

REGIMENTAL DOCUMENTS

NAME *Bell - Irving, R. alt.* REGT. NO. *capt.* UNIT *156 R.S.* H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
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PARTICULARS OF CHARACTER (A.F.W. 3226)					10. 1
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					27. 1
<i>2 A.F.S. 1237</i>					
<i>1 Misc.</i>					

5

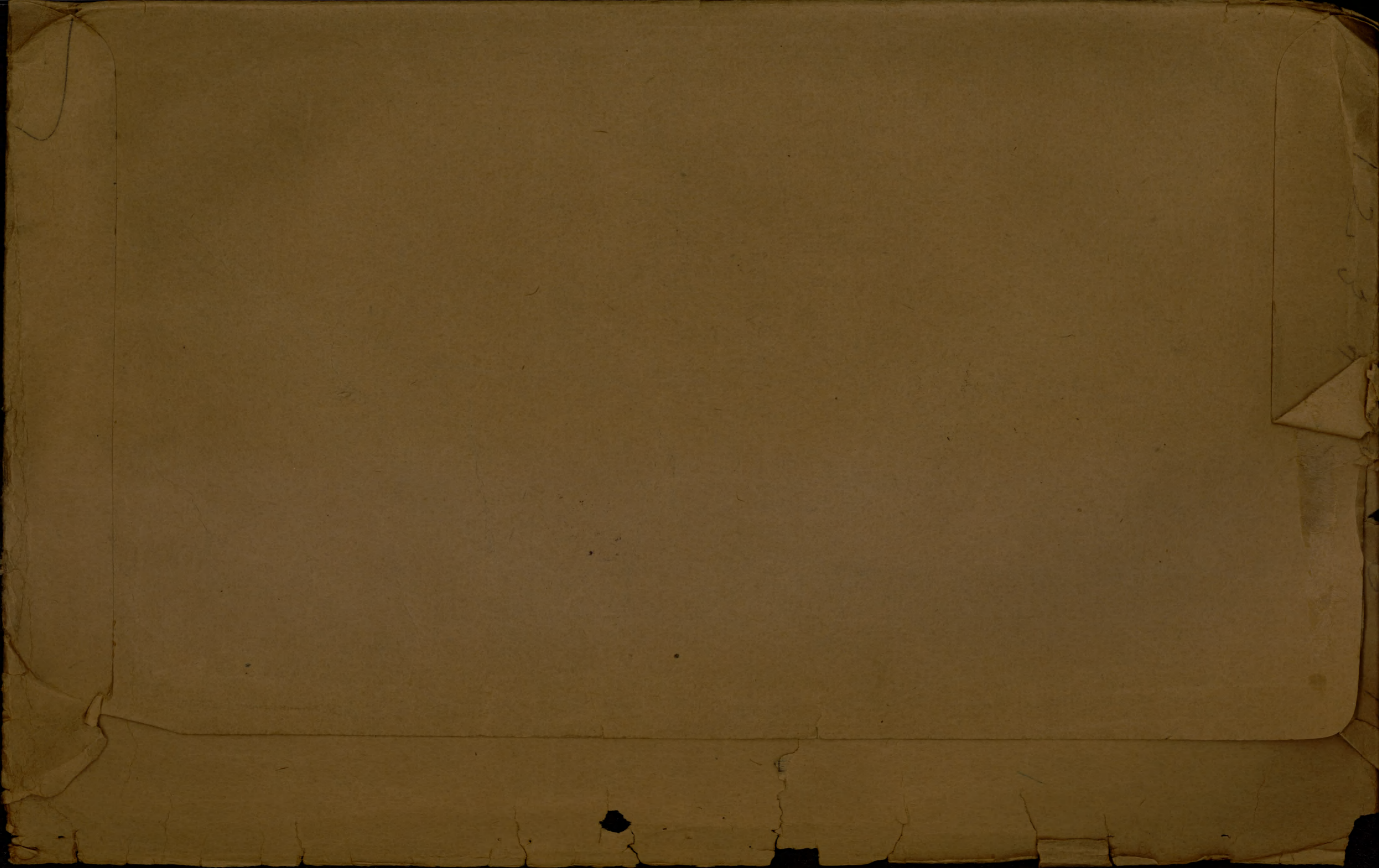
CAPT



PERSONNEL PUBLIC ARCHIVES RECORDS CENTER

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626



MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Captain	Bell-Irving.	R. <i>Bell</i>
Year	Unit.	Age.	Service.	
	13th Can: Rly Troops.	25	3 & 11/12	
			F.S. 44 months.	
Station and Date.	Disease			
	D. A. H.			
	Royal Free Officers' Hospital			
9:9:18.	W.C.1. admitted 14:8:18 from France.			
	Past History:-			

	Jan/1918 Had severe attack of influenza on board ship.			
	Feb/18 in camp at Purfleet doing physical training. Fainted twice (once on two consecutive mornings) He then felt his heart beating very rapidly after any exertion.			
	He was excused the exercises and took it easily a few days.			
	In a week went to France with battalion, but the fast heart beat returned very readily. Says pulse not below 90 at rest, since.			
	No previous trouble similar, and played football at school.			
	Beginning of June 1918 Had P.U.O in France. Laid up 1 week.			

	Returned to duty but, on exertion, dizziness, breathlessness and rapid heart beat - says up to 140.			
	When he rested the rate subsides quickly to a little above 100.			
	4 August 1918.			

	Went sick and kept in bed until sent England.			
	For note of case see F.M.card.			
9:9:18	On admission R.F.H.			
	For nearly a year past has had a tendency to action of the bowels directly after food. No history of swelling neck Thyroid no enlargement. No proptosis. No tremor but some inclination to excessive sweating.			
	Tobacco under 2 ounces a week. No oral sepsis			
	Heart. AB 5th space in NL about normal strength. rather marked epigastric impulse.			
	Dulness to 4th space: to L.B.S and to 1/2 inch outside NL.			
	Suonds normal but rather thumping. <i>Seven Pot Brom grv Sod. Brom. grv</i>			
27:8:18	Signs as before but A.H.D only just outside NL. <i>Mist Tent c thec at 3/4</i>			
9:9:18.	Has been moving around a little at a time starting a few days ago. Is transferred to Cranville Spec Hosp as considered unlikely to be fit for AService for some months. <i>ante cib</i>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) Royal Free Hosp. c/s R. M. I. O.

Unit Rank Name

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? *Bell-Juring*
- (b) What are your Christian Names? *Robert*
2. (a) Where were you born? (State place and country) *Vancouver B.C.*
- (b) What is your present address? *5th C.R.T. B.E.F.*
3. What is the date of your birth? *July 30th 1893*
4. What is (a) the name of your next-of-kin? *Dr Bell-Juring*
- (b) the address of your next-of-kin? *1121 Seaton St Vancouver B.C.*
- (c) the relationship of your next-of-kin? *Wife*
5. What is your profession or occupation? *Civil Engineer*
6. What is your religion? *C.E.*
7. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
8. To what Unit of the Active Militia do you belong? *5th C.R.T. B.E.F.*
9. State particulars of any former Military Service *North Vancouver engineer & D.T.C. Oct 20th to Dec 27/14.*
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*
*Royal Engineers Jan 27th/1915. attached Royal
Flying Corps March 20/1916. Troop C.R.T. B.E.F.*

The undersigned hereby declares that the above answers made by him to the above questions are true.

Robert Bell-Juring (Signature of Officer)

Taken on strength (place) *Bordon (England)*

(date) *Dec 27/16*

D. F. Grant Major
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* *fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date *May 24* 191*7*

Place *France*

J. Stewart Lt Col
Medical Officer.

*Insert here "fit" or "unfit"

(9) Is your Father alive? *Yes*

If so, state name and address *D. D. Bell-Iving 1121 Seaton St Vancouver B.C. Canada*

(10) Is your Mother alive? *Yes*

If so, state name and address *Same*

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

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

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

Date *21 MAY 1917*

J. F. Grant Major
Officer Commanding.
5th Bn Can Rly Troops

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

Canadian Railway Troops

(2) Regimental Number.....

(3) Full Name of Soldier.....

Robert Bell- Irving

(4) Place of Birth.....

Vancouver

British Columbia Canada

(5) Are you married, or not?.....

no

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

(b) Present Postal Address.....

(7) Are you a widower?.....

no

(8) Have you any children?.....

no

If so, give number of boys and girls.....

Also their names and ages.....

MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.) Hosp. Buxton.

Station GRANVILLE CANADIAN SPECIAL.

Date Sept. 19th 1918.

1. Rank and Name Capt. Bell-Irving Robt.

DEPT MILITIA & DEFENCE

2. Unit 13th Canadian Railway Troops.

OCT 31 1918

3. Age 25

4. Total Service 47/12.

War Service

(a) at home 2/22.

(b) abroad 45/12.

CANADA

5. Address Granville Canadian Special Hospital, BUXTON.

STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability D.A.H.

7. Date of origin of disability February 1918.

8. Place of origin of disability Purfleet, England.

9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Began at Purfleet while in training for Can. Rly. Troops to which he was transferred in December 1916 while at P.T. had a faint lossing consciousness, which was followed by shortness of breath of increasing intensity and rapid heart action. Went to France in March 20th 1918 with 13th Battalion C.R.T. and carried on until August 1918 but all the time suffering from attacks of dyspnoea and rapid heart action with continuous diarrhoea 5-6 per day. Has attacks of dizziness and at times pains over the heart but greatest disability has been shortness of breath.

I concur in the findings of the Board of Medical Officers here recorded.

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) The Board will on no account inform the officer of its opinion on any of the following questions.

(ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.

(iii.) Expressions such as "may," "might," "probably" should be avoided, if possible.

(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? NO.

(b) in the service? YES.

11. Was it attributable to military service? YES.

If so, to what specific military conditions is it attributed? General Active service Infection unknown, except he had an attack of Influenza. Temp. 102 deg. in January 1918, just previous to onset of symptoms.

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable.

If so, by what specific military conditions? Not applicable.

Removed from H. Q. File

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? NO.

2233

609-21-1-15

14. What is the officer's present condition? Very nervous and excitable. Not anaemic, fairly well-nourished, but has lost he states 35 lbs in past 10 months. Heart - not enlarged. Rate rapid 110-120, and easily accelerated on slight exertion. Sounds regular, sharp, clear slight functional murmur at base. No organic murmurs. Lungs - clear Thyroid not palpable. Arteries, hard and slightly thickened at wrist Fine tremor of fingers. Pupils widely but equally dilated. React to L. and A. Subj. symptoms - dyspnoea is marked on slight exertion and he has praecordial pain at intervals.

INVALIDED TO CANADA AS REQUIRING MORE THAN SIX MONTHS TREATMENT.

FIT TO TRAVEL BY TRANSPORT.

15. To what degree is the officer disabled at the present time? 100%
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20, under 20, or nil.)

16. Is the disability permanent? NO.

17. If not permanent, how soon is re-examination recommended? Six months.

18. Is it necessary that the officer should be re-examined by the same Board? NO.

19. What treatment is the officer receiving, and where, and from whom? Graduated Gym. exercises. G.C.S.H., Buxton.

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? YES
Graduated exercises.

21. Does the officer require the constant attendance of another person? NO.

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service No - six months.

B.—Fit for service in a garrison or labour unit abroad No - six months.

C.—Fit for home service:—
(i) Active duty with troops No - six months.

(ii) Sedentary employment only No - six months.

D.—For admission to a command depot No - six months.

E.—Requiring indoor hospital treatment:— YES - INVALIDED TO CANADA.

(i) In an officers' military or auxiliary convalescent hospital Not applicable.

(ii) In an officers' hospital Yes - six months.

F.—Permanently unfit for any further military service NO.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 307 of 1918 been complied with? Not applicable.

C.H. Robson, Major, CAMC. President.

F.H. MacKay, Lt.Col., CAMC. Members.

W.G. Turner, Lt.Col., CAMC. Members.

ORIGINAL MEDICAL HISTORY SHEET

Surname Beechey Christian Name Robert

Examined { on 21 day of May 1917
 at here

Approved by A. Stewart
 Rank no post M.O.

Birthplace { City or Town Vancouver
 County B.C.

Apparent age 24

Trade or occupation fireman

Height 6 feet — inches

Weight 173 lbs.

Chest measurement { Minimum 36 inches
 Maximum expansion 41 inches

Physical development

Small-pox Marks —

Vaccination Marks { Arm Right 4 Left 0
 Number 4

When Vaccinated last Feb/1914

For yr
 Please
 M.H.S.
 Army C
 No 479

(a) Marks indicating congenital peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 24 day of December 1916 at Gordon Camp

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>C.R.T.</u>	<u>Lieut</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>G.6.S.H.</u>	<u>Sept 10/18</u>	<u>Dust.</u>	<u>Invalided to Canada at the base of Mount Cassin</u>

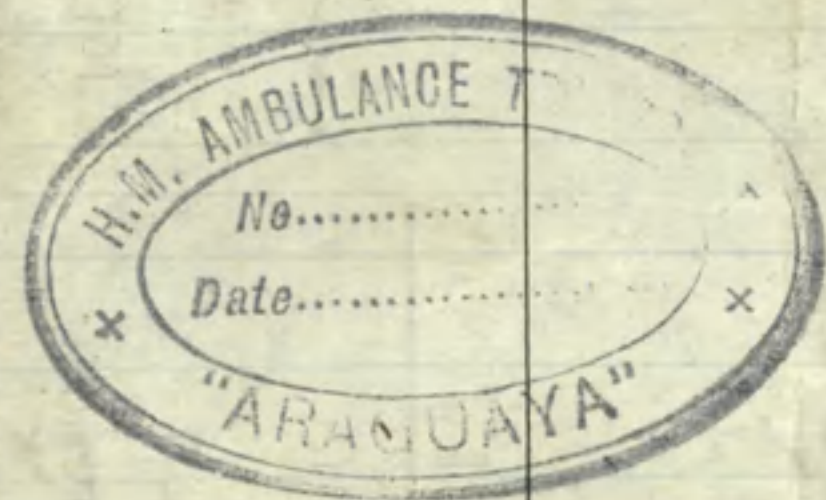
N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Royal Free Hosp WC1		14	8	18	9	9	18	D.A.H.		Influenza ^{Jan} 1918: Rapid heart since on exertion. H ^t . St. enb ^g . Some improv ^t . but heart's action easily hurried	Edwin Jones.
Granville Can. Spec. Hosp Buxton Derbyshire		9	9	18	14	10	18	D.A.H.	36.	History of influenza followed by weakness dating back Jan 1918. Weakness increased with palpitation of heart & rapid pulse upto 140 on slight exertion. Fine tremor in no part. Heart classfy'd to C. Extremely nervous & excitable. as above	W. Hall Capt Comd. R. Rivers Capt Comd.
		14	10	18	28	10	18	D.A.H.			



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				
20.4.18.	W.O.	To be Temp. Captain C.R.T.		16.3.18.	L.S. 30641
15.8.18	A.M.S.	Adm Stationary Hospital Abbeville		11.8.18	CL 1060 N.Y.D.
15.8.18	do.	Adm Royal Free Hosp, Gray's Inn Rd, W.C.		14.8.18.	CL 1060 D.A.H.
17.8.18.	C.R.T.D	J.O.S having been adm to Royal Free Hosp, Gray's Inn Rd W.C. on posting from 13th C.R.T.		14.8.18	PE 9 227.
20.8.18.	13th C.R.T.	Invalided sick and detached to C.R.T.D.		13.8.18	PE 9 68.
11.9.18	A.M.S	Adm Granville Spec Hosp, Buxton		10.9.18	CL 1083
25.10.18	C.R.T.D	S.O.S C.R.T.D on being invalided to Canada		14.10.18	PE 9 296 d/15.11.18
24.10.18.	Hq. 6 M.F.B	S.O.S 6 M.F.B. in British Isles on transfer to C.E.F in Canada on being invalided to Canada		14.10.18	PE 9 296 d/25.10.18 C.R.T.D R 0 4839

9294

30 NOV 1918

Surname **BELL-IRVING**

Christian Names **Robert** (Heat No A.P..)

Rank **Lieut. Captain**

Name and Address of Next-of-Kin

Promotion

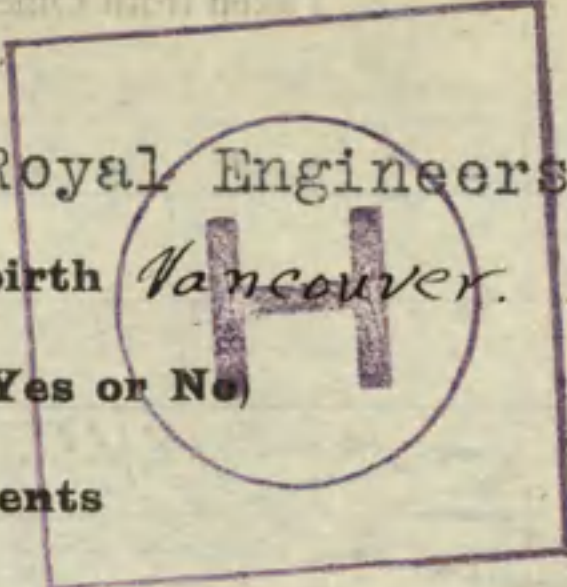
*D. H. Bell-Irving (father)
1121 - Seaton St.
Vancouver, B.C.*

Unit **Royal Engineers, (Imp.)**

Place of birth **Vancouver, B.C.**

Married (Yes or No)

Appointments



Date of leaving Canada

Date and Cause of Resignation

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				
12-1-17.	Depot Rly Troops.	To be Lieut. & posted to Can. Rly. Troops, transf. to Depot Can. Railway Troops. Purfleet		29-12-16. Lond. Gaz. 7-2-17. 27/12/16. Pt ii Ord. 1.B.	
1-2-17.	do 5th. Bn.	transf. to 5th. Bn. Railway Troops.		1-2-17. Pt ii Ord. 21.	
28-2-17.	Rly. Trps.	proceeded overseas with 5th. Bn R.T.		24-2-17. N.R. 5th Bn. Can. Raily. Trps. - Pt ii - Ord	
30.4.17	do	Arrived in France		24.2.17 Pt II O. 26	
14.9.17	5th. Bn. C.R.T.	trans. to England with a view to obtaining leave to Canada & posted to C.R.T. D.		9.9.17 Pt. II O. 85	
21.9.17	C.R.T. D.	S.O.S. on posting from 5th. Bn. C.R.T. having been granted spec leave to Canada 15.9.17 to		15.12.17 Pt. II O. 253.	
16.12.17.	"	Leave extended from 15.12.17. to		15.1.18 Pt. II O. 339.	
MENTIONED IN DESPATCHES - Lon. Gaz. 30448 d. 28/12/17					
19.1.18.	C.R.T. D.	Leave extended from 15.1.18. to		22.1.18. Pt. II O. 19.	
16.3.18.	-do-	S.O.S. on posting to 13th. C.R.T.		16.3.18. Pt. II O. 75.	
27.3.18.	13th. C.R.T.	proceeded overseas		28.3.18. Pt. II O. 15. appx	

A.F.B. 108.
MAR. 1917

A.F.B. 108.
APR. 1918

A.F.B. 108.
APR. 1918

CANADIAN EXPEDITIONARY FORCE

W.H. 11-37.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Captain.

(Name in full)..... Robert BELL-IRVING.

Enlisted in..... The Canadian Railway Troops.

CANADIAN EXPEDITIONARY FORCE, on the ~~XXXXXXXXXXXXXXXXXXXX~~

day of ~~XXXXXXXXXXXX~~ 1916 AND WAS APPOINTED to COMMISSIONED RANK

in..... The Canadian Railway Troops.

CANADIAN EXPEDITIONARY FORCE on the..... Twenty-Ninth..... day

of..... December..... 1916...

HE SERVED in CANADA, ~~England and France~~, with the ~~Canadian~~
~~Railway Troops Depot., 5th Battalion, Canadian Railway Troops.,~~
~~13th Canadian Railway Troops, and District Depot #11.~~

and was STRUCK OFF THE STRENGTH on the..... Twenty-Second..... day

of..... July..... 1919 by reason of General Demobilization.

Dated at Ottawa, this..... Eleventh..... day

of..... June..... 1920

Mentioned in Despatches, L.C.#29623, -13-6-16.

Mentioned in Despatches, L.C.#30448, -28-12-17.

Previously served in France, with the Royal Engineers, and Royal Flying Corps.

*March 15
W-hand*

for.

and
..... Capt......
Director of Personal Services.

28

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND SOLDIERS OF THE

THE CANADIAN EXPEDITIONARY FORCE

IN RECOGNITION OF THE SERVICES OF

AND WAS APPOINTED TO THE RANK OF

CANADIAN EXPEDITIONARY FORCE ON THE

THE CANADIAN EXPEDITIONARY FORCE

IN RECOGNITION OF THE SERVICES OF

BY

Director of Personnel Services

1915

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
17-8-18	C.R.V. Depot	Taken as strength of this Depot from 13 th Bn C.R.V.	Purfleet	14-8-18	M.I. D. 227
25-10-18	C.R.V. Depot	Struck off strength of this depot a transfer from On F.C. to C.E.F. (Canada) (C.R.O. 4829/24/10/18)	Purfleet	14-10-18	M.I. D. 296 Syme, Robert Lieut. Jr adyt. Canadian Railway Feb 20 Depot.
27-11-18	Overseas	T. G. S. District Depot XI	Victoria, B. C.	18-10-18	D. O. Pt II 224/2196. 1918.
		S.O.S. D.D. NO XI on being S.O.S. C.E.F. (Gen Demob) Auth aas 11 m d 150-2 of 10/3/19	Vancouver BC	22 7. 19	D.O. Pt 2. 203/4a 22/7/19
			P. MacLean Capt. T. G. S. District Depot XI		

Casualty Form - Active Service.

CERTIFIED CORRECT

28 AUG. 1918

CANADIAN RECORD OFFICE

Sheet 2

Regiment or Corps 13th Bn. C.H.S.

Surname Bell-Irving Christian Name Robert

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a) 2 years Service reckons from (a).....

Date of promotion to present rank 16.3.18 Date of appointment to lance rank.....

Extended { } Re-engaged { 4030641 } Qualification (b).....
or Corps Trade and rate.....

Occupation..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<u>13/4/18</u>	<u>Ob., 13th CRG</u>	<u>Landed in France</u>	<u>Field</u>	<u>29³/18</u>	<u>Ph II No 19/1918</u>
<u>24.3.18</u>	<u>AO, C.H.S.</u>	<u>Appointed as Captain</u>	<u>Purfleet</u>	<u>16³/18</u>	<u>Ph II No 13/18</u>
<u>20.4.18</u>	<u>WO.</u>	<u>To be Temp. Captain</u>		<u>16³/18</u>	<u>Med 1-681 d/53-3-18</u>
					<u>Lt. Supp 30641 d/19² 18</u>
					<u>Ph II No 23/d/5-5-18</u>
<u>13-8-18</u>	<u>2 Staty. Hosp.</u>	<u>Invalided Sick per A.T. "Princess Elizabeth," and detached to C.R.T. Depot, Purfleet.</u>	<u>Field</u>	<u>13-8-18</u>	<u>W3083/5942</u>
					<u>P.T. DO.</u>
					<u>Gulbeart</u>
					<u>Lieut. for Lt.-Col., A. A. G.</u>
					<u>Canadian Section, G. H. O. 3rd Echelon, B. E. F.</u>

(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) Signaller, Shoeing-Smith, &c. W. 8635-M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103-E/1807. P.T.O.

Casualty Form—Active Service.

Temporary

Regiment or Corps *5th Batt Royal Engineers (Emp)*

Rank ~~Private~~ *1st Lieut* Surname *Bell* Christian Name *Robert*

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) *3 years* Service reckons from (a)

Date of promotion to present rank. *16.2.17* Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and Rate.....

Occupation Signature of Officer

RECEIVED CORRECT
 16 MAR 1917
 CASUALTY OFFICER

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		<i>to be sent and posted to Canadian Railway Troops</i>	<i>Embarked</i>	<i>29/12/1916</i>	<i>Lod Coy 9/2/17</i>
			<i>Disembarked...</i>		
<i>12/1/17</i>	<i>C.R.S. Depot</i>	<i>Atached</i>	<i>Perflect</i>	<i>12/1/17</i>	<i>D.O. STATION</i>
<i>1/2/17</i>	<i>C.R.S. Depot</i>	<i>Transferred to 5th Batt</i>	<i>Perflect</i>	<i>1/2/17</i>	<i>D.O. STATION No 21</i>
	<i>5th Batt</i>	<i>Taken on strength</i>	<i>Perflect</i>		<i>D.O. STATION</i>
<i>27/2/17</i>	<i>C.R.S.</i>	<i>Proceeds Overseas</i>	<i>Perflect</i>	<i>27/2/17</i>	<i>D.O. STATION</i>
					<i>455 apt. 1st Lt. ADJUTANT, 1ST BATT. BLY. TROOPS.</i>
		<i>Lanced lancee</i>		<i>24/2/17</i>	<i>PL 7641</i>
					<i>Par 110 rd 36-30 17</i>

(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) Signaller, Shoeing-Smith, &c.

Date	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Transferred to England for the purpose of being granted leave to Canada and posted to C.R. Depot Purfleet.		9/9/17	Adm. Sec. File No. 16920/4 P.O. No 85 2-14/9/17
		<p><i>J. Griffiths</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>			
28-12-17	W.O.	Mentioned in Despatches.		16-3-18	
21-9-17	C.R.T. Depot	Taken on strength and granted leave to Canada 15-9-17 to 15-12-17.	Purfleet.	10-9-17	Part 2. DO 253
16-12-17	C.R.T. Depot	Granted extension of leave 15-12-17 to 15-1-18	Purfleet	15-12-17	Part II DO 339.
19-1-18	C.R.T. Depot	Leave extended 15-1-18 to 22-1-18	Purfleet	15-1-18	Part II DO 19.
16-3-18	C.R.T. Depot	S.O.S. on transfer to the 13th Batt. C.R.I.	Purfleet Et. Kensington	16-3-18	Part II DO 75 Lunt-for 06
16-3-18	13th Batt C.R.I.	S.O.S. on posting from C.R.I. Depot.	Purfleet	16-3-18	Part II DO. 4
28-3-18	13th C.R.I.	Proceeded Overseas	Purfleet	28-3-18	Part II DO 16
		<p><i>Mr. Williams</i> Capt. for Adjt 13th Batt. C.R.I.</p>			



~~Name.~~ Bell-Irving
R.

Despatches

Rank. Lieut.

From.
Gen. Sir Douglas Haig
Despatch 28-12-17.

Lieut. Can. Railway
Services

Auth. L.G. #30448.

Noted
R.O.

LIST No.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS

[Handwritten scribble]

[Handwritten scribble]



Name **BELL-IRVING** ✓
 Unit **13th CRT** ✓
 Next of Kin **Canada** ✓

Rank **CAPT.** ✓

Reg. No.

1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-8	2 Stat Hos.	Abbeville (WO)	NYD	1080	✓	
10-8	Royal Trusts Engrs	Engrs	Dust	1080	✓	
10-9	Engrs	Engrs		1083		
14-10	Discharged (Ht)			1188	✓	



A.G. 10425-5M.
6055-8-12-17.

FRANCE

Name BELL-IRVING R File No. J-B-140
Regt. No. _____ Rank CAPTAIN
Unit 29th Inf. Bn. (C.L.F.)
Sent to FRANCE 6.6.17 List No. 34 (J.B. 140)
Action taken To be MAJOR & to remain seconded

Effective 23-1-17
Gazetted date 10-7-17 No. 30175 Page 6928
G.O.G. Orders _____ No. _____ Date _____

To be COMDT, School of Aerial Gunnery / graded as
a ~~Major~~ Comdr & to be temp Lt-Col. G.E. 6.2.17

L.G. 30257, 29-8-17, P 8969
D.C. Regt.

✓ Major (4th Col. (O.B.E)) Census to be with for duty
with the R.A.F. - 9.4.1919. to W.O. 23/7/19 List 550.

L.G. 30-7-19 31481 P9817

Checked by _____ Date L.S. 11/9/19

To be Lt-Col 15-1-19 List. 540. Do. W.O. 5/9/19
31526 P. 11451

GRATUITY (IMPERIAL)

DEP. REGN. No. 36702 FEB 10 1923

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

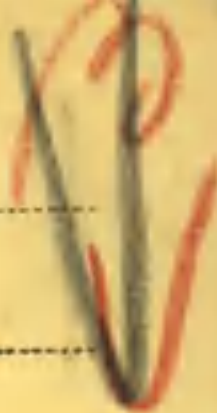
DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

Number

Rank

CAPT



Surname

BELL-IRVING

Christian Name

ROBERT

Units

Theatre of War

FRANCE

Date of Service

In S. Can Railway troops from 29/12/16
Royal Engineers 29/12/16

Ltd 7/2/17

Remarks

Latest Address

~~1121 Seaton St~~
~~1121 Seaton St~~
POWELL RIVER. B.C. Vancouver B.C.

Roll No

B Page 18139

23 1/2

200m.-6-21...

5th C.R.T

HOSPITALS**DATE****DIAGNOSIS**

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

Reg. No. 1 Name Bell Irving Robert
 Rank Capt Corps 13 C.R.T. Age 25 Service 8 2/12 8 10/12 7 30/12
 Ledger No. 2 Serial No. A 41803

19

HOSPITALS

DATE

DIAGNOSIS

Changhney Unit		
Vancouver	2-11-18	⁰⁴ D A H
Dish Duty	3-12-18	
Changhney Unit		
Vancouver	5-5-19	⁰⁴ D A H Following Influenza
Dish Unit	21-7-19	



Name Bell-Irving R. File No. S-B-1440

Regt. No. R.E. Rank Lt.

Unit R.E.

Sent to W.O. Lieut List No.

Action taken Tobe, ~~Capt.~~ C. Rly Tps.

Effective 29.12.16.

Gazetted date 7-2-17 No. 29932 Page 1344

G.O.C. Orders No. Date

Tobe Temp Capt (C.R.T.) 16/3/18. hit 367 to WD 12⁴/18
hg. 30641 P. 4796. 20/4/18.

Checked by Date

*Name Bell- Irwing Robert Rank Capt Regtl. No. _____

Original unit _____ Present unit 13th CAS M. or S. _____ Age _____ Religion _____ Fyle Depot 4177 Ref. H.Q. _____

Port, ship, and date of arrival ^a _____

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes _____ No _____ Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
27 11 18	IOS 18/10/18 Posted Hosp! Sect 18/11/18	224/2198 B
3 12 18	P+ a 1/11/18	230/2241 ad
5 12 18	Details Co 3/12/18 (Auth Med Bd 30/11/18 app a d m s)	232/2250 C
26 12 18	Hosp Sect as PRO P 23/12/18 will continue to draw Subs as heretofore	252/2371 a.

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

Date

Remarks.

Pt. 2 Order No.

11. 2. 19	Ceases to draw Subs as OP from 4/2/19 date admitted into Hospital	42/234 A
12. 2. 19	Subs from 10/2/19 while ops of OP	43/244 D
	Ceases to draw Subs Alice as OP from 7/5/19 Adm to Hosp	128/7 C
15- 5 19	Subs Alice from 14/5/19 while an Out-patient	135/5 a
18 7 19	Ceases to draw Subs Alice from 14/7/19	199/8 d
22 7. 19	Ceases to draw Subs Alice from 14/7/19	199/8 d
22 7 19	Cas Coy 21/7/19	203/3 C
22. 7. 19	S.O.S (Gen Demob) 22/7/19	203/4 B

Bell - Irving Robert

Name IRVING, R.B. Rank Capt. Regtl. No. D.D. 11.

Fyle Depot

Original unit 13th CRT Present unit M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u> 18-10-18	Posted to Hosp. Sect. 18-11-18	224.
21-7-19	Casualty Voy.	203a.
22-7-19	S.O.S. on Gen. Demob.	203a.

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

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.

10a. This Officer has improved considerably under the regime he has been following the past two months, but is in need of more rest and light outdoor exercise.

19. Is the invalid fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

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.)

yes, two months sick leave

- (b) Does not require treatment. (c) Should pass under his own control. (d) Should not pass under his own control.

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

no, sick leave for two months.

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.

PLACE Vancouver, B.C.

DATE May 9, 1919.

J. R. Gibson Capt. President. H. A. Dermot Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

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

PLACE DATE

APPROVED BY APPROVED BY

For Assistant Director of Medical Services Director-General of Medical Services.

DATE MAY 12 1919 DATE

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. 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. 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 initialed 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 Vancouver, B.C. DATE May 9, 19

1. 1 (a) Unit D.D.XI. (b) Regimental No. (c) Rank Capt.

(d) Surname Bell Irving (e) Christian name Robert

(f) Home address 1121 Seaton Street Vancouver.

(g) Next of Kin Dr. Bell Irving (h) Relationship father

(i) Address of Next of Kin same address

2. Age last birthday 25 Date of birth July 30, 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver. (b) Date Nov. 14, 14

4. Personal description:

(a) Height 5'6" (b) Weight 153 (stripped) (c) Complexion ruddy

(d) Colour of hair brown. (e) Colour of eyes blue (f) Identification marks, Scars, etc.

four vessels left arm

5. Former trade or occupation surveyor.

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).

Table with columns for Years and Days, containing dates like 4.6/12, A.D.M.S., M.D. XI, MAY 12 1919, and VICTORIA B.C.

Canada Nov. 1914-Jan. 1915. Nov. 1918 present

England Nov 1915-Sep. 1916. Aug. 1918. Nov. 1918.

France or other theatres of War Feb. 1917-Sept. 1917. Nov. 1918 Nov. 1918

7. Original disease, or injury D.A.R.

(a) Date of origin Jan. 1918 (b) Place of origin on board St. Louis.

(c) Cause infection.

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.)

P.A.H.

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.)

Healthy looking well nourished man, in fairly good general condition. Has slight facial paralysis, no enlargement of thyroid palpable. Lungs both clear. Heart-left margin in left nipple line. No murmurs. Precordial thrill palpable. Action tumultuous, action rapid but regular. Pulse 100 at rest, 120 after slight exercise (smoking bending 10 times) recovering within 4 minutes. Pulse full and compressible. B.P. 160-95. Complains of distress of breathing and a tumultuous action of the heart with slight exercise. After any exercise feels depressed and prostrate the next day. Complains also of a mild dysentery which has improved lately. At present about 3 evacuations daily. Occasionally the stools are watery. This officer is not in a condition yet to resume his former employment. Can only walk very leisurely without disturbing the heart action, light exercise as climbing of stairs disturbing him.

(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... as above Cardio-Vascular System... as above Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... as above 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).)

France Feb. 1915. Carried on till Sept. 1916. Wd of hand. Hosp. London 3 months. Returned to base. Transfd to C.R.T. France Feb. 1917. Influenza. Carried on till Sept. 1917. Leave to Canada. Returned to England. Influenza Jan. 1918. France Feb. 1918. Influenza again June—in bed with Satis for one month. England Hospitals till evacuation to Canada. Nov. 1918. Has been under treatment at Chughnessy since.

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).)

old dislocation of rt thumb before enlistment. Influenza, Jan. 1918 and June 1918.

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

scar right fore finger

11.—(a) Did the disabling condition have its origin before enlistment? no

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

n.a.

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? 12 months at least

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

rest and exercises.

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)

should have 2 months leave, outdoor exercise and graduated exercises

16. Can the former trade or occupation be resumed? no (If not, briefly state why)

17. Recommendations... D3 for further treatment.

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... 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...

R.O.

Robert Bell... Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

no

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) Should not pass under his own control.
 (Strike out condition not applicable.)

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

yes

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Vancouver B.C.

DATE July 17.19.

J. R. Gibson *John Madern* } Members
 President.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... } Members
 DATE.....

APPROVED BY *B. G. Lang* APPROVED BY
 Assistant Director of Medical Services. Captain G.A.M.C. Director-General of Medical Services. M.D. 11

DATE JUL 18 1919

DATE.....

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Vancouver B.C. DATE 17.7.19

1. 1 (a) Unit D.D.XI. (b) Regimental No..... (c) Rank Capt.

(d) Surname Bell-Irving (e) Christian name Robert

(f) Home address 1121 Seaton Street Vancouver.

(g) Next of Kin Dr Bell-Irving (h) Relationship father

(i) Address of Next of Kin as above

2. Age last birthday 25 Date of birth July 30/93

3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver. (b) Date 14.11.14

4. Personal description:

(a) Height 5'6" (b) Weight 153 (c) Complexion ruddy
(stripped)

(d) Colour of hair brown (e) Colour of eyes blue (f) Identification marks, Scars, etc. four vacancies left arm.

5. Former trade or occupation surveyor.

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
	<u>4.9/12.</u>	

	PERIODS		
	From	To	
Canada	<u>Nov. 1914-Jan. 1915</u>	<u>Oct. 1917-Dec. 1917</u>	<u>Nov. 1918 present.</u>
England	<u>Jan. 1915-Mch. 1915.</u>	<u>Sept. 1916-Feb. 1917</u>	<u>Dec. 1917-Mch. 1918. Aug. 1918-Nov. 1918</u>
France or other theatres of War	<u>Mch. 1915-Sept. 1916.</u>	<u>Feb. 1917-Sept. 1917.</u>	<u>Mch. 1918 - Aug. 1918</u>

7. Original disease, or injury D.A.H.

(a) Date of origin Jan. 1918 (b) Place of origin on board transport

(c) Cause influenza

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.)

N.A.H. and debility

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.)

General health only fair, appetite fair, sleeps very well, has a slight diarrhoea every few days, alternating with constipation, no abdominal signs. Heart not enlarged, no murmurs, rate slightly irregular at times, pulse soft and compressible. Pulse sitting 90, after bending ten times 156, 98 in 5 mins. B.P. 140-70. Lungs-normal. Has shortness of breath on slight exertion, cannot play any games, cannot walk fast or climb hills, can walk half to one mile, then tires. There is fairly marked debility, he has lost about 5-6 lbs since last Board and is now about 35 lbs less than 2 years ago. Is only fit for very light sedentary work at present.

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

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

Influenza Jan. 1918, but returned to France though not feeling fit. Influenza again in June 1918 when he broke down completely.

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).)

wound of hand London, 3 months, July 1916. No remaining disability. Right thumb shows old dislocation (pre-enlistment) no aggravation by service

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

scar right forefinger.

11.—(a) Did the disabling condition have its origin before enlistment? *no*

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

N.A.H.

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? *six months at least*

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

rest and exercises, sick leave.

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)

no, see 9a.

17. Recommendations.

discharge

*J. H. MacDermott, Capt.
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, 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.

N.A.H.

*Robert Bell-Livingston, Capt. Rank.
Signature of invalid examined.*

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

M. OR S. *cf* REGT. NO. NAME (IN FULL) *Bell - Irving R.* RANK *Capt*

ORIGINAL UNIT C.E.F. *15 Bell & R Troops* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

ADDRESS *1121 Seaton St - Vancouver B.C.*

DATE OF ATTESTATION *22-7-19* PLACE OF ATTESTATION *15 Bell & R Troops* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *Nil* DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

Certified that all payments have been made in this account for which authority has been received to date.

Approved
Paymaster, Demobilization Pay

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL		BALANCE		PARTICULARS OR REMARKS															
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBITS	CREDIT	DEBIT		CREDIT														
Jan	31	4 ⁰⁰	124 -	5270				17670	23501					17670				D.O. 42 Sub dropped 4-2-19 add HP															
Feb	28	112 -	510	510				11710	29350					11710				D.O. 43 Subs write out Patient from 10-2-19															
Mar	31	4 ⁰⁰	124 -	5270				17670	33610					17670																			
April	30	120	51	51				171	mill 97					171				D.O. 138 begins to draw Subs from 5-5-19															
May	31	174	37	40				16140	390003					16140				D.O. 135 Subs add from 11-5-19															
June	30	170	51	51				171	200003					171				20199 Cash Subs 11-1-19															
July	27	88	23	80				11180	36719					11180																			
<u>3 1/4 years War Gratuity</u>																																	
Aug	18 1/2 days		732 -	732 -				732	1591591					732																			
<u>Imperial</u>																																	
<u>hold balance 1/10/19 pending advice from Ottawa re amount of Imperial Gratuity</u>																																	
<u>17-10-19</u>																																	
<u>let write 73/11/19</u>																																	

I certify that all payments of War Service Gratuity have been made in this account according to the period of Service shown on the B.F.W. 2595 received.

Approved
Officer in Charge War Service Gratuity
A.D. Co. 11

See over

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1		COL. NO. 2		COL. NO. 3		\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			NO.	DATE					NO.	DATE	NO.	DATE	\$	C.													
12/11	Serial	18	32			65	39							65	39												Stealing Exchange

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF UNIT DATE AUTHORITY

1st Troops

Pay 3d Mess 200.75

Lieut. 1/1000.

Mess DATE AUTHORITY

*12/1/17 Lt. 1347 2/17
16 3/18 Lt. 357. 12 3/18*

Name *Bell-Irving*

Initials *Robin*

Bank *Coastley*
16 Charing Cross

Entitled to add also Lt. Col. Bell Irving R.A.F.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918-19								
<i>1918</i>								
<i>Apr. 16</i>	<i>Pay. W.</i>		<i>108</i>					
<i>23</i>		<i>Bank 0956</i>		<i>108</i>				
<i>24</i>	<i>Adv of Pra to Captn rates fr. 16 3/18 - 30 4/18.</i>	<i>No. 728</i>	<i>52 90</i>					
		<i>Bank</i>		<i>52 90</i>				
<i>May</i>	<i>Pay. R</i>		<i>147 25</i>					
<i>25</i>		<i>Bank 7492</i>		<i>147 25</i>				
<i>June</i>	<i>Pay R</i>		<i>142 50</i>					
<i>26</i>		<i>Bank 4060</i>		<i>142 50</i>				
<i>July</i>	<i>Pay R</i>		<i>147 25</i>					
<i>23</i>		<i>Bank 5407.</i>		<i>147 25</i>				
<i>Aug 20</i>	<i>Pay R</i>		<i>147 25</i>					
<i>21</i>		<i>Bank 6957</i>		<i>147 25</i>				
<i>Sept 18</i>	<i>Pay R.</i>		<i>142 50</i>					
<i>23</i>		<i>Bank 8945</i>		<i>142 50</i>				
<i>Oct 10</i>	<i>Bal Cert Pra</i>	<i>Bank 9858.</i>		<i>147 25</i>				
	<i>Pay R</i>		<i>147 25</i>					
	<i>add Outfit allow</i>		<i>100.</i>					
<i>1919</i>								
<i>Jan 20</i>	<i>a.o.a. trfd to Can for payment.</i>	<i>No 695</i>		<i>100.</i>				
<i>3/1/19</i>	<i>Add Outfit allow credit \$100.00 forwarded Ottawa Pk 76-28</i>							

*Net to loan
L.A. to 31 10/18
1/1 for the M.C. Ledger
Tr from L27 to L12, 8 11/18
~~5249 of 11/18 to bank~~
~~at Bal \$48.67~~*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Meas
DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

C. Rly T. D.

Lieut

12/17

291347 d/7/17

Name

Initials

Bank

9-B-1438
Bell-Iving
Robin
~~*Bank*~~
Box 604
166haring X

auth letter 26/17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>								
<i>Apr 14</i>	<i>Bank (P.A. fr 29¹²/₁₆ - 31³/₁₇ mess fr 12/17)</i>	<i>1567</i>		<i>320 80</i>				
	<i>Do Do</i>			<i>320 80</i>				
	<i>Pay April (R)</i>		<i>108</i>					
<i>27</i>	<i>Bank</i>			<i>108</i>				
<i>May 1st</i>	<i>Bank (Prev. pd mess fr 12/17. shd be 29¹²/₁₆. diff 14 days)</i>	<i>3080</i>		<i>114</i>				
	<i>Do Do</i>			<i>114</i>				
	<i>Pay May (R)</i>		<i>111 60</i>					
<i>22</i>	<i>Bank</i>	<i>5920</i>		<i>111 60</i>				
<i>June 22</i>	<i>Pay June (R)</i>		<i>108</i>					
<i>23</i>	<i>Bank</i>			<i>108</i>				
<i>July 19</i>	<i>Pay R</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>12950</i>		<i>111 60</i>				
<i>Aug 17</i>	<i>Pay Aug R</i>		<i>111 60</i>					
<i>21</i>	<i>Bank</i>	<i>16983</i>		<i>111 60</i>				
<i>Sept 11</i>	<i>Bal Sp. Pay Cash</i>	<i>Bank</i>	<i>14704</i>	<i>108</i>				
<i>15</i>	<i>Pay R</i>		<i>108</i>					
<i>Oct 15</i>	<i>Pay R</i>		<i>111 60</i>			<i>111 60</i>		
<i>Nov 16</i>	<i>Pay R</i>		<i>108</i>			<i>219 60</i>		
<i>Dec 1918</i>	<i>Pay R</i>		<i>111 60</i>			<i>331 20</i>		
<i>Jan 1918</i>	<i>Pay R</i>		<i>111 60</i>			<i>442 80</i>		
<i>Feb 1</i>	<i>Balance Pay to 31¹/₁₈</i>	<i>Bank</i>	<i>39487</i> <i>39487</i>	<i>442 80</i>				
<i>"</i>	<i>Pay R</i>		<i>100 80</i>					
<i>20</i>	<i>Bank</i>	<i>40791</i>		<i>100 80</i>				
<i>26</i>	<i>Sick leave 15⁹/₁₇ - 15¹/₁₈</i>		<i>R188</i>					
<i>Mar 18</i>	<i>Pay R</i>		<i>111 60</i>					
<i>"</i>	<i>Bank</i>	<i>42436</i>		<i>111 60</i>				

Leave to be carried forward until return
L.P. to 30⁹/₁₇
15-4-6

\$74¹⁰/₁₀₀

Ford

