

Triplicate  
552973  
~~552973~~  
13713

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Stirling*
- 1a. What are your Christian names?..... *James Edward*
- 1b. What is your present address?..... *Box # 4 St East Medicine Hat*
2. In what Town, Township or Parish, and in what Country were you born?..... *Maitland Nova Scotia Canada*
3. What is the name of your next-of-kin?..... *Two Osmond Stirling*
4. What is the address of your next-of-kin?..... *Stirlingbrook Bank's Country N.S.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
5. What is the date of your birth?..... *Oct 31<sup>st</sup> 1884*
6. What is your Trade or Calling?..... *Brakeman*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *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*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Edward Stirling*, do solemnly declare that the above are answers made by me to the above questions and that they 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.

*James Edward Stirling* (Signature of Recruit)  
Date *4<sup>th</sup> April* 1916. *Edward Buckwell Rich* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Edward Stirling*, 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.

*James Edward Stirling* (Signature of Recruit)  
Date *4<sup>th</sup> April* 1916. *Edward Buckwell Rich* (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 *Medicine Hat* this *4<sup>th</sup>* day of *April* 1916  
*W. H. Johnson M. Mag.* (Signature of Justice)

# Description of James Edward Stirling on Enlistment.

Apparent Age.....31.....years.....6.....months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft 7 1/2 ins.

one large scar mark left arm

Chest measurement { Girth when fully expanded.....36 ins.  
 Range of expansion.....3 ins.

Complexion.....Dark  
 Eyes.....Grey  
 Hair.....Black

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

## 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.....April 4.....1916.

W. Macdonald  
Captain  
 Medical Officer.

Place.....Medicine Blk. Allé

\*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.

.....J. E. Stirling.....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.

W. H. Holmes.....(Signature of Officer)  
W. H.

Date.....April 4.....1916.

STERLING, JAMES EDWARD

552973

P.P.C.L.I.

- 40920

PHY. UN.

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.

PR





RECEIVED BY THE  
REGIMENTAL CLERK  
AT THE OFFICE OF THE  
REGIMENTAL CLERK

9279

Name: STERLING H. Rank: Pte. Regt. No. 552973 Unit B  
 Battn P.P.C.L.I. Camp or O. S. 0 File M. H. C. C. H. Q. File  
 Next of kin Mrs. Sterling Sterling's Brook, Hants. Co. N.B.  
 Discharged to Class..... D. of D..... Conduct Good  
 Pension awarded..... Date of first payment.....  
 Address on discharge. School for blind Hfx.  
 Diagnosis..... Date boarded.....

DATE	CLASS	REMARKS	Part 2 Order
13-8-17	2	School for Blind.	<del>#234</del> #176
31-3-18		DISCHARGED	#92



Surname  
**Sterling**

Christian Name or Names  
**J.E.**

Reg. No.  
**552975**

Rank  
**Pte.**

Unit  
**P.P.C.L.I.**

Co.

Troop

Batty

Hospital  
**4 Gen Camie VS**

Date of Admission  
**30-3-17**

Transferred **20 Genl Camie**

Hosp. **1.4.17**

**Looking M.L Church Lane Looking**

Hosp. **17.4.17**

**West Cliff Eye Ear**

Hosp. **24-5-17**

Hosp.

Diagnosis **G.S.W. eyes, face & abrasion neck sev.**

(1) Later Diagnosis (if changed)

*Totally blind*

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

**C.L.10-4-17 A 595**

**- 12.4.17 a/597**

**25.4.17 B/297**

**29-5-17 B322**

**23.6.17 B339**

REMARKS

*Dis. 18.6.17*

To Canada per H.S. Letitia  
from Liverpool 18-6-17

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

*R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



SURNAME.

*Sterling*

✓ CARD NO.

CHRISTIAN NAMES

*James Edward*

*S.O.S. Dis 31-3-18.6*  
*pt. II FOLL. 9272-4-18*  
*R. Unit 27.6.6*

REGL. NO.

*552973*

RANK

*Pte*

UNIT

*13th C. M. A.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Sterling, Mrs. Esmond.*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*Stirling Brook, Hants Co., N. S.*

COUNTRY OF BIRTH

*Canada, Hantsland, N. S.*

DATE

*Oct 31st 1884*

PLACE OF ATTESTATION

*Medicine Hat, Alta.*

DATE

*Apr. 4th 1916.*

*Sailed for Canada 18-6-17.*

*R/C 29-6-17.*

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-339.

Returned to Canada per J. L. Linton 15-6-17 (with 7.33<sup>8</sup>)

MARRIED SINGLE *Yes* WIDOWER

TRADE OR CALLING *Brakeman* RELIGION *Methodist*

DESCRIPTION.

APPARENT AGE *31* YEARS *6* MONTHS

HEIGHT *5'* FEET *7 1/2* INCHES

CHEST MEASUREMENT *36* INCHES EXPANSION *3* INCHES

COMPLEXION *Dark* EYES *Grey* HAIR *Black*

DISTINGUISHING MARKS *one large Vaccination mark left arm.*

MEDICAL EXAMINATION. PLACE *Medicine Hat Alta.* DATE *Apr. 4<sup>th</sup> 1916.*

*Present address 803a 4<sup>th</sup> St., East, Medicine Hat, Alta.*

*med.*

*13*

*Ham*

Number *552973* Rank *Plt*

Surname *STERLING*

Christian Name *James Edward*

Units *R.C.C. L.I.* Theatre of War *France*

Date of Service *21-9-16*

Remarks

Latest Address *Sterling's Brook*

*Hants Co. N.S.*

Roll No. *Blag 11944*

200m.-2-21.M.

DESP. NOV 27 48  
REGN No. 68261

DESP. APR 1 1922  
REGN. No. *RC4039*

Name **STERLING. James Rank Pte.**

Reg. No. **552973.**

Unit **P.P.C.L.I.**  
Edward

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917	York New Hosp. Laniers	Canada	Raid. Exp. Fee Crew for Tech see.	B326	1402 10/17	
1	York New Hosp. Laniers			B327		
17	Footing with H. Quick from Footing			B327		
24-5	West Cliff. Can. & G. of		do	B332		
18-6-17	Discharged to	Canada	do	B339		



REGT'L NO 552973

H. Q. FILE NO. 649-

NAME Sterling James Edward

RANK AND CORPS Pte. of P.P.I.L.I. (form 13<sup>th</sup>)

FOLLOWS  
No. 6.M.R.

CABLE

No. DATE

NATURE OF CASUALTY

FOLLOWS

M. 1402 7-4-17

Adm. to H. Gen. Hosp. barriers March 30<sup>th</sup> 1917. (wounded severely eyes, face.)

9338 25-6-17

Sailed from Liverpool for Canada per the N. S. Letitia on June 18<sup>th</sup>, 1917. Blind

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 595	#4 Gen, Dannes Camiers	30-9-17	G.S.W. Eyes, face & abrasion neck Les.
A 597	50 <sup>th</sup> 20 Gen., Dannes Camiers	1-4-17	" " " " "
B297	Loring Mil Church Lane Loring J. W.	17-4-17	G.S.W. Eyes & face & abrasion neck severe
B322	90 Westcliff Can Eff.	24-5-17	G.S.W. Eyes, face & Neck. Les.
B339	" " " " " Falgoutons Disch.	18-6-17	" " " " abrasions neck
176	M. H. C. Halifax	29-6-17	Postect to school for the blind
234	" " " " " "	13-8-17	Adm. School for blind.

m 26(39)



*2d Gen*

Hospital.

Ward *A1*

No. of Bed *7*

Date *Mar 30*

Regl. No.	Rank and Name	Corps	Part to be X-Rayed
<i>552993</i>	<i>Sterley</i>	<i>PPCL-1.</i>	<i>Both orbits</i>

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate *113*

*Destruction of left globe & penetrating wound of right globe (bomb).  
? F.b's remaining in orbits*

*shows destruction of bone around left orbit.  
no f.b.*

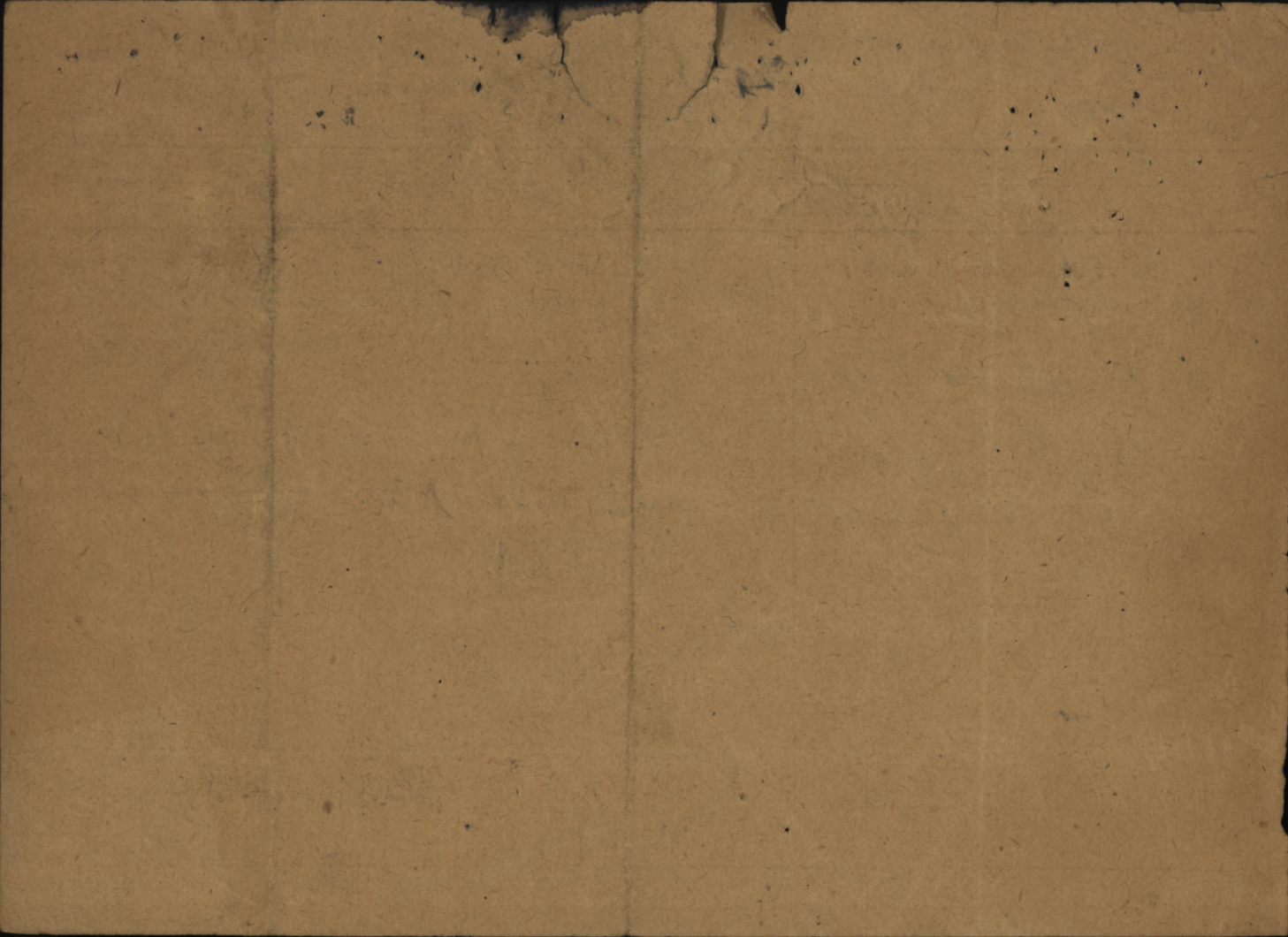
Signature of M.O. *M. H. Hacht*

Date *30-3-17.*

Signature of Radiographer

*E. W. Johnson*

Date *31-3-17*



S-204

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## "B" UNIT M. H. G. C. LAST PAY CERTIFICATE

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

Regimental No. 552973 Rank Private Name Sterling J.E.

Corps 13th C.M.R. who was\* Discharged

On 31/3/18 191....., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3/18 191....., to 31/3/18 191....., the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg't Pay..... <u>31</u> days at \$..... <u>1.00</u>	<u>31</u>	<u>00</u>
by } No.....			Field Allow. .... <u>31</u> days at \$..... <u>.10</u>	<u>3</u>	<u>10</u>
Cheques } No..... <u>15575</u>	<u>34</u>	<u>10</u>	Separation Allowances* (Monthly) .....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>Clothing Allee</u>	<u>13</u>	<u>00</u>
Other charges .....			Other Credits*.....		
Payment on transfer or discharge No <u>15665</u>	<u>13</u>	<u>00</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>47</u>	<u>10</u>	Total.....	<u>47</u>	<u>10</u>

\* Give particulars.

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

(Address) .....

(†) 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.....
- (2) if married and if a Separation Allowance Card has been submitted Nil.....
- (3) cause of discharge..... authority.....
- (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 April 2nd 1918

Place Halifax N.S.

*[Signature]*  
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.

Made by.....
Checked by.....
No. Last D. O. Pt. No. ....
Date <u>2/4/18</u>

LAST PAY CERTIFICATE

(The following is a list of the names of the members of the force who have been discharged from service.)

NAME

RANK

REGIMENT

COMPANY

DATE OF DISCHARGE

REASON FOR DISCHARGE

REMARKS

SIGNATURE

POST OFFICE ADDRESS

CITY

STATE

COUNTRY

POST OFFICE ADDRESS

CITY

STATE

COUNTRY

POST OFFICE ADDRESS

CITY

STATE

COUNTRY

POST OFFICE ADDRESS

CITY

STATE

COUNTRY

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE 28-11-73

NAME STERLING JAMES E Service No. 552973 CPC No. 32156  
NOM ..... Matricule No ..... CCP No .....

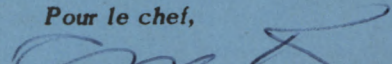
WVA No.  
AAC No .....

Information Received from DEATH CERT. OCT. 30, 1973  
Information reçue de: .....

Date of Death OCT 20, 1973  
Date du Décès .....

Place PINE BREEZE HOME USA  
Endroit .....

Distribution: WSR-DASG  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
  
for Chief, Central Registry Division.  
Dépôt central des dossiers.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 4540.	Regimental No.	Rank.	Surname.	Christian Name.
	552943	Pte	Sterling	Geo E.
Year 1914.	Unit.	Age.	Service.	
	P.P.C. 22. (13 <sup>th</sup> O.M.R.)	30.	12 7/12 9	

Station and Date. 24-5-17.	Disease
	G.S.W. Eyes R & L
	Wash sockets with boracic t.i.d.
	Apply Argrol 25% oint daily. 17/17.
	Wounded 28 <sup>th</sup> March 1917 from explosion of bomb.
	Left eye was torn out and right was so badly damaged that it was also removed.
	Conjunctival sacs are now well healed and very little discharge is present.
	W.M. Dunbar Capt.
	Recommended for transfer to St. Dunstan's.
	W.M. Dunbar Capt.
	W.M. Dunbar Capt.
	<u>curie</u>
	W.M. recd -
	Board 6 June 17 Inv to Canada
	Hosp Rep June 17/17
	18 <sup>th</sup> June Inv aliding to "Canada"
	18/6/17

7  
18.  
—  
26

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

Station  
and Date.



Casualty Form—Active Service.

W.S.A.

Regiment or Corps 13<sup>th</sup> B.M.R. Regimental Number 552973  
 Rank Plt Surname Sterling Christian Name James  
 Religion Methodist Age on Enlistment 31 years 6 months.  
 Enlisted (a) 4-4-16 Terms of Service (a) 10y 6w Service reckons from (a) 4-4-16  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Signature of Officer i/c Records.

Date	Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
	Date	From whom received				
			Embarked ...	<u>Halifax</u>	<u>ship</u>	<u>28-6-16</u>
			Disembarked...	<u>Singapore</u>		<u>5-7-16</u>
<u>22-7-16</u>	<u>6c 13<sup>th</sup> B.M.R.</u>	<u>Transfer from R.C.R. to P.C.I. Depot South</u>	<u>Caesars Camp</u>	<u>19-7-16</u>	<u>B.O. 175 of 22-7-16</u>	
<u>21.7.16</u>	<u>Plt. Sterling</u>	<u>Take on strength of R.C.R. P.C.I. Depot from 13<sup>th</sup> B.M.R.</u>	<u>Caesars Camp</u>	<u>19.7.16</u>	<u>B.O. 72 of 21.7.16</u>	
<u>21.9.16</u>	<u>Plt. Sterling</u>	<u>Proceeded overseas to P.C.I. Depot</u>	<u>Caesars Camp South</u>	<u>21.9.16</u>	<u>B.O. 125(2) 21.9.16</u>	

CERTIFIED CORRECT.  
 28 SEP 1916  
 CAN. RECS. LONDON

LIEUT. & ADJT.  
 R.O.R. & P.P.O.L. DEPT.

(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) Signaller, Shoing-smith, &c.  
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. [P.T.O.]

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
22-9-16	CBhl	Arrived in France and taken on strength of P.P.P.I.	CBhl	22-9-16	From Roll Part II orders 52 of 28 $\frac{7}{16}$
22-9-16	CBhl	Left CBhl for	Unit	23-9-16	From Roll
30-9-16	O.C. Battery	Arrived at Unit in	Field	26-9-16	B212 H.C.S. 417 of 6 $\frac{10}{16}$
31-3-17	O.C. Unit	Wounded in Action	Field	28-3-17	B213 H.C.S. 476 d/s.
30-3-17	4 General	G.S.W. eyes, face & abrasion neck adm.	4 Genl.	30-3-17	W3034/236
1-4-17	4 General	G.W. Face & Eyes Transf to 20 Gen Hosp.		1-4-17	W3034-239.
"	20 General	" adm.	"	1-4-17	W3034-240.
31-3-17	H 2 Co. Co. 2.	G.S.W. Face adm.		28-3-17	A76/E 7220 477.
1-4-17	2 Co. Co. 2.	G.W. Face adm.		28-3-17	
		2042 Co. Co. 2		28-3-17	A76/E 7274 478
16-4-17	H.S. Cambria	G.W. both Eyes. Invalided and Posted to Eastern Ontario Regimental Depot Seaford, Per H.S. Cambria.		16-4-17	W3083-4886. Part II Orders, 36 d/s - 30 $\frac{4}{17}$ .
					Lieut. for Major, A. A. G. Canadian Section for A. G. 3rd Echelon, B. E. F.
27-4-17	EOR Depot g.w.s.	Taken on strength	Seaford	17-4-17	PT II DO 46 LIEUT

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

M. F. W. 54. (A. F. B. 193.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 13<sup>th</sup> B. M. I.

Regimental No. 552043 Rank Pvt Name Sterling J. E.

Enlisted (a) 4 4 16 Terms of Service (a) 2<sup>nd</sup> Mar Service reckons from (a) 4 4 16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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				
<u>29<sup>6</sup>/<sub>14</sub></u>		<u>Taken on Strength</u> <u>13<sup>th</sup> Unit M. T. C. O. Halifax</u> <u>Part - II D.O. 176</u>		<u>29<sup>6</sup>/<sub>14</sub></u>	<u>W. Whitford</u> CAPT. & ADJUTANT FOR MAJOR Q. C. "B" UNIT M. H. C. C.
<u>31<sup>3</sup>/<sub>18</sub></u>		<u>Discharged</u> <u>Part - II D.O. 92</u>	<u>do.</u>	<u>31<sup>3</sup>/<sub>18</sub></u>	<u>W. Whitford</u> CAPT. & ADJUTANT FOR MAJOR Q. C. "B" UNIT M. H. C. C.

(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, Shooring Smith, etc., etc., also special qualifications in technical Corps duties.

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				

A.C. Rank Name STERLING, James Edward. ✓

Reg'l No. 552973

Unit 13th. O.M.R. If in perm. Corps, }  
What Unit? }  
Medicine Hat.

Married or Single Single. ✓

Place and Date of Enlistment 4th. April 1916. ✓

Place of Birth Maitland, Nova Scotia.  
Canada.

Name and Address, Next-of-Kin Mrs. Osmond Sterling. ✓

Sterlingsbrook, Hants, County.N.S. ✓

Relationship Mother ✓

Assigned Pay Monthly \$ Payable to

Relationship

N/E. R.B. No 3430

Separation Allowance \$ Payable to

Relationship

File R.L.

Category Ban Mill

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

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.				
<b>Arrived in England. S.S. Olympic. 6th July 1916.</b>					
22.7.16	13 <sup>th</sup> O.M.R.	Insd. to R.C.R. + P.C.L.I. Depot	Shorncliffe	19.7.16	PT II D.O. 175
21-7-16	R.C.R. P.C.L.I. Dep.	<i>Taken on strength.</i>	do.	19-7-16	" 72.
4-8-16	do.	N <sup>o</sup> changed to 552973 (from 550973)		4-8-16	" 84.
21-9-16	R.C.R. P.C.L.I. Dep.	S.O.S. to P.C.L.I.	Guernsey	21-9-16	PT II D.O. 125.
28.9.16	P.C.L.I.	<i>Taken on strength</i>	<i>Horn Hall</i>	22.9.16	<i>D.#52</i>
10-4-17	"	Adm N <sup>o</sup> 4 Gen. Hoop. Dunnes. Curriers	do	30-3-17	C.L.A 595 <i>g. s. w. eye Fall 7 Abrasion</i>
12-4-17	"	Trans N <sup>o</sup> 20 Gen Hoop. do	do	1-4-17	" 597 <i>do. neck Ser.</i>
25-4-17	"	Mil Hoop. Church Lane Footing		17-4-17	" B297 <i>do. do.</i>
30-4-17	"	SOSTO E. O. R Depot	<i>in the field</i>	16-4-17	PT II D.O 36

A.F.B. 103 CHECKED  
27 SEP 1916  
WHR

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.				
27-4-17	EOR Dep	T.O.S.	Seaford	17-4-17	PT II 5046
29-5-17	PPCLJ.	Trans. Westcliff & E. Harp.	Falherstone	24-5-17	CZ B 322 SSW eyes Face & neck Sev S.S.W. eyes, Face
23-6-17	"	Dis.. do.,	do.,	18-6-17	" 339 abrasion neck
18-7-17	EOR Dep.	SOS. on being invalided to Canada, per SS "Leticia"	Seaford	18-6-17	PT II 20128
	Dis Depot	To Conv. Home	M.D.6 Halifax N.S.}	29-6-17	N.R. 308.







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*5428/307*  
*17376-J-4.*

*66*  
*me*

Name **Sterling, J.E.**

Surname

Christian Name

Regimental Number **552973**

Rank

Pte.

Address (in full)

School for Blind,

Unit **P. P. C. L. I.**

Halifax, N.S.

Original Unit

District where paid **M.D.6.**

Date of Discharge **31-3-18.**

P. D. P. Filing Number **16-99-6.**

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

L. L. 22573—M. & D. 800A.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	1342	4-4-18	33 00	1305	4-5-18	33 00	1154	4-6-18	34 10		100 10
	<i>2778</i>	<i>15-4-19</i>	<i>70 00</i>								
	<i>2389</i>	<i>17-4-19</i>	<i>70 00</i>								

Remarks:

M. F. W. 127.  
50M-617.  
1772 39-1140.

No. 15428/387  
 W. S. G. File No. 17376/19/15  
 Award ... days at \$ 70.00 per mo. 280.00  
 S. A. ... months at \$ ..... per mo. \$ 100.10  
 Less P. D. P. Credited \$  
 Less further debit balance \$ .....  
 Amt due paid as below 1799.00

TO SOLDIER		TO DEPENDENT		Amount	
No.	Account	cut	Ac	to	Amount
18/4/19	2778 432749	70 00	✓		
17/4/19	2599 434440	70 00	✓		
19/4/19	1141 B 432299	39 90	✓		
Total					

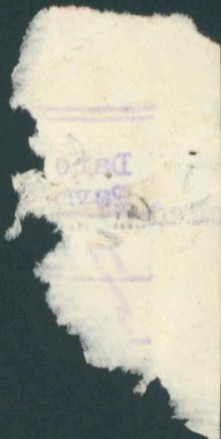
Sterling Brooks  
 State County  
 MS.

GEN'L AUDITOR  
 Accounting checked by  
 W. B. Lewis  
 Date 6.10.19

\_\_\_\_\_  
\_\_\_\_\_

Date  
Payme

4  
3  
2





552973 Pt Sterling, J.L.

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	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
			334.40						12	346.40					65.81	26.43			24	92.48	253.92		100		
May 1-31	10		34.10							34.10									4.87	4.87	283.15		100		
June 1-8	10		8.80							8.80									17.02		291.90				

Trans Dept L. 9/17  
Auth West S.A. 15. 4/17

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2
Oct 1	Balance		291.95			291.95
	a.r. 307 Wecliffe	31/5/17		2.44		
	1111 117 "	6-6-17		14.60		274.91
	Balance transferred to business liability 40					
	Balance transferred to N. E. Branch. Nil					

A3M. FORM REN<sup>d</sup> ..... EFFEC. ....  
 DISCHARGED TO Com. DATE 8/4/17  
 PAYBOOK VERIFIED 8/4/17  
 ... BAL. 274.95 P.C. REN<sup>d</sup> 8/4/17  
 AUTHY. Wecliffe 5.75 6/4/17  
 Invalidated

Checked [Signature]

MEDICAL CASE SHEET.\*

hoF6

**E**

No. in Admission and Discharge Book  
Year

Regimental No.

Rank.

Surname.

Christian Name.

552973

Pte

Sterling

James Edward

Fl 104

Unit.

Age.

Service.

17 PP Ban<sup>d</sup> Light Inf<sup>y</sup>

30

1

no 180

Station and Date.

Disease

G.S.W. both eyes (II-3)

Wm Br Fr CMA



Wounded 2 weeks ago both eyes destroyed (bomb) removed to No 20 GH at Camiers, remained there about 2 weeks & thence transferred here.

P.C. Both sockets discharging some injury to all lids & bony margin of orbit. slight pain - general condition fair  
att Leoy

18.4.17

500 Units. T.A. CMA

24/4/17

still discharging copiously  
att

24 APR. 1917

SKIAGRAPHIC REG. NO. 1627 VOL 1

25

NO evidence of metal in  
either orbit. CMA  
Russell J. Russell  
att

28/4/17

improving, but still much discharge & tenderness  
att

5/5/17

improving wound cleans  
att

12/5/17

wound much cleans  
att

17/5/17

Recommended for transfer to 2 GH.  
att Leoy

Discharged Wm Cliff. Eye & Ear H. Folkestone

24.5.17

1570 WJ

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

Station  
and Date.



649-8-11422

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

Number, Rank, Name & Corps of disabled Soldier:-  
552973 Plt Sterling J.E. Arniens Pats C.S.F.

Previous civilian occupation:- Fireworks Conductor

Is he able to resume previous civilian occupation:- No

Cause of disability:- Loss of both eyes result of bomb explosion causing blindness.

Condition, in detail, which prevents the Soldier from earning a full livelihood:-

Patients general condition good. Cicatrix at outer angle of left eye. Both eyes gone - one from explosion - the other by surgical operation following bomb explosion. Some discharge from both eyes. Caes.

REPT  
JUL 11 1917  
I.O. CANADA

OPINION OF THE BOARD

Degree of incapacity - (please state in fractions) 100/100

Disability due to Service:- 100/100

Probable duration of incapacity:- permanent

Does it render him permanently unfit for Military Service:- No

Would operation, special treatment or the use of appliances etc., lessen incapacity:- No

Recommendation of Medical Board:- That patient begin training in school for blind through Courtyard Home

Station:- Halifax, N. S.  
Palafay  
CLASS:- # 5m

Wm. Allen President  
John K. Wood Member

Date June 30<sup>th</sup> 1917 Member

APPROVED  
Date 30-6-1917  
for Asst. Director Medical Services.

Date \_\_\_\_\_  
Director General Medical Services.

*Answer*

*[Faint, illegible text]*

11 11 80

OPINION OF THE JURY

*[Faint, illegible text]*

*[Faint, illegible text]*

*[Faint, illegible text]*

Hospital.

Ward 31 No. of Bed \_\_\_\_\_ Date 21-4-17

Regtl. No.	Rank and Name	Corps	Part to be X-Rayed
552973	Pfc Sterling	P.P. CL I.	

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

2 Bony injury to  
both orbits  
? fb. in orbits

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1627 Vol 1

No evidence of metallic  
fb. in either Orbit.

Signature of M.O. W.H. Long

Date 21. 4. 17

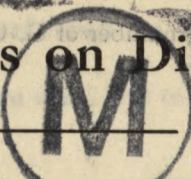
Signature of Radiographer Russell J. Russell

Date 24 APR. 1917

6<sup>0</sup>  
3/4

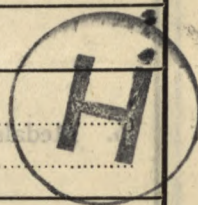
This space to be for numbers

# Proceedings on Discharge.



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

No.	# 552973
Rank	Private
Surname	Sterling,
Christian Name	James Edward
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	P. P. C. L. T.
Date of Discharge	March 31st. 1918.
Place of Discharge	Halifax, N. S.



## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 30 ..... years..... 5 ..... months.	Descriptive Marks <i>stiff right elbow</i>
Height..... 5 ..... feet..... 10 ..... inches.	
Complexion <i>fresh</i>	
Eyes - <i>look as if ring rope</i>	
Hair <i>black</i>	
Trade <i>masseur</i>	
Intended place of residence } <i>mountain</i>	
(To be given as fully as practicable.)	

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

**Being no longer physically fit for war 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.

## 3. Conduct and character while in the service have been, according to the records, etc.

**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.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

*KCAD  
22/12/18*

*W.P. Comp  
ATA*

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding .....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Malik, 3418* *Jan. E. Stirling* (Signature of Soldier.)

(Date) *Karim, Kaperah 4-1918* (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).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) *Salidar m.*

(Date) *5/10*

(Signature) *M. Whifford*

*M. Whifford*  
CAPT. & ADJUTANT  
FOR MAJOR G. C. "B" UNIT M. H. C. C.

**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.)

*No Reservations*

*James P. Stirling*

<p>Attestation Paper, Militia Form B. 233</p>	<p>Militia Form B. 203</p>	<p>Reg. Conduct Sheet</p>
<p>Proceedings on Discharge B. 218</p>	<p>" " B. 203a</p>	<p>Company Battery Squadron Conduct Sheet</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>in MS. Copies of Convictions by C. P.</p>	<p>Med. Hist. Sheet</p>
<p>(a) Proceedings on Discharge</p>	<p>B. 237</p>	<p>Medical Report for Invalid*</p>
<p>(b) Attestation</p>	<p>D. 877</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>*Only if discharged "Medically unfit"</p>	

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.

Reservations referred to at Form 8.  
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*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.*



Reserved for M.H.C.

Regt. No. 552973 Rank Pte. Surname STERLING Christian Name James Edward  
 Unit or Corps—(a) Overseas from United Kingdom P.T.C.L.I (b) In United Kingdom O.M.R.  
 Born at—Town Maitland County or Province Hants Co. Nova Scotia Country Canada  
 Date of Birth—Day 28<sup>th</sup> Month October Year 1887 Age 29 yrs. 8 months.  
 Joined at Medicine Hat, Alta. Date April 4<sup>th</sup> 1916.  
 Former Trade or Occupation Railway Conductor.  
 Permanent marks or peculiarities that will serve for future identification—  
Deformed Right Elbow. (broken when few years old)

Height—feet 5 inches 10 Colour of eyes Not applicable

Signature of Soldier (for identification purposes) James Edward Sterling

Medical Report Blindness

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).  
 (Follow the official nomenclature as far as possible.)

- Group the disabilities, placing those resulting from separate causes in separate groups.
- Disabilities Group (a). BLINDNESS.
  - Disabilities Group (b). Deformed Right Elbow
  - Disabilities Group (c). None

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury).  
 Disease or injury to which the disability is due. Place of origin. Date of origin.

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>G. S. W's</u>	<u>Vinny Ridge</u>	<u>March 28<sup>th</sup> 1917</u>
(ii) As to Group (b) above.	<u>None</u>	<u>None</u>	<u>None</u>
(iii) As to Group (c) above.	<u>None</u>	<u>None</u>	<u>None</u>

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service? No
- (i) As to Group (a) above? not applicable. If yes, has Active Service aggravated it? not applicable.
  - (ii) As to Group (b) above? not applicable. If yes, has Active Service aggravated it? not applicable.
  - (iii) As to Group (c) above? not applicable. If yes, has Active Service aggravated it? not applicable.
4. Is the disability due to disease contracted or injuries received while on Active Service—
- (i) As to Group (a) above? yes.
  - (ii) As to Group (b) above? not applicable.
  - (iii) As to Group (c) above? not applicable.

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? *yes.* (ii) While on duty? *not applicable*  
(iii) Was a Court of Inquiry held? *no* (iv) Where? *not applicable*  
(v) *not applicable*

6. HISTORY OF THE CASE: (State concisely the essential points of the history, making the entries made on the Medical History Sheet and other records.)

*Went to France September 1916.  
Wounded March 28th 1917. Both eyes. NO  
other wounds. Left eye was torn out &  
the right removed about a week afterwards*

13-1-0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.  
FOLKESTONE. JUNE 4th, 1917.

INP.

From: O.C., West Cliff Canadian Eye & Ear Hospital.

To: ~~Medical Board~~  
President, Medical Board.

Pte. Stirling  
No. 552973, J.E.  
P. P. C. L. I.

The marginally named man was admitted to this Hospital on the 24th of April. He was wounded on the 28 of March by explosion of a bomb. Left eye was torn out at the time and the right eye was so badly damaged that it was removed shortly afterwards. Conjunctiva sacs are now healed and very little discharge is present.

Recommend that he be invalided to Canada, Category "E".

*W.H. Nunnham* Captain, C.A.M.C.  
for O.C., West Cliff Canadian Eye & Ear Hos.

BHM/M.

Date of Report *5th May 1917*  
Station *Folkestone Kent.*

Signed *Herbold Jones*  
Officer in medical charge of case.  
*Capt. C.A.M.C.*

I have satisfied myself of the general accuracy of the above Report, and concur therein except

WEST CLIFF CANADIAN EYE AND  
EAR HOSPITAL, FOLKESTONE.

*J.D. Tucker* Cpl. C.A.M.C.  
O.C. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL (Brigade)

Dated at *5 JUN 1917* 191

\* Delete if inapplicable.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient states he feels fit. Both eye sockets are clean. Report on eye condition attached.

8. OPERATION. (i) Was one performed?

yes.

(ii) If so, state what.

Removal of Right eye

(iii) Was one advised and declined?

no.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service?

yes.

(ii) If so, describe.

Teeth went to pieces generally.

10. DO YOU RECOMMEND:—

(a) Fit for duty? —

(b) Fit for base duty? —

(c) Invalid to Canada?

yes

(d) Discharge from the Service as permanently unfit? —

Date of Report

5<sup>th</sup> May 1917.

Signed

Newbold Jones

Officer in medical charge of case.

Station

Folkestone Kent.

Capt. C.A.M.C.

I have satisfied myself of the general accuracy of the above Report, and concur therein except

WEST CLIFF CANADIAN EYE AND

EAR HOSPITAL, FOLKESTONE.

J.D. [Signature] COL. C.A.M.C. } Strike out one of these. }  
O.G. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL }  
Station, on 5 JUN 1917

Dated at

\* Delete if inapplicable.

### Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? *yes*  
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? *yes*  
If not, indicate it.

13. Was the disability caused or aggravated by—  
(a) Negligence of the Soldier { Caused? *no*  
Aggravated? *no*  
(b) Misconduct of the Soldier { Caused? *no*  
Aggravated? *no*.

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%).  
*Total*

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none,  $\frac{1}{5}$ ,  $\frac{2}{5}$ ,  $\frac{3}{5}$ ,  $\frac{4}{5}$ , or all).  
*all.*

16. Permanency of the Pensionable Disability estimated next above in (15).  
(i) Is it permanent? *yes*  
(ii) If not permanent, what is its probable minimum duration (in months)? *not applicable*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *not applicable*

18. Remarks.

19. Recommendation :—(a) Fit for duty? *no*  
(b) Fit for base duty? *no*  
(c) Invalid to Canada? *yes*  
(d) Discharge from Service as permanently unfit? *no*.

Classification for the Military Hospitals Commission.

*G.D.*

Date of Board *6/6/17.*

Station *West Cliff, Northgate Reserve Barracks Major*

Signatures of the Board  
*A. M. Keble* President.  
*A. J. Brown Major*

Approved **SHORNCLIFFE—**  
Dated at **(19, Westbourns Gardens, Folkestone.)**

A.D.M.S.  
Station

**-7 JUN 1917**

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board:—

The Board, having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

*Total*  
*will*  
*yes*  
*not applicable*  
*not applicable*

Commissioner for the Military Pensions Commission

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of the Board

President.

## *IMPORTANT.*

### DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

#### 1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

#### 2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

(Approved by Army Council Instruction 831, April, 1918.)

London, without delay.

Return to Record Office.

- (c) On proceeding overseas —  
Officer Commanding such Unit.
- (d) On transfer to another Unit — to  
such Hospital at once.
- (e) Forward M.H.S. to  
Hospital, forward M.H.S. to
- (ii) On admission of man to

Action by Officer Commanding Unit —

such Unit.

to Unit — to Officer Commanding  
as it is done. If discharged  
man is transferred, immedi-

- (f) Forward to Hospital to which  
signed.
- (g) Forward to Hospital to which  
properly and fully made, and
- (h) See that all entries are

Action by Officer of Hospital —

HISTORY SHEETS.

DISPOSAL OF ORIGINAL MEDICAL

INFORMATION.

# ORIGINAL

## MEDICAL HISTORY SHEET.

13973  
552973

Surname Stirling Christian Name James Edward

Examined { on 4<sup>th</sup> day of April 1916  
at Medical Hqs  
Birthplace { City or Town Maitland  
County North Devon

Approved by W. Macdonald  
Rank Capt. S.M.C. M.O.

Apparent age 31 yrs  
Trade or occupation Bookbinder  
Height 5 Feet 7 1/2 Inches.  
Weight 150 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 36 inches.  
Physical development good  
Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>21 APR 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { A r m Right 1 Left.  
Number 1  
When Vaccinated last Childhood  
(a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	VACCINATIONS.
<u>25/4/16</u>	<u>Good</u>	<u>B. F. Steves</u> M.O.
<u>17/4/17</u>		<u>500 Unit T.A. L.P. B. Steves</u> M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Some limit to movement at elbow.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/4/16</u>		<u>W. Macdonald</u> M.O.
<u>20/4/16</u>		<u>B. F. Steves</u> M.O.
		M.O.

Enlisted on 4<sup>th</sup> day of April 1916 at Medical Hqs

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>B.A.M.R.</u>	<u>18972</u>		<u>4/4/16</u>
Transferred to	<u>P.P.C.L.V.</u>	<u>552973</u>		

CANADIAN

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Medical Hqs</u>	<u>6/6/17.</u>	<u>Blindness Total</u>	<u>Inward to be under</u> <u>Stump to be</u>
	<u>Approved</u> <u>7 JUL 1917</u>		<u>PRESIDENT</u> <u>STANDING MEDICAL BOARD</u>
	<u>Raymond Davis</u>	<u>Major</u>	

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.



Surname *Sterling*

Christian Name *Sam Edson*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Tooting Hill Hosp.</i>		<i>16</i>	<i>4</i>	<i>17</i>	<i>24</i>	<i>5</i>	<i>17</i>	<i>G. J. W. II 3</i> <i>Both eyes</i>	<i>38</i>	<i>Wounded in Drama March 24 17 by</i> <i>bomb which destroyed both eyes.</i> <i>Discharged with Cliff Eye &amp; Ear Hosp.</i> <i>Folkstone</i>	<i>EN Badcock com</i>
<i>WEST CLIFF CANADIAN EYE AND</i> <i>HOSPITAL, FOLKESTONE.</i>		<i>21</i>	<i>5</i>	<i>17</i>	<i>6</i>	<i>6</i>	<i>17</i>	<i>G. S. W. Facette 14</i> <i>Rt Lt. Eyes</i>	<i>14</i>	<i>Both eyes gone.</i> <i>I.</i>	<i>W. Charles Capt</i>
<i>W. H. Shetler</i>		<i>18</i>	<i>6</i>	<i>17</i>	<i>29</i>	<i>6</i>	<i>17</i>	<i>- do -</i>		<i>Condition same as on admission</i>	<i>E. W. Jordan</i> <i>Capt R.A.M.C.</i>