REGIMENTAL DOCUMENTS

NAME ACKLES. Percy REGT. NO. 489158 UNIT H. Q. FILE NO. 795

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

30-11-17

ATTESTATION PAPER.

No. 489158.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Ackles.
1a. What are your Christian names?	Percy.
1b. What is your present address?	32 Chebucto Road Halifax
2. In what Town, Township or Parish, and in what Country were you born?	Amherst N. S.
3. What is the name of your next-of kin?	Ackles Lila.
4. What is the address of your next-of-kin?	Alberta Mass.
4a. What is the relationship of your next-of-kin?	Sister.
5. What is the date of your birth?	29th July 1891.
6. What is your Trade or Calling?	Cook.
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	66th P. L. H. 3 yrs.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Percy Ackles (Signature of Recruit)

Date Dec 4th 1915 J. Chisholm (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Percy Ackles, 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.

Percy Ackles (Signature of Recruit)

Date Dec 4th 1915 J. Chisholm (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 Halifax this 4th day of Dec 1915.

J. Chisholm (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Percy Ackles on Enlistment.

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

Height	5 ft. 8 1/2 ins.
Chest measurement. Girth when fully expanded	37 1/2 ins.
Chest measurement. Range of expansion	3 1/2 ins.
Complexion	Medium
Eyes	Blue
Hair	Brown
Religious denominations. Church of England	
Presbyterian	
Methodist	Yes.
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

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

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

W.B. 132 lbs.

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 4th 12. 1915. J. Ross

Place Halifax Lobvolamle
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.

Percy Ackles having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date Dec 4th 1915.

This is to certify that Original A.F.B. 122 is unobtainable.

...13/.7./.....1916.

D D Cameron Lieut. Col
O.C. 17th Reserve Battalion.

Bewley, Folkestone.
10000/23/10/15/3611.

P. C. B. 1.

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. PERCY ACKLES.

Regimental No. 489158 Rank Pte. Unit 66th Battn.

Date of Birth ? 29th July 1891. Place of Birth ? Amherst. N.S.

Occupation or trade previous to enlistment ? Cook.

Date of enlistment ? December 3rd 1915.

Place of enlistment ? Halifax. N.S.

Are you married or single ? Single.

If married how many children have you ? (*Boys*) (*Girls*)

What are their ages ?

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

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

Where and when did your disability originate ? Amherst. N.S.

1907.

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

PENSIONS & CLAIMS BOARD
MAY 22 1916
CANADIAN EXPEDITIONARY FORCE

What is your present condition of health ? Good, except for eyes.

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

Have you any civil employment open to you at present ? Yes.

What is your present address ? C.C.A.C. BATH.

Where do you wish to take your discharge ? Canada.

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

Percy Ackles

Witnessed by G. Mackenzie

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

(3085) W 5004—2308 350m. 6/15 McA. & W. Ltd.

Army Form B. 204.

Application for Discharge of a Recruit as not likely to become an Efficient Soldier.

1. If passed by an examining medical officer, but rejected by an approving officer.
2. If considered unfit for service within three months of enlistment.
3. If a non-European soldier of troops in the Colonies is considered unlikely to become an efficient soldier.

This form will be accompanied by the Recruit's Attestation.

Regiment 66th Bn. (17th Reserve Bn.).

No. 489158 Name Ackles,P

Date of Attestation December 3rd,1915.

Age 24 years, days.

Height 5 feet, 10½ inches.

Weight 137 lbs.

Chest Measurement — Girth when fully expanded 36 inches

Range of expansion 3 inches

Passed at Halifax Recruiting Area or Station.

Medically examined by

Approved by

17 MAY 1916 approved. S.S.Walker Capt. for A.D.M.S. Canadian Training Division, Shorncliffe.

Cause of objection to be fully stated here: Defective vision- inboth eyes less than 6/60. Very high degree of myopia with marked retinal changes- of old standing. Report attached.

Chas Kennedy Capt

Signature of Medical Officer.

Remarks by Officer transmitting the Return.

Station

Date

Signature of Commanding Officer.

(3085) W 5004—2308 350m. 6/15 McA. & W. Ltd.

Army Form B. 204.

Application for Discharge of a Recruit as not likely to become an Efficient Soldier.

1. If passed by an examining medical officer, but rejected by an approving officer.
2. If considered unfit for service within three months of enlistment.
3. If a non-European soldier of troops in the Colonies is considered unlikely to become an efficient soldier.

This form will be accompanied by the Recruit's Attestation.

Regiment 66th Batt. (17th Res: Bn.)

No. 489158. Name Ackles, Percy.

Date of Attestation Dec 3rd 1915.

Age 24 years, — days.

Height 5 feet, 10½ inches.

Weight 137 lbs.

Chest Measurement — Girth when fully expanded 36 inches

Range of expansion 3. inches

17 MAY 1916 approved A.L. Walker Capt. for A.D.M.S. Canadian Training Division, Shorncliffe

Passed at Halifax. Recruiting Area or Station.

Medically examined by ?

Approved by ?

Cause of objection to be fully stated here — Defective vision — in both eyes, less than 6/60 very high degree of myopia with marked retinal changes — of old standing Report attached.

Chas. Hunter Capt.

Signature of Medical Officer.

Remarks by Officer transmitting the Return.

Station

Date

Signature of Commanding Officer.

(3085) W 5004—2308 350m. 6/15 McA. & W. Ltd.

Army Form B. 204.

Application for Discharge of a Recruit as not likely to become an Efficient Soldier.

1. If passed by an examining medical officer, but rejected by an approving officer.
2. If considered unfit for service within three months of enlistment.
3. If a non-European soldier of troops in the Colonies is considered unlikely to become an efficient soldier.

This form will be accompanied by the Recruit's Attestation.

Regiment 66th Battalion. 17th Res. Battn.

No. 489158 Name Ackles, P.

Date of Attestation December 3rd 1915. S. L. Walker. Capt. for A.D.M.S. C.T.D. Shorncliffe.

Age 24 years, days.

Height 5 feet, 10½ inches. 17th May 1916.

Weight 137 lbs.

Chest Measurement — Girth when fully expanded 36 inches

Chest Measurement — Range of expansion 3 inches

Passed at Halifax. Recruiting Area or Station.

Medically examined by

Approved by

Cause of objection to be fully stated here: Defective vision - in both eyes less than 6/60. Very high degree myopia with marked retinal changes - of old standing. Report attached.

Chas. Hunter. Capt.

Signature of Medical Officer.

Remarks by Officer transmitting the Return.

Station

Date

Signature of Commanding Officer.

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

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-
489158 Pte Ackles, Percy 66th Bn., 17th Res. Bn.

DEPT. MILITIA & DEFENCE
JUN 14 1916
H.Q. CANADA

Previous civilian occupation:- Cook.

Cause of Disability

Defective eyesight not due to nor aggravated by service.

Condition: in detail, which prevent the soldier earning a full livelihood. Specialist's Report.

"V.O.D. = Less than 6/60. V.O.S. = Less than 6/60. very high degree of myopia with marked retinal changes. Glasses give no improvement with right eye and only moderate improvement with left."

signed Percy G. Bell.
Capt C.A.M.C.

Opinion of the Board.

Degree of Incapacity, (Please state in fractions).

1/4 not due to service.

Probable duration of incapacity:-

Permanent

Does it render him permanently unfit for Military Service? Yes.

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

Signature:- W. M. Carnegie Major President

Station Quebec. Conrad G. Geggie Capt C.A.M.C.)
) Members
Date 7th June 1916. J. Belleau.)

Approved.

Date June 7/16 W. M. Carnegie Major
Asst. Director Medical Services.

Date _____
Director General Medical Services.

Candidate - C.E.F.

Record Copy

Duplicate

B.42.

L. Inf. 324

MEDICAL HISTORY SHEET.

Surname Ackles. *Christian Name* Percy.

Examined { on 4th day of Dec. 1915
at Halifax N. S.

Birthplace { City or Town Amherst
County N. S.

Apparent age 24

Trade or occupation Cook

Height 5' Feet 8½ Inches.

Weight 132 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks Nil.

Vaccination Marks { Arm Right. 1 Left.
Number One

When Vaccinated last C. Childhood 15, 2, 16

(*a*) Marks indicating congenital peculiarities or previous disease Nil

(*b*) Slight defects but not sufficient to cause rejection Nil

Approved by W. A. Curry
Rank Lt Col. M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
15, 2, 16		A. J. H.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
26-12-15		W. A. Curry	M.O.
13-4-16		W. A. Curry	M.O.
			M.O.

Enlisted on 4 *day of* Dec 191 5 *at* Halifax

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	66th Reinf.	489158		Dec. 4th 1915
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

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

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

WEST CLIFF CANADIAN EYE AND EAR
MAY 16 1916
HOSPITAL, FOLKESTONE, KENT.

From:O.C. West Cliff Canadian Eye & Ear Hospital.

To: President.Standing Medical Board.

SPECIAL REPORT EXAMINATION OF EYES.

Pte.Ackles.P.
No. 489158.

The following report on the marginally named man's eyes was rendered to his MØ.O. Feb.25.16.

There has been no change since.

(COPY-

V.O.D. = Less than 6/60.

V.O.S. = " " 6/60.

Very high myopia with marked retinal changes.

Glasses give no improvement with right eye and only moderate improvement with left. Unfit.

Lucy G. Bell

Captain.C.A.M.C. Adjutant.
for
O.C. West Cliff Canadian Eye & Ear Hospital.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Ackles *Christian Name* Percy

Examined { on 4th day of Dec. 1915
at Halifax N.S.

Birthplace { City or Town Amherst
County N.S.

Apparent age 24

Trade or occupation Cook

Height 5 Feet 8½ Inches.

Weight 132 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. / Left.
Number Nil

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease Nil

(*b*) Slight defects but not sufficient to cause rejection Nil

Approved by J. Ross

Rank Lt Colonel M.O

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
26-12-15		M.O. Camp
13.1.16		M.O. Camp
		M.O.

Enlisted on 4 *day of* Dec. 1915 *at* Halifax

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	66th C.E.F. Reinforcements	48915-8		Dec. 4th 1915
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

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

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

Bewley, Folkestone.
10000/23/10/15/3611.

P. C. B. 1.

Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name. PERCY ACKLES.

Regimental No. 489158 Rank Pte. Unit 66th Battn.

Date of Birth ? 29th July 1891. Place of Birth ? Amherst. N.S.

Occupation or trade previous to enlistment ? Cook.

Date of enlistment ? December 3rd 1915.

Place of enlistment ? Halifax. N.S.

Are you married or single ? Single.

If married how many children have you ? (*Boys*) (*Girls*)

What are their ages ?

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

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

Where and when did your disability originate ? Amherst. N.S.

1907.

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

PENSIONS & CLAIMS BOARD
MAY 22 1916
CANADIAN EXPEDITIONARY FORCE

What is your present condition of health ? Good, except for eyes.

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

Have you any civil employment open to you at present ? Yes.

What is your present address ? C.C.A.C. BATH.

Where do you wish to take your discharge ? Canada.

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

Percy Ackles

Witnessed by G. Kay. Major

Cook.

December 3rd 1918.

Halifax. N.S.

Single.

Good.

Anchored. N.S.

Myopia.

MAY 19 1920

No. of M. H. C. File	No. of H. Q. File

Class ONE

139

Name and Home Address of Soldier: Ackles, Percy. General Delivery, St. John, N.B.

No. 489158 Rank Pte Original Unit 66th Bn Present Unit 17 Res.

Previous civilian occupation as per record: Cook

Age 25 Height 5 ft. 8 ins. Complexion Medium Eyes Blue Hair Flaxen Character N.R.

Cause of disability: Defective eyesight not due to nor aggravated by service.

Condition in detail which prevents the soldier from earning a full livelihood: Specialist's Report:-

"V.O.D.- Less than 6/60. V.O.S. Less than 6/60. Very high degree of myopia with marked retinal changes. Glasses give no improvement with right eye and only moderate improvement with left".

Signed PERCY G. BELL,
Captain, C.A.M.C.

6491 11103

TO BE FILLED IN BY MEDICAL BOARD OR FROM RECORDS

Degree of incapacity (Please state in fractions) Eng. Board ------ Canadian Board 1/4 not due servic

Probable duration of incapacity: Permanent

Does it render him permanently unfit for military service? Yes

Would operation, special treatment, or the use of appliances, &c., lessen incapacity? No

Is final disability likely to prevent return to previous occupation?

Members of Board: W.M. CARRICK. MAJOR. Pres. C. G. GEGGIE. CAPT. Mbr. J. DOBBIN. LIEUT. Mbr. W.M. CARRICK. MAJOR.

Information to be Furnished by Soldier if He will Require Assistance to Secure Work after His Return Home.

Ship returned by: Sicilian Date of arrival: 6.6.16. Where seen service: England.

Date of enlistment: 3.12.15. Where enlisted: Halifax

Birthplace: Canada Religion: Methodist

Occupation prior to enlistment: Cook, Carpenter

Name and address of last employer: St. John Steamboat Co.

Whether work was regular or irregular: R Average earnings per week $: mos. 40. & keep.

Name and address next of kin: Mrs. A. Hunt, sister, in U. S. A.

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

TO BE FILLED IN BY M. H. C. AND SIGNED BY SOLDIER.

Whether any private income, self or wife—amount per year $: None

Rent per month $: Name and address of Landlord: N.A.

If owner of property what payments still due $: N.A. An. payment $:

If part of house let, or boarders taken in, state average income $: N.A. per week

If in receipt of sick benefits or other insurance—name of society: N.A. Amt. per mon. $:

If carrying insurance, amount of annual premium—Life, $: N.A. Accident, $:

If unable to follow previous occupation, name preference: Goint to sister in the States.

If offered free Technical Education to fit yourself for a new trade would you avail yourself of it? N.A.

Destination to which transportation provided if other than Divisional H. Q.: St. John, N. B.

References: Last empl.

Remarks:

Witness: WM. F. MOORE.

Date: June 7th, 1916.

I declare that the above statement is correct

Signature: PERCY ACKLES.

Accrued pay $: Amount paid at Discharge Depot $:

Amount forwarded to Divisional Headquarters $: If given or credit $13 in lieu of clothes

4?

AB MAY 14 192

SUBSEQUENT INFORMATION

Date of leaving Convalescent Home [illegible] Report No.

Degree of Disability at that date (in fractions)

Recommendation of Medical Board

Pension. Degree Amount per year $ Dating from 191

Condition of Soldier when visited

Whether necessary to give special training of a technical nature If so, training suggested

Does visitor confirm statement by Soldier on other side?

If work secured, name of employer

Wages, $

Name of visitor

GENERAL REMARKS

CLASS 1.

Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

CLASS 2.

Men whose condition may be benefitt further medical treatment or rest in a Convalescent H Hospital or Sanitarium. If deemed advisable in some cases the medi fficer in charge of the Convalescent Home, Hospital or tarium may grant these men leave to return to their own homes and fam for a definite period.

CLASS 3.

Men having a permanent disability which would not be benefitted by further medical treatment (s sability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pen

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

Army Form B. 103.

DUPLICATE
ORIGINAL NOT AVAILABLE

Casualty Form—Active Service.

Regiment or Corps 14th Res Bn.

Regimental No. 489158. Rank Pte. Name Ackles P.

Enlisted (a) 4/12/15. Terms of Service (a) War Duration Service reckons from (a)

Date of promotion to present rank ____ Date of appointment to lance rank ____ Numerical position on roll of N.C.Os. ____

Extended ____ Re-engaged ____ Qualification (b) ____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
9/3/16	14th Bn.	Trans. to 2nd Bn. Pioneer	OVERSEAS.	9/3/16	[signature] Lieut. Asst. Adjt. 17th Res. Bn.

DISCHARGED.
under
Para 392, Sec. 16, K. R. & O. 1912.
Being no longer physically fit for war service.

[signature]
Commandant.
Canadian Casualty Discharge Depot,
BATH.

(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				

WEST CLIFF CANADIAN EYE AND EAR
MAY 16 1916
HOSPITAL, FOLKESTONE. KENT.

From: O.C. West Cliff Canadian Eye & Ear Hospital.

Special report examintaion of eyes.

Pte.Ackles.P.
No. 489158.

V.O.D. = Less than 6/60.
V.O.S. = " " 6/60.
Very high degree og myopia with marked retinal changes.
Glasses give no improvement with right eye and only moderate improvementwith left.

Percy G. Bell

Captain .C.A.M.C. Adjutant.
for
O.C. West Cliff Canadian Eye & Ear Hospital.

WEST CLIFF CANADIAN EYE AND EAR
MAY 16 1916
HOSPITAL, FOLKESTONE, KENT.

From: O.C. West Cliff Canadian Eye & Ear Hospital.

Special report examintaion of eyes.

Pte.Ackles.P.
No. 489158.

V.O.D. = Less than 6/60.
V.O.S. = " " 6/60.
Very high degree og myopia with marked retinal changes.
Glasses give no improvement with right eye and only moderate improvementwith left.

Percy G. Bell

Captain .C.A.M.C. Adjutant.
for
O.C. West Cliff Canadian Eye & Ear Hospital.

From: O.C. Fleet Clinic Canadian Eye & Ear Hospital.

Special report examination of eyes.

Pte. Jenkins, F.
No. 429156.

V.O.D. = Less than 6/60.
L.O.S. = " " 6/60.

Very high degree of myopia with marked retinal changes.
Disease give no improvement with right eye and only moderate improvement with left.

Lieut. C. Lee

Captain, C.A.M.C.
for
O.C. Fleet Clinic Canadian Eye & Ear Hospital.

4

WEST CLIFF CANADIAN EYE AND EAR
MAY 16 1916
HOSPITAL, FOLKESTONE. KENT.

From: O.C. West Cliff Canadian Eye & Ear Hospital.

Special report examintaion of eyes.

Pte.Ackles.P.
No. 489158.

V.O.D. = Less than 6/60.
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Very high degree og myopia with marked retinal changes.
Glasses give no improvement with right eye and only moderate improvementwith left.

Captain .C.A.M.C. Adjutant.
for
O.C. West Cliff Canadian Eye & Ear Hospital.

HOSPITAL LOCKERTONE, KIAT
MAY 12 1951

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

FOLKESTONE. KENT. May 16th 1916.

From. O.C. West Cliff Canadian Eye and Ear Hospital.

Special Report - Examination of Eyes.

Pte. Ackles. P.
No.489158.

V.O.D. - Less than 6/60.
V.O.S. - Less than 6/60.
Very high degree of myopia with marked retinal.
Glasses give no improvement with right eye and only moderate improvement with left.

Percy G. Bell. Capt.
CAMC. Adjutant. for O.C.
West Cliff Canadian Eye and Ear Hospital.

Med. board held at West Sandling
11-3-16

Also Med board held at Quebec - 7-6-16
And. P. C. B.
sent to C. R. 12-6-16
7 E.

In Order for
Stenographers

RG

CCAC

Rank Pte. Name ACKLES. Percy Reg'l No. 489158

Unit Dft 66th Bn to 17th Bn If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Halifax, Dec 14th 1915 Place of Birth Amherst, N.S. CAN

Name and Address, Next-of-Kin Lila Ackles,

15th Street, Attleboro, Mass, U.S.A. Relationship Sister

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 2225 CCAC
File R.L.
Category MU Can

Discharge, Date and Place Reason Character

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
			MD		MU Can? Exp
			Ent. 22.1.16		
31-1-16	O.C. 17th	Arrived in England. to 17th Batt'n	E. Sandling	30-1-16	Pt II O 37a
22.3.16	"	Trans to CC.A.C		22.3.16	" " " 88a
20.5-16	CCAC.	On Command to C.D.D. for dischge.		19.5.16	Pt II O. 174.
20.6.16.	CCAC	S.O.S. Canada for dischge.	Fetone	25.5.16	Pt II O. 228
25-5-16.	CDD.	S.O.S. proceeding to Canada M.U	Bath	25.5.16.	Pt. II O. 86
				Tos. 23.6.16	

CHECKED. 5th Dec, 1916.

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				

P—56

Rank Pte. Name ACKLES. Percy Reg'l No. 489158

Unit C. C. A. C. ~~Dft 66th Bn to 17th Bn~~ If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Halifax, Dec 4th 1915 Place of Birth Amherst, N.S.CAN.

Name and Address, Next-of-Kin Lila Ackles,

15th Street, Attleboro, Mass. U.S.A. Relationship Sister

Assigned Pay Monthly $ Nil Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Canada Reason Character

PAY OFFICE, N. E. BRANCH JUN 20 1916 CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1-2-16	29-2-16	29	1.00	29-	29	10	2 90.	10	41 99			14 60.	15		14 60	27 30.	
Mar 1	31	31	"	31	31	"	3 10	27 30	61 40	982		4 87	15	x 64	5 51	55 89	x Clothing B.O. 1127 16/3/16

Carried forward to Large Ledger sheet

76 00 20 17

60 6 10 76 19 47 64 20 11 55 89 Dy

Blue lines to New Ledger

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

File No. ~~20-A-19~~ 68-P-7

WAR SERVICE GRATUITY.

Register No. A972

INV-2-10-19 W48
9-10-19 W-15

Reg. No. 489158 Pte

Dependent Nil

Name Ackles Percy

Address 77 Mystic St.

Arlington Mass

Pay Soldier $ 109.90

Pay Dependent $

Days 92 Rate 70 Due 210 00

Less P.D.P. credited 100 10

Less further Dr. Bal. or overpayment. ✓

Net 109-90

Rec'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

TO SOLDIER TO DEPENDENT

O	Ag. No.	Ch. No.	Amount	Ag. No	Ch. No	Amount
1						
2						
4						
5						
6						
Total						Total

W. A. Moreland, W. G. Davidson

Clerk J. M. Lane

Gpp

R W109
24-10-19

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1 14/10/19	24649	532542	$ 109.	90	16/10/19	1				
2						2				
3						3				
4						4				
5						5				
6						6				

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

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

68-P-2.

Name Ackles, Percy
Surname Christian Name

Regimental Number 489158 Rank Pte.

Address (in full) 106 Forest St.
Attleboro, Mass.

Unit C.C.A.C.

Original Unit

District where paid Ottawa

Date of Discharge 23-6-16

P. D. P. Filing Number 17HQ67.

Rates:—Regimental pay $1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

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		
90010	8422	12 10/18	3336	7852	12 11/18	3337	7525	16 12/18	3337		10010

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

M. F. W. 41
10 M.—5-16.
1772-39-889.

(155)

Name Ackles Percy Pte

Regimental No. 489158

Unit 66²

Date of enlistment

Place of " SA Nil

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Sicilian 6. 6 16

Name and address of next-of-kin ~~Genl Dly St John NB~~
106. Forest St
Attleboro Mass, U.S.A.

Medically Unfit ~~Class~~ Rec 7.6.16

Date and place discharged

Reason for discharge Civilian Clothing Issued

Character on discharge 112649. a 1103
Class 1

...b 2376. M. & D. 6692.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
								104.49						adv 4.37 Boat, 9.75		
24 5/16	23 5/17 23 6/16	31	100	31 00	31	10	3 10	89 59 Subs 9 00	132 69					132 69	132 69	Eng LPC D. D Quebec

List No. 1 Interest on Def. Pay 37

copy of Lab to P&S for PDP 10/10/18 PM

Eng AP/lic

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

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

No. 489158 RANK Pte NAME Ackles. P.

T. O. S. UNIT Discharge Depot. Quebec

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916 May 24	1916 June 23	✓	17th Bn	

CARD NO. 209.

S.O.S. Dis. 23-6-16, 5.

FOLL.

ASH

SURNAME. Ackles-

CHRISTIAN NAMES Percy-

REGL. No. 489158 RANK Pte.

UNIT 66th. Regt. P.L.H. (1st. R.D.)

FORMER CORPS 66th P.L.H.

NEXT OF KIN.

NAMES IN FULL Ackles - Lila -

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Attleboro - Mass. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Amherst N.S. DATE July 29th/1891

PLACE OF ATTESTATION Halifax DATE Dec. 4, 1915

O/S 22-1-16 317/1

R/6. 6-6-16.

L. L. 90 89.—M. & D. 6312.

M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Cook RELIGION Methodist

DESCRIPTION.

APPARENT AGE 24 YEARS MONTHS

HEIGHT 5 FEET 8 1/2 INCHES

CHEST MEASUREMENT 37 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Medium EYES Blue HAIR Flaxen

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Halifax DATE Dec 4th 1915

Present Address,- 32 Chebucto Road Halifax.

No. 489158 Rank Pte. Name Ackles P.

T.O.S. 4-12-15 Unit 66th Regt. (Princess Louise Dragoons)
D.O. 18, 6-12-15.

M.D. 6

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 Dec. 4	1915 Dec. 31	✓	On P/S Draft.	Dec. Paylist.
1916 Jan	1916	✓		

Married or Single S.

Place of Birth Amherst N. S.

Name and Address of Next of Kin Miss Lila Ackles
15th St. Attleboro. Mass. U.S.A.

Relationship of Next of Kin Sister

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

37 cents
J.D.S.

#60.00
31-5-16.

Reg'l. No. 489158 Rank Pte. Name Ackles Percy

If in Permt. Corps What Unit Unit 17th Battn Transferred to C.C.A.C. Date off 1.5.16 Authority CC1 list 17 20/5/16

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Halifax Transferred to Date Authority

Date of Attestation Dec. 4. 1915. Transferred to Date Authority

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

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

Discharge Date and Place 23 5/16 to Canada Reason and Authority LPC to Bath. CC1, List 17. 20 5/16

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

PAY OFFICE, N.E. BRANCH
JUN 20 1916
CANADIAN CONTINGENTS

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Date	2 No.	Date	3 No.	Date	4 No.	Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															76														15	20 11	55 89		45		
April 1-30	30	1.00	30		30	"	3								33														15	- -	88 89		60		Int 37 cents
1/5-23/5	23	.	23		23	.	2	30							25 30														10	10	104 19				
																												Bal on trsfr to N.E. bch			104 19				
															104 19	837								487					99 32	104 19					
Aug 1917.														37	37														37	37	Nil				Transd to "Canada Disc'ge a/c"

$10.00 Clothing Debit due 3/6/16.
Pay Book verified.

£1 adv. P.M. C.C.D. Bath Dis. Can. P.M. May 1916
Transd to "Canada Disc'ge a/c"
Cr. 37 Ct. Int on Deferred Pay.
Cr. 37 Ct. Trans to Canada.

HP

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT		

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
26. 12. 15.	Anti-typhoid Inoculations. W.A. Curry.Lt.Col.
13. 1. 16.	" " " "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

C.A.M.C.
For the Officer in Charge of Records
Canadian Contingents.

MC. C.R 482. McCord

DUPLICATE

489158.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname A C K L E S. *Christian Name* Percy.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Amherst. County N. S.

Examined ... ... on 4th. day of December. 1915, at Halifax. N.S.

Declared Age ... ... 24. years days.

Trade or Occupation ... Cook.

Height ... ... 5. feet 8½ inches.

Weight ... ... 132. lbs.

Chest Measurement: Girth when fully Expanded 34. inches. Range of Expansion 37½ inches.

Physical Development ... Good.

Vaccination Marks: Arm ... Right Left; Number One.

When Vaccinated ... Childhood.

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) Nil.

(b) Slight defects but not sufficient to cause rejection ... ... (b) Nil.

Approved by (*Signature*) J. Ross.
(*Rank*) Lt. Col. A.M.C.
Medical Officer.

Enlisted ... ... at Halifax. on 4th day of December. 1915.

	Corps.	Regtl. No.
Joined on Enlistment ...	66th. C.E.F.	489158.
Transferred to	Reinforcements.	

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*)
(*Rank*)

H. Kemmis Betty
Lieut.-Col.
In Charge of Records
Canadian Contingent.

(B 99129.) W. 15297/M127. 500M. 1/16, J. P. & Co., LTD.

Forms B. 178 / 39

P.T.O.

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				

mcad 494

A2171 Wt. W774/836 250,000 4/15 D. D. & L. Sch. 2 Forms A. 2 38

Army Form A. 2.

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

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

PROCEEDINGS of a* Pensions & Claims Board

assembled at Prior Park, Bath, Somerset England.

on the 22nd day of May, 1916.

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

for the purpose of Pensions and Claims

PRESIDENT.

Lieut.Col. Sir H. Montagu Allan,

MEMBERS.

Lieut. Col. W. Grant Morden,
Lieut. Col. W.H. Delaney, C.A.M.C.
Major J.L. Todd, C.A.M.C.
Major Hume Blake.

IN ATTENDANCE.

Lieut. Col. Sir H. Montagu Allan,
Lieut. Col. W.H. Delaney, C.A.M.C.
Major Hume Blake.

No. 489158,
Pte. P. Ackles,
66th Battn.

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

MD.

The Board having considered the evidence of Pte. Percy Ackles No. 489158, 66th Battn. and the documents submitted, hereto attached and marked, which form part of these Presents:-

Recommends:-

That this man be not granted a Pension.

Signed at Prior Park, Bath this 22nd day of May, 1916.

H. Montagu Allan. _____ President,
Lieut. Col.

W.H. Delaney, _____ Lieut. Col.)
C.A.M.C.)
)
)
)

Hume Blake _____ Major.))

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191 .

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, Grimston Avenue, Folkestone, this day

of , 191 .

President.

BEWLEY, FOLKESTONE.
30,000—11/12/15—3875.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

DEPT. MILITIA & DEFENCE
JUN 14 2016
H.Q. CANADA

Station East Sandling.

Date March 11th 1916.

1. Unit 66 Batt, 17 Res. Batt.
2. Regimental No. 489153
3. Rank Pte.
4. Name Percy, Ackles
5. Age last birthday 23 Years
6. Enlisted on Dec; 3rd 1915 at Halifax. N.S.
7. Former Trade or Occupation Cook.

8. Disability.
Myop

Statement of Case.

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

9. Date of origin of disability. 1907.

10. Place of origin of disability. Armhurst; N.S.

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

He has had myopia for 9 years, and has been wearing glasses for that length of time. He enlisted on Dec; 3rd 1915 and has not been to France yet. The condition of eyes seems to be getting worse.

The eye waters and gets red, weak, and sore, when he is out in the wind. He was examined by a specialist at westcliffe Hospital on Feby 25th 1916.

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

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

Myopia and retinal changes.

Condition present previous to Enlistment

5

13. What is his present condition ? For condition of eyes see appended report of Oculist.

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

14. If the disability is an injury, was it caused Not applicable.

(*a*) In the presence of the enemy ? No

(*b*) On active service ? No

(*c*) On duty ? No

(*d*) Off duty ? No.

15. Was a Court of Inquiry held on the injury ? Not applicable.

If so—(*a*) When ?

(*b*) Where ? Not applicable

(*c*) Opinion ?

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

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

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

19. Do you recommend

(*a*) Fit for duty ? No.

(*b*) Fit for base duty ? No.

(*c*) Invalided to Canada ? No.

(*d*) Discharge as permanently unfit ? -----Yes.

H. J. Williamson Capt. C.A.M.C.
Officer in medical charge of case.

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

Station_____ _____

Officer in charge of Hospital.

Date_____

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

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

Opinion of the Medical Board.

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

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

(iii). The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

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

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.		
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it ?		
21. Has the disability been caused or aggravated by		
(*a*) Intemperance ?		
(*b*) Misconduct ?		
22. Is the disability permanent ?		
23. If not permanent, what is its probable minimum duration ? *To be stated in months.*		
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ? *In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.*		
25. If an operation was advised and declined, was the refusal unreasonable ?		
26. Do the Board recommend		
(*a*) Fit for duty ?		
(*b*) Fit for base duty ?		
(*c*) Invalided to Canada ?		
(*d*) Discharge as permanently unfit ?		
27. Remarks.		

Signatures :—

_____ President.

Station_____ _____ Members.

Date_____ _____

Approved.

Station_____ _____

Administrative Medical Officer.

Date_____

3

Dec 20-9-19 68-P-7 A 972

DEPARTMENT OF MILITIA AND DEFENCE.

S.A. SEP 24 1919 F.R.

WAR SERVICE GRATUITY.

P.C. 20-9-19 amdt,

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 489158 2. Rank Private 3. Original C.E.F. Unit 66th P.L.F.

4. Christian Names Percy 5. Surname Ackles

6. Address, in full, to which future payments of gratuity are to be forwarded

Percy Ackles. 77 Mystic St.
Arlington Mass. U. S. A.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	489158	Private	C. E. F.
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

ACCOUNTANT & AUDITOR SEP 23 1919 PASSED TO F.

M.D. 5 54

S.A.&A.F. SEP 6 1919 F.R.

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	Dec. 4/15	June. 23/19	Private	17th Reserve	Quebec	Medical unfit
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? not Appliable (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency not Appliable

9. 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: not Appliable

10. 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? not Appliable

11. Have you been issued with a War Service Badge? If so, give number and class A. B. no number.

12. 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 Appliable

13. 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, from where paid, and on what dates Rec. $100.00. one hundred. dollars & 0 cents. during Oct. Nov. & Dec. 1918 for Post Discharge Pay.

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled not Appliable

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service not Appliable

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? not Appliable
(b) If so, are you in receipt of full pay and allowances from that Department? not Appliable

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not Appliable

18. Relationship of such dependent not Appliable

19. Present address, in full, of such dependent not Appliable

20. Is said dependent now, or ~~was said dependent at~~ any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name not Appliable

REMARKS

No record W.S.S.

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 by virtue of the Canada Evidence Act.

Signature of applicant: Percy Ackles

Place of Residence: 77 mystic St Arlington Mass

Declared before me at: Middlesex ss Arlington Massachusetts

This second day of September 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths.

R Walter Hilliard
Notary Public
My Commission expires March 22, 1923

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS

Certified correct

Capt.

Assistant Director Pay Services, Mil. Dist. No.

Date

A2171 Wt. W774/836 250,000 4/15 D. D. & L. Sch. 2 Forms A. 2 38

Army Form A. 2.

DEPT MILITIA & DEFENCE JUN 14 1916 H.Q. CANADA

PROCEEDINGS of a* Pensions & Claims Board

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

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

assembled at Prior Park, Bath, Somerset England.

on the 22nd day of May, 1916.

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

for the purpose of Pensions and Claims

PRESIDENT.

Lieut.Col. Sir H. Montagu Allan,

MEMBERS.

Lieut. Col. W. Grant Morden,
Lieut. Col. W.H. Delaney, C.A.M.C.
Major J.L. Todd, C.A.M.C.
Major Hume Blake.

IN ATTENDANCE.

Lieut. Col. Sir H. Montagu Allan,
Lieut. Col. W.H. Delaney, C.A.M.C.
Major Hume Blake.

No. 489158,
Pte. P. Ackles,
66th Battn.

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

MD.

12

The Board having considered the evidence of Pte. Percy Ackles No. 489158, 66th Battn. and the documents submitted, hereto attached and marked, which form part of these Presents:-

Recommends:-

That this man be not granted a Pension.

Signed at Prior Park, Bath this 22nd day of May, 1916.

H. Montagu Allan President, Lieut. Col.

W. H. Delaney Lieut. Col. C.A.M.C.

[illegible] Major.

10

S. S. Sicilian 6-6-16 R. O. 12-6-16

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6-6-32

This space to be left blank for the Chelsea Number

M

Army Form

Proceedings on Discharge.

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

No. 489158 Army Rank Private

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

Corps C.C.A.C.

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

DISCHARGE DEPOT JUN 23 1916 QUEBEC

Date of discharge

Place of discharge

1. *Description at the time of discharge*

Age 25 years — months
Height 5 feet 8½ inches
Chest measurement { girth when fully expanded 37½ ins. / range of expansion 3½ ins.
Complexion Medium
Eyes Blue
Hair Flaxen.
Trade Cook.
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

Approved Major General Commanding Militia Canada

DISCHARGED. under Para 392 Sect. A. Sub. Sec. C. K. R. O. 1912 as medically unfit with more than three months service considered medically unfit for further Military Service.

Commandant. Canadian Casualty Discharge Depôt, BATH.

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

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

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

To be filled in on the soldier quitting the Colours.

3. Military character :—

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*

A1933 Wt. W. 13141/283 70,000 3/15 D. D. & L. Sch. 39 Forms B. 268 39

* Strike out if not applicable.

[OVER.

Cancelled 12-6-16 T.E.

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

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)_____ Lieutenant major

(Date)_____ The Canadian Casualty Commanding _____ Battn. _____ Regiment.
Discharge Depot
Prior Park Bath.

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

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) DISCHARGE DEPOT JUN 9 1916 QUEBEC

(Date)_____

Percy Ackles (*Signature of Soldier.*)

L. McCooey (*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 23/6/16 (date)

(Place) DISCHARGE DEPOT JUN 9 1916 QUEBEC

(Date)_____

Signature H H Staples Lt.-Col. Comd'g. Discharge Depot Quebec.

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.)

Nil

Percy Ackles