

ATTESTATION PAPER.

No. 922263.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Original

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Hinds
- 1a. What are your Christian names?..... Fred
- 1b. What is your present address?..... 702, McMillan Ave., Winnipeg, Manitoba Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Brussels, Ont.
- 3. What is the name of your next-of-kin?..... Jean A Hinds
- 4. What is the address of your next-of-kin?..... Isabella Hinds 702 McMillan Ave.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... April 6th, 1872.
- 6. What is your Trade or Calling?..... Contractor
- 7. Are you married?..... Yes widower
- 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?.. Yes. 33rd Batt. Huron County. 1888-9.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Fred Hinds, 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.

Fred Hinds (Signature of Recruit)

Date April 11th 1916. J. L. Ross (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Fred Hinds, 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.

Fred Hinds (Signature of Recruit)

Date April 11th 1916. J. L. Ross (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 this 11th day of April 1916.
April 11th (Signature of Justice)

Description of Fred Hinds on Enlistment.

Apparent Age.....⁴⁴ 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. 7½ ins.

Chest measurement. { Girth when fully expanded..... 38½ ins.
 Range of expansion..... 3½ ins.

Complexion..... **Dark**

Eyes..... **Gray**

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

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist..... **X**
 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 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 11th**..... 191 **6.**

Place..... **Winnipeg.**

*Insert here "fit" or "unfit."

J. H. Magnus
Capt.
 Medical Officer.

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.

..... **Fred Hinds**..... 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.

A. B. Boumycastle..... (Signature of Officer)
 Lt. Col.

Date..... **April 11th**..... 191 **6.**
 Commanding 200 Batt. C. E. F.

REGIMENTAL DOCUMENTS

1919
12-7

NAME *Hinds Fred*

(Pte) REGT. NO. *922263* UNIT *200TH En*

H. Q. NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH

Category

DISCHARGE

Category

Remob.

DESERTION

4-21

19-21

32-21

F

- 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)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Discharge cert.

1 Remob. cert.

1 in 21 W 67

4380

✓ P
Number 922263

Rank

✓ Pte.

✓ Surname HINDS ✓

Christian Name

Fred ✓

Units

C. F. C. Theatre of War England ✓

✓ P
Date of Service

31/12/19 ✓

Remarks

Ste 10 Robinson 486 Sherbrook ✓

Latest Address

~~308 Victoria St.~~

Winnipeg, Man.

Roll No.

at Page 3019

DESP. JUL 22 1925

REGN. No. 15050

Reg. No. 922263 Name Merido F
Rank pte Corps 200' Bu Age Service.....
Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

St Boniface, Winn
Dis to unit

7-5-17

Hernia 6

21-5-17

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

SURNAME.

Hinds

(649-N-10146)

M.B.H.

CARD NO.

✓

CHRISTIAN NAMES

Fred

*S. O. S. Dis. 13-6-19.
FOLL. Annual
Pt. II No. 169 of 18-6-19.
#14. N. D.*

REGL. NO.

922263

RANK

Pte.

UNIT

Plty. Com 9 For. Co. (M. D. S.)

FORMER CORPS

33rd Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hinds, Mrs. Isabella

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*702 Mc Millan Ave.
Winnipeg. Man.*

COUNTRY OF BIRTH

Canada, Brussels Ont.

DATE

April 11th 1872.

PLACE OF ATTESTATION

Winnipeg. Man.

DATE

April 11th 1916.

o/s 18-12-17, 1068

Prev. att in 200 Bn 'at Wpg. Man.

apr 11th 1916. RR. 9/6/19 345/58

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Contractor.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

44.

YEARS

—

MONTHS

HEIGHT

5.

FEET

7 1/2.

INCHES

CHEST MEASUREMENT

38 1/2.

INCHES

EXPANSION

3 1/2.

INCHES

COMPLEXION

Dark.

EYES

Grey.

HAIR

D. Brown.

DISTINGUISHING MARKS

Not Stated.

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

April 11, 1916.

Present Address,

*702 McMillan Ave.,
Winnipeg, Man.*

No. 922263 RANK

Pfc.

NAME

Kinds. Fred.

T. O. S.

11-4-16

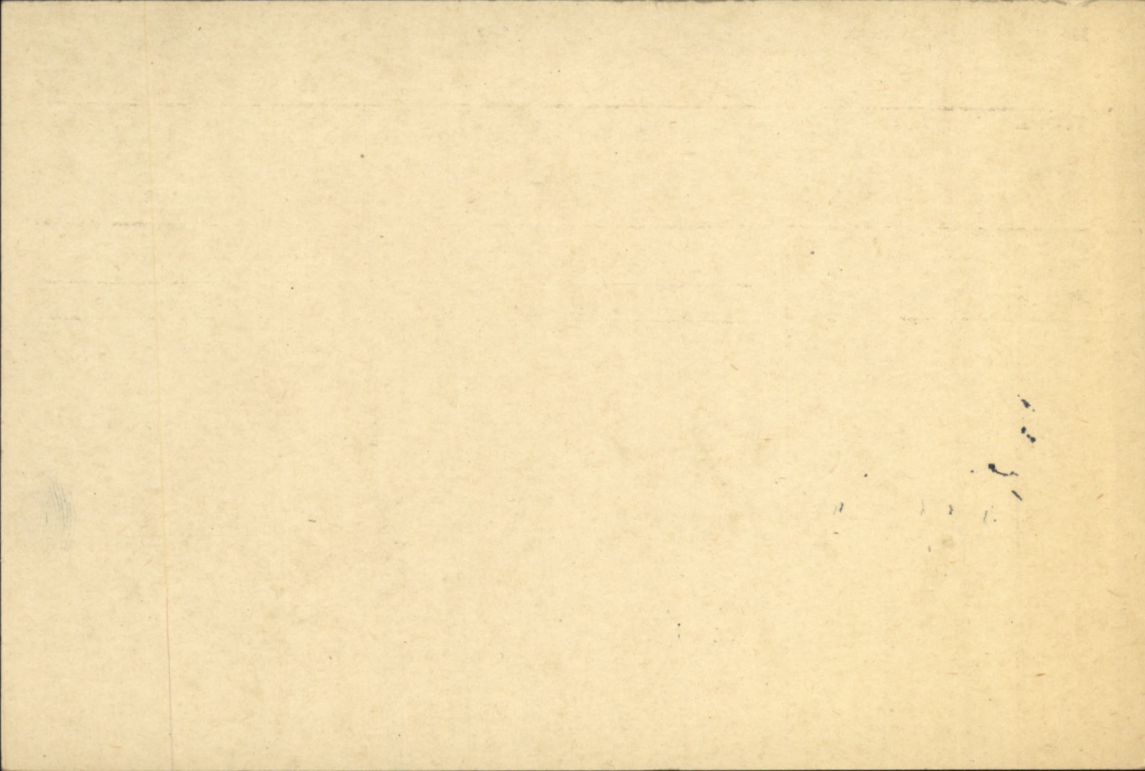
UNIT

(Do. 49-13-2-16) 200th Battalion C.E.S.

M. D.

10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 1	Apr 30	✓		
May		✓		
June		✓		
July		✓		
Aug.		n		
Sept.		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1917		✓		
Jan		✓		
Feb.		✓		
Mar		✓		
Apr	Apr 9	✓	Transfer to Dep. MD10	D 084. Apr Paylist.



No. 922263 RANK Pte.

NAME Hendricks, J.

T. O. S. 22/6/17. UNIT 251st Battalion
(200145.23/6/17)

M. D. 10.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 June 25	1917 June 30	n.		
	July	n.		
	Aug	n.		



DUPLICATE
922263

MEDICAL HISTORY SHEET.

Surname Hinds Christian Name Fred

Examined { on 11th day of April 1916.
at Winnipeg.
Birthplace { City or Town Brussels
County Ontario

Approved by [Signature]
Rank Capt M.O.

Apparent age 44 years
Trade or occupation Contractor
Height 5 Feet 7-2 Inches.
Weight 160 Lbs.
Chest measurement { Minimum 35 inches.
Maximum expansion 3 1/2 inches.
Physical development Good
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left.
Number None
When Vaccinated last Never
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>July 28/16</u>	<u>Pro</u>	<u>[Signature]</u> M.O.
<u>15-10-14</u>	<u>+</u>	M.O.
		M.O.

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6-10-14</u>	<u>Pro</u>	<u>[Signature]</u> M.O.
<u>July 12/16</u>	<u>Pro</u>	<u>[Signature]</u> M.O.
<u>15-10-14</u>	<u>+</u>	<u>[Signature]</u> M.O.
<u>28</u>	<u>"</u>	<u>[Signature]</u> M.O.

Enlisted on 11th day of April 1916. at Winnipeg.

	CORPS.	REG'TL NUMBER.	STATUS.	DATE.
Joined on enlistment	<u>200th Bn</u>	<u>[Signature]</u> <u>922263</u>	<u>Good</u>	<u>11-4-17</u>
Transferred to	<u>251st Bn</u>	<u>[Signature]</u>	<u>"</u>	<u>22-6-17</u>
	<u>#10 Co. C.</u>	<u>922267</u>	<u>Good</u>	<u>22-9-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Winnipeg</u>	<u>26-11-17</u>		<u>C.1</u>
<u>"</u>	<u>30-11-17</u>		<u>B 2</u>

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.

10th Wpg. Fstv & Coy - Con Dfr To Bn CFC

Rank Name HINDS. Fred. Reg'l No. 922263.
 Unit If in perm. Corps, }
 What Unit? } Married or Single Widower.
 Place and Date of Enlistment Winnipeg. 11-4-16. Place of Birth Brussels., Ontario.
 Name and Address, Next-of-Kin Miss Jean A. Hinds.
 702, McMillan Ave, Winnipeg. Man. Canada. Relationship Daughter.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 17123
 File R.L.
 Category ORGAN

Discharge, Date and Place Reason Character

H. W. V., Ltd.-11319-17.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England				31-12-17	E/S Grampian
8. 1. 18	BDC 76	T.O.S. from Canada.	St. S'dale	31.12.17	PTI 7.
19. 3. 18.	" "	SOS to 53 Dist	" "	19.3.18	— 67. ^{4/PTI 12/22-3-18.} 53 Dist CFC TOS.
12. 7. 18	53 Dist "	Intitled to wear I. G. C. Badge	" "	11. 4. 18	— 29.
12- 5- 19	" " "	S. O. S. to B. D. C. F. C.	" Eggham.	12- 5- 19	— 29
15- 5- 19	12 M. D. C. W. S. 2. C. F. C.	T. O. S. from C. F. C.	" Phyl	15- 5- 19	— 114
19- 5- 19	10 M. D. W. S. 6. C. F. C.	T. O. S. from 12 M. D. W.	" "	17- 5- 19	— 131
17- 5- 19	12 M. D. W. S. 8. C. F. C.	S. O. S. to M. D. W. 10	" "	17- 5- 19	— 116
2- 6- 19	10- "	S O S to Lane	" "	2- 6- 19	— 112, obs. S. D.
			63 9M	2679	

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

251ST. O. S. BATTALION C. E. F.

Unit, Regiment or Corps..... 200TH BATTALION

Regimental No. 9222162 Rank plts Name Mednick - Linda - Lid
C. E. F.

Enlisted (a) 11 April 1916 Terms of Service (a) D.O.W. Service reckons from (a) 11 April 1916

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) Contractor Military - 1888-9 in 33rd Bn. Avon County.

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				

~~28-11-17. O.C. No. 107-17. Transferred to No. 10 S.P.C. C.O. 128 10.0 Winnipeg 28-11-17 D.O. 128 Para 526.~~

Embarked H.M.T. "Ellisnabie" St. John. **DEC 19 1917**
Disembarked Glasgow **DEC 31 1917**
L.O.S. BASE DEPOT C.F.C. SUNNINGDALE... 31/12/17... PT. II. DO. NO 27
..... C.F.C.

19.3.18 O.C. 626 S.O.3. BASE DEPOT C.F.C. SUNNINGDALE 19.3.18... PT. II. DO. NO. 67
on posting to 136 Co, Dist 53, Milwaukee Maj plts C.F.C.

27.3.18 List 53 Yol at Coy 136 from Bd Egham 20.3.18 PT. II DO. 12.
12.7.18 .. 53 grates perm. to wear one " 11.4.18 PT. II DO # 28
Good conduct strip

(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.

Casualty Form Active Service

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				

125 19	DA 53	Selected transfers to MDC 12 Kimmel Park.	Egham	125 19	P 2 do 29 76 weeks Capt & Adj.
--------	-------	--	-------	--------	--------------------------------------

Embarked Liverpool
S.S. Lapland' 2. June 1919

2-6-19 T.O.S. Dispersal Station 28 Pa
N 169 - 2

and Dispersed 13-6-19 - do - 3

H. E. Patton Lieut.
for O. C. 10 District Depot.

Victoria B.C.

M1011

FORM OF WILL.

I, Frederick Hinds (Name in full)

Regimental Number 922263 serving in 200th Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

<u>Isabella Hinds</u>	} Name and Address of person or persons to whom it is to go.
<u>702, McMillan Avenue,</u>	
<u>Winnipeg, Manitoba, Canada.</u>	

absolutely, and my personal estate I bequeath to

<u>Isabella Hinds,</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>702, McMillan Avenue,</u>	
<u>Winnipeg, Manitoba, Canada.</u>	

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 25th day of November A. D. 1916.

Frederick Hinds Signature of Soldier.

*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.

Signature of First Witness *W. W. French*

Address of Witness 614, Union Bank Building, Winnipeg, Canada.

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Soldier.

Signature of Second Witness *W. W. French*

Address of Witness 399, Kennedy Street, Winnipeg, Canada.

Occupation of Witness Soldier.

*Proven
Hinds*

To be made out in duplicate.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

251ST O. S. BATTALION C.E.F.

(1) Name of Overseas Unit which Soldier joins... *200th Overseas Battalion*
C. E. F.

(2) Regimental Number... *922263*

(3) Full Name of Soldier... *Frederick Hinds*

(4) Place of Birth... *Huron County, Ontario, Canada.*

(5) Are you married, or not? ... *Married*

(6) If married, state,
(a) Full name of your wife... *Dear M
Isabella Hinds daughter*

(b) Present Postal Address... *702 Mc Millan Avenue
Winnipeg, Man: Canada*

(7) Are you a widower? ... *No*

(8) Have you any children? ... *Yes*

If so, give number of boys and girls... *Two Boys & Two Girls*

Also their names and ages...

<i>Frederick E. Hinds</i>	<i>Age</i>	<i>22</i>	<i>Years</i>
<i>Robert M. Hinds</i>	<i>"</i>	<i>14</i>	<i>"</i>
<i>Jean A. Hinds</i>	<i>"</i>	<i>20</i>	<i>"</i>
<i>Violet Y. Hinds</i>	<i>"</i>	<i>18</i>	<i>"</i>

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *No*

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured? *No*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *Dec 16th 1916*

Al. Bonycastle
Lt. Col. *Al. Bonycastle*
Officer Commanding.
Commanding 200 Batt. C. E. F.

20 years
" 14
" 20
" 18

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 922263 Rank Private Surname Fredrick
 (Given name in full) Fredrick Lindo
 Unit or Corps 136 Coy Ban Lousky Corp Birthplace Brussel Ont

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft 7 1/2 in. Colour of Eyes Grey
 Nutrition Good
 Pulse 76
 Condition of arteries 20%
 Vision Rt. Good Left Good
 Hearing (conversational voice) Rt. Good ft. Good ft.
 Left Good ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
hematomous scars
none

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System Genito Urinary System Cardio-Vascular System
 Special Senses Integumentary System Respiratory System
 Disturbance of Mentality Muscular System Digestive System
 Osseous and Joint System Any other general condition

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Kumekera (Overseas)

Date 27/5/19

Signed W. R. Reardon M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Ford Hinds

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed

M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overseas, only.)

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

m & 10.

NAME OF SOLDIER (Block Letters)

Hinds Fred.

REGIMENT

136 C & C.

RANK

Pte

No.

922263

Date of Examination in England

26/5/19.

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

- 1. This form will be made out for each individual at the time of Demobilization in England or France.
- 2. Figures as per chart will be used to designate teeth concerned.
- 3. In reference to Partial Dentures the numbers of teeth thereon will be stated

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

Fit

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

YES.

(b) In England

(c) In France

Signature of Dental Officer

J. G. Bartley
A. La Rocque

THE ARMY MEDICAL DEPARTMENT
OFFICE FOR PROMOTION

1916
C. E. G.
The
100-100-100

THE ARMY MEDICAL DEPARTMENT
OFFICE FOR PROMOTION

THE ARMY MEDICAL DEPARTMENT
OFFICE FOR PROMOTION

1916

1

THE ARMY MEDICAL DEPARTMENT
OFFICE FOR PROMOTION

Miss J. A. Hinds
SEPARATION ALLOWANCE

Name *Isabella Hinds* Name of Soldier *Hinds Fred*
 Address *702 McMillan Ave* Regtl. No.
Winnipeg
Man
 Relation to Soldier *Wife -* Rank *Pte 7/14/17 Spml 7/17/17 WSB 2077/17*
Guardian Corps *250 18 Bally C. S. F*
 wife, child or mother } *To what Corps belonging* *#10 3.4. Convt. Depar 22/9/17 #10 D. Hinds*
 when called out *22/9/17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
<i>X</i> Aug.	1914			<i>8644-7-10</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Q
20
7

X 101

Handwritten scribbles and marks, possibly including the number 101.

10

SEPARATION ALLOWANCE

OVERSEAS GUARDIAN
Wife

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Miss J. A. Isabella Hinds

PAYMENTS.

Name of Soldier

Hinds Fred. Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q 2351	13	13 Wife deceased in Feb 1916
May		R 6466	20	20 to be paid to Miss J. A. Hinds as Guardian
June		T 3969	20	20 Per Pat Tindal. 7-3-17 D'Kelly & D'Brien
July		M 10657	20	20 Paid to wife to 28/7 - W 15/17
Aug.		X 11164	20	20
Sept.		S 16613	20	20
Oct.		7 19400	20	20
Nov.		S 22925	20	20 ✓
Dec.		S 25920	20	20
Jan.	1917	V 28784	20	20
Feb.		V 31958	20	20 V 31958 cancelled per add. 22/1/18.
March		V 31958	20	20 cancelled 22-3-17
		V 34844	20	20 cancelled 15/17
April	1918	V 34844	20	20 cancelled 15/17
		V 1322	20	20 RE-WRITE W 1322 Cancelled
May		D. 4567	20	20
June		B 8598	20	20
July		Y 11093	20	20
Aug.		X 14469	20	20
Sept.		H 17974	20	20
Oct.		N 20300	20	20
Nov.		M 23868	20	20
Dec.		E 18337	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RE-WRITE

W 1322

14/1/18

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

ASSIGNED PAY.

MILITIA AND DEFENCE

ASSIGNED PAY.

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name

Address

Relation to Soldier

wife, child or mother

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

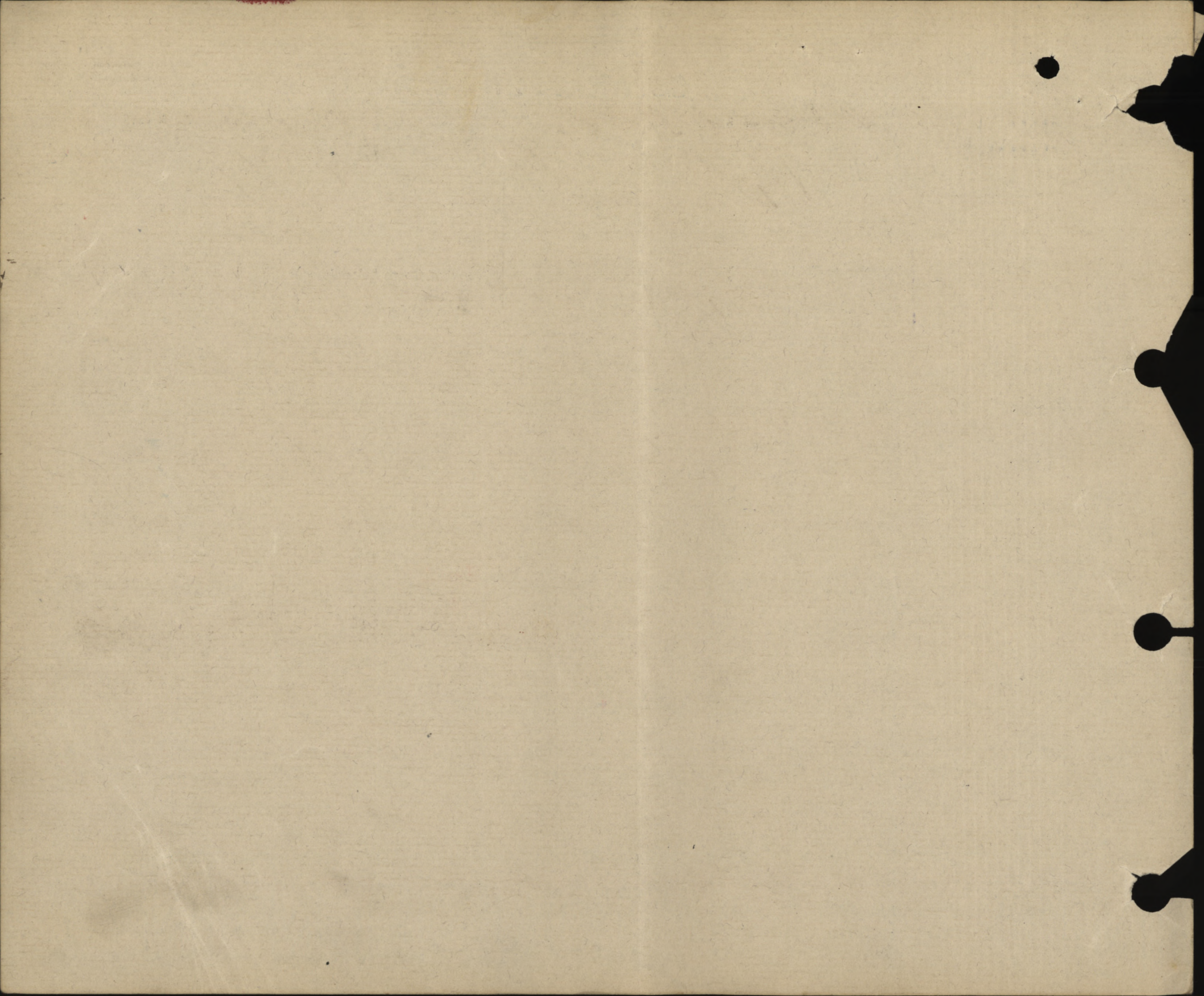
*Jean A Hinds**402 McMillan Ave
Winnipeg
Man**} 15⁰⁰**Wife**Fred Hinds**922263**Pte**200 Bn.*

APR 1 1917

PAYMENTS

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

*acct closed
Did not go of.
Trans to 251st Batta
Adm 7yle 649-H-10146*



MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

Jean A. Hinds

Wife
 PAYMENTS.

Name of Soldier

Fred Hinds

L. L. Job 4503. - Req. 6332.

922263 Pte 200 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
April	1916			<i>APR 1 1917</i>
May				<i>+ 45 Refund request. 5⁷/₁₀₀</i>
June				<i>CR slip rendered Refunds Br. 30⁷/₁₀₀</i>
July				<i>ORD</i>
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>9025</i>	<i>30</i>	<i>30 RE 9025 Retd & cancelled 6/6/1262</i>
June		<i>17438</i>	<i>45</i>	<i>45 to adjust merr</i>
July			<i>15</i>	<i>15⁰⁰ Future S.I. 6-6-17.</i>
Aug.				
Sept.				<i>Acct. closed did not pro.</i>
Oct.				<i>O/S. trans. to 251st Bn. see</i>
Nov.				<i>byla 649-H-10146</i>
Dec.				<i>S.I.L. 3-7-17</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE: - 1-12-17		EFFECTIVE DATE: -
AMOUNT: - \$15.00		AMOUNT: -
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME WORD "SAME" ONLY TO BE WRIT
Miss Jean A. Hinds (Daughter) 702 McMillan Ave, Winnipeg, Man.		See All Allowance of A.P. to be credited Refunded.
<i>Stopped 1. 10. 19</i>		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, EN BY INSERTION OF DATE CHARGED IN		
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY
14-9-1919	1934	L. J. G.	17.00			
15-19	6274	53 Dist May 1919	21.90			
15-5-19	1076	Rhyl	9.73			

all agreed 30/9

PARTICULARS OF RENDERING NON-EFFECTIVE			
1918 MONTH	PARTICULARS	CR. 1	CR. 2
Mar 31	Bal Fwd.		
Apr.	P.P.	33 -	L.A. A.R. 8.7
		33 -	
May	P.P.	34.10	L.A. A.R. 8
		34.10	
June	P.P.	33 -	L.A. A.R. 8
		33	
July	P.P.	34.10	L.A. A.R. 8
		34.10	
Aug.	" "	34.10	L.A. A.R. 8
		34.10	
Sept	" "	33 -	L.A. A.R. 8
		33 -	
Oct.	" "	34.10	L.A. A.R. 8
		34.10	
Nov.	" "	33 -	L.A. A.R. 8
		34.10	
Dec	" "	34.10	L.A. A.R. 8
		34.10	
Jan	" "		
		10.20	
		10.20	

Dis to Canada 31/5/19

SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *HINDS Fred* 436

EFFECTIVE DATE: -

NUMBER: *922263*

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY (WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.)
beg. Man. 19
Sep All Allowd overboard 140
as pay. to be continued until
Refunded.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

PAY-BOOKS (UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK)

UNIT AND TRANSFERS

1947
 $\frac{245}{90}$

ORIGINAL UNIT: *W/Reg. F.T.C.*
 DATE ACCOUNT FIRST OPENED: *1-1-18*

AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
			<i>6.76. Eng</i>

AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

1703
~~*2190*~~
~~*973*~~
are agreed 30/9/18 1850

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
	<i>1-</i>	<i>10</i>		

EFFECTIVE *to Canada 2/5/19 NR-9160 15/19 Kennel 16/19 Kennel 10/19 Kennel 10/19*

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							<i>2956</i>	<i>Nil</i>	
<i>33-</i>		<i>b. a. p.</i>				<i>15-</i>			
		<i>A.R. 8.77. 9-4-18 13660.</i>	<i>1703</i>						
<i>33-</i>			<i>1703</i>			<i>15-</i>	<i>3053</i>		
<i>3410</i>		<i>b. a. p.</i>				<i>15</i>			<i>24</i>
		<i>A.R. 8.378. 2/5/18. 13660.</i>	<i>1703</i>						<i>7 1/2</i>
<i>3410</i>			<i>1703</i>			<i>15-</i>	<i>3260</i>		
<i>33-</i>		<i>b. a. p.</i>				<i>15-</i>			
		<i>A.R. 8.739. 4/6/18 13660.</i>	<i>1703</i>						
<i>33</i>			<i>1703</i>			<i>15</i>	<i>3357</i>		
<i>3410</i>		<i>b. a. p.</i>				<i>15-</i>			
		<i>A.R. 8.1090. 5-7-18 - 13660.</i>	<i>1703</i>						
<i>3410</i>			<i>1703</i>			<i>15-</i>	<i>3564</i>		
<i>3410</i>		<i>b. a. p.</i>				<i>15-</i>			
		<i>A.R. 8.1434. 6-8-18 13660.</i>	<i>1703</i>						
<i>3410</i>			<i>1703</i>			<i>15-</i>	<i>3771</i>		
<i>33-</i>		<i>b. a. p.</i>				<i>15-</i>			
		<i>A.R. 8.1834. 4-9-18 "</i>	<i>1703</i>						
<i>33-</i>		<i>"</i>	<i>1703</i>			<i>15-</i>	<i>3868</i>		
<i>3410</i>		<i>A.R. 8.2224 3-10-18 "</i>	<i>1703</i>						
		<i>b. a. p.</i>				<i>15-</i>	<i>4075</i>		
<i>3410</i>			<i>1703</i>			<i>15-</i>			
<i>33-</i>		<i>b. a. p.</i>				<i>15-</i>			
		<i>A.R. 8.2878 5-11-18 "</i>	<i>1703</i>						
<i>3410</i>		<i>" 8.2916 - 3-12-18 "</i>	<i>2433</i>						
		<i>b. a. p.</i>				<i>15-</i>			
		<i>b. a. p.</i>				<i>15-</i>	<i>5559</i>		
<i>10/20</i>			<i>4136</i>			<i>15-</i>	<i>5559</i>		

NUMBER 922263

RANK *Pvt*

NAME HINDS *F*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2
<i>Feb</i>	<i>G.P.</i>	<i>30</i>	<i>80</i>	<i>A.R. #3337. 6-1-19. 136.60</i>	<i>17</i>	<i>03</i>
				<i>" 3678. 4-2-19 ✓</i>	<i>17</i>	<i>03</i>
<i>Mar</i>	<i>"</i>	<i>34</i>	<i>10</i>	<i>" 3967 4/3/19 ✓</i>	<i>17</i>	<i>03</i>
				<i>C. A. O. Feb mch</i>		
		<i>67</i>	<i>90</i>		<i>51</i>	<i>09</i>
<i>Apr</i>	<i>✓</i>	<i>33</i>		<i>AR #37 1-4-19 53 Dial</i>	<i>29</i>	<i>20</i>
				<i>Car</i>		
<i>May</i>	<i>✓</i>	<i>34</i>	<i>10</i>	<i>6 a p</i>		
				<i>AR #274 1-5-19 53 Dial</i>	<i>21</i>	<i>90</i>
				<i>" 1076 15-5-19 H.P.</i>	<i>9</i>	<i>73</i>
		<i>67</i>	<i>10</i>		<i>60</i>	<i>83</i>
<i>June</i>				<i>am 4123 28/1/19 Army/Underarm</i>	<i>9</i>	<i>73</i>
					<i>9</i>	<i>73</i>

A 3 M. FORM REN'D *stopped* EFFECT 1-6-19
 DISCHARGED TO *Canada* DATE 31-5-19
 PAY BOOK VERIFIED 16-5-19
ser BAL 15 ⁶⁷/₂₄ SER'D 16-5-19
 AUTHY NR 9160 15/5/19 Kimmel
 MD 10

8052 car 2/6/19 1/1 6

CONTROLLED BY *H. Vaughan*
 CHECKED BY *[Signature]*

Underarm 28/1/19 9.73
LNC 5.94

MARRIED OR SINGLE

Married

PLACE OF BIRTH

Brussels, Ontario.

NAME AND ADDRESS OF NEXT OF KIN

Jean. A. Hinds

RELATIONSHIP OF NEXT OF KIN

Daughter.

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

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				BALANCE	DEFERRED PAY	SERV. ALLG. ENG.				
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.				1 NO.	1 DATE	2 NO.	2 DATE				3 NO.	3 DATE	4 NO.	4 DATE
DEC 31 1917																								29.10		
1918 Jan																								63.20	nil	
Feb.																								30		
Mar.																								15		
																								29.56		

EFFECTIVE DATE	AUTHORITY

REG'L. No. *922263* RANK *Pte.* NAME *HINDS. FRED.*

IF IN PERMT. CORPS } UNIT *Winnipeg* TRANSFERRED TO *626 Eng.* DATE AUTHORITY
 WHAT UNIT } *A. & C.*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Winnipeg* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *11/4/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *1-12-17*

PAYABLE TO *Miss Jean A. Hinds, 702 St. William Ave. Winnipeg, Man. Canada.* RELATIONSHIP *Daughter.*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

HOSPITAL, &c.	NAME OF HOSPITAL	RELATIONSHIP

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)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2	3	4	1	2	3	4	CREDIT	DEBIT										
No.	DATE	No.	DATE	No.	DATE	No.	DATE											
BALANCE		DEFERRED PAY		SEP. ALLGE. ENG.														
<i>2910</i>																		
<i>6320</i>		<i>nil</i>																
<i>5426</i>																		
<i>2956</i>																		

DEDUCTIBLE FOR ON CAN PAY L

B II.

M.

SHORT FORM.

PROCEEDINGS ON DISCHARGE

(Demobilization.)

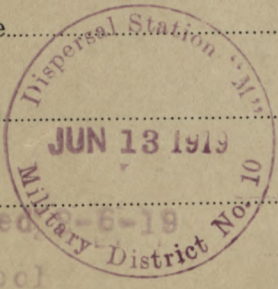
WAR SERVICE BADGE

CLASS

"NO. 14935 ISSUED

Group.1.

1. No. 922263	
2. Rank. Pte	
3. Name. Hinds.F.	
4. Unit. CFC CFC	
5. Date of Discharge	13 6 19 Place Winnipeg
6. Reason for Discharge..... Demob. A Daughter	
7. Authority. 20 169	
8. Proposed Residence after Discharge..... Victoria.B.C.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? H Hinds Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... Embarked 6-6-19 Liverpool Disembarked 9-6-19 Signature W. Stansbury Lt. (O. C. Discharging Unit.)	



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Inclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2505).
15. Sundry Documents.

Group..... *a*
 Checked by No. *28*
 Date..... *27/5/19*

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

DISCHARGE CERTIFICATE

CLASS "C" NO. 14935 ISSUED

THIS IS TO CERTIFY that No. 922263. (Rank) Pte.

Name (in full) Fred Hinds enlisted in the 200th Bn.

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the Eleventh day of April 1916.

HE served in C. F. C. in England

and is now discharged from the service by reason of Demobilization. Medical Unfitness. Demobilization R.O. 1420

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 4 1/2

Marks or Scars

Height 5' 4 1/2"

Nil

Complexion Dark

Eyes Grey

Hair Sh. Brown

F Hinds

Signature of Soldier

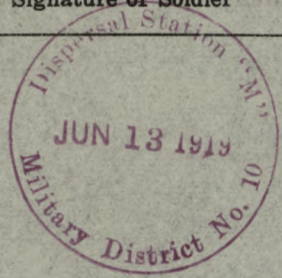
Wm Stansbury

Issuing Officer

Date of Discharge

Lieut

Rank



Date 13 6. 19 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Form No. 101 (1917)

Name (in full) *John Thomas*

Rank *Private*

THIS IS TO CERTIFY THAT *John Thomas* on the *15th* day of *April* 191*8* HE served in *the* CANADIAN EXPEDITIONARY FORCE as *Private* in the *1st* Battalion *Canadian Infantry* and is now discharged from the service by reason of *ill health*

THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Signature of Soldier

Date of Discharge

Rank

This certificate will be valid only when shown being requested to forward it in an envelope to the Secretary General, Ottawa, Canada.

MEDICAL HISTORY OF AN INVALID.

RECEIVED.
 DEPT MILITARY DEFENCE
 APR 17 1917
 MAY 10 1917
 H.D. CANADA
 649-24-10146

1. Station. **M. D. 10** 8. General remarks on his: **No**
 2. Regiment or Corps. **Pioneers** (a) Conduct. **No**
 3. Regimental No. and Rank. **Private** (b) Habits. **Records**
922263
 4. Name. **Hinds Fred.** (c) Temperance. **Available**
 5. Age last Birthday. **45 years** (For this purpose the Company defaulter sheets will be
 6. Enlisted on **April 11 1916** obtained from the man's Commanding Officer.)
 at **Winnipeg.**
 7. Former Trade or Occupation. **Contracter** Date. **April 16/17**

9. Service. Years. Days.

PERIODS.	
FROM.	To.

10. (a) Disease or disability. **Left inguinal Hernia.**
 (b) Date of origin. **Two weeks**
 (c) Place of origin. **Winnipeg.**
 (d) Cause. **Unknown**

11. Present Condition. (Most Important) **Small left inguinal Hernia, below scar**
 (To include full description of present disabling condition or conditions.)
of former operation for hernia; thirteen months ago. The patient claims that it recurred within the last two weeks and the history and appearance seems to bear out this statement. Otherwise in good health.

12. (a) Is the disability the result of service or climate? **Service**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No**

Handwritten signature and date:
 2.8.17

MEDICAL HISTORY OF AN INVALID

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

None

(a) Conduct
(b) Habits

Pioneers
Private

1. Station
2. Regiment or Corps
3. Regimental No. and Rank

(c) Temperance

Hinds Fred.

4. Name

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

45 years

5. Age last Birthday

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

Not applicable.

6. Enlisted on

Winnipeg

Date

7. Former Trade or Occupation

Contractor

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

Not applicable.

8. Service

14. Treatment

None

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

no detatiment originated on service.

Left identical to service.

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

Permanent without operation

Unknown

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

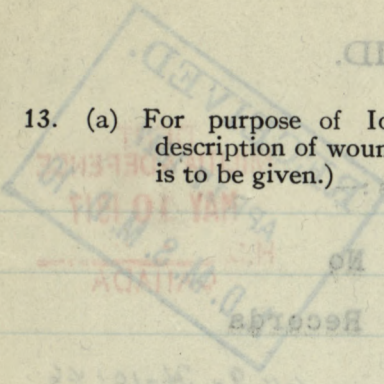
1/5th due to service.

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

For operation and treatment.

Medical Officer by whom the case is brought forward.

W. W. Post Capt.



OPINION OF THE MEDICAL BOARD.

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

10. **Yes**

11. **Yes**

12. **Yes**

15. **Yes**

16. **Yes**

17. **Yes**

19. Is he unfit for Military Service. **Yes until he has been operated on.**

20. Recommendations : **That he be sent into the hospital for operation and subsequently transferred to the C. A. M. C.**

Signatures :—

Silbert Lawson President.

D. J. ... Members.

W. W. ... Capt.

Station. *M.D. 10*

Date. **APPROVED**

Date. *APR 30 1917*
W. W. ...
 Major, A.M.C.
 A.D.M.S., M.D. No. 10
 WINNIPEG, MAN.

Assoc. Director of Medical Services.

Date. _____
 Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

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

10. Yes
11. Yes

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }
Date

Table with 5 columns: If admitted, If under treatment (From), Disease, How fully disposed of, Date of Discharge, &c.

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

20. Recommendations
21. and subsequently transferred to the General Hospital for Invalids
22.
23.
24. What is the nature of the disability or of the injury?
25.
26.
27.
28.
29. Signatures

Date of final Medical Board or decision. Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID. Table with columns: 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.

Militia Form B. 227. 100 m-3-16. H. G. 1772-89-117.

Handwritten initials or signature in the bottom left corner.

Handwritten scribbles or marks in the bottom left area.

Small handwritten mark or scribble in the lower middle section.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

11-4-16

Separation and Assigned Pay Branch

Dec 15 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
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1-12-17

P.O. 3257

RATE OF ASSIGNMENT

15.			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

Daughter,
(Guardian of Minor)

92346
HR

No. 922263.

Name Miss Jean A. Hinds.

Rank Pte. Promoted Reverted Discharge

Address 702 McMillan Ave Winnipeg Man.

Soldier's Name Fred Hinds

Change of Address

Battalion ~~200th~~ 251st Bn. ~~2nd Bn.~~ #10 For R6 Depot 1

Beneficiary Miss J. A. Hinds 2

Relationship Guardian 3

Address 402 McMillan Ave. Winnipeg Man. 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 1917		413		413	8644-7-10
Dec	U 65756		15	15	
Jan	R 69699	30	15	45	De-mailed 26/17
Feb	J 74600	25	15	40	#10 For Cas Depot 22/17
Mar	I 92166	25	15	40	#DPM 22/17
Apr	I 14438	25	15	40	
May	Q 9992	25	15	40	
June		543	90	633	

Stencil (15 - 28) in Suspense
Came 20/3/19

S.A. closed being S.B. 410⁰⁰ O.P. to be recovered by encoudering
A.P. wof 5-6-18. M.R.O. 2 A.
Deduction of A.P. being made by C.P.M. at 15⁰⁰ per month.
C.P.M. L. 4-11-18. 3-12-18. C. Credit slip \$90⁰⁰ 1-6-18
To 30-11-18. rend. 3-12-18. C.
M.R.O. Destroy 1/16/19. 25-1-19.
Credit slip \$45⁰⁰ recovered from 1-12-18 to 28-2-19.
rend. 4-3-19. C.

A/c Closed 31-5-18
Ret'd per... Lapland
Date 9-6-19 M.F.W. 181 18-6-19
Closed... B Reader
AUDITED. 18/19

M.R.O. # 10
M.R.O. 126438 18/19

M. F. W. 128
400M-6-17-1772-89-141
L. L. 22520-M. & D. 1593.

