ATTESTATION PAPER.

No. 169

Folio. 74

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Harry Tozer
2. In what Town, Township or Parish, and in what Country were you born? ..... London Ont
3. What is the name of your next-of-kin? ..... Mr. Henry R.K. Tozer (Father)
4. What is the address of your next-of-kin? ..... 12 W. Woodward Ave London Ont
5. What is the date of your birth? ..... Nov. 24 1898
6. What is your Trade or Calling? ..... Cigarmaker
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... yes
10. Have you ever served in any Military Force? ..... 4 years XV F.K. A.M.C.
    If so, state particulars of former Service. ..... 2 " VI Field Battery
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.

Harry Tozer (Signature of Man).

W.H. Irvine Capt. (Signature of Witness).
Enlisting Officer

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Tozer, 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.

Harry Tozer (Signature of Recruit)

Date February 12 1915 W.H. Irvine Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Tozer, 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.

Harry Tozer (Signature of Recruit)

Date February 12 1915 W.H. Irvine 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 17 day of Feb 1915

W.H. Chittick (Signature of Justice)

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

W.H. Irvine Capt. (Approving Officer)

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

Description of Harry Dyer 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. 7 ins.

Chest measurement.
- Girth when fully expanded 40 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

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

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

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

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 February 12 1915 G. Davies Maj AMC

Place London Ont. 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.

Harry Thomas Dyer 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.

G. A. Eberts (Signature of Officer)

Date Febr 12 1915

No. 3 Stationary Hospital, C. E. F.

27-5-19.B.m

REGIMENTAL DOCUMENTS

NAME TOZER Harry REGT. NO. 169 UNIT L.A.M.C. H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Med. Unfit X
	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)					
2	Misc					
1	C to 3					
1	R.H.9					
1	Enlistment R.I.P.					
1	Pay Card					
1	Enlistment					

15943

42-11.
4-11
6-11

3.

W 2589
100M-11-18
1722-39-1379

mt

95

Number 169 Rank Sgt

Surname TAZER

Christian Names Harry

Unit C.A.M.C. Theatre of War France

Dates of Service 8-4-16

Remarks

Latest Address 12 Woodward Ave
London
Ont

Roll No. B Page 2003

No. 3 Stat. Hosp.

Gen 24932 Dr/b 24/7/21

M. A 39261/21

Reg. No. 169 Name Tozer H 4372 D.D.

Rank Sgt Corps S & R Age 30 Service 6/12 6/12 5th 4/12

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
W O M H London	16-10-19	V D S
Mvd to unit	11-11-19	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

REGT'L No. 169

H. Q. FILE No. 649.

NAME Tozer Harry

RANK AND CORPS Sgt. L.A.M.C. 3rd Can

FOLLOWS Not at H. Boulogne

FOLLOWS

CABLE NO.	DATE	"D"	NATURE OF CASUALTY
N of K.			Henry R. K. Tozer (Father.)
			12 Woodward Ave London Ont.
Q 281	6-6-18		Adm. 18 Gen. H. Dannes Camiers
			May 30th 1918 G.S.W. Face Hands Legs

L. L. 20197—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-383.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 591	No 3 Can. Stat. Doullens	11-7-17	Influenza Slt
a 593	Discharged	16-7-17	" "
a. 231	18 Gen. Hospital Camiers	30-5-18	G.S.W. Face Hands Legs
a. 234	Discharged	4-6-18	" " " " "
a 376-1	No 3 Can Stat Doullens	16-11-18	Pleurisy
a 384.	30. Gen. Calais.	24-11-18	" "
a 393	Discharged	6-12-18	"

NAME Lozier Harry. SOS. 1/4/19 Dmt
D6.92/2/4/19 188. 169

RANK & No. Corp

CORPS No 3 Stationary Hospital C.E.F.

ENLISTMENT, PLACE London DATE Feb 17th/15 (S)

FORMER CORPS A. M. C.

COUNTRY OF BIRTH London Ont

NEXT OF KIN Lozier Mrs Henry. R.R. (Father)

ADDRESS OF NEXT OF KIN 12 Woodward Ave London Ont Can

DISCHARGE, PLACE DATE

R/C 30/3/19. 293. 49. K.

O/S 18-4-19 35/1

L. L. 72594—M. & D.—5342.

M. F. W. 22. 50 m.—1-15.

H. Q. 1772-39-839.

REMARKS:

No. 169 Rank Pte. Name Joyce H.

T. O. S. Unit #3 Stationary Hospital A. M. C.

M. D. 1

Paid From	Paid To	Sig or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915	1915			
Feb 12	Feb 17	✓		
Feb 18	Feb 28	✓	Shown as Cpl from 23-2-15 - - -	Feb pay list
Mar 1.	Mar 31	✓		
apr				

UNIT SAILED
APR 18 1915

FORM R. 149.
7106—250m—7/2/17.

Name Tozer.Harry *Rank* Pte. *Reg. No.* 169

Unit No.3.Can.Sty.Hosp.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
11-7	No.3.Can.Sty.Hosp.	Doullens.	Influenza.	Slt.	A591	
16-7	Discharged to Duty:-		Do.	A593.		

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

Form R. 149.

Harry

Name TOZER Rank Sgt. Reg. No. 169

Unit C.A.M.C. 3 Stat'y

Next of Kin Canada

Date 19 18	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			G.S.W. Face			
30-5	18 Gen Hos	Camiers	Hands Legs	a 2380	279	1748/3
4-6	Con Base Dep.		"	a 2394	[illegible]	1760/13
16-11-18	3 C. Sty Hosp	Doullens	Pleurisy	a 376		5723-2
24-11-18	30 G.H. Calais	"		a 388		5944-6
6-12-18	Dvsd		"	a 393		6201-11

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

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Tozer	H.	169

Rank	Unit	Co.	Troop	Batty.
Sgt	C.A.M.C.L OF C.		3 Stat.	

Hospital: 3 C.S.H. Doullens — Date of Admission: 11-7-17

Transferred 18 Gen. Camiers — Hosp. 30-5-18
3 C. Stat. Doullens — Hosp. 16-11-18
30 Gen. Calais — Hosp. 24.11.18.
Hosp.

Diagnosis: Infl 'za
(1) G.S.W. Face Hands Legs (Rw)
Later Diagnosis (if changed)
(2) Pleurisy. (Rw)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Dis. to July. 16.7.17. — Date
Disch. 4-6-18

C.L. 21-7-17 A591
24.7.17. a593.
6-6-18 A231
20-6-18 A234
22.11.18 A376
2.12.18 A384
12.12.18 A393

REMARKS
Dis. 6-12-18

A.M.D. 2 Dept.
Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

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

4372

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. G

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 169 (Rank) Sergeant

Name (in full) Jozer Harry enlisted in

the No. 3 Canadian Stationary Hospital

CANADIAN EXPEDITIONARY FORCE at London Ont on the 12th

day of February 1915

HE served in No. 3 Canadian Stationary Hospital

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

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

Age 28 years

Height 5 feet 7 ins.

Complexion Fair

Eyes Blue

Hair Light Brown

Marks or Scars

Signature of Soldier

E Brake

Issuing Officer

Date of Discharge

DISCHARGE SECTION
APR 1 1919
No. 1 District Depot

Lieut

Rank

Date 1/4/19 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. 1772-89-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

4372

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-920.

D

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

Casualty Form—Active Service.

Unit, Regiment or Corps. No 3 Stationary Hospital C.E.F.

Regimental No. 169 Rank Sgt. C. E. F. Name TOZER Harry.

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				
		TOS No1 Dist. Depot Displ. Stn. K .22. 3 .19 SOS 'dispersed 1,4,19 D,O,No92 Cadrake Lt 1Ck O.C. DISP STA K			

(*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				

L. L. Job [illegible]—Req. 5220.

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. H Dozer

Address 12 Woodward Ave

London Ont

Rate $20.00

By Whom Assigned Dozer .H.

Regtl. No. 169

Rank ~~Pte~~ Corp.

Corps #3 Stat Hosp.

MAY 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		M 900	20 -	
June		P.2054	20 —	
July		V947	20	
Aug.		S3638	20 -	
Sept.		M7204	20 —	
Oct.		N6155	20 —	
Nov.		Q4256	20	
Dec.	R	11631	20 —	
Jan.	1916	U11210	20	
Feb.	W	10411	20	
March		Y1H172	20	220

CONSOLIDATED ACCOUNT

٢٥٦١١.٩

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Mrs. H. Tozer

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

PAYMENTS. Name of Soldier Tozer H. Cpl. #3 Stat Hospl.

Month.	Year.	Cheque No.	Amt.		Remarks.
				$20	
April	1916	R 1964	20	✓	Remailed May 20/16 HW
May		R 4077	20		
June		L 8482	20	—	
July		A 8969	20		
Aug.		015956	20		
Sept.		H 19036	20		
Oct.		H 23769	20		
Nov.		B 29312	20		
Dec.		T 33587	20		
Jan.	1917	H 41262	20		
Feb.		K 47847	20		
March		V 51730	20		
April		Q 54699	20		20 - Ch.
May		Q 11841	20		
June		P 19109	20		20 Ch
July		L 25408	20		
Aug.		R 33089	20		C
Sept.		E 40286	20		
Oct.		Z 45182	20		
Nov.		P 53499	20		
Dec.		X 60681	20		640.00
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Soger, Harry.
Surname Christian Name

Regimental Number 169. Rank Sgt.

Unit

Original Unit Can. Pnr.

District where paid M.D. 1.

Date of Discharge 1-4-19.

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

File No. 18/55 - H - 12, **WAR SERVICE GRATUITY.** Register No. Specials 55/16 HH

Reg. No. 169.

Name Joyce, Harry.

Address 15 Woodward Ave, London. Ont.

Dependent ✓

Address

Pay Soldier $ 432.50

A. M. White.
J. P. Ellett.
Clerk Geo Janet.

Pay Dependent $ ✓

Days 183 Rate 70.00 Due 420.00

Less P.D.P. credited Otherwise 20.00
440.00
7.50

Less further Dr. Bal. or overpayment.

Net 432.50

R W113 1-10-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1	Nyd # 1.	paid	70.00		1			
2	Paid thru L.C.R.		280.00		2			
3	23 9/20	64349.	188/399.	82.50	3			
4					4			
5					5			
6			432.50		6			

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

GEN'L AUDITOR
Posting checked by
.....
Date.....

Rank — Name: TOZER. Harry — Reg'l No. 169.

Unit: No 3. Staty Hospt., — If in perm. Corps, What Unit? — Married or Single: Single.

Place and Date of Enlistment: London, Ont. 17th Febry, 1915. — Place of Birth: London, Ont.

Name and Address, Next-of-Kin: Mr. H.R.K.Tozer. 12. Woodward Ave. London, Ont.

Relationship: Father.

Assigned Pay Monthly $ 20 — Payable to: Jas K Tozer 12 Woodward Ave London Ont

Relationship

Separation Allowance $ — Payable to

Relationship

Discharge, Date and Place — Reason — Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1/5/15	31/5/15	31	1.10	34 10	31	10	3 10	15 50	52 70	✓		22 50	20		42 50	10 20	3rd Class Cook.
1/6/15	30/6/15	30	1.10	33	30		3	15 10 20	61 20	✓		25	20		45	16 20	
1/7/15	31/7/15	31		34 10	31		3 10	15 50 16 20	68 90	✓		27 50	20		47 50	21 40	
								21 40.									
								200									Exchange
				34 10			3 10	23 40 15 50	76 10	✓			20		20	56 10	3rd Class Cook
1/9	30/9	30	1.10	30	30	10	3	15 5 10	104 10	✓		14 60	20		34 60	7 2 50	
1/10	31/10	31	1.10	34 10	31	10	3 10	15 50	125 20	✓		14 60	20		34 60	90 60	
1/11	30/11	30	1.10	33.	30	10	3.	15 60	141 60	✓		14 60	20		34 60	107.	
1/12	31/12	31	1.10	34 10	31	10	3 10	15 50	159 70	✓		14 60	20		34 60	125 10	
1916 1/1	31/1	31	1.10	34 10	31	10	3 10	25 10	162 30			14 60	20		34 60	127 70	
1/2	29/2	29		31 90	29	10	2 90	15 4 65	167 70			19 47	20		39 47	128 03	
1/3	31/3	31	1.10	34 20	31	10	2 10	19 50	189 03			29 19	20		49 19	139 84	Pte Jas Boyd 27/3/15
				317 35			35 1 5	144	556 50			196 66	220		416 66	139 84	

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						

4372

ORIGINAL

ORDERLY ROOM NO. 3 STAT. HOSPITAL C.E.F. 169

MEDICAL HISTORY SHEET.

Surname Fazer. Toger Christian Name Harry

B

Examined on 12 day of February 1915 at London Ont

Approved by F G Davis Maj AMC

Birthplace City or Town London County Middlesex

Rank M.O.

Apparent age 24

Trade or occupation Cigar maker

Height 5 Feet 7 Inches.

Weight 175 Lbs.

Chest measurement Minimum 37 inches. Maximum expansion 40 inches.

Physical development excellent

Small-Pox Marks Nil

Vaccination Marks Arm Right. Left. 1 Number 1

When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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.
3/29/15	Pos.	Capt. Macaulay M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
3/12/15	Pos.	Major Kingsmill M.O.
3/25/15	Pos.	Major Kingsmill M.O.
		M.O.

Enlisted on 12 day of February 1915 at London Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	#3 Stat. Hosp.	169	good	2/12/15
Transferred to..	Canc.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
No. XI Canadian General Hospital, Moore Barracks, Shorncliffe	- 3 MAR 1919	Neurasthenia	Bty Invalided to Canada
	- 4 MAR 1919	APPROVED Wallace-Scott Colonel A/A.D.M.S. Canadians, Shorncliffe Area.	

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.

Entries in Red Ink made from Attestation Sheets. R M Shaw for D. D. M. S.

AUG 3 1915

Surname Bryer Christian Name Henry 4372 109

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.

Rank ~~Corporal~~ Sgt. Name TOZER. Harry Reg'l No. 169.

Unit No 3. Staty Hospt., If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment London, Ont. ~~17th~~ 12 Febry, 191 Place of Birth London, Ont.

Name and Address, Next-of-Kin Mr. H.R.K.Tozer. 12. Woodward Ave. London, Ont.

Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to Sgt

Relationship

M/E. R.B. No 7117
File P.L.
Category OR CAN

Discharge, Date and Place Reason Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
C		Arrived in England per s.s. Northland		29-4-15	
		Corpl confirmed with effect from		1.7.15	non Roll.
25/2/16	3.C.S.Hp.	Promoted to Sergt (Cook) 3rd Echelon M.E.F.		27/12/15	Part II O. 4.
31/3/16	Do	Trans from Hosp. Ship "Valdivia" For passage to England.		28/3/16	Pt II O. 48 H.S. Britannic
7/4/16	"	Disembarked Southampton		7/4/16	Part II O. 55.
29/6/16	D.A.G.	Arrived in France	France	8/4/16	R.L. 6-15-91 June 27/16.
21-7-17.	C.Amb.C.C.	Adm: No 3. C.S.Hp. (Influenza)	Doullens.	11-7-17.	C.R.A. 591.
24-7-17.	do	Discht to Duty (— " —)	Sgt. do.	16-7-17	— " — 593.
6.6.18	Same.	Wounded.	"	Field	30-5-18 C.R.A 231.
24-2-19	Convalescent	Ret from 3rd Staty	Sgt	Schiff	20-2-19 Hosp 4/6. 3rd Sty. Hosp Pt II D.O. 13 d/22.3.19. 4 19 d/10 4 19 Cases

169 Lozer. H

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				
~~18-3-19~~	~~Camc Coy~~	~~S.O.S. to Camc'd for Escort~~	~~Sgt Schiffer~~	~~17-3-19~~	~~Above 65~~ cancelled 73 & 27-3-19
18-3-19	Camc Coy	Duty to Canada & Escort Duty to Canada,	Sgt Schiffer	17-3-19	— 23.
10-4-19	Camc Coy	S.O.S. of O.M.F.C. to C.E. Fin Canada	Sgt "	22-3-19	— 85.
4-4-19	3 C.S.H.	S.O.S. posted to Camb Gen.	Sgt. Raven	3-3-19	— 16. 4/19 d/ 10-4-19 Camc Gen
~~16-4-19~~		42-K-107		22-3-19	

ORDERLY ROOM * No. 3 STAT. HOSPITAL C.E.F. *

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

4372 War Service Badge "Class" D

Army Form B. 103.

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

Casualty Form—Active Service.

Regiment or Corps No. 3 Stationary Hospital, C. E. F.

Regimental No. 169 Rank ~~Corporal~~ Sgt. Name Fozen, Harry

Enlisted (a) 12/2/15 Terms of Service (a) Duration of War and Six months after if required Service reckons from (a) 12/2/15

Date of promotion to present rank ~~Feb. 19th~~ 27.12.15 Date of appointment to lance rank — Numerical position on roll of N.C.Os. 15

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				
		Promoted Sergeant Cook from Dec. 27th	West Mudros	Dec. 27/15	Auth. D. M. S. Canadians
		Arrived in France.	Havre.	8/4/16.	Auth: 5/y5545/QMG. 2.9/26 3/16.
15.10.16	3 Can Stat Hosp	Granted leave	Boulogne	12.10.16	B213. Pt II 40 d/20 10/16.
22.10.16	Do	Rejoined unit from leave	Do	19.10.16	B213. Pt II 41 d/28 10/16.
11.7.17	"	Influenza admitted	"	11.7.17	W3034/W5176.
16.7.17	"	Influenza Dis to Duty	"	16.7.17	W3034/W5404
22.12.17	"	Granted 14 days leave	England	16.12.17	B213. Pt II 1 d/14.1.18.
5.1.18	"	Rejoined from leave	Boulleme	1.1.18	B213.
2.6.18		To Hosp wounded in Bombing Raid in Hosp		30.5.18	B213.
30.5.18	18 Gen Hosp (Stobs) M.S.R. Lymn	G.S.W. Face Hand Legs Dis. Adm.		30.5.18	W3034/S.H913
4.6.18	" "	G.S.W. Face Sev. Dis To Base Depot.		4.6.18	W3034/F5224.
4.6.18	6 G.B.D.	arrived Base from 18 Gen Hosp Etaples		4.6.18	W.R. 846.
30.5.18	3 Can Stat Hosp	G.W. Face body cont: adm transfd to Base		30.5.18	W3034/W34444.

(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.

E

4372

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.
24.6.18	6.G.B.D.	Left for unit	Doullens.	24.6.18	W.R. 1280
30.6.18	3 Can Stat Hosp	Rejoined unit	"	23.6.18	B 213.
15.9.18	" "	Granted 7 days spec. leave	Paris	13.9.18	B 213 Pt II 54. dd 23.9.18.
29.9.18	" "	Rejoined from leave	Rouen	22.9.18	B 213
17.11.18	" "	Pleurisy.	admitted 3 C.S. Hosp	17.11.18	W 3383/M 6822
22.11.18	" "	"	To Base (Barge 107+108)	22.11.18	W 3138/M 7212
24.11.18.	30 Gen.	N.Y.D.	adm.	24.11.18.	W.3169/M.7504.
6.12.18	" "	Pleurisy	To Base.	Depot.	6.12.18 W 4408/M 9761
7.12.18	6 G.B.D.	arrived Base from 30 Gen.	Etaples	7.12.18	W.R. 1811
3.2.19	A.D. Cdo.	Nervous Debility Classified	B2	3.2.19	W 3339/880. B20 6 dd 1919
14.2.19	6 C.C. Camp. Havre.	Proc. to England		19.2.19	W.R.

SAILING NO 11
S S REGINA FROM
COL 22.3.19

Capt.
Acting No. 14, C.T.C.

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

24.2.19	Canad Cas. Cy.	T.O.S., on rep. fr. No. 3 Stat. Hosp	Shorncliffe	20.2.19	P: II 46.
18.3.19	do	~~[illegible]~~. On Comm. Escort Duty to Canada	do.	17.3.19	P: II 65.

J D Rasped Capt.
Officer Commanding C.A.M.C. Cas. Coy.

20.3.19	Canad. Cas. Co.	S.O.S. of O.C. T.C. on embarkation to Canada	22/3/19	A.G. 1a. 8-1-165 dd 19/2/19.

J.B. Stewart Capt.
C.A.M.C.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: London. Ont.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. H. R. F. Jager. 12 Woodward Ave. London. Ont.

RELATIONSHIP OF NEXT OF KIN: Father.

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
Overseas Dept.	27.12.15	G.O. 24

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 169 RANK Sgt. NAME Jager Harry

IF IN PERMT. CORPS WHAT UNIT — UNIT 2nd Batt. Depot

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION London. Ont.

DATE OF ATTESTATION 12/2/15

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20 DATE EFFECTIVE Apl 1/16.

PAYABLE TO Mrs. R. Jager. 12 Woodward Ave. London. Ont. 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 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mch 31			377	35			35	15						144	556	50										1966		220		416	66	139	84				
Apr 1-30	1.35		19	50	30	10	4	50							45		83	20/4						10	47			20		30	47	154	37				
May 1-31	1.35		41	85	31	15	4	65							465	0	88	5/5	100	22/5				5	11	15	33	20		45	56	155	31				
June 1-30			40	50	30		4	50							450	0			101	15/6						5	10	20		25	10	175	21				
July 1-31			41	85	31		4	65							465	0	107	29/6	113	15/7				5	11	5	23	20		30	34	191	37				
Aug 1-31			41	85	31		4	65							465	0	119	29/7	124	15/8				5	23	5	23	20		30	46	207	41				
Sept 1-30			40	50	30		4	50							450	0	131	30/8	136	15/9				5	23	5	23	20		30	46	221	95				
Oct 1-31			41	85	31		4	65							465	0	141	29/9			Hamilton 278	12/10	London 16-10-16	5	23			4867	146	20	219	90	48	85				
Nov 1-30			40	50	30		4	50							450	0	155	31-10						4	36					20	243	6	9	19	69	19	
Dec 1/31			41	85	31		4	65							465	0	157	15-11	193	7-12				5	23	8	72			20	339	5	8	174			
1917			76	40													218	31-12-16						5	23											
Jan 1/31			46	50											465	0	197	12 "	233	5/1-17				5	23	5	23	20		35	69	92	55				
Feb 1-28			42												420	0	248	29-1						5	23			20		25	23	109	32				
Mar 1/31			46	50											465	0	259	27-2	328	29/3				5	23	5	23	20		40	92	114	90				
																	266	16-2	307	15-3				5	23											
Apl 1/20	30		45												45													20		20		139	90				
Carried Forward			1005	00										144	1149	00								7212	65	6524	533	146	480		1009	10	139	90			

#169 Sgt Tozer Harry

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
B/F Forward	1005	00												144	1149 00
May 31	135/15		46	50											46 50
June 30	45														45
July 31	"		46	50											46 50
Aug 31	"		46	50											46 50
Sept 30	"		45	oo											45 oo

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		37	28/4				
		17	16/4				
		75	30/5				
		56	15/5				
		113	29/6				
		95	15/6				
		145	16/7	238	2/8		
		179	30/7	195	16/8		

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
4/2 12	65 65	245 33	146	480		1009 10	139 90				
5 23											
5 23				20		30 46	155 94				
5 35											
5 35				20		30 70	170 24				
				20		20 oo	196 24				
5 35											
5 35				20		30 70	212 54				
5 36	5 36										
5 35	5 36			20		41 43	216 11				

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLCE.	ENG.
Oct. 1	C/Bal 30/9/17	466 ~~216~~ xx							216 11 xx			
Oct.	Sgt's Pay	46 50 xx							20			
				3rd St. Hosp. C.R. 225 15/9/17	5 36							
				3rd St. Hosp. A.R. 299 29/9/17	5 35				231 90			
Nov.		46 50			10 71				20			
	Sgt's Pay	45 00		A.P.6.					20.			
	W/C Claim 3 30 days 5 47 days @ 50	27 50										
				332 A.R. 16.10.17 3 At Hp	5 35							
				358 " 30.10.17 "	6 25				186			
Dec.	Sgt's P.	46 50		372 " 15/11 "	160 6							
									20 529 24 184			
1918		365 -			27 66				40			
Jan	Sgt's P	46 50		C.R. 47137 30/12/17 -	24 33				20			
				403 29/11. "	6 25							
				C.R. 8918 18/12. "	194 67							
				417. 15/12. "	8 92				321 67			
		46 50			234 17				20 42 87			
Feb.	"	42		Can A.P.					20 363 37			
				C.R. 476. 3 Slat Hosp. (11) 15/1/18	6 25 x				33			
				" 559 do (9) 28/1/18	7 14				330 18			
		42			13 39				20			
Mar	"	46 50		Can A.P.					20 416 50			
				" 611. 3 Slat Hosp. 15/2/18 (5)	6 25				376 68			
				" 662 do 27/2/18 (522)	7 14				39 64			
				" 740 do 15/3/18 (530)	6 25				337 04			
		46 50			19 64				20 337 04 143 50			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLCE.	ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/4/16		EFFECTIVE DATE:-	
AMOUNT:- 20^00		AMOUNT:-	

NAME:- TOZER Harry.

NUMBER:- 169

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

Mrs H. Tozer
12 Woodward Ave. London, Ont.

Stopped 1-4-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
D024	27.12.15	Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 3 Stat Hosp.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
27/2	4188	Can C	~~7460~~			Lucknow Bal	367 00
6/3	4334	"	~~3893~~			L & C "	333 47
			53 53	9868	Rem 31/12/17	G.R. el 51521. 18/4/19 24.33	53 53
						L/Pe Bal should be: 309.14	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
D024 ef 27/12/15	1 35	15		
W.P @ 50¢	50			

PARTICULARS OF RENDERING NON-EFFECTIVE: Can Accounts 31/3/19 R9.4316 Sc Leffe-Sc Leffe 8/3/19 Rem 6

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance forward.								337 04	143 50	
Apr	Sgts pay	45							382 04		
				Can A.P.				20	362 04		
				a/R 11, 3 Stat Hosp. 5/4/18, $1	7 14				354 90		
				" 72 " " 16/4/18, $2	6 25				348 65		
				" 88 " " 29/4/18 $17	7 14				341 51	143 50	
		45			20 53			20	388 01		
May	" "	46 50									
				Can A.P.				20	368 01		
				a/R 123. 3 Stat Hosp. 15/5/18 $10	6 25				361 76		
				" 159 " " 30/5/18 $16	7 14				354 62	143 50	
		46 50			13 39			20			
June	" "	45									
				Can A.P.				20	27 62		
				a/R 4207 Q.M.B.W. 9/6. $2	7 14				372 48		
				" 4712 " 23/6 " 7	7 14				365 34		
		45			14 28			20	411 84		
July	A/ Pay	46 50									
				Can a.P.				20	391 84		
				a/R 272 1577 3 S.H.	1	5 35			386 49		
				" 331 30/7 "	13	5 35			381 14	143 50	
		46 50			10 70			20	427 64		
Aug	A/ P.	46 50									
				Can a.P.				20	407 64		
				a/R 391 1578 3 S.H.	6	5 35			402 29	W.P 45^00	
	3rd Class W.S. (Cook) 1/1/17 to 31/12/17 184 days @ Diem	92							494 29	189 50	
				" 455 30/8 "	11	5 35			488 94		
Sept	A.P.	136 50			10 70			20	533 94		
		45						20	513 94		
				C.A.P.							
	W.P. 1/1/18 - 30/9/18. 273 days @ 50¢	136 50							650 44		
				a/R 3710 6/9 C.D.	1	8 92			641 52		
				" 3586 3/9 "	1	5 35			636 17	253	
		181 50		Dord (42)				20			

NUMBER 169 RANK Sgt NAME TOZER. H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		181 50			14 27			20	636 17		
				AR 4721 11/9 3 S.H. 3	8 92				627 25		
				" 7414 14/9 Chatris 3	4461				582 64		
				" 7672 16/9 Ch. 5	4461				538 03		
				" 8152 20/9 " 4	4461				493 42		
				" 4243 25/9 " 12	892				484 50	257	W.P. Reg'd
Oct	L.P	181 50			165 94			20	531		
	W.P.	46 50							546 50	265 75	
		155 0									
				Cap.				20	526 50		
				AR 4426, 2/10, 3 Sch. 1	5 60				520 90		
				AR. 513, 18/10, 3 S.H. 26	18 66				502 24		
				" 541 30/10. " 46	14 93				487 31		
		62			39 19			20			
Nov		45						20	512 31	273 25	
		15							527 31		
				591. 15/11. 3 Mat HP. 2	5 60				521 71		
Dec	"	46 50		—				20	548 21		
				6649. 1/12. C. G. B.D 12	18 66				529 55		
1919	WP	15 50		✓	24 26			40	545 05	281	
Jan		46 50		✓	24 26			40			
		15 50						20	571 55		
		184 --			24 26			60	584 05		
Feb		42 -						20	609 05		
	W.O.	14 -							623 05		
				AR. 8595 23/12/18 " 2	7 46				615 59		
				CR. 96345 31/12/18 2	243 33				372 26		
				AR. 10150 31/12/18 3	7 46				364 80		
				PO. 5215 13/11/19 — 6	19 47				345 33		
				4776 30/11/19 — 9	7 46				337 87		
				6396 10/12/19 — 11	7 46				330 41		
March		46 50							376 91		
	W.O.	15 50							392 41		
								20	372 41		
	Interest on dft for year	14 59							387 00	303 15	
				4188 27/2/19 13	14 60				372 40		
					30 24						
				1334 6/3 Can CD 14	38 93				333 47		
				CP 51521 18/2 } 15	24 33				309 14		
		132 59		9868 29/10/19 } —	370 50			40			
Oct.											

Dispersal Area K
Occupational Group 12

War Service Badge – Class "A"
No. 84162

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 169 — SAILING NO 42
2. Rank Sergeant — S S REGINA FROM
3. Name Tozer Harry — LIVERPOOL 22. 3. 19
4. Unit C.A.M.C.
5. Date of Discharge 1-4-19 | Place London Ont.
6. Reason for Discharge ~~Demobilization~~ MEDICALLY UNFIT
7. Authority
8. Proposed Residence after Discharge 12 Woodward Ave London Ont

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. ?

H. Tozer
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TOS No1 Dist. Depot
Date Displ. Stn. K. 2 2/3 19
SOS 'dispersed
1,4,19 D.O.No 92
Signature
FOR O.C. DISP STA K
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

LCP 23-2

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M F W 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (enclosed in special envelope (260M)).
9. Duplicate Discharge Certificate (M.F.W. 39a).
10. Disposal Certificate (C.D 3)
11. Unexpended Balance Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

H.Q.

29

Checked

Date 21/3/19

D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) TOZER H.

REGIMENT Canada RANK Sgt. No. 169

Date of Examination in England 26-2-19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

O.A.D.C., M.D. No. 1.

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

Signature of Dental Officer A. E. Sinclair Capt

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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 Moore Barracks DATE 3-3-19.

1. 1 (a) Unit C.d.m.C. (b) Regimental No. 169 (c) Rank BDR.

(d) Surname TOZER. (e) Christian name HARRY.

(f) Home address 12 Woodward Ave. London Ont.

(g) Next of Kin H. Tozer. (h) Relationship Father.

(i) Address of Next of Kin 12 Woodward Ave. London Ont.

2. Age last birthday 35. Date of birth 24th Nov. 1886.

3. Enlistment, or Appointment (if an Officer) (a) Place London Ont. (b) Date 12 July 1915.

4. Personal description:

(a) Height 5' 7" (b) Weight 175 (stripped) (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. nil.

5. Former trade or occupation Cigar maker.

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
	4.	29.

	Periods	
	From	To
Canada	12th July 1915	15th Apr. 1915
England	30th Apr. 1915	1st Aug 1915
France or other theatres of War	1st Aug 1915.	30th July 1919.

Statement

7. Original disease, or injury NEURASTHENIA.

(a) Date of origin 29th May 1918 (b) Place of origin France.

(c) Cause SHELL EXPLOSION probably.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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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.)

(Neurasthenia.)

Nervous condition making it difficult for him to carry on

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.)

Objective:

Subject is a muscular, well developed healthy looking man.

Lungs: no abnormal signs.

Heart:- Sound, somewhat weak but rhythm regular: responds well to exercise.

Has coarse tremor in outstretched hands also tongue tremor. Reflexes active.

Subjective:- Complains of "nervousness" is easily excited, palpitation, shortness of breath on exertion, pains in chest, and headaches.

(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 (If pulse rate is abnormal, B. P. will be taken.)	no	Genito-Urinary System (Albumen and Sugar will be excluded.)	no
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).)

Service in France 4/3/18 to 13. Good health up till 29th May 1918, when he states, he was blown up by shell explosion. Was admitted to 18th Gen. Hosp. suffering from "shellshock". After one month spent in bed, to rejoin his unit.

On 17th Nov. '18. contracted Pleurisy and was treated for one month at 30th G. H. at Calais. Discharged to his unit at the base, boarded 2nd Daly - B II - on account of "nerves" -

Documentary - A. A. G. no entries.

Pay Book:- Boardstamp "B II 3-2-19" -

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

Nil.

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

Nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? no.

(*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.)

N/A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? Impossible to state.

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

Rest.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

B II

F. R. Beasley 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, Harry Dogger 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~~

H. Dogger Rank.

Signature of invalid examined.

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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.)~~
(*b*) Service abroad, not general service,	(" B)	(Yes or No.) yes B II
(*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.)

Graded for return to Canada Categ. A3 Cat. 3/11/19

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.

No. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS, SHORNCLIFFE.

PLACE

DATE - 3 MAR 1919

President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President.

PLACE

DATE

Members

APPROVED BY

a/A.D.M.S. CANADIANS SHORNCLIFFE AREA COLONEL
Assistant Director of Medical Services.

DATE - 4 MAR 1919

APPROVED BY

Director-General of Medical Services.

DATE

AUDITOR | PAYMASTER

1PM 44-3-8.2 ✓ 20-T-9492 ✓

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

M. OR S. | REGT. No. 169 ✓ | RANK Lgt ✓ | NAME (IN FULL) Tozer, Harry ✓

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil ✓

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 6.A.M.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

Bank of Montreal London Ont ✓

TRANSFERRED TO M.D.1 DD#1 | DATE 22/3/19 ✓ | AUTHORITY DD 92

DATE OF ATTESTATION 12-2-15 ✓

ASSIGNED PAY $ | DATE EFFECTIVE

20.00 paid & closed by Ott. 31-3-19

PAYABLE TO Mrs H. Tozer ✓ | RELATIONSHIP not stated ✓

ADDRESS 12 Woodward Ave London, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE London | DATE 17/9 ✓ | REASON Dem. | AUTHORITY DD 92 ✓ | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		$	C.	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.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT	31-3-19 ✓							333 47 ✓		333 47 ✓																												Rtn'd Regina 28/3/19
	1-4-19 to 6-4-19	6 ✓	1.20 ✓	9 - ✓	35/70 ✓					1 14 ✓						1607 ✓		4 87 ✓		5 ✓		393 27 ✓		20 - ✓						24 33 ✓				447 47 ✓				Bal. Eng. L.P.C. 1-4-19 ✓
																																						Pay to Estimated Date of Discharge 1-4-19 ✓
																																						Clo. Allce. 1st Payment of W. S. G.
																																						Boat Money, Train Money
																																						Advance London Eng. 18-3-19 ✓

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS **T** 4569

Date of Assignment May 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT 20.

PARTICULARS OF SEPARATION ALLOWANCE

No. 169

Rank Cpl. Promoted Reverted Discharge

Soldier's Name H. Tozer.

Battalion 3 Stat. Hosp.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. H. Tozer.

Address 12 Woodyard ave.

Change of Address London Ont.

1

2

3

4

18155-H-12

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31.	——		640 -	640 -		
Jan/18	H 67051		20	20		Remailed 20-2-19 R.B.
Feb	F 68276		20	20	55	
Mar.	W 91041		20	20	✓	
April	W 7088		20 -	20 -	X 54	
May	T 18531		20	20 ✓	✓ 54	
June	P 25365		20	20	✓ 54 ✓	
July	D 22406		20	20	✓ 54	
Aug.	T 37178		20	20	✓ 54	
Sept	P 45886		20	20	AS	
Oct	G 57619		20	20	-	
Nov	F 60828		20	20	-	
Dec	U 66599		20	20	-	
Jan	L 74205		20	20	✓	
Feb	B 78446		20	20		
Mar	B 90104		20	20		
			940	940		

Ret'd per Registered

Date 20-2-19 M.F.W. 151 Form #1

Closed

W.W. Pudney 68556 mm 6-4-19 WB

M. F. W. 128.
4'OM. 6-7—172-33-1141
L.L. 22320—M. & D. 1933.

A STENCIL HAS BEEN MADE FOR THIS A COUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank — Promoted — Reverted — Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
40M. 6-7-1-72-39-1141
L. L. 22340—M. & D. 1933.