48105

219286 — I.D. number / No. d'identification

Bryden — Surname / Nom de famille

Charles John — Given names / Prénoms

DOW 11/11/16

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location / Lieu: Box: 1222

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

6/7/18

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B. 122-1

1 cas card

1 original + copy

F. C. 1

M. F. W. 62.
100m.—6-17.
H. Q. 1779—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name.....

Regt.....

Corps.....

Name Bryden Charles John

Regt. No 219286 Rank Pte

Corps 80th Bn

48105

Died of wounds. 11-11-16

1. Part II.

Cards 1. Casualty.

1

28-3
16-3
3-4
1

1222

26.40
528.00
554.40

Original

41st Regt Brockville Ont Inf 80th Battalion, (C.E.F.) Sworn in Sept 13th 1915

ATTESTATION PAPER

No. 219286.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Charles John Bryden.
2. In what Town, Township, or Parish, and in what Country were you born? — Crosby Ont Canada
3. What is the name of your next-of-kin? — Albert Edward Bryden, Father
4. What is the address of your next-of-kin? — Elgin, Ont. R.M.D. #2
5. What is the date of your birth? — 24th. January 1896
6. What is your trade or calling? — Farmer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? and inoculated — Yes C J B.
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes

Charles John Bryden (Signature of Man.)

A M Belcourt (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles John Bryden, 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.

Charles John Bryden (Signature of Recruit.)

Date 13th. Sept. 1915. A M Belcourt (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles John Bryden, 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.

Charles John Bryden (Signature of Recruit.)

Date 13th. Sept. 1915. A M Belcourt (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 Brockville this 13th. day of Sept. 1915

A M Patterson J.P. (Signature of Justice.)

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

T. P. Wilkinson Lt. Col. (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-89-841.

DESCRIPTION OF Charles John Bryden ON ENLISTMENT.

Apparent Age 19 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ft. 6 ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion ins.

Complexion Fair

Eyes Blue

Hair Auburn

Religious Denominations:
- Church of England X
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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.)

Mole Under left eye.

Mole on left shoulder.

Scar on right side of upper lip.

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 13th. Sept. 191 . 5 R. N. Horton

Place Brockville Maj.

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

Charles John Bryden 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.

W. G. Hutchison (Signature of Officer.)

Date OCT 2 1915 191 . 5

COLONEL
O. C. 80th Battalion, C. E. F.

36004

Perforated sheet for Will from Pay Book of Reg.

No. 219286.

Name C. J Bryden.

Unit 102 Battalion C.E.F.

Military Will.

In event of my death I give the whole of my money and personal effects to my father Mr Albert Bryden. Elgin, Ontario R.M.D. #2 Canada.

Signature Charles John Bryden.

Rank and Regt. L/Corporal. 102 Batt.

Date August, 2, 1916

M&H

Number 219286 Rank Corp

Surname BRYDEN

Christian Name Charles John

Unit 10th Bn. Canterbury Theatre of War France

Date of Service 19-8-16 D

Remarks Gretna

Latest Address Albert E. Bryden Esq.
R.M.L.I. H.Q.
Elgin Ont.

Roll No. B. Page 4351

R. 149.

Name BRYDEN. Charles. John. *Rank* Cpl. *Reg. No.* 219286.

Unit 102nd Batt.

Next of Kin Canada.

RL 25 - R 2632

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
11-11.	Reported from Base.			A66.	O. 5139.	21-11
	DIED OF WOUNDS.					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

(649-B-10128)

CARD NO. 1

D

FOLL.

SURNAME. Bryden

CHRISTIAN NAMES Charles John

REGL. No. 219286 RANK L/Cpl.

UNIT 88th Bn.

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Bryden, Albert Edward.

RELATIONSHIP TO SOLDIER Father

ADDRESS R.M.D. no 2. Elgin, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Crosby. Ont. DATE Jan 24th 1896

PLACE OF ATTESTATION Brockville, Ont. DATE Sept 13.. 1915

Sailed from Halifax, Per. S.S. "Baltic" 20-5-16. 431/3

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

L

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 19 YEARS 8 MONTHS

HEIGHT 6 FEET — INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION — INCHES

COMPLEXION Fair EYES Blue HAIR Auburn

DISTINGUISHING MARKS Mole under left eye. Mole on left shoulder. Scar on right side of upper lip.

MEDICAL EXAMINATION. PLACE Brockville, Ont. DATE Sept 13th 1915.

REGT'L No 219286

NAME Bryden Charles John

H.Q. FILE No. 649-

RANK AND CORPS Corp 102nd Batt. Form 80 to

FOLLOWS No. Bn.

CABLE

No.	Date	NATURE OF CASUALTY
D5139	21-11-16	Died of Wound. on Nov 11th ✓
B2090a	Comm 16-11-16.	" " " 11-11-16 (Rec'd. 7-2-17)

FOLLOWS

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M.—4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A66.	Rept. from Base	11-11-16	Died of Wounds

No. 219286 RANK Pte. NAME Bryden, Charles John

T. O. S. Sept 13th 1915. (Do 13 of 13-9-15) UNIT 41st Regt. (Brockville Rifles.)

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915.	1915.			
Sept 13th	Sept 14th	✓	Trans to 80th Bn 14-9-15.	Do 13 of 13-9-15.
Sept. 15.	Sept 30	✓	Shown on F O & L. Bn paylists	
Oct.		✓		
Nov.		✓		
Dec.		✓		
1916. Jan.	1916	✓	From L/Cpl. 14-1-16.	D. A. 11. 14.1-16.
Feb.		✓		
Mar.		✓		
April.		✓		
May		✓		

UNIT SAILED
MAY 16 1916

649-B-10128.

Bryden C.J. Cpl. #219286-C.E.F. 10th Bn

Medals
& Dec. (father) Albert E. Bryden, Esq.,
R.M.D. #2,
Elgin, Ont.

B.&.S. (father) ditto
(Serial no. 772527)

Mem. C. (mother) Mrs. A. Bryden,
(Address as above).

Not elig. 14/15 star
Elig. 1 m.
2 " B.W. m.

686

Y 6-41525 JAN 18 1921

Scroll Desp. 27-1-21 Reqn. No Z 14110

Plague Desp. 9 OCT 1930 Reqn. No P 10491

D.M.S. 1300.

Surname: Bryden
Christian Name or Names: C.J.
Reg. No.: 219286

Rank: Cpl
Unit: I02bd Bn
Co.
Troop
Batty.

Hospital
Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wds. 11-11-16

DISPOSITION

Date

C.L.21-11-16 A66

REMARKS

Rept.from Base

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

W. 16575/M. 237. 9,000M. J. P. & Co., Ltd. (C 1309). Forms/B122/4.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

No. 219286 Name Bryden J. Sqn., Batty., or Company B Corps 80th Batt. Date of enlistment 13/9/15 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet nil No. and date of last drunk nil Period not reckoning towards freedom from extra fine nil Sheet No. Signature O.C. Company, etc. Major Character good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Trans to 74th Battn June 9th. 1916		JUN 9 1916		J Henderson Lieut. Assistant Adjutant 102nd OVERSEAS BATTALION C.E.F.	
				TRANSFERRED TO 102nd BN. 13/7/16 AUTH-4th-E.D.-021.1 15-7-16				A Dowie Lt Col Commanding 74th O.S. Battalion, C.E.F.	
				Struck off, Daily Orders 290 of 16-11-16				CAPT. & ADJT. FOR OFFICER COMMANDING, 102nd CANADIAN INF. BN.	
				Died of wounds 11-11-16					

Army Form B. 123

[P.T.O.

ORIGINAL

Legal

ORIGINAL

Lang - B - 10128

219286

MEDICAL HISTORY SHEET.

Surname (Brayden) Bryden Christian Name Charles John

Examined on 13th day of Sept 1915 at Brockville

Birthplace City or Town Crosby - ont County Leeds

Apparent age 19

Trade or occupation Farmer

Height 6 Feet — Inches.

Weight 156 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm — Right — Left — Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

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

Approved by R. A. Horton

Rank major M.O.

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

Date	Result	Vaccinations.
11/2/16	good	H. A. Alger M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
~~29/11/15~~	~~9~~	
Sept 18	Good	R. A. Horton M.O.
9/12/15	9	H. A. Alger M.O.
13.7.16	TAB 1	J. M. Graham M.O.

Enlisted on 13th day of Sept 1915 at Brockville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	80th Batt C.E.F.	219286		
Transferred to	74th Batt C.E.F.	219286		June 9th/16
	102nd "			18/7/16.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname Bagde Christian Name Chandra Gobind 21926

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

BC NE

219286

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Pryden Christian Name Charles John

Examined on 13th day of Sept 1915 at Brockville

Birthplace City or Town Crosby, Ont County Leeds

Apparent age 19

Trade or occupation Farmer

Height 5 Feet — Inches.

Weight 156 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

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

Approved by R. M. Hoskor

Rank major M.O.

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

Date	Result	Vaccinations.
11/2/16	good	H. H. Alger M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
29/10/13	g	
Sept 13	Good	R M Hoskor M.O.
9/12/15	g	H. H. Alger M.O.
13.7.16	XAB 1	Jno Fulham M.O.

Enlisted on 13 day of Sept. 1915 at Brockville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	80th Batt C.E.F.	219286		
Transferred to	74th Batt C.E.F.	219286		June 9th/16
	102nd "			18/7/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

3 19286

Surname Bryden Christian Name Charles John

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

103

~~Canadian Engineers~~
No. 2 Overseas A.S.C. Training Depôt, C.E.F.

ORIGINAL

MEDICAL HISTORY SHEET

Surname: Brynolf. Christian Name: Emil.

Examined on 31 day of Jan. 1917 at Windsor, Ont.

Birthplace: City or Town Iron Mountain, County Mich. U.S.A.

Apparent age 21

Trade or occupation Chauffer.

Height 5 feet 8 Inches

Weight 137 lbs.

Chest measurement: Minimum 32 inches; Maximum expansion 34 inches

Physical development

Small-pox Marks Nil

Vaccination Marks: Arm Right Left; Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Varicocele
Right Eye 20-20
Left " 20-80

Approved by [signature]
Rank Capt A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		DECLARED FIT BY MEDICAL BOARD TORONTO RECRUITING DEPOT	M.O.
			M.O.
		E. A. E. Lawrence M.O. PRESIDENT	M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
15/8/17		[signature]	M.O.
			M.O.
18 MAY 1918		T.A.B. [signature]	M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
16/8/17		[signature]	M.O.
24/8/17			M.O.
3/3/17			M.O.

Enlisted on 31st day of Jan. 1917 at Windsor, Ont. Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	~~Canadian Engineers~~ No. 2 Overseas A.S.C. Training Depot, C.E.F.			JAN 31 1917
Transferred to	Casualty	573878		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont. [signature] Major, A.M.C.	JAN 31 1917	on enlistment [signature] Capt., A.M.C.	[signature] Col.
WITLEY CAMP, SURREY. 27-5 1919		Defective Vision	Cat. A. [signature] Captain

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Bryant Christian Name Cecil

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE. -4 JUL 1917		4	7	17	20	7	17	Phlyctenular Keratitis	17	Maxwell. OUD 6/6. OUS. 6/36 not improved To Lines	G. H. Carlisle Capt
Moore Barracks Hpl. Shorncliffe	29905	5	8	17	23 AUG 1917			Impetigo.	18	Skin completely cleared. Cat. A iii	G. S. Purvis M. C. Capt.
CANADIAN SPECIAL HOSPITAL. WITLEY, SURREY.		31	5	19	25	8	19	Gonorrhoea	87	APPARENTLY CURED. IRRIGATIONS LOCAL TREATMENT STUMPAGE	J. Rae CAPT. REGISTRAR.

R—122

J.P.

Rank bpl Name BRYDEN. Charles John Reg'l No. 219286.

Unit 80TH. BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Brockville, Ont. 13-9-15. Place of Birth Leeds, Ont. Canada.

Name and Address, Next-of-Kin Albert Edward Bryden, Elgin, Ontario, R.R.O #2, Canada. Relationship Father

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship N/E R.B 8

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England	SS Baltic	29-5-16	
5-6-16	OC 80th Bn	appt. a/ L/cpl	Bordn.	5-6-16	DOPA II 129
9-6-16	OC 80th	Trans to 74th Bn	—	9-6-16	DO PA II 131. AG letter 33-7
17.6.16	74th Bn.	T.O.S. from 80th Bn.	Bramshott.	—	— — 128/30.
17.7.16	do.	Trans'd to 102nd Bn	do	18.7.16	" 155
21-7-16	102nd	T.O.S. from 74th Bn	do	18.7.16.	" 203
11-8-16	102nd.	Embarked For France	do	II-8-16	Nom. Roll 12 8-16 A.F.B. 103. ckd. 16.8.16.
24-10-16	—"—	Promoted Corporal	Field.	10.10.16	Pt II D.O. 224 Pt II D.O. 270.A.
16.11.16	—"—	Died from Wounds recd in action	Field	11.11.16	Pt II D.O. 290
21-11-16	—"—	Died of Wounds.	—"—	11.11.16	Ch. A66

M

M.T. 21-1-21

RL 25 B 2632 13.1.17

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.					

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 80th OVERSEAS BATTALION, C.E.F.

Regimental No. 219286 Rank Sgt. Name Dryden, Charles John

Enlisted (a) Sept. 13/15 Terms of Service (a) Duration of War Service reckons from (a) Sept. 13/15

Date of promotion to present rank. } Date of appointment to lance rank } 5-6-15 Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Report: Date	Report: From whom received	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.
		Embarked Canada, May, 16th/16			
		Arrived England, May, 30th/16			
		Appointed L/Cpl, S.O. Part II (127) June 5th/15			
		TRANSFERRED JUN 9 1916, 74th Bn			
		Auth - H.Q. 4th. C.D. AB-33-7. 8/6/16			
		TRANSFERRED TO 102 Bn. 13/7/16 Auth-4th C.D-Q21.1 15.7.16			
		Proceeded for service overseas AUG 11 1916			
12/8/16	O.C. 102nd	Landed in France	Havre	12-8-16	R.R
14 10/16	"	Promoted Cpl.	Field	10-10-16	Pt ii 270 24 10/16 a F B 213 14 10/16

TRANSFERRED JUN 9 1916

Auth - H.Q. 4th. C.D.
AB-33-7. 8/6/16

TRANSFERRED TO 102 Bn.
13/7/16 Auth-4th C.D-Q21.1
15.7.16

CAPTAIN
ADJUTANT
FOR O/C 80TH "OVERSEAS" BATTALION, C.E.F.

CAPT.
74th O. S. BATTALION, C. E. F.

LIEUT.-COL.
O.C. 102nd CANADIAN INF. Bn.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
12/11/16	O.C. 102nd	died of wounds in action	Fred	11/11/16	DCS 58 } 16/2/17 Pt II 290 } Letter to Unit. K I 137/2127

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819

L. L. Job 310.—Req. 6574.

Sheet No. 2. Albert E. Bryden

Name of Soldier Bryden, Chas Jno 421

219286 80 Bn B Co.

15.00

MAY 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		06758	15	
June		P 9781	15	
July		67738	15	
Aug.		910209	15	
Sept.		917352	15	
Oct.		Q 21899	15	
Nov.		H25412	15	Acct Closed Oct 8
Dec.			10 5	" Closed Dec 1/16 JHB prev noted.
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Casualties

P.L. Rend. Date ..... By .....
E.T.X. " Date ..... By .....

2 R nod 27/1/6

~~P.L. Rend. Date~~ total By 210.05.00
E.T.X. " Date 25-8-17 By .....

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.				

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 172-39-819.

Brydon

To Whom Albert. E. Bryden

Address R. R. #2. Elgin Ont

Rate 15 00

MAY 1 1916

By Whom Assigned Bryden. Chas. Jno.

Regtl. No. 219286

Rank Pte. Cpl (acs)

Corps 80 Bn. B co.

Casualties

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments Dec 1/16
Sept.				"Died of wounds"
Oct.				3m. 23/11/16 - 9/12/16
Nov.				
Dec.				
Jan.	1915			Died of wounds Nov 11th 1916
Feb.				C L (6) 22-11-16
March				
April				
May				
June				
July				
Aug.				
Sept.				J R Nov 27/16
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Married or Single S.

Place of Birth Crosby, Ont Can

Name and Address of Next of Kin Albert E. Bryden
Elgin, Ont.

Relationship of Next of Kin father

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Compiled by J.G.P.
Checked by

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Promoted Cpl.	13/10/16	B.O. 270. 24/10.
Died of Wounds	11/11/16	B.O. 290 1/11. Cha. L.L. 21.11.16

Admissions to Hospital, &c.

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

Reg'l No. 219286 Rank ~~Pte~~ L/Corp Name Brydon, Chas. J.

If in Permt. Corps What Unit Unit 80th Bn

Permanent Force Allowances

Place of Attestation Brockville, Can

Date of Attestation 13/9-15

Transferred to 74th Bn Date 9-6-16 Authority B.O. 131

Transferred to 102nd Bn. Date 1/8/16 Authority B.O. 155

Transferred to N.E. Bch. Date 12/11/16 Authority B.O. 290 1/11

Transferred to Date Authority P.B. 710

Assigned Pay Monthly $ ~~15.xx~~ Date Effective ~~1-6-16~~

Payable to ~~Albert E. Bryden, R.M.D. #2. Elgin, Ont.~~ Relationship father

Entered on N.E. Card Index

Checked by

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 22/11/16 Effective 1/12/16. Reason Died of Wounds 1/11/16 B.O. 290-1/11/16

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date) 12/11/16.

Account Transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															32 55																32 55				Bal. from Canada
Checked S. Newton	June 8	105	8	40	8	10		80							9 20	17	21/6/16							17 03				15 —		32 03	9 72				
Checked Ian Ward	9/6-31/7	53	55	65	53			5 30							60 95													15		15	55 67				
	1-31/8	31	105	32	55	31	10	3 10							35 65	98	31/7/16							4 87				15		19 87	71 45				
	1-30/9	30		31	50	30		3							34 50	146	21/8	207	5/9	209/7/16	20/6/16	355/7/16	17/7/16	2 62	2 62	4 87	9 73	15		34 84	71 11				
	1-9/10	9	105	9	45											315	3/10							2 62											From Cpl. 13/10/16
	10-31/10	22	1.10	24	20	31		3 10							36 75	247	19/9/16							2 62				15		20 24	87 62				
Checked S. Shirley	1-11/11	11		12	10	11		1 10							13 20	370	7/10			291/7/16	21/7			2 61		9 73		15		27 34	73 48				Died of Wounds 1/11
															222 80																				B.O. 290 1/11/16
																															73 48				Trans. Non Eff. 12/11/16
	N.S. March 1917.																							3 48						3 48	70 00				3 48 — ck. 428-102nd Bn. 3/11/16
	Aug/17																								70 00					70 00					D. 70.00 To C.O.P. for ack. 23/7/17

Balance transferred to N. E. Branch.

A. P. starts 1/5/16

Lem. A. P. 105 Bn in agreement with Ottawa Ship 18. Q 593-1-12. 20/12/16

OPINION OF THE MEDICAL BOARD

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

Concur

19. Is the invalid fit for

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

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)
R.I.C. Auth. a.g. tel. 9083 of 11-11-18

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

R. H. Ellis Capt. *President.*

PLACE Witley, Surrey

DATE 27-5-19

F. W. Ballantyne Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

Informed 27/5/19 no change in condition. [illegible] Capt

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 28 MAY 1919 WITLEY SECTION.

President

PLACE .....

DATE ..... } Members

APPROVED BY [illegible] Capt APPROVED BY

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

DATE ..... DATE .....

APPROVED SEP 25 1919 [illegible] CAPT. FOR A. D. M. S. M. D. 2

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley Camp DATE 27-5-19

1. 1 (a) Unit C E M T (b) Regimental No. 513878 (c) Rank Pte
(d) Surname Brynolf (e) Christian name Emil
(f) Home address 108 2nd St Iron Mountain Mich U S A
(g) Next of Kin Mr S Brynolf (h) Relationship Father
(i) Address of Next of Kin 108 2nd St Iron Mountain Mich U S A
2. Age last birthday 23 years Date of birth July 15th 1895
3. Enlistment, ~~or Appointment (if an Officer)~~ (a) Place Windsor (b) Date 31-1-17
4. Personal description:
(a) Height 5' 8" est (b) Weight 165 lbs (stripped) (c) Complexion Fair
(d) Colour of hair Light (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Mole 1" below and external to right nipple
5. Former trade or occupation Iron miner

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	116

	Periods From	Periods To
Canada	31-1-17	1-5-17
England	14-5-17	5-6-18
France or other theatres of War	5-6-18	10-5-19

7. Original disease, or injury AMBLYOPIA left eye.
(a) Date of origin Chilhood (b) Place of origin U. S. A.
(c) Cause Injury

M. F. B. 227.
400m.—11-18.
1772-39-117.

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

marked defective vision left eye (amblyopia).

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective Eye Clinic Witley Camp 17. 5. 19 Specialist report

Visual acuity rt 6/6
" " lt 6/36 with glasses not improved
Category recommended A. Condition was present previous to enlistment and has not been caused, has not been aggravated by service

F. A. Macneil
Capt C. A. M.C.

Subjective
If he reads with left eye it is practically a blur

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

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

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Varicocele (left) enlisted with condition noted on M. H. S which has not been aggravated by service

10. (a) History (of the condition referred to in Section 9 (a).)

Received an injury to left eye during childhood

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Phlyctenular Keratitis 4. 7. 14. to 20. 7. 14 To duty
Impetigo 5. 8. 17. to 23. 8. 17 Skin completely cleared
Scabies 17. 3. 19 to duty 23. 3. 19

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

Nil

11.—(a) Did the disabling condition have its origin before enlistment? yes

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

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) & (b) not applicable

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

W. E. Jones Capt. C. A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Emil Burnolf have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (~~If dissatisfied, statement should follow.~~)

I complain in addition of nil

JWB.

Pt. Emil Burnolf Rank.
Signature of invalid examined.