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REGIMENTAL DOCUMENTS

NAME ACHESON. Robert REGT. NO. 3310001 UNIT 1st Dep Batt. R. COR. H. Q. FILE NO. 663

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	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)		C H			DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/	TRAINING HISTORY SHEET (M.F.W. 113)					
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/	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobilization
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2	Cards					

W. 2589
100M-11-19
1772-39-1377

ORIGINAL

No-2 M. D. 2nd Depot Battalion 2nd C.O.R. Regiment

Regtl. No. 3310001.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One..)

1. Surname: A C H E S O N
2. Christian name: Robert
3. Present address: Asylum for Insane Hamilton Ont., Canada
4. Military Service Act letter and number: Brantford Ont., Jan 5th 1918, 503428
5. Date of birth: Mar. 16th, 1892
6. Place of birth (town, township or county and country): Ireland
7. Married, widower or single: Single
8. Religion: Co of E.
9. Trade or calling: Coachman
10. Name of next-of-kin: John Acheson
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Gurtwen Garrison, Fermanagh Ireland
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: No
15. Medical Examination under Military Service Act:—

(a) Place Hamilton Ont., (b) Date Oct. 22nd 1917 (c) Category A-2

DECLARATION OF RECRUIT

I, Robert Acheson, do solemnly declare that the above particulars refer to me, and are true.

Robert Acheson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs. 6 mths.

Height 5 ft. 6 ins.

Chest measurement: fully expanded 36¼ ins.; range of expansion 34 ins.

Complexion Fair

Eyes Brown

Hair Dark

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

brown spots front of chest

J. G. Dawson Major

O. C. 2nd Depot Btln.

2nd Central Ontario Regt.

Place Brantford Ont., Date Jan 5th 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3310001 (Rank) Corporal

Name (in full) ACHESON, Robert enlisted in

the 2nd Depot Bn. 2nd C.O.R.

CANADIAN EXPEDITIONARY FORCE at Brantford, Ont. on the 5th

day of January 1916.

HE served in 2nd Depot Bn. 2nd C.O.R. & 1st Depot Bn. 2nd C.O.R. in Canada.

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

Authority - Routine Order # 1328-Section 7, C.

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

Age 27 yrs. 9 months.

Height 5 ' 6 "

Complexion Fair

Eyes Brown

Hair Dark

Marks or Scars

Brown spots front of chest.

R Acheson
Signature of Soldier

C. W. MacKinzie
Issuing Officer

Major.
Rank

For O.C. 1st Depot Bn. 2nd C.O.R.
Appointment

Date of Discharge December 20th, 1918.

Signed at Hamilton, Ont. this 20th day of December 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.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

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.

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

M. F. W. 54. (A. F. B. 103:
500 M.—9.16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Depot Bn 2nd C.O.R.

Regimental No. 3310001 Rank Pte. C. E. F. Name Acheson, Robert

Enlisted (a) 5.I.18 Terms of Service (a) WAR & 6MOS Service reckons from (a) 5.I.18

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) Coachman

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
27-6-18	DO 177	Promoted to Lance Corporal	Niagara Camp Ont	26-6-18	[signature] Lt. & Adjt. 2nd Bn. 2nd C. O. R.
6-7-18	DO 187	Promoted to Corporal	Niagara Camp Ont	1-7-18	[signature]
28-9-18	D.O.271	S.O.S. 2nd D.B. 2nd COR on trans to 1st D.B. 2nd C.O.R.	Niagara Camp	30-9-18	[signature] CAPT. & ADJT. 2nd. Depot Bn. 2nd. C. O. R.
18-12-18	D.O.352	DISCHARGED	Hamilton, Ont.	20-12-18	[signature] Major. FOR O.C. 1st/2nd C.O.R.

(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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 38

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3310001 Rank Cpl Name Acheson Robert

Corps 1/2 C.O.R. who was* Discharged

On 20.12.18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.12.18 191.... to 20.12.18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10.	00
Advances by Cheques No.	10.	00	Regt'l. Pay 20 days at $1. 10 c.	22.	00
Advances by Cheques No.			Field Allow. 20 days at $. 10 c.	2.	00
Assigned Pay and Sep'n Allce. No. Lay.			Separation Allowances* (Monthly)		
Other charges	.25		Other Allowances* Clothing	35.	00
Payment on transfer or discharge No.	58.	75	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	69.	00	Total	69.	00

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned Pay for the month of .....191... and Sep'n Allce. for month of .....191... (to) Assignee .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $.....has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 5.1.18

(2) if married and if a Separation Allowance Card has been submitted No No

(3) cause of discharge Demobilization authority D.O. 352 A.O 1328-7-9

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 20.12.18

Place Hamilton, Ont.

Capt.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 123 and 141, Financial Instructions, 1916, C.E.F., 1916).

Regimental No. ..... Rank ..... Name .....

Corps .....

On ..... 191..., to ..... who was* .....

*Insert "discharged" or "transferred."

191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Chaplain No.			Regtl. Pay ..... days at $		
Advances by Chaplain No.			Field Allow. ..... days at $		
Assigned Pay and Sep'n Allow. No.			Separation Allowance* (Monthly)		
Other charges			Other Allowance*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be debited by new unit)		
Total			Total		

*Give particulars.

A monthly stoppage of $ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191...

and Sep'n Allow. for month of ..... 191...

(Above) ..... (Total Assigned .....

.....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Our Allowance of $ ..... has been paid by Paymaster Military District No. .....

REMARKS:—

State (1) date of enlistment .....

(2) Identified and if a Soldiers Pay Book or Service Form has been submitted .....

(3) cause of discharge ..... authority .....

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date .....

Place .....

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers, duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 14.

H.Q. 1172-28-001
(Mar.0-1a, L.F. 57).

ORIGINAL

M.S.A. 15.

MSA 3830

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

M.S.A. No. 2

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Acheson Christian name Robert 503428

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 810224

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Asylum for Insane, Hamilton, Ontario.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of October 1917, by the undersigned medical board sitting at HAMILTON, Ontario.

5. Age as stated 25 Years Months. 6. Apparent age Years Months

7. Height 5 Feet 6 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 36½ Ins. } 10. Complexion Fair { Eyes Brown / Hair Dark }

11. Physical development { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm three } 14. When vaccinated last Infancy

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Brown spots over front of chest. Visual Acuity Rt. D-30. Lt. D-60. Hearing normal

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A-2

Signature of Man Robert Acheson

[illegible] President.

[illegible] Member. [illegible] Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
12/2/18	IAC	M.O.	25/1/18	IAC	M.O.
		M.O.	1/2/18	IAC	M.O.
		M.O.	7/2/18	IAC	M.O.

DUPLICATE MEDICAL BOARD

Joined 5th day of January 1918 at Brantford

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to 2 DEPOT BN.	2nd. C. O. R.	3310001		5-1-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Niagara Camp	Sept 27.18	Mitral Lesion.	C1 Vacuum Capt. Pres. S.M.B.

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

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

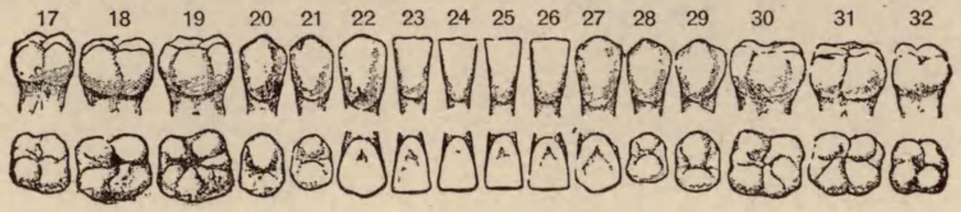
STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal 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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Acheson, Robert DISTRICT

REGIMENT 2nd. DEPOT BN., 2nd. C. O. R. RANK Corp. No. 3310001



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Dr Edson																							
Dr Hamilton																							
13/12/18																							

M.F.B. 465.
200M.—6-18.
1772-39-950.

M.S.A.

SURNAME. Acheson

CARD NO. ✓ #2

CHRISTIAN NAMES Robert

S.O.S. Dis. 20-12-18 Demob

FOLL.

REGL. No. 3310001 RANK Pte.

DO 352 of 18-12-18 Cand 6 BR

UNIT 2nd Cen. Ont. Regt. 2nd Dpo. Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Acheson, John

RELATIONSHIP TO SOLDIER Father

ADDRESS Gurteen Garrison, Fermanagh, Ire.

COUNTRY OF BIRTH Ireland DATE Mar. 16th 1892

PLACE OF ATTESTATION Brantford, Ont. DATE Jan. 5th 1918

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

M. F. W. 71—500M.—5 18.
1772—39—961.

Draftee. Cat.C.3. Base Coy.

NAME Acheson, Robert S.#.503428.

REGIMENTAL NO. 3310001. RANK Corporal.

ENLISTED AT Brantford, Ont. PROMOTIONS, &c. AND DATE

DATE Jan. 5, 1918.

IF SERVED PREVIOUSLY, STATE UNIT, &c. 2nd. Depot Bn. 2nd. C.O.R.
1st. Depot Bn. 2nd. C.O.R.

MARRIED, WIDOWER, OR SINGLE Single. Coachman.

NEXT OF KIN RELATIONSHIP

ADDRESS OF Dischargedcas of 20-12-18.D.O.352.Demobilization.

ASSIGNMENT OF PAY: Authority. P.O.#.1328.Sect.7-C.

ADDRESS Asylum for Insane, Hamilton, Ont.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	

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.)
(*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.)

Placed in Category "C3".

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.

President.

PLACE Hamilton Ontario.

DATE December 13th, 1918.

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

Assistant Director of Medical Services.

DATE 17/12/18

APPROVED BY

Director-General of Medical Services.

DATE.....

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 Hamilton Ontario. DATE December 13th, 1918

1. 1 (*a*) Unit 1st Bn. 2nd. COR. (*b*) Regimental No. 503428 (*c*) Rank Corporal

(*d*) Surname ACHESON (*e*) Christian name Robert

(*f*) Home address Tincap P.O. Leeds Co. Ontario.

(*g*) Next of Kin Hugh James Acheson. (*h*) Relationship Brother

(*i*) Address of Next of Kin Tincap P.O., Leeds Co. Ontario.

2. Age last birthday 27 years. Date of birth March 17th, 1891.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Brantford, Ont. (*b*) Date Jany. 5th, 1918

4. Personal description:

(*a*) Height 5' 5½" (*b*) Weight 140 (stripped) (*c*) Complexion medium.

(*d*) Colour of hair brown (*e*) Colour of eyes brown (*f*) Identification marks, Scars, etc. Tattoed maple leaf with inscription "Canada" posterior surface of left forearm.

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
		342

	Periods	
	From	To
Canada	January 5th, 1918.	Dec. 13th, 1918.
England		
France or other theatres of War		

7. Original disease, or injury Lesion of Mitral Valve of Heart.

(*a*) Date of origin Unknown. (*b*) Place of origin Unknown

(*c*) Cause Unknown.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Partial loss of function of Cardio Vascular system.

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 SIGNS. Mitral systolic murmur heard best at apex of heart, and transmitted to axilla. Heart enlarged. Maxinum cardiac impulse of apex beat felt 1" external to nipple line in 5th interspace. No increase of right border of heart to right. Slowest rate of heart at brest is 84 per minute. After walking upstairs 15 steps rate increased to 130 per minute and does not subside to normal. until 10 minutes have passed. Coldness and cyanous of hands. After performing above exercises, rate of respirations reach 28 per minute, subsiding to 18 in 10 minutes.

SUBJECTIVE SYMPTONS. Soldier says he has swelling of feet and legs at night which disappears in the morning.. If he walks a longer distance than one mile he complains of dyspnoea. If he walks farther than one mile he ~~feeix~~ finds it necessary to stop every hundred yards to rest.

(*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 See Sect. 9a. (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*).)

The soldier observed symptons of swelling of feet and legs at age of 10. This always came on at night and disappeared in the morning. This sympton has not grown worse. He observed shortness of breath since age of 10. This sympton has not grown 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*).)

He says he had diptheria in May, 1916, he was not very sick.

Only symptons was a sore throat.

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

None.

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

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

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? Permanent.

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

Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations "C3". Return to light duty.

J. H. Travers Capt C.A.M.C.
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 Robert Acheson 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

Corp R Acheson Rank.
Signature of invalid examined.

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 or Particulars of Recruit	Militia Form W. 23	
	"	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.

This space to be for numbers.

6

Proceedings on Discharge.

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

No. 3310001

Rank Corporal

Surname ACHESON,

Christian name Robert

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

Corps (Squadron, Battery or Company) 1st Depot Bn. 2nd C.O.R.

Date of discharge December 20th, 1918.

Place of discharge Hamilton, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 9 months.

Height 5 feet 6 inches.

Complexion Fair

Eyes Brown

Hair Dark

Trade Farmer

Intended place of residence (To be given as fully as practicable.) Asylum for Insane, Hamilton, Ont.

Descriptive marks

Brown spots front of chest.

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

"Demobilization".

Authority for discharge Routine Order # 1328-7-C.

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.

(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) Hamilton, Ont. R Acheson *(Signature of Soldier.)*

(Date) December 20th, 1918. R J Gallagher 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.

R Acheson *(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) Hamilton, Ont.

(Date) December 20th, 1918.

(Signature) C W MacKinzie Major.
For O.C. 1st Depot Bn. 2nd C.O.R.

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.)