O-Inf. 14240

ATTESTATION PAPER.

No. 53509

Folio. D.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Stanley Snelling.
2. In what Town, Township or Parish, and in what Country were you born? Woking, Surrey, England.
3. What is the name of your next-of-kin? Ellen Snelling.
4. What is the address of your next-of-kin? 13 Alpine Flats. Woking.
5. What is the date of your birth? 21 August 1890
6. What is your Trade or Calling? Bartender
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? 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

Stanley Snelling (Signature of Man).

A. Falles (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stanley Snelling, 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.

Stanley Snelling (Signature of Recruit)

Date 22nd Oct 1914 A. Falles (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stanley Snelling, 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.

Stanley Snelling (Signature of Recruit)

Date 22nd Oct 1914 A. Falles (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 Chatham Ont this 22nd day of October 1914

E Wright
a notary public

H W Smith Lt Col (Signature of Justice)

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

E S Wright (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-341.

Dis Sect.
6-2-18.
Om.

P.

Description of Stanley Snelling on Enlistment.

Apparent Age 24 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 4 ins.
Chest measurement. Girth when fully expanded	34 ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	dark
Eyes	hazel
Hair	brown
Religious denominations. Church of England	yes
Presbyterian	
Wesleyan	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Scars 1½" long, left fore-arm.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 22nd Oct 1914 Charles C Ball Capt

Place Chatham Ont 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.

Stanley Snelling 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)

Date Nov. 28th 191 .

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1

Dis. Certif 1

M.C. Sheets

Cas card

Pay Card

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Snelling Stanley.

Regt. No. 53509 Rank Pte.

Corps 18th Bn. C. E. F.

Medically Unfit.

Ret. 7.10.15

Med. 3.11.19

Ret 7.11.19

32646

1
11-1
11-1
5-1
1

482864

1 R 149

Number 53509 Rank Pte

Surname SNELLING

Christian Names Stanley

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

Date of Service 14-9-18

Remarks 250 Cameron Ave

Latest Address [redacted] Windsor, Ont

Roll No. B. Page 2419

G. 13740 Dexp
Ga 40368 Dec 13
APR 20 1921
SEP 20 1921

No. 53509 Rank Pte. Name Snellings. Stanley

T. O. S. Unit No. 1. Special Service Co.

Trans fr. "D" Unit 14-9-17
(Do. 32-9-7-17).

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
July 15.	July 31.	M.		
Aug.		M.		
Sept.		M.		
Oct.		M.		
Nov and		M.	Trans to "D" Unit 22/10/17.	Do 24-12-11-17.

649-3-11045.

CARD NO. V

SURNAME. Snelling.

CHRISTIAN NAMES Stanley.

S.O.S. Dis 17.1.18. I

REGL. No. 53509. RANK Pte.

UNIT ~~18 Bn.~~ No. 1. Spec. Ser. Co. Bn

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Snelling, Ellen.

RELATIONSHIP TO SOLDIER

ADDRESS 13. Alpine Flats Woking Surrey. Eng.

COUNTRY OF BIRTH England Woking Surrey. DATE

PLACE OF ATTESTATION Chatham, Ont. DATE Oct 22nd 1914.

Trans from 18th Bn to No. 1. Spec Ser. Co. Auth No. 1. Spec Ser Co. W.R. 7/7/17.

Sailed from Halifax per S. S. Grampian

18-4-15. R/C. 5.3.17

L. L. 20589.—M. & D. 6312. W. 22. 100m.—1-16. H. Q. 1772-39-829.

Returned to Can per S.S. "Esquibo" Feb 19-17. Auth. J. 318.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 535091 RANK Pte. NAME Snelling. S.

T. O. S. UNIT Discharge Depot. Crewe.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
Mar.	no dates	✓		

H. Q. FILE No. 649-

REGT'L. No. 53509

NAME Snelling Stanley

RANK AND CORPS Pte. 18th Battalion

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M 9170	1-7-16	Adm. No. 2 London Gen. Hosp. Chelsea June 29th 1916. G.S.W. compound fracture tibia.
L 318	25-2-17	Sailed from Liverpool for Canada per Hospital Ship "Esquibo" on the 19th inst. Gunshot wound.

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B102.	No. 2 London Gen. Chelsea S.W.		— — — — — —
- - - -	- - - - - - - - - -	29-6-16	G.S.W. Comp. Frac. L. Tibia
B166	To. Can. Conval. Bromley	16-9-16	G.S.W. Comp. Frac L. Tibia
B290	" Disch.	19-2-17	" " " " " "
75	M.H.C.C. London	16-3-17	adm In-P.M.C.H. cl 2
189.	" " " " "		S.O.S. In-P.L.M.C.H. trans to #1. Spec. Serv. Co.
295-	M.H.C.C. London	22-10-17	Trans from #1 S.S. Co. to L.M.C.H.
303.	" " " " " "	25-10-17.	Trf. L.M.C.H. to G.M.C.H.

R. 149.

Name Snelling, Stanley. *Rank* Pte. *Reg. No.* 53509

Unit 18th. Battalion.

Next of Kin Mrs. Ellen Snelling. 13 Alpine Flats. Woking. Eng.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29 6	No.2.London G.H.	Chelsea	GSW. Comp. Frac L. Tibia	B102	M. 9170	3/6/16.
16-9	C.C.H.	Bromley	-do-	B166	19-9	
	(21-1-17 Still in Hosp. letter 21-1-17)					
19-2-17	Discharged.		-do-	B.290	22-2	

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

Reg. No. 53504 Name Snelling J.

Rank Pte Corps 7 Unit Age 26 Service 2 3/12.

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Victoria London	10. 8. 17	X Ray.
Div.		
6 Military London	14. 8. 17	G/W Lt Leg.
& L M C H.	17. 9. 17	
Div. Unit	22. 10. 17.	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 509 / 53509 RANK Pte NAME Snelling, S

T. O. S. UNIT 18th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Oct 22	Nov 30	✓		
	Dec	✓		
1915	1915		mulct 5 days pay.	DO - 44 - Dec - 14.
	Jan	✓		
	Feb	✓		
	Mar.	✓		
	Apr.	✓		

UNIT SAILED
APR 18 1915

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Snelling	S.	53509

Rank	Unit	Co.	Troop	Batty.
Pte	18th Bn			

Hospital: 2nd London Gen. — Date of Admission: 29.6.16

Transferred: Law Conv. Bromley — Hosp. 16.9.16

Hosp.

Hosp.

Hosp.

Diagnosis: Gsw. Compound frac left Tibia

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Dis 19.2.17 — Date

REMARKS

CL 3.7.16 B102

20.9.16 B166

– 23.2.17 B790

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

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

Name SNELLING, S. Rank Pte. Regt. No 53509 Unit F

Battn. 18th. Camp or O.S. O File M.H.C.C. H.Q. File

Pension awarded $60 6 mos. Date of first payment 18-1-18

Discharged to Class Conduct on discharge

Next of kin Mother, 13 Alpine St. Eve.Rd. Woking.Surrey, England.

Address on discharge General Delivery, London, Ont.

DATE	CLASS	REMARKS	PART 2 ORDER
16-3-17	2	M.H.C.	#75
14-7-17	2	Trans. to #1 S.S.Co.	#189
22-10-17	2	L.M.C.H.	#295
25-10-17	2	G.M.C.H. from L.M.C.H.	#301
17-1-18		DISCHARGED	#9

M.H.C. F. 29

DATE	CLASS	REMARKS	PART 2 ORDER

Forms I. 1237 / 10

2nd London G. Chelsea.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
28-6-16	535-09	Pte	Fuellup	Stanley

Year	Unit.	Age.	Service.
1916	18th Canadians.	24	21/12 / 10/12

Station and Date. Disease G. S. W. leg.

29. 6. 16 Wounded at St Eloi on Sunday 24th by Machine gun bullet of leg (left)

Med. Transfer Tally Note "Tendency to haemorrhage restrained by Plugs

There is a "an diamond shaped excavation of upper part of tibia about 4" below Left knee. this drains to the outer + posterior part of calf. Most of the Tibia seems to have gone at this point

Anaesthetic ACE + E

Plugs removed + wound irrigated with saline.

30. 6. 16 Drain Tube. Complains of irritation on sole of foot

Ung. Hyd Ammon.

Irrigate with Wrights soln daily.

Lightly plug

10 PM Sod. Bron Nepenthe Adoratrix ℥j

X ray shows the posterior part of Tibia is still intact.

4. 8. 16 Omit Splint, please massage knee + thigh

2. 9. 16 Please omit Massage.

[signature]

15/9/16 Transfer to Canadian Bromley Hosp

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S

P.T.O.

Station
and Date.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2033	53509.	Pte	Snelling	S.

Year	Unit.	Age.	Service.
	18th Bn B. Coy	25	1 11/12

Station and Date.

Disease GSW Lt Leg.

Bromley 15.9.16

Wounded at St Eloi 25 June - Bullet.
Leg not broken but piece of bone was shot away -
Operated on at Popperinghe 26 June -
Sent to England 28 June - Adm. to 2nd London General Hosp.
Operation there 30 June - Had splint for 6 weeks
Has been up since 7 Aug -

Present Condition.
Open wound 1 1/2 x 2 just below patellar tubercle left leg. Another small wound 2" below head of fibula. This has an incision 2" long thro' it. Are healed but small spot at centre.
Movements good at knee and ankle -

15/9/16 Kingswood for dressing.

2-10.16. Date of origin of disability — 25th June 1916.
Place of origin of disability - St Eloi, Belgium while retiring for trenches was hit by Machine Gun bullet in left leg, and bone fractured. Taken to Casualty Station at Popperinge & operated on for removal of bullets. Transfered to No 8 Stationary Hosp Boulogne on 26th June. On 27th Transfered to 2nd London General Hosp England. - On 30th June operated on

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station and Date.	
	for removal of bone and for severe hemmorage leg put in splint for 6 weeks. Was X Rayed twice. Recovering very slowly. Transfered to Bromley. on 15th Sept 1916. Present condition — good. In damp weather leg aches speadily, and is tender around the joints. Has scar 1½" by 1" healy healed at and below head of fibula and a large wound 2½" long by 1½" wide, and 1" deep still discharging about 3" inches befow Pattella on autuem surface of Tibia showing considerable loss of bones. Patient slightly debilitated still, otherwise no other disability Recommended Invaliding to Canada & Discharge as permanently unfit. — F. W. Ross Capt CAMC Case held for Transfer — F. W. R.
14/2/17.	Has been in Bromley. Boarded for discharge. Returned Kingswood owing to papers having been lost. Cheartwright. Capt.

(BW)

TRIPLICATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

"F" UNIT M. H. C. COMMAND

D-11-9

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 1915c, C.E.F., 1916). 30-8-311

Regimental No. 53509 Rank Pte. Name Stanley SHELLING.

Corps 18th Bn. who was* Discharged

On January 17th 1918., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1st 1918 to Jan. 17th 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.			Regt'l Pay 17 days at $ 1. c.	17.	00
Cheques No. 13400	15.	00	Field Allow. 17 days at $ c. 10	1.	70
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing Allce.	13.	00
Payment on transfer or discharge No. 13686	49.	70	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit) fr. P.D.P.	33.	00
Total	64.	70	Total	64.	70

*Give particulars.

A monthly stoppage of $ Nil (†) has ——— (‡) been paid on account of Assigned Pay for the month of ——— 191... and Sep'n Allce. for month of ——— 191... (to) Assignee ———

(Address) (of man) Gen. Delivery, London, Ont.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 10/10/14.

(2) if married and if a Separation Allowance Card has been submitted No-single.

(3) cause of discharge H.Q. 16-1-25 authority D.O. 9, 9/1/18.

(4) authority for transfer ———

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 January 17th, 1918.

Place LONDON, ONT.

Capt.
Paymaster "F" Unit, M.H.C. Command
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.

100M.—12-17.
H. Q. 1772-39-903.

H

53509. Pte. Snelling S.

Proceedings of.

Medical Board.

held at. Bromley. 4-11-16.

date

Sent to C.R. 5-2-18

date.

Dis. Section

mdy

COPY.

De-

l'Adjudant-Général,
Milice Canadienne.

A -

En rapport avec le nommé en marge, lequel a été officiellement rapporté comme manquant à l'appel j'ai l'honneur de vous dire que vu la longueur du temps écoulé depuis qu'il fût rapporté manquant à l'appel, et le fait que son nom n'a pas paru sur les listes officielles des prisonniers de guerre, ni que, après enquête faite, aucune information a été reçue pouvant indiquer qu'il est encore vivant, il est regretté que la seule conclusion à laquelle on puisse arriver, soit celle qu'il est mort. Pour toutes fins officielles, dès lors, sa mort est présumée comme étant arrivée le ou depuis

Ci-inclus vous trouverez un certificat officiel de décès.

J'ai l'honneur d'être,

Votre obéissant serviteur,

en charge du Bureau des Registres,
pour l'Adjudant-Général, Suppléant.

A. 168 c.
200 M.—7-16.
1772-39 949.

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

0 2nd 14240

Army Form B. 103.

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

Casualty Form—Active Service.

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

Regimental No. 53509 Rank Pte Name Smelling Stanley

Enlisted (a) 22nd Oct/14 Terms of Service (a) War Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) C.E.F.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
	18th Bn	Disembarked in France	Boulogne	15-9-15	Nom Roll
26-5-16	18th Bn.	Granted 8 days leave		21-5-16	B.213. Part II Order 23, 7/6/16.
2-6-16	do	Returned from leave		31-5-16	do Des. 209.
30-6-16	18th Bn.	Wounded	Not stated	25-6-16	B.213. Des. 219.
26-6-16	8 Stat.	GSW. Leg (fract) Adm.	No. 8 Stat.	26-6-16	W3034.
27-6-16	H.S. Jan Breydel	GSW. Leg L. Fract. Tibia L. Admitted	H.S. Jan Breydel, to England	27-6-16	W3083. Pt. II Order 27, 7/7/16.

M. L. Colquhoun Lieut.
for Lt.Col., A.A.G.,
Canadian Section, G.H.Q., 3rd Echelon.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		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				

Rank | Name SNELLING, Stanley. | Reg'l No. 53509

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

Place and Date of Enlistment C. Natham, Ont. 22nd Oct 1914 | Place of Birth Woking, Surrey, Eng.

Name and Address, Next-of-Kin Ellen Snelling, 13 Alpine Flats, Woking.

Relationship

Assigned Pay Monthly $ | Payable to

Relationship

R133B | 130

N/E. R.B. No. 2604 (clear)
File R.L.
Category Inv. Cass

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
29-4-15	O.C. 18	Arrived per S.S. Grampian	England	29-4-15	Infm Form
10-4-15	O.C. 18th	Appointed 3rd Class Cook.	London Ont	10-4-15	Part II orders. 151
18-9-15	"	and employed in officers Mess Embarked Overseas ("B" Cas)	Folkestone	14-9-15	Infm Form
7.6.16	"	Granted 8 days leave from		21.5.16	Part II 23.
3.7.16	18th	No 2 London Genl Hospital	Chelsea	29.6.16	Cas. List B 102 GSW Comp Fract. L. Tibia
7.7.16	O.C. 18th	Transfd to CCAC per H.S. Jan Breydel and struck off strength from		27.6.16	Pt II 27.
6-7-16	CCAC.	Taken on strength.	Folkstone	29-6-16	PS II 258 app a Com Frac Left Tibia
20-9-16	18th Batt	Adn Van Voo Hos	Bromley	16-9-16	C.L.B 166 G.S.W
23-2-17	Do.	disch C.C. Hospital	Bromley	19.2.17	C.L.B. 290 G.S.W.
28-2-17	C.C.A.C	S.O.S. to Canada for Discharge	Hastings	19.2.17	P II O. 101 A
	Dis Dep	To Conv Home	MD London	5.3.17	NR 217.

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					

8762/174
16998-S-1.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Snelling, Stanley
Surname Christian Name

Regimental Number 53509 Rank Pte. Address (in full) London, Ont.

Unit 18th Bn.

Original Unit

District where paid M.D. 1.

Date of Discharge 17-1-18.

P. D. P. Filing Number 19-63-1.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	1180	18-2-18	33 00	1155	18-3-18	34 10				33 00	67 10
1st	8220	24-2-19	70 00								
53rd Bn	26418	6.3.19	70 00								

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: Overpaid Separation Allowance.

Box 582
Walkerville
Ont.
119 Loudon St. W
Windsor Ont

Dec'n No 8762/174 W. S. G. File No 16998-S-15.

Award.....days at $ 70.. per ~~day~~ Mon $ 420 00

S. A.....months at $ ..... per mo. $..... $

Less P, D. P. Credited $ 100 10

$

Less further debit balance $.....

Net due paid as below 319 90

TO SOLDIER TO DEPENDENT

0	Ag. No.	Ch No	Amount	Ag No	Ch No	Amount
1	709.	8220	70 00			
2	559A	26418	70 00			
3	598B	410669	70 00			
4	552C.	452602	70 00			
5		492063	39 90			
6						
	Total			Total		

24/2/19.
5/3/19.
7-4-19
7/5/19

GEN'L AUDITOR
Posting checked by
W Blair
Date 15.10.19

8.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Snelling Stanley Pte.

Regimental No. 53509

Unit 18 Btn.

Date of enlistment

Place of " S.A. Nil

Married (yes or no) No.

Amount of pay assigned monthly $ Nil.

To whom payable

Essequibo 5-3-17

~~Name and~~ address ~~of next of kin~~ Gen. Del. London Ont

Convalescent Home Rec. 13.3.17

Date and place discharged

Reason for discharge

Character on discharge

Class 11

b 5351—M. & D. 6880.

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	Remarks, Casualties, etc.
17 2/17	16 2/17 31 3/17	43	100	43 00	43	.10	4 30	206 87	254 17					100 00		Eng. L.P.C. D.D. Quebec.
										Bal. Cr. Trans				154 17	254 17	

Int on D Pto 28 2/17 6 P. Mlis No 11 569

From 1 4/17 F. Unit M.H.C

E.A.P. Nil

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

Rank Private Name SNELLING, Stanley. Reg'l No. 53509

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

Place and Date of Enlistment C. Natham, Ont. 22nd Oct 1914 Place of Birth Woking, Surrey, Eng.

Name and Address, Next-of-Kin Ellen Snelling,

13 Alpine Flats, Woking. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 16-2-17 Canada. Reason H. Gillotson Character

PAY OFFICE, N. E. BRANCH FEB 24 1914 CANADIAN CONTINGENT

Entered on N.E. Card Index BKEM

Entered on N.E. Card Index ..... Checked by S. J. McClelland

Checked by H. Gillotson

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5	31/5	31	1	31	31	10	3 10		34 10		1	32 50			32 50	1 60	
1/6	30/6	30		30	30		3		33			32 50			32 50	2 10	
1/7	31/7	31		31	31		3 10		34 10			32 50			32 50	3 70	
								2 60	2 60			97 50				6 30	Cr. Exchange
1/8	31/8	31	1	31	31	10	3 10		34 10	307 350		34 06			34 06	6 34	
1/9	30/9	30		30	30		3		33	394		2 68			2 68	36 66	
1/10	31/10	31		31	31		3 10		34 10	430 471		5 24			5 24	65 52	
1/11	30/11	30		30	30		3 -		33	515 582		2 68			2 68	95 84	
1-12	31-12	31		31	31		3 10		34 10	624 670		2 68 1134 261			16 63	113 31	
1-1-16	31-1-16	31		31	31		3 10		34 10	704 765		262 262			5 24	142 17	
	Feb	29		29	29		2 90		31 90	848 799		262 261			5 23	168 84	
Mch	1.31	31		31	31		3 10		34 10	892 940		262 261			5 23	197 71	
				336			33 60	2 60	372 20			174 49			174 49		

Checked R.H.L.

BALANCE TRANSFERRED TO NEW LEDGER.

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

(Facsimile of Discharge Certificate)

CANADIAN OVERSEAS EXPEDITIONARY FORCES
DISCHARGE CERTIFICATE

This is to Certify that No. 53509 (Rank) Private
(Name in Full) SNELLING, Stanley enlisted in
18th Battalion
Canadian Overseas Expeditionary Force, on the 22nd of October
1914, and accompanied said unit to France was returned to Canada and
discharged from the service at Guelph, Ont. on the 17th
of January 1918, in consequence of
Being Medically unfit for further Military service.

DESCRIPTION OF DISCHARGE

Age 27
Height 5' 4"
Complexion Dark
Eyes Hazel
Hair Brown
Trade Painter

Marks or Scars
Two scars, left leg just below knee due to shrapnel.

Signature of Man Stanley Snelling

[signature]
Officer in charge of Discharge Depot
Lt Col

Place and Date Guelph, Ont., January 17th, 1918.

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped enveloped to The Secretary, Militia Council, Ottawa, Canada.

I hereby certify that this is a true copy of the Discharge Certificate issued to the soldier concerned.

[signature]
Lt Col. O.C.

Canadian Overseas Expeditionary Forces
Discharge Certificate

No. 53509

Rank Private

Name Snelling, Stanley

Unit 18th Battalion

Address on Discharge c/o General Delivery
London, Ont.

His conduct and character while in the Service have been: Very Good

Place Guelph, Ontario

Date January 17th, 1918. Commanding "F" Unit, M.H.C.C. Lt Col

Campaigns European War.

Medals and Decorations None as yet awarded.

N. B.—To be forwarded in duplicate to District Headquarters with all proceedings on discharge (M. F. B. 218).

MARRIED OR SINGLE S.

PLACE OF BIRTH Woking, Surrey. Eng.

NAME AND ADDRESS OF NEXT OF KIN Ellen Snelling, 13 Alpine Flats. Woking.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
28-2-4			
210.00			
5.69			

REG'L. No 53509 RANK Pte NAME Snelling, Stanley

IF IN PERMT. CORPS WHAT UNIT UNIT 18th Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION 6. Niakaw, Ont.

DATE OF ATTESTATION 22nd Oct. 1914

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) ~~24/1/17~~ White form auth. Zist 786-13/2/17 EFFECTIVE

DISCHARGE DATE AND PLACE ~~25.4.16 Canada~~ 16/2/17 Canada REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by W. Gillolson

TRANSFERRED TO 6. 6.16 DATE 1. 8. 16 AUTHORITY O.C. 7/16.

TRANSFERRED TO M.E. Bde DATE 10.1.17. AUTHORITY 66/Lists 3/17

TRANSFERRED TO L.P.&C. DATE 14.2.17 AUTHORITY List 786 13/2/17

TRANSFERRED TO DATE AUTHORITY

Entered on N.E. Card Index V.W.

Checked by

PAY OFFICE, N.E. BRANCH, CANADIAN CONTINGENTS, FEB 24 1917

RELATIONSHIP

RELATIONSHIP

REASON Discharged to Canada 1/1/17

REASON Discharged to Canada 6.61 Para 783 3/17 Cert Discharge to Canada 14.2.17 Entered on N.E. Card Index 25/2/17

Checked by W. J. McClelland

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	✓	REMARKS
			336.				3360							260	37220												19749			17449	19771		45		
Oct 1-30	30	1st	30	-	30	1/-	3								33 -	981		1024		103				262	262					524.	22647				
May 1-31	31		31		31		310								34 10	1068	15.5	1121	255	1376	2/6	B.M.	28.5	255	511	97 33	58 40			1633	9618				
June 1-30	30		30		30		300								33 00																12918				
Checked Rattray July 1-31	31		31		31		310								34 10							C.M.	5.7.16			973			973	15355				
Aug 1-31	31		31		31		310								34 10							Rem	17/8			2433								
																							10/8			973			3406	15359				
Sept 1-30	30		30				3 -								32							Rem	15/9				1 22 1460		1582	17077				
																						Bf	619 6/7											
Oct	31		31 -				310.								34 10.							Rem	2/10			1947.			1947.	18540				
Checked Labelle Nov: 1-28	28		28		28		280								30 80							Cash	26/10			487.			487	21133				
			~~31~~ 2				~~310~~							~~220~~																					
Dec																																			
			60 90																										Balance transferred to N. E. Branch.		211 33				
																																24763			
Checked Gwilliams Dec 31.	31		31 -				310							220	3630																				
Jan. 1/9	9	1.00	9	90											9 90							Cash	31/1/17			973			973	24780				
Checked Rattray Feb	618		679	80										4 80	68460							Cash	15.1.17. London	~~517~~	7 73	~~9655~~	487.			43687	24293				
																								517	773	9855	33022			44167					

Discharge to Canada
C.O.J. Lieut H45 23.11.16
Discharge Cancelled
Pay Book not Available.
Thanet H.E. 29.11.16.
Cr. Bal. $ 211.33.
211.33 Issued by H.E. 3/1/17
30 days not cv. in Nov 1916
Pay Book Urgtd. Kiel. to Canada
9.1.17. CC 1/13 3-1-17.
Brist Balance 247.80
Transfer to N.E. Bde 10-1-17
L.C. issued 9.1.17
Amended L.C. rendered 18.1.17
Returned (Calgary) Smalls
C.C. Letter 24/1/17 Sheet
Discharge Cancelled

Small Ledger Sheets

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $ C.	NO. OF DAYS	RATE	AMOUNT $ C.	NO. OF DAYS	RATE	AMOUNT $ C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			
Forward	61	8	649 80								H 80	684 60									517	773	98 55	330 22			H4167	2H293				L.P.C. 1786 1 Estrayles A & P.S. 1 S.P.B. murphy Discharged Canada 16/2/17 Auth: C.R.D. 7863 13/2/17 1 Fireman 16/2/17
10-31/11/17	22	1.60	24 20									24 20							Cash 18/1					973			973	25740			
Feb. 1-28	13		14 30									14 30							" 20/					48 67			973	26713			
																			" 5/2/17					973			58 40	213 30			
July 14/16	3		330									330							Bromley 14/2/17 H.C.					973			1973	20687			
	656		721 60								H80	726 40							476		517	773	16	28 398 32			51 973	206 87			
																																Balance transferred to N. E. Branch.
																										206 87	206 87	Nil				
March 19/17																																
Sept 17											5 69	5 69														5 69	5 69			Transd to "Canada Disc'ge a/c"		Balance # 206 87 Checked Mitchell L.P.C. Cr. Bal: 206 87 Transd to "Canada Disc'ge a/c" #5 69 Into Def Pay. Leet N° 11

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).

No. 53509

Rank Private

Surname SNELLING.

Christian Name Stanley

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 18th Battalion

Date of Discharge 17th of January 1918.

Place of Discharge Guelph. Ontario

Military District No. 1
JAN 25 1918
I. D30-8311

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years months.
Height 5 feet 4 inches.
Complexion Dark
Eyes Hazel
Hair Brown
Trade Painter
Intended place of residence (To be given as fully as practicable.)

Descriptive Marks
Scars two left leg, just below knee due to shrapnel.

2. The above-named man is discharged in consequence of

Being medically unfit for further Military service.

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 himself 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.

Very Good.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Painter

K.C.U.

M. F. B. 218. 6-10-19a 20.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W. & G. Comp. 31-1-19. M.S.

Star 3-11-19

Dis. Sect. 6-2-18. DM.

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

None

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

6. Medals and Decorations ..... None as yet awarded.

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 enquired into all matters brought before me in accordance with Regulations.

(Place) Guelph, Ont. ..... Mos J D Clamere Lt Col

(Date) January 17th, 1918. ..... *Commanding* "F" Unit, M.H.C.C.

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.

(Place) Guelph, Ontario Stanley Snelling (*Signature of Soldier.*)

(Date) January 17th, 1918. ..... J J Hartwell 8/8/17 (*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) 3 years 87 days.

Total 3 years 87 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed. 17/1/18

(Place) Guelph, Ontario

(*Signature*) Mos J D Clamere Lt Col

(Date) January 17th, 1918.

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.)

None

Stanley Goldberg

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form B. 313	
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(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.

II.

3

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number #53609. Rank Pte. Name and Corps of disabled soldier. Snelling, Stanley. 18th Bde.

Previous Civilian Occupation. Painter - Decorator.

Cause of disability:- Loss of bony tissue left tibia due to compound fracture causing weakness left leg.

Condition in detail which prevent the soldier earning a Full livelihood:- Patient complains of weakness left leg.

Exam: Scars as per diagram on back. Healed. There is a large excavated wound into head of tibia 1½ x ¾" x ⅜" deep. Good union of bones. Leg is still weak. Knee fails him at times. Can walk for about ½ hr & in that time he would go ½ - 1 mile with aid of a cane. Movements normal left knee & left ankle. Other systems normal.

DEPT MILITIA & DEFENCE MAR 19 1917 649-S-11045. CANADA

Opinion of the Board.

P.T.O.

Degree of incapacity (Please state in fractions.) 7/5 reducing to 10% in 3-4 mos

Probable duration of incapacity:- Permanent

Does it render him permanently unfit for "Military Service? Yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalescent Home

Signature. W. G. Walper Capt. President.

A. Stanley Kirkland Capt. Members.

Station. Quebec

T. M. Morton Capt.

B. P. C. FOLIO FALSE DOCKET 4

Date March 13, 1917.

Approved.

Date Mar 13/17

W. M. Carrie Major
Assistant Director Medical Service.

Date 27.3.17

W. C. Arnold Capt.
Director General Medical Service.

Disc. section 12-4-17

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability:-

Condition in detail which prevent the soldier earning a full livelihood:-

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

Does it render him permanently unfit for "Military Service?

Would operation, special treatment or the use of appliances, etc., lessen incapacity.

Signature. _____ President.

_____ Member.

Station. _____

Date

Approved.

Date _____ Assistant Director Medical Service.

Date _____ Director General Medical Service.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

CANADIAN CONVALESCENT HOSPITAL 16 OCT 1916 BROMLEY, KENT
MILITIA & DEFENCE DEPT JAN 23 1918 H.Q. CANADA

Station _____

Date _____

1. Unit. 18th. Bn.
2. Regimental No. 53509
3. Rank Pte.
4. Name Snelling S.
5. Age last birthday 26.
6. Enlisted { on 22nd. Oct. 1914. / at Chatham., Ont.
7. Former Trade or Occupation { Bar Tender.

Military District No. 1
JAN 5 1918
I. D 30-5-311

8. **Disability.**

G.S.W. Left Leg.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 25th. June 1916.

10. Place of origin of disability. St Eloi, Belguim.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

While returning from trenches was struck by machine gun bullet in the left knee two inches below the knee and tibia shattered.
C.C.S. Poperhinge 25th - 26th June. Bullet removed.
No. 8 Stationary Hospital. Boulogne. 26th - 27th June. Wound dressed.
No. 2 London General Hospital. June 28th. - Sept. 15th - On June 30th was operated on for removal of bone and secondary haemorrhage. Leg put in splint for six weeks and X Rayed twice. No report. Recovery very slow.
Canadian Conv. Hospital, Bromley, Sept. 15th. to Present time.
Wound dressed, and moving about on crutches and with cane.

B. P. C. FOLIO
FALSE DOCKET
12

12. (*a*) Give your opinion as to the causation of the disability.

G.S.W.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

1. Yes.

2. Yes. Machine gun bullet.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General condition good.

Large excavated wound down into head of tibia. Still discharging and showing large amount of loss of tissue. Wound over head of fibula healed.
Complains of soreness and pain in knee joint in damp weather
Leg very weak. Requires daily dressing.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy? Yes.

(*b*) On active service? Yes.

(*c*) On duty? Yes.

(*d*) Off duty? No.

15. Was a Court of Inquiry held on the injury? Not applicable.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? Yes. 1. Removal of Foreign body.
2. Removal of bone and control of haemorrhage.

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? Not applicable.

19. Do you recommend

(*a*) Fit for duty? No.

(*b*) Fit for base duty? No.

(*c*) Invalided to Canada? Yes.

(*d*) Discharge as permanently unfit? Yes.

F F Newham Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station _____

Date _____

CANADIAN CONVALESCENT HOSPITAL 16 OCT 1916 BROMLEY, KENT

F F Newham Capt
Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. — 1. Yes 2. Yes

(*b*) If due to one of these causes, to what specific condition do the Board attribute it? — G.S.W.

21. Has the disability been caused or aggravated by

(*a*) Intemperance? — No

(*b*) Misconduct? — No

22. Is the disability permanent? — yes, military life.

23. If not permanent, what is its probable minimum duration? — Not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — Total

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? — Not applicable

26. Do the Board recommend

(*a*) Fit for duty? — No

(*b*) Fit for base duty? — No

(*c*) Invalided to Canada? — Yes

(*d*) Discharge as permanently unfit — ~~Yes~~ No JJW

27. Remarks.

B. P. C. FOLIO
FALSE DOCKET
11

Signatures :—

W Bapty major President.

Station Bromley,

Date November 4th/16

A K Farrell Capt } Members.

Approved.

Station

Date

Assistant Director of Medical Services.
DEC 12 19[illegible]
Canadians, London Area

W H Delaney Lt Col Camp

Administrative Medical Officer.

for Lt Col. A [illegible]
Canadians, London Ar[illegible]

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the day of 191

R. C. JAN 23 1917

Members of Board.

389-23-1-18

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this day of , 191 .

President.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

DEPT. MILITIA & DEFENCE FEB -7 1918 CANADA

649-8-11045

SECTION "D"

STATION Guelph, Ont. DATE 29-11-17

1. (a) Unit "F" Unit, M.H.C.C. (b) Regimental No. 53509 (c) Rank Pte.

(d) Surname Snelling (e) Christian name Stanley

2. Age last birthday 27 years. Date of birth 21-8-90

3. Enlisted at Chatham, Ont. on 22-10-14

4. Personal description :—

(a) Height 5' 4¼" (b) Weight 116 (stripped) (c) Complexion Dark

(d) Colour of hair D. Brown (e) Colour of eyes Hazel. (f) Identification marks

Coherent healed scar int. surface, L. Tibia- 3" X 1¼"

5. Address after discharge (for the use of the Board of Pension Commissioners.)

615 Talbot St., London, Ont.

6. Former trade or occupation Painter.

7. (a) Service

	Years	Days

	Periods From	Periods To
18th, Bn. C.E.F.	22-10-14	
"F" Unit	18-3-17	29-11-17

(b) Has he been Overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible). Partial loss of function L. Leg.

(a) Date of origin 25-6-16 (b) Place of origin Belgium.

(c) Cause* Machine gun bullet. *(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Man has wound internal surface upper 3rd. of L. Tibia- wound is 3" Long. x 1¼" wide. Now well healed and adherent . Atrophy of thigh 6 in. above Patella . 1 inch. atrophy of calf of L. leg 4 in. below patella ½ inch. Movements of knee joint normal but feels weaker than right. Heart and Lungs normal.

See specialist's report P. 4, with which I agree.

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

M. F. B. 227.

15 M.-6-17.
1772-39-117.

28

Dis Sect 6-2-18 O M Em. CR18

10. History ;

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

Scar as described in NO 9 . Scar 1½" X ½" ant. ext. surface L. Tibia. Well healed.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

100% (One hundred) with treatment.

60% (sixty) without treatment.

12. Did the disability arise on or off duty ? On active duty in action.

13. Was a Court of Inquiry held ? No

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

Yes..... No..... Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? ..... No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Permanent.

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

Hospitals in France England and M.H.C.C. (London & Guelph)

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

Yes.

19. Can the former trade or occupation be resumed ? Yes after operation.

20. Recommendations

Continuation of treatment and operation.

H.W.P addell, Capt. A.M.C.

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.)

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

Pte. Snelling, S.

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Agree except.

(11) 10% (ten percent)

(18) No

(19) Yes.

(20) return to duty. Operation not advisable.

22. 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)	YES
(d) Temporarily unfit,	(" D)	(Yes or No).	NO
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No).	NO

23. It is certified that the soldier

(a) ~~Does require treatment.~~
(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).

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

Return to duty - Cat. C. 111.

J.B.Rupp, Capt. A.M.C. *President.*

A.E.Whitmore, Capt. A.M.C } *Members.*

I.D.Wilson, Lieut. A.M.C. }

STATION Guelph, Ont.

DATE Dec. 11, 1917.

APPROVED BY

DATE ..... *Assistant Director of Medical Services.*

APPROVED BY

DATE ..... *Director-General of Medical Services.*

389--7-2-18

nelling C. #53509-

Present condition:- Left leg aches after exercise e.g. walking two miles - ache goes when leg is well rested. He is well otherwise.

Machine gun bullet penetrated left leg near knee in front of fubula - and tore out a greater part of hea of tibia, but joint escaped. he leg is weak in bony tissue and might easily be broken by jumping or a fall of his painters scaffold. When he returns to civil life --the scar is very adherent He is anaemic and 20 pds below average (enlistment)weight.

Prognosis:- Depends on civil life chosen - His work requires a stronger leg- or he may break it. Get weight up first and blood condition improved.

Treatment:- Then graft in bone support and strengthen it.

Guelph Military Hosp. H.O.Howitt, Lieut.

Nov. 27-17.

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.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

HOME ADDRESS --- 615 Talbot St. London, Ont.

MEDICAL HISTORY OF AN INVALID.

1. Station. London, Ont.
2. Regiment or Corps. # 1 S.S.Unit.
3. Regimental No. and Rank. 53509 Pte.
4. Name. SNELLING Stanley
5. Age last Birthday. 27
6. Enlisted on Oct. 22/14. at Chatham, Ont.
7. Former Trade or Occupation. Painter

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

DEPT. MILITIA & DEFENCE NOV 16 1917 H.Q. CANADA

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 11/10/17.

9. Service.

	Years.	Days.	PERIODS. From.	To.
18th Bn. C.E.F.			Oct. 22/14.	
S.S.Unit.				11/10/17.

10. (a) Disease or disability. Weak left leg.
    (b) Date of origin. June 25/16
    (c) Place of origin. St.Eloi
    (d) Cause. Shell wound of left tibia during active service.

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
This man has an excavated shell wound over internal surface of upper third of left tibia, the wound is 3" long spindle shaped and 2" wide in the centre, is completely healed over and there is considerable loss of bone, he also has a small shell wound 1½" X ½" over the antero-external surface of the tibia in its upper third. The knee joint is not involved by the wound and all movements of the leg are complete. There is some atrophy and loss of power with pain in the knee and ankle on long standing. Heart, lungs and other organs normal.

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

B. P. C. FOLIO FALSE DOCKET 10

Dis Sect 20-11-17

M. F. B. 227,
100 M—2-16.
1772-39-117.

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

Scars as resulting from shell wounds, see sect. "11"

(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 ?

Sustained on duty.

(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 exceptional.

14. Treatment

Hospitals in Belgium France, England and L.M.H. London, Ont.

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

Not applicable.

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

Permanent unless operated.

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

Total while under treatment.

20% without treatment.

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

No.

J. A. Lemieck Lieut

Ottawa

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.

Yes.

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. No.

Category "D" III

20. Recommendations : That he be placed in Category "D" III for treatment.

Signatures :—

A. E. McLarty, Capt. Camel President.

T. V. Hunter Capt. A.M.C.

Members.

J. W. Renwick Lieut Camel

Station. London, Ont.

Date. 11/10/17.

Date. 17-10-17

L. H. Douglass Capt for Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

APPROVED NOV 13 1917 D.G.M.S.

B. P. C. FOLIO FALSE DOCKET 9

19

356-10-1-17

(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.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

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.

HOME ADDRESS---615 Talbot St. London, Ont.

MEDICAL HISTORY OF AN INVALID.

DEPT. MILITIA & DEFENCE
AUG 13 1917
H.Q. CANADA

1. Station. London, Ont.
2. Regiment or Corps. 18th. Bn. C.E.F.
3. Regimental No. and Rank. 53509 Pte.
4. Name. Snelling, Stanley,
5. Age last Birthday. 26.
6. Enlisted on 22/10/14. at Chatham, Ont.
7. Former trade or occupation. Painter, Date. 4/8/17.

8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
18th. Bn. C.E.F.			22/10/14.	3/8/17.

10. (a) Disease or disability. G.S.W. Left leg.
    (b) Date of origin. 25/6/16.
    (c) Place of origin. France,
    (d) Cause. Machine Gun.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Scar of entrance about 2" long 2nd below knee joint on outer aspect of leg just in front in front of fibula, large depressed scar of exit 4" long by 2¾" wide on inner and anterior surface of tibia about 2" below knee. Loss of substance of tibia 3" long on front and inner aspect below this scar. Skin adherent to bone over this area, walks with a slight limp, tires easily if he walks any distance but can walk quietly about three miles without inconvenience or can stand two or three hours without tiring. Movements of joint normal. Power of resistance to extension and flexion lessened about 50%. Heart, lungs and other organs normal. R.B.Cells 5,800,000. Lincocytis 7,800.

B. P. C. FOLIO
FALSE DOCKET
8

12. (a) Is the disability the result of service or climate? Yes.
    (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.)

Scars as in "11". Scar 1½" long over upper third of right forearm on ulnar aspect.

(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 ?

On duty.

(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 exceptional.

14. Treatment.

Military Hospital in England.

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

Not applicable.

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

Three months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

½ (one half) at present.

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

No.

J. A. McEwen Capt A.M.C.

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. Yes.

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. No.

Category "D" III.

Recommendations: That he be admitted to L.M.H. London, Ont. for X Ray of wounded leg and treatment.

Signatures :—

F. J. McNally Capt A.M.C. President.

W. H. Fallow Capt A.M.C.

Station. London, Ont.

Date. 4/8/17.

J. A. McEwen Capt A.M.C. Members.

Date. 10-8-17

I. A. Grant ....Lieut. Colonel

A. D. M. S., M. D. No. 1.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

B. P. C. FOLIO
FALSE DOCKET
7

15

R.O. AUG 13 1917

S/350.13.8.17

(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.

Militia Form B. 227.
200m. 8/16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

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.

53509 Pte. Snelling Stanley.
1 S.S.C. 18th Bn.

Proceedings of

Medical Board.

held at. Guelph. Ont.

date 11-12-17.

Sent in C.R.

date. 6-2-18.

Dis. Section
O. M.

Address reply to
THE SECRETARY,
MILITIA COUNCIL,
Headquarters
OTTAWA, CANADA.

And quote number.....

Department of Militia and Defence,

OTTAWA,

From -

The Adjutant-General,
Canadian Militia.

To -

The Director of Pay & Record Services,
(Estates Branch.)
Canadian Expeditionary Force,
Westminster House, 7 Millbank,
London, S. W., England.

DEATH CERTIFICATE.

Sir,

I have the honour to enclose herewith a copy of the official certificate of death of the marginally noted.

I have the honour to be,

Sir,

Your obedient servant,

i/c Record Office,
for a/Adjutant-General.

25M—9-16.
1772-45-8.

ORIGINAL

MEDICAL HISTORY SHEET.

5'35'09 B

Surname Snelling. Christian Name Stanley.

Examined on 22nd day of September 191 X at Chatham Ont.

Approved by D.A.M.S. Maj. Gen. Hogg Major

Birthplace City or Town Woking. County Surrey England.

Rank Pte. Unit 135th Bn. C.E.F.

Apparent age 24 years.

Trade or occupation Barlender.

Examined for Re-engagement,	Date	Fit or Unfit	
JUL 4 1916	4/8/17	Fit	D'Hagg M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Height 5 Feet 4 Inches.

Weight 6 Lbs.

Chest measurement Minimum 31 1/2 inches. Maximum expansion 34 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. 6 Left. Number 6

When Vaccinated last 6

Vaccinations.	Result	Date
D'Hagg M.O.	good	17/12/14
M.O.		
M.O.		

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Anti-Typhoid Inoculations, Etc.	Result	Date
D'Hagg M.O.	good	10/1/14
D'Hagg M.O.	good	20/1/14
M.O.		

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	8 Batt'n	~~135509~~ 53509.		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bromley	4/16.	G.S.W. left leg.	Invalided to Canada. Lt. Bapty Major
Assistant Director of Medical Services. London, Ont. Canadians, London Area	Approved. — 4/8/17. Examined by S.M. Board.	W.K. Delamere G.S.W. left leg. F.W. Mally Capt. A.M.C.	Category "D" III. Pres

In charge of Records, Canadian Contingent.

The Medical History Sheet must accompany all men invalided or discharged to Canada, returning to the Officer commanding the Depot Unit to which he belongs when in England. Records Office

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
nd London General Hospital St. Mark's College, King's Road, CHELSEA. S.W.		29	6	16	15	9	16	G.S.W. Leg	79	Usual Treatment	C.G. Leacock Co.
CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT.		15	9	16	Date of Board ~~4~~ 18	~~11~~ 12	~~16~~ 16	Do	~~51~~ 95	~~Boarded for discharge as unfit~~ Boarded as above C.J.M.	C.J.W. Kinnon Capt
London		14	8	17	22	10	17	G.Shot Wd of Leg	70	transferred to C.M.C.H.	
Guelph M.C.H.		26	10	17				G.S.W. Leg		Debility	G.M. Reid Capt ans

Form 2203

U. S. DEPARTMENT OF LABOR

NATURALIZATION SERVICE

TRIPLICATE

(To be given to the person making the Declaration)

No. 40774

UNITED STATES OF AMERICA

DECLARATION OF INTENTION

☞ Invalid for all purposes seven years after the date hereof

STATE OF MICHIGAN } ss:
COUNTY OF WAYNE. }

In the CIRCUIT Court of WAYNE COUNTY MICH.

I, George Earl Dodd, aged 19 years, occupation Timekeeper, do declare on oath that my personal description is: Color Wht, complexion Fair, height 5 feet 7 inches, weight 144 pounds, color of hair Brown, color of eyes Blue other visible distinctive marks None

I was born in Lambton Canada on the 28 day of Feby, anno Domini 1898; I now reside at 2069 Leahulan Detroit Mich

(Give number, street, city or town, and State.)

I emigrated to the United States of America from Windsor Ont on the vessel Ferry

(If the alien arrived otherwise than by vessel, the character of conveyance or name of transportation company should be given.)

; my last foreign residence was Windsor Ont; I am not married; the name of my wife is ; she was born at and now resides at

It is my bona fide intention to renounce forever all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, and particularly to GEORGE V, KING OF GREAT BRITIAN AND IRELAND, of whom I am now a subject; I arrived at the port of Detroit, in the State of Michigan, on or about the 19th day of April, anno Domini 1904; I am not an anarchist; I am not a polygamist nor a believer in the practice of polygamy; and it is my intention in good faith to become a citizen of the United States of America and to permanently reside therein: SO HELP ME GOD.

George Earl Dodd

(Original signature of declarant.)

Subscribed and sworn to before me in the office of the Clerk of said Court this 9 day of July anno Domini 1917

MILTON OAKMAN

Clerk of the Deputy Circuit Court.

By Gustav Martens, Clerk.

14—1170

UNITED STATES OF AMERICA

DECLARATION OF INTENTION

(Invalid for all purposes seven years after the date hereof)

[SEAL]