

REGIMENTAL DOCUMENTS

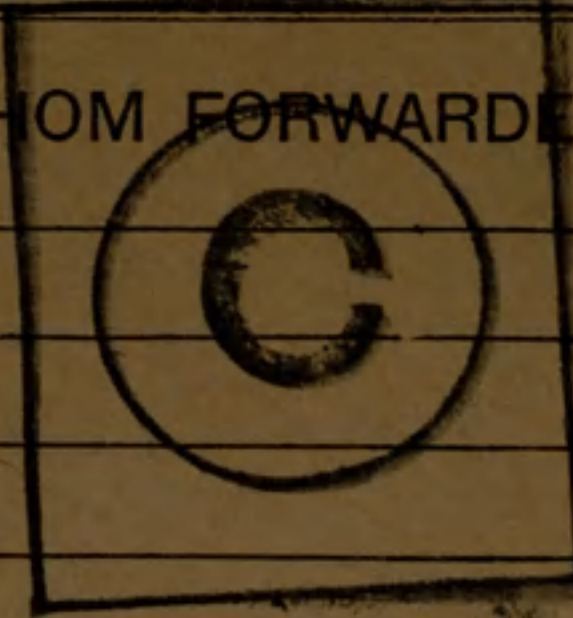
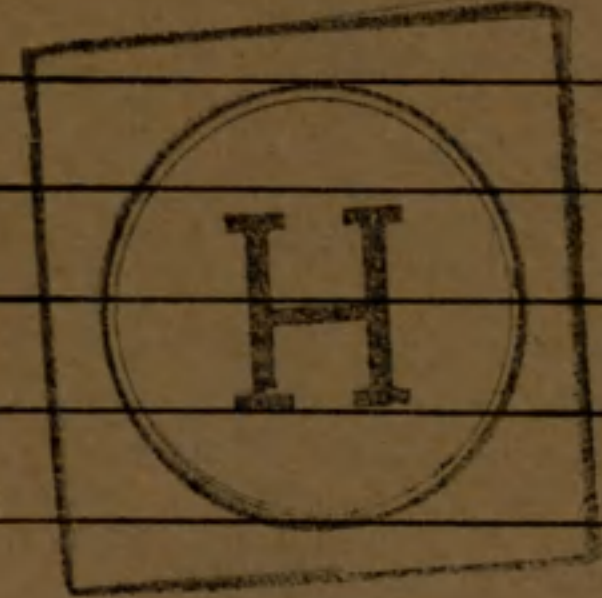
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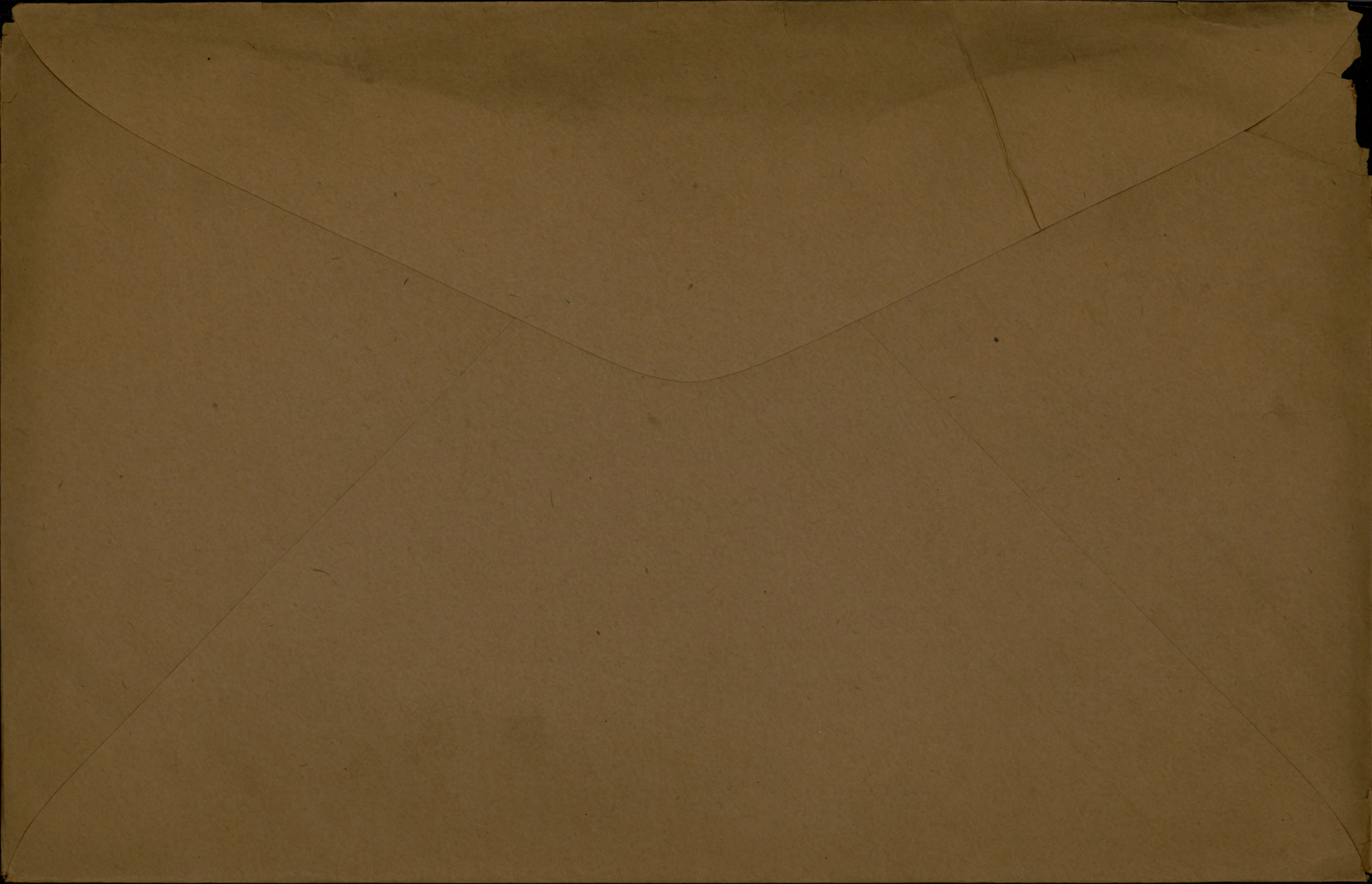
NAME *ACTON. Harold Edwin*

REGT. NO. *3325434*

UNIT *2<sup>d</sup> Depot Bn. E.O.R. Q.* FILE NO. *891*

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>3</i> <i>H</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					<b>DISCHARGE</b>
<i>2</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
/ DENTAL HISTORY SHEET (M.F.B. 465)					
/ MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					



*Original*

M. D.

Regiment

Regtl. No. 3325734

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname **Acton**

2. Christian name **Harold Edwin**

3. Present address **Smiths Falls, Ont.**

4. Military Service Act letter and number **PC 491509**  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension or surrender)

5. Date of birth **15th October, 1896.**

6. Place of birth **Smiths Falls, Ont.**  
(town, township or county and country)

7. Married, widower or single **Single**

8. Religion **Methodist**

9. Trade or calling **Farmer**

10. Name of next-of-kin **Mrs. Mary Acton,**

11. Relationship of next-of-kin **mother**

12. Address of next-of-kin **Smiths Falls, Ont.**

13. Whether at present a member of the Active Militia **no**

14. Particulars of previous military or naval service, if any **Nil**

15. Medical Examination under Military Service Act :—  
(a) Place **Ottawa, Ont.** (b) Date **2-7-18.** (c) Category **C.111**

### DECLARATION OF RECRUIT

I, **Harold Edwin Acton,** do solemnly declare that the above particulars refer to me, and are true.

*Harold E. Acton*

(Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age **23** yrs. mths.

Height **5** ft. **9½** ins.

Chest measurement } fully expanded **33** ins.  
range of expansion **2** ins.

Complexion **Med**

Eyes **Blue**

Hair **Brown**

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

**Scars on both knees**  
**Tachycardis.**

*[Signature]* Depot Btln.  
O. C. 2nd. Depot Batt., E. O. R.  
Regt.

**OTTAWA.**

Place Date **2-7-18**

MEDICAL HISTORY SHEET.

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 Acton. Christian name Harold E.  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule LC. 491509.  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 767.  
 4. Address (including street and number, if any) Smith's Falls, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st, day of March, 1917, by the undersigned medical board sitting at Kingston, Ont.

5. Age as stated 22 Years 6 Months. 6. Apparent age 23 Years \_\_\_\_\_ Months  
 7. Height 5 Feet 9½ Inches. 8. Weight 142. Pounds.  
 9. Chest measurement { Minimum 31 Ins. 10. Complexion Medium Dark. { Eyes Blue.  
 { Maximum 34½ Ins. { Hair Brown.  
 11. Physical development. Good. { Good Fair Poor 12. Smallpox marks 0  
 13. Number of vaccination marks { Right arm 0 14. When vaccinated last 0  
 { Left arm 0  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on flexor surface left wrist.

16. Slight defects but not sufficient to cause rejection None.  
 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 A2.  
 R.V.D. 20. L.V.D. 20. Hearing Normal.

[Signature] Capt. AMC. President. [Signature] Med Board / Review  
[Signature] Capt. AMC. Member. [Signature] Capt. AMC. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 2nd day of July 1918 at Attawa

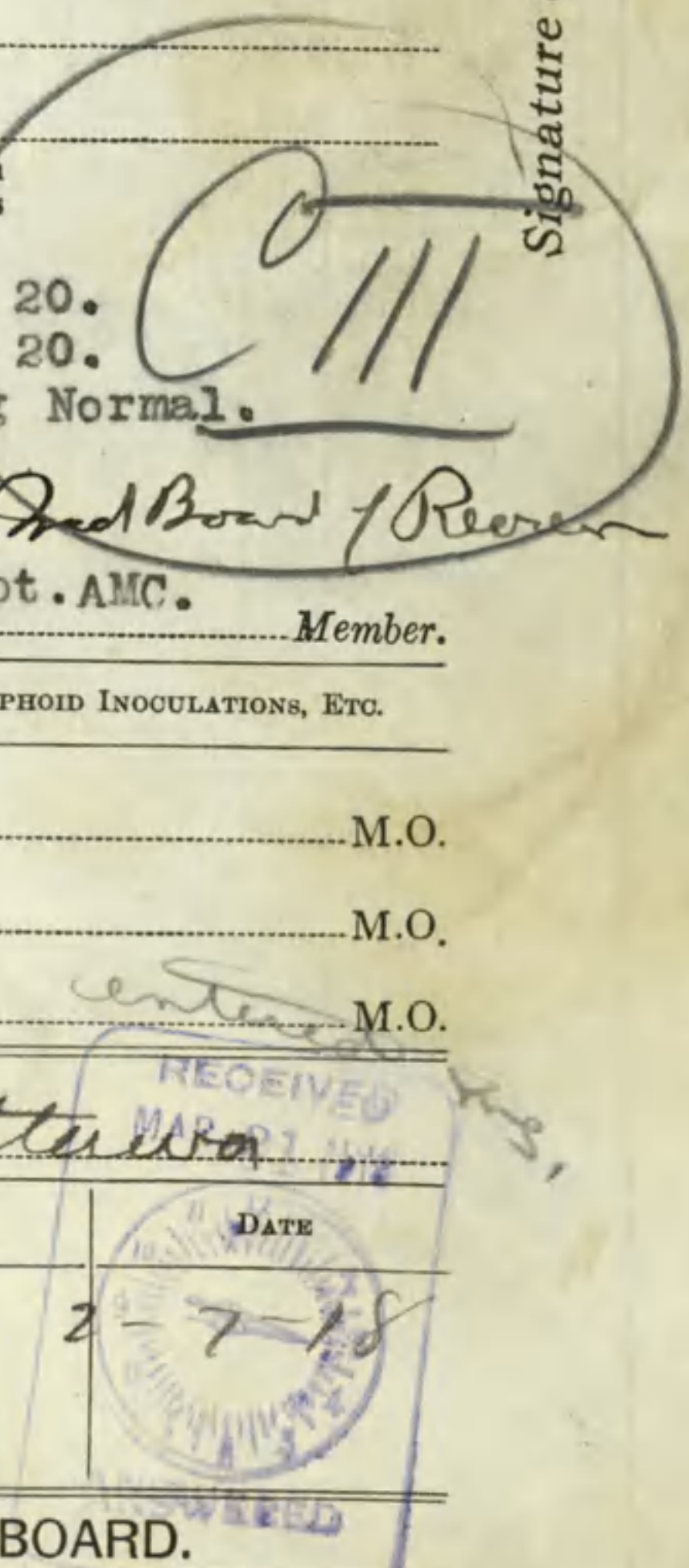
CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot Bn. FO</u>	<u>3325734</u>		<u>2-7-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man Harold E. Acton





MILITARY SERVICE ACT, 1917.

3325734

MEDICAL HISTORY SHEET.

1. Surname Acton Christian name Howard Harold Edwin  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule  
 3. Consecutive number on schedule of men reporting for service (if he appears on it)  
 4. Address (including street and number if any) Smith Hall B.A. Ent

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of Sept 1918, by the undersigned medical board sitting at Ottawa Ont.

5. Age as stated 23 Years - Months. 6. Apparent age - Years - Month  
 7. Height 5 Feet 9 3/4 Inches. 8. Weight 141 Pounds.  
 9. Chest measurement { Minimum 34 Ins. Maximum 36 1/2 Ins. } 10. Complexion med. { Eyes Blue Hair Light Brown  
 11. Physical development Fair { Good Fair Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm 0 Left arm 0 } 14. When vaccinated last never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease scar both knee caps  
Leucocardia

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. } We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. }  
 (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 Class 1  
 17. (a) Vision. R. 4.0 L. 4.0  
 (b) Hearing. R. 20 L. 20  
W. J. ... President.  
W. J. ... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 2nd day of July 1918 at Ottawa Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd. Depot Bn. C.E.F.</u>	<u>3325734</u>		<u>2-7-18.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

Signature of Man Howard Harold Edwin Acton

If raised in category, record category in a square. The M. O. will initial and date.









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

M. F. W. 54. (A. F. D. 19s.)

500M.—9-16

H. Q. 1772-39-9.0.

# Casualty Form—Active Service.

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

Regimental No. 3325434 Rank Pvt Name Acton

C. E. F. Y.

Enlisted (a) 2-7-18 Terms of Service (a) 4 Service reckons from (a) 2-7-18

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) Farmers

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				

1) 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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

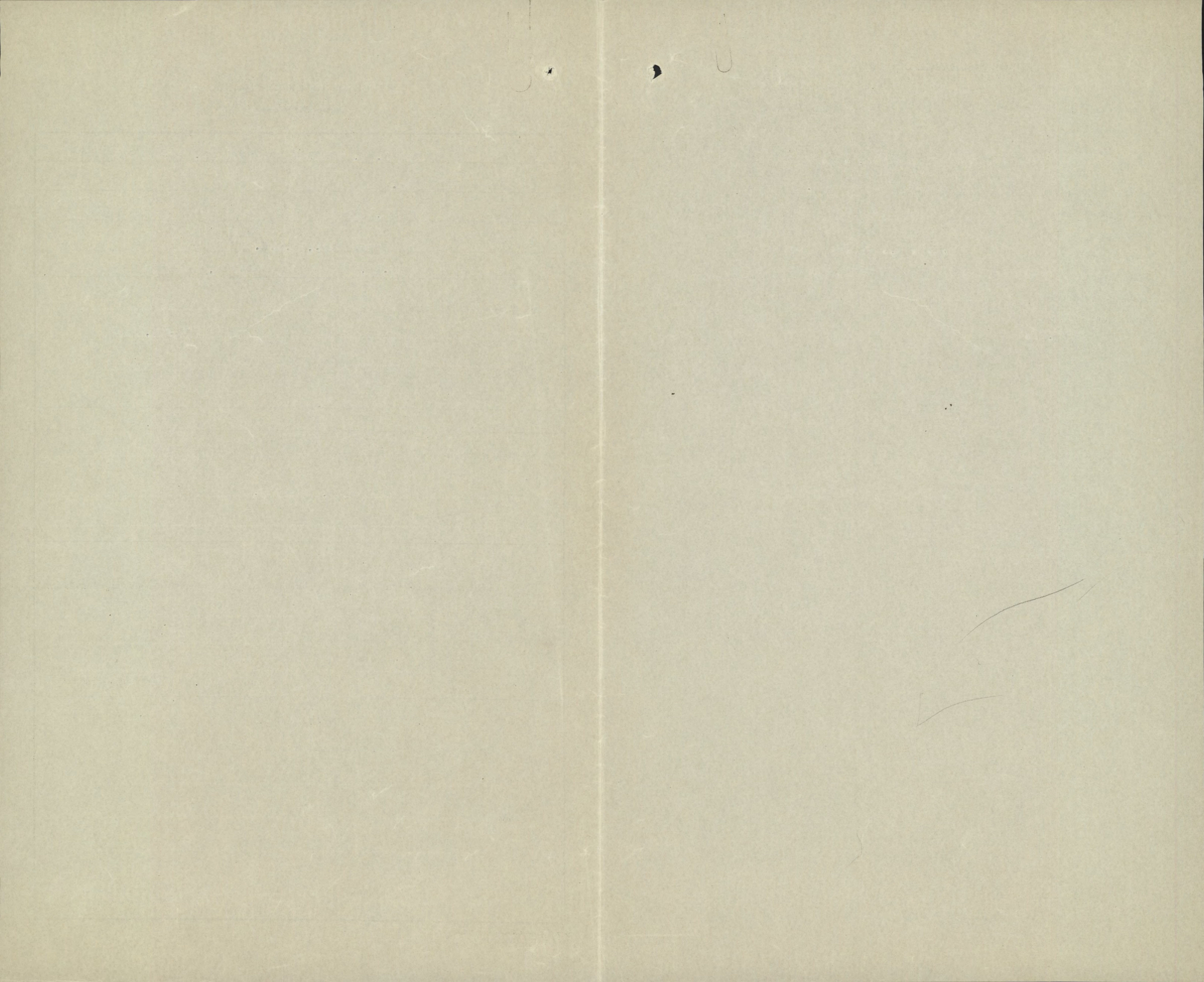


LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

1. No.	Regtl.No. 3325734 Serial No. PC-491509	
2. Rank.	Pte.	
3. Name.	ACTON, Harold Edwin	
4. Unit.	2nd Depot Btn., E.O.R.	
5. Date of Discharge	Nov.11,1918	Place Ottawa, Ontario
6. Reason for Discharge	<p style="text-align: center;"><b>DEMOBILIZATION</b> Struck off Strength on return to Registrar's records Oct.12,1918 Daily Order No. 289 of 16th Oct. 1918 Discharged under authority P C-3051 of 11-12-18</p>	
7. Authority.		
8. Proposed Residence after Discharge	Smiths Falls, Ontario.	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?.....</p> <p style="text-align: right;">Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p style="text-align: right;">Signature..... (O. C. Discharging Unit.)</p>	



OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category **G111**

**No disability due to Service.**

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE **Ottawa, Ont.**

DATE **October 11th. 1918.**

APPROVED BY

APPROVED BY

*[Signature]*  
for Assistant Director of Medical Services.

**Lt. Col. R.M.S.**

**M.D.#3**

Director-General of Medical Services.

DATE **OCT 11 1918.**

DATE

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

President.

Members.

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 soldier 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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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 **Ottawa, Ont.**

DATE **October 11th. 1918**

1. 1 (a) Unit **2nd. Depot Batta'n B.O.R.** (b) Regimental No. **3325734** (c) Rank **Pte.**

(d) Surname **Acton** (e) Christian name **Harold, Edwin**

2. Age last birthday **23 Years** Date of birth **October 15th. 1895**

3. Enlisted at **Ottawa, Ont.** on **July 2nd. 1918.**

4. Personal description:—

(a) Height **5' 9"** (b) Weight **141** (c) Complexion **Medium**

(d) Colour of hair **Brown** (e) Colour of eyes **Blue** (f) Identification marks

**Scar on both knees**

5. Address after discharge (for the use of the Board of Pension Commissioners)

**Smith's Falls, Ont.**

6. Former trade or occupation **Farmer**

7. (a) Service

**2nd. Depot Battalion, B.O.R.**

**July 2nd. 1918.**

**To Date**

(b) Has he been overseas? **No.** 8. Original disease or disability **Tachycardia**

(a) Date of origin **1915** (b) Place of origin **Smith's Falls, Ont.**

(c) Cause\* **Believed it was caused by overwork**

(d) Present disease or disability **Tachycardia**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective Symptoms:— Man states that if he exerts himself much, such as walking fast or climbing up a stair that his heart seems to beat very fast and that he becomes short of breath. He states that for the past 3 years that he has had to be very careful when working on the farm so as not to over exert himself.

9. Present condition.—(Continued.)

Objective Symptoms:- Pulse at rest 140 on double marking time for 20 seconds it goes up to 180 accompanied by marked dyspnoea. Pulse is weak and thready. Heart sounds are normal and there is no cardiac hypertrophy.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous Normal Digestive Normal Respiratory Normal Cardiac as above Genito-Urinary Normal Skin, Middle Ear, Eye or any other part Normal

10. History: (a) of Condition referred to in "a" section 9.

Says that trouble began 3 years ago. May have been caused by overwork he believes.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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).

None

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration.)

No.

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

Yes

17. Recommendations

Fit for Category III

No disability due to service.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned H.E. Aston 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

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

19. Is the soldier 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 soldier

(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).