Triplicate.

Forestry Draft C. E. F. Southern British Columbia.

ATTESTATION PAPER.

No. 2208401
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Vallance
1a. What are your Christian names?	Charles Henry
1b. What is your present address?	Jaffray B.C.
2. In what Town, Township or Parish, and in what Country were you born?	Kaslo, B.C.
3. What is the name of your next-of kin?	Mrs John Vallance
4. What is the address of your next-of-kin?	Kaslo B.C.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	10 April, 1898
6. What is your Trade or Calling?	Teamster
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Henry Vallance, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Charlie H. Vallance (Signature of Recruit)

Date March 19th 1917. H. C. Henthorn (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Vallance, 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.

Charlie H. Vallance (Signature of Recruit)

Date March 19th 1917. H. C. Henthorn (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 Creston BC this 19th day of March 1917.

(Signature of Justice)

J.P. for Prov. of B.C.

M. F. W. 25.
600M.—2-16.
H. Q. 1772-89-541.

Description of Charles Henry Vallance on Enlistment

Apparent Age 18 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 1/4 ins.

Chest measurement: Girth when fully expanded 32 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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

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

Mole right temple.

V D R 20
L R 20
H. Normal

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 18 March 1917. F. W. Green

Place Cranbrook, B.C.

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.

Charles Henry Vallance 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.

[signature] (Signature of Officer)

Date April 2nd 1917 191 .

CAPTAIN
O.C. FORESTRY DRAFT, C.E.F.
SOUTHERN B. C.

16-4-19 v.m.

REGIMENTAL DOCUMENTS

NAME VALLANCE Charles Henry REGT. NO. 22 08 401 UNIT Southern B.C. Fo. Y.H. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)		~~Thompson 28/3/20~~			
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Ret 25-5-20			
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		~~Thompson 10/4/20~~			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)		Ret 12-4-20			Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Med. Unfit
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)		~~Thompson 13/5/20~~			
	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)		~~Thompson 5/6/20~~ Ret 20/6			DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					43-23
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					15-23
	PARTICULARS OF CHARACTER (A.F.W. 3226)					11-23
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192			C1526		
1	Misc					
1	Gas Cd					
1	K122					
	Cased					
						-2

483615

W 2589
10001-11-18
1772-39-1377

SURNAME. Vallance

CARD NO. 4

CHRISTIAN NAMES Charles Henry.

Med Unfit

FOLL. S.O.S. 4-4-19 D0947 4/4 19

REGL. NO. 2208401 RANK Pte.

UNIT 230th. no. 3 Coy. (4th R.D.) Bn. 13DD

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Vallance, Mrs. John.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Kaslo, B. C.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kaslo, B. C. DATE Apr. 10th. 1898.

PLACE OF ATTESTATION Creston, B. C. DATE Mar. 19th. 1917.

O/S 3-5-17 830/5

R/P 1-3-19 272/71 13

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Sailed from Halifax Per SS "Justicia" 9-5-17

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Teamster RELIGION Methodist

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5- FEET 8 1/4 INCHES

CHEST MEASUREMENT 32 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Brown.

DISTINGUISHING MARKS Mole right temple.

MEDICAL EXAMINATION. PLACE Cranbrook B.C. DATE Mar. 18th 1917.

Present address: Jaffray, B.C.

No. 2208401 RANK Dte NAME Wallace, C. H.

T. O. S. 19-3-17-D.O.56 UNIT Forestry Reinforcement
of 17-3-17

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar. 19	1917 Mar. 31	✓		

No. 2208401 RANK Pte. NAME Vallance, L. H.

T. O. S. UNIT Forestry Reinforcements.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Apr. 1.	1917. Apr. 30.	L.		

No. 220840 / RANK Pte NAME Wallace C H.

T. O. S. UNIT 230th Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Apr 1	Apr 30	i		

Number 2208401 Rank Pte

Surname VALLANCE

Christian Name Charles Henry

Units C.F.C. Theatre of War France

Date of Service 10.6.17

Remarks

Latest Address Kaslo B.C.

Roll No. B. Cage 114480

200m.-2-21.M.

DESP MAR 13 1922
REGN. No. 46/358

Form R. 149.

Name VALLANCE Charles Henry Rank Pte Reg. No. 2208401

Unit C.F.C 41 Coy

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-2-18	No 51 Gen. Hosp.	Etaples	M.G.	A 146		HA 112/10
17-5.	Dis to Duty.		-do-	A.2 17	40	1381/14

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

NAME Vallance C. H.

REGT'L. No. 2208401.

H. Q. FILE No 649

RANK AND CORPS Pte. 41st. Bn. (Can. Forestry Corps.)

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

L. L. 31493. M. & D. 8176.

M. F. W. 42-100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A-146 (1)	No. 51 Gen. Etaples.	23-2-18.	V. D. G. (C. For. Corps.)
A 217-1	Discharged to Duty	17-5-18	V. D. G.

D.M.S. 1300-50M-21-1-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
VALLANCE	P.B.	2208401.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Forr. 41.			

HOSPITAL	DATE OF ADMISSION
51 G.Etaples.	23-2-18.

1. ..... HOSP.

2. ..... HOSP.

3. ..... HOSP.

4. V.D.G. ..... HOSP.

DIAGNOSIS

1.

2.

3.

DISPOSITION

CL. 28-2-18. A146.

25-5-18 @ 217

Die. to duty 17-5-18 DATE

REMARKS

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

LOCAL CARD

*Name VALLANCE. Charlie. Rank Pte. Regtl. No. 2208401

Original unit 230th. Present unit CFC. M. or S. Age 20 Religion Meth. Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Scotian. St John. 1-3-19.

Next of kin Mrs. J. Vallance. Mother. Kaslo. B.C.

Address on leave Kamloops. B.C.

Address on discharge Koslo B.C.

Transportation issued Yes / No Date Character on discharge

Previous occupation Teamster. Date and place of enlistment 18-3-17. Jaffrey. B?C.

Diagnosis Defective Hearing Date of Medical Boards 24-3-19

Date.	Remarks	Pt. 2 Order No.
TOS 1-2-19	Posted to Cas Co Calgary 7-3-19.	66
	leave with sub to 21-3-19	66
4-4-19	Discharged from H.M. Service	94

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 [redacted] No.

M.F.W. 192
150M—6-18.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2208401 (Rank) Private

Name (in full) Charles Henry VALLANCE enlisted in

the Southern British Columbia Forestry Draft

CANADIAN EXPEDITIONARY FORCE at Creston, B.C. on the Nineteenth

day of March 19 17

HE served in FRANCE

and is now discharged from the service by reason of "Medically unfit"

P.O. 1420 12-12-18.

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

Age 20 Years

Height 5 Feet 8 Inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

C. H. Vallance

Signature of Soldier

W. MacLennan Capt.

Issuing Officer

Rank

Officer i/c Discharge Section District Depot M. D. 13

Appointment

Date of Discharge April 4th. 1919

Signed at Calgary, Alberta this Fourth day of April 19 19

in Military District No. 13

File Reference No. 13D- V 46

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

War Service Badge, Class A No. 251035 Issued

B C46882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

W.S.B C 6485 A

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

M. F. W. 54. (A[illegible] B. [illegible].)
350M.—5-[illegible]
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Forestry Draft C. E. F. Southern British Columbia

Regimental No. 2206401 Rank Pte C. E. F. Name Vallance Charles Henry

Enlisted (a) 19 March 17 Terms of Service (a) 1 year. D of W Service reckons from (a) 19-3-17

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) Teamster

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked Halifax May 3rd 1917			
		Disembarked Liverpool May 14th 1917			
~~26-5-17~~ 28	~~D. of T.O.~~ C.F.C.	T.O.S. Base Depot. CFC.	Sunningdale	14-5-17	P.11.O.~~24~~.25.
		Lieut. A/ADJT. CFC.			
12-6-17	CFC. B.D. 41 Company, France.	S.O.S. Base Depot on	Sunningdale	10-6-17.	P.11.O.39.
		Lieut. A/ADJT. CFC.			
		Disembarked	Havre	11/6/17	
23-2-18.	51 Gen Hosp.	Admitted. (V.D.G.)	57th Gen Hosp	23/2/18	A.F.W. 339/D.4538.
3-3-18	41st Coy	admitted to Hol. Staly Hosp.	Field	21/2/18	B213.
17/5/18.	51 Gen Hosp	S.O.S. to Duty		17/5/18	W.1361/7.3217.
14/5/18	4 G B D	S.O.S from 51 Gen Hosp	—	14/5/18	7/R 819.

CERTIFIED CORRECT. 8 JUN 1917 CAN. RECORDS, LONDON.

(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				
17/5/18.	51 Gen Hosp.	Forfeits Field Allowance and placed under stoppage of pay at the rate of 50 Cents per Diem Whilst in Hospital from 23/2/18 to 17/5/18 (84 Days)	Field	23/2/18	A. F. O. 1643/4493. Part 2 ord No. 29 d/29 May 1918.
27/5/18	O.G.B.D	Left for Unit		27/5/18	D/R 1243.
1/6/18	41 Co. CFC	Rejoined Unit from Base		29/5/18	B213
24/8/18	do	Ewac to Detn Hosp Alencon		26/8/18	B213
21.9.18	O.C. Unit	Rejoined unit from Base		17.9.18	B213
23/11/18	do	Granted 14 days leave to U.K.		21/11/18	B213 Pt No 65 of Dec 1918
14/12/18	do	Rejoined from leave		8/12/18	B213
18/1/19	O.C. Records Le Havre	S.O.S. to Eng for demobilisation C.F.C. Depot. Sunningdale		18/1/19	Pto. 4/19
24/1/19 O.C. "		T.O.S. on reporting from G.B.D France and posted to C.F.C. Coy.	Seaford	18/1/19	Pt II B.O. 18

C. A. Hewett NR

Lieut.
for Lt. Col., AAG.,
Canadian Section

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins. Forestry Draft C. E. F. Southern British Columbia

(2) Regimental Number 2208401

(3) Full Name of Soldier Wallace Charles Henry

(4) Place of Birth Paslo, BC Can.

(5) Are you married, or not? No

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

(b) Present Postal Address. Nil

(7) Are you a widower? No

(8) Have you any children? Nil

If so, give number of boys and girls. Nil

Also their names and ages. Nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes. John Vallance

If so, state name and address Kaslo B C

(10) Is your Mother alive? Yes. Mary Vallance

If so, state name and address Kaslo B C

(11) If your Mother is a widow no

Are you her sole support, or not? —

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

nil

—

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

—

—

—

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

no

(15) Are you insured? no

If so, in what Company? nil

Have you made arrangements for payment of your Insurance premium nil

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

E. Gallandaini

Officer Commanding.

Date April 2nd 1917

CAPTAIN
B.C. FORESTRY DRAFT, C.E.F.
SOUTHERN B. C.

SPECIALIST'S REPORT.

Mch 22. 1919

C. Vallance Rank Pte Bn. IInd Reserves

You are ordered to report to Capt. Blow, at 10 a.m. ~~p.m.~~ Mch 24 1919, for specialist's report, which you will return to this office.

Ears,

R C Robinson
Capt. C. A. M. C.

Dr. Blow:

Please examine the above man and report below.

Hearing, Right, Voice ..... Vision, Right .....

Left, Voice ..... Left .....

March 24, 1919.

From Capt. W.J.Chambers,

Pte. C. Vallance,
2208401 2nd Res.

He complains of deafness which came on gradually 9 months ago.
No history of injury. but a good deal of ringing in ears.
Vision, Right Voice 15 ft,
Left " 15 ft.
Examination shows Bone Conduction good.
Cause of deafness is Oto-Sclerosis.

W J Chambers
Capt. C.A.M.C.

WJC-F

Date and time reported _____

Date and time exam. completed _____

Capt. C.A.M.C.

S. P. - 0 1.

This form must be used.

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank PTE Name CHARLES H. Surname VALLANCE

Unit or Corps C.E.F. (If a soldier) Regtl. No. 2208401

Born at Kaslo B.C. Canada on, date 10/4/08

Signature (for identification) C. H. Vallance

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 145 lbs. each

Height 5 ft. 7 ins.

2. NUTRITION AND DIATHESIS?

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

Normal

4. RESPIRATORY SYSTEM.

Normal

5. HEART?

Abnormal Sounds? No.

Abnormal Size? No

Pulse Rate? 72 Intermittence or irregularity? No

6. ARTERIES.—Any hardening? No

7. DIGESTIVE SYSTEM?

Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 10-18 Reaction? Acid Albumen? Nil Sugar? Nil

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No.

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Seaford Signed D. P. Byers Capt M.O.

Date 3-2-15 Signed [illegible] Capt M.O

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) VALLANCE C. H.

REGIMENT 11 th. Res. RANK Pte. No. 2208401

Date of Examination in England | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 20
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 Yes

Signature of Dental Officer J. W. Bonnycastle

VAILANCE C. H.

JJ th. Res. Pte. 2208401

20

No

Yes

ORIGINAL

Forestry Draft C. E. F. Southern British Columbia

MEDICAL HISTORY SHEET

Surname Vallance Christian Name Charles Henry

Examined on 18th day of March 1917 at Cranbrook B C Can.

Birthplace City or Town Kaslo County B C

Apparent age 18 Years

Trade or occupation Teamster

Height 5 feet 8 1/4 Inches

Weight 135 lbs.

Chest measurement Minimum 32 inches Maximum expansion 35 inches

Physical development Good

Small-pox Marks —

Vaccination Marks Arm Right Left Number 0 0

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection —

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
APR 20 1917	OK	W. R. Grant M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
APR 21 1917	OK	G. B. Henderson W. R. Grant M.O.
~~April 5 1917~~		G. B. Henderson M.O.
		M.O.

Enlisted on 19th day of March 1917 at Creston B C Can.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Draft C. E. F.	2208401	good	19th March 1917
Transferred to	Southern British Columbia			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
CRESTON, B. C. Canada	APR 7 1917	FIT	[illegible]
Calgary	Mar 26-19	Discharge	[illegible] Capt Cam C

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Gallande Christian Name Charles Henry

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

Form R 122
2353—100M—9-12-16.

J.P. Rank Name VALLANCE, Charles Henry Reg'l No. 2208~~2~~4101.

Unit If in perm. Corps, What Unit? Married or Single Single.

Dfts to Can. Forestry Corps to Base Depot. Sunningdale

Place and Date of Enlistment Creston.B.C. 19th March.1917. Place of Birth Kaslo.B.C.

Name and Address, Next-of-Kin Mrs. John Vallance.

Kaslo.B.C.Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 7312 MD 13
File R.L.
Category Can R

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
	C	ARRIVED IN ENGLAND 14 5 17			
28.5.17	B.D.C.F.C	T O S	S'dale 14.5.17	Pt II O 25	
12.6.17	C.F.C.B.D.	S.O.S. to Co. 41 France	S'dale	10/6/17	" 39 (41 Co. C.F.C. Pt II d/ 18.7.17)
SOS to CFCBD 18 I 19 41 Coy CFC Pt II.O.3 d:21-1-19			TOS CFCBD Pt Seaford 18 I 19 11 Res.Bn Pt.II.O.18 d:21-1-19		
8. 2. 19	No 13. M. DC Wing K. Pk. MAN.	T.O.S. (B.D.C.F.C. Seaford.)	Pte. Rhyl.	6. 2. 19	D.O. 32
19. 2. 19	" "	SOS to Canada	" "	19 2 19	- 42

A.F.B. 103 CHECKED 23 JUN. 1917

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.					

FORM OF WILL.

I, Charles Henry Vallance (Name in full)

Regimental Number 2208401 serving in Fotestry Draft. C.E F. Southern British Columbia

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs John Vallance
Kaslo
B C.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs John Vallance
Kaslo
B C.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 5th day of April A. D. 1917

Charlie Vallance Signature of Soldier.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H. J Heuthorn
Address of Witness Creston B C
Occupation of Witness Clerk
Signature of Second Witness Sam Scott
Address of Witness Erickson B C.
Occupation of Witness Rancher

M. F. W. 82
300M-5-16.
1772-39-983.

PUBLIC ARCHIVES RECORDS CENTRE
AUG 21 1969
OTTAWA, ONT., CANADA

Original Will to
Miss Over
ESTATES
Room 3114
Veterans Memorial Bldg
Ottawa 4, Ontario

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont.
Date July 2, 1969.

Attention of

NAME VALLANCE Charles H. SERVICE NUMBER 2208401 WW1 C.P.C. No. 125657 W.V.A. No. NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from

STMO DVA Vancouver Tele Memo Date June 30, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 29, 1969
Cause of Death
Place of Death Shaughnessy Hospital, Vancouver

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

P. 559.

Married or Single S.

Place of Birth Kaslo Bl.

Name and Address of Next of Kin Mrs J Vallance Kaslo Bl.

Relationship of Next of Kin Mother

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

376

Reg'l. No. 2208401 Rank Pte Name Vallance Chas Henry

If in Permt. Corps What Unit Unit Transferred to C F C France Date 7/20/17 Authority ah

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Cruston Bl. Transferred to Date Authority

Date of Attestation March 19th 1917 Transferred to Date Authority

Assigned Pay Monthly $ nil Date Effective

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															30 10																30 10				
May June	61	1.10	67	10											67 10																97 20				
July	20		22	—											22 —																119 20				Tfd C F C France 21/7/17
21/31	11		12	10											119 20 12 10																131 30				
Aug	31		34	10											34 10																165 40				
Sept	30		33	-											33 —																198 40				
															198 40																				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 11 6/19

2208401. Pte. Vallance, Chas. Henry. A. Pay. Nil.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS												PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE											

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:-	AMOUNT:-
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	

NAME:- VALLANCE Chas Henry.

NUMBER:- 2208401

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6 F 6.

DATE ACCOUNT FIRST OPENED:- 1-5-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			6.F.6 France.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
V.D	~~admitted 23/2/18 Discharged 7/5/18.~~						
~~23/12/18~~	~~3534~~	~~11 Res~~	~~3 73~~				
~~8/1/19~~	~~3647~~		~~3 73~~				
~~22/1/19~~	~~3520~~	~~11 Res~~	~~4867~~				
			56 13				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis Canada 31/1/19 MR 2369 24/4/19. M.D. 13.9.13

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March				Bal. Fwd.					321 93	165 -	
April	P. P	33							354 93		
May	P. P.	33 -									
		34 10		AR 3067 18/5/18. C.F.B.D	4 46						
				U.D 23/2/18. - 17/5/18 = 84 days @ 60c.		50 40			334 17	195 -	
June	P.P.	34 10		BO. 29. SO. 2 29/5/18 41 Coy R.F.C.	4 46	50 40					
		33									
				AR 343 - 7.6.18 - 41 Co.	3 57						
				AR 1079 - 22.6.18 - "	3 54				360 03	210	
July		33			7 14						
	P.P.	34 10		AR 1226 - 6.7.18 - 41 Co.	3 57						
				AR 1443 - 22.7.18 - "	3 54						
		34 10			7 14				386 99	225	
Aug.	P.P	34 10		AR 1635 - 6.8.18 - 41 Co.	3 57						
				AR 1843 - 22.8.18 - "	3 54						
		34 10			7 14				413 95	240	
Sept.	P.P	33		AR 2149 - 6.9.18 - 41 Co.	3 57						
				AR 2433 - 23.9.18 - "	3 54				439 81	255	
Oct.	P.P	33									
		34 10		AR 2670 - 7.10.18 - 41 Co.	3 73						
				AR 2881 - 23.10.18 - 41 Co.	3 73				466 45	270	
Nov.		34 10		AR 3092 - 8.11.18 - 41 Co.	3 73						
	P. Pay.	33 -		AR 3176 - 14.11.18 - 41 Co.	1 47						
Jan		34 10		AR 2640 - 18.11.18 - 41 Co.	9 33						
Dec		34 10		AR 6439 - 23.11.18 - London R.	9 33				367 39	315	
		101 20			200 26						
		1344									
				A.R. 3534 23/12/18 11th Res	3 73						
				A.R. 3647 8/1/19 "	3 73						
				A.R. 3520 22/1/19 11th Res endorsed on L.P.C	48 67						
				A.R. 510 13/2/19 Rhyl	9 73				314 97		
		1344			65 86						

P.850
as at 31.10.19
agreed. 23.11.18

CANADIAN ASSIGNED PAY AUDITED
Interest on Def Pay 31/1/19
AUDIT CLERK
DATE

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				S.O.S to Can 8/12/19							
				S.S. 18							

A 3 M. FORM REN'D ... EFFEC... DATE
DISCHARGED ... DATE
PAY BOOK RETURNED
FINAL PAY REN'D
AUTH.

Canada 31/11/19
28/11/19
25/11/19
b- 324^10
NC 2369. 24/11/19

COMPILED BY
CHECKED BY

War Service Badge, Class A No. 251035 Issued

B C46882.

This space to be for numbers.

Proceedings on Discharge.

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

No.	2208401
Rank	Private
Surname	VALLANCE
Christian name	Charles Henry

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	Southern B.C. For. Dft.
Date of discharge	April 4th. 1919
Place of discharge	Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	20 years ..... months.
Height	5 feet 8 inches.
Complexion	Fair
Eyes	Blue
Hair	Brown
Trade	Teamster
Intended place of residence (To be given as fully as practicable.)	Koslo, B.C.

Descriptive marks

H

M

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

Authority for discharge P.O. 1420 12-12-18.
13DD- Part 11. DO 94 4-4-19.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

MEDICAL DOCUMENTS FORWARDED TO R. OR B. P. C. —ON— McB. 9-4-19

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Chas. W. Vallance *(Signature of Soldier.)*

(Date) Apl 4/19 J. H. Brazier Cpl *(Signature of Witness.)*

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

.....*(Signature of Soldier.)*

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. Confirmation of Discharge.

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

(Place) Calgary, Alta.

(Date) 4-4-19.

(Signature) W. MacEwan Capt.

Officer i/c Discharge Section District Depot M. D. 13

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.)

Chas. H. Vallance X

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

ORIGINAL
B. P. C.

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 Calgary. D.D.13. DATE Mch.24th.1919.

1. 1 (a) Unit C. F. C. (b) Regimental No. 228401. (c) Rank Pte.

(d) Surname Vallance. (e) Christian name Chas. Henry.

(f) Home address Koslo. B.C.

(g) Next of Kin Mary Vallance. (h) Relationship Mother.

(i) Address of Next of Kin Koslo. B.C.

2. Age last birthday 20. Date of birth April. 10th. 18981

3. Enlistment, or Appointment (if an Officer) (a) Place Creston. B.C. (b) Date Mch 15th./17.

4. Personal description:

(a) Height 5' 9". (b) Weight 145 lbs. (stripped) (c) Complexion Fair.

(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. None.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2.	9.

	Periods From	Periods To
Canada	15th. Mar. 1917.	3rd. May. 1917.
England	13th. May. 1917.	10th. Jun. 1917.
France or other theatres of War	10th. Jun. 1917.	11th. Jan. 1919.

7. Original disease, or injury Defective Hearing.

(a) Date of origin July. 1918. (b) Place of origin Etaples.

(c) Cause Service.

M. F. B. 227.
400M.—11-18.
1779-89-117.

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

Defective hearing.

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.)

Is a well nourished, and healthy looking boy, but shows some difficulty in hearing. His only complaint is this.

See enclosed specialists report.

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

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

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

In July 1918, noticed he was getting hard of hearing, and that his comrades had to speak loudly to him, and could not hear the orders distinctly. There has never been any discharge, and very little aching or pain. Condition he states is getting gradually worse.

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*).)

None.

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

None.

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.)

No.

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? Uncertain.

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

Installation of oil but says no benefit.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

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

No.

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

(If not, briefly state why)

17. Recommendations For discharge.

R C Robinson

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 C.H.Vallance. 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

C.H.Vallance Pte Rank.

Signature of invalid examined.

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.)
(*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.)

Yes

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.

J. L. Stewart *President.*

PLACE Calgary, Alberta.

DATE March 26th, 1919.

} 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 J. L. Stewart Capt. MAJOR C. A. M. C. Supervising Medical Officer

Assistant Director of Medical Services.

DATE 26-3-19

APPROVED BY

Director-General of Medical Services.

DATE.....

"Scotian" St Johns 2/3/19.

AUDITOR | PAYMASTER

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

M. OR S. S. REGT. NO. 2208401. RANK Pte. NAME (IN FULL) VALLANCE. C. H.

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ORIGINAL UNIT C.E.F. 230th Bn | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

ADDRESS

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

IS SEPARATION ALLOWANCE PAID? nil | DATE EFFECTIVE | Kasle B. C.

ASSIGNED PAY $ nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

Certified opening entries on this Ledger Sheet have been audited by #
Date 13-3-19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

CALGARY, ALTA. APR 4 1919

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 31/1/19.		1.10					324	70.																													Bal Eng L.P.C.
											13/5/10	3 2/19	Sea	19 2/19	St Johns	2 3/19	9	73	4	87	5	00														
									324	70	-	2 2/19					50	00													69	60			255	10	
																																					DD 66 Subs 15 days 12.00 7 3/19 to 21 3/19
1/2/19.					12	00	255	10	76	90																											
31 3 19	59		64	90					332	00											332	00									332	00					Clothing Allowance $ 35.9
									39	40											39	40									39	40					DISCHARGED APR 4 1919
			69	90	47	-	324	70	441	00							59	73	4	76	Service Gratuity										441	00					
					350	00			350	00																											
																	70	00													70	00	280	00			Cheque 139598 16.4.19
																												-17				17	279	83			for 17 m 7 6 SA - Roll 6 16/4/19
																	70	00													70		209	83			Cheque 609320 16.5.19
																	69	83													69	83	140	00			G 852073 16.6.19
																	70	00													70		70	00			855965 4.7.19
																	70	00													70		xx	xx			970290 4.8.19
					350	-			350	-							349	83										17			350	00					

Certified opening entries on this Ledger Sheet have been audited by #
Date 2/6/19

APR 4 1919

All Payments Due on This Account have been completed.

[signature]

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