

Proceedings of Court of Inquiry or on men
 reported Missing on Active Service.....
 Attestation Papers.....
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms.....
 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.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

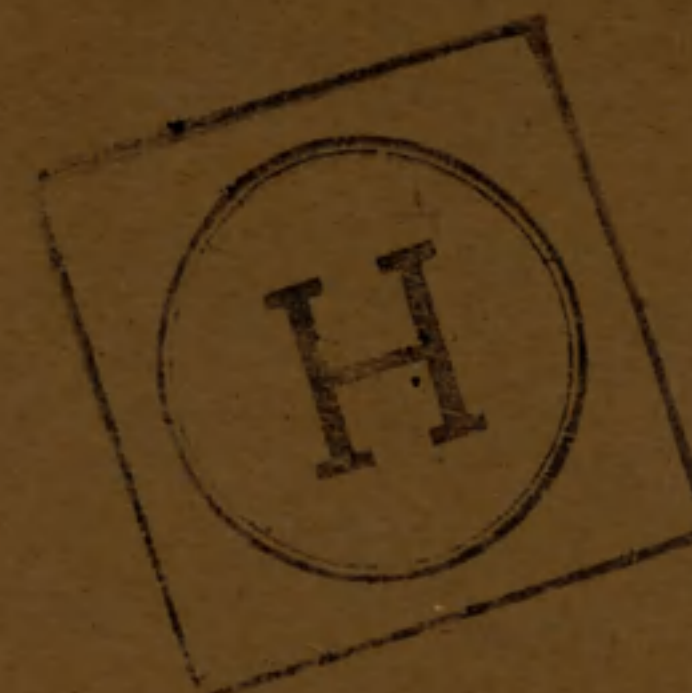
DISCHARGE DOCUMENTS

R. O. No.....
 H. Q. No.....

Name CLARKE HAROLD
 Regt. No. 446432 Rank Pfc.
 Corps 9th Res. Bn.

22929

Killed in Action 15-9-16.



25 = 13
 10 = 13
 3 = 13
 2

26220
19713 2090-C

Original

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Harold Clark*
 2. In what Town, Township or Parish, and in what Country were you born?..... *London England*
 3. What is the name of your next-of-kin?..... *S. L. Clark*
 4. What is the address of your next-of-kin?..... *2610 - 26th St. West Calgary*
 5. What is the date of your birth?..... *Dec. 17th 1895*
 6. What is your Trade or Calling?..... *Carpenter*
 7. Are you married?..... *no*
 8. Are you willing to be vaccinated or re-vaccinated?..... *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*
- H. Clarke*..... (Signature of Man).
J. M. Fraser..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harold Clarke*, 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.

H. Clarke..... (Signature of Recruit)
Date *April 30th* 1915 *J. M. Fraser*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harold Clarke*, 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.

H. Clarke..... (Signature of Recruit)
Date *April 30th* 1915 *J. M. Fraser*..... (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 *Calgary* this *30* day of *April* 1915

Geo. B. Morfitt..... (Signature of Justice)

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

Geo. B. Morfitt..... (Approving Officer)

Description of Harold Clarke on Enlistment.

Apparent Age.....20 years.....3 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. 7 1/2 ins.

Chest measurement. { Girth when fully expanded.....36 ins.
Range of expansion.....5 ins.

Complexion.....Fair

Eyes.....Grey

Hair.....light brown

Religious denominations. { Church of England.....
Presbyterian.....
Wesleyan.....
Baptist or Congregationalist.....
Other Protestants.....Methodist
(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.....April 30.....1915.....Col. O'Callaghan

Place.....Calgary, Alta.....P. A. Luc
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.

.....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 of Officer)

Date.....191 .

MX 262 20

Surname

Christian Name or Names

Reg. No.

Clarke

H.

446432

Rank

Unit

Co.

Troop

Batty.

Plt

9 Bn 31st Batta

Date of Admission

Transferred

Can Com Works Horton

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Influenza

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

now for official purposes presumed to have
Died on or since 15.9.16

DISPOSITION

Date

#24

Duty 17.12.15

REMARKS

Ch. 12.2.16

- 30.10.16

- 5.4.17 a/478

Rptd from Base

Missing 15-9-16

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

24

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Sam Mum

Number

446432

Rank Pte

W

Surname

CLARKE

Christian Name

Harold

Units

31st Bn. Can. Inf. Theatre of War France

Date of Service

3-2-16

Remarks

(F) Samuel L. Clarke

Latest Address

69 Peverith Rd.,
Thornton Heath,

Roll No.

Blage 18854 Surrey, England.

200m. - 6-21

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

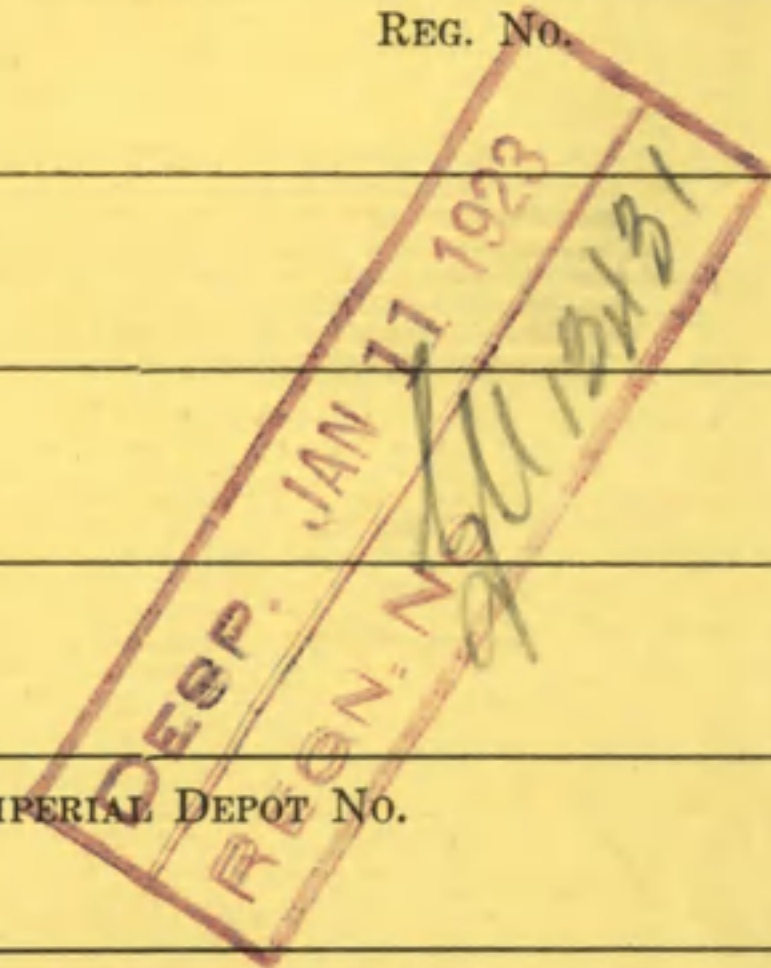
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



Not eligible for 14-15 Star.

#446432, Pte. H. ^{AROLD} CLARKE

649-C-6482
31st Bn.

145
Medals &
Decorations

Samuel H. Clarke (F)

69 Penrith Road

Thamton Heath, Surrey

Name & Address of Next of Kin

Dev # 802427
As above

P.&.S.

Sleep 19³/w L 223036

Name & Address of Female Next of Kin

Reqn. No. 2

37851
Memorial
Cross

Mrs. Mary Clarke (M)
As above

Reqn. No. 816

816

118

Page 15-7

M

CLARKE.Name ~~CLARKE~~ Harold Rank Pte.

Reg. No. 446432

Unit 31st. ^BattalionNext of Kin ~~Canada~~Mr. S. L. Clark.
69. Penuth Road

R/L 25. C. 2157

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916		Thornton Heath	Surrey.			
15-9-16.	REPORTED FROM BASE MISSING.			A357		
15-9-17.	Previously Reported Missing now			03856		30-10
	for official purposes presumed to have Died on					
	Since the 15-9-16.			A478.		4-4-
	Entry appearing on A488 stating this man's name as					
	CLARKE H.					

[illegible]

NAME

~~Clarke,~~

Harold

REGT'L No.

446432.

RANK AND CORPS

Pte 3rd Bn (9th Batt form. 56th Bn) 2nd RD

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.

1249**

FOLL.

O 3856

28-10-16

C.

Reported missing Sept. 15th
1916. ✓

J.A.B.

2090 C

4-4-17

Prev rep missing now for
offic purposes presumed to
have died on or since 15-7-16.
Rec'd 17-5-17.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

24

Sent leave leave Work House

17-12-15

Influenza - Dis to Duty

A337.

Rep. from Base 15-9-16. Missing

A478.

Pls rep missing now for aff. purposes
presumed to have died on or since
15-9-16.

A478.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. *446432* A. & D. No. *8488*
Rank *Private*
Name *Blance, H.*
Corps *9th Bact 6. Coy*
Religion *Copt.* Age *20*
M. H. Rec'd *ja* M. H. Requested M. H. Ret'd *14/12/15*
Disease *Influenza*
Admitted *10/12/15*
Discharged
Place in Hospital *1d*
Transferred *Monk Horton 16-12-15*
Results
7/12 *Calgary* *no. no. 3.40* P.T.Q. *pm*

REMARKS:

No. 432 . RANK pte
46432 July pay list -

NAME Clarke H.

T. O. S.

UNIT 56th Battalion

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Apr. 30	1915- May 31	✓		
	June	✓		
	July	✓		
	Aug.	✓		
Sept. 1	Sept. 15	✓		

UNIT SAILED
MAR 23 1916



CLARK, Harold M. Pte.

446432

31st. Battalion.

Mr S. D. Clark, 69, Perreth St., Thornton Heath, Surrey,
1916

R.L. 25-C-2157

15-9-16. REPORTED FROM BASE MISSING

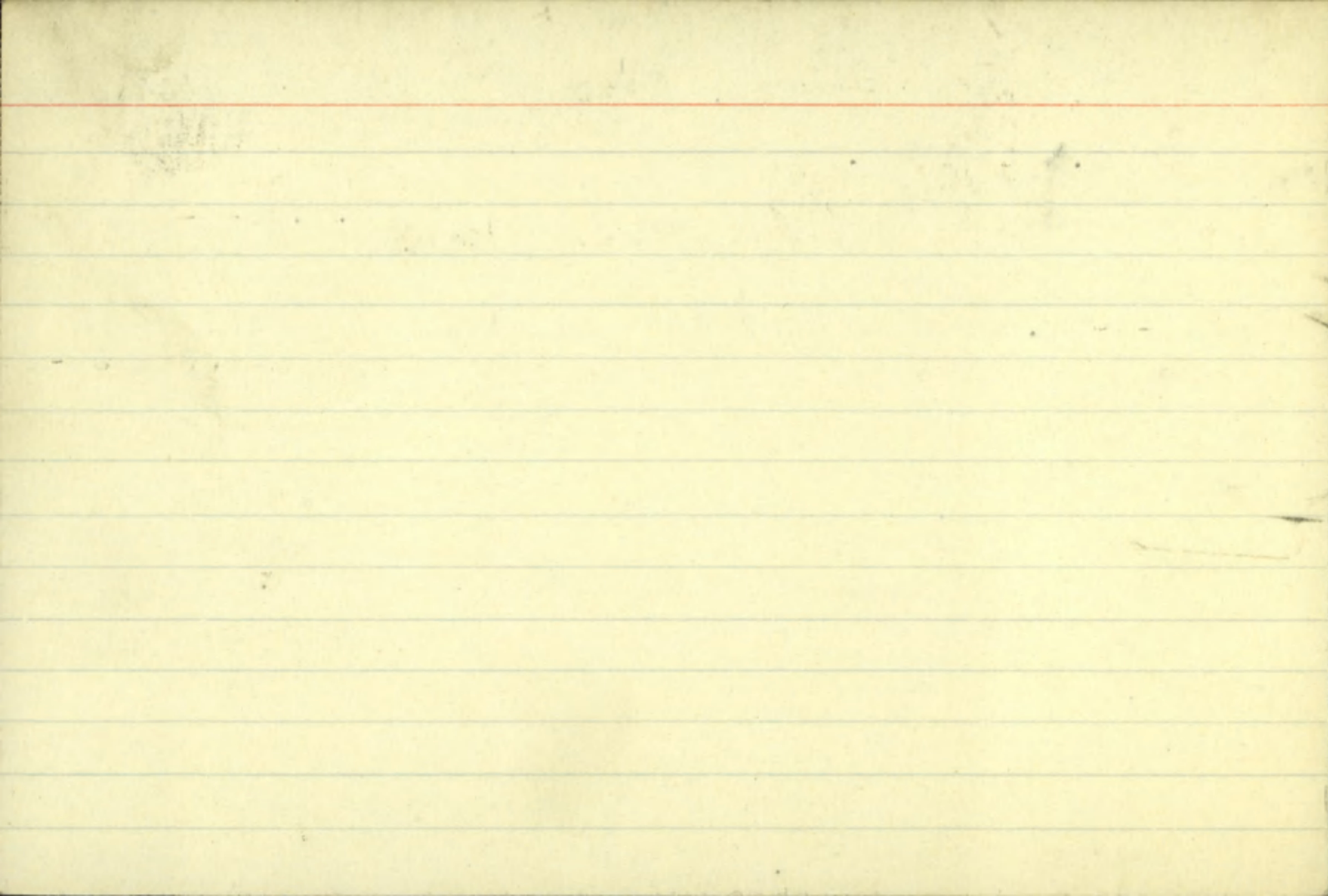
A357

03856

30-10

*Enquire to
Next of Kin.
D. D. P. S.*

15-9-16 Presumed Dead A478. 9/4/17



MISSING MAN.

(Acceptance of Death for Official Purposes.)

War Office Reference No. ~~25-C-2403~~

THE DEPUTY ADJUTANT-GENERAL,

G.H.Q., 3RD ECHELON. *Canadian. Section.*

No. 446432 Rank Pte Name Clarke H.

Regiment 31st. Pn. Cans. has been missing since

15-9-16. 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.

O.S.B.

not received

[Signature]
for Major *Daas* Records,
Can. Sect *3rd* 3rd Echelon.

WAR OFFICE,
~~XXXXXXXXXX~~

Date April 4th. 1917.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 446433 9th Reserve Battalion, C.T.D.

Regimental No. 446232 Rank Pte Name Clark H

Enlisted (a) 30-4-15 Terms of Service (a) _____ Service reckons from (a) _____

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				
		Transferred from 56th Battn;		22-9-15;	
		Transferred to 31st Battn; France		3-2-16	
5 ² / ₁₆	cc. Con B.D.	Reinforcement from 9 Res. Bn.	Arr. Con Base Depot.	5 ² / ₁₆	11.1 101/B.D./2/212. Pt. II O 8 d/14 ² / ₁₆ .
15 ² / ₁₆	"	Dis. to Unit	In the Field	15 ² / ₁₆	222 S.C.O. 124.
18 ² / ₁₆	cc. 31st Bn	Joined Unit	"	17 ² / ₁₆	B. 213. S.C.O. 128.
22/9/16	do	Missing Thrust off strength	Field	15/9/16	B 213 P.L.O. 54 d/25/10/16
<i>J. Whogan</i> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.					
13.4.17	31 st Bn	Previously rep'd missing now rep'd Presumed to have died	Field	15.9.16	Pt II O 22
<i>Ref. for</i> Lieut. for Colonel i/c Records.					

(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				

MEDICAL CASE SHEET.*

B. 17

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

446032

pte

CLaake

H

Unit.

Age.

Service.

Year

9th. Bn.

20

7 months

Station
and Date.

Disease

InfluenzaMH
16/12.

Paraded sick. Dec 9th -
at East Sandling. Went
to Moore Bk H. complaining of
cold on chest lough.
In bed two days.

Present condition.

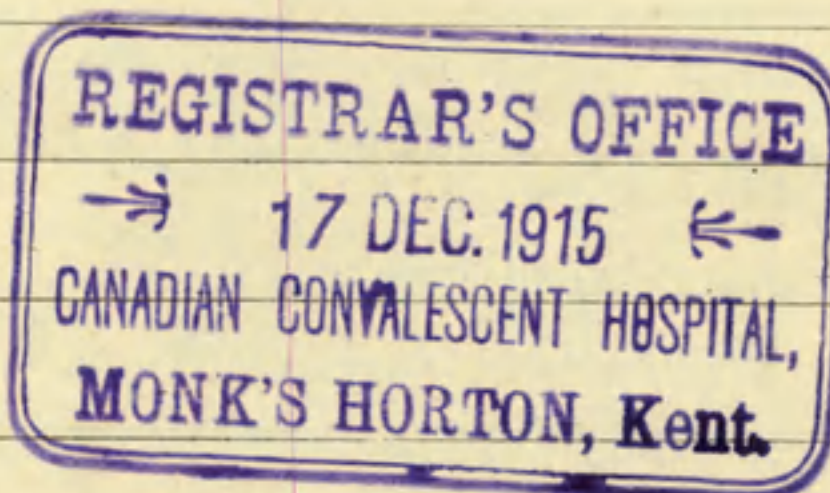
Still slightly hoarse but
is otherwise all right.

Slight phlegm. feels ready
for duty.

Discharge to sick & furlough.

A. Maek

Capt Camm.



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

Station
and Date.

RECEIVED
JAN 10 1910
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

Office Of Standing Medical Board,
Warrior Square,
St. Leonard's-on-Sea,

January 15th 1917.

To:-

Officer i/c of Records,
Canadian Record Office,
London E.C.

Name- Clarke H.E.

No. 446402.

Unit- 23rd Battn

Rank- Pte.

The above noted appeared before a Medical
Board on 15-1-17, and the following entries have
been made on the Medical History sheet of this man:-

Board recommends, Discharged.

(SGD) J.W. Wickware Capt. C.A.M.C. Presd. S.M.B.

15-1-17 APPROVED.

(SGD) D.F. McIntyre Capt. C.A.M.C. for D.A.D.M.S. Canadians
Hastings.

Hospital entries on this man's Medical

History sheet are herewith copied:-

Charing Cross Hosp. 6-8-16 to 19-10-16. G.S.W. Arm L.
ant. forearm. Comp.

Ent. and Exit wounds ~~out~~ and post surface forearm
about middle of extremity. Several pieces of shrapnel
removed much comminution of radius and pieces have been
removed. Wd. nearly healed (per X-Ray) Conv. Home.

(SGD) F. Mallingwood.

C.C.H. Bromley 19-10-16 to 30-11-16. Do. 43 dys.
CCAC Base Duty C.J. McKinnon Capt.

I certify that the above is a true copy.

D.F. McIntyre

Capt. C.A.M.C.,
for A.D.M.S. Canadians,
Brighton Area.

Office of Standing Medical Board,
Warrior Board,
St. Lawrence's-on-Sea.

To:-
Officer in Charge of Records,
Canadian Record Office,
London E.C.

No.

Rank-

Name-

Unit-

The above noted awarded before a Medical
Board on and the following entries have
been made on the Medical History Sheet of this man:-
Board recommendations.

..... A.F.M.O.D.

Medical history on this man's Medical
History Sheet are herewith copied:-

I certify that the above is a true copy.

Genl. G.A.S.
for A.D.C. General,
Brixton House.

Army Form B. 181.

Military Hospital Moore Barracks

No. 446432

Rank and Name Pvt. Clarke H.

Age 20

Service 7/2Disease *Influenza*

Date of admission Dec 10/15

Date of discharge

Result

Days of Disease

Temperature
Fahrenheit

107°

106°

105°

104°

103°

1.02°

101°

100°

990

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24
hours

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature _____

In charge of case.

A small, dark, irregular mark or smudge on a light-colored surface.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book

845-8

Year

1915-

Regimental No.

446432

Rank.

Pte

Surname.

Clarke

Christian Name.

H.

Unit.

9 Batt. C.

Age.

20

Service.

7/12

Station
and Date.

Disease

Influenza

M.B.C.H.

Dec 10/15.

Moore Barnard

Shorncliffe

Family History: Negative.

Personal History: Negative.

Present Illness:

Complaint: Cold in chest, cough.

Duration: Dec 6th

Cause: Wet weather at the time.

Signs & Symptoms - Temp up - cough a little, hoarseness.

Rx: Mist Expect 3" 8hr. Pl No 9 Ls - Aspirin grs x

8hr. H.C. 8hr.

14th Colours to p.p.

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

Station
and Date.

CLARKE Harold

446432

R-122.

Rank

Name

Reg'l No.

Unit 56th to 9th Bn

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Calgary, 30 April 1915

Place of Birth London, Eng.

Name and Address, Next-of-Kin S.L. Clarke

2610, 26th St, West Calgary.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

File: R.L. 25-6-2157.

Arrived in England.

29 SEP 1915

Relationship

N/E R.B.I.

Discharge, Date and Place

Reason

Character

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				
18.12.15	O.C. 9 th	Reported from Hospl.	5'cliffe.	17.12.15	Pt II - 740 46/24
3-2-16	OC 9 th	Struck off. Trans 31 st Bn.	Overseas.	3-2-16	AKB-103-64-29/2/16 Pt II. 034.
14-2-16	O.C. 31 st Bn	Having arr. from Eng. as reinforce: from the 9 th Res Batten, is taken on the strength of the Batten	In the field	5-2-16	" " " 8
25-10-16	31 st Bn	"Missing" after action & S.O.S accordingly	Field	15-9-16	Pt II. n° 54
30-10-16	31 st Bn	"Missing" Reported from Base		15-9-16	C.L.A 357 ON
5-4-17.	"	Prev. rep. missing, now for official purposes presumed to have Died on or since		15-9-16	L.L. A. 478. Pt II. 0.22 d/13/47

[illegible]

Rank

Name **CLARK Harold**Reg'l No. **446432**

P-56

Unit

36th to 9th Bn 306 BnIf in perm. Corps,
What Unit?Married or Single **Single**

Place and Date of Enlistment

Calgary, 30 April 1915Place of Birth **London, Eng.**

Name and Address, Next-of-Kin

S.L. Clark**2610, 26th St, West Calgary.**

Relationship

Assigned Pay Monthly \$ **Nil.**

Payable to

Relationship

Separation Allowance \$

Payable to

Discharge, Date and Place

Reason

Character

Missing 15/9/16 B.O. 54 25/10/16

Relationship

Entered on N.E. Card Index **24.2.16**Checked by **T. J. Woodman**

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
16/9/15	31/10/15	46	1	46.	46	10	460	10	600			2433			2433	3627	#10 ⁰⁰ clothing allowance
1/11/15	30/11/15	30	1	30.	30	10	300	30	627	793		1947			4867	2060	
1/12/15	31/12/15	31	1	31.	31	10	310	30	600	846		1460			5109	361	
1/1/16	31/1/16	31	1	31.	31	10	310	31	610	1025		943			2190	1581	Pratt.
Feb. 1	29	29	1	29.	29	10	290	31	90	1137		2433			523	4248	Pratt.
Mar. 1	31	31	1	31	31	10	310	34	10	1276		1703			56	5807078	Pratt.
				198			1980	10	22780			15646			56	157021	

BALANCE TRANSFERRED TO NEW LEDGER.

Checked **W. W.****Sealed**Statement of
JUN. 15 1917
Account rendered

[illegible]

[illegible][illegible]

4-5-82

446432

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Surname **CLARK E** Christian Name **Harold**

Birthplace ... Parish London County England.

on 30th day of April 1911

Examined }
at Calgary. Alta be vice

Declared Age 20 years 3 months days.

Trade or Occupation ... Carpenter

Height 5 feet $7\frac{1}{2}$ inches

Weight lbs.

Chest { Girth when fully Expanded 36 inches.

Measurement } Range of Expansion 5 inches.

Physical Development ... _____

Arm ... Right Left

Vaccination Marks } Number _____

When Vaccinated

Vision	...	...	...	$\begin{cases} \text{R. E.} - \text{V} = \\ \text{L. E.} - \text{V} = \end{cases}$	The I return when
--------	-----	-----	-----	--	--

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

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

Approved by (Signature) Robert O'Callaghan
(Rank) Lt. A.M.C.

Medical Officer.

Enlisted { at Calgary
on 30th day of April 1915

Joined on Enlistment	...	Corps.	Regtl. No.
		9th Battn.	446432

Transferred to	...	...		
----------------	-----	-----	--	--

Became non-effective by ... _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been on _____ day of _____ 191_____

taken from the Attestation Paper.

(Signature)
H. Munnally
(Rank)

Lieut.-Col

(4887.) W. 9597/1588. 500m. 9/15. In Charge of Records.

Formis
B. 178
39

P.T.O.

Canadian Contingent

Record Office

[illegible]

I certify the foregoing to be a true copy of an original entry on the Medical History Sheet of this man.

Station or Troop _____

D. A. M. C.

For the Officer in Charge of Records
Canadian Contingents.

DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Surname **CLARKE** Christian Name **Harold**

Birthplace ... Parish London County England.

Examined ... { on 30th day of April 1915,
at Calgary. Alta

Declared Age ... 20 years 3 months days.

Trade or Occupation ... Carpenter

Height 5 feet $7\frac{1}{2}$ inches

Weight lbs

Chest Measurement	{	Girth when fully Expanded	36	inches.
		Range of Expansion	5	inches.

Physical Development ...

Vaccination Marks	Arm ...	Right	Left
	Number		

When Vaccinated ...

Vision	...	...	...	$\left\{ \begin{array}{l} \text{R.E.—V=} \\ \text{L.E.—V=} \end{array} \right.$
--------	-----	-----	-----	---

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

(b) Slight defects but not sufficient to cause rejection { (b) _____

Approved by (Signature) Robert O'Callaghan
(Rank) Lt. A.M.C.
Medical Officer.

Enlisted ... at Calgary
on 30th day of April 1915

Joined on Enlistment ...	{	Corps.	Regtl. No.
		9th Battn.	446432
Transferred to ...	{		

Became non-effective by _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on _____ day of _____ 191_____

(Signature)
H. H. H. H. H.
(Rank)

(97248.) W. 13090/4672. 12003 Charge P. & G. Co. Ltd.
Lieut.-Col. Canadian Contingent.

Forms
B. 178
39

P.T.O.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the _____ day of _____ 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this _____ day

of _____, 191

President.

Overseas.

Medical Report on an Invalid.

Station C.C.A.C. Hastings.

Date January.11.1917.

1. Unit, 56 th : 14 th Bn.-23 rd Res 5. Age last birthday 30. -
2. Regimental No. 446482.
3. Rank Pte.
4. Name Clarke.H.E.
6. Enlisted { on 30 th April.1915.
at Calgary.
7. Former Trade {
or Occupation { Bricklayer.

8. Disability.

G.S.W.-Forearm. - L.-.

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. 2 nd August.1916.
10. Place of origin of disability. Ypres.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
2 Months in France-full duty.
To England Apl.12.1916.Trained
at Shorncliffe, always able and fit for duty, never on sick parade.
To France May.23.1916, as a draft to 14 th Bn. Eight days at Base, then up the line, Did full duty in and out of Trenches with his Batt, untill the 2 nd August when he received a G.S.W. left forearm, Sent to Boulogne 48 Hours, then across to England, at Charing X Hospital from 6 th August untill 19 th October, several pieces of Shrapnel and of radius being removed. At Burnley from 19-10-16 to 30-11-16, then to C.C.A.C. where he was given furlough.
Complains now of inability to use L.Arm

12. (a) Give your opinion as to the causation of the disability. A. G.S.W.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).
- B. (1) -Yes
(2) -Yes Service Conditions.

13. What is his present condition? **General Appearance.-**

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

Strong, well built man about 35.

Circul-System.-Negative.
Resp - - Negative.
Gastro Int Negative.
Gut. Negative.
Nervous. Negative.

Scars -Scar 6"long on ~~inner~~ forearm (left) in a line between the bones healed. 2 Scars on inner and underside forearm. Has good use of thumb and first finger, but very little use of other fingers, no loss of sensation in hand or fingers. Partial use of wrist joint.

14. If the disability is an injury, was caused

- (a) In the presence of the enemy? **A.- Yes.**
(b) On active service? **B.- Yes**
(c) On duty? **C.- Yes**
(d) Off duty? **D.- 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 Bone Fragments and of Shrapnel.

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

No.

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?

not applicable.

19. Do you recommend,

- (a) Fit for duty? **No.**
(b) Fit for base duty? **No.**
(c) Invalided to Canada? **Yes.**
(d) Discharge as permanently unfit? **No**

Officer in medical charge of case.

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

Station

Officer in charge of Hospital.

Date

* 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 it is essential that the Members of the Pensions and Claims Board 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 pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(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.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

1.yes. 2.yes.

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

G.S.W. in action.

21. Has the disability been caused or aggravated by

- (a) Intemperance? **no**
(b) Misconduct? **no**

22. Is the disability permanent? **yes**

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

not applicable.

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?

1/2 for 6 months.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

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

not applicable.

26. Do the Board recommend

- (a) Fit for duty? **no**
(b) Fit for base duty? **no**
(c) Invalided to Canada? **no**
(d) Discharge as permanently unfit **yes.**

27. Remarks.

Signatures:—

Station

Date

Approved.

Station

Date

President.

Members.

Administrative Medical Officer.

Captain, C.A.M.C.

A.D.M.S., Canadians, London

Hastings

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

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.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Missing	15/9/16	30.54 25/10/16 62357 30/10
Dead	15/9/16	Pa 478 54/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No 446432

RANK

NAME

IF IN PERM. CORPS
WHAT UNIT

UNIT 31st Bn

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

24/11/14 16/9/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			\$	C.			\$	C.			\$	C.				NO	DATE	NO.	DATE	NO.	DATE	NO.	DATE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	198														227 80 ✓														156 46																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														

Statement of
JUN 15 1917
Account rendered

Small
Ledger Sheet

