

REGIMENTAL DOCUMENTS

NAME

Budd, Charles

REGT. NO.

187527

UNIT

90th C. I. Bn.

Q. FILE NO.

NON-EFFECTIVE BY

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

DEATH

Category

49381

DISCHARGE

Category

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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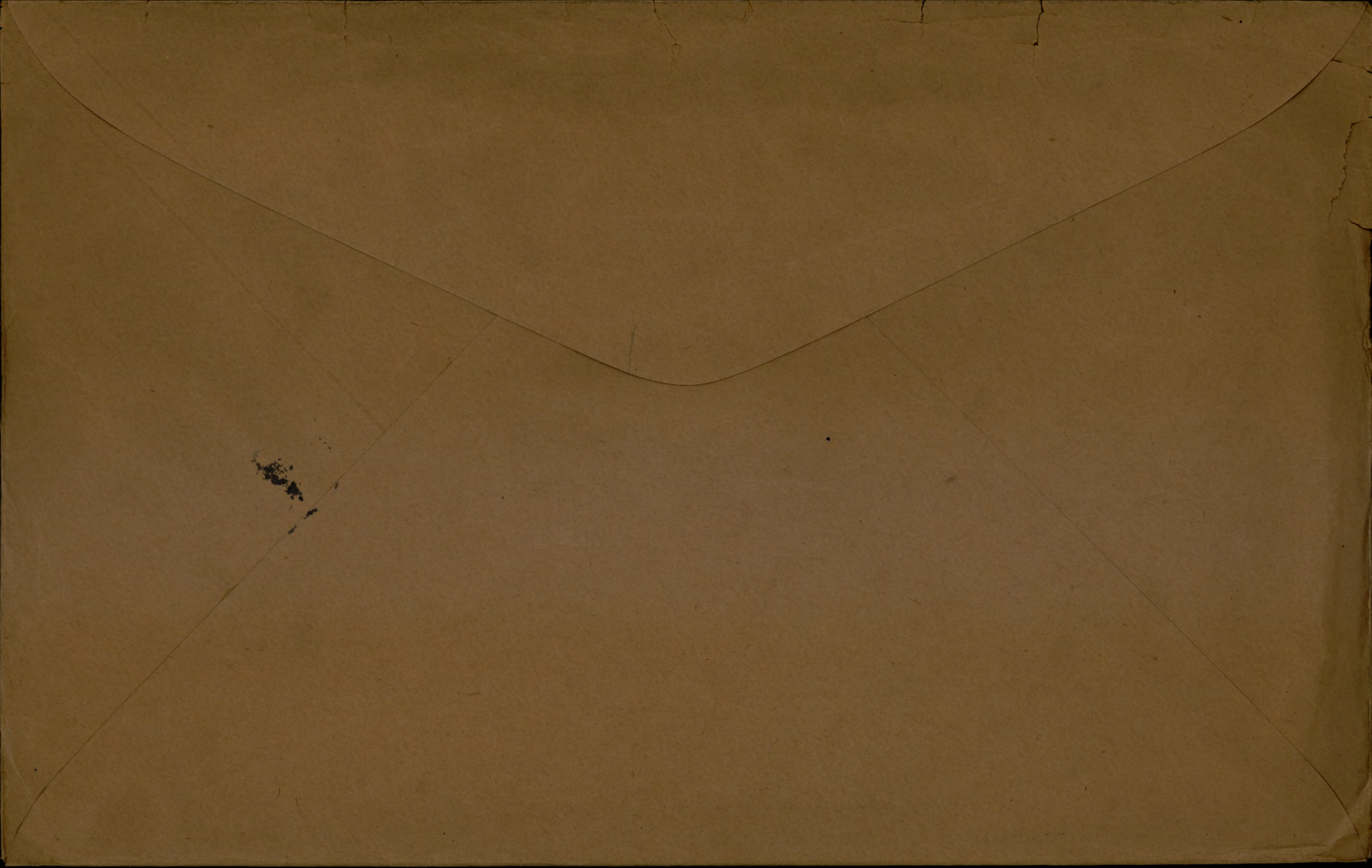
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 187527

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ... Budd
- 1a. What are your Christian names? ... Charles
- 1b. What is your present address? ... Arcola, Man.
2. In what Town, Township or Parish, and in what Country were you born? ... Tiverton, Eng.
3. What is the name of your next-of-kin? ... Sarah Budd
4. What is the address of your next-of-kin? ... Tiverton, Dev. Eng. *Tiverton, Devon, England.*
- 4a. What is the relationship of your next-of-kin? ... Mother
5. What is the date of your birth? ... June 2nd, 1895
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.
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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Charles Budd**, do solemnly declare that the above are answers made by me to the above questions and that they 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 Budd (Signature of Recruit)

Date... **Nov. 19th, 1915**... *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Charles Budd**, 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 Budd (Signature of Recruit)

Date... **Nov. 19th, 1915**... *[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... **Winnipeg, Man.**... this **19th**... day of **November**... 191 **5**

[Signature] (Signature of Justice)

Description of Charles Budd on Enlistment.

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....**5**...ft..**10**...ins.

Chest measurement. { Girth when fully expanded.....**41**...ins.
Range of expansion.. **1 1/2** ...ins.

Complexion.....**Dark**.....

Eyes.....**Grey**.....

Hair.....**Brown**.....

Religious denominations { Church of England.....**X**.....
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other Denominations.....
(Denomination to be stated)

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 declares that he is not subject to fits of any description.

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

Date...**Nov. 19th, 1915**.....191

Place...**Winnipeg, Man.**.....

J. A. Watson **Capt.**.....
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 Budd**.....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. H. H. H. H. (Signature of Officer)

Date...**Nov. 19th, 1915**.....191

Lieut.-Colonel
50TH CANADIAN INF. BATTALION
"WINNIPEG RIFLES"

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	187527	Pte	Budel	Chas.
Year	Unit.	Age.	Service.	
1916	8th batt - L. C. 7.	21	11/12	
Station and Date.	Disease			
M. H. Nov 3/16	G. S. W. of neck, entrance below left mastoid process, exit middle of back of neck 2 inches above 7th Cerv. Vert.			
	Went to France Aug. 15/16, wounded Sep 26/16 at Thiepville, sent to 3 state Hosp. Boulogne for 1 day, to Bevon Hosp. for 5 weeks, to M. H.			
	no disability -			
	Harry H. Groff Capt. Land.			

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

Station
and Date.

MEDICAL CASE SHEET

ORIGINAL

1138

MEDICAL HISTORY SHEET.

Surname Budd Christian Name Charles 30780

Examined	on <u>19</u> day of <u>November</u> 191 <u>5</u>	Approved by <u>J. M. Mather</u>
	at <u>Winnipeg</u>	
Birthplace	City or Town <u>Silverton</u>	Rank <u>Capt</u> M.O.
	County <u>Eng.</u>	
Apparent age <u>20</u>		
Trade or occupation <u>Farmer</u>		
Height <u>5</u> Feet <u>10</u> Inches.		
Weight <u>175</u> Lbs.		
Chest measurement	Minimum <u>39 1/2</u> inches.	
	Maximum expansion <u>41</u> inches.	
Physical development <u>good</u>		
Small-Pox Marks <u>None</u>		

Vaccination Marks	Arm <u>Right</u> Left <u>✓</u>	Date <u>1915</u>	Result <u>Pos</u>	VACCINATIONS.
	Number <u>3</u>			
When Vaccinated last <u>infancy</u>				
(a) Marks indicating congenital peculiarities or previous disease <u>None</u>				

(b) Slight defects but not sufficient to cause rejection <u>none</u>	Date <u>Nov 26/15</u>	Result <u>Pos</u>	ANTI-TYPHOID INOCULATIONS, ETC.
	<u>Dec 3/15</u>	<u>Pos</u>	
	<u>Dec 10/15</u>	<u>Pos</u>	

Enlisted on 19 day of November 1915 at Winnipeg

90th OVERSEAS BATTALION	Corps.	REG'TL NUMBER.	MARKS.	DATE.
Joined on enlistment	<u>11th BATTALION (CANADIANS)</u>	<u>187527</u>		
Transferred to... <u>8th Bn</u>	<u>8th Bn</u>	<u>184524</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
	Nov. 15.16.	Wound healed. Fit	F.A.C. Scringer. CP.

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

CANADIAN

Christian Name

Charles

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				
Broadway Bull Hall Jan BEVAN MILITARY HOSPITAL, SANDGATE, KENT.		27	1	1916	28	2	1916	measles	30	Recovered	C.P. N. S. L. Langman
		28	9	16	31	10	16	G.S.W. neck	33	"	
MILITARY HOSPITAL, SHORNOCLIFFE		31	10	16	31	10	16	do	1	Trans to Monks Horton	F.B. Dwyer

Duplicate Medical History Sheet posted to here:

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Shoreham Nov-13 1916.

No. 187527 Rank Plt Name Budd Charles

Local Unit..... Overseas Unit S^g Batta Age 21

Examination held at CCAC

DISABILITY.
Overseas—Local.
(scratch one out)

580 week

PRESENT CONDITION.

wound healed, feels fit.

BOARD RECOMMENDS:—

1. Fit for Duty..... yes
2. Fit for duty after..... weeks' physical training.
3. Fit for Temporary Base Duty..... weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members

JAC Schmizer Capt President.
GC Stahl Cpl

APPROVED

Dated at Shoreham 1916.

D. J. M. [Signature]

For A.D.M.S.
Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area,

PROCEEDINGS OF A MEDICAL BOARD

Dated at.....1918

No.....Rank.....Name.....

Local Unit.....Overseas Unit.....Age.....

Examination held at.....

DISABILITY.
Overseas—Local.
(attach one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training
3. Fit for Temporary Base Duty.....weeks
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

.....President

Members

APPROVED

Dated at.....1918

For A.D.M.S.

FORM OF WILL.

1. Budd, Charles

(Name in full)

Regimental Number 187527

serving in **18th Reserve Batt.**

the Overseas Military Forces of Canada, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

)
) Name and Address
) of person or
) persons to whom
) it is to go.
)

absolutely, and my personal estate I bequeath to

My Mother - Mrs. G. Budd
Three Corners Cove, Tiverton
Devon, England

)
) Name and Address
) of person or
) persons to receive
) personal estate.
) (See note).
)

In Witness whereof I have hereunto set my hand

this 12 day of April A.D. 1917 .

C. Budd Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness A C Manuel

Address of Witness Barrie, Ont

Occupation of Witness **Banker**

Name of Witness D L Evans

Address of Witness **c/o Trust & Loan Co of Canada**

Occupation of Witness Clerk Winnipeg

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

Date 8 March, 1918

Lieut.
For OFFICER I/C ESTATES.

NOTE - Died Missing 15.8.17

Transferred 6.3.18
187527 Pte. Budd C. 18th. Res. Batt.

235-92

AW

FORM OF WILL

WILL

IN WITNESS WHEREOF

1911

Tested and signed in presence of

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

Witnesses

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Witnesses

CERTIFIED CORRECT.

11 SEP 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54.

150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps 90th Overseas Battalion (W.R.)

Regimental No. 187527 Rank Pte. Name Budd, Charles

Enlisted (a) 19/11/16 Terms of Service (a) Duration of War Service reckons from (a) 19th November 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) _____

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 Halifax on May 31st. 1916 Arrived at Halifax Liverpool on June 8th. 1916. St Martins Place			
19/16.	O.C. 90th.	Transferred to 11th. Battalion. AAA		19/7/16.	B.O. 196.
			AR	Bawden	
8-16	O.C. 11th	Transferred to 8th Bn	Overseas	27-8-16	Pt. II. B.O. 205
8-16	O.C. 6th Bn.	Reinforcement:	C.B.D.	28-8-16	W.R. Part 4 of 35
9-16.	8th Bn.	Left for France.	8th Bn.	15-9-16.	B.213. 2. 1. 367
9-16.	O.C. 13th Gen.	III-1. Light. Trans to England S.S. St Patrick.		27-9-16	W 3083/3522
					Whogan
					For Officer i/c Can. Re Canadian Section.

For Officer i/c Can. Records
Canadian Section.

(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.

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				
3/1/17	Discharged from	C.C.D. <i>A. Leonard</i> to <i>18th Res. Bn.</i> Part II D.O. No. <i>1</i>			<i>John Lieut.</i> Adjutant, Canadian Command Depot
8-2-17	<i>18th Res. Bn.</i>	TAKEN ON STRENGTH.	<i>Seaford.</i>	31-1-17	Part II D.O. 275 <i>Morganhaugh</i> Adjutant, 18th Res. Bn.
MAY 17 1917	<i>6.C.</i> <i>18th Res. Bn.</i>	Drafted to 8th Bn.	<i>Dalyale</i>	MAY 17 1917	Part II D.O. 124 <i>La Roche</i> Asst. Adjutant, 18th Res. Bn.
	C.C.D.	ARRIVED C.C.D.	FRANCE	18-1-17	N.R.D. PART II ORDERS No. 71 D. 26-1-17 N.R.D.
	C.C.D.	LEFT C.C.D. FOR			
19.8.17	<i>8th</i> <i>Missing</i>	<i>8th</i> ARRIVED <i>8th</i> BN. FIELD	<i>Field</i>	23/5/17	B. 213 D. 26/5/17 K. 16/186.17 505473. Part II D.O. 129 of 25.9.17.
					<i>Chas. B. Howell</i> Lieutenant for <i>Genl. C. C. A. G.</i>

CERTIFIED CORRECT.

JUN. 1917

CAN. RECORDS, LONDON.

MISSING MAN.

(Acceptance of Death for Official Purposes.)

25-B-2699

War Office Reference No. _____

THE DEPUTY ADJUTANT-GENERAL,
G.H.Q., 3RD ECHELON.

CANADIAN SECTION

No. 187527 Rank Pte. Name BUDD, G.

Regiment 9th Bn. has been missing since

15-8-17

Reference has been made to the Unit, the Record Office and the Base, on the printed missing list, but no evidence of material value has been received which would indicate that he is not dead.

In accordance with the decision of the Army Council, this soldier is to be regarded for official purposes as having died on or since the above date.

You are requested to state whether the soldier leaves a will or not—

Reply.

(a) In Pay Book ;

(b) In Small Book ;

(c) As a separate document ;

and to forward it, if found, to this Office.

The Pay Book and the duplicate copy of this form should be forwarded to the Regimental Paymaster.

Not received

PKA

Capt. for Lt.-Col., A. A. G.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
3rd Echelon.

WAR OFFICE,

Date 22-3-18

Handwritten signature or initials, possibly "D. J. V."

No. 187527	Name Budd, Chas.	Regt. Batty., or Company	A Q	Corps	90th	Batt	6.2.2.	Date of enlistment	Nov. 19, 1915	G.C. Badges	Service or Proficiency Pay	Bill
Date of last entry in Company Conduct Sheet	Will	No. and date of last drunk	Will	Period not reckoning towards freedom from extra fine	✓	Sheet No.	1	Signature O.C. Company, etc.	J. R. S. Black	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
				Certified No Entry	Capt. & Adj. 11th Reg. Balloon				
				Missing Aug 15 th 1917	K. Murray Lieut				

[illegible]

C.T.

Rank

Pte

Name

BUDD Charles

Reg'l No. 187527

Unit

90TH BN

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg 19.11.15.

Place of Birth Swanton. Sug.

Name and Address, Next-of-Kin Sarah Budd.

Swanton. Devon. Eng.

Relationship mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 7248
File R.L. 25-B-4128
Category MKA

Discharge, Date and Place

Reason

Character

17

20/10/16

Report.

Date.

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.			
19.7.16	90th Bn	td to 11th Bn Sh'cl??	19 7.	Pt II 196	
22-7-16	Ob. 11th Bn	Taken on strength.	S. Cliffe	19-7-16	Pt. II 0.174
28-8-16	" " "	S.O.S to 8th Bn Disas	" "	27-8-16	" " " 205
29 16	80-8th Bn	Taken on Strength	Field	28-8-16.	Part-2-035
6-10-16	" "	Adm. Military Hosp.	Shorncliffe	1-10-16.	Lt. B. 188. S. S. W. Neck.
11. 10. 16.	" "	Transferred to C.C.A.C., Folkestone.		27.9.16.	Pt. II - 49 W
9.10.16	6.6.16.	Taken on strength.	" "	1-10-16.	" 442/a
9-11-16	8th Bn	Up to 6th Bn Hosp	Wankarston	1-11-16	6.6.16. 216. 80
17-11-16	" "	Disch'd	" "	14-11-16	" 223 80

A.F.B. 103 CHECKED

5 SEP 1916

187527 Budd Co.

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.				
15-11-16	bleab	REPORTED TO C.C.A.C. from Monkshorton	Shoreham	15-11-16	Pro 504 E.
20-11-16	C.C.A.C.	On Command to Comm. Depot	Shoreham	18-11-16	" 511(D) Full duty
16-2-17	"	cease to be att'd C.C.D. o SOS Trans to 10th Bn	Hostings	31-1-17	80
8-2-17	8th Rec Bn	T.O.S. of this Unit	Seaford	31-1-17	do - 27.
17-5-17	"	Proc O/Sec to 8th B	Sheliff	17-5-17	124. (8th B - 71. 26-5-17)
28-8-17	8th B	Missing.		15-8-17	C.L. A746.
25-9-17	"	S.O.S. Missing after Action	Field	15-8-17	Pt. II D.O. 129
18-3-18	"	previously rep'd missing now for official purposes presumed to have died		15-8-17	CLA 166.

A.F. 103 CHECKED
5 - JUN 1917

Surname

Christian Name or Names

Reg. No.

Budd.

E.

187527.

Rank

Unit

Co.

Troop

Batty

Pte.

8th Bⁿ Man.

Hospital

Date of Admission

Shorncliffe H^{os}p^l.

1.10.16.

Transferred

Hosp.

Monks Horton

Hosp. 1-11-16.

Hosp.

Hosp.

Diagnosis

G.S.W. Neck.

(1)
Later Diagnosis (if changed)

Pres Rpt Missing. Now

(2)

for Official purposes presumed

(3)

Additional Diagnosis: if more than one state present

to have DIED on
or since 15.8.17.R.

DISPOSITION

Dio.

14-11-16 Date

G.S. 6.10.16. B.188.

REMARKS

C.L. 9-11-16

B 216

C.L. 17-11-16

B 223

28-8-17 A746 @ R.F.B. Missing 15-8-17 R

18-3-18 A166.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

Rw.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Emp
Number 187527

Rank Plt

Surname BUTT

Christian Name

Charles

Units

8th Bn. C Inf.

Theatre of War

France

Date of Service

28.8.16

IV

Remarks

Latest Address

Roll No.

200m.-6-21.

B Page 19521

REGT. NO.....RANK.....NAME.....

UNIT.....AGE.....SERIAL NO. IN A. AND D.....

TOTAL SERVICE WHERE.....DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT.....IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

SEP 27 1922

AUG 28 1922

252993
P 45196

Budd. Chas., Pte. 187527 EthBn. 649-B-14723

Med. & Dec. (Mother) Mrs. Sarah Budd.
Three Corners, Cove.
Tiverton, Devon, England.

P. & S. (Father) Geo. Budd. Esq.,
Address as above.

(Ser. # 992333)

Mem. Cross. (Mother) Address as above.

560 1

not elig. 14/15 star.
Elig. R.M.
Elig. B.W.M.

(Signature)

1216

6 51718 14-9-21

Name BUDD Charles Rank Pte

Reg. No. 187528

Unit 8th Battalion

Next of Kin Sarah Budd, Tiverton? Devon. Engalnd

25-B-4128

BA
A202
15.5.16

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10-16	Mil. Hsp.	Shorncliffe	GSW. Neck	B188	02203	
1-11-16	Gen. Com.	Ward Manks Horton	Do	B216		
14-11-16	Do	Do	Do	Discharged	B223	
15-8-17. Rptd from Base:- <u>Missing</u>. A.746. Now for O. I Pres. to have died on or since 15/8/17.						
					5960.25/8.	
					27/8.	
					A.F.B.2090c.	
					on file.	

[illegible]

NAME

RANK AND CORPS

CABLE

NO.

DATE

H. Q. FILE No. 649-

REGT'L No.

NATURE OF CASUALTY

Budd Charles

Lieut

8th Batt Form 90th Div

O203 6-10-16

Adm Mil hospital Shorncliffe Oct
1st lsw neck102-3.
M 5960 29-8-17.

Reported missing Aug 15th, 1917.

B2090C 22-3-18

Pres. rpt missing now for offic purp

Rec'd 9-5-18

pres. To have died on 15-8-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Q188	Mit, Shorncliffe	27-9-16 1-10-16	Gsw neck
B216	Can Court. Monks Horton	1-11-16	Gsw. Neck
B223	"Discharged"	" 14-11-16	" " " "
A746	Rep from Base	15-8-17	Missing
A166	Prev. Rept. missing now for office purposes presumed to have died on it since 15-8-17		

SURNAME.

Budd (92-4-5-B)

CARD NO.

CHRISTIAN NAMES

Charles

FOLL.

REGL. No.

187527

RANK

Pte

UNIT

90th

Bn

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Budd Mrs Sarah

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Tiverton Devon Eng:

COUNTRY OF BIRTH

England Tiverton Devon

DATE

PLACE OF ATTESTATION

Winnipeg

DATE

Nov 19/1915

9531-5-16 442/4

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 187527 RANK *pte*NAME *Budd Chas.*T.O.S. 19-11-15 UNIT 90th Battalion
X.O. # 12-29-11-15

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915-	1915-			
Nov. 19	Nov. 30	✓		
Dec.		✓		
1916	1916			
Jan.		O.S.		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
			c.c. credit ret'd, T.O.S. 19-11-15	May pay list

UNIT SAILED
MAY 31 1916



25 BH 128

Name BUDD Charles Rank Pte.

Reg. No. 187527

Unit 8th Battn

Next of Kin Sarah Budd Tiverton Devon Eng.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
15-8.	MISS ING.			A746	M5960	28-8.
21-12-17	Adm					
22 JAN 1918	CRX					
19-2-18	Next of Kin					
26-2-18	Estafes					
15-8-17	Presumed dead			A 166		18/3/18

[illegible]

(On leaving Corps or Station where invalided.)

Transfer { Date _____
Station _____ } Name of { Conveyance _____
or { _____ } Vessel _____
Embark- { Date _____
ation { Port _____ } Officer in _____
medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and Hospital { _____
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

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.
Wt. W8530/2774 500M 9-15 M&C.L.D.
Forms B. 179. 34

1422-B-296

Army Form B. 179.

Medical Report on an Invalid.

COPY VERIFIED

Station **Manks Horton**

Date **Oct. 24.15.**

- Unit **15th Batt. (43rd Res. Bn)**
- Regimental No. **28003.**
- Rank **Pte.**
- Name **Budd Charles.**
- Age last birthday **25**
- Enlisted { on **Aug. 15th. 14.**
at **Toronto.**
- Former Trade or Occupation { **Labourer.**

8. Disability.

G.S.W. R. calf.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

May 23rd 1915.

10. Place of origin of disability.

Indian Village Givenchy.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Bullet wd in calf R. leg, Field Dressing

Dressing stations at Boulogne Hospital

on 23rd. Antitetanus serum at dressing station. At Boulogne opened wd. removed cloth and put in drainage tube. Removed to Lincoln Ho. on May 24th, there 3½ months. Leg elevated and hot fomentations healing completely early in Sept.

Went to Conv. Ho. at Sleaforth till Oct. 23rd 1915 massage at latter of Apl but was not rendered unfit for duty.

12. (a) Give your opinion as to the causation of the disability.

Active service.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Bullet wound through the middle of the calf of R. leg.

N.D.

13. What is his present condition ?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Scar of 3 1/2" long outer side of R calf and larger scar on innerside. Very little muscular deformity. Foot tends to rotate outwards walks on outer side of sole. Pain in and above achilles tendo when standing on toes. Walks ordinary without a limp. In going up steps must place entire sole of foot on the step and raise by the heel. Heart and lungs normal. Sight and hearing normal. Genl. Condition good. Weight increasing rapidly to normal.

14. If the disability is an injury, was it caused

- (a) In action ?
(b) On field service ?
(c) On duty ?
(d) Off duty ?

Yes.
Yes.
Yes.
No.

15. Was a Court of Inquiry held on the injury ?

No.

If so—(a) When ?

(b) Where ?

(c) Opinion ?

16. Was an operation performed ? If so, what ?

Yes removal of foreign body and drainage.

17. If not, was an operation advised and declined ?

Not applicable.

Not applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service ?

19. Do you recommend

- (a) Discharge as permanently unfit, or
(b) Change to England ?

No.

Yes For active service after 3 months Home service.

S.L. Walker, Capt. C.A.M.C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Monks Horton

T. Lyon, Capt.

Officer in charge of Hospital.

Date Oct. 24th, 1915.

*Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

1. Yes.
2. No.
3. No.

(b) If due to one of these causes, to what specific conditions do the Board attribute it ?

G. S. W.

21. Has the disability been aggravated by

(a) Intemperance ?

No.

(b) Misconduct ?

No.

(c) Any of the conditions mentioned in question 20, and if so, which ?

No.

22. Is the disability permanent ?

No.

23. If not permanent, what is its probable minimum duration ?

3 months.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ?

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

1/4

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act ?

25. If an operation was advised and declined, was the refusal unreasonable ?

Not applicable.

26. Do the Board recommend

- (a) Discharge as permanently unfit, or
(b) Change to England ?
Base Service.

No.

Yes.

Signatures :—

R.J. Blanchard, Lt.-Col. President.

Chas. Hunter, Capt. C.A.M.C.

W. G. Byall, Capt. C.A.M.C.

Members.

Station Monks Horton.

Date Oct. 25. 15.

Approved.

Station Shorncliffe.

W.F. Dalpi, Capt. A/D.A.D.M.S.

Can. Train. Div. Shorncliffe Administrative Medical Officer.

Date 27.10.15.

2nd Det. C. G. R.

AUDITOR *ERM* PAYMASTER

M. OR S. *M.*

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

REGT. No. *24003*

RANK *Pte*

NAME (IN FULL) *Budd, Chas.*

NEXT OF KIN <i>Mrs M. Budd</i> ADDRESS <i>136 Robinson Ave</i> <i>Coleman P.O. Ont.</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID <i>Yes.</i> <i>Wife</i>	RELATIONSHIP				DATE OF ATTESTATION <i>22-9-14</i>	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE	
					PAYABLE TO <i>Mrs M. Budd.</i> ADDRESS <i>136 Robinson Ave.</i> <i>Coleman P.O. Ont.</i>	RELATIONSHIP <i>Wife</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE <i>Toronto.</i>	DATE <i>12-1-19</i>
						REASON <i>M.U.</i>	AUTHORITY <i>W.O. 10</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>Yes.</i>

MONTH	PAY AND F. A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.																					
1919																									
Jan	12	110	1320	35	10	65	7045	263	30301	30300	15	17445	45	17085	115	115	115	115	115	115	115	115	115	115	W.S. Gadsden 11-4-19 of post debit 10/15/19
																									ACCOUNT CLOSED. NOT SIGNED. RESPONSIBLE OFFICER S.O.S. PRIOR TO H.Q. CIRCULAR No. 102 (LOCAL 120). ASST. DIRECTOR PAY SERVICES, M.D. No. 2

