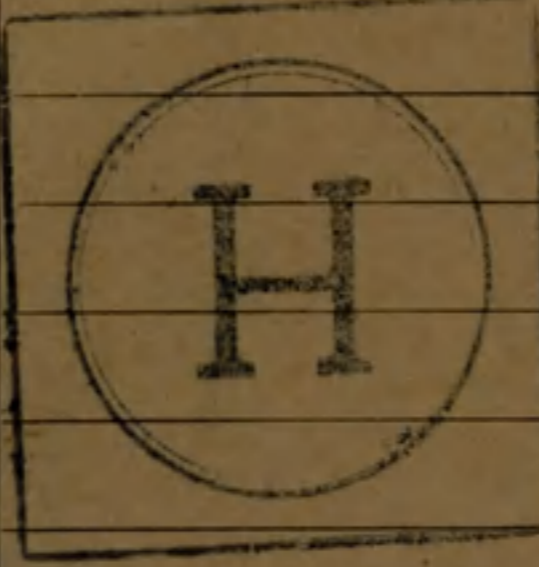
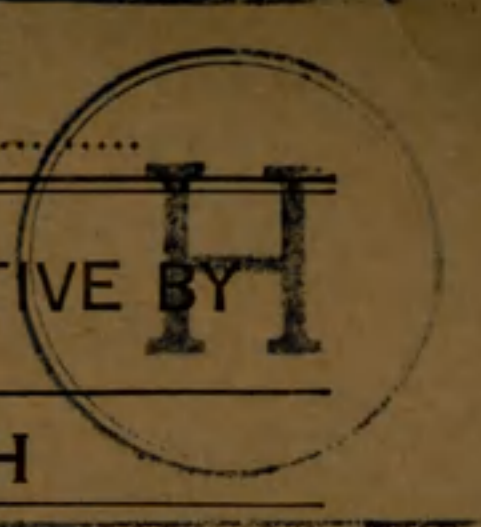


C.E.F. REGIMENTAL DOCUMENTS

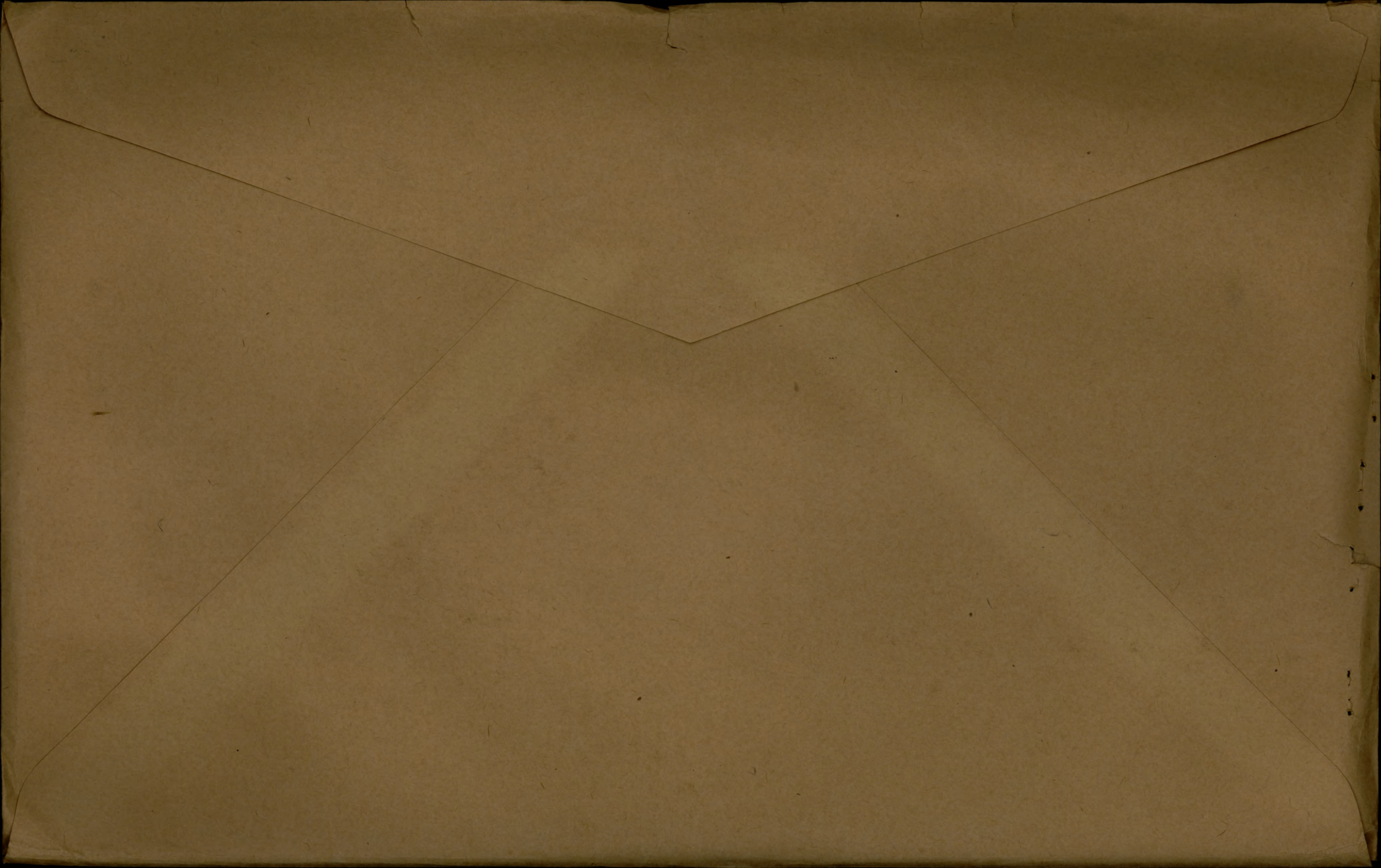
NAME BLACKBURN, ROBT. G. REGT. No. 46457 UNIT H. Q. FILE No. 21975



CANADIAN FORCES
 RECORDS CENTRE
 PERS JACKET
 ROOM

402655

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. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
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)					DESERTION
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)					
CARDS					
PAY-SHEETS					



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 46457 (Rank) L/Corporal

Name (in full) Robert Glyn Blackburn enlisted in
the 17th Battalion

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 26th
day of September 19 14

HE served in France, and was Prisoner of War
15th Bn.

and is now discharged from the service by reason of

Demobilization.

~~Medical Unfitness.~~

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

Age 25 years - 6 mos

Height 5' - 8"

Complexion Dark

Eyes Grey

Hair Dark

Marks or Scars

mole in front of left ear

Signature of Soldier

Date of Discharge

DISCHARGE SECTION
MAY 15 1919
No. 1 District Depot

Issuing Officer

Rank

Date

J. C. Dispersal Area Sta "K."
19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

BLACKBURN

R.G.

46457

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

100.15.

HOSPITAL

DATE OF ADMISSION

Mil. H. Paddington.
 G. G. Bearwood.

9.12.18.

HOSP. 13.12.18.

2.

HOSP

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

n/s.
 T.B. Pulmonary. *mm*

2.

PR. PRIS. OF WAR AT CASSEL NOW MOVED TO LANGENZALSA IN THURINGEN.

now rep. moved to Soltau

now interned in Switzerland

DISPOSITION

DATE

at Quisisana Camp, Switzerland.

CL-22-11-17 A69.

22.12.17 A95.

23.5.18 A2210

21.6.18 A246

17.12.18 B399

18.12.18 B400

23.1.19 B428-3

now repatriated, arrived in England and at above hosp.

his - 23.12.18.

REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

A.D.M.S. HEADQUARTERS
CANADIAN TROOPS,
25 MAR 1919
WIMBORNE, SURREY

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 46457 Rank Lt/Cpl Surname Blackburn
(Give name in full)

Unit or Corps 1st C.O. P.S. Birthplace Robert B. Burton-on-Trent Eng

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5.8 ft. Colour of Eyes hazel
Nutrition good
Pulse 72
Condition of arteries good
Vision Rt. 46 Left 46
Hearing (conversational voice) Rt. 40 ft.
Left 39 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
mole near Lt. ear.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witle (Overseas)

Date 25/3/4

Signed Sheehan M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature R. G. Blackburn

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

R.P.

MEDICAL CASE SHEET.*

COE

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
Station and Date.	Disease			
Can: Conval: Hospital: Bear Wood.	Has no complaint G.C. good			
23.12.18	Dis to Base [Signature] Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.			
	Q.F.B. 179. G. G. Mimmign [Signature]			
	A.			
	2 - JAN - 19			
	Registrar, Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Rank and Name BLACKBURN, Robert G.
 Regimental No. 46457
 Unit 17th Battalion
 Date of enlistment Sep. 28th, 1914
 Place of birth England
 Married (Yes or No) NO
 If in Permanent Force
 Name and Address of Next-of-kin R.N. Blackburn,
 2240 Garnett St.,
 Regina, Sask., Can.
 Date and place of discharge
 Reason for discharge
 Character on discharge

Em No 17080
 # 46457

N/E R.B. No 25218
 File No.
 Category CAN. OR

Promotions or appointments

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				
21. 6. 15	W.O	Transferred to 15 th Bn Prisoner of War Officially			O.N. Cas Rep # 85. W.O. Cas. List # 21517
16. 12. 16	15 th	Now unofficially at Cassel			Cas Rept A 521
21-11-17	160 R. (15 Bn)	Now transferred to Langensalz			W.O. 69
21-12-17		Now transferred to Soltau			W.O. 95
23-5-18		Previously reported Prisoner of War at Soltau, Hanover now interned in Switzerland.			W.O. 221
17-12-18		REP P OF WARR IN ENG Kaduw. Mil. Hosp. Paddington			9-12-18 W.O. 399. Not listed
20-12-18	160 R.D.	T.O.S. in above hospital			9-12-18 W.O. 352.
28-12-18	12th Res.	T.O.S. from 1st CORD			23-12-18 - 358 (1st CORD D.O. 363 d 31-12-18)

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				
5.12.19		12 RES / S O S TO 3 R.3 5.2 19 DO 30			Do 376 8 19 3 RES
21.2.19	3rd Res	SOS to 1st CORO	Pte Witley	19.2.19	D.O. 52 (D.O. 48 ^d 28.2.19) M.D. 1 D.O. 92
21.4.19	ICORD	S.O.S to MDI Rhyf	✓ Ripon	16-4-19	- 86 / D/17-7-19
3.5.19	MDI	S.O.S to Canada	✓ Rhyf	2.5.19	DD 104-K-38 2-5-19

BLACKBURN

R. G.

46.457

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-12-18	C.C. H. Bearwood.	S.B. Pulm.	B 400	3046		
23/12	Discharged		do	B. 428		1202

R/L 23/12/18 Will proceed on 23/2/19 to 12 Res. Witley

Name *Blackburn* ^{Right} Rank *Ist Lt.* ✓ Reg. No. *46457*

Unit *15th. Bn.*

Next of Kin *Canada.* *25-B-2968*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	<i>off. rep. unoff at</i>	<i>Cassel</i>	<i>P.W. unwounded.</i>	<i>85</i>	<i>(Soltan)</i>	
	<i>Trans to</i>	<i>Sangersalza Thuringen</i>		<i>A69</i>		
	<i>RCL - 2181</i>	<i>14-11-17</i>		<i>A95</i>		
	<i>Trans. to</i>	<i>Soltan Hanover</i>				
<i>1918</i>	<i>INTERNEED IN SWITZERLAND on 16-5-18</i>			<i>H142</i>		
<i>1918</i>	<i>Repatriated to Quisisana, Leyser, Switzerland</i>			<i>A221</i>	<i>H176 CRC-19</i>	
<i>9/12/1900</i>	<i>addressed to 1st Battalion NSB</i>			<i>A266</i>	<i>Q824</i>	

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

85-

Offic. up. Prisoner of War.
at Kriegspottingen.

- 1521 Pres rep. offic. POW now unoffic at Cassel
169 Pres rep. POW at Cassel now moved to
Langensalza in Thuringen (15) H.d. 22-11-17
- 195 Pres rep. POW at Langensalza now moved
to Soltan (15) 16-1-18
- 1221 Pres Rep. POW of War at Soltan Hannover
now interned in Switzerland
H.d. dated 23-5-18
- 1246 Pres Rep interned in Switzerland now
at Pussisana Deyen Switzerland
- B 399 Pres POW arrived 19th England edmt Kiel H.
Paddington 9-12-18 Not tutored

NAME Blackburn, Robt., G. H. Q. FILE No. 649-
REGT'L. No. 46457

RANK AND CORPS Pte., 15th B Batt. 17th Bn

CABLE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
C. 2475	22/6/15	Offic. rep. P. of W. Germany.
N of K		R. N. Blackburn (R. N. S.) 2240 Garnet St. Regina Sask
4-3		
A 142	23-5-18	Prev. rept. P of W Soltau Now interned Switzerland
A 176	22-6-18	Prev. rept. int. Switzerland now at Quissana Leysin, Switzerland.
N. of K.		R. N. Blackburn. (R. N. S.) 2240 Garnet St., Regina. Sask.
B. 824	18-12-18	Repat. P of W. adm Phil H. Paddington hlec. 9th / 18.
36.		

NO 1628
XX FOLL.

G. a. 128532007

JUN 7 1921

G. a. 18455 Desk

JUN 28 1921

Number **P** 46457 Rank *2d ap.* **B**
Surname *Blackburn* **BLACKBURN**
Christian Name *Robert. Shym*
Unit *15th Can. Inf. Theatre of War. France.*
Dates of Service **✓**
Remarks

Latest Address *2240 Garnet St.*
..... *Regina, Sask.*

Roll No. **B**
Page 301

REMARKS.

Su. Group. 18
Occ. " 13
Dis. 9

Can: Conval: Hospital,
Bear Wood. HOSPITAL.



AT.....

A. & D. No. *00 16215* PL. OF ACTION.....

RANK *4/c* REG. No. *46457* UNIT *15th Bn* SICK OR WOUNDED

NAME *Blackburn R* AGE *25* RELIGION *CE*

PLACE IN HOSPITAL *9th 12*

DIAGNOSIS *T. B.*

ADMITTED *12 DEC 1918* FROM.....

DISCHARGED *22 DEC 1918* TO *12th Res Witley*

TRANSFERRED.....

SERVICE AT HOME *47/12* IN FIELD *3/12*

RESULTS *Fit A.*

Repatreated

(See Document Card for M.H. Sheet and other Documents.)

I.K. CARD NO. *DR*
SOS Do 13-5-19
Do 1959 FOLL 13-5-19
Demol 1.2.2

SURNAME. *Blackburn*

CHRISTIAN NAMES *Robert G.*

REGL. NO. *46457.* RANK *Pte.*

UNIT ~~*17th.*~~ *15th.*

Pen.

FORMER CORPS *7th Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Blackburn, R. N.*

RELATIONSHIP TO SOLDIER *Not stated*

ADDRESS *2240 Garnet St. Regina Sask.*

COUNTRY OF BIRTH *England. Burton-on-Trent.* DATE *Oct. 19th 1893*

PLACE OF ATTESTATION *Valcartier, P.Q.* DATE *Sept. 28th 1914.*

0/10 4/10/14

R/C 13-5-19

From Quebec per *S.S. "Puthenia" 4/10/14*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

8

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Dark.

DISTINGUISHING MARKS

Male front left ear.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Sept. 26th 1914.

Present address: Not stated.

NAME *Blackburn Robt. G.* REGT. NO. *46457.*
RANK AND UNIT *Pte* *15th Batt.* *Form 17th Bn.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

13400-3.

Canbom Bearwood
Wokingham

12

13-12-18

T.B. Pulmonary

B42813)

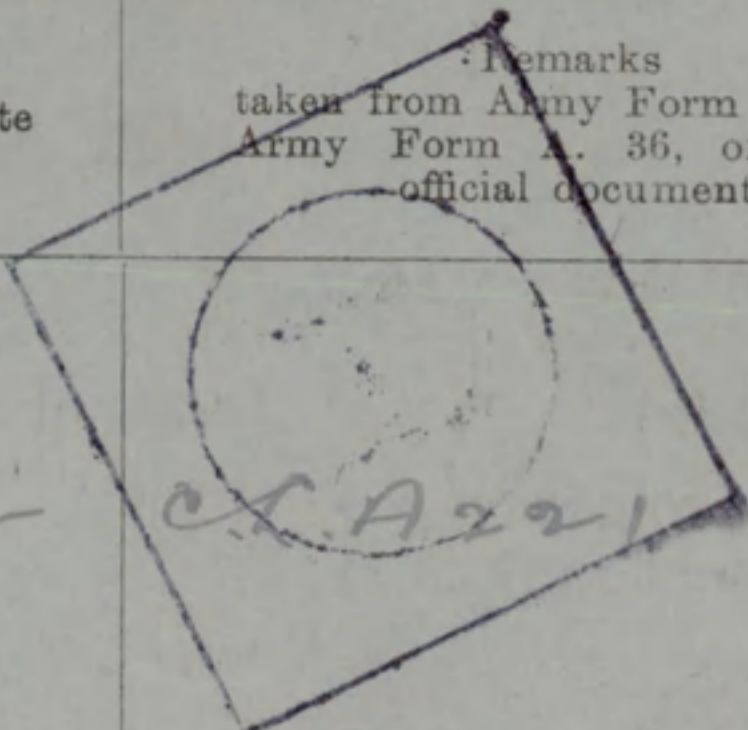
" " " " " " " "

23-12-18

" " " "

"

W. S. B. CLASS A.

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				
23.5.18	1 CO R. 15 Psa.	Pres. reptd. Pris. of War at Soltan, Hanover now interned in Switzerland			 Lt. Khan. Lieut. for Major i/c Records. O.M.F.C.
28.12.18	12th Res.	J.O.S. 12th Res.	Witley	23.12.18	Pt II 308
5.2.19	12 Res.	S.O.S. to 3rd Res.		5.2.19	30 Lieut. i/c Records 12th Res. Bn. C.E.F.
6/2/19	3 Res	J.O.S. of 3 Res	Witley	6/2/19	100 37
21-2-19	3rd. Res.	S.O.S. to 1st. CORD.	Witley	18-2-19	D.O.52 Lt. Whaugh for
28-4-19	1st CORD	J.O.S. from 3rd Res		19209	1548
19.4.19	so	J.O.S. to M.D. 1.	Ripon	19.4.19	20 55 Lt. Whaugh Capt. Adj. R.D.G.

W.S.B.

Class A

Casualty Form—Active Service.

War Service Badge

Regiment or Corps 14th Batta

Class "A" No.

Regimental No. 46457 Rank Pte Name Blackburn Robt. G.

Enlisted (a) 28-9-14 Terms of Service (a) _____ Service reckons from (a) 22-9-14

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
present rank } to lance rank } 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				
<u>W.D. Cas list</u>	<u>At's office at the Base</u>	<u>Prisoner of war</u>	<u>Haltingen</u>	<u>24/4/15</u>	<u>W.D. Cas list # 21517</u> <u>At. 663/7. 27/5/15</u>
<u>16.12.16.</u>	<u>15th Bn.</u>	<u>Now unofficially at</u>	<u>Lassal.</u>	<u>-</u>	<u>Cas. A. 521.</u>
<u>21. 11. 17.</u>	<u>ICDR, 15th Bn.</u>	<u>Now transferred to</u>	<u>Langensalza, Thuringen</u>	<u>-</u>	<u>C.A. 69.</u>
<u>21. 12. 17.</u>	<u>" "</u>	<u>" "</u>	<u>Soltan</u>	<u>-</u>	<u>C.A. 95.</u>

McGraw
CAPT.
OFFICER in CHARGE
CANADIAN SECTION G. H. Q.

(*) 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.

DEPARTMENT OF SOLDIERS CIVIL RE ESTABLISHMENT

Department of Oto-Laryngology

Name- BLACKBURN R.G. #46457 Address 8 Russell St.

Date- 8-1-20

Complaint- Patient complains of deafness and daily discharge from both ears for the past 3 years. Slight deafness in the right ear previous to enlistment. Also complains of frequent headcolds, nasal discharge, and frequent sore throat
 Diagnosis- Chronic Rhinitis

	Right	Left
No se- Septum	straight, ample space	
Infra Turb.		
Mid Turb	swollen and congested throughout. No pus or discharge seen in the nose. Patient has recently cleansed nose	
Naso-Phar	Posterior tips not enlarged	
Tonsils-	moderate size, cryptic. Debris in the crypts	
Memb.Tymp	A.D. drum dull, light reflex absent. Drum thickened	
Mastoid	No scar tissue made out	
Eust. Tubes	A.S. drum dull, malleus slightly injected. No discharge	
Discharged	No scar tissue seen	

A.D. V. CV LL HL RINNIE WEEER BONE COND'N

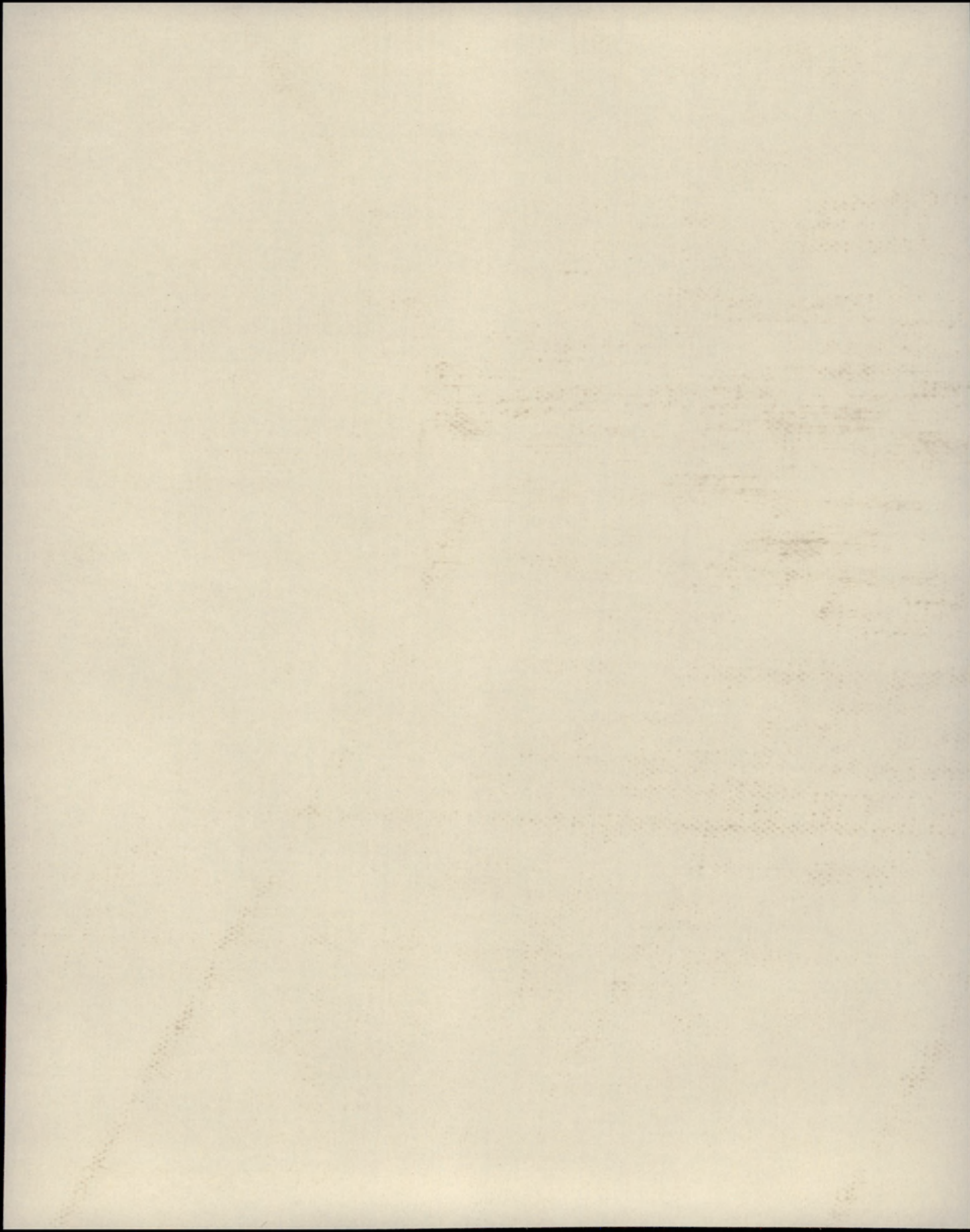
20'

X Ray Plate shpws 20' All forks heard A.U.

TREATMENT DIRECTED Return 10-1-20 for further examination of the nose as to course of pus

10-1-20 Slight mucus found in both nares. (sgd.) A.A. Halliday
 No pus seen on examination today

A.A.Halliday



Dr. Hipwell

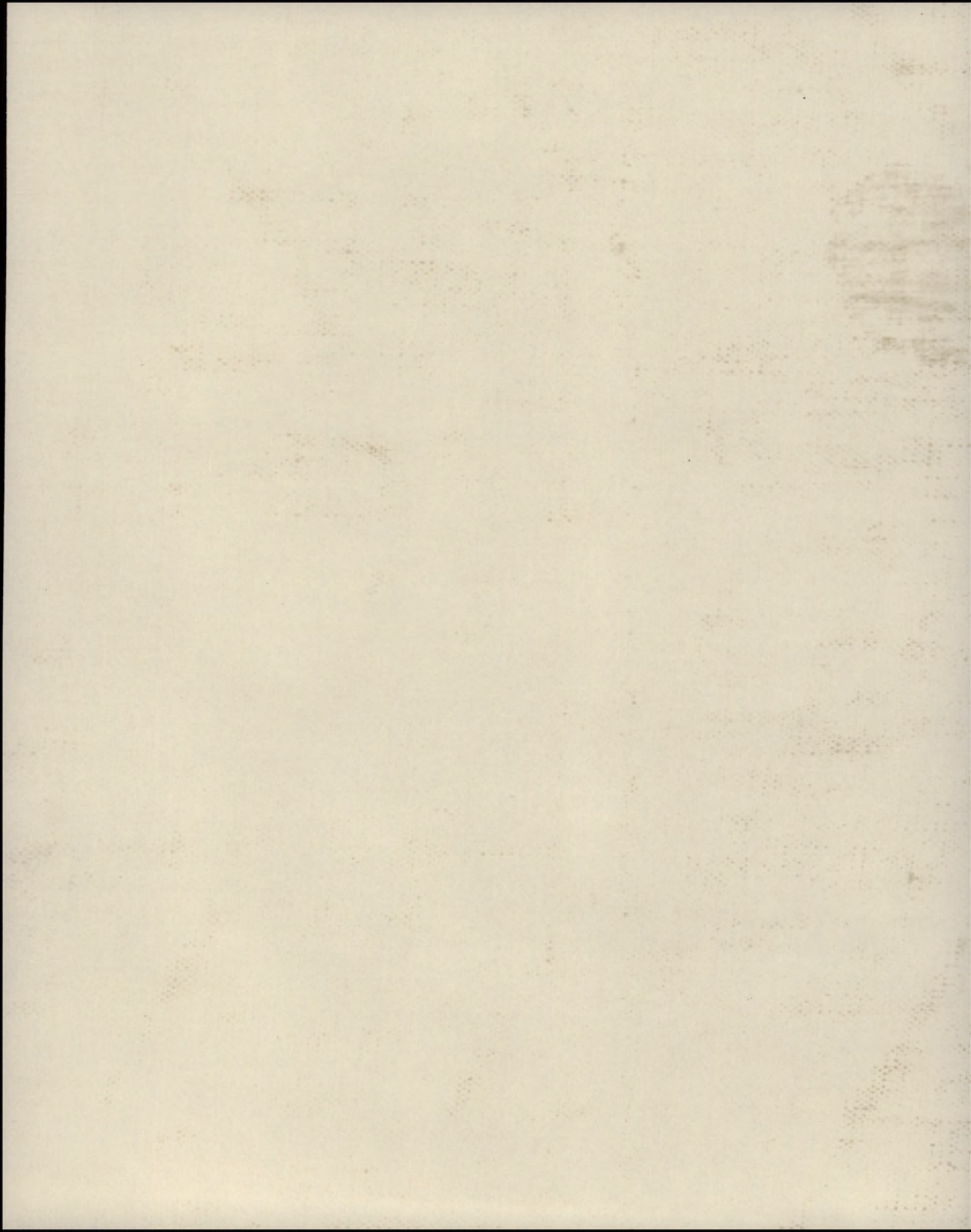
Re #46457

BLACKBURN R.G.

I can find no evidence of T.B.
infection of this man's lungs. Breath sounds
are clear throughout and of normal quality

Jan. 7, 1920

J.H. McPhedran



Refer to : 438 - R.

184 Spadina Ave.,

Toronto, Jan.13,1920.

#46457

Age 26

Complains of:

1. Being all shaky
2. Of not being able to settle at anything
3. Perspiring a great deal, especially in the hands and feet
4. Perspiring a great deal, especially in the hands and feet.
5. Of feeling self conscious if he is among strangers
6. Of tingling sensations in his hands.
7. Of sleeping poorly. Wakes with a start
8. Troublesome dreams

Was buried by a shell explosion on Apr.24,1915 and immediately afterwards was captured by the Germans. P. of W. three years and seven mos.

Physical examination:

Well developed and well nourished man.

Station and Gait Normal.

K.J. and A.J. present and equal. Very easily elicited

No Babinski

Abdominal and epigastric reflexes present

Reflexes of the upper extremities present

Coarse tremor of the extended fingers, and occasional jerky movements of the arms

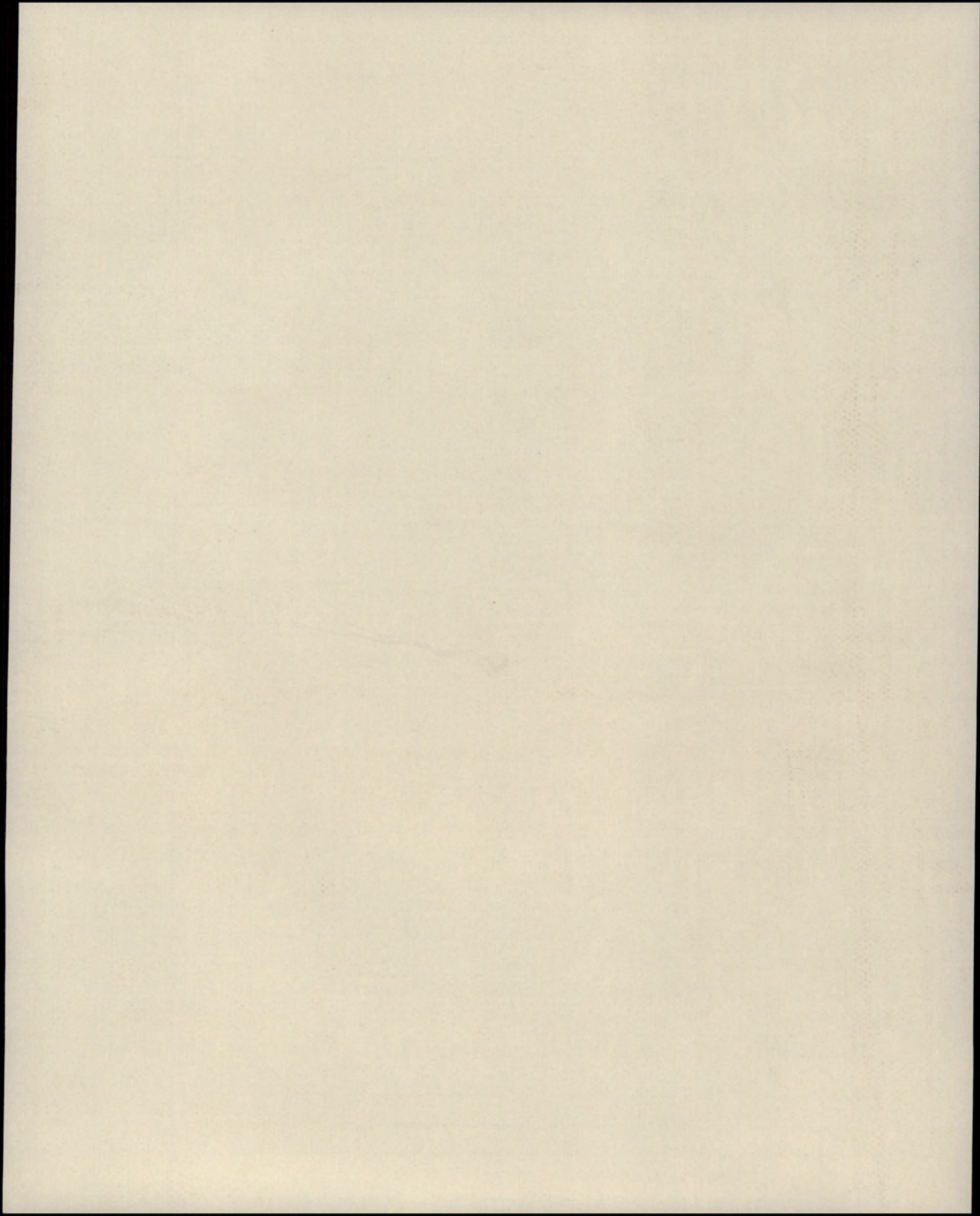
Pupils round, equal- react briskly to light and to accomodation

Cránial nerves normal

I find no evidence of organic disease of the nervous system in this man This man's nervous symptoms are functional, but he would measure up very poorly in the general labour market, and I do not think he could carry on his former occupation as a Machinist at present, on account of the noise of a Machine shop. He states that he is attending the School of Practical Science, and I should strongly recommend that he be given a Vocational Training Course along the line of his choosing. With regular application at this work his nervous symptoms should improve

E.P. Lewis

Neurological Clinic



5. MEDICAL HISTORY. Entered Sept 1914. Came to Eng. Oct 1914.
 In France Feb 1915. In France 3 mos.
 Captured April 1915. N. R. POW. In Germany 3 mos.
 Hosp. Admissions: (a) Göttingen Hosp. 1916. 2 weeks. Skin rash (diagnosed).
 (b) Basel Hosp. 1917. 1 month.
 Present Health: Good.
 Complaint: Debility over P. O. and Germany.
 no trouble in chest now.
 Occupation in Germany: not occupied, food poor and deficient in quantity.

6. PRESENT CONDITION. Fairly well dev and nourished, looks pale, not robust.
 Examination:
 Heart: Normal. Pulse 78 per min.
 Lungs: Normal.
 Other Systems: Normal.

Disability Group (a)	Disability Group (b)	Disability Group (c)
AA	AA	AA

7. OPERATION. (i) Was one performed? no (ii) If so, state what. NA
 (iii) Was one advised and declined? no

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

8. (i) Is there loss or decay of teeth attributable to Active Service? no
 (ii) If so, describe. NA

9. DO YOU RECOMMEND:—
 (a) Fit for duty? (state category) no
 (b) Invalid to Canada? yes
 (c) Discharge from the Service as permanently unfit? no

Date of Report: Dec 13th 1918
 Station: Bearwood, Berks
 Signed: Murray Robertson
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except
 (Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at Station, on 1918
 *Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it. Yes.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes.

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier { Caused? No. Aggravated? No. } (b) Misconduct of the Soldier { Caused? No. Aggravated? No. }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 5%, 10%, 15%, 20%, etc.) 100%.

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3).) Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate. What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.) N. A.

15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent? N. A. (ii) If not permanent, what is its probable minimum duration (in months)? N. A.

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

17. Can the former trade or occupation be resumed? Yes.

18. REMARKS:—From fit condition.

19. RECOMMENDATION:—(a) Fit for duty? (state category) Cent A. (b) Invalid to Canada? No. (c) Discharge from Service as permanently unfit? No.

Date of Board: 13-12-18
 Station: Bearwood, C. I. H.
 Signed: J. M. O. (President)
 W. M. O. (Secretary)

Approved: A.D.M.S.
 Dated at Station 1918

Proceedings of a Medical Officer in Charge

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it.

If the undersigned is not satisfied, statement should follow. I complain in addition of:—

Signature of Soldier examined. I, the undersigned, certify that the above is a true and correct statement of the disability of the Soldier named above.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet. If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached. In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except:—"

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C. MEDICAL HISTORY

Reg. No. 46457 Rank 2/CPL Surname BLACKBURN Christian Name R. G.

Unit or Corps—(a) Overseas from United Kingdom 15th BN (b) in United Kingdom

Born at—Town PERTON-ON-TRENT Province DERBY Country ENGLAND

Date of Birth—Day 19 Month OCT Year 1893 Age 25 yrs 1 months

Joined at LONDON-ONT-CAN Date 24 SEPT 1914

Former trade or occupation ENGINEER

Permanent Marks or any peculiarity that will serve for future identification: VACC MARKS 2 LEFT ARM.

PRESENT CONDITION

Height—feet 5 inches 8 1/2 Colour of eyes HAZEL

Signature of Soldier (for identification purposes) R. G. Blackburn

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Table with 2 columns: Disabilities Group (a), Disabilities Group (b), Disabilities Group (c). Values: DEBILITY, NA, NA.

2. CAUSE OF DISABILITY

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Values: EXPOSURE (PRIS. OF WAR), GERMANY, 1915; NA, NA, NA.

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. If yes, has Active Service aggravated it? NA.

4. Is the disability due to disease contracted or injuries received while on Active Service? (i) As to Group (a) above? Yes. (ii) As to Group (b) above? NA. (iii) As to Group (c) above? NA.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B 7539

Sept 1st 16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

25-	20 ²⁷ 9		
-----	--------------------	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **H 46457**
 Rank **Pte. Promoted** Reverted Discharge
 Soldier's Name **R. G. Blackburn**
 Battalion **19th Battrn**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name **R. N. Blackburn**
 Address **2240 Garnet St.**
 Change of Address **Regina, Sask.**
 1
 2
 3
 4

Oct 31-17 **350 350**

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
NOV	C 57708		25	25	
Dec.	A 50928		25	25	See also acid in spec. rem. ledger
Jan 18	N 66409		25	25	
Feb	B 91148		25	25	Prisoner of war. Now repat 9-12-18
Mar	A 98444		25	25	Reduce ap to no eff 1-2-19 by cable on file MRO. 62646 after 24-1-19
Apr	C 2332		25	25	2 M confirming cable mid 18 ³ / ₄ .
May	E 9047		25	25	
June	D 17140		25	25	
July	X 31467		25	25	
SEP	B 28889		25	25	
	1034879		25	25	
OCT	B 216636		25	25	
NOV	B 50241		25	25	
DEC.	B 64296		25	25	
Jan 19	D 73910		25	25	
Feb	D 81742		20	20	
March	F 82566		20	20	
Apr	E 3522		20	20	
MAY	B 8211		20	20	

1588-19-26

A 50928 Cane WR
 See also acid in spec. rem. ledger
 Prisoner of war. Now repat 9-12-18
 Reduce ap to no eff 1-2-19 by cable on file MRO. 62646 after 24-1-19
 2 M confirming cable mid 18³/₄.

M. F. W. 128
 400 M. 5-17-1772 38-114
 L. L. 22320-M. & D. 7893.

AUDITED.

M.A.I.
 A/c Closed 31-5-19
 Ret'd per **Cassandra**
 Date 12/5/19 M.F.W. 187 17/5/19
 Closed **A.T.S.**
 MRO. 104356



15th Batt #46457

Blackburn Robert G.

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					
1/2/16	29/2/16	29	1 ⁰⁰	29 ⁰⁰	29	10	290	433			16210		10	16220	388.83 bal. fwd.
1/3/16	31/3/16	31	1 ⁰⁰	31 ⁰⁰	31	10	310	42073							45483
Balance carried forward to large ledger sheet.															
1/4/16	30/4/16	30	1 ⁰⁰	30 ⁰⁰	30	10	300	45483							48783
1/5/16	31/5/16	31	1 ⁰⁰	31 ⁰⁰	31	10	310	48783							52193
June								52193							
July															
Aug															
Sept															
											25 -				New A.P. eff 1-9-16
				557			5570	43361703			16210		10	16220	454.83 br. bal. to 2/4

MEDICAL HISTORY OF AN INVALID

ON DISCHARGE FROM TREATMENT

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL REPRESENTATIVES, S. C. R.

1. This form will be used in all cases as a final Medical Board when a patient admitted for a disability due to or aggravated by service, is discharged from treatment under this Department, with the exception of Class 2 Out-Patients, where pensionable disability has not obviously changed during treatment. "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Physician or Surgeon in charge of the case is responsible for the proper completion of Sections 1 to 21. The signature of the man to Section 25, Page 4 will be obtained in all cases.
3. In answering the questions, Physicians or Surgeons will carefully obtain and record the man's statements concerning his condition. They will distinguish observations made by themselves from hearsay, and 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 man concerned, from witnesses, or from documents, regimental or otherwise.
4. Special care is required in answering question 9. Please read the questions carefully. All questions must be answered. Write "N. A." if not applicable.
5. If space provided under any section is insufficient, add another sheet. Such sheets must be initialed by the Medical Board. A note will be made of attached papers by the Medical Board under the Section. "Opinion of the Medical Board."
6. In no circumstances may information other than that in sections 9, 10, 11 and 12 be communicated to the man, directly or indirectly.
7. The nomenclature of diseases, as provided by the Department, will be followed, if possible.

Place Keens Bldg DATE.....

1. (a) Former Unit 15th Bn (b) Regimental No. 46457 (c) Rank L/Cpl
 (d) Surname BLACKBURN (e) Christian Name Robert Glenn
 (f) Personal Address (where cheques may be sent) 8 Russell St. Toronto

2. Age last birthday 26 Date of birth 19-10-1893
 3. Enlisted at Toronto on 26-9-14

4. Personal description :
 (a) Height 5'8 (b) Weight 136 (c) Complexion Dark
 (d) Colour of hair drk (e) Colour of eyes grey (f) Identification marks.....
Mole in front of lt. ear

5. Next of kin and Address Mr. R. M. Blackburn (father) Regina, Sask
 6. Former trade or occupation Engineers

7. (a) Service : (The information should be secured from personal documents, but if documents are not available, the man'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
	4	240

	PERIODS	
	From	To
In Canada.....	26-9-14	10-10-14
In England.....	10-10-14	8-2-14
In France..... (Germany P.A.W.)	8-2-14	18-11-18
In other parts.....	18-11-18	15-5-19

(b) Date of Discharge 15-5-19 Pension No..... Pension Class.....

8. Original disease or injury 1. Def. ears 2. Neuresthenia
 (a) Date of origin 1. Prior to enlist 2. 1915-1919 (b) Place of origin 1. Eng 2. Germany
 (c) Cause 1. Unknown 2. P.O.W.

This Form is to be completed in quadruplicate and forwarded, together with all other available Medical Documents, to the Unit Medical Director for approval and disposal as follows :
 1. District Office, B.P.C., 2 copies.
 2. D.M.S. Dept. S.C.R., Ottawa, 1 copy.
 3. Unit Medical Director, S.C.R., 1 copy.

23. A. State specifically whether treatment is required or not. no
 (Any further recommendations as to disposal, e.g., Employment or Vocational Training, may then be made, but the method of disposal must be carefully explained to the man.)

B. It is certified that the man :

(a) Does ~~require treatment~~ (Give the nature of the condition, 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 conditions not applicable.)

24. It is recommended that the man be discharged. (When not for discharge add special recommendations.)

n.a.

Before signing, the Senior Medical Officer of the Medical Board will read Sections 9, 10, 11, 12 and 23 to the man, who will then sign the statement below (Sec. 25).

Place Toronto Fred W.W. Hipwell
 Senior Medical Officer

Date Jan. 21-20 Member.

STATEMENT OF THE MAN

25. (Sections 9, 10, 11, 12 and 23 are to be read to the man, and either "satisfied" or "not satisfied" struck out.)

R.G. Blackburn

I, the undersigned..... have heard read the description and history of my disability, and present condition, and am satisfied (or not satisfied) with it, and have not withheld any information concerning any affection from which I suffered, either prior to, or during service. (If dissatisfied, statement should follow.)

I complain, in addition of nothing

R.G. Blackburn

Signature of man.

26. 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. I have had read and explained to me the consequences of such refusal as provided for in Order in Council, P.C. 387, clause 22.

Witness..... Signed.....

Is this refusal of treatment in your opinion reasonable or unreasonable?.....

Place..... Senior Medical Representative.

Date..... Member.

Unit..... Date..... Approved.....
 Unit Medical Director.

demobilization

9. Disability for which the man was discharged from the service.....

10. Present Disability: (Here state the exact nature of the disability resulting from the disabling condition:—(a) Weakness, slight, moderate, marked, etc. (b) Loss complete or partial, of an organ or member of its functions. (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons. (d) Any other cause for restriction in choice of occupation.)

Partial loss of funct. ears. (2) Partial loss funct. nervous system
functional

11. Present Condition:

(a) (Important, to be a full description of the present disabling condition or conditions only. "History" must be recorded in Section 12. Describe all abnormalities, anatomical and functional, contributing to present disability. Objective findings are to be stated first, then subjective findings.) Before completing this Section the man should be stripped and subjected to a thorough physical examination.

1. Obj.- See Spec. report attached

Subj.- Running ears and moderate dulled hearing

2. Obj.- See spec. report attached

Subj.- Feels shaky. Easily excited. Dizzy spells frequently. Sweats easily

Lacks self confidence

(b) Has the man now any affection of the following systems not described in Section 11 (a) as above?

(Answer yes or no.—If the answer to any part is yes, give a brief description of the present condition.)

NO

no alb. no sugar

Nervous System..... Cardio-Vascular..... Genito-Urinary..... Special Senses..... Respiratory.....
(If pulse rate abnormal B.P. will be taken.) (Albumin and sugar will be excluded.)

Integumentary..... Disturbances of Mentality..... Digestive..... Muscular.....

Osseous and Joint System..... Any other general condition.....

12. History (a) (of condition referred to in Section 11 a.) (b) Give a complete history, with dates of origin, of any affection from which the man has suffered, either prior to enlistment, during service or since discharge and not included in answer to Section 12 (a) above. (c) Give a description of wounds, scars and deformities.

Had defective hearing right ear prior to enlistment. Following stay in prison camp in Germany, both ears began to discharge following earache. Has been discharging since. 2. Became nervous and shaky during prison experience in Germany 1915-1919. Now lacks confidence in himself and worries over possibility of chest trouble. Was sent by Medical Board (German) to Switzerland Sanitarium

States None

13. (a) Did the present disabling condition have its origin before enlistment? 1. yes 2. No

(b) If so, has it been aggravated on service? 1. yes 2. n.a

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

14. Was the disability caused or aggravated (a) by intemperance or improper conduct; or, (b) by unreasonable refusal to accept treatment? A & B. 1 and 2 No

The Regimental Documents will be referred to when available.

(If the answer is in the affirmative, state in percentage to what extent in your opinion the patient is incapacitated by that omission or aggravation. In answering this question Conduct Sheets should be considered. If treatment has been refused, the circumstances of the refusal should be described on Page 4.)

15. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there are more than one. 1. Permanent 2. Six mos

16. Treatment now completed:

n.a

(a) Where treated (Place and Institution).....

(b) Duration of treatment: from..... to.....

(c) Nature of treatment.....

(d) Results of treatment.....

17. 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.)

1 and 2 No

18. (a) Can the former trade, or occupation, be resumed? Refer to D.S.T.B.

(If not, briefly state why.)

(b) Name of Course in Industrial Re-training, if any, taken by the man. n.a

19. (a) If the man requires any orthopaedic accessories, state exact requirements. n.a

(b) If any such have been supplied, state date. n.a

20. (a) Is the identity of the man satisfactory? yes

no

(b) Has the discharge certificate been presented? no

21. Recommendation as to disposal of case:

Fred W.W. Hipwell

Signature of Medical Representative by whom the case is brought forward.

OPINION OF MEDICAL BOARD

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

We concur

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *R. N. Blackburn*
 Address *2240 Garnet St.
 Regina
 Sask*

By Whom Assigned *Blackburn R. G.*
 Regtl. No. *46457.*
 Rank *Pte.*
 Corps *15th Bn*

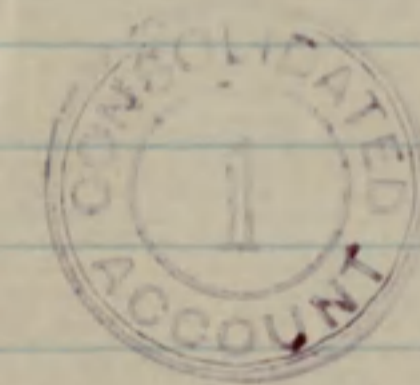
Rate *\$292.⁰⁰/₁₀₀*
Sched. 173.

*23/8
 76*

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

SPECIAL REMITTANCE

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.	1916	<i>N. 16589</i>	<i>292.00</i>	✓
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

Cum

To Whom *R. N. Blackburn*
 Address *2240 Garnet St*
Regina Sask

By Whom Assigned *R. G. Blackburn*
 Regtl. No. *46457*
 Rank *Pte*
 Corps *17 Battrn* } *Prisoner of War.*

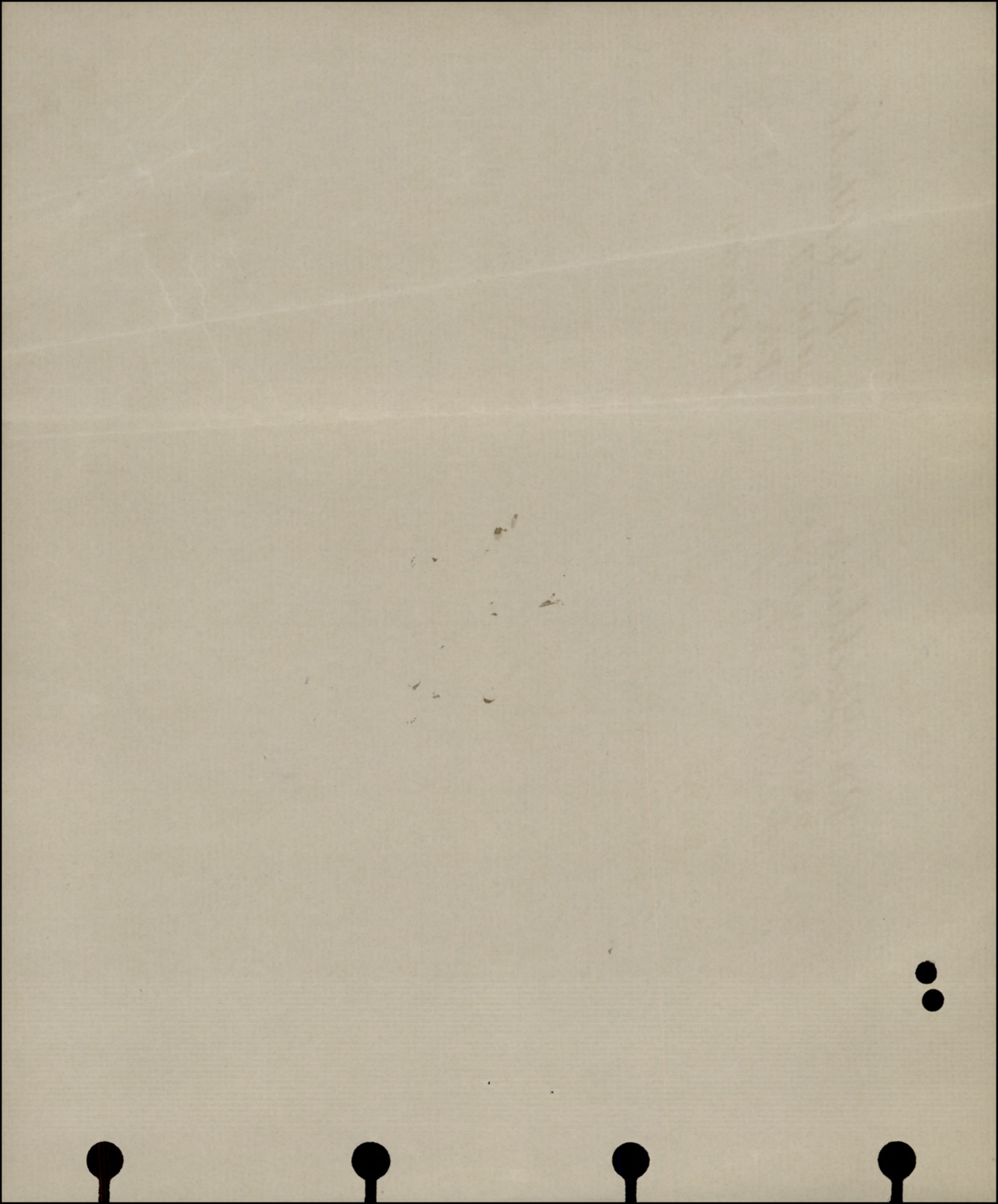
Rate *25.00* *1 Sept 16*

2.5m. 31% M. H. L. 26%

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2. *R. N. Blackburn*

Name of Soldier *Pte R. G. Blackburn*

L. L. Job 4503. -Req. 6332.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>25.00</i> <i>1 Sept. 16</i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>170763</i>	<i>25</i>	
Oct.		<i>216435</i>	<i>25</i>	
Nov.		<i>H25086</i>	<i>25</i>	
Dec.		<i>430327</i>	<i>25</i>	
Jan.	1917	<i>036773</i>	<i>25</i>	
Feb.		<i>042901</i>	<i>25</i>	<i>25</i> <i>JW</i>
March		<i>049989</i>	<i>25</i>	<i>25</i> <i>6.</i>
April		<i>01871</i>	<i>25</i>	<i>25</i> <i>B.</i>
May		<i>06618</i>	<i>25</i>	
June		<i>S13770</i>	<i>25</i>	<i>25</i> <i>W.</i>
July		<i>020297</i>	<i>25</i>	<i>25</i> <i>B.</i>
Aug.		<i>S27834</i>	<i>25</i>	
Sept.		<i>R. 34276</i>	<i>25</i>	<i>25</i> <i>325.00</i>
Oct.		<i>147710</i>	<i>25</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M-D-1

NAME OF SOLDIER (Block Letters) BLACKBURN. R. G.

REGIMENT 15th BC RANK Lieut No. 26257

Date of Examination in England 7-4-1919 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Y/L
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

CONTENTS COPIED
 M. D. No. 1.

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England Yes
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

W. Reid
Capt.

Handwritten text in the top right corner, possibly a signature or name, written in cursive.

Faint handwritten text in the middle of the page.

Faint handwritten text near the bottom of the page.

Faint handwritten text near the bottom right of the page.

10-Bl-85

6

AUDITOR *AW* PAYMASTER *AW*

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

REGT. No. 46457 RANK *Pte* NAME (IN FULL) *BLACKBURN, Robert Glynn*

M. OR S. *S*

NEXT OF KIN *R W Blackburn* RELATIONSHIP *S*

ADDRESS *2240 Garnett St Regina Sask*

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID *Nil* RELATIONSHIP

ADDRESS

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F. *15th Bn*

IF IN P.F. WHAT UNIT? *Headquarters Regina Sask*

PLACE OF ATTESTATION *T.O.S.H.I.R.D.* TRANSFERRED TO *DATE* *2/29* AUTHORITY *D.O. 135*

DATE OF ATTESTATION *26-9-14* TRANSFERRED TO *DATE* *8 Russell St. Toronto Ont* AUTHORITY *2/10/19*

ASSIGNED PAY \$ *20* DATE EFFECTIVE *31/19* *Paid and Closed by Ottawa*

PAYABLE TO *R W Blackburn* RELATIONSHIP *S* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *2240 Garnett St Regina Sask*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED *London* PLACE *15/19* DATE *Dem.* REASON *D.O. 135* AUTHORITY *D.O. 135* IF ENTITLED TO POST DISCHARGE PAY

OS

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	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		DEBIT	CREDIT
					\$	C.													
<i>31-3-19</i>				<i>189.93</i>													<i>Ret per Cassandra 17/19</i>		
<i>1-6-19</i>	<i>47</i>	<i>1.10</i>	<i>51.70</i>	<i>35.40</i>				<i>97.017</i>	<i>4.87</i>	<i>5-248.10</i>	<i>40-</i>		<i>48.66</i>	<i>346.63</i>			<i>1/2/19</i>		
<i>183 days</i>				<i>420.00</i>													<i>WAR SERVICE GRATUITY</i>		
				<i>420.00</i>													<i>WRMenture New</i>		
																	<i>Soldier Dependent</i>		
																	<i>1st payment 2/19 as above</i>		
																	<i>Child to adjust to date of discharge 2 days @ 11.20</i>		
																	<i>14/6/19 1091202</i>		
																	<i>8/7/19 102950</i>		
																	<i>13/8/19 116987</i>		
																	<i>10/9/19 116694</i>		
																	<i>OCT 11 1913 1176155</i>		
				<i>420-</i>										<i>420-</i>			<i>Gr. 71 5833 Adv. made by Airo</i>		
				<i>4 32</i>										<i>4 32</i>			<i>Gov. to be re Gr</i>		
				<i>424.32</i>										<i>424.32</i>			<i>3/11/19 1183121</i>		

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA
EFFECTIVE DATE:-	1st Sept 1916	EFFECTIVE DATE:-	19
AMOUNT:-	25.00	AMOUNT:-	20

NAME: **BLACKBURN** Robert G.
NUMBER: 46457

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

R.M. Blackburn (Father)
2240 GARNETT ST.
REGINA SASK.

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 15th Bn
DATE ACCOUNT FIRST OPENED:- 22-9-14

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			Private

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
June - Sept		4 batt. Lewis Regt 48.	9 73				
Oct		12th " " R 12	2 43				
24.3.19	4582	Wally	10 69				
			<u>26 76</u>				

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS-CE ALL'CE
	1	10		
L.S. Ad. Cr. #21669				3
L.P. Ad. Cr. #18923				3

Pay Book #16053 (SWIT 3)

PARTICULARS OF RENDERING NON-EFFECTIVE: 31.3.19. N.R. 5005 Wally 27.7.19 & Wally M.D. 2. L.S. Ad. Cr. #21669 L.P. Ad. Cr. #18923

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	2.12 FORWARDS								490 83		
April	Ptes Pay & Allee	33		ban ap				25	498 83		
May	Do	33		Do				25	507 93		
June	Do	33		Do				25	515 93		
July	Do	33		Do				25			
Aug	Do	34/10		ad 30/18 Berne	12/17			25	512 86		
		34/10		cap				25		120 -	
		34/10		ad 5. 29/18 Berne	12/17			25			
		34/10		17 18-7-18 Berne	24/33			25			
		34/10		17 15-7-18	12/17			25	473 29		
Sept	✓	33		cap				25	481 29	120 -	
OCT 1918	✓	33						25	490 39	120	
NOV 1918	✓	33						25	101 70		
	✓ Dec & Jan	68/10		ad 9. 25. 9. 18 Berne	12/16			25	591 59		
				ad 10. 10/18 80896	24/33						
				ad 10. 10/18	12/17						
				ad 8. 15/18	24/33						
				ad 11 15/11	12/17						
				ad 1391 17/12 work ham	9/73						
				ad 1750 23/12	24/33						
				cap Dec & Jan				25	373 03	120	
								25	101 70		

Shunningham
Wally

NUMBER

H6457

RANK

Pte

NAME

BLACKBURN R G

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919.	Blck Lead								373	120	
Feb + mar		6490		CoP 93381 28/12 ✓ 146					8697		
				M544 apl May June Surtly 432 ✓					460	00	
				Rem 725 4/2 412 4867					253	59	
				16 1/2 7 1/2 19899					200		
	Int on Deferred Pay	124	75	Cor Mar					20		
	Cap 5832. add made by ...			AR 4882 24/79 205. 1460					216	69	
	101.8. de 15/1/19 1/19. - 1868. 3/1/19	432							206	41	
		8265	432	Jan 10 - 1 - 1 - 21359					40		
				al 872. 18 1/19 K.P. End 1947							
				al 785. 29 1/19 K.P. 973							
				al. 1142. 10 7/9 K.P. 973							
				AR 271 7 7/9 (End) 973					157	75	
					1866						
	Item of 4 ³² is credited on Dist Ledger Sheet.										
	1868 for 12 ¹⁶ extracted from Pay Book in error		12	16							

DOB 25-19 5257 ADI

MILITARY HISTORY SHEET.

ATTESTATION PAPER.

No. 46454
Folio 12

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon toward Deferred Pay or Pension).

COUNTRY.	FROM	TO	YEARS.	DAYS.	N.B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

2. Passed classes of Instruction.....

3. Campaigns.....

4. Wounded.....

5. Effects of wounds.....

6. Special instances of gallant conduct.....

7. Medals, Decorations and Annunities.....

Initials of Officers.

9. Particulars as to Marriage.....

(a) Christian and surname of woman to whom married and whether spinster or widow;	(b) Place and date of marriage;	(c) Name of officiating Minister or Registrar, and	(d) Names of two Witnesses.	Date of being placed on Married Roll.	Initials of Officers.

10. Particulars as to Children.....

Christian Names.	Date and Place of Birth.	Date and Place of Baptism, and Name of Officiating Minister.

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? *Robert G. Blackburn*

2. In what Township or Parish, and in or near what Town and in what County or Country were you born? *in or near the Town of Boston-on-Trent in the County of Derbyshire in England*

3. *What is the name of your next of kin? *R. G. Blackburn*

4. *What is the address of your next of kin? *2240 Garnet St. Reg. Sask. Can*

5. What is the date of your birth? *October 19th 1893*

6. What is your Trade or Calling? *Machinist*

7. Are you an apprentice? *No*

8. Are you married? *No*

9. Are you willing to be vaccinated or re-vaccinated? *Yes*

10. Do you now belong to the Active Militia? *Yes*

11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? *Yes*

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? *Yes*

13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? *No*

14. Do you understand the nature and terms of your engagement? *Yes*

15. Are you willing to be attested to serve in the *78th Highlanders N.S.* or for General Service for the term of *War*

(Signature of Man) *R. G. Blackburn*

(Witness) *M. B. Watts Sgt.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *R. G. Blackburn*, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of *War*, provided His Majesty should so long require my services, or until legally discharged.

R. G. Blackburn { Signature of Man. } *M. B. Watts Sgt.* { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *R. G. Blackburn*, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness my hand. *R. G. Blackburn* (Signature of Man)

(Witness present) *M. B. Watts*

The above questions were asked of the said *R. G. Blackburn* and answered by him in my presence, as herein recorded; and the said *R. G. Blackburn* made the above Declaration and Oath before me at *Trent* this *26* day of *Sept* One Thousand Nine Hundred *Fourteen* at *9:20* o'clock *A.M.*

†Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. *R. G. Blackburn J. Forbedy*

Description of Robert G. Blackburn on Enlistment.

Apparent Age 20 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the approving Officer.)

Height 5 ft. 8 ins.
 Weight 140 lbs.
 Chest measurement { Girth when fully expanded 35 ins.
 { Range of expansion 3 ins.
 Complexion dark
 Eyes gray
 Hair dark

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

Moe from left ear

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 Permanent Force.
 Date 26 Sept 19 14
 Place Toronto
 *Insert here "fit" or "unfit."
H. Pearson
Lieut. Rank
 Medical Officer.

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness;—

.....

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS.

R. G. Blackburn 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.

Robertson { Signature of Officer.

Date 26-9-14

Statement of the Services of No. Name

Corps.	Squadron, Battery or Company, etc.	PROMOTIONS, REDUCTIONS, CASUALTIES, &c.	RANK.	DATE.	Service towards Deferred Pay.		Service towards completion of engagement.		Signature of Officers certifying correctness of Entries.
					Years.	Days.	Years.	Days.	
		Services towards engagement reckons from..... Joined at							
Total service as above.....									

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
25-3-19	A Bonk Capt

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

ORIGINAL.

46457.
Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Blackburn Christian Name Robert B. 8 DEC 1918

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Barton on Trent County Derby Eng
 Examined ... on 26 day of Sept 1918
 at Valcartier
 Declared Age ... 20 years ... days.
 Trade or Occupation ... Machinist
 Height ... 5 feet, 8 inches.
 Weight ... lbs.
 Chest Measurement { Girth when fully Expanded 35 inches.
 Range of Expansion 3 inches.
 Physical Development ... Good
 Vaccination Marks { Arm ... Right ... Left
 Number
 When Vaccinated ...
 Vision ... { R.E.—V=
 L.E.—V=

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

(a) Mole front left ear

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

(b)

Approved by .. (Signature)
(Rank)

H. B. Pearson
Lieut R. A. Mc.
Medical Officer.

Enlisted ... at Valcartier
on 26 day of Sept 1918

NOVA SCOTIA BATTALION	Regtl. No.
	<u>46457</u>
Joined on Enlistment	<u>No. 19</u>
Transferred to	<u>15th Bn</u>

Became non-effective by ... on ... day of ... 1918

(Signature)
(Rank)

CANADIAN

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (M.F.B. 465).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.W. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (20011)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Disposal Certificate (C.D.B).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (P.851).
13. Pay Book (A.F. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A
 Checked by No. 19
aba
 Date..... 30.4.19

EMBARKED S.S. "CAISSANDRA"

MAY 15 1919

DISCH

92

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Badge Class "A" No.

P.O.W.

44/12

260588

69

1. No.	46457	
2. Rank.	L/Corporal	
3. Name.	BLACKBURN, Robert Glyn	
4. Unit.	17th Bn	Reserve
5. Date of Discharge	MAY 15 1919	Place London out
6. Reason for Discharge	DEMORILIZATION	
	Category	A 17
	Next of Kin	Father
	Occup. Group	(B)
7. Authority.		
8. Proposed Residence after Discharge	2240 Garnet St. Beuna Lest	
	Casualty?	Yes
	Decorations	1915 Star
	Service in France	3/12 mths.
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
	M. F. W.?	
	R. G. Blackburn	
	Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
	Place	London out
	Date	MAY 15 1919
	Signature	J. White, Lieut.
		(O. C. Discharging Unit.)