111105	COLPITTS	CYRIL C.
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

OPEN

Location
Lieu 1889

ARC-1048 (rev. 91)

REGIMENTAL DOCUMENTS

NAME COLPITTS, CYRIL. C. REGT. NO. 111105 UNIT C. M. R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY DEATH Category
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				30244	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
	MEDICAL EXAMINATION (M.F.W. 129)					Died of Wounds
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					28-22
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					16-22
1	R. 149.					3-22
1	Form of Will					
1	AFB. 181					2
1	Misc					
1	copy Pmill					
	copy Pmill					
1	Cas Card					
1	P.C.					
1	[illegible]					

S.D.
19-3-20

W 2369
1/20-41-10
1/12-30-1377

ATTESTATION PAPER.

No. 6115

Folio. 111105

CANADIAN OVERSEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Cyril Carey Colpitts
2. In what Town, Township or Parish, and in what Country were you born? Forest Glen Westmorland Co. N.B.
3. What is the name of your next-of-kin? P. W. Colpitts
4. What is the address of your next-of-kin? Forest Glen Westmorland Co. N.B.
5. What is the date of your birth? Dec 9th 1897.
6. What is your Trade or Calling? Farmer
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

C. C. Colpitts (Signature of Man).

G. W. Taylor (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, C. C. Colpitts, 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.

C. C. Colpitts (Signature of Recruit)

Date 31 3 15 191 . G. W. Taylor (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, C. C. Colpitts, 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.

C. C. Colpitts (Signature of Recruit)

Date 31 3 15 191 . G. W. Taylor (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 Amherst N.S. this 31st day of March 1915

A. J. Markham Major (Signature of Justice)

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

G. W. Taylor (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Colpitts Cyril Casey on Enlistment.

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 2 3/4 ins.

Complexion Light

Eyes Blue

Hair Light Brown

Religious denominations:
- Church of England
- Presbyterian
- Wesleyan
- Baptist or Congregationalist Yes
- 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).

Small scar at angle of left-elbow on outer side

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 MAR 30 1915 191 . Francis A. R. Gow

Place AMHERST, N. S. Capt. A.M.C. M.O. 64th C.M.R. 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.

Cyril Casey Colpitts 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.

R. MacKay Lt.-Col. Commanding 64th Mtd. Rifles (Signature of Officer)

Date April 2, 1915

No. 111105. Tpr. C. C. Colpitts. 6th C. M. R.

Pay Office, 6th Mtd. Rifles

SEP 21 1915

Paymaster's No.....

WILL

Sept. 22, 1915.

In the event of my death I give the whole of my property and effects to:

S. W. Colpitts
Forest Glen
Westmorland County
New Brunswick
Canada

Signed:
No 111105 Tpr. C. C. Colpitts.

Note: In case of the death of the above named S. W. Colpitts, my property and effects are to be given to:

Mrs. S. L. Colpitts.
Forest Glen, West. Co.
New Brunswick.

Signed: No 111105 Tpr. C. C. Colpitts.

77

Jn. X.
19-3-20.
H.C.

NAME Colpitts Cyril Casey

H. Q. FILE No. 649-

REGT'L. No. 111105.

RANK AND CORPS Pte 5th C.M.R. Formb 4th C.M.R.

CABLE		NATURE OF CASUALTY
NO.	DATE	
D1838	2.10.16	C. Died of Wounds between Sep 14th & 16th/16
B2090a Rouen	27-9-16	Died of wounds received in action between 14th & 16th of the 9th month 1916.

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 217	Rep from Base	16. 9. 16	Died of Wounds

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 111105 A. & D. No. 4419

Rank Pte

Name Colpitts E C

Corps 6th C M R. A. 6/12

Religion Bapt Age 18

M. H. Rec'd 9.9.15 M. H. Requested M. H. Ret'd

Disease Lng rowing toe nail

Admitted 9.9.15

Discharged 19-9-15

Place in Hospital 12

Transferred

Results

P.T.O

REMARKS:

Number 111105 Rank Pte

Surname COLPITTS

Christian Name Cyril Carey

Units 5th C. M. R. Theatre of War France

Date of Service 24.10.15

Remarks (F) L. W. Colpitts

Latest Address Lewisville,
Shediac N.B.

Roll No. B. Page 22 H 20.

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

868—D.P.—40M-1-12-19.

Pte. Colpitts, C. G. grey

649. C. 5518

H.A.Q

111105 5 CMR.

Medals & Decoration

Name & Address of Legatee

E lig. for 1914-1915 Star.

Pt. 5th. C. M. R.

T. W. Colpitts, (F)

Lewisville, Manitou

N. B.

5728

Name & Address of Next of Kin

As above

P & S.

(Serial no. 765619)

Scroll Desp. JAN 5 1921 Reqn. No. 27833

SEP 2 1921

Plague Desp. Reqn. No. P5269

Memorial

a cross.

00074.

R. 149.

Name COLPITTS Cyril Carey *Rank* Pte *Reg. No.* 111105

Unit 5th C.M.R.

RL25-C-1792

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	ex.BCS.No.167;d/27-9-16					
14/16-9-16.	Rep.from Base:		~~KILLED IN ACTION~~	A217	01838	

Died of Wounds not stated

2/10

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

No. 6117 Rank Pte (Tpr.) Name Colpetts Cyril C.

T.O.S. 23-2-15 Unit 6th C.M.R.
apr. payrist.

M. D. #6

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 Feb 23	1915 mar 19	✓	Draw Subsist only	
Feb. 23	mar 31	✓		
apr.		✓		
May.		✓		
June		✓		
July		✓		

UNIT SAILED
JUL 18 1915

D.M.S. 1300.

Surname: Colpitts
Christian Name or Names: C. C.
Reg. No.: 111105

Rank: Pte.
Unit: 5 C.M.R.
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 Wounds 14/16. 9. 16

DISPOSITION

Date

CL 2. 10. 16 A 217/1

REMARKS

Repd from Base

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

EPITOME OF HOSPITAL TREATMENT.

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

(G11)—Wt. W1751-1403. 500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

101/CMR/5/1.

Casualty Form—Active Service.

Regiment or Corps 6th Canadian Mounted Rifles

Regimental No. 111105 Rank Trooper Name C. C. Colpitts

Enlisted (a) 23/2/15 Terms of Service (a) Duration of War Service reckons from (a) Enlistment

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				
		Arrived in France 24-10-15			
1915	War Office	Transfd to 5th Bn CMR on reorganization	Field	2 1 16	Part 2 Orders No 3 121/Overseas/1322 (S.O.2) d/19.12.15
"	"	Taken on strength	"	3/1/16	" "
14/8/16	Hollait.	Sentenced to 3 days F.P.1, for "When on Active Service, Contravention of GRO. 81. Not paying the proper compliments to an officer.	do	24/4/16	Brobg. Pt II 37d 14/8/16.
22/9/16	do	Died of Wounds received in Action	do	14-16/9/16.	Rept d 22/9/16. Cantee KD 137/13 & 9d 25/9/16 DB 1167 d 27/9/16. Pt II. 46 d 27/9/16.

Lieutenant
for Lt Col. A. A. G.

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

[P.T.O.

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				

No. 111105. Tpr. C. C. Colpitts. 6th C. M. R.

-14-

W I L L

Sept. 22, 1915.

In the event of my death
I give the whole of my
property and effects to
T.W. Colpitts,
Forest Glen,
Westmoreland County
New Brunswick
Canada.

Signed:-
No. 111105 Tpr. C.C. Colpitts.

NOTE:
In case of the death of the above named T.W. Colpitts, my property and effects are to be given to:
Mrs. S.L. Colpitts,
Forest Glen, West Co.
New Brunswick.

Signed No. 111105 Tpr. C.C. Colpitts.

CERTIFIED A TRUE COPY.

Lieut.
Estates Branch.

A

MEDICAL HISTORY SHEET.

Surname Colpitts *Christian Name* Ceril Carey

MAR 30 1915
AMHERST, N. S.

Examined { on ..... day of ..... 191..... at .....

Approved by Francis A R Gow
Capt. A. M. C.
M. O. 6th. C. M. R.

Rank ..... M.O.

Birthplace { City or Town Point Grey
County Westmorland

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 6 Inches.

Weight 109 1/2 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 3 inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left. Nil
Number .....

When Vaccinated last .....

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

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

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

Date	Result	Vaccinations.
27/4/15		Francis A. R. Gow M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1/4/15		Francis A R Gow M.O.
15/4/15		" " " M.O.
		M.O.

Enlisted on 25 *day of* April *191*5 *at* Sussex N.B.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		111108		
Transferred to..				

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—8-14.
H. Q. 1772—39—439.

Surname [illegible] Christian Name

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				
Moore Banks C. Hospt.		9	9	15	19	9	15	Ingrowing toe nail		Cured.	S. L. Palmer Capt.

W I L L.

Sept. 22, 1915.

In the event of my death
I give the whole of my
property and effects to:

T.W. Colpitts
Forest Glen
Westmoreland County
New Brunswick
Canada

Signed:

No 111105 Tpr C.C. Colpitts.

Note: In case of the death of the above
named T W Colpitts, mynproperty
and effects tobe given to:

Mrs. S.L. Colpitts.
Forest Glen West Co.
New Brunswick

signed No 111105 Tpr C.C. Colpitts

Extracted from Pay-book, Page 14.
Holograph.
Tpr. C.C. Colpitts. No. 111105.
6th C.M.R.

399517

Medical Case Sheet.

A & R No.	Reg No.	Surname	Christian Name	Age
4419	111105	Colpitt	Cyril C.	18
1915	Rank		Unit	Service
	Pte.		6th C.M.R.	6/12

Date & Station

Disease. Ingrowing toe nail. Left foot

Moore Barracks Shorncliffe

Patient has had ingrowing toe nail. Bothered him when he joined first but healed up. About 1 week ago become ~~bad~~ again. Had a long march on Tuesday & ~~became~~ worse on Tuesday.

Ex. on outer side of great toe nail is growing in. Toe has become infected. There is some discharge.

J. L. Palmer Capt.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 6th C.M.R. Military Hospital Moore Barracks, Shorncliffe

No. 111105 Rank and Name Pte. Colpitt Cyril C. Age 18 Service 6/12

Disease Date of admission Sept 9th Date of discharge Result

Dates of Observation	Sept 9	10	11	12	13	14
Days of Disease						
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
107°						
106°						
105°						
104°						
103°						
102°						
101°						
100°						
99°						
98°						
97°						
Pulse per Minute	74					
Respirations per Minute						
Motions per 24 hours						

(1002.) W9043—5. 499,500. 1/15. K. & K. Forms/B. 181/3.

Signature J. LaPolmer Capt. In charge of case.

E

R—122.

Rank | Name COLPITTS Cyril Carey | Reg'l No. 111105

Unit 6th C.M.R. | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Amherst, 31 March 1915 | Place of Birth Canada

Name and Address, Next-of-Kin T.W.Colpitts

Foreth Glen, Westmorland Co. N.B. | Relationship

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Rd. C177²

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
		Embarked for Overseas	Folkestone	24/10/15	NR
	N 6th CMR	Trans.d to 5th Bn CMR	Field		Pt 2 O #3
15-1-16	5 CMR.	T. O. S.	"	3-1-16	Pl-II O 3
2. 10. 16.	5. CMR.	~~Killed in Action~~ Died of Wounds.	Field.	4/16. 9. 16.	C.R.A. 217.
27. 9. 16.	-"-	~~Killed in Action~~ Died of Wounds.	Field.	4/16. 9. 16.	Pr. II. O. 46.

DW. 2

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					

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs L. L. Colpitts
Address Forest Glen
West Co
N. B.

By Whom Assigned Colpitts. C. C
Regtl. No. 111105
Rank Pte
Corps 5th C. M. R

SPECIAL REMITTANCE

Rate $75.00

Schedule #150. 25.7.16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.	1916	M 14744	75.00	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 4

P—56

Rank Pte. Name COLPITTS Cyril Carey Reg'l No. 111105

Unit 5th C.M.R. ~~6th C.M.R.~~ If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Amherst, 31 March 1915 Place of Birth Canada

Name and Address, Next-of-Kin T.W.Colpitts

Foreth Glen, Westmorland Co. N.B. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 16/9/16 Reason 1 D.S.W. Character C.L. a217 2/10/16

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1 Aug 1915	31	31	1.	31	31	10	3 10	10	44 10			41 36			41 36	2 74 10	Clothing a/c.
1.9.15	30.9.15	30	1	30	30	10	3		~~35 44~~ 33							35 44	
1.10.15	31.10.15	31	1	31	31	10	3 10		34 10			42 54			42 54	2 24	
1.11.15	30	30	1	30	30	10	3 -		33 -			5 29			5 29	54 98	
Dec 1	31	31	1.	31 -	31	.10	3 10		34 10			56 62			56 62	32 46	
1-1-16	31	31	1.	31. -	31	.10	3 10		34 10			524	15		20 24	46 32	15.00 ass. Pay Dr in error. or in February To. 5th Bn C.M.R. 1/2/16 CDS
1-2-16	29	29	1.	29	29		29 0	15	46 90			523			523	87 99	ass. Pay Dr in error in Jan
Mar	31	31		31	31		3 10	43	34 10			5 22			5 22	116 87	
		244					24 40	25	293 40			161 53	15		176 53	116 87	

Checked

BALANCE TRANSFERRED TO NEW LEDGER

Statement of
MAR 12 1917
Account rendered
Sch 524

Cash touch in advance 224

Carried forward to Large Ledger sheet

Settled

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						

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date.	Brief details, and signature.
27.4.15.	Vaccinations. Francis A.R. Gow.
1. 4.15.	Anti Typhoid Inoculations etc. " " "
15. 4.15.	" " " " " " "

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

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

For the Officer in Charge of Records
Canadian Contingent

D U P L I C A T E 111105

Army Form B. 178.

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

MEDICAL HISTORY of

Surname C O L P I T T S *Christian Name* Ceril Carey

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Forest Green County Westmorland

Examined ... ... on 3 day of Mch 1915.
at Amherst N.S.

Declared Age ... ... 19 years - days.

Trade or Occupation ... Farmer

Height ... ... 5 feet, 6 inches.

Weight ... ... 109½ lbs.

Chest Measurement: Girth when fully Expanded. 33 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks: Arm ... Right Left nil
Number

When Vaccinated ... ...

Vision ... ... R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) Francis W.R. Gow.
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at Sussex. N.B.
on 25 day of Feb 1915.

	Corps.	Regtl. No.
Joined on Enlistment ...		
Transferred to	6th C.M.R.	111105

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. day of 191 .

(*Signature*) N. Lemmis Batty
(*Rank*) Lieut.-Col.
In Charge of Records,
Canadian Contingent.

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L.

[P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
Moors Banks G.Hosp.										
	9	9	15	19	9	15	Ingrowing nail.		Cured.	Lt. Palmers. Capt.

Married or Single: S

Place of Birth: Canada

Name and Address of Next of Kin: J. W. Colpitts
Forest Glen, Westmorland Co, N.B.

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
Died of Wounds	7/16-7-16	C.L.A. 217 7/10/16

Admissions to Hospital, &c.

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

Reg'l. No. 111105 — Rank: Private — Name: Colpitts, Cyril Carey

If in Permt. Corps What Unit — Unit: 5th Cmd. — Transferred to: N.E. — Date: 17-9-16 — Authority: C.L.A. 217 7/10/16

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Amherst N.S. — Transferred to — Date — Authority

Date of Attestation: 21-3-15 — Transferred to — Date — Authority

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Enterred on N.E. Card Index F.H.M.

Assigned Pay Monthly $ — Date Effective

Checked by F. H. Murray

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): 13/11/16. Aff. 17-9-16. C.L.A. 217. 7/10/16.

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
															293 40															146 53	116 87				
30-4-16	30	1 -	30		20	1	3 -								33	591	15 16							767						767	147 75				
1/31-5-16	31	1	31	-	31	1	3	10							34 10	622	15 16							256						256	178 79				
June 1/30	30	1	30		30	0	3								33			110	30/5/16						255					255	206 69				
																		95	do.	15/5/16															
1/31-7-16	31	1	31		31	10	3	10							34 10			912	14/6	163		70	13/7		261	255	75				80 16	160 63				Mr. C. F. Colpitts Forest Glen 3208 15-6-16 West C.E.F. Canada
1/31-8-16	31	1	31		31	0	3	10							34 10														330	3 30	191 43				3 days 7 Pro 1 Bo 32 14-8-16
1/30-9-16	30	1	30		30	0	3								33	1038	31/10	1058	15/11	313	3/8/16			261	262	262				15 71	208 72				
																				571	17/5/16					262									
																				318	26/7/16					262									
																				377	24/10/16					262									
1/31-10-16	.	.	.	.	.	.	.	.							494 40														1540	15 40	193 32				14 days Over Paid Lept. To A. G. 17/9/16. C.L.A. 217.
															201 30									Cr. Balance transferred to N. E. Branch.						301 38	193 32				
														- 22	- 22																	193 54				22 Pro C.J.E. 526 1/11/16
																								193 54						193 54					193 54 To Canada for Sett. 26/4/17.

Checked J. Hutchings

N.E. Mar 4/17.

April 1917.

Sch. 526
Cash found in effects 22/-

Statement of
MAR 12 1917
Account rendered

Small Ledger Sheet.

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												