64010		48 16 6		
Aug 1	LRC	48 16 6			a 237 61
	CC	4 - -			
19		86 6 0		71 18 4	
21	78332		14 7 8	57 10 8	2
Sept 15	97755		14 7 8	43 3 -	3
Oct. 9	114369		14 7 8	28 15 4	4
Nov 10	141463		14 7 8	14 7 8	5
Dec 2	149185		14 7 8	0 0	
		139 2 6	139 2 6		

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Rank ~~Private~~ Name ROBINS Alfred. Reg'l No. 53614.

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

Place and Date of Enlistment Sarnia, Ont. 30th Oct, 1914 Place of Birth Bt Noets Hants. Eng.

Name and Address, Next-of-Kin Jno Roberts, White Waltham. Berkshire.

Relationship Father.

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.
1/5	31/5	31	1	31	31	10	3 10		34 10			5 50		1 10	33 60	80	Idp. #168
1/6	30/6	30		30	30		3		33			31 25			31 25	2 55	
1/7	31/7	31		31	31		3 10		34 10			33 50			33 50	385	
								257	254							642	Cr. Exchange
1/8	31/8	31	1	31	31	10	3 10		34 10	330 3 347		34 06			34 06	646	
1/9	30/9	30		30	30		3		33	390		2 68			2 68	36 78	
1/10	31/10	31		31	31		3 10		34 10	435 488		5 23			5 23	6565	
1/11	30/11	30		30	30		3		33	526 539		2 67			2 67	95 98	
1-12	31-12	31		31	31		3 10		34 10	621 667		1 53 2 61			1 61	113 47	
1-1-16	31-1-16	31		31	31		3 10		34 10	712 773		2 62 2 61		61	5 84	141 73	Stoppage Equipt. R045 29-1-16
	Feby	29		29	29		2 90		31 90	857 810		2 62 2 61			5 23	168 40	
Mch	1. 21	21		21	21		2 10		34 10	901 949		261 262			5 23	197 27	
				336			33 60	257	372 17			173 19		171	174 90		

Checked

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						

3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 53614
2. Rank Pte.
3. Name Robins Alfred
4. Unit C.A.M.C.
5. Date of Discharge 29/7/19 Place 2nd CDD
6. Reason for Discharge

K. R. & O. Para. 392 Sec. XXV
(Being Demobilized in England-C.R.O. 1422)

7. Authority D.B. 2-R-2938 17-7-19
8. Proposed Residence after Discharge 77 New St.
Horsham
Sussex

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.~~ ? AFB 2079

A Robins

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date 29/7/19

No. 2 Canadian Discharge Depot LONDON

Signature H Stacie Capt

(O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank

3. Name

4. Unit

5. Date of Discharge | Place

6. Reason for Discharge

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.'s

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O.C. Discharging Unit.)

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

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.

3 SOUTHAMPTON ST.

STATION LONDON DATE 27-6-19.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 513614 (c) Rank PTE.

(d) Surname ROBINS (e) Christian name ALFRED.

(f) Home address 27 NEW ST. HORSHAM, SUSSEX. ENG.

(g) Next of Kin SARAH ROBINS (h) Relationship MOTHER.

(i) Address of Next of Kin SAME AS 1 (f)

2. Age last birthday 42 Date of birth AUGUST 17th. 1876

3. Enlistment, or Appointment (if an Officer) (a) Place SARNIA. ONT. (b) Date 30-10-14

4. Personal description:

(a) Height 5' 2" (b) Weight 136' (stripped) (c) Complexion RUDDY

(d) Colour of hair BROWN (e) Colour of eyes BLUE. (f) Identification marks, Scars, etc. SCARS ON RIGHT ARM + BACK OF LEFT HAND. NUMEROUS TATTOO MARKS ON FOREARMS.

5. Former trade or occupation FISHERMAN.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	240

man's statement.

	Periods From	Periods To
Canada	30-10-14	20-4-15'
England	20-4-15'	15-9-15'
	13-7-16	~~29-6-19~~
France or other theatres of War	15-9-16'	13-7-16

7. Original disease, or injury INJURY TO RIGHT FOOT.

(a) Date of origin APRIL 1916 (b) Place of origin FRANCE.

(c) Cause ACCIDENTAL WHILE IN TRENCH.

M. F. B. 227.

400M.—11-18.
J772-39-117.

C.R. S.P.G.
REFERRED TO
8 AUG 1919
REPLIED TO

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

(Partial HALLUX RIGIDUS) Partial loss of function of Metatarso-Phalangeal joint of great right toe)

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.)

considerable limitation of movement of the metatarso-phalangeal joint of the great right toe.

man complains of pain in joint of right great toe after walking a mile or so. He states the joint becomes very painful and stiff in wet or cold weather.

(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).)

man states his present disability followed an injury to toe last in april 1916, when a piece of timber fell upon it in the trench. treated by battalion m. o. who excused all fatigues for two weeks. foot has given trouble ever since, the condition remaining much the same the past year.

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).)

G. S. W. left hand Sept 1916. Good recovery.

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

Small scar on back of left hand.
" " on right arm.

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a + b) 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? one year.

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

no M. H. S. Entry on present disability.

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

E J Gordon capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned Alfred Robins 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

A.B.

A Robins Pte Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur except.

NO. 8 - Thickening of base first phalanx and head metatarsal bone. R. foot. No hallux rigidus - Crepetation in metatarsal-phalangeal joint. Tenderness on pressure over joint.

NO. 9 - Very little limitation on movement.

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes~~ or No.)
(b) Service abroad, not general service,	(" B)	(Yes or ~~No.~~) B11
(c) Home service (Canada only),	(" C)	(~~Yes or No.~~)
(d) Temporarily unfit.	(" D)	(~~Yes or No.~~) N.A
(e) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)

20. It is certified that the invalid

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

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

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

B11. Boarded for return to Canada
Ant. A.G. Telegram 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.

Harold Buck, Major C.A.M.C. President.

PLACE 13. Berners St. W.1

Jno. Macoun, Major C.A.M.C. } Members

DATE 28-6-19

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 J. W. F. Seaborn
Assistant Director of Medical Services.

DATE .....

APPROVED BY
Director-General of Medical Services.

DATE .....

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS, LONDON AREA. JUN 30 1919 13. BERNERS ST. LONDON, W.1

..... Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

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

E

PROCEEDINGS OF A MEDICAL BOARD.

Dated at HASTINGS MAY 2 1916.

No. 53614 Rank PTE Name ROBINS A

Local Unit ..... Overseas Unit 18th Bn Age 46

Examination held at S M B

DISABILITY.
Overseas—Local.
(scratch one out)

G. S. W. left foreign 10/7/16
Partial Hallux [illegible]

PRESENT CONDITION.

10 months — France
wound healed, no disability.
Limitation of movement of
metatarso-phalangeal joint of
Rt. great toe. Cannot stand
route marching. Heart normal.
Is a laborer.

BOARD RECOMMENDS:—

1. Fit for Duty BII
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 { H. Walton Capt. President.
A. C. Wallace Capt.

APPROVED

Dated at Hastings, Sussex 1916.

4 MAY 1917

[illegible] Capt.
Captain, C.A.M.C.
for A.D.M.S., Canadians.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19[illegible]

No. ..... Rank ..... Name .....

Last Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas. Local.
(strike out one)

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 ..... 19[illegible].

..... for A.D.M.S.

Form R. & O. 6045
1238-180M-29/11/16.

E

PROCEEDINGS OF A MEDICAL BOARD.

Dated at HASTINGS MAY 2 1916.

No. 53614 Rank PTE Name ROBINS. A

Local Unit ..... Overseas Unit 18th BN Age 46?

Examination held at S. M. B

DISABILITY.
Overseas—Local.
(scratch one out)

G. S. W. Left forearm 10/7/16.
Partial Hallux rigidus

PRESENT CONDITION.

10 months — France.
Wound healed, no disability.
Limitation of movement of
Metatarso-phalangeal joint of
Rt. great toe. Cannot stand
route marching. Heart normal.
Is a laborer

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 { H. Walton Capt. President.
A. C. Wallace Capt.

APPROVED

Dated at Hastings, Sussex. 1916. [illegible signature]

4 MAY 1917

~~Captain~~, C.A.M.C. For A.D.M.S.

for A.D.M.S., Canadians.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 19[illegible]

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas - Local
(Permanent - Temporary)

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 ..... 19[illegible]

.....

for A.D.M.S.

BEDFORD COMMAND.

Completed

EDMONTON MILITARY HOSPITAL.

MEDICAL CASE SHEET.

Full Bath

Blanket Bath

Conveyance to Ward

Ward Mary West Religion Ch. of E.

Regtl. No.	RANK AND NAME. (Surname first).	Corps.	Squadron, Troop, Company or Battery.	Age.	Service.	Number in Admission and Discharge Book.
53614.	Robins. A. Pte.	18th Canadians.	C. Coy.	40.	17 Sept. 10 Mths. F.S.	

Admitted from Calais.

Name and Address of nearest known Relative or Friend Mrs Robins.
(This must not be left blank, if not known, state so.)
White Coalton. Maidenhead Berks.

Date of Admission to Ward 13. 7. 1916.

Disease GSW L forearm fract Ulna.

Slight or Serious	Convalescent Home—	Address while on leave, and name of Doctor attending.	Stretcher.	Regimental Depôt
	Name..... Date..... Return.....			

Date of Discharge or ~~Death~~ 22. 9. 16 Epsom 191

(1) Diet. Date when Ordered.	Diet.	Date when Discontinued.	(2) Initials of Medical Officer in personal charge.	(3) Extras. Date when Ordered.	Article.	Date when Discontinued.	(4) Initials of Medical Officer in personal charge.
13. 7. 16	I	L.R.R.					

If the Patient is wholly dieted on Extras, the word "Nil" is to be inserted in the column for Number of Diet.
The date is to be inserted whenever the Diet is changed, or whenever any Extra is ordered or discontinued.

CASE PAPER—*continued.*

History of the Case :

Condition on Admission :

Termination of Case _____

In the event of Death, the date and apparent cause thereof :—

Date _____ 191 . Primary _____ Secondary _____

Date.	Record of subsequent History.	Date.	Record of Treatment.