(Service to reckon from 15-3-15 vide R.O. 795)

8-294

Duplicate

ATTESTATION PAPER.

No. 1287681

Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname ? Rogers.
2. What are your Christian names ? George Norman Cecil
3. What is your present address ? 10 A Chatham Ave., Halifax, N.S.
4. In what Town, Township or Parish, and in what Country were you born ? Halifax, N.S., Canada.
5. What is the name of your next-of-kin ? Mrs Bertha Lillian Rogers.
6. What is the address of your next-of-kin ? 10 A Chatham Ave., Halifax, N.S.
7. What is the relationship of your next-of-kin ? Wife.
8. What is the date of your birth ? 26th June, 1895.
9. What is your trade or calling ? Checker.
10. Are you married ? Yes.
11. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.
12. Do you now belong to the Active Militia ? Yes.
13. Have you ever served in any naval Military Force ? If so, state particulars of former service. 63rd. Regt. 15-3-15 To 15-10-15. C.M.S.C. 15-10-15 to 22-6-18.
14. Do you understand the nature and terms of your engagement ? Yes.
15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? Yes.
16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ? No.
17. If so, what was the nature of the disability ? Not Applicable.
18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ? No.
19. If so, what was the reason ? Not Applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

G. N. C. Rogers (Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I George, Norman Cecil Rogers, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

G. N. C. Rogers (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

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

The above questions and answers 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 Halifax N.S. this 26th day of March 1919.

[signature] Major } Signature of Magistrate, Justice or Attesting Officer.

for Adjutant 6th D.C. Ord. C.C.F. } Office or Rank and Unit or appointment.

M. F. W. 23.
50 M.—5-18.
H. Q. 1772-39-841

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

D.O.C.

8294

Description of G.N.C. Rogers on Enlistment.

AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of March 1919., by the undersigned medical board sitting at Halifax N.S.

1. Age as stated ..... Years ..... Months.
2. Apparent age ..... Years ..... Months
3. Height 5 Feet 9 Inches.
4. Weight 142½ Pounds.
5. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins.
6. Complexion Fair { Eyes Hazel / Hair Blonde
7. Physical development Good { Good / Fair / Poor
8. Smallpox marks Nil
9. Number of vaccination marks { Right arm Nil / Left arm 1
10. When vaccinated last 1918
11. Distinctive marks and marks indicating congenital peculiarities or previous disease (Should the Medical Officers 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).

12. Slight defects but not sufficient to cause rejection

13. The man denies having had { Rheumatism, / Tuberculosis, / Nervous or Mental disorder. / Epilepsy, / Syphilis, / Asthma.

14. We find no evidence of past { Rhumatism, / Tuberculosis, / Nervous or Mental disorder. / Epilepsy / Syphilis / Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C.E.F. Regulations for medical examinations, and he is placed in Category A.2

15. (a) Vision. R. Good L.

(b) Hearing R. Good L.

..... President.

..... Member. ..... Member.

(Any special remarks of Medical Officers may be added below.)

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

Church of England C. of E. Methodist ..... Jewish .....

Roman Catholic ..... Baptist or Congregationalist ..... Other denominations .....

Presbyterian .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Rogers, G. N. C. 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.

..... Major (Signature of Officer)
for O.C. 6 Inf. Bde. C.E.F.

Date Halifax N.S. 26th March 1919.

REGIMENTAL DOCUMENTS

NAME Rogers George McCaul REGT. NO. 128766 UNIT C M S C H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		C.M.S.		
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	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)				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
1	DENTAL HISTORY SHEET (M.F.B. 465)	2 D 2 6/4/21. 20		14/7/4	
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				
1	MEDICAL EXAMINATION (M.F.W. 129)		Discharge		
	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)				
	LAST PAY CERTIFICATE (M.F.W. 44)		20949		
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				

NON-EFFECTIVE BY
DEATH
Category L
DISCHARGE
Category Demob
1
DESERTION
31 - 10
22 - 10
5 - 10
1

L82146

W. 2589
100M-11-18
1772-39-1377

Reg. No. 1287261 81 Name Rogers L.N. 8294

Rank Q.M.S. Corps L.N.S.R. Age Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Camp Hill (Cogs St) Halifax	5-8-19	Suspect T.B.

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

M. F. W. 71—500M.—6-13.
1772—39—961.

NAME ROGERS George Norman Cecil.

REGIMENTAL NO. 1287681 RANK S/Sergt.

ENLISTED AT Halifax, N.S. PROMOTIONS, &c. AND DATE

DATE 15-3-15

IF SERVED PREVIOUSLY, STATE UNIT, &c. 63rd.Regt. C.M.S.C. P.F.

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs Bertha Lillian Rogers RELATIONSHIP Wife

ADDRESS OF 10 A Chatham Ave., Halifax, N.S.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

REMARKS:

H Q ..... M. D. No. 6.....

Surname Rogers ..... T. O. S. ..... 19 ....

Christian names George Norman Cecil D. O. Pt. II ..... of ....

Regtl. No 128764 Rank Pte ..... S. O. S. ..... 19 ....

Unit C. M. R. C. ..... Reason ....

Authy ....

N. of Kin Rogers, Mrs. Bertha L. ... Relationship Wife .....

Address 10 A. Chatham Ave. ..... | Also notify: .....

Halifax N. S. ..... | .....

..... | .....

..... | .....

BORN—Place Canada, Halifax, N. S. Date June 26th 1895.

ATTESTED—Place Halifax N.S. Date Mar. 26th 1919.

O/S ..... R/C .....

NAME Pamphilon Edgar

RANK & NO. 425181

CORPS 45th Batt

ENLISTMENT, PLACE Sewell, Man. DATE Sept. 22nd/15

FORMER CORPS 99th Manitoba Rangers

COUNTRY OF BIRTH England Portsmouth

NEXT OF KIN Pamphilon, Fred (Father)

ADDRESS OF NEXT OF KIN 132 - 11th St. Brandon, Man.

DISCHARGE, PLACE DATE

Complexion fair Eyes dark Hair dk.

L. L. 85093—M. & D. 5952.

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

Sgt. Rogers

DEPARTMENT OF MILITIA AND DEFENCE.

Application Form Canadian Victory Bonds
1919.

I George. Norman Cecil Rogers
In block letters.

Apply for 1

VICTORY BONDS VALUED AT $ 50.00 AND DO HEREBY AUTHORIZE THE SUM OF $ 5. for the 1st month, $ 4. for ten months, and $ 6.36 the twelfth month to be stopped from my pay.

I DESIRE THE BONDS TO BE OF $ 50.00 DENOMINATION AND TO BE Coupon Bearer BONDS MATURING IN 15. Fifteen YEARS.

*State if you want $50, $100, $500, or $1,000 denominations, and if the bonds are Coupon Bearer Bonds or Registered Coupon Bonds and if to mature in five years or fifteen years, (the Maturity to be stated in writing, as well as figures).

ON PAYMENT IN FULL PLEASE DELIVER BONDS TO:—

Geo. N. C. Rogers NAME.
6 Stairs Place H STREET, TOWN AND
Halifax N.S. PROVINCE.

Date Nov 15. 1919 G.N.C. Rogers
Signature of subscriber.

REGIMENTAL PAYMASTER'S CERTIFICATE:

I CERTIFY THAT THE ABOVE PERSON IS ON THE PAYLIST OF THIS UNIT AND I WILL MAKE THE MONTHLY DEDUCTIONS UNTIL THE BONDS ARE PAID FOR, OR CARRY OUT THE INSTRUCTIONS DEALING WITH VICTORY BONDS.

[signature]
Name and Rank.

Date 30. 1. 20.

Unit.

Subscribers wishing to pay in full for their bonds, on or before November 16th, in one payment, should attach a marked cheque or money order to this application.

For Payment in Full

1— $50 Bond	— $50	1— $500 Bond	— $500
1— $100 Bond	— $100	1— $1000 Bond	— $1000

For Payment in twelve Monthly Payments

1—$ 50 Bond—$ 5 for 1st month, $4 for 10 months, and $ 6.36 on the 12th month.
1—$100 Bond—$10 for 1st month, $8 for 10 months, and $12.71 on the 12th month.

Larger Subscriptions in Proportion.

If Registered, or Fully Registered Bonds are required, this part must be filled in.
Kind and denomination of bonds required:

Coupon Bonds (Registered)—$50, $100, $500, $1000. Maturity

Fully Registered—$500, $1000, $10,000. Maturity

NOTE:—No application for less than $500, can be accepted for fully Registered Bonds.

Name in which bonds are to be registered
Full Christian name in block letters.

Post Office Address

Geo N C Rogers
Signature of person in whose name bonds are to be registered.

Date Nov 15. 1919
Signature of subscriber.

796—D.P.—25M.-10-19.

	Date	A.R. No.	Sheet No.	Amount $	c.	Signature of Paymaster.
1.	25th	1	1	5	00	Wm. Webb Ld.
2.	Dec	2	1	4	00	H. Chew.
3.	Jan 28	3	1	4		Fachew.
4.	Feb 28	4	1	4	-	Fachew.
5.	March	5	1	4	00	Fachew.
6.	April	6	1	4	-	A Chew
7.	May	7	1	4	-	Duncan
8.	June	8	1	4	-	Duncan
9.	July	9		4	-	Duncan
10.	Aug	10		4	-	Duncan
11.	Sept	11		4	-	Duncan
12.	Oct	12		4	36	Duncan

57 36 June

GENERAL AUDITOR'S DEPT.
AUDITED
NOV 22 1920
DISTRICT AUDITOR

Place & Date Halifax Oct 9. 1920

TO:- The Paymaster General,
Dept. of Militia & Defence,
Ottawa, Ont.

VICTORY LOAN, 1919.

Having completed my subscription of $.....
to 1919 Victory Loan, will you please have Bond forwarded
to me by Registered Mail, at the following address:-

Sgt. G C. Rogers
6 Stairs Place.
Halifax N.S.

J P Woods
Witness.

G C. Rogers.
Subscriber.

8294

MEDICAL HISTORY SHEET

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

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

Birthplace { City or Town .....
County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches
Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm Right Left
Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

.....

(*b*) Slight defects but not sufficient to cause rejection .....

.....

.....

Approved by .....

.....

Rank ..... M.O.

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

Date	Result	Vaccinations
		..... M.O.
		..... M.O.
		..... M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		..... M.O.
		..... M.O.
		..... M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

8294

Surname Rogers Christian Name Geo.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Hobsons											
Lapsacca Ala Base Hosp		5-	8	19	14	9	19	T.B. Lungs & Throat Chronic catarrh (he is transferred)	41	admitted with debility & suspicion of Pulmonary tuberculosis & suspicion of Chronic catarrh. Has some nasal obstruction which he would like to have corrected if he is kept & completed for Artificial teeth	(Improved) O'Keefe Capt
Camp Hill	14-9-19	14	9	19	24	10	19	T.B. Suspected 17 Nasal Obstruction	17	Submucous resection of nasal septum submucous resection of Nasal Septum	A. Schwartz Capt

MEDICAL HISTORY SHEET

Original

Surname Rogers Christian Name G.N.C.

Examined { on 26th day of March 1919 / at Halifax N.S.

Birthplace { City or Town Halifax / County Nova Scotia

Apparent age 23

Trade or occupation Chicken

Height 5 feet 9 Inches

Weight 142½ lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left / Number 1

When Vaccinated last 1918

(a) Marks indicating congential peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

Approved by [signature]

Rank Capt, M.O.

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

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 26th day of March 1919 at Halifax. N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Halifax	26-III-19	Nil - a.r.	[signature] Capt, M.O.

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

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

MEDICAL HISTORY SHEET

Surname Rogers Christian Name G.W.C.

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

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MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 128768 Rank A.M.S. Surname ROGERS
(Give name in full)
GEORGE NORMAN CECIL

Unit or Corps C.M.S.C. Birthplace HALIFAX, N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 138 lbs. Height 5 ft 7 3/4 in. Colour of Eyes blue

Nutrition Good

Pulse 78

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft.

Left. 25 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

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

[OVER]

8294

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at. Halifax (Canada)

Date May 31 1920 Signed [signature] M.O.

Capt. A.M.C.

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

Signature Geo. H. McRogers

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

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

[OVER]

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

LABORATORY OF HYGIENE
4th. Division Halifax, N. S.
No.
DATE AUG 13 1919
...atory.

Divisional Laboratory,
Military Hospital, Halifax, N.S.

Aug.13th.1919....191

From: M.O. i/c Laboratory of Hygiene.

To: M.O. i/c Ward VII,

Re 1287681, Q.M.S.Rodgers.

It is reported for your information, please, that the complament Fixation Test for Tuberculosis on the serum of the marginally noted man gave a faint positive (+) result.

The "Wasserman" reaction for Syphilis gave a result.

K.G. Mahabir
Major,
C.A.M.C.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps C.M.S.C. Hospital Station Cogswell St. Halifax

No. 1284681 Rank and Name Q.M.S. Rogers G. Age 24 Service ~~C~~ Can. 5 12

Disease T.B.? Date of Admission 8-8-19 Date of ~~Discharge~~ Invalid 14/9/19 Result Improved Case Book Folio

Dates of Observation	5 September	6	7	8	9	10	11	12	13	14	15	16	17
Days of Disease	2	33	34	35	36	37	38	39	40	41			
Temperature Fahrenheit TIME a.m. p.m.													
107°													
106°													
105°													
104°													
103°													
102°													
101°													
100°													
99°													
98°													
97°													
Pulse per Minute	48	48 80	66 64	68 72	74 70	68 84	68 84	84	82				
Respirations per Minute	18	18 18	18 18	18 18	20 18	18 18	18 18	18 18	20				
Mouths													

M. F. B. 288.
25M—2-18.
H. Q. 1772-39-513.

Signature [signature] In charge of case.

CLINICAL CHART.

C of E

Corps C. M. A. C. Hospital Station Cogswell St Halifax

No. 128681 Rank and Name L. M. S. Rogers G. C. Age 24 Service 5 years 1/2

Disease T B ? Date of Admission 5-8-19 Date of Discharge 14/9/19 Result Improved Serial No. A. & D. Book

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	90 88	84	46	80	76	68	72	104	96	64	42	46	74	60	64	88	62	80	68	70	64	74	82	42	82	42	40	80	76	80	80
Respirations per Minute	18 18	18	18	18	18	18	20	20	18	20	18	18	20	16	20	18	20	18	18	18	24	20	18	18	18	18	18	18	18	18	18
Motions	1	1		1	1																										

MENTIONS

M. F. B. 288.

50M.—10-18.

H. Q. 1772-39-513.

Signature E Ellen Cogswell In charge of case.

8294

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1287681 (Rank) Quarter Master Sergeant

Name (in full) George Norman Cecil Rogers enlisted in

the 63rd Regiment "Halifax Rifles"

CANADIAN EXPEDITIONARY FORCE at Halifax. N.S. on the Fourth

day of August 1914

HE served in 63rd Regt. "H.R" 4th Aug 1914 to 15th March 1915. C.M.S.C. 15th March 1915 to 30th April 1920

and is now discharged from the service by reason of Demobilization Authy:-

H.Q. 1-1-123 dy 25/3/20 Routine Orders 1420

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

Age Twenty-four years and Eleven months

Height Five feet nine Inches

Complexion Fair

Eyes Hazel

Hair Blonde

Marks or Scars Nil

Geo N. C. Rogers
Signature of Soldier

Westwood
Issuing Officer

Lieutenant
Rank

for O.C. 6th Det. C.M.S.C. C.E.F.
Appointment

Date of Discharge 30th April 1920

Signed at Halifax N.S. this 12th day of June 1920

in Military District No. 6

File Reference No. 6.D. H. 11.50

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

8294

CASE HISTORY SHEET.

Camp Hill Hospital. Halifax, N.S. Station.

No. 128681 Rank R.M.S. Name Rogers G. Age 24.

Unit C.M.S.B. Completed years of service Where and how long } 6 5/12 2nd Contl. 7th Unit.

Date of admission 14-9-19. Date of discharge 24.10.19.

Diagnosis Transferred from Cogswell St. Place of origin Aug. 4th '14 Halifax.

CONDITION ON ADMISSION AND PROGRESS OF CASE 14-9-19.--Complaint.--Allways a heavy cold in nose with dropping in throat.

Duration.fff ---Four years.

History.------Unable to use nose in cold weather, always feel run down and has a lot of frontal headaches.

Exam.-----Very severe deflated Deptum.

Ex.Ray.------Negative.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Epsom Salts

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Improved.

(and disposal made of case.) Discharged S. D. N.

Date 22/10/19

Medical Officer i/c case.

M. F. B. 313a.
100M.—6-18.
1772—39-439.

A 25705

8-294

C[illegible] HISTORY SHEET.

Cogswell St Hospital. Halifax N.S. Station.

No. 1287681. Rank Q.M.S. Name Rogers. G.H.L. Age 24.

Unit C.M.S.L. Completed years of service Where and how long Canada 5 yrs 11 mos England — France — 12

Date of admission AUG 5 1919 Date of discharge 14/9/19

Diagnosis T.B.? Place of origin Halifax N.S.

CONDITION ON ADMISSION AND PROGRESS OF CASE. Admitted Aug 5th. Not feeling up to the mark. Has a feeling of oppression in chest and abdomen. Slight hacking cough with slight expectoration phlegm. Never spat any blood, no night sweats, no loss of weight. Patient is fairly well nourished. Had Pneumonia Dec. 1913. On examination of chest the right supra-clavicular fossa more marked than left. Diminished expansion on right side of chest. Dulness at right base, also small area of dulness at left base. Breathing at right apex puerile in character. X Ray report:- Apex on right lung shadowy. Peribronchial thickening of upper lobes, extending to right base. Not active? Aug. 9th 2 sputum reports negative Sgd. F.R. Mace Major

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) Aug. 11th Sputum report negative Aug. 14th Complement fixation test as 13-8-19 as guinea pox test +. Aug. 16th On Invalid Sent Sed 2nd qrly

TREATMENT (Especially any specific or special form.) Temperature as a rule subnormal. Has a nasal Symptosis & Inf & Complete Ja Letters - by request of Dr Hotchkiss Cyn. Optician Dept.

CONDITION ON DISCHARGE, (and disposal made of case.) Improved Inf & Complete To Ex Examination Dept for Special Letters

Date 14/9/19

Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1772-39-439.

Perm. Force - Became CEF 22.6.18. Ro. 795. 8294

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps C.M.S.C. C.E.F.

Regimental No. 1287681 Rank S/Sergt. Name Rogers, George Norman Cecil

C. E. F.

Enlisted (a) 22-6-18 Terms of Service (a) War & 6 Mos. Service reckons from (a) ~~6-8-14~~ 22.6.18

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

Extended Re-engaged Qualification (b)

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				
		S.O.S. C.M.S.C. C.E.F. to enlistment C.M.S.C. C.E.F.	Halifax. N.S.	30 4/20	
				D.O 153, 1-6-20.	
		Westwood Camp to O.C. C.M.S.C. C.E.F.			

(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				

N.S. 188

7/305

VICTORY LOAN 1919.

FILE NO.

Name ROGERS. George. N. C.
Surname Christian Name

Reg. No. ~~198781~~ 38032 Rank ~~Q.M.S.~~ S/Sgt.

Unit or Branch Staff Clerk.

Subscribed for in M.D. # 6. Int. 136

Amount of Subscription $ 50., Class C B., Maturity Fifteen.

Name and Address for Delivery
6 Stairs' st
Halifax N.S.

Registered in Name of

Date	Item	Dr.	Cr.	Balance	Audit
4-12-19.	AR # 34.		500	500	
13-1-20	" # 274		400	900	
24-2-20	" # 613		400	1300	
13-4-20	" # 983		400	1700	
13-4-20	" # 1008		400	2100	
10-5-20	" # 1395		4 -	25 -	
8/9/20	" 1442.		4 -	29 -	
15/9/20	" 1751		4 -	33 -	
9/9/20	" 1844		4 -	37 -	
13/9/20	" 2091		4 -	41 -	
19/10/20	" 2371		4 -	45 -	
5/11/20	" 2430		6 36	51 36	
19/11/20	Reg. No. 39	51 36			

Remarks

Transfer Record

Bond Forwarded Nil.
Date 1/12/20
Reg. Letter No. 7863
T.H. 167677

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

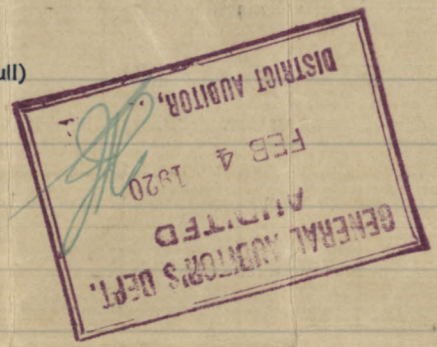
Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)



Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 3721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

C.E.F. Rates of Pay

Miscellaneous Details

#6 Det. C.M.S.C. - C.S.7.

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

AUDITOR | PAYMASTER

M. OR S. Married. — REGT. No. 1287681. RANK S/Sgt. NAME (IN FULL) ROGERS, G.W. N.C.

NEXT OF KIN Mrs. B.L. Rogers, RELATIONSHIP (Wife.)

ADDRESS 10A Chatham Avenue, Halifax, N.S.

IS SEPARATION ALLOWANCE PAID? yes. DATE EFFECTIVE 22/6/18.

TO WHOM PAID Mrs. B.L. Rogers, RELATIONSHIP (Wife).

ADDRESS 10A Chatham Avenue, Halifax, N.S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pay 1.80		
Subs. A. 50		
Subs .80		
Rabbler	1.11.19	AO 835

ORIGINAL UNIT C.E.F. 63rd Regt H.R. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION Halifax, N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 15-3-18. — C.M.S.C. - C.S.7. — TRANSFERRED TO DATE 1/10/18 AUTHORITY

ASSIGNED PAY, $ 30.00. DATE EFFECTIVE 1/12/18.

PAYABLE TO Mrs. Bertha L. Rogers, RELATIONSHIP (Wife).

ADDRESS ~~10A Chatham Avenue,~~ Halifax, N.S.

ANY CHANGE IN ASSIGNEE OR ADDRESS: 6 Stairs Street, Hfx N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Halifax N.S. DATE 30/4/20 REASON Demob. AUTHORITY DO N30/1/20 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	Credits From Previous Account $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	Sch. Allce & ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	Debits From Previous Account $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	1348 PARTICULARS OR REMARKS
Balance from previous account																			Victory Bond																	
Feb. 1919	28	1.20 1.60	44	80	30	00			102	80							20	00	10	00	12	64	60	00			16				102	80					Subs Ck Nos
March	31	.20	6	20	24	80																															Subs
1-31/3/19	31	1.60	49	60	30	00			110	60							20	00	10	00	20	44	60	00			16				110	60					Ck Nos.
April	30	.20	6	00	24	00																															
1-30/4/19	30	1.60	48	00	30	00			108	00							20	00	10	00	15	00	60	00	3	00					108	00					1864
May	31	.20	6	20	24	80																															From D.G.M.S. - 11/19 - Dr. 133
1-31/5/19	31	1.80	55	80	30	00			140	80							20	00	10	00	30	80	60	00							140	80					Cheque on Bank 1951
June	30	.20	6	00	24	00																															715
1-30/6/19	30	1.80	54	00	30	00			114	00							25	00	10	00	19	00	60	00							114	00					
July	31	.50	15	50	24	80																															"A" Acctg. - Class II. - Dr. 185
1-31/7/19	31	1.80	55	80	30	00			153	40							20	00	10	00	33	40	60	00							153	40					182.
August	31	.50	15	50	24	80																															D.O.P. II 217. Admitted to Hospital 1-8-19
1-31/8/19	31	1.80	55	80	30	00			126	10							31	00	11	16	14	14	60	00					20	80	126	10					2711
Sept.	30	.50	15	00	24	00																															
1-30/9/19	30	1.80	54	00	30	00			123	00							35	00			14	00	60	00					24	00	123	00					3145
							40	00																													
							30	00																													D.T.P. Rymt. of W.S.S. to N.C.O.
																																				" " " Refunded Cash
31.10.19	31	.50 1.80	71	30	24	80																															
					30	00			126	10							35	00	11	90			60	00			19	20			126	10					From Hospl 24/10/19
November	30	2.30	69	00	24	00																															D.O. 300
					30	00			123	00							61	27	30	00	5	00	28	00	60	00					123	00					aR 87
Decr	31	2.30	71	30	24	80																															aR 64
					30	00			126	10							71	18			4	00	62	10	60	00					126	10					
			705	40	648	50			1353	90							285	00	91	206	249	52	660	00	332	64	00				1353	90					= OVER =

6Gm.-11-18. L. L. 55777. M. & D. 9585.

1287681 Q.M.S. Rogers G.N.C. Mrs B.L. Rogers 6 Stair St. Nfld.

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 (Voted Bond) $	CASH PAYMENTS COL. NO. 1 (Voted Bond) C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
			70	54	64	85	135	39							28	50	9	06	24	95	2		33	2	64	00			135	39			
Jan 1920	31	2.30	71	30	24	80	126	35	77	12			84	26	30	00	4	00	32	35	60	00							126	35			A.R. 80
Feb	29	2.30	66	70	23	20	119	90	89	10/2			94	23/2	30	00	4	00	25	90	60	00							119	90			A.R. 91
MAR	31	2.30	71	30	30	00	126	10	99	19/3			104	26/3	30	00	4	00	32	10	60	00							126	10			A.R. 101
April	30	2.30	69	00	24	00	123	00	5	9/4			12	26/4	30	00	4	00	29	00	60	00							123	00			A.R. 7
May	31	2.30	71	30	30	00	126	10	26	13/5	37	25/5	39	27/5	30	00	4	00	32	10	60	00							126	10			A.R. 126
			126	10	35	00	161	10					42	1/6					35	00					126	10			161	10			Cr Credits Pay May 1/6 recovered from N.F. A/c.
Total -			1055	00	646	45	35	00	2136	45					4350	00	1120	64	359	79	600	00	332	19	010				2136	45			

Certified that all payments due on this acct. have been paid.
Lt. Col. R.N.W.M.P.

Certified that all payments due on this acct. have been paid.
CAPT.
R.N.W.M.P.

Nom Dependant
21000 9000

War Service Gratuity

30000	44 2/10	44 2/10	7000	3000	1st Payment	10000	14000	6000				
	53 1/11	53 1/11	7000	3000	2nd "	10000	2000	3000				
	63 2/18	63 2/18	7000	3000	3rd "	10000						

6294

15-10-31

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 1287681

2. Rank Quarter Master Sergeant.

3. Name Rogers, George Norman Cecil.

4. Unit Corps of Military Staff Clerks. C.E.F.

5. Date of Discharge 30th April 1920 | Place Halifax. N.S.

6. Reason for Discharge Demobilization. Authy: H.Q. 1-1-123 dy 25th May 1920, and Routine 1420

7. Authority H.Q. 1-1-123 dy 25th May 1920

8. Proposed Residence after Discharge 6 Stairs Place, Halifax. N.S.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ? 39

Geo. N. C. Rogers
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Halifax. Nova Scotia.

Date

Westwood Lieut
Signature
(O. C. Discharging Unit.)
pr O.C. 6th Det. CMSC.C.F.

M.F.B. 218a—50M.-2-19 1772-39-113.

E. R. J.

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

X RAY REQUISITION ..TORY 1 8294

Camp Hill .....HOSPITAL.

REG. NO. RANK. Mrs NAME. Rogers UNIT.

WARD. Cofawell 61

Injury or disease.....Part affected.....Nasal accessory sinus

---

CLINICAL INFORMATION. REPORT.

negative

L. R. Morse
Med. X-ray Asst.

DISPOSITION FOR TREATY

CAMP HILL HOSPITAL. HOSPITAL

8294

Date 8 - 8 - 1919.

REQUISITION FOR TREATMENT OR EXAMINATION

Reg. No. 1287681 Rank Q.M.S. Name Rogers. G.C Unit

Bed Ward Cogswell St. Mil. Hospital.

Injury or disease Part affected Chest.

Treatment or Examination:	Report:
X RAY EXAM.	Apices light equally. Peribronchial thickening of upper lobes extending to right base. Not Active. ?
	(Sgd.) L.R. Morse. Major, M.O., i/
	X RAY DEPT.
	Signed

M. F. W. 2512
100m. 4-18
1772-39-1280

8294

DIVISIONAL LA[illegible]RA[illegible]

Rank G.M.S Name ROGERS No 12[illegible]

Ward VIII Date 11-0-19

Rec'd from .....

The specimen of Sputum

shows No Tubercle Bacilli

.....

.....

.....

.....

Examined by K G Mahale

Major

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

8-294

DIVISIONAL LABORATORY 2/VII

Rank Q.M.S. Name Rogers No. 193748 Corps .....

Ward VII Date 9-8-19

Rec'd from .....

The specimen of Sputum.

shows .....

No Tubercle Bacilli

.....

.....

.....

Examined by K G Mahaleé
Major

M. F. W. 2538.
10M.—5-18.
1772-39-1315.