5th Field Artillery Brigade C.E.F.

ORDERLY ROOM
Brigade Amm. Col. 5th F. A. Brigade C.E.F.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ... Eglen Schofield
2. In what Town, Township or Parish, and in what Country were you born? ... Haywood, Lancanshire, Eng.
3. What is the name of your next-of-kin? ... Mrs. Louise Schofield wife
4. What is the address of your next-of-kin? ... 11 Horace St., Norwood, Man.
5. What is the date of your birth? ... July 5, 1881
6. What is your Trade or Calling? ... Decorator
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? ... 34th Fort Garry Horse
10. Have you ever served in any Military Force? ... No
    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

Eglen Schofield (Signature of Man).

A W Scott Sergt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Eglen Schofield, 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.

E. Schofield (Signature of Recruit)

Date 29-6-15 1914. A. C. Thornton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Eglen Schofield, 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.

E. Schofield (Signature of Recruit)

Date 29-6-15 1914. A. C. Thornton (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 ... this 29 day of June 1914.

W. A. Adams (Signature of Justice)

J. P for Manitoba

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

L. D. Duchemin Major (Approving Officer)

5th Field Artillery Brigade C.E.F.

200 M.—8-14.
H.Q. 1772-1-13.

Description of Eglen Schofield on Enlistment.

Apparent Age 34 years 11 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).

Nil

Height 5 ft. 6½ ins. 120 lbs

Chest measurement: Girth when fully expanded 35 ins.; Range of expansion 4 ins.

Complexion fair

Eyes grey

Hair brown

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.) Methodist
- 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 June 29 1915 W H Bell

Place Winnipeg Capt. C.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.

Eglen Schofield having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

5th Field Artillery Brigade C.E.F.

Date JUL 19 1915 1914.

REGIMENTAL DOCUMENTS

SCHOFIELD. Eglin. REGT. NO. 86104 UNIT 1st D.A.C. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2565 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)			07301		
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Mask					2
1	Kit W-25184					

Deceased 2.3.[illegible]

23 — 23
23 — 23
2 — 24

Form R. 149.

Eglen

WR

Name SCHOFIELD Rank Bdr. Reg. No. 86104

Unit 4th D.A.C.

Next of Kin Canada

Date 1919	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2 2	To H Wim.		20	0446		7150/4
20.2	Discharge do		do	0486		Ha. 7340/6
20.2	9 Can Sty	Camiers	20	0488		Ha. 7349/5
9 3	Discharge	do	NAD NU	0501		" 7527/6

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

NAME Schofield, E. B. REGT. No. 86104.

RANK AND UNIT Dvr. Can. Art. (4 D.A.C.)

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-393.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A476[2]	7 Gen Wimereux	2-2-19	20
A486[3]	7 " " Disch	20-2-19	20
A484[2]	9 Gen. Stat Camiers	20-2-19	20
A501[2]	Discharged.	9-3-19	na D. nv.

SURNAME. Schofield

CHRISTIAN NAMES Eglen

REGL. No. 81104 RANK Gr.

UNIT 5th Fld. Art. Bde.

FORMER CORPS 34th Horse.

CARD No. Leaflet case 74

S.O.S. Disc. 1-7-19

Demot. FOLL.

Do. 1860 5-7-19

#422

NEXT OF KIN.

NAMES IN FULL Schofield Mrs. Louise,

RELATIONSHIP TO SOLDIER wife

ADDRESS ~~11 Horace St, Norwood. Man.~~

Box 136. Transcona man

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Haywood Lanes. DATE July 5th 1881.

PLACE OF ATTESTATION Winnipeg. Man. DATE June 29th, 1915.

O/S 8-8-15-167/19

M/6 28-6-19 353/33 Gnr

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Decorator RELIGION Methodist

DESCRIPTION.

APPARENT AGE 34 YEARS 11 MONTHS

HEIGHT 5' FEET 6½ INCHES

CHEST MEASUREMENT 32' INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Grey HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Winnipeg, Man DATE June 29th, 1915

Present Address Not Stated

Em

Number 86184 Rank Dvr

Surname SCHOFIELD

Christian Name Eglen

Units 67a Theatre of War France

Date of Service 15/1/16

Remarks

Latest Address Box 136 Transcona Man

Roll No 13

200m.-2-21 M. Page 9764

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks

DESP FEB 8 1922 REGN. NO. 41934

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

Surname	Christian Name or Names	Reg. No.
SCHOFIELD.	E.	86104.
Rank	Unit	
Dvr.	C.A. 4DAC.	

Cas. List.	
	7. G.H. Wimereux. 2-2-19.
15-2-19. A476/2	V.D.G.
24-2-19 A486	Disch 20.2.19
1-3-19. A488	9. Can. Sta. Camiers 20.2.19.
	V.D.G.
17.3.19. A501 (2)	Disch 9.3.19
	N.A.D. N.Y.

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

D.M.S. 1300. 50M- 30-8-18.

Cas. List.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" NO.....

THIS IS TO CERTIFY that No. 86104 (Rank) Gnr

Name (in full) Eglen Schofield enlisted in

the 5 Bgd A.C.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 29th

day of June 1915

He served in 1 CDAC (#1 Section) in France.

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

~~Medical Unfitness.~~

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

Age 37

Height 5'7"

Complexion Medium

Eyes Grey

Hair Medium

Marks or Scars

E. Schofield.

Signature of Soldier.

Date of Discharge

6/7/19

Disposal Station Winnipeg
JUL 7 1919
Military District No. 4

Issuing Officer.

Officer i/c Discharge Section, Disposal Station

Rank

Date July 15 19

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL. OTTAWA, CANADA.

M.F.B. 39A.

R—122.

Rank Name SCHOFIELD Eglen Reg'l No. 86104.

Unit Amm. Col. 5th Art. Bde. C.F.A. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Winnipeg. Man. 29th June 1915 Place of Birth Haywood. Lancs. Eng.

Name and Address, Next-of-Kin Louise Schofield. 11. Horace St. Norwood. Man.

Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.C. File R.L. Category

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
		Landed England	Plymouth		18-8-15	S.S. Metegama
14-1-16	O.C. 5th B. F.A.	Embarked for France.			15 JAN 1916	Part II O No 14
31.5.16	5th Bde C.F.A.	S.O.S. & posted to 2nd D.A.C.	In the Field		21.5.16	Part II O #38
" "	2nd D.A.C.	T.O.S. posted from 5th Bde	" "		22.5.16	" " 22.
9.7.17	" "	Posted to 4th D.A.C.	Field		24.6.17	A.F.O. 1248 4th D.A.C. A.F.O. 2
13.8.17	4th D.A.C. H.Q.	Attd to 4th C.D.A. H.Q.	"	Lens	3.8.17	A.F.O. 684 4th D.A.C. A.F.O. 1844/13.8.17
4.9.17	4th D.A.C.	Awarded one G.C. Badge.	"	Lens	29.6.17	A.F.O. 29
8.10.17	— "	Cease to be attd to 4th C.D.A. H.Q. on being attd to 4th C.D. Emp. Coy	"	Dvr	20.9.17	" 43
29-4-19	" "	S.O.S. to Arty Pool	"	"	25.4.19	— 34 & Pool O.O. 55 13.5.19
16.5.19	2nd Lt. Clements	Proceeded to England	"	"	2nd 5.19	" 8.
23.5.19	Army C.C.C.	T.O.S. from 4 C.D.A.C.	Witley	"	17.5.19	" 38

A.F.B. 103 CHECKED (N.R.) HCW 4 - JAN. 1917

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				
31.5.19	Cabot	Lot. Posted 42. Sct. Chas. A. Le Blanc	Dvr.	3.4.19	— 59
		Yokohama	84-F-41	18.6.19	
		P.O.S To CANADA Clk F.2. D.O.	Id	7/8	719

(611)—Wt. W1751-1403. 500,000.—5-15.—C. & G. Forms B. 103/1. **Army Form B. 103.**

Casualty Form—Active Service.

CERTIFIED COPY OF A RECORD
Canadian Record Office
7 Millbank
London S.W.1

W. S. B. CLASS. A

Regiment or Corps 5th Artillery Brigade C.F.A. Amm. Col.

Regimental No. 86104 Rank Driver Name Schofield, Eglen

Enlisted (a) 29/6/15 Terms of Service (a) Duration of war Service reckons from (a) 29-6-15

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

Extended ____ Re-engaged ____ Qualification (b) ____

Report: 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.
		LANDED IN FRANCE	HAVRE 19 JAN 1916		L R 4494
31/5/16	C.R.A. 2nd C.D.A.	Struck of strength of 5th C.F.A. 21/5/16 taken on strength of 2nd D.A.C. upon reorganization	FIELD	22/5/16	5th C.F.A.P.11.0.38D/31/5/16 2nd D.A.C.P.11.0.22D/31/5/16
24-6-17.	a.G.	S.O.S to 4th CDAC.	"	24-6-17.	16.11.82. P.II 6. " 124. " 9-7-17.
30.6.17	AG	TOS 4th CDAC.	"	25.6.17	B213 S/290/90 P.E II. 20/9/7/17
4.8.17	CDA	att 4th CDA HQ.	"	3/8/17	" P.E II. 18 D/14/8/17
25.8.17	6 DA.	awarded 1 G.C.B.	"	29.6.17	" P.E II 29 D/4/9/17
25-8-17	"	Granted 10 Days leave	"	26.8.17	" P.E II. 29 D/4/9/17
15-9-17	"	Rejoined from leave	"	8.9.17	" " 36 D/
29.9.17	06.	Ceases to be att. 4th CDA HQ	"	19.9.17	" " 43 D/8/10/17
29.9.17	06	att 4th Can Div Emp Co.	"	20/9/17	" " 43 D/8/10/17
23-3-18	CRA 4th Can Div.	Granted 14 days Leave to UK from		23.3.18	P.E II No 24 D 17-4-18 B.213. K.T. 17-389-1.
13-4-18	Do	Returned from leave. Sailed		10-4-18	

(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				
27-7-18	H Q 4th C D A	Reverted 14 days Pyne to U.K.	Freed.	23-7-18	B213 pt. 11 Order. 71.
17-8-18	" " "	by joined from Leave of absence.	"	13-8-18	19 9-8-18. B213.
23-12-18	4 C D A C	Still attached to 4th C.D. Emp Coy		23-2-18	RT. 1/12/104
26-1-18.	4 C D Emp Coy.	Ceases to be attd to 4th C.D Emp Coy on being attd to 5th Can Area Emp. Coy.		26-1-19.	KA 58743 P.O. 12 of 1919
30-1-19.	12 C Amb	V.D.	Adm & fd	50 C.C.S.	30-1-19 M. 6700
2-2-19	55 C.C.S.	-do-	adm.	55 C.C.S.	30-1-19 M. 6929
1-2-19	A 4 C D A	Admitted to Hospital	To Fd 23.	Field	30-1-19 B213
2-2-19.	7 Gen C Hpl.	V.D.	adm	7 Gen C.	2-2-19 NR. M. 70F1.
20-2-19	96 Can Inf Bty	V.D.	adm	96 Can Inf Bty.	20-2-19 M. 8879
28-2-19	7 Gen C	-do-	To D.N.S.	Etaples	20-2-19 M. 8821
25-2-19	-do-	Forfeits His Allce & placed under stoppage of pay at 50 cents per diem from 2-2-19 to		20-2-19 (19 days)	01643 (12749) P.O. 20 - 1919
10-3-19	6 G B D	Arrived at 6 G B D.	Etaples.	9-3-19	NR 2226
9-3-19.	96 Can Inf Bty	V.D. NV.	To	6 G B D	9-3-19 M. 9969
4-4-19	6 G B D.	Proceeded to Havre for	Duty.	3-4-19	NR. 1524.
25/4/19	C E C	Posted to Ashford		25-4-19	P.O. 34.

Embarked To England

25 APR 1919

Lieut.
for Lt-Col. A.A.G.,
Canadian Section

RECORD OFFICE "O" WING C.C.C. 6 JUN 1919

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 4th C.D.A.C.H.Q. Regimental Number 86104

*Substantative Rank Pte Surname Schofield Christian Names F.

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
19-4-19	CEC	Pt.II Ord. 1 12-5-19	T.O.S. No.2 Section Cleansing		6-4-19	B.213
			PROCEEDED TO ENGLAND 16 MAI 1919 J. G. Carson Captain. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
23/5/19	4th C.D.A.C. Pte.O.#38 "O" Wing		T. O. S.	Witley	17/5/19	
	"O" WING S.O.S., C.M.F.C. ON PROCEEDING TO CANADA			WITLEY JUN 14 1919 D.O. PT. 2 No.		
	H.M.T. SATURNIA EMB. GLASGOW 18 6-19 EMB. MONTREAL 28 6 19		G. H. Ballantyne Lieut. OFFICER I/c RECORDS, "O" Wing C.C.C.			

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10/18 G.W.P.Co.3973.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction reversion, casualty, &c.	Remarks, and initials and rank of an officer
5-7-19	O/S		TOS.DD#4.Disp.Sta."F"	Montreal	18-6-19	D.Q. Pt. 11. #186
5-7-19			SOS.DD#4. Demob.	"	1-7-19	D.O. Pt. 11. #186 R.O. 1420.

G.H. Fletcher
a/

Lieutenant,
Assistant Adjutant,
Depot No. 4.

Nothing to be written in this margin.

RECORD OFF. 9-JUN 1919 "O" WING C.C.C. WITLEY

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 9—6— 1919.

Reg 86/64 Rank Gnr Name Schofield E.

UNIT. C.E.E. Ormskirk

	WITHOUT GLASSES.	WITH GLASSES. (As per prescription below)		
		SPH.	CYL	AXIS.
Visual acuity. Rt	6/6	with		
Visual acuity Lt.	6/60	with		

Category recommended is A

Glasses not ordered

Original disease or injury Amblyopia left eye.

Date of origin. Childhood

Place of origin. —

Cause. Congenital

Present disability. Defective vision left eye

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS NOT BEEN CAUSED BY SERVICE. HAS NOT BEEN AGGRAVATED BY SERVICE

2.B

D. A. Macneil
Captain R.A.M.C.
Eye and Ear Specialist
Witley Camp, Surrey.

2nd Original

Regimental No. .....

MEDICAL HISTORY OF—

A.F. B.178.

Regimental No. 86104 Region .....

Surname Schofield Christian Names Fred

TABLE I.—General Table.

Birthplace { Parish Heywood / County Lancashire

Examined { on 29 day of June 1915, / at Winnipeg

Declared Age 34 years 11 months days.

Trade or Occupation Decorator

Height 5 feet 6 inches. Weight 120 lbs.

Colour of Hair Brown Complexion Fair

„ Eyes Grey

Chest Measurement { Girth when fully expanded 35 inches. / Range of expansion 4 inches.

Physical Development .....

Vaccination Marks { Arm, / Number } Right ..... Left .....

When Vaccinated .....

Vision { R.E.—V = ... / L.E.—V = ... } With Glasses { R. ..... / L. .....

Identification Marks, such as Tattoo, Moles, Scars, etc.:—

.....

.....

Defects or Ailments:—

.....

.....

Examined and found—

Fit for Grade { I. / II. / III. / IV. }

(Strike out those which do not apply.)

Signature Lieut WH Rule RAMC

Chairman of Medical Board.

Re-examined for posting at .....

On ..... day of ..... 191...

Enlisted { at ..... / on ..... day of ..... 191... }

	Corps	Regtl. No.
Joined on enlistment		
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature
Wesley	10-6-19 Capt & A/Adjt Manitoba Regt

Table II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Schofield, E.

REGIMENT C.E.C. RANK Gnr. No. 86104

Date of Examination in England JUN 10 1919 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada

(b) In England

(c) In France

R Simpson Capt
for A.D.D.S. M.D. No. 4

Signature of Dental Officer J V Ross Capt

Embarked Sewell Camp May 5/15
Arrived Otterpool Camp Aug 19/15

Bde

MEDICAL HISTORY OF Schofield Eglan

Surname Schofield. Christian Name Eglan.

Examined { on 29 day of June 1915,
at Winnipeg

Birthplace { Parish Haywood
County Lancashire Eng

Apparent age 34 years 11 mos

Trade or occupation Decorator

Height 5 Feet 6½ Inches.

Weight ~~120~~ – 140 Lbs.

Chest measurement { Minimum ~~32~~ 34 inches.
Maximum expansion 35 inches.

Physical Development Fair

Small-Pox Marks nil

Vaccination Marks { Arm Right ✓ Left
Number 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease nil

(b) ~~Slight defects but not sufficient to cause rejection.~~
Received Anti Typhoid Inoculation
July 1/15 R.A.M.C. Capt. Camc.

Approved by
W H Reid
(Rank) Capt Camc
Medical Officer.

Examined for re-engagement

day of 190

*Considered

(Signature)
Medical Officer.

*If unfit, state disability.

Re-vaccinated on fifth day of July 1915
11/5/17 TAB
R.L. 6.42.18.

Arm Number

Result Positive

(Signature) A.R.M.C. Capt Camc.
Medical Officer.

Enlisted on 29th day of June 1915, at Winnipeg Manr

	Corps.	Regtl. Number.	Habits.	Date.
Joined on enlistment.	Brigade Amm Col	86104		
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 Service, on the man becoming non-effective; the date and cause being stated on next page.

Militia Form B. 63.—3,000-11-05.

Surname Schofield Christian Name Stan

Station or Troop Ship.	Date of arrival at the Station, or of Embarkation.	Dates of Admission into Hospital. Day.	Mo.	Yr.	Discharge from Hospital, Day.	Mo.	Yr.	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.	Signature of Medical Officer.

29/6/15.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Louise Schofield

Address ~~Box 136~~ Box 136 Transcona. ~~Kozyard Grove~~ Man. ~~Winnipeg~~ Man.

Relation to Soldier wife, child or mother: Wife.

Name of Soldier Schofield, Eglan

Regtl. No. 86104

Rank D 2

Corps Brigade Amm. Col.

To what Corps belonging when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		K4192	41 -	41
Sept.		N5551	20 -	20
Oct.		E20093	20 -	20
Nov.		J17171	20	20
Dec.		K14595	20	20
Jan.	1916	K19299	20	20
Feb.		M22867	20	20
March		J33211	20	20

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

L. L. Job 89002.—Req. 6213.

Sheet No. 2 Louise Schofield Wife # 86104 Name of Soldier Schofield Eglan

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J3413	20 —	20
May		M 7218	20	20
June		Y6637	20	20
July		C 8381	20	20
Aug.		V 13677	20	20
Sept.		C 16780	20	20
Oct.		A20315	20	20
Nov.		R.23927	20.	20
Dec.		R26690	20	20
Jan.	1917	O 29963	20	20
Feb.		N33713	20	20
March		O 39470	20	20
April		L 2592	20	20
May		O.M722	20	20
June		O 8896	20	20
July		O 12276	20	Bo
Aug.	B17447	~~Y 16185~~	20	M Y 16185 Can Gld RE-WRITE
Sept.		V 19464	20	T
Oct.		O 21367	20	H
Nov.		X 23987	20	B
Dec.		K 28139	20	S
Jan.	1918		601	SR.
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. Job 80137—M. & D. 5683.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

To Whom Louise Schofield wife

Address ~~Box 322 Norwood Grove~~ Box 136 Transcona Man ~~Winnipeg Man~~

Rate $20.00

By Whom Assigned Schofield Eglan

Regtl. No. 86104

Rank Dr.

Corps 5th Brigade Amm Col.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.		K8999	20=	
Sept.		Y3814	20-	
Oct.		Z1812	20—	
Nov.		M8558	20 -	
Dec.		N10705	20	
Jan.	1916	~~P12411~~ P13368	~~20—~~ 20	P12411 Cancelled
Feb.		R4497	20-	
March		B16036	20-	

CONSOLIDATED ACCOUNT 3

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Louise Schofield Wife

Name of Soldier Schofield Egbert

86104 S/Bgd C. E.

L. L. Job 89002.—Req. 6213

Month.	Year.	Cheque No.	Amt.	Remarks.
			$ 20 00	
April	1916	O 2820	20	
May		O 6284	20	
June		H 4727	20	
July		X 11234	20	
Aug.		G 14326	20	
Sept.		W 19270	20	
Oct.		W 24577	20	
Nov.		A 28259	20	
Dec.		V 32100	20	
Jan.	1917	[illegible]	20	
Feb.		J 47608	20	
March		[illegible]	20	20 E.
April		U 4738	20	20 Ch
May		[illegible]	20	
June		T 17954	20	20 Mn
July		U 24825	20	Ch
Aug.		L 32574	20	
Sept.		R 39564	20	
Oct.		D 48590	20	
Nov.		O 53194	20	
Dec.		T 60134	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

580

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

Rank Name SCHOFIELD Eglen Reg'l No. 86104.

Unit Amm.Col.5th Art.Bde. C.F.A. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Winnipeg. Man. 29th June 1915 Place of Birth Haywood.Lancs.Eng.

Name and Address, Next-of-Kin Louise Schofield. 11.Horace St. Norwood. Man.

Relationship Wife.

Assigned Pay Monthly $ 20.00 Payable to Next of Kin 322 Box, Norwood Grove Winnipeg.

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.
1/8/15	31/8/15	31	1.00	31 -	31	.10	3 10		34 10			14 10	20 -		34 10	- -	
1/9/15	30/9/15	30	1.	30	30	.10	3 -		33 -			7 30	20		27 30	5 70	
1/10/15	31/10/15	31	1.	31	31	.10	3 10	10 -	44 10			4 87	20		24 87	24 93	6r Clothing refund.
1/11/15	30/11/15	30	1.	30	30	.10	3 -		33 -			7 30	20		27 30	30 63	
1/12/15	31/12/15	31	1.	31	31	.10	3 40		34 10			14 61	20		34 61	30 12	
1/1/16	31/1/16	31	1.	31	31	.10	3 10		34 10			9 91	20		29 91	34 31	
1/2/16	29/2/16	29	1	29	29	.10	2 90		31 90			5 34			5 34	60 97	
1/3/16	31/3/16	31	1	31	31	.10	3 10		34 10			5 34			5 34	89 83	✓
				244			244 0 10		278 40			68 57	120		188 57		
				244 ✓			244 0 10		278 40 ✓			68 57 ✓	120 ✓		188 57 ✓		

BALANCE TRANSFERRED TO NEW LEDGER. Checked

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

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Eng.

NAME AND ADDRESS OF NEXT OF KIN: Louisa Schofield
11 Horace Street or Box 333 Norwood Grove Winnipeg

RELATIONSHIP OF NEXT OF KIN: wife

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 86104 RANK NAME Schofield Eglen

IF IN PERMT. CORPS WHAT UNIT } UNIT 5th Regt. TRANSFERRED TO 2nd D.A.C. DATE 15-6-16 AUTHORITY D.038

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 4th D.A.C. DATE 1/7/16 1-11-17 AUTHORITY Revise

PLACE OF ATTESTATION Winnipeg TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 29/6/15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1.8.15

PAYABLE TO Mrs L Schofield 11 Horace St Norwood Man RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	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
March			24				24	40						10	27 40																				L.O.I.
April	30	1	30		30	10	3								33	77	17/4	78	27/4					76	76			70		65 73	57 60				$40.00 Assigned Pay Credited from February 1916.
May	31		31		31		3	10							34 10	300	13/5							75				70		27 56	69 14				
June	30		30		30		3								33													70		70	87 14	✓			
July	31		31		31		3	10							34 10	530	13/6	57	6					25	26			20		25 17	91 07				
																668	20.7							9	62										
																532	16.1							2	67										
Aug	31		31		31		3	10							34 10	465	28.5	69	12.8					2	55	2	62	80		30 40	94 77		- -	94 77.	
Sep.	30		30		30		3								33									2	62			20		22 62	105 15				
Oct	31		31		31		3	10							34 10	532	29.9	88	10.10					2	61	2	61	20		27 83	111 47				
																		89	2/10																
Nov	30		30		30		3								33	936	30.10							2	61			20		22 61	134 81	✓			
																1000	32.11.							2	61			20							
Dec.	31		31		31		3	10							34 10	964	15.11	1029	7.12					2	62	11	34	80		36 87	119 34	✓			
			51	90			51	90																											
Jan	31		24	10											24 10	1076	21/2							2	61			20		22 61	130 83	✓			
																807	24.1							2	61										
Feb	28		28	80											28 80	1125	14.1.							2	62			20		25 23	136 40				
Mar.	31		34	10											34 10	1335	1/3	1131	24/3					2	62	2	62	20		30 47	140 03				
																1250	22/2	1362	16/3					2	61	2	62								
			669	90										1000	679 90									41	66	29	64	685	400 00	539 87	Paid				

Checked Schlichtkrull

Regtt No 8610H - Gnr Schofield Eglen

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
			66	90										10 00	67	90								41	66	29	64	68	57	400	539	87	140 03			
April	30	1/10	33												33															20		20	153 03			
May	31		34	10											34	10	51	14/4						4	36								20		26	97	160 16			
																	100	26/4						2	61											
																	354	26/5						2	67											
June	30		33												33		168	17/5						2	68								20		25	35	167 81			
July	31		34	10											34	10																	20		20		181 91			
																	327	14-6					E R Anstan	2	68											
Aug	31		34	10											34	10	432	27-6					27-8-17	3	57			88	59	20		79	98	136 28			
Sept	30		33												33															20		20		149 23	Rl	149 23	
			871	20										10 -	881	20								60	23	29	64		122	10	520		731	97	149 23	Rl	149 23	

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
30 Sept	Bal F'wd.	~~149 23~~							149 23		
Oct	P.A. 1 to 31	34 10		Assigns Pay					20 163 33		
		34 10							20		
Nov	Gnrs Pay	33		AR 2683 H Dal	2/10/17	4 46					
Dec		34 10		AR 2857 H Dis Sig	19/10/17	4 46					
				AP					20		
				AR 199 H Dal	19/8/17	3 57					
				AR 2087 "	25-8-17	4 46					
				AR 1786 "	7-8-17	3 57					
				~~H~~ AR 2566 D & B	13/9/17	4 46					
				AP					20		
				~~H~~ AR 2426 H Dal	15/9/17	3 57					
				AR 322 H Dal	14/9/17	2 68					
				~~H~~ AR 12 "	20-4-14	2 68					
				" Y 68 3024 H Dis Sig	6. 25-8-14	9 43					
				" Y 68 3042 "	25-8-14	84 60			59 19		
1918		64 10				12 12 4			40		
Jan	1 Day	3 4 6		AR 1784 H Dal	26-11-17	13 38					
				" 3317 H Dis Sig	4-12-17	4 46					
				AP					20		
				" 3442 H Dis Sig	16-12-17	4 46			50 99		
		34 10				22 30			20		

MONTH 1918	PARTICULARS	DR. 1	DR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE
Jan	B/fwd								50 99
Feb	G P	30 80		R P				20	
				AR 3589 H Dis Sig	3-1-18	3 57			
				~~H~~ AR 406 H Dal	9-11-17	4 46			53 46
									34 10
		30 80				8 03		20	87 86
									98 92
Mar	G P	34 10		AP				20	11 06 Bal
				AR 404 H Dis Sig	16-2-18	8 03			
				" 3044 ~~H~~ 764	3-3-18	3 54			
				" 3011 "	22-3-18	58 40			
				AR 3444 "	16-1-18	4 46			
				AR 4425 "	26-3-18	4 46			11 06 Bal
						78 92			
		34 10				78 92		20	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.8.15.	EFFECTIVE DATE:-
AMOUNT:- 20⁰⁰	AMOUNT:-

NAME:- SCHOFIELD. Eaglen. A

NUMBER:- 86104.

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 L. Schofield
11 Horace St
Norwood Manr.
Wife

Stopped
E/A/1/2/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 5th Brigade L.A.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Request		1/11/14	4 D.A.C.
A.R.	1.9.18.	20 9.18	4 Sig Co

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
~~13.5~~	6186		~~5 23~~			Fwd Bal.	22 20
~~26.5~~	5677		~~48 67~~			Fwd Bal Dr	31 70
			53 90				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

10103. Wyllie 29/5/19 Bramshott.

~~Jan 1/19 Ref K 10277~~ ~~3 Div R.A.~~ ~~3679 Capord~~ M.D. 4

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal. Fwd								1106		
Apr.	G.P.	33		C.A.P.				20			
				AR. 149. 19.4.18. 4. Div Sig Co	803				609		
		33.			803			20			
May	G.P.	34 10		C.A.P.				20			
				AR 230. 3rd Div. 13/5.	357						
				" 318 4 D.A.C. 3/5.	446				52		
		34 10			803			20			
June		33 -		C.A.P.				20			
				" 172. 4 Div 5/6.18	357						
				" 228 " 20.6.18	446				~~5 15~~ 495		
		33 -			803			20			
July	C.P.	34 10		C.A.P.				20			
				AR 318 " 1/7/18	446						
				1128 4 Div Sig Co 15.7.18	714						
				1254. 4.1 " 29.7.18	2677				1932		
		34 10			3837			20			
Aug.	C.P.	34 10		C.A.P.				20	522	D	
		34 10						20			
Sept	C.P.	33 -		C.A.P.				20			
				AR 565 4 D.T.A. 11/9	357						
				Dn 630 do 19/9	357				64		
		33			714			20			
		34 10		C.A.P.				20 -	1474		
				779 66 Lyc. Bn 2/10	466				1008		
		34 10			466			20			
Nov & Dec	Clay	67 10		C.A.P. Nil.				40 -	3718		
				Dn. 3466 " 630 19/11	1866				1852		
		67 10			1866			40 -			

COMPILED BY K E Gault Cpl.

CHECKED BY Macdonald

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward	67 10			18 66			40 -	18 52		
Jan	Stay	34 10		Cal				20 -	32 62		
				3418 4 D. Co. 4/12	3 73	✓			28 89		
		101 20			22 39			60			
				Dn. 1795 4 b. F.A. 8/1	13 99	✓			93 79		
				" 1008 4 Dual. 21/12	3 73	✓					
				1365 4 b F.A. 15/1	9 33	✓					
				Dn. 1486 23/1	3 73	✓					
				Hosp Stop V.D. 21/1/19 to 20/1/19 19 dys @ 6.9 D.o. 20/1/19 to 5/3/19 4 Dab.		11 40					
				109. D. Sk. 10/3	9 33	✓					
	Stay Feb + Mar	64 90		Cal				40 -	228		
		64 90			40 11	11 40		40 -			
	" Apl + May	67 10		Cab				40 -	69 38		
				Dn. 1210 Le Havre 17/4	5 48	✓					
				1749 Gen Base 25/3.	4 66	✓					
				5938 Le Havre 29/4	5 48	✓					
				496 " 7/4	4 56	✓			92 20		
		67 10			20 14			40			
June	Stay	33 -		Cal				20 -			
				8355 Oldsing Ena. 12/6	9 73						
				6186 Le Havre 13/5 1496	5 23				72 4		
		33			14 96			20 -			
				AR. 6078 O. Wmj 96.6.19.	48 67				41 43		
					48 67						

S.E. Canada. S.L 87. 18.6.19.

WAR SERVICE BADGE
CLASS "A" No. 244090

SHORT FORM. M

Dispersal Area.....
Occupational Group.....

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 86104
2. Rank. Gnr.
3. Name. Schofield Eglen
4. Unit. 4th D.A.C.
5. Date of Discharge 1-7-19 Place Montreal
6. Reason for Discharge DEMOBILIZATION
7. Authority. R.O. 1420. D.D.#4. D.O. Pt. 11. #186
8. Proposed Residence after Discharge Box 136. Transcona Manitoba Canada

Revised 23/10/19 53

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.? No Montreal July 1st 1919

E. Schofield.

Signature of Soldier.

10. CONFIRMATION.

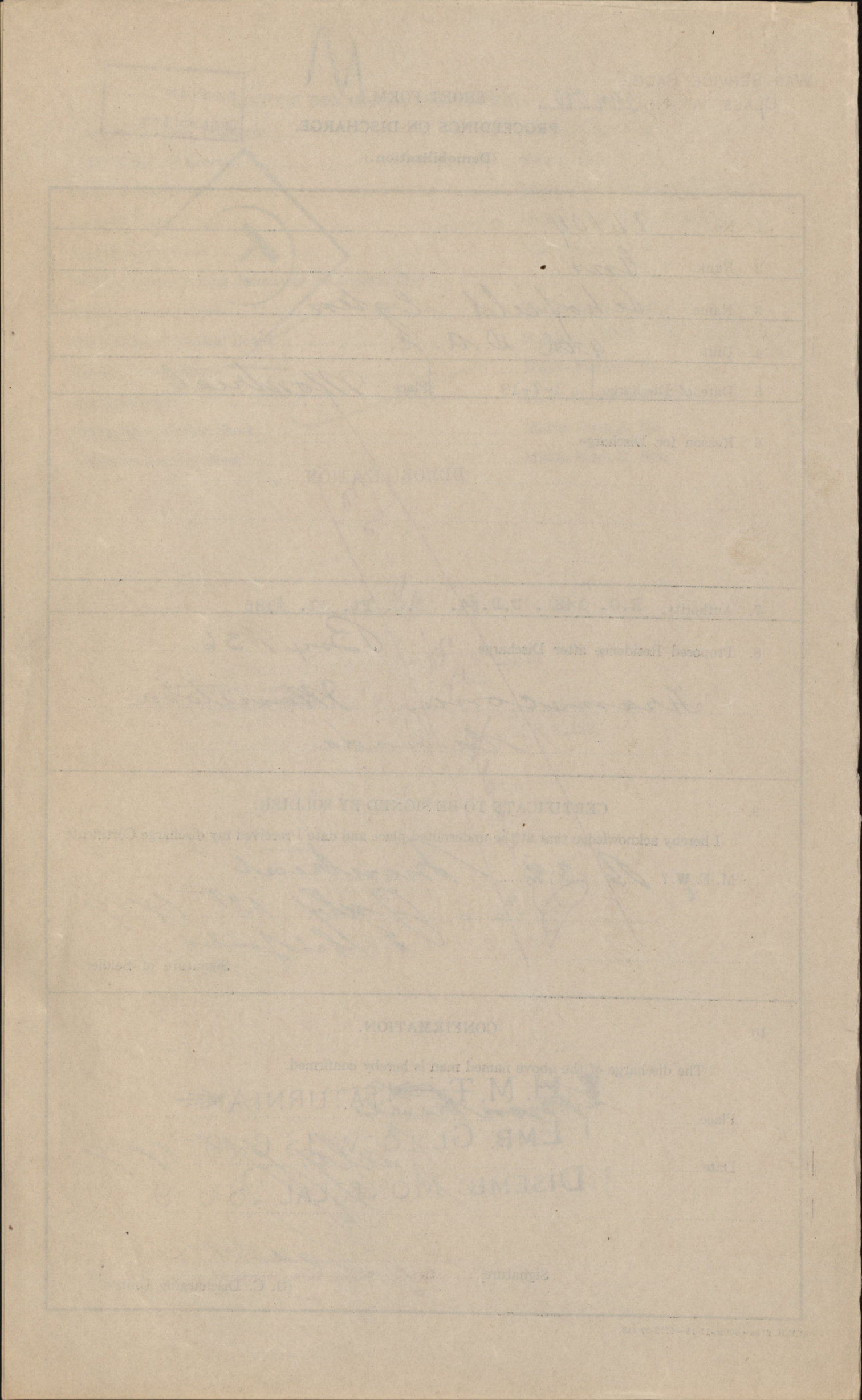
The discharge of the above named man is hereby confirmed.

Place H.M.T. SATURNIA Montreal EMB. GLASGOW 13 6 19

Date July 1st 1919 DISEMB. MONTREAL 28 6 19

Signature Lieutenant
Officer i/c Discharge Section, Disposal Station
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.



LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.C.S. 2),
    and (Clothing)
12. Last Pay Certificate (P. 351). 2 dup
13. Pay Book (A.F.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group ..... B

Checked by No. 9

.....

Date 13 JUN 1919

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

RECORDS "D" WING C.C.C. WITLEY 9 JUN 1919

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.

C.C.C. D wing

STATION Witley Surrey DATE 9-6-19

1. 1 (a) Unit 7th C.D.A.H. (b) Regimental No. 86104 (c) Rank GNR

(d) Surname SCHOFIELD (e) Christian name EGLEN

(f) Home address Box 136 Transcona

(g) Next of Kin Mrs. Louise Schofield (h) Relationship wife

(i) Address of Next of Kin as above

2. Age last birthday 37 Date of birth July 3 1882

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 29-6-15

4. Personal description:

(a) Height 5' 6½" (b) Weight 140 (stripped) (c) Complexion fair

(d) Colour of hair grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 2 vaccination marks right arm.

5. Former trade or occupation Decorator.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 yrs	346

	Periods	
	From	To
Canada	29-6-15	31-7-15
England	31-7-15	-1-16
France or other theatres of War	-1-16	16-5-19

7. Original disease, or injury Ankylosis Lt Ft

(a) Date of origin about 1908 (b) Place of origin England

(c) Cause Congenital

M. F. B. 227.

-11-18.
D&S.

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.)

Defective Vision Left Eye

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.)

Obj: Specialist's Rpt 9/6/19 Walter Camp
Skiatic Vis. Acc Rt. 6/6
" " Lt. 6/60 Cert recommended
Condition was present
prior to enlistment & has not
been caused by Service. Has
not been aggravated by Service.
Signed J. A. Macdonald
Capt C.A.M.C.

(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).)

Since child Lost R.P. has been
troubled w. left eye. Protested
to date.

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*).)

nil

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

see ✓

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

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

no

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? 6 months

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

nil

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)

no

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

17. Recommendations

D. Lawrence 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 Pte. Sakfield E. 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

Eden Sakfield Gunner Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

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.)

RTC Auth UG Tel 9883 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.

E. Routhier Lieut Col *President.*

PLACE Witley

DATE 10-6-19

} Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

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

.....*President.*

PLACE.....

DATE.....

} Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
10 JUN 1919
WITLEY SECTION.

Date of Enlistment

29-6-15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

01576

Date of Assignment

Aug 1/15

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.O.3257	$30. 9-13 282753.	

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 86104

Rank Dvr. Promoted Reverted Discharge

Soldier's Name Eglan Schofield.

Battalion Brigade Amn. Col.

Beneficiary Mrs. Louise Schofield.

Relationship Wife. M. F. W. 2554 24/7/18.

Address Box 136. Transcona, Man. " Retd 4 OK 23 1/18.

PARTICULARS OF ASSIGNMENT.

Name Louise Schofield

Address Box 136 Transcona Man

Change of Address

1

2

3

4

Date		Cheque No.	Amount S/A	Amount A/P	Total	
1917 Dec 31		—	60	58	118	
Jan 1918	X	11777	30	20	50	
Feb.	R	72982	25	20	45	
Mch	S	94318	25	20	45	
Apl	S	11005	25	20	45	
May	V	18987	25	20	45	
June	U	24914	25	20	45	
July	E	24331	25	20	45	
Aug.	U	36907	25	20	45	
Sept	X	46824	25	20	45	
Oct.	L	51326	25	20	45	
Nov	X	59131	25	20	45	
Dec	H	68188	45	20	65	
Jan.	G	72234	30	20	50	
Feb.	H.	81017	30	20	50	
Mar	G	88024	30	20	50	
apr.	S.	4499.	30	20	50	
MAY	O	5916	30	20	50	
JUNE	N	8918	30	20	50	

REMARKS 1625-3-E-3

5 W 26 3 19 MRO.C.P. 1035-90. Destroy

A/c Closed 30-6-19.

Ret'd per Saturnia

Date 29/6/19 M.F.W.187 3/7/19

Closed J.C. Bradley M.D. 4

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 1933.

S 2103

MILITARY DISTRICT — JUL 22 1919 — PAY DIVISION

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 86104 RANK PTE NAME (IN FULL) SCHOFIELD EGLEN. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes — DATE EFFECTIVE 1.7.19

TO WHOM PAID Louise Schofield — RELATIONSHIP wife

ADDRESS Box 136. Transcona. Man. Canada

PARTICULARS	EFFECTIVE DATE	AUTHORITY
S.O.S.	18.6.19	S.O. 186 O.S.B. N.R. 82.
A.A.		
G.S. P.O.C.		
W.S. Del.		
Gen Nelson	1.7.19	
A.A.		

ORIGINAL UNIT C.E.F. 5 Bde, A.F.C. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 29.6.15. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE 1.7.19

PAYABLE TO Louise Schofield — RELATIONSHIP wife — ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G.

ADDRESS Box 136 Transcona. Man Canada — Box 136 Transcona. Man Canada

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED Montreal 1.7.19 — PLACE — DATE — REASON demob — AUTHORITY S.O. 186 O.S.B. N.R. 82. — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													41	43	41	43	41	43			Saturnia
1.7.19					35	00																															Ex S.S. E.L.P.O. $41.43
2.7.19	2	1.10	2	20	70	00			104	20	Book	Trans	416	50	2		4	87	5	00	70	00					1	10			80	97			14	10			Cr S.S. 35.00 W S.C. 70.00
																														122	40							Cr Ill overpd 1 days 2.7.19 $1.40
																																						Dr Bal for fwd on E.L.P.O. $14.50 to O.R.
					1	00			1	00	10647	29.7.19					1	00													1	00							$102 Expense for 2.7.19

War Service Gratuity

Other Credits	W. S. C.	S. A.	Total	Other Charges	W. S. G.	S. A.	Total	Soldier	Balance Dependant	
	420	180	600							
					70		70	350	180	
				15 20			15 20	334 80		
					70	60	120	264 80	120	1267031 1267035
					70	30	100	194 80	90	1519885 1519889
					548	3000	8480	1400	60	1630403 1630404
					70	30	100	70	30	1647273 1647274
					70	30	100			1793810 1793811
							600			

Final

200M-3-19.—L. L. 5878-M. & D. 9985.
M. F. W. 2596.