48th Btn

UNIT 18th Battalion, C.E.F. Regimental No. 53392

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — James Stevens
2. In what Town, Township or Parish, and in what Country were you born? — Ennis, Ireland
3. What is the name of your next-of-kin? — Margaret Stevens, wife
4. What is the address of your next-of-kin? — 123 Dackville St. London, Ont.
5. What is the date of your birth? — 29 March, 1871
6. What is your Trade or Calling? — Labourer
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated against typhoid — Yes
9. Do you now belong to the Active Militia? — Yes 7th
10. Have you ever served in any Military Force? If so, state particulars of former Service. — 2½ yrs 3rd Algonquin Fus. O.A. 3½ " R.S.A. Halifax 7 " D.Co. L. Infantry
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

Sgd J. Stevens (Signature of Man).

Sgd F.M. Spry Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Stevens, 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.

Sgd J. Stevens (Signature of Recruit).

Date 23 Oct 1914 Sgd F.M. Spry Capt. (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Stevens, 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.

Sgd J. Stevens (Signature of Recruit).

Date 23 Oct. 1914 Sgd F.M. Spry Capt. (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 London this 23 day of October 1914

Sgd E.D. Wigle A Notary Public — Sgd. F.M. Spry Capt. Recruiting Officer (Signature of Justice).

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

Sgd E.D. Wigle (Approving Officer).

L5249 20-5-15 1,000.

Certified true copy,

for Colonel i/c Records, C.E.F.

Description of James Stevens on Enlistment.

Apparent Age 43 years - 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 36½ ins.
- Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Dark

Religious denominations.
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic Yes
- 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.)

Tattoo, Chest and both arms.

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 23 October 1914

Place London, Ont.

Dgr Geo. C. Hale
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.

James Stevens 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.

Dgr E. O. Wright (Signature of Officer).

Date 28. Nov. 1914

Certified true Copy.

Lieut.

For Officer i/c Records.

STEVENS, JAMES 53392 18 BN 41329

MED. UN.
DIED 15-10-39

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

PR

H

No. 53392. Rank Pte. (18 Bn.) Name Stevens J.

T. O. S. Unit Discharge Depot (Quebec.)

M. D. 5.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915. Oct. 27	1915. Nov. 26	✓		

No. 392 / 533 92 RANK Pte NAME Stevens, J.

T. O. S. UNIT Det. 7th Reg. Fusiliers (Details of 7th Reg. on Special Service & Guards)

M. D. /.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Se. 25th	Se. 30th	✓		
Oc. 1st.	Oc. 31st	✓		
Nov. 1st.	Nov. 4th	✓		
Nov 5th	Nov 30th	✓	On 18th Battln paylist.	
	Dec	✓	" " " "	
1915	1915			
	Jan	✓		
	Feb	✓		
	Mar	✓		
	Apr.	✓		

UNIT SAILED
APR 18 1915

JJ
DB

Number 53392 Rank Pte

Surname STEVENS

Christian Names James

Unit 18th B'n Can Inf Theatre of War England

Date of Service 29-4-15

Remarks 1053 Florence St.

Latest Address ~~12 B. Sackville St~~

London Ont

Roll No. a

Page 156

18th

5 32008 Dep
JUN 28 1921

Base

ORIGL. BATTN.	REGTL. NO.	NAME	COMPY.
18th	33392	Batman Pte Stevens J.	

	DATE	BATTN. FROM		DATE	BATTN.	PROMOTIONS, APPOINTMENTS, &c.
TAKEN ON STRENGTH	23/10/16	R.G.A.	DRAFTED			
REPORTED						
					"	

REMARKS

HOSPITAL RECORD		ADDRESS OF FAMILY OR FRIENDS IN BRITISH ISLES
REMARKS	DATE	
Varicose Veins		
C.M. Hospital	20-7-5	
Awaiting action of Board.		

LEAVE		
FROM	TO	ADDRESS

SURNAME. Stevens

CARD NO.

S.O.S. Dis. 3/10/15. Emp.
FOLL.

CHRISTIAN NAMES James

REGL. No. 5-33992 RANK Pte

UNIT ~~18th Bn H.Q. Staff~~ 48th Bn

FORMER CORPS 3rd Munster Fus, L.A, R.S.A+D.C.L.I.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Stevens Mrs Margaret

RELATIONSHIP TO SOLDIER Wife

ADDRESS 123 Sackville St, London Ont Canada.

COUNTRY OF BIRTH Ireland Ennis

DATE

PLACE OF ATTESTATION London Ont

DATE Oct 23rd 1914

Sailed from Halifax per S.S. Grampian

L. L. 94504. M. & D. 6512. 18-4-15

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-330.

MARRIED yes SINGLE 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

Surname Stevens

Christian Name or Names J.

Reg. No. 53392

Rank Pte —

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis Varicose Veins, age 50.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

Disability originated before enlistment.
Officer examining Capt. G.C. Hale.
Pres. P.&C. Bd.
28. X. 15

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 Stevens Enl. 25-9-14

Date of Embarkation for England arr. 29-4-15.

Proceeded to France No. Returned to England

Date returned to Canada 15-10-15

P.R.2855.

Chkd 25-6-30

9243J —W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

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

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

Regimental No. 53392. Rank Pte. Name Stevens, James.

Enlisted (*a*) 23.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*) _____

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*) 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., e.c., 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				

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

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. 133192 Rank Pte. Name Stevens James

Enlisted (*a*) 23rd 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*) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

S/2

(*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				

92431 [illegible]/6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

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

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

Regimental No. 53392. Rank Pte. Name Stevens, James.

Enlisted (a) 23.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)

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				
Discharge Depot		S.O.S Med Unfit	Quebec	26-11-15	Auth Paysheet

Clyde S. Scott

[illegible]

(For 9, service see Record sheet)

(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				

D

Rank — Name STEVENS, James — Reg'l No. 53392

Unit 18th Batt. — If in perm. Corps, What Unit? — Married or Single married

Place and Date of Enlistment London, Ont 23rd Oct. 1914 — Place of Birth Ennis, Ireland.

Name and Address, Next-of-Kin Marjories Stevens, 123 Sackville St. London Ont. — Relationship wife

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

N/E. R.B. No 3176.
File R.L.
Category M.U. CAN

Discharge, Date and Place 15/10/15, Canada. Reason Medically Unfit Character Very Good

M. U. Can B

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 SS. Grampian	England	29-4-15	Infm Form
1-8/5/15	O.C. 18th	Forfeits 1 day pay. A.W.L.	Shorncliffe	4-5-15	Part II orders 145.
26-6-15	" "	Transferred to Hdq: Staff (Batman) to Paymaster	West Sandling Camp	21-6-15	" " No 10
28-8-15	"	Transf: to Base Cy	"	28-8-15	Pt II - 355.
18-10-15	D.H.A.G.	Before Board. Documents of proceeding sent Recommends discharge in Canada no pension	Shorncliffe	13-10-15	File H-22-S-71
13-10-15	O.C. 48	Struck off strength proceeding to Canada per Corsican	"	15-10-15	Pt II 174

over ✓

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				
7.12.16		Before M.B. for disposal by Mil auth in Canada. Lgt Rs. only	Folkestone	19.8.18	Ref H 22-S-71

PARTICULARS OF DISCHARGE.

1. Name Stevens, Jas.

2. Regimental Number 53392 3. Rank Private.

4. Corps 18th. Bn. C.E.F.

5. Date of Discharge Oct. 2nd. 1915.

6. Place of Discharge Risboro Barracks Shorncliffe

7. Place to which transport given. (Give street address where possible.)

123 Sackville St. London Ont.

Enlisted; London Oct. 23rd. 1914.

8. Description at time of Discharge :—

Age 49 years months. Descriptive marks nil.

Height 5 feet 5 inches.

Complexion Fair

Eyes Blue

Hair Fair

Trade Labourer

9. The above named man is discharged in consequence of

Medically unfit.

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood? not stated.

11. Character

not stated.

Date Jan 29-1915

i/c Records.

M. F. W. 60

25m. 10-15

H. Q. 1772-39-928

C.E.B.

CERTIFICATE OF SERVICE

(Issued following loss of permanent Discharge Certificate M.F.W. 39)

THIS IS TO CERTIFY THAT NO. 53392 (Rank) Private

(Name in full) STEVENS, James

Enlisted in 18th Battalion

Canadian Expeditionary Force, on the 23rd day

of October 19 14

He served in CANADA & ENGLAND

with the 18th Battalion

and was discharged at Quebec, P.Q.

on the 26th day of November 19 15

by reason of MEDICALLY UNFIT

His conduct and character while in the Service were Good

Medals and Decorations, etc. BRITISH WAR MEDAL

DESCRIPTION ON DISCHARGE

Age 49 Years

Height 5'5"

Complexion Fair

Eyes Blue

Hair Fair

H. Q. 649-3-1372

(Clyde R.Scott), Major,

Assistant

Director of Records.

Ottawa 5th day of May 19 30

H22-S-71.
53392

MEDICAL HISTORY SHEET.

Surname Stevens *Christian Name* James

Examined { on 23rd day of October 1914 / at London Ontario

Birthplace { City or Town Ennis. / County Ireland.

Apparent age 23 years.

Trade or occupation Labourer

Height 5 Feet 4 Inches.

Weight ✓ Lbs.

Chest measurement { Minimum 34½ inches. / Maximum expansion 36½ inches.

Physical development good

Small-Pox Marks none

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

When Vaccinated last ✓

(*a*) Marks indicating congenital peculiarities or previous disease none

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

Approved by D. H. Hogg Major

Rank A.D.M.S. M.O. 1st Div.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
17/12/14	good	D H Hogg M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/11/14	good	D H Hogg M.O.
20/11/14	good	D H Hogg M.O.
		M.O.

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

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	18th Batt	53392		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shoreliffe	18/8/1915	Varicose vein of leg	light duty recommended. A P [illegible]

PRESIDENT,
STANDING MEDICAL BOARD.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

017396 – J – 1

Name Stevens, James Christian Name

Regimental Number 53392 Rank Pte.

Unit 18th Batt.

Original Unit

District where paid Ottawa.

Date of Discharge 3. 10. 15

P. D. P. Filing Number 5 811.

Address (in full) 123 Sackville, St.,
London, Ont.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 20.00 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
160.10	2649	14/8/17	53 00	2493	14/9/17	53 00	2440	12/9/17	54 10		160 10

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

File No. 017396-J-67 5-18/16 W62

WAR SERVICE GRATUITY.

Register No. S850

Reg. No. 53392 Pte 18th Bn

Dependent Mrs. Margaret Stevens (Wife)

Name Stevens Jas.

Address 1076 Francis St. London Ont.

Address 1076 Francis St. London Ont.

Dec'n No. ... W.S.G. File No. ...
Award ... days at $ ... per day $
S.A. ... months at $ ... per mo. $
Less P. D. P. Credited
Less further debit balance
Net due paid as below

Pay Soldier $ 119.20

Pay Dependent $ 102

TO SOLDIER TO DEPENDENT

	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
0						
1	H. Goldsmith					
2						
3	C. Haydon					
4						
5	D. Mitchell					
6						
	Total			Total		

Days 22 Rate 100 Due 400.00

Less P.D.P. credited 160.10

Less further Dr. Bal. or overpayment. 18.00 178.10

Net 221.90

Clerk

R
W102
7/11/19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 15/9/19	17674	517129	119.20		1 15/9/19	17675	517130	90.00
2			✓ ✓		2			✓ ✓
3					3			✓ ✓
4					4 18/9/19	25301	521025	12.00
5					5			
6					6			

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

GEN'L AUDITOR
Posting checked by
[signature]
Date 10/9/19

L. L. Job 7048 Req. 5220.

M. F. W. 12.
10m. 11-14.
H. Q. 1772-39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

291

Wife.

To Whom Margaret Stevens

Address 173 Pacific Ave. London Ont.

By Whom Assigned Stevens J.

Regtl. No. 53392

Rank Batman

Corps B.C. 18th Batt'n C.E.F.

Rate ~~16 00~~ APR 1 1915

Cancelled 3 ~~PAYMENTS~~ 10/15 IA

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		P147	30 —	P.D.P. 30/7/17 H.J.M.
May				
June				
July		M3944	15	
Aug.		M5270	15 —	
Sept.		R6997	15 —	
Oct.		R7120	15 00	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Rank Private Name STEVENS, James Reg'l No. 53392

Unit ~~48~~ 3 Pioneer Bn ~~16th~~ Batt. If in perm. Corps, What Unit? Married or Single married

Place and Date of Enlistment London, Ont 23rd Oct. 1914 Place of Birth Ennis, Ireland.

Name and Address, Next-of-Kin Marjories Stevens, 123 Sackville St. London Ont. Relationship wife

Assigned Pay Monthly $ 15.00 Payable to as above.

Non Effective 1-11-15 Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 15-10-15 Canada Reason H.G.H.P. 12/17. 5-10-15 Character

PAY OFFICE ... BRANCH CANADIAN CONTINGENTS JAN 12 1916

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	310		3410			15	15	110	3110	3	Forfeits 1 day pay #168
1/6	30/6	30		30	30		3		33			1250	15		2750	850	
1/7	31/7	31		31	31		310		3410			15	15		30	1260	
									113							1343	Cr. Exchange
1/8	31/8	31	1	31	31	10	310		3410	308 351		1460	15		2960	1823	
1/9	30/9	30		30	30		3		33	4 290 (48)		1947	15		3447	1676	Transfd to 48th Bn. 1/10/15 B.O. 171 10/10/15
1/10/15	15/10/15	15	1.00	1500	15	10	150		1650			973	1500		973 1500	853 ~~1826~~	Discharged to Canada. H.G.H.P.
NE Branch 16									853					853	853		

JM 12/17. 5-10-15

L.P.C. rendered 19-10-15

S.P. Form rendered 19-10-15

Bal nil Transd to "Can. Liability Disch'ge a/c"

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						

L.L. Job 68939—M. & D.—5162

3 m. 10-14.
H. Q. 1772—1-13.

23-10-14.

26

E
gh.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Margaret Stevens
Address 123 Sackville St
London Ont

Relation to Soldier wife, child or mother: Wife

Name of Soldier James Stevens
Regtl. No. 53392
Rank
Corps 18 Batt.
To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				~~Return of $20 overpaid requested 8/10/15~~
Sept.					
Oct.			—		~~Refunded $15.00 See B.O.R. #519 dated 10/5/16.~~
Nov.					passed to Cap Aumond
Dec.		G261	20		
Jan.	1915	G3028	45		
Feb.		E4146	20		
March		F6583	20	-	20
Apl.		F5639	20		20
May		F8156	20	-	20
June		Q196	20	-	20
July		E13861	20		20
Aug.		F13554	20		20
Sept.		F17226	20		20
Oct.		G21408	20	-	20
Nov.			245	00	20
Dec.					
Jan.	1916				
Feb.					
March					

ACCOUNT CLOSED
DATE ..... PER W

a/c closed adjustments made by Capt. Aumond.

~~Discharged 30/10/15 (Ap List)~~ (RMC 3/12/15)

passed to Cap Aumond

P.D.P. 245.00
25-7-17
S.L.D.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.– 6-16.
1772—39—818.

Sheet No. 2. Mrs. Margaret Stevens Wife

Name of Soldier Stevens, James
18th Bn

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		A 9000	17	17 R Casualty Adjustment mailed 20-8-17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED
DATE ..... PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

M. F. W. 41.
5m.-6-15.
1772-39-889.

Name Stevens Pte J

649-S-1372

103

Regimental No. 53392

Unit 18th Battln

Date of enlistment

Place of "

Married (yes or no) Yes

Amount of pay assigned monthly $ 15.00 per. mo. oct 15

~~To whom payable~~ Sep. All. 20.00 per. mo. 23-1-15/31-10-15

Corsican 25-10-15

Name and address of next-of-kin

123 Sackville St.
London, Ont.

Date and place discharged D.D. Quebec 26-11-15

Reason for discharge Medically unfit

Character on discharge

G
Earn

L. B. Cob 82314. M. & D. 5786-25-6-15-5000.

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~~ Check No.	Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	15-10-15							8 53								LPC
16-10-15	26-10-15	11	1-	11 -	11	10	1 10		20 43	559	4/12/15	20 43			20 43	H&P Paid
27/10/15	24/11/15	31	1-	31 -	31	10	3 10	Subs 21 75	55 85			55 85			55 85	Lo Sue Pd

on a/c. 21st apl No. 15 =

on a/c 18/9/16 P.O.O. 18 00 (No 1645)
Dep. Cr. of Public D.R. No. 6170 Sept 30/16

48 = Cheque appropriated belonging to J. Stevens File 649-S-825 (Ch 1806 of 20 1/16)

Error in total Cr 16 10/15 to 26 10/15 20
P.O. order credited to Rec. Gen.
Dept No. 519- 10/5/16 15 00

S/a adj 1 11/15 - 26 11/15 17 00 S/a A9000 17 00

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					

Orig not available.

53392
Pare

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Stevens *Christian Name* James

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Ft Clare County Ireland

Examined .. .. .. on 22 day of Oct 1914.
at London Ont.

Declared Age .. .. ~~50~~ 49 years 4 days.

Trade or Occupation .. Labour

Height .. .. .. 5 feet 5 inches.

Weight .. .. .. 135 lbs.

Chest Measurement: Girth when fully Expanded 38 inches.
Range of Expansion ~~1~~ 2 inches.

Physical Development ..

Vaccination Marks: Arm .. Right Left ✓
Number 1 ~~when child~~

When Vaccinated .. .. when child

Vision .. .. .. R.E.—V=
L.E.—V=

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

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

Approved by .. (*Signature*)

(*Rank*)

Medical Officer.

Enlisted .. .. .. at London Ont
on 22 day of Oct 1914.

	Corps.	Regtl. No.
Joined on Enlistment ..		
Transferred to		

Became non-effective by ..

on day of 191 .

(*Signature*)

(*Rank*)

W. P. GRIFFITH & SONS LTD., Printers, Old Bailey, E.C.
[531] W13871/604 200m 3/15sv 45 59

Forms B. 178.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Rema
	Day	Month	Year	Day	Month	Year			

List in the case of Warrant Officers treated in quarters.

rks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer

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

Date	Brief details, and signature
Nov 7	D. Sure
Nov 17	D Sure
Dec 10	Vaccine

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL [redacted]

53392.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Stevens *Christian Name* James

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Clare County Ireland.

Examined ... ... on 22 day of Oct. 191 4
at LONDON London, [illegible] Ont.

Declared Age ... ... 49 years 4 days.

Trade or Occupation ... Labour LABOURER

Height ... ... 5 feet, 5 inches.

Weight ... ... 135 lbs.

Chest Measurement — Girth when fully Expanded. 38 inches.

Chest Measurement — Range of Expansion 2 inches.

Physical Development ...

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number 1

When Vaccinated ... ... When a child.

Vision ... ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*)
(*Rank*)
Medical Officer.

Enlisted ... ... at London, Ont.
on 22 day of Oct. 191 4

Joined on Enlistment ...	Corps.	Regtl. No.
	18th Bn.	53392 ✓
Transferred to		

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L.

[P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Rema
	Day	Month	Year	Day	Month	Year			

List in the case of Warrant Officers treated in quarters.

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

Date.	Brief details, and signature.
Nov. 7	T. Inocc.
Nov. 17	T. Inocc.
Dec. 10	Vaccin.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

A2171 Wt. W774/836 250,000 4/15 D. D. & L. Sch. 2

ORIGINAL.

Forms A. 2 38

Army Form A. 2.

PROCEEDINGS of a* Pensions & Claims Board

*N.B. — The Form being applicable to any Board of Officers, or Committee, or Court of Inquiry, this blank to be filled in accordingly.

The proceedings should be signed by each Officer composing the Board, etc.

assembled at Folkest one, Kent, England

on the 13th day of October, 1915

by order of G.O.C. R.O. 2541, September 21st, 1915

for the purpose of Pensions & Claims

PRESIDENT.

Lt. Col. Sir H. Montagu Allan.

MEMBERS.

Lt. Col. W. Grant Morden.
Major J. L.Todd. C.A.M.C.
Maj or Maurice Alexnder

IN ATTENDANCE.

Lt. Col. Sir H. Montagu Allan.
Major J. L. Todd. C.A.M.C.
Maj or Maurice Alexander.

The Board having assembled pursuant to order, proceed to

No. 53392, take evidence
Pte. J. Stevens,
18th Bn.

1-1/2

Name JAMES STEVENS

having been duly sworn, states as follows:- My

Regimental No. is 53392 Rank Pte. Unit 18th Batt.

Date of Birth?	March 1861
Place of Birth?	Ennis, Ireland
Your former occupation or calling previous to enlistment?	Laborer
Date of your attestation?	Oct. 26th 1914
Place of your attestation?	London, Ont.
Are you married or single?	Married
If married, how many children have you?	Two
What are their ages?	Boy 16 years, boy 9 years
Have you a widowed mother dependent on you for support?	No
What was the condition of your health at the time of your enlistment?	Good
Where and when did your disability originate?	Jan. 1915. London, Ont.
Is your disability the result of injuries or illness contracted in active service during drill or training or other duties?	Varicose veins
What is your present condition of health?	Not very good
What work if any. are you fit for?	None
What is your present address?	18th Batt.
Do you wish to take your discharge in Canada?	In Canada

J Stevens

F I N D I N G.

The Board having considered the evidence of Pte. James Stevens, No. 53392, 18th Bn., and the documents submitted, hereto attached and marked A, B,C, D, E, which form part of these Presents

Recommends:-

1. That this man b e discharged in Canada.

2. That no Pension Be granted him.

H. Montagu Allan — Lt. Col. President.

J. T. Todd — Major. C.A.M.C.

[illegible] — Major. C.A.P.C.

(a). Fit for home-service No.....

(b). Fit for light duty. No.....

(c). Temporarily unfir for home service or light duty (stating probable period). No..... .....

H 52

Army Form B. 179.

Medical Report on an Invalid.

DEPT. MILITIA & DEFENCE FEB -7 1918 CANADA

Station W. Sandling 649 S. 1372

Date Aug 10th 1915

SECTION - "D"

1. Unit 18 Battalion C.E.F.
2. Regimental No. 53392
3. Rank P/E
4. Name James Stevens
5. Age last birthday 50
6. Enlisted on Oct. 22 1914 at London Ont.
7. Former Trade or Occupation Labourer

8. Disability.

Varicose veins legs.

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. Jan. 1915

10. Place of origin of disability. London Ont.

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

Patient first began to suffer pain in his legs after a night march in London during January last. Since this time he has been unable to stand long marches. He did not notice the enlarged veins until quite recently. Patient has seen service in Egypt & South Africa.

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

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*). Aggravated by military service.

Dis Sect 4
5-2-18
DM

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.

There are varicose veins in both legs of a moderate degree of severity.

14. If the disability is an injury, was it caused — no

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury? — no

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? — no

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

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? — —

19. Do you recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England? Yes

G. C. Hale Capt. Chas. C.

Officer in medical charge of case.

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

Station West Sandling

R. W. Hardesty

Officer in charge of Hospital.

Date Aug 1910

* 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, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital 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 pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

(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.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. — 1. yes aggravated by 2 do 3 do.

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — [illegible]

21. Has the disability been aggravated by

(*a*) Intemperance? — No

(*b*) Misconduct? — No.

22. Is the disability permanent? — Yes unless operated on

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?

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. — none

25. If an operation was advised and declined, was the refusal unreasonable? — No ~~not applicable~~

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or — No

(*b*) Change to England? — —

I concur in the findings of the Board of Medical Officers here recorded.
20/8/1915
C.N.
Captain, C.A.M.C.
For D.M.S.
Canadian Contingents.

Signatures :—

[illegible] Med. Canc. — President.

R. J. Blanchard Lt Col. — Members.

J. A. [illegible] Maj. Can. C. — Members.

Station Shorncliffe

Date 18/8/1915

Approved.

Station Shorncliffe

Date Aug 19th 1915

G. H. Boulby Capt
Administrative Medical Officer.

A/D.A.D.M.S.

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ } or Embarkation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge _____ }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____ / Hospital or Station _____ }

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN 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.

Forms B. 179. 34

(xs) 88578, Wt. 1536 475M 5.15 W B & L