

S

REGIMENTAL DOCUMENTS

NAME ABELL. Charles

REGT. NO. 10436

UNIT 4<sup>th</sup> Battr

H. Q. FILE NO. 362

H

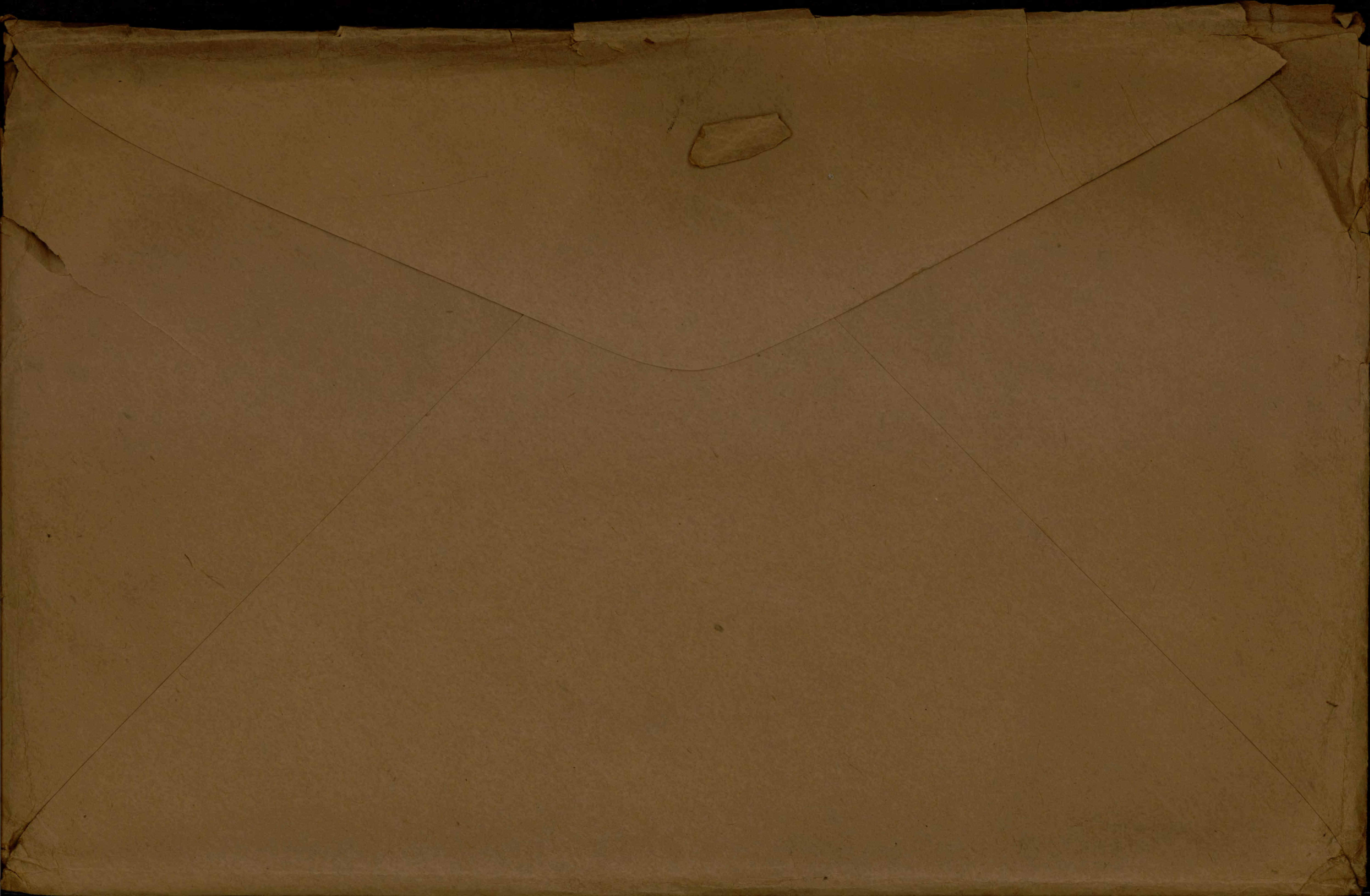
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">M</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">H</p> </div> </div>			DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113)					
3 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
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2 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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3 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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/ LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
A.F.W. 125.					
Will					
10 Cards					
Pay sheets					

DISCHARGE

med unfit

DESERTION







ATTESTATION PAPER.

No. 10736

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 1

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Charles Abell
- 2. In what Town, Township or Parish, and in what Country were you born?..... Leecesier, Eng
- 3. What is the name of your next-of-kin?..... M. Ann Dawson
- 4. What is the address of your next-of-kin?..... 43 Dorset St. Leecesier Eng
- 5. What is the date of your birth?..... Sep 16/1882
- 6. What is your Trade or Calling?..... Shoe Finisher
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... Yes
- 10. Have you ever served in any Military Force?.. If so, state particulars of former Service. .... 8 yrs <sup>Colon</sup> 4th Regt
- 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

C. Abell (Signature of Man)

Swallow (Signature of Witness)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Abell, 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.

C. Abell (Signature of Recruit)

Date Sep 22<sup>nd</sup> 1914. Swallow (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Abell, 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.

C. Abell (Signature of Recruit)

Date Sep 22<sup>nd</sup> 1914. Swallow (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 Valcartier this 23 day of Sept 1914.

M. S. Buel (Signature of Justice)

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

R. J. Labadie (Approving Officer)



Description of Abell Chor on Enlistment.

Apparent Age 32 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height ..... 5 ft. 4 ins.

5 Tattoes on each forearm

Chest measurement { Girth when fully expanded ..... 34 1/2 ins.  
 Range of expansion ..... 23 1/2 ins.

Complexion ..... Fair

Eyes ..... Brown

Hair ..... Brown

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

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 ..... Sept. 22 1914.

L. A. Beroand

Place ..... Val Cartier

Capt AMT  
 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 Abell 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. S. Labatt (Signature of Officer)

Date ..... 22 Sept 1914.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 10726. (Rank) 2nd.

Name (in full) ARTHUR CHARLES. enlisted in  
the 4th. Co.

CANADIAN EXPEDITIONARY FORCE at Valcartier, Que. on the 23rd.  
day of Sept. 19 14.

HE served in Ireland and France.

and is now discharged from the service by reason of

Having been found Medically unfit for service.

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

Age 45

Height 5'4"

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars

Wound scars on left arm.

*C. Shell*

Signature of Soldier

*J. H. Beaman*

Issuing Officer

Date of Discharge Nov. 29th. 1918.

Rank Captain,  
For Lieut.-Colonel.  
O.C. No. 2 District Dep.  
Appointment

Signed at Toronto, Ont. this 29th day of Nov. 19 18

in Military District No. 2.

File Reference No. \_\_\_\_\_

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.



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. 10721 (Rank) Pto. Name ABEL CHARLES

Unit 4th Bn.

Address on Discharge 471 Dundas St. E. Toronto, Ont.

Character and Conduct

Fair

Former Occupation Shoe Finisher.

Special Qualifications of Value in Civil Life

Medals and Decorations

\*\*\*\*\*

Remarks

\*\*\*\*\*

Signed at Toronto, Ont. this 29th day of Nov. 1918

*W. J. Green*

Name of Officer

Captain,  
Former Lieut.-Colonel,  
O.C. No. 2 District Depot.

Appointment



Abell

MEDICAL HISTORY SHEET.

10736

Surname Abell

Christian Name Charles

Examined on 2 day of Sep 1914 at Valentia City or Town Berceges County Engl

Approved by [Signature] Rank Major M.O.

Apparent age 40 Trade or occupation Shoemaker Height 5 Feet 4 Inches Weight 150 Lbs. Chest measurement Minimum 31 inches Maximum expansion 34 1/2 inches

Physical development Good Small-Pox Marks

Vaccination Marks Arm Left Number 2

When Vaccinated last 1906 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection 5 Tattoos on each forearm

Table with columns: Date, Fit or Unit, EXAMINED FOR RE-ENGAGEMENT, Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATION, etc.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England. Colonel in Charge of Records, Canadian Contingents, London.

Enlisted on 22nd day of Sept 1914 at Valentia

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Rows include B. Co. 4th Bn, 4th Batt, 12th Pn, 36th Pn, 3rd Regt Pn.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Park School Bks, Toronto, Nov. 23/18. Debility. E. W. [Signature] Major.

Table with columns: STATION, DATE, DISEASE, RESULT. Rows include St. Martin's Plain, C.S.H. Cuba, Ravina Barracks Toronto.

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.

Entries in Red Ink made from Attestation Sheets.

JUN 3 1915 [Signature] for D. D. M. S.



Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
T. General Hospital		20	6	18	21	6	18	Infectious throat	1	Transferred Base for medical treatment.	J. R. Smith
Base Hosp	Front	21	6	18	1	8	18	Ulcerated throat syphilis	42	Transferred. Special Hosp. Camp Gordon.	R. H. Shultz



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at 21 Nov 1917.

No. 10736 Rank Pt Name Abell, G.

Local Unit Camb. Y.D. Overseas Unit 4th Bn. Age 44

Examination held at St Martin's Plain

DISABILITY.  
Overseas  Local  
(scratch one out).

Debility.

### PRESENT CONDITION.

In France - 10 months, says returned on account of Debility, October, 1915. Has been kept orderly and batman since. Says he was boarded C III before, but papers were lost. M.H.S. Shows treatment for Recurrent syphilis - has completed his treatment and received negative Blood Test.

Complains of Palpitation and shortness of breath. also of weakness of left wrist, which he says was broken in France and not set right.

Examination - Not physically strong. Pulse 104 but heart action good. 2nd sound accentuated over aortic area and some degree of arterio-sclerosis exists.

### BOARD RECOMMENDS:-

Is Shoemaker by trade. Looks somewhat debilitated.

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty B III.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:-

Members { W. Wray, Capt Camb. President.  
G. O. Dwyer, Lt. Camb.

APPROVED

22 NOV 1917

Dated..... 1917.

C. J. Wheaton CAPT  
 FOR A.D.M.S. CANADIANS, BRITISH

For A.D.M.S.

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# PROCEEDINGS OF A MEDICAL BOARD.

*Case*

Dated at 30-5- 1917.

No. 10736 Rank Pte Name Abell Ches

Local Unit 1st Coy Overseas Unit 4th Bn Age 44

Examination held at W. Sandling

Malaria. ch.

DISABILITY.  
Overseas  Local  
(scratch one out).

### PRESENT CONDITION.

This man has chronic malaria. Is able to carry on, except when he has an exacerbation - Malaria contracted in India - while on active service with the Imperial army. Was 12 yrs with I.A. final condition good. No other disability. Recommended for Case.

BOARD RECOMMENDS:- Bt (one)

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty .....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge .....

Signatures:-

A.B. Thomson - Capt President.

Members

Alloppinper Capt

APPROVED

31 MAY 1917

Dated..... 1917.

Messou Davis Major



10736

Pte

Abell, C.

WESTENCHANGER.

C.A.M.C. DÉPÔT

138386

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 10.736

Name Pte C. Abell

Unit C.A. M.C. Depot

Military Will.

In the event of my  
Death I leave all my  
belongings to  
Mrs J. McGuinn  
122 Brambourne St  
off  
Belgrave Road  
Leicester. Eng.

Signature ~~M.~~ C. Abell

Rank and Regt. Pte C.A. M.C.

Date 24 June 1917



Detached by  
LONDON FOR

*W. Stephens*

PAY SERGEANT.  
C.A.M.C. DÉPÔT.



WILL

In the event of my  
Death I give the whole  
property and effects to  
Mrs E. Mc Guinn  
c/o Miss Alice Thorobin  
25 Eldon St off Wharf St  
Leicester, England

Signed  
No 10.736) Pte C. Abell  
C. boy 4<sup>th</sup> Batt 1<sup>st</sup> Bde  
Canadian Contingent  
1<sup>st</sup> Infy Bde

Not Dead Oct 28.15 CMF

79 ✓



Casualty Form—Active Service.

Regiment or Corps 4<sup>th</sup> Bn 1<sup>st</sup> Brigade

Regimental No. 10736 Rank Pte Name Abell Charles

Enlisted (a) 22-9-14 Terms of Service (a) 1 yr or for War Service reckons from (a) 22-9-14

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) Shoe Finisher

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				

20-6-15	OC 2 F Amb	Diarhoea		2 B. F. Amb	15-6-15	A 36.
13/6/15	3 C. F. Amb	Diarhoea		The Sick	12/6/15	A 36.
18-7-15	OC 2 C. F. A.	Dental and Debility Tran		3 C. F. Amb	15-7-15	A-36
18-7-15	ADMS 1 <sup>st</sup> Gen	Def. of. Teth.		Evacuated by order	18-7-15	408 KH-1-31
14-7-15	OC 2 C. F. Stn	Do Do	Disch	To Duty	15-7-15	A 36-282
17-7-15	OC 3 C. F. A.	Do Do		3 C. F. Amb.	14-7-15	A 36
20-7-15	OC 2 Gen	Malaria	adm	2 Gen General.	20-7-15	W3034
29-7-15	OC 2 Gen	Do.	To	Class "B" Le Harol	29-7-15	W3034
15-8-15	OC 3 B.D.	Taken on Strength		3 B.D. Depot	15-8-15	2970/171
25-10-15	OC C.B.D.	"PB" Transferred		To England	23-10-15	111/BP/3/1.

A. V. Murch  
Lieut.  
for Lieut-Col.,  
D.A.A.G. Canadian Section.

TRANSFERRED TO 3<sup>rd</sup> Res Bn APR 24 1916

(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.



Report Date	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.
25/4/15	O/C 12.	on strength 12 <sup>th</sup> Bati	Sheliffe	25/10/15	P1-201669
29/11/15	O/C 12	Struck off dec deserter	"	6/11/15	" " 2036
8/12/15	"	on strength 12 <sup>th</sup>	"	7/12/15	" " 2133
20/12/15	"	56 days detention	"	6/11/15	" " 2258
22/8/16	Lt. 36 <sup>th</sup> Bn.	Taken on strength	W. Sandling	9/8/16	Part II D.O. 235 + C.C.A.C. Part 236
4-1-17	170036 BB	3 <sup>rd</sup> Res		4-1-17	Part 2 Bn O-4
<p>TRANSFERRED TO BATTN. C.E.F.</p> <p><i>W. Sandling</i></p>					
4/1/17	O.C. 3 <sup>rd</sup> Res	Taken on strength	W Sandling	4/1/17	Part 2 Bn O I
30/3/17	do	S.O.S. on Posting 1st C.O.R.D. but remarks attached.	do	30/3/17	Part II Bns. 86
22-5-17	O.C. 3 <sup>rd</sup> Res. Bn. C.E.F.	Transferred to 1 <sup>st</sup> C.O.R.D. Bn	W Sandling	22-5-17	Part II Bn. 139
18.6.17	1st COR D	Transferred to C.A.M.C.			Part II Bn. 102
20.6.17	caused	L.O.S. from 1st C.O.R.D.			O.C. 3 <sup>rd</sup> RESERVE BN. C.E.F.
26.6.17	Thos. in	Part II cancelled by CAMC Part II D.O. 182			Part II D.O. 171
					<del>Part II D.O. 177</del>

*H. J. Alvirley*  
*Assoc. 1917*







DIVISIONAL LABORATORY M.D.#.2.

Rank Pte. Name. ABELL. C. No. 10736.

Ward. Park School Bks, Toronto. Date. Nov. 23rd, 1918.

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The specimen of Blood shows for "WASSERMAN" Test

NEGATIVE.

Examined by

Capt. W.A.HODGE. (SGD)



18



Date August 27th 1918.....  
 #: D.D. File.....

<u>Name</u>	<u>Unit</u>	<u>Rank</u>	<u>Number</u>
Abell C.		Pte.	10736

DOCUMENTS RECEIVED.

Proceedings on Discharge.....	1
Attestation Paper.....	1
Commdy Form.....	2
Company Conduct Sheet.....	1
Regimental Conduct Sheet.....	1
Field Conduct Sheet.....	2
Medical History Sheet.....	3
English Medical Board.....	122
Clothing Statement.....	
Last Pay Certificate.....	

DOCUMENTS PASSED.

	To	Date
Last Pay Certificate.....		
Medical History Sheet.....	" Hos. Sec.	"
English Medical Board.....	" " "	"
Clothing Statement.....	"	"



Date of Discharge  
Place of Discharge

Date of Discharge  
Place of Discharge

U.S. Army      Rank      Number

DOCUMENTS RECEIVED

Proceedings on Discharge  
Application Paper  
Certificate of Honor  
Company Conduct Sheet  
Regimental Conduct Sheet  
Field Conduct Sheet  
Medical History Sheet  
English Medical Board  
Discharge Statement  
List of Criticisms

DOCUMENTS RECEIVED

List of Criticisms  
Medical History Sheet  
English Medical Board  
Discharge Statement



Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-2-18	Came D.	J.O.S. from C.S. H. Lenham	Shoncliffe	18/2/18	Pt. 2-Do 50
	do	In Command to 1 <sup>st</sup> C.D.D.			
		Buxton R. J. C.	do		Pt. 2-Do 50
					<i>Spithurst</i>
T.O. S. #2 Casualty Unit Toronto. with effect from 19-3-18					Pt. 2.91
18 <sup>th</sup> / <sub>18</sub>	D. H. ...	T.O.S. No. 2 District Depot, Part II, D.O. No. ....			
					<i>[Signature]</i>
					Lieut. and Asst. Adj.
					For O.C. No. 2 District Depot
Dis. 2. D. D. Nov. 29th 1918. Pt. 11#223.					
					<i>[Signature]</i>



**Casualty Form—Active Service.**

Regiment or Corps.....  
 Rank Pte Surname Abell Christian Name Charles  
 Religion..... Age on Enlistment..... years..... months.  
 Enlisted (a)..... Terms of Service (a) 507w Service reckons from (a).....  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked .....		
			Disembarked.....		
<u>24-1-18</u>	<u>Camp</u>	<u>S.O.S. on posting to C. B. Denham</u>	<u>Shoreham</u>	<u>23-1-18</u>	<u>Rt 250 24</u>
					<u>York &amp; England</u>
<u>26/1/18</u>	<u>C. S. A. Denham</u>	<u>S.O.S. from C.M.M. D.</u>	<u>Denham</u>	<u>23/1/18</u>	<u>Rt 250 = 26/1/18</u>
<u>18/2/18</u>	<u>do</u>	<u>S.O.S. to C.M.M. D. (Canada)</u>	<u>do</u>	<u>18/2/18</u>	<u>Rt 250 No 12/d.</u>
			<u>A. Burton Wilke</u>		<u>Capt. C.A.M.C.,</u> <u>Assistant &amp; Registrar</u> <u>Canadian Special Hospital,</u> <u>.....</u>

(a) In the case of a [redacted] who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shocing [redacted], &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 Park School Bks. DATE Nov. 20, 1918.

1. 1 (a) Unit No. 2, D.D. (b) Regimental No. 10736 (c) Rank Plt.  
 (d) Surname ABELL. (e) Christian name Charles.  
 (f) Home address 472 Dundas St. West, Toronto, Ont.  
 (g) Next of Kin Mrs. Connie McGorie. (h) Relationship Aunt.  
 (i) Address of Next of Kin 122 Crawbrand St. Tucestry., England.
2. Age last birthday 45 Date of birth Mar. 15, 1873.
3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier. (b) Date Sept. 22/14.
4. Personal description:  
 (a) Height 5' 4" (b) Weight 145 (c) Complexion Fair.  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. ....  
Vacc. marks 5 on left arm. 5 Tattoo marks on each forearm.
5. Former trade or occupation Shoe Finisher.

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  4	Days  59
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	PERIODS	
	From	To
Canada .....	Sept. 22/14.	Oct. 25/15.
England .....	Oct. 25/15.	Aug. 22/16.
France or other theatres of War .....	Aug. 22/16.	Jan. 24/18
<u>England and Canada.</u>	<u>Jan. 24/18.</u>	<u>date.</u>

7. Original disease, or injury Debility.  
 .....  
 .....  
 (a) Date of origin Nov. 1915. (b) Place of origin France.  
 (c) Cause Malaria, 1903 and 1905. Syphilis, Aug. 1917.

19



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.)

Moderate General weakness.

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

OBJECTIVE- Looks age of 45 years. Poorly nourished. Anaemic.

Chest emphysematous but consistent with age. Heart normal in size.

Sounds only fairly good in quality. Pulse rate 72. Muscle flabby.

Joints fairly free. Has condition of Genu Valgus.

SUBJECTIVE- Complains of weakness, general. Could only walk a mile.

Cannot do drills.

S.B.P. 115. D.B.P. 75.

Wasserman Test. Shows- negative. See report attached.

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

Special Senses.....no..... Respiratory System.....see 9..... Integumentary System.....no

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no

Osseous and Joint Systems.....no..... Any other general condition.....see 9

no albumen or sugar.

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

Had Malaria while with Imperials in India in 1903 and 1905.

Present condition did not arise until he was in France. Poor health all the time there, 10 months. Contracted syphilis while there.



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).)

~~xxx~~ Malaria. India 1903 and 1903. Syphilis 1917.

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

4 vacc. upper left arm. Tattoo. right and left forearms covered with various designs.

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.)

Not applicable.

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

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? Permanent.

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

nothing for debility. Seven injections of 506 and seven of Mercury for the Syphilis.

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? (If not, briefly state why)

Yes.

17. Recommendations Discharge.

*[Handwritten Signature]*

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

*[Handwritten Signature]*

I complain in addition of.....

*[Handwritten Signature]* 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.

We concur.

19. Is the invalid fit for

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

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.)

That he be placed in category-E, and he discharged as medically unfit for further military service.

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.

PLACE Park School Bks. Toronto.

Nov. 23rd, 1918.

DATE

Handwritten signatures and titles: Major, President. Capt. 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.

PLACE

DATE

APPROVED BY

APPROVED BY

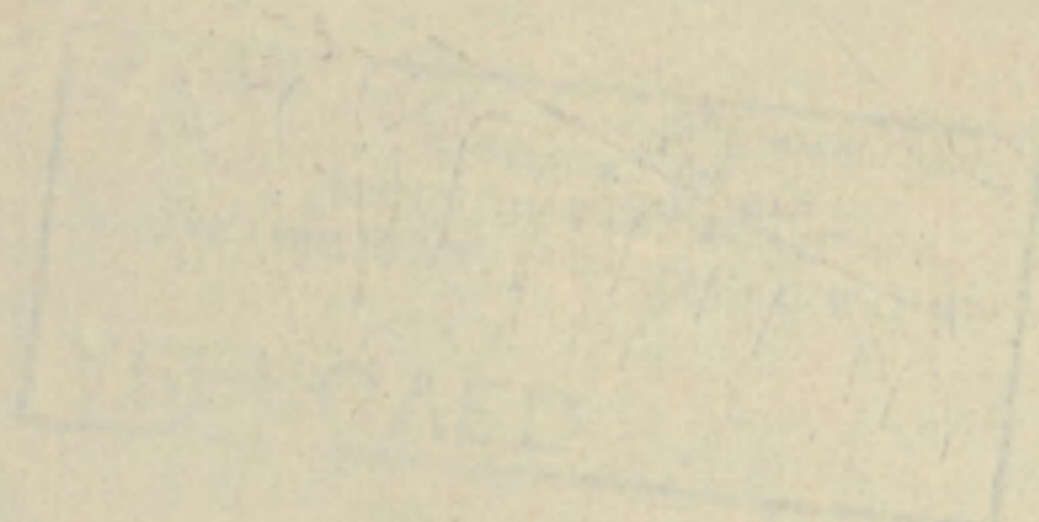
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 25-11-18

DATE





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STANDARD MEDICAL BOARD EXAMINATION

EXAMINATION



EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

June 13th, 1916

No. 10736 Unit 36th Reserve Rank Pte

Name Able, C Age 42

Examination held at West Sandling.

DISABILITY. Overseas—Local. (scratch one out)

Debility and Tachycardia.

Present Condition

Still weak and pulse rather fast.

Board recommends:—

- 1. Fit for Duty.
2. Fit for duty after... weeks' physical training.
3. Fit for base duty 8 weeks. Yes.
4. Fit for permanent base duty.
5. Discharge.

Signatures:—

R.W. Fergusson Capt President.
Walter Ross Capt
B.L. Washburn Capt

APPROVED stamp: CAPTAIN C.A.M.C. FOR D. OF R. & C. FOR BRIGADIER GENERAL COMMANDING CANADIAN TRAINING DIVISION, SHORNCLIFFE.

APPROVED

Shorncliffe 17 JUN 1916 1916

S.L. Mackay Captain. 4

A/D. A.D.M.S., Canadian Training Division, S.

Canadian Training Division, Shorncliffe.



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

Nil.

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

6. Medals and Decorations.....

Nil.

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)..... TORONTO, ONT.

(Date)..... NOV 29 1918

..... H. J. Beemer ..... Captain,  
For Lieut.-Colonel,  
Commanding O.C. No. 2 District Depot.

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.

(Place)..... TORONTO, ONT. Charles Strell ..... (Signature of Soldier.)

(Date)..... NOV 29 1918 ..... (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) 4.....years. 67.....days.

Total.....4.....years. 67.....days.

11. Confirmation of Discharge.

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

(Place)..... TORONTO, ONT.

(Date)..... NOV 29 1918

(Signature) ..... H. J. Beemer ..... Captain,  
For Lieut.-Colonel,  
O.C. No. 2 District Depot,



Pend. Card made  
6-12-18 a.k.

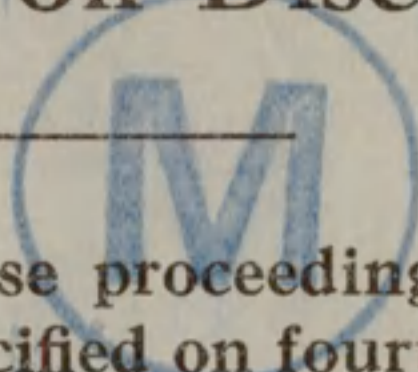
75-20

7520

32

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# Proceedings on Discharge.



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

R.L.

55319

No. 10736.	
Rank Pte.	
Surname ABELL.	
Christian Name CHARLES.	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 4th. Bn. (2. D. D.)	
Date of Discharge NOV 29 1918	
Place of Discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 45 years..... months. Height 5 feet..... 4 inches. Complexion Fair Eyes Grey Hair Brown Trade Shoe Finisher. Intended place of residence } 472 Dundas St. W. (To be given as fully as practicable.) } Toronto, Ont.	Descriptive Marks Vacc. scars on left arm.
2. The above-named man is discharged in consequence of	
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
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 hand writing 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.
	Fair
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.	
To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
	Shoe Finisher.

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

K.C.  
21-11-18  
com.

20



Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes

12. The cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused?

no

Aggravated?

no

(b) Misconduct of the Soldier

Caused?

no

Aggravated?

no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?

(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

not applicable

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

not applicable

(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

not applicable

18. Remarks.

nil

19. Recommendation:—(a) Fit for duty?

no

(b) Fit for base duty?

yes 12 III unlikely to be raised in category within six months

(c) Invalid to Canada?

no

(d) Discharge from service as permanently unfit?

no

Classification for the Military Hospitals Commission.

Date of Board

15/2/18

Station

Heatham Camp

Signatures of the Board

Spencerwood Capt. C. C. ... President.  
A. H. ... Capt. ...  
Thomas Campbell Capt. ...

Approved

[Signature]

A.D.M.S.

Dated at

Station

17 FEB 1918



Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191

Signatures of  
the Board

President.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_











DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Charles* 2. Surname *Abell*
3. Rank *Pte* 4. Original Unit *4<sup>th</sup> Batt* 5. Reg. No. *10.736*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*397 King St. W.  
Toronto Ont.*
7. Date of enlistment in the C.E.F. *23<sup>rd</sup> of Sept 1914*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not Applicable*
9. Relationship of such dependent *Not Applicable*
10. Address, in full, of such dependent *Not Applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*4<sup>th</sup> Batt 25 Sept 1914 Arrived Back  
in Canada March 1918*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Yes*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *Not applicable*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *with 4<sup>th</sup> Batt C.E.F.  
from 23<sup>rd</sup> Sept 1914 to November 29<sup>th</sup> 1918*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not applicable*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *Not applicable*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Not applicable*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *Yes two*

*Months 66 Dollars Paid Cpl. Mac. Heggan  
World Officer 40 Richmond St. Toronto Ont.*

20. Have you been issued with a War Service Badge? If so, what class? *Not Applicable*

21. Have you, during the present war, served in the Imperial Forces? *Not Applicable*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *Not Applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F.? *Not applicable* If not, give:—(a) Date of discharge

*29 November 1918* (b) Reason for discharge *Medical Unfit  
Disability*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *Not Applicable*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *York Batt*

*Imp. C. C. Coy. February 11/19/15 to Oct 25/19/15 then went  
Back to France May 22/19/16 to Jan 20/19/18. Moved Back  
in Canada March 19/19/18*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *Not Applicable*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not Applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Charles Abell*  
Place of Residence: *397 King St. W. Toronto Ont*

Declared before me at: *Toronto*  
This *Third* day of *January* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. *Edmund Hui*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.











True Copy from Original (15.11.15) D. Graham Sgt RVD. 15 2/3

Rank \_\_\_\_\_ Name **Abell. Charles.** Reg'l No. **10736** R-122.  
 Unit **4<sup>th</sup> Bn:** If in perm. Corps, What Unit? Married or Single **Single**  
 Place and Date of Enlistment **Sep: 22<sup>nd</sup> 1914** Place of Birth **England**  
 Name and Address, Next-of-Kin **Mrs. Ann Dawson. 43 Dorset. St. Leicester, England**  
 Relationship \_\_\_\_\_

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_ **05**  
**R133 E 326**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

7906

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				
25.11-14	OC. 4 <sup>th</sup>	Forfeits 7 days pay for absence	Bustard	25.11-14	Part-II - 25.
17/15.	C.S. 964 <sup>th</sup>	Diarrhoea	No. 1 Ban. F. Amb.	15.6-15.	N.K.
26.7-15	C.D. 116 "	Dental + Debility.	# 3 Ban. Field ambulance	17.7-15	
27.7-15.	C.D. 117 "	Malaria	# 2 B. Gen. Htlc	20.4.15	
5.8.15	C.D. 125 "	" "	Le Treport	29.4.15	disc to Class "B" Naore.
15.8.15	OC. 3 <sup>rd</sup> S.B.D.	Strength of 3 S.B.D.	Rouelles	15.8.15	Com. Roll: C.D. 139 4 <sup>th</sup> Bn
25.10.15	" "	Strength of Strength. S.B.D.	" "	13.10.15	To Shotncliffe P.B.
25-10-15	OC. 12 <sup>th</sup>	Strength 12 <sup>th</sup> Bn #6 Coy	Shotncliffe	25.10.15	P II O #1669
6.11-15	OC. 4 <sup>th</sup> Bn:	P.B. Transferred to England	In the field	23.10.15	P II O #364 <sup>th</sup> Bn
29-11-15.	OC 12 <sup>th</sup>	Struck off. Declared Deserter.	Shotncliffe	6-11-15.	P II O 2036. By Court of Inquiry.



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				
8-12-15	OC 12 <sup>th</sup>	Taken on Strength	Shorncliffe	7-12-15	PT II 0 2133
20-12-15	"	56 days Det by O.C. A.W.H.	"	6-11-15 7-12-15	PT II # 2258
8-2-16	"	Hold Four Detention Chelmsford	"	4-2-16	PT II # 39 Parca 19
27-2-16	"	Emp as Reg Cook	"	27-2-16	" 58
17-3-16	"	Employed in Cook House	"	17-3-16	" 77
5-4-16	OC 12	Returns to Duty from Sgt Men	"	5-4-16	" 96
6-4-16	"	Employed in Regtal Cook house	"	6-4-16	" 97
24-4-16	"	Transferred 36 <sup>th</sup> Butt	"	24-4-16	" 115 + PT II 116 (36 <sup>th</sup> )
27-4-16	OC 36 <sup>th</sup>	Absence 16 days 2 1/2 P forfeits 6 days pay & allowances	Stcliffe	27-4-16	" 118
27-5-16	OC 36 <sup>th</sup>	Fights 3 days PRA + 20 days 2 1/2 P Abs	W Sandling	27-5-16	PT II 144
7-6-16	OC 36 <sup>th</sup>	Point under coat 852	"	7-6-16	" 159
26-6-16	"	Struck off to C.A.C.	"	20-6-16	" 179 (C.A.C. PT II 237)
26-6-16	"	Attached to 36 <sup>th</sup> Bn	"	20-6-16	" 179
16-8-16	OC 36 <sup>th</sup>	Leaves to be att'd to 36 <sup>th</sup> Bn	Folkestone	9-8-16	" 336
18-9-16	"	S.O.S. on train to 36 <sup>th</sup> Bn	"	9-8-16	" 336
22-8-16	36 <sup>th</sup> Bn	S.O.S. from b.b.a.c. of 36 <sup>th</sup> Bn	W Sandling	9-8-16	Part II 0.235
4-1-17	36 <sup>th</sup> BN	SOS to 3RD RES BN	W S'ling	4-1-17	PT. 2 D.O 4 ✓
4-1-17	36 <sup>th</sup> R BN	TOS of 3RD RES BN	W S'ling	4-1-17	PT. 2 D.O 1
30-3-17	3 Res Bn	SOS to TCORD attach to 3 Res Bn	do	30-3-17	-86
6-4-17	1 CO RI	TOS attach to 3 Res Bn	do	30-3-17	-28
22-5-17	3 Res	Leaves to be attach on ret to TCORD	do	22-5-17	PT # 139 - PT # 75 <sup>a</sup> / 235-17
20-6-17	1 CO RD	SOS to C.A.M.C.	do	19-6-17	PT # 103

CORD



*1 Record in Envelope.*

Rank \_\_\_\_\_ Name **ABELL, Charles** Reg'l No. **10736**  
 Unit **4th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Sep. 22nd, 1914** Place of Birth **England**  
 Name and Address, Next-of-Kin **Mrs. Ann. Dawson,**  
**43, Dorset St., Leister, England.** Relationship \_\_\_\_\_  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. No. *2487*  
 File R.L. \_\_\_\_\_  
 Category *OK Can*

*o/s. BN 4th Casualty*

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character *Rank Pte*  
 H. W. V., Ld.—11319-17.

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.				
<i>20.6.17</i>	<i>1 CORP</i>	<i>S.O.S to C.A.M.C.</i>	<i>W. Sandling</i>	<i>19.6.17</i>	<i>P# 0103</i>
<i>6.7.17</i>	<i>3 Res Bn.</i>	<i>Ad to Etchinhill Hosp.</i>	<i>Lymington</i>	<i>29.6.17</i>	<i>EL 101 (M.D.C.)</i>
<i>23.6.17</i>	<i>Cambridge</i>	<i>S.O.S. from 1 Col W.</i>	<i>Whanger</i>	<i>19.6.17</i>	<i>- 174</i>
<i>26.6.17</i>	<i>do</i>	<i>S.O.S on reaching S' block M.Hos</i>	<i>"</i>	<i>28.6.17</i>	<i>- 177</i>
<i>30.6.17</i>	<i>do</i>	<i>M.O. DO 177 26.6.17 cancelled.</i>			<i>- 181</i>
<i>21.7.17</i>	<i>3rd Res Bn</i>	<i>Disch from Hosp.</i>	<i>E. Hill</i>	<i>13.7.17</i>	<i>C.L. 111 (V.S.)</i>
<i>24.1.18</i>	<i>Cambridge</i>	<i>S.O.S to C.S. H. Lenham</i>	<i>Shorncliffe PE</i>	<i>24.1.18</i>	<i>PTI DO. 24</i>
<i>18.2.18</i>	<i>6th Hosp.</i>	<i>S.O.S to Cambridge</i>	<i>Lenham "</i>	<i>18.2.18</i>	<i>- 12</i>
<i>24.2.18</i>	<i>Cambridge</i>	<i>Dep On comm. to 1st CCD Buxton</i>	<i>Shorncliffe "</i>	<i>23.2.18</i>	<i>- 55</i>
<i>15.3.18</i>	<i>do</i>	<i>S.O.S to Canada for dis. by A.S.</i>	<i>do</i>	<i>27.7.18</i>	<i>PTI DO. 74</i>
				<i>S.O.S 22.11.18</i>	

*(V.S.)*  
*Can Spec 4th Lenham*  
*PTI DO 6 d/26/1/18*  
*Cambridge*  
*PTI DO. 50 d/19/2/18*







POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*Note: Remarks  
no Decl. W.*

*J. Mc*

Name **ABELL** Surname Christian Name **C.**

Regimental Number **10736** Rank **Pte**

Address (in full) **397 King St. W.**

Unit **#2. D.D.**

**Toronto, Ont.**

Original Unit

District where paid **M.D. 2.**

Date of Discharge

P. D. P. Filing Number **1-903-2**

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

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100.10	14553	28/11/8	33.00	13457	28/12/8	34.10				34.10	66.00

M. F. W. 127.  
25M.-8-18.  
1772-39-1140.

Remarks: **Transf. to Ledger**

**See Further Payments on new Pay List**

*Debit balance \$34.10 to be recovered from (H. S. G.) Auth File 32-C-2*

*BA 28-49*



File No.....

# WAR SERVICE GRATUITY.

Register No.....

Reg. No. .... Dependent.....

Name..... Address.....

Address.....

Dec'n No..... W. S. G. File No.....

Award..... days at \$..... per day \$.....

S. A..... months at \$..... per mo. \$.....

Less P. D. P. Credited \$.....

Less further debit balance \$.....

Net due paid as below \$.....

0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						
Total				Total		

Pay Soldier \$..... Pay Dependent \$.....

0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1						
2						
3						
4						
5						
6						
Total				Total		

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

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



Name Pte. C. Abell,

Regimental No. 10736

Name and address of next-of-kin

Unit 4 Bn

Date of enlistment

Place of " "

Married (yes or no) no

Amount of pay assigned monthly \$

To whom payable SAC

Date and place discharged

Reason for discharge

Character on discharge

*10 sold out Comd 602*

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					
Feb 23	Apr 20	57	1	57	57	10	570	14	55807	20454	30	52807	D.O. 91 Sub. Mar. 19-Apr. 2. trans Hosp sec 003	
Apr 20	May 31	41	1	41	41	10	410	52807	5717				003 causal 0019 absent 23 Apr 0023	
Jan 20	Jan 20	20	1	20	20	10	200	57317	5757				4870ndpm 25 ab 10-24/18 trans Hosp sec 0065	
Jan 21	Jan 25							60004						

*adjusted July*  
*2 Dec*







Name

*Pte. C. Abell*

M. F. W. 41  
100M-1-18  
1772-30-339

Regimental No. *10736*

Name and address of next-of-kin

Unit *#2 DP*

Date of enlistment

Place of

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$ *Nil*

Reason for discharge

To whom payable

Character on discharge

*over 10% Salween aid*

*HR*

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					
<i>Apr 21</i>	<i>May 31</i>	<i>41</i>	<i>1</i>	<i>41 -</i>	<i>41</i>	<i>10</i>	<i>410</i>	<i>52807</i>						<i>absent Apr 23<sup>rd</sup> to 23. Bas. b.</i>
								<i>57317</i>	<i>76967</i>	<i>57317</i>		<i>57317</i>		
<i>June 1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30 -</i>	<i>30</i>	<i>10</i>	<i>3 -</i>							<i>Base.</i>
								<i>33 -</i>	<i>82769</i>	<i>33 -</i>		<i>33 -</i>		<i>J.P.L.</i>
<i>July 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31 -</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>60004</i>				<i>59517</i>		<i>600<sup>04</sup> carried fwd from Bas. b. pay sheets. 595<sup>17</sup> charged to adjust.</i>
								<i>63414</i>	<i>3203</i>	<i>2817</i>		<i>1080</i>		<i>Hoop. stoppages.</i>
												<i>63414</i>		<i>J.P.L.</i>
<i>Aug 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31 -</i>	<i>31</i>	<i>10</i>	<i>310</i>							<i>U.D. July 25 - Aug 1</i>
								<i>3410</i>	<i>6229</i>	<i>10 -</i>		<i>480</i>		<i>U.D. Aug 1-16</i>
									<i>6230</i>	<i>970</i>		<i>960</i>		<i>J.P.L.</i>
												<i>3410</i>		<i>Case 27-8-18 DO 138.</i>















\*Name *Abell C.* ..... Rank *Pte.* ..... Regtl. *20736* .....

Original unit *CAMC* Present unit *#2 D.D.* ..... M. or SS Age *45* .. Religion *C/E* .. Ref. H.Q. ....

Port, ship, and date of arrival.....

Next of kin *(Mrs. Anna Dawson) 43 Dorset St. Leicester, Eng.* .....

Address on leave *178 Madina Ave. Toronto Ont.* .....

Address on discharge *472 Dundas St. W. Toronto* .....

Transportation issued  Yes  No Date..... Character on discharge *Fair* .....

Previous occupation *Shoe Finisher* ..... Date and place of enlistment *Valcartier 23/9/14* .....

Diagnosis *Debility* ..... Date of Medical Boards *9-1-18* ..... *20/11/18* .....

Date.	Remarks.	Pt. 2 Order No.
<i>18-4-18</i>	<i>T.O.S. &amp; posted to Cas.Co. from #2 Cas.Unit. CC.DO.#1 HQ.DO.#1</i>	
<i>20-6-18</i>	<i>Trans. to Hosp.Sect.(Base) from Cas.Co. CC.DO.#65</i>	
<i>22-6-18</i>	<i>Docs. to Hospital Representative (Base.)</i>	
<i>25-6-18</i>	<i>Cas. to H.S.(T.G.H.) as from 20-6-18</i>	<i>69</i>

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



Date.	Remarks.	Pt. 2 Order No.
27-6-18	T.G.H. to Base as from 21-6-18	71
3-7-18	T.G.H. to Base as from 24-6-18	77
2-8-18	Base to Camp Borden as from 31-7-18	107
<i>20/8/18</i>	<i>Camp Borden to Base Out Pat 17-8-18</i>	<i>125</i>
	<i>Cas to Base 20-8-18</i>	<i>127</i>
27-8-18	Posted to Cas.	133
<i>AWL 18-8-18</i>	<i>AWL cancelled 10-9-18. (Out patient Base.)</i>	
27-8-18	Trans. from Cas. Co. to Hosp. Sect. (Base)	161
22-4-18	AWL.	13
2-5-18	Cancellation of D.O. 13	15
30-10-18	AWL from 9 a.m. 23-4-18 to 9 a.m. 20-6-18. For. 59 days P&A by R.W. and awarded 15 days detention (in detention awaiting trial 27 days) Total forfeiture 101 days P&A.	

(Anth. G.O.C. M.D. #2 of 17-10-18)

D.D. #197 ✓

M.F.W. 192.  
60M-3-18 (D.P.) 353.  
1772-39-1243.

#197 amended to read Total forfeiture 74 days P&A

#213  
216

13-11-18. Posted to Cas. Co.



EPITOME OF HOSPITAL TREATMENT.

Adm.

Hospital

1.

2.

3.

4.

5.

6.

7.



Surname *Abell.* Christian Name or Names *L.* Reg. No. *10736.*

Rank *Pte.* Unit *4. Ballin.* Co. *3<sup>rd</sup>* Troop *Res.* Batty.

Hospital *1. Can: Field amb.* Date of Admission *15. 6. 15*

Transferred *3. 6. 7. amb.* Hosp. *17. 7. 15.*

*2. Can Gen. Le Troport* Hosp. *20. 7. 15.*

*Etching hill* Hosp. *29. 6. 14.*

Hosp.

Diagnosis *Dysentery*

Later Diagnosis (if changed)

(2) *Malaria?*

(3) *Dental debility.*

Additional Diagnoses, if more than one state present

*V. D. S. H. ~~11~~*

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

DISPOSITION *Dis. to Class "B", Havre.* Date *29. 7. 15.*

*To 3 Gen. Base depot* *(taken on strength.)* *15. 8. 15.*

REMARKS

*Dis. 13. 4. 14.*

C.L. 1. 7. 15. 496

*26. 7. 15. 116.*

*27. 7. 15. 117.*

*" 5. 8. 15. 125.*

*21. 8. 15. 139.*

*6. 7. 14. 101.*

*21. 7. 17. 20111*

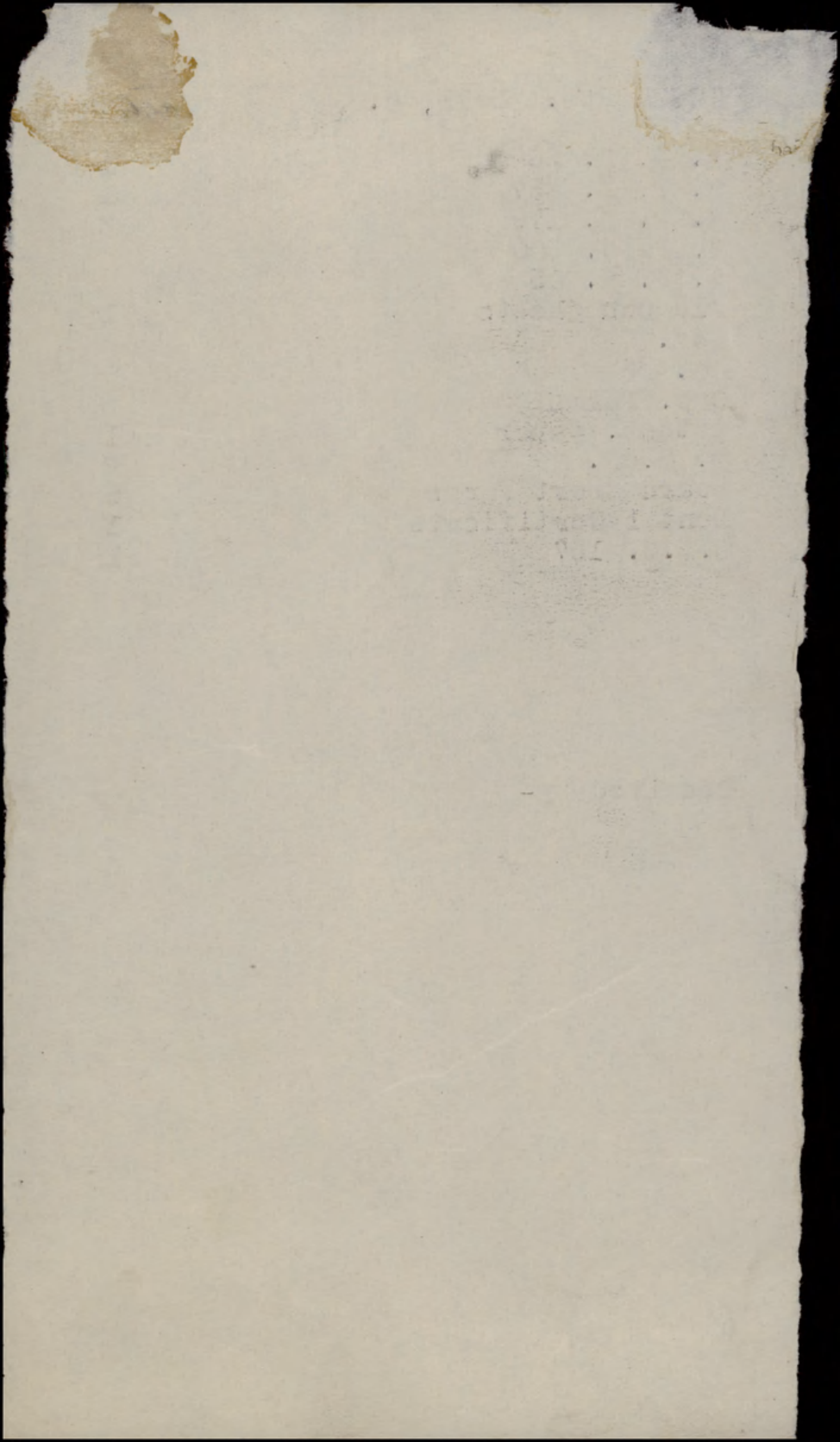


10736 Pte. Abell, C.

A. F. B. 268	1
M. P. B. 227	1
A. F. B. 179	2
B. P. C. 800	
A. F. A. 45	
Fld Con Sheets	1
Reg. " "	
Co. " "	
Cas. Forms	2
Attest. Paper	1
M. H. S.	2
Board Short Forms	5
Dental Certificate	1
B.P.C. 167	1

Received By--







O. C. # 28. D  
of amount, but

~~To be retained by patient.~~

# 10736

Name McNeill, Chas

Dates:

5<sup>th</sup> - 19<sup>th</sup> August

6<sup>th</sup> - 3<sup>rd</sup> Sept

7<sup>th</sup> - 10<sup>th</sup> Sept

The marginally named man is now free from infection. To complete cure he will report to the Base Hospital for further treatment on the marginally mentioned dates and on the Tuesday and Thursday following the last date for a Blood Test. To efficiently and safely give remaining 606 treatment, the patient should have 24 hours light duty after each injection; if reaction is severe, 48 hours. He must also report on these specific dates. If several days after his Blood Test he is not recalled by us, his Wasserman can be marked negative.

*W. J. Johnston*  
Captain for  
O. C. Special Hospital  
Camp Borden.

✓







Name *Abell C.* Rank *Pte* Reg. No. *10736*  
 Unit *4 Batt* *3 Res* *3rd Res Bn.* *3rd Res*  
 Next of Kin *Mrs Ann Dawson, 43 Dorset St, Leicester.* *A to H*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>15-6-15</i>	<i>#1 Can</i>	<i>Field Amb.</i>	<i>Diarrhoea</i>	<i>96</i>		
<i>17-7</i>	<i>#3 " "</i>	<i>" "</i>	<i>Dental &amp; Debility</i>	<i>116</i>		
<i>20-7</i>	<i>2 Can. G.H. - Le Troport</i>		<i>Malaria?</i>	<i>117</i>		
<i>29-7</i>	<i>-do- To Class 'B' Havre</i>		<i>-do-</i>	<i>125</i>		
<i>15-8</i>	<i>3. G.B.D. - Taken on Strength</i>		<i>-do-</i>	<i>139</i>		
<i>29-6-17.</i>	<i>Etchinghill.</i>	<i>NY.D.Q.</i>		<i>101.</i>		<i>(3rd Res Bn)</i>
<i>13.7</i>	<i>Discharged</i>	<i>V.D.S.</i>		<i>111</i>		



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







HOSPITALS

DATE

DIAGNOSIS

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











H. Q. FILE No. 649-

NAME *Gibell, C.*

REGT'L. NO. *10736.*

RANK AND CORPS *Pte.*

*4th Batt.*

NO. <i>17.</i>
FOLL.

CABLE  
No. DATE

NATURE OF CASUALTY



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 96	No. 1 Can. Field Ambulance	15-6-15	Diarrhoea
✓ 116	No 3 Can. Field Ambulance.	14/7/15.	Dental + Debility
✓ 117.	No 2 Can. Gen. Le. Transport.	20/7/15.	Malaria?
✓ 125.	No 2 Can Gen, Le Transport, Dis to Class 'B' Home.	29/7/15	Malaria?
✓ 139	No 3 Base depot taken on strength	15/8/15.	Malaria.
101.	Law. Etchinghill Lyminge - Kent.	29-6-17	W. J. W.
111	Kisch.	13-7-17	W. J. W. (3rd Can. Do. Am)



Surname *Abell* H. Q. ....  
Christian names *Charles* M. D. No. *5* .....  
Regtl. No. .... Rank *Pvt.* T. O. S. .... 19  
Unit *7th* Bn. S. O. S. .... 19  
Reason .....  
Auth. ....

Next of kin *Dawson, Mrs. Ann* Relationship *Not Stated*  
Address *43, Dorset St.,*  
*Leicester, Eng.* Also notify: .....

BORN—Place *England, Leicester* Date *Sept. 16th, 1882*  
ATTESTED—Place *Palcartier, P. O.* Date *Sept. 22nd, 1914*  
O/S ..... R/C .....



Complexion Fair Eyes Brown Hair Brown



Surname *Abell* ..... H. Q. ....  
Christian names *Charles* ..... M. D. No. *# 2* .....  
Regtl. No. *10736* ..... Rank *P. Lt.* ..... T. O. S. .... 19.....  
Unit *4th Bn. 2nd Div.* ..... S. O. S. *Dis 29-11-1918* .....  
Reason *med. unfit* .....  
Auth. *W.O. 223 of 26-11-18* .....

Next of kin ..... Relationship .....  
Address *Toronto Ont.* ..... Also notify: .....  
.....  
.....  
*papers sent for.*

BORN—Place ..... Date .....  
ATTESTED—Place ..... Date .....  
O/S ..... R/C *R/C 16.3.18. 54/3* .....







No 10736

RANK Pte

NAME Abell. C.

T. O. S.

UNIT 35th Regt. Simcoe Foresters  
Mobilization

M. D. 9

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

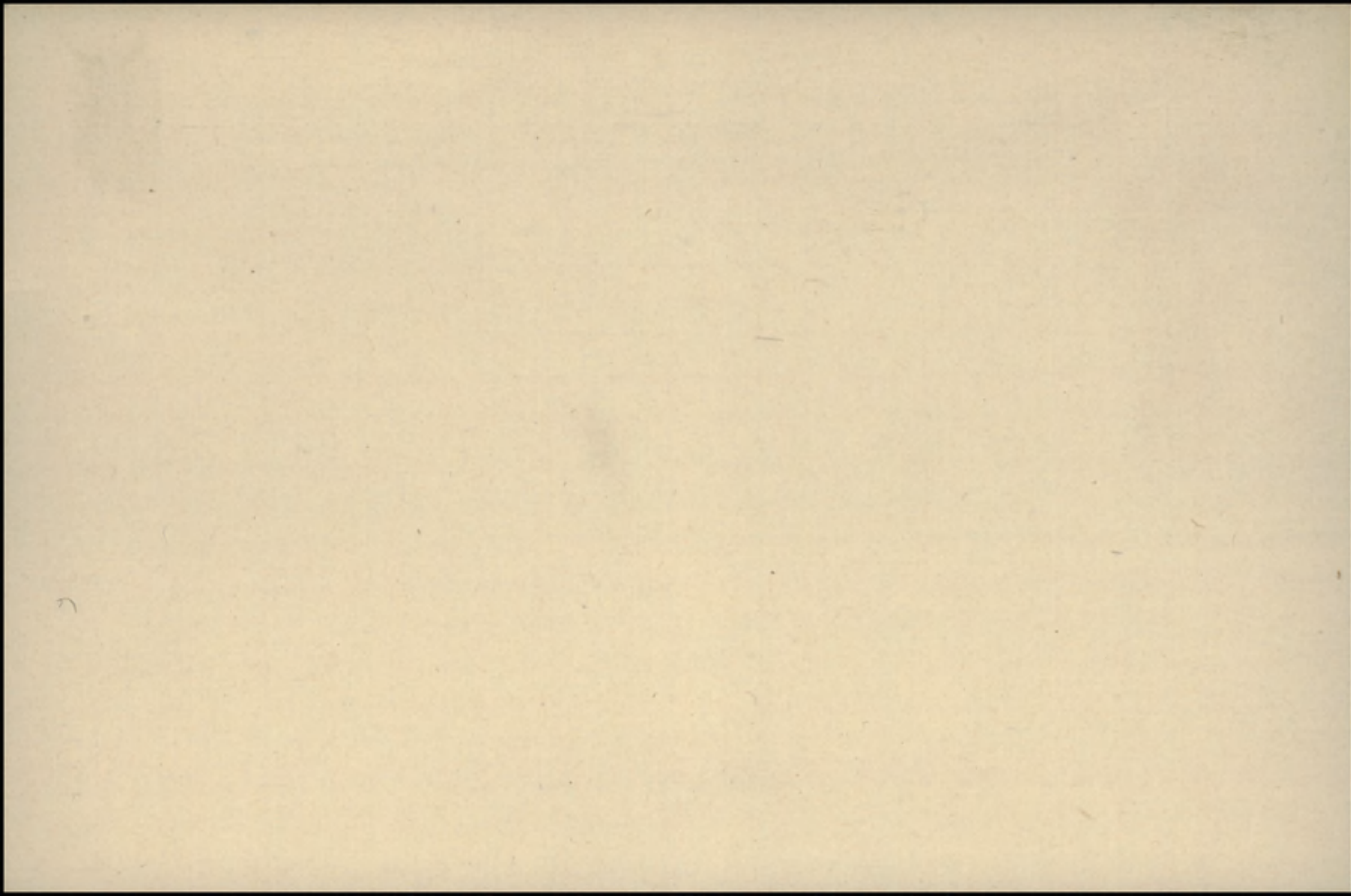
AUTHORITY

PAID FROM	PAID TO	SIG. OR REC'T
1914 Aug 12	1914 Aug 21	✓
Aug 22	Sept 21	✓
Sept 22	Oct. 31	✓

*On 4th Bn. pay list.*

UNIT SAILED  
OCT 3 1914







DIVISIONAL LABORATORY M.D. #12

Rank Pte. Name ~~X~~. ABell, C No. Corps

Ward Ravina Date April 6th.

Rec'd from N.S. Capt. ....

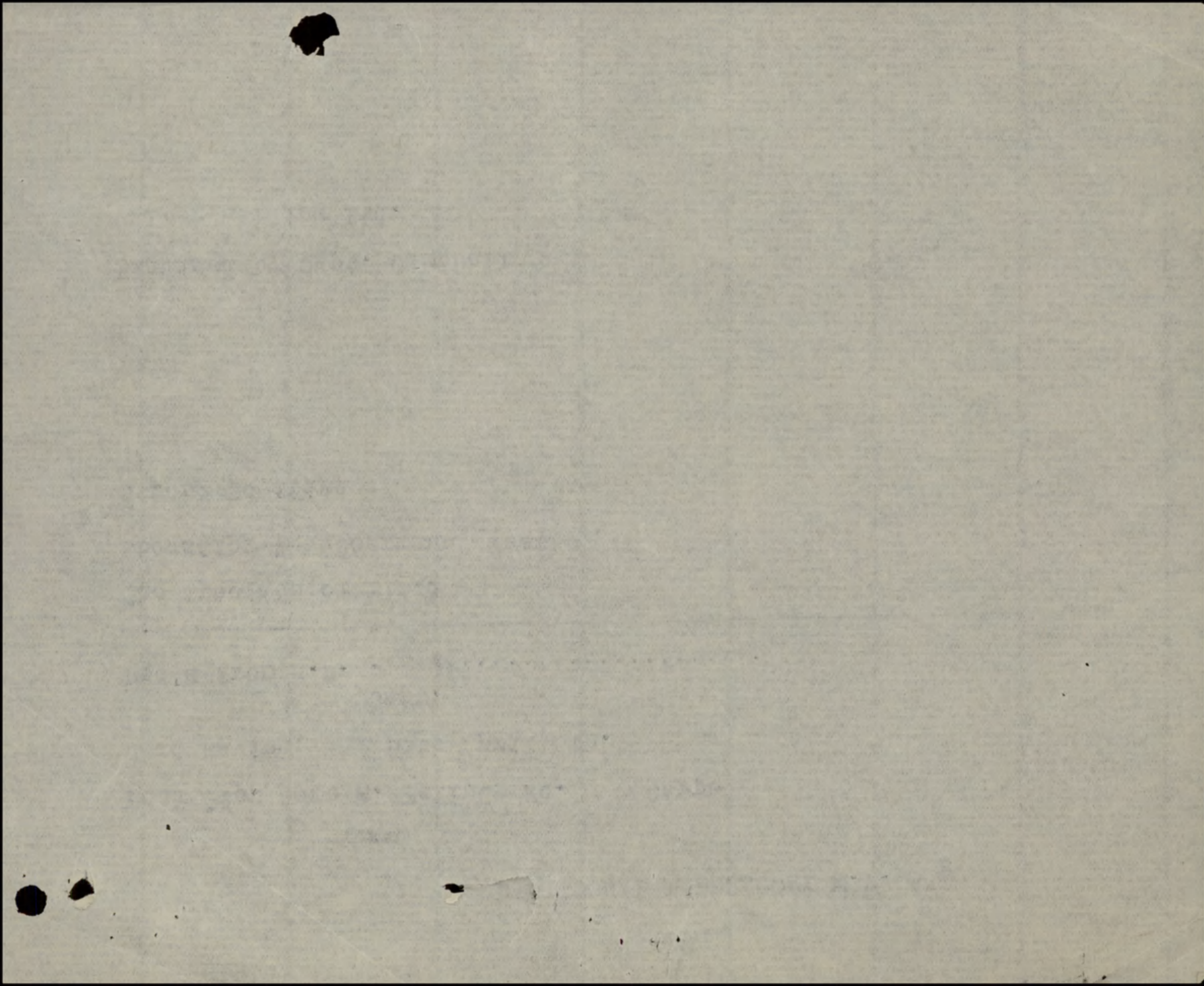
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The Specimen of Blood  
Shows for " Wassermann" Test  
Strong Positive

Examined by Capt. Campbell  
Walter Harding Ltd.

3







10726

### DENTAL CERTIFICATE.

*Plabel*

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

*same*

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>25. 2. 18</i>	<i>Fit</i>			<i>of J. H. Quinn Capable</i>



DEVIANT BEHAVIOR

The following conditions are  
attached to the Medical History Report of all  
Older Adults being referred to Canada for treatment.

Name of Patient	Date of Birth	In Case of Loss of Teeth or Fracture of Jaw due to Accidents, Injury or Disease directly attributed to Active Services	Present Dental Examination	Date of Examination











Name

*Stu. C. Abell*

M. F. W. 41  
100M-1-18.  
1772-33-339.

Regimental No. *10736*

Name and address of next-of-kin

Unit

Date of enlistment

Place of

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$ *Nil*

Reason for discharge

To whom payable

Character on discharge

*(2)*

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					
<i>Sept.</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>300</i>			<i>8006</i>	<i>3300</i>					
								<i>3300</i>						<i>3300</i>		
<i>Oct.</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>			<i>9810</i>	<i>3410</i>					<i>Cas. Co to Hood Sec. 17-8-18 8016</i>
								<i>3410</i>						<i>3410</i>		<i>O.P.</i>
<del><i>Nov.</i></del>	<del><i>30</i></del>	<del><i>30</i></del>	<del><i>1</i></del>	<del><i>30</i></del>	<del><i>30</i></del>	<del><i>10</i></del>	<del><i>300</i></del>	<del><i>33</i></del>	<del><i>71267</i></del>	<del><i>11047</i></del>	<del><i>25</i></del>	<del><i>11110</i></del>	<del><i>71267</i></del>	<del><i>33<sup>xv</sup></i></del>	<del><i>8006</i></del>	<i>Deposited Mr. JW 6 Nov. 101 dys forf. DO 197 71267 Forf. DO 197 amended DO 213 to 74 dys - 29<sup>20</sup> credited 74657 Forf. 35 dys DO-215 26 Cas. Co. 13-11-18 DO 216 Disch. 29-11-18 Sub 249</i>
<del><i>Nov.</i></del>	<del><i>29</i></del>	<del><i>29</i></del>	<del><i>1</i></del>	<del><i>29</i></del>	<del><i>29</i></del>	<del><i>10</i></del>	<del><i>290</i></del>	<del><i>970</i></del>	<del><i>74657</i></del>	<del><i>53827</i></del>	<del><i>3830</i></del>	<del><i>17440</i></del>	<del><i>9<sup>70</sup></i></del>	<del><i>6230</i></del>		
								<i>57317</i>		<i>57217</i>	<i>53827</i>	<i>573<sup>17</sup></i>	<i>76987</i>			
								<i>3410</i>			<i>74657</i>	<i>34<sup>10</sup></i>	<i>9810</i>			
								<i>2970</i>								
								<i>35</i>	<del><i>71267</i></del>							
									<i>74657</i>							

*Carried Forward*







SECOND CARD

Name ABELL C. Rank Pte. Regtl. No. 10756

Fyle Depot.....

Original unit ..... Present unit 52 D.D. M. or S. S Age 45 Religion C.P.E Ref. H.Q.....

Port, ship and date of arrival.....

Next of kin (Mrs. Anna Dawson) 43 Dorset St. Leecester, Eng.

Address on leave 472 Dundas St. W. Toronto

Address on discharge Same

Transportation issued  Yes  No Date..... Character on discharge Fair

Previous occupation Shoe Finisher Date and place of enlistment Valcartier 23/9/14

Diagnosis Debility Date of Medical Boards 30/11/18

Date.	Remarks.	Pt. 2 Order No.
	<p>AWL, from 9 A.M. 23-4-18 till 9 A.M. 20-6-18 Forfeits 59 days P&amp;A.                      by R.W. &amp; awarded 15 days Detention (In Detention awaiting trial 27 days) Total Forfeiture 101 days P&amp;A. (Auth. G.O.C M. D. 2 of 17-10-18)</p>	<p>197</p>

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

over

(over)



Date

Remarks

Pt. 2 C. No.

DO. 197	Page 5 re punishment is amended to read "was in Detention 27 days awaiting trial	209
DO. 209	re amendment is now cancelled	213
DO. 197	Page 5 re punishment is amended to read "AWL" from 9 A.M. 23- 4-18 till 9 A.M. 20-6-18 Forfeits 59 days P&A. by R.W. & awarded 15 days Detention. Totla forfeiture 74 days P&A. (Auth. G.O.C. M.D. 2 of 17-10-18)	213
AWL.	from 9 A.M. 29-8-18 till 9 A.M. 2-10-18 forfeits 35 days P&A. by R.W. & admonished (Auth. Lr G.O.C. M.D. 2 34-AB-44 of 15-10-18)	215
29-11-18	S.O.S. DISCHARGED "HAVING BEEN FOUND MED. UNFIT FOR SERVICE" (91 days P&A. & clo' all'ce)	223







5. If a cause of disability was an injury received on Active Service, was it received—

*Not applicable.*

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

*In France 10 months. Reported sick Oct 1915 he states with malaria. Served 12 years with Imperials 6 of which were spent in India where he had 2 attacks of malaria in 1903 + 1905. M. H. S. shows entry of Recurrent Syphilis, 15 days in Can. Hosp. Etchinghill in June 1917. Boarded BIII 21. 11. 17. St Martin's Plain Stonecliffe.*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*Looks fully his age. Says he feels weak. Poor physique. Has not done a good days work since Nov. 1917. Considerable tremor on examination.*

8. OPERATION. (i.) Was one performed?

*No.*

(ii.) If so, state what.

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service?

*Yes.*

(ii.) If so, describe.

*four upper incisors*

10. DO YOU RECOMMEND:—

(a) Fit for duty?

*No.*

(b) Fit for base duty?

*Yes. BIII unlikely to be raised in category in 6 mos.*

(c) Invalid to Canada?

*No.*

(d) Discharge from the Service as permanently unfit?

*No.*

Date of Report *14. 2.* 191*8.*

Signed *A. Banta Wilkes Capt (944)*

Officer in medical charge of case.

Station *LENHAM, BENT.*

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

*J. M. Hart Major (100)*

{ Officer i/c Hospital } Strike out one  
{ S.M.O. — Brigade } of these.

Dated at *Field 15* Station, on *15* 191*8.*

\* Delete if inapplicable.



NAME ABELL, Charles

Regimental No. 10736

Unit 4th Battalion

Date of enlistment Sept. 22, 1914

Place of birth: Leicester, Eng.

Married (yes or no) NO

Amount of pay assigned monthly \$

To whom payable

Name and address of next-of-kin

Mrs. Ann Dawson

43 Dorset St., Leicester

Date and place discharged

Reason for discharge

Character on discharge

DEC 16 1914

Date	Date		No. of Days	PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	From	To		Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1914																	
22.9	31-10	40	100	40	40	10	4					40					
1.11	30-11	30	1.30	30	30	10	3	14	37			25					13 days advanced
1.12	31-12	31	1.21	31	31	10	3	10	43			20					
1-31	31-1	31	1.31	31	31	10	3	10	53			35					
1.2	28-2	28	1.28	28	28	10	2	80	405	3485							
1-3	31-3	31	1.31	31	31	10	3	10	3485	6895							
1.4	30-4	30	1.30	30	30	10	3	10	5495	8795							
1.5	31-5	31	1.31	31	31	10	3	10	8495	11905							
1.6	30-6	30	1.30	30	30	10	3	10	11605	14905							
1.7	31-7	31	1.31	31	31	10	3	10	14405	17815							
adjustment of exchange 4.04																	
1-8	31-8	31	1.31	31	31	10	3	10	17619	21029							
1-9	30-9	30	1.30	30	30	10	3	10	20542	23842							
1-10	15-10	15	1.15	15	15	10	1	10	21066	22716							
16.10	31.10	16	1.16	16	16	10	1	10	16063	418101							
1.11	28.11	28	1.28	28	28	10	2	80	7752	10832	2314						
1.12	28.12	28	1.28	28	28	10	2	80	880	880							
1.13	28.13	28	1.28	28	28	10	2	80	10736	13486							
1.14	28.14	28	1.28	28	28	10	2	80	1144	50784							
1.15	28.15	28	1.28	28	28	10	2	80	1660	50784							
1.16	28.16	28	1.28	28	28	10	2	80	250	50784							
1.17	28.17	28	1.28	28	28	10	2	80	344	50784							
1.18	28.18	28	1.28	28	28	10	2	80	438	50784							
1.19	28.19	28	1.28	28	28	10	2	80	532	50784							
1.20	28.20	28	1.28	28	28	10	2	80	626	50784							
1.21	28.21	28	1.28	28	28	10	2	80	720	50784							
1.22	28.22	28	1.28	28	28	10	2	80	814	50784							
1.23	28.23	28	1.28	28	28	10	2	80	908	50784							
1.24	28.24	28	1.28	28	28	10	2	80	1002	50784							
1.25	28.25	28	1.28	28	28	10	2	80	1096	50784							
1.26	28.26	28	1.28	28	28	10	2	80	1190	50784							
1.27	28.27	28	1.28	28	28	10	2	80	1284	50784							
1.28	28.28	28	1.28	28	28	10	2	80	1378	50784							
1.29	28.29	28	1.28	28	28	10	2	80	1472	50784							
1.30	28.30	28	1.28	28	28	10	2	80	1566	50784							
1.31	28.31	28	1.28	28	28	10	2	80	1660	50784							

29/11 & 12/12 = 8 days absent w/o leave  
 13 days on 12/12/14  
 56 days O.I. on 12/12/14  
 20/12/14



Date		No. of Days	PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1/1/16	31/1/16	31	1	31	31	10	310	404	507.84			352.08		84.29	436.37	
1/2/16	29/2/16	29	1	29	29	10	290	105.54	137.47	991		24.34			24.34	
1/3	31/3	31		31	31		310	113.13	147.23	1081 1075 1040		7.30 9.74 14.60			31.64	
							115.59									

W.A. Balance Trans. to new ledger sheet  
 check to 29/2/16

BALANCE TRANSFERRED TO NEW LEDGER.

							549									
							5490									
								404	607.94			408.06			93.09	501.15
							115.59									
							557									
							549									
							5550	404	616.74			408.06			93.09	501.15
							<del>5490</del>	<del>404</del>	<del>607.94</del>			<del>408.06</del>			<del>84.29</del>	<del>492.25</del>















**SYPHILIS CASE-SHEET.**

Regtl. No. *10736* Rank and Name *Abell Pte C* Corps *C.A.M.C.*

Placed on Syphilis Register at *CANADIAN HOSPITAL,* on *28-6-17* No. in Register

Disease contracted at *Folkestone* Primary sore appeared on (date) *1907*

**CONDITION WHEN PLACED ON REGISTER.**

Primary sore—character and site *Small erosive lesions on dorsum profuse oedema.*

Lymphatic glands *All glands palpable*

Skin (nature and distribution of rash) *Macular rash chest abdomen, back and arms*

Mucous membranes *Pale, mucous like patch on either tonsil*

Other symptoms *Impetiginous lesions on glans. Indurated scar old chancre*

Examination of exudate from sore—Spirochaeta Pallida (present or absent)

Examination of blood serum—Method employed (original or modification)

Wassermann reaction { Result (positive or negative) *+++*

*CANADIAN HOSPITAL,*

Station *ETCHINGHILL, LYMINGE.*

Date *28-6-17*

Signature of M.O.

*B.P. Phizant*  
*Capt R.A.M.C.*

Struck off Syphilis Register at \_\_\_\_\_ on \_\_\_\_\_

Cause of being struck off Register { (a) Recovered  
(b) Transferred to Army Reserve  
(c) Discharged from Army }

Station \_\_\_\_\_ Date \_\_\_\_\_ Signature of M.O. \_\_\_\_\_

Signature of M.O.  
(Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)

Urine	Albumen (Alb.)	Normal (N.)
	Method (Original (O.) Modification (M.))	Result { Positive (+) Negative (-)
Wassermann Reaction	Intravenous Injection. Dose in Grammes	Salvarsan
	Intramuscular Injection. Dose of Metallic Mercury in grains	Neo-Salvarsan
Mercurial	Inunctions or Oral	(Preparation and dose)
	Other Methods	

Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)

Date

Station



N.B.—On completion of a course of treatment a red line to be drawn across the page, and the date when the next blood test is due to be entered in red ink below the line, e.g., "Blood test due 15.5.14."  
 The date and result of the blood test to be entered; and if negative, the date on which the next blood test is due to be also entered.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight clothed, without boots—lbs.	Urine		Wasser- mann Reaction			Treatment			Signature of M.O.  (Each M.O. will sign his name in full on the first occasion; subsequent entries may be initialled)
				Normal (N.) Albumen (Alb.)	Method (Original (O.) Modification (M.) Result (Positive (+) Negative (-))	Arsenical		Mercurial		Other Methods		
						Intravenous Injection. Dose in grammes	Neo-Salvarsan	Intramuscular injection. Dose of Metallic Mercury in grains.	Inunctions or Oral (Preparation and dose)			
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE	28-6-17	Admitted to Hospital										
		Full course Treatment (W.S.O.)										
	29-6-17			N		.3						
	30-6-17			N				1/1				
	6-7-17			N		.25		1/1				
	12-7-17			N		.25		1/1				
	20-7-17			N		.25		1/1				
	27-7-17			N		.25		1/1				
	3-8-17			N		.25		1/1				
	10-8-17			N		.25		1/1				
	16-8-17	Wassermann Negative				0-						

B.R. August  
 B.R.  
 B.R.







Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Special Hoops Borden	1	8	18	17	8	18	Syphilis	16	Improved. To report to Basell of & complete treatment for U.D. as O.P.	R. J. Johnston Capt.



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 depot 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, dispatch, 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. 204).
- (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.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

116 Sherbourne St  
Proceedings on Discharge Toronto.

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

No. <u>10736</u>		Army Rank <u>Pte</u>
Name <u>Abell Charles</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>4th Battalion</u>		
Battalion, Battery, Company, Depot, &c. <u>Br. A. M. Co.</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge _____		
Place of discharge _____		
1. Description at the time of discharge.		
Age <u>44</u> years <u>11</u> months	Descriptive marks.	
Height _____ feet _____ inches	Tatto Marks on <u>Back</u> <u>wrists and Arms</u>	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion _____		
Eyes _____		
Hair _____	Trade <u>Shoemaker</u>	
Trade _____		
Intended place of residence <u>Toronto</u> (To be given as fully as practicable) <u>Ontario</u>	2/	
<small>(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.)</small>		
2. The above-named man is discharged in consequence of _____		
<small>(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.)</small>		
3. Military character:—		
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.		
Initials of Commanding Officer.		
Army Form B. 2088 has been issued to*		

To be filled in on the soldier quitting the Colours.

\* Strike out if not applicable.



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).

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

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

6. Campaigns, Medals and Decorations

South Africa 11 Months 1901  
France 22 Months 1915 + 1916

Certificate of education .....

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

(Place) .....

(Date) ..... Commanding ..... 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) ..... (Signature of Soldier.)

(Date) ..... (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) ..... Signature .....

(Date) .....

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.)

\_\_\_\_\_