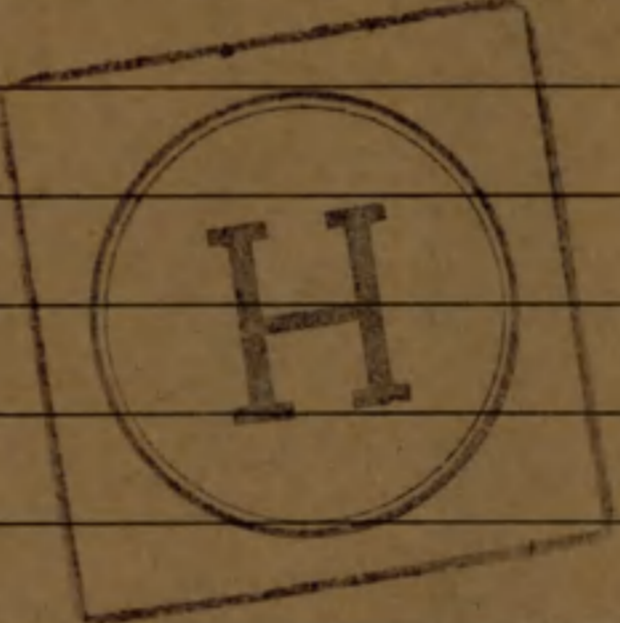
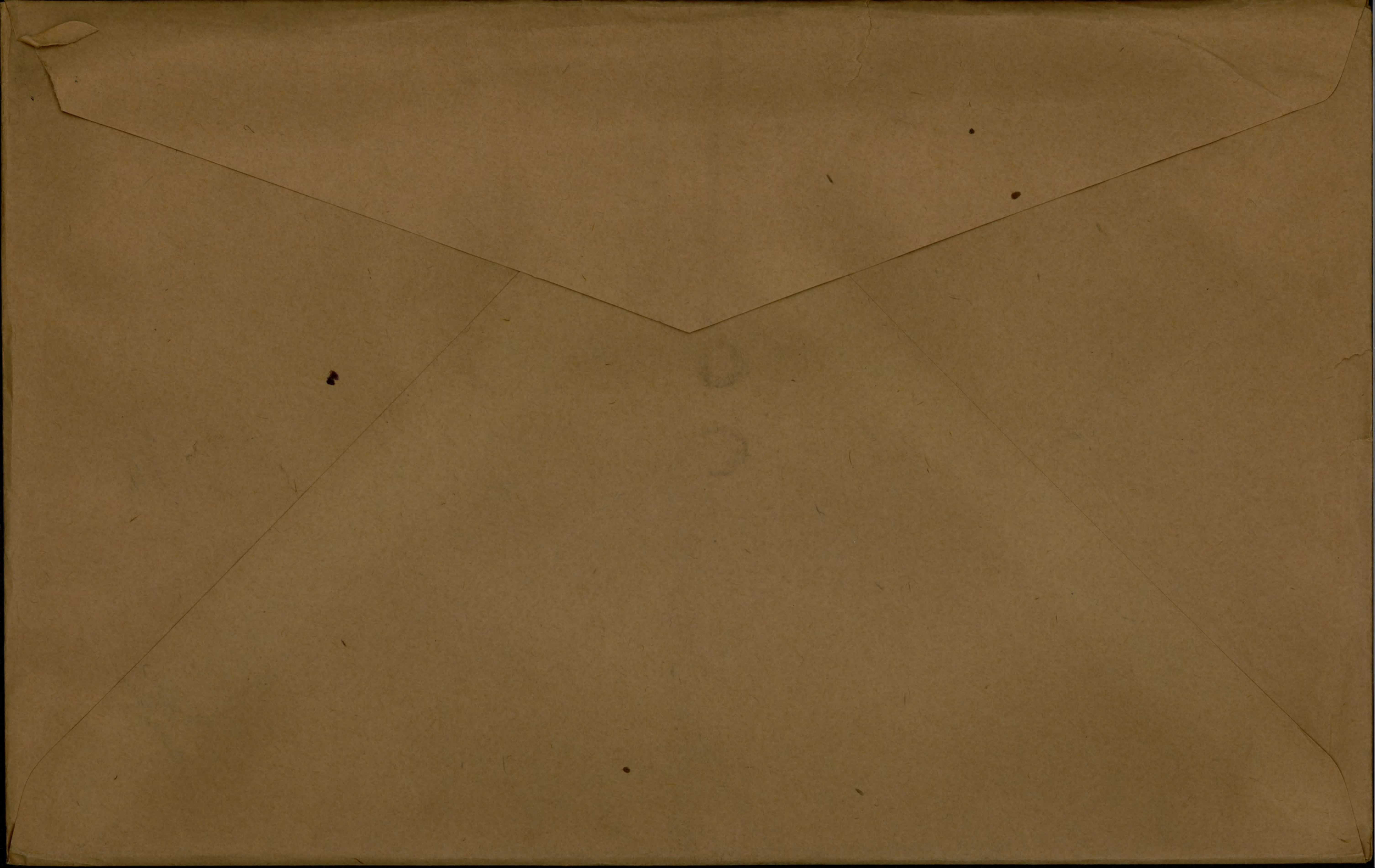


C.E.F. REGIMENTAL DOCUMENTS

NAME BOYCE REGINALD THOMAS REGT. No. 487358 UNIT PPCLI H. Q. FILE No. 33700

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)					PHY UNFIT
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					





4/12/15

45452

Original

ATTESTATION PAPER.

No. 487358

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your name?..... Reginald Thomas Boyce
2. In what Town, Township or Parish, and in what Country were you born?..... North Bay, Ont. Canada
3. What is the name of your next-of kin?..... Eliyabeth Cavanagh
4. What is the address of your next-of-kin?..... 11218 - 100 Ave. Edmonton, Alta. *Alberta Canada*
5. What is the date of your birth?..... Feb. 8th., 1895
6. What is your Trade or Calling?..... Mechanic
7. Are you married?..... No.
8. Are you willing to be vaccinated or vaccinated? and Innoculated *Yes*
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Reginald Thomas Boyce (Signature of Man.)
[Signature] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Reginald Thomas Boyce (Signature of Recruit)

Date Dec. 8th., 191 5. *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reginald Thomas Boyce, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Reginald Thomas Boyce (Signature of Recruit)

Date Dec. 8th., 191 5. *[Signature]* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal, Que. this 8th. day of December 191 5.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

Description of Reginald Thomas Boyce on Enlistment.

Apparent Age 20 years 8 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. 9 ins.

Chest-measurement { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations. { Church of England Yes
Presbyterian
~~Wesleyan Methodist~~
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Dec. 8th., 1915.

Place Montreal, Que.

[Signature]
Medical Officer.

*Insert here "fit" or "unfit."

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

.....
.....
.....
.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature]
(Signature of Officer)

Date Dec. 8th., 1915.

NO. 107

Office of the A.D.M.S., Canadians, Shorncliffe,
19 Westbourne Gardens,
FOLKESTONE.

January 12th, 1917.

To: ~~Officer~~ i/c Records,
Canadian Record Office,
LONDON.

~~RANK~~ Boyce, R. T.

No. 87358 Rank Pte.

Unit P.P.C.L.I.

~~The above noted appeared before a Medical Board
on January 10th, 1917 and the following entry has been made on the
Medical History Sheet of this man.~~

Board recommends:- Discharge
Signed W. Bethune, Captain, President, T. M. B.

January 12th, 1917, Approved,
Signed S. L. Walker, Captain, for A.D.M.S., Canadians, Shorncliffe.

~~Further entries are also contained in this Sheet
which are herewith copied.~~

1st Birmingham War Hospital 20-9-16-21-12-16 G.S.W. Left Thigh & Right
Hand. Aneurism of Femoral artery in Hunter's canal. Gangrene of
lower extremity - after operation on aneurism - amputation followed
just above knee. Stump practically healed. Signed R. Hodgson, M.O.

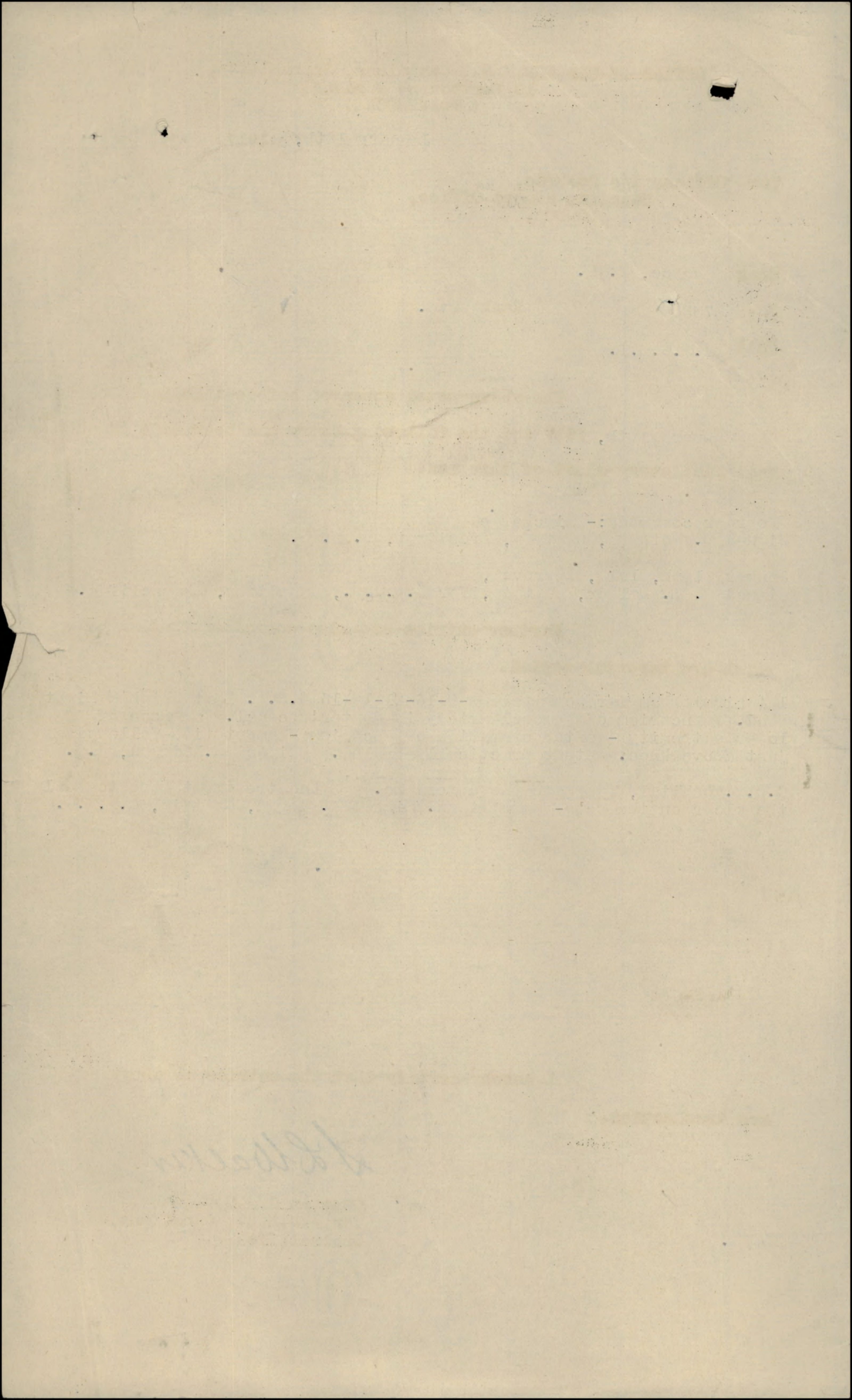
G.C.S. Hospital, Ramsgate (no dates) Do. Had treatment here to heal
the ulcer on the scar- amputation. Signed W. Beggs, Captain, C.A.M.C.

~~I hereby certify that the entries as above noted
are true copies.~~

S. L. Walker

Captain C.A.M.C.,
for A.D.M.S., Canadians,
Shorncliffe.

SLW/B.



CLINICAL CHART.

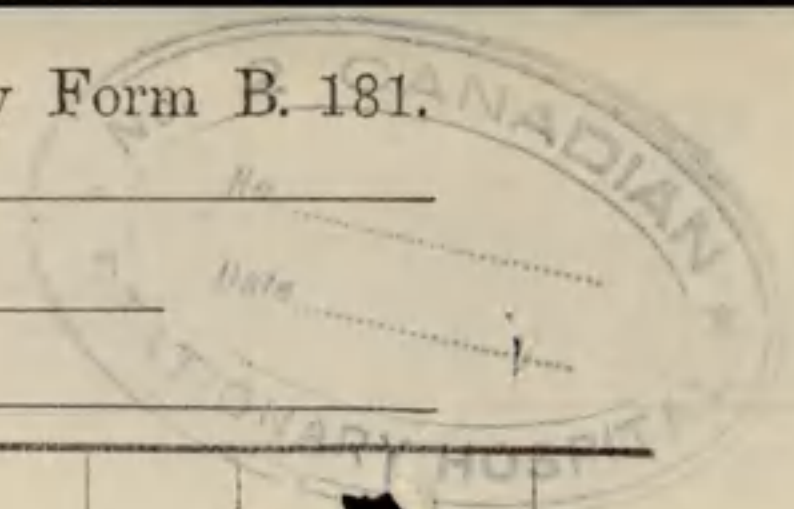
(To be attached to Case Sheet.)

Corps PPC Lt. 3rd M. G.S.

No. 487358 Rank and Name Pto Bryce R.T.

Age 21 Service 9

Disease SW. Lt Leg + Rt Hand Date of admission 18/9/16 Date of discharge 19/9/16 Result



Dates of Observation

18 19

Days of Disease

Temperature, Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

104 88

Respirations per Minute

22 20

Motions per 24 Hours

6899

Signature A.R. Secord M.D. In charge of case.

TABLE 1

(continued)

...

...

...

...

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Military Hospitals Commission
COMMAND "D" UNIT

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

Regimental No. 487358 Rank Pte. Name Boyce, R.T. (P.P.O.L.I.)
 Corps M.H.C.C. "D" Unit who was* Discharged
 On July 31st 1917, to Class 111

MILITIA & DEFENCE
AUG - 9 1917
H.Q. CANADA

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st July 1917,
 to July 31st 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. <u>26041</u>	<u>52.70</u>		Regt'l Pay <u>31</u> days at \$ <u>1</u> c	<u>31.00</u>	
Assigned Pay No.			Field Allow. <u>31</u> days at \$ <u>10</u> c	<u>3.10</u>	
Other Charges*			Subs. <u>31</u>	<u>18.60</u>	
Payment on transfer or discharge No. <u>26425</u>	<u>8.00</u>		Other Allowances*		
Balance Cr. (to be paid by the new unit)			Clothing	<u>8.00</u>	
			Other Credits*		
Total	60.70		Bal. Dr. (to be deducted by new unit)		
			Total	60.70	

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee).....
 (Address) 11218 - 100th Ave., Edmonton, Alta.

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge and authority Pensioned O.C. Letter July 24/17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

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

Date July 31st, 1917.
 Place Toronto, Ont.

John D. Dumbear
 PAYMASTER, M.H.C.C. "D" UNIT, C.E.F.
 CAPTAIN.

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

11/18/1917
0225
113/16

LAST PAY CERTIFICATE

718
9382

This form to be used by the Adjutant General, U.S. Army, in connection with the discharge of a soldier or sailor from the service.

Regiment No. _____
Company _____
Name _____
Rank _____
On _____
Discharged _____
The following is a statement of the account of the above named from _____
to _____, the inclusive date of transfer or discharge.

Particulars	Debit	Credit	Balance
Balance on hand at date of discharge No. _____			_____
Balance to be paid by the new unit			_____
Other Credits			_____
Other Debits			_____
Total	_____	_____	_____

Remarks: _____
 (1) Last amount to be assigned, whether it has been paid or not.
 (2) If amount has not been paid, period of account.

On Transfer of an Officer _____
 Officer's Allowance of \$ _____ has been paid by _____
 State (1) date of enlistment _____
 (2) If married and if a Separation Allowance Card has been submitted _____
 (3) Cause of discharge and authority _____

If discharged from the Contingent, state if Stop Payment order for Assigned Pay has been forwarded, and date _____
 I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date _____
 Place _____

For purpose of transfer this form is to be made out in duplicate. One copy to be retained as a record. For purpose of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and one for retention as a record.

Next of Kin - mother, Mrs. G. E. Cavanagh, 11218 105th Ave Edmonton, Alta.
 Address - same.

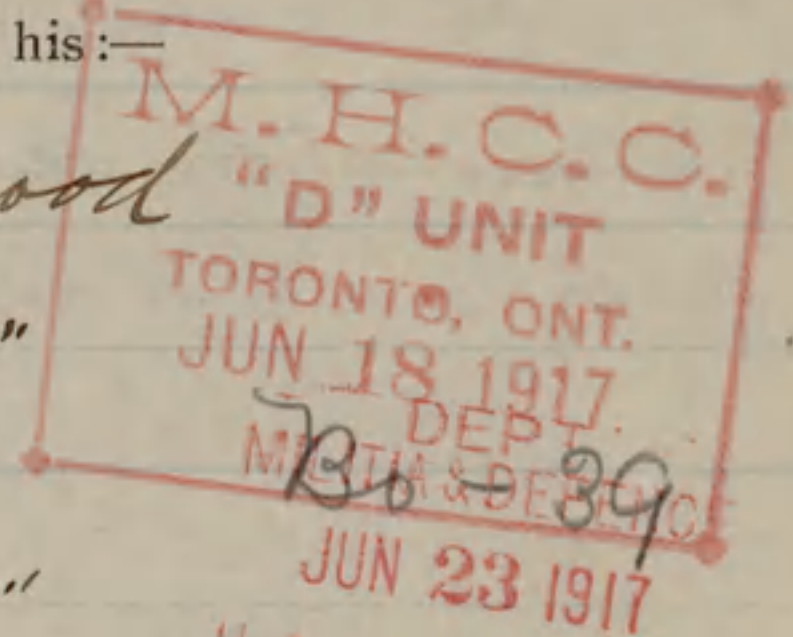
MEDICAL HISTORY OF AN INVALID.

45452

- 1. Station. *C.M.C.H.*
- 2. Regiment or Corps. *P.P.C.L.I.*
- 3. Regimental No. and Rank. *Pte 487358*
- 4. Name. *R Boyce*
- 5. Age last Birthday. *22*
- 6. Enlisted on *Dec 4th 1915*
at *Edmonton*
- 7. Former trade or occupation. *Mechanic* Date. *14/6/17*

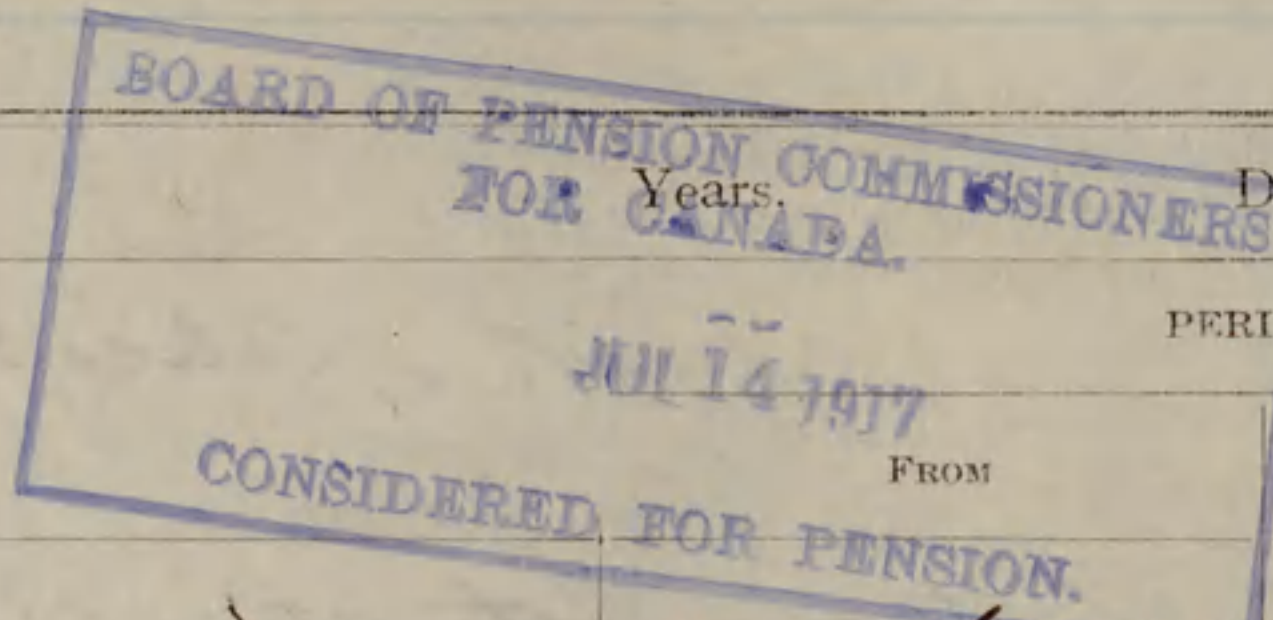
8. General remarks on his:—

- (a) Conduct. *good*
- (b) Habits. *"*
- (c) Temperance. *"*



(For this purpose the Company default sheets will be obtained from the man's Commanding Officer.)

9. Service.



	Years.	Days.
	PERIODS	
	FROM	To
<i>Canada</i>	<i>Dec 4th 1915</i>	<i>April 1st 1916</i>
<i>England</i>	<i>April 1st 1916</i>	<i>June 6th 1916</i>
<i>France</i>	<i>June 6th 1916</i>	<i>Sept 20th 1916</i>
<i>England</i>	<i>Sept 20th 1916</i>	<i>Feb 2nd 1917 Canada</i>

- 10. (a) Disease or disability. *Amputation of left thigh.*
- (b) Date of origin. *Sept 15th 1916.*
- (c) Place of origin. *France*
- (d) Cause. *G.S.W.*

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Patient has an amputation of the left thigh with a 12" stump which is powerful. The wound is well healed and neither painful nor tender. He has been fitted with an artificial leg which is quite satisfactory.

12. (a) Is the disability the result of service or climate?

(b) Has it been aggravated by intemperance, vice or misconduct?

service
no

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*Amputation scar 12" below left hip joint.
scar on palm of right hand due to G.S. W.*

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

on duty

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable

14. Treatment.

*Amputation Oct. 11th 1916
Healed by Dec. 25th. 1916
Fitted with an artificial leg at C. M. C. H. Toronto*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

70%

18. State if for discharge on account of unfitness for Service.

yes

B. T. McPhie Lt Col.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. *yes. No limitation of movement.*

11. *yes*

12. *yes*

15. *yes*

16. *yes*

17. *yes no - 60%*

18. Is he unfit for Military Service. *yes*

Recommendations: *that he be discharged with suitable compensation and permitted to pass under his own control.*

Category E

Signatures:—

J. J. Brown, Major, R.M.C. President.

W. MacLennan, Captain

Members.

C.M.C.H.
Station. *Toronto*
Date. *June 14th /17.*

A. G. Miller
St. C. M. G.

Date. *21. 6. 17*

George W. Ryan, Capt.
for Ass. Director of Medical Services.

Approved.

Date. *25/6/17*

J. W. McKean, Capt.
for Director-General of Medical Services.

a-359 24/6/17

(At Station or Hospital where finally disposed of.)

Station and Hospital }

Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

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.....

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.....

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.....

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

300ml. 8-16. H. Q. 1772-89-117.

Station _____

Corps _____

Regimental No. _____ Rank _____

Name _____

Disability _____

Date _____

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

411
Original

ORIGINAL

3001
507
45452
487358

MEDICAL HISTORY SHEET.

Surname Boyce Boyce Christian Name Reginald Thomas

Examined { on 8th day of December 1915
at Montreal

Approved by [Signature]
Rank Capt M.O.

Birthplace { City or Town North Bay
County Ontario Canada

Apparent age 20 yrs 8 months

Trade or occupation Mechanic

Height 5 Feet 10 Inches

Weight 134 Lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 36 1/2 inches

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left X

{ Number 1

When Vaccinated last childhood

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

(b) Slight defects but not sufficient to cause rejection None.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>16/16</u>	<u>+</u>	<u>J. A. Fairie</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/15</u>		<u>J. A. Fairie</u> M.O.
<u>17/15</u>		<u>J. A. Fairie</u> M.O.
<u>28/15</u>		<u>J. A. Fairie</u> M.O.

Enlisted on 8th day of December 1915 at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to.. ..	<u>P.P.C.L.</u>	<u>487358</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Ramapaty</u>	<u>Jan 10-17</u>	<u>Amputation leg</u>	<u>Discharge</u>
	<u>1.2 JAN 1917</u>	<u>Approved [Signature]</u>	<u>[Signature]</u>
		FOR A. D. M. S. CANADIANS, SHORNOLIFFE	CAPT. C. A. M. G.
			for G. O. C. CANADIANS.

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
The Medical History Sheet
Prescribed by the General Administrative
Order that issue England
Listed in
The Medical History Sheet
Prescribed by the General Administrative
Order that issue England

Surname Boyer Christian Name Reginald Thomas

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				
1st Birmingham War Hospital.		20	9	16	21	12	16	G. W. L. High Rt Hand	93	Aneurism of Femoral Artery in Hunter's Canal. Gangrene of lower extremity after amputation operation on aneurism. Amputation followed at just above knee. Stumps had practically healed healed RH	Rhodson
								"		Had treatment here to heal the ulcer in the year. Amputation	W. H. Pigg Capt. Cause

59/292 104

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>74037</u> Year.	Regimental No.	Rank.	Surname.	Christian Name.
	<u>487358</u>	<u>Pte</u>	<u>Boyce</u>	<u>Reg J</u>
	Unit.	Age.	Service.	
	<u>PP6LD</u>	<u>21</u>	<u>13/12</u>	

Station and Date.	Disease
	<u>gsw L thigh Amp.</u>

Previous Occupation Mechanic
 Enlisted at Edmonton, Dec 4th, 1915
 Arrived in England April 11th, 1916
 Arrived in France June 6th, 1916
 Wounded at Courcellette, Sept 15th, 1916

Hospitals. # 44th C.C.S. Albert, one day.
 - 2nd Stationary Boulogne, three days.
 - 1st Birmingham War Hospital, three months.

Arrived at G.C.S. & Ransgate 21/12/16

Complaint - Amputation of left leg. Site thigh 7" above the knee joint.

History. At Courcellette on Sept 15/16 was hit by bullet just above the knee - causing aneurism.
Femoral artery in Hunter's Canal. On 4th day leg was operated on for aneurism - but operation was of no avail - gangrene setting in in foot and rapidly extended up the leg necessitating amputation at present site. Antero-Posterior flaps were used. Scar about 7" long. Healed except for a small ulcer about the centre, ulcer about the size of a 3 penny bit. Stump in good general condition of stump excellent.

Treatment - being dressed once a day. W.B.
Dec 28th Caray on unit treatment W.B. Beggs

Station
and Date.

29/12/16

Analysis
Color Dark Amber
React Acid
Sp Grav 1.015
Alb Neg Sugar Neg

Jan. 5/16

Wound healed - A. J. B. 179. Inoculated & Condensed
Wm. Beggs Capt. C.M.C.

10/17

Sp discharge by S.M.B.

11-1-17

No comp 10/17

~~29~~ 1-17

V.D. = 0. 10/17

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

Proceedings of Medical Board at Discharge Depot.

Number #487358 Rank Pte. Name and Corps of disabled soldier. Boyce, Reginald. I.P.C. L.I.
Previous Civilian Occupation. Mechanic.

DEPT MILITIA & DEFENCE
FEB 26 1917
H.Q. 649-B-5-968

Cause of disability - Amputation left leg 12" below hip joint
Condition in detail which prevent the soldier earning a Full livelihood:-

Exam: Left leg: Amputated 12" below hip joint. Stump healed. Scar 7" long. anterior-post. flaps. Condition of stump excellent. Has not been fitted with artificial leg as yet. Other systems normal.

Opinion of the Board.

Degree of incapacity (Please state in fractions.) 60 to 70% P.Y.O

Probable duration of incapacity:- Permanent - 2 yrs for leg
Does it render him permanently unfit for Military Service? Yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity? Convalescent Home - Toronto

Signature. E.A. Roberts, Capt President.
M. Roydon, Capt Members.
W. Chalpe, Capt

Station. Quebec

Date Feb. 15, 1917

Approved. W. M. Carmichael, Major
Assistant Director Medical Service.

Date 23/17 D. J. McKay, Capt
Director General Medical Service.

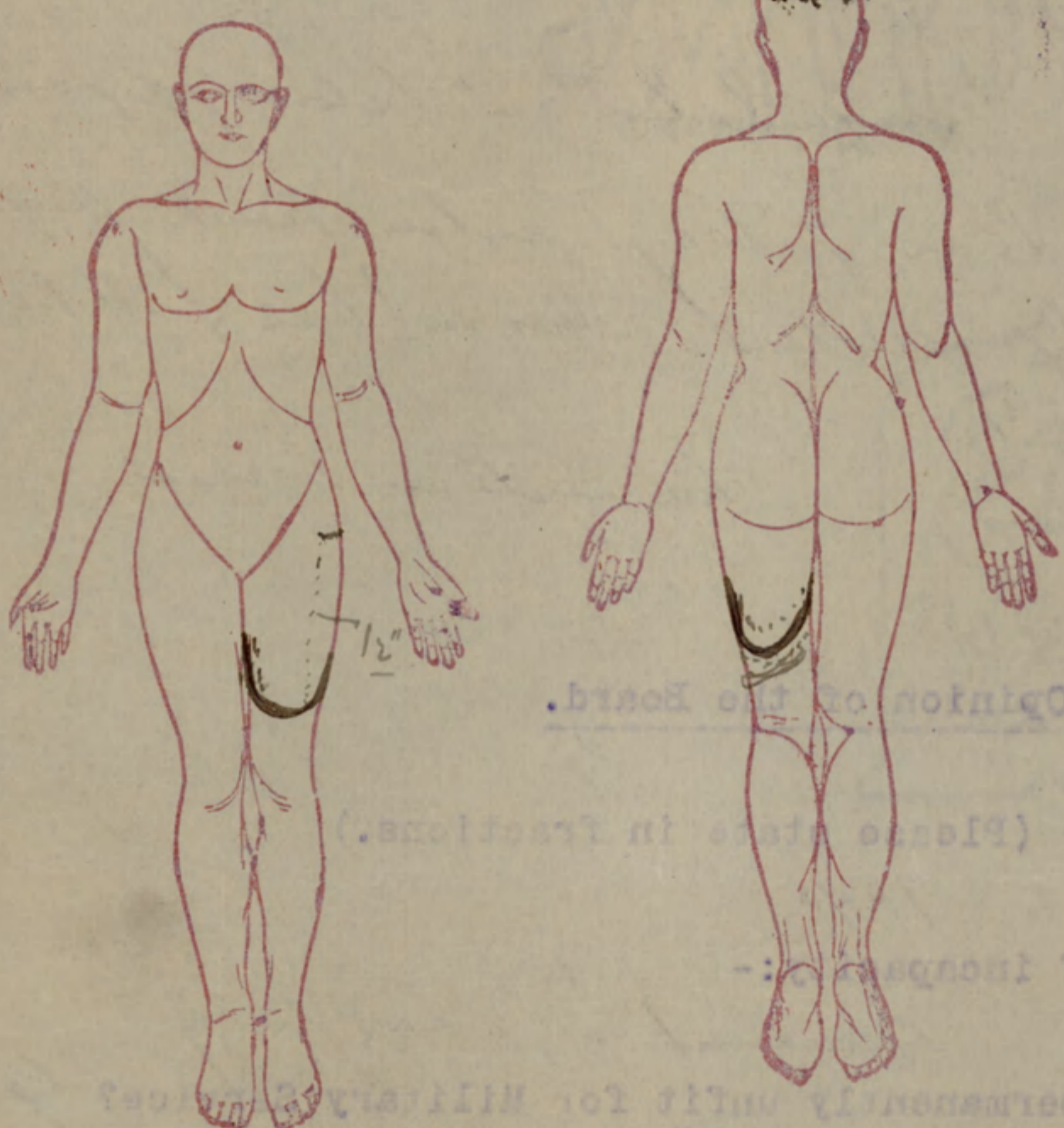
Form to be used instead of blank space on Army Form 279
Proceedings of Medical Board at Discharge Depot.

Number _____ Rank _____ Name and Corps of disabled soldier.

Previous Civilian Occupation _____

Cause of disability - _____

Condition in detail which the soldier entering a full
livelihood:-



Opinion of the Board _____

Degree of incapacity (Please state in fractions) _____

Probable duration of incapacity:- _____

Does it render him permanently unfit for military service? _____

Would operation, special treatment or the use of appliances,
etc., lessen incapacity? _____

Signature _____ President _____

Members _____

Station _____

Date _____

Approved _____

Assistant Director Medical Service _____ Date _____

Director General Medical Service _____ Date _____

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>M 314288</i>	Regimental No.	Rank.	Surname.	Christian Name.
	Year	Unit.	Age.	Service.

249648 *Pte* *Quidell* *A*

116 ABn *37* *15 mos*

Station and Date. Disease

23. 8. 18. *French Fever Nasal Polyp*

Nose - polypus under Right Middle Turbinate

nasopharynx -

tonsil - Suried Cryptic.

Pharynx - clear

Ear - clear drums clear

Hearing OK

will see him Monday 7 pm.

J. J. Cannon Capt.

Aug 26/18 *Removed Ant End Right Midd. Turb.*

and polypoid tissue

J. J. Cannon

Sept 7/18 *Nose looking well - needs no further*

treatment here -

J. J. Cannon Capt.

Sept 11/18 *Leave for to Convalescence.*

J. J. Cannon

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station
and Date.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2971 Year 2971	487358	Pte	Boyce	Reginald
		Unit.	Age.	Service.
	Punnett Canadian Infantry		21	9/12
Station and Date.	Disease			
1st Birmingham War Hospital	ESW left thigh right hand.			
Sept 20	As 15 th inst: areas affected			
	Two wounds of R hand. Entrance side of index finger - Exit thru hyperthenar eminence. No bone injury			
	Two wounds of R thigh. Entrance behind tendon of biceps Exit over hunters Canal			
	Considerable swelling & ecchymosis			
Sept 25	Considerable pulsating thrill immediately under the exit wound			
Oct: 4	Femoral Artery cut down upon & exposed in Hunters Canal & aneurismal sac opened & stitched up. Sac on post: surface of vessel about size of Bridger's egg. Opening into vessel sufficiently large to admit forefinger Artery ligatured with Ballance's? Slay knot (Kangaroo tendon) - R.H.			
13/17/16	Prothrombin - not studied yet Mass of fibrin's powder & fine particles of 3rd. blood & fibrin. hypochromic			
Oct 6	Loss of foot of affected femoral, limb becoming dusky.			
8	Circulation spreading up limb			

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

Station
and Date.10th

Limbs amputated this morning
under anaesthetic Ether - govt
above knee (two $\frac{1}{3}$ of humerus)

14

Patient's condition satisfactory: Sleeps
dressed today. Footing healthy. Stitches
holding: healing by 1st intention.

25

Stitches removed today. Wound
healed practically all

Nov 16

now ready for v. a. d. (Painstaking)
24.

E.T.

Rank _____ Name **BOYCE, Reginald Thomas**
 Unit **5th Un. Coy. to 11th Res. Bn.** If in perm. Corps, }
 What Unit? }

Reg'l No. **487358**

Married or Single **Single.**

Place and Date of Enlistment **Montreal. Dec 8th 1915**

Place of Birth **North Bay. Ont. Canada.**

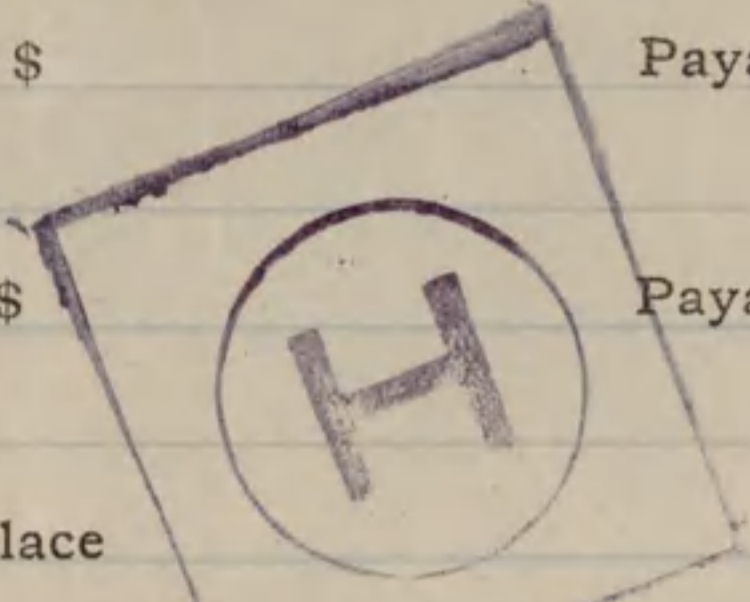
Name and Address, Next-of-Kin **Elizabeth Cavanagh**
11218-100 Ave, Edmonton. Alberta. Canada. Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

ccac
 N/E. R.B. No. 3577
 File R.L. _____
 Category Inv. loan

Discharge, Date and Place _____ Reason _____ Relationship _____ Character _____



11-1076

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.				
		<i>Arrived in England.</i>	<i>S.S. Olympie</i>	<i>13-4-16</i>	
<i>12-4-16</i>	<i>1/2 11 Bn.</i>	<i>Taken on strength</i>	<i>West Sandling</i>	<i>12-4-16</i>	<i>PT II 88</i>
<i>24-4-16</i>	<i>"</i>	<i>Struck off to RCR & P.C.L. 9 Dep.</i>	<i>"</i>	<i>24-4-16</i>	<i>" 100</i>
<i>29-4-16</i>	<i>1/2 R.C.R 1 P.C.L. 9. Dep.</i>	<i>Taken on strength</i>	<i>E.</i>	<i>24-4-16</i>	<i>" 3</i>
<i>6-6-16</i>	<i>do.</i>	<i>Struck off strength to P.C.L. 9.</i>	<i>Overseas</i>	<i>6-6-16</i>	<i>" 34 FEB. chd. 14/6/16</i>
<i>14 6 16</i>	<i>Abld</i>	<i>Taken on strength</i>	<i>In the Field</i>	<i>7.6.16</i>	<i>" 24.</i>
<i>30 9. 16</i>	<i>"</i>	<i>Transferred to C.C.A.C., Folkestone.</i>	<i>Folkestone.</i>	<i>19.9.16</i>	<i>PT# 53</i>
<i>25.9.16</i>	<i>"</i>	<i>Adm. 1st Birmingham War Hosp.</i>	<i>Reudal Birmingham</i>	<i>20.9.16</i>	<i>Q. B146 J.S.W. Dygh O.N. w</i>
<i>27 9 16</i>	<i>blab</i>	<i>Taken on strength.</i>	<i>Folkestone</i>	<i>20 9 16</i>	<i>PT# 420A</i>
<i>1. 1. 17</i>	<i>PPCL 9.</i>	<i>Adm. to Gran Cav Spec Hos.</i>	<i>Rausgate</i>	<i>22.12.16</i>	<i>BLB 214 " Amp</i>
<i>31-2-17</i>	<i>do</i>	<i>Dis. " " " "</i>	<i>"</i>	<i>2-2-17</i>	<i>BLB. 251 " -</i>

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.				
9. 2. 17.	C. C. A. L.	S. O. S for Disch to Law	Hastings	2. 2. 17.	PT 11068
	Dis Depot.	To be fitted with Artificial Limb	Toronto	11-2-17	Iron Roll 197 Edmonton. Alta.

021.2822

CERTIFIED CORPUS 45452
Canadian
M. F. W. 54. (A. F. B. 103.)
250M.-1-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

R.C.R. P.P.C.L.I. Dept
OVERSEAS UNIVERSITIES CO., C.E.F.

Unit, Regiment or Corps

Regimental No. 487358 Rank Private Name Reginald Thomas Boyce
C. E. F.

Enlisted (a) Dec 8th 16 Terms of Service (a) Duration of War Service reckons from (a) Dec 8 - 1915

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

Extended Re-engaged Qualification (b) Chauffeur

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				

		Embarked at Canada for S/Olympic, April 1st 1916.			
		Disembarked at England " " " 11th 1916			
		Drafted to P.P.C.L.I. France		6-6-16	

N. H. Sparks
LIEUT. & ADJT.
R.C.R. & P.P.C.L.I. DEPOT.

7-6-16.	Can Base D.	Arrived in France and taken on strength of Battn at Can Base Depot.		7-6-16.	Nom Roll. Pt 11 Ords 24
7-6-16.	Can Base D.	Left Can Base Depot for Unit.		8-6-16.	Nom Roll.
17-6-16.	O.C. Battn.	Joined Unit from Base in the Field.		9-6-16.	B.213.

18/9/16	Northan Sty	L.W. L. Leg R. Arm	Northan Sty	18/9/16	W3034
19/9/16	St David	G.S.W. St. Hugh + Rt. Hand	St David	19/9/16	W3083

18 OCT 1916

[Signature]
Lieutenant
for Lt Col. A.A.G.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Name Pvt. R. J. Boyce

Bo 39

11218. 100th Ave

Regimental No. 487358

Name and address of next-of-kin
Samuelson, Alva

Unit I. I. C. L. I.

Date of enlistment

Place of " "

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

6. C. Letter
July 24 th.
Class III

5351-M. & D. 6880.

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					
1917																
Mar 1	31	31	1-	31	31	10	3 10	52 85	186 95	14099	186 95			186 95	In	MAR 31 1917
1 Apr	30	30	1-	30	30	10	3 -	660	42 60	16958 15402	2760 15 -			42 60	Out Apr 6 do 110. 11 dya " 1-5.	APR
1 May	31	31	1-	31	31	10	3 10	22 20	56 30	19361	56 30			56 30	Out from Apr 25. Ind do 129	M.P.R
1 June	30	30	1-	30	30	10	3 -	18 -	57 -	22151 20968	41 - 10 -			57 -	Out PC 508 do 167	
1 July	31	31	1	31	31	10	3 10	18 60	52 70	26041	52 70			52 70	ck rd personalty	
								8.	60 70	26425	8 00			60 70	ck rd personalty	July P.L
									5 42	542 45264	5 42					

Amesbury
D.P.L.

Name Boyer HRS

M. F. W. 41
1 OM-7-16
1772-39 889.

1267

Regimental No. 487358

Name and address of next-of-kin

Unit PPCLI Depot

11218 100 Ave

Date of enlistment

Edmonton

Place of

Alto

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ Nil

Reason for discharge

To whom payable

Character on discharge

Mississauga 11³/₇

b 5351-M. & D. 6880.

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					
							221 88					973		Boat
23 ¹ / ₇	28 ³ / ₇	37	1-	37 -	37	10	370					100 -		Quebec
														To Unit 1 ³ / ₇
														br. Bal.
							152 88							Int. Dep. pay list 15 ¹⁰ / ₇
							281							Supp LAC to
							261							"D" Unit - 11 ¹² / ₇
														Pensioned
														fr 1/8/17 @ 288 ⁰⁰ pa

*P. J. ...
29/8/17*

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1889 57276

1958-R-2

Name **Boyce, Reginald Thomas**
Surname Christian Name

Regimental Number **487358** Rank **Pte.**

Address (in full) **178 Nepean St.,
Ottawa, Ont.**

Unit **P.P.C.L.I. 5th Univ. McGill, CO.**

Original Unit

District where paid **M.D.2.**

Date of Discharge **31-7-17.**

P. D. P. Filing Number **5-77-2.**

EAD

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

L. L. 22573—M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid	
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days			
100 10	1128	15-10-17	33 00	1119	15-11-17	33 00	1109	15-12-17	34 10		100	10
	2889 1st 411794 29/3/19 70 00											
	2260 2nd 404283 4/4/19 70 00											

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks:

Dec'n No 8896-316 G File No 1958-R-11

Award ... days at \$70⁰⁰ per day \$

S. A. months at \$... per mo. \$ \$ 280 00
 Less P, D. P. Credited \$ 100 10
 \$ 179 90

Less further debit balance \$
 Net due paid as below 179 90

TO SOLDIER TO DEPENDENT					
Ch No	Ch No	Amount	Ch No	Ch No	Amount
29-3/19	2589	1779 00			
4/4/19	2916	4063 70			
1964-19	2268	4396 43			
Total			Total		

316 M^r E. Leod. P.L.S.
 Edmonton
 Alta

GEN'L AUDITOR
 Posting checks
Holbrook
 Date 16/7/19

R.H.

FIELD MEDICAL CARD.

(N.B.—USE LEAD PENCIL.)

The reverse is to be used for notes on special cases (history, operations, special treatment, or other necessary information); also on cases requiring or receiving special treatment during evacuation.

NUMBER	497358	RANK	Pvt
NAME	BOYCERT	UNIT	PPCLI
Wound or Disease	W. THIGH (R)		
Condition (if any) requiring special attention	FRANKS (R)		
Medical Unit from which transferred	PPCLI		
Date	16/9/16		

The red edged envelope will be used for cases dangerously or severely wounded and who require immediate attention.

If a more detailed history is necessary, a Medical Certificate (A B. 1-2) or Medical Case Sheet (A.F.I. 1237), or other statements of case may accompany.

1847

FIELD MEDICAL CARD.

(N.B.—USE LEAD PENCIL.)

The reverse is to be used for notes on special cases (history, operations, special treatment, or other necessary information); also on cases requiring or receiving special treatment during evacuation.

NUMBER 4750 RANK Pte

NAME Boyer R T UNIT 99th

Wound or Disease Gl. H. Leg + hand R

Condition (if any) requiring special attention } At 750

Medical Unit from which transferred } No. 9 FIELD AMBULANCE C.E.F.

Date SEP 16 1916

If a more detailed history is necessary, a Medical Certificate (A.B. 172), or Medical Case Sheet (A.F.I. 1237), or other statements of case may accompany.

The red edged envelope will be used for cases dangerously or severely wounded and who require immediate attention.



NAME

Boyce Reginald Thomas

REG'T NO.

487358

RANK AND CORPS

The PP Lt J (orn 5th Unit 78 Regt)

CABLE

NATURE OF CASUALTY

No.

DATE

01364

23-9-16

Adm to War Hosp Birmingham
Sept 20th 1916 GSW thigh ✓

02617

12-10-16

leg being amputated owing to gangrene wound

2313

4-2-17

Sacked for Landdaper the 1st. Missionaris
on 2nd Feb 1917 ampt leg

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B 146	1st Birmingham War Rednal Birmingham	20-9-16	GSW Thigh
214	Granville Can Spec, Lane Gate	22-12-16	" " " Lt " amp
251	" " " " " " Discharged	3-2-17	" " " " " "
B-251	M. H. C. Toronto	16-4-17	transferred
#110 72 ⁽⁴⁾	" " " " "	1-3-17	P.O.S. class for P. & A.
120 113	" " " " "	1-4-17	College. M. H. out-patient.
2163	" " " " "	31-7-14.	Ulcers Cl. III good.
51	" " " " "	21-2-17	Trans. WII from podiatry
167	" " " " "	14-6-17	out Pat (College) Fork ^{M H} P.C. 508

Name ~~Boyce~~, Reginald Rank Pte.
Thomas.

Reg. No. 487358.

Unit P.P.C.L.I.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
20	1 st Bham Hosp. Bham	Bham	Left	186	1364	D 225/91
25	Herauville Land Sp. Hosp.	Herauville	" Camp	214	B251	
3-2-17	Discd					

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

SURNAME.

Boyce

649-B-5968

CARD NO.

XASH-11154

or

CHRISTIAN NAMES

Reginald Thomas

Sosdis. 31-7-17 T3

FOLL.

+

REGL. NO.

487358

RANK

Pte.

UNIT

5th Universities Mc Gill Co.

FORMER CORPS

Pil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cavanagh, Elizabeth

RELATIONSHIP TO SOLDIER

ADDRESS

11218-100th Ave, Edmonton Alta.

COUNTRY OF BIRTH

Canada, North Bay Ont.

DATE

Feb. 8th 1895

PLACE OF ATTESTATION

Montreal

DATE

8/12/15

o/r 1/4/16 382

R/L 11 2/17



MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

mechanic

RELIGION

Church of Eng.

DESCRIPTION.

APPARENT AGE

20 YEARS

8 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Brown mole back of left ankle

Returned per S.S. "Missanabee" 2-2-17. Auth 9313.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Dec 8th - 1915

Number

489358

Rank

Plt

Surname

BOYCF

Christian Name

Reginald Thomas

Units

PAC 29

Theatre of War

France

Date of Service

6-6-16

Remarks

Latest Address

~~M. D. 20 & 21~~
11218-100 Ave
EDMONTON, ALTA.

Roll No.

B. Page 19676.

200m.-6-21...

DESP NOV 27 1927
REGN. IV
610 m. 1919

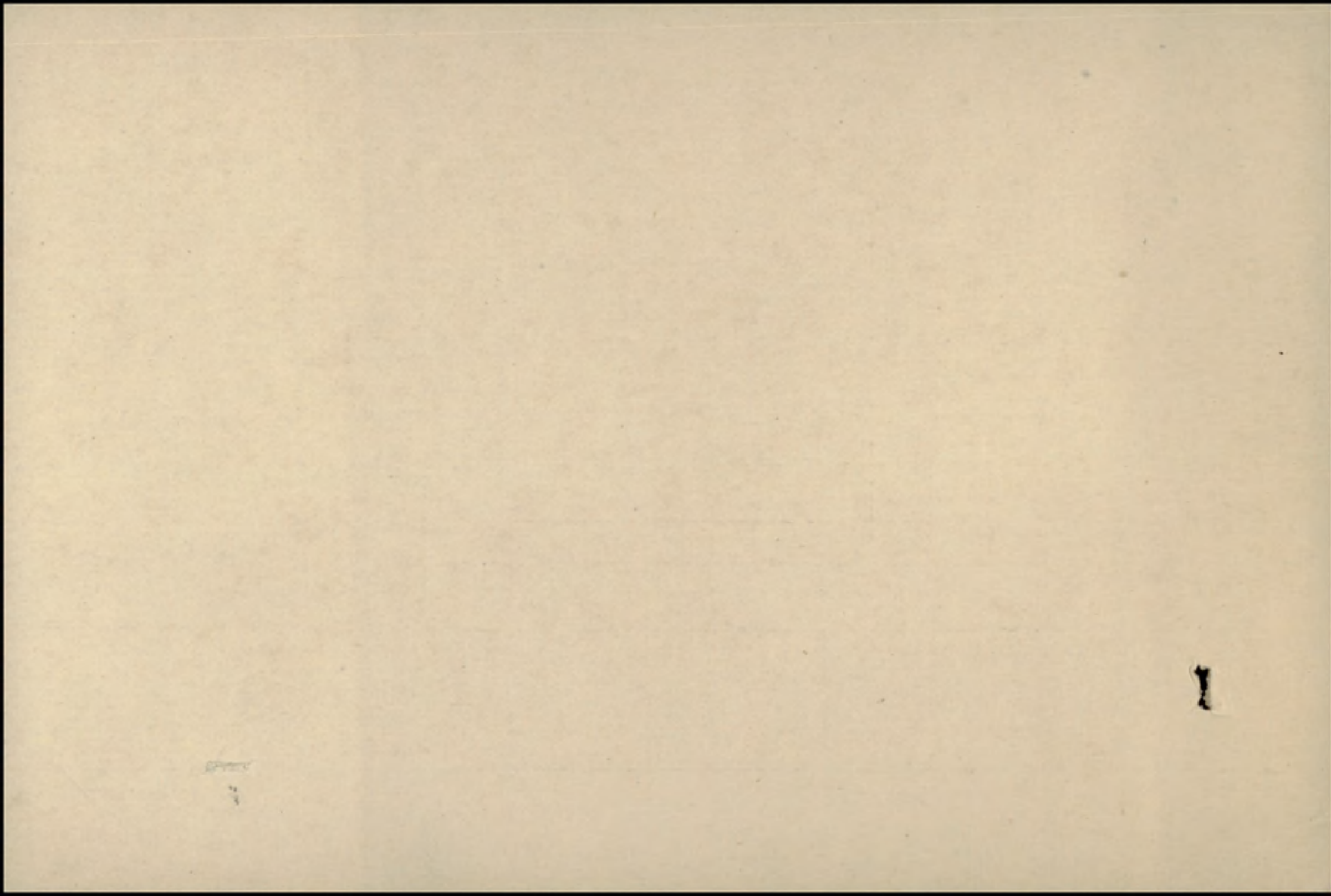
No. 487358 RANK *Plt.*

NAME *Boyer, Reginald Thos.*
45452

T. O. S. *4-12-15* UNIT *5th* *Universities Company.*
(D.O. 14 of 10-12-5)

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915.</i> <i>Sec. 4.</i>	<i>1915.</i> <i>Sec. 31</i>	<i>✓</i>		
<i>1916.</i> <i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		



45452 D.M.S. 1300.

Surname *Boyce* Christian Name or Names *Boyd R J* Reg. No. *48735-8*
Rank *Pf* Unit *P.P.L.I.* Co. Troop Batty
Hospital Date of Admission

Transferred *Burns War Redwood* Hosp. *20.9.16*

Granville Sp. Hosp. *22.12.16*

Hosp.

Hosp.

Diagnosis

gsw thigh L. amp.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

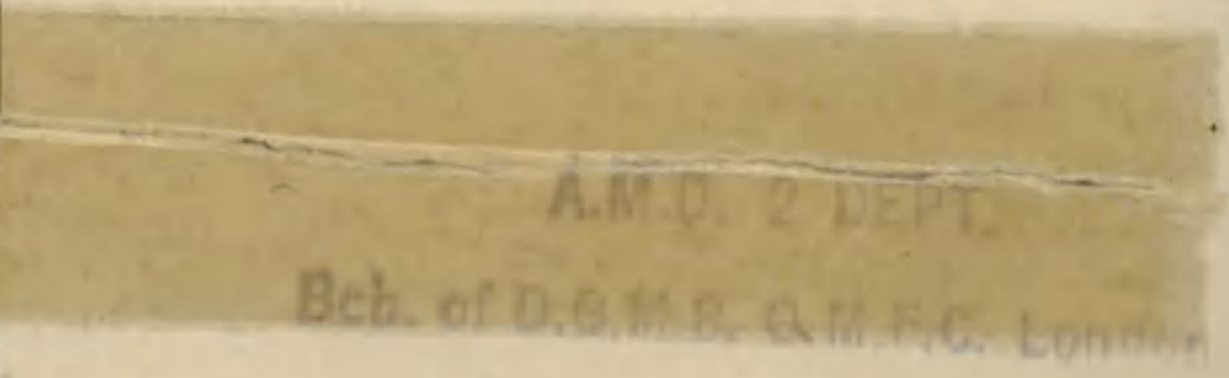
Date

Dis 3.2.17
REMARKS

Ch 25 9 16

1.1.17 B214

2.2.17 B1251



R. M.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



MARRIED OR SINGLE

S.

PLACE OF BIRTH

North Bay, Ontario, Canada

NAME AND ADDRESS OF NEXT OF KIN

Elizabeth Bowman

11218 - 100 Avenue, Edmonton, Alberta, Canada

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL. Includes handwritten notes: 31-1-17, 150.00, Jan 2-81.

REG'L. NO. 484358 RANK Pte

NAME Boyce, Ronald Thomas

IF IN PERM. CORPS WHAT UNIT

UNIT P.P.C.L.I. Transferred to P.P.C.L.I. DATE 6-6-16

PERMANENT FORCE ALLOWANCES

Transferred to bbac DATE 1.10.16 AUTHORITY CH B146

PLACE OF ATTESTATION Montreal

Transferred to L.P.G. DATE 19/1/17 AUTHORITY cc12686

DATE OF ATTESTATION December 8th 1915

Transferred to DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ Nil DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) White Form EFFECTIVE

REASON

DISCHARGE DATE AND PLACE Canada 22.1.17 REASON AND AUTHORITY Discharge to Canada cc12686

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 23.1.17

Entered on N.E. Card Index 18.1.17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by H. J. Hillotson



Main payroll table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS. Includes handwritten entries for 1916, 1-30/4/16, 5/16, 7/16, Aug, Sep, 11/10-31/10, Nov, Dec, Jan.

Checked G. Bowman

Checked G. Williams

Checked G. [unclear]

Over

Dr. Rend. 22.1.17 & Payment taken from pay book Pay book verified. Disch. to Canada 22/1/17. cc12686 18/1/17. Cr. Bal \$228.88

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D

This space to be left blank for the Chelsea Number.



MTRSAANA BTR

Army Form B. 268.

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Proceedings on Discharge.

DEPT. MILITARY SERVICE
AUG -9 1917
H.Q. CANADA

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

No. 487358	Army Rank Private
Name <u>Boyce Reginald</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>Princess Patricia's Canadian Light Infantry.</u>	
Battalion, Battery, Company, Depôt, &c. <u>C.C.A.C.</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge <u>July 31st 1917</u>	
Place of discharge <u>Canada.</u>	
1. Description at the time of discharge.	
Age <u>22</u> years _____ months	Descriptive marks. <i>Amputation left leg 12" below hip joint due to 1916</i>
Height <u>5</u> feet <u>10 1/2</u> inches	
Chest measurement { girth when fully expanded <u>36 1/2</u> ins. range of expansion <u>2 1/2</u> ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Mechanic.</u>	
Intended place of residence <u>Montreal, P.Q.</u>	
(To be given as fully as practicable)	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	

2. The above-named man is discharged in consequence of
being no longer physically fit for War Service.
K.R. & O. 392 XVI.

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

3. Military character:— Original documents not available.

4. Character awarded in accordance with King's Regulations:—
Original documents not available.

To be filled in on the soldier quitting the Colours.
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

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

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for July 31st (date) 1917

(Place) Toronto Canada

Signature Paul Sheard W.

(Date) JUL 25 1917

Lieut. Colonel D.C.(D) Unit M. H. C. Command

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Christian Name **Reginald**

Regt. No. **487358** Rank **Private** Surname **Boyce**

Unit or Corps (a) **Overseas from United Kingdom** (b) **In United Kingdom**

Born at—Town **North Bay** County or Province **Ontario** Country **Canada**

Date of Birth—Day **8** Month **February** Year **1895** Age **21** yrs. **11** months

Joined at **Montreal** Date **Dec. 8th 1915**

Former Trade or Occupation **Mechanic**

Permanent marks or peculiarities that will serve for future identification: **NONE**

Height—feet **5** inches **10 1/2** Colour of eyes **Blue**

Signature of Soldier (for identification purposes) *Reginald Boyce*

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which the disability resulted. Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.	Disabilities Group (a).	Loss of left leg 7" above knee joint.
	Disabilities Group (b).	APPROVED
	Disabilities Group (c).	CAPT. C.A.M.C. for G.O.C. CANADIANS.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date
(i.) As to Group (a) above.	G.S.W. Hunters Canal.	Courcelette on Somme.	1915
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? **NO.**

- (i.) As to Group (a) above? If yes, has Active Service aggravated it?
- (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? **Yes, In the presence of the enemy.**
- (ii.) As to Group (b) above?
- (iii.) As to Group (c) above?

Findings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at _____

on the _____ day of _____ 191_____

Members of the Board:—

12. Is the cause of the disability fully indicated in Part I. (1)? **Yes**

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. 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 unskilled labour? **None**

15. THE PENSIONABLE DISABILITY.—(see Part I. (3)). Approximation on Active Service of a disability existing at the time of the soldier's entry into the service, and the extent to which it is due to causes arising during the service, is to be indicated in the estimate. **None**

16. Permanency of the Pensionable Disability estimated next above in (15). **Yes**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **No**

18. Remarks

APPROVED
CAPT. C.A.M.C.
for G.O.C. CANADIANS

19. Recommendation:—(a) Fit for duty? **No**

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

(c) Invaluable to Canada? **No**

(d) Discharge from service as permanently unfit? **No**

this _____ day of _____ 191_____

Date of Board _____

Signatures of the Board _____

Station _____

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **Yes.** (ii.) While off duty? **Private**
(iii.) Was a Court of Inquiry held? **No.** (iv.) Where? **North Bay Ontario**
(v.) Opinion of the Court? **Ontario**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

At Courcellette on September 15th 1916 was hit by bullet above knee in Hunters Canal causing Femoral aneurism. On October 4th 1916 was operated on for Aneurism, but operation was of no avail. Gangrene setting in in foot rapidly extending up the leg. Necessitating amputation at the present site. This was performed October 11th 1916 by means of Antero-post flaps making a scar about 7" long.

PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Scar about 7" long - healed - Condition of stump excellent.

(i.) Was one performed? **Yes.**
state what. **Amputation following operation to treat aneurism**
Amputation 7" above left knee.

Is there loss or decay of teeth attributable to Active Service?

YOU RECOMMEND: **G.S.W. Hunters Canal**

(a) Fit for duty? **above**
(b) Fit for base duty? **above**
(c) Invalid to Canada? **YES.**
(d) Discharge from the Service as permanently unfit? **above**

Report **Shu 6th** 1917 Signed **W. J. P. L. L.** Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above and concur therein



For O.C. Granville Canadian **Major I. M. L.** Officer i/c Hospital Strike out one of these. **S.M.C. Brigade**

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**
If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? **Yes**
If not, indicate it.

13. 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** }

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%) **60%**

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing is to be included in the estimate). What part of the entire disability estimated next above in (14) is due to causes arising during **all** at none, 1/3, 2/3, 3/4, or all.

16. Permanency of the Pensionable Disability estimated next above in (15). (i.) Is it permanent? **Yes.**

(ii.) If not permanent, what is its probable minimum duration (in months)? **not applicable.**

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

18. Remarks.

APPROVED **J. H. Mouson** CAPT. C.A.M.C. for G.O.G. CANADIANS.

19. Recommendation:—(a) Fit for duty? **No**
(b) Fit for base duty? **No**
(c) Invalid to Canada? **No**
(d) Discharge from service as permanently unfit? **Yes**

Classification Military Ho Commission.

Date of Board **10-1-17**

Station **Ramsate, Kent.**

Station **Shorncliffe**

Approved **Shorncliffe** CAPT: **Shorncliffe** A.D.M.S.

Dated at **Shorncliffe** Station **12 JAN 1917**

45452

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 1911

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. 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 unskilled labour?

15. THE PENSIONABLE DISABILITY—(see Part I. (8).) Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.

16. Permanency of the Pensionable Disability estimated next above in (15).

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

18. Remarks

APPROVED
CAPT. G.A.M.C.
FOR G.O.C. CANADIANS

19. Recommendation:—(a) Fit for duty? NO
(b) Fit for base duty? YES
(c) Invalid to Canada? NO

(d) Discharge from service as permanently unfit? YES

Dated at this day of 1911

Signatures of the Board
President
A.D.M.S.
FOR A.D.M.S. CANADIANS SHORCLIFFE

45452

Reserved for M.H.C.

45452

Regt. No. 487358 Rank Private Surname Boyce Christian Name Reginald P.P.C.L.I.

Unit or Corps—(a) Overseas from United Kingdom P.R.C.I.L.I. (b) In United Kingdom

Born at—Town North Bay County or Province Ontario Country Canada

Date of Birth—Day 8 Month February Year 1895 Age 21 yrs 11 months

Joined at Montreal Date Dec. 8th 1915

Former Trade or Occupation Mechanic

Permanent marks or peculiarities that will serve for future identification:— NONE.

Height—feet 5 inches 10 1/2 Colour of eyes Blue

Signature of Soldier (for identification purposes)

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.	Disabilities Group (a).	Loss of left leg 7" above knee joint.
	Disabilities Group (b).	Amputation following operation to remove "abscess" above left knee.
	Disabilities Group (c).	

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

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S.W. Hunters Canal.	Courcelette on Somme.	Sept. 15th 1916.
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

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

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

45452

5. If a cause of disability was an injury received on Active Service, was received—

(i.) While on duty? **Yes.**

(ii.) While off duty? **No.**

(iii.) Was a Court of Inquiry held? **No.**

(iv.) Where? **Ontario**

(v.) When? **North Bay**

(vi.) Opinion of the Court? **Ontario**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

At Courcellette on September 15th 1916 was hit by bullet above knee in Hunters canal causing Femoral aneurism. On October 4th

1916 was operated on for Aneurism, but operation was of no avail. Gangrene setting in in foot rapidly extending up the leg. Necessitating amputation at the present site. This was performed October 11th 1916 by means of Antero-post flaps making a scar about 7" long.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Scar about 7" long - healed - Condition of stump excellent.

OPERATION. (i.) Was one performed? **Yes.**

(ii.) If so, state what. **Amputation following operation to treat aneurism**

Amputation 7" above left knee.

(iii.) Was one advised and declined?

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?

(ii.) If so, describe. **not applicable**

DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada? **YES.**

(d) Discharge from the Service as permanently unfit?

Date of Report **Jan 6 1917**

Station **Granville Post Spc H. Station**

I have satisfied myself of the general accuracy of the above Report, and concur therein except

Dated at **7 JAN 1917**

For O.C. Granville Canadian

Special H. Station, on **1917**

* Delete if inapplicable.

45452

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? **Yes**

If not, indicate it.

13. 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** }

14. 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, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) **60%**

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.) What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, 3/4, or all.) **All**

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent? **Yes.**

(ii.) If not permanent, what is its probable minimum duration (in months)? **Not applicable.**

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No**

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

(c) Invalid to Canada? **No**

(d) Discharge from service as permanently unfit? **Yes**

Classification for the Military Hospitals Commission. **BA**

Date of Board **10-1-17**

Station **Ramsgate, Kent.**

Station

Approved **S. L. Backer** CAPT. A.D.M.S.

Dated at **SHORNCLIFFE**

Signatures of the Board

W. P. ... Capt President.
Henry ... Capt

A.D.M.S.

Station

12 JAN 1917