leave to 30

R. G. Original

1250553

ATTESTATION PAPER.

No. 1250553

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Symons.
1a. What are your Christian names? — Percival
1b. What is your present address? — Barry Hotel
2. In what Town, Township or Parish, and in what Country were you born? — Ilfracombe Devon. England.
3. What is the name of your next-of kin? — Mrs. Ada B. Symons.
4. What is the address of your next-of-kin? — 16 Weymouth Av. South Ealing London. Eng.
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — Mar. 3rd 1892.
6. What is your Trade or Calling? — Accountant
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? If so, state particulars of former Service. — No.
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, Percival Symons 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.

P. Symons (Signature of Recruit)

Date June 13th 1916. J. P. Neary (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percival Symons 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.

Percival Symons (~~Signature~~ of Recruit)

Date June 13th 1916 J. P. Neary (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 Saskatoon this 13th day of June 1916

Herbert Brooks (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Percival Symons on Enlistment.

Apparent Age 24 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 9 ins.

Chest measurement. Girth when fully expanded 36½ ins.
Range of expansion 4½ ins.

Complexion medium
Eyes Brown
Hair Brown

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

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).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date June 12 1916 Lovett M Campbell
Place Saskatoon 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.

Percivae Symons 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.

13. A Edgar Clarke Lieut (Signature of Officer)

Date June 27 1916

REGIMENTAL DOCUMENTS

NAME SYMONS Percival REGT. NO. 250553 UNIT 38 Bty. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	CD 3.			52361		
2	M F W 67.					
2	M.B. 106					
1	E.D.S. 5009 A					
1	Pencil					
1	Ring					
1	Cap Badge					
1	Twill (Pair)					
3	Eng Cap Badges					

~~3~~ 11-18
11-18
7 18
3

W. 2589
100M-11-18

Oppen
ATA

9478

Bom Rae

Number 1250552 Rank a/cpl

Surname SYMONS

Christian Name Percival

Units 67th. A. Theatre of War France

Date of Service 19-4-17

Remarks

Latest Address Strassburg Ont

Roll No. B Capt 1067

200m.-2-21.M.

DESP MAR 2 1922
REGN. NO 8839

FORM R. 149.
7106—250m—7/2/17.

Percival

Name SYMONS *Rank* Gnr *Reg. No.* 1250553

Unit 10th Bde C.F.A.

Next of Kin Mrs G.R.Symons,16 Weymouth Rd South Ealing London.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-6	Rep frpm Base to Hosp		N.S.	A.168	11/7	
19-6	No 1 C.F.Amb	Wdd.Head Acc.		A.169	M-5703	
28-6.	Discharged.		do	A.175.		

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

R. 149.

Name SYMONS. Percival *Rank* A/ Cpl. *Reg. No.* 1250553

Unit Reserve Brigade C.F.A.

Next of Kin Mrs GR. Symons. 16. Weymouth Ave. South Ealing. London Eng.

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-1-17.	Isolation Hpl.	Folkestone	Measles.	359.		
6-1-17.	Moore Bks Hpl.	Shorncliffe	do	359.		
19-1.	Discharged		do	359.		

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

No. 1250553 RANK Pte NAME Symonds. P.

T. O. S. 13-6-16 UNIT 77th Depot Battery.
AO 170 of 16-6-16.

M. D. 12.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
June 13	June 30			
July				
Aug				
Sept 1	Sept 15		On draft leaving for UK 16-9-16	Sept paylist AO 295 of 18-9-16
Sept 16	Sept 30			

"D" 12 CARD NO.

SURNAME. Symons,

CHRISTIAN NAMES Percival

REGL. No. 125 055 3, RANK Gr.

UNIT 77th Depot Bty.

FORMER CORPS Inf.

I.O.S. Demob. 1-4-19

FOLL. D10.94-4-4-19

#10-D-2

NEXT OF KIN.

NAMES IN FULL Symons, Mrs. G. R. R.,

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 16 Weymouth Ave, S. Ealing, London. Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England Ilfracombe, Devon, DATE Mar 3rd, 1892.

PLACE OF ATTESTATION Saskatoon, Sask. DATE June 13th 1916.

RIC 27 3-19 292/135 Fwd.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Accountant. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 24, YEARS 3, MONTHS

HEIGHT 5, FEET 9, INCHES

CHEST MEASUREMENT 36 1/2, INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Medium. EYES Brown, HAIR Brown.

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Saskatoon, Sask. DATE June 13th 1916

Present Address. Barry Hotel, Saskatoon, Sask

FORM R. 149.
7106—250m—7/2/17.

Name SYMONS Percival *Rank* Gnr. *Reg. No.* 1250553

Unit 38/10 Bde. CFA

Next of Kin Mrs. G.R. Symons 16 Weymouth Ave. South Ealing London Eng.

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-11	No.8 C.F.A.		Infection Rt. Axilla Gland	a.105		9064
29-11	Mis to Duty		do	a110		9408

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

REGT'L NO 12505 & 13

NAME Symons Percival

H. Q. FILE No. 649-

RANK AND CORPS Engr. / Cpl. (Regrs Bde C.F.A.)

FOLLOWS No. 7th Def Coy

NATURE OF CASUALTY Adm 10th Bde C.F.A.

FOLLOWS

CABLE No.	CABLE Date	
M3703	11-7-17 15-5	E Adm to Ng. 1 Field Amb. June 19th 1917 (Wounded Accidentally head)

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS Can. Art.
a359	Folkestone Isol, Folkestone	5-1-17	Measles.
359	To Moore Barr, Shorne	6-1-17	Measles.
	& Folkestone Isol, Folkestone		
359	" " " "	19-1-17	" (Disch)
a168	Rep from Base adm	18-6-17	to Hosp (not Stated)
a169	#1 Can Fld. Amb	19-6-17	wounded head, acc
a173	9 " " " "	28-6-17	Wd. head. Acc – d Disch to duty
a105-1	8 Can. Fld. Amb.	25-11-17	Inf. Pl: axilla & hand
a.110 (2)	Disch to duty	29-11-17	" " " "

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Symons	P.	1250553

Rank	Unit	Co.	Troop	Batty.
A.Cpl.	10th Res. C.F.A.			

Hospital — Date of Admission

Folkestone Isolation — 1-1-17.

Transferred Moore Barracks — Hosp. 6-1-17.

#1. Can. Fld. Amb. — Hosp. 19.6.17.

8 " " " — Hosp. 28.11.17.

Hosp.

Diagnosis: Measles.

(1) Later Diagnosis (if changed): Wd. Head. Acc. R.

(2) Inft. R. Axilla Gland.

(3)

Additional Diagnosis: if more than one state present

DISPOSITION: Dis. 19-1-17. — Date: Disch to duty. 28.6.17.

C.L. 23-1-17 359

10.7.17. a 168

11.7.17. a 169

19.7.17 a 175.

1.12.17. a 105

7.12.17 (a 110 (2)

REMARKS

R.T.B. Adm to Hospl. 18.6.17.

Dis to Duty 29.11.17

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.		

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

ar Service Badge
Class "A" No. 16151

THIS IS TO CERTIFY that No. 1250553 (Rank) Gunner

Name (in full) Percival Symons enlisted in

the 77th Depot Battery, Can. Field Artillery

CANADIAN EXPEDITIONARY FORCE at Saskatoon on the 13th

day of June 19 16.

HE served in 38th Battery, Can. Field Artillery

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

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

Age 27

Height 5ft 9ins

Complexion Medium

Eyes Brown

Hair Brown

P. Symons
Signature of Soldier

Marks or Scars

Date of Discharge APR 1 1919

Jno. A. Symons
Issuing Officer

Lieut
Rank

Date April 1st 19 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. (Rank)

Name (in full) enlisted in the

CANADIAN EXPEDITIONARY FORCE at on the

day of 19 and

has served in

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

1.—That discharge is not to be carried when Medical Certificate must be produced.

2.—That uniform can be worn (30) days after discharge or when duly authorized in writing, and wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

THE DESCRIPTION OF THIS SOLDIER on the Day he left the Colours

Age

Height

Complexion

Eyes

Hair

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

N.B.—Any change of address of this Certificate will be issued, any person desiring same is requested to forward it in a stamped envelope to the Secretary, Militia Council, Ottawa, Canada.

Form R 122.
2353—100M—9-12-16.

2nd Sheet

Rank Name Symons Percival Reg'l No. 1250353

Unit Dft. 77 Bty C.F.A. If in perm. Corps, What Unit? } Married or Single

Place and Date of Enlistment Saskatoon June 13th 1916 Place of Birth

Name and Address, Next-of-Kin Mrs. G. R. Symons, 16 Weymouth Av South Ealing, London England Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character Permanent Gunr A/RK. Sil

N/E. R.G. No. 1345
File R.
Category Can. Or.

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. 1st page of Records in Envelope	Place.		Date.	REMARKS Taken from Official Documents.
O/S 10th Bde						
13-7-18.	10 Bde	S.O.S. on Posting to Com. arty Pool	Field.	Svc.	4-7-18	P.H. D.O. 88.40 arty Pool O.H. D.O. 93.D. 15-7-18.
17.8.18	"	205 from Art Pool	"	Dvl	3.8.18	-100 to art pool 106 d/ 16/8/18
22. 2. 19	Do	Proceeded to England	"	"	20.2.19	-18
		Proceeded to Canada			19.3.19	29-0 to 10th Bde P.H. D.O. 29 d/19/3/19

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.				

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9?0.

Casualty Form—Active Service.

Unit, Regiment or Corps C. F. A.

Regimental No. 1250553. Rank Dvr. Name Seymour Percival
C. E. F.

Enlisted (*a*)..... Terms of Service (*a*)..... 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				
		19.3.19. T.O.S. Dispersal Station	M' D. 0. 94	Pa 2.	
		and Dispersed 1.4.19	D. 0. 94	Pa 3	
		S Rawdon Lieut. for O. C. 10 District Depot.			

(*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				

Forms
I 1237
11

75-92

Army Form I. 1237.

MOORE BAR SHORNCLIFFE

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	1250553	Pte	Symons	Percival
	Unit.		Age.	Service.
	2nd Battery CFA Reserve Brigade		21 yrs	7 months.

Station and Date.	Disease Germans Measles
Isolation Hosp. Dover Castle	
Jan 6.	Admit. Barracks for 4 yrs 1 month. wastg.
Jan 19	Discharged

DISCHARGED TO DUTY
19/1/17

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

(23205) Wt.W 4234—M 527. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) SYMONS, PERCIVAL

REGIMENT 38th BATTERY RANK GUNNER No. 1250553

Date of Examination in England _____ Date of Examination in France 22/1/19

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

- (*a*) In Canada - No.
- (*b*) In England No.
- (*c*) In France Yes.

Signature of Dental Officer R.A. Wright Capt
CADC

13-1-0.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE. 19-3 1917.

SPECIAL REPORT ON EYES.

No. 125-0-5-5-03

Rank. a/Sgt

Name. Symons, P. 2B

~~In or~~ Out Patient.....

Unit. 2 Batty

From: Officer Commanding.

To: O.C. 2 Batty C 3a Res

RIGHT VISION = $\frac{6}{12}$ = $\frac{6}{6}$

LEFT VISION = $\frac{6}{9}$ = $\frac{6}{6}$

REMARKS:

He is ---- fit for overseas service. Glasses have ----- been ordered. Condition was ---- present previous to enlistment and has not been caused by service.

Recommend patient for class A

R. B. Osborne Capt. R.A.M.C.

for O.C. West Cliff Canadian Eye & Ear Hospital.

V.

M.B. 100 CANADIAN CORPS CAMP. BRAMSHOTT.

DATE 13.2.19.14

To:-

Officer Commanding, 38 Bty C F A.

The following is a special EYE report on the undermentioned of your Unit. Your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty FORM to the LONG EYE Board as there IS a disability of the EYE.

J.K. McRae Capt
Major CAMC.
Officer i/c Eye & Ear Dept.,
Medical Boards. C.C.C. Bramshott.

NAME. Symon P. Number 25053 Rank Gnr. Date 13.2.14

Unit 38 Bty C F A Former Occupation Bank Clerk

Origin and Nature of Injury Mixed astigmatism RE

Date of Origin Childhood Place of Origin

Cause congenital

Present disability Defective vision RE

Present Condition:-

Vision R.- 6/18 cc 6/6 Hearing R.-

L.- 6/12 - cc 6/9 L.-

Category recommended A

History of present condition Has always had poor eyesight

Did the disabling condition have origin before Enlistment? yes

If so, has it been aggravated by Service? no

Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment?

no.

What is the probable duration (in months) of the disability? permanent

Can the former trade or occupation be resumed? yes

J.K. McRae
Capt CAMC

M.B. 108 CANADIAN CORPS CAMP, BRAMSHOTT.

DATE 13-3-19.

To:-

Officer Commanding, 35th Bty C.F.A.

The following is a special EAR report on the undermentioned of your Unit. Your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty FORM to the LONG Board as there IS a disability of the ~~EAR.~~ nose

Walter Graham Capt.
Major CAMC.
Officer i/c Eye & Ear Dept.,
Medical Boards. C.C.C. Bramshott.

NAME SYMONS. G. Number 125353. Rank Gnr. Date 13-3-19.

Unit 35th Bty C.F.A. Former Occupation Bank Clerk

Original Disease or Injury Hypertrophic & Turgescent Rhinitis

Date of Origin 15 years Place of Origin England

Cause Congenital

Present disability Nasal obstruction

Present Condition:-

Vision R.- Hearing R.-

L.- L.-

Category recommended A

History of present condition Difficulty of breathing through right side - alternating Stenosis Each Side

Did the disabling condition have origin before Enlistment? Yes

If so, has it been aggravated by Service? No

Has the disability been caused or aggravated by Intemperance or improper conduct or by unreasonable refusal to accept treatment?

No

What is the probable duration(in months) of the disability? Indefinite.

Can the former trade or occupation be resumed? Yes

Nose Irregular Spurs both sides of septum - middle turbinates Each side in contact therewith - Oedema of Septum & turbinates — Hypertrophic & Turgescent Rhinitis

Walter Graham Capt

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

1250553. Unit, Regiment or Corps 17th BATTERY C.F.A.

Regimental No. [illegible] Rank Gnr/Dvr C. E. F. Name Percival Symons

Enlisted (a) June 13/16 Terms of Service (a) Duration of war Service reckons from (a) June 13/1916

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) Accountant CBM

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.
		Embarked	Halifax	Oct 4/16	
		Disembarked	Liverpool	" 13/16	
16-10-16	A.R.O. 7a	Taken on strength 2nd Bty Res Bde 6 F.A.	Shorncliffe	13/16-10-16	Pt II #263 - 16-10-16
11-12-16	O.C. Res Bde 6 F.A.	Appointed A/Cpl	Shorncliffe	11-12-16	R.R.O. Pt II - 319
19 APR 1917	O.C. R.A. 6 F.A.	To 3rd Dab France	S'cliffe	19 APR 1917	B.G. Part II, 109. Adjutant, Reserve Brigade, C.F.A.
17/4/17	Res Bde	Reverts to Gnr. to proceed O/seas.	Shorncliffe	13/4/17.	R.R.O. 107 Lieut. FOR LT: COL: I/C RECORDS, C.O.M.F.
21.4.17.	6 B.D.	Arrived as Reinf. to 3rd C.D.A.C.		21.4.17.	M.R. Pt. 2. O. No. 68 d 25-4-17.
29.4.17	6 R.A.	Posted to 10th Bde. 6 F.A.	Field	21.4.17.	6 R.A. A.4/78. Pt. 2. O. No. 81 d 19 5/17.
..		Joined unit	Field	26.4.17.	B213.
21.4.17.	6 R.A.	T.O.S. on being posted from 3rd C.D.A.C.		21.4.17.	A.4/78. Pt. 2. O. No. 90 d 21-5-17.

(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.

Correction Pt 2. O. 92 [P.T.O.] 23-5-17

D.O.D. O.M.F.O.C. on proceeding to Canada 17/2/19
Auth: Pt II Orders 25/19

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.
22-6-17	O/C Unit	Evacuated to Hospl	Field.	18-6-17	a 36/6 213. DCS 180 d 4-7-17
26-6-17	9th 62nd Amb	Wd. Head accd.	9th Amb 16th Amb	19-6-17 19-6-17	a 36/6 4787. DCS 182 6-7-17
29-6-17	OC Unit	Rejoins Unit from Hospl	Field	28-6-17	B 213 DCS 184 1-7-17
24-6-17	16th amb	Inc Wd Head (accd)	16th amb.	21-6-17	a 36/6 4753 DCS 185 12-7-17
1-7-17	16th Amb	Inc Wd head accd	16th Amb Duty	21-6-17 27-6-17	a 36/6 4807 DCS 189
1-12-17	Unit	Rejoins unit from	Hospl	29-11-17	B. 213.
do	do	Evacuated to	Hospl.	25-11-17	B 213
26/11/17	8 C.F.A.	Inf. Glands Ax.	R. adm	25/10/17	W 30 3/4
30/11/17	do	do To	Duty.	29/11/17	a 36.
18-1-18	Unit	Granted 14 days leave		16-1-18	B 213 Pt II. O. 12 d 24-1-18
8-7-18	10th Bde C.F.A.	Rejoins from Leave.	Field	2-2-18	B 213. Pt II O 24 d 15-2-18
4.7.18.	A.A.G.	S.O.S. 10 Bde CFA on posting to Can Arty Pool		4.7.18	A.A.G. A.R.C.R.C. d 4.7.18. Pt II O 88 d 13.7.18 file K.R. 21907.
Do	Do	To S Can Arty Pool.		4.7.18	Do Do P 20 98
31.7.18.	Can Corps	Posted to 10 Bde CFA.		3.8.18	C.C.R.C. M.R. 4 3.8.18 (1378) Can Corps A 3/17 d 31.7.18 Pt II O 106 d 16.8.18.
31.7.18.	do	TOS 10 Bde CFA from Arty Pool.		3.8.18.	C.C.R.C. M.R. 4 3.8.18. (1378) Can Corps A 3/17 d 31.7.18 Pt II O 100 d 14.8.18.
21.12.18	10th Bde	Granted Leave to	U.K.	18.12.18	B 213 Pt. II O. 2. d 4.1.19
3.1-19.	O.C. R.	Extension of leave from	4-1-19 to	5-1-19	R of Ex. 144. Pt II O. 3. d 1/1/19
11.1.19.	10th Bde	Rejoins from Leave	Field	6.1.19	B 213
26 Hodie		Proceeded To England		20/2/19	

D.O.D. O.M.F.O.C. on proceeding to Canada 17/2/19
Auth: Pt II orders 25/19

10th BRIGADE, C.F.A. 18 Feb 1919

H.L. Sheppard Capt.

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

No. ..... Date .....

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname SYMONS *Christian Name* PERCIVAL

Examined { on 13th day of June 1916
at Saskatoon, Sask.

Birthplace { City or Town Ilfracombe,
County Devonshire, England

Apparent age 24 years 3 months

Trade or occupation Accountant

Height 5 Feet 9 Inches.

Weight 157 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 36½ inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by Hughmacken

Rank Capt Camb. M.O.

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.
26/4/16		M Dargan M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
3/8/16		M.O.
14/8/16		M.O.
24/8/16		M.O.

Enlisted on 13th *day of* June 1916 *at* Saskatoon, Saskatchewan.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	77th Depot Battery C. F. A.	1250553		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Brancshott	13/3/19	Mixed Astigmatism R & L Hypertrophic & Congescent Rhinitis	Cat A. D Nathan Capt

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.

400m.—1-16.
H. Q. 1772-39-439.

Surname Symons Christian Name Percival

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.
Moore Barracks Hpl. Shorncliffe	1592	5	1	17	19	1	17	Measles (Ger)	15	No complications. To duty 19.1.17	W C Givens CAPT C.A.M.C. REGISTRAR. A168
R.F.B.To Hospital		8	6	17	19	6	17	N.S.			
No.1.C.F.A.		19	6	17	28	6	17	Wd.head acc.		Dis.to duty	A169-A175 JP

ORIGINAL.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 77th Battery Canadian Field Artillery

(2) Regimental Number 1250553

(3) Full Name of Soldier Percival Lymons

(4) Place of Birth Ilfracombe England (Devonshire)

(5) Are you married, or not? Not married

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

(b) Present Postal Address Strasbourg Sask

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Geo R R Symons 16 Weymouth Ave South Ealing London Eng

(10) Is your Mother alive? Yes

If so, state name and address 16 Weymouth Ave South Ealing London England

(11) If your Mother is a widow No

Are you her sole support, or not? No

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

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

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

(15) Are you insured? Yes

If so, in what Company? Canada Life Assce Co. Sun Life Assurance Co of Canada

Have you made arrangements for payment of your Insurance premium Yes

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

A Edgar Lathwell Lieut
Officer Commanding.

Date June 13 1916

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH:

NAME AND ADDRESS OF NEXT OF KIN: Mrs G. R. Symons. 16 Weymouth Ave. South Ealing. London. Eng.

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

REG'L NO. 1250553 RANK Gunner. (Draft 77th Depot Battry.) NAME Symons. T.

IF IN PERMT. CORPS / WHAT UNIT — UNIT Res Bde C.F.A. TRANSFERRED TO 10th Bde. DATE 11.7.17 AUTHORITY 10.8x 66 16/4/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Regina. Canada — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 13-6-16. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	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
1916														10	10 —									Balance from Canada							10 00				
Oct	31	1.00	31	-	31	10	3	10							34 10																44 10				
Nov	30		30		30		3								33 .	3161	30/10	3461	16/11					9 73	9 73					19 46	57 64		3050		
Dec	31		31		31		3	10							34 10	3571	29/11	3803	15/12					7 30	2 43					9 73.	82 01		46.		
1917	7a	1.00	9	20																															
Jan	31	1.10	34	10											34 10	3926	31/12	4190	15/1/17					19 47	24 33					43 80	72 31				
Feb	28		30	80											30 80	4250	31/1							7 30						7 30	95 81				
																4508	28/2							7 30	7 30					30 4					
Mar	31		34	10											34 10	4716	15/2	4955	31/3					9 74	9 73					33 72 3	95 84				
Apl	30	-	33	-											33 .			4743	15/3												128 84				
May	31		34	10											34 10	146	14/4							9 74						9 74	153 20				
June	20		33												33																9 71	176 49				
July	10		11												11																	187 49				L 10th Bde. 10.66 16/4/17
Aug	31		34	10										10 00	34 10									7 0 58	53 52	9 71				133 81	240 09		150	60 59	
Aug	31		34	10											34 10	338	4/6							7 68						7 68	247 01				
			368.	50.										10. 00.	378. 50.									73. 26.	53. 52	9. 71.				136. 49					

111 12/5- 10 CFA
159 24/5 "
474 23/4 CAD Remittance
1 78
3 5-7
4 26

1250553 G Symons P.

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
1917																																			
Bal. Fwd			368	50										10 00	378	50								73 26	53 52	9 71				136 49	242	01			
Sept 30	10 0 / 10		33	00												568								268											
	401		50											10 00	411	50		1135		507		436		536	446	267				15 17	259	84		180	
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE				REFER TO PAY ACCTS.	SERVICE ALLCE.	ENG.					
																								81 30	57 98	12 38				151 66					
Oct			~~25~~	~~65~~																													259 84	180	
	Gr pay		34	10							635	12/9	10 Bds	268																			793 94		
											707	24/9		268																			788 58	198	
			34	10										536																					
Nov	Gr pay		33								788	12/10		446																					
Dec	Gr pay		34	10							928	12/11		894																			342 30	225	
			6	10										133	8																				
1918 Jan	Gray		34	10							ak 1026, 9620			446																					
											ak 1004, 10	✓		12 49																					
											BP 98250			99 33																					
											ak 1054, 10 Bds			357																			258 55	210	
			34	10										11 785																					
Feb	Gray		30	80							ak 1081	10 Bds		446																			788 89	255	
			30	80										446																					
Mar	Gray		34	10							ak 1237	10 Bds		357																			319 99		
											✓ 1270	✓		357																					
											✓ 1517	✓		768																					
											✓ 1596	✓		768																			306 99	210	
			34	10										17 50																					

REMARKS

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– SYMONS, P.

NUMBER:– 1050553

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner

UNIT AND TRANSFERS

ORIGINAL UNIT:– Dp 77th Bty to Res Bde

DATE ACCOUNT FIRST OPENED:– 1/10/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do 66, 16/4/19	11/7/19		to Bde 6 Fd
93, 15/7/18	4/7/18	21/8/18	Arm Boats
100 17/8/18	3/8/18	20/9/18	10th C.F.A.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1 00	10		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
7/2	2137	b2 95 Feb 1919	3 73			Ledger Balce	2 28 17
27/2	804	b2 95 Feb 1919	24 33			L.P.6.	5 00 11
			28 06				28 06

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discb to Canada 31/3/19 N.R. 3987 B'shott. 2/3/19 B'shott MD 12

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Balce fwd								306 19	2 10 –	
Apr	Pay	33 –		aR 30, 10 Bde 1/4/18.	3 57 ✓				339 19		
				✓ 95 ✓ 25/4/18	7 14 ✓				328 18	285	
		33 –			10 71						
May	Pay	34 10		aR 190, 9 Bde 8/5/18.	4 46 ✓				362 88		
				✓ 177, 10 ✓ 25/5/18	5 25 ✓				353 07	300 –	
		34 10			9 91 / 981						
June	Pay	33 –		-	– –				386 07		
				aR 751. 10 Bde 8/6/18	3 57 ✓				382 50		
				" 319 " 25 6 18	3 57 ✓				378 93	315 –	
		33			7 14						
July	Pay	34 10			– –				1303		
				aR 468, 10 Bde 25/7/18	7 14 ✓				1058 93	330 –	
		34 10			7 14						
Aug	Pay	34 10			– –				439 99		
				aR 650 " 13/8	4 46 ✓				435 53	345 –	
		34 10			4 46						
Sept	" "	33 –			✓				468 53		
				aR 609 - 10 Bde 7a. 16/9/18	7 14 ✓						
				✓ 651 ✓ 23/9/18	3 57 ✓				457 82	360	Agnts 2850
		33			10 71						
Oct	✓	34 10		829 - 10 Bde 19/10	3 73 ✓				491 92		
				aR 997. 10th Bde 27-10-18	3 73 ✓				484 46		
		34 10			7 46						
Nov.	Gnrs Pay	33 –							517 46		
				aR 1301. 10th Bde 14-11	11 19 ✓						
				aR 1414 " 15-11	5 60 ✓				500 67		
		33 –		Totals Fwd	15 79 / 16 79						

R.o.A.F.

NUMBER 1250553 RANK Gnr NAME

MONTH 1918	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Totals Ford	33 -			16 79				500 67 -		
Dec	Gnrs Pay	34 10		AR 1610, 10th C 7a 9-12	3 73 ✓				531 04		
Jan	Gnrs Pay	34 10							565 14	420 -	
		101 20			20 52						
Feby				AR 143, 10th b.7.a. 16-12	97 33 ✓				467 81		
				AR 1725, " 14-12	18 66 ✓				449 15		
				AR 1799, 3rd Dab. 16-1	3 73 ✓				445 42		
				AR 2044, Brussels 21-1	119 72 / 9 33 ✓				436 09		
	Gnrs Pay	30 80							466 89		
Mch	Gnrs "	34 10							500 99		
	Int on Dep Pay.	2 18							528 17		
				AR 2137, 10th b.7a. 7-2	3 73				524 44		
				AR 804, H.66. 28-2	24 33				500 11		
		92 08			157 11						

SOS to Can. 21.3.19 S.L. 29 10 C 7a

Rank Name SYMONS, Percival Reg'l No. 125055 1250553 1250553

Unit Dft 77 BTY C.F.A. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Saskatoon, June 13th, 1916. Place of Birth Illfracombe, Devon. England.

Name and Address, Next-of-Kin Mrs G.R. Symons. 125055

16 Weymouth Av, South Ealing, London, England, Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

R 139-183

Forwarded as now corrected. (Z)

Censor.

Signature of Addressor or person authorised to

* This line should be erased if not required.

Wt W492/M1647. 50,000 Pads. 5/17. A.C.Ltd. (E 1187)

& V., Ld.—7165-16.

Report. e.	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.
		Arrived in England	S-S-Saxonia	13. IO. 16	
16. IO. 16	o/c R Bde	Taken on Strength	S, cliffe	13. IO. 16	PT 2. 0-263
11.12.16	O.C. R. Bde	appts actg/Cpl. while employed as Clerk.	"	11.12.16	— 31 Q +62 359
7.1.17	"	admr Moore Bks Hsp	—	6-1-17	— 7 Measles
20-1-17	— " —	Dis. F'Stone Sanatorium	— " —	19-1-17	P II 0 20. +62 359.
17. 4. 17	Res Bde	Reverts to Gunner to proceed Overs	"	15. 4. 17	R II 0 107
19. 4. 17	" "	SOS proceeds Overseas as R to 3 DAC	"	19. 4. 17	" " " 109
25. 4. 17	3rd DAC.	and from Eng as R is attchd to Col	Field	21. 4. 17	R II 0 68 WSR.
19. 5. 17	"	Cases atton Posting to 10th Bde	"	21. 4. 17	P II 0 81 P II 0 90 / 21. 5. 17 9/10th
10. 6. 17	"	Admte Hospl	"	18. 6. 17	C2 A 168 Not Stated

A.F.B. 103 CHECKED 8 MAY. 1917

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.
11.7.17	10th Bde	Admt to No 1 Can Field Amb	Field	19.6.17	C.2.A 169 Wounded Head Ace
19.7.17	"	Sick to Duty	"	28.6.17	C.2.A 175 " " "
30.11.17	"	Admt 1st Can Field Amb.	" Gnr.	25.11.17	C.2.A. 105. Inf. Rt Axilla Gland.
6-12-17	do do	Duck	do	29-11-17	C.2.A. 110" do do

125053
Gnr. Symons, P.

118280

Strasburg,
Sask.

Reserve Brigade, C.F.A.

– 20 –

Perforated sheet for Will from Pay Book of Reg.

No. 125053

Name Percival Symons

Unit 2nd Bty Res Bde C.F.A.

Military Will.

In the event of my death I give the whole of my property & effects to my mother

Mrs M.D. Symons
16 Weymouth Ave.
South Ealing
London W.5

Signature P. Symons

Rank and Regt. Gunner C.F.A.

Date 13th April 1917

Retd from ND 12
Honr Roll No 13

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 2nd Battery C 7th Brigade — Military Hospital Isolation Hospital

No. 250553 — Rank and Name 9c Lofl Symons Percival — Age 24 — Service 7 months

Disease German Measles — Date of admission Jan: 8th 1914 — Date of discharge Jan: 19th 1914 — Result Cured

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

(1) Discharged

Pulse per minute	80	80	84	84	88	80	80	72	68	68	76				
Respirations per Minute	20	24	24	24	24	24	24	24		24					
Motions per 24 Hours															

(29842) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181/4. (373)

Signature M.C. Major Bateman In charge of case.

M.O

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Brandon DATE March 13/19

1. 1 (a) Unit 38 Bty C.F.A. (b) Regimental No. 1250553 (c) Rank Gnr

(d) Surname SYMONS (e) Christian name PERCIVAL

(f) Home address Regina Sask.

(g) Next of Kin G. Symons (h) Relationship father

(i) Address of Next of Kin 16 Weymouth Ave. S. Ealing London Eng.

2. Age last birthday 27 Date of birth March 1892

3. Enlistment, or Appointment (if an Officer) (a) Place Saskatoon Sask. (b) Date 13-6-16

4. Personal description:

(a) Height 5'9" Estimated (b) Weight 145 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes brown (f) Identification marks, Scars, etc. Appendectomy scar

5. Former trade or occupation Accountant.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	274

	Periods	
	From	To
Canada	13-6-16	4-10-16
England	4-10-16	15-4-17
France or other theatres of War	15-4-17	20-2-19

7. Original disease, or injury (a) Mixed astigmatism R + L.
(b) Hypertrophied Turgescent Rhinitis

(a) Date of origin (a) Congenital (b) 15 years (b) Place of origin England

(c) Cause (a) Congenital (b) Congenital

M. F. B. 227.

400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(a) Defective vision R - L

(b) Nasal Obstruction

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

(a) Vision R. 6/18 cge 9/6 } Report by Capt Jas McRae CAMC
L 6/12 cge 6/9 } Specialist

13/3/19 Complains defective vision

(b) Nose - Irregular spurs both sides septum - middle turbinate - each side in contact therewith - Oedema of Septum + turbinates Hypertrophic + Turgescent Rhinitis
Report by Capt Walter Graham CAMC
Specialist

Complains difficult breathing 13/3/19

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (a) History (of the condition referred to in Section 9 (a).)

(a) Has always had poor eyesight

(b) Difficulty in breathing through right side - Alternating stenosis each side

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles Whooping Cough in childhood - Bad neuralgia - Appendicitis Feb 19/5 Operation & when coming back from France on Feb 19 had pain & soreness which lasted about 3 days. 5-1-17 to 19-1-17 German measles - Recd wd head 19-6-17 - Sym'd Unit 29-6-17. Infected glands R axilla 25-11-17 to 2-4-11-17.

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

Appendectomy scar - Small scar crown head

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

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

(a) No. (b) No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (a) permanent (b) ~~Indefinite~~ 3 months D.A.

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

(a) Yes - Hamara (b) No

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

(a) No (b) No

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

17. Recommendations N.g.

J W B Stone Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Percival Symons have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing

P. Symons Gnr. Rank.
Signature of invalid examined.

D.A.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded Auth A.G. teleg 9083 "/11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Chas. O Jones Capt. — *President.*

PLACE Bramshott — D Mathieu Capt. } Members

DATE 13/3/19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President*

PLACE..... } Members

DATE.....

APPROVED BY James C. Fyshe Major — APPROVED BY

for Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE 13.3.19. — DATE.....

19-1239

D.A.-M
O.G.-3

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge
Class "A" No. 16115

1. No. 1250553

2 Rank. Gunner

3. Name. Symons Percival

4. Unit. 38th Battery C.F.A.

5 Date of Discharge APR 1 1919 Place ~~Winnipeg~~ Regina Man

6 Reason for Discharge Demobilisation

7. Authority. DO 94

8. Proposed Residence after Discharge Strassburg Sask.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

P Symons

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "M" APR 1 1919 Military District No. 10

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M F W 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5069).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.W. 218a)
8. Discharge Certificate (M.F.W. 29)
   (Recorded in special register (5031)).
9. Copy of Discharge Certificate (M.F.W. 30a).
10. [illegible] Certificate (C.D.S.)
11. [illegible] Statement of M.G. Form (D.O.S. 2).
    [illegible] Certificate (P.851). Duplicate
    [illegible] (A.B.64)
14. [illegible] M.F.W. 2595).

Group.....

Checked by No. 3

Date.....

AUDITOR | PAYMASTER

79

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

M. OR S. | REGT. No. 1250553 | RANK Snr | NAME (IN FULL) Symons C | (BLOCK LETTERS SURNAME FIRST)

Cedric

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 7th Batty | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO Disbn "M" | DATE 19.3.19 | AUTHORITY D O 94

DATE OF ATTESTATION 13-7-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO ~~Bank Canada~~ Treasury | RELATIONSHIP | ADDRESS 1446 Rae St. Regina Sask | EFFECTIVE 9/6/19

ANY CHANGE IN ASSIGNEE OR ADDRESS ~~Royal Bank of Canada~~ 6/6/19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED Nil | PLACE To | DATE 1.4.19 | REASON D | AUTHORITY D O 94 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Co. BAL. ENG. L. P. C.
31/3/19					33 -		500	11	500	11																								500	11	R
1-8/4/19	8	1½	8	80	70 -		500	11									4-87 5-00																			Clothing Allce. 1st payment W.S.G.
																	604 04																			Advances - Boat - Train
							613	91																							613	91					~~A.A. engl. Sch. Eng. L. P. C. to~~
																																				First Cx to ms
			W$9.																				W$9.										Balance				
153 days @ Nine			350 -				350	-															70 -				7 70 1 09				280 -					1st Payment W. S. G. as above
																															27	21				7 days Pay T.P.R.
Aug. 6																	5704 28						70 -								201	21				Dr. 109 K3 D0 92.
30																	509 141						70 -								131	21				70 - 2nd " "
28/6																	77 614						70 -								61	21				70 - 4th
										1/8/19							1263 95 01						61 21								7	-				Final
			350				350																341 21				8 79				350 00					
																	A/c closed																			

AUDITED 1919 Auditor Clerk M.D. No. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.