

225th O/S Battalion C.E.F.

Original  
ATTESTATION PAPER

No. 931174  
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS)

1. What is your name? Leslie David Roscoe
2. In what Town, Township, or Parish, and in what Country were you born? Parrobaro, Cumberland County N.S.
3. What is the name of your next-of-kin? (Wife) Rutha Angeline Roscoe
4. What is the address of your next-of-kin? Nelson Bb. man
5. What is the date of your birth? 23 April 1879
6. What is your trade or calling? Mining
7. Are you married? yes
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? 3 yrs 93rd Batt Can Militia  
If so, state particulars of former Service.
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

L. D. Roscoe (Signature of Man.)

Chas. J. Archer (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leslie David Roscoe, 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.

L. D. Roscoe (Signature of Recruit.)

Date 1st Dec 1915 J. Cartmel (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leslie David Roscoe, 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.

L. D. Roscoe (Signature of Recruit.)

Date 1st Dec 1915 J. Cartmel (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 Nelson Bb this 1st day of December 1915

J. Cartmel (Signature of Justice.)

STIPENDIARY MAGISTRATE.  
COUNTY OF KOOTENAY.

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

Jos. Moskay Lieut.-Col (Approving Officer.)

O. C. 225th Battalion C. E. F.

102 Batt



Wishes best if possible

Madden House

DESCRIPTION OF Leslie David Roscoe ON ENLISTMENT.

Apparent Age 36 years 7 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 35 3/4 ins.  
Range of expansion 29 1/4 ins.

Complexion fair

Eyes blue

Hair grayish

Religious Denominations { Church of England  
Presbyterian  
Methodist  
Baptist or Congregationalist ☒  
Other Protestants  
(Denomination to be stated.)  
Roman Catholic  
Jewish

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 Dec 1 1911

Place Nelson B.C.

Ch. Borden  
Capt. 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

Leslie David Roscoe 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.

Date April 20th 1916 Joe Mackay (Signature of Officer.)  
Lieut.-Col.  
O. C. 225th Battalion C. E. F.



## REGIMENTAL DOCUMENTS

NAME

*Roscoe Leslie David*

REGT. NO.

*931174*

UNIT

*225<sup>th</sup> Bn*

H. Q. FILE NO.

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

22494

ATTENDANCE PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

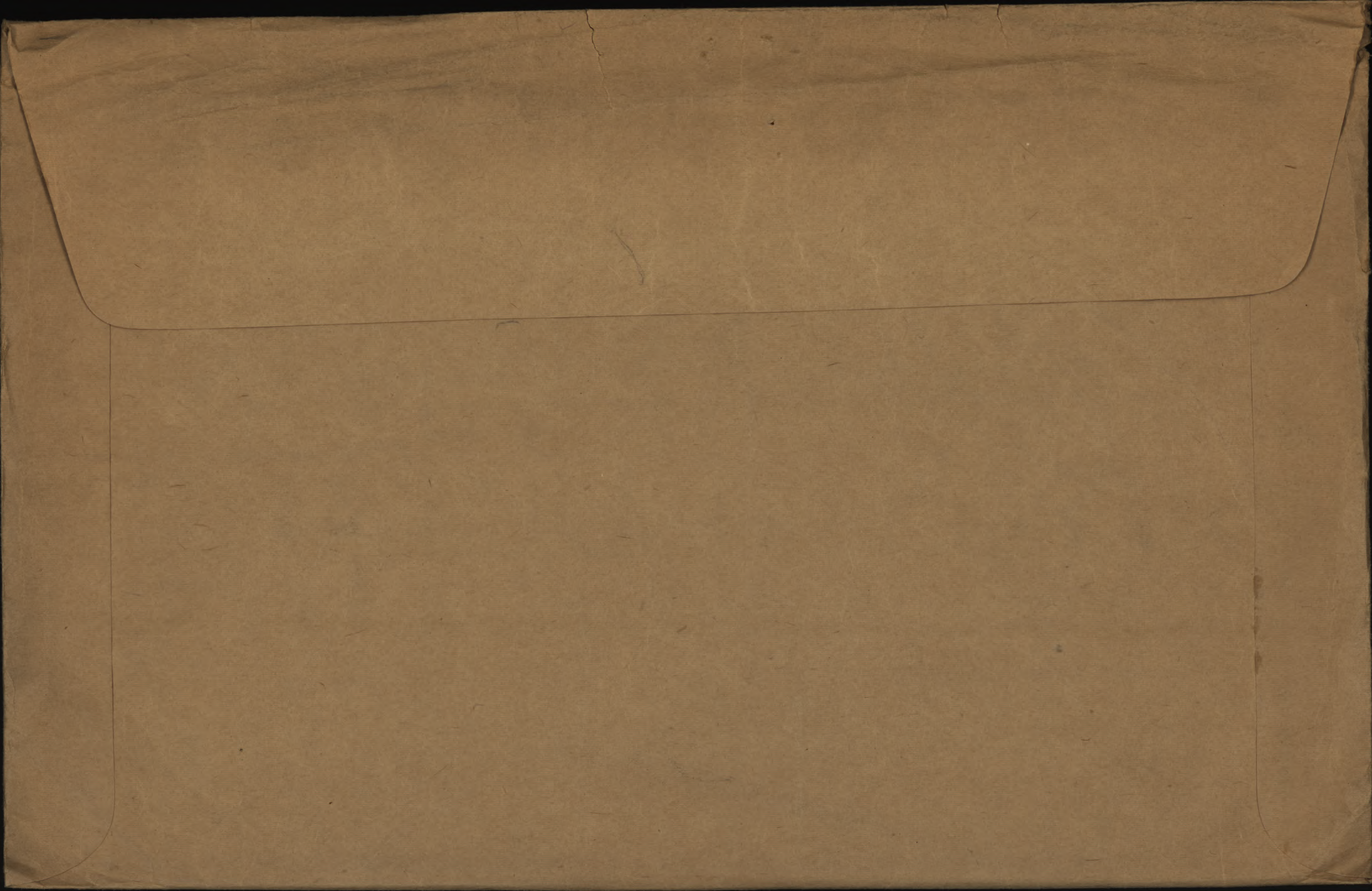
LAST PAY CERTIFICATE (M.F.W. 44)

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)







✓  
ROSCOE, Pte. <sup>asked and</sup> L. D. #931174. 225th Bn. 649-R-11481 ✓

*What Elig. for 14-15 Star.*

Medals and  
Decorations

Mrs. Bertha A. Roscoe, (Widow)  
439-19th Ave. E.,  
Vancouver, B.C.

Plaque and  
Scroll

"

*R*

"

*Ser. # 987711.*

Memorial  
Cross

"

"

(2 Crosses to Widow. Mother died subsequent-  
ly)

*Dep. JUL 14 1920 (H.) C. 15017.*

*Dep. JUL 14 1920 (H.) C. 15031.*

*RWS*



Serial Date 10/17/24 Reqn. No 57581

L.R. 19-L-24

Plaque Desp. \_\_\_\_\_ Reqn. No \_\_\_\_\_

*M. Ivice*



SURNAME.

*Roscoe*

CHRISTIAN NAMES

*Leslie David*

REGL. NO. *931174*

RANK

*Pte*

UNIT *225th*

FORMER CORPS *93rd Bn Can. Mil. 3 yrs.*

NEXT OF KIN.

NAMES IN FULL

*Roscoe, Mrs Bertha Angeline*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*Not Stated.*

COUNTRY OF BIRTH

*Canada, Parrsboro. N. S.*

PLACE OF ATTESTATION

*Nelson B. C.*

DATE

*Apr 23rd 1879.*

DATE

*Dec 1st 1915.*

CARD NO.

*S.D. 8 Dec 8/7/18*  
*D.D # 11 D.O. 97*  
*y 29/7/18. C.M.*

FOLL.

*Bn.*

CHANGE OF ADDRESS



MARRIED *yes*

SINGLE

WIDOWER

TRADE OR CALLING *Mining*

RELIGION *Baptist*

DESCRIPTION.

APPARENT AGE *36*

YEARS *7*

MONTHS

HEIGHT *5*

FEET *6*

INCHES

CHEST MEASUREMENT *35 3/4*

INCHES

EXPANSION *2 3/4*

INCHES

COMPLEXION *Fair*

EYES *Blue*

HAIR *Greyish.*

DISTINGUISHING MARKS *Nil*

MEDICAL EXAMINATION. PLACE *Nelson. B. C.*

DATE *Dec 1st 1915.*

*Present Address Nelson. B. C.*



No. 931174 RANK

NAME

Roscoe L D

T. O. S. 2-17

UNIT

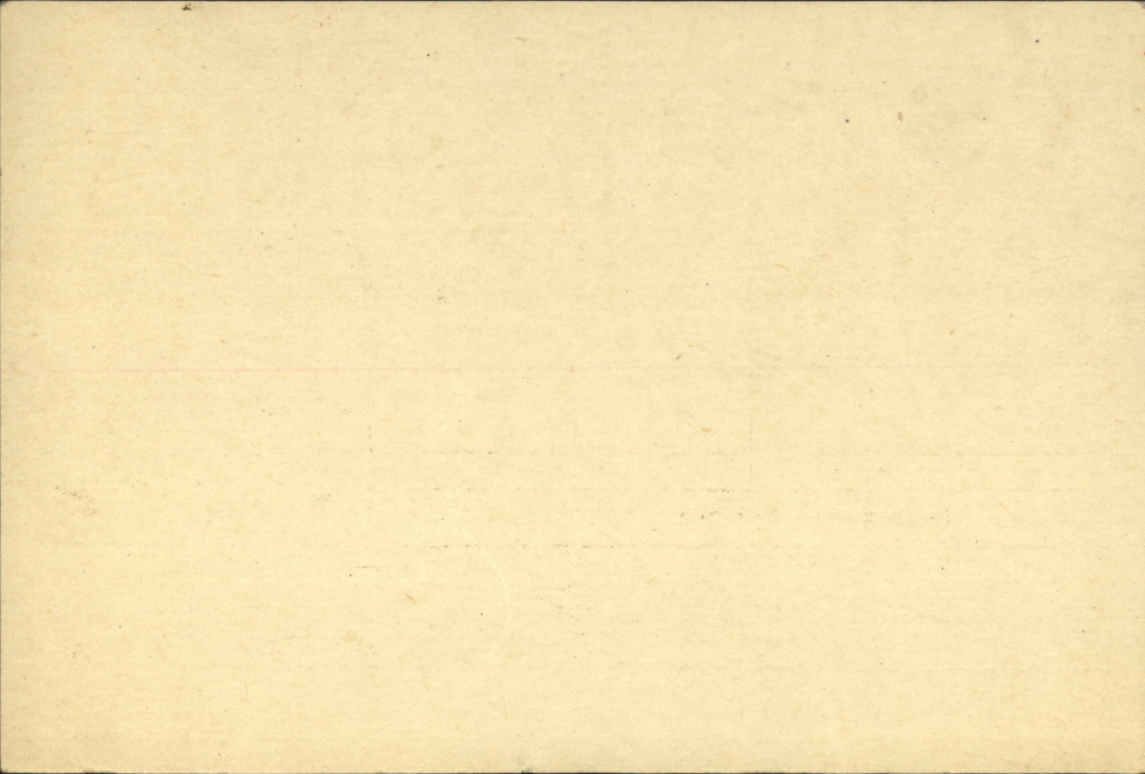
Casualties M. H. B. L.

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb 1 mar	1917 Feb 28	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Discharged with pay to 20-4-17	<del>10.0-71</del> 3.0-3-17
acc closed by payment (6)				

85-424







No. 931174 RANK Pte

NAME Roscoe Leslie David

T. O. S. 1-4-16 UNIT 225th Battalion C.E.F.  
(No. 21 of 25-4-16)

M. D. 11

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr 1	Apr 30	c		
May		c		
June		c		
July		c		
Aug		n		
Sept		n		
Oct		c		
Nov		n		
Dec		n		







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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-59-928.

# Casualty Form—Active Service.

Unit, Regiment or Corps 225th Overseas Battalion C.E.F.  
Regimental No. 931174 Rank Private Name Reid, David Bruce  
Enlisted (a) Dec 1/16 Terms of Service (a) C.E.F. Service reckons from (a) Dec 1-16  
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) Minor Private

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				
13/1/17	(Camp)	T. O. S. J. Unit	Victoria, B. C.	13.1.17	D. O. Part II 11/75 1917
18.4.18	Unit M.H.C.C.	T. O. S. District Depot XI.	Victoria, B. C.	18/4/18	D. O. Pt. II Para. 2 1918
8.7.18		Discharged	Victoria B.C.	8.7.18	D.O. Pt. II 97. 582 E of 23. 7. 18
		Being Physically Unfit for Further Service Under K. R. & O., Can. & Auth. Med. Board (App. A. D. M. S. of 29.5.18)			
		R.O. 693 of 19-6-18			
					Paikling Captain for O.C. District Depot XI

(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				





# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931174 (Rank) Pte.  
Name (in full) Leslie David Roscoe enlisted in  
the 225th. Battr.  
CANADIAN EXPEDITIONARY FORCE at Nelson on the 1st  
day of December 1915.  
HE served in Canada.

and is now discharged from the service by reason of being found medically unfit  
for further service. Under 6 R.R. Can 1917-377 X

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

Age 39 years  
Height 5' 7"  
Complexion Fair  
Eyes Blue  
Hair Gray

Marks or Scars 2" scar (oblique)  
on left wrist

L D Roscoe

Signature of Soldier

Pat R. O.

Issuing Officer

Captain

Rank

Adj. for Ch. 225th

Appointment

Date of Discharge July 8th 1918

Signed at Victoria B.C. this 8th day of July 1918

in Military District No. XI

File Reference No. 229 R-960

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.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 931174 (Rank) Pte Name L D Roscoe

Unit 225th Bn

Address on Discharge Balfour B.C. San Sec II Gen Del Vancouver

Character and Conduct Very Good

Former Occupation Miner

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at Victoria B.C. this 8th day of July 1918

Name of Officer

Rank

Appointment



MR. D. 11  
CANADIAN CONTINGENT EXPEDITIONARY FORCE  
No. 19  
LAST PAY CERTIFICATE  
District Depot  
C.E.F.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931174 Rank Pte Name Rosecoe R.D.  
Corps 225 Batt who was\* discharged  
On 8 7 1918, to J. S. E.  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 7 1918,  
to 8 7 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques { No. <u>30 days = 99 P</u>	<u>30</u>	<u>00</u>	Regt'l Pay <u>8</u> days at \$ <u>1</u> c.	<u>8</u>	<u>00</u>
Assigned Pay and Sep'n Allce. No. <u>8224</u>	<u>11</u>	<u>00</u>	Field Allow. <u>8</u> days at \$ <u>10</u> c.	<u>80</u>	
Other charges <u>Clothing 8202</u>	<u>35</u>	<u>00</u>	Separation Allowances* (Monthly)	<u>7</u>	<u>00</u>
Payment on transfer or discharge No. <u>8223</u>	<u>4</u>	<u>80</u>	Other Allowances <u>Clothing 8202</u>	<u>35</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Other Credits*	<u>30</u>	<u>00</u>
Total	<u>80</u>	<u>80</u>	Bal. Dr. (to be deducted by new unit)		
			Total	<u>80</u>	<u>80</u>

\*Give particulars.

A monthly stoppage of \$ 11 (†) has..... (‡) been paid on account of Assigned  
{ Pay for the month of July 1918 }  
{ and Sep'n Allce. for month of ..... 191..... } (to) Assignee.....  
(Address) Mrs. B. A. Rosecoe  
850. Bedford St. Vancouver B.C.

(†) Insert amount to be assigned, whether it has been paid or not.  
(‡) Insert "not" if amount has not been paid for period of account.

CHECKED BY

B.P.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 1 12 - 15  
(2) if married and if a Separation Allowance Card has been submitted yes  
(3) cause of discharge..... authority.....  
(4) authority for transfer R O 693 19-6-18

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date July 23 - 18

Place Victoria B.C.

A. E. Praddock  
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.  
H. Q. 1772-39-903.







931174

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 228<sup>th</sup> Battalion CEF

(2) Regimental Number 931174

(3) Full Name of Soldier Leslie David Roscoe

(4) Place of Birth Parsonsboro Nova Scotia

(5) Are you married, or not? yes.

(6) If married, state,  
(a) Full name of your wife Bertha Angeline Roscoe

Gen Dely  
(b) Present Postal Address Nelson Bb

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls No.

Also their names and ages No.



(9) Is your Father alive? *No*

If so, state name and address *No*

(10) Is your Mother alive? *yes Mrs Pascoe*

If so, state name and address *Springhill Nova Scotia*

(11) If your Mother is a widow *yes*

Are you her sole support, or not? *No*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

*\$15.00 per month*

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

*No*

*Wife*

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

*yes*

(15) Are you insured? *No*

If so, in what Company? *No*

Have you made arrangements for payment of your Insurance premium? *No*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*Joe Macpherson*  
Commanding Lt. Col.

The 225th Kootenay Battalion, C. E. F.

Officer Commanding.

JAN 2 1917

Date.....



Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Remarks.

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



File No. 15617-L-2.**WAR SERVICE GRATUITY.**Register No. D1882Dec. 7. 1. 21.Reg. No. 931174 Pte.Dependent Mrs. Bertha A. Roscoe. (Widow)Name Roscoe, Leslie DavidAddress ~~307 Bender St.~~Address (Deceased)West Vancouver, B.C.% J E Harrison Post Master Vancouver B.C.

Pay Soldier \$

Pay Dependent \$ 270<sup>00</sup>Gayler-Bradbury.Days 92 Rate 100 Due 300<sup>00</sup>Less P.D.P. credited 30<sup>00</sup>Clerk R.H. 18/2/21Less further Dr. Bal.  
or overpayment.Net 270<sup>00</sup>

*NO. 21*  
P.A. B. ruling to pay  
whole of W.S.G. to widow.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1				bk 1883252 ret'd & Canc	1/1. 21			
2				Tracer 18505 4-4-21 alt	2			
3					7 4/21			
4								
5								
6								

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR

Posting checked by

6. 18/2/21Date 17/1/21

*P. Evans*  
*7 1/21.*



Name Leslie David Roscoe Pto.

M. F. W. 41  
1 OM-7-16  
1772-39 889.

Regimental No. 931174

Name and address of next-of-kin

Unit 225<sup>th</sup> of 5 Bn.

Date of enlistment

Place of

Married (yes or no) Yes

Date and place discharged 2 Apr. 1917 Victoria B.C.

Amount of pay assigned monthly \$ 15<sup>11</sup>/<sub>100</sub>

Reason for discharge

To whom payable Mrs. Bertha A. Roscoe

Character on discharge

Genl. Debr. Nelson B.C. 850 Bedford St  
Vancouver

Ob 5351-M. & D. 6880.

	Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Carried Forward	Remarks, Casualties, etc.
	From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Feb	1	28	28	100	28	28	100	280	20	5080			15					
Mar	1	31	31		31	31		310	20	7410			5				20	
Apr	1	30	30		30	30		3	20	53			1080					
May	1	31	31		31	31		310	20	5410			50					
June	1	30	30		30	30		3	20	53			20					
July	1	31	31		31	31		310	20	5410			410					
Aug	1	31	31		31	31		310	20	5410			18	35				
Sept	1	30	30		30	30		3	20	53			1910	35				
Oct	1	31	31		31	31		310	20	5410			18	35				
Nov	1	30	30		30	30		3	20	53			1910	35				
Dec	1	31	31		31	31		310	20	5410			18	35				
Jan	1	31	31		31	31		310	25	6435			1910	35				5 Cr Fed
Feb	1	28	28		28	28		280	25	5580			2425	40				
Mar	1	31	31		31			310	25	5910			1580	40				
Apr	1	30	30		3000			300	2500	5800			1910	40				
May	1	31	31		3100	31		310	2500	5910			1760	40				
June	1	30	30		3000	30		300	2500	5800			1910	40				
July	1	8	8		800	8		80	700	1580			1800	40				



Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

### Character on discharge

[illegible]



## SEPARATION ALLOWANCE

Name *Bertha Angeline Roscoe*Name of Soldier *Roscoe, Leslie David*Address *1/3/16*  
*Gen. Helio, Nelson, 29 Dallas Ave*  
*Victoria B.C.*Regtl. No. *1*Rank *Pte*Corps *Billeded Recruits CEF 225-2*

Relation to Soldier

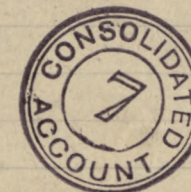
To what Corps belonging

wife, child or mother

when called out

## PAYMENTS

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



*make envelope*  
*DP*







MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

M. F. W. 11a.  
50m.-4-16.  
1772-39-518.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

*Bertha Angelina Roscoe wife*  
**PAYMENTS.**

Name of Soldier *Roscoe, Leslie David*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>1 9633</i>	<i>60</i>	<i>60</i>
June		<i>45391</i>	<i>20</i>	<i>20</i>
July		<del><i>1964460</i></del> <i>99826</i>	<del><i>20</i></del> <i>20</i>	<i>C 4960 Cancelled per address 16-8-16</i>
Aug.		<i>99826</i>	<i>20</i>	<i>20</i>
Sept.		<i>F 17103</i>	<i>40</i>	<i>40</i>
Oct.		<i>A 20683</i>	<i>20</i>	<i>20</i>
Nov.		<i>422698</i>	<i>20</i>	<i>20</i>
Dec.		<i>526732</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>H 30031</i>	<i>20</i>	<i>20</i>
Feb.		<i>xxx</i>		<i>Issue no cheque until</i>
March				<i>retrans pm notified we paid to</i>
April				<i>311117 -</i>
May			<i>X X</i>	<i>23/1/17 Spring</i>
June			<i>X X X</i>	
July			<i>X X X</i>	
Aug.			<i>— — —</i>	
Sept.			<i>— — —</i>	
Oct.				<i>320 + 4</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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



## SEPARATION ALLOWANCE

Name *Bertha A. Roscoe*

Name of Soldier

*Roscoe Leslie David*

Address

*% Mrs H. M. Allan  
29 Dallas Avenue  
Victoria B.C.*

Regtl. No.

*931144*

Rank

*Pte*

Corps

*Billeted Recruits C. E. F.*

Relation to Soldier

wife, child or mother

}

*Wife*

To what Corps belonging

}

when called out

## PAYMENTS

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

*Settling  
Dues etc*







## SEPARATION ALLOWANCE

50m.—4-16.  
1772—39—818.

OVERSEAS CONTINGENTS

Sheet No. 2.

*B. A. Roscoe**Wife*  
PAYMENTS.

Name of Soldier

*Roscoe L. D.*  
*Pte*

L. L. Job 310.—Req. 6574.

	Month.	Year.	Cheque No.	Amt.		Remarks.
	April	1916				
	May					
	June					
	July		<i>C 4960</i>	<i>80.</i>	<i>80.</i>	
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1917				
	Feb.					
	March					
	April					
	May					
	June					
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1918				
	Feb.					
	March					
	April					
	May					
	June					
	July					



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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



673-  
675  
This space to be for numbers.

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

MILITARY SERVICE  
AUG 15 1918  
CANADA

No.	931174.
Rank	Plt.
Name	David Leslie. Pascoe.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	225 <sup>th</sup> Battalion.
Date of Discharge	8.7.18
Place of Discharge	Victoria B.C.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....39.....years.....months.	Descriptive Marks <i>Oblique Scar left wrist</i>
Height.....5.....feet.....7.....inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Fair</i>	
Trade <i>Miner</i>	
Intended place of residence	<i>Balfour Sanatorium</i>
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
<i>Being Physically Unfit for Further Service</i> <i>Lt. Col. R. &amp; O., Can. 1917.377.10</i> <i>Milit. Med. Board</i> <i>(App. A. D. M. S. of 29.5.18)</i>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will initial if make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	<i>Captain</i> <i>Adj. District Depot</i>
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<i>Miner</i>	



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

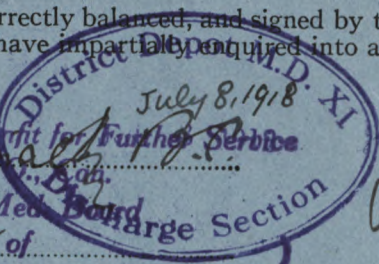
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially inquired into all matters brought before me in accordance with Regulations.

Being Physically Unfit for Further Service

(Place)

(Date)

Auth. Med. Board



Commanding

8. Certificate to be signed by the Soldier on Discharge

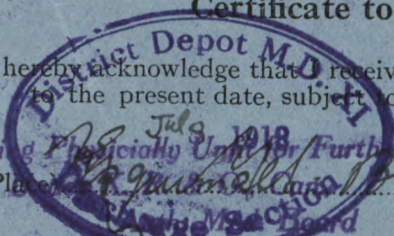
I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

Being Physically Unfit for Further Service

(Place)

(Date)

Auth. Med. Board



(Signature of Soldier.)

(Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed)..2 years 220 days.

Total..2 years 220 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)

(Date)

Auth. Med. Board

Discharge Section

Being Physically Unfit for Further Service

Under K. R. & O. D. S.

July 8, 1918

(Signature)

for July 1918  
Adj. Gen. 1010 XI  
at 1010 XI



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

L D Roscoe no complaints.



52  
52  
- 160

043-15-8-18

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.



# 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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 Balfour Sanatorium DATE May 4th, 1918

1. 1 (a) Unit 225th Bn CEF (b) Regimental No. 931174 (c) Rank Pte  
(d) Surname Roscoe (e) Christian name Leslie David

2. Age last birthday 39 Yrs Date of birth April 23rd, 1879

3. Enlisted at Nelson, B.C. on Dec. 1st, 1915

### 4. Personal description:—

(a) Height 5'-7" (b) Weight 115 lbs (c) Complexion fair  
(d) Colour of hair gray (e) Colour of eyes blue (f) Identification marks Oblique  
scar on pulmar surface of left wrist (2" long) extending on to thenar  
eminence

5. Address after discharge (for the use of the Board of Pension Commissioners)  
Vancouver, General Delivery

6. Former trade or occupation Miner

7. (a) Service	PERIODS	
	From	To
<u>Canada 225th Bn</u> <u>Hospital</u>	<u>Dec. 1st/15</u> <u>Sept. 1916</u>	<u>Sept. 1916</u> <u>present</u>

(b) Has he been overseas? No 8. Original disease or disability Pulmonary tuberculosis

(a) Date of origin Sept. 1916 (b) Place of origin Camp, Vernon, B.C.

(c) Cause\* Dust over exertion (doubling)

(d) Present disease or disability Pulmonary tuberculosis (debility)

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Patient in very poor condition. Temperature has been normal for last five  
days. Cough is improving. Expectorates about 9 oz in 24 hours. Has lost  
19 lbs since admission, July 2nd, 1917. Had large haemoptysis Oct. 10/17



## 9. Present condition.—(Continued.)

And several small recurrences the following two weeks. None since.  
Physical Findings Left lung wholly involved, marked dullness, bronchial breathing and large moist rales, particularly in front from clavicle to 4th interspace. Impaired resonance of right lung with small crepitations from 3rd rib down to base in front

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous Apparently normal Digestive indigestion Respiratory No. see above Cardiac Apparently normal  
 Genito-Urinary Apparently normal Skin, Middle Ear, Eye or any other part. left ear drum gone, Old Otitis Media

## 10. History: (a) of Condition referred to in "a" section 9.

Began with large haemoptysis in Sept. 1916  
 coughed up quart of blood.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.  
 This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? NA

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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? cannot say, permanent

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

Vernon Hospital 6 weeks

Jubilee Hospital, Victoria 5 weeks

Esquimalt Con. Home 6 weeks



# OPINION OF THE MEDICAL BOARD

14. (Continued).

Tranquille Sanatorium

4 months

Balfour Sanatorium

July 2nd to present

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.)

Yes. Sanatorium

16. Can the former trade or occupation be resumed? No  
(If not, briefly state why.)

17. Recommendations

Further Sanatorium treatment

*M. J. O'Sullivan*  
Capt.  
Medical Officer by whom the case is brought forward.

## STATEMENT OF THE SOLDIER.

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

I, the undersigned Leslie D Roscoe 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

*L. D. Roscoe*  
Signature of soldier 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 criticized.

Yes.

19. Is the soldier fit for

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

20. It is certified that the soldier

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

Sanatorium Treatment. Duration unable to say.

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



# OPINION OF THE MEDICAL BOARD—(Continued).

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

The Board recommends that this soldier be discharged to the I.S.C.  
For further treatment.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE... Balfour B.C.

DATE... 22nd., May 1918.

L. E. Anderson, President.  
W. H. Wilson, Lt. Col. Members.

APPROVED BY

APPROVED BY

For Assistant Director of Medical Services

Director-General of Medical Services.

DATE... MAY 29 1918

DATE...

## 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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE...

DATE...

President.

Members.



# MEDICAL HISTORY OF AN INVALID.

1. Station. *Vernon B. C.* 8. General remarks on his :—  
 2. Regiment or Corps. *225 B. & F* (a) Conduct. *good*  
 3. Regimental No. and Rank. *Pte 931174* (b) Habits. *good m/p*  
 4. Name. *Roscoe Leslie B* (c) Temperance. *good m/p*  
 5. Age last Birthday. *37* (For this purpose the Company defaulter sheets will be  
 6. Enlisted on *Dec 1/15* obtained from the man's Commanding Officer.)  
 at *Wilson B.C.*  
 7. Former Trade or Occupation. *miner* Date. *Oct 24/16*

9. Service. *10 months* Years. *28* Days.

	PERIODS.	
	FROM.	TO.
<i>225 B. &amp; F</i>	<i>Dec 1/15</i>	<i>Oct 28/16</i>

10. (a) Disease or disability. *Tuberculosis of Lung*  
 (b) Date of origin. *6 months or more*  
 (c) Place of origin. *Wilson*  
 (d) Cause. *Infection*

11. Present Condition. (Most Important) *Consolidation in left lung*  
 (To include full description of present disabling condition or conditions.) *Sales etc Chiefly behind. caudal?*  
*Tbc of Lung. Patient weak very ill*  
*And emaciated*

12. (a) Is the disability the result of service or climate? *no*  
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*



13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*No marks*  
*MP*

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

*Not applicable*  
*MP*

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*not attributed*  
*MP*

14. Treatment

*Rest-*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*yes made it worse again*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*arrested*

*Progressive unless*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

*He must rest at once*

*100% at present*

18. State if for discharge on account of unfitness for Service.

*yes*

*R. C. Weldon M.D.*

*Capt. Amc*

Medical Officer by whom the case is brought forward.



# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Board concurs

11. Board concurs

12. Board concurs

15. Board concurs

16. Board concurs

17. Board concurs

19. Is he unfit for Military Service.

yes

20. Recommendations :

That he receive further treatment

Signatures :—

*W. H. H. H. H.*  
President.

*R. C. W. Eldon* Capt Amc

Station. Vernon B.C.

Date. Oct 28/16

*A. Y. McNaughton* Capt Amc

Members.

Date. Nov. 24th 1916.

Approved.

Date.

APPROVED

*J. H. H. H. H.*

MILITARY DISTRICT NO. XI.

Director-General of Medical Services.

Major,  
A.M.C.



Does the Board concur with the preceding report? If not give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.		If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.		From	From			
Date						

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

100 m. 2-16.  
H. G. 1772-38-117.

Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of invalids.



INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

MAY 28 Rec'd

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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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 **Balfour Sanatorium** DATE **May 4th, 1918**

1. 1 (a) Unit **225th Bn CEF** (b) Regimental No. **931174** (c) Rank **Pte**  
(d) Surname **Roscoe** (e) Christian name **Leslie David**

2. Age last birthday **39 Yrs** Date of birth **April 23rd, 1879**

3. Enlisted at **Nelson, B.C.** on **Dec. 1st, 1915**

4. Personal description:—

(a) Height **5'-7"** (b) Weight **115 lbs** (c) Complexion **fair**  
(d) Colour of hair **gray** (e) Colour of eyes **blue** (f) Identification marks **Oblique**  
**scar on pulmar surface of left wrist (2" long) extending on to thenar**  
**eminence**

5. Address after discharge (for the use of the Board of Pension Commissioners)  
**Vancouver, General Delivery**

6. Former trade or occupation **Miner**

7. (a) Service	PERIODS	
	From	To
<b>Canada 225th Bn</b>	<b>Dec. 1st/15</b>	<b>Sept. 1916</b>
<b>Hospital</b>	<b>Sept. 1916</b>	<b>present</b>

(b) Has he been overseas? **No** 8. Original disease or disability **Pulmonary tuberculosis**

(a) Date of origin **Sept. 1916** (b) Place of origin **Camp, Vernon, B.C.**  
(c) Cause\* **Dust over exertion (doubling)**  
(d) Present disease or disability **Pulmonary tuberculosis (debility)**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

**Patient in very poor condition. Temperature has been normal for last five**  
**days. Cough is improving. Expectorates about 9 oz in 24 hours. Has lost**  
**19 lbs since admission, July 2nd, 1917. Had large haemoptysis Oct. 10/17**



## 9. Present condition.—(Continued.)

~~Had several~~ small recurrences the following two weeks. None since.  
Physical Findings Left lung wholly involved, marked dulness. bronchial breathing and large moist rales, particularly in front from clavicle to 4th interspace. Impaired resonance of right lung with small crepitations from 3rd rib down to base in front

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous. Apparently normal Digestive. indigestion Respiratory. No. see above Cardiac. apparently normal  
 Genito-Urinary. apparently normal Skin, Middle Ear, Eye or any other part. left ear drum gone, Old Otitis Media

## 10. History: (a) of Condition referred to in "a" section 9.

Began with large haemoptysis in Sept. 1916  
coughed up quart of blood.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service? NA12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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? cannot say. permanent

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

Vernon Hospital 6 weeks

Jubilee Hospital, Victoria 5 weeks

Esquimalt Con. Home 6 weeks



# OPINION OF THE MEDICAL BOARD

14. (Continued).

Tranquille Sanatorium

4 months

Balfour Sanatorium

July 2nd to present

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.)

Yes. Sanatorium

16. Can the former trade or occupation be resumed?

No

(If not, briefly state why.)

17. Recommendations

Further Sanatorium treatment

*M. Ellison*  
Medical Officer by whom the case is brought forward.

## STATEMENT OF THE SOLDIER.

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

I, the undersigned **Leslie D Roscoe** 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

*P.L.B. Leslie D. Roscoe*  
Signature of soldier 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 criticized.

Yes.

19. Is the soldier fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service, (Canada only),
- (d) Temporarily unfit,
- (e) Unfit for service in Categories A, B and C,

(Category A) (Yes or No). **No.**  
( " B) (Yes or No). **No.**  
( " C) (Yes or No). **No.**  
( " D) (Yes or No). **Yes.**  
( " E) (Yes or No). **No.**

20. It is certified that the soldier

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

Sanatorium Treatment. Duration unable to say.

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



# OPINION OF THE MEDICAL BOARD—(Continued).

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

The Board recommends that this soldier be discharged to the I.S.C.  
For further treatment.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE.....Balfour B.C.....

DATE.....22nd., May 1918.....

*P. E. Bram* *President.*  
*W. H. Wilson* *Chairman*  
Members.

APPROVED BY

APPROVED BY

*J. H. M. G. A.M.C.*  
For Assistant Director of Medical Services *M. D. 11*

Director-General of Medical Services.

DATE **MAY 29 1918**

DATE.....

## 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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

*President.*

Members.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

m

RATE OF SEPARATION ALLOWANCE

20.			
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RATE OF ASSIGNMENT

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## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. 1Rank Pte, Promoted

Reverted

Discharge

Soldier's Name

Leslie David Rose

Battalion

"J" Unit M. H. C. C.

Beneficiary

Mrs. Perth Angelina Rose

Relationship

wife.

Address

Gen Del. Nelson - B. C.

Name

Address

Change of Address

1

2

3

4

Date  
1917Cheque  
No.-Amount  
S/A220xxxAmount  
A/P

Total

22015617-L-2

REMARKS

S. A. Acc. suspended.  
Last ch. issued Jan. 12.  
Account closed from this office from 31-1-17.  
Soldier transferred to J. Unit M. H. C. C. See file  
folio 12.  
Day 21 3/18.  
M. T. Graham 2038



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## 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/AAmount  
A/P

Total

REMARKS