~~6th C.M.R.~~ 152

6. C.M.R.

ATTESTATION PAPER.

No. 111494

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Drury Sites
2. In what Town, Township or Parish, and in what Country were you born? Upper Sites N.B. Can.
3. What is the name of your next-of-kin? Abner Sites
4. What is the address of your next-of-kin? Upper Sites N.B. Can.
5. What is the date of your birth? March 10th 1897
6. What is your Trade or Calling? Farmer
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? Yes

Drury Sites (Signature of Man).

A. T. Garrow (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Drury Sites, 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.

Drury Sites (Signature of Recruit)

Date Mar 31 191 5. A. T. Garrow (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Drury Sites, 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.

Drury Sites (Signature of Recruit)

Date Mar 31 191 5. A. T. Garrow (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 Amherst N.S. this 31st day of March 191 5.

A. J. Markham Mayor (Signature of Justice)

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

E. W. Arnold Lieut. (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1773-39-341

Description of Ivites Drury on Enlistment

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 ins.

Chest measurement: Girth when fully expanded 37 ins.
Range of expansion 3½ ins.

Complexion Medium

Eyes Blue

Hair Dark Brown

Religious denominations.
Church of England .....
Presbyterian yes
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).

Scar on middle front.
of right thigh

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 MAR 30 1915 191 . Hanais A.R. Gaw

Place AMHERST, N.S. Capt. A.M.C.
M.O. 6th C.M.R.
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.

Drury Ivites 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.

R.H. Rogers Lt.-Col. (Signature of Officer)
Commanding 6th Mtd. Rifles

Date April 2 1915

DISCHARGE DOCUMENTS

Name Tristan Owens

Regt. No. 111494 Rank Tpr.

Corps 6th L. M. R.

Medically unfit.

R. O. No.....

H. Q. No.....

18104

18101

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

Attestation Papers..... 2 V

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet ..... 1 V

Compulsory Stoppages.....

Casualty Forms..... 1 V

Proceedings on discharge..... 1 V

Corps History Sheet.....

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

Parchment Certificate..... 1 V

Medical Report for Invalids..... 1

Medical History Sheet..... 3 V 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1 V

Clothing Transfer Certificate.....

Inventory of Kit..... 1 V

Last Pay Certificate.....

Army form B122 1 V

MB. Eng. 20-9-15

20-9-15

L.R 20-2-18

M7 W.C.C. 1

Mil. — x2

1—B122

2

14—13

14—13

1 13

M. F. W. 62.
25m.—11-15.
H. Q. 1772-39—935.

No. 111474 RANK Pte NAME Frites. D

T. O. S. UNIT Discharge Depot Halifax

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 9	1916 Jan 7	W	6 ch. C. M. R. Rec'd from England for discharge	Dec. P. L.

649-F-613. S.O.S. 1/2/16. G

NAME Trites, Drury.

RANK & No. ~~Trooper~~ Pte 111494. ~~6238~~

CORPS 6th C.M.R.

ENLISTMENT, PLACE Amherst DATE Mar. 31st, 1915. S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada, Moncton, N.B.,

NEXT OF KIN Trites, Abner

ADDRESS OF NEXT OF KIN Moncton, N.B., Can.

DISCHARGE, PLACE DATE

6/S. 17/7/15. 15-8/9.

L. L. 72594—M. & D.—5342.

M. F. W. 22. 50 m.—1-15.

H. Q. 1772 39-839.

REMARKS:

Number 111494 Rank ~~Spr~~ pte

Surname TRITES

Christian Name Wesley

Units 6th C.M.R. Theatre of War England.

Date of Service 6-5-15.

Remarks

Latest Address Moncton. N.B.

Roll No. A Page 2416

200m.—2—21.M.

DESP. JUN 18 192
REGN. NO. 2313

Reg. No. 111494 Name Tites D. M.

Rank Pte Corps 6th C.M.R. Age 19 Service

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Highland View Amherst	15-5-15	Rheumatism
Dis to duty	2-6-15	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2555.
75M.—9-19.
1772-39-1332.

No. 111494. RANK Pte NAME Dites. D.

T. O. S. UNIT Casualties.

M. D. H. Q

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915.	1916			
Nov. 26	Jan. 31	N.	From 6th C. M. R.	

Surname	Christian Name	Reg. No.
TRITES.	D .	111494.

Rank	Unit	Co.	Troop	Batty.
Pte.	6th C.M.R.			

MEDICAL BOARD held at — Date — Serial No.

(1) Moore Barracks. 20/9/15.

Other Medical Boards at — Date — Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Mitral regurgitation.

Disposition Recommended

(1) Discharge, permanently unfit.
D.M.S. recommends invaliding to Canada for disposal by Militia Authorities there.

(2)

(3)

(4)

(5)

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

CASUALTY BOARD held at — Date.....

Disposition

Remarks "Boarded" No Casualty Entry.

Indicate by a P.T.O. if continued on other side.

(641)—Wt. W1751-1403. 500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 6th Canadian Mounted Rifles

Regimental No. 111494 Rank Pte Name W. M. Tites

Enlisted (*a*) 3/2/15 Terms of Service (*a*) Duration of War Service reckons from (*a*) Enlistment

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				
		Discharged being no longer fit for War Service A.G. Shaw Lt Col O.C. 6th CMR			

(*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				

Drury Trites

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

649-T-613

This is to Certify that No. 111494 (Rank) Trooper

(Name in Full) Trites, Drury, M, enlisted in

6th Canadian Mounted Rifles.

Canadian Overseas Expeditionary Force, on the 30th of March

1915, and accompanied said unit to England

was returned to Canada, and discharged from the service at Quebec. P.Q.

on the 1st of February 1916, in consequence of being

medically unfit

DESCRIPTION ON DISCHARGE

Age	18 years.
Height	5 feet 10 inches.
Complexion	Medium.
Eyes	Blue.
Hair	Dark Brown.
Trade	Farmer
Marks or Scars	Scar on middle front of right thigh.

Signature of Man

Officer in charge Discharge Depot.

Place and Date Ottawa March 2nd 1916. Capt. D.A.M.G.O.

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

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

M. F. W. 39
200m.-5-15.
H.Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 11494

Rank Trooper

Name C. Trites. Drury, M.

Unit 6th Canadian Mounted Rifles.

Address on Discharge

Moncton,
New Brunswick,
Canada.

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

Place

Date Commanding

Campaigns

Medals and Decorations

EXTRACT FROM MEDICAL BOARD

SOLDIERS RETURNED FROM OVERSEAS

Station St John NB — Date Dec 6 1915

No. 111494 — Age 19 — Height 5' 11

Rank Private — Complexion ~~fair~~ Med.

Name Miles Dowey — Eyes Blue — Hair Dark Brown

Unit 6th C M R.

Address Moncton N.B. — Former Trade farmer.

Enlisted at Moncton NB — on Feb 23. 15

Disease or disability Enteric regurg. Mitral. fol. Rheumatic Fever.

Present condition
apex beat. supra mic 5th interspace Diffuse. pulsation over precordium.
Systolic murmur at apex. transmitted to axilla.
Pulse 80. Compensation fairly good.

Estimated disability 1/2 permanent.

Recommendation of Medical Board
To be discharged.

Class III.

Members of Board

S. B. Symmes Maj. R.C.A.
J. J. Wade Capt. R.A.M.C.
R. C. W. Lee Capt. A.M.C.

Approving Medical Officer.

Army Form B. 2079.

WARNING.—*If you lose this Certificate a duplicate cannot be issued.*

Certificate of discharge of No. 111494 (Rank) Trooper

(Name) Trides D.M

(Regiment) 6th Canadian Mounted Rifles

who was enlisted at _____

on the 23rd day of _____ 19__.

He is discharged in consequence of _____

after serving _____ years _____ days with the Colours, and _____ years _____ days in the Army Reserve.

(Place) _____ Signature of Commanding Officer _____

(Date) _____ _____

*Description of the above-named man on _____ when he left the Colours.

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Marks or Scars, whether on face or other parts of body.

_____

_____

_____

_____

_____

* *Should agree with the description on Character Certificate, Army Form B. 2067.*

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

A2865 Wt. W3036/1689 120,000 8/15 D.D. & L. Sch. 44. Forms/B.2079/21

Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

"Any man, whether Soldier or Civilian, who brings a Recruit to "a Recruiter, or to a Military Barrack, is a Recruiting Agent, "and it is not necessary that he should have been formally "appointed as such."

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

(*a*) Boys under 17 years of age.

(*b*) Re-enlisted Pensioners.

(*c*) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.

(*d*) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz.:—

5s. to 2s. 6d. Regular Army.

1s. 6d. Special Reserve.

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depot nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

ORIGINAL BPC 8091

MEDICAL HISTORY SHEET.

Surname Estes Christian Name Drury

Examined { on MAR 30 1915 day of 191
at AMHERST, N.S.

Approved by Francis A R Gow
Capt. A.M.C.
M.O. 6th C.M.R.

Birthplace { City or Town Moncton
County N.B.

Rank M.O.

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 10 Inches.

Weight 141 Lbs.

Chest measurement { Minimum 33 1/2 inches.
Maximum expansion 3 1/2 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

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.
22/4/15		Francis A R Gow M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1/4/15		Francis A. R. Gow M.O.
15/4/15		" " " M.O.
		M.O.

Enlisted on 23 day of Febr. 191 5 at Moncton N B

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		111494		
Transferred to..	C.E.D. 24th Fd Co. Capt H.A.B. M.B.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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—8-14.
H. Q. 1772—39—438.

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

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.
Moorabbin Ca. Hospital		8	9	15	23	9	15	~~Endocarditis~~ ~~Endarteritis~~ Endocarditis	16	Boarded & recommended discharge	J B McMurrich Capt Canada McMurrich

E

R—122.

Rank | Name TRITES, Drury | Reg'l No. 111494 Ew

Unit 6th C.M.R. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Amherst, 31st March, 1915. Place of Birth Canada.

Name and Address, Next-of-Kin Abnu Trites, Moniton, N.B., Canada.

Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place | Reason | Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
6.5.15	OC 6th	Att. L. 7 days C.B.	Amherst	6/5/15	Pt II D.O 47.
22-11-15	D.A.A.G.	Mitral Regurgitation Recommended for discharge as permanently unfit	Shorncliffe	19-9-15	A.F. B.179
22-11-15	O/C CCD	Taken on	— " —	24-10-15	Pt 2 No 276
19-9-15	A/DAADMS	Medical Report on Invalid Received	— " —	19-9-15	
		Returned to Canada.			
6-12-15		For discharge per S/S Scandinavian	Shorncliffe	26-11-15	R O 3936
7-12-15	O/Cad	Struck off - having proceeded to Canada - medically unfit	— " —	26-11-15	Pt II O 311

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					

Original not available

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 6th CMR

Regimental No. 111494 Rank Pte C. E. F. Name Writes, Drury

Enlisted (a) 3.1.3.15 Terms of Service (a) Duff W Service reckons from (a) 3.1.3.15

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				
		Roc. Overseas		17.7.15	Auth S.L.
6.8.15	6th CMR	AWL 7 days CB	Amherst	6.8.15	No 47
22.11.15	Daag	Mitral Regurgitation Rec. for disch as perm. unfit	S'Cliffe	19.9.15	A FB 179
22.11.15	CCD	Taken on —	—	24.10.15	No 0276
6.12.15		Returned to Can. for Disch per S.S. Scandinavian	..	26.11.15	RO. 3936
7.12.15	..	Struck off having proc to Can. med. unfit	..	26.11.15	No 811
		SOS Med. Unfit Min. APG d/15.1.16	Quebec	31.1.16	Auth B.P.C. Taken 649-T.6.13

(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
10

4396

312159

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	111494	Pte	Stiles.	Drury.

Unit.	Age.	Service.
6th L. Inf. R.	19	7/12.

Station and Date.

Disease Quick Heart

Complaints: 1) Pain in left side over heart.
2) Dizzy headaches.
3) Cough - sputum.
duration 2 months. Heart enlarged
marked systolic murmur

Past illnesses
Pleurisy last May.

Present illness
For last two months pt has had pain over praecordia aggravated by exertion.
Has to rest frequently to relieve pain.
Cough is worse in mornings.

Examination
Heart enlarged.
Marked systolic murmur.

Sept 20/15 Boarded recommended discharge. Unfitness
to serve

J Blenkinsop

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

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

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 6th C.M.R. M.B. Military Hospital Shorncliffe

No. 111494 Rank and Name Trites Pte Drury Age 19 Service 7/12

Disease _____ Date of admission Sept. 8/15 Date of discharge _____ Result _____

Dates of Observation	8	9	10																												
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	78																														
Respirations per Minute	16																														
Motions per 24 Hours																															

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature J Blackmore In charge of case.

P—56

Rank ~~Gdr.~~ Name TRITES, Drury Reg'l No. 111494

Unit ~~6th C.M.R.~~ If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Amherst, 31st March, 1915. Place of Birth Canada.

Name and Address, Next-of-Kin Abnu Trites, Moniton, N.B., Canada.

Relationship

Assigned Pay Monthly $ 0 Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place London 25/11/15 Reason Discharged to Canada 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.
1915																	
1 Aug	31	31	1.	31	31	.10	3 10	33 1 0	77 10			73			73	4 10	33 00 omitted on July.
1 Sept	30	30	1	30	30	10	3		33							37 10	Trans b B/D
1.10.15	31.10.15	31	1	31	31	10	3 10		34 10			42 58			72 58	28 62	1/11/15.
1.11.15	25.11.15	25	1	25	25	.10	2 50		27 50			14 60			14 60	41 52	Discharged to Canada Attch H.P. 14/26. 24/11/15 T.S. Cancelled 25.11.15
NE Mch 16									41 52					41 52	41 52.		

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

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

M. F. W. 41.
10m.—11-15.
1772-39-889.

Name Trites Pte D

Regimental No. 111494

Unit Cav. Depot 6th C M R.

Date of enlistment

Place of "

Married (yes or no) No S.a.

Amount of pay assigned monthly $ Nil

To whom payable

Scandinavian 26-11-15 5 12 15

Name and address of ~~next of kin~~ Moncton N B

Date and place discharged

Reason for discharge

Character on discharge Class III

64ET-613

D[illegible]6 87694. M. & D. 6128.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	25/4/15							31 79 Subs								L PC
24/11/15	31/1/16	67	100	6700	67	10	670	39 00	144 49	B 454	25/1/16	111 49	✓		111 49	H Q Paid
												33 00			33 00	Pd at St John
															144 49	

PC Bonus and Chest this man Pd to 31-1-16

Pensioned 1-2-16

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

H2 I-38

COPY.

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

Forms A. 2 38

Army Form A. 2.

649-J-613

PROCEEDINGS of a* Pensions & Claims Board

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

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

assembled at Folkestone, Kent, Eng.

on the 24th. day of November. 1915.

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

for the purpose of Pensions & Claims.

PRESIDENT.

Lt. Col. Sir H. Montagu Allan.

MEMBERS.

Lt. Col. W. Grant Morden.
Major J. L. Todd. C.A.M.C.
Major Maurice Alexander.

IN ATTENDANCE.

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

The Board having assembled pursuant to order, proceed to take evidence.

NO. 111494.
Pte. Drury Trites.
6th. C.M.R.

K

8

315
17/1/18

R. O. JAN 17 1918

350-17-1-[illegible]

Name? DRURY TRITES.

Regimental No. 111494. Rank. Pte. Unit. 6th. C.M.R.

Date of Birth ? 10th. March 1897. Place of Birth ? Moncton, N.B. Can.

Occupation or trade previous to enlistment ? Farmer.

Date of enlistment ? 23rd. Feb. 1915.

Place of enlistment ? Moncton, N.B. Can.

Are you married or single ? Single.

Have you a widowed mother dependent on you solely for support ? No.

What was the condition of your health at the time of your enlistment ? Good.

Where and when did your disability originate ? Amherst, Nova Scotia. May 1915.

Is your disability the result of wounds, injuries or illness contracted in action, or in the presence of the enemy, or on active service during training or other duties? Active service.
Mitral Regurgitation.

What is your present condition of health ? Fair.

What work, if any, are you fit for? Light work.

Have you any civil employment open to you at present ? No.

What is your present address ? 6th. C.M.R. Somerset Bks. Shorncliffe.

Where do you wish to take your discharge if granted ? In Canada.

I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed -

D M Trites

Witnessed by Harold J.C. Gellatly
J.S.G.

FINDING

The Board having considered the evidence of Pte. Drury Trites, No. 111494, 6th C.M.R. and the documents submitted, hereto attached and marked, which form part of these Presents,

Finds:-

1. That this man is at present unfit for Active Service.

2. That the duration and extent of his disability is uncertain.

Recommends:-

3. That this man be invalided to Canada for Medical Observation and the final disposition of his case.

H. Montagu Allan. Lt. Col.
President

J. L. Todd Major
C.A.M.C.

Maurice Alexander Major
C.A.P.C.

B. P. R. C. FEB 21 1918

22-T-58

Army Form B. 179.

Medical Report on an Invalid

COPY VERIFIED

Station Moore Bks. Can. Hospital.

Date Sept. 19th 1915.

SECTION "D"

DEPT. MILITIA & DEFENCE FEB 20 1918 H.Q. CANADA

1. Unit 6th C.M.R.
2. Regimental No. 111494.
3. Rank Private
4. Name Trifes, Drury.

5. Age last birthday 19
6. Enlisted { on Feb. 23rd 1915 / at Moncton. N.B.
7. Former Trade or Occupation { Fireman.

649-T-613

8. Disability.

Mitral Regurgitation.

Statement of Case.

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

9. Date of origin of disability. May 1915.

10. Place of origin of disability. Amherst. Nova Scotia.

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

In May 1915 Pt. had a severe attack of rheumatism. while convalescing he was seized with severe pain over praecordia. Later on he had dizzy headaches and cough with sputum. This condition has persisted since.

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

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

Following Rheumatism due to exposure on ordinary Military service.

HG.

13. What is his present condition?

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

Face thin, slightly pale. Fingers slightly clubbed.

Heart.

P.M.I. 5th Interspace, ~~six~~ inside nipple line. Heart enlarged on e left.

Systolic murmur heard at apex.

Lungs.

Few moist rales at both base and left apex.

14. If the disability is an injury, was it caused

(*a*) In action?

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

Not applicable.

15. Was a Court of Inquiry held on the injury? Yes.

If so—(*a*) When? May 10th 1915.

(*b*) Where? Amherst, Nova Scotia.

(*c*) Opinion? Discharge.

16. Was an operation performed? If so, what? Not applicable.

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

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

19. Do you recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England? Yes.

J.B. McMerrick. C.A.M.C.
Officer in medical charge of case.

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

Station Moore Barracks. Can.Hosp. Shorncliffe.

Wallace A. Scott. Lt.Col.
Officer in charge of Hospital.

Date 20th Sep. 1915.

Moore Barracks. Canadian Hospital Shorncliffe.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

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

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

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

1. Yes.
2. No.
3. No.

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

Exposure.

21. Has the disability been aggravated by

(*a*) Intemperance? No.

(*b*) Misconduct? No.

22. Is the disability permanent? Yes.

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

To be stated in months.

Not applicable.

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

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

½

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England?

Yes.

No.

In concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia authorities.

C. Woollard.
Captain. C.A.M.C.
for D.M.S.
Canadian Contingents.
22.9.15.

Signatures :—

H.R. Duffy Lt.Col. C.A.M.C. President.

Geo.A. Ingo. Major. A.M.C. } Members.

Station Shorncliffe.

Date 20.9.15.

Approved.

Station Shorncliffe.

Date 21.9.15.

T.T. Kirkby.
Capt. A/D.A.A.G.
for Brigadier General
Comdr. Can. Train. Div. Shorncliffe.

G.H. Bowlby, Capt. A/D.A.A.D.M.S.
Administrative Medical Officer.
Can. Train. Div. Shorncliffe.

334
20-2-8

Dec. 2-22 Hall

(On leaving Corps or Station where invalided.)

Transfer { Date _____ / Station _____ }
or
Embark-ation { Date _____ / Port _____ }

Name of { Conveyance _____ / Vessel _____ / Officer in medical charge 470-20-2-8 _____ }

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

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

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

Forms B. 179. 34

(x8 (8579) Wt. 1836 475M 5-15 W B & L

22-1-58

Army Form B. 17

Medical Report on an Invalid.

Station Moore Bks Can Hospital

Date Sept. 19/15.

1. Unit 6th C.M.R.
2. Regimental No. 111494.
3. Rank Private.
4. Name Tribes, Drury.
5. Age last birthday 19.
6. Enlisted { on Feb. 23/15. at Moncton, N.B.
7. Former Trade or Occupation { Lumberman

8. Disability.

Mitral Regurgitation

Statement of Case.

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

9. Date of origin of disability. May. 1915.

10. Place of origin of disability. Amherst, Nova Scotia.

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

In May 1915 pt had severe attack of rheumatism. While convalescing he was seized with severe praecordial pain.
Later on he had dizzy headaches and cough with sputum.
This condition has persisted since.

12. (*a*) Give your opinion as to the causation of the disability. Following rheumatism due to exposure on ordinary military service.

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

13. What is his present condition?

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

Face pale + thin.
Fingers slightly clubbed.
Heart.
P.M.I. 5th Interspace inside nipple line
Heart enlarged to left.
Systolic murmur heard at apex.
Lungs.
Few moist rales at both base and left apex.

14. If the disability is an injury, was it caused

(*a*) In action? Not applicable.

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury? Yes.

If so—(*a*) When? May 10/15

(*b*) Where? Amherst, N.S.

(*c*) Opinion? Discharge

16. Was an operation performed? If so, what? Not applicable

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

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

19. Do you recommend

(*a*) Discharge as permanently unfit, Yes.

or

(*b*) Change to England?

J Blechmunich Capt.
Officer in medical charge of case.

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

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE.

Station

SEP 1915

Date

William A. Smith
.....LT. COL.
O. I/C MOORE BARRACKS,
CANADIAN HOSPITAL, SHORNCLIFFE
Officer in charge of Hospital.

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

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

22-1-58

Opinion of the Medical Board.

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

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

(iii) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

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

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

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service.

1 Yes
2 No
3 No

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

Exposure.

21. Has the disability been aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes.

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

Not applicable

To be stated in months.

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

1/2

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or

(*b*) Change to England?

Yes
No

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

C. Mallard.
Captain, C.A.M.C.
for D.M.S.
Canadian Contingents.
22. 9. 15

Signatures:— J. K. Duff H. M. Lane President.
Geo. A. Kemp. Major A.M.C.
Members.

Station Shorncliffe

Date 20 9 15

Approved.

Station Shorncliffe

Date 21. 9. 15

J. Kirkby
Captain A.D.A.G.
for Brigadier-General,
Comdg. Can. Train. Div., Shorncliffe.

G. S. Perley Lieut.-Col. A.D.A.D.M.S.
Administrative Medical Officer.
Canadian Training Division, Shorncliffe.

HEADQUARTERS CANADIANS
D.A.A.G.
27 SEP. 1915
CANADIAN CONTINGENT

(On leaving Corps or Station where invalided.)

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

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

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

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

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision _____

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

Hospital or Station transferred to for final disposal _____
Date of final disposal _____
How finally disposed of _____

The original Report is invariably to accompany the discharge documents of invalids.

Forms B. 179. 34

(xs) (88579) Wt. 1886 475M 5-15 W B & L

Recd at A.2. 16/12/15

This space to be left blank for the Chelsea Number.

Army Form B. 268.

CENTRAL REGISTRY
REFERENCE
No. H 22-T-5-8
11 OCT. 1915
HEADQUARTERS
CANADIAN [illegible] DIVISION.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 111494 Army Rank Trooper

Name Tribes D. M.

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 6th Canadian Mounted Rifles

Battalion, Battery, Company, Depôt, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 31. 1. 16

Place of discharge Quebec (Canada)

1. *Description at the time of discharge.*

Age 19 years 7 months

Height 5' feet 11 inches

Chest measurement: girth when fully expanded 36 ins.; range of expansion 2 3/4 ins.

Complexion Sallow

Eyes Blue

Hair Brown

Trade Fireman

Intended place of residence (To be given as fully as practicable) Moncton N.B

Descriptive marks.

Nil

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Being no longer fit for War Service (H. Yy. T. 5-8)

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good.

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

H.S. Lt Col.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Wt W. 13141/283 430,000 3/15 M.&C. Ld.

Forms B. 268

39

*Strike out if not applicable.

[OVER

Carded 4b.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated). nil

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? nil

Classification for service, or proficiency pay ... ... Class nil

6. Campaigns, Medals and Decorations nil

Certificate of education ..... nil

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Caesar's Camp. A.V. Shaw Lt Col

(Date) 6. 10. 15 O/ Commanding 6th Canadian Mounted Rifle Battn. Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Caesar's Camp. J.M. Fyfe (Signature of Soldier.)

(Date) 6.10.15 J. McRose Sergt. Maj. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service ,, ,, _____ (the date of confirmation of discharge) ... ... _____ ,, _____ ,,

Total ... _____ ,, _____ ,,

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) Caesar's Camp

(Date) 6.10.15 Signature A.V. Shaw Lt Col O.C. 6th C.M.R.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

No claims
D. M. Fritz

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D.400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

6-8

22-T-58

Army Form B. 179

Medical Report on an Invalid.

Station Moore Bks Can Hospital

Date Sept 19/15. 649-D 613

1. Unit 6th C. M. R.
2. Regimental No. 111494
3. Rank Private
4. Name Tribes, Drury.
5. Age last birthday 19
6. Enlisted { on Feb. 23/15. at Moncton, N.B.
7. Former Trade or Occupation { Fireman

8. Disability.

Mitral Regurgitation

Statement of Case.

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

9. Date of origin of disability. May 1915.
10. Place of origin of disability. Amherst, Nova Scotia
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

In May 1915. pt had a severe attack of rheumatism. While convalescing he was seized with severe pain over praecordia.
Later on he had dizzy headaches and cough with sputum.
This condition has persisted since.

12. (*a*) Give your opinion as to the causation of the disability.
(*b*) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (*See notes on page 3*).

Following rheumatism due to exposure on ordinary military service.

Carded
16-12-15.

13. What is his present condition?

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

Face & lips, slightly pale
Fingers slightly clubbed
Heart.
P.M.I. 5th interspace, inside nipple line
Heart enlarged to left.
Systolic murmur heard at apex
Lungs
Few moist rales at both bases + left apex.

14. If the disability is an injury, was it caused

(*a*) In action? not applicable

(*b*) On field service?

(*c*) On duty?

(*d*) Off duty?

15. Was a Court of Inquiry held on the injury? Yes.

If so—(*a*) When? May 10/15.

(*b*) Where? Amherst, Nova Scotia

(*c*) Opinion? Discharge.

16. Was an operation performed? If so, what? not applicable

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

(*a*) Discharge as permanently unfit, Yes

or

(*b*) Change to England?

J. Buchanan Cave
Officer in medical charge of case.

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

MOORE BARRACKS,
CANADIAN HOSPITAL,
SHORNCLIFFE.

William A. Scott ..... LT. COL.
O. I/C MOORE BARRACKS,
CANADIAN HOSPITAL, SHORNCLIFFE.

Station ...

Officer in charge of Hospital.

Date 20 SEP 1915

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

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

22-1-58

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is attributed to (*a*) active service, (*b*) climate, or (*c*) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913).

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

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

20. (*a*) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii) ordinary military service. ½ Yes / 3 No

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

21. Has the disability been aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes.

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

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? 1/2

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

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

26. Do the Board recommend

(*a*) Discharge as permanently unfit, or Yes.

(*b*) Change to England? No

I concur, but recommend that this patient be invalided to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

22. 9. 15.

C. Woolland.
Captain, C.A.M.C.
for D.M.S.
Canadian Contingents.

Signatures :— F. L. Duffy Lt. Col. Can. A.M.C. President.

Geo. A. Sage. Major A.M.C. Members.

Station Shorncliffe

Date 20. 9. 15

Approved.

Station Shorncliffe

Date 21. 9. 15. F. L. Duffy

Captain A/D.A.A.G.
for Brigadier-General.
Comdg. Can. Train. Div., Shorncliffe.

G. Sutherland Capt. A/D.A.D.M.S.
Administrative Medical Officer. Shorncliffe.

HEADQUARTERS
Canadian Training Division
D.A.A.G.
27 SEP. 1915
CANADIAN CONTINGENT

(On leaving Corps or Station where invalided.)

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

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

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

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

_____
Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital _____

Arrived from _____ Date _____

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

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

Date of final Medical Board, or decision

_____
Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station
Corps
Regimental No.
Rank
Name
Disability
Date

Hospital or Station transferred to for final disposal
Date of final disposal
How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

(xs) (88579) Wt. 1886 475M 5-15 W B & L

Forms B. 179. 34

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

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-
111.494 Moper Stiles Drury 6th Canadian Mounted Rifles
Previous civilian occupation:- Farmer.

Cause of disability. Mitral regurgitation - (Fol Rheumatic fever)

Condition, in detail. which prevent the soldier earning a full livelihood:- Apex beat. Tripple bruit - 5th Left Space. Diffuse pulsation over Precordia. Systolic murmur at apex - transmitted to axilla.

Pulse 80. Compensation fairly good.

Opinion of the Board.

Degree of incapacity, (please state in fractions) 1/2

Probable duration of incapacity:- Permanent

Does it render him permanently unfit for Military Service? yes

Would operation, special treatment, or the use of appliances, etc., lessen incapacity? No recommend his discharge.

Class III

Signature:- S. McKinnon Maj. President

Station. St. John N.B. W. Blake Capt Med.

R C [illegible] Lieut Colonel M.C. } Members.

Date. Dec 6th 1915 J Bruce Capt Army Med Svc

Approved.

Date DEC 7 - 1915 J. A. Grant Lieut. Colonel
Asst. Director Medical Services.

Date. 21/12/15 for Director General Medical Services.

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

Proceedings of Medical Board at Disembarkation Depot

Number, Rank, Name and Corps of disabled soldier:-

Previous civilian occupation:-

Cause of disability.

Condition. In detail. Whether prevent the soldier earning a full livelihood:-

DEPT
MILITIA & DEFENCE
DEC 18 1915
H.Q.
CANADA

Opinion of the Board.

Degree of incapacity. (Whether slight in ~~degree~~ in ~~treatment~~)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

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

Signature:- _____ President

_____

Station.

_____) Members.

_____)

Date. _____

Approved.

Date _____ Asst. Director Medical Services.

Date. _____ Director General Medical Services.